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UNDERSTANDING SEXUALITY FOLLOWING A VOLUNTARY TERMINATION OF PREGNANCY.

Research dissertation submitted in complete fulfilment of a Masters in Research Psychology by Dissertation.

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07 September 2012

DECLARATION

This research dissertation is submitted in full for the requirements of a Masters in Research Psychology by Dissertation, at the University of the Witwatersrand, on the 30th August 2012.

The author hereby declares that this research dissertation, *understanding sexuality following a voluntary termination of pregnancy*, unless specifically indicated to the contrary in the text, is her own original work and that all sources and quotes have been referenced according to the American Psychological Association format.

Miss Catriona Boffard

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CHAPTER 1: INTRODUCTION

1.1 Introduction

Throughout history, both locally in South Africa and globally, termination of pregnancy has been a controversial topic of women's health and rights, and has stirred up much debate between "pro-life" and "pro-choice" groups. It links to politics, interpersonal relationships, sexuality and societal norms. "Abortion is a controversial and emotive issue which stirs up the passions of both those opposed and those in favour of the procedure" (Family Medical, 2002, p. 239). Integrally linked to termination of pregnancy, although not commonly acknowledged, is female sexuality. A woman's sexuality is influenced holistically through her societal, cultural, religious and personal background (Nelson, 2001) and therefore her interpretation of her sexuality will ultimately influence how she understands her sexuality around a termination of pregnancy.

"In many countries abortion is a publicly controversial issue that speaks to, and draws on, localised understandings of the role of women, the role of the state, the sanctity of life, society's obligation to women and the right to privacy" (Ferree et al., 2002, as cited in MacLeod, Sigcau, & Luwaca, 2011, p. 238). According to Bianchi-Demicheli and Ortigue (2007), approximately 46 million women worldwide undergo a termination of pregnancy each year. In South Africa, termination of pregnancy has been a woman's legal right since 1996 (the Choice of Termination of Pregnancy Act, 1996), and according to Sedgh, Singh, Henshaw, and Bankole (2012) in 2008, 15 out of every 1000 women in Southern Africa voluntarily chose to undergo an abortion. However, there exists an obvious barrier to the acceptance of such a right due to cultural norms which are often influenced by patriarchal and heteronormative ideas which shape broader notions of female sexuality (Francouer, 1997). The concept of heteronormativity can be understood as "the institutionalisation of exclusive heterosexuality in society" (Steyn & van Zyl, 2009, p. 3). which suggests that "only particular kinds of heterosexual relations are normal" (Hawkins, Cornwall & Lewin, 2011, p.4). As Shefer and Foster (2001) suggest, female sexuality is often shaped and understood within ideas of male sexuality and masculinity, where the woman is framed as being emotional, loving and the nurturer. Therefore, understanding female sexuality and

womanhood in a South African context means to view women in a particular manner; that of their being reproductive. Ultimately, it seems that a woman's body consistently falls within this understanding, from both the female and male perspectives, as evidenced in the literature reviewed in the following chapter and through the collected data for this study. Therefore, termination of pregnancy is viewed as going against the very essence of womanhood and of how female sexuality is understood (Kumar, Hessini, & Mitchell, 2009).

It appears that the stigma surrounding women who have undergone an abortion not only impacts on their personal view of termination, but also perpetuates their heteronormative understanding of their own sexuality and womanhood (Macleod et al., 2011). Termination of pregnancy is controlled and regulated by the state, and somewhat by the church, through which its understanding and acceptance manifests in various ways. Furthermore, different views of sexuality and a woman's role in society are continuously passed on through generations; however, as Masters, Johnson, and Kolodny (1982, p. 11) note, "in certain respects, we are bound by a sexual legacy passed on from generation to generation, but in other ways modern views of sex and sexuality differ drastically from past patterns". It is clear that both termination of pregnancy and sexuality are socially influenced concepts as they are often situated within evolving social and political contexts (Slade, 2007), which have developed and evolved throughout history. However, it seems that there still exist negative views of termination of pregnancy and ideas of sexuality that are particularly heteronormative and heterosexual in nature.

Furthermore, it is important to note that particular effects of power are present in how women understand their sexuality following a termination of pregnancy. This can be further understood through Foucault's ideas of power, as well as from feminist theory of sexuality. Ultimately, Foucault (1980) suggests that power is productive. Through this understanding of power, one can understand how a woman's body is situated within ideas of sexuality and how a woman might view her sexuality following a termination of pregnancy. Furthermore, Foucault's perspective offers a guide to examine how power relates and regulates the female body in the context of terminating a pregnancy. A feminist perspective also

understands female sexuality as being shaped and influenced by social and political sources (Seidman, 2004), which tries to eliminate conceptualising female sexuality within a male-dominant perspective. “It is evident that heterosexual sexuality is enmeshed with dominant constructions of gendered identities and practices, as well as with gendered power relations” (Shefer & Foster, 2009, p. 267).

Speaking to women who have undergone an abortion enables an understanding of how termination of pregnancy is viewed in society, how a woman is viewed for undergoing a termination, and how a woman understands her sexuality following such a procedure. As Petchesky (1984) notes, this is due to the fact that women who have undergone an abortion know better than anyone the emotions, difficulty and effects of such an experience. Women who have gone through this experience often view themselves and other women who have had an abortion in a negative light, as a woman may be viewed as going against the very notion of female sexuality and womanhood. Moreover, from a South African perspective, such an approach could reveal the current views on how women in this context are perceived in terms of women’s rights and in relation to men.

There seems to be an absence of positive talk surrounding female sexuality in South Africa and in the local literature, which ultimately “is believed to play a key role in the challenges of negotiation of safe and equitable sexual practices” (Lesch & Kruger, 2004; Shefer & Foster, 2009, p. 269), and which could contribute to the current way in which society views termination of pregnancy and a woman’s understanding of her sexuality following such a procedure. As such, the need to investigate women’s own understandings of female sexuality in relation to termination of pregnancy could reveal how and why such beliefs exist and perhaps how they could be challenged.

1.2 Research Aims

The primary aim of this research is to explore how women understand their sexuality after they have chosen to undergo a voluntary termination of pregnancy. Two areas within this primary aim are explored in depth. Firstly, the study examines how the women who participated understood their sexuality after a termination of pregnancy. More specifically, this entails determining what themes and meanings they associate with their sexuality after such a procedure. Secondly, the study aims to examine the relations between the women's understanding of their sexuality and the broader ideas on sexuality, particularly women's sexuality. Using a thematic analysis, this study seeks to uncover how the women interviewed understand their intersubjective experiences in relation to their social reality (Stemler, 2000).

In general, women are exposed to concepts of sexuality through a wide variety of sources that range from cultural or social upbringing to the media and religion (Herdt & Howe, 2007; Westheimer, 2000). Of interest in this study was to determine how women understood their sexuality following a termination of pregnancy and how this understanding relates to broader ideas of female sexuality.

1.3 Research Rationale

Callahan (1984) suggests that "social learning and cultural conditioning influence subjective experiences of sexuality" (p. 289). Therefore, a study of this nature should not exclude a woman's personal and social upbringing as factors that may influence her sexuality or the way in which she understands her sexuality following a termination of pregnancy. Although certain research has set out to examine sexuality following a termination of pregnancy, the way in which it is understood and the meaning of sexuality is rarely studied, and as stated by Callahan (1984), "how one interprets and defines sexuality is critical to abortion discussions" (p. 287). Furthermore, Arnfred (2004, as cited in Bhana, Morrell, Hearn, & Moletsane, 2007) suggests that the time has come for African sexualities to be rethought and reframed, in that conceptualisations of African sexuality need to be restructured beyond patriarchal and

traditional conceptualisations which view female sexuality within particularly reproductive and restrictive ways. This research study set out to understand how and why particular beliefs still perpetuate certain negative understandings of women's sexuality and their choice to terminate a pregnancy.

Much research (Arthur, 1997; Callahan, 1984; David, 1974; Kero & Lalos, 2005; Lemkau, 1988; Lowenstein et al., 2006; Remennick & Segal, 2001) on women who have undergone a termination of pregnancy has mainly explored the psychological effects of the termination experience. Few studies have investigated women's views on their sexuality following a voluntary termination of pregnancy (e.g. Bianchi-Demicheli et al. 2001a; Bianchi-Demicheli, Perrin, Lüdicke, & Campana, 2001b; Bianchi-Demicheli et al., 2002; Bianchi-Demicheli & Ortigue, 2007; Bradshaw & Slade, 2003, 2005), and not least women's understanding of their sexuality after undergoing this procedure and the beliefs that underpin this understanding. An approach that examines both the meanings and beliefs which constitute sexuality following a termination of pregnancy enables a better understanding of how a woman's internal experiences are ultimately related to her external reality, through examining the way in which women view their sexuality and in what manner they express this understanding. Furthermore, this type of approach allowed for an examination of the role of beliefs in substantiating particular versions of sexuality. Such an approach to understanding these beliefs may reveal that women's ideas of their own sexuality and womanhood have been influenced by similar concepts, regardless of race, class or cultural background, and that these beliefs have been persistent throughout history. It is within this relatively underutilised framework in research on the sexuality of women who have undergone a termination of pregnancy that this study is conceptualised.

Kenny (1986) states that a woman's feelings about termination of pregnancy will be conditioned by her background and upbringing, by the attitudes of her partner and the community, and by the people who are carrying out the abortion. In this study these conditioning factors are examined through the interpretation and examination of how women speak about their sexuality following a termination of pregnancy, and what

meanings and beliefs can be uncovered through such an interpretation. In particular, cultural, societal and religious beliefs appear to influence women's understanding of female sexuality, and therefore, these concepts are examined within the study.

It appears that no South African studies have been conducted on sexuality following a termination of pregnancy through a Foucaultian lens. From this perspective, Foucault's idea of power can be applied to the termination of pregnancy and sexuality, as "power (including governmental, religious, scientific, educational, cultural or economic authorities) will always seek to intervene, directly or indirectly, in the public lives of those whom it has its eye on" (Ratele, 2009b, p. 298), and in this case, women following a termination of pregnancy. Furthermore, examining this topic through a feminist perspective enables both an examination and critique of termination of pregnancy and women's sexuality, which reveals that they are viewed as being representational of women's liberation in South Africa, yet at the same they still lie within perceptions of male perspectives.

Morroni, Myer, and Tibazarwa (2006) state: "there is a substantial unmet need among women for information on abortion" (p. 5). Bianchi et al. (2002) further suggest that the consequences for sexuality of having a termination of pregnancy are somewhat unknown and under-researched. Therefore, this research will attempt to show that not only are termination of pregnancy and sexuality inextricably linked through power, culture, womanhood and religion, but also that through examining the themes that appear in how women speak about sexuality following a termination of pregnancy, it could be revealed that women's understandings and the negotiations of their sexuality following a termination of pregnancy are imbedded in the systems of interaction and beliefs that influence their way of seeing and experiencing the world.

One of the most significant problems in research involving women's feelings following a termination of pregnancy is researcher bias (Arthur, 1997). The evident power that exists in how society views topics such as sexuality and termination of pregnancy are undeniably

important in understanding how a woman defines and views her sexuality. A thematic analysis seeks to understand what contributes to a woman's understanding of her sexuality, and how the meanings and interpretations of this understanding are evident in the relationship between a subjective understanding and an objective reality. Furthermore, this research also seeks to examine the interaction between the researcher and participants, and how this interaction could have effects on the results of the study. It appears that no studies which examine the understanding of sexuality following a termination of pregnancy within a South African context have taken such an approach.

Finally, Bradshaw and Slade (2003) state that there is a paucity of qualitative research studies of a high standard that explore what a woman goes through following a voluntary termination of pregnancy and how she understands her sexuality following this procedure, which would ultimately be valuable to future research and theoretical development around this topic.

1.4 Organisation of Dissertation

Chapter one, has examined the research aims and rationale for the study. In *Chapter two*, a literature review is presented that critiques, analyses and synthesises the literature on the topics of sexuality and termination of pregnancy. Additionally, the research questions that were addressed in the study will be presented. In *Chapter three*, the methods used to conduct the study are discussed.

Chapter four presents a detailed analysis and discussion of the findings. The researcher felt it more appropriate to combine the results and discussion section, so as to present a more comprehensive and in-depth analysis. *Chapter five* discusses the limitations and implications of the study, as well as future research suggestions. The final chapter of this research dissertation, *Chapter six*, presents a summative conclusion on the study herewith presented.

CHAPTER TWO: LITERATURE REVIEW

2.1 Introduction

In 1996, women in South Africa were legally given the right to make their own reproductive decisions regarding terminating a pregnancy (Mhlanga, 2003). This led to far more reproductive freedom for South African women, as well as placing certain emphasis on aspects, such as sexuality, that are integral to a woman's identity. It is hoped to be shown through the literature that sexuality and termination of pregnancy are intimately linked through ideas of womanhood and reproduction, the notion of self, power and heteronormativity. This will be examined through exploring the development and history of termination of pregnancy and sexuality in South Africa. Although women's sexuality and termination of pregnancy have recently been seen as 'markers' of women's liberation, particular traditional or heteronormative views and understanding of their sexuality and termination of pregnancy still appear to be prevalent in how South Africans speak about either topic. These heteronormative notions appear to prevail throughout the ideas on female sexuality and reproduction, and ultimately frame a woman's sexuality within ideas of reproduction, and are constant in relation to male sexuality.

It will become evident throughout this review that sexuality and termination and pregnancy share the same boundaries and limits, and that they come from similar foundations, which link them to notions of heteronormativity, womanhood and the development of self. Furthermore, the relationship between these concepts is evident in the practices of government and of self-production. Government is " the general regulation of conduct as understood across macro and micro political levels, that is, as spreading from questions of the regulation and control of the state and that of far smaller entities such the family, workers, or the self" (Hook, 2004, p. 241). Therefore, sexuality is used to control people's behaviour and subjectivities on both a micro and macro level. As Ratele (2009a) suggests, modern forms of power now seek to manage and produce this self, and this will become evident as shown through an analysis of the literature in this review.

2.2 Sexuality

2.2.1 Tracing the roots of sexuality in South Africa.

The varied principles of different cultures and societies affect the way in which a person understands sexuality. As Steyn and van Zyl (2009a) suggest, South Africa is a country in which "the persistent history of hegemonic whiteness together with postcolonial globalisation has resulted in the dominance of westocentric meanings of sex and sexuality" (p. 5). These westocentric ideas of sexuality are far removed from what is understood in many South African cultures as sexually acceptable or 'normal' – usually a traditional or religious view of sexuality that places the male into a position of power and control (Erlank, 2008).

Sexuality in South Africa became intertwined with European religious morals and beliefs during the time of colonialisation in Africa (Bhana et al., 2007). Prior to this, African sexuality was generally untouched by the western world and was influenced by traditional and cultural notions of sexuality. However, after Europeans settled on the continent, as Butchart (1998) suggests, the African body was transformed into an object of knowledge, on which western ideas of sexuality could be used to suppress traditional African notions and beliefs. The African woman's body, in particular, became a site through which European and African views were intertwined, and where European ideas of female sexuality came to dominate the female body. This combination of beliefs about sexuality which were placed on the African body both divided and brought people together. In many parts of the country, women were valued members of society for their reproductive ability. Sexuality was also somewhat unrestricted and existed in numerous forms of expression during this period (Bhana et al., 2007). However, certain ideas of sin, morality and sexuality that stemmed from European norms and beliefs about sexuality were inculcated into the African population (Reid & Walker, 2005). There were particular aspects of power that were evident during this time, such as male power or religious power. For example, this was evident through practices of the church, such as condemning sex before marriage. Butchart (1998) suggests that many African societies are viewed as being affected and monitored by a governing institution such as the church, and they form part of a disciplinary society which ultimately influences the development of their understanding of their sexuality and self through broader societal views.

Colonial ideas placed men and women into different categories, and ultimately gave men much more control and power in society. The views of the time were heavily male-centred, specifically in the work place, and a woman's space was expected to exist only in the home and with her children, furthering the 'norming' of women as reproductive and nurturers (Bhana et al., 2007). When people in South Africa started to relocate by moving to the cities at the beginning of the 20th century, a relocation of knowledge occurred as well and traditional, culture-specific views around sexuality were brought into the cities and merged with the prevailing European ideas and understanding of sexuality; urban views merged with the rural, and notions of traditional family life merged with more liberal ideas of individual sexuality (Erlank, 2008). Religion-influenced views were particularly pertinent at the time, but stood in stark contrast to the public views around sexuality that were much more tolerant and accepting of individual sexual behaviour and expression (Erlank, 2008).

When certain religious views were introduced into South Africa with the settlement of different populations, religions such as Christianity and that of Islam became popular and therefore, particular ecclesiastic morals were placed within certain societies (Bhana et al., 2007). These new morals saw men taking a more powerful position in society than women, and a strict element of control became apparent in their expressions of sexuality (Bhana et al., 2007). Women now fully answered to male power. Furthermore, African men were viewed as being "hypersexualized", and women's sexuality became more passive and subdued (Bhana et al., 2007, p. 133), further perpetuating heteronormative ideas. The male was placed into a position of power where his object of desire was the woman, who was placed into a position of subordination and reproductive function. The woman's body was considered as a site of reproduction rather than of pleasure, and therefore was a site to be regulated and controlled through patriarchal norms and expectations. Regulation of this site, the woman's body, occurred through both micro and macro level processes as conduct was understood as occurring through both institutional and state levels, as well as through personal levels such as the family (Hook, 2004).

Sexuality during the apartheid era in South Africa was particularly racialised and controlled. Women still took the position of passivity in their sexuality and they appeared to be framed

within the ideas of male power, much as they were during the early 19th century (Shefer & Foster, 2001). The patriarchal culture that existed during that time, as it did during the 19th century, still exists in South Africa today and "is deeply embedded in South African communities, across lines of class and race" (Shefer & Foster, 2001, p. 385). Shefer and Foster (2001) suggest that during apartheid, certain types of beliefs around sexuality and gender were marginalised, and the culture of patriarchy that had existed throughout South African history was ever-present in societies and communities across South Africa. During apartheid, with the oppression of certain racial groups and classes, came the oppression of certain sexual views and expression. In particular, interracial relationships or intimacy were highly illegal and was controlled by the apartheid government (Lewis, 2005). As Hook (2004) explains, racism during this time was promoted and maintained through an interaction of macro level process, such as the apartheid regime and their laws, and through micro levels, as people would exhibit racism that was influenced by their own beliefs. People who engaged in interracial intimacy would be shunned by others in their community, and therefore it was evident that governmentality at this time only further propagated racist ideas and apartheid control (Hook, 2004). Additionally, modernity has given rise to a sexuality that is not only shaped by our culture and society, but has shaped who we are as independent individuals. As McNay (1992) suggests, "rather than conformity towards the law, the emphasis is on the formation of the relationship with the self and on the methods and techniques through which this relationship is worked out" (p. 53). Sexuality is both an instrument and an effect of the self.

Sexuality, regardless of race, was something to be monitored and controlled – both by social and personal means. On a broader, social level, institutions such as the state or the church were promoting ideas of sexuality that were heterosexual and racially-specific (Ratele, 2009a). The state criminalised interracial sexual relations, reproduction or intimacy, and therefore the laws during apartheid ultimately found their way into the bedrooms of men and women through interracial sexual encounters being criminalised. (Ratele, 2009a). These views were also promoted through broader social ideas which influenced sexuality in terms of heterosexual love, marriage and reproduction between people of the same race. On a personal level, people were not directly told how to regard other racial groups, yet people were afraid of the criminal implications of interracial relationships, as well as being

influenced by such ideas so that their behaviour reflected the governing laws at the time (Hook, 2004). Through this lower-level, micro functioning of racially-specific sexuality, broader social ideas and the regime of the apartheid was maintained and perpetuated (Hook, 2004). Therefore, race came to define sexuality and sexual freedom, and sexuality came to define race through discipline (Ratele, 2009a).

As Foucault (1977, as cited in Hook, 2004) suggests, power and control operate at multiple levels – through government and laws and through people's own personal beliefs and control of themselves. "The power of apartheid was relayed through millions of channels of communication, from government-controlled media through to everyday conversation" (Burman et al., 1997, p. 3). As Ratele (2009a) states: "there is, obviously, no anti-apartheid and post-apartheid sexuality without apartheid sexuality" (p. 295). This control and power has trickled through to post-apartheid South Africa, as people still define others by their race or sexual orientation, and although there is a free and fair democratic state, the effects of apartheid rule are still present in the way sexuality is influenced and in the expression of it, both at micro and macro levels (Hook, 2004). The aim of government is not to control its' population directly through law, but to regulate the population through specific techniques, such as promotion of health (Hook, 2004). These techniques are ultimately implemented by the individual on themselves, and therefore governing a population has been achieved through social control on a micro and macro level of regulation (McNay, 1992). As Macleod and Durrheim (2002) suggest, "government is simultaneously individualising and totalising" (p. 4).

Ultimately, through restricting a woman's sexuality to the domain of reproduction and marriage, heteronormativity was successful during the apartheid period, and still somewhat remains so in many traditional households today (Steyn & van Zyl, 2009a). As Allen (2003, as cited by Sanger, 2009) points out, the media is also to blame for promoting the heteronormative "active male-passive female dichotomy", and sexuality "has been deeply embedded within and historically shaped by media" (p. 138), through the normalising of specific views surrounding gender, race, and sexuality. The female body, particularly in a South African context, is governed and influenced within these continuing heteronormative notions, as in general, South African women are understood as being passive and

reproductive. The female body becomes the medium through which heteronormativity is formed, and the continuation of framing the female body within these norms and the continual repetition of heteronormative ideas between people and within families, further perpetuates these ideas (Sanger, 2009).

As Steyn and van Zyl (2009a) state, post-apartheid government has, through new laws and the constitution, sought to dismantle the heteronormativity that existed during the apartheid era by allowing the South African population freedom of sexual expression and sexuality. However, certain areas of sexuality are still regulated by the government, such as termination of pregnancy or the legal age of consent to sexual intercourse (Steyn & van Zyl, 2009a). This regulation occurs through an interaction at a macro level through government policies and social attitudes, and on a micro level through personal beliefs and practices, in which neither process is more privileged than the other. The introduction of the democratic government led to power equalities, both enacted through law and public practice, in many areas of the country, and in general, sexuality and everything associated with it was placed into a framework of acceptance (Hook, 2004). However, this framework still places certain normative expectations on sexuality, and the power struggle around non-discrimination or not to judge others is still a considerable issue in South Africa (Steyn & van Zyl, 2009b). Sexuality is often still treated as a problematic element of self that should be contained (Cornwell & Jolly, 2006, as cited in Steyn & van Zyl, 2009a). “The consumption of sex is tied – through anxiety and fear – to regulating techniques” (Wilbraham, 2004, p. 493), and ultimately, the regulation of sexuality is linked to hierarchies that exist in law, medicine, culture, religion, customs and politics (Steyn & van Zyl, 2009b). Specifically from a South African perspective “what South Africans favour or fear sexually is still largely determined by the history of race in their society” (Ratele, 2009a, p. 294). This anxiety or interest in sex centres on race, but is also situated within culture, politics, economics and morality (Ratele, 2009a).

2.2.2 Sexuality as a marker of the self.

> A major obstacle to understanding our own sexuality is realizing we are prisoners of past societal attitudes towards sex. (Bullough, 1976, as cited in Masters et al., 1982, p. 11)

According to Stone (2007), "an individual's sexuality consists of their sexual desires and feelings, and the activities and relationships into which that individual enters because of those desires and feelings" (p. 85). These feelings contribute to how women develop their sexuality, and are shaped by community, cultural and societal norms (Træen & Martinussen, 2008). Nelson (2001) further suggests that sexuality influences the way in which a woman behaves and the sexual knowledge that she possesses. In the past, it was argued that sexuality was purely biological, therefore excluding cultural, societal and personal influences (Træen & Martinussen, 2008). However, Vance (1991) suggests that people's understanding of sexuality emerges in terms of how its meaning is influenced, either socially, historically, culturally or individually. As a result, sexuality is ultimately multidimensional (Masters et al., 1982). "Sexual meanings and practices, like the meaning and practices of motherhood, vary enormously through history, across cultures, and within the same culture – indicating that these 'natural' realms of human experience are incessantly mediated by social praxis and design" (Petchesky, 1985, p. 9).

Francoeur (1991) suggests that sexuality is a personal experience that both men and women go through that includes all the elements of one's behaviour and personality, and therefore sexuality is ultimately a fundamental part of the self (Nelson, 2001). It is understood as an integral part of our personality, as it speaks to who we are, how we behave, and how we relate to others (Nelson, 2001). Steyn and van Zyl (2009a), who focus only on the South African understanding of sexuality, suggest that "sexuality is shaped within our social understandings of selfhood, how we make sense of our relations to others and how we fit into our cultural institutions – the laws, religious institutions, schools, social venues and, above all, families" (p. 4). What sexuality means to an individual is a principal aspect of the self, and this in turn influences how we understand and view others (Thornton, 2008).

Therefore, the self is formed through what we are exposed to in society and personal experiences, and the regulation of the self occurs not only by the self, but through relation to others as well. Furthermore, one is not governed solely by internal processes, but through an interaction of these micro processes with greater, macro processes such as societal attitudes and views (Rabinow, 1994). These understandings of sexuality, within a South African context, can be understood in unison if one views female sexuality as ultimately being unique to each woman's culture, religion, and background or family. This type of female sexuality, therefore, can be understood to incorporate both personal factors, such as family, as Francoeur (1991) suggests, as well as being shaped through how society influences the self, as Steyn and van Zyl (2009a) argue. However, it is important to question why and how society imprints on the sexuality of individuals, and what is at stake in the relationship between the self and sexuality. This relationship is evidently influenced by what a particular society puts forward as normal and natural sexuality. What is at stake, therefore, is whether an individual's self and sexuality will both be influenced by the same societal or cultural notions, those which are often developed through heteronormative and heterosexual ideas. Development of the self will be influenced by what an individual is exposed to in their immediate environment – such as their culture or religion. For example, if a woman considers herself to be part of a culture that promotes patriarchal practice, she is likely to understand her self and her sexuality in relation to these practices.

In South Africa, the idea of sexuality has clear and definite links to a political agenda; one that has been and still is constantly subject to opposing debate on morality and regulation (Steyn & van Zyl, 2009b). This notion is supported by feminism which suggests that female sexuality has its roots in social and political views, which in turn perpetuates female sexuality as something in need of governing (Corey, 2011). "Particular parts of the feminine body are consistently located as in need of policing, regulation and 'fixing' to conform to a specific but unnamed and unmarked norm" (Sanger, 2009, p. 138). Certain aspects of the self, such as interests, beliefs or desires, are considered integral parts of the self, and are therefore sought out by government for regulation, both by individuals and through larger social schemes (Hook, 2004). Self-governance for women is undoubtedly influenced by family, social surroundings and cultural norms, which in turn predisposes women to a type of regulation which is specific to their upbringing, familial history and cultural background.

South Africa's political history is not only shrouded in oppression and power struggles for freedom, but also in oppression and power struggles throughout the understanding and development of sexuality and the female body. Apartheid was founded on the belief of racial purity, and the government was therefore concerned with opposing and criminalising any interracial sexual acts or intimate encounters (Steyn & van Zyl, 2009a). This meant that African sexuality was particularly suppressed, silenced and controlled, and that the perceptions of sexuality and a woman's role in society during apartheid were laid on the foundation of heteronormativity (Elder, 2003; Lewis, 2005).

The concept of heteronormativity is based on the notion that only two sexes exist in the human race, male and female, and that these sexes have predetermined gender roles that are particularly present within families and relationships. The family is seen as a marker for heteronormativity, in which "the task of the family is to anchor sexuality and provide it with permanent support" (Foucault, 1978, as cited in Wilbraham, 2004, p. 492). In terms of oppositional binaries, as Steyn and van Zyl (2009a) mention, Wilbraham (2004) proposes that this notion of the family as an anchor of sexuality is supported by two different relationships: husband-wife and parent-child. Within these two relationships, regulation of the human body is produced and ideas surrounding heteronormative behaviour are promoted (Wilbraham, 2004). Furthermore, as Giddens (1999) suggests, "the individual only feels psychologically secure in their self-identity in so far as others recognise their behaviour as appropriate or reasonable" (p. 418). However, whether or not a woman's sexuality is influenced by heteronormative ideas is ultimately related to the society, culture or religion from which she takes her understanding of womanhood and sexuality.

Goosen and Klugman (1996) support this understanding of sexuality as they suggest that sexuality is integrally linked to one's upbringing. This includes the community that one has lived in, how parents treated the subject of sexuality, or how one's culture viewed or tolerated sexuality. Within this upbringing comes the idea of passing on information through the generations (Renne, 2001). Masters et al. (1982) suggest that a sexual legacy is passed from one generation to the next, although a generation's knowledge and attitudes towards sexuality will vary somewhat from the ones preceding it, as knowledge and feelings about sexuality are constantly developing. Knowledge between different generations differs

greatly; however, most men and women consider the relationship between modernity and sexuality to be of great importance, as ideas and beliefs around sexuality are constantly developing and changing (Giddens, 1999). In general, global modern-day views on sexuality have become more liberal than that to which previous generations were exposed. This is somewhat due to the consolidation of ideas from sources such as popular culture, which contribute to people understanding their sexuality in a more global and tolerant manner. Sexuality, although constantly developing in terms of people's individual beliefs, is ultimately a core aspect of the self. According to Smart (1985), Foucault suggests that sexuality is the most concrete aspect in modern western societies through which power over life could be exercised, and "for Foucault, the particular common-sense view of the world prevailing in a culture at any one time, is intimately bound up with power" (Burr, 1995, p. 64). As Burr (1995) thereafter explains, power is intimately bound to knowledge, as is knowledge to power.

> To define the world or a person in a way that allows you to do the things you want is to exercise power. When we define or present something in a particular way we are producing a particular 'knowledge' which brings power with it. (Burr, 1995, p. 64)

In terms of the Foucaultian analytic framework, sexuality can be understood as a form of disciplinary power in that it "organizes identity, knowledge, behaviour, manners, dress, and social interactions around particular libidinal practices and social relations" (Cooper, 1995, p. 67). From a South African perspective, these practices and social relations are embedded within dominant patriarchal relations of power (Kambarami, 2005). Additionally, these practices can be further understood within heterosexual and heteronormative notions, where most cultural norms "emphasizes the private, the privileging of male sexuality, heterosexuality and the nuclear family" (Cooper, 1995, p. 70). Feminists believe that there are certain gender roles, promoted and maintained by society, which influence female sexuality by profoundly effecting a woman's identity and her development of self (Corey, 2011). This development of the female self is further perpetuated within patriarchal practices through the interwoven and complex modes of government and regulation which seek to bring about the submission of women (Macleod & Durrheim, 2002), both through personal and societal regulation. Sexual views, whether private or public, are generally

unique depending on from which culture, society or religion they emerge. Public views are understood as healthy and productive, yet when sexuality that is considered problematic is under discussion, it is contained in a private sphere (Cooper, 1995). These productive and healthy public views often influence sexuality in terms of what is deemed acceptable and 'normal' sexuality, sexual behaviour or sexual orientation. Public views promote ideas of sexuality that fall in line with general societal norms and expectations. On the other hand, private views may be regarded as problematic due to the fact that they may not be in line with the accepted societal norms of sexuality (Cooper, 1995). These views are constantly reproduced through generations, both at micro and macro levels of power, and although it constantly changes, the way in which women's sexuality is defined continues to be passive and patriarchal in nature (Cooper, 1995; Hook, 2004).

Feminism, as explained by Seidman (2004), suggests that it is these definitions of female sexuality, both throughout the private and public domain, which perpetuate the continuation of sexuality as male-centred. The beliefs which surround female sexuality shape women as care-givers and sexually passive versus men as being dominant and sexually assertive. As Burr (1995) suggests, people often relate to social norms and ideas to understand their own behaviour and experiences, and "it can be seen to be tied to social structures and practices in a way which masks the power relations operating in society" (p. 72). To counter this invisible power, women need to be understood and to understand themselves outside of the male-dominant views that prevail in many South African societies, such as through culture and religion. However, removing themselves from these ideas may be far more challenging than it appears, as male-dominant views on sexuality are far more common in South Africa than those which promote equality or empower the female form (Sanger, 2009). Furthermore, the need to regulate and restrict what is made public or private in terms of sexual beliefs links back to the way in which modern society has become 'confessional' regarding sexuality, constantly monitoring ourselves as part of a greater society (Elliot, 2001). For example, women who participate in sexual activities with different men will often not discuss it due to the certain negative connotations that are associated with such behaviour.

2.2.3 Modern beliefs, old concepts.

Although the effects of apartheid are still evident today, women have generally developed a new sexual power with the development and change of their status in the work-place, in their leadership positions, as well as those women holding positions of power in government and society (Chang, 2011). As Hunter (2002) suggests, women do hold more power sexually, and are generally able to exercise this power to a greater degree. Generally, and particularly in urban areas of South Africa, women have moved from a passive to an active role in their sexuality. There has been an emergence of autonomous sexual beings throughout the 20th and 21st centuries (Obono, 2010), no doubt due to the rise of the democratic state in South Africa, which has brought equality through the constitution. This rise gave way to freedom in certain aspects of human life, and at the same time, a regulation of these aspects. As South Africa moves away from the ideas of racial purity that existed during apartheid, the "expression of the modern self" became more and more possible (Ratele, 2009a, p. 290; Steyn & van Zyl, 2009b). This 'modern self' in creation is an individual whose sexuality exists within the idea of selfhood – how we understand ourselves in comparison to others – and whose sexuality is embedded in the deepest sense of self (Steyn & van Zyl, 2009b).

Modern beliefs on sexuality are constituted by the changing environment and the changing of societal attitudes. South African views on sexuality are a mixture of westocentric, traditional, cultural ideas, and the colonial understanding of sexuality (Erlank, 2008). As Obono (2010) notes, modern beliefs throughout Africa are a mix of interspersed natural response with societal changes and norms. With the explosion of the internet and other different forms of media that people use to express themselves and to discuss sexuality, whether anonymously or not, sexuality is now more public than it has ever been (Herdt & Howe, 2007). Due to this fact, the definition of sexuality is far more diverse and intricate than it used to be. The term 'sexuality' now encompasses numerous meanings, identities and feelings (Herdt & Howe, 2007). However, understanding sexuality in this way is westocentric, and many other elements such as culture, which is relevant in the South Africa context, contribute to an understanding of sexuality. Twenty-first century sexuality encompasses not only biological understandings of sexuality, but also encompasses politics and sexual cultures (Herdt & Howe, 2007), and from a South African perspective,

heteronormative and patriarchal understandings must not be excluded from this understanding either.

This is further supported by Shefer and Foster's (2009) findings in a South African study that indicated that sexuality is placed into a male-dominated framework; where men are in control and lay the foundations for female behaviour and sexuality, and ultimately female sexuality is thus culturally tied to a male-dominated view. The culture of sexuality is no doubt changing, as Lewis (2005) suggests, as ideas are developing and social and cultural attitudes towards sexuality are shifting. However, this view of cultural influence, which includes the notions of patriarchy and heteronormativity, almost creates a barrier through which challenging these ideas becomes increasingly difficult (Bhana et al., 2007). Therefore, certain cultures in South Africa propagate a particular regulation of sexuality through the means of politics, tradition, religion and cultural norms (Steyn & van Zyl, 2009b). This notion of patriarchy, ever-present in South Africa, places men into the position of power and women into the position of being controlled and regulated, which further regulates their knowledge and beliefs on topics such as sexuality (Træen & Martinussen, 2008).

2.2.4. Social representations of sexuality.

As Træen and Martinussen (2008) note, "all expressions of sexuality must be considered in the context of time, culture and society" (p. 40). The term sexuality, especially in South Africa, should be understood as encapsulating numerous aspects of life, such as kinship, gender, history, society and human rights (Renne, 2001). Furthermore, as Reid and Walker (2005) indicate, sexuality in Africa is a metaphor for the colonial influence that occurred in early African history, as it is influenced by eurocentric ideas and beliefs around sexuality. According to Connell and Hunt (2006, p. 23), when it comes to sex, "the concern with 'natural' and the 'normal' has long occupied a central place". As Bhana et al. (2007) suggest, cultural norms in South Africa dictate what is considered 'normal' or 'abnormal' in terms of sexuality. These norms are ultimately influenced by prior generations, religion, community and family. It is these cultural norms that control or liberate a woman's sexuality: some women are still restricted to understanding their sexuality in terms of motherhood and marriage, and others are in a space of sexual freedom and power (McFadden, 2003). According to Seidman (2004), feminism suggests that "if dominant cultural ideas define the

'normal woman' as destined by nature to be a wife and mother, men will not need to use coercion to keep women subordinate" (p. 210), and ideas that view women as subordinate to men will continue to be reproduced and promoted. Furthermore, this view of women is considered by feminists to be a social problem, and therefore in order for the general views about women to change, the great social inequalities must be challenged (Corey, 2011).

Due to the diverse history of South Africa, knowledge that has been passed down through generations has its roots in European history, traditional African history, and more recently, with the increased access to global information, in western history. "Women's values and views of the world express their unique social experiences. In other words, women have their own unique ways of knowing" (Seidman, 2004, p. 212). This knowledge is reproduced through the continuation of beliefs that frame women within heteronormative perspectives, and ideas of sexuality are often developed around the idea of stereotypes. According to feminism, this is still present in today's society (Corey, 2011). Nelson's (2001) example of 'the whore' and 'the madonna' is one such way to understand how female sexuality can be influenced by male-ideas and societal notions. Berger (2004) explains this phenomenon in western society as being when a woman is viewed as either 'the whore', who is sexually insatiable, or as 'the madonna', who is seen as pure and innocent (Nelson, 2001). These ideas also link to the notion of patriarchy that is still exercised in many South African societies and which shape our understanding of sexuality, and therefore shape the female body. Thus, the female body becomes a means of understanding social and cultural regulation and norms, which ultimately bring to light the question of who's bodies are important and whose are not (Steyn & van Zyl, 2009b).

Kon (1987) proposed that examining culture as simply an influence on sexuality is not enough, and in order to fully understand sexuality, culture needed to be seen as an influence on sexuality. According to Thornton (2008), sexuality in southern Africa is situated within a view that is particularly cultural rather than within a typically biological understanding, one that excludes bodies, pleasure, values and exchanges, and that these views can be explored through cultural representations of sexuality (Lewis, 2005). Although sexuality is considered by most theorists to be influenced by a combination of biological, psychological and cultural factors, the diversity of the South African population and the

history of the country emphasises the particular influence that culture has on sexuality, where culture is rooted in sexuality and sexuality is rooted in culture (Thornton, 2008). As Foucault (1978, as cited in McNay, 1992) suggests, "rather than being the natural origin of desires, sex is in fact a cultural construct that is produced with the aim of social regulation and the control of sexuality" (p. 28), and therefore, "it is impossible to know the materiality of the body outside of its cultural significance" (McNay, 1992, p. 30). Culture thus shapes not only our physical bodies in terms of sexuality, but it also shapes our sense of self and the beliefs that we use to influence this understanding (Steyn & van Zyl, 2009a). However, many theorists have raised the argument that sexuality is predetermined due to gendered norms, thus, each human can be governed by the ideas of heteronormativity that have ultimately been prescribed by gender, society, knowledge and tradition (Steyn & van Zyl, 2009a). The ideas are influenced by both parents and greater social attitudes, which imprint themselves on a child from the time of conception. "To be a mother is to be part of who they are as feminine selves. In other words, mothering behaviour is viewed as an expression of a socially acquired feminine gender identity" (Chodorow, 1987, as cited in Seidman, 2004. p. 223), in which the mother is fundamental in the development and regulation of both her self, and her child.

African cultures generally adopt patriarchal systems and therefore, following on from the notion of heteronormativity, the concept of patriarchy can be seen to fall within these similar ideals, as patriarchy assumes the male to be the head of a family or of a male-female relationship (Kambarami, 2006). Families or relationships in which the male is the dominant member are seen to be playing to the role of the (hetero)patriarchal structure, and ultimately heteronormativity. Sanger (2009) explains that a woman's sexuality is often situated in a male context, in which males are ultimately responsible for defining female sexuality, which therefore promotes and produces notions of patriarchy. As Foucault (1978, as cited in McNay, 1992) suggests, the power relations that will ultimately determine the role of an individual in a family, for example the father, are not simply minimal indications of an authoritarian system of government, but rather each type of authority is situated within its own particular idea of power relations and social dynamics. The notion of governmentality is clear in the relationship between patriarchy and sexuality (McNay, 1992; Smart, 1985). Therefore, an individual's sexuality, in this case the woman's, is produced

within heteropatriarchal ideas, which ultimately governs the individual and produces their understanding of self. It is important to note however, that Foucault was always aware of the wider social effects that are imposed on individuals and that relationships of power are never clear-cut (McNay, 1992).

In terms of sexuality, Foucault's notion of governmentality is useful for considering how power occurs both at a personal level and a social level. According to Hook (2004), governmentality refers to the multiple forms of government, both at the micro and macro levels and that emphasise practices that control and manage individuals and populations. Ultimately, governmentality prevails in the ordering of an individual's life and in their relations with others, in so far as to regulate a population and in order to achieve social control (McNay, 1992). This interaction of power ultimately results in individuals monitoring and regulating their behaviour in terms of how they understand themselves in relation to broader social beliefs (McNay, 1992). Furthermore, this interaction will be influenced by what greater society considers acceptable and how individuals acquire their notion of self from macro and micro level understandings of sexuality. Foucault (1978, as cited in McNay, 1992) suggests that "the sexual body is both the principal instrument and effect of modern disciplinary power" (p. 31), meaning that the individual both produces and is produced by this power. In terms of the female body, particularly from a modern South African perspective, sexuality is understood through societal norms, and this understanding is replicated through women continuously perpetuating this norm through behaviour and beliefs (Sanger, 2009). Ratele (2009a) states that power, which comprises several institutions such as religion and government, will constantly try to intervene in the lives of individuals. Modern society will, in the end, aim to use its power to produce and manage the self, and control the individual's desires and fears – whether the power is exerted by an institution or by the individual through techniques of self (Ratele, 2009a).

Foucault's ideas of power have been greatly analysed and critiqued by feminist theories, and one such critique is that "it does not pay enough attention to the gendered nature of disciplinary techniques on the body" (McNay, 1992, p. 32). This is supported by the fact that institutions of modern life are differently related to by men and women (McNay, 1992). Furthermore, there is an absence of evidence regarding how "the systematic effect of

sexual division is perpetuated by the techniques of gender that are applied to the body" (McNay, 1992, p. 33). In a South African context, this is particularly relevant as both the male and female body have long been understood through techniques of gender and are shaped by societal gender-role expectations (Steyn & van Zyl, 2009b).

Within the South African context, Lewis (2005) suggests that sexuality is culturally mediated, and that the female body signifies a social representation. In line with heteronormativity, Butler (1987, as cited in McNay, 1992) suggests that "the body becomes a peculiar nexus of culture and choice, and 'existing' one's body becomes a personal way of taking up and reinterpreting received gender norms" (p. 71). According to Shefer and Foster (2001), it is almost impossible to understand ideas around women's sexuality outside of views around men and their sexuality. Particularly in South Africa, where the majority of cultures are still patriarchal, ideas of sexuality are male-centred and focus on the notion of masculinity and male pleasure (Shefer & Foster, 2001). Women are placed into a category of love and romance, where the understanding of female sexuality is focused around relationships and motherhood, therefore placing women in a category which does not associate sex with pleasure as it does for men (Lewis, 2005; Shefer & Foster, 2001). It is noted by Fine (1988, as cited in Shefer & Foster, 2001) that girls are often taught to keep silent about sexuality. This in turn not only disempowers women in terms of their own sexuality, but also results in an absence of positive views on female sexuality as it is rarely spoken of in such a manner. New (1991) notes that in terms of feminism, a girl should identify with her mother who should be communicating sexuality to her child in a positive way. However, mothers often find that talking to their daughters about sexuality is difficult and they are fearful of educating their daughters about sexuality outside of what is considered socially acceptable. "Children will only infer that the female body, in general, means mute passivity if their culture gives them no way to conceive that the female body is distinct from the maternal body" (Stone, 2007, p. 122). As Shefer and Foster (2001) found through their own research, there is a lack of positivity around sexuality in South Africa. Therefore, the reproduction of this particular type of knowledge reproduces a certain kind of power that heteronormative notions have over female sexuality.

Women have always been viewed under a particularly patriarchal lens, in so far as "at times, women have offered resistance to this system of dominance, but their resistance has always failed and this very failure further strengthens the inexorable hold of disciplinary techniques upon the body" (McNay, 1992, p. 36). Although there has been an increase in female-headed households and organisations, many women still live under a patriarchal ideology in their communities and homes that influences their understanding of female sexuality (Kambarami, 2006). In terms of feminism, perceiving women as powerless and occupying a passive position automatically places women into a socially created patriarchal framework (Corey, 2011; McNay, 1992). It is important, however, to note that women from different racial groups would have experienced and may continue to experience different social milieus in terms of sexuality, particularly within the history of South Africa. Due to different racial and cultural elements "power differences between women can be so great that apparently similar struggles against men can be, in practice, fundamentally different" (McNay, 1992, p. 64). As Kambarami (2006) suggests, the customs in Africa are so strong that they prevail over the law, religion and modernity, and that culture has continued to negatively affect female sexuality despite efforts to defy present circumstances. Therefore, Black South African women often cannot escape the hold of the customary patriarchal culture that exists in South Africa, as there are "deeply embedded social codes that inform representations of Black women and sexuality" (Lewis, 2005, p. 11).

2.3 Termination of pregnancy

According to Bianchi-Demicheli et al. (2001b), termination of pregnancy is a topic of women's health that has caused frequent debate and controversy across the world, including in countries in which termination of pregnancy is an accepted and respected medical procedure. Ultimately, the social, political and cultural context in which one examines termination of pregnancy is of utmost importance, as this determines how termination of pregnancy is viewed or recognised (Slade, 2007). As Bianchi-Demicheli et al. (2001b) suggest, nearly a quarter of the women who fall pregnant each year choose to undergo a termination of pregnancy. A society can affect where a woman seeks a termination of pregnancy, how the termination is performed, and finally, how the woman is viewed in that society for choosing to terminate a pregnancy (Boonstra, Gold, Richard, & Finer, 2006). Kenny (1986) emphasises the point that every woman is unique and therefore

every woman will experience a termination of pregnancy in a different way, whether emotionally, physically or culturally. As Kero and Lalos (2005) suggest, most women feel relief after a termination of pregnancy, yet it must always be kept in mind that the effects of morality, community and society may impact each woman's experience in a different way.

2.3.1 Termination of pregnancy: An overview.

According to Westheimer (2000), abortion is "the termination of pregnancy by loss or destruction of the foetus before it has reached viability" (p. 13), and can further be separated "into early or late abortion depending on whether it has occurred before or after the twelfth week of pregnancy (in the first or second trimester)". Johnston (2009) indicates that 89% of abortions are carried out in the first trimester of pregnancy. Once there is an expulsion of the foetus from a mother's womb by means of medical or surgical intervention, then a termination of pregnancy is considered to have taken place (Ibisomi & Odimegwu, 2008). An abortion can either be medical or surgical, and furthermore, is divided into a spontaneous or induced termination of pregnancy (Family Medical, 2002; Ibisomi & Odimegwu, 2008). According to The Alan Guttmacher Institute (1999), "the safest abortions are those performed early in pregnancy by well-trained practitioners using medical or surgical methods" (p. 32). Furthermore, these abortions should be carried out in hygienic and sterile settings where the abortion procedure is legally performed by trained medical professionals.

In South Africa, a medical procedure is likely to be carried out using Mifepristone (RU-486) and Misopristol, two pharmaceutical drugs that induce evacuation of the foetus from the uterus (King, 1991), and can be carried out up to eight weeks from the first day of the woman's last menstrual period (Johnston, 2009). According to Abdel-Aziz, Hassan, and Al-Taher (2004), this procedure has been chosen by over three million women worldwide in the last decade. The procedure involves the woman orally ingesting two Mifepristone tablets while at a clinic or hospital. This ceases the development of the foetus through stopping progesterone from reaching the foetus in order to sustain its development (Johnston, 2009; The Alan Guttmacher Institute, 1999). At home, forty-eight hours later, the woman will take two Misoprostol tablets (a prostaglandin), which causes the uterus to contract and expel the foetus and placenta from the uterus (Abdel-Aziz et al., 2004; Crooks

& Baur, 1999; The Alan Guttmacher Institute, 1999). The abortion will be induced within a couple of hours after orally ingesting the tablets (Johnston 2009; Lipp, 2008), and bleeding and abdominal cramping may occur (DISA Information pamphlet, n.d.). Some women view this abortion technique as miscarriage and therefore feel that they have not gone against societal or religious values by knowingly terminating their pregnancy. Johnston (2009) suggests that the medical termination of pregnancy is 92% to 97% effective.

Surgical procedures, which may be carried out up to twelve weeks from the first day of the woman's last menstrual period, include: vacuum aspiration (suction curettage); dilation and evacuation (D&E); and in cases of late pregnancy, by induced labour (Francoeur, 1991). A vacuum aspiration (also known as a suction curettage) is the most common form of surgically induced abortion, and involves dilation of the cervix by means of Misoprostol tablets (which are placed into the mouth and vagina of the patient) and following the cervical dilation, the foetus or embryo is removed through a vacuum tube that is inserted into the uterus, known as a cannula (Johnston, 2009; King, 1991; The Alan Guttmacher Institute, 1999; Westheimer, 2000). Johnston (2009) suggests that a vacuum aspiration is 99% effective. Common side-effects from a vacuum aspiration include bleeding and cramping from the actual procedure, and dizziness, nausea and light-headedness from the Misoprostol (King, 1991).

Reasons that women give for wanting a termination of pregnancy most often come down to the simple fact that the pregnancy is unwanted (Finer, Frohwirth, Dauphinee, Singh, & Moore, 2005). Therefore, specific reasons often include lack of finance and the inability to support a child; being either too old or too young to bear children; estrangement from partners; unemployment; or inappropriate timing to have a child (Boonstra et al., 2006; Callahan, 1984; Finer et al., 2005; The Alan Guttmacher Institute, 1999). As The Alan Guttmacher Institute (1999) suggests, "the choice to terminate an unwanted pregnancy may be shaped by broad social influences: the value placed on premarital chastity or marital fidelity, the unacceptability of childbearing outside marriage, or disapproval of having children late in life or too close together" (p. 7). Boonstra et al. (2006) also suggest that if a

woman feels that she cannot be the best possible parent to her child at the time, she will often terminate her pregnancy. Therefore, the decision to terminate a pregnancy is often complex and deliberate, which is due to certain circumstances (Boonstra et al., 2006; Coleman, 2007), and often reveals the association between womanhood to reproduction and child-bearing. Unfortunately, terminating a pregnancy is not considered appropriate behaviour in most societies, regardless of its legal availability. Having a termination can be seen as going against the very essence and meaning of being a woman. In addition, Hawkins, Cornwall and Lewin (2011) suggest that women whose behaviour or beliefs go against societal norms or expectations are ultimately placing themselves at risk of state or societal punishment.

Abortion stigma is a common occurrence due to the fact that women still feel as if they are going against the very (heteronormative) notions of womanhood which have influenced their understanding of their own sexuality (Macleod et al., 2011). Furthermore, through undergoing a termination of pregnancy as an unmarried woman, which makes pre-marital sex visible, a woman's self is compromised in terms of her self-regulatory powers which she seeks to convey on her own behaviour, and which are influenced through both micro and macro forms of government (Hook, 2004; Kumar et al., 2009). Therefore, a challenge is presented in that falling pregnant is seen as one of the most important aspects of a woman's life, however, falling pregnant out of wedlock and then undergoing a termination is viewed as contradicting the very way in which a woman is defined and viewed in society (Kumar et al., 2009). Although termination is legal in South Africa, the stigma which surrounds the procedure generally leads people to be sexually responsible and utilise contraceptives. Thus, undergoing a termination can be viewed as both a combination of self-regulatory power and as contravention of governmentality. This can be examined by viewing a termination as a way in which to employ self-regulatory power – by aborting the child when the women has fallen pregnant out of wedlock, the sanctity of marriage is upheld. However, choosing to undergo an abortion means not only to terminate a child's life, but to cease the process of becoming a mother – the very role which society dictates that women should seek to achieve (Kumar et al., 2009)

All decisions, opinions and views about terminating a pregnancy link to the notion of morality (Kumar et al., 2009), which in turn has links to legality, power, and the self-governance of the human body. Morality is ultimately linked to the development of self – to what a woman understands as right and wrong, normal and abnormal, and ultimately how one views themself as being perceived by other (Mojapelo-Batka & Schoeman, 2003). This understanding will have an influence on a woman's behaviour, in so far as a woman will behave according to what she believes is appropriate, or morally acceptable. Furthermore, her understanding of her sexuality will also be influenced by this morality (Connell & Hunt, 2006), and therefore her body becomes a site through which her morality and socially acceptable ideas of the self can be conveyed. Gilligan (1977, as cited in Corey, 2011) suggests that feminists view a woman's morality and sense of self as originating in notions of motherhood and the need to care for others. This is ultimately embedded in cultural and societal understandings and beliefs. As Mojapelo-Batka and Schoeman (2003) point out, morality is a social concept, and different categories exist within this one concept. As termination of pregnancy stirs up much debate and argument with regard to morality, it is important to examine how different types of morality come into the abortion debate. Social morality, which can be understood as morals based on social concepts and accepted norms, also includes ecclesiastic and social morals (Mojapelo-Batka & Schoeman, 2003). Ecclesiastic morality is founded on the beliefs of one's religion or church, and is often closely related to one's upbringing and community, in which religion usually plays a big role. It must also be noted that cultural morals, especially in South Africa, are relevant as contributing to the way in which termination of pregnancy is viewed and accepted (Rylko-Bauer, 1996, as cited in Mojapelo-Batka & Schoeman, 2003). With regard to cultural morals, Mojapelo-Batka and Schoeman (2003) note that "fertility, childbirth and motherhood are highly valued in African cultural groups and motherhood is seen as the essence of womanhood" (p. 148). The idea that motherhood lies at the foundation of African women's sexuality will be addressed shortly.

Thabethe (2000, as cited in Mojapelo-Batka & Schoeman, 2003) warns that one cannot disregard a woman's personal life circumstances and consider culture as the only contributing factor to feelings and morals about termination of pregnancy. Women who practice a religion where abortion is viewed as a sin will often view the act in itself as a

defiance of God, and as going against everything that they believe in religiously (Mojapelo-Batka & Schoeman, 2003). Furthermore, the right to choose to terminate a pregnancy means little in a culture where a woman is powerless in decision-making, or where female children are seen as less valuable than their male counterparts (Petchesky, 1984). This idea of morality links clearly to the concept of patriarchy, as again, certain views and opinions will be governed by such a practice (Kambarami, 2006), further producing the ideas and knowledge that female sexuality should be viewed as passive and secondary to that of the male.

2.3.2. A birth of termination.

Until 1996, it was practically impossible for South African women to have a legal abortion. The Abortion and Sterilization Act (No.2 of 1975) was in place, and remained so until 1996 (Francoeur, 1997). Until the Choice of Termination of Pregnancy Act (1996) was enacted in parliament, a woman could only receive an induced abortion if the child was a result of incest, rape, or there was a danger to the physical or mental health of the mother (Francoeur, 1997). Unfortunately, this led to many women seeking illegal abortions, which carries with it numerous risks such as infection, death or criminal punishment (Goosen & Klugman, 1996). Wealthier women, mainly White women during apartheid, would travel to countries where abortion was legally practiced (Guttmacher, Kapadia, Te Water Naude, & de Pinho, 1998; Mhlanga, 2003). Not only did this speak to reproducing heteronormative ideas of female sexuality and womanhood, but it also furthered perpetuated the view that women were controlled by patriarchal laws and regulations. Feminists advocate that because it is the female body in which pregnancy and conception occurs, the woman should be responsible for her own decisions and rights (Hawkins et al., 2011). However, during this time, the female body became an object of control to the male-led government.

Before certain laws were put in place to regulate terminations of pregnancy, institutions, such as hospitals and government, had control over whether a woman underwent a termination of pregnancy or not. Prior to the Abortion and Sterilisation Act of 1975 (Act No.2 of 1975), termination of pregnancy laws were restrictive and fully controlled by the state, such that doctors or midwives who were performing terminations against these laws would be struck off the medical roll or arrested (Mhlanga, 2003). The prohibition of

termination of pregnancy was so severe that when the Abortion and Sterilisation Act (1975) was introduced, it seemed liberal in comparison with previous laws. Pre-1975, an abortion was only possible if the life of the mother was in danger (Mokgethi, Ehlers, & van der Merwe, 2006). The Abortion and Sterilisation Act (1975) was promulgated during the apartheid era, and the apartheid government was particularly influenced by the religious views of the church, meaning that the termination of pregnancy laws were ultimately influenced by views and morals that were religiously justified, which in turn influenced the population of the time (Mhlanga, 2003). Furthermore, the church began to "encourage people to look within themselves and to monitor their 'inner life' and feelings, especially to look out for feelings concerning various sex acts" (Stone, 2007, p. 105). The act of confession became more and more common, and people became increasingly aware of monitoring their behaviour and their way of speaking about such topics, which further perpetuates notions of governmentality (Hook, 2004).

The Abortion and Sterilisation Act (1975) ultimately made termination of pregnancy legal and accessible under certain circumstances, but was still highly restrictive and controlling on women's bodies and women's rights. As Mhlanga (2003) notes, the conditions for being granted a termination of pregnancy were so strict that abortions generally occurred only in urban areas where money was more readily accessible. Furthermore, the new Act required that three doctors agree to perform the procedure in order for the termination of pregnancy to occur, and since rural areas lacked resources and medical staff, it was far more difficult for women in these areas to undergo a termination of pregnancy (Abortion and Sterilisation Act, 1975).

Racial and economic divisions among women in South Africa not only determined a woman's access to adequate health care, but also determined their access to counselling and gynaecological services, which led to a higher risk of sterilisation or unnecessary and dangerous medical procedures (Petchesky, 1984). Before the current legislation (the Choice of Termination of Pregnancy Act, 1996), only about 1000 legal abortions were performed in South Africa each year, and were usually carried out on White women who were of middle to upper socioeconomic standing (Morroni et al., 2006). The termination of pregnancy laws that were in place during apartheid promoted the idea of women as being reproductive and

nurturers. The female body was placed within ideas of conception, motherhood and care giving, and having an abortion was therefore viewed by apartheid law as the very destruction of womanhood. The fundamental aim of the termination of pregnancy laws was to promote the expansion of the White race, and therefore "if the sanctity and duty of maternity among White women was not upheld, society was doomed" (Stormer, 2010, p. 17). Even though the Abortion and Sterilisation Act (1975) made no specific division between racial groups, it was clear that if in need of an abortion, it was generally available only to White women, due to absence of resources and medical availability. As Goosen and Klugman (1996), and Guttmacher et al. (1998), point out, the White race was viewed as supreme and the continuation and expansion of the White race was of utmost importance to the apartheid regime. "For any governmentality, securing the future of a given way of life rests in some way on securing reproduction" (Stormer, 2010, p. 13). The White pregnant body was seen as a sacred space that needed to be managed and controlled, and therefore, as Stormer (2010) states, abortion could be understood as signalling the decline of a population, and as the contradiction of governmentality.

With the political reform that occurred in South Africa in 1994, it was evident that legal reform needed to occur as well. In 1996, under the new democratic leadership of President Nelson Mandela of the African National Congress, the Choice of Termination of Pregnancy Act (No.92 of 1996) was promulgated (Francoeur, 1997; Mhlanga, 2003). The Act's main focus was the safety of women, and it aimed to improve women's reproductive health, thereby preventing death from illegal abortions (Bianchi-Demicheli et al., 2002; Mhlanga, 2003; Poggenpoel & Myburgh, 2006). The Choice of Termination of Pregnancy Act (No.92 of 1996) allows for much more leniency regarding abortion, and thus the opportunity to decrease deaths by septic abortion (Guttmacher et al., 1998; Mhlanga, 2003; Mokgethi et al., 2006), which has been shown to have decreased drastically since the passing of the current law (Department of Health, as cited in Mhlanga, 2003). The new and reformed laws finally give women the right to choose to terminate a pregnancy if they wish to do so (Department of Health, 1996), as well to as promote women's reproductive health and overall safety (Mokgethi et al., 2006). Therefore at a macro level, in terms of state policy, termination of pregnancy is an acceptable legal practice, however the stigma associated to

this procedure continues to propagate power which frames terminating a pregnancy as a negative behaviour.

2.3.3. Exploring the threshold of the living subject.

Poggenpoel and Mybrugh (2006) raise a crucially valid question: will beliefs and attitudes towards women who have undergone a termination of pregnancy change simply because the law is more accepting and liberal in terms of choice about termination of pregnancy? This question bears considerable weight in South Africa, particularly due to the fact that many cultures are still anti-abortion according to their traditional views and morals, and view women in terms of their reproductive ability. For instance, Mojapelo-Batka and Schoeman (2003) found that Black South African women felt that "despite the official public script regarding the legality of abortions, for these women it had remained largely concealed from public view, and they had to deal with their feelings without emotional support" (p. 149). Even though termination of pregnancy has been decriminalised in South Africa, moral stigma still exists (Mojapelo-Batka & Schoeman, 2003). They further found in their study that women often kept their abortion a secret so as to avoid being judged or stigmatised by their community. Although certain cultural or ecclesiastic norms exist that surround the termination of a pregnancy, particular laws regarding a termination of pregnancy dictate the availability of such an option (Mojapelo-Batka & Schoeman, 2003). They single out the individuals who qualify for such a procedure, such as women under twenty weeks gestation or those able to afford the services of medical doctors to carry out the procedure in a safe and appropriate setting (Francouer, 1997). However, the stigma of having an abortion is often felt by all women, regardless of their race, culture or age. This stigma is often self-imposed, due to the way in which women understand their role in society and their sexuality following the termination of pregnancy (Kumar et al., 2009). It is also important to note that it may not only be the woman and her community that express different types of morals, but also the doctors or midwives who perform the termination of pregnancy, as the procedure may invoke certain ethical and personal morals (David, 1974). Furthermore, regardless of the legal implications, in South African society cultural implications hold far more weight for many people (Kumar et al., 2009).

From a South African perspective, “historically and culturally variable processes through which the boundary of human status is established at the points of entry and exit into collective existence,” (Weir, 2006, p. 1) are particular to location, tradition, law and cultural beliefs. This point of entry is ultimately determined through a society’s knowledge and beliefs and therefore, in line with Foucault’s theory that the self is a socially formed entity, the threshold of the living subject comes to represent when one comes into existence and therefore is considered to have a self. In terms of South African law, termination of pregnancy is legal up to twenty weeks gestation (Choice of Termination of Pregnancy Act, 1996), and therefore South African law dictates that the foetus enters the point of collective existence at the twenty weeks period. Post-1996, women have been able to exercise their political and legal rights through terminating a pregnancy (Weir, 2006). Although some South Africans do not agree with terminating a pregnancy, certain cultures have allowed their beliefs to dictate their understanding of when a foetus moves to the living threshold, and these beliefs existed long before Europeans settled in South Africa. For example, before the nineteenth century, traditional Xhosa women did not view terminating a pregnancy as problematic or going against cultural tradition, as it was believed that the foetus was not alive until late into gestation, and therefore the point at which the foetus became living was determined by their own specific cultural beliefs (Goosen & Klugman, 1996).

Where the entry point into existence was previously signified by the birth of the child, through terminating a pregnancy and disrupting this threshold, the time and space at which the foetus comes into the living threshold has come to lack reliability through the different understandings of cultural groups and the varying level of acceptance or tolerance of termination of pregnancy (Weir, 2006). As a pregnant woman, one’s body becomes a prenatal space that is placed into a specific context, a space that represents the threshold between living through another body and outside of another body (Weir, 2006). Furthermore, due to the fact that a woman’s sexuality is often influenced by ideas of reproduction and motherhood, this prenatal space becomes precious, and one that must be protected and guarded (Stormer, 2010). Therefore, a termination of pregnancy could be understood to not only disrupt this understanding of female sexuality, but also to disrupt the idea of the living threshold and prenatal space.

“The threshold of the living subject constitutes the zone of transition into and out of human bodily substance” and “women in pregnancy bear the between, the entrance across which the unborn must pass in order to be distinguished from those who carry them” (Weir, 2006, p. 1). The space in which one is considered a living subject is tangible and has been in contestation in cultures and populations, but ultimately, caring for the living subject becomes a main function of modernity and power (Weir, 2006). Feminists advocate that an unwanted pregnancy can be seen as an invasion of a woman’s body, and the choice of whether to terminate a pregnancy or not is decided by the woman, as she is the person who is ultimately responsible for the life of this other being (Petchesky, 1984). This threshold, where there is the distinction made between the living and non-living, is considered to be managed and controlled through knowledge and power (Weir, 2006). Once considered living, power struggles are located on the body, and this is the site at which social powers overlap and affect each other (Steyn & van Zyl, 2009a). Therefore, within a South African context where womanhood and the female body are influenced by ideas of patriarchy and reproduction, it is obvious that a woman’s body would become the site of this power struggle, where existing South African traditional knowledge meets western ideas and beliefs. Regardless of the fact that broader views around sexuality are changing and becoming more positive and assertive in terms of female sexuality, prevailing heteronormative and heteropatriarchal notions will ultimately dictate the threshold of the living subject and influence the power struggle between modern and traditional beliefs.

In terms of the debate on women’s bodies, the pro-life and pro-choice debate which views people as either for or against termination can be understood as defining women and their rights in very particular ways. It is clear that in being pro-choice, a woman holds a position of control over herself, her body, and her future, and that pregnancy is just one of many ways to be a woman, rather than considering motherhood as the very foundation of female sexuality (Shrage, 1994). A pro-choice stance places a woman in a position of making a decision of what is more socially beneficial to herself and her offspring. By contrast, taking a pro-life stance indicates that a woman’s primary role in life, and ultimately what is socially expected of her, is to be a mother and raise and nurture her offspring; therefore, becoming a mother is the essence of womanhood. “Termination of an unwanted pregnancy … is viewed as a woman’s avoidance of social responsibility – as her failure to meet the demands

of a role assigned to her on the basis of her gender" (Shrage, 1994, p. 62). A woman's role in society is often understood within the notion of motherhood, marriage and reproduction. Therefore, undergoing an abortion is going against the very 'essence' of how a woman may understand her sexuality and self (Kumar et al., 2009).

Although this prenatal space is ultimately regulated and controlled, cultural beliefs do play a role in this regulation. According to Goosen and Klugman (1996), throughout history, many African societies have viewed abortion as a form of contraception and would carry out a termination of pregnancy on their own. For example, pre-nineteenth century traditional Xhosa women believed that certain herbs could be used to end an early pregnancy, and rural Pedi herbalists created a herbal mixture to end pregnancies early in gestation (Goosen & Klugman, 1996). During the colonisation of South Africa, Europeans instilled many of their beliefs into South African women. In particular, abortion was considered a sin and it was believed that one would be punished by God for terminating a pregnancy. This developed through time to become a political issue, in that some doctors during the early 1900s claimed that termination of pregnancy was hindering the development of the supreme race – the Whites (Goosen & Klugman, 1996; Guttmacher et al., 1998). Due to the fact that many African cultures believe that the woman's role is to reproduce and raise the family, many African men were also against the idea of terminating a pregnancy. During the 1970s, according to Goosen and Klugman (1996), there was severe opposition to abortion and extreme political pressure on young Black females from the African community to have children, so as to replace those who had lost their lives during the apartheid struggle. Not only was this opposition fuelled by political reasoning, but differing cultural and societal views of female sexuality and a woman's role in society were influential as well. As Guttmacher et al. (1998) suggest, the disapproval of terminating a pregnancy is still commonplace in some African cultures as termination is opposed for religious reasons or considered "yet another vestige of apartheid policy, designed to control the growth of the Black and Coloured population" (para. 23). As Hall and Ferree (1986) suggest, in terms of feminism, differing views on termination of pregnancy are related to "underlying beliefs systems regarding family and women's roles" (p. 194), which are often found within patriarchal practices in many African cultures.

2.4 The reproduction of heteronormative womanhood

Although not often thought of as directly related, sexuality and termination of pregnancy can be understood as being associated through the ideas of reproduction and womanhood. Understanding how a woman views her sexuality, and where this view comes from, can ultimately guide one's understanding of how a woman would view termination of pregnancy, whether she has undergone such a procedure or not. It seems that sexuality influences understandings of termination of pregnancy, rather than the other way around, as for most women reproduction is understood to be the very foundation of their sexuality (Kumar et al., 2009) These prevailing views are ultimately tied to power and social practice, which continually reproduce and support such views (Petchesky, 1984), and further contribute to the understanding of women as reproductive beings.

Stormer (2010) questions if allowing termination of pregnancy to be legal in any country allows improvements in the economic, physical or cultural health of a country's population. As previously mentioned, there has been a definite improvement in the health and safety of women with the enactment of the Choice of Termination of Pregnancy Act (1996). However, this legal amendment has not led to much change, and therefore sexuality can still be considered as a form of power in terms of regulating and controlling peoples' behaviours in line with societal expectation. "Sexuality as a technology of power shapes state form and practice, and lies embedded within its structures" (Cooper, 1995, p. 58). Therefore, regardless of particular laws, if certain knowledge is being produced that locates termination of pregnancy and women's sexuality within negative views, then certain power exists in maintaining these views between people, and between the state and its population.

Sexuality and termination of pregnancy can be linked through the way in which a woman understands and defines her self, and where a woman locates her understanding within greater views on the topic. As previously mentioned, numerous factors will contribute to how a woman understands her sexuality, such as culture or religion, and through the

influence of greater societal beliefs, a woman will be able to develop an understanding of sexuality that is usually in line with heteronormative concepts and ideas. Within these broader views, female sexuality is usually defined in direct relation to reproduction and male sexuality, therefore leading termination of pregnancy to be understood as an act that directly contradicts the meaning of being a woman, especially within patriarchal practice (Kumar et al., 2009). According to Mhlanga (2003), the attitudes which are perpetuated in patriarchal societies that promote negative views of abortion ultimately restrict abortion from becoming a common-place topic.

Within an African context, the female body has always been defined and understood in terms of the male, and particular ideas of a woman's role in society have been perpetuated throughout history (Kambarami, 2006). Many of the cultures that make up the South African population are considered to be patriarchal, therefore meaning that women are viewed as secondary to the male, and occupying the role of child-bearer and nurturer. As "sexuality is culturally mediated, and the body is a social signifier" (Lewis, 2005, p. 17), the African female body becomes a vehicle for reproduction and submission, therefore meaning that "women are socialized to acquire those qualities which fit them into a relationship of dependence on men" (Charvet, 1982, as cited in Kambarami, 2006, para. 5). Regardless of the fact that abortion is a woman's legal right in South Africa, a termination of pregnancy goes against the very ideas to which womanhood in Africa is prescribed (Kumar et al., 2009), therefore producing a negative view around termination of pregnancy. As Petchesky (1984) suggests, a woman's right to abort a baby links to her health, sexuality, and her right to being a woman. However, when a woman's sexuality is understood within patriarchal ideas, as is the case in many South Africa cultures, it is not so easy to separate a woman's sexuality from her reproductive ability. "As long as women's bodies remain the medium for pregnancies, the connection between women's reproductive freedom and control over their bodies represents not only a moral and political claim but also, on some level, a material necessity" (Petchesky, 1984, p. 5). A woman's body is situated in notions of caring for others and being reproductive. The need to observe such a view is directly linked to the power that society and culture have over women's bodies, and the power which women ultimately use to conform to such views.

The relationship that exists between bodies and culture is clearly linked to the idea of subjectivity, which is further linked to the idea of differing cultural values and beliefs (Steyn & van Zyl, 2009b). In order to understand how a woman defines her sexuality and views it following a termination of pregnancy, it is imperative to examine how a woman's cultural background could be influential on how she understands this part of the self. Although the ideas of sexuality are at the very core of self, it is important to remember that particular cultural ideologies will always come into play (Corey, 2011), as is particularly evident within South African history and society. Linking back to the ideas of women being viewed as passive and excluded from any ideas of pleasure (Bhana et al., 2007), it is clear that a rise in westocentric ideas and beliefs has in turn lead to a rise of a more naturalistic sexuality in women, asserting that culture is hugely influential in the expression of the sexual self. Ngwena (2007, as cited in Steyn & van Zyl, 2009a) suggests "despite the historic silences on African sexualities, desires and pleasures have always been present" (p. 8), and therefore through time, this idea of the natural sexual self has become more predominant and evident, yet is still regulated and monitored both at a micro and macro levels of power.

According to Mhlanga (2003), patriarchal societies, like many in South Africa, hold certain attitudes towards female sexuality and termination of pregnancy, and therefore abortion is often still considered taboo and generally women's sexuality is still viewed as passive. Living in a patriarchal society not only dictates the laws by which women live, but also restricts women's roles in society simply to reproduction and marriage (Gipson & Hindon, 2008; Seidman, 2004). Petchesky (1984) proposes that although women can make their own reproductive choices, living in a patriarchal society means that women are ultimately making choices within particular constraints that they have no power to change, implying that there is a need to focus on changing the social conditions to which women are restricted rather than changing the ability to make a legally acceptable choice. Therefore, the way in which women's knowledge regarding sexuality and termination of pregnancy is influenced would need to become more positive in order for the power exerted through women and on women to change.

For feminists, the ability to choose an abortion is a woman's right and the current South African law corresponds to this feminist perspective. According to Petchesky (1985), feminist theory advocates that there are two specific ideas of female reproductive freedom: the first speaks to the notion that women's sexuality, their bodies and reproduction are linked through a biological connection, which dictates that women must be able to control these three aspects, and ultimately places emphasis on the individual. The second regards reproductive freedom as something that is historically and socially created, in which women are considered responsible for looking after their children and therefore they are responsible for making decisions regarding contraception and abortion. This positions women in a social dimension where their bodies and self are socially formed (McNay, 1992; Petchesky, 1984). This latter dimension of reproductive theory speaks clearly to a woman's right to be and the development of self (Petchesky, 1984). However, feminists have criticised Foucaultian theory for treating topics like reproduction and sexuality as generalised, in which Foucault constantly makes reference to the general human subject (McNay, 1992). "The body is the inscribed surface of events, the locus of a dissociated self" (Foucault, 1991, as cited in Rabinow, 1991, p. 83). Within a South African context, which is diverse and multicultural, Foucault's generalisation does not necessarily apply as well as a feminist understanding of female sexuality, in which a woman's sexuality is understood as being defined within male-centred ideas or patriarchal practice. Furthermore, it was noted that Foucault fails to take into account the way in which socio-economic standing is influential in how people understand and practice sexuality, which is crucial for understanding women in the South African context.

Feminists, in line with Foucaultian theory, do however advocate that reproduction is not simply a result of biology alone, but that cultural and social influences are the main influences in the mediation and understanding of reproduction as well (McNay, 1992). As Petchesky (1984) suggests, not allowing a woman the right to choose falls into the ambit of paternalistic notions, and ultimately fits into the ideas of patriarchy which are still observed by many South African cultures today (Kambarami, 2009), and which ultimately go against the current legislation in terms of terminating a pregnancy. Having the right to choose to terminate a pregnancy is linked to a woman's right to sexual self-determination (Petchesky, 1984), regardless of cultural views and current knowledge. As mentioned by McFadden

(2003), women's expressions of sexuality are often controlled or restricted by cultural norms, and these norms also filter into the beliefs around sexuality, therefore meaning that people's sexual views are 'controlled' by what is culturally acceptable. Shefer and Foster (2001) place particular emphasis on the effects of culture on sexuality and the beliefs surrounding it, by stating that beliefs on sexuality and culture have their foundations in gender differences and power inequalities in South Africa.

As Obono (2010) states, sexuality in Africa is culturally unique, and "its diversity produces a complex fabric of conformist and non-conformist attitudes and behaviour" (p. 2). Ultimately it is the society and culture within which a woman associates her herself that will contribute to how she understands sexuality following a voluntary termination of pregnancy. Therefore, as has been discussed at length in this review, undergoing a termination of pregnancy not only indicates the antithesis of what society deems a fundamental part of female sexuality, but also places women in direct contradiction to what it means to be a women in the eyes of South African society.

2.5 Conclusion

Simon and Gagnon (1977) suggest that many people have great difficulty talking about sexuality and their experiences with it, and this still holds true nearly 30 years later, as Steyn and van Zyl (2009b) argue that people are still not open enough about their sexuality. According to Shefer and Foster (2001), in order to make sure that views around women's sexuality are positive; dominant male-centred views need to be addressed and challenged, and this is particularly relevant for traditional South African communities where patriarchy and male-dominance remains the norm. Through doing this, framing women in terms of reproduction will be challenged and termination of pregnancy stigma would decrease. As Shefer and Foster (2009) suggest, positive views on women's sexuality will not only empower women but will also challenge existing power inequalities that exist in South Africa. Ultimately, South African beliefs around sexuality are tied to colonial ideas of race and politics. Boundaries that have been created throughout South African history are still present in the understanding of sexuality and termination of pregnancy in South Africa (Erlank, 2008).

The current challenges facing women with regard to termination of pregnancy are not only laws and regulations, but include access to information and services, attitudes and morals of medical practitioners, as well as limited access to counselling pre- and post-termination of pregnancy (Mhlanga, 2003). Although South African laws for termination of pregnancy are now women-centred and much more open and liberal, women are still regulated by the stigma attached to a termination of pregnancy; the particular societal norms from which they are influenced that promote the idea that to be female means to be reproductive, and the morals evident in religion, culture and family (Kumar et al., 2009). These morals are also an integral part of how sexuality is spoken about and understood between different generations and cultures (Mojapelo-Batka & Schoeman, 2003), and therefore, sexuality can be intrinsically linked to understanding termination of pregnancy. "The relationship between abortion and sexuality takes historically specific forms, reflecting the shifting dynamics through which gender, class, and generational conflicts get played out" (Petchesky, 1984, p. 207). Furthermore, termination of pregnancy and sexuality are undeniably linked through notions of self and regulatory power, South African history, and concepts integral to South African culture, such as patriarchy. Although termination of pregnancy is legally accepted in South Africa, and even though sexuality and peoples' understanding of it have been influenced by westocentric notions and modern-day views, the heteronormative and traditional beliefs of these subjects continue to influence how a woman understands her sexuality and the act of terminating a pregnancy (Kumar et al., 2009). Furthermore, these beliefs and ideas seem to be more prevalent and hold greater weight with the general South African population, due to the continuing replication of such knowledge and ideas, which in turn relate to power and the way in which people develop their ideas of their sexuality.

2.6 Research Questions

In light of the preceding background and aims of the research, the proposed study aimed to explore the following questions:

Primary Question:

How do women understand sexuality following a voluntary termination of pregnancy?

Sub-question 1:

What views inform this understanding of sexuality following a voluntary termination of pregnancy?

Sub-question 2:

What types of meanings are attached to how women understand sexuality following a termination of pregnancy?

CHAPTER 3: RESEARCH METHODS

3.1 Introduction

The following section will describe the methods used in the research process. Included in this section is information regarding the research design of the study, the participants obtained for the research and how they were obtained, how data was collected and analysed, what ethical procedures were followed, and the researcher's reflexive thoughts about the research process. As qualitative research methods have long been used in psychological studies of health (Bishop & Yardley, 2007), it was felt that conducting a qualitative study would be most beneficial in collecting in-depth and meaningful data from the participants that would yield a deeper interpretation of the results (Durrheim, 2006). Qualitative research is constantly developing and changing, and can never be considered fixed or constant. As Banister, Burman, Parker, Taylor, and Tindall (1994) suggest, through qualitative research, one aims to portray an internal and subjective truth. Furthermore, this is explored and examined through the "systematization of the significance of an identified phenomenon" (p. 3), which seeks to uncover and illustrate the meaning of particular problems and concerns.

3.2 Research Paradigm and Design

Terre Blanche and Durrheim (2006) suggest that "qualitative methods allow the researcher to study selected issues in depth, openness, and detail, as they identify and attempt to understand the categories of information that emerge from the data" (p. 47). Thus, a qualitative approach was used for this research study. According to Liamputtong (2009), qualitative researchers immerse themselves in their collected data so as to attempt to understand what meanings can be uncovered from their data. This research study was conceptualised within an interpretative paradigm, so that the participants' intersubjective experiences of their external reality could be analysed and interpreted (Terre Blanche & Durrheim, 2006).

Within this paradigm, the researcher sought to conduct the research beginning with only a vague idea of the research outcome, and then attempt to make sense of the subject of interest by observing and analysing particular cases, participants and themes (Terre Blanche & Durrheim, 2006). A thematic analysis of the collected data was conducted in a relational manner, so that meaning and relationships between concepts could be uncovered, and underlying assumptions and meanings could be examined (Stemler, 2000). Ultimately, this approach was relevant to this research study as it allowed the researcher to analyse the data by identifying particular themes and meanings that emerged from the data, rather than allowing preconceived ideas surrounding sexuality or termination of pregnancy to influence the findings, while trying to address both the research questions and research aims without imposing any preconceived ideas of sexuality or termination of pregnancy. A semi-structured, open-ended research interview schedule was compiled, and will be discussed in a following section on data collection. "Qualitative research interviews aim to elicit participants' views of their lives, as portrayed in their stories, and so to gain access to their experiences, feelings, and social worlds" (Fossey, Harvey, McDermott & Davidson,2002, p. 727). Using semi-structured interviews further allows the researcher to probe specific areas and ideas that arise during the research interview, and allows for sensitivity and flexibility in the interview process (Fossey et al., 2002).

3.3 Participants

Participants for this research study were obtained through private termination of pregnancy clinics in Johannesburg, South Africa. These clinics offer women termination of pregnancy as well as sexual health services such as HIV testing and gynaecological services. Terminations at these clinics are offered through either medical or surgical methods, at up to twenty weeks gestation, as is legally set out in The of Choice of Termination of Pregnancy Act (1996). Participants at each clinic were invited to participate in the research study by the head doctor of each clinic, who acted as a liaison in identifying and contacting possible and suitable participants. The doctor telephonically contacted women on behalf of the researcher and informally invited them to participate in the study. Seven women formally agreed to participate and were interviewed by the researcher. Of these seven women, three

were white, three were black, and one participant was coloured. Participants' ages ranged from 23 to 42.

Participants were considered appropriate for research participation if they had undergone a termination of pregnancy approximately 3 to 12 months prior to the research interviews, and if they were over the age of eighteen. It was felt that approaching women 3 to 12 months after their termination would be appropriate, as it was assumed that they had resumed normal sexual activity and recovered physically from the procedure. Recruiting criteria also included that termination should have occurred in the first trimester of gestation because from the second trimester, other precipitating factors such as threats to the mother's physical or mental health may have distorted the research interviews (Francoeur, 1997). Although the original number of participants that the researcher hoped to obtain was ten, due to the sensitive nature of the research, only seven women agreed to participate in the study. Five more participants had informally agreed to participate, but chose to withdraw from the study prior to the interview process.

As previously mentioned, convenience sampling was carried out with the assistance of the head doctors at the clinics, who acted as intermediaries between the researcher and possible research participants. A non-probability, purposive sample was used, and was useful, as the participants being interviewed were relevant to the study and for answering the research questions (Lyons & Coyle, 2007). A non-probability, convenience sample is cost-effective and easy to recruit, and purposive sampling is indicative of a sample that is specifically chosen based on certain qualities, attributes, knowledge and experience the participants may have had in light of the research aims and research questions – in this case, women who had undergone a termination of pregnancy (Rosnow & Rosenthal, 1991).

3.4 Procedure

Before the data collection process began, the head doctor of each participating termination clinic gave written permission for research to be carried out at their respective clinics. Ethical permission was also applied for and obtained from the Human Research and Ethical Standards Committee (HRESC Medical) at the University of the Witwatersrand, Johannesburg. Once permission from all relevant institutions was obtained, the midwife or head doctor of each termination clinic was asked to contact women who had undergone a termination at their clinic and whom they believed to be suitable candidates for the research in line with the research participant criteria. Once the participant had verbally agreed to have a formal invitation sent to them, an email was sent containing the participant information sheet, and contact details for the clinic and the researcher. After receiving the email and indicating their interest to formally take part in the research study, the researcher telephonically contacted each participant to arrange a time and place that was convenient to the participant for the interview to occur.

On arrival for the interview, each participant was asked to sign an interview consent form (see Appendix C) and a recording consent form (see Appendix D), as well as being given a hard copy of the Participant Information Sheet (see Appendix B). Once the participant had signed the consent forms, the interview commenced. Each interview took place in a quiet room, where the participants could speak freely and uninterrupted. Participants were given time to answer the questions, and were not pressured to answer any questions that they did not wish to answer. Each participant was given the right to withdraw from the study without being disadvantaged, or to give a non-response to a question. When this occurred, the participant was respected by the researcher and the situation was handled professionally and with sensitivity towards the participant.

3.5 Data Collection

The interview schedule (see Appendix A) consisted of thirteen semi-structured, open-ended questions regarding sexuality and termination of pregnancy. However, the interview

schedule was used as a guide (Lyons & Coyle, 2007), so that if there was an area that the researcher felt needed further probing, then the researcher was able to do so. As Merton, Fiske, and Kendall (1990) suggest, by doing this, the participants are able to highlight the focus of the interview, rather than relying on the researcher to do so. Furthermore, through the use of a semi-structured interview schedule, the researcher was able to explore areas that the participants would raise that may not have been included in the interview schedule, as well as to establish rapport with each participant due to the flexible and interactive nature of the research interview (Legard, Keegan, & Ward, 2003).

It was felt that one-on-one interviews with each participant would provide more in-depth information, as well as allow the participant to feel more comfortable in sharing information regarding these sensitive topics. It was felt that a semi-structured interview would be more beneficial to the research process as it allowed for the format of the interview to be more flexible, and furthermore, a one-on-one semi-structured interview would allow for the researcher to establish rapport with each participant, and therefore would possibly lead to more in-depth answers and sharing of information (Crooks & Baur, 2007). The interview schedule began with open general questions, and ended with more in-depth and detailed questions, as suggested by Breakwell, Hammond, and Fife-Schaw (1995). By beginning with general questions about the participant, the researcher was able to establish rapport with each participant, as well as gain an understanding of the participants' cultural and contextual beliefs.

On average, each interview lasted between 35 to 55 minutes. The variation in interview time was due to the researcher reaching saturation point in certain interviews, as well as certain participants being less willing to offer information regarding the sensitive subject matter than others. During the interviews, some participants were very open and offered information pertaining to the questions quite readily, whereas others were more hesitant and reluctant to answer certain questions. This can be attributed to the sensitive nature of the topic. In particular, most participants were happy to discuss the topic of sexuality, but

the topic of termination was far more challenging in terms of open discussion between the researcher and the participants.

3.6 Data Analysis

The primary tool that was used to analyse the collected data was thematic analysis, as described by Braun and Clarke (2006). According to Braun and Clarke (2006), thematic analysis seeks to find patterned responses, themes and meaning within specific data sets and in order to answer specific research questions and meet the aims of the research study (Stemler, 2000). This enabled the analysis to be carried out methodically yet with flexibility (Stemler, 2000), which could be paramount in areas which are under-researched. As Green and Thorogood (2009) suggest, thematic analysis assists the researcher in presenting the most relevant and important aspects of the collected data in a manner which is meaningful and constructive.

The analysis process followed the six steps as set out by Braun and Clarke (2006). First, each of the interviews was transcribed on a computer using Microsoft Word and a dictation program. The transcriptions were then checked for accuracy. Throughout the transcription process, the researcher referred to notes made during the interviews regarding participants' behaviour, as well as any initial thoughts or interesting points that arose during the interview process (Lyons & Coyle, 2007; Liamputtong, 2009). Green and Thorogood (2009) suggest that transcription assists a researcher in categorising participants' responses so that the collected data can be condensed and analysed. After the transcription process was complete, the researcher re-read all the transcripts so as to further familiarise herself with the data, ensure a general understanding of the data, and begin taking notes regarding patterns appearing in the data (Dey, 1993; Lyons & Coyle, 2007). Thereafter, each interview was coded and patterns in the data noted (Liamputtong, 2009). According to Braun and Clarke (2006), coding allows the researcher to reveal the most fundamental and basic aspects of the raw transcribed data, and from this the data can be "organised into meaningful groups" (p.88).

Once the researcher had reviewed the codes so as to gain overall clarification of the data, the codes were then grouped under themes and sub-themes, which further involved examining the relationship and appropriateness of each code to a theme (Braun & Clarke, 2006). As Liamputtong (2009) suggests, on-going analysis is required during a thematic analysis so as to refine and clarify the themes found in the data. In order to analyse the data in an in-depth manner and in a way which aimed to fully explore the extent to which women's sexuality following a termination of pregnancy was understood, the researcher drew to some extent from the literature, in a 'top-down' manner (Braun & Clarke, 2006), but ultimately allowed for the data to speak for itself and lead to the identification of patterns and themes that were felt to be relevant to the analysis. This meant that inductive themes that developed naturally from the data set were analysed and interpreted in the results and discussion (Fossey et al., 2002). "A theme captures something important about the data in relation to the research questions, and represents some level of patterned response or meaning within the data set" (Braun & Clarke, 2006, p. 82). All of the themes that had been drawn out of the data were reviewed, and checked for emerging patterns. Variability, consistency and appropriateness of the themes to the research questions were also checked. When it became clear that each theme was relevant through the reading and rereading of transcripts, the themes were labelled. Finally, the participants' quotations that linked to each theme were gathered on separate pages and thereafter used in the analysis under each particular theme and sub-theme.

As the participants' personal context and background differed, it was important to constantly keep in mind that the context within which they were situated was having an effect on the way in which participants understood their sexuality following their termination of pregnancy. As Merton et al. (1990) suggest, prior to conducting a focused interview a researcher should familiarise themselves with the position which the participants are situated in. As the researcher was a part-time termination of pregnancy counsellor, it was felt that this criterion was fulfilled and therefore the researcher could understand the participants better, as well as establish rapport with them more easily. It

was found that each participant's particular upbringing was influential in their understanding, and therefore their understanding of their sexuality following a termination of pregnancy was analysed on its own, as well as within the specific context they thought themselves to be located. Furthermore, Potter & Hepburn (2005) suggest that it is important not to remove the interviewer's questions from the analysis, as this can often lead to the context of a participant's response being lost. Therefore the researcher's questions were included as much as possible in the results and discussion so as to illustrate the researcher's role in the analysis and to contextualise the participants' responses.

From the thematic analysis, the following themes were found to be relevant to how women understand their sexuality following a voluntary termination of pregnancy: heteronormativity; womanhood and the female body; and the restricted childhood. Within these three themes, sub-themes were also identified and discussed. The particular way in which participants understood their sexuality following a termination of pregnancy was also analysed through examining how participants spoke about their sexuality, what meaning was attributed to this manner of speaking and what patterns emerged from the way in which they spoke about it. In order to uphold ethical standards, the participants remained anonymous and pseudonyms were used to identify the participants throughout the research, such as P1 or P2. As previously mentioned, direct quotes from the participants and the researcher were used to substantiate the analysis and illustrate the themes that emerged as relevant to the research questions and aims.

3.7 Ethical Considerations

As with any proposed research study, particular ethical considerations must be observed and certain procedures must be followed. As Crooks and Baur (1999) note, "researchers in a range of investigative fields share a common commitment to maintain the welfare, dignity, rights, well-being, and safety of their human subjects" (p. 35). All of the participants for this study were considered part of a sensitive sample, as all participants had undergone a termination of pregnancy and therefore a generally distressing experience. Ethical

permission was formally applied for and obtained from the Human Research and Ethical Standards Committee (HRESC Medical) at the University of the Witwatersrand, Johannesburg. Once permission was granted by the HRESC, the trained midwife or doctor at the termination clinics began to contact suitable participants via telephone, and informally invited them to participate in the study. Formal invitations were sent via email, which included a participant information sheet (see Appendix B) and contact details of both the clinic and the researcher. The information sheet contained information pertaining to the aims and rationale of the research study, as well as ethical procedures that would be followed so as to protect the participant, such as anonymity and the right to withdraw. Once the formal invitation was accepted by the participant, an interview was set up at a time and location convenient to the participant. Before each interview began, the participant was asked to read and sign a consent form to be interviewed (see Appendix C), as well as a consent form for the interview to be electronically recorded (see Appendix D). Following the interview, each participant was given the option of free counselling with a trained psychologist, as well as provided with information on further specialised counselling should they have wished to receive it.

As Crooks and Baur (1999) suggest, it is common for participants in sex research interviews to give non-responses, or to choose to terminate the interview. This did occur in some interviews, and the situation was treated with utmost professionalism and respect for the participant by the researcher. One participant chose to withdraw from the research process, and as this was the participant's right, she was treated with respect and the participant was not disadvantaged in any way for choosing to withdraw. The researcher was committed to maintaining the welfare, rights, well-being and dignity of each participant at all times during the research interviews. Once the interviews were complete, each interview was transcribed. Throughout the research process, the data was kept safely and no one except the researcher and her supervisor had access to the recordings or transcriptions. On completion and marking, the researcher hopes to publish the research findings, both in academic form through peer-reviewed journals, as well as in poster form in the termination clinics so as to educate women. Confidentiality and anonymity of each participant was

upheld throughout the research process, and will be maintained upon publication or presentation of any research material.

3.8 Researcher's Reflexivity

"Reflexivity requires an awareness of the researcher's contribution to the construction of meanings through the research process, and an acknowledgment of the impossibility of remaining 'outside of' one's subject matter while conducting research" (Willig, 2001, p. 10). In qualitative research, it is important to note that the researcher often plays an integral role in the collection and analysis of the data, and therefore, being reflexive and aware of how one influences the research process is of utmost importance for a successful research study. Green and Thorogood (2009) suggest that a researcher can have an impact on the results of their research, and that the researcher can never fully stand outside of their practice of study. Furthermore, Merton et al. (1990) note that the researcher should constantly be assessing the interview process as it progresses, and in this case, the researcher was continually aware of the participants within the research context, the research questions, and how the researcher and participants related to each other.

It was important that at all times the researcher was aware of her position as a young, white South African female, and what effect this had on the interview process and the participants' responses. As Eagle, Hayes, and Sibanda (2002) suggest, the researcher's personal and demographic traits can have an impact on the outcome of the data and analysis. Therefore, the researcher needed to understand and reflect on how her own participation in the research process could have affected the outcome of the study. Breakwell (1995) suggests that "the richness of the data is determined by the appreciation that the researcher had of the topic" (p. 231). As the researcher was also a part-time volunteer counsellor at a sexual health and termination clinic, she felt that she could understand the context within which the participants understood their procedure and the after effects of it, as well as to a certain extent, some of the emotions that the participants would have gone thorough based on the researcher's prior counselling experience.

However, the researcher strove to remain in the position of researcher and did not allow for fulfilment of the role of counsellor to the participants. The participants were referred for further counselling if they felt they wanted it, and they were in no way counselled by the researcher during the interviews.

When conducting a qualitative research study, the researcher is ultimately in the position of uncovering the meanings that emerge from the data, and this process is intuitive and subjective. Although a thematic analysis generally follows certain steps in analysing and making sense of collected data (Braun & Clarke, 2006), the results uncovered from the collected data should be considered as the researcher's own interpretation and understanding of the emerging themes and meanings. However, the importance here lies in how the results will eventually be understood by a greater audience, and how they will be used in order to achieve some results regarding the researched topic (Burr, 1995).

Throughout the research process, the researcher continually strived to assess where she stood in the interview process, as well as through the data analysis. The credibility of the research was constantly of utmost importance and the researcher endeavoured to uncover results that were representative of the participants' answers and true to the research process. Throughout the interview process the participants would use the phrase '*you know'*, which although being relevant for analysis in terms of understanding how they tried to normalise their experiences, was far more relevant in understanding the researcher position in the interview process, as well as in the relationship between herself and the participants. The continuous normalising which the participants sought to convey led the researcher to reflect on how the participants understood her as someone who might be judgmental, or as someone who could be understanding and supportive of during this trying time. As Merton et al. (1990) suggest, listening to a participant with 'detached concern' (p. 178) allows the researcher to display empathy while not overtly showing their feelings on the topic to the participant, thereby influencing the results of the study.

The researcher found the synthesising of the literature quite a challenge, and it seems that this was due to the general difficulty the participants experienced in not only understanding sexuality but also understanding sexuality following a termination of pregnancy. All of the participants seemed to struggle in defining their understanding of sexuality, and it is interesting to note that when asked by some of the participants how she understood sexuality, the researcher also struggled to give a coherent definition.

At times the researcher struggled with her own perceptions and understandings of women who had undergone an abortion and how they viewed their sexuality after such an event. However, through constant reflexivity and the ability to discuss any arising issues with her supervisor, the researcher became aware of her position in the research process and results, and was aware that she ultimately played a role in the themes emerging from the study through interaction with participants during the interviews and in the data analysis as well.

CHAPTER 4: RESULTS AND DISCUSSION

4.1 Introduction

The following chapter presents the results of the study. In order to provide a more in-depth and comprehensive analysis of the collected data, the results and discussion sections were combined. The aims and questions in the aforementioned research were addressed, and the relevant literature was used in support of the findings.

Throughout the analysis, it became clear that sexuality following a voluntary termination of pregnancy was spoken about and understood in particularly negative ways. Particular themes that were found to be relevant to understanding how women view their sexuality following a termination of pregnancy are discussed, and these will be supported by the use of the participants' direct quotes in order to illustrate their understanding. Three primary themes were which contributed to a woman's understanding of sexuality following a voluntary termination of pregnancy. These were heteronormativity, womanhood and the female body, and the restricted childhood. These three themes will be discussed in great detail, and the sub-themes that were found to be interlinked to these primary themes were used to further show the relevance of the themes that emerged. This was done so as to explore all relevant information and findings from the data.

Although the participants did not always directly associate their sexuality as having been altered in anyway by their termination of pregnancy, it was evident that particular ways in which female sexuality is viewed, especially by society, were pertinent to how women understood the experience of terminating a pregnancy and what that meant for their sexuality.

4.2 Participants

Seven women from private termination clinics in Johannesburg, South Africa, were interviewed for the research study. As confidentiality and anonymity was guaranteed to the participants as per ethical requirements, the following Table outlines information relevant to the analysis.

Table of participants details:

Participant	Participant code	Race	Home Language	Age
Participant 1	**P1**	White	English	26-29
Participant 2	**P2**	White	Afrikaans	26-29
Participant 3	**P3**	Black	English	20-25
Participant 4	**P4**	White	English	20-25
Participant 5	**P5**	Coloured	Afrikaans	20-25
Participant 6	**P6**	Black	seSotho	40-45
Participant 7	**P7**	Black	English	20-25

For the purpose of the analysis and understanding direct quotations, the researcher will be referred to as '**R**'.

4.3 MEN AS MEN, WOMEN AS WOMEN: HETERONORMATIVE UNDERSTANDINGS OF SEXUALITY

To refer back to previously mentioned concepts, heteronormativity, as defined by Steyn and van Zyl (2009a), is "the institutionalisation of exclusive heterosexuality in society" which creates "oppositional binaries … and punitive rules for non-conformity to hegemonic norms of heterosexual identity" (p. 3). Heteronormativity extends to institutions, structures and people (Berlant & Warner, 1998). Within the notion of heteronormativity, men and women are believed to play specific roles in society, such as husband and wife or parent and child, and these roles are often observed regardless of race, culture or age. Societal norms have a

strong influence on how people talk about certain topics, and throughout the interviews, it became apparent that one of the ways that the participants made a connection between their sexuality and their termination of pregnancy was through heteronormative ideas and beliefs.

Throughout the interview process, it was evident that regardless of South African abortion legislation or a woman's particular upbringing regarding the subject, heteronormativity was paramount to how a woman viewed herself for having a termination, and how she understood her sexuality following a termination of pregnancy. The themes which emerged from the interviews which spoke to a particularly heteronormative view of women, were linked to concepts such as patriarchy, prescribed roles of men and women, pre-marital sex, and cultural and societal expectations. These all frame sexuality according to particular heteronormative notions.

4.3.1 The love – marriage – family triangle

It became apparent that all the participants, regardless of race or age, believed that having an abortion was ultimately wrong and that being pregnant and having a child should be restricted to the realms of heterosexual marriage and love. This was not only evident in how they viewed their own behaviour, but became evident as a message that they wanted to pass on to their children as well, further perpetuating the heteronormative ideals placed on society, and in particular, women's sexuality. It became apparent that the act of having sex should be something to be valued and respected, and that it should only be happening within the realms of a marriage. For participant 2, who was the only participant who had children, she explained that when her daughter had asked her what sex was, she had explained it to her as the following:

P2: 'Ya well look, my daughter, the older one, has asked me once and I think she heard it at school and she came home and was sitting in the bath and, um, her father was sitting

on the toilet watching them, and I walk in and he says 'guess what? She just asked me what sex is!' So I went, uh, and then I just said 'you know it's something that happens when you are married and when you *love* someone.'

Participant 3's account of what sexuality meant to her, reiterated that it was more commonly understood as the act of sex and something which should occur when two people love each other.

R: 'And your understanding of sexuality? Do you feel it's been formed from a specific part of your life? Or means something specific to you?

P3: 'I've always treated sex very, um… sacred, for me, in that, um, I've always seen it as something that should happen between *two* people that *love* each other. So it's always been a thing of don't start, don't give it, like, um, the first date or second date. I don't see it as being very cheap, as being very easy to give away… So that's why I feel, um, ya… it's always been something where I've, I've created sometime to know and *love* a person before I give myself sexually to that person.'

The use of the word *love* in the context of sex and falling pregnant implies that to the participants, love is the foundation for a relationship and for the act of sex to be considered acceptable. Furthermore, it seems that the word *love* has certain connotations for the participants, such as safety, trust, security and sometimes, marriage. These connotations also relate to the type of environment in which the participants wanted to raise a child.

P4: 'Ya ya you're expected to only sleep with someone when you married… My view is that you should only be having kids when you're married … for stability for the child you need a mother you need a father you need a good family structure. That's where that comes in. So … falling pregnant outside of marriage wasn't ok for me!'

This not only speaks to a heteronormative idea of family, but also indicates that the participants themselves need to feel that they are secure in their relationship with their partner in order to have children. Relating love to marriage, as participant 2 and 4 have done, promotes ideas of a particular heteronormativity that are evident in society. When bringing a child into the world, one is expected to love and care for them, therefore indicating that the child should be brought into a safe and loving environment. As Johnson (2005) suggests, "in its cultural representations, love is hegemonically expressed heterosexuality, and still draws on the 'traditional' scripts of marriage and heterosexual domesticity" (p. 15).

Therefore, it became evident that to the participants, falling pregnant outside of the martial relationship was considered unacceptable. Furthermore, having a termination of pregnancy seemed to go against the very specific heteronormative ideas of family that the participants understood their sexuality to fall within. Abortion, although a legally accepted medical practice in South Africa, is viewed in a negative light as it ultimately went against these ideas around family and the heteronormative roles that women are expected to fulfil, both on a personal and societal level. As Macleod et al. (2011) found in their South African study, abortion is seen as "implying infidelity and a rupture of the marital relationship" (p. 242).

As Petchesky (1984) states, "abortion is associated with sex because it is seen to reveal sex; it is a signifier that helps make sex *visible* and therefore subject to scrutiny and an inevitable defining of limits between the licit and the illicit" (p. 209). By constantly justifying their decision to terminate, it became apparent that participants not only valued the idea of marriage and family, but that they were also concerned with how they would be spoken about or viewed by others if they spoke about termination of pregnancy in a more positive way. According to the Department of Health (2004, as cited in Macleod et al., 2011), the shame that is associated with terminating a pregnancy relates to traditional beliefs, fears of societal or relational exclusion, or being socially stigmatised. Both participants 3 and 6 spoke

very clearly about their reasons for not talking about their decision to terminate a pregnancy, which indicated that there was a great deal of influence from society on women's decisions and behaviour.

R: 'You spoke about how your religion influenced how you viewed abortion, but what about the society we live in, and your peers, your schooling, your community – did that have any effect on it?'

P3: 'For me, um, yes… because you don't know how people think about certain things, because you don't… because you've never asked, it's been a topic to talk about, you know. I think most people will say that they're gonna take an abortion, and people will say it very candidly because it's not actually happening at that moment, but the minute you try tell somebody "I'm pregnant", you know, they have all these things and they start going crazy and, even worse, when you say "I've had an abortion" then people start looking at you differently. So you just don't want that whole… drama, following you after you've made such a big decision to do it. So for me it was a thing of "I'm not gonna tell anyone because I've already got enough pressure in myself, internally, dealing with it," but going up to someone who I trust… yes, but who's now gonna have a judgment against me – I didn't wanna deal with that, because it was just gonna add on to the stress that I'm already having.'

P6: 'Oh, I feel like… I'll not feel good about it because obviously people will go around talking about me and what I did. That's the reason why I don't want to tell.'

The way in which participants spoke about their sexuality both prior to and following a termination of pregnancy, indicated some level of expectation that the participants placed on themselves, which seemed to be influenced by societal expectations and heteronormativity. Varga (2002) found that South African women often felt the need to keep their termination of pregnancy a secret due to the fact that they were fearful of community rejection. This was evident in the way that participants spoke about keeping the

termination a secret as they feared being judged by those close to them, or those in their immediate community. It appears that this fear of judgement was a great predictor of whether the participants choose to seek emotional support from those around them, or if they chose to keep their decision to themselves and act as though they had not chosen this option, which society deems inappropriate.

Many of the participants felt that it was their sexuality, framed in an understanding of reproduction, marriage and kinship, and the physical act of sex, that led to them to undergo a termination. Therefore pre-marital sex was viewed as ultimately destructive of the particular roles that the participants had hoped to adhere to, which were in line with heteronormative ideas that place men and women within oppositional binaries and which promote heterosexual practices.

4.3.2 Deviating from the 'norm'

A particularly interesting concept that became apparent in every interview, and which related closely to heteronormativity, was the idea that the participants repeatedly presented about upholding norms. Throughout the interviews, the participants used the words *norm* and *deviant* or *defiance* to relate to their feelings about having a termination of pregnancy. It was evident that the participants felt that they needed to and should adhere to what society had promoted, in their view, as *the norm*. It became obvious that this norm was shaped and promoted through societal expectations, and these societal expectations again fell in line with heteronormative ideas of female sexuality and reproduction. Therefore, to deviate from this *norm* meant to deviate from certain expectations which participants had for themselves regarding marriage and family, and which they wished to uphold.

P4: 'Um, I'm someone who doesn't make mistakes often… Um, big mistakes, obviously you make little mistakes, but big mistakes, I don't make big mistakes often. I'm not one to

deviate from the *norm*, and… that was a deviation for me, from a *norm*, and something that I didn't expect of myself, and, um… when I found out I was very disappointed in myself because how could I let something like this happen?'

P7: 'I have completely deviated from this person that I was then and the person that I thought I would be in the future, only because of one thing, and that's sex. Sex changes a lot of things. It changes a lot of things about yourself mentally, psychologically, it changes a lot of things.'

From the manner in which participant 4 refers to the *norm*, it is clear that choosing to undergo a termination of pregnancy is not something which is considered 'normal' behaviour in society. Furthermore, the participants' answers are heavily emotion-laden, and seem to suggest that particular feelings, such as disappointment and blame, are integrally linked to deviating from this *norm*. In choosing to terminate a baby's life while in utero, the participants could be viewed as actively going against what society suggest is normal and appropriate of a woman's behaviour.

> Unlike other behaviours that confound expectations of women as mothers, a woman who terminates a pregnancy often defies long-held ideals of subordination to community needs. She uses her agency to deem a potential life unwanted and then acts to end that potential life. (Kumar et al., 2009, p.4)

Since deviating from this perceived *norm* was so significant to the participants, they constantly sought to normalise and rationalise why they had decided to undergo a termination of pregnancy. According to Macleod et al. (2011), the reasons listed as to why women would prefer not to undergo an abortion are linked to rejection and social stigma, and traditional morals. Even though all of the participants had undergone an abortion, they all felt it imperative that they justify why they had made the decision to terminate, that they

felt that termination was wrong, and that they had never viewed themselves as someone who would undergo a termination.

R: 'And talking about termination of pregnancy? How do you feel about it and talking about it?'

P5: 'It's very, very peculiar because um… I had this procedure done and… I used to be vehemently against it. And… I still am. Even though I've done it. It's very, very bizarre, but I still am. I wouldn't say to anyone that they need to do it, but for me it was a decision that I needed to make at that time and that I made… knowing that, um, I would have an issue with it. But it was something that I needed to do. So for me, talking about termination of pregnancy is like, I don't know, it makes me slightly uneasy because I don't agree with it and yet, I've done it.'

P7: 'I knew I couldn't put myself through anything when everyone knows and discovers what's happening and so on. Little did I know it but- uh... I never want to be a single parent, and he was far away so what was I supposed to do? Sometimes it's an option and sometimes it's not.'

R: 'And the decision to terminate your pregnancy, was it something that was easy to decide?'

P4: 'I was 21, I have a part-time job, I was in 3rd year so… I'm not going to give birth to a child who's already in a disadvantage position. And I think, I think that's wrong. I'm… so I had to rationalise it for myself which is how I thought I'd cope, if you wanna call it that...'

By the participants continuously justifying their choice to terminate their pregnancy, it became apparent that each participant was ultimately trying to indicate to the researcher

that they aligned themselves with societal norms and wanted to show their allegiance to what they believed were societal expectations – those in line with heteronormative ideas of family and sexuality. Furthermore, the participants, through offering clear reasons for choosing to terminate their pregnancy, seemed to be trying to normalise their behaviour and present it as something that although deviant, in certain circumstances it could be acceptable. Suggesting that the child might already be in a "disadvantaged position" (P4) further implies that it would have been wrong to have the baby, and therefore this participant normalises the termination of pregnancy on a personal level as an appropriate choice for her at the time. As Giddens (1999) notes, "the individual only feels psychologically secure in her self-identity in so far as others recognise her behaviour as appropriate or reasonable" (p. 418). However, the congruence between the self and greater societal ideas of women further supports how governmentality is conveyed through populations, both at the macro, broader level and on the micro, private level, and regardless of their attempts to normalise their choice, the participants ultimately still aligned themselves with societal views of termination. This was evident as the participants felt it was important at certain stages of the interview to continuously justify their choice to terminate their pregnancy to the researcher.

It seems that through continuously justifying their choice, the participants wanted to ensure that they aligned themselves with certain societal attitudes, rather than realising that what they had done was legally and medically acceptable. Furthermore, through defending their choice and explaining their reasons for terminating the pregnancy to the researcher, it became apparent that the participants felt that the researcher might judge their behaviour, when ultimately they wanted to be considered as moral citizens, who maintained societal norms, and therefore upheld heteronormativity. This was also supported in the literature, as Kumar et al. (2009) suggest that even "women who have had abortions may even take public stands against it" (p. 6). As previously mentioned, although termination of pregnancy is legal in South Africa, it is not viewed in a positive light. Heteronormative ideas do not promote terminating a pregnancy and rather endorse the idea of marriage and a family. Therefore, regardless of their choice, the participants aligned themselves with these

heteronormative ideas, as well as the common view in South African society of undergoing an abortion.

Furthermore, the idea of heteronormativity does not promote pre-marital sex, which became apparent as a further nonconformity to societal and heterosexual expectations. Participant 7 in particular related to the act of pre-marital sex to yet again deviant behaviour, and therefore going against what is considered societal expectations.

P7: 'So ya, sometimes I ask myself 'well maybe if I'd never had sex before, I'd be better off', because sex is supposed to be this beautiful thing. But for me, I've had so many negative… not so many, but… I have had negative experiences that tarnish that beautiful thing that sex is… I have completely deviated from this person that I was then and the person that I thought I would be in the future, only because of one thing… and that's sex! Sex changes a lot of things.'

As previously mentioned, heteronormativity promotes oppositional binaries such as husband and wife, or parent and child (Wilbraham, 2004). None of the participants interviewed were married, and therefore the act of pre-marital sex alone was already in contradiction to the heteronormative ideals within which the participants understood themselves, and where terminating a pregnancy conflicted with notions of family and reproduction. It became apparent that such notions were of great value to the participants, who thought of marriage and children as a pivotal part of life, and that sex, which had resulted in an unwanted pregnancy and the need to terminate, was viewed as a bad personal decision for them. It also became evident that their views were heavily influenced by society, therefore implying that there is an integral link between how a woman understands her own sexuality and behaviour and how society perceives it.

R: 'Do you think, um, there's been a societal influence on your sexuality, you know, growing up in, in South Africa?

P1: 'So I wouldn't say it's influenced it, but, um, my expression definitely exists within a, um, what can I say… like a societal notion of sexuality. So you either find your, uh- you either find your expression of sexuality con- *conforming* or not, so I suppose it's, it's more that kind of relationship with the societal notion of sexuality.'

P4: 'I think it's also- ya society has a strong hold of the way people *should* be acting. I think it's all society.'

R: 'Ok, can you explain to me what you understand by the term sexuality? … It's really your understanding of it.'

P5: 'Ya… I think it, I think it speaks directly to identity and how you define yourself and how you morph into society and all that jazz, I suppose. I think that's all you know, um – anything that's normal or perceived as *normal*.'

The use of words such as *conforming*, *should,* and *normal* further suggests that participants feel there is a predetermined path, or norm, that women's sexuality should adhere to and be defined by, and that there are certain expectations of women's sexuality that are in line with heteronormative ideas of female sexuality. For the participants to suggest that their sexuality *should conform* to societal expectations, and therefore heteronormative ideas, it implies that the women feel their sexuality is related to what they understand to be societal norm – the ability to bear children, and that their sexuality is ultimately related to their reproductive ability and their ideas of womanhood. Feminists suggest that the oppression of women is directly related to the way in which female sexuality has been shaped within ideas of male-dominance and patrilineal notions (Seidman, 2004; Stone, 2007). However, the ways in which the participants understand their own sexuality, and their role as women in society, further promotes the exact ideas surrounding female sexuality which feminists seek

to dismantle. As McNay (1992) states, "for feminists, this is a particular problem given that a significant aim of the feminist project is the rediscovery and revaluation of the experiences of women" (p. 12).

Participant 5 suggests that often women in South African society are constantly viewed in a negative way if they choose to do something that is not within the norm. Participant 3 also suggested that often a woman's role is to live up to what is expected of her, and being open about having a termination was not something that was easy for women.

P5: 'Women are viewed badly in any aspect. If a woman makes a decision and the decision is not a societal norm, then they are viewed in a bad way. I think, umm, women, women are just… depending on which, which way the wind blows on that, they are viewed in a specific way… and I think it's easy for society to do that!'

P3: 'Even though it's legal, It's our choice, even though it's, it's…. because we live in a very – appearance is everything in society so it's who you are outside, who… you, you want people to like you and you want people to see you in a best light and you want people to think you're great and whatever, and, that's why we tend to not, not speak about stuff like this or not, not be open about abo-… about having them especially!'

4.3.3 Mediating the norm.

Further linked to the promotion of this societal norm and how the participants viewed female sexuality, are beliefs produced and promoted in the media and society. The media, society and the prescriptive ideas of men and women are all related to how women understand their sexuality, as was evident from the interviews and the current literature. Firstly, to engage with the media and society's perspective of women, it seems that for participants this was very influential in how a woman should behave. The media and society

were also mentioned in terms of objectifying women, supporting a certain societal norm and promoting ideas of heteronormativity.

P5: 'I think also all of us have our own preconceived notions about it and we have tainted it in our own minds… not by ourselves but by society's influence and all that jazz… And the media, if anything else, has, has, destroyed what a woman can, should or would want to be.'

R: 'Sure. Did you find the media influenced your view of sexuality? Or do you think the media speaks about women in a particular way?'

P7: 'Definitely, definitely! Let's talk about pop-culture. Pop-culture has a lot to do with how women see themselves now… But then the media comes in and it, it tells you all these other things that are contrary to… when in my head, life was perfect and uncomplicated, and it throws in these ideas like wearing shorter skirts and so on and that will make you feel like more of a woman, and it doesn't necessarily mean you'll feel like more of a woman, if anything it makes you feel less of a woman because of the way people now look at you.'

"The media do have an impact because the media keep sexual behaviour on public and personal agendas, media portrayals reinforce a relatively consistent set of sexual and relationship norms" (Brown, 2002, p. 42). It seems that to the participants, the media is restrictive in how they portray women and female sexuality. Brown and Keller (2000) point out that the media rarely mentions the consequences and outcomes relating to unwanted pregnancies. It was also made clear that the media and society frame women's bodies and female beauty in a particular way, which in turn leads women to understand themselves according to these particular prescriptive images. As Martin (2009) notes, heteronormativity is produced through the media, and thus affects the way in which the participants understood female sexuality.

Therefore, it is clear that heteronormative ideas ultimately inform views of the participants, who do not want to be classified as doing something that society views as wrong or which goes against the norm. What perpetuated these feelings further was the way in which the participants constantly used phrases such as "*d'you know what I mean"* and "*you know"* during the interview, regardless of the participants age or race. The use of such phrases gave the indication that the participants were hoping that the researcher, also a South African woman, would understand their point of view and empathise with them for choosing to terminate their pregnancies. The participants may also have been looking for reassurance from the researcher that undergoing a termination of pregnancy was understandable in the context which they were speaking about, and for the reasons which they expressed, but that it was also something which could be overlooked. This not only relates to how the participants wanted to meet societal expectations, but also suggests that the participants wanted affirmation from someone, perhaps the researcher, that what they had done was acceptable and that they could still be considered as respectable and moral members of society. Particularly in South Africa, which has numerous patriarchal cultures, termination of pregnancy is understood as going against maternal duty. Therefore, by seeking affirmation from the researcher for their decision and constantly needing to rationalise their termination of pregnancy, both to the researcher and somewhat for themselves, the participants ultimately created an oppositional dynamic in how they viewed themselves as members of society.

4.3.4 Patriarchy.

The ideas that underpin heteronormativity also clearly relate to the notion of patriarchy and a particularly prescriptive heterosexuality, which was evident in influencing how women understand and relate sexuality to termination of pregnancy. Notions of patriarchy and heteronormativity are further supported by ideas and beliefs within certain cultures (Sharma, 2009). Patriarchy is apparent both globally and in South Africa, where it is particularly relevant due to the diverse cultural and traditional background of the South African population. Female sexuality has long been understood within ideas of male sexuality and dominance (Nelson, 2001). According to Stanko (1985, as cited in Shefer &

Foster, 2009), women are consciously aware of their lack of sexual and physical independence, due to the presence of male power, and the participants reinforced these patriarchal ideas through the way in which they understood their sexuality in relation to men. Furthermore, from the participants' answers, it was evident that there was a very particular African understanding of female sexuality.

R: 'And perhaps you could just… you could tell me a little bit about how you think South African's view sexuality?'

P3: 'So it's… it's stuff that society views sexuality… for women in South Africa at the moment, you're not seen as… someone who enjoys sex, you're just seen as an *instrument* in sex. That's how I, I see it…'

R: 'So do you think- let's talk about African sexuality then. Are you saying that there's a particular role that women must play?'

P7: 'Generally a good woman is a woman who follows *instructions*, is always- does what they told, always does things the right way, and the right way is what they [participant is referring to men] have prescribed women to be like so women will cook, will be in the kitchen, will do this, will do that…'

It was obvious the participants utilised general societal notions of men and women to inform the way that they understood themselves as members of society. Through the use of words such as *instrument* and *instructions*, certain prescriptive ideas of women and particular practices in South African, and African society, begin to emerge. As Kambarami (2006) suggests, this is due to many African women being understood as sexual beings rather than human beings in society - "due to the fact that the African culture is patriarchal and patrilineal, female sexuality is largely in the hands of males" (Khumalo & Garbus, 2002, as cited in Kambarami, 2006, para. 27). Many cultures in South Africa are still patriarchal, in which women's bodies become fixed within particular practices (Steyn & van Zyl, 2009a).

According to Shefer and Foster (2009), sexuality becomes understood and regulated within a male domain that men have control over and dictate, and through which women are directed and influenced, and therefore understand their own sexuality and their role in society as women. Patriarchy ultimately influences the way that women understand their sexuality and therefore their reproductive freedom. However, McNay (1992) notes that not all women experience patriarchal control in their daily lives, and that it is culture specific.

According to Petchesky (1984), patriarchal practices further frame a woman's sexuality through a reproductive lens. As Weir (2006) notes, pregnant women are either viewed as citizens with the legal right to choose a termination, or as murderous and immoral for choosing to terminate the pregnancy, which is commonly the view in many South African cultures. Within patriarchal notions, terminating a pregnancy is seen as a complete defiance of how a woman is viewed, regardless of access to medical services or what the law allows. As McLachlan (1997) points out, people often feel that they have particular moral duties that they should strive to uphold, and in line with heteronormativity, a termination of pregnancy goes against the very way in which these moral duties – those of bearing children and caring for a family – are understood and expressed.

R: 'So are you saying everyone is different?'

P7: 'Generally, the vast majority of people have a negative, negative… um, they associate a termination with a negative — as a negative behaviour. As something that should never be done, not even sometimes, it should never ever be done!'

Patriarchy takes the prescribed roles laid out by heteronormativity one step further in that the oppositional binaries that heteronormativity creates in husband and wife are further divided into the husband as the breadwinner and the wife as the carer and home-maker. In terms of patriarchy, a woman's sexuality is restricted and framed within an understanding that a woman should bear children and then raise the children and look after the male head

of the family, usually the husband, furthering the women being framed as *instruments* and *reproductive* (P3).

This societal influence on women seemed to be further evident in the way in which women described themselves according to what was expected of them. Therefore, in talking about their sexuality and having a termination of pregnancy in this expectant manner, the participants again imply that their actions are in conflict, albeit indirectly, with the role they see themselves as needing to fulfil personally and in society, and how they believe they should act and feel in terms of abortion and female sexuality. Therefore, heteronormative ideas are established and promoted through certain patriarchal practices. These practices often place women into a position secondary to a man, which further promotes heteronormativity and lead women to view themselves negatively for having a termination of pregnancy. Furthermore, the link between culture and patriarchy became evident from the way in which the participants found patriarchal practices to be influential in shaping their understanding of sexuality and the act of choosing to terminate a pregnancy.

4.3.5 The gendered power dynamic

Also related to these ideas is that women and men are viewed as playing certain, perhaps patriarchal, roles in society. The male is seen as the breadwinner and protector, and should be emotionally strong. The woman, on the other hand, is seen as a nurturer, carer and life-giver, all of which play into the heteronormative ideas of men and women. As Steyn and van Zyl (2009a) suggest, the female body becomes a site on which ideals, attitudes and customs of cultural ideas are placed, and through which life can be carried and reproduced. Participant 7 says that women “give life, give give give” and then asks “but then what do we get?”

According to Burr (1995), women are often viewed as being nurturers and emotional. Due to the fact that women are viewed reproductively as life-givers and not life-takers, women

are often not given the space to be emotional about having a termination, or there is a lack of support given to them prior to and following the procedure. This became evident throughout the interviews and the participants continuously indicated they felt unsupported. This implied that going through a termination is not only challenging to women due to social stigma and personal judgement, but also due to the lack of emotional and physical support that they receive from the people in their lives whom they had hoped to rely on.

P2: 'They, they… they don't, um… get pregnant, they don't have to worry about the termination and all the emotions and all of that that goes with it, you know, they just plant their seed and leave kinda thing.'

Furthermore, the way that the participants spoke about their experiences further perpetuates the views which the participants expressed of women being viewed as *instruments*, or as means through which life is produced. It seems that the participants feel that women should adhere to certain roles prescribed by patriarchal practices and societal expectations, which view women as the carer and life-giver, as previously mentioned. It seems that from what participant 5 suggests, long-standing views which perceive women's roles in either the kitchen (carer) or the bedroom (reproduction) are still prevalent.

R: 'You said "what a woman should be"…'

P5: 'Well not should! In should, by that I mean, not- cuz, uh- back in the day women should've been, like 5 months pregnant, barefoot in the kitchen. Do you know what I mean?'

R: 'Mmm, you mean stereotyped?'

P5: 'Yes, so that's what I mean by should. And that's why, that's why I say that. Not because I have any preconceived- for me, a woman is a woman is a woman. You never ever, ever- um… I think, that that's what I mean … I mean we are perceived as, either, um,

> standing in the kitchen… there's nothing that makes a man happier than women standing in the kitchen, um… or on our backs…'

Power relations between men and women in modern society have long been influenced by sexuality, and women's bodies have always been contested through power and oppression, whether through social or political power struggles. Women are often regarded as the medium through which humanity is upheld, and therefore women's bodies often come to represent both a political and moral claim, as well as having a maternal obligation placed on them by society, and especially men (Petchesky, 1984).

> On a fundamental level, a notion of the body is central to the feminist analysis of the oppression of women because it is upon the biological difference between male and female bodies that the edifice of gender inequality is built and legitimized. The idea that women are inferior to men is naturalized and, thus, legitimized by reference to biology. This is achieved through a two-fold movement in which firstly, women's bodies are marked as inferior by being compared with men's bodies, according to male standards and, secondly, biological functions are conflated with social characteristics. (McNay, 1992, p. 17)

Patriarchy views the female body as secondary to that of men, and is perceived as existing within a reproductive rather than sexual notion. Obviously, understanding how the female body and sexuality are understood occurs within culturally-specific ideas (McNay, 1992). In terms of understanding how the participants viewed their own sexuality and their bodies, it is further evident that South African cultural norms and ideas, such as those evident through heteronormativity, had a big impact on the participants.

Understanding how female sexuality is viewed in society, as well as in comparison to men, means that inequalities which are evident between men and women in turn affect the power relations that exist between men and women in society. With regard to patriarchy

and understanding female sexuality within patriarchal practices, one can see how female sexuality could be related to male sexuality. Power relations that link the two can be associated with how women understand marriage, family, sexuality and womanhood (Petchesky, 1984). "Gender differences between men and women are socially produced for a reason: to maintain male dominance. The gender order is a hierarchal one. Men are consistently in positions of dominance" (Seidman, 2004, p. 210).

In terms of understanding their sexuality within ideas of society and culture, the participants expressed that there were certain ways in which society had influenced them and influenced how they understood their own sexuality. Not only were these expressions particularly heteronormative in nature, but they were also culturally specific, implying that participants, as South Africans, had a certain way in which they understood their sexuality.

R: 'So you mentioned society, um… is that a predominant place where you draw your understanding of sexuality from?'

P4: 'I would- I think so … but I think you start learning things from society. You're not gonna be taught by your parents about certain things.'

P7: 'Women are generally, in Africa– women are spoken about in the same way, generally…'
R: 'What way is that?'
P7: 'Um… nurturer, homemaker, um… life-giver, um- to a certain extent I always feel like women are giving and they are not getting. They always give, give, give and they don't really get much, but I don't know if that's maybe our God-given mandate to just be givers, you know. '

Drawing on views and beliefs in society, and in this case South African society, will have particular implications on how one understands their sexuality. As previously mentioned, patriarchy is prevalent in African cultures and in the way in which women understand

themselves, especially if they associate themselves as being situated within patriarchal practices. Although not all of the participants could be directly associated with these types of practices, it seemed the greater understanding of sexuality is related to patriarchy and thus all the participants, irrespective of culture, were influenced by certain patriarchal views and the way which it conceptualises men and women. Often patriarchy will influence one's understanding of female sexuality, as it may be an integral part of the greater society within which one associates themselves, regardless of personal association to such practices or not (McNay, 1992). Therefore, it can be assumed that women tend to understand their sexuality in terms of societal attitudes and practices, which are both most often directly related to male power or cultural norms.

R: 'Do you think that men and women are different sexually? In terms of understanding sexuality?'

P4: 'I think so! Men are very, we– from my experience, men are very open about it, very more crude about it as well as in the way they speak. Um… women like to keep it discreet and it's a very personal thing.'

P6: 'Men will talk about what they do at home when they are doing their thing and then when they are with the other ones' [Participant is referring to girlfriends or mistresses].

Certain other societal expectations seem apparent in influencing women's behaviour in terms of their sexuality. Most of the participants made direct reference to women's sexual behaviour and what was considered, by society, as acceptable. When the participants were asked by the researcher if there were evident differences in society in how male and female sexuality is viewed, there was clear indication from the participants that acting in a certain way was far less acceptable for women than it was for men.

P2: 'Women can be– have many sexual partners and be fine or they can be in another scenario that could be looked at as slutty *slut* or whatever.'

'Guys think of girls as *slappers* if they have too many sexual partners.'

P3: 'I think… with women, if you have sex with a lot of men or whatever and you enjoy having sex with a lot of men whatever, you're seen– bad names are said against you and you not seen in a good light in society. While with men, um, as I said, they have men's clubs, they have that, and you don't know– there are all kinds of sexual– but it's not, not as… what can I say? I'm looking for the word… it's, it's… for women it's harder to live down that that perception of you.'

P4: 'You supposed to be a *lady* in public, and conduct yourself in a moral way. Um… you know and if you deviate from that you're known as a, a *slut* or a *whore* or whatever you want to label it and um… which is– it's, it's wrong because of– if a male does the same thing, he's known as *the man*.'

From how the participants spoke about sexual behaviour it was evident that as a woman, behaving sexually in a certain way and having multiple partners, meant that you were considered deviant and therefore labelled with derogatory nicknames, such as *slut, slapper* or *whore*. However, the participants felt that it was the opposite case for men, who would be praised for having numerous sexual partners, and as participant 7 put it, considered as "conquering a quest". The manner in which the participants spoke about this indicated that one's sexual behaviour could be classified as either moral or deviant. This is further supported by participant 4 using the word *lady*, which again categorises women depending on their sexual behaviour. This related to the idea of the madonna and the whore, which suggests that men view women as belonging to one of two sexual categories: either a woman is seen as pure and wholesome in terms of her sexuality and she is understood mainly as a mother and is valued for her womanhood and reproductive ability, or, she is

seen as the whore, in which she is sexually deviant and she is viewed as an object for sex and pleasure (Baudette, 2011). Not only does this closely relate to how the participants have viewed their choice to terminate as going against the very idea of what role a woman should fulfil, but it also reiterates the idea of deviating from the expectations placed on women, both personally and by society.

> It is possible to create a category of 'women who abort' as deviant from the norm. In order to assume that an abortion experience expels women from the normative category of 'woman' labels and generalisations are applied linking her to a set of undesirable characteristics that form a 'stereotype'… Various labels such as promiscuous, sinful, selfish, dirty, irresponsible, heartless, or murderous are applied to women who abort in different contexts. (Link & Phelan, 2001, as cited in Kumar et al., 2009, p. 5)

The idea of the madonna and the whore relates closely to how women understand their sexuality, especially after having a termination of pregnancy. As previously mentioned, the participants considered their womanhood to be of great importance, and considered it to be closely related to their ability to have children and be a mother. Furthermore, sex was understood as something "sacred" that "should be waited for" (P3). Ultimately, by falling pregnant before marriage, which makes premarital-sex visible, the participants can no longer be considered the madonna by their partners or anyone else, falling more into the category of the whore, as they consider what they have done to be deviant. Furthermore, by choosing a termination, the participants had damaged the ideal notion of self that they wished to portray – being the madonna – which they think their partners and society expect them to be. The idea of the madonna ultimately encapsulates notions of love, marriage and procreation, which, through terminating a pregnancy, has been been contradicted.

P5: 'I think that women don't speak about themselves in a favourable light at times, and I think that men learn from us… and I think men have engrained that into us and so

therefore we think that there's certain things that we can't do and then there's certain things we can do. That said, it's very um– that places a lot of blame one, one side.'

P1: 'It, it feeds us, like I said, notions of what's appropriate and what's not. Um… And that gets internalised in very subliminal ways. We don't really always even know that we, you know, simulating this and making it part of our reality and making a part of our expression of sexuality.'

Participants also implied that displaying emotions and the emotional way that they understood their sexuality was particular to women, and that men stereotypically didn't show their feelings or express themselves often. When asked about the difference between men and women, participant 2 suggested that "girls are a bit more; uh… we're a bit more complicated that's all, and uh, guys are like… pretty straightforward… you know they are more thinking 'wham bam thank you ma'am' and we're thinking about the logistics behind the whole thing… I think!" Although not suggested directly, this relates to socially perpetuated stereotypes, as men are understood to be unemotional, detached and strong, whereas women are viewed as being highly emotional and natural carers (Burr, 1995). In terms of their experience of having a termination of pregnancy, the participants spoke about how they had felt emotionally and how their partners had felt, and it became clear that gendered stereotypes were being upheld. This was evident as participants discussed their inability to talk to their partners about their emotional experience of the termination and found it very difficult to understand what their partners were going through on an emotional level. The manner in which participants 2 and 4 spoke about this particular problem further suggested that the way in which they understood their partners lack of emotionality was directly related to a broader conceptualisation of men as being non-emotional and strong.

P2: 'Um… I… Look, if I think about him and I– this is now the father of my kids I– you know I told him quite early on in the relationship about it and he was kinda like okay, very um,

fine about it and… we never spoke about it again. Um… but he's such a guy like that you know whatever… for him it was like "ah whatever…" Ya… ugh you know get over it! Whatever!'

P4: 'Um he was there when I found out… um… so… obviously we had to speak about it then. Um, it's it– I think it's very hard for him to speak about it but not so me because I'm the type of person who needs to speak about things. I can't keep things bottled up um I– I'll actually go crazy if I do! Um… but he's very uncomfortable speaking about it so I won't speak about it… with him.'

The way in which participants described their partners' reactions to their unwanted pregnancies and terminations seemed to reveal two meanings. Firstly, the men's lack of emotional support and communication could be related to the way in which men and women are portrayed in society in terms of showing emotion. Men are often described as unemotional and women are described as overemotional and always willing to communicate. Secondly, the men's silence about the termination further than acknowledging it had happened may be related to how society understands termination of pregnancy and how it goes against the idea of women as reproductive and nurturers, and as men wanting women to fulfil this role.

Overall, in understanding how participants viewed their sexuality following a termination of pregnancy, concepts related to heteronormativity stood out as being vastly influential. Sexuality following a voluntary termination of pregnancy was understood as something which had gotten the participants into the 'problematic' situation of choosing to undergo a termination, and therefore the reason why they carried feelings of blame for deviating from the *norm* which they so heavily aligned themselves with. Furthermore, by taking their understanding of sexuality from societal notions, which view woman as reproductive, the termination was considered to go against who they were as a woman. This is discussed in detail in the following section.

4.4 WOMANHOOD AND THE FEMALE BODY

For the participants, sex was linked to love and marriage, which then, according to heteronormative ideas, should lead to pregnancy and starting a family. This was the 'path' (P5) that participants all expressed they wished to follow. The action of terminating a pregnancy was in complete contradiction to ideas of reproduction and procreation to the participants, therefore implying that their ideas of a woman's sexuality and reproductive ability were associated with the ideas of marriage and the expectations that are related to such a concept. Having sex and being pregnant either before or outside of marriage was seen as a violation of how most of the participants had understood their sexuality; participant 7 said that "it's a bad representation of who you are and what you want to project."

It became evident that participants wanted to uphold the sanctity of love, marriage and reproduction, and that having sex before marriage, falling pregnant out of wedlock, and then having a termination, was viewed as the utmost violation of what they portrayed their beliefs to be. As Steyn and van Zyl (2009a) suggest, heteronormativity is particularly evident in ideologies surrounding kinship and family. All of the participants viewed falling pregnant as integral to being a woman, and therefore, having a termination went against the very idea of who they were and how they understood their sexuality. Ferree et al. (2002, as cited in Macleod et al., 2011) suggest abortion goes against the very sanctity of life and the responsibilities of a woman, therefore fuelling the controversy that precedes it.

4.4.1. What it means to be a woman

Perhaps some of the most interesting themes to emerge during the interviews which informed women about their sexuality following a termination of pregnancy related to ideas of womanhood and the female body. Many of the participants understood sexuality as

being something that is linked to feelings and their body, rather than just the act of sex, and something that is shaped and influenced by society.

R: 'So perhaps you can tell me what you understand by sexuality, in your own terms?'

P3: 'Sexuality… that's… being…. Being a sexual being. I feel like having sexual relations, but ya, it's how… I view it as… just being ok with your sexual… ya…. body and how you feel… I… I don't think it's about your organs and your vagina and his penis… [said in an embarrassed tone] it's more about of a sensual thing, there's more that adds on to that.'

R: 'Do you feel it has something to with your identity as a woman?'

P3: 'Yes. It has a lot to do with it… I think.'

P6: 'What I understand about sexuality and feel about it… it's a part of life and that's what life is and as a woman I feel, when like I grew up, it is a part of like… though it has got some good and bad things included… but it's good because it's a part of my life,'

When questioned about their sexuality following a termination of pregnancy, the participants all seemed to first and foremost acknowledge that falling pregnant had confirmed to them that they were definitely a woman, therefore relating their sexuality and being a woman to the ability to bear children. Petchesky (1984) notes that "because it is primarily women who bear the consequences of pregnancy and the responsibility of children, the conditions of reproduction and contraception affect them directly and in every aspect of life" (p. 12).

P1: 'In terms of being, you know, a sexually healthy woman, and see that as, you know, a really great sign even though it's bad timing. It's really not the time for me– for me in my life, but… I'm grateful that I know, itsa, itsa it's a good sign so to speak.'

P5: 'Hhhhh [participant breaths out heavily]…It makes me more aware that I'm a woman, that's for sure.'

P7: 'It doesn't change how I feel as a woman, it actually just confirms to me how much of a woman I am because this shit happens to women and you're all on your own by the way and this things happens to you and no matter how much your boyfriend is there, it is– you got through it on your own. You go through the emotions.'

The fact that the participants viewed their sexuality in terms of reproductive ability relates their understanding of their own sexuality to having children and being pregnant – something which the participants all felt was an integral part of womanhood and female sexuality. Therefore, the participants understood their sexuality within these ideas of reproduction. However, by having a termination of pregnancy, the participants have gone directly against this position. By taking their understanding of termination and female sexuality from particularly heteronormative ideas, the act of having a termination of pregnancy ultimately contradicts the participants' understanding of sexuality, and therefore goes against the very foundations of what they believe to be female sexuality. As Stormer (2010) suggests, "reproduction is spatially coordinated with national boundaries, populations, sexual practices, family structures, institutions, industries, cultural traditions, and the security of all of these" (p. 13). Whether these ideas situate themselves as a micro or macro level process in an individual's life, they will ultimately seek to control and regulate an individual through influencing the understanding of the individual self. It appears that termination, for the participants, is considered as an act that ultimately goes against how they have formed their understanding of sexuality and ideas of womanhood, as well as the norms which they seem to want to adhere to.

The manner in which participants spoke about sexuality following their termination of pregnancy could be understood in two ways. Firstly, the ability to fall pregnant in the first place, regardless of having a termination, was an indication to the participants of their womanhood and they made it clear that falling pregnant was an integral aspect of their sexuality. For the participants, being a woman and female sexuality was related to the ability to have children, therefore grounding their sexuality within these reproductive ideas. The second implication links back to the way in which the participants constantly needed to justify their reasons for choosing to terminate in order to reaffirm their belief that, although they had undergone a termination of pregnancy, they believed it was wrong and they felt the need to continuously indicate that they were against it. Therefore, by situating their own sexuality within ideas of reproduction and further justifying why they had to make the decision to terminate, the participants' act of having a termination of pregnancy ultimately contradicts the way in which they understand their sexuality.

Kumar et al. (2009) suggest that abortion stigma gives "negative attributes to women who seek to terminate a pregnancy that marks them, internally or externally, as inferior to ideals of womanhood" (p. 4). These 'ideals of womanhood' can be closely related to the norms which many of the participants spoke of upholding, and the 'inferiority' which Kumar et al. (2009) speak is no doubt mirrored by the participants feelings of deviating from the norm. Therefore, by acknowledging their womanhood through falling pregnant, yet at the same time judging their own behaviour of having a termination of pregnancy, the participants are both affirming and challenging the notions of womanhood and their understanding of female sexuality. The participants not only seek to normalise how they understand female sexuality by aligning themselves with societal, and therefore heteronormative ideals, but they also sought to justify their reasons for terminating a pregnancy by repeatedly suggesting that they had "no choice" (P7).

P7: 'What was I supposed to do?'

4.4.2 The female body

According to the participants, the female body is situated within ideas of health, being slim, and being what society understands as 'sexy'. By society and the media framing women as objects, and by dictating certain behaviours, women are understood within particular ideas and concepts that are somewhat male-centred and show patriarchal ideologies. "Women see their bodies and their sexuality presented everywhere in western society as a commodity. Women's bodies are presented as objects which must fit certain criteria in order to be seen as desirable" (Nelson, 2001, p. 5). This "criteria" which Nelson (2001, p. 5) speaks of links back to the societal norms which participants repeatedly suggest as influencing their ideas of their sexuality. As Beauvoir notes (as cited in McNay, 1992), the body acts as both a site for cultural interpretations and as a site in which the individual must take in and make sense of these interpretations.

Within a traditional South African context, the way in which women are perceived and how their bodies are viewed again relates to how women understand themselves as members of society and how they understand their sexuality in relation to men. Bhana et al. (2007) suggest that "cultural norms and traditions are often used to police women's sexuality and to limit their roles to marriage and motherhood" (p. 135). For women, being able to carry and give birth to child means truly being a woman, and therefore the termination produces feelings of disappointment, anguish and shame for going against what they believe to be the essence of female sexuality. Participant 2, who had undergone two terminations in her life, expressed how difficult it was to not only talk openly about what she had gone through, but also the feelings related to her terminations and how she had never really been given the opportunity to talk about them. She mentioned that the only person she was able to confide in was her mother, as explored in the previous section. As Kumar et al. (2009) suggest, woman often view themselves as immoral and show disappointment in themselves for having a termination as it goes against familial expectations, cultural or societal norms, or the very essence of female sexuality and motherhood.

4.4.3 Consequences of physical reactions and emotions.

Not only did most of the participants feel this disappointment and guilt, but it seems that certain physical effects on the participants that directly related to the act of sex and sexuality as behaviour, manifested after having had the termination. When asked how they had felt about their sexuality following their termination, participants 2, 7 and 4 referred to the act of sex as something to be avoided, rather than framing their understanding as sexual identity.

P2: 'Um… [Participant clears throat], it's hard to say … I just– don't want to– don't get in the mood at all… I just feel like I'd rather *avoid* it completely, just to be safe, just so I don't have to go through it again I suppose.'

P7: 'And I don't even want him to touch me. I always protect myself when we sleep like I don't want him on me or near me. And right now, that's the only way I know how to be! He makes my *skin crawl* and all that. And I think that's an indication of some inner turmoil of what's going on.' [Participant is referring to her male partner]

P4: 'I feel– I felt like at one point… I didn't even wanna be touched! It has, um, manifested in a physical way and an emotional way. Ummm, I'm *paranoid*!... I, um…' [Participant starts crying]

They way that the participants spoke about their feelings towards sex after the termination indicates that they experienced very negative physiological effects, as is evident in the use of words such as *skin crawl* and *avoid*. Furthermore, the way in which they understood their sexuality following their termination was quite clearly related to physical intimacy and the act of sex with their partners. Participant 7's description of how she felt is particularly interesting and emotive, and suggests that after her termination she experienced a change

in the way she understood her sexuality in relation to her partner. It was clear that to participant 7, sexuality following her termination was something to be avoided and all of the participants felt physically and emotionally uncomfortable in experiencing sexual acts with their partners or simply through talking about it during the interview. This further implies that participates related the act of sex to their termination in a very negative manner.

R: 'How have you felt, in terms of your sexuality, since your termination? I mean, in terms of your identity– as sexual being, or as a woman?'

P1: 'So I suppose I could say, in answer to that, that I think I tried to remain positive… uh… but obviously it's a knock, obviously, *fuck*! Obviously it's a knock… it's a big knock!'

Participant 1's use of such an emotive swear word is indicative of just how much she feels she was affected by the termination of pregnancy, and the extent to which the choice to terminate a pregnancy had impacted on her body. Similar to participant 7, participant 1's choice of words to describe her sexuality and how she related to her body after the termination of pregnancy reveal that her understanding of her sexuality was greatly related to the physical and emotional effects that she experienced following the termination. This obvious link between the emotional and physical effects of a termination has been proven through numerous other studies, and is evident in the way in which the participants spoke about the subject, as well as how the participants tone and body language changed when questioned regarding this topic. For example, participant 4 became visibly emotional when talking about her sexuality following her abortion, so much so that the interview had to be terminated. This not only indicated that participant 4 was greatly affected by the termination of pregnancy in terms of the act of sex, but also the simple act of recounting her experience and the after-effects of it was as traumatic and difficult for her. This suggests that the association between sexuality following a termination of pregnancy is based on physical understandings of sexuality, and that the act of sex is framed in a negative light after a woman has undergone a termination of pregnancy.

This again resonates with how participants viewed their sexuality was an integral part of being a woman, and by having a termination they had gone against the very notions through which they understand themselves and their sexuality. This signifies that there is a strong link between the two topics, based on ideas of women as reproductive, and that the link is traumatic and upsetting for the majority of the participants to think about and describe. According to Coleman (2007), many women may have unresolved feelings regarding their termination, which ultimately leads to feelings of low self-worth, unhappiness and guilt, and will in turn lead them to feel uncomfortable with their partners or in their relationship. As previously mentioned, some of the participants suggested that it was their sexuality which had gotten them into the situation of having to terminate a pregnancy, and therefore they associated their sexuality with this negative and traumatic event that they had experienced.

4.4.4 Searching for support

After undergoing the termination of pregnancy, it was clear that the majority of the participants wanted to talk about their emotional experience of the procedure, yet they were uncomfortable in exploring how they felt their sexuality had changed from before they underwent the termination. However, upon further questioning it became clear that this was a point of great distress for the participants as their partners did not want to talk about the experience and seemed to assume that the participants' would return to a normal emotional state immediately after the termination.

P1: 'I don't– I just felt in a completely different space to the people around me, and I couldn't shift out of the space I was in. It was kind of a, a– very much a physical and sort of mental space that couldn't be separated.'

P3: 'He, he sometimes got impatient with me because I'm also, as I said, I was still a bit closed off. He's, he's, he's very… he got… he got over it, but he's like that.'

P4: 'I feel that my emotions– I have emotions and it feels as if he doesn't have emotions surrounding it. Like 'my girlfriend is pregnant, now my girlfriend's not pregnant let's carry on with life'. That's not how it is with me!'

Participant 4, in particular, seemed to be greatly affected by the lack of communication between herself and her partner about "what happened" to her. This in turn seemed to affect how she felt about her sexuality, her sexual behaviour with her partner, and as a woman, and she spoke about how the effects of having a termination had "manifested in a physical way and an emotional way". According to Hawkins et al. (2011) "women's intimate relationships can be a vital source of support in their pathways of empowerment" (p. 2). It seems that with a lack of support following her termination of pregnancy, both the sexuality and intimate relationship of participant 4 suffered as a result. Although participant 4's account was the most extreme of all the participants, words used by all the participants to describe how they felt about their sexuality after their termination, such as *uncomfortable* (P7), *uninterested* (P2), or *paranoid* (P4), were particularly emotive and indicated that sexuality following a termination of pregnancy was understood as a negative behaviour and experience rather than as an identity and being a woman. Again, it seems that sexuality following a termination of pregnancy is related to in a particularly negative way, one in which it is understood as a negative part of the self. This again links back to how the participants understood their own sexuality in terms of their culture, religion and society, and ultimately how they understood the experience of going through a termination of pregnancy.

4.4.5 Contraceptives.

A particularly interesting theme that arose from the interviews related to the ideas that participants had prior to their termination of pregnancy that their male sexual partners were assumed to be responsible for obtaining contraceptives prior to engaging in sexual intercourse. Some of the participants noted that there were certain unsaid expectations

that they had of their partners, and that they believed that contraceptives, such as condoms, were the males' responsibility and not theirs. Interestingly, participant 2 and 3 related their sexuality and changes in their bodies after a termination of pregnancy to the notion of having safe sex and taking responsibility for their own sexuality.

R: 'And do you feel since your termination you've changed how you view your body or your own sexuality?

P2: 'Um… I think in the past I've been more, like… It's up to the guy to supply the condoms, and that kind of thing… well not that he had to but he did so. So you know, I kinda always put my faith in him…'

R: 'So you said something regarding him getting a condom… Do you think that it relates to ideas of men and women in society in terms of sexuality? Like it's the guy's responsibility?'

P3: 'Yes! And that's how I thought before in that it was always his responsibility to get it… I used to force it, but… at the end of the day he must get it. But now I make sure I also have to carry, I also have to make sure that we've got it… I've also got it … That whole mind of women not being viewed as sexual, you know… and I'm sure people see me like a nine-year-old girl getting condoms but I think ya, sexual— that women being viewed as sexual like, not the same as men.'

Participant 3 went on to elaborate on how she felt very awkward if she had to get the condoms for her and her boyfriend, and even went so far as to tell the researcher "like White women, it's easy for you to buy condoms at Pick 'n Pay[1]… you know, it's not like you know, you see your mum or aunty behind the till." The way that participant 3 referred to her experience perhaps relates back to the notion of pre-marital sex becoming visible, and

[1] Pick 'n Pay is a nation-wide South African supermarket chain

for this particular participant, the cultural implications far outweighed taking responsibility for her own sexuality and going to purchase contraceptives herself.

This also relates to how African culture in South Africa is viewed as traditionalistic and paternalistic. The ideas surrounding sexuality within these cultures suggests that the act of sexual intercourse is assumed to occur within marriage. Therefore, one can assume that condoms would not necessarily be needed due to the fact that once a young woman is married her sexuality is viewed within ideas of reproduction and conception. By going to buy condoms as a young unmarried African woman, this participant was particularly aware that she could be judged by others in her community or culture, and that the act of buying condoms made the act of pre-marital sex visible to those whom she encountered. Therefore, it seems that to some of the participants, sexuality following a termination of pregnancy is indirectly associated with concepts of power. Through relying solely on their male partners to purchase contraceptives, a woman puts the responsibility for her sexuality into the hands of the male. Since the male is more commonly placed in a position of superiority over a woman, this behaviour seems to reinforce certain gendered power relations that exist within society.

The way which participant 3 felt about the act of buying condoms for her and her partner could be linked back to the theory of the madonna and the whore. Generally, in traditional African cultures, women are valued for their reproductive ability and general commitment to their husbands during marriage, and the idea of this is represented by the madonna. Participant 3 felt that buying condoms was viewed as wrong and perhaps this led her to fit into the category of the whore, where sex was no longer about reproduction and the sanctity of marriage. Within this particular context, and in terms of participant 3's anxiety about being exposed as sexually active out of wedlock, sexuality is understood within the ideas of purity and conjugality. A woman would be understood as the madonna, someone who is untouched by the act of sex prior to matrimony, and someone who is unspoilt for their future husband. Not only does this suggest that participant 3's anxiety relates her understanding to this idea of purity, but it also indicates that heteronormativity, which

prescribes a particular (heterosexual) path that one's sexuality should follow, is influential in how women understand their own sexuality.

Although the participants held these beliefs prior to their termination of pregnancy, it appears that the way in which they spoke about the responsibility behind contraceptives after the termination of pregnancy had somewhat changed. Participant 2 indicated that she now felt "equally as responsible" and participant 3 suggested that she was trying to overcome her fear of purchasing condoms so as to show her boyfriend she was committed to being sexually safe and responsible for her own sexuality as well. This new found responsibility that the participants seemed to have for their own sexuality and sexual health indicates that they did not want to be in the position of having to terminate a pregnancy again, thereby having their pre-marital sexuality re-exposed and made visible once more. By reaffirming their responsibility to be more proactive with their own sexuality, the participants ultimately reiterated that they wanted to uphold what society deems as appropriate female sexuality. "Control over one's body is a fundamental aspect of this immediacy, this 'receptivity', a requirement of being a person and engaging in conscious activity" (Petchesky, 1984, p. 4).

The ways that the participants spoke about their partners' responsibility in getting contraceptives speaks to the idea of the male being viewed as the protector, as the one who is placed into a role of protecting the woman and ultimately fulfilling the role that the males are more commonly placed into through societal and cultural norms. Thus, the woman is placed into the passive role – as is evident with heteronormative ideas and patriarchal practices – and she is ultimately reliant on the male to ensure her contraceptive and reproductive health. As Allen (2003) argues, the active male and passive female dichotomy that exists in our society has been reproduced and promoted by ideas that are historically shaped and embedded within our societal notions of heterosexuality.

By placing the responsibility of contraception into the hands of their male partners, the participants are essentially placing the control over their sexuality into male hands as well. However, upon falling pregnant, the participants were the ones who took the blame upon themselves, and felt that they should have been more responsible for their own sexuality. Furthermore, after having a termination of pregnancy, the participants seemed to carry the emotions related to the procedure and their sexuality on their own, without being able to talk to their partners about it. As participant 2 suggests, men "plant their seed" and then become detached, in the participants' minds, from the consequences of the situation or the effects that it may have on the woman. As Petchesky (1984) suggests, reproduction affects all women, in every aspect of their lives – from politics and culture, to sexuality and ambitions.

It is evident that the way some of the participants understood their sexuality following a termination of pregnancy was tied to how falling pregnant had made them feel more responsible for their own sexuality, and in particular, their own reproductive health. The participants' acknowledgement that they should now be as active in obtaining contraceptives as their male partners shows that the termination of pregnancy has somewhat changed their ideas of their own sexuality, and led them to take more responsibility for it. This could also be linked to upholding their understanding of womanhood, and by taking sexual responsibility, ensuring that they didn't go through a termination of pregnancy again. Overall, understanding sexuality following their termination of pregnancy was related to feelings towards the act of sex, and an understanding of what it meant to be a woman.

4.5 THE RESTRICTED CHILDHOOD

The participants in this research study placed great importance on how their upbringing had shaped who they were as an adult, and how it had influenced their understanding of female sexuality, and therefore termination of pregnancy.

R: 'Um, so do you think that your particular upbringing had an influence on the way you think or talk about your sexuality? I know you have mentioned your mother and your peers.'

P2: 'Yes no I'm sure it has. I think everything in your life does. It basically depends on your culture and where you grow up and who your influences were so ya.'

Parents, culture, race and religion all had an impact on how a woman learnt about and understood her sexuality, and interestingly these messages repeatedly revealed that they were grounded in heteronormative ideas. Differences in views of termination of pregnancy were hardly note-worthy, yet a woman's ability to talk to her family about such a choice was hugely influenced by her racial and cultural upbringing. Furthermore, the topic of sexuality had clear links to what religious messages a participant received, both during her childhood and now as an adult. Therefore, although sexuality following a termination of pregnancy may not have been directly linked by the participants in terms of their upbringing, it was evident that their understanding of the two was intricately related through the messages they had received during their upbringing.

4.5.1 Sex conversations between parents and children.

The relationship between the participants and their parents, in particular their mothers, emerged as one of the key factors influencing how sexuality is understood after a termination of pregnancy. It appears that all of the participants had been exposed to some form of sexual conversations with their parents at some stage of their lives, most often occurring when the participants were adolescents. However, it seemed that these conversations were often educational in nature and tended to be restrictive in the type of information that parents shared with their children. According to Usher-Seriki, Bynum, and Callands (2008), having a positive view of sexuality conferred from parents to their children is very important, as is the role that parents play in influencing their children's understanding of sexuality. Foucault once suggested (1979, as cited in Hook, 2004) that the family was a marker of micro-level power, through which an individual's sexuality could be

regulated and governed. This is still relevant as Macleod and Durrheim (2002) point out that the family promote certain ideas which regulate and shape sexuality so as to produce a self who is considered morally and socially appropriate. The concepts which participants were exposed to during their childhood were evident of this regulation. When participants were asked what they felt had influenced the way they spoke about and understood their sexuality, parents, society and religion were the prominent factors that arose, which are consistent with ideas that are emerging through the current literature (Martin, 2009).

R: 'Do you feel that your cultural upbringing had something to do with it?'

P1: 'Hah! I wouldn't say so. I haven't really had a very specific cultural or religious upbringing. So that was never, you know, um clearly defined. Um, I suppose you take, you take you're bearing mostly from your parents… um… I think as a child that's always a strong influence.'

R: 'And this understanding, where did it come from?'

P5: 'I don't know… I suppose it's really nothing I've ever thought about or looked into or anything like that. All I know is that I'm female and– um, but I think it can– I think a lot of it comes from your parents, from your mom or my mother, um (.) but also from my sister and just really, um, influences that are quite close by.'

Participants spoke openly about how their parents had spoken to them, what they wished their parents had told them, and how they wanted to approach the topic of sexuality with their children. It became apparent that ideas around sexuality and terminating a pregnancy had changed somewhat between generations, becoming slightly more open and accessible, yet termination of pregnancy was still seen as a taboo topic that was framed in a negative light rather than spoken about in an open manner. This linked back to the way in which conversations about sexuality differed depending on if they were open or restricted, and

how parents went about telling their children about topics such as sexual and reproductive health**.**

P7: 'My mom- she said to me a very long time ago, even before I started having sex, how I should never terminate a pregnancy. And, um, since then I knew that as a no-go area, and she felt very strongly about it and we could never have that conversation.'

Lesch and Kruger (2005) note that mothers in particular often framed sexuality as a dangerous activity, which contributed to their daughters' understanding that sexuality was not something that could easily be spoken about. Furthermore, the way in which the participants spoke about sexuality and abortion, which was clearly influenced by the way that their parents had spoken about it, had a particular heteronormative tone. The participants understandings of sexuality linked back to how they understood themselves as women and what they believed constituted female sexuality, which came out as being influenced greatly by how their parents had spoken to them about the topic. It became apparent that parents ultimately promote the ideas of heteronormativity by the way in which they approach the topic of sexuality with their children, due to the fact that ideas of heterosexuality and a 'normal sexual path' were discussed.

R: 'How did you find sexuality was spoken about when you were a child?'

P5: 'It wasn't! My parents are very um… reserved… if I can put it like that. Um, sexuality is really not something that they, that they… lean comfortably towards. They just don't um– and I think for them sexuality is really just whether or not you're um… going down *the right path* and doing your own thing and making sure that you walk *the straight and narrow*.'

In referring to *the right path* and *the straight and narrow*, the participant is again implying that there are certain expectations of a woman's sexual identity and behaviour, and it is apparently not only important how she develops sexually in terms of societal expectations, but also how she develops in terms of what expectations her parents had of her sexuality. For this participant, her sexuality was prescribed by her parents, who understood sexuality in a very particular manner – a manner which follows one direction: heterosexuality, and has one outcome: marriage and children. According to Martin (2009), when parents speak to their children about sexuality, they often "(re)produce heteronormativity as children are taught to understand themselves and the world through a heteronormative lens" (p. 191). Parents will often teach their children that men and women exist within a particular understanding in society and that they eventually become husband and wife and only thereafter have children. Marriage and love are linked through ideas of sexuality, and children are not only told by their parents that when you love someone you marry them, but they are constantly exposed to representations of this type of sexuality, which their parents have promoted, in the media and society as well. As Diamond (2008) suggests, "Girls internalize cultural and societal factors, which then shape their experience of sexuality at a deep level" (p. 21). The manner in which parents talk to their children about sexuality is further reinforced through the ways in which the media, such as through popular cartoons which are aimed at children, further expose these cultural and societal factors as influencing sexuality. As O'Sullivan, Meyer-Bahlburg, and Watkins (2001) suggest, "children's media also echo the connections between love, marriage and heterosexuality" (p. 200). It therefore appears that children's popular culture is consistently reproducing these very particular ideas regarding female sexuality.

Participants constantly noted that they felt terminating a pregnancy was wrong. Particular emotive words that participants employed, such as *pressure* (P4), *disappoint* (P2), or *inner shame* (P7), clearly signify that personal and societal expectations were influencing the way that the participants spoke about termination of pregnancy. Furthermore, the way in which participants explained and understood their sexuality following their termination of pregnancy was equally emotive, with participants using words such as *uncomfortable* (P4) to describe how they felt. When it was probed further as to why the participants felt this way,

it became clear that there was disappointment and anguish, further supported by the participants' beliefs that having a child should only happen when one is married, and that they had not wanted to disappoint their own parents.

R: 'So then let's go back to what else I wanted to ask about regarding [what you had said about] judging yourself. Maybe you can speak a little bit about that?'

P4: 'Um, very… I was overwhelmed, obviously. Very disappointed in myself… I didn't feel guilty, but I just felt, like… disappointed in myself. Um… I was scared! [Participant laughed nervously] Especially when telling my parents you know! They, they're girl has now got pregnant and I don't do things like that!'

This seems to reveal that heteronormative ideas about sexuality are prevalent among parents when educating their children, regardless of what parents have themselves experienced, or if they have not necessarily followed the heteronormative ideals that they convey to their children. Furthermore, termination of pregnancy, if termination of pregnancy was raised with the participants when they were children, was always cast in an extremely negative and condemned way. Participant 4 noted that she knew her mother was extremely anti-termination even before she fell pregnant and underwent the procedure herself. Furthermore, participant 4 found it very difficult to talk to her mother about wanting a termination, indicating that this particular aspect of a woman's life is something that is not spoken about between parents and children, and which is viewed as a deviant for women from a young age.

4.5.2. Reproducing the same old stories

Simon and Gagnon (1977) suggest that regardless of one's age, discussing one's sexual feelings and experiences on a personal level is considered difficult, which in turn makes talking openly or getting support from others much more difficult. Although generally unable to talk to their parents about sexuality, the participants believed that in the future,

and especially with their own children, there is a need for change in sexual talk within families and that their children should feel it is an open topic.

P2: 'You know, I just want her to come to me if she's comfortable to come to me… I'd prefer if she came to talk to me, but I don't wanna force the issue or make her feel uncomfortable about it… so ya.'

P3: 'I think I realise that with… if I was open with them it would have been much easier to talk about sexuality, to talk… I think you shouldn't be closed and conservative. I think you should talk to your children because if you don't talk to them… another person who's not as understanding, who's not family will talk to them and that could have, great implication for them growing up because then why wouldn't you as a parent, the person who the child trusts from the time they were born, not talk to them about issues like that? So I think ya, it would have to change. I would want to speak to my children about sex at an appropriate age, that is, and tell them about… especially see how they feel about it. I think, as well, not to rush it and overwhelm them.'

The particular way in which participant 2 [the only participant with children] spoke to her daughter about sexuality indicates that she wanted to establish norms that her daughter could relate to and follow, and that these norms were not only in line with what she had been taught by her mother, but were also reproducing the heteronormative and heterosexual ideas of men and women. Furthermore, participant 2's account reinforces just how the influence of the familial structure plays an integral role in conveying regulatory power, and in the interaction between micro and macro level processes, which ultimately influence and control the self. However, when questioned further about how she would educate her daughters about sexuality in the future, she said that it was very difficult for her and that she was "dreading it". It seems important to note here again that participant 2 was the only participant who had children of her own, but was also unmarried like the rest of the participants. This seemed to indicate that participant 2 may not have felt as strongly about

the ideas of marriage, love and reproduction as the other participants did, yet it is interesting to note that she continued to confer heteronormative and heterosexual ideas to her own children that ultimately contradicted the course which her own life had taken.

Therefore, it seems that regardless of age and changing ideas in society, sexuality is still a difficult topic for people to discuss, and even more so between parents and their children. However, there was a definite sense among the participants that they wanted to either change the way in which sexuality was spoken about, and the way in which women's sexuality was understood, or continue with their children what their parents had instilled in them. In spite of this indication, it was questionable if participants would actually do this with their children, just as participant 2 had not done so.

P3: 'If they were open with me it would have been much easier to talk about sexuality, to talk… I think it shouldn't be closed and conservative. I think you should talk to your children.'

The particular way in which participants spoke about how sexuality had been discussed with them by their parents revealed that as children, talk on sexuality was restrictive and limited. Participants felt that they could have been told more by their parents, and that their parents could have been more open with them, as they wished to be with their own children one day. However, regardless of the fact that the participants said that they want to be more open, it was clear from how participant 2 described sex to her daughter, that heteronormative and heterosexual ideas are being reiterated throughout generations and that ultimately, women are all conditioned by their parents and society, to understand their sexuality in this particular way.

P4: 'I'd like to be raised the way I was raised– where it was very open. If I asked what sex was, I was told what sex was. It wasn't '*the stork came and delivered the baby*'… it was 'this is what it is'!'

Participant 4's reference to *the stork came and delivered the baby* refers to the story that many parents tell their children about where babies come from. It implies that instead of a man and a woman conceiving a child through sex, a stork comes and delivers a baby to the couple's doorstep. The story speaks to upholding the sanctity of a child's innocence, as well as hiding the truth about sex from children when they are of a young age, which is what participant 3 implies she does not want for her children and their sex education. Within these pristine ideas of reproduction, termination of pregnancy is not mentioned as it is seen as going against the very foundations of what parents want their children to understand relationships, sexuality and reproduction. As Lesch and Kruger (2005) argue, the development of sexuality and how a woman understands her sexuality are all related to experiences with parents, culture, peers, gender, social class and ethnicity. McHugh (2006) argues that women are introduced to romance and fairy tales as young girls, and that they are taught about marriage, love and romanticising relationships – all in line with heteronormative and heterosexual ideas. This was clear due to the manner in which participants were spoken to about sexuality by the parents, and what representations of sexuality they were exposed to in the media and through society.

Herdt and Howe (2007) suggest that 21st century sexuality is changing due to access to the internet and media, social networking and emerging sexual cultures. However, in terms of generational ideas of sexuality, it seems that ideas were passed on from one generation to the next, and that in particular, the African participants were strongly influenced by these ideas. As Macleod et al. (2011) found in their study, termination of pregnancy represents the way in which culture and ultimately generational ideas were destroyed. As they point out, religion and culture are inextricably linked in regard to termination of pregnancy and in opposition to it, both generationally and in today's society.

P3: 'I think my parents– my childhood was, as I said, protected, because my parents *protected* me a lot from… like… I was never allowed to go out and we didn't talk about it... like not telling me about stuff around– so, um, my sexual understanding got from that…'

P7: 'What's right for me? Right now? What's right for becomes subjective. Because what's right for me is doing what my parents *taught* me.'

The use of the words *protected* and *taught* indicates that parents were looked up to for their ability to influence and guard their children from certain negative ideas that surround sexuality. However, it also became apparent that the participants were not fully supportive of the manner in which their parents had gone about talking to them about sexuality, as was previously mentioned. Once again, it is evident that heteronormative and heterosexual ideas are being generationally conveyed and that the way in which the participants spoke about sexuality was influenced by heteronormative ideas that their parents had conveyed to them. As Martin (2009) suggests, the heteronormative ideas which children are taught and which are reinforced through on-going generational understandings, are ultimately part of a context that is at interplay with culture and society. Due to the fact that most parents assume that their children will grow up to be heterosexual and play out what is considered a normal heterosexuality – where male and females are exclusively heterosexual and procreate – generational ideas of sexuality are passed on and reinforced and therefore, the birth of the child is considered the first step towards sustaining ideas of heteronormativity (Martin, 2009). However, regardless of the legal availability of termination services in South Africa, children are seldom taught that they have the option to terminate an unwanted pregnancy, irrespective of the reasons for doing so. Therefore, the ideas surrounding sexuality and termination of pregnancy are generationally produced and reinforced, regardless of the changing reproductive legislation or the reproductive freedom that women in South Africa have had for nearly twenty years.

On further examination of how the participants spoke about how sexuality had been discussed with them during their childhood, it became clear that their parents had been selective about what information they shared with the participants regarding sexuality. It also seemed that the participants' parents had experienced the same restrictiveness in talk about sexuality, and that the way in which sexuality was discussed was continuously reproduced across generations. Furthermore, termination of pregnancy was not discussed at all with participants, and some of the participants noted how their mothers' felt about the topic of termination and why they were not able to discuss this topic openly.

Although sexuality is changing and the understanding of sexuality is being influenced by far broader and more open ideas, the participants' understanding of sexuality and termination of pregnancy seems to mirror the certain beliefs of sexuality, especially views that are particular to South Africa context. As Renne (2001) suggests, there is a definite link between generational knowledge and sexuality, and that in Africa, elders maintain certain beliefs that structure female sexuality as they understand it, as they feel that they are losing control with the younger generations who are becoming more sexually open and expressive. Furthermore, by not only having a termination but also because the participants fell pregnant out of wedlock, they were concerned that they could be viewed as damaging the sanctity of matrimony of which their sexuality is ultimately a part. This was also found by Macleod and Durrheim (2002) in their study. Therefore, restrictive and authoritative beliefs are seemingly perpetuated across generations, and particularly so in many African cultures.

4.5.3 The family trichotomy: Fathers, mothers and daughters

Throughout the interview process, and within the literature, it became clear that women prefer to talk to their mothers about sexuality (Brock & Jennings, 1993; Fox & Inazu, 1980; O'Sullivan et al., 2001), and that mothers played a fundamental role in how their daughters understood their sexuality, both as a physical act and as an identity (Lesch & Kruger, 2005; Usher-Seriki et al., 2008). Furthermore, talking to anyone else seemed to make the women and others feel uncomfortable. For example, fathers were considered to be the last person

with whom a woman would discuss her sexuality (O'Sullivan et al., 2001) and fathers were viewed as being very particular in the way that they spoke about sexuality. Participant 5 spoke about how her father understands sexuality and that she had been told by him "men are like this and women are like that." This not only implied that her father promoted strong heteronormative ideals, but also shows that the way in which he understood his own ideas of both male and female sexuality was based on heteronormative and heterosexual beliefs. Although mothers were also considered to promote and speak about sexuality within similar boundaries, participants seemed to imply that they far preferred to talk to their mothers about sexuality and that it was from her that they had received their understanding.

R: 'Where did you take your understanding of sexuality from?'

P2: 'It would probably be my mom I think. Ya, but she- she was a very sexual person, you know, um… and by that I don't mean that in a yucky, like very sensual more than anything, very comfortable with her body and um, openly affectionate and that kind of thing. So ya, she always, um- I mean her and I had a very good relationship and she, um, was quite open about everything so, so ya, I suppose from her ya … Ya. I couldn't speak to anyone else about sexuality at all. [Participant laughs] My dad kind of goes "urgh, err, argh…"'.

P5: 'I think a lot of it comes from your parents, from, um, your mom.'

It seems that there were certain reasons why the participants felt it was easier to discuss sexuality with their mothers rather than their fathers. Firstly, there was an indication that talking about sexuality with one's mother, as a daughter, was easier for the participants due to the fact that sharing the common trait of being female, their mothers might be able to understand and empathise. Furthermore, as females, they were more likely to have experienced similar problems and issues regarding their sexuality that they could relate to. As Chodorow (1987, as cited in Corey, 2011) suggests, mothers and daughters are able to

relate due to the fact that daughters are able to associate and identify with their mothers. They have internalised their mothers as someone whom they want to be like, which therefore means that they find it easier to converse with their mothers about topics such as sexuality. Conversations that occur between mothers and daughters, and have throughout generations, imply the continuous reinforcement of particular ideas that perpetuate a certain cycle of gendered norms. By mothers framing their daughters' sexuality within certain ideas, such as heterosexuality, they are ultimately maintaining the cycle of gendered norms which were placed onto them by their mothers, and so on. The preference of speaking to one's mother about sexuality also seems to illustrate that daughters trust their mothers to educate them and speak to them about particular issues which are relevant to female sexuality. Butler (1990, as cited in Seidman, 2004), however, argues this point by suggesting that it does not necessarily have to be her mother that a woman confides in, as one can relate to other women as well, such as aunts, cousins or sisters. This was supported by participant 6's answer:

R: 'And now, as an adult, who do you talk to about sex?'

P6: 'Now I talk about sex most of the time with my friends and sometimes with my sister's children… like I talk to them about how you are supposed to have sex, like protecting themselves from all these infections that… So… basically I talk about it with friends.'

In this particular study, it was evident that their mothers were the person who the participants confided in the most. It seemed that there was a very particular way that participants spoke to their mothers about sexuality – a conversation that was either open or limited, depending on the participant's race. As Fox and Inazu (1980) suggest, "racial differences in talking about sex are apparent on the topics of conception, sexual intercourse, and birth control" (p.350). The way in which participants spoke about the conversation they had had surrounding their sexuality, implied that there was inclusion and exclusion, both regarding the information shared and who it was shared with. In terms of sharing information, it seemed that race became a factor in whom the participants spoke to

about their sexuality. Although there was a small group of participants, it became very clear to the researcher that the African participants had a very particular way in speaking about sexuality to the white or coloured participants.

4.5.4 Racially creating a view of sexuality.

It was clear that the White participants shared far more information with their mothers about their sexuality than their African participants. Participants 1, 2 and 4 – all White participants – all spoke about how they had discussed sexuality at some point in their lives with their mothers and that they could openly speak about topics like sexuality with their mothers. However, participant 4 did note that "you've still gotta keep that mom-daughter relationship, which is why I wouldn't tell her certain things… but we have a very open relationship". The open relationship to which participant 4 refers, as well as the one being implied by participants 1 and 2, indicates that between daughters and mothers in White families, sexuality is usually very open, and is addressed some time during the daughter's young adult life.

In terms of what information was shared, race was again a factor that influenced the way in which participants spoke about sexuality and termination of pregnancy. As previously mentioned, the three White participants were able to talk to their mothers about sexuality. It was evident that in terms of what information was shared between African participants and their parents, that there was a great deal of silence on the topic.

P3: 'I think most Black parents, in a way, they leave it up to society or they leave it up to you to one day clicking and realising what it is.'

'But in Black social circles it's still very quiet and on- you can't talk openly about it!'

P7: 'When you have something like that it's a shock. First of all I am still dependent on my parents. You don't want to tarnish that whole image that they have of you as their little girl, as their daughter, and their perfect daughter who is doing so well.'

The way in which participant 3 talks about the lack of conversation about sexuality among 'Black social circles' indicates that African parents have great difficulty with any conversations about sexuality, and in particular about the act of having sex. This is perhaps due to the far more traditionalistic and paternalistic customs of many African communities in South Africa. As Lesch & Kruger (2005) found in their own research, African adolescents "tend to perceive parental discussions about sex as restrictive and that verbal sexual messages are perceived as negative" (p. 1076). It terms of the way in which participant 7 spoke about what she discussed with her parents, it seems that the reason why she had not told her parents about her termination was related to tainting the image of herself that she was hoping to uphold with her parents, perhaps relating to upholding ideas of womanhood and fertility. Participant 7 spoke about being a *perfect daughter*, which implies that terminating a pregnancy is not considered by her parents to be appropriate or acceptable behaviour for a woman. This again relates back to certain expectations placed on women of what role they should play in society and how the foundations of female sexuality, as expressed by the participants and through the literature, lay within reproduction and motherhood.

It also became apparent that the African participants referred to the influence of religion on sexuality far more than the other participants, which could indicate that religion had been a far greater influence in their lives, and in influencing their understanding of sexuality and termination of pregnancy, than it had been for the other participants. African participants formed their understanding of termination of pregnancy in a way that seemed far more religiously inclined than those of the other participants**,** and this seemed to be related to the particular context in which they were raised, which often had strong religious grounding and influence. Although researched over twenty years ago, Hall and Ferree (1986) found that Africans are far less inclined to legally terminate a pregnancy than White people are and this

still seems true today as was understood from how the participants spoke about the topic. African participants seemed unable to talk to anyone but their partners about their termination of pregnancy and the effects it had upon them, while White participants seemed to have shared their experience with their mothers and it was found that their conversations were far less restricted due to the way in which they could open up to their mother's about the termination. White participants, unlike African participants, actually confided in their mothers during the time of the termination. Participant 1 suggested that after the termination she felt like she was "leaning" and "completely off balance" (P1), and that although she never really spoke much about sexuality with her mother, she was able to confide in her during the time of her termination.

P1: 'Well, this is the funny thing… it's– it's… I've never told anyone. Except for my mother – she's the only person I've told.'

For participant 2, who had undergone two abortions in her life, she implied that her mother became her support system and stepped in to deal with the situation for her daughter.

P2: 'She was very supportive and everything… She kind of took charge… I'm really grateful for that!' [Reference to participant's mother]

It seems that the link between cultural upbringing and termination of pregnancy was one of the main reasons why African participants had not confided in their parents, let alone their mothers, about what they had gone through by having a termination of pregnancy. Their cultural background and upbringing had generally been influenced by religious practices surrounding sexuality and the female body. The African participants took their understanding of their role as a woman and what was acceptable or unacceptable behaviour from what they had been exposed to during their childhood through the church. According to Kelley, Evans, and Headey (1993), one of the most prominent sources that

influences abortion controversy is religion, and this relates to religious beliefs that abortion goes against the sacredness of life and against God's will. Furthermore, Nelson (2001) points out that the state, as well as the church, has always been involved in influencing and controlling the way in which their people understand their sexuality.

P3: 'Ok… reli- you talk about from, from a religious point of view, it's not spoken about at all! Because… and I feel that we as women are not seen as sexual, as having sexuality, because I think it's very reproductive in the church, in religion… I feel– because it's like– you're supposed to get married and have kids.'

P7: So… I think them taking me to a Christian school was kind of ending their parenting so they didn't have to parent me. The Christian ethos parented me, you know, and that's why I relate so much to the whole Christianity thing.'

Religion, for the African participants, became far more apparent as informing the way in which they their understandings of sexuality and termination of pregnancy were formed. Not only does this speak to different cultural upbringing that became evident during the interviews, but it also seems to represent why there was an exclusion of information in the way the participants spoke about their sexuality. "The differences between Blacks and Whites are essentially residual effects of historically different social positions that are converging over time" (Combs & Welch, 1982, as cited in Hall & Ferree, 1986, p. 194). In terms of South African history, terminating a pregnancy pre-1996 when the Choice of Termination of Pregnancy Act was promulgated was seen as a resource-based option (Stormer, 2010). Furthermore, since termination of pregnancy was legalised only in 1996, most of the participants were raised in an era where legal termination of pregnancy was readily available. However, the influence of generational beliefs is apparent in that although legally accepted and available participants still spoke about their terminations of pregnancy in a very negative way.

Although broader ideas and attitudes towards sexuality are changing (Lewis, 2005), people's feelings about termination of pregnancy will continue to be intricately associated with heteronormative ideas that have been passed down and reproduced through generations, and which reject current abortion legislation. Ideas that are laid on foundations of a prescribed norm of female sexuality, one of marriage and reproduction, are further promoted by the way that parents talk to their daughters. Sexuality following a termination of pregnancy is again understood as being a negative cause and consequence of deviating from the *norm*, further perpetuated by the messages that women take from their upbringing. Through the absence of positive education and conversations surrounding termination of pregnancy, women will continue to feel unsupported and uneducated in terms of how they understand their sexuality following a termination of pregnancy.

4.5.5 Religion

In the South African context, talking about termination of pregnancy within a patriarchal framework has evident links to religious practices and ideologies, as it became apparent that the participants looked to these particular practices in their lives to understand their sexuality, as well as their womanhood.

It was evident that for the participants, patriarchal practices and the church were related, as one of the participants suggested that she understood the church as being "a male-lead institution". Religion, and to some extent patriarchy, promote heteronormativity in which female sexuality is understood as reproductive and passive. Both religious and patriarchal practices are somewhat controlling of how female sexuality is understood (Nelson, 2001), and "institutions may create or perpetuate abortion stigma through their policies, architecture and norms" (Kumar et al., 2009, p. 8). It seemed that regardless of religious affiliation, all of the participants were somewhat affected by broader religious beliefs, and these beliefs of female sexuality and a woman's role eventually filtered into how women themselves understood their sexuality. For example, religion frames sexuality within

traditional ideas, based on religious beliefs and practices, often conceptualising sexuality as something to be monitored and controlled. Ultimately, sexuality in custom, religion, culture, medicine or law is often mediated and defined within heteronormative ideas (Steyn & van Zyl, 2009b).

The word *murder* (P4) was used to describe termination, and the word *sacred* (P3) was used to describe female sexuality, therefore further supporting the particular ideas that were evident in terms of patriarchy, sexuality, abortion and the church. These two words stand in opposition to each other, and signify that one concept is considered in an iniquitous manner and the other in an unadulterated manner. The way that participant 4 describes sexuality in particular, seems to fall in line with how religious, societal and patriarchal ideas of female sexuality are integrally linked. "Patriarchal attitudes were also found in Christianity and these have strengthened the traditional customs, which men use to control women's sexuality" (Kambarami, 2006, para. 17). There seem to be specific religious practices that promote patriarchal understandings of female sexuality, such as it being viewed through a reproductive lens, as well as particular practices in the church that perpetuate the understanding of women being inferior to men.

Religious practices were found to be influential in informing ideas on women's sexuality, as the link between the church and men is that the church can be understood as a male-dominated institution which promotes male-dominance over sexuality (Kambarami, 2006). This was not only made apparent through the literature, but the participants had strong views about religious practice and how it framed both a woman's sexuality and termination of a pregnancy.

P3: 'Uh, so it's, it, it, it's… it's hard to talk about it, to talk about termination… it's so very hard, because of the whole religious upbringing and people looking at you.'

P4: 'You know, you've got your patriarchy, um, your male institutions like religion, and it has such a heavy influence on the way people act, um… so I think with abortion, religion has a very strong influence on the way that people or females act around it… it's known as a big taboo.'

P7: 'Definitely, religion speaks in a particular way, like 'Ok, you are pregnant so do not have the termination because that is murder!' This obviously comes from a Christian context.'

It seems that the particular anti-abortion view that participant 7 was exposed to through her religious upbringing framed women as murderers for having a termination of pregnancy, regardless of abortion legislation. This reiterated participant 4's use of the word "murder" in speaking about termination, even though she did not regard herself as religious. Religious views of abortion seem to transcend women's rights and therefore are inextricably linked to how women understand abortion, as well as sexuality. Since the link between termination of pregnancy and female sexuality was made through ideas of marriage and women as reproductive beings, waiting to have sex until married was further promoted as something sacred and important by the participants. Participant 7 described how she had always had the idea of celibacy instilled in her from a young age, referring to the idea that "true love really waits", and again suggesting that religious beliefs are an important influence on how women understand their role as sexual being.

R: 'When you say it goes against what you've been taught, do you mean religiously?'

P7: 'Religiously yes, definitely. It goes against what I've been taught religiously, and especially I think also because I went to a Christian high school so that's where I was forming who I was. In my high school years I formed quite a bit of who I was and I was discovering myself. And… the way I viewed myself and I wanted to see myself in the future as this wholesome young woman who- and we had to, we had these people

> come to our school with these cards that said 'true love waits'… it was this whole campaign. 'True love really waits' and 'you don't have to have sex before marriage' as it ruins so many things in your life before you need to- you will experience so many things before you actually need to experience them because of just jumping into this thing.'

From how participant 7 spoke so fondly of this memory and experience, it became clear that saving one's self for marriage, and treating the act of sex as something to value and cherish, was something of particular importance. Therefore, the feelings associated with deviating from this ideal are understandably very negative, and furthermore, having to undergo a termination of pregnancy further perpetuates these negative feelings. These ideals, as promoted by the church, again show the relationship between a woman's understanding of her sexuality and womanhood and what she is exposed to during her upbringing. This further promotes heteronormative and heterosexual ideals, and influence women's understanding of sexuality and their womanhood in terms of love and marriage (Kambarami, 2006)

On further examination of the participants' responses, it became evident that African participants related their understanding of sexuality to religion far more than the other participants, therefore indicating that both sexuality and termination of pregnancy were understood in different ways depending on one's upbringing and cultural background. For example, participant 6, an African woman, said that "in church… when they are having sex, they think it's a bad thing, especially when people are doing it before marriage." Participant 1, a young white woman who was not religious and did not allow religion to influence how she viewed sexuality or termination, felt that talking about terminating a pregnancy with someone who had strong religious morals or affiliations would be "a pain". It appears that for the African participants, termination of pregnancy and sexuality were always spoken about in terms of patriarchal practices that related to religious beliefs of sexuality. The difference in the way the participants spoke indicates that one's cultural and religious upbringing will ultimately inform how one understands sexuality and termination of pregnancy. As Lewis (2005) suggests, the notion of female sexuality has been skewed "both

through male-centred nationalism (which deifies African motherhood as social and personal duty) and through views that African women's 'agency' revolves around their social and biological mothering" (para. 30).

4.6 Conclusion

> Social forces collectively define and reproduce certain notions of female sexuality – for example, the idea that females are 'naturally' sexually passive or uninterested in sex – which serve the interests of male authority and power. Over the course of history, societies have consistently constrained and controlled female sexuality by restricting not only women's sexual behaviours but also their thoughts and feelings. (Diamond, 2009, p.21)

The overall influence of heteronormative ideas on how a woman understands her sexuality both prior to and following a termination of pregnancy is continuously evident in how the participants express their understanding of their sexuality. The inextricable link between culture, societal expectations and norms is evident in the way that women understand their sexuality following a termination of pregnancy. Although three primary themes emerged as influencing women's views, it was obvious that the foundation for all of these lay within heteronormative and heterosexual ideas of sexuality, which frame women's sexuality not only within male sexuality and male-centred ideas, but also within concepts which are particularly focused on reproduction. It was evident from analysing the data that women understood their sexuality within reproductive ideas, and to the participants, to be a woman meant to bear children and eventually be a mother. "While definitions of womanhood vary depending on local cultures and histories, a woman who seeks an abortion is inadvertently challenging widely-held assumptions about the 'essential nature' of women" (Kumar et al., 2009, p. 4).

For the participants in this study, it was evident that going through a termination of pregnancy was traumatic and emotional. They felt that they had not only let themselves down, but they had failed to uphold societal expectations as well. These feelings were

directly linked to how they understood their sexuality as being shaped by the society that they lived in and the experiences they had had during their upbringing. Furthermore, the participants' continuous explanation of why they chose to terminate a pregnancy, and the way that they tried to normalise both their behaviour and their views, further perpetuated societal ideas that a woman's sexuality is framed within reproductive notions. Therefore, for the participants, having a termination of pregnancy is ultimately challenging the ideas of womanhood as it is viewed by the society in which they locate themselves, and in expressing their disproval of abortion even though they had undergone it, ultimately reinforced the negative ideas surrounding termination of pregnancy. Ultimately, sexuality following a termination of pregnancy is viewed as a negative and tainted experience and as a deviation from the norm – norms which participants expressed as being societally-based, and therefore heteronormative in nature.

CHAPTER 5: LIMITATIONS, STRENGTHS AND FUTURE RESEARCH

This chapter will address the limitations and strengths of this study, and thereafter explore possibilities for future research. Throughout these sections, the implications of this research will be examined, both at a micro level in the actual research, and at a macro level through exploring greater societal implications.

5.1 Research Limitations

Researching termination of pregnancy within a South African context is still very new since termination was legalised in the country only fourteen years ago. There is a paucity of information concerning how women comprehend their termination after it has occurred, and no such information on how women understand their sexuality following a termination of pregnancy exists within the South African context.

Perhaps the biggest limitation of this study was the lack of interest in terms of participation. The researcher aimed to interview ten women who had undergone a termination of pregnancy. After numerous cancellations and non-arrivals for the interviews, it was clear that this was a sensitive topic that many women did not want to talk about. This is perhaps due to the stigma which surrounds termination of pregnancy in South Africa. Furthermore, it became clear that women did not want to discuss the termination of pregnancy or their sexuality after the fact, and that this experience was something that they wanted to put behind them and move away from. Even from the participants interviewed, it was clear that talking openly about this topic was uncomfortable and difficult. This perhaps indicates that certain concepts which emerged during the interview may have been somewhat restricted, as the participants tended to either withhold information about certain topics or speak about them in a particularly tentative manner. This may have compromised the results of the study due to the restrictive nature of the participants' input, yet it also revealed a particular view around the topic of sexuality following a termination of pregnancy.

The lack of disclosure in terms of certain topics may also have been influenced by the fact that the interviews had to be recorded for the purpose of transcription and data analysis, and one participant even asked the researcher if the recordings were going to be given to the media in any form. Not only does this reiterate the fear of stigmatisation felt by women who have undergone a termination, but it also speaks to how the participants wished to conceal their decision to terminate from people in society or people who weren't directly supportive of their decision. Such a problem would be difficult to challenge, unless, as feminists propose, broader social attitudes change towards termination of pregnancy, which would ultimately result in a change in understanding on an individual level for women who have undergone this procedure. Furthermore, challenging the broader social beliefs about female sexuality would perhaps separate women from the purely reproductive roles within which they are often located.

A further limitation that emerged during the data collection process was that five of the seven participants had undergone their terminations at the same termination clinic, therefore indicating that the majority of the collected data is specific to one type of patient group. The clinic at which the five participants underwent their termination is a private clinic, which charges participants a fee for the termination service. Furthermore, the termination clinic is situated in a particularly affluent area, in Johannesburg's Sandton suburb, which in itself indicates that patients at the clinic are generally from a particular demographic of the South African population. Therefore, the majority of the participants were able to afford the fee, which further indicated that they belonged to a particular socio-economic group. The remaining two participants had undergone their terminations at private clinics that charged a much lower rate for the terminations, and were situated in lower socio-economic areas of Johannesburg. The majority of participants in this research study are representative of a particular subgroup of women who are exposed to an urban lifestyle, and therefore conducting this research with women from lower socio-economic locations could yield differing results. The fact that the women from the Sandton clinic are representative of only one subgroup of the population can be related to the general social and racial divide that manifested during apartheid, and is still evident in society today. During apartheid, the South African population, depending on their race, were segregated,

which led to further divisions in terms of class, socio-economic status, and geographical location. Furthermore, access to health care services was greatly restricted for certain segregated groups and this was evident in the alarming number of deaths from backstreet abortions during this time.

The legacy of apartheid is still evident today in the socio-economic and geographical divide, as is apparent in suburbs of Johannesburg, such as Sandton and Diepsloot. Furthermore, there are certain implications for the fact that more women chose to use the clinic in Sandton, whether for the actual termination procedure or for follow-up consultations. Firstly, there was a general sense from the participants that they had chosen to have their termination of pregnancy at the Sandton clinic due to its location, as well as its reputation for discretion and patient care. Secondly, by undergoing a termination in an area such as Sandton – which is multiracial, multicultural and particularly modern – the participants may have felt that they would not be stigmatised by the community to the extent they would have been at a clinic in a lower socio-economic area. As Hall and Ferree (1986) mentioned, the stigma attached to termination of pregnancy among the black community is far more common. Thus the results reflect only the way in which a certain group of women speak about sexuality following a termination of pregnancy.

Further relating to demographics, race can be seen as a limitation in this study. The participants comprised three White women, three African women, and one coloured woman. Although Indian women were invited to participate in the study, there was no interest at all from this ethnic group, and this perhaps speaks to the particular cultural norms and customs that are evident in South African Indian culture. This fact could be understood as a limitation, as by not having a sample that is fully representative of South Africa's diverse racial groups, particular understandings of sexuality and termination of pregnancy, and the beliefs that inform these understandings, are not accounted for or represented in the findings of the study.

By choosing to conceptualise sexuality following a termination of pregnancy within Foucaultian ideas, the researcher ultimately limited understanding the literature and data to a certain perspective, one which examines the relations of power and knowledge, and one that is particularly gendered in nature. The South African population is diverse in terms of race, culture and socio-economic standing, and Foucault's ideas have been criticised as "seemingly oblivious to the different patterns and forms of sexual practice and family life which may be associated with social classes" (Smart, 1985, p. 100). Furthermore, Foucault excludes notions of patriarchy, which are present in many South African cultures, and he fails to "integrate any understanding of the power relations between men and women into his account of sexuality" (Stone, 2007, p. 107).

Further limitations to the study relate to the way in which the study was methodologically conceptualised, including data collection and analysis. Analysing the data collected for this study through thematic analytic methods could also reflect certain limitations in the study. The researcher is ultimately in control of the interview process and data analysis, and in particular, there is the possibility that the themes which emerge from the data may in fact be predetermined themes by the researcher. "If themes 'reside' anywhere, they reside in our heads from our thinking about our data and creating links as we understand them" (Ely et al., 1997, as cited in Braun & Clarke, 2004, p. 80). Therefore, acknowledging the subjective nature of the analysis is important, as a different researcher may have found different patterns and meanings to have emerged from the data.

Therefore, the researcher's own subjectivity should be acknowledged as a limitation to this study, as the manner in which the interviews were conducted, the analysing of the collected data, and the manner in which the research dissertation in its entirety was presented were all decisions made by the researcher. When conducting a thematic analysis, it is important to note that the researcher plays an active role in examining the emerging themes and the researcher cannot be excluded as influencing the manner in which the data is analysed and presented. Furthermore, the researcher, through analysing the data, was the one who decided on the subject matter of the themes that were emerging in the interviews, and how

these themes related to broader expectations on the topic of sexuality and termination of pregnancy. Therefore, this research may only conceptualise one dimension in how women understand their sexuality following a termination of pregnancy.

5.2 Strengths of the Research Study

Although the limitations of this study have been discussed in detail, it was felt that there were particular strengths of this research study as well. The research sought to uncover how women understand their sexuality following a termination of pregnancy, and through doing so, highlight the complex and often male-centred ideas that often impact this understanding.

Even though termination of pregnancy has been legal in South Africa since 1996, and termination services are easily accessible for most women across the country, there is a definite stigma that still exists towards women who voluntarily choose to undergo a termination of pregnancy. Regardless of their reason for the procedure, termination of pregnancy is still thought of as wrong and immoral, and something that nobody wants to lay claim to having done. Furthermore, due to the presence of this stigma many women who choose to undergo a termination feel that there are few people in whom they can confide and few people who will be supportive during this emotionally and physically difficult time. Therefore, through conducting research such as this, it not only gives women a platform through which to speak about their experience, but it also helps them to challenge the stigma associated with the procedure through talking about it and understanding it better. As was made evident throughout the research, heteronormativity still influences how women understand their sexuality, and as Shefer and Foster (2009) suggest, challenging the negative views would be a step towards changing the way in which female sexuality is understood and would assist in empowering women in South Africa. This view is further supported by feminists who advocate that without change and transformation of certain patriarchal truths in society which frame women in notions of reproduction and submission, there will be no change in how women understand themselves or their role in society.

The absence of research in the field of termination of pregnancy, within a South African context, means that this research is contributing to a small body of knowledge on a topic that is still relatively young. There seems to be a great need for research in this area, and through further research, education regarding termination of pregnancy could be made more accessible and suitable, and empowerment of women through the dismantling of stigma might be possible. There seems to be a niche for a study of this kind, as it is clear that very few people, nationally or globally, have examined how women understand their sexuality following a termination of pregnancy.

Further strengthening this research is the fact that sexuality and termination of pregnancy are not often thought of as intimately related, and therefore the research sought to show how the link between these two concepts is inevitable and that sexuality is a topic that needs to be addressed with women who undergo a termination of pregnancy. This was not only evident from the paucity of literature and previous studies which rarely examine the two concepts of a woman's life in the same context, but the participants also indicated that they had not thought about their sexuality during the time of their termination, nor had they generally been given the space to talk about it. Therefore, this study seeks to address this evident niche in the literature and hopefully it will lead to further research on the topic which seeks to empower women and challenge dominant heteronormative ideas within society.

5.3 Future Research

Notwithstanding the limitations of the study, the following recommendations and implications can be made regarding future research on this particular topic. This research study served to uncover how women understand their sexuality following a termination of pregnancy, as well as to contribute to the literature available for a South African audience on this topic. This research could have been conceptualised differently, which would have perhaps yielded different results. However, future research on this topic, if conducted in the

South African context, must be aware of the substantial influence that culture has on how people understand their sexuality and that in the South African context, culture will always be relevant. Although both Foucaultian and feminist ideas have been criticised, they both emphasise the importance of culture in the regulation of and understanding about sexuality, and therefore may be useful in further studies of a similar a nature.

Mentioned as a limitation of this study, the majority of the research participants represented a specific subgroup of the South African population, one that is urbanised and has the resources for and access to health services. Therefore, conducting a comparative study of women from different socio-economic backgrounds who have undergone a termination, could yield interesting and differing results, and would generally be representative of the South African population. Furthermore, conducting a thematic analysis in such a study would be interesting in terms of understanding the differing ways in which women from different contextual backgrounds, including economic standing and race, understand their sexuality; what influences their understanding; and what beliefs inform their understanding of this, following a termination of pregnancy. Comparing the results of this study to an international study would also be interesting, as it would probably uncover particular ideas that are not only culturally and racially specific, but are also representative of a particular population.

Conducting a study which examined the broader social views around female sexuality, womanhood and termination of pregnancy would be interesting in terms of revealing whether views have developed and changed during the time that South African society has become more westernised and liberal, or whether the perpetuation of heteronormativity has been consistent, regardless of political and economic development. There can be no doubt that the effects of apartheid would have been particularly pertinent as to how the different racial groups understood such topics, and therefore examining the change in different racial and social groups may yield intriguing results.

Throughout the interview process, the participants all spoke about their male partners, and how their partners dealt with their termination of pregnancy. There were definite effects on the women's sexuality from such a procedure, and therefore future research could examine how male partners understand their female partners' sexuality following a termination of pregnancy. Furthermore, it would be interesting to examine how men view their female partners for having a termination of pregnancy, as there was a particular way in which the female participants in this study believed they were perceived by those close to them. Finally, in terms of a comparative study of the masculine and feminine views of sexuality, conducting research that compares female sexuality and a woman's role in society from both a patriarchal and non-patriarchal point of view would perhaps illustrate the complexities and historical foundations of such ideas.

Another possibility for future research could be to conduct a longitudinal study with the participants to examine if their understanding and feelings about termination of pregnancy, as well as their understanding of their sexuality, had changed, due to their having undergone the procedure. As the women in this study had all undergone a termination of pregnancy three to twelve months prior to the interviews, many of the participants felt that they had not yet fully dealt with the emotional impact that the termination had had on them. Therefore, comparing the results of this study to one conducted with the same participants after a longer period of time could perhaps reveal how broader views are changing or developing, and how the participants understand and speak about their sexuality and termination within these views.

Finally, it was interesting that all of the participants spoke in some way about their parents or their mothers, and how they spoke about sexuality and termination of pregnancy within these relationships. It is clear that there is a particular way in which South African parents speak to their children about these topics; one which is particularly race-specific. Conducting research on the conversations between parent and child, or mother and daughter, could explain and substantiate why particular beliefs are generational and why certain topics are considered to be taboo within such a conversation.

CHAPTER 6: CONCLUSION

The research examined the complex and intricate understanding of female sexuality following a voluntary termination of pregnancy, by considering how women understand their own sexuality, and how this understanding is an integral part of the self. An examination into the differing ideas which contribute to this understanding of female sexuality revealed that sexuality was still viewed as part of the self that is regulated, controlled and ultimately influenced by societal, cultural and religious practices. Furthermore, it became evident that the way in which power is relayed to the female body through such practice influences the women's understanding and this power was revealed as being situated within the beliefs and ideas that influence the women's understanding.

Throughout the research process, it became increasingly evident that regardless of modern forms of female sexuality which are mostly accepted and practiced in western parts of the world, a woman's sexuality in South Africa is still understood and framed within heteronormative and heterosexual ideas. Through a review of the literature, and from a succinct and cohesive analysis of the data, it became clear that irrespective of current views on sexuality, traditional and often patriarchal practice still inform how a woman understands of her sexuality. Although patriarchal practices are often specific to certain cultures or religions, the wider patriarchal practices that are evident in many South African cultures seems to inform women's views of their sexuality and womanhood, whether or not she considers herself to be directly governed by such practices.

Through the analysis it was revealed that the participants in this study, on undergoing a voluntary termination, relied on social norms of female sexuality, womanhood and termination of pregnancy to inform their understanding of their sexuality. Intriguingly, all of the participants, regardless of their social background or cultural upbringing, understood themselves in relation to the ideas of motherhood, nurturance and reproduction. These views were not only evident on a micro level, but were reiterated on a macro level through broader social ideas and practice. Women constantly relate their sexuality to men, which

places the female body and female sexuality into a category of inequality and submission. This places reproduction and pregnancy at the very foundation of what it means to be a woman and what is expected of a woman's role in society. This understanding of women goes directly against the ideas and practices which feminism seeks to dismantle and eliminate, yet it clearly demonstrates that the Foucaultian and feminist precepts that sexuality is historically and culturally malleable, are prevalent and appropriate within this context. Therefore, an understanding of the self as being impressionable is evident.

Most of the views which emerged from the interviews reproduced and reinforced the broader social norms that situate women in the context of reproduction and motherhood, and suggest that the foundations of female sexuality lie within these particular views. By continuously justifying their views on sexuality and behaviour, the participants attempted to align themselves with these social norms, and reiterated to the researcher that they understood their sexuality according to what society deems as appropriate and natural. This was regardless of the fact that they had undergone a termination of pregnancy, and therefore had gone directly against what they had considered acceptable and suitable of their own sexuality.

Through trying to achieve validation from the researcher during the interviews, and further trying to normalise their feelings and actions, the participants sought to affirm that their decision to abort their pregnancy was indeed justified and that they should nevertheless still be considered as moral members of society, regardless of the fact that they had made the decision to terminate. In this way, participants not only maintained their own subjective morality, but further perpetuated the negative views through which termination of pregnancy continues to be framed. This was further supported by the fact that regardless of what they had been exposed to in their childhood, adolescence or adulthood, all of the participants vehemently noted their opposition to having an abortion and stated that they had never believed they would choose to have one.

Due to the fact the female sexuality was understood within ideas of reproduction and motherhood, a termination of pregnancy was understood to be a complete and direct violation of female sexuality and a choice which went against what it meant to be a woman. Termination of pregnancy is regarded as a negative and inappropriate act, regardless of its legal availability in South Africa. The stigma surrounding this medical procedure is further perpetuated by such societal norms, as well as by the way that women speak about themselves as having gone against the manner in which they believe they should act, and as contradicting the essence of what they believe to define womanhood.

It is clear that in order to challenge the heteronormativity which informs a woman's sexuality and acceptability of a termination of pregnancy, greater societal norms and practices need to be confronted and challenged. Furthermore, beliefs around female sexuality, which either view termination of pregnancy in a negative way or excludes termination of pregnancy altogether, need to be addressed, and is particularly pertinent to the conversation which occurs between parent and child. Challenging such ideas would have to begin by having society view women as equal to men in all aspects of the self, especially sexuality, and furthermore to develop the notion of the female body and womanhood outside the realm of reproduction. Through doing this, women would not base their understanding of their sexuality on being submissive, their need to have children and their care of others, and thus, termination of pregnancy would not be regarded as an obvious defiance of what it means to be a woman. However, it is important to note that some participants had been brought up in an environment which promoted equality of the sexes and sexuality, yet despite this promotion of equality, broader social norms about sexuality will always seek to influence a population and individual's understanding of their sexuality and their role in society.

Through the use of thematic analysis to analyse the research interviews, the researcher was able to examine what themes and patterns emerged from the data as being pertinent to how women understand their sexuality, particularly after a termination of pregnancy. Furthermore, through a thematic analysis, the meanings of such themes were able to be

examined and analysed in depth. Examining themes enabled the researcher to explore how the participant's sexuality was understood through their own social reality, which was intimately related to both the personal and broader social views on the topic. Furthermore, culture, society and power relations are all created through these ideas, and thus, the connection between power and knowledge becomes evident (Foucault, 1978).

Heteronormativity was apparent at both the micro and macro level, and that it was fundamental in the way in which women understood their sexuality, both before and after a termination of pregnancy. Thus, patriarchal practice and heteronormativity at a macro level will be reproduced at a micro level through personal practice and subjective views, due to long-standing normative behaviours, such as the stigma attached to abortion being perpetually maintained.

In conclusion, this study reveals that heteronormative and heteropatriarchal beliefs about female sexuality continue to inform women's understanding of their sexuality within the South African context. It is clear that specific practices which are evident in society, such as patriarchy as embedded in social, cultural and religious practices, can be seen as furthering the continuation of this particular view of a woman's sexuality. Furthermore, these practices are influenced by heteronormative ideas, and therefore the impact that they have on the way in which a woman understands her sexuality following a termination of pregnancy is far-reaching, and is often generationally reproduced.

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APPENDIX A: Interview Schedule

- Tell me a little bit about yourself. Whatever you are most comfortable with sharing.

- Can you explain what you understand by the term sexuality – who you are as a woman (sexually and psychologically/ self and identity)?
  - Where do you draw this understanding from and how do you think that this has shaped your understanding?

- How do you think people view women's sexuality, and do you think there is a particular way to talk about sexuality (*discuss*)?
  - Legally?
  - Socially?
  - Media?
  - Religion?

- How was sexuality spoken about during your childhood?
  - Restrictive
  - Open
  - Unspoken

- How is sexuality spoken now that you are an adult? How do you speak about sexuality? Who are you most comfortable to speak to and why?

- How does your particular cultural upbringing effect how you speak about sexuality?
  - Open
  - Restrictive
  - Unspoken

- How do you feel talking about topics such as 'sexuality' and 'termination of pregnancy'?
  - With your partner or parents?

- With the researcher?
- With other women?

- Do you think men and women speak about sexuality differently- why? How does this affect you?
  - And after a termination of pregnancy do you feel perceptions have changed- why?

- How've you been since your termination of pregnancy?
  - Guilt
  - Regret
  - Relief
  - Happiness

- How do you feel about your sexuality after the termination of pregnancy?
  - Understanding of your own sexuality
  - Partner(s) or relationship
  - Sexual functioning

- How did you come to the decision to terminate the pregnancy?
  - Partner?
  - Timing, personal etc?
  - Societal norms and values?
  - People talking about it or something you've heard?

- As a woman who has undergone a termination of pregnancy, how do you think you or other women are viewed in your community?
  - Peers
  - Partner
  - Parents
  - Members of your community

- How do you feel your termination of pregnancy has changed the way you view your own sexuality and your own body?

- Was sexuality discussed with you at any stage at the clinic?

APPENDIX B: Research Information Sheet

School of Human and Community Development
University of the Witwatersrand
Private Bag 3, Wits 2050
Johannesburg, South Africa
Tel: 011 717 4500 *Fax: 011 717 4599*

Hello. My name is Catriona Boffard.

I am conducting research for the purposes of obtaining a Masters in Research Psychology by Dissertation at the University of the Witwatersrand. I am focusing on women's sexuality following a voluntary termination of pregnancy, and in particular, how women understand their sexuality and talk about it after a termination of pregnancy. This specific area is under-researched and often disregarded as unimportant. This research aims to explore how women understand their sexuality after they have chosen to undergo a termination of pregnancy, as well as examine what language women use when speaking about their sexuality. Therefore, I would like to invite you to participate in this research study.

Participation in this research will entail being interviewed by me, at the clinic where you underwent your termination of pregnancy. You will be asked to sign a consent form for the interview as well as for the interview to be recorded. The interview will last approximately one hour. Participation is voluntary and you will not be advantaged or disadvantaged in any way for choosing to participate or not participate in this study. All of your answers will be kept confidential and anonymous, and no information that could identify you will be included in the final research report or published material. The interview material (recordings and transcripts) will not be seen or heard by any person other than myself and my supervisor, and will be kept safe and secure. You may refuse to answer any questions you would prefer not to, and you may choose to withdraw from the study at any point.

Your participation in this study would be greatly appreciated. This research will contribute to a larger body of knowledge on sexuality following a termination of pregnancy, especially for that of a South African context. Results of the research will be available through your clinic once the research has been marked. Should you feel that any part of the research is sensitive or uncomfortable, you will have the opportunity to receive counseling here at the clinic free of charge, or alternatively, please contact FAMSA Johannesburg on 011 788 4784/5. If you have any queries or complaints regarding the research process, please contact the HREC on 011 717 1234.

Kind Regards

Catriona Boffard

APPENDIX C: Interview Consent Form

School of Human and Community Development
University of the Witwatersrand
Private Bag 3, Wits 2050
Johannesburg, South Africa
Tel: 011 717 4500 *Fax: 011 717 4599*

I _____, consent to being interviewed by Catriona Boffard for her study on sexuality following a voluntary termination of pregnancy.

I understand that:

- Participation in this interview is voluntary.
- That I may refuse to answer any questions I would prefer not to.
- I may withdraw from the study at any time.
- No information that may identify me will be included in the research report or published material, and my responses will remain confidential and anonymous.

Signed _____

Date_____

APPENDIX D: Electronic Recording Consent Form

School of Human and Community Development
University of the Witwatersrand
Private Bag 3, Wits 2050
Johannesburg, South Africa
Tel: 011 717 4500 *Fax: 011 717 4599*

I _____, consent to my interview with Catriona Boffard for her study on sexuality following a voluntary termination of pregnancy being recorded by a digital electronic recorder.

I understand that:

- The tapes and transcripts will not be seen or heard by any other person other than the researcher and her supervisor, and will only be processed by the researcher.
- All electronic recordings will be kept safe and secure, ensuring confidentiality is maintained as per the HPCSA guidelines.
- No identifying information will be used in the transcripts, the research report or the published material.
- All information will remain confidential and anonymous.

Signed _____

Date_____