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Discursive Constructs of Abortion amongst a Group of Male and Female Students at the University of the Witwatersrand

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A dissertation submitted in partial fulfilment of the requirements for the degree of Master of Arts in Research Psychology, Faculty of Humanities, University of the Witwatersrand, Johannesburg, South Africa.

Supervisor: Peace Kiguwa

August 2013

DECLARATION

I, Chandelle Ronco, know and accept that plagiarism (i.e., to use another's work and pretend that it is one's own) is wrong. Consequently I declare that

- This dissertation is my own work.
- I have correctly acknowledged all direct quotations and paraphrased ideas/content. In addition I have provided a complete alphabetized reference list, as required by the APA method of referencing.
- I have not allowed, and will not allow, anyone to copy my work with the intention of passing it off as his or her own work.
- I understand that the University of the Witwatersrand may take disciplinary action against me if there is a belief that this is not my own unaided work, or that I failed to acknowledge the source of the ideas or words in my writing.

Furthermore, this dissertation has not been submitted before for any other degree or examination at this or any other university.

Chandelle Ronco
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AUGUST 2013

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ABSTRACT

Abortion is a very controversial topic and over the years, many different attitudes have been formed around it. Previous studies have looked at people's attitudes towards abortion in relation to gender, age, race, socio-economic background, religion, education and even marital status.

The current study aimed to investigate the change of attitudes that students would have towards abortion given a range of circumstances (from serious to less serious). The role of gender in these attitudes was also looked at.

This study conducted two separate semi-structured focus groups for each gender (6 males and 5 females). In the two focus groups, each vignette with a particular circumstance was read out to the students followed by questions. These follow up questions were discussed amongst the students present in the focus group. The responses from the students were recorded using a Dictaphone.

From the Dictaphone, the information received from these interviews was transcribed. Thereafter, content analysis was used to analyse the findings which aimed to identify different themes. Following this, discursive constructs around abortion as well as conclusions were formed and discussed.

Keywords: abortion, attitudes, gender, university students, qualitative study, South Africa

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TERMINOLOGY AND ABBREVIATIONS

THE MEANING OF WORDS USED IN THE CONTEXT OF THIS STUDY

- The word **'unborn child'** will be used in this context related to that of foetal personhood in which the foetus is viewed as a human being from conception. This terminology relates to the pro-life discourse and the rights of the foetus.
- The word **'foetus'** will be used in this context as an unborn child that only becomes a human being after being born. This terminology relates to the pro-choice discourse and the reproductive rights of women.
- The word **'baby'** will be used in this context as a human being that is newly born and outside a mother's womb.
- The word **'child'** will be used in this context as a young human being.
- Therefore the word **'baby'** may be used interchangeably with the word **'child'** who refers to a young human being that has been born.

Therefore the use of this terminology presents that the research is not in favour of either side of the abortion debate because incorporating all these words in this study represents either side of the abortion debate and thus indicates neutrality.

LIST OF ABBREVIATIONS:

WHO: World Health Organization

CTOP: Choice on Termination of Pregnancy Act No. 2

SC: Social Constructionism

CHAPTER 1: INTRODUCTION

1.1. Unsafe Abortion

The World Health Organization (WHO) defines unsafe abortion as the procedure that occurs in which an unwanted pregnancy is terminated by individuals without the necessary skills or environment required by medical standards and practices (Singh, 2006). The WHO stated that approximately 19 million unsafe abortions take place each year throughout the world. WHO also found that one in eight of all deaths related to pregnancy as a result of unsafe induced abortions and thus the WHO have estimated that approximately 68 000 deaths occur yearly as a result of unsafe abortions (Singh, 2006).

1.2. Context: History of Abortion in South Africa

Before the passing of the Abortion and Sterilization Act No. 2, 1975, abortion was prohibited and illegal in South Africa (Mhlanga, 2003). During that time, this law was seriously enforced because any practitioner that was found to have illegally performed an abortion was struck off the medical board immediately. The Abortion and Sterilization Act No. 2 was introduced in 1975, however, this Act had several limitations. This Act stated that the termination of pregnancy can only take place if the pregnancy is a danger to the woman's health both physically and mentally; rape and/or incest as well as foetal abnormalities that were evident (Zeijlstra, 2004).

This Act required three medical practitioners to agree that the woman needed an abortion and for this reason it benefited individuals that lived in urban areas compared to individuals that lived in rural areas because in rural areas there was only one or two practitioner/s present in hospitals (Mhlanga, 2003). Therefore this Act was introduced to protect the lives of the privileged, namely the White[1] population, while neglecting the lives of women in rural areas (Mhlanga, 2003). The hospitals in the rural areas lacked sufficient practitioners to perform legal abortions, however, in the Apartheid era, Black[2] individuals were not allowed to use White only hospitals and this led to many women seeking backdoor or unsafe abortions as an alternative option

The terms White and Black has been used to indicate a particular race

[1] In context, White refers to an individual with light coloured skin, of European origin, commonly known as a Caucasian (Soanes & Hawker, 2006)

[2] In context, Black refers to an individual with dark-skin, of African origin, commonly known as an African (Soanes & Hawker, 2006).

(Mhlanga, 2003). Thus there was a need for the Choice on Termination of Pregnancy (CTOP) Act No. 2 which was passed in 1996 after the Apartheid era.

The CTOP Act No. 2 was passed to support the rights of women as equal citizens by giving them the right to access reproductive healthcare in which women of all ages could terminate a pregnancy as well as terminate a pregnancy without the consent of a spouse, partner, guardian/s or parent/s (Mhlanga, 2003; & Zeijlstra, 2004). This Act allows for skilled midwives and practitioners to perform an abortion before and up to 12 weeks of gestation. This Act also allowed only medical practitioners to perform abortions after 12 weeks and up to 20 weeks of gestation with 20 weeks being the boundary for viability of the foetus (Mhlanga, 2003). However, termination of pregnancy after 12 weeks can only be performed under certain conditions such as in the case of rape or incest, severe foetal abnormalities, severe maternal physical and mental disease, or if the pregnancy was continued it would result in severe social or economic conditions (Mhlanga, 2003).

1.3. RATIONALE

Abortion is an important topic as it can affect many individuals from different religions, cultural backgrounds and/or societies. In the 2000 National Election Studies that took place in the United States of America it was found that 98% of respondents voiced an opinion on abortion (Jelen & Wilcox, 2003). It was found that "more than one in five indicated that the issue of abortion was "extremely important", and another 36% indicated that it was "very important". Only 15% said that the issue was "not too important" or "not important at all" (Jelen & Wilcox, 2003, p. 489).

This shows that abortion still remains to be a very controversial topic because it centres on the debate of whether a woman has or should have the right to terminate a pregnancy. This debate as to whether a woman has or should have the right to terminate a pregnancy is influenced by religion (e.g. pro-life) and/or policies (e.g. pro-choice) (Grisanti, 2000). Therefore there is a continuously on-going debate between morality and legality (Churcher, 2011). Since this debate of whether women should have the right to terminate a pregnancy has continuously taken place in South Africa from the Apartheid era until now, it can be seen that abortion remains an important issue to many individuals residing in South Africa.

A few decades ago abortion was illegal in most countries including South Africa (Morroni, Myer, & Tibazarwa, 2006). This led to 'backstreet' or unsafe abortions being practiced which

resulted in over one-tenth of maternal deaths in developing countries (Morroni et al., 2006). Therefore before the implementation of the 1996 CTOP Act in South Africa, 1000 legal abortions were granted each year to middle-class White women. Simultaneously, approximately 200 000 unsafe abortions were being practiced each year amongst lower-class Black women (Morroni et al., 2006). This resulted in an estimated 45 000 hospital admissions and over 400 deaths from septic abortions annually (Morroni et al., 2006).

After the 1996 CTOP Act was passed, less unsafe abortions were practiced and maternal mortality decreased (Jewkes, Rees, Dickson, Brown, & Levin, 2005). Even though abortion has become legalized in South Africa today, illegal and unsafe abortions are still being practiced, with up to 100 000 being performed annually (Hansjee, 2011).

Even though abortion is a topic that has been researched for many years, there is still more to learn. Firstly, many studies that have looked at attitudes towards abortion have been predominantly quantitative. The reason for this is that most studies are trying to find out if certain factors such as gender, religion, race, education and socio-economic status influence the attitudes individuals have towards abortion (Blunt & Steeper, 2007; Carter, Carter, & Dodge, 2009; Coleman & Nelson, 1999; Hertel & Russell, 1999; & Narendra, 2010).

Moreover, many quantitative studies have also been conducted in South Africa in relation to the CTOP Act which has looked at the attitudes towards abortion focusing on gender, race, socio-economic status (income level), education level and age (Buga, 2002; Moodley & Akinsooto, 2003; Mdleleni-Bookholane, 2007; Morroni et al., 2006; Patel & Johns, 2009; Patel & Kooverjee, 2009; Patel & Myeni, 2008; & Wheeler, Zullig, Reeve, Buga, & Morroni (2012). Furthermore, some qualitative studies have also been conducted in South Africa in which these studies focus mainly on the knowledge individuals have of the CTOP, the attitudes of health workers that perform abortions such as doctors, nurses and/or midwives as well as attitudes individuals have towards abortion in general with reference to the pro-life versus pro-choice abortion debate (da Costa & Donald, 2003; Greene, 2006; Harries, Orner, Gabriel, & Mitchell, 2007; Harrison, Montgomery, Lurie, & Wilkinson, 2000; McGill, 2006; Mojapelo-Batka & Schoeman, 2003; Varga, 2002; & Varkey & Fonn, 2000).

Previous quantitative studies have used scales or surveys to measure abortion attitudes with the main focus being on the pro-life versus pro-choice stances. Patel & Myeni (2008, p. 737) state that to "categorize a person as *pro-choice* or *pro-life* is to oversimplify a deeply complex issue". Hence more studies need to focus on moving away from the researching of clear-cut abortion

attitudes (pro-life versus pro-choice) which has been researched by many, by taking into account diverse circumstances that play a role in the decision of choosing to take a pro-life or pro-choice stance. Therefore Bowes (2009, p. 7) states that "individuals' understandings of abortion need to be unpacked with a consideration of the broader public's framework of reference, for example religious and moral discourses".

Furthermore, evidence shows that there have been quantitative studies that have looked at different circumstances that leads to the decision of having an abortion but these studies have only really focused on the attitudes towards abortion by looking at which particular circumstances are more approving and/or disapproving when individuals consider to have an abortion (Bryan & Freed, 1993; Buga, 2002; Dans, 1992; Gleeson, Forde, Bates, Powell, Edon-Jones, & Draper, 2008; Lisker, Carnevale, & Villa, 2006; Rodriguez-Calvo, Martinez-Silva, Soto, Concheiro, & Munoz-Barus, 2012; & Stets & Leik, 1993). These studies have shown that the more serious circumstances such as rape, incest or foetal abnormalities are seen as adequate reasons to have an abortion compared to the less serious circumstances such as socio-economic reasons, unmarried women or unwanted sex of the child which are seen as not adequate and sensible reasons to have an abortion. Although quantitative studies have been conducted, there are not as many qualitative studies that have focused on the reasons as to why some individuals are more accepting of abortion for serious circumstances and not for less serious circumstances.

Therefore studies, particularly qualitative are needed to increase the knowledge that already exists with regards to the pro-life versus pro-choice debate. In order to do that abortion must be viewed in a broader context of why people have pro-life or pro-choice attitudes instead of who is pro-life and who is pro-choice. In this study it was interesting to find out if individuals would change from pro-life to pro-choice attitudes in more serious circumstances compared to the change from pro-choice to pro-life attitudes in less serious circumstances and if they did change their stance, what the reasons were. Therefore do particular circumstances that result in a decision to abort influence the attitudes individuals have towards abortion? Consequently this study provided research as to what reasons influenced the attitudes of individuals towards abortion regarding different circumstances and they elaborated as to why they had either pro-life or pro-choice attitudes towards abortion.

1.4. Research Aims

The aim of this study was to investigate the attitudes students have towards abortion in relation to different circumstances that lead to the decision of abortion. Secondly, to investigate if these attitudes students have towards abortion would change across a range of circumstances (from serious to less serious). Also to investigate if the attitudes students have towards abortion change in relation to different circumstances that lead to the decision of abortion. Therefore, the study as a whole aimed to investigate the circumstances that would influence the attitudes an individual has towards abortion. Furthermore, this study aimed to investigate these attitudes in relation to gender.

1.5. Overview of the Chapters

This study is further structured into five main chapters:

Chapter 2 firstly conceptualizes discourses through the work of Foucault, Parker and other authors. It also stated as to how certain discourses can be identified and applied to abortion research. Secondly, this chapter introduces the concept of social constructionism which is described and explained to provide a theoretical framework of how individuals' attitudes towards abortion are discursively constructed through societal and cultural influences.

Chapter 3 entails the literature research that outlines and guides the research. The literature provided in this study focuses on the conceptualisation of abortion and attitudes, pro-life versus pro-choice attitudes, circumstances and reasons for abortion, stigma, gender in relation to abortion attitudes and circumstances as well as previous studies that have conducted similar research as this study. This chapter also provides the research questions that govern this study.

Chapter 4 indicates the research methodology applied in this study through divided fully explained sub-sections: the research design, sampling procedure and participants, instruments, data collection procedure, research method and data analysis. The ethics of this study as well as the limitations are also discussed in this chapter.

Chapter 5 entails the analysis and discussion of the findings of this study. The findings of this study are broken down into content category themes such as (1) abortion is murder; (2) abortion as a moral concern; (3) abortion as a social stigma; (4) adoption as a substitute to abortion; (5) abortion as a consequence of financial circumstances; (6) abortion as a result of foetal abnormalities; (7) abortion due to rape; and (8) abortion for the reproductive rights of women.

This chapter further discusses the discursive constructs on abortion that is evident in the themes. An overview of these discursive constructs is represented in the form of a diagram. Furthermore, the reflection of the researcher on this research is discussed.

Chapter 6 provides conclusions on the findings of this study by reviewing the research questions. This chapter also provides suggestions for further research.

CHAPTER 2: THEORETICAL FRAMEWORK

2.1. Conceptualisation of Discourse

Michael Foucault is one of the most influential constructionist theorists of discourse and in particular critical discourse analysis. Foucault shifted away from language to discourse as he became concerned primarily with the production and meaning through discourse and not through language. Foucault viewed discourse as a group of statements which provide a way for talking about a specific topic through language. This group of statements also provided a way to represent knowledge about a specific topic at an exact historical point in time. From this it can be said that a discourse is about the knowledge that is produced through language. Foucault further explains that discourse constructs a topic which defines and creates the entities of our knowledge (Hall, 2001).

Moreover, Bartkowski (1997, p. 396) states that "discourse congeals around a set of "rules" that govern the articulation of and interrelationship between its constituent parts:" "[discourse] do not come about of themselves, but are always the result of a construction of rules which must be known, and the justifications of which must be scrutinized… [According to what rules has a particular statement has been made, and consequently according to what rules could other statements to be made?" (Foucault (1973, 25-27) as cited in Bartkowski, 1997, p. 396).

Cheek (2004) states that as a result of the diversity of definitions that define discourse, discourse has a complex nature. Cheek (2004, p. 1141-1142) represents this aspect by providing three examples of definitions provided below. Cheek (2004) cites these definitions through the citation of other authors.

Definition 1 (deals with linguistic orientation):

"The term discourse refers in this context actually to occurring instances of communication, such as a novel, a newspaper article, a classroom interaction or a conversation between friends. These instances from linguistic units which generally exceed the limits of a single sentence. The discursive analysis of these units may help to highlight by means of various methods, the structural features and relations which characterize these linguistic constructions" (Thompson, 1988, p. 368).

Definition 2 (post structural aspects):

"A good working definition of a discourse should be that it is a system of statements which constructs an object" (Parker, 1992, p. 5).

Definition 3 (draws on social theory):

"A group of ideas or patterned way of thinking which can both be identified in textual and verbal communications and located in wider social structures" (Lupton, 1992, p. 145).

This study focuses pre-dominantly on social aspects of discourses and thus applying definition three to this study would be the most appropriate. The reason for this is that discourses such as media, legal or policies (reproductive rights), religion and cultural all relate to the wider social structures that influence the way in which an individual thinks and forms ideas. Thus social structures influence the way in which an individual thinks about aspects in the world and thus the attitudes and opinions individuals have towards abortion are socially constructed through discourse.

Moreover, Parker (1992) states that discourse does not only define the social world but also categorises it so that it creates phenomena that individuals can see. Parker (1992) claimed that a strong argument would be that discourse provides the opportunity to make individuals see objects that are not really there but once an object is developed in a discourse it becomes very challenging to not view the object as 'real'. Discourses provide frameworks for arguments of how one way of talking about 'reality' is favoured over ways. Furthermore, discourses are considered to be constructive as they do not simply describe the world but instead are also the medium through which the world of 'reality' is constructed. Discourses contain "subjects and construct objects as well as knowledge and truth" (Macleod, 2002, p. 18). Furthermore, Fairclough (1992, p. 64) states that the constructive effects of discourse can be distinguished by three aspects, namely 'social identities'; 'subject positions for social subjects' and 'types of self'.

One of Parker's (1992) criteria is that 'discourse is realised in texts'. Parker (1992, p. 6) viewed texts as "delimited tissues of meaning reproduced in any form that can be given an interpretative gloss". If this criterion was related to abortion, a good example would be to look at texts and see in these texts how an unborn child is described and how the texts interpret the meaning of what an unborn child is (Bowes, 2009). Thus different texts may use either the word 'foetus' or the word 'baby' when referring to an unborn child. The word 'foetus' is used by people who are not against abortion, whereas the word 'baby' is commonly used by people who are against abortion.

Parker (1992) suggests that when identifying a discourse the world of 'reality' that is being represented should be examined as well as why some words are used compared to other words that are not used (Bowes, 2009). For example, by looking at the use of the words 'abortion is a crime' it is evident that a legal discourse is evident. We would need to understand the 'reality' of these words being used as abortion is now legal in South Africa (Bowes, 2009, p. 16). The words 'abortion is a crime' indicates that abortion is wrong and should not be allowed. Similarly, the words of 'abortion is a sin' introduce a discourse of religion (Bowes, 2009, p. 16). Thus from these statements both the legal and religion discourses view abortion as being wrong. Hence this world of 'reality' within the legal and religion discourses may centre on the fact that women should not have reproductive rights and control over their own bodies.

Furthermore, individuals' understanding of 'reality' is shaped by the media which can be classified as a media discourse. Media discourse tends to be the first choice and the primary source of information in which individuals construct meaning of 'reality'. Individuals who do not focus solely on the media are able to draw on general wisdom and experiential knowledge to add to what they already have been shown and told in the media. Moreover, media does not only affect the individual itself but also influences social processes in which people discuss their experiences and perceptions with acquaintances, friends, and/or family members in light of their other political, social and religious obligations (Ferree, Gamson, Gerhards, & Rucht, 2002).

In the view of abortion, the media can be for or against abortion which can play a role in how individuals view the controversy of abortion. For example, if the media is against abortion it would portray to individuals that abortion is wrong through personal stories, campaigns against abortion and/or by showing the public pictures of foetuses or unborn children that have been aborted and thus would be involved in the rights of the foetus. Hence the media can shape some of the attitudes and opinions individuals have towards abortion, i.e. an individual believes in certain circumstances abortion is acceptable and after seeing the pictures of the foetus that could have been printed by the media through a magazine article can change the way in which they see abortion and thus believe that abortion should not be acceptable for any circumstance. This is an extreme case but it should be made aware that the media can have some influence in the way individuals think and view abortion even if it is only a minor influence. Hence the "business of media is to paint polar opposites, [not] to create solutions (Serrin Foster, Feminists for Life, Interview, July 1997 cited in Ferree et al., 2002, p. 17).

2.2. Sociology of Knowledge

SC has historical roots in the sociology of knowledge which stemmed from the 1920s. Influential theorists from different fields of studies such as Emile Durkheim (1983); George Herbert Mead (1982); and Robert Merton (1996), all played important roles in the development of the concept of sociology of knowledge in their particular fields of study. Hruby (2001, p. 52) thought that the origin of this development of sociology of knowledge would seem to appear as "neo-Hegelian historicism (and its metaphysical predicates in German Idealism, continental Romanticism, and neo-Kantian philosophy)" in which sociocultural forces replace historical forces which becomes a fundamental and influential aspect in human knowledge and behaviour. The sociology of knowledge aimed to investigate as to how the knowledge that is constructed and the nature of knowledge are produced from these forces. Questions around ideology ("ideas serving as weapons for social interests"), false consciousness ("thought that is alienated from the real social being of the thinker"), and the construction of 'real' or true versus false knowledge were some of the struggles that the earlier work that involved the sociology of knowledge were faced with (Berger & Luckmann, 1966, p. 18 & Hruby, 2001).

Subsequently, Berger and Luckmann (1966) viewed sociology of knowledge as theoretical and part of an empirical discipline. Berger and Luckmann (1966) redefined sociology of knowledge as a theory adapted to the empirical level discipline of sociology in studies on the history of ideas (Hruby, 2001). Berger and Luckmann (1966) thus claimed that sociology of knowledge should not be restricted only to the history of theoretical thoughts which they termed as 'ideas'. The reason for this is that these theoretical thoughts are not important in society as these 'ideas' only form a minor part of the knowledge construction in a society (Berger & Luckmann, 1966 & Hruby, 2001). Berger and Luckmann (1966) further state that theorists that stress the importance of theoretical thought in society and history are misled and incorrect. Hence the theoretical constructions of 'reality' (scientific, philosophical or mythological) do not constitute as to what is 'real' for individuals in a society. As a result of this, sociology of knowledge should be involved with what individuals perceive as 'reality' in their everyday, mundane and non-theoretical lives. Therefore Berger and Luckmann (1966) stress that common sense and everyday knowledge should be the central focus of sociology of knowledge and not theoretical thoughts (ideas). It is this particular 'knowledge' that organizes the structure of meanings and without this 'knowledge' there would be no existence of a society. Moreover, Berger and

Luckmann (1966) stated that sociology of knowledge must be involved and related to social construction of 'reality'.

2.3. Social Construction of Reality

Berger and Luckmanns' (1966) classic book, '*The Social Construction of Reality'* entailed 'reality' that is socially constructed and the sociology of knowledge. In their book they describe three main aspects; however, this study only focuses on one aspect which they titled 'the foundations of knowledge in everyday life (reality in everyday life, social interaction in everyday life and language and knowledge in everyday life)'.

Berger & Luckmann (1966, p. 13) define 'reality' as "a quality appertaining to phenomena that we recognize as having a being independent of our own volition (we cannot 'wish them away')". The 'reality' of individuals is constructed through everyday life that allows them to understand and subjectively make sense of the world. The thoughts and actions individuals use to try make sense of the world is what are maintained as being 'real' (Berger & Luckmann, 1966). Thus the 'reality' for individuals is constructed by their every day to day experiences, thoughts and behaviours which causes them to subjectively construct a world which is 'real' and meaningful to them. In other words individuals' everyday life is what creates their 'reality' of the world that they consider as 'real' (Berger & Luckmann, 1966).

In everyday life individuals socially interact with other people with whom they share their 'reality' and vice versa (Berger & Luckmann, 1966). Thus it can be said that their 'reality' becomes socially constructed as they do not only possess the 'reality' they construct but also the 'reality' of what other people construct as being 'reality'. Thus individuals base their everyday life 'reality' from their social interactions that they experience on a day-to-day basis. Therefore it can be said that "social structure is an essential element of the reality in everyday life" (Berger & Luckmann, 1966, p. 48).

'Reality' in everyday life that is not subjective is maintained through linguistic meaning (Berger & Luckmann, 1966). In other words 'reality' in everyday life is understood through the use of language which occurs through interactions between individuals. Hence the claim made by Berger & Luckmann (1966, p. 51-52) in which they state that "an understanding of language is thus essential for any understanding of the reality of everyday life". The symbols individuals extract from their experiences of everyday life is constructed into language and if these symbols are continuously used can become objectively 'real' elements in everyday life. Thus symbolism

and symbolic language become fundamental components of 'reality' in everyday life and to practically understand this 'reality' (Berger & Luckmann, 1966). Berger & Luckmann (1966, p. 13) define knowledge as "the certainty that phenomena are real and that they possess specific characteristics". Knowledge is another aspect that is evident in the common-sense world of everyday life. Knowledge is shared among people through their interactions with one another in everyday life. This causes individuals to be constantly involved in the common knowledge that exists in the world. Thus the knowledge that one individual possesses can be integrated with the knowledge that other individuals possess (Berger & Luckmann, 1966).

Social Constructionism (SC) was developed through this idea that the knowledge individuals develop, grow and maintain through social interaction can shape the way in which they socially construct 'reality' (Berger & Luckmann, 1966). Thus individuals construct different forms of 'reality' through their interaction with the social world. Therefore the book of Berger and Luckmann (1966) that was related to sociology was a major contribution to the idea and concept of SC (Burr, 1995; Parton, 2003 & Raskin, 2002).

2.4. Social Constructionism

SC is concerned with the way in which individuals describe, clarify and make sense of the world they live in, including themselves (Gergen, 1985). SC does not focus on the internal thoughts that exists in an individual's mind but rather focuses on social processes and interactions. Thus SC concentrates on the 'reality' individuals construct through their social interactions in the form of talking and writing. Therefore social constructionists support the fact that individuals use language or discourses to construct the world that they live in. Furthermore, discourse is seen more as a system of representation than a linguistic concept (Bowes, 2009).

SC will be explained using the key assumptions stated by Gergen (1985) and which Burr (1995) elaborated on. The first assumption is that SC takes a "critical stance towards taken-for-granted knowledge" of understanding the world (Burr, 1995, p. 3 & Gergen, 1985). It has been said that conventional knowledge is based on objective and fair observation of the world; however, SC indicates that one needs to be critical to the idea that our observations unhinderedly show us the nature of the world (Burr, 1995). Hence how the world is understood is not necessarily related to how individuals experience and understand the world (Gergen, 1985).

Another assumption that SC takes on is that the way in which individuals understand the world relates to and identifies with their historical and cultural origins (Burr, 1995 & Gergen, 1985).

Thus the way in which individuals understand and construct 'reality' of the world is dependent on historical and cultural origins in which the knowledge individuals obtain through their specific history and culture origins shapes the way in which they construct and understand the world which in turn influences the way in which they construct 'reality' (Gergen, 1985). Individuals will use the knowledge that they obtain through their historical and cultural origins to construct and understand the world in different ways and Burr (1995) states that understanding the world in a particular way is not necessarily better than understanding the world in another way.

Another assumption of SC is that knowledge is continuous through social processes (Burr, 1995 & Gergen, 1985). This means that individuals' knowledge is gained, developed and maintained through social interactions with other people in the world which allows for their versions of knowledge to be fabricated. Thus it is through these everyday social interactions that individuals shared knowledge is constructed. Therefore what this assumption is portraying is that individuals' understanding and constructing of the world is not just through objective viewing of the world but also through the interactions they engage in with people on a day-to-day basis (Burr, 1995). Therefore SC argues that the world individuals experience and construct is the result of social processes (Cromby & Nightingale, 1999).

The last assumption of SC is that knowledge and social action go hand in hand with one another (Burr, 1995 & Gergen, 1985). Negotiated understandings and construction of the world is related to many other activities that individuals engage in (Gergen, 1985). Thus each different social construction of the world creates a different kind of action for individuals (Burr, 1995). Therefore SC fails to accept a realism position that an external world exists independently of individuals (Burkitt, 2003 & Burr, 2003).

Cromby and Nightingale (1999, p. 4) state:

"Neither God nor individual consciousness but society itself is the prime mover, the root of experience. It is the social reproduction and transformation of structures of meaning, conventions, morals and discursive practices that principally constitutes both our relationships and ourselves"

2.5. Social Constructionism and Gender

A SC perspective identifies gender as a socially constructed concept that has been evolved through the idea of masculinity and femininity constructed by cultural and societal influences (Courtenay, 2000). Masculinity is defined as the "the variety of ways that cultures make sense of the behavioral, emotional, expressive-laden experiences of men and characteristics associated with them" (Kahn, 2009, p. 283). Femininity is defined as the role women adopt in accordance with cultural expectations of women (Kahn, 2009). Therefore, social processes define what the roles are for men and women (idea of gender norms) which influences individuals to socially construct gender. This in turn influences the way in which individuals construct their 'reality' in relation to gender.

This is evident in studies that have looked at the concept of gender. Some examples of studies that have been conducted have focused on gender and careers as well as gender and eating habits. Careers and gender in a social constructionist perspective are formed around how society constructs men and women into specific roles. For example, the role of men as socially constructed involves men being 'breadwinners' as well as being in high positions at work. Society constructs the 'role of a woman' differently in which women possess the role of being domesticated and having the responsibility of motherhood or if they pursue a career in high positions need to keep up with the male norms found in the work environment (Cohen, Duberly, & Mallon, 2004).

Eating habits and gender from a social constructionist perspective have also socially constructed men and women into specific roles. For example, men are viewed by society as been strong and active thus they require more food than women. The ideal weight of women that is socially constructed is that of being 'thin'. Therefore men can eat as much as they want as they need a lot of food as they are active and need to maintain their strength. In comparison women need to watch what they eat in order to keep their bodies 'thin' (Newcombe, McCarthy, Cronin, & McCarthy, 2012). Therefore it is known that it is more common for women than men to have eating disorders as women try to comply with the socially constructed 'ideal weight of a woman'.

In conclusion, abortion attitudes through a social constructionist perspective are thus formed through individuals interactions with the social world. This suggests that the attitudes that individuals have towards abortion is not a result of their experience and thoughts but instead

their social interactions with other people as well as their cultural and societal influences. Thus individuals' attitudes towards abortion are socially constructed through their understanding and constructing of 'reality'. For example, if religious institutions that individuals belong to are against abortion this will cause them to construct 'reality' of abortion to be immoral, sinful and murderous. Furthermore, in relation to abortion attitudes and gender, abortion attitudes socially construct abortion as 'a woman's problem' and thus places stigma on women that have abortions for their own reasons.

CHAPTER 3: LITERATURE REVIEW

3.1. Defining Abortion

The word abortion originates from the Latin word, *aboriri* which means the failure to be born (Potts, Diggory, & Peel, 1977). Abortion can be defined as the termination of pregnancy, spontaneous, therapeutic or induced, before the foetus has become viable outside the uterus or before the foetus is capable to have a life outside of the womb (Faundes & Barzelatto, 2006; Olaitan, 2011; Potts et al., 1977; Sarkar, 1985; and WHO, 1995).

A spontaneous abortion or also known as a miscarriage is when the pregnancy is terminated by the removal of the foetus from the uterus without the use of any external methods (Faundes & Barzelatto, 2006). A spontaneous abortion can be characterized by feelings of discomfort, sudden cramps and vaginal bleeding (Olaitan, 2011). Moreover, accidental trauma/s; or natural causes; or environmental factors can be the result of a spontaneous abortion. A spontaneous abortion can also be the result of a medical problem for example; a sudden illness that occurs in the woman during her pregnancy and/or the foetus presents genetic defects or malformations (Faundes & Barzelatto, 2006; & Olaitan, 2011).

A therapeutic abortion takes place when a pregnancy is terminated by the removal of the foetus from the uterus by the use of external methods, however, unlike an induced abortion that is performed as result of an unwanted pregnancy, therapeutic abortion is performed to either save the life of a pregnant woman; or when a woman's physical or mental health is in jeopardy; or if a child would be born with a congenital disorder that may be terminal or related to significant illness; or to selectively decrease the number of foetuses to reduce health risks that are linked to multiple pregnancies (Olaitan, 2011).

An induced abortion takes place when a pregnancy is terminated by the deliberate removal of the foetus from the uterus by the use of external methods as a result of an unwanted pregnancy (Faundes & Barzelatto, 2006). There are different circumstances that result in an unwanted pregnancy and thus lead to women having an induced abortion. Thus it is these different circumstances that cause an induced abortion to be a very controversial topic.

3.2. Defining Attitudes

An attitude can be defined as "a mind-set or a tendency to act in a particular way towards an object or entity (i.e., person, place or thing) due to both an individual's experience and temperament" (Borkowski, 2009, p. 41). It's an individual's behaviour that we are trying to explain when referring to their attitude. Attitudes also create internal perceptions such as thoughts and beliefs (Borkowski, 2009). A complex combination of an individual's personality, behaviours, beliefs, values and ambitions is the result of their attitude. Hence the way individuals perceive a situation; the way individuals feel in a situation; and the way in which they act in a situation is defined by their attitudes (Borkowski, 2009). Therefore beliefs and thoughts are the internal components of attitudes and the external component of attitudes are expressed through an individual's behaviour (Borkowski, 2009). Moreover, the attitudes that are looked at in this study involve an individual's internal components, namely thoughts, beliefs and values.

3.3. Abortion and Attitudes

There are two main attitudes related to abortion, these are pro-life and pro-choice and it is these attitudes that lead to abortion being a controversial topic of discussion. It must be noted that pro-life and pro-choice are situated along a continuum, for example, not all individuals strongly support the pro-life position or strongly support the pro-choice position (Blunt & Steeper, 2007). Thus individuals can fall anywhere along the continuum from strongly supporting the pro-life position to somewhat supporting the pro-life position to being in the middle which is no opinion and then to somewhat supporting the pro-choice position to strongly supporting the pro-choice position (Blunt & Steeper, 2007).



Strongly Pro-life Somewhat Pro-life No Opinion Somewhat Pro-choice Strongly Pro-choice

3.3.1. Pro-life attitudes

Judeo-Christian religion, historic Western culture and law are where the pro-life position originates and this emphasizes the sacredness, value and importance of the unborn child's life including the familial and societal responsibility to it (Ravid, 2008). Thus the pro-life position is influenced by a conservative; traditional; religious belief and value system (Stets & Leik, 1993). The Roman Catholic Church and other religious leaders believe that an "embryo becomes a

person the moment it is infused with an immortal soul" (Jali & Phil, 2001, p. 26). Therefore, individuals that claim to support the pro-life position are against abortion because they believe that it is morally wrong to cause the death of a human being and believe that an unborn child has human rights (Naden, 2007).

3.3.2. Pro-choice attitudes

The feminist movement is where the pro-choice position originates and emphasizes the rights for women to be in control of their own body (Ravid, 2008). Thus the pro-choice position is influenced by a liberal, modern and less religious belief and value system (Stets & Leik, 1993). Therefore, individuals that support the pro-choice position are in favour of abortion and do not view it as morally wrong. Individuals that support pro-choice attitudes claim that women should have the choice of a legal abortion for an unwanted pregnancy and thus believe that women should have the right to be in control of their own fertility and reproduction (Naden, 2007).

3.3.3. Pro-life versus Pro-choice attitudes

The pro-life stance argues that an individual's genetic make-up is already established at the moment of conception in which a unique individual is created which indicates that a foetus is a human life from conception. The pro-life stance also believes that an unborn child has an absolute right to life and believes that this right of the unborn child outweighs a woman's right to her own body (Jali & Phil, 2001). Pro-life stance has also argued that since a woman cannot see her foetus it is easier for her to disregard her foetus as human life which shows us that abortion is not as pronounced as the murdering of adults (Jali & Phil, 2001). The pro-life position strongly opposes abortion that even in the case of rape or incest abortion is not justifiable as it is killing an innocent life and thus proposes that a woman must carry her unborn child to term and then give the baby up for adoption if she does not want the baby. The main reason for this is that the pro-life position argues that it is not the unborn child's fault (Jali & Phil, 2001). This shows that the pro-life position strongly supports the rights of a foetus.

In contrast to the pro-life position, the pro-choice position argues that human life only takes place after the foetus is born. Therefore, a foetus is not a human person at any stage of development in the pregnancy and thus the foetus has no rights until after birth. Thus the pro-choice position believes in the absolute rights of a woman's body which outweighs the rights of a foetus. The pro-choice position argues that a woman should have the freedom to choose if she wants to continue or terminate the pregnancy thus legalising abortion offers a woman the option

to abort or not (Jali & Phil, 2001). With regards to rape and incest, the pro-choice unlike the pro-life believes that a woman should have the right to abort as the result of a serious crime committed against her will that led to an unwanted pregnancy (Jali & Phil, 2001). Therefore, why should a woman be forced to have an unwanted pregnancy because she was a victim of rape or incest which is a trauma in itself? This shows that the pro-choice position strongly believes in the reproductive rights of a woman with regards to her body and reproductive health.

In summary, the pro-life position supports and believes in the rights of the foetus compared to the pro-choice position that supports and believes in the rights of women with regards to their autonomy of their bodies and reproductive health. Therefore, it's the rights of a foetus versus the reproductive rights of a woman. This is the heart of the abortion debate in which three positions to this debate have been formed, namely conservative, moderate and liberal.

The conservative position holds that a foetus is a human life from conception and should have a right to life at any stage of development throughout the pregnancy. This position views women that have an abortion as murderers (Bowes, 2009). This position and the pro-life position is one and the same. The moderate position holds that a foetus has rights from a certain stage in the pregnancy. Thus an abortion up until the first trimester is not seen as morally wrong. This position also views abortion as justifiable in certain circumstances such as rape, incest and any medical complications with the foetus (Bowes, 2009). Thus this position is a balance between the pro-life position and the pro-choice position and thus could be somewhat pro-life and somewhat pro-choice on the continuum and not just pro-life or pro-choice. Lastly, the liberal view holds that the foetus does not have a right at any stage throughout the pregnancy allowing for women to have autonomy over their bodies as well as their reproductive rights (Bowes, 2009). Therefore the liberal and pro-choice positions are one and the same.

3.4. Abortion Reasons Related to Circumstances for Abortion

Several quantitative studies that have been conducted in Sweden (Helström, Odlind, Zätterström, Johansson, Granath, Correia, Ekbom, 2003; Helström, Zätterström, & Odlind, 2006; & Kero, Hogberg, Jacobsson, & Lalos, 2001); Greece (Mavroforou, Koumantakis, & Michalodimitrakis, 2004); Ukraine (Mogilevkina, Hellberg, Nordstrom, & Odlind, 2000); Turkey (Uygur & Erkaya, 2001) Norway (Broen, Moum, Bodtker, & Ekeberg, 2005); and the United States of America (Glander, Moore, Michielutte, & Parsons, 1998; & Santelli, Speizer, Avery, & Kendall, 2006) have focused on the reasons for the decision of abortion and have yielded similar results.

The studies that were conducted in Sweden all yielded similar results. These studies reported that the main reasons in the decision of abortion are: (1) current education and studies or current occupation are more important; (2) relationship with the partner (relationship has problems, has just recently started, have no contact with the partner, partner does not want to have the child, the woman does not want to have the child with the father); (3) lack of time and energy to have another child; (4) age (too young or too old) to have a baby or be a parent; (5) financial (low incomes and socio-economic factors); (6) medical reasons and health problems, (7) ethnic, cultural or religious problems.

The studies that were conducted in Greece, Ukraine, Turkey and Norway also yielded similar results in conjunction to the studies conducted in Sweden. The study in Greece reported that (1) social acceptance; (2) health problems; (3) financial reasons; (4) absent husband or partner; (5) husband or partner does not want the child; (6) rape/incest; & (7) religious factors were reasons for them to decide to go through with an abortion. In the Ukrainian study it was reported that the main reasons for abortion was a result of (1) low income and socio-economic situation; (2) women that do not live by themselves; & (3) women who have experienced previous childbirth. The study in Turkey reported that the main reasons for abortion was (1) cannot afford a baby; (2) wants no more children; (3) wants to postpone having children; (4) risk to mother's health; (5) being too old; & (6) risk to foetal health. The Norwegian study reported that roughly 62.5% of women have an abortion as their education or job is more important, 60% of women abort as the child was not planned for, 52.5% of women abort due to financial reasons. The study also revealed other reasons for abortion such as the partner does not want the child at the moment; they are too tired or worn out; they have enough children; do not want to be a single mother; housing conditions; do not want children; afraid the foetus is ill or injured; pressure from male partner, friends, family or other people; destroy future plans; do not know their partner for a long period of time; age (too young or too old); does not want the partner for the father of the child; her own health (physically and mentally); and have relationship problems with their partner.

The studies that were conducted in the United States of America reported that the main reasons for abortion is (1) cannot afford a child (financial problems); (2) not ready for a child and to become a parent; (3) do not want any more children; (4) not married; (5) issues or problems in relationship; (6) age (too young or too old); (7) ended relationship with man; (8) problems with health; (9) marital/legal problems; (10) health problems with the foetus; (11) becoming pregnant after first time of sexual intercourse; (12) career or education is more important; (13) abuse of partner; (14) emotional factors.

There have also been several qualitative studies that have focused on the reasons for seeking an abortion which have yielded similar results to one another as well as to the above mentioned quantitative studies. These studies have been conducted in Sweden (Alex & Hammarstrom, 2004), Denmark (Osler, David, & Morgall, 1997), India (Visaria, Ramachandran, Ganatra, & Kalyanwala, 2004), South Africa (Harries et al., 2007 & Varga, 2002) and Vietnam (Gallo & Nghia, 2007).

The qualitative study conducted in Sweden obtained a sample of 5 women that were interviewed one month after their abortion between the ages of 19-33. Part of the study looked at the question of 'how did you make the decision about the abortion?' (Alex & Hammarstrom, 2004, p. 162). The main reasons for their decision were influenced by their childhood experiences, their social and economic situation, and their plans for the future, their relationship with their partner and also on whether their partner wanted a child or not. This study also looked at who influences women to make their decision of having an abortion. This study showed that their decision of abortion was not made independently as they spoke with their partner, families and/or friends.

The qualitative study conducted in Denmark focused on 50 women that experienced an abortion for the first time, 50 women that experienced abortion for a second time and 50 women that experienced an abortion for the third time. Part of this study looked at if the reasons women choose to have an abortion changed each time they had another abortion. This study reported that the main reasons for deciding to go through with abortion are that of age, socioeconomic and family considerations which were similar across women who had experienced one, two, or three abortions. The qualitative study that was conducted in India found that the main reasons for deciding to have an abortion was due to limit family sizing, the sex of the child (a male child was favoured), poverty, physical and psychological abuse from the partner as they did not want the child.

In the one South African study, both quantitative and qualitative aspects were used to look at the reasons why teenagers decide on seeking an abortion. The qualitative aspect involved in-depth interviews. This study reported that the main reasons for the decision of an abortion was school disruption, social stigma and family moral standing; if the father of the child does not publicly accept that it is his child hence no support from the father, and financial reasons (Varga, 2002). The second South African Study looked at the reasons as to why women delay seeking an abortion until their second trimester. This study conducted 27 in-depth interviews. The study

reported that some women were unaware that they were pregnant as they did not experience the symptoms of pregnancy immediately; they lacked the knowledge with regards to the abortion legislation, personal and emotional factors, difficulties of accessing abortion services, abortion stigma and religious influences that abortion is wrong and sinful (Harries et al., 2007). A study conducted in Vietnam also looked at why women only seek to terminate their pregnancy from their second trimester. The results of this study in comparison to the South African study were nearly identical (Gallo & Nghia, 2007).

Furthermore, a study was conducted in the United States of America that looked at the reasons women seek abortions using both quantitative and qualitative perspectives (Finer, Frohwirth, Dauphinee, Singh, & Moore, 2005). The quantitative component used a structured questionnaire which focused on the reasons that women choose to terminate their pregnancy. This questionnaire was administered to 1 209 women that arrived at clinics to terminate their pregnancies. The qualitative component used in-depth interviews of 38 women. From both components of the study the reasons that women chose an abortion were as follows: (1) having a baby would dramatically change their lives; (2) they cannot afford a baby; (3) it will interfere with their education or employment; (4) reasons of health problems affecting them and/or the foetus; (5) being a single mother; (6) relationship problems such as the partner's substance abuse, physical abuse, infidelity, unreliability, immaturity and absence; (7) it is too soon to have a baby in a new relationship; (8) financial problems such as no financial support from the father of the child, having other children (i.e. cannot afford another child), not being able to continue to work or find work when their baby is first born, no medical aid. Thus it can be seen that these results are similar to both the quantitative and qualitative studies mentioned above.

3.5. Circumstances for Abortion Attitudes

Many quantitative studies have used attitude scales to measure the attitudes of individuals towards abortion in relation to different circumstances (Bryan & Freed, 1993; Buga, 2002; Dans, 1992; Gleeson et al., 2008; Lisker et al., 2006; Rodriguez-Calvo et al., 2012; & Stets & Leik, 1993). From these studies, there were seven circumstances that were continually looked at. These circumstances are (1) woman's physical or mental health is endangered; (2) foetus malformation; (3) rape; (4) incest; (5) woman is not married; (6) socio-economic reasons (i.e. the family cannot afford the child); (7) does not want the sex of the child. Circumstances 1 to 4 is considered to be 'hard reasons' for abortion compared to circumstances 5 to 7 which is

considered to be 'soft reasons' for abortion (Bryan & Freed, 1993; Hansjee, 2011; Patel & Kooverjee, 2009; & Patel & Myeni, 2008).

These studies have used scales or surveys to find out under which circumstances individuals think it is alright to have an abortion compared to which circumstances are wrong to have an abortion. Therefore there is a need for more qualitative studies to be conducted to answer questions such as why or how certain circumstances are seen as a valid reason for an abortion compared to other circumstances that are not adequate to make the decision of having an abortion.

From the studies based on reasons for abortion mentioned above, this study focused on four main circumstances that incorporated all of these circumstances. Therefore moral, financial, health and freedom of rights circumstances were the focuses of this study. Moral circumstances involved cultural aspects and religion. Hence, many cultures and religions are against abortion as they believe that it is a sin and classify abortion as murder. Individuals who are pro-life will relate strongly with moral circumstances as they are completely anti-abortion. Financial circumstances involve aspects of socio-economic status and the affordability of raising a child. For example, individuals that have children and they conceive another child seek abortion as it places a large financial burden on them. Health circumstances can involve the health of the mother (mental and physical) and the health of the baby. In this study the main health circumstance that was looked at was foetal abnormalities. Freedom of rights circumstances involves the rights a woman has to her body and reproductive health, i.e. if a woman wants to terminate her pregnancy for any reason she should be able to without any judgement and stigma attached. Hence this circumstance speaks more to the pro-choice attitudes towards abortion.

3.5.1. Circumstances for abortion attitudes and university students

The quantitative studies presented below have looked at attitudes of students as well as the different circumstances that lead to having an abortion.

A quantitative study used medical university students from a small, but growing medical school situated in a rural area in South Africa. This study aimed to investigate the sexual practices and attitudes of medical students towards induced abortion as well as to see which factors influenced their attitudes. The study looked at personal and professional attitudes towards induced abortion. The professional attitudes focused on whether the students would perform or refer others to have an induced abortion in certain circumstances (Buga, 2002).

In analysing the personal attitudes of the students towards induced abortion, it was found that there was no significant association relating to gender and the year of study at the university, however, there was a significant association between the personal attitudes of students towards abortion and religion. Thus it can be seen that these students were more pro-life than pro-choice (129 respondents, 53.3% of students held personal attitudes that abortion is murder from conception) (Buga, 2002).

However, the professional attitudes of students compared to their personal attitudes showed different results. The results showed that both gender and religion had no significant association with the professional attitudes of students, however, the year of study had a significant association with professional attitudes. Thus professionally students would be more pro-choice than pro-life (126 respondents, 52.1% of students held professional attitudes that they would perform or refer an induced abortion under certain circumstances) (Buga, 2002).

The circumstances that the students believed would be appropriate to perform an abortion is as follows: (1) 74.1% threat to mother's life; (2) 62.3% in case of rape; (3) 59.5% if the foetus is severely malformed; (4) 53.8% if the mother's mental health would be affected; (5) 21.0% if the court rules incompetence; (6) 12.5% on demand (Buga, 2002, p. 261). Therefore it can be seen that 59.5% of students' professional attitudes would perform or refer to other professionals to have an induced abortion.

Another quantitative study used second and third year medical students, nursing and law students from the University of Santiago de Compostela. This study aimed to explore the attitudes of students towards Voluntary Interruption of Pregnancy (VIP). The survey that was used in the study had four sections namely, (1) demographic data; (2) participants' attitudes towards VIP and their ethical rationale; (3) knowledge and opinion about the past and present of the VIP law; and (4) willingness to participate in VIP in eight different circumstances (Rodriguez-Calvo et al., 2012, p. 210).

The section that involved the willingness to participate in VIP with eight different circumstances is what was reviewed for this study. The circumstances that the students would perform an abortion is as follows: (1) 87% mother's life at risk: (2) 86% in case of rape (3) 77% risk of serious foetal disease/disability; (4) 66% mother's health at risk; (5) 34% if mother is a minor; (6) 25% for socio-economic reasons; (7) 7% unwanted pregnancy; (8) 2% unwanted sex of the child (Rodriguez-Calvo et al., 2012, p. 211). From these circumstances, it was found that 88% were pro-abortion and 51% were pro-life for the circumstances 1 to 4. Furthermore, it was also

found that for the last four circumstances 26% were pro-abortion and 6% were pro-life (Rodriguez-Calvo et al., 2012).

A similar study to the above study was conducted in the United Kingdom. This study also used medical students and one section of their survey was "their willingness to be involved in abortion provision as qualified doctors" (Gleeson et al., 2008, p. 783). However, compared to the previous study that had eight circumstances this study only had six circumstances. The results were as follows: (1) 67% mother's life at risk; (2) 59% in case of rape; (3) 55% mother's health at risk; (4) 46% foetus will have serious disease/disability; (5) 38% foetus at risk of serious disease/disability; (6) 37% unwanted child (Gleeson et al., 2008, p. 785). The study also found that across the six circumstances there were 69% students that were pro-choice compared to 23% students that were pro-life.

3.6. Abortion and Stigma

Stigma can be defined as the "attribute that is deeply discrediting' that negatively changes the identity of an individual to a 'tainted, discounted one" (Goffman, 1963, p. 3 as cited in Kumar, Hessini, & Mitchell, 2009, p. 2). Link & Phelan (2001) conceptualize stigma through interrelated social processes that are involved with the construction of stereotypes. Social science research indicates that health-related stigma develops from a wide range of social and cultural aspects. Thus stigma associated with abortion is a social phenomenon that is developed through a wide range of social and cultural aspects.

Kumar et al (2009, p 4) defined abortion stigma as "a negative attribute ascribed to women who seek to terminate a pregnancy that marks them, internally or externally, as inferior to ideals of womanhood". The main reason why women who abort are stigmatized is due to the fact they are challenging the concept of motherhood which is essentially the nature of 'being a woman'. If the 'norm' of 'being a woman' is motherhood then women who undergo abortion are seen to be deviations from the 'norm' and as a result are not considered to be part of the normative category of 'being a woman'. Following this, labels and generalisations such as promiscuity, irresponsibility, sinful, murderous and/or selfish are used to define who she is. These labels and generalizations are formed by society as in the eyes of society abortion is seen as bad, disgusting and shameful. Thus women who abort are stereotyped according to the way in which society views abortion (Kumar et al., 2009).

3.7. Defining Gender

Many theorists have viewed sex as the distinctive biological or physiological characteristics that define men and women. These distinctive biological or physiological characteristics that define men and women are determined by looking at sex chromosomes (XY for men and XX for women); hormones (i.e. testosterone for men; estrogen and progesterone for women); reproductive systems (testes for men; ovaries and womb for women) as well as external genitalia (penis for men and vagina for women) (Muehlenhard & Peterson, 2011). Thus Etaugh and Bridges (2010, p. 2) cited in Muehlenhard & Peterson (2011) on page 796 states that sex is "the classification of individuals as female or male based on their genetic makeup, anatomy, and reproductive functions". Therefore the sex of an individual is the biological, anatomical and genetic make-up that is evident at birth.

Sex and gender are two different concepts because sex is related to biological origins whereas gender is related to social and cultural origins (Muehlenhard & Peterson, 2011). Hence gender is the social and cultural aspects that categorize men and women into social roles of 'males' and 'females' in relation to their biological or physiological characteristics. This means that an individual's biological characteristics creates a pathway for society and culture to use particular traits to define what is meant by 'being male' or 'being female' which is referred to as an individual's gender. Therefore the concept of gender can be viewed as a "way of denoting cultural constructions – the entirely social creation of ideas about appropriate roles for women and men. It is a way of referring to the exclusively social origins of the subjective identities of men and women. Gender is, in this definition, a social category imposed on a sexed body" (Scott, 1986, p. 1056). This means that gender is understood as the social, cultural and psychological differences between males and females whereas sex is understood as the biological and genetic differences between men and women (Hook, Watts & Cockcroft, 2002 & Muehlenhard & Peterson, 2011).

3.8. Gender and Abortion Attitudes

3.8.1. A patriarchal society

Ghana is an example of a patriarchal society. A qualitative study was conducted using in-depth interviews and focus groups to obtain information on the socially constructed attitudes and beliefs around abortion of males, females and healthcare workers (Schwandt, Creanga, Adanu,

Danso, Agbenyega, & Hindin, 2013). In this study on page 16 of the manuscript, a doctor stated that the culture in Ghana is patriarchal:

"It is very important to note that we are in a society where the men dominate. They are in charge of all decisions wherever that you go. Maybe only exception among the very highly educated ones. But generally most folks in Ghana it's the man, whatever he says is final. And even when it comes to relationships, the man tends to dominate".

Hence, patriarchy is a social structure or system that has enabled men to have superiority over women (Hansjee, 2011 & Holmes, 2007). Thus patriarchy "privileges men as a group and exploits women as a group" (Ingraham, 1994, p. 206). A patriarchal society is created through the gender differences that exist between males and females (Holmes, 2007). Patriarchy involves organisations, behaviours, thoughts and beliefs systems in which male privilege and power is maintained. In some African countries the patriarchal systems still sustain abortion to be illegal, unsafe and highly stigmatised. Due to societies in some African countries been male-dominated the experiences of women reproductive health (pregnancy, childbirth and abortion) was not seen as a priority because it did not form part of what men experienced (Braam & Hessini, 2004).

Thus patriarchy is seen as the inequality towards women and this inequality towards women is what led to the beginning of the feminist movement. The feminist movement was formed to challenge the patriarchal organisations, thoughts and belief systems that dominated society (Carinci & Wong, 2009). Feminist movements in the context of abortion have based their arguments on the reproductive rights of women because in a patriarchal society men control these reproductive rights of women. Thus the feminist movement is concerned with the equality of women's rights. Particularly, the feminist movement focuses on the right to choose to have an abortion in which women have rights over their bodies, health and well-being.

Another argument that has formed around gender in relation to women is the socio-cultural role of motherhood. Motherhood or being a mother is viewed by society as an essential feature of 'being a woman' and thus lies at the core of a woman's identity (Hansjee, 2011). Hence the social 'norm' of a women's role in society is that she should bear children and take care of them and essentially become a mother. Motherhood is an identity that is essential to a woman as it is what society classifies as a 'normal', 'feminine' woman. Thus for society to approve and accept you as a woman you must be part of the 'norm' which is essentially becoming a mother (Richardson, 1993).

3.8.2. Previous studies of gender and abortion attitudes

Previous studies that have been conducted on gender and abortion attitudes are mostly quantitative. The reason for this is that most qualitative studies have focused on abortion attitudes by looking at abortion attitudes and gender separately; however, not many qualitative studies have focused on abortion attitudes in relation to gender differences. This shows that this area of research is understudied and more studies should be conducted to find out if gender influences the way in which men and women talk about abortion. Though there have not been many qualitative studies that have looked at gender differences in attitudes, the studies based on the reasons for abortion mentioned above can indicate that the partner does have influence and plays a role in the woman's decision to abort which makes the role of gender a vital aspect.

There are only a few quantitative studies that have found abortion attitudes to differ between males and females. A study by Carter et al (2009) found that gender is a strong predictor of abortion attitudes. However, other studies have found slight differences between gender and abortion attitudes (Blunt & Steeper, 2007; Hertel & Russell, 1999; Narendra, 2010; & Strickler & Danigelis, 2002).

The study that was conducted by Blunt & Steeper (2007) shows a small difference of abortion attitudes between males and females. In this study the analysis of data from 1992 and 2006 shows slight differences in the attitudes of males and females. The data from 1992 showed that females are more likely than males to strongly support the pro-life position, thus 28% for females versus 23% for males. However, females are more likely than males to also strongly support the pro-choice position, thus 35% for females versus 32% for males. Therefore it can be seen that there is a little net difference between the males and females (Blunt & Steeper, 2007). This difference has not changed much over the years as in 2006 females still strongly support both the pro-life and the pro-choice positions more than males. Thus 37% of females compared to 34% of males strongly support the pro-life position and 25% of females compared to 20% of males strongly support the pro-choice position. This supports the argument that attitudes towards abortion can vary by gender, however, the differences are small.

The study conducted by Hertel & Russell (1999) found that support for strong pro-life and pro-choice positions are very similar for males and females thus neither gender is more inclined towards one position over the other. Another study conducted by Narendra (2010) found that there were no significant effects between gender and abortion attitudes. Lastly, a study

conducted by Strickler & Danigelis (2002) also found gender not to be a significant predictor of abortion attitudes.

Furthermore, many studies have also looked at other predictors such as religion, marital status, education level, race and age (Blunt & Steeper, 2007; Carter et al., 2009; Hertel & Russell, 1999; & Narendra, 2010). For example, in the study conducted by Hertel & Russell (1999) which focused on demographic variables it was found that there was no statistically significant effect between gender and marital status. It was also found that the higher the marital status of a woman the more pro-life she becomes thus married individuals are less supportive of abortion rights compared to single individuals. Also in the study conducted by Narendra (2010) shows that education does have an effect on abortion attitudes between males and females because education has a stronger effect on the support for abortion with women. It was also found that the higher the level of education of both males and females the more they support abortion, thus support a pro-choice position.

3.8.3. Gender and abortion attitudes with University students

A quantitative study conducted by Carlton, Nelson, & Coleman (2000) at a mid-sized south-eastern university in America focused on attitudes of psychology students, mainly pro-life and pro-choice, and their experience with abortion. In this study, gender was a demographic variable and it was found that gender differences existed on certain items of their scale. However, it was only a slight difference – "females tended to lean slightly more towards the pro-life position than men" (Carlton et al., 2000, p. 624).

Other quantitative studies have also focused on the attitudes of students towards abortion (i.e. pro-life such as moral judgement versus pro-choice such as women's rights). These studies have also focused on the attitudes of students in relation to gender, age, religion, marital status, etc… (Carlton et al., 2000; Buga, 2002; Olaitan, 2011; Patel & Johns, 2009; & Rodriguez-Calvo et al., 2012). Most of these studies found a very small or no relationship between gender and the students' attitudes towards abortion. Therefore, would there be a difference between the attitudes of male and female students towards abortion if different circumstances were considered?

3.9. Research Questions

Therefore this study attempted to answer the following research questions:

1. What are the attitudes of students towards abortion if faced with different circumstances?
   1.1. Are these attitudes influenced by gender?
2. Do the attitudes students have towards abortion change from more serious to less serious circumstances?
   2.1. What factors influence these attitudes?

CHAPTER 4: METHODOLOGY

4.1. Research Design

This study uses a qualitative research design. A qualitative research design aims to describe and explain the experiences, behaviours, interactions and social contexts of individuals without the use of statistical methods or quantification. Thus a qualitative research design is developed to understand the meaning and experiences of the lives and social worlds of individuals (Fossey, Harvey, McDermott, & Davidson, 2002).

The interpretative and the critical research paradigms are embedded in the qualitative research design. The interpretative research paradigm focuses primarily on understanding and making sense of individuals' experiences and behaviours, whereas the critical research paradigm focuses primarily on how an individuals' concept of thinking is socially and historically constructed and how their thinking restricts their behaviours (Fossey et al., 2002). In other words, "while interpretive approaches emphasize meanings inherent in human experience and action, regardless of their individual or collective origin, critical approaches emphasize the social and historical origins and contexts of meaning, regardless of the individual or collective forms of embodiment and expression they might take" (Fossey et al., 2002, p. 720). From this, it can be said that this study is embedded in the critical research paradigm. The reason for this is that this study is not looking at individuals' experiences and behaviours towards abortion but rather is looking at how individuals' understand and make meaning of abortion through their attitudes which may be socially, historically and/or culturally constructed. Therefore the attitudes individuals have towards abortion has been constructed through social, historical and/or cultural origin and not through their experiences and/or behaviours.

The qualitative research design entails broad research questions rather than explicit hypotheses that need to be tested. Research questions found in qualitative research focus on three areas namely, the language used to explore communication processes; types of interactions that occur within social groups and the description and interpretation of individual meanings influenced by a set of circumstances and/or behaviours; theory development through the finding of patterns and connections within qualitative data (Fossey et al., 2002). Therefore research questions examined in a study develops through the setting, data and the analysis involved in a study. Therefore the sampling, data collection, analysis and interpretation found in a study are interlinked in a holistic manner (Fossey et al., 2002).

Sampling in a qualitative research design incorporates two important factors that guide the sampling methods, namely appropriateness and adequacy. Appropriateness in qualitative sampling means that the correct and appropriate participants are chosen in relation to the study. Adequacy in qualitative sampling means that the appropriate information sources such as people, places, events or types of data are used in sampling to inform the research question/s and to develop a detailed description of what is being studied (Fossey et al., 2002). Qualitative sampling may involve small numbers of participants (Fossey et al., 2002). Thus the cohort of participants that was used in this study is appropriate as it conforms to a qualitative study which does not need a large cohort of participants to be conducted. The cohort in qualitative studies needs to be small for practical reasons and the constraints that are involved, such as time and limited resources. These constraints are both required for proper analysis to be done.

Furthermore, purposive sampling is the sampling strategy which is commonly employed in qualitative research (Devers & Frankel, 2000). Purposive sampling strategies are used to enrich our understandings relating to the experiences of selected individuals or groups. Purposive sampling strategies are also used for the process of developing and formulating new theories and/or concepts. This is achieved by using 'information rich' cases of individuals, groups, organizations or behaviours that provide the greatest understanding in reference to the nature of the research question/s (Devers & Frankel, 2000). Therefore the aim of sampling in a qualitative research design is to identify particular groups of individuals who possess the characteristics or live in circumstances relevant to the topic being studied and not to establish a random or representative sample drawn from a population as seen in a quantitative research design (Mays & Pope, 1995). This was the aim in this study in which participants had to possess the characteristics of being a male or female and an honours psychology student. Therefore using a cohort of students for my sampling was chosen as it was related to the nature of my research question and this did not allow for a random or representative sample to be established from a population.

Instrumentation also forms part of the qualitative research design as it plays an important role in collecting insightful and rich data in the data collection phase. The instrument that is used in a qualitative research design may be designed to be structured, unstructured, open-ended or closed-ended. However, this design of the instrument is related to the purpose of the study; for example, if the study is exploratory or aims to find or improve on theories or concepts then a very open-ended instrument would be the most appropriate to use. Highly structured instruments are useful in that they allow for quicker data analysis and reporting of the findings, however, the

construction of highly structured instruments can be very time-consuming. Furthermore, the raw data found in a qualitative research design consists of words and images in the form of audio-tapes, video-tapes, field notes or transcripts (Devers & Frankel, 2000). Since the purpose of this study was to look at the attitudes students have towards abortion across different circumstances the construction of the instrument into fictitious vignettes was the most appropriate. The reason for this is that it provides a hypothetical story which allows for the participants to place themselves in that particular situation which creates the illusion as to 'what would I do if I was in that situation?' Therefore the vignettes were structured stories that led the focus group discussion, however, the follow up questions were open-ended in the sense that there was no exact or correct answer with reference to the questions.

Common methods of collecting qualitative data are interviews, focus groups, and participant observations. This study used focus groups as the research method to collect data in order to generate a group interaction to explore the topic of abortion that was being studied. As Fossey et al (2002) states that participants are chosen based on their similarities of social or cultural experiences linked to the focus of the study. In this study, the participants that were chosen were based on their gender and that they were honours psychology students. During the process of collecting data, the information gathered needed to be recorded in a way that it allowed for the researcher to analyse the data in which individual meaning and social context from the data could be understood and described. Therefore the most important feature of all qualitative research is the extensive engagement between participants, data and setting despite the approaches that are used to collect data (Fossey et al., 2002).

Qualitative data analysis is "a process of reviewing, synthesizing and interpreting data to describe and explain the phenomena or social worlds being studied" (Fossey et al., 2002, p. 728). Qualitative data analysis is concerned with the analysis of codes, themes, and patterns present in the data and not statistics like in a quantitative research design (Ploeg, 1999). The analysing of data in a qualitative research design entails two levels of analysis. The first level is that of critically assessing, identifying and coding recurrent themes evident in the data for each participant. The second level involves identifying common themes and areas of differences amongst all the participants. Qualitative data analysis progressively explores the data by looking at similar and different parts of the data in order to establish an understanding as more data is collected and critically assessed. However, qualitative data analysis involves more than just simply coding the data. Conceptual level processes are required in order to understand meanings, patterns, or connections among the qualitative data. This occurs at the discretion of

the researcher's thought processes, reflections and understanding of the data. Therefore, the way in which the conceptual level processes are used and the manner in which the data is examined to weigh the information collected from differing sources provides an adequate description of data analysis (Fossey et al., 2002). Furthermore, data from transcripts is presented in the form of direct quotes from participants that provide rich and detailed illustrations of the themes evident in the study. Qualitative data analysis allows the researcher to generalise to a theoretical understanding of what is being studied compared to that of a quantitative research design that uses the data to draw empirical inferences to a population (Ploeg, 1999).

4.2. Sampling Procedure and Participants

This study used a cohort of psychology honour students at the University of the Witwatersrand. This cohort comprised of 11 students whereby 6 students were male and 5 students were female. These students were placed into two focus groups – one male focus group and one female focus group.

Psychology students in particular were used because controversial or socio-political topics have been discussed in the psychology courses offered by the university. Both internal debates and external shifts that are taking place in the broader socio-political arena have been discussed in these courses. Therefore, the knowledge students have learned from these courses has allowed for objectivity, rationality, neutrality and professionalism towards controversial topics. Psychology students have also studied the nature of prejudice and discrimination, the origins of belief systems and the intuitive underpinnings of people's moral convictions. Ideally then, this cohort should be able to engage in such a controversial topic in a holistic manner.

The study employed both a purposeful and convenience non-probability sampling strategy. The reason for a purposeful non-probability sampling strategy is that the cohort was already classified and preselected. Another reason this sampling strategy was used is because the cohort of students would not be a representative subset of a larger population which in this case is pregnant women who are currently experiencing the decision to abort due to different circumstances. Therefore students would express their attitudes and not their experience towards abortion and the different circumstances that lead to the decision of abortion thus this cannot be representative of the larger population.

Convenience non-probability sampling was also used in this study. The reason for employing a convenience non-probability sampling in this study was that this is a volunteer based study in

which honours students studying psychology are readily available and accessible and there is no attempt to make the cohort representative of a population.

4.3. INSTRUMENTS

The instrument that was used in this study comprised of four vignettes with follow-up questions.

A vignette is a methodological tool that entails a carefully constructed descriptive and fictional short story or scenario that is appropriate for a specific study with the aim to represent real-life events (O'Dell, Crafter, de Abreu, & Cline, 2012; & Schoenberg & Ravdal, 2000). Vignettes are used in research to explore and understand individuals' beliefs, views and attitudes (Hughes & Huby, 2002).

In this study the four vignettes were read out aloud by the researcher to the students with the aim of answering follow-up questions in a focus group setting. Each vignette took approximately five minutes to read and fifteen to twenty minutes to discuss, however, some vignettes were discussed longer than others. Each vignette represented a certain circumstance which aimed to elicit attitudes that students have towards abortion.

Vignette one presents a story about Mary who is a student that falls pregnant and is looking at having an abortion because her circumstance is that she cannot afford the baby, she needs to finish her studies and also is not married (moral concerns). Vignette two presents a story about Alex and Diane who are a married couple that wants to have an abortion because their circumstance is that they already have four children and thus cannot afford another child (financial concerns). Vignette three presents a story about Kristy and James, a married couple who feels they have to abort as their foetus is deformed with Down syndrome (health concerns). Vignette four presents a story about Lexi, a young woman that falls pregnant but wants to have an abortion because her circumstance is that she was raped (woman's freedom to control her body).

Vignette methodology is an excellent tool to use because it "allows researchers to systematically explore issues that could, potentially, be sensitive to research participants as it allows participants to control whether they disclose personal information" (O'Dell et al., 2012, p. 703). Hence, vignette methodology aims to look at the social components of an individual's background as well as their perceptual processes (Jenkins, Bloor, Fischer, Berney, & Neale, 2010).

Therefore in this study the vignette methodology aimed to place the students in hypothetical contexts or scenarios to see what their attitudes would be towards the scenarios leading to abortion as if they were to themselves experience these scenarios that involve the decision of abortion. Thus asking the question indirectly as to 'what would you do if you were placed in this type of situation'. Furthermore, students did not have to disclose personal information because all they did was express their thoughts, beliefs and values in the form of their attitudes.

4.4. Data Collection Procedure

Firstly, a Permission Letter (Appendix B) was given to the lecturer requesting to arrange a time to speak to their honours psychology students after one of their lectures for five minutes in order to introduce the topic of the study. Once permission from the lecturer was granted, the students were asked if they would be interested in participating in the study. Following this, interested students were given a Participation Letter (Appendix C) which explained the nature of the study and also provided the researcher's contact details. Students were told to contact the researcher if they were interested in participating in the study and from this a date was set to accommodate all the students for the two separate focus groups.

However, only four students were interested and as a result the method of recruiting participants was changed. Therefore, the honours psychology students were approached in the psychology first year office on one of the days they had office duty. These students were asked if they would be interested in participating in the study and if they were interested they were asked for their contact details. Once there were enough students to participate in the study, the students were contacted to arrange possible times to meet and subsequently participate in the focus group. Both the male and female students were able to make it on a Friday afternoon and as a result the focus groups were held over a two week period.

The focus groups were held in the Research Masters common room. When the students arrived at the Masters room, they were given a Participant Information Sheet and Consent Forms (Appendix D) which they signed and thereafter helped themselves to refreshments. Once all the participants had arrived and signed the consent forms, the focus group began. The researcher introduced herself to the participants and stated the rules of the focus group discussion. These rules included: participants should not interrupt, disrespect and/or judge other participants' attitudes and opinions. Furthermore, they were told that they must engage in the discussion by sharing their attitudes and opinions with each other and not with the researcher. Following this,

each vignette was read out aloud by the researcher with follow up questions that were asked relating to the vignette and their personal attitudes. The discussion that took place in the two focus groups was recorded using a Dictaphone. These discussions were transcribed into written data to form transcripts and then analysed into themes through the process of coding. Furthermore, conclusions were drawn from the themes that were found in the transcripts.

4.5. RESEARCH METHOD

A focus group is a research methodology that entails a small non-representative group of usually 5 to 12 participants that share one or more characteristics of interest to the researcher and get together to discuss a particular topic or issue in order to generate data (Hughes & DuMont, 1993; Robinson, 1999; Smithson, 2008; & Wong, 2008). Kitzinger (1995, p. 299) states that focus groups are "a form of group interview that capitalises on communication between research participants in order to generate data". Moreover, Kitzinger and Barbour (1994, p. 4) cited in Krzyzanowski (2008) on page 162 state that focus groups are characterized by the "explicit use of group interaction to generate data". Furthermore, Robinson (1999, p. 905) states that a focus group is an "in-depth, open-ended group discussion of 1-2 hours duration that explores a specific set of issues on a predefined and limited topic". Hughes & Dumont (1993, p. 776) also define focus groups as "in-depth group interviews employing relatively homogenous groups to provide information around topics specified by researchers".

Wong (2008) states that the main characteristic of a focus group is the interaction between the facilitator and the group of participants as well as the interaction amongst the group of participants. However, focus groups primarily concentrate on the interaction amongst the group of participants with the aim of exploring many different attitudes, opinions and perceptions (Litosseliti, 2003). Furthermore, focus groups provide access for researchers to obtain the language and concepts that the participants use to structure their experiences as well as the way in which the participants think and speak about a specific topic which would be less accessible in response to direct questions such as in individual interviews (Smithson, 2008 & Wong, 2008). Therefore a focus group was the most appropriate research method to collect data in this study because the comments made by the participants created an interesting and stimulating discussion focusing around the different circumstances with regards to abortion. It is also appropriate as it allows different opinions, views, attitudes and beliefs of the participants to interact forming a debate that centres on abortion. Individuals may also feel more comfortable to discuss their

attitudes and perceptions in a group setting compared to a one on one interview as they may feel a bit nervous, shy or intimidated.

Focus groups are seen as a convenient method of data collection as it is a quick and easy way to collect data as the data can be collected from several participants at the same time (Smithson, 2008). However, even though it may be a quick and easy way to collect data, in reality there are usually problems in setting up and organising groups as it is difficult to get a certain number of participants together as well as the right combination of participants. Therefore, groups are chosen upon availability rather than representativeness of the sample as it may be difficult to obtain participants (Smithson, 2008). This was evident in this study as obtaining participants was challenging because many students were not interested in participating in the study and as such I took any student that was willing to participate. Another problem is that participants may not arrive on the day of the discussion as they may have changed their minds and thus dropped out at the last minute (Wong, 2008). This was also evident in this study in which participants at the last minute dropped out as they could not attend the focus group. This is a huge problem as it is already challenging to obtain a small amount of participants on a particular day at a particular time. Furthermore, collecting data from several participants at the same time can lead to issues associated with confidentiality because confidentiality cannot be guaranteed as other participants are present during the focus group sessions. Therefore this raises ethical concerns as there is more than one research participant present (Smithson, 2008).

In focus groups the facilitator encourages group interaction by informing participants to ask one another questions and comment on each other's points of view and experiences. This can create a setting of interaction in which participants challenge each other's statements, build on each other's statements, stimulate thinking and discussion which allows for data to be generated that involves critical comments through contrasting opinions of either agreement or disagreement with one another (Kitzinger, 1995; Smithson, 2000; & Wong, 2008). Even though focus groups encourage participants to comment on each other's point of views and experiences which contributes to the richness of the data, it has been argued that some participants may criticise the comments made by other participants that can consequently result in these participants reframing from being truthful in their comments as they are cautious as to what they say (Smithson, 2000 & Smithson, 2008). However, agreeing and disagreeing can also provide contrasting opinions to emerge and develop which can yield 'information rich' data (Smithson, 2008). This was evident in this study as the participants agreeing or disagreeing amongst themselves within the different circumstances yielded interesting data.

Focus groups are also advantageous in that it can provide an opportunity for 'sensitive' topics to be raised as the discussion allows for the reflection and time to unpack certain issues relevant to the topic. Smithson (2008) on p. 363 stated that Kitzinger and Farquhar (1999) argue that "focus groups can be used to unpack the social construction of sensitive issues, uncover different layers of discourse, and illuminate group taboos and the routine silencing of certain views and experiences". Therefore, focus groups is a powerful research method as it can target minority groups or groups that are often ignored in other research methods to express their views and experiences (Smithson, 2008).

Focus groups can also be disadvantageous as a result of 'dominant voices' (Smithson, 2000). Dominant voices come about when a participant or several participants dominate the focus group discussion so that their opinion/s is the only opinion/s that is clearly expressed. This is problematic as it can create an environment in which other participants' opinions are dismissed and thus not heard (Smithson, 2000). Dominate participants can also sway the opinions or views of less dominate participants (Wong, 2008). A possible solution to this is to make the focus groups homogeneous (Smithson, 2000). Furthermore, another fundamental disadvantage of focus groups is that the discussion can digress from the original topic of discussion (Wong, 2008).

4.6. Data Analysis

The recordings that were gathered during the focus groups were transcribed word for word into written data to produce transcripts. The researcher read the transcripts several times over in order to become familiar with the data. Following this, a qualitative method, content analysis was used to establish themes from the transcribed data. Content analysis in qualitative research is a method that is used to analyse transcription data. Content analysis is defined as "a research method for the subjective interpretation of the content of text data through the systematic classification process of coding and identifying themes or patterns" (Hsieh & Shannon, 2005, p. 1278). A code is understood as the textual description of a theme or sub-theme. Thus a code is a representation of a theme (Guest, MacQueen, & Namey, 2012). Therefore the process of coding is that of labelling parts of the data to identify different themes (Fossey et al., 2002). Coding can either be conducted manually or by the use of a computer program. In this study the transcribing and coding was manually done.

A coding frame was first established in order to identify the different themes that were evident throughout the transcribed data. The identification of themes was achieved by looking at the frequency of certain words, phrases or statements that were expressed by participants throughout the discussion and it was these words, phrases or statements that were coded with a number. Hence as soon as a word, phrase or statement seemed to present itself as a theme, it was given a number, for example, murder (or a woman that aborts is murdering their unborn child) = 1, religion (or abortion is seen as sinful and bad according to religion) = 2, stigma (or people view abortion as socially and culturally wrong) = 3, etc. After going through both the male and female transcriptions several times, it was noted as to how many times and how many participants expressed certain words, phrases or statements through the use of a table. A table was drawn up to capture the number of times a theme was mentioned as well as which participant/s were part of the theme. Throughout the coding of the themes the names of the themes were short, i.e. murder, however, after the themes were extracted from the transcriptions, the themes were formed into creative content categories such as 'abortion is murder'.

Following this, the data that had been formed into themes was critically analysed to identify discursive constructs that exist around abortion. These discursive constructs were analysed to see how the language the participants used in the themes constructed social realities and meanings around abortion. Thus instead of just analysing the themes for the content of what the participants stated, the themes were also analysed to interpret and understand the discursive construct around abortion by looking at what the participants were really saying in these themes.

4.7. ETHICS

The nature of the study was briefly explained when inviting honour students to participate in the study. After this, students were given the researcher's contact details to contact the researcher if they were interested in participating in the study. However, since the researcher was only contacted by four students she approached the honours students that were involved in the first year office duties and asked them for their contact details. Once the researcher had enough students to participate in this study, the students were contacted to arrange a suitable time for each focus group in which they could all attend. These focus groups were conducted on the premises of the University of the Witwatersrand in the Research Masters room in the Umthombo building on two separate Fridays.

Upon arriving at the focus groups students were given a Participation Information Letter and Consent Forms, please see Appendix D. This information letter informed the students that not all information collected from the study is completely confidential as students are in a focus group setting, however, the results from the focus group will only be accessible to the researcher and their supervisor. It was also stated that students will have complete anonymity in the results of the report as no personal details were required. However, complete anonymity from other students that were present in the focus group was not guaranteed. It also mentioned the right to withdraw from the study at any point of time with no explanation needed and with no penalty. It also stipulated that if psychological distress occurred during the focus group and counselling was needed then the students must contact the Counselling and Careers Development Unit (CCDU) and the Emthonjeni Centre. The numbers for both the Counselling and Careers Development Unit (CCDU) and the Emthonjeni Centre located on the University of the Witwatersrand campus were provided.

Following this, the students were asked to sign various consent forms, form 1 stated that they gave their consent to willingly volunteer to participate in the study and that they understood the nature of the study and their rights by participating in the study. Form 2 consented to participating in a focus group setting in which they understood that their responses to the questions were not completely confidential as other students are present. Form 3 consented to the audiotaping of the session. Form 4 gave their permission for the researcher to use extracts of their responses in the final report.

All transcribed documentation has remained confidential and have only been seen by the researcher and the supervisor. The transcripts have not being included in the study; however, extracts were used, in the form of Participant 1, Participant 2, Participant 3, etc. for ensured complete anonymity. Names that were mentioned in the transcripts by other participants have been omitted in the data extracts and changed to their participant number. Therefore this study was given ethical clearance to be conducted by the University of the Witwatersrand Ethics Review Committee, see Appendix A.

4.8. LIMITATIONS

Limitations of this study are the following:

Framing specific topics into vignettes may have limited other interesting discussions around abortion as the discussions in the focus groups were led by the vignettes with a specific circumstance.

The use of focus groups could have created a context in which not every participant was heard as there could have been participants that were more outspoken and powerful in their attitudes, beliefs and opinions compared to other participants.

The gender of the researcher and participants. In the female focus group, being a female researcher may have allowed for women to express their opinions and attitudes as they may have felt comfortable discussing this topic in the presence of another female. However, being a female researcher and interviewing male participants can be a limitation because the male participants may have not really expressed their true attitudes and options in the presence of a female as they may have felt that they had to consider the feelings of a woman, thus the male participants may have yielded different findings if the researcher was male as they may have felt more comfortable speaking about their attitudes and options of abortion to a man.

CHAPTER 5: ANALYSIS AND DISCUSSION

5.1. INTRODUCTION

The first focus group was conducted with six male students (referred to as participant 1, participant 2, etc.). The second focus group was conducted with five female students (also referred to as participant 1, participant 2, etc.). All of these individuals were psychology honour students at the University of the Witwatersrand. The focus group discussions were transcribed to form transcripts which were familiarised and analysed yielding the themes presented below.

The first vignette entailed a moral circumstance. The two main themes that were related to this circumstance were *abortion is murder* and *abortion as a moral concern*. The second vignette entailed a financial circumstance. The main theme that was related to this circumstance was *abortion as a consequence of financial circumstances*. The third vignette entailed a health circumstance (of the foetus). The main theme that was related to this circumstance is *abortion as a result of foetal abnormalities*. The fourth vignette entailed the reproductive rights of women. The two main themes that were related to this circumstance was *abortion due to rape* and *abortion is for the reproduction rights of women*. It was found that some of these themes were continuously mentioned throughout all four vignettes.

5.2. THEME 1: ABORTION IS MURDER

Murder is the "unlawful and deliberate killing of one person by another" (Soanes & Hawker, 2006, English Oxford Dictionary). Participants 3 and 4 from the male focus group viewed abortion as murder in the sense of this definition:

Participant 1:

> *So when participants 1 think 3 & 4 consider it murder you think is it murder the same way like to kill me or someone is murder. You think it is on the same level* (male focus group, vignette 1)

Participant 4:

> *I would say yes* (vignette 1)

Participant 3:

> *It is on the same level because at what stage you do see killing someone because you are inside your mom's womb. I kill you it's not murder, but if I do it twenty years down the line then it's okay. I mean then it is murder* (male focus group, vignette 1)

These participants saw a foetus in a mother's womb as being a human; this is known as foetal personhood. A 'Foetal Personhood' discourse views the foetus as an unborn child[3], existing in the womb of a pregnant woman, as a distinct individual that possesses their own rights equivalent to the rights of a human being (Hansjee, 2011 & Sigcau, 2009). Thus the foetus is not seen as an object in the womb of a woman but instead as a human being.

If a child, teenager and/or adult is murdered it is seen as a sin according to the Holy Bible in which it states from the Ten Commandments that "you shall not murder". Thus logically speaking if it is a sin to murder a child, teenager and/or adult then it should also be a sin to murder a foetus which is conceptualized as a human being through the discourse of 'Foetal Personhood'. Therefore abortion is portrayed as murder through the discourse of 'Foetal Personhood' as this discourse views abortion as the killing of an unborn child. Therefore these participants view abortion as the killing of a human being and as such murder at any stage of life is still seen as murder. Mitchell, Halpern, Kamathi, & Owino (2006) report that individuals in Kenya view abortion as murder and considers abortion as a great sin in the eyes of God.

Participants 3, 4 and 6 from the male focus group construct abortion as murder as they believe that human life begins when an egg and sperm fuse:

> *But the thing, but the thing is the murder will occur when the life form when the egg and the sperm are together* (Participant 3, vignette 1)

> *When you have the egg fertilised and it becomes something, then it's potential to become a human life* (Participant 4, vignette 1)

> *I believe that when the egg and the sperm fuse that is when life has the potential to be something else* (Participant 6, vignette 1)

[3] Unborn child is the term used to describe a foetus as a human being and thus is interchangeably used with human being

The process in which the egg and sperm fuse together is known as conception. The 'Foetal Personhood' discourse describes a foetus as a human being through the understanding of conception. Hansjee (2011, p. 105) states "the logic is that conception leads to childbirth, therefore the cell formed at conception, the embryo, is already a child". Thus the moment of conception creates human life and as a result a unique human being is created separately from its mother. Since this unborn child is its own individual it is given rights, in particular the right to life. Abortion is seen as the infringement on this unborn child's right to life. Therefore an unborn child's right to life is preserved and supported by the 'Pro-life' discourse which believes that an individual's genetic make-up is already established at the moment of conception (Jali & Phil, 2001). Furthermore, the 'Foetal Personhood' discourse is interlinked in the 'Rights' discourse for the rights of a foetus.

Participant 1 from the male focus group disagrees with the 'Foetal Personhood' discourse as he believes a foetus only becomes a human being once brain cells and cognitive functioning are evident:

> *How much of the brain is developed – I mean that's what it is for me. I really don't think that like a sperm and an egg, you know together is like has much more than two cells to it, in fact I'm pretty sure that's all it is two cells* (Participant 1, vignette 1)

If conception is the equivalent to a human life being created and the taking of a human life is equivalent to murder then abortion can be understood in terms of killing the life of an unborn child. Thus if murder is seen as immoral, sinful and completely against God's will then abortion is seen in the same light as murder. Through a 'Religion' discourse, abortion is seen as the violation of the sacredness of life as it goes against the will of God. From a Christian perspective, abortion is viewed as immoral because it deliberately disrupts God's creations by rejecting the existence of humanity (Vorster, 2007).

The knowledge that individuals learn and obtain through the teaching of the Ten Commandments forms their perceptions between knowing what is right and what is wrong. Thus the Ten Commandments teach individuals that abortion is immoral, a sin and is associated with murder. Therefore, individuals' belief and value systems are constructed through their social interaction with religion. Religion influences the attitudes that individuals form around abortion causing individuals to form pro-life attitudes knowing that abortion is a sin and immoral. Therefore, the religious discourse is connected to the 'Pro-life' discourse. Since the 'Pro-life' discourse

supports a conservative; traditional; religious belief and value system (Stets & Leik, 1993), religion is a discursive construct of abortion.

The 'Religion' discourse describes abortion as murder because abortion is conceptualised as being a sinful and an immoral act. The findings of this study resemble similar findings of other South African studies (Bowes, 2009; Mojapelo-Batka & Schoeman, 2003; and Sigcau, 2009). In Bowes (2009), an 'anti-abortion God's will discourse' was reported in which abortion was constructed as murder by the participants. Thus Bowes (2009) reported that women were labelled as 'murderers' if they fell pregnant and had an abortion outside of marriage. Mojapelo-Batka & Schoeman (2003) reported comments made around religion and the teachings of the church that abortion is a sin and that of killing an unborn child. Sigcau (2009) reported that majority of participants viewed abortion as a sin which is equated to murder. Therefore, with the findings of this study and other studies, religion plays a major role in the controversy of abortion as it states that it is the killing or murdering of an innocent child against God's will and as such is a sin.

5.3. Theme 2: Abortion as a moral concern

> *You know you've lived in this community where you have enjoyed a religious fellowship and if you've had premarital sex and now you are having an abortion, um or you are having a child out of wedlock, they are going to frown upon that, but if you have an abortion, no one finds out about it, you can still reintegrate yourself as a fraud, if people don't find out (*Participant 1, male focus group, vignette 1)

> *There's two sides to it, because her having a baby out of wedlock and then her aborting the baby as well, like, ja no matter what she does she's in the wrong (*Participant 3, female focus group, vignette 1)

> *I also don't think the wedlock thing's a big issue anymore, but the abortion thing is*
> (Participant 6, male focus group, vignette 1)

Religion is against promiscuity, pre-marital sex, giving birth to a child outside of marriage and abortion. Promiscuity and pre-marital sex are moral concerns identified by religion that leads to the decision of abortion. Thus a 'Moral' discourse is governed by religion which speaks about abortion being the solution to terminating an unwanted pregnancy as a consequence of immoral acts such as pre-marital sex and promiscuity. Therefore religion believes that if you were not engaging in many sexual encounters or having pre-marital sex then you would not have to face

the decision of having an abortion or giving birth to a child outside of marriage which are both seen as immoral. This leads to the discourse of 'Responsibility' which sees abortion as a solution for individuals' irresponsible sexual behaviours that they engaged in. Smith, Sdanki and Kimmie (1999) cited in Althaus (2000) reported that 48% of the population views abortion as morally wrong.

Since society disapproves of promiscuity, pre-marital sex and abortion it provides knowledge to individuals that having sex and giving birth to children is only morally acceptable in the sacredness of marriage. Therefore society believes that marriage is the union of two individuals which can result in children and thus if women are married then abortion should then not be an option.

> *Ja and if her parents are religious they'll probably want her to marry the guy* (Participant 1, female focus group, vignette 1)

Furthermore, Izugbara, Ochako, & Izugbara (2011) conducted a study in Kenya and found that a lot of unwanted pregnancies took place outside of marriage. A female participant from the study reported, "I did not want the pregnancy then because I was not married. It is not good to become a mother outside marriage" [p. 1039]

> *But personally I don't think it's not that big a deal whether or not you are married when you have a baby* (Participant 1, male focus group, vignette 1)

The statements from this study and the Kenyan study shows that women view being pregnant outside of marriage completely different to the way men see pregnant women outside of marriage. A possibility may be that men do not experience the social stigmatization and embarrassment associated with being pregnant outside of marriage. Izugbara et al (2011) also found that being pregnant and bearing children in Kenya is only acceptable in a marriage which is also evident in the South African society. Thus being pregnant has been constructed by society and religion as being acceptable only in a marriage and believe that if individuals experienced pregnancy in a marriage then abortion would not be considered. Therefore social morality and religion influence women's discourses related to abortion (Mojapelo-Batka & Schoeman, 2003).

5.4. Theme 3: Abortion as a social stigma

Social stigma formed around abortion is a result of society, religion and culture implementing the concept that abortion is a sin and immoral. A 'Media' discourse speaks about abortion

though society, religion and culture. Since the media is seen as very influential, it causes individuals to form attitudes and opinions around the debate of abortion which are socially constructed. Therefore, these attitudes and opinions are influenced by the way in which individuals construct meaning and understanding of the world through society, culture and religion.

> *You know what it is though, I think it is because they usually associate abortion with murder that there's that stigma, like it's not right because you are not, probably like taking a life away type of thing. So it will lead back into what we discussed in terms of like is it murder or not murder? But generally I think most society will see it as like wrong because it is associated with murder* (Participant 4, male focus group, vignette 1)

The statement made from this individual allows social stigma to be tied with the themes of 'abortion is murder' and 'abortion as a moral concern'. Women that have abortions are seen as murderers and as a result of this are stigmatized because murder is a sin and immoral. Thus women who have abortions are stigmatized because society views abortion as the murdering or killing of an unborn child. Thus society stereotypes women that have abortions as murderers.

Furthermore, abortion has being socially constructed as shameful and disgraceful through the influences of society and culture:

> *People think it's bad. I think in general like even across culture, religion, race - it's like people view it as bad* (Participant 6, male focus group, vignette 1)

Therefore a 'Social' discourse speaks of abortion as being 'bad, disgusting and shameful' created by society through social stigma which results in the formation of stereotypes. The following statements from the participants in this study indicate abortion should not be stigmatized because the reasons as to why individuals have an abortion may be due to personal reasons and since we do not know these reasons one should not judge.

> *There shouldn't be a stigma attached to aborting any baby really. That's my answer* (Participant 1, male focus group, vignette 3)

> *I think you know what you would, what you would do with your life, but it doesn't mean somebody else feels that way and it's not someone else's situation and personally if you hear about it, your first thought shouldn't be 'how dare you'* (Participant 5, female focus group, vignette 3)

Since abortions are socially constructed as being 'bad, disgraceful and shameful' women that have abortions are being stereotyped as a sinner and a bad person. Therefore, women that have an abortion are not considered to be a 'true' woman and live up to their responsibility of being a mother which is the 'cycle of life'. Moreover, women who do not want to be mothers for whatever their reasons may be are seen as women that go against the typical role or social 'norm' of 'being a woman'. Abortion goes against the typical role of woman as it gives a woman the choice as to what time in her life she wants to be a mother. Therefore a 'Motherhood' discourse speaks of abortion through the ending of pregnancies and as a result stops the natural processes of becoming a mother.

> *I don't think there should be a stigma attached to abortion at all, be it because you decided to abort because your child is going to be deformed or because you decided to abort because you were only 19 and your parents were going to like half murder you when they found out, or because you were just living a good carefree life and decided you didn't want to have a kid. I don't think there should be any social stigma attached to abortion. Not that that's gonna happen anyway in this day of age* (participant 4, female focus group, vignette 3)

Moreover, women who have abortions go against society's construction of the 'role of a woman' which results in women being stereotyped as being murderers because society views abortions as disgraceful and shameful. Therefore the traditional attitudes of the 'role of a woman', for example, wives and mothers shaped by society around female fertility, reproduction and abortion is culturally embedded (Sigcau, 2009).

Bowes (2009) found that abortion is a taboo and stigmatized in which the participants in a community in the Western Cape reported that they believe so strongly that abortion is immoral that it is not a topic that is openly discussed. Sigcau (2009) reported that social stigma was a common discursive theme found in the participant's stories. This study also reported that the participants believed if they had to have an abortion they would be stigmatized in some way or another as abortion is viewed as being shameful and disgraceful in the eyes of society. It was also found that the participants spoke about social stigma in relation to discourses of religion and societal values.

Furthermore, Mojapelo-Batka & Schoeman (2003) found that women who had had abortions feared that society would judge them and as a result experienced feelings of shame and embarrassment. These women experienced these feelings of shame and embarrassment because of

"rumours, gossip, negative judgements, criticism, condemnation and/or a loss of dignity" (Mojapelo-Batka & Schoeman, 2003, p. 149). Suffla (1997) also reported that the disapproval of society towards abortion has caused women to not openly and freely talk about abortion and discuss their experiences associated with abortion. A participant from this study states, "I certainly don't feel ashamed about it inside of myself ... umm, but I'm extremely aware of the fact that most people, certainly where I come from, are majorly antiabortion. They have very negative attitudes towards abortion. So I feel some of that because I can't talk about my abortion to others (Ferial)" [p. 220]

5.5. Theme 4: Adoption as substitute to abortion

Adoption is seen as the alternative solution to abortion. Hansjee (2011) reported findings in which some of the participants suggested that adoption is a better option to abortion. This raises the question of why have an abortion when you can give the child up for adoption. A possible answer to this question is that some women may not want to experience pregnancy at all; or they are ashamed of giving birth to a child outside of marriage; or society will become aware of the fact that a woman has engaged in pre-marital sex:

> *If you've had premarital sex and now you are having an abortion, um or you are having a child out of wedlock, they are going to frown upon that, but if you have an abortion, no one finds out about it* (Participant 1, male focus group, vignette 1)

Thus women that have had an abortion can keep it a secret in which they may or may not share it with close family and/or friends. By keeping their abortion a secret prevents them from being stigmatized by society and stereotyped as being bad, sinful and shameful. However, if women continue with their pregnancies with the goal of giving the baby up for adoption society will stigmatize them for falling pregnant outside of marriage whereas if they have an abortion they can hide this from society and thus not be stigmatized for falling pregnant. For example, if a woman gives her child up for adoption then the presence of a belly (evidence) will let society know that she has had pre-marital sex whereas if she has an abortion society will never know as there is no evidence. However, many of the participants from both focus groups suggested that adoption is preferred over abortion in most circumstances

> *So people who can't have kids have the opportunity to take it off this persons hands. The fact that you have to suffer with your parents for a few months because you've become really big and they can see you pregnant those are the consequences that*

you have to bear to let this child actually like live and have an opportunity (Participant 6, male focus group, vignette 1)

I think, I think I'd, or I don't want to put myself in the situation, but even looking at it, perhaps keeping the child and then giving the child up for adoption, because you don't feel the time in your life is right, but maybe not, ja, completely terminating the existence (Participant 5, female focus group, vignette 1)

I know, why doesn't anyone consider adoption (Participant 4, male focus group, vignette 2)

Abortion shouldn't be your go to option (Participant 4, female focus group, vignette 2)

Ja, it should be like, it should be on the bottom of your list (Participant 3, female focus group, vignette 2)

It can be seen from these statements that the choice of adoption was related more to vignettes 1 and 2. It was suggested that for circumstances where a woman is still studying and/or is unmarried and cannot afford a baby should rather give the child up for adoption. These participants also suggested adoption as a better alternative to abortion in the circumstances in which individuals cannot afford a baby. Vorster (2007) has reported that some individuals believe that single mothering and socio-economic status is not an adequate reason for abortion as there are other options such as adoption. Furthermore, in vignette 4 some participants did also suggest that adoption be considered over abortion, however, many participants viewed this suggestion as being unrealistic. The reason for this is that a woman feels violated after rape and would not want to experience pregnancy that was not in her control. Also it would be an extremely difficult experience and process as it would be a continuous reminder of her being raped.

However, the idea of adoption was presented in a completely different context in vignette 3. Thus adoption in accordance with the situation in vignette 3 was seen as the solution for the couple to have children and for the woman to experience motherhood. Some participants from both the male and female focus groups contested the idea that adoption should be an alternative option to having children.

Adoptions not the same thing. Adoption you know you can't just say adoption is not the same as your own baby (Participant 1, male focus group, vignette 3)

Furthermore, there was a disagreement amongst some participants in that adoption is the best alternative method for having children and for women to experience motherhood. A reason for this is that the difference between a woman adopting a child and giving birth to her own child is centred on the concept of connection. The connection a woman experiences between her and her unborn child is part of an emotional aspect of being pregnant. Happiness and joy is the emotion associated with women who experience this connection between them and their unborn child.

> *You don't have the same connection* (Participant 5, male focus group, vignette 3)
>
> *But I still feel like that, err maybe she feels that she wants that, personal, yes, connection with her child* (Participant 5, female focus group, vignette 3)

This concept of the connection a woman experiences between her and her unborn child during pregnancy can be viewed differently from women who want children to women that do not want children. Thus an 'Emotional' discourse views abortion as denying this connection between a mother and an unborn child as a result of terminating the pregnancy. Therefore the emotions women experience in continuing with a pregnancy is completely different to that of women who has an abortion. This may be a result of the connection that exists between a mother and an unborn child. For example, a woman who has had an abortion may feel emotions of loss, sorrow and emptiness inside of them because the connection that takes place between a mother and an unborn child has been eliminated through the process of abortion. As a result women usually experience emotions of guilt, shame and disgust towards themselves which can be the cause of depression later on in life. An example of this can be seen in the study conducted by Suffla (1997) which provides an illustration of quotations that women feel after they have had an abortion.

"I felt low and down and depressed because it was like I was close to this child ..." [p. 220]

"[It meant] ... loss of a lot of things, loss of a baby, loss of a fantasy of something ... of a perceived connection, loss of trust in the relationship ..." [p. 220]

Alternatively, some women may not want to experience the connection that forms between a woman and her unborn child during pregnancy and as a result women may experience emotions of disappointment, contempt and hostility towards the foetus when they find out they are pregnant. Thus women usually feel a sigh of relief after having an abortion because they did not want to experience pregnancy at all. This emotion of relief has been reported in previous studies

as the most common emotion women experience if they did not want to be pregnant and wanted to have an abortion. Suffla (1997) reported findings of women that had experienced an abortion in which these women stated that they don't feel a burden of having a child anymore and that abortion has allowed them to not worry of an unwanted pregnancy anymore.

This can be linked back to the 'Motherhood' discourse in which abortion stops women from feeling the connection a mother experiences with her unborn child during pregnancy. This connection between a mother and her unborn child during pregnancy is associated with motherhood because having a bond with your baby is one of the experiences of being a mother. Therefore abortion causes women to not become a mother and as a result breaks the bond between a mother and her child.

Motherhood is an essential feature of 'being a woman' with the social construction of motherhood as the norm of a women's role in society. Mojapelo-Batka and Schoeman (2003) reported that fertility, procreation and motherhood in an African culture are seen as the essence of womanhood. Bowes (2009) also reported that being a mother is the core identity of 'being a woman'. Society has constructed the reproduction 'role of a woman' to be that of bearing children and raising them and essentially become a mother (Reader, 2008). Therefore motherhood is the known role of being a 'normal', 'feminine' woman which forms the core of a woman's identity.

It is this discourse of 'Motherhood' that lies as a discursive construct around abortion because having an abortion stops the process of women becoming mothers. The reason for this is that abortion stops and ends motherhood from taking place. Therefore abortion has been said to be the interruption of the natural process in which a woman becomes a mother (Braam & Hessini, 2004). Thus if women have abortions and go against motherhood which has been socially constructed as the 'role of a woman' in society then they are not conforming to the 'norm' of 'being a woman'.

5.6. Theme 5: Abortion as a consequence of financial circumstances

The underlying factor of financial circumstances is that of money. Money is important for everyday life because without money it is difficult to survive. Money is a discourse of abortion because the reason for abortion is due to the lack of money to raise a child. Thus individuals

rather choose abortion than bring a child into this world in which they will have a poor quality of life.

> *I think that some people who simply can't afford to have kids, those kids aren't gonna have an adequate life … the reason is because if you have a child and you in a low socio-economic environment, you don't want to keep it, but because of law you have to and then you can't have this abortion, this child you know is brought into the world, you don't want it, they don't want it, it doesn't get an adequate education, it doesn't get the resources it needs* (Participant 1, male focus group, vignette 2)

The 'Money' discourse speaks of abortion as the process that eliminates potential financial problems. It can be thought that money problems are related to the concept that mostly poor individuals that do not use contraceptives or are uneducated are more likely to choose abortion. The reason for this is that money is a major factor in determining whether to terminate a pregnancy or to give birth to a child. Abortion is considered an 'easy' option because a woman goes to a clinic, has the abortion and that's it she can continue with her life as if nothing happened. Therefore individuals have the choice of having the baby and experience more financial stress or terminating the pregnancy and their finances will not be affected.

In today's society, money is needed to have children because to have and raise children is very expensive. Society has created this 'reality' that children are expensive and thus as a result money is needed to have a baby. Hence individuals hear the word 'children' and think of money. This understanding leads to babies 'need money' and since poor individuals do not have money to provide for children they feel and think that abortion is the best option. Thus being pregnant leads to children and children are an additional expense and additional expenses require more money. Therefore, if there is no money then there should be no children and for there not to be a child an abortion must be performed.

This is evident in in the study conducted by Suffla (1997) in which the women participants comment that they do not earn enough money to have a baby. They also commented that there is an expensive side that exists in the raising of a child. In Bowes's (2009) study, one participant stated that they need a lot of money in order to have a child and believe that one should have the money to afford to have a child. Moreover, Mojapelo-Batka & Schoeman (2003) reported that financial circumstances play a key role in the decision to have an abortion.

However, most of the participants from both the male and female focus groups commented that the lack of money is not an adequate reason for individuals to have abortions.

> *I think some special exceptions it is, but not in general* (Participant 2, male focus group, vignette 2)
>
> *Never* (Participant 3, male focus group, vignette 2)
>
> *Ethically I would say no, because of my views, so ethically I'd say no but practically most people would convince themselves it is* (Participant 4, male focus group, vignette 2)
>
> *Money shouldn't determine the abortion* (Participant 1, female focus group, vignette 2)
>
> *But there are extreme cases where it should, where the children, where people shouldn't be allowed to have children. Like dirt poor people, who have like, four kids and can't feed all of them* (Participant 3, female focus group, vignette 2)
>
> *So, I really don't think that financial circumstances should be the deciding factor* (Participant 4, female focus group, vignette 2)

5.7. Theme 6: Abortion as a result of foetal abnormalities

This was a difficult circumstance as there were participants that believed that if a child is going to be born with Down syndrome it should be aborted while other participants disagreed.

> *You know let it run its* (referring to a foetus with an abnormality) *own course, but practically it is too hard to tell what I would actually do in this situation* (Participant 4, male focus group, vignette 3)
>
> *I'm not saying that I would definitely or I definitely would not, definitely wouldn't, I'm saying getting to the decision at the end would be a lot harder and a lot more conflated and a lot more confused than what could be assumed. It's not a black and white decision at all* (Participant 4, female focus group, vignette 3)

This constructs a 'Quality of the Child's Life' discourse. The reason for this is that the decision to abort is thought about in accordance to the quality of life a child will have if they were born with an abnormality. In this context, individuals may abort as they feel that they cannot bring a

child into this world that will be different from other children and will not be considered as a 'normal' child.

> *If you are born without you know, different in some way that is like really, you also have to consider the quality of life that particular life it would have, and if it's a poor quality of life* (Participant 1, male focus group, vignette 3)

> *I'm telling you in twenty years' time, it becomes more real when you know your child is not going to be able to run and kick a ball like everybody else, or be able to add maths, like everybody else, or be able to get a job like everybody else* (Participant 4, female focus group, vignette 3)

Therefore individuals may for these reasons choose to abort the child; however, in the female focus group the idea around money being an influence on the child's quality of life was discussed. This is a sound concept as having a healthy child is expensive in itself and thus a child with 'special needs' will be more expensive in order to provide it with the quality of life it deserves. The reason for this is that some children may be placed in institutions that are designed for a 'special needs' child which costs money or the child may require extra lessons which also costs money. Therefore money is a big factor in keeping a deformed baby. Participant 4 introduces the concept of how a child with Down syndrome needs more financial support compared to a 'normal' and healthy child. She hypothesizes that if individuals do not have good financial backgrounds then the child is going to have a poor quality of life as the needs of this child will be too expensive.

> *That given they don't have a good financial background they might not be able to give this child a decent life, because that's what everyone wants for their children you don't necessarily want them to be, to give them everything, you do, but you can't but you want to give them a certain level. I just think they need to think into the future, as well* (Participant 4, female focus group, vignette 3)

The circumstance of having a deformed child constructs discourses around the selfish mother versus the selfless mother which are terms used in this context to refer to a single parent or two parents. The 'Selfish Mother' discourse views abortion as the way out of responsibility to care for a child. However, in the circumstance of foetal abnormalities, the discourse of the 'Selfish Mother' entails that parents choose abortion because they know that their child is going to have 'special needs' and feel that they will not be able to emotionally and physically care for a

'special needs' child or afford a child with 'special needs' and therefore will rather abort the unborn child.

> *But knowing my child is going to be a special needs child and how much attention and how much, just, how much he is going to need all his life, even beyond my life, I don't think that I can give that, take that to him and say, you're going to struggle for the rest of your life, but I had a baby and I'm happy now and I love you with all my heart and you're happy to be alive, but you can't tie your shoelaces. Like I would not be able to do that personally* (Participant 4, female focus group, vignette 3)

> *I'm saying that you know your child is going to have that problems, are you equipped, and if you are not, what are you sentencing that child to, a government institution, and what are government institutions like if you, you are a minimum wage worker, or you are a middle class person, who cannot afford the best care* (Participant 4, female focus group, vignette 3)

Furthermore, the 'Selfish Mother' discourse views abortion as an option to prevent both her life and the child's life to be of poor quality. Therefore the 'Selfish Mother' discourse is seen as the selfishness of denying a child the right to life and thus is interlinked into the 'Pro-choice' discourse. However, in the circumstance of foetal abnormalities it can also be seen as being selfless because a couple who has formed a connection with their unborn child and really wants their unborn child terminates as they think of the kind of life their unborn child will have and if the child would even understand their meaning in life.

> *It's not only about contributing to society, it's about, does this person, I mean, (a) does this person even realise that they are alive and (b) like are they even having a good time or are they like screaming and shouting and like in constant agony all the time. Do they even want to be alive ... Well we don't, but at the same time, if someone's screaming and shouting and bashing their head against the wall, maybe they're not having as great a time. Maybe if someone whose life, you know there are some down syndrome people, they're not very bright, they're not really contributing all that much but they're laughing, they're having a good time and they actually, they living where ever they live and they bring joy to the people around them* (Participant 1, male focus group, vignette 3)

> *But if you know that life is going to be so difficult, or you know a child has a deformation or whatever, I think if it's something that's really going to affect this child's ability to live life. Like imagine they're born with something that's really bad* (Participant 6, male focus group, vignette 3)

All the participants excepting participant 4 in the female focus group saw having a deformed child as selfless. The rest of the participants comment that having a deformed child is a selfless act because the parents are prepared to care for their child with 'special needs'. This selfless act is the basis of the 'Selfless Mother' Discourse. Therefore this discourse does not consider abortion because a selfless parent will be able to love their child with 'special needs'. However, participant 4 believed that giving birth to a baby with a deformity is a selfish act as she felt that couples just want a baby for the sake of having a baby and do not consider the reality of having this child.

Participant 5:

> *I don't feel like wanting a child is selfish … but if you want to bring someone into this world that you can spend all your time looking after and worrying for, there's a very selfless part of that* (female focus group, vignette 3)

Participant 4:

> *Well do you know what you're saying? You're saying you don't think there's anything selfish about wanting to have a child, you want to have a child, therefore you will have a child, regardless of what that child's going to* (female focus group, vignette 3)

Participant 1:

> It's a natural instinct (female focus group, vignette 3)

Participant 5:

> *That natural instinct that urge has in itself selfish parts in it perhaps for your own fulfilment because you want your own child but there's definitely a selfless part* (female focus group, vignette 3)

The discourses of the 'Selfish Mother' and the 'Selfless Mother' is debated within the 'Rights' discourse in relation to foetal rights. Thus the discourses 'Selfish Mother' and the 'Selfless

Mother' in the case of abnormalities will affect the rights of a foetus irrespective of whether the parents keep the child or decide to terminate the pregnancy. An unborn child with an abnormality is still a life and some individuals believe that this abnormality should not be the reason as to why this unborn child is denied a chance to live. Furthermore, the rights of an unborn child are held in the hands of the parents that choose to have an abortion or not. Therefore, the unborn child's right to life strongly depends on the decision the women chooses which can either result in the termination of a pregnancy or the keeping of a child.

> *So wouldn't you say a life is a life? It doesn't matter you only have one chance to live, so you have this one chance to live and that's it* (Participant 3, male focus group, vignette 3)

> *It still has a right to life even with a disorder* (Participant 1, female focus group, vignette 3)

'Perfect' can also be seen as a discourse of abortion in the context of foetal abnormalities. The 'Perfect' discourse views abortion as being the reason to terminate an unborn child because it has a foetal abnormality which may not be considered to be 'perfect' in the eyes of society. The idea of a 'perfect' child can be understood from two dominant angles, namely biology and religion. In a biological sense the idea of a 'perfect' child is thought of when a child is born with 10 fingers and 10 toes and the child is in good health and no abnormalities are evident. From a religious sense, in God's view, every child is 'perfect' in his eyes as they were created in the image of Him. Therefore individuals choose abortion because a child will not be physically and/or mentally the same as other children in which society stereotypes and labels this child as a 'special needs child'. Ironically, there are individuals who do not even consider the thought of abortion as they believe the child is a gift from God and feel honoured and privileged to be parents:

> *Like a lot of families, see it as like a gift from God* (Participant 6, male focus group, vignette 3)

5.8. Theme 7: Abortion due to rape

> *I mean, you can't even imagine yourself in this situation* (Participant 5, female focus group, vignette 4)

> *I would never judge the person, like whether they had an abortion, or they didn't have an abortion* (Participant 5, female focus group, vignette 4)

Rape is a very traumatic act for a woman to experience in itself and then for a woman to still become pregnant after this presents more challenges for the woman as she now has to choose to either terminate the pregnancy or continue with the pregnancy. In Althaus (2000) it was reported that 41% of South Africans justify abortion in the case of rape.

Most male participants in this study stated that women should have the freedom to abort in the case of rape. This finding is one that has been reported in other studies. Bowes (2009) found that in the community in the Western Cape, abortion was not considered to be an option except in the case of rape. The reason for this was that abortion was a solution to terminate a pregnancy that was out of the woman's control. Furthermore, a quantitative study found that a sample of university women believed that individuals should be allowed to abort in the case of rape (Patel & Myeni, 2008).

However, one participant stated that women should not have the freedom to abort in the case of rape.

> *No, no, it shouldn't be her decision to abort the baby* (Participant 3, male focus group, vignette 4)

It could be assumed that the reason behind his statement is linked to a patriarchal society in which women do not have the right to abortion, however, in this context it seems that his statement is tied to religion in the sense that a foetus is believed to be a human being at the moment of conception irrespective of how the child was conceived even in the case of rape and aborting after conception is seen as murder.

> *Cause like as soon as the baby is conceived, it, I always have the opinion that it should not ever be, it should not be aborted from them, so* (Participant 3, male focus group, vignette 4)

The 'Innocent Child' discourse speaks of abortion in the sense that an innocent unborn child is aborted as a result of rape because if a woman was not raped then she would not be in the situation (such as a rock and a hard place) to choose whether to keep the child or terminate the pregnancy. The child is innocent in this terrible act of violation which links to the 'Rights' discourse in support of a foetus rights to life.

> *The thing is it's a child. The child didn't do it to you; the guy did it* (Participant 3, male focus group, vignette 4)

> *I do understand you point though, it's not the child's fault, but it can't be at the detriment, like other, that's like hectic emotional trauma* (Participant 6, male focus group, vignette 4)

Hansjee (2011) also reported that rape is not the unborn child's fault. However, even though the unborn child is innocent in the event of rape it has been argued that it still has a right to life, however, on the other side of the coin it has been argued that it is the woman who has experienced the act of rape which has caused her distress and thus if she keeps the baby it will be a constant reminder of the rape.

> *Okay cause when it comes to unwantedness. This baby's gonna be born, Byron and the mother are both gonna see a little rapist running around like whether or not they want to* (Participant 1, male focus group, vignette 4)

> *It's tough; I mean it's almost as if the child is like a piece of that monster that raped you* (Participant 5, female focus group, vignette 4)

> *It's* (referring to the child) *gonna be like a remembrance of the accident, like, err...accident... like what I'm saying* (Participant 5, male focus group, vignette 4)

Thus 'Woman as a Victim' discourse views abortion in terms of the solution of pregnancy as a result of rape. Thus women in the circumstance of rape are constructed as the 'victim' that needs to be rescued (Bowes, 2009). A woman having a child with a man that overpowered her and violated her body is difficult and even though the child is the innocent party, women will mostly choose the option of abortion. This is linked to the 'Rights' discourse that supports the reproductive rights of women which is interconnected into the 'Pro-choice' discourse. Hansjee (2011) reported that rape is a special circumstance in which abortion is acceptable and not labelled as immoral, sinful and being murder because it affects the well-being of the woman. A participant from Hansjee's (2011) study stated that in "certain special circumstances such as rape, I should allow abortion". He further states that it is still "the taking of a human life" but "we allow homicide in special conditions" [Extract 27, p. 106]. Thus the circumstance of rape is involved in the debate between the reproductive rights of women versus the rights of the foetus ('Rights' Discourse).

After rape women experience distress in the form of psychological pain and by forcing a women to carry an unborn child to birth may cause her to hate the child, not love it as she would have loved a child that was born from the act of love, and be cold and hostile towards the child as it

would be a constant reminder to her. This is also linked to the 'Emotional' discourse in relation to rape. Therefore the emotions a woman experiences after she has been raped will be a deciding factor in whether she will have an abortion or not.

> *Could you love the child?* (Participant 4, male focus group, vignette 4)

> *Ja, exactly would you want to love that child?* (Participant 6, male focus group, vignette 4)

> *She's like that man put this thing in me and now I have to carry it for nine months and go through all the things that you know, pregnancy comes with* (Participant 3, female focus group, vignette 4)

> *She's gonna hate that baby* (Participant 4, female focus group, vignette 4)

> *You know you can't love the child, the way you'd want to* (Participant 5, female focus group, vignette 4)

> *The trauma that women experience from rape that child would just be a reminder of that incident and wouldn't receive the love that they deserve* (Participant 3, female focus group, vignette 4)

For a woman to carry the pregnancy to term after she has been raped may not be fair on the child at the end of the day as it is not going to be accepted and loved the way a mother should love her child.

> *And the child's gonna be subsequent, and it's not only the child that's gonna suffer, because the child is not gonna exactly know why everyone looks at it that way, and you know if you get treated in a certain way your entire life, from day one, how do you think you're gonna grow up* (Participant 1, male focus group, vignette 4)

This shows the struggle between the reproductive rights of women versus the rights of the foetus.

> *So should she be condemned to carrying it for nine months* (Participant 3, female focus group, vignette 4)

> *Should the child be condemned to die because he was a product of some other man's evils* (Participant 4, female focus group, vignette 4)

This debate between the foetal rights and reproductive rights of women is a controversial debate in which individuals who are pro-life will be in support of the rights of the foetus versus

individuals who are pro-choice will support the reproductive rights of the women. But like a participant said:

> *That depends who you think is more important in the situation, the mother's psychological wellbeing or the child* (Participant 3, female focus group, vignette 4)

5.9. Theme 8: Abortion is for the reproductive rights of women

> *Think about the woman, think about this woman who is about to have a baby - um - she has to sacrifice her whole life - she has a valuable life she has to sacrifice for another life and this life hasn't even begun - there is no potential hasn't experience anything and now we are giving that more value than the woman itself* (Participant 2, male focus group, vignette 1)

A woman that falls pregnant will have to sacrifice her whole life to look after the child once it is born. However, it is different with a man in which he can choose to stay to support the woman and child or can claim no responsibility. If the woman chooses to continue the pregnancy she can be stigmatized for having a baby outside of marriage. Thus since it is her body, her experience and her sacrifice it should be her that has control over her reproductive rights by her having the choice.

> *You're not necessarily the one who's going to be saddled with the baby. If he decides to leave, he gets up and he goes and it's fine, but the mother's the one left holding the baby at the end of the day, and I'm not saying that should make it okay for her to abort later, or earlier, or whatever, but, I'm just saying that her decision should be the overriding one, it's her body and anybody else making decisions about my body is more of, is as much of a violation as rape* (Participant 4, female focus group, vignette 4)

However, it is also said that why should a woman be the only one to decide to have an abortion or continue the pregnancy because both a man and a woman is needed for conception to take place. Therefore the male participants stated that a man should have some right in the decision of keeping the baby or having an abortion.

> *So, I think that the woman should have a choice, but, if there's a father involved, someone who, I don't know what the term is, but who is the father of the child, I*

think, to some extent, they also have to have some sort of choice in this matter (Participant 2, male focus group, vignette 4)

I think because it's not just, because you're dealing with another life, and because you're dealing with something that's not just coming from the woman. Not just her involved that she can't be given all the freedom to decide (Participant 4, male focus group, vignette 4)

It was found that the female participants agreed that men should have a say in the decision

His opinion should be considered (Participant 1, female focus group, vignette 4)

But I think that it should weigh more on the woman (Participant 2, female focus group, vignette 4)

Like I was saying, their opinions should be considered but they shouldn't have the final decision (Participant 3, female focus group, vignette 4)

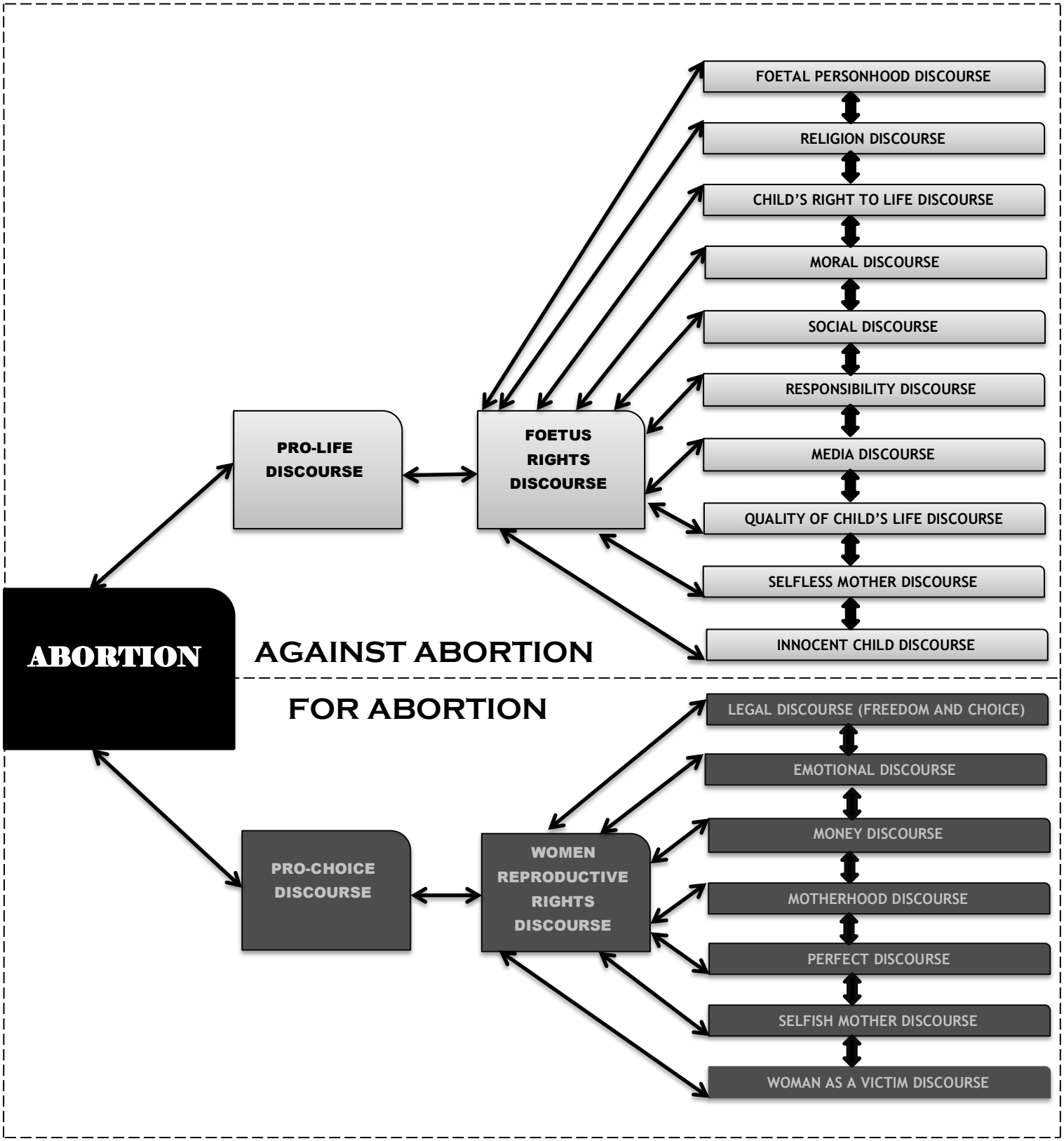
She should have more say over her body than anybody else (Participant 4, female focus group, vignette 4)

He should definitely have a strong say (Participant 5, female focus group, vignette 4)

His opinion should be considered (Participant 5, female focus group, vignette 4)

Therefore the 'Reproductive Rights of Women' discourse is a result of the 'Legal' discourse which sees abortion as a choice for women which is supported by policies. Thus the law has supported the reproductive rights of women and given them the freedom to make their own reproductive decisions since the Choice on Termination of Pregnancy Act was implemented. The law gives women the control and freedom to make their own decisions with regards to reproduction and their body. Therefore with the law women can choose to have an abortion or not and thus can be in control of their own reproduction and bodies.

5.10. Overview: Discursive Constructs of Abortion



5.11. REFLEXIVITY

I find abortion to be a very interesting topic especially as it is such a controversial topic and as such chose it for my dissertation. I was curious to know if individuals possessed only pro-life or pro-choice attitudes or if individuals could have a mixture of both attitudes depending on different circumstances.

In the male focus group there was a lot of interaction between the six participants as all of them spoke and shared their opinions, attitudes and perceptions relating to abortion and the different circumstances. During the discussions I was tempted to get involved but reframed from doing so and allowed the participants to interact in the discussion. There was also a stage in which the participants asked me what my opinions and attitudes were towards a particular circumstance in which I replied that I cannot tell them as I am not permitted to be involved in the discussion. As a result of this I feel that I had no influence in the male focus group's responses to the questions. I found that I enjoyed the experience especially as I was not required to guide them into giving me the answers I required. When I required a more in depth explanation I asked the participants to elaborate on their points and since the male participants were willing to elaborate it made it an enjoyable experience.

In the female focus group the participants were a bit reluctant to state their opinions, attitudes and perceptions at first. Also in the beginning there was little interaction between the five participants in which I then said to them that they must form a discussion amongst each other and that I am not involved in the discussion. I also refrained from giving my attitudes and opinions about the circumstances in the group discussion and as a result I feel I did not have any influence in the female focus group's responses to the questions. In this focus group I found that I did not enjoy it as much as the male focus group. A reason for this is that the male focus group was more interactive and it felt like the male focus group were more interested in discussing the questions in depth whereas the female focus group seemed to provide answers just for the sake of providing answers to the questions. Thus the participants in the female focus group seemed more restricted in their answers compared to the participants in the male focus group and as such it was easier to interact with the male focus group.

CHAPTER 6: CONCLUSION

6.1. Abortion Attitudes and Circumstances

In this study some participants changed their attitudes towards abortion in certain circumstances; however, some of the participants did not change their attitudes towards abortion in any circumstances. This study found that one student was pro-life in all circumstances and thus did not show any change in attitudes from the less to more serious circumstances. A few students were pro-life but did consider the option of abortion for more serious circumstances; however, they still remained pro-life. There were also a few students who were only pro-choice for all the circumstances; however, their pro-choice attitudes were stronger in the more serious circumstances. It was also found that some students' who had pro-life attitudes changed to pro-choice attitudes as a result of serious circumstances such as severe foetal abnormalities and/or rape. However, rape was seen as the most justified reason for an abortion which shows the same findings reported in previous qualitative studies mentioned in this study.

Therefore from this research it can be seen that the attitudes students have towards abortion does change slightly as the circumstances for abortion go from less to more serious but it was found that some of the students did not change their attitudes as the circumstances become more serious. Furthermore, the attitudes that did have a vast change were evident in the circumstance of rape.

6.2. Abortion Attitudes and circumstances and Gender

The moral concern circumstance found that male participants viewed abortion as murder whereas as the female participants did not comment that much as to abortion is murder. Thus the female participants did not really form a discussion around abortion as being murder compared to the male participants that discussed it in great detail. Moreover, both the male and female participants had similar statements and showed similar attitudes to premarital sex, having a baby out of wedlock and abortion. It can be concluded that the two genders expressed similar attitudes when it came to this circumstance.

The financial circumstance found that the majority of the male and female participants agreed that financial difficulties were not an adequate reason for women to have abortions. Therefore it can be concluded that no gender differences were evident.

The health circumstance found similar results between the male and female participants in that majority of the students would not abort even if the child had a foetal abnormality as some of them viewed it as a gift from God and thus the unborn child should not be denied the right of life. However, it was found that a few male and female participants would abort in the case of foetal abnormalities because of main reasons of the child's quality of life and the parent's quality of life, also stating that the child would be different to most other children and as a result felt that it was not worth keeping the child. It was also found that two male participants strongly justified that abortion is acceptable if the foetus had a severe abnormality or was brain dead.

In the reproductive rights of a woman circumstances majority male and females agreed that abortion is a justifiable choice in the case of rape. There were no gender differences presented here as all participants except one male participants believed that a woman should have a right to abort in the case of rape as it is difficult for the woman to gain control of the fact that she was raped never mind carrying her rapist's child.

From the above findings it can be seen that there are not many gender differences as the male and female responses were very similar. In both the male and female focus groups there were 2 participants that were pro-life In the male focus group there were 2 participants that were pro-choice and in the female focus group there was 1 participant that was pro-choice. Furthermore, 2 participants were somewhat pro-life and somewhat pro-choice in both the male and female focus groups. Therefore this shows that gender does not influence the attitudes towards abortion even through SC of gender.

6.3. Pro-life versus Pro-choice Attitudes

This study found that some participants presented pro-life attitudes (the rights of the foetus) while other participants presented pro-choice attitudes (the reproduction rights of women). Some participants were not completely pro-life or pro-choice but instead were pro-life or pro-choice according to the circumstance. There were four participants that were strongly pro-life and three participants that were pro-choice to strongly pro-choice. The remaining participants were pro-life but with certain circumstances, especially in the case of rape, were pro-choice. Therefore this study supports the statements made by Blunt & Steeper (2007) in which they stated that pro-life and pro-choice are situated along an continuum in which not all individuals strongly support the pro-life position or strongly support the pro-choice position. This is evident in this study as not all the participants were strongly pro-life or pro-choice but somewhat in the middle depending on a circumstance. Therefore from this study it can be concluded that these

students from the University of the Witwatersrand are more pro-life in most circumstances than pro-choice.

Furthermore, from the above it can be seen that abortion attitudes are centred on the discourse of 'Rights'. The reason for this is that the rights of a foetus versus the reproductive rights of women are where the heart of the abortion debate lies. Thus individuals that are against abortion form part of the 'Pro-life' discourse which in turn supports the rights of a foetus in the sense that a foetus has the right to life and should not be denied this regardless of the circumstance. Moreover, individuals that supports abortion form part of the 'Pro-choice' discourse which in turn is supporting the reproductive rights of women in which they have the freedom and control over their fertility, reproduction and bodies.

6.4. Concluding Remarks

Overall, it can be seen that the findings present in this study reflects similar themes and discourses that have also been found in several qualitative studies that have researched abortion. This study found that the attitudes of the majority of students towards abortion were constant throughout all circumstances. However, some attitudes of students towards abortion did change in the circumstance of rape. This has been identified as a serious circumstance and as a result most participants believed that abortion was a justifiable option. The majority of the students were pro-life in vignettes 1, 2 and 3 whereas vignette 4 was when pro-life attitudes of some students changed to pro-choice. It was also found that religion is a main factor that influenced the attitudes students have towards abortion because it was recurrent throughout the discussion. It is also important to note that the participants that were strongly religious in both the male and female focus groups came from strong religious backgrounds which could have influenced their attitudes as a result of societal and cultural aspects. Lastly, these attitudes students have towards abortion is not affected by gender as both focus groups revealed nearly identical findings in all four circumstances. Therefore, abortion is an important topic that needs to be researched more in order to provide knowledge and awareness about the issues surrounding abortion and address the social stigma that surrounds abortion.

6.5. Suggestions for Further Research

A suggestion for further research is that this study should be extended to women that are actually going through the decision of abortion due to certain circumstances. Therefore the attitudes

towards abortion should be analysed using a cohort where women actually know what their circumstance are leading to their decision of abortion.

Another suggestion for further research is to use a more diverse sample of women and men as well as have more focus groups to conclude improved results.

Another suggestion is that longitudinal studies should be conducted to see the changes in abortion attitudes over time.

REFERENCE LIST

Alex, L., & Hammarstrom, A. (2004). Women's experiences in connection with induced abortion - a feminist perspective. *Scandinavian Journal of Caring Sciences, 18*, 160-168.

Althaus, F. A. (2000). Work in progress: The expansion of access to abortion services in South Africa following legalization. *International Family Planning Perspectives, 26*(2), 84-86.

Bartkowski, J. P. (1997). Debating patriarchy: Discursive disputes over spousal authority among Evangelical family commentators. *Journal for the Scientific Study of Religion,, 36*(3), 393-410.

Berger, P. L., & Luckmann, T. (1966). *The Social Construction of Reality: A Treatise in the sociology of knowledge.* United States of America: Doubleday & Co.

Blunt, C., & Steeper, F. (2007). *Turnaround on abortion.* United States of America : Overbrook Research.

Borkowski, N. (2009). Chapter 3: Attitudes and perceptions. In N. Borkowski, *Organizational behavior in health care* (pp. 41-70). United States of America: Jones and Bartlett Learning.

Bowes, T. (2009). *Discourses around abortion in a low-income community in the Western Cape.* Grahamstown: Rhodes University.

Braam, T., & Hessini, L. (2004). The power dynamics perpetuating unsafe abortion in Africa: A feminist perspective. *African Journal of Reproductive Health, 8*(1), 43-51.

Broen, A. N., Moum, T., Bodtker, A. S., & Ekeberg, O. (2005). Reasons for induced abortion and their relation to women's emotional distress: A prospective, two-year follow up study. *General Hospital Psychiatry, 27*, 36-43.

Bryan, J. W., & Freed, F. W. (1993). Abortion research: Attitudes, sexual behavior, and problems in a community college population. *Journal of Youth and Adolescence, 22*(1), 1-22.

Buga, G. A. (2002). Attitudess of medical students to induced abortion. *East African Medical Journal, 79*(5), 259-262.

Burkitt, I. (2003). Psychology in the field of being: Merleau-Ponty, ontology and social constructionism. *Theory Psychology, 13*(3), 319-338.

Burr, V. (2003). *Social Constructionism* (2nd ed.). New York: Routledge.

Burr, V. (1995). *An Introduction to Social Constructionism.* London: Routledge.

Carinci, S., & Wong, P. L. (2009). Does gender matter? An exploratory study of perspectives across genders, age and education. *International Review of Education, 55*, 523-540.

Carlton, C. L., Nelson, E. S., & Coleman, P. K. (2000). College students' attitudes toward abortion and commitment to the issue. *The Social Science Journal, 37*(4), 619-625.

Carter, J. S., Carter, S., & Dodge, J. (2009). Trends in abortion attitudes by race and gender: A reassessment over a four-decade period. *Journal of Sociological Research, 1*(1).

Cheek, J. (2004). At the margins? Discourse analysis and qualitative research. *Qualitative Health Research, 14*, 1140-1150.

Churcher, M. (2011). Rethinking the abortion issue: The problem of normative femininity and hermeneutical injustice. *Emergent Australasian Philosophers*.

Cohen, L., Duberly, J., & Mallon, M. (2004). Social constructionism in the study of career: Assessing the parts that other approaches cannot reach. *Journal of Vocational Behavior, 64*, 407-422.

Coleman, P. K., & Nelson, E. S. (1999). Abortion attitudes as determinants of perceptions regrading male involvement in abortion decisions. *Journal of American College Health, 47*(4), 164-171.

Courtenay, W. H. (2000). Constructions of masculinity and their influence on men's well-being: A theory of gender and health. *Social Science and Medicine, 50*, 1385-1401.

Cromby, J., & Nightingale, D. J. (1999). What's wrong with social constructionism? In J. Cromby, & D. J. Nightingale, *Social constructionist psychology: A critical analysis of theory and practice* (pp. 1-19). Buckingham: Open University Press.

da Costa, P. C., & Donald, F. (2003). The experience of person-role conflict in doctors expected to terminate pregnancies in the South African public sector. *South African Journal of Psychology, 33*(1), 10-18.

Dans, P. E. (1992). Medical students and abortion: Reconciling personal beliefs and professional roles at one medical school. *Academic Medicine, 67*(3), 207-211.

Devers, K. J., & Frankel, R. M. (2000). Study design in qualitative research - 2: Sampling and data collection strategies. *Education for Health, 13*(2), 263-271.

Durkheim, E. (1983). Pragmatism and sociology. Cambridge, England: Cambridge University Press.

Fairclough, N. (1992). *Discourse and social change.* Cambridge: Polity Press.

Faundes, A., & Barzelatto, J. S. (2006). *The human drama of abortion: A global searh for consensus.* United States of America: Vanderbilt University Press.

Ferree, M. M., Gamson, W. A., Gerhards, J., & Rucht, D. (2002). *Shaping Abortion Discourse: Democracy and the Public Sphere in Germany and the United States.* United Kingdom: Cambridge University Press.

Finer, L. B., Frohwirth, L. F., Dauphinee, L. A., Singh, S., & Moore, A. M. (2005). Reasons U.S. women have abortions: Quantitative and qualitative perspectives. *Perspectives on Sexual and Reproductive Health, 37*(3), 110-118.

Fossey, E., Harvey, C., McDermott, F., & Davidson, L. (2002). Understanding and evaluating qualitative research. *Australian and New Zealand Journal of Psychiatry, 36*, 717-732.

Gallo, M. F., & Nghia, N. C. (2007). Real life is different: A qualitative study of why women delay abortion until the second trimester in Vietnam. *Social Science & Medicine, 64*, 1812–1822.

Gergen, K. J. (1985). The social constructionist movement in modern psychology. *American Psychollogist, 40*(3), 266-275.

Glander, S. S., Moore, M. L., Michielutte, R., & Parsons, L. H. (1998). The prevalence of domestic violence among women seeking abortion. *Obstetrics & Gynecology, 91*, 1002-1006.

Gleeson, R., Forde, E., Bates, E., Powell, S., Edon-Jones, E., & Draper, H. (2008). Medical students' attitudes towards abortion: A UK study. *Journal of Medical Ethics, 34*, 783-787.

Greene, S. (2006). Becoming responsible: Young mothers' decision making regarding motherhood and abortion. *Journal of Progressive Human Services, 17*(1), 25-43.

Grisanti, M. A. (2000). The abortion dilemma. *The Master's Seminary Journal, 11*(2), 169-190.

Guest, G., MacQueen, K. M., & Namey, E. E. (2012). *Applied Thematic Analysis.* London: SAGE Publications, Ltd.

Hall, S. (2001). Foucault: Power, Knowledge and Discourse. In M. Wetherell, S. Taylor, & S. J. Yates, *Discourse Theory and Practice: A Reader* (pp. 72-81). London: Sage Publications, Ltd.

Hansjee, J. (2011). *Abortion as disruption: Discourses surrounding abortion in the talk of men.* South Africa: Grahamstown: Rhodes University.

Harries, J., Orner, P., Gabriel, M., & Mitchell, E. (2007). Delays in seeking an abortion until the second trimester: a qualitative study in South Africa. *Reproductive Health, 4*(7), 13-26.

Harrison, A., Montgomery, E. T., Lurie, M., & Wilkinson, D. (2000). Barriers to implementing South Africa's Termination of Pregnancy Act in rural KwaZulu/Natal. *Health Policy and Planning, 15*(4), 424-431.

Helström, L., Odlind, V., Zätterström, C., Johansson, M., Granath, F., Correia, N., & Ekbom, A. (2003). Abortion rate and contraceptive practices in immigrant and native women in Sweden. *Scandinavian Journal of Public Health, 31*, 405-410.

Helström, L., Zätterström, C., & Odlind, V. (2006). Abortion rate and contraceptive practices in immigrant and Swedish adolescents. *Journal of Pediatric and Adolescent Gynecology, 19*, 209-213.

Hertel, B. R., & Russell, M. C. (1999). Examining the absence of a gender effect on abortion attitudes: Is there really no difference? *Sociological Inquiry, 69*(3), 364-381.

Holmes, M. (2007). *What is gender?: Sociological approaches.* Los Angeles: SAGE.

Hook, D, Watts, J, Cockcroft, K. (2002). *Developmental Psychology*. South Africa: UCT Press.

Hruby, G. G. (2001). Sociological, postmodern, and new realism perspectives in social constructionism: Implications for literacy research. *Reading Research Quarterly, 36*(1), 48-62.

Hsieh, F., & Shannon, S. E. (2005). Three approaches to qualitative content analysis. *Qualitative Health Research, 15*, 1277-1288.

Hughes, D., & DuMont, K. (1993). Using focus groups to facilitate culturally anchored research. *American Journal of Community Psychology, 21*(6), 775-806.

Hughes, R., & Huby, M. (2002). The application of vignettes in social and nursing research. *Journal of Advanced Nursing, 37*(4), 382-386.

Ingraham, C. (1994). The heterosexual imaginary: Feminist sociology and theories of gender. *Sociological Theory, 12*(2), 203-219.

Izugbara, C. O., Ochako, R., & Izugbara, C. (2011). Gender scripts and unwanted pregnancy among urban Kenyan women. *Culture, health & sexuality*, *13*(9), 1031-1045.

Jali, M. N., & Phil, M. (2001). Abortion - A philosophical perspective. *Curationis*, 25-31.

Jelen, T. G., & Wilcox, C. (2003). Causes and consequences of public attitudes toward abortion: A review and research agenda. *Political Research Quarterly*, *56*(4), 489-500.

Jenkins, N., Bloor, M., Fischer, J., Berney, L., & Neale, J. (2010). Putting it in context: The use of vignettes in qualitative interviewing. *Qualitative Research, 10*, 175-198.

Jewkes, R., Rees, H., Dickson, K., Brown, H., & Levin, J. (2005). The impact of age on the epidemiology of incomplete abortions in South Africa after legislative change. *British Journal of Obstetrics and Gynaecology, 112*, 355-359.

Kahn, J. S. (2009). *An Introduction to Masculinities.* United Kingdom: John Wiley and Sons, Ltd.

Kero, A., Hogberg, U., Jacobsson, L., & Lalos, A. (2001). Legal Abortion: A painful necessity. *Social Science & Medicine, 53*, 1481-1490.

Kitzinger, J. (1995). Introducing focus groups. *British Medical Journal, 311*, 299-302

Krzyzanowski, M. (2008). Analyzing focus group discussions. In R. Wodak, & M. Krzyzanowski, *Qualitative discourse analysis in the social sciences* (pp. 162-181). London: Palgrave Macmillan.

Kumar, A., Hessini, L., & Mitchell, E. M. (2009). Conceptualising abortion stigma. *Culture, Health & Sexuality*, 1-15.

Link, B., & Phelan, J. C. (2001). Conceptualizing stigma. *Annual Review of sociology*, *27*, 363-385.

Lisker, R., Carnevale, A., & Villa, A. R. (2006). Acceptance of induced abortion amongst medical students and physicians in Mexico. *Revista de Investigacion Clinica, 58*(4), 305-312.

Litosseliti, L. (2003). *Using focus groups in research.* London: Continuum International Publishing Group.

Macleod, C. I., & Hansjee, J. (2013). Men and talk about legal abortion in South Africa: Equality, support and rights discourses undermining reproductive 'choice'. *Culture, Health and Sexuality: An International Journal for Research Intervention and Care, ahead-of-print*, 1-14.

Mavroforou, A., Koumantakis, E., & Michalodimitrakis, E. (2004). Adolescence and abortion in Greece: Women's profile and perceptions. *Journal of Pediatric and Adolescent Gynecology, 17*, 321-326.

Mays, N., & Pope, C. (1995). Rigour and qualitative research. *British Medical Journal, 311*, 109-112.

McGill, J. (2006). Abortion in South Africa: how we got here, the consequences, and what is needed. *Tydskrif vir Christelike Wetenskap, 2*, 195-213.

Mdleleni-Bookholane, T. (2007). Factors related to and the consequences of the termination of pregnancy at the Umtata General Hospital, Eastern Cape. *South African Journal of Psychology, 37*, 245-259.

Mead, G. H. (1982). The individual and the social self: Unpublished work of George Herbert Mead. Chicago: University of Chicago Press

Merton, R. (1996). On social structure and science. Chicago: University of Chicago Press.

Mhlanga, R. E. (2003). Abortion: Developments and impact in South Africa. *British Medical Bulletin, 67*, 115-126.

Mitchell, E. M., Halpern, C. T., Kamathi, E. M., & Owino, S. (2006). Social scripts and stark realities: Kenyan adolescents' abortion discourse. *Culture, health & sexuality, 8*(6), 515-528.

Mogilevkina, I., Hellberg, D., Nordstrom, M., & Odlind, V. (2000). Factors associated with pregancy termination in Ukrainian women. *Acta Obstetricia et Gynecologica Scandinavica, 79*, 1126-1131.

Mojapelo-Batka, E. M., & Schoeman, J. B. (2003). Voluntary termination of pregnancy: Moral concerns and emotional experiences among Black South African adolescents. *South African Journal of Psychology, 33*(3), 144-153.

Moodley, J., & Akinsooto, V. S. (2003). Unsafe abortions in a developing country: Has liberalisation of laws on abortions made a difference? *African Journal of Reproductive Health, 7*(2), 34-38.

Morroni, C. M., Myer, L., & Tibazarwa, K. (2006). Knowledge of the abortion legislation among South African women: A cross-sectional study. *Reproductive Health, 3*(7).

Muehlenhard, C. L., & Peterson, Z. D. (2011). Distinguishing between sex and gender: History, current conceptualizations, and implications. *Sex Roles, 64*, 791-803.

Naden, C. J. (2007). *Abortion: Open for debate* . New York: Marshall Cavendish Corporation.

Narendra, A. (2010). *Implications of sex and education on abortion attitudes: A cross-sectional analysis*

Newcombe, M. A., McCarthy, M. B., Cronin, J. M., & McCarthy, S. N. (2012). "Eat like a man". A social constructionist analysis of the role of food in men's lives. *Appetite, 59*, 391-398.

O'Dell, L., Crafter, S., de Abreu, G., & Cline, T. (2012). The problem of interpretation in vignette methodology in research with young people. *Qualitative Research, 12*(6), 702-714.

Olaitan, O. L. (2011). Attitudes of university students towards abortion in Nigeria. *International Journal of Tropical Medicine, 6*(3), 52-57.

Organization, W. H. (1995). *Complications of abortion: Technical and mangerial guidelines for prevention and treatment.* Geneva: World Health Organization.

Osler, M., David, H. P., & Morgall, J. M. (1997). Multiple induced abortions: Danish experience. *Patient Education and Counseling, 31*, 83-89.

Parker, I. (1992) Discourse Dynamics: Critical Analysis for Social and Individual Psychology. London: Routledge.

Parton, N. (2003). Rethinking professional practice: The contributions of social constructionism and the feminist 'Ethics of Care'. *British Journal of Social Work, 33*(1), 1-16.

Patel, C. J., & Johns, L. (2009). Gender role attitudes and attitudes to abortion: Are there gender differences. *The Social Science Journal, 46*, 493-505.

Patel, C. J., & Kooverjee, T. (2009). Abortion and contraception: Attitudes of South African university students. *Health Care for Women International, 30*, 550–568.

Patel, C. J., & Myeni, M. (2008). Attitudes towards abortion in a sample of South African female university students. *Journal of Applied Social Psychology, 38*(3), 736-750.

Ploeg, J. (1999). Identifying the best research design to fit the question. Part 2: qualitative designs. *Evidence-Based Nursing, 2*, 36-37.

Potts, M., Diggory, P., & Peel, J. (1977). *Abortion.* Great Britain: Cambridge University Press.

Raskin, J. D. (2002). Constructivism in psychology: Personal construct psychology, radical constructivism, and social constructionism. *American Communication Journal, 5*(3).

Ravid, H. P. (2008). *The pro-life/pro-choice issues as sociocultural symbolism: A sociology of knowledge study*. United States of America: ProQuest LLC.

Reader, S. (2008). Abortion, Killing, and Maternal Moral Authority. *Hypatia, 23*(1), 132-149.

Richardson, D. (1993). *Women, Motherhood and Childrearing.* London: The Macmillan Press, Ltd.

Robinson, N. (1999). The use of focus group methodology - with selected examples from sexual health research. *Journal of Advanced Nursing, 29*(4), 905-913.

Rodriguez-Calvo, M. S., Martinez-Silva, I. M., Soto, J. L., Concheiro, L., & Munoz-Barus, J. I. (2012). University students' attitudes towards Voluntary Interruption of Pregnancy. *Legal Medicine, 14,* 209-213.

Santelli, J. S., Speizer, I. S., Avery, A., & Kendall, C. (2006). An exploration of the dimensions of pregnancy intentions among women choosing to terminate pregnancy or to initiate prenatal care in New Orleans, Louisiana. *American Journal of Public Health, 96*(11), 2009-2015.

Sarkar, N. N. (1985). Abortion in the eye of science and law: A critical analysis. *Health and Population: Perspectives and Issues, 8*(3), 205-216.

Schoenberg, N. E., & Ravdal, H. (2000). Using vignettes in awareness and attitudinal research. *International Journal of Social Research Methodology, 3*(1), 63-74.

Schwandt, H. M., Creanga, A. A., Adanu, R. M., Danso, K. A., Agbenyega, T., & Hindin, M. J. (2013). Pathways to unsafe abortion in Ghana: The role of male partners, women, and health care providers. *Contraception, In Press, Accepted Manuscript*.

Scott, J. W. (1986). Gender: A useful category of historical analysis. *The American Historical Review, 91*(5), 1053-1075.

Sigcau, N. (2009). *Public discourses on Choice of Termination of Pregnancy in a rural area of the Eastern Cape Province in South Africa.* South Africa: Grahamstown: Rhodes University.

Singh, S. (2006). Hospital admissions resulting from unsafe abortion: Estimates from 13 developing countries. *Lancet, 368,* 1887-1892.

Smithson, J. (2008). Focus Groups. In P. Alasuutari, L. Bickman, & J. Brannen, *The SAGE Handbook of Social Research Methods* (pp. 356-371). London: SAGE Publications, Ltd.

Smithson, J. (2000). Using and analysing focus groups: Limitations and possibilities. *International Journal of Social Research Methodology, 3*(2), 103-119.

Soanes, C., & Hawker, S. (2006). *Compact Oxford English dictionary for students.* United Kingdom, Oxford: Oxford University Press.

Stets, J. E., & Leik, R. K. (1993). Attitudes about abortion and varying attitude structures. *Social Science Research, 22*, 265-282.

Strickler, J., & Danigelis, N. L. (2002). Changing frameworks in attitudes toward abortion. *Sociological Forum, 17*(2), 187-201.

Suffla, S. (1997). Experiences of induced abortion among a group of South African women. *South African Journal of Psychology, 27*, 214-222.

Uygur, D., & Erkaya, S. (2001). Reasons why women have induced abortions in a developing country. *European Journal of Obstetrics & Gynecology and Reproductive Biology, 96*, 211-214.

Varga, C. A. (2002). Pregnancy termination among South African Adolescents. *Studies in Family Planning, 33*(4), 283-298.

Varkey, S. J., & Fonn, S. (2000). *How Far are We?: Assessing the Implementation of Abortion Services: a Review of Literature and Work-in-progress*. Health Systems Trust, Research Programme.

Visaria, L., Ramachandran, V., Ganatra, B., & Kalyanwala, S. (2004). Abortion in India: Emerging Issues from the Qualitative Studies. *Economic and Political Weekly, 39*(46/47), 5044-5052.

Vorster, N. (2007). The value of human life: Contradictions and inconsistencies in the debate, and an evangelical response. *The Ecumenical Review, 59*(2-3), 363-383.

Wheeler, S. B., Zullig, L. L., Reeve, B. B., Buga, G. A., & Morroni, C. (2012). Attitudes and intentions regarding abortion provision among medical school students in South Africa. *International Perspectives on Sexual and Reproductive Health, 38*(3), 154–163.

Wong, L. P. (2008). Focus group discussion: A tool for health and medical research. *Singapore Medical Journal, 49*(3), 256-261.

Zeijlstra, I. E. (2004). *Conscientious objection by South African healthcare providers to involvement in the process of abortion.* Johannesburg: University of the Wiwatersrand.

APPENDIXES

APPENDIX A: ETHICS CLEARANCE CERTIFICATE

UNIVERSITY OF THE WITWATERSRAND, JOHANNESBURG

HUMAN RESEARCH ETHICS COMMITTEE (SCHOOL OF HUMAN & COMMUNITY DEVELOPMENT

CLEARANCE CERTIFICATE	**PROTOCOL NUMBER: MPSYC/13/011 IH**
PROJECT TITLE:	Discursive Constructs of Abortion amongst a Group of Male and Female Students at the University of the Witwatersrand
INVESTIGATORS	Ronco Chandelle
DEPARTMENT	Psychology
DATE CONSIDERED	24/05/13
DECISION OF COMMITTEE*	Approved

This ethical clearance is valid for 2 years and may be renewed upon application

DATE: 20 June 2013

CHAIRPERSON
(Professor A Thatcher)

cc Supervisor: Ms. P Kiguwa

DECLARATION OF INVESTIGATOR (S)

To be completed in duplicate and **one copy** returned to the Secretary, Room 100015, 10th floor, Senate House, University.

I/we fully understand the conditions under which I am/we are authorized to carry out the abovementioned research and I/we guarantee to ensure compliance with these conditions. Should any departure be contemplated from the research procedure, as approved, I/we undertake to submit a revised protocol to the Committee.

This ethical clearance will expire on 31 December 2015

PLEASE QUOTE THE PROTOCOL NUMBER IN ALL ENQUIRIES

APPENDIX B: PERMISSION LETTER

PSYCHOLOGY
School of Human & Community Development

University of the Witwatersrand
Private Bag 3, WITS, 2050

Tel: (011) 717 4500 Fax: (011) 717 4559

Dear Sir/Madam

My name is Chandelle Ronco and I am conducting research for the purposes of obtaining a Master's Degree in Research Psychology at the University of the Witwatersrand. The study aims to investigate the change of attitudes students have towards abortion considering more serious to less serious circumstances. Gender will also be studied to see if it plays a role in these attitudes. The sample that I need to conduct my study is honours students that are studying psychology at the University of the Witwatersrand.

I would like to request your permission to speak to the psychology honour students for five minutes after one of your lectures to obtain the sample for this study.

Yours faithfully

Chandelle Ronco

APPENDIX C: PARTICIPATION LETTER

PSYCHOLOGY
School of Human & Community Development

University of the Witwatersrand
Private Bag 3, WITS, 2050

Tel: (011) 717 4500 Fax: (011) 717 4559

Dear Sir/Madam

My name is Chandelle Ronco and I am conducting research for the purposes of obtaining a Master's Degree in Research Psychology at the University of the Witwatersrand. The study aims to investigate the change of attitudes students have towards abortion considering more serious to less serious circumstances. Gender will also be studied to see if it plays a role in these attitudes.

To participate in the study, the only requirement needed is that the participant must be an honours student studying psychology at the University of the Witwatersrand.

If you wish to participate in this study, you will be required to engage in a discussion that entails four vignettes (hypothetical stories or scenarios) which will be read out with follow-up questions in a focus group setting. This would take approximately 60-90 minutes of your time. The discussion that will take place in the focus group will be recorded on a Dictaphone and therefore no writing is required.

I would like to do the focus group over the next few weeks. The focus group will be held in the Research Masters room in Umthombo building. If you are interested in participating, please contact me on 081 857 6095, so that we can arrange a time to meet.

Yours faithfully

Chandelle Ronco

APPENDIX D: PARTICIPANT INFORMATION SHEET AND CONSENT FORMS

PSYCHOLOGY
School of Human & Community Development

University of the Witwatersrand
Private Bag 3, WITS, 2050

Tel: (011) 717 4500 Fax: (011) 717 4559

Dear Sir/Madam

My name is Chandelle Ronco and I am conducting research for the purposes of obtaining a Master's Degree in Research Psychology at the University of the Witwatersrand. The study aims to investigate the change of attitudes students have towards abortion considering more serious to less serious circumstances. Gender will also be studied to see if it plays a role in these attitudes.

To participate in the study, the only requirement needed is that the participant must be an honours student studying psychology at the University of the Witwatersrand.

If you wish to participate in this study, you will be required to engage in a discussion that entails four vignettes (hypothetical stories or scenarios) which will be read out with follow-up questions in a focus group setting. This would take approximately 60-90 minutes of your time. The discussion that will take place in the focus group will be recorded on a Dictaphone and therefore no writing is required. It is important to take note that this information will be discussed in a focus group setting thus complete confidentiality of responses of the questions cannot be guaranteed, however, the results will only be accessible to my supervisor and myself.

Participation is voluntary and it would be greatly appreciated if you participate in these interviews, however, if you do not participate there is no penalty or loss of benefits. If you feel uncomfortable at any time during the study and/or wish not to answer one or more questions this will not be held against you or result in any penalty. The student is also able to withdraw from

the study at any time with no explanation needed. If any distress has arisen from these focus groups and you feel counselling is required then you are welcome to contact the Counselling and Careers Development Unit (CCDU) on (011) 717-9140 or (011) 717-9132 and/or the Emthonjeni Centre on (011) 717-4513.

It must be noted that no personal details will be recorded thus ensuring complete anonymity in the report; however, complete anonymity from other students that will be present in the focus group is not guaranteed.

If you are willing to be involved would you please sign the consent forms below that acknowledges that you have read the explanatory statement, you understand the nature of the study being conducted and you give permission for your participation in this research.

Yours faithfully

_____

Chandelle Ronco

Consent Forms

Consent Form to Participate in the Study

I, the student, consent to participating in the study conducted by Chandelle Ronco. I also consent that I am a psychology honours student at the University of the Witwatersrand. Also I am psychologically fit to participate in the study being conducted.

_____ _____

Signature Date

Consent Form to Participate in a Focus Group

I, the student, consent to participating in a focus group conducted by Chandelle Ronco. I am aware that other students will know my responses to the questions; however, I understand that no personal details will be asked, however, I am aware that anonymity cannot be guaranteed from other students in the focus group as well as the researcher, Chandelle Ronco.

_____ _____

Signature Date

Consent Form to Use Extracts for the Research Report

I, the student, give permission for my answers to be used as extracts in the report; however, my full answers will remain confidential and anonymous to other students besides the researcher and supervisor and thus will not be included in the final report.

_____ _____

Signature Date

Consent Form for Audio-recording in the Study

I, the patient, consent to being audio-taped while participating in this study. I am aware that these recordings are confidential and will only be accessible to the researcher, Chandelle Ronco and her supervisor.

_____ _____

Signature Date

APPENDIX E: VIGNETTES AND QUESTIONS

Vignette 1: Mary's Story – Moral Circumstance

Mary is a 21 year old woman that is currently in a relationship with her 22 year old boyfriend, Jim, and has just found out that she is 6 weeks pregnant. Mary is currently in university and does not have a steady income. Mary is also afraid to tell her parents as she is scared of them being disappointed with her. Mary starts thinking of her options, one of them being abortion. However, Mary is religious and abortion is against her beliefs, but this baby will be a threat to her studies and she may not be able to finish her degree. Mary knows that her parents will disapprove of her having a baby outside of marriage and she begins to panic.

1. What moral dilemma is present in this situation?
2. If Mary did make the decision to abort, would you view this as murder?
3. Do you think religion is controlling Mary's decision to abort?
4. Will Mary cope with her parents' anger and disappointment?
5. Is Mary attaching a stigma to a baby outside of marriage?

Vignette 2: Diana and Alex's Story – Financial Circumstance

Diana a 30 year old woman who is currently married to Alex a 34 year old man and just found out that she is 8 weeks pregnant. Both Diana and Alex are working; however, they are struggling financially. They already have four children and live in a small three bedroom townhouse in the suburbs. The children are already sharing two to a bedroom, with little space to play and move around in. The news has devastated them, as they have no space for another child. This would mean that they would have to move into a larger residence, which they will be unable to afford. Diana and Alex after much discussion and heart ache are left with no alternative but for Diana to abort this child, as they will not be able to afford the child while continuing to provide a decent standard of living for their other.

1. Do you think Alex should attempt to find another job with a higher salary?
2. Does money take prevalence over a human life in this situation?
3. Is financial strain an adequate reason for abortion?
4. Do you feel that they should have gone for a sterilization option? If so why?

Vignette 3: Kristy and James Story – Health Circumstance

Kristy 37 years and James 40 years have been struggling to conceive. After having had previous miscarriages, Kristy is finally through to her second trimester and is currently 14 weeks pregnant. This is their first child and therefore they are excited that she was this far into her pregnancy. When Kristy and James went for the last ultrasound the gynaecologist had to tell them the bad news that their foetus had Down syndrome. Down syndrome usually occurs in pregnant woman that are over the age of 35 and is a birth defect that is usually due to having an extra chromosome 21. Down syndrome causes mental retardation, a characteristic facial appearance, and multiple malformations. This news caused heart ache and a whirl wind of emotions for Kristy and James all at once. The gynaecologist gave Kristy and James two options, the first option was to continue with the pregnancy and deliver the baby. The other option was to abort. Kristy and James were shattered, as they knew that time was running out for Kristy to conceive a child.

1. Should a women, 37 years of age be trying for a child knowing the possible deformities that may occur?
2. Do you feel that the foetus should be carried to full term?
3. Do you think there should be social stigma attached to aborting a deformed baby? And if so, why?
4. Do you think that Kristy will be mentally and physically able to raise this child?

Vignette 4: Lexi's Story: Reproductive Rights of Women Circumstance

Lexi is a 20 year old woman that is still in university and is currently dating her boyfriend Byron. Lexi recently found out that she is 6 weeks pregnant. However, Byron is not the father. Lexi went to a friend's birthday party on her own, as Byron could not make it, as he had to work. Lexi needed something out of her handbag which she had left in her friend's bedroom. While Lexi was in the bedroom, a man at the party came into the room and locked the door. This man pinned her to the bed and then ripped her clothes off and subsequently raped her. Since the music was so loud no one could hear Lexi screaming. He then left the room and the party. Lexi was scared and in shock, however, she found her friend and was taken to the hospital. Since Lexi was more concerned about HIV/Aids she followed the procedures to preventing infection. It never dawned on her that she could fall pregnant from this horrific act. She did tell Byron about what had happened once she left the hospital. After the trauma of the rape, Lexi and Byron abstained from sexual intercourse, as Lexi found it difficult to be intimate with Byron. A few weeks later she found out that she was pregnant. As this could not be Byron's child, she knew that this child had been conceived on the evening of the rape. She was shocked, mortified and violated and thus decided to abort the baby.

1. Should woman have the freedom to abort in the case of rape?
2. Do you feel that Lexi's decision to abort was mainly due to the violation that happened to her?
3. After having the abortion, do you think she will feel more in control of her body?
4. What is your opinion with regards to woman having the right to choose to abort and be in control of their own body?