

Examining religio-cultural beliefs among women towards induced abortions in Noodsberg and Esidumbini Communities of Faith: A Case Study.

Mduduzi Godhelp Khoza

Student number: 208500580

Supervisor: Professor Lillian Siwila

2023

DECLARATION

Submitted in fulfilment of the requirements for the degree of Master of Theology, in the
Graduate program in Gender and Religion at the University of KwaZulu-Natal,
Pietermaritzburg, South Africa.

I, Mduduzi Godhelp Khoza, declare that;

1. The research reported in this thesis, except where otherwise indicated, is my original research.
2. This thesis has not been submitted for any degree or examination at any other university.
3. This thesis does not contain other persons' data, graphs or other information, unless specifically acknowledged as being sourced from other persons.
4. This thesis does not contain other persons' writing, unless specifically acknowledged as being sourced from other researchers. Where other written sources have been quoted, then:
 - a. Their words have been re-written but the general information attributed to them has been referenced.
 - b. Where their exact words have been used, their writing has been placed in italics, inside quotation marks, and referenced.
5. This thesis does not contain text, graphics or tables copied and pasted from the Internet, unless specifically acknowledged, and the source being detailed in the thesis and in the references section.

Mduduzi Khoza

Student signature

07 December 2023

Date

Name of Supervisor

Signature

ACKNOWLEDGEMENTS

My gratitude goes out to everyone who gave their time, thoughts and perspectives. My colleagues, writing mentors and my supervisor, whose perspective contributed a lot throughout this process. To my family and friends, for their continued support and encouragement. To Nosipho Khoza my wife, for always believing the best of me.

I would like to acknowledge Noodsberg and Esidumbini Communities of faith for graciously allowing to conduct my research in their communities. Thank you for taking time to sit with me through interviews and for participating fully in conversations. For your openness to the issue of abortion and for your willingness to share your own beliefs to transform the experiences of other women facing the issue of abortion or past abortion.

I would also like to acknowledge my supervisor Professors L. Siwila for her support, patience and guidance throughout this journey. Professor Van der Walt also deserves my gratitude.

Thank you to Sarie Viljoen for editing and proofreading my work. Your support, patience and professionalism says more than words can express.

I would also like to express my gratitude for the funding from the Church of Sweden through the Gender, Religion and Health programme within the Gender and Religion Department in the School of Religion, Philosophy and Classics; I am truly grateful.

DEDICATION

This work is dedicated to those who are marginalised and stigmatised within their families and communities on the basis of past abortion and who are forced to keep silent due to anti-abortionist cultural norms. It is my hope that a world where we do not judge and stigmatise people without understanding all the factors at play leading to abortion decisions becomes a reality.

ABSTRACT

South Africa is among the countries that have legalised the termination of pregnancy. This means women are free to decide whether to keep their pregnancy without being penalised by the legal system. Even though healthcare systems provide low cost or even free services, the country continues to witness an increase in illegal abortions carried out by untrained personnel in health compromised conditions. These illegal abortions have contributed to serious health complications that in some cases, lead to the death of young women, who are the main risk population in this exercise. This is despite South Africa having one of the world's most progressive legal framework for abortion. The aim of this dissertation is to investigate factors leading to unsafe abortions especially among young women. The paper uses a qualitative approach to assess factors leading to these young women opting for illegal abortion. Using reproductive justice framework and intersectional feminism as a theoretical framework, the dissertation assessed the extent to which religion and culture play a role in the use of illegal abortions.

The study will be conducted in the Noodsberg and Esidumbini rural areas in KwaZulu-Natal province. The choice of this community is in line with the previous research on termination of pregnancy which showed that opposition towards the Termination of Pregnancy Act was strong in this part of the country. Findings from this study indicated that opposition to this act was partly based on religious and cultural norms of the people within this community. It is from this background that this dissertation sought to examine these religio-cultural beliefs towards termination of pregnancy among women in South Africa.

CONTENTS

| | |
|---|-----------|
| DECLARATION..... | ii |
| DEDICATION..... | iv |
| ABSTRACT..... | v |
| CONTENTS..... | vi |
| CHAPTER 1: INTRODUCTION..... | 9 |
| 1.1 Introduction..... | 9 |
| 1.2 Motivation for the study..... | 10 |
| 1.3 Location of the study..... | 12 |
| 1.4 Research questions..... | 12 |
| 1.4.1 Main research question..... | 12 |
| 1.4.2 Research sub-questions..... | 12 |
| 1.5 Objectives of the study..... | 12 |
| 1.6 Methodology and theory..... | 14 |
| 1.6.1 Reproductive justice..... | 14 |
| 1.6.2 Intersectional feminism..... | 14 |
| 1.7 Thesis Outline..... | 15 |
| CHAPTER 2: ABORTION IN CONTEMPORARY SETTINGS..... | 17 |
| 2.1 Introduction..... | 17 |
| 2.2 Engaging abortion in the 21st century..... | 17 |
| 2.3 Southern African Understanding of Abortion..... | 19 |
| 2.4 Abortion Decision Making..... | 19 |
| 2.5 Childbirth versus abortion..... | 20 |
| 2.6 Feminism in the context of abortion..... | 20 |
| 2.7 The Impact of Restrictive Abortion Laws (Zimbabwe case study)..... | 21 |
| 2.8 Abortion act in South Africa..... | 23 |
| CHAPTER 3: RELIGIOUS AND CULTURAL PERSPECTIVES ON ABORTION.... | 26 |
| 3.1 Introduction..... | 26 |
| 3.2 Early church fathers' perspectives on abortion..... | 26 |
| 3.3 Roman Catholic perspectives on abortion..... | 29 |
| 3.4 Protestant perspective on abortion..... | 30 |
| 3.5 Cultural perspective on abortion..... | 30 |
| 3.5.1 African society's love for children..... | 31 |
| 3.5.2 Marriage and procreation..... | 32 |
| 3.5.3 Polygamy in search for more children..... | 33 |
| 3.6 African Christian views on abortion..... | 33 |
| 3.7 The place of abortion in the Zulu context..... | 34 |

| | |
|---|-----------|
| CHAPTER 4: THEORY AND METHOD | 36 |
| 4.1 Introduction..... | 36 |
| 4.2 Reproductive justice framework | 36 |
| 4.3 Exposure of the research questions | 39 |
| 4.4 Research method | 39 |
| 4.5 Sampling and research population | 40 |
| 4.6 Informed consent | 41 |
| 4.7 Structure of the discussion | 42 |
| 4.8 Notes and interview translation | 43 |
| 4.9 Ethical consideration | 43 |
| 4.10 Collecting data..... | 44 |
| 4.11 Data analysis..... | 45 |
| 4.12 Limitations of study | 46 |
| 4.13 Summary..... | 46 |
| CHAPTER 5: FIELD WORK AND RESEARCH FINDINGS | 47 |
| 5.1 Introduction..... | 47 |
| 5.2 Responses from participants..... | 47 |
| 5.2.1 Do you discuss about abortion? When do conversations happen, and why? .. | 47 |
| 5.2.2 Do you think women know the difference between legal and illegal abortion and their rights? | 49 |
| 5.2.3 What does your community say about abortion in a cultural and religious context? | 50 |
| 5.2.4 How do people make their decision about abortion? | 51 |
| 5.2.5 What reaction would you expect from a local church or community when considering abortion openly? | 52 |
| 5.2.6 Do you think churches are a safe space to talk about pregnancy options, including parenting and abortion? | 53 |
| 5.2.7 Do you think people consult traditional healers regarding abortion? Why? .. | 54 |
| 5.2.8 Would you talk with your pastor about abortion? And under what circumstances? | 54 |
| 5.2.9 What indigenous cultural and religious/theological ideas about body and gender might serve to disrupt biases about abortion? | 55 |
| 5.3 Conclusion | 56 |
| CHAPTER 6: ANALYSIS AND DISCUSSION | 58 |
| 6.1 Introduction..... | 58 |
| 6.2 Reproductive issues in South Africa | 59 |
| 6.3 Reproductive justice in the South African context | 61 |
| 6.4 In search of life affirming theology: Body Theology | 62 |

| | |
|--|-----------|
| 6.5 Conclusion | 64 |
| CHAPTER 7: RECOMMENDATIONS..... | 67 |
| 7.2 Challenges noted in this research | 67 |
| 7.3 The new knowledge that needs to be explored | 68 |
| 7.4 Recommendations and conclusion..... | 70 |

CHAPTER 1: INTRODUCTION

1.1 Introduction

The South Africa news article (2018) state that the illegal abortion rate is alarmingly high even though abortion is legal in this country. Barriers to access safe abortion remain intact despite abortion being legally available on request within the legal parameters of Choice on Termination of Pregnancy Act 92 of 1996. Barriers to access include abortion stigma, religio-cultural opposition, provider opposition to abortion and shortage of trained and willing providers. Haddad (2020) agrees that illegal abortion is thus a pressing issue, desperate women, facing financial burdens and stigma of unintended pregnancies, continue to risk their lives by undergoing illegal abortions. The critical studies in sexuality and reproduction (2020) argues that there is significant evidence of illegal abortions taking place within South Africa, despite the liberal abortion legislation. According to the World Health Organization (2017), it is estimated that backstreet abortions or unsafe abortions contributes to the death of 13.2% pregnant women globally. Manana (2015) argues that unprotected sex has a direct link to both HIV and abortion, both of which result in the death of young people. International research organisations that includes Amnesty International (2017) says that South Africa has one of the world's most progressive legal frameworks for abortion, yet many women and girls especially those in the poorest and most marginalised communities struggle to access safe abortion services. The failure of government to regulate the practice of conscientious objection through which health professionals can refuse to provide abortion services, was the key barrier to access safe abortion in public health facilities. The World Health Organization (1992) defines unsafe abortions as a procedure for terminating an unintended pregnancy conducted out either by persons lacking the necessary skills or in an environment that does not conform to minimal medical standard, or both. This means that abortion is theoretically safe when performed by persons with the necessary skills, and in an environment that conforms to minimal medical standards.

Scholars such as Atta and Dim (2019:1) says "Empirical evidence shows that when confronted with an unplanned or unsupportable pregnancy, some women seek abortion by self-inducing or through abortion providers, irrespective of what the law, religion and culture says about abortion. Abortion continues to be one of the most sensitive and controversial issue in reproductive health in the South African context." World Health Organisation (2012) agrees

that irrespective of the advances in the health care profession and the availability of safe and effective technologies and skills for abortion, deaths and disabilities resulting from unsafe abortion continue to occur. A study by the South African medical research council in 2020 reported that 49% of abortions are undergone by young people between the ages of 13 and 19 years, and that these are not taking place in hospitals or clinics. In March 2018 during a rally in Durban the MEC for Health Dr Sibongiseni Dhlomo, urged all who attended to remember that those who choose to terminate a pregnancy have a constitutional right to do so in a safe environment, where they will not be subjected to stigma and judgments. Dr Sibongiseni Dhlomo, also stated that many women who have gone to backstreet abortion facilities have not come back to tell the story. Haddad et al. (2020) state that the burden of unsafe abortion does not lie only with the women and their families, but also with the public health system. Every woman admitted for emergency post-abortion care may require blood transfusion, antibiotics, an operating room, and surgical specialists. The impact of the financial and logistical costs can overwhelm a health system and divert attention from patients needing other care towards patients with post-abortion complications.

1.2 Motivation for the study

This study was motivated by the unjustifiably high rate of illegal abortions in South Africa and the urgent need to close the gap between the liberalisation of the abortion law (Choice Act of 1996) and culturally informed social norms on abortion. In most communities of faith women are the majority, which includes the communities where I serve as an overseer. As a male leader I was motivated to examine religion cultural beliefs towards abortion among women in the communities that I serve which are Noodsberg and Esidumbini. Palm (2018) argues that religious and culturally related stigma and judgement continue to fuel unsafe abortions in many contexts, such as in South Africa, Ireland, and Zimbabwe where there is a strong religious presence. The Choice on Termination of Pregnancy Act 92 (1996) seems to be struggling to achieve its expected results of reducing the dreadful consequences of unsafe abortions. This means that the legalisation of abortion alone is not enough, and much needs to be done to increase access to abortion services through awareness and education. The dangers of the backstreet abortions used by women and young girls to try to escape unplanned pregnancy highlight the need for reproductive health education in communities. Education in terms of contraceptives and safe abortions is critical to protect the lives of so many women and young girls, particularly in the poorer communities, against the dangers of illegal abortions. Palm

(2018) state that it is difficult to discuss the topic of abortion both in South Africa and globally, as there is a myriad of strong religious and cultural stances. Manana (2015) argues that the South African government legalised abortion through the Choice Act 92 of 1996 to reduce the number of deaths of women and young girls caused by illegal abortions. Yet whilst the number of girls under 18 having abortions at state hospitals has more than doubled in South Africa since 2001, it appears that illegal abortions are still increasing across the country, especially in major cities.

In the South African context, there is a significant gap between the Choice Act 92 of 1996 and culturally informed social norms on abortion. Illegal abortions in South Africa thrive on this gap. There are often advertisements of unauthorised abortion providers on every street corner but none by the Department of Health or private care practitioners. One should ask oneself why this is happening, as the social silence on safe abortion speaks volumes about moral principles upheld by community members in this country. In the African context, both culture and religion openly condemn abortion. According to Jogee (2018) human life in the African worldview is viewed as sacred, and a gift from God and ancestors, and therefore held in the highest regard. I agree with Stevens and Muradzikwa (2018) that there is a need to reconcile legal liberalisation of abortion with religio-culturally informed social norms. Religion-related abortion stigma remains one of multiple barriers to practical access despite increasing awareness that safe abortion is both a human right and a constitutional right in South Africa. If something has a stigma attached to it, people tend to think that it is something one should be ashamed of doing. According to Bhekisisa (2015), abortion stigma is the negative attitudes that some people hold about the procedure. Stigma not only applies to those who seek out abortions, but also those who provide them. Sometimes stigma can be internalised, meaning that people begin to believe the unfair things people say or think about them and their actions and this can lead to feelings of shame and guilt among those who seek out abortions. Stigma can also occur within communities, mass media, culture, religion or even within healthcare or legal settings. Furthermore, gender inequality is still an issue that needs to be addressed to ensure that women realise their right to sexual and reproductive health and have control over their own lives and bodies. The intersectional factors surrounding the abortion issue makes it not only a moral, ethical and health issue but also a gender, economic and political issue that cannot be ignored.

1.3 Location of the study

My research project will be based in the province of KwaZulu-Natal (KZN), North Coast at Noodsberg and Esidumbini. These are communities in the rural districts of KZN, although there are elements of development in these areas in terms of water, electricity, and housing. Harrison, Montgomery and Wilkinson (2000) argue that previous research that sought to explore attitudes and beliefs about abortion and the Termination of Pregnancy Act among community members in rural districts of this province shows that the opposition was in most part based on religious and cultural beliefs.

1.4 Research questions

1.4.1 Main research question

What are the existing religio-cultural beliefs among women towards abortion in Noodsberg and Esidumbini rural districts of KwaZulu-Natal?

1.4.2 Research sub-questions

- 1) What is the contextual landscape pertaining to the termination of pregnancy?
- 2) What are the religio-cultural values upheld by local faith communities that inform resistance to abortion practices in KZN?
- 3) What indigenous cultural, religious or theological ideas might serve to disrupt biases about abortion?

1.5 Objectives of the study

The objectives for this study are:

1. To explore the prevailing views and practices related to unintended pregnancies among women in South Africa.
2. To find out the role played by religion and culture in the construction of values that inform abortion practices.
3. To evaluate religion-cultural and theological resources that might serve to disrupt biases about abortion.

The people who bear the burden of hindered access to safe abortion are mostly from poor communities, especially women and young girls. There are two opposing views to the issue of abortion: the pro-choice and pro-life perspectives.

According to Egan (2021) the pro-choice perspective uses the intersectional theory to approach the termination of pregnancy debate:

1. The pro-choice perspective argues that a foetus is not a person; therefore, a person has not been harmed.
2. Forced childbearing includes significant health and psychological risks to the mother and can exacerbate poverty. Since a person is not harmed and the mother benefits, abortion is morally good.

Egan (2021) argues that on the other end of the abortion debate, the pro-life perspective uses religious and cultural beliefs to justify their opposition to abortion:

- 1.1 The pro-life perspective holds that God creates every person in his image and has a plan for their lives (Jeremiah 1:4–5)¹.
- 1.2 God commanded us to be fruitful and multiply and identified children as a blessing. Therefore, abortion harms a person and is rebellion against God (Genesis 1:28).

Induced termination of pregnancy remains an ethical issue with many grey areas which makes it hard to justify or condemn without any argument. The term ‘abortion’ will be used in this research project as it is mostly used in the abortion debate, although feminist movements prefer to use the term ‘Termination of Pregnancy’. Therefore, in the theoretical framework the termination of pregnancy term will also appear since it is widely used by advocates of the reproductive justice framework.

In this dissertation I intend to examine existing religio-cultural beliefs among women towards termination of pregnancy due to the alarming figures on illegal abortions in South Africa. Although the issue of abortion has to do with women’s health, arguments against abortion are often strongly based on religious and cultural beliefs. Arguments for termination of pregnancy are centred around reproductive health, putting more emphasis on the experiences of vulnerable women and the effects of poor health care on women. Palm (2019) prefers to locate abortion in the reproductive justice framework, arguing that pro-life and pro-choice arguments based on binary underpinnings have blind spots. However, abortion remains one of the most

controversial global issues that affect women from all walks of life, especially women from the poorest communities.

1.6 Methodology and theory

A detailed outline of the method and theory that is used in this dissertation is available in Chapter 4. In this section I will only provide an outline on two theories: Reproductive Justice and Intersectional Feminism.

1.6.1 Reproductive justice

Scholars such as Luna and Luker (2013) states that reproductive justice is based on three interconnected sets of human rights: the right to have a child under the conditions of one's choosing; the right not to have a child by using birth control, abortion, or abstinence; and the right to parent children in a safe and healthy environments free from violence of individuals or the state. Davids (2019) argues that South Africa is still marked as the most unequal country in the world. Black South African women within the context of culture, economy and religion do not necessarily have access to reproductive rights as a choice without contestations. Women who need abortion cannot freely access health care even in a constitutional democracy where the rights to have abortion are legally protected. This is partly due to abortion stigma, and religious and cultural intolerance of abortion. Even though South Africa is commended for having the most advanced constitution, culturally informed social norms continue to impact the decision-making power of some women and girls, and Christian ethics impact the decision-making power of Christians. According to Kotze (2019), black feminist scholars have argued for an intersectional approach rather than a traditional rights-based approach to reproductive health.

1.6.2 Intersectional feminism

Intersectional feminism as a concept evolved into mainstream conversations around 1989. The term 'intersectional feminism' was coined by American professor Kimberly Crenshaw in 1989 as a lens for seeing the way in which various forms of inequality often operate together and exacerbate each other. In principle it looks towards becoming more inclusive of those who are marginalised and is focused on equality as well as understanding more deeply the context and relational impact of a situation (Miller, 2020). Furthermore, intersectional feminism focuses on the importance of intersectionality in any given situation or environment such as abortion,

cultural values, religious conservatism, Christian ethics, economy, politics, and gender-based violence, to name a few (Ross, 2017). In this dissertation, the reproductive justice theory serves as the tool in contrasting existing religious and cultural beliefs of women in Noodsberg and Esidumbini with the reproductive justice framework, to see whether these beliefs are life-giving, or whether they have become oppressive for those who need abortion services.

1.7 Thesis Outline

Chapter one of this thesis provides a comprehensive background for the study. It deals with the introduction of the research topic, the background to the study and a brief history. It also spells out the aims of the research and the questions that the study aims to answer.

Chapter two covers the literature about the topics that are relevant to this study, which includes the following themes that will be discussed in detail within the contextual landscape pertaining to abortion; engaging abortion in the 21st century, South African understanding of abortion, abortion decision making, childbirth versus abortion, feminism in the context of abortion, the impact of abortion laws (Zimbabwean case study), and the abortion act in South Africa.

Chapter three covers the literature about religious and cultural perspectives on abortion, and more importantly, religious, and cultural perspectives in the African context.

Chapter four covers the theoretical perspectives on the frameworks within which reproductive health and rights are discussed. This study uses reproductive justice and intersectional feminism as lenses, within which the general subordination of women and the current abortion debate is discussed. This chapter also discusses the strategies used to generate data for the study.

Chapter five provides the individual interview findings linked to the religio-cultural beliefs of women towards termination of pregnancy in Noodsberg and Esidumbini and includes a desk top research that examines the ongoing conversations about abortion in the South African media context.

Chapter six discusses and analyses the findings from the individual interviews and the desktop research in relation to the reproductive justice theory. The findings highlight that the existing

religio-cultural beliefs towards abortion do contribute to the silence and secretive attitude around conversations about abortion in society in general.

Lastly, chapter seven deals with interpretations and discussions of the key findings, offers recommendations and provides the conclusions from the findings.

1.8 Summary

The introduction of the study in the introductory chapter and the outline of all chapters in this research set the context of the entire study. In the next chapter I then move to present the contextual chapter guiding my work.

CHAPTER 2: ABORTION IN CONTEMPORARY SETTINGS

2.1 Introduction

In the first chapter, the challenges associated with unsafe abortion and complexities around the abortion issue were outlined. This chapter reflects on six themes outlining abortion in contemporary settings. The themes are discussed to provide context and not an intensively detailed analysis. They are abortion in the 21st century, Southern African Understanding of abortion, Abortion decision making, and childbirth versus abortion, feminism in the context of abortion, the impact of restrictive abortion laws, and Abortion Act in South Africa. Some of these themes have already been touched on in chapter one, although not in detail. In this chapter the themes will be used to expose different perspectives on abortion on the Southern African context and globally. The intersectional complexity around religion and culture, and its implication for South African women will be discussed.

2.2 Engaging abortion in the 21st century

According to the Amnesty International Research (2012), studies on abortion confirms that one in every four pregnancies is terminated each year worldwide. And empirical evidence reveals half of these abortions remain unsafe, and that makes abortion the third leading cause of maternal mortality. Amnesty International Research (2018) stresses that women who choose abortion over child birth exists in every country, irrespective of their socio-economic class, cultural affiliation or religious affiliation. World Health Organization (2012) says that abortion studies in South Africa reflects that the majority of females seeking abortion services are young women, often already mothers with children, and that some of these abortions take place outside a hospital or clinic. Research on abortion shows that, majority abortions take place in societies where women have limited access to contraceptives and control over family planning services offered free of charge in most public clinics and hospitals. South African Medical Research Council (2020) agree that in South Africa abortion is absent from family planning discussions and public reproduction health campaigns in most black communities. Family planning is encouraged and embraced as good and normal by the majority of South Africans, but abortion is regarded as murder and immoral. The persistent rise on illegal abortion in South Africa proves beyond a reasonable doubt that some women continue to do abortion despite the overt stance of the law, culture, and religion against abortion in this country.

South Africa offers an important case study on the abortion debate. Despite the explicit stance of the law which seeks to put an end to illegal abortion and encourage women to make use of safe abortion services available in public hospitals, this country continues to battle against soaring illegal abortions. Bloomer (2020) says that research shows that the legalisation of abortion alone is not enough to convince all women who need abortion to use legal channels. Liberal abortion laws were put in place as from 1996, yet this country is still experiencing high levels of illegal abortions. Scholars who includes Palm (2019) agree that at the heart of the abortion debate lie complex questions of childbearing as well religious and cultural beliefs about family, and sexuality. As asserted by Minaar (2019), in this dissertation I agree that such questions need to be deconstructed and the justification of abortion needs to be grounded in women's lived realities as a valuable source in this abortion debate. Scholars such as Stephens, Jordens, Kerridge and Ankeny (2009) say that religion and culture the Catholic and Protestant perspectives on abortion openly discourages abortion. Abortion in these religious and cultural worldviews is dominantly presented as murder, and disobedience to God's will.

According to Hwanjere (2016), in 2003, the African Union adopted a women's charter, the Maputo Protocol. Article 14 in this charter states that abortion must be legal to save women's lives, to preserve their physical and mental health (Maputo Protocol, 2003). The Maputo Protocol (2003) also makes provision for cases of rape, incest, and grave fatal anomaly as valid reasons for abortion. Between 2000 and 2019, 21 out of 48 sub-Saharan countries have expanded the grounds on which abortion is legal (Maputo Protocol 2003). While the legal reforms in abortion laws have an important role to play in saving women's lives, I agree with scholars such as Guttmacher (2020) who believe that, much needs to be done to ensure that these legal reforms are accompanied by serious efforts, for example, educating society about reproductive health and rights. When addressing contested social issues such as abortion through public participation, the South African government usually states that all concerned parties have been consulted in matters that affect them personally. In my opinion, the reality is that South African citizens feel undermined and betrayed by the very government they elected into power by advancing the Choice Act. The Choice Act is among many right-based laws passed by the South African government without bringing its citizens on board through enough awareness, education, and enough time to adjust, as a result such human right laws meet resistance at the local level where they must be implemented such as the case with the liberal abortion laws.

2.3 Understanding of Abortion in the Cultural Context

According to Ngwenya (2013), in most Southern African countries, abortion is only allowed or tolerated in exceptional cases, such as, when the pregnant woman's health or life is in a grave danger. Hodes (2016: 79) state that "Abortion is also considered as an option by some women when the pregnancy was a result of a violation of cultural values, such as a case of incest, which is a serious offence in many African cultures, such as, the Zulu cultural context." When confronted with unintended pregnancy due to forbidden sexual relations, be it consensually or due to rape, some women secretly seek abortion.

In my family we were warned about incest, and we were told about an incident in the family where a girl had sexual relations with her aunt's husband and a child was conceived. The girl decided to have an abortion and dumped the child in the toilet, and that is when her abortion was discovered. Even though this was not a case of incest, sexual relations such as these are considered shameful in my context. Scholars such as Akaninyene (2017) agrees that in many African societies incest is a grave sin, and when it does occur, most families will keep it secret and even arrange an abortion in case of pregnancy. When such a pregnancy is carried to term, rituals will be performed to appease the ancestors. Stephens, Jordens, Kerridge and Ankey (2009) agree that Christian faith communities often speak out against abortion but the reasons for condemning abortion are often based on an African understanding of morality, religious beliefs, and on cultural grounds. Intersectional factors such as gender, economic, and political oppression cannot be used to justify abortion within religio-cultural context (Bloomer et. al, 2020).

2.4 Abortion Decision Making

Morgan (2021) argues that women hardly have a single reason for choosing abortion, and the decision to have an abortion involves far more thoughts, weighing options and consultation than merely deciding to abort the pregnancy. This argument goes against popular perception that women who seek abortion do not want to take responsibility for their actions. Scholars who include Bloomer, Pierson, and Claudio (2020) concur with each other that unplanned pregnancy can be a cause of emotional stress, and feelings of guilt, grief, anguish, emptiness, shame, doubt, and anxiety, both before and after abortion. Steyn and Ndimande (2018) argue that poor knowledge of contraception, poor contraceptive practices and contraceptive failure

are mentioned as a cause for unplanned pregnancy, and they have a direct impact on abortion. In 2018 the research conducted in Soshanguve community health care centre exploring the reason women give for choosing abortion revealed that not being ready for a first child or having another child was a reason mentioned by women for requesting abortion. Being unmarried was another reason given as a reason enough for requesting abortion, and this is influenced by factors such as religion and culture in this context (Steyn and Ndimande, 2018)). According to Ross (2017), gender-based violence, financial difficulties, culture and religion are some of the reasons given by women for choosing abortion in South Africa.

2.5 Childbirth versus abortion

According to UNHCR (2016) abortion is supposedly a safe procedure, but it becomes life threatening when it is restricted legally or socially because some women turn to illegal abortion providers. We can never stress enough the fact that abortion is safer to the mother but it ends the potential life of the unborn child immediately. Moralists would argue that childbirth gives the mother and child some chance of survival whilst abortion guarantees an end to the life of the unborn child. Amnesty International (2017) says that there could be many ethical and medical concerns around the argument that abortion is a safe procedure, for example the perceived denial of unborn children's rights as human beings, and questions such as who gives us the right of ending the potential life of another human being? The abortion debate is one topic that shows what self-preservation can lead to, from social, cultural, religious, and political perspectives, respectively.

2.6 Feminism in the Context of Abortion

Pro-life movements normally appeal to religio-cultural norms to challenge abortion laws. Guttmacher (2020) argues that the social stigmatisation and judgement, contributes to the hindered access of legal abortion for women who want and need this procedure. Most women's health groups see the fight for abortion rights in the context of defending the rights of all women to make their own decisions about reproduction. London (2020: 77) says "Feminist theologians and women's health groups who advocate for reproductive justice argue that reproductive rights and true health care for women need to include all reproductive health services which includes abortion." Ross and Solinger (2017) argue that from the perspective of African American women, any health care plan must include coverage for abortions, contraceptives, well-woman preventive care, pre- and postnatal care, fibroids, infertility, cervical and breast

cancer, infant and maternal morbidity and mortality, intimate partner violence, HIV and AIDS, and other sexually transmitted infections.

2.7 The Impact of Restrictive Abortion Laws (Zimbabwe case study)

Zimbabwe provides a good case study on the effect of hindered access to legal abortion and the issue of reproductive injustices facing women in that region. Scholars such as Ngwenya (2013) have identified Zimbabwe as among sub-Saharan African countries characterised with increasing cases of illegal abortions. Chin'ombe and Ngwenya (2014) argue that despite the guarantee of legal abortions under global and regional human rights and frameworks such as the Maputo Protocol, it remains difficult to realise such rights within the Zimbabwean context due to illegalisation and criminalisation of abortion in this region. According to Hwanjere (2016), Zimbabwe is a country with a number of domestic legislation which highlights the issues of women's sexual reproductive health rights (SRHRs). Ngwenya (2013) says "Such legislation tends to restrict the practice of legal abortion among women who need abortion. After attaining independence in 1980, Zimbabwe adopted the Termination of Pregnancy Act of 1977, which derives from the British colonial statutes." The grounds upon which termination of pregnancy is permitted are detailed in Section Four as follows:

- a) Where continuation of the pregnancy so endangers concerned or constitutes a serious threat of permanent impairment of her physical health.
- b) Where there is a serious risk that the child to be born physical or mental defect of such a nature that he will be permanently handicapped. The medical superintendent should not authorise abortion unless if satisfied that two medical practitioners have examined the woman concerned and certified that termination is warranted for.
- c) Where there is a reasonable possibility that the pregnancy was conceived because of unlawful intercourse as rape, other than rape within a marriage, and sexual intercourse within a prohibited degree of relationship (Pregnancy and Termination Act of 1977).

According to Guttmacher (2019), argue that it is difficult to seek legal abortion in Zimbabwe for any woman whose situation does not fall in the above outlined categories. Zimbabwean abortion act is criticised for its restrictions to women who choose to terminate pregnancy as well as those who are forced by circumstances to terminate pregnancy. One must prove beyond

any reasonable doubt that there is serious risk that the child carried to full term will have mental or physical defects. The Zimbabwean constitution, adopted in 2013, guarantees the right to life under Fundamental Human Rights and Freedoms Section 48 (Constitution of Zimbabwe, 2013). Scholars that includes Chin'ombe and Ngwenya (2014), argue that the above clause places a legal duty on the state to guarantee the right to life for the unborn child (foetus) and to protect it against termination.

In Zimbabwe, the right to abortion is restricted under the Criminal Law (Codification and Reform) Act, in Section 60, that regulates Unlawful Termination of Pregnancy. As a result of the criminalisation and illegalisation of abortion under this act, many young women in Zimbabwe end up resorting to illegal abortions.

Scholars such as Beattie (2010) agree that the ongoing role of religiously motivated social norms and beliefs in shaping restrictive abortion laws, abortion-related stigma, and socio-moral disgust for those seeking and providing abortions has been acknowledged in many contexts. Palm (2019) argue that the social perception that abortion is murder, therefore, immoral leads to stigma among health-care staff, women who need abortion and the judiciary. Those seeking or providing abortion services risk discrimination, harassment and isolation, and abuse and shaming by other health care workers. Abortion stigma reinforces an 'immoral woman' myth similarly to how stigma works around both HIV and AIDS and sexual assault.

I concur with scholars such as Seigal (2007) who states that restricting abortion does not stop women from terminating pregnancies; where there is hindered access, there is evidence that illegal abortion rates tend to be higher. In South Africa, abortion is legal under the Choice on Termination of Pregnancy Act, but due to hindered access to legal abortion services, illegal abortions remain a grave threat to women and young girls' health in this country. According to Palm (2019) abortion is one of many health issues affecting women and girls and is therefore included in the care plan advocated for women in the reproductive justice framework. Scholars assert that the focus of reproductive justice framework has been on protecting the reproductive rights of women, which includes the right to have an abortion. For biological and social reasons, women are affected more directly than men by decisions with respect to reproduction; decisions which in turn are shaped by issues related to gender equality, stereotypical gender roles and the broader role of women in society (Palm 2019). Bloomer (2020: 68) says "Reproductive rights matters are critically important to women as they affect women's mental and physical integrity, their health and sexual autonomy, their ability to enter and end

relationships, and their ability to provide for their families. Women's education and job training, as well as their ability to negotiate work–family conflicts in institutions organised based on traditional sex-role assumptions, are also significantly affected by their reproductive rights”.

2.8 The Abortion Act in South Africa

According to the SA Government (2021) in South Africa, the Choice of Termination of Pregnancy (CTOP) Act (No. 92 of 1996) replaced the restrictive and inaccessible provisions of the Abortion and Sterilisation Act (No. 2 of 1975). The Choice Act promotes reproductive rights and extends freedom of choice by affording every woman the right to choose whether to have an early, safe, and legal termination of pregnancy according to her individual beliefs. Under the Choice Act, the woman must be under 13 weeks pregnant to end pregnancy without giving reasons. If she is between 13 and 20 weeks pregnant, the pregnancy may be terminated only under specific conditions. If she is more than 20 weeks pregnant, termination can only be done if the woman or foetus is in danger or there are likely to be serious birth defects (SA Government 2021). To counter both public and internal opposition to the legalisation of abortion, the ANC's Parliamentary Bulletin in 1996 stated that the government had not taken a moral position but introduced the bill on health grounds only (African National Congress 1996). Manana (2015) argues that women who are determined not to carry an unwanted pregnancy always find some way to try to abort. In most cases, these women resort to dangerous, sometimes deadly methods, such as taking dangerous mixtures to get rid of an unwanted pregnancy. In the South African context *ugobo*, a traditional mixture used for cleansing women after childbirth at home, has been noted by many to be popular in self-inducing abortion. The most vulnerable women are poor women, young women, and women with low incomes. Zavella (2018) argues that all women who depend on the government for their health care have borne the brutal effects of attacks on abortion rights. The results are immediate in terms of harm and discrimination against women living in poverty.

South African scholars such as Bloomer (2020) argue that under the Abortion Act of 1975 there were no limits for when abortion on the listed grounds could be procured. The abortion could be procured at any time, provided the grounds for justifying it were satisfactory. However, the grounds for termination of pregnancy under the Abortion Act did not take into consideration women's reproductive rights and freedom of choice. The Choice Act addresses this pitfall of

the Abortion Act of 1975, but only if the third trimester of gestation has not begun. After the third trimester, the woman's reproductive right and freedom of choice is taken away even under this liberal Act.

Feminist scholars such as Palm (2019) argue that the proponents of the Reproductive Justice Framework firmly reject the choice framework for a number of reasons, arguing that the choice framework does not speak to the complexities of women's lives. Scholars that include Mason (2018) argue that the restrictions in the Choice Act during the third trimester place an unjustifiable burden on women who have been subject to rape or incest and who can only seek assistance to terminate a pregnancy after 20 weeks of gestation. The Choice Act also places the same burden on severely mentally disabled or unconscious women that are pregnant. Even mentally competent women may experience severe psychological trauma if compelled to carry their pregnancies to term. It is also likely to expose children conceived by rape or incest to similar trauma should the circumstances of their conception become known. Bloomer (2020) asserts that the ground for termination of pregnancy after 20 weeks depends on the medical opinion of doctors or midwives who have obtained the required training. This limitation to terminating pregnancy after 20 weeks of gestation in the Choice Act, which denies abortion to women who have been subjected to rape or incest, is unconstitutional. Women's health groups' argue that grounds for legal abortion should be expanded to include circumstances such as the pregnancy being a serious threat to the woman's physical or mental health or conception having been a result of rape or incest, without the onerous conditions that applied under the Abortion.

In the case of pregnancy due to rape or incest, consulting doctors and midwives may defeat the Choice Act's third-trimester limitation if the pregnant woman threatens with suicide or turning to an illegal abortion, as these threats could justify the view that continuing with the pregnancy would endanger the patient's life. The third-trimester limitations are too restrictive of the constitutional right to bodily and psychological integrity and reproductive health of girl children and women. The Abortion Act and Choice Act both clearly show that the right to decide over one's body is a hard-fought right. Although many African countries are considered secular, most of them implement rigorous legal prohibitions on abortion that often coincide with religious ethical and moral views. I believe that the Choice Act is seen as an insult against ethical and moral views upheld by South Africans, which is why it is met with resistance. Therefore, religion and culture needs to be interrogated to ensure they are life giving to both women and men. The life denying aspect of religion and culture to women needs to be

deconstructed so that women realise their right to sexual and reproductive health and have control over their own lives and bodies.

2.8 Conclusion

In the preceding section I explored six themes outlining abortion in the contemporary. The changes in abortion laws in South Africa reflect the political transition from apartheid to democracy – a period in which political leaders and women’s health advocates championed the legalisation of abortion despite public opposition, which in most part clashes with cultural and religious beliefs upheld in society. In the next chapter, I will discuss religious and cultural perspectives on abortion.

CHAPTER 3: RELIGIOUS AND CULTURAL PERSPECTIVE ON ABORTION

3.1 Introduction

As outlined in the preceding chapter, liberal laws on abortion clashes with religious and cultural norms upheld in society. The purpose of this chapter is to outline religious and cultural perspectives on abortion in South Africa. These include, firstly, the Early Church Fathers' perspective on abortion. Secondly, the Catholic and the Protestant perspectives on abortion and lastly, the African Religion and Cultural perspectives on abortion. Scholars such as Macaulay (2020) says that religion and culture in South Africa have an important role that shapes society in ways that are often hard to understand and identify. I agree with the view held by Macaulay (2020) that, in South Africa, and particularly the KwaZulu-Natal context, people do not practice religion, but they live religion. We can say that we are breastfed religion even before we understand what it is about.

3.2 Early church fathers' perspective on abortion

Christian institutions and cultural institutions generally shun abortion, some denominations such as the Catholic Church openly oppose abortion, and this opposition is pushed, mostly by both the clergy and laypeople of the Catholic Church and very conservative Protestant voices. Scholars agree that the early Church writings lead to the assumption that Christians shunned abortion (Divis, n.d.). Peters (2018) is of the view that the New Testament does not have passages that deals with the issue of abortion; most Christians who oppose abortion turn to the writings of the first generations of Christians after the Apostles since they indicate opposition to abortion. However, these early Christian writings which includes Epistle of Barnabas, Tertullian, Aulus Cornelius Celsus and Saint Augustine, do not discuss abortion in depth. The writings of the early Christians that are available to us for reading in depth about their view on the issue of abortion only state in phrases or a few words that shows abortion was forbidden for Christians (Peters 2018).

Based on these sources mentioned above, scholars who includes Brattston (2017) believe that in the first three centuries after Jesus Christ walked this earth, popular Christian theologians who mentioned abortion considered it a grave sin. In other words, no Christian author in the three hundred years after Christ condoned abortion. The Christian opposition to abortion in the

early church was not merely local but global; Christian sources opposing abortion can be found in Spain, Italy, Tunisia, Greece, Egypt, Turkey and Syria (Brattston 2017).

Pro-life scholars also use the Bible as the basis for biblical and theological arguments against abortion, and one of the popular passages in scripture when Christians challenge abortion is found in the book of Jeremiah 1:5, which says ‘Before I formed you in the womb I knew you, before you were born I set you apart, I appointed you as a prophet to the nations.’ Scholars such as Njoku (2005) says that Pro-life Christians argue that God forbids us to take the life of another person. The second popular scripture used to justify anti-abortion stance is found in the book of Psalm 139:16 which says, ‘Your eyes saw my unformed body. All the days ordained for me were written in your book before one of them came to be.’

Scholars who includes Goldstand (2001) agree with each other that readers of the Bible are familiar with the general prohibition against killing in the Ten Commandments in the book of Exodus. The Sixth Commandment says, ‘You shall not murder’. It is this commandment which alludes to killing as a sin. For most anti-abortion Christian movements this provides a general principle against abortion. However, there is much agreement elsewhere that the death of a foetus is different from the murder of a human being. According to Feldman (1986) this agreement is based on the exegesis of Exodus 21:21–23, which states that ‘If men who are fighting hit a pregnant woman and she gives birth prematurely or miscarries but there is no serious injury, the offender must pay whatever the woman’s husband demands and the court allows. But if there is serious injury, you are to take life for life.’ I agree with scholars such as Davis (1992) that the implication of the passage is that injury to the woman is deemed to be more serious, whilst the death of her foetus does not carry the same judgement or weight. Scholars agree with Feldman (1986) that this passage underlies the tendency in Judaism to recognise that the abortion of a foetus, whilst not to be taken lightly, is not a form of murder. According to Davis (1992) the life of the mother is to be preserved if continuing the pregnancy threatens it. This priority is established and accepted widely by theologians, but there are significant variations among interpretations of what precisely constitutes a grave threat to a mother’s life or health. Bloomer (2020) is among scholars who believe that pro-life interpreters would allow abortion only when a mother’s physical health is imminently threatened. On the other hand, pro-choice interpretations over and above the mother’s physical health, would also regard potential threats to a mother’s future emotional and mental health, as well as socio-economic threats as sufficiently grave to justify abortion.

The passage of Exodus 21:22–23 does not solve the abortion debate, because both pro-life and pro-choice movements can use this passage in an almost equal weight. Making assumptions about what this biblical passage is saying does not do justice. One must ask what was said in Exodus 21:22–23; why it was said, in what context it was said, and inquire about what was not said, before any appropriation of the text can be done in this hotly debated issue of abortion. The word ‘abortion’ does not appear anywhere in the Bible, but much can be applied to the issue from a biblical perspective. Feldman (1986) highlight the fact that in this passage of Exodus 2, a distinction is made between the penalty that is to be given for the loss of the foetus and injury to the woman, respectively. In the case of the foetus, a fine is paid as determined by the husband and the judges. The mentioning of the husband already diverts this passage from the current context. This passage deals with married women, which makes it irrelevant for our context, when abortion is also done by single women who fall pregnant out of wedlock and partner denies responsibility. I agree with scholars such as Wilson and Blair (1985) that this story has limited application to the current abortion debate since it deals with women with husbands, and with accidental and not wilful termination of pregnancy. Nevertheless, it must be noted that a distinction is made between the woman and the foetus. The woman is regarded as a person under the covenant, but the foetus is regarded as the property of the husband (Exodus 21:22–23).

Wilson and Blair (1985) argue that in the exodus story, the only being who unquestionably fits the portrait of personhood is the pregnant woman. It is the pregnant woman that considers the potential personhood of the foetus in her womb in terms of the multiple dimensions of her own experience, history, economic status, family setting and future, to mention a few. From a biblical perspective, making such choices is a God-like action. One can conclude that the debate must deal with firstly, the ethicality of the act of induced abortion and secondly, the explanation of a human being. The problem that cannot be solved at the moment is that there are those who do not believe that the foetus is a person until it reaches a certain age. Those who are on this theory put more emphasis on the experiences of pregnant women and argue that the foetus feels nothing when it is aborted. While this may or may not be true, the arguments that states the foetus’ experience of being aborted is ignored, would hold true. On the other hand, people who consider the foetus as a person from conception put more emphasis on the foetus and ignore the personal experience of the pregnant woman. Finding a common ground between the two views has led to this highly contested ethical issue (Wilson & Blair, 1985).

3.3 Roman Catholic perspectives on abortion

Scholars such as Watt (2010) say that abortion in the Catholic understanding is a violent act which harms those who choose it even more than those on whom it is inflicted. The Catholic Church has a long experience of talking to women who have been morally and emotionally harmed by abortion, helping them come to terms with what has happened and to make their peace with God (Watt, 2010). In addition to that, Catholic scholars who include Cantwell (1994) argue that emotional damage can be persistent, and many women find they need emotional assistance through post-abortion counselling and self-help organisations. Historically, the Catholic opposition to abortion has been constant throughout fluctuations in scientific and theological opinions as to when a human life comes into being. According to the teaching of the Catechism of the Catholic Church (n2270), the unborn child must be respected as a person from conception. Thus, in Catholic teaching, there are no acceptable reasons for abortion. However, if the woman's body needs urgent treatment for a medical condition, the Catholic Church teaches that the woman may accept the treatment even if her unborn child will die.

The Catechism of the Catholic Church (n2270) teaching on abortion emphasize the fact that human life must be absolutely respected and protected from the moment of conception. From the first moment of existence, a human being should have the rights of a person, including the inviolable right to life. Since the first century the Catholic Church has declared the moral evil of every procured abortion (Catechism of the Catholic Church, n. 2270). This Catholic teaching has not changed and remains unchangeable. According to the Compendium of the Catechism (n470), direct abortion, which is abortion willed either as an end or means to an end, is gravely contrary to the moral law and is an objective mortal sin. Formal cooperation in abortion, such as encouraging or helping someone to get an abortion, or paying for an abortion is also seen as gravely immoral and a mortal sin. Direct abortion is never justified regardless of what the circumstances or intentions are. According to this teaching, the Fifth Commandment, which states that 'You shall not kill' forbids direct abortion as gravely contrary to the moral law. The sin of abortion carries with it a penalty of excommunication, but this penalty does not apply if the individual did not know about the penalty of excommunication at the time.

3.4 Protestant perspectives on abortion

The Protestant stance towards on abortion is not the same across the board but they all have one thing in common, they do not encourage women who need abortion to do so. Scholars such as Haerle (2004) say that conservative Protestants condemn abortion on their belief that life begins at conception. Jogee (2017) asserts that Liberal Protestants believe that a woman's right to reproductive freedom should be weighed against the foetal right to life. Yet others believe that the decision lies with the woman and her physician within the first trimester. Jogee (2017) says that the difference between the Catholics and Protestants when it comes to abortion is that Protestants appear to consider the pregnant woman's interests, whereas Catholics put more emphasis on foetal interests. For example, Lutheran churches discourage women from having abortion, instead they encourage pregnant women to carry their pregnancy to term. Scholars such as Sullins (1999) believe that similar with the Catholic Church, Protestant Churches believe that the foetus in the womb is the beginning of a human life that cannot be groundlessly dismissed. The main reason for the view of Lutheran theology and churches that abortion is morally wrong while tolerating a reasonable abortion law, can be traced back to Luther's teaching concerning two kingdoms. Dozier (2020) on the one hand is of the view that, the church should be governed by absolute ethics and therefore it preaches against abortions and attempts to educate Christians in this regard. On the other hand, Christians live together with non-Christians who are not bound by the demands of Christian ethics. Scholars who include Jogee (2017) agree that Lutheran theology acknowledges that there are life situations that forces us to choose between greater and lesser evils when various moral duties collide, as shown by the Pharisees accusing Jesus Christ of being a moral liberal for breaking the Sabbath for the sake of healing. If the Church holds views on abortion that totally oppose modern day moral values and opinions, the Church risks being rejected or judged as irrelevant by society.

3.5 Cultural perspective on abortion

The understanding of abortion as murder is rooted in the African understanding of morality, and the legal right exclusively given to a pregnant woman, whether a minor or an adult, to decide whether to have an abortion or not, is viewed by many South Africans as anti-African. Poverty and single parenting are possibly the strongest motivations for abortion in Africa, where it is not a case of the child being unwanted, but rather that unemployed women who are suffering greatly see no way of providing for a child or another child (UCCSA, 2013). Scholars such as Claudio (2020) believe that as a result, women choose abortion over bringing a child

into a home where it will be undernourished, undereducated and left to a life of gross poverty. However, this argument would not have been tolerated in the traditional African societies, where the Ubuntu concept ruled, and where no child was dismissed as illegitimate or neglected, because children were seen as belonging to all. In a context where children belonged to all in the community, no child would be left alone to die of hunger or roam the street causing trouble, because discipline was everyone's responsibility in the community and that was not seen as interfering or taking the law into your own hands (Mbiti, 1989). Now, in contrast with this, I agree with Mbiti (1989) that babies are sometimes rejected and left to die as communities' traditional ethics are slowly disappearing. Scholars such as Macaulay (2020) argue abortion stories in indigenous African societies were not well documented in the past, and the reason for this could be that many of today's known factors that lead to abortion were absent in the past. For example, in the past there was no way of knowing whether a foetus was deformed (Macaulay, 2020).

3.5.1 African society's love for children

According to my understanding of the African love for children, I agree with Macaulay (2020) that in the traditional African societies, even before the coming of Christianity, children were highly valued. This does not mean that there was no child abuse; there were indeed cases where children were mistreated and neglected for cultural reasons unlike today. The worst-case scenario is related to the birth of twins (Macaulay 2020). Scholars such as Mbiti (1989) agree that in many African societies, twins and triplets were treated with either fear or special care, as their case is seen as an extraordinary event. Some societies killed such children, others killed both the mother and the children. This was not the universal practice because other societies in ancient West Africa joyfully welcomed the birth of twins as a sign of fertility. Mbiti (1989) further says that when it comes to the raising of children in the African context, children were not solely the responsibility of their biological mothers and fathers but were raised by all in the community. If the child's parents could not care for it for some reason, grandfathers, grandmothers, uncles, cousins, brothers and sisters would take over. However, ethical principles such as ubuntu are eroding in the contemporary African communities. The notable example of this fact is the rapid increase in the number of orphanages across South Africa. Children are removed from their own homes and placed within these institutions of care for children

3.5.2 Marriage and procreation

Children are an important part of African societies and even referred to as the future of society by some. Macaulay (2020) emphasize that childbirth is an important event within many African societies, and ethnic groups. Almost all African tribes have socio-cultural practices that mark the child's transition points from birth until death. For example, among some African ethnic groups such as the Zulu people, rites are performed during pregnancy to protect the baby from witches. During the time when the child is conceived and again when it enters the world through birth, there are cultural practices associated with each transition. Scholars such as Mbiti (1989) confirm the view that in some African societies, marriage is not fully recognised until the wife has given birth to a child. Many Africans see infertility as a negation of life, and the destruction of the individual and the community. In the Zulu context, there is a word for a wife who is not able to conceive children: *inyumba*. It is a painful term, but again points to the fact that having children is an important part of life in Africa.

There is general negative attitude towards barrenness in most African societies, because having no children is seen as a dead end of human life. In the Zulu context, when someone dies without leaving any children behind, it is seen as a great misfortune since the person left nothing to be remembered by and can therefore not be an ancestor. African Scholars such as Kanyoro (2020) agree that marriage and procreation in the African communities are a unity. Once a man gets married and time passes without your wife falling pregnant, the family and elders in the community will begin to ask when you will have children because they expect grandchildren. Mbiti (1989) says that pregnancy is the first indication that a new member of the family is on the way. The expectant mother becomes a special person and receives special treatment from her neighbours and relatives. Even in the case of unplanned pregnancy, the parents often get angry when they hear about the pregnancy, but during the course of time they accept the situation and expect with joy the coming of the child. Furthermore, abortion is often frowned upon in many African societies because it seem to distort fundamental ideals such as having more children (Macaulay 2020)

African scholars such as Mbiti (1989) agree that the birth of a child in most African societies is considered a great blessing to the family. When a child dies through abortion or natural causes, it is not accorded normal funeral rites. The burial is done at night or early in the morning because the community must not see the grave. This is because the death of a child through

abortion or some other natural cause is highly regretted and considered a great misfortune. I think that the importance of having children in the African context is the reason why unmarried women who commit abortions are not respected in society. In the African morality, whilst the foetus is highly respected and protected because it is believed that life begins at conception, abortion is abhorred and regarded as murder.

3.5.3 Polygamy in search for more children

Kunhiyop (2008) argues that in the traditional African society, men who get married to more than one woman usually ascribe it to wanting to have more children. Getting married to two or more women is a custom found all over Africa, although it is less common in some communities. This custom fits well into the social structure of traditional life, and into the thinking of many people serving useful purposes, one of which is the search for more children. The more wives a man has, the more children he is likely to have. Having descendants is an important part of life in many African societies. Mbiti (1989) says that the foundation and purpose of the ethical perspective of African Religion is life, and life in its fullness. In the African context, everything is perceived in reference to this: does a particular event promote life? If so, it is good, just, ethical, desirable and divine. If the event diminishes life in any way, then it is wrong, bad, unethical, unjust, detestable and equal to witchcraft. Magesa (2008) agrees with Mbiti that the most basic understanding of morality in African religion and tradition is incorporated systematically in the people's way of life. With the above background in mind, it is easy to understand why abortion has no place in African religion and traditional society. Cultural and religious values have always seemed to be against abortion because it threatens their fundamental values.

3.6 African Christian views on abortion

In the African understanding of life and worldview, one can say that life begins at conception. The understanding of life beginning at conception is the reason many African Christians firmly believe that induced abortion is murder. African Christians quote biblical passages that reflect God's plans for unborn children to support their claim (Macaulay, 2020). For example, Jeremiah 1:5 is popular among African Christians who oppose abortion and refer to it as murder. Scholars such as Palm (2019) believe that the reasons why a large number of abortions are performed among African Christians is that women cannot face the social stigma associated

with untimely pregnancies. Some churches who emphasize marriage before sex may also insist that the women take a pregnancy test before the wedding in their church.

3.7 The place of abortion in the Zulu context

South African black communities continue to rely on African Religion despite dominant Christian gatekeepers' teachings against ancestral worship. In the South African context, the *sangomas*, *bathandazi* and *inyanga* play a huge role in healing practices, both in terms of spiritual and physical healing. I agree with Manana (2015) that Black South African communities still rely on traditional healers' knowledge and experience for the treatment of illnesses and cleansing rituals. This trust is rooted in culture, beliefs, faith, accessibility, availability and affordability. Traditional healers also perform termination of pregnancy in different parts of the world. Obengo (2013) says that women who use legal abortion services in public hospitals or clinics also visit traditional healers afterwards for cleansing rituals and for mending disturbed relationships in the ancestral realm. Traditional healers believe that they have been given their special healing powers from their ancestors who can always be trusted. Cleansing rituals are important, as the community considers a woman who has undergone abortion to be polluted, and she must take part in a ritual to become clean again.

The African approach to healing focuses on spiritual healing and the healing of the body. Since traditional healers believe that they receive their healing gift from their ancestors, in my view this means that even though ancestors may not approve of abortion, there are ways for mending disturbed relationships between the living souls and the departed souls. These include cleansing rituals after abortion, and the naming and clothing of the aborted foetus. Furthermore, the rituals performed after abortion in the Zulu context indicate that the Zulu culture and Catholic stance on abortion share the same views when it comes to ensoulment. Both cultures believe that ensoulment begins at conception, so the dominating view among communities is that abortion is murder. Among African women, language also plays a significant role in the abortion debate. Pregnant women in the Zulu context refer to their baby from the moment of conception, with no reference to a foetus. Although there is a Zulu term, *umzanyana*, that can be translated as 'foetus', women rarely use this term. Therefore, the legalisation of abortion has not changed the African perspective on unborn babies. Abortion continues to be illegal in the minds of African men and women since it means an end to the life of the unborn baby, not the foetus. Scholars who include Mokwena and Van Wyk (2013) argue that human life is held

in the highest regard as culture and religion are not only interconnected but they are the cornerstones of African Traditional Religion.

3.8 Conclusion

In the preceding section I discussed the religious and cultural landscape pertaining to the subject of abortion. Due to the African understanding of life and morality, the pro-life stance in the rural districts of KZN is to be expected. Religio-cultural beliefs continue to play a vital role in the lives of many black people, especially those living in rural communities in South Africa. There is a significant gap between the Choice Act (No. 96 of 1996) and culturally informed social norms in South Africa and illegal abortion thrives on this gap. Abortion is brutally condemned in many black South African societies because the belief is that life begins at conception. Children are of significance in many African communities, regardless of the circumstances surrounding their conception. The distinction between a baby and a foetus does not exist in the Zulu culture: when people, including women, talk about pregnancy, they talk about a baby. In the next chapter I will discuss the theoretical framework within which reproductive health and reproductive rights issues are discussed and the methodology employed in my work.

CHAPTER 4: THEORY AND METHOD

4.1 Introduction

In preceding chapter I concluded that there is a significant gap between the Choice Act (No. 96 of 1996) and culturally informed social norms in South Africa and illegal abortion thrives on this gap. And that abortion is publicly condemned in many black South African societies. The present chapter will cover the theoretical framework where I will be discussing reproductive health and rights issues. This study uses the reproductive justice framework and feminist intersectionality as lenses, through which the economic, political and social oppression of women, as well as the current abortion debate can be understood. Although intersectionality theory has not been allocated an independent section in this research, but abortion is discussed from it perspective. My research project applies a qualitative methodology. Scholars such as Sarantakos (2005) state that qualitative research explores the process of constructing social situations and everyday structures that guide and explain personal views and opinions. This methodology is useful for my study to explore existing religio-cultural beliefs towards abortion among Noodsberg and Esidumbini communities, and to find the link between religio-cultural beliefs and the thinking behind illegal abortions. Biggam (2008) argues that participants have first-hand experience of the community they live in, and the teachings, values, beliefs, and attitudes therein. Qualitative research allows for questioning that uncovers what this experience entails.

4.2 Reproductive justice framework

Scholars who include Ross (2017) share the view that reproductive justice is based on three interconnected sets of human rights: the right to have a child under the conditions of one's choosing; the right not to have a child by using birth control, abortion, or abstinence; and the right to parent children in safe and healthy environments. Jolly (2016) state that in June 1994, twelve black women working in the reproductive health and rights movement birthed the concept of reproductive justice at a pro-choice conference on health care reform in Chicago. Luna & Luker (2013) argue that they created reproductive justice because they believed that true health care for women needed to include a full range of reproductive health services. While abortion is one primary issue, they knew that abortion advocacy alone inadequately addressed the intersectional oppressions of women (Luna & Luker 2013)

South African scholars that includes David (2019) agree that inequality in South Africa is still beyond what is acceptable. Bloomer (2020) argues that some black women in South Africa within the context of culture and religion do not necessarily have access to reproductive rights as a choice without contestations. These women cannot freely access health care, even in a constitutional democracy where the rights of women are legally protected. Even though South Africa is commended for having the most advanced constitution, social norms systematically continue to control the decision-making power of some women and girls directly and indirectly. Black feminist scholars including Kotze (2019) have argued for an intersectional rather than a traditional rights-based lens approach to reproductive health. Reproductive justice emphasises gender, race, sexual orientation, class and economic status in decision-making. Palm (2019) is of the view that the intersectional approach as a hermeneutical lens in womanist, feminist and queer theologies ushered in multiple angles for the liberation of vulnerable bodies. At the heart of the intersectional approach is liberation for those who are oppressed by religious and societal norms that sustain systems of oppression. That oppression includes abortion for women who need it but are afraid of judgement and stigmatisation associated with abortion in many African societies. Feminist scholars support the view of Crenshaw (1989) that the traditional arguments of pro-life positions, traditional family values and religious beliefs interpret moral codes for ethical decision-making without considering the context of people, especially those who are vulnerable. Therefore, Christian feminists argue that Christian education ought to be aware of the multiple dimensions and complexities within which ethical and moral decisions are made (Crenshaw 1989)

Feminist scholars such as Bloomer (2020) agree that reproductive justice framework is rooted in the belief that systemic inequality has always shaped people's decision-making around childbearing and parenting, particularly in the case of vulnerable women. Zuker (2014) is of the view that institutional factors such as racism, sexism, colonialism, and poverty influence people's individual freedoms in societies. Other factors such as immigration status, ability, gender identity, sexual orientation, age, culture, and religion can affect whether people get appropriate care or not. Scholars who include Ross (2017) argue that reproductive justice activists have dynamically used the concept of intersectionality as a source of empowerment to propel one of the most important shifts in reproductive politics in recent history. Reproductive justice has generated a new theory and praxis that explains the phenomena at the intersection of race, class, and gender in reproductive politics to coherently account for events across time and include multiple events. In doing so, reproductive justice has eclipsed the

binary and under-theorised pro-choice/pro-life frameworks among both women of colour and predominantly white organisations (Ross 2017). Although this research has incorporated many Western scholars, these scholars have done a lot of work around abortion. Abortion is also a global issue that affects women from all levels of society. Although experiences of African women may differ due to their contexts, abortion affects all women regardless of race, colour, or nationality (London 2010)

Palm (2019) writes from a reproductive justice perspective, and she argues that abortion is a moral issue, but not in the way we have been taught. They explain that abortion is a morally valid solution to a concrete question that women face on a regular basis: What should I do when faced with unplanned or medically compromised pregnancy? In many societies, women are unable to answer that question for themselves. These scholars including Bloomer (2020) argue that patriarchal ideas of womanhood that judge motherhood to be a moral end that supersedes all others, is the reason why in many societies women cannot freely decide for themselves when faced with the question above. Religion becomes implicated in this trend since it is among many factors that contribute to the shaping of cultural norms in many societies (Crenshaw 1989). Scholars that includes Peters (2018) offer a moral framework in the language of Progressive Christianity built on a foundation of reproductive justice. The context of a specific woman's life, the moral consequences of having a child can be equal to, if not greater than, the moral consequences of having an abortion. Reproductive justice scholars argues that in many cases, abortion can be a morally good decision.

I concur with scholars such as Ross (2017) that the reproductive justice framework highlights the difficulties women face when they raise children in an environment that tolerates obscene levels of poverty, racism and damage to vulnerable children and families. In short, some women who opt for abortion cannot be labelled as immoral, as these are women who, after careful consideration of their environments, choose not to continue with the pregnancy. Reproductive justice scholars such as Kraft (2018) argue that if we move to a reproductive justice paradigm, and we talk about women's ability to have children, not to have children, and raise children they do have, we create a neutral ground to ask the question, Is it moral to have an abortion? Within the context of the reproductive justice framework, it is not a legal question, and it is not a theological question (Peters 2018).

The abortion issue is not simply about the performance of abortion, but it is the site of open gender conflict. The advocates of reproductive health and rights see abortion as part of the battle for reproductive freedom and as fundamental to the final emancipation of women. Palm (2019) agrees with Bloomer (2020) that the primary goal of the pro-choice movement should not simply be to win the battle in the repeal of all abortion laws or to secure the declaration of a woman's right to an abortion. South Africa as a case study is a good example of this view, even though women do not have uncontested right over their reproductive health under the Pro-Choice act of 1996. The law states explicitly that women can access abortion under certain circumstances outlined in this act. However, 25 years later South Africa is still battling with an alarming number of illegal abortions. Cossman (1986) research points to stigma and judgement towards abortion to be among the root causes of poor access to safe abortion, and that religio-cultural beliefs influence the existing stigma around abortion. I concur with Parsons (2020) that social norms in South Africa are highly influence and controlled by religion and culture. In this context, it is a complex task to generate dialogue around reproductive freedom, sexual equality, and diversity. The legalisation of abortion alone is not enough to ensure that South African women who need abortion will have access to it without fear of stigma and judgement.

4.3 Exposure of the research questions

To refresh the readers memory, in this research there are three key questions:

- 1) What is the contextual landscape pertaining to termination of pregnancy?
- 2) What are the religio-cultural values upheld by local faith communities that inform resistance to termination of pregnancy practices in KZN?
- 3) What Indigenous cultural, religious, or theological idea might serve to disrupt biases about abortion?

4.4 Research method

In this research project I conducted a qualitative study using one-on-one interviews. My aim was to examine existing religio-cultural beliefs among women towards the termination of pregnancy. Ryan (2013) asserts that the one-on-one interview is a widely used data collection method in social research. Monforte (2021) further says that a qualitative study is a valuable way of gaining insights into people's perceptions, understandings and experiences of a given phenomenon and can contribute to in-depth data collection.

4.5 Sampling and research population

In my research, the population is made up of local women who resides within Noodsberg and Esidumbini communities. The sampling method used in this study is purposive non-probability sampling.

I used this method to gain specific information on religio-cultural beliefs among women towards termination of pregnancy in Noodsberg and Esidumbini rural district of KwaZulu-Natal. From the sample population, the result will be generalised to the target population. This study focuses on Zulu cultural practices and Christian beliefs around termination of pregnancy in these areas. My study population included women between the ages of 18 and 45 which is the child bearing age group. Women from each age group were selected using purposive non-probability sampling. The sample population of females was specifically selected since the issue of abortion affects women more personally than men. The sample consists of women who are members of the United Congregational Church of Southern Africa around Noodsberg and Esidumbini Circuits. Esidumbini and Noodsberg Circuits have nine outstations in these two areas: four outstations in Noodsberg (Ozwathini mission, Jila branch, Chibini branch, and Dalibho branch) and five outstations in Esidumbini (Esidumbini mission, Mary Grey branch, Taylor branch, Othandweni branch and Osindisweni), all under the United Congregational Church of Southern Africa. The sample size consists of fifteen participants from the areas mentioned above, and the intention was to capture views of women that are all residents in the selected districts of Noodsberg and Esidumbini, who self-identify as Christian and Zulu. Participants from the following categories were selected: religious leaders, community leaders and ordinary members of these communities.

In collecting data, I used one-on-one interviews. I identified interaction as critical for this study since it intended to get individual's beliefs and attitudes towards termination of pregnancy. This data is important because existing beliefs and attitudes can be used as a prediction of where the reproductive health and rights debate is going. I was fully aware that questions asked could open the door for stress or open old wounds for some people. It is for this reason that I contacted the counsellors working in the local clinic to be available to assist upon request should a need arise. I was also aware that conducting interviews might not be safe due to Covid-19 even though infection levels have dropped significantly. Therefore, I made sure that I followed health protocols to minimise exposing participants and myself to the virus. I also

explored virtual platforms to meet participants. All interviews were conducted in well ventilated buildings, sanitizers and masks were available for all participants.

Demographic Information

| ID | Age | Marital status | Children | Religion | Ethnic group | Education |
|-------|-----|----------------|----------|-----------|--------------|-------------|
| ID 1 | 33 | Single | 3 | Christian | Zulu | Matric |
| ID 2 | 24 | Single | 1 | Christian | Zulu | Diploma |
| ID 3 | 21 | Single | 1 | Christian | Zulu | Matric |
| ID 4 | 26 | Single | 1 | Christian | Zulu | Matric |
| ID 5 | 47 | Married | 4 | Christian | Zulu | certificate |
| ID 6 | 41 | Single | 2 | Christian | Zulu | Degree |
| ID 7 | 24 | Single | 1 | Christian | Zulu | Matric |
| ID 8 | 25 | Single | 0 | Christian | Zulu | Diploma |
| ID 9 | 32 | Married | 3 | Christian | Zulu | Degree |
| ID 10 | 18 | Single | 0 | Christian | Zulu | Matric |
| ID 11 | 24 | Single | 0 | Christian | Zulu | certificate |
| ID 12 | 29 | Single | 1 | Christian | Xhosa | Degree |
| ID 13 | 23 | Single | 1 | Christian | Zulu | Matric |
| ID 14 | 34 | Single | 2 | Christian | Zulu | Certificate |
| ID 15 | 27 | Single | 2 | Christian | Zulu | diploma |

4.6 Informed consent

As the primary researcher, I took time to explain what my research is about and the importance of my research. I explained to the participants that they are not forced to take part in this study and that they are permitted to distance themselves from the research at any time if they lost interest or felt offended in any way by me as the researcher or the topic. The participants received consent forms in their mother tongue which is isiZulu and they had to sign as a way of showing that they fully understood what the research is all about and to give the primary researcher their permission to take notes of the interview. To ensure confidentiality for all my participants I decided to use pseudonym for the purpose of discussing the research findings, so that participants might be free to say things that they might not feel comfortable to say if confidentiality was not guaranteed. I did this to gain the trust of my participants and to

guarantee that participants will not be affected by the sensitivity of the topic. I assured all participants that the information they shared will not be associated with any one of them using their real name. This really worked as the responses were not attached to the real persons' names.

I conducted the one-on-one interviews in our mother tongue which is isiZulu. This was to gain the original views and opinions of participants not distorted by inability to express the view in other languages. Secondly, the one-on-one interviews were conducted to show my thirst for original information or first-hand information. Thirdly, they were preferred so as to ensure that participants understood everything, since isiZulu is our home language. It was also to ensure that we get information from primary sources our participants, and that decreases the chances of participants not understanding the questions and can say exactly what they want to say in their home language.

4.7 Structure of the discussion

The one-on-one interviews were based on three pre-planned research questions, with the aim of unmasking the existing religio-cultural beliefs are among women towards abortion in Noodsberg and Esidumbini residence. The interviews also explored the social factors that influence young women's decisions to have abortion. These questions have sub-questions which are probe questions in nature, which were included to encourage participants' engagement with the topic.

The research questions were guided by what scholars such as Luna and Luker (2013) discuss as reproductive justice and feminist intersectionality, which was used to analyse data collected during this study. According to Palm (2019) Intersectionality focuses on understanding more deeply the context and relational impact of a situation, and how important the role of intersectionality is. In the South African context specifically, intersectionality is fundamental to a fuller understanding of complexities at play within any given situation. Parsons (2020) argue that factors that might lead to these complexities include religious and cultural conservatism, the pro-choice act, unemployment, gender-based violence, intimate partner violence and abortion. The factors noted through reproductive justice are intersectional in nature and have a direct impact on women's and girls' decision-making with regards to abortion.

The interview guide has two main sections. The first section contains basic demographic information, and the second section is for the interview. I have also done a desk top research, collecting data from recent studies to address certain aspects from my research sub-questions, such as indigenous, religious, and theological ideas about the body that might serve as a resource to disrupt biases about abortions.

4.8 Notes and Interview Translation

During discussions notes were taken so that the data gathered was captured as early as possible while the memory was still fresh. This helped to ensure that when the translation of the discussion was done, I could easily link the notes to the pseudonym given to each participant to conceal their identity. I read all the notes for each individual interview several times when doing translation to ensure that the information was captured correctly and to ensure that each response was written down and translated accurately to represent the views of the participants. I translated the notes taken from the individual interviews from IsiZulu language to English language. I read the translated notes several times to ensure that all the translated information from IsiZulu to English was correctly translated and represents the views of the participants. I chose to use notes instead of recording to ensure confidentiality to my participants because I am an insider. It is no longer easy to share information being recorded by someone who is an insider, there is always a fear of breaches of confidentiality.

4.9 Ethical consideration

Scholars such as Akaranga (2010) outline ethical thoughts that are an important part of practice in research. Akaranga argues that a researcher must make sure that the benefit of the research being done, justify the costs undertaken for such research to become possible, that the research must be worth the costs involved in producing it. Researchers must never compromise confidentiality of participants, instead, researchers must take responsibility for maintaining confidentiality at all times in the process of doing research. Researcher must shy away from the temptation of getting involved in changing the subject's behaviour. Researchers must have obtained informed consent prior to conducting research and they must be completely honest and open to research participants. Research participants must be protected from physical and psychological harm. Lastly, researcher must take full responsibility of explaining the research

purpose in advance and to do follow up afterwards to tell participants about the results of the research. These ethical issues on research were adhered to appropriately.

The consent forms were developed following the sample that is approved for all students at the University of KwaZulu-Natal from the faculty of Theology. I did this to obtain the consent of all my participants before personally going on site to meet with participants for interview purposes. Ethical clearance for my research project was applied for and obtained at the University of KwaZulu-Natal Research Ethics Committee. Due to the sensitivity level of stigmatisation and judgement towards women who need termination of pregnancy services, I intentionally chose to avoid questions about past abortion experiences. My focus was on the religio-cultural beliefs among women towards termination of pregnancy in these communities. To ensure confidentiality, the real names of the participants do not appear anywhere in my research and participants were made aware of their anonymity prior to their engaging in this research. By this anonymity, I wanted to encourage participants to give their honest views and not fear being exposed to the community. I used pseudonyms instead of the participants' real names, and all the notes from the interviews were placed in different envelopes for each participant (Kombo and Tromp 2006; Cacciattolo 2015).

4.10 Collecting Data

My research is made up of primary data and secondary data. The primary data for this research came from individual interviews. The secondary data was collected from books, newspaper reports, abortion debates on social media and journal articles. In the interviews, open ended probe questions were asked to the participants to get as much information as possible. The engagement with participants opened a door for participants to share their honest opinions, feelings, and attitudes of community members on abortion, especially in relation to the problem of illegal abortion. The interviews consisted of questions that I asked the participants, and their answers were recorded directly. To ensure the accuracy and originality of responses in my research from individuals, I did not alter responses in the initial process of taking notes. I studied the information collected through secondary data and referred to relevant portions for further discussion and evaluation. Each individual interview lasted between 40 to 60 minutes. All interviews conducted were done in isiZulu since not all members of this community are English speakers. I made additional notes in my diary during the interviews.

4.11 Data analysis

I analysed the collected research data using a thematic analysis approach. I identified the main themes and categories and analysed them within and across data. Open coding was used to identify themes. Scholars such as Taherdoost (2022) agree that this method is used when conceptual labels are placed on responses that described discrete events, experiences and feelings reported in the interviews. In the same way I coded responses from the data and labelled main ideas that had come through. From this point, differences, similarities, and significance of themes became clearer. The first theme focused on what is said by women about prevailing views and practices related to unintended pregnancies. The second theme focused on how religion and culture feature in young women's decision-making about unintended pregnancy. The third theme focused on how people make their decision about abortion, and lastly, the fourth theme explored what indigenous and theological ideas about the body that might serve to disrupt biases about abortion. I drew data from the interview questions which appear under the appendices (Romo et al 2016).

Scholars such as Popenoe (2021) emphasize the importance of getting information from primary sources. Therefore, the information used in this research mostly comes from oral sources, which are interviewees whose knowledge and experiences have not been documented into books. It is information from conversations among community members. During the interview sessions I wanted to collect information about cultural practices, religious beliefs and the present attitude towards abortion. I began data analysis by reading transcripts and creating memos through which I could identify recurring themes. Scholars that includes Rule and John (2011) agree that thematic analysis identifies patterns such as similarities and differences and as the analysis proceeds, codes are grouped logically into categories. During the thematic analysis of the data, added observations in terms of the choice of words reflect the cultural norms and religious beliefs upheld by individuals in these communities and the way different participants feel about abortion. This analytical tool enabled me to attain a greater understanding of the religio-cultural beliefs towards abortion upheld in these communities (Taherdoost 2022)

I maintained study rigor throughout the study and ensured credibility by using recognised research methods and through prolonged engagement with the research topic. By providing a detailed discussion of the study methods and giving participants enough time to express themselves, I managed to establish further credibility as well as dependability. I have also

provided a detailed description of the study setting. I have tried to comply with the rules of neutrality and remain non-judgemental throughout all interviews. I kept a reflective journal and checked the information various times to ensure that I captured the correct information. Participants were quoted directly to illustrate the themes and findings from the analysis.

4.12 Limitations of study

I currently work in Noodsberg and Esidumbini, where the nature of my work enables me to have a close relationship with members of these communities. This makes me an insider within these communities, and problems associated with being an insider are possible, but I tried to avoid such problems from interfering with my study at all costs. Another important factor is that I am a man and a pastor researching sensitive feminine issues. This could have affected some women negatively by making them reluctant to share their honest opinions. I made it clear that I was engaging participants as a researcher, not as a pastor. I ensured anonymity was maintained in the data collected to ensure that participants respond openly. I assured all participants that anonymity would be maintained in the written document. I used the interview guide as a tool to help in enhancing conversation, and to avoid asking questions that might intimidate or lead people to shy away from giving honest opinions.

4.13 Summary

In the preceding pages in this chapter, the data collection method has been dealt with and explained, including research theory, methodology, design, population sampling, data collection procedure and data analysis, and ethical considerations. This serves to give direction and structure to the rest of the research and the outcomes derived thereof. The next chapter will discuss research findings and discussions.

CHAPTER 5: FIELD WORK AND RESEARCH FINDINGS

5.1 Introduction

In the previous chapter, the data collection method has been dealt with and explained, including research theory, methodology, design, population sampling, data collection procedure and data analysis, and ethical considerations. In this chapter, I will outline my research finding in a thematic approach.

My observation around the topic of my research is that the questions asked from the interview guide and the discussions concerning abortion were not easy to talk about freely. Participants did answer all the questions, but some of the answers were short, some only answered with 'yes' and 'no', and some withdrew from participating. After going through all the interview questions as recorded at the end, it was clear to me that abortion is an issue that is private to women and not easy to discuss, especially with males. Most participants agreed that abortion is a secret topic that is not openly discussed because of their upbringing and cultural reasons; some issues are simply not discussed even though they affect them.

5.2 Religio-cultural Beliefs Towards abortion in Noodsberg and Esidumbini

5.2.1 Abortion Conversation

I asked the participants whether they ever talk about abortion openly in different spaces in their lives, and if so, under what circumstances. This question was aimed at finding out what the prevailing views and practices around unintended pregnancy in these communities are, finding out if abortion is a topic that is open for discussion in the community, and if so, under what circumstances.

Participants showed uneasiness in responding to this question and most of them responded with a few words only. I emphasised that the purpose of the research was not to find out if anyone has had an abortion and answering questions does not mean that a participant has experienced an abortion. It was clear from the responses that societal and community norms and practices directly influence how discussions around sensitive issues such as abortion are handled in these communities. Most participants said that sensitive topics are generally avoided in all public spaces, but indeed, they are a topic of discussion in private spaces. Circumstances

that might prompt private discussions around abortion included media reports about the high rate of illegal abortion, reports of school students going through abortion in public toilets, and complaints in local clinics about the high number of women seeking abortion. Young girls in school that fall pregnant also discuss abortion with some of their peers, but not with their family members. Sometimes, when a woman is pregnant and is weighing her options of either carrying the pregnancy to term or terminating it, she might discuss it with someone she trusts (Zimbili).

The conversations around abortion in this community suggest that although they happen, it is often in response to an incident of unintended pregnancy within the community. Thus, these conversations are responsive, and not dialogues about abortion per se. Only one participant, Nokwanda (Esidumbini, 17 August 2023), said that the conversation about abortion happens when you are being taught about the dangers of it. Even this response was vague because it did not specify where exactly these teachings take place, and her uneasiness in the discussion made follow-up questions challenging. The conversations around abortion in this community happen as though is something that only happens elsewhere outside the community. Most of these conversations are about the dangers of abortion, and the practice is spoken of in a negative way as a warning against it. This assumes a position that abortion is wrong according to the community norms and values that are being conveyed so publicly.

The responses of participants from interviews indicate the fact that some women continue to do abortion within religious and cultural communities, regardless of whether community members talk about such occurrences or not. One participant, Snegugu (Esidumbini, 19 August 2023) said the following:

Abortion is nothing new to society and our communities, even statistics around abortion in South Africa prove that there is a larger number of cases than the number of suicides in this country. It is easier for males to condemn abortion because they do not carry the burden of unwanted pregnancy. Women in the Zulu culture are always taught to be strong, hence they are called *imbokodo* (Rock). Sometimes that weighs heavily on some women as they are encouraged to persevere even when they are abused. Among teenagers, peer pressure from friends, parents, faith communities, and society in general contribute to the high rate of abortion.

I support the view that the secretive attitude and silence about abortion within South African communities has a direct impact on illegal abortion being seen in this country. Women and girls do not have a safe space where they can talk about their reproductive health and rights without fear. One participant, Kholeka said:

During these informal conversations about abortion as a response to abortion incidences, women talk about critical reasons why some women choose abortion, whereas men usually criticise women who opt for abortion instead of carrying pregnancy to term.

Another participant, Thabsile (Esidumbini, 17 October 2023), said:

Unplanned pregnancy usually affect women more than man, especially when the man runs away and refuses to take responsibility. Usually, during the first trimester, that is when most women are under pressure as they have to make a decision whether to keep or terminate pregnancy. Although abortion is not a topic that we usually discuss, but due to the high incidents of unreported rape in society which contribute to high teenage pregnancy, we do discuss abortion in response to such cases. Usually our opinion is that women who go for abortion after being raped have a right to do so, and if faced with the same situation I would also choose abortion. Men usually do not see eye to eye with women when it comes to abortion because they have no idea of what women go through during unwanted pregnancy.

5.2.2 Reproductive Health and Right Knowledge

In the preceding section I outlined that in this community there are no formal platforms where women discuss issues of reproductive health – conversations about abortion happen informally as a response to abortion incidences taking place either in this community, elsewhere, or in media reports. The silence and secretive attitude towards abortion do play a role in the prevailing issue of illegal abortions. On the question stated above, participants were divided; some said that women do know the difference between legal and illegal abortion, whilst others said there are women who still do not know the difference. What I picked up was that even the women who said they do know the difference between legal and illegal abortion have a shallow understanding of the distinction between the two. One participant, Andile,(Noodsberg, 23

August 2023) immediately said that abortion is against God's will, therefore a sin, and it is dangerous, one can lose one's life. Others stated that many women are undergoing abortion simply because the law permits it. Nokwanda (Chibini, 28 August 2023) immediately said that abortion is done by women who are heartless and compassionless since women have the choice to use contraceptives. Amanda (KwaJila, 1 September 2023) said that women do know the difference between legal and illegal abortion, as there are women that use illegal and dangerous mixtures to abort pregnancy, which result in damaging the womb.

Thabsile noted an important point which I also ponder about. She said that there are posters on every street corner about illegal abortion, yet she has never seen posters about legal abortion services advertised by the department of health on street corners, vending machines, or telephone poles. Women are more familiar with backstreet abortion than safe abortion offered in public health. Therefore, even though abortion is legal in South Africa, the secretive attitude towards it and the silence around it makes it illegal and immoral in the minds of many women who desperately need abortion. As a result, those who do go through with abortion sometimes end up with the unnecessary burden of emotional guilt. One participant, Nozizwe, said that she last had a conversation about abortion during high school. They only had these conversations about abortion in class during the Life Orientation period, when organisations such as Love Life would come to school to talk with students in the higher grades. This, however, was more than five years ago.

5.2.3 Dominant Social Norms in the Community

The participants were asked about the impact of cultural and religious norms on women's ability to decide what to do when it comes to abortion in this community. The participants responded by saying that in this community, women are discouraged or forbidden to have abortions. Many cultural and religious reasons for this discouragement were given. Some participants said that women who undergo abortion bring bad luck upon themselves. According to them, abortion undermines ancestors who are thought to be against abortion, and upsetting the ancestors by having an abortion may cause a woman to bring misfortune upon herself. Some participants said that a child is a gift from ancestors, irrespective of how the pregnancy came about, therefore having an abortion goes against culture and religion. Others said abortion denies the unborn child a right to live, therefore whether legal or illegal, abortion amounts to killing an innocent child. Further comments included that the community feels that the government has taken power away from communities to forbid abortion, since the government has legalised abortion.

All these responses are divorced from the lived realities of some women in this community and indicate that abortion is scorned based on cultural and religious reasons that lack acknowledgement of their lived experiences. The responses reinforce the culture of silence around abortion. Only one participant, Zimbili (Dalibho, 5 September 2023), reported about difficulties women who have done abortion have to face in their communities from fellow members, even from other women.

The community gossips about your immorality and bad behaviour to the extent that they deem you unfit to live if it was up to them. Instead of being consoling or sympathetic to women who choose to terminate pregnancy, they judge them. The community does not ask about the reasons that led one to abortion.

The cruelty and treatment that women and girls face when it comes to abortion might encourage the silence and secrecy surrounding this issue, especially when they have seen what others go through who have already had an abortion. The responses of most participants attest to the fact that abortion in most patriarchal communities is spoken of as something awful. There are many voices that condemn abortion on the basis of religion and culture, and all these voices have one thing in common; they lack the lived experiences of women in these communities.

The reality is that abortion continues to happen in many communities around the world, regardless of what culture or religion dictates. The negative religio-cultural attitude towards abortion in this country specifically does not help to solve the problem of illegal abortions. My observation is that this culture of silence fuels illegal abortions. Religion and culture have the tendency to suppress the lived experiences of marginalised or vulnerable women. And in most cases, all those who seek to bring these voices into the abortion debate are accused of promoting abortion.

5.2.4 Abortion Decision Making

The aim of this question was to find out which social, religious, and cultural factors might be most influential on women considering abortion in these communities.

The majority of the responses to the above question led me to believe that the religio-cultural attitude towards abortion in this community leads to the misconception that women who choose

abortion are negligent, and the decision to have an abortion is something that is taken lightly. The empirical evidence based on the experiences of women who have had an abortion disagrees with this assumption. Most participants responded by saying that the CTOP Act (2006) promotes abortion, and women who face unwanted pregnancy make abortion decisions lightly because the law permits abortion. Some participants immediately said women in our time have lost conscience, and it has become easier to have an abortion because the law permits it. Nozizwe, said:

Religion and culture do lead some women to make abortion decisions out of fear of what their religious leaders and elders at home and community will say when they find out one is pregnant. Women do abortion despite the dominant teaching that abortion is wrong and if one has an abortion that causes bad luck or a dark cloud over her.

5.2.5 Church Attitude towards Vulnerable Women?

This question was designed to highlight the perception that women have about the local churches or communities they belong to.

The participants' responses to this question highlight the fact that community or local churches attitude towards abortion does contribute to the problem of stigma and judgement towards abortion which affect illegal abortions. I noted that most participants had something to say about their community or local church, which pointed to the communities' influence on the stigmatisation of abortion. The responses also highlight the fact that community, without considering all factors, view women who consider abortion as bad and irresponsible people.

Some participants said that a failed abortion is a divine punishment for terminating pregnancy as opposed to a procedure gone wrong due to an incompetent service provider. These participants did not respond to the question that was asked, but they jumped in to say that a woman that has damaged her womb due to an abortion and is not able to fall pregnant again, is receiving a divine punishment for having an abortion. There is also the perception that women who choose abortion lack the ability to think critically about their actions. Abortion is seen as a selfish decision that cannot be justified, carried by women who have no conscience. The local church perceives those who consider or do abortion as sinners because children of God are not supposed to have abortions. Only one participant, Zimbili (Dalibho, 05 September 2023), said

that the community of believers unjustifiably condemn women who have an abortion without taking time to analyse the reasons behind the decision.

It is for this reason that I agree with Manana (2015) that our communities' perception of abortion makes it difficult for women to disclose and to their enjoy pregnancy within the communities they live in when they are not married. Instead, these women look for illegal service providers as a better option instead of going to a hospital to avoid being labelled as dirty people. The truth is that abortion is seen as murder and unacceptable by many South African communities meaning that young people who are sexually active try to avoid being the object of discussion. In such cases backstreet abortions, which are readily available, become the easy solution to avoid any added stress.

5.2.6 Sexual and Reproductive Health Education within Faith Communities

This question was designed to test the extent to which churches are seen as resource centres or centres for indoctrinating individuals in this area.

Participants were divided in answering this question. Some said that churches are a safe space to talk about parenting and abortion, some said they are not. What I observed through those who do see churches as a safe space in which to discuss pregnancy options, was that in reality, churches promote only one option of pregnancy, and that is pregnancy within marriage. Discussion about abortion in the faith community is not about helping women that are considering abortion to weigh their options, but in fact to convince these women to carry their pregnancy to term. All the efforts are geared towards convincing people of the evilness of abortion. Unwanted or unplanned pregnancies, especially outside of marriage, often leave women with the shame of being pregnant, and this shame alone has the potential to push women facing unwanted or unplanned pregnancy towards abortion instead of carrying pregnancy to term being ill-treated within faith communities. The dominant narrative within faith communities is that fornication (sex outside of marriage) is dirty and sinful. Despite this narrative, people are sexually active outside of marriage, but nobody wants it to be known. This narrative is the reason why some participants said that faith communities are not a safe space to discuss pregnancy options because there is only one option; all other options are sinful if they are not within the boundaries of marriage. It is even worse when we add abortion to that discussion. Thabisile, said:

In my opinion, in our generation there is no role that is played by religion and culture in teaching women and young girls about their reproductive health and rights. The common teaching aimed at young girls and women is encouraging them not to fall pregnant outside of marriage, and if some do fall pregnant, they go through so much criticism and shame for being pregnant. When confronted with unplanned pregnancy, most women are on their own, hence they sometimes choose backstreet abortion out of fear that if they visit a local clinic, there are no guarantees that their abortion decision would remain private, and should it happen that the community finds out that you had an abortion, they call you all sort of names judging you for your action. To avoid taking such a risk, some prefer ending pregnancy by opting for illegal service providers because that is what they are familiar with and privacy is guaranteed there, unless when things go wrong, and you require further medical help.

5.2.7 The Role of Traditional Healers in the Community

This question was designed to highlight the cultural beliefs about abortion.

In this question all participants said that women who consider abortion do consult traditional healers prior to or post abortion. Some participants said that traditional healers do provide women with *muthi* or certain mixtures to assist with abortion. After an abortion has been done, traditional healers help with cleansing to remove the dark cloud or bad luck caused by abortion or will do a ritual for naming the aborted child and giving it clothes as is usually done when a miscarriage has taken place. These responses point to the fact that despite all the beliefs surrounding abortion, such as the need for cleansing or disturbed peace between the living and the dead, some women will still opt for an abortion. I am of the view that there are serious issues that need to be dealt with regarding abortion, instead of simply condemning it as wrong. The responses point to the fact that in the Zulu culture and religion there is a belief that life begins at conception. Within such communities no distinction is made between a foetus and a baby, so when women are pregnant, they talk about their baby and not their foetus. Therefore, language is clearly also an important factor in the abortion debate.

5.2.8 Pastoral Care in the Church

This question was designed to highlight how faith community members perceive their leaders.

Most participants responded by saying they would indeed talk to their pastor about abortion. Participants said that even though there are pastors who are insensitive to the vulnerability of women, especially when it comes to unplanned pregnancy, majority of pastors are sensitive. However, in my opinion as a researcher, I do not believe that the participants' responses represent their true opinion, because within the past two years that I have been part of these faith communities at Noodsberg and Esidumbini, there were pregnancy cases that were reported and yet no one spoke to the pastor. Young women just disappear, and during their pregnancy and until giving birth, they do not come to church. Only when the pastor asks about them does one find out about their pregnancy. In KwaZulu-Natal, there is so much shame attached to sex before marriage and being pregnant outside of marriage, that women who fall pregnant outside of marriage carry a significant sense of guilt and shame.

5.2.9 Life Affirming Religious and Theological Resources

The idea behind this question was to explore any idea that might be used to disrupt or challenge dominant narratives about abortion.

All participants responded by saying that the Zulu culture condemns pregnancy outside of marriage. If a woman has a child outside of marriage, she is referred to with negative terms such as *iqhasha* (*Woman who has a child outside wedlock*). Such a woman is not worthy to get married. Men are discouraged to marry someone who already has a child, so these women must remain at home to raise their children. All participants agreed that once abortion has taken place, the woman who had the abortion must be cleansed, because abortion brings bad luck or dark clouds over her. All participants also had the same idea about what rituals would be performed to mend disturbed relationships with ancestors when someone has had an abortion. Usually, the elders in the family burn incense, approach the ancestors to ask for forgiveness and offer a sacrifice. The aborted child is given a name and clothed during that ritual and united with the ancestors. This knowledge shows that abortion does take place in our communities, and we know what to do afterwards. Despite this knowledge, abortion remains a secret in our communities.

Culturally and religiously informed social norm dominating our communities makes it difficult for women to get good advice from right sources when it comes to issues relating to reproductive health and rights. Instead, they turn to illegal abortion services. My view is that

the debate is not about those who do not need an abortion, but rather about the fact that there will always be women who do need it. How long will our communities promote the narrative that unjustifiably view such women as evil, sinful, and without conscience? How long will we pretend that we do not understand why some women choose abortion because they should have known they would fall pregnant when they engage in unsafe sex? When such women share their experiences, we quickly dismiss or play down their experiences using religious and cultural ideologies that do more harm than good in such instances.

As religious people, one of the things I think we should come to terms with is that people are having sex outside of marriage, despite what we say about it. Some religious people have multiple sexual partners themselves, despite what they teach. Therefore, the hope that someday people will stop having sex outside of marriage is daydreaming – it will never happen, and we should begin ministering from the daily experiences of the people we serve in order to make a real difference. Men often put all the blame on women for not using contraceptives, unplanned pregnancy, and abortion; it is always automatically assumed to be the woman's fault. The reality is that there are many things which are outside a woman's control such as rape, the availability of contraceptives, etc. The argument that people should stop having sex outside of marriage has been there for centuries, but it has not been effective – people continue to have sex outside of marriage despite what culture and religion say about it, and there are many circumstances and reasons leading to unwanted or unplanned pregnancy.

5.3 Conclusion

In the preceding section I presented the research finding and explored the responses of all participants. We often use religion and culture to oppress vulnerable people unjustly by pretending to be faithful to religion and culture only to serve our own egos and opinions of the world. I support feminist views about abortion due to empirical evidence that when women face unplanned or unwanted pregnancies, some women choose abortion. Abortion has been happening for centuries, and there are many health complications that have been reported due to using illegal services. Those who choose abortion have the right to do so in a safe environment where they will not be subjected to stigma and judgement. I do not support the view that came up strongly in my research, which is that women casually opt for abortion simply because they are permitted by the law.

Abortion is no different than the issue of the LGBTQIA+ community; just because we were not exposed to it, it does not mean that it was not there. It has been there for centuries. Therefore, liberal abortion laws do not promote abortion, but the point is to save women's lives from something that was there long before the liberal abortion laws. It is for such reasons that I support feminist theories concerning abortion. These theories do not promote abortion, but they bring in the experiences of vulnerable women that have been missing in this debate. To say that abortion is the murder of an innocent child that the Lord created with a unique personality and a specific purpose is being naïve in terms of people's right to freedom of religion. When faced with unplanned pregnancy, some women choose abortion despite what culture and religion say about it. Therefore, promoting safe abortion does not encourage women to have abortion any more than promoting a funeral parlour business is promoting death. In the next chapter I will present data analysis and discussions.

CHAPTER 6: ANALYSIS AND DISCUSSION

6.1 Introduction

In the preceding chapter I presented the research findings. In this chapter, I will present data analysis and discussion on the findings in this research. The concept of reproductive justice and intersectionality as outlined scholars such as Ross and Solinger (2017:9) are lenses for interpretation in this project. Ross and Solinger (2017: 9) assert that one of the advantages of feminist scholarship is its ability to hear women's stories and realise that the subordination of women as a gender issue happens within an intersection of race, class, religion, or nationality (Kanyoro 1997). I have chosen the above theories in engaging the abortion issue because their focus is on women's rights and health. I concur with Ackermann (2007) that women have been marginalised and oppressed for centuries, and even though this oppression is not the same as in the post-apartheid era in South Africa, the issue of abortion is one of the many which show that women still do not have uncontested freedom over their reproductive health and rights. As part of the Christian Church, I also concur with Masenya and Ramantswana (2015) on the idea that the Church needs to explore more methods which are life-giving in the usage of scripture and relevant for the African context, especially in relation to women and children.

Scholars such as Bloomer (2020) argue that although the Bible carries cultural, social, and gendered baggage, it is used to discern interpretations that affirm God's intention that we may have life and have it abundantly. I believe that it is important to examine the existing religio-cultural beliefs among women towards termination of pregnancy in South Africa (Bloomer et al 2020). The country continues to battle with illegal abortion and limited access to health facilities – even state-owned health facilities – when it comes to abortion. Reproductive justice theory and intersectionality have helped me to analyse the existing religio-cultural beliefs among women towards termination of pregnancy as something that needs urgent attention. This theory helps us to shift our attention away from a religious and cultural understanding of the morality and legality of abortion towards its liberation, healing, and redemptive aspects of our faith (Ackermann 2003).

6.2 Reproductive issues in South Africa

Scholars such as Ross (2017) agree that reproductive justice is serving as the foundation for efforts to address reproductive oppression at the local, state, and national level. The intersectional theory of reproductive justice is described as the complete physical, mental, spiritual, political, social, environmental, and economic well-being of women and girls, based on the full achievement and protection of women's human rights (Crenshaw, 1986). It offers a new perspective on the reproductive health advocacy. Within this framework, women also fight for the necessary enabling conditions to realise these rights. It is also worth mentioning that it is usually the religious and cultural movements that are very vocal in being against contraceptives being readily available for teenage girls and unmarried women, advocating for total abstinence as part of their cultural and Christian education. It is also these movements that are very vocal in condemning the government effort for making condoms readily available in high schools and primary schools, arguing that this act promotes unethical sexual behaviour among teenagers. However, empirical evidence shows that teenage girls and boys are engaging in unsafe sexual practices which have a direct influence on abortion (TimesLive, 2021). According to TimesLive (2021) the Covid 19 pandemic period, the Gauteng Health Department has recorded more than 23 000 teenage pregnancies between April 2020 and March 2021. According to the Gauteng Health Member of the Executive Council, Nomathemba Mokgethi, 934 of the girls were between 10 and 14 years old, raising more questions about teenage pregnancies. It was also revealed that 2 976 girls between the ages of 10 and 19 decided to terminate their pregnancies. The statement further indicated that 934 babies were born to girls between the ages of 10 and 14, while over 19 000 were born to those between the ages of 15 and 19 (TimesLive, 2021). The department did not have the profile of these babies' fathers, but a few cases of statutory rape were recorded. I agree with Bhekisisa (2021) that these numbers are sad and incredibly troubling considering that these are young girls still have bright futures ahead of them. Teenage pregnancy remains a serious social and health problem in South Africa. It poses a health risk both to the mother and child, and it also has consequences such as continuing the cycle of poverty. It would be unwise and naïve to take the cases of abortion in this story and isolate them from the context in which they occurred, and to judge these incidents using religious and cultural lenses only. In South Africa, most birth certificates only have the particulars of mothers, the particulars of fathers are absent. One must ask the critical question as to why that is so. It is because most men are absent during pregnancy and women have to carry the burden of unplanned pregnancy alone up to the day the child is born.

The high teenage pregnancy exposed by TimesLive (2021) in Gauteng have led to questions about where and who the fathers of these children may be. Murewanhema (2022) said that while it was possible that children were experimenting with sexual activities, it needed to be explored why a child as young as ten years old would be exposed to such activities. According to Murewanhema (2022) twelve-year-olds may be having sex and even be legally allowed to get contraceptives. However, while the law allows it, it is unimaginable for a twelve-year-old to walk into a clinic to get contraceptives and condoms. They would be ridiculed because society does not encourage children to have positive sexual behaviour even if the law says they can. Thus, Murewanhema (2022) attests to Selina Palm's (2019) argument that religio-cultural stigmatisation and judgement remains a barrier at many levels for women and girls to realise their reproductive rights.

Prof Ramodungoe Tabane from Unisa's Department of Psychology of Education says it is worrying that such high teenage pregnancy numbers are still being seen, despite the sexual education that is happening in schools. I concur with other researchers that legalisation does not guarantee access to contraceptives, condoms, and abortion; there is much that still needs to be done to dismantle stigma and judgement around reproductive health and rights of women and girls. Even though there is access, the issues surrounding reproductive health and rights of women and girls, such being a victim of rape, gender-based violence, poverty, etc. remain. The story of Bonakele is one example (TimesLive, 2021). She was raped, which is never easy to share. Even when someone is given pills to terminate pregnancy early, issues like mental health, gender inequality and many others, still push girls and women to cross the legal threshold for termination of pregnancy in South Africa. On the one hand, a girl who falls pregnant is likely to leave school and may stay home to take care of her child. After a year, she might feel left behind and not want to return to school. Therefore, the vicious cycle of the girl-child not entering the academic sphere or job market broadens. Subsequently, I agree that reproductive health and rights, which include abortion, are a gender issue.

We cannot say the law is failing when it comes to the negative effects of illegal abortion, but rather health professionals, parents, activists who know that a twelve-year-old can go into a clinic or pharmacy and access contraceptives but do nothing about teaching young girls. The health professionals need to continue to visit communities including communities of faith to train women and young girls on how to use contraceptives effectively to avoid unwanted pregnancies. The intersectional effects of what pro-life movements usually promote, such as

total abstinence as the only option for religious people, lead to stigma and judgement around issues of sexuality – not just among religious people, but in society at large. Religious organisations condemned the government effort to make contraceptives readily available to teenagers. That would help to curb unwanted pregnancies and abortion. The same religious movements condemn and stigmatise women who need abortion but fear going in public clinics. Religio-cultural stigma and judgement towards abortion is the highest form of harassment but it starts on the ground against unmarried women who are seen seeking contraceptives and condoms. Going back to my argument, the government was condemned mostly based on religio-cultural beliefs and values that promote total abstinence from sexual activities. The alarming rate of new HIV infections among teenagers in this country shows that the message of total abstinence is not preventing teenagers from engaging in unsafe sexual activities (Bloomer et. al, 2020). While the government effort might not save teenagers from spiritual concerns, the availability and ease of access of contraceptives and condoms for teenagers might help to decrease the rate at which new infections are rising, and ease religious societies' concern around abortion.

The prevailing denial and stigmatisation that is motivated by religious and cultural beliefs against contraceptives, condoms, and abortion to mention a few, remain a huge concern and barrier in this country. As long as the country has not won the fight against the high rate of teenage pregnancies, abuse of women and girls, and partner related violence, quality education, poverty, unemployment and easy access to contraceptives and condoms, stigmatisation against women who need abortion cannot be justified. Reproductive justice has this intersectional approach at its core, and there is a need to address a range of social, economic, and health issues. Therefore, abortion cannot be tackled as a single concern, as if it is not affected by many social ills such as poverty, the lack of access to contraceptives, unemployment, and gender-based violence. Abortion is not just a moral issue but also a health, economic, gender and political issue, none of which are considered by the religio-cultural approach.

6.3 Reproductive justice in the South African context

According to feminist scholars such as Palm (2019) the reproductive justice framework recognises that groups of women, such as Indigenous women, women of colour and women in low-income groups, are disproportionately affected by attempts to control their reproductive lives. The empirical evidence on high teenage pregnancy in Gauteng is a good example of how

the experiences of women and girls are often ignored (TimesLive, 2021). The research only gives estimates of those who fell pregnant, terminated their pregnancy, and carried their pregnancy to term. Condemning the acts of those girls who decided to terminate their pregnancy, without interrogating the experiences that led to the decision, would be unethical and careless. Pro-life perspectives lack this interrogation into the experiences of women, and instead attempt to focus on the moral aspects of abortion that favour their beliefs. My reflection is not about arguing for or against abortion but acknowledging that there will always be women who need abortion, regardless of what religion, culture or the law says. Based on that fact, society cannot afford to continue ignoring the experiences of those women and girls, especially the poor and marginalised. This ignorance points to something of far greater concern than the preservation of our religio-cultural beliefs at the expense of women who face the risks associated with illegal abortion.

In South Africa there are many social ills that escalate the reproductive injustices. Gender-based violence is one area where women continue to suffer, with the high rate of teenage pregnancies in Gauteng raising many unanswered questions. The pregnancy of a ten-year-old raises many questions as to whether these children were experimenting with sexual acts with other children, whether these are cases of incest, or whether these are cases of rape that have gone unnoticed. South Africa as a case study is a good example that shows the Choice Act or legalisation of abortion alone is not enough to guarantee access to safe abortion, and there are many barriers in society which contribute to the issue of illegal abortion.

6.4 In Search of A Life Affirming Theology: Body Theology

According to Swinton (2012) the body theology is a critical reflection on our bodily experience as a fundamental realm of the experience of God. Body theology does not begin with certain doctrinal formulations, nor certain portions of creed, although these sources may contribute. Body theology is concerned with the fleshly experience of life; with our hungers, passions, our bodily aliveness and deadness, with the homeless and the hungry, with the warm touch of a friend, with bodies violated and torn apart in war, bodies harmed by illegal abortions, and bodies raped and tortured. According to Swinton (2012) body theology deals with questions such as how we can understand both the givenness of our body realities and the meanings that we ascribe to them, and how we can interpret these in ways that nurture the greater wholeness of our lives in relation to God. Ackermann and Amour (1989: 86) says,

“this is in contrast to the traditional Christian theology based on dualistic assumptions and views of the body as less important and more prone to sin. Body theology holds out the hope of healing the cruel rupture that patriarchal thinking has introduced to theology; it attempts to put the body, mind, and emotions back together in order to see anew the glory and goodness of all creation.”

Body theology affords us the opportunity to use intersectional analysis to reflect on complex gender, race, gender-based violence, gender inequality, health, and social realities of many women most vulnerable to unsafe abortion. According to Nelson (1992) decolonising reproduction and reclaiming all women’s procreative power to say both yes and no to childbearing remains urgent. Scholars which includes Kotze (2019:97) says that,

“that in societies with conservative sex-ethics, pregnancy and childbearing can be seen as the punishment for sex outside the confines of marriage. This stigma fuels abortions to avoid shame of pregnancy outside marriage and perpetuates its unsafety by constructing abortion itself as an immoral act. The sexual abuse of women and girls, often within households, also remain the greatest concern. Any ethical reflection on abortion that does not start with these existing unjust realities can easily fall into an abstract naïve romanticism that contributes to women’s death.”

Kanyoro (2001:121) says argues that “Christian theology has always been an embodied theology rooted in creation, incarnation, resurrection, and sacraments. The Christian scriptures naturally have embodiment at their heart.” However, secular feminists understand the body as the site of female oppression. Stuart (1998: 164) says “many religions are patriarchal beyond redemption. Likewise, Christian feminists, like secular feminists, realise that the bodies of women have been expected to carry a great weight under the patriarchal system.” Illegal abortions point to the great weight that some vulnerable women go through due to the stigma and judgement linked to abortion. Illegal abortion threatens lives of many vulnerable women. Therefore, the availability of legal abortion facilities is geared towards eliminating unnecessary deaths and health impairments caused by illegal abortion (Stuart 1998). Legal abortion can be justified when viewed with reproductive justice lenses. However, having said that, moral arguments against abortion and views that the lives and rights of unborn children should not be taken lightly, cannot be dismissed. All approaches to the abortion debate have their own blind

spot, such as the idea of self-preservation at the expense of unborn children. Scholarly writings on reproductive justice such as Bloomer, Claudio, and Pierson (2020) put more emphasis on the personal experience of suffering marginalised women, because the voices of often powerless women are heard much less than the voices of men. Kalb (2012) says “women have been socialised into a state of numbness, because questioning culture and religion is perceived to be a dangerous trend.”

In general, Christianity views life as valuable, precious, and a gift from God. A pregnant woman holds potential and a practical addition to the population in her womb. However, Stuart (1998: 186) says “these kinds of practical reasons have little to do with the feminists’ concept of abortion and what is going on in the world in general”. The discussion of the ethics of abortion according to Frome and Nurs (1982) must rest on the following foundations: whether or not the foetus is a human being, the rights of the pregnant woman as opposed to that of the foetus, the circumstances of horror and hardship that might surround a pregnancy, and when the foetus becomes a human being. All the answers to the above foundational questions are subjective – no one on either side of the debate can claim objectivity, and it all depends on one’s views on these questions. Nevertheless, I do concur with pro-life scholars such as Nurs (1982) that no one can argue that the foetus is owed some moral obligations because of its potential. After a certain point it even deserves legal and moral protection. The problem begins when the supposed rights of the foetus and those of the woman come into direct conflict. In most cases the rights of the foetus are subordinated to those of the woman under the Choice Act and the reproductive justice framework. One of the concerns with the reproductive framework is that it does not impose any responsibility towards the foetus on the pregnant woman who faces the unwanted pregnancy (Stuart 1998).

6.5 Conclusion

In this section I presented abortion as reproductive issue that is important to women’s health, and requires further exploration in order to achieve reproductive justice in the South African context. I also presented body theology as one of the life affirming theology that gives us an opportunity to engage the issue of abortion. The reproductive justice framework, in my opinion, is a good attempt at bridging the gap between the pro-life and the pro-choice perspectives. The pro-life perspective puts more emphasis on tradition and scripture, using these sources as its lenses in the abortion debate. The pro-choice perspective puts more emphasis on reason or

rationality, and to a certain extent tradition, using reason as its lens in the abortion debate. The reproductive justice framework puts more emphasis on the experiences of marginalised women, using the intersectional approach. Christian theologians should, however, try to balance the four sources of theology in their reflection on the abortion debate. I concur with the opinion that the reproductive justice framework puts more emphasize on the experiences of oppressed women and girls, neither of which are foreign to Christianity. The emancipation of the oppressed and the God who is on the side the oppressed are important themes in Christianity. Christian theologians can use the reproductive justice framework by emphasizing other sources of theology such as scripture, tradition, and reason to support what this framework stands for. The reproductive justice framework does not promote or condemn abortion, but it is concerned with addressing injustices that vulnerable women go through, using an intersectional approach. However, reproductive justice framework cannot dismiss the claims and concerns of the other two theories in this debate. Each theory puts more emphasis on certain aspect which leads all three to have blind spots. In the next chapter I will present the recommendations and conclusion of my research.

CHAPTER 7: RECOMMENDATIONS

7.1 Introduction

In the previous chapter I presented reproductive issues in South Africa such as high teenage pregnancy and reproductive justice in this context. I also presented body theology as one of the life affirming theology that gives us an opportunity to engage the issue of abortion. In this chapter I will explore the challenges noted in this research, the new knowledge that needs to be explored, the recommendations and conclusion.

7.2 Challenges noted in this research

The responses of participants in the interviews shows that abortion is a topic that communities shy away from discussing openly, there is a lot of secrecy around the issue of abortion in Noodsberg and Esidumbini communities. People do know that abortion is a phenomenon that does occur in this community, but it is not openly talked about, whether the abortion was legal or illegal. What I took from the responses of participants is that conversations about abortion only happen in response to an event that has taken place in the community or in the media. That is not healthy, because it is not a conversation, but a response that promotes stigma, judgement and other misconceptions about women who undergo abortion. Based on the interviews I had, my observation leads me to say that in this community, conversations about abortion are sources of embarrassment, especially to women who fall pregnant outside of marriage. Being unmarried and pregnant is an embarrassment to the community. Talking to women showed how embarrassed they were to have fallen pregnant outside of marriage, and having conversations concerning abortion was even worse. In these communities, pregnancy is positively associated with marriage even though most women falling pregnant are not married. Even this does not change how these communities view pregnancy outside of marriage; they still cling to the belief that fornication (sex before marriage) is sinful and shameful. They see pregnancy outside of marriage as being against God's will and violating the Zulu culture, so unmarried women who fall pregnant are called *amaqhasha*, which is a negative term used to label such women as inferior to those who do not have children outside of marriage. The silence and secrecy around abortion perpetuates the culture of gossip. A few participants mentioned that some people in the communities of faith gossip about pregnant women instead of helping them cope with unplanned pregnancy.

Religion and culture play an important role in the formation of social norms which are often anti-abortion in this community. The justification for condemning abortion is based on the belief that pregnancy is associated with God's and ancestors' blessings. The responses of participants show that these communities look at abortion as forbidden, regardless of whether it is done using legal service providers or illegal service providers, because a child is a blessing from God. The emphasis on the religious beliefs in these communities leads to the belief that abortion brings misfortune and curses on the women who undergo this procedure. Several participants said that when women who have had an abortion, when wanting to have children later in adult life, might suffer the consequences of not being able to conceive due to past abortions done. Thus, complications resulting from illegal abortions are viewed as divine punishment rather than failed procedures performed by unqualified individuals. Many participants believe that there must be a cleansing ceremony and naming of the baby post-abortion, giving the baby clothes, and making amends to restore the disturbed piece between the living and the dead, and uniting the baby with their ancestors.

7.3 The new knowledge that needs to be explored

Abortion appears to be in direct conflict with religion and culture in these communities; people still believe that breaking the silence about abortion will promote this practice as if being quiet about it prevents it from happening. The silence around abortion and sex hinders communities of faith from addressing important issues that affect women daily such as the use of contraceptives and condoms, abortions, and family planning. The secrecy around abortion and the negative attitudes towards it jeopardises the lives of women and girls who need to use legal channels for this procedure. In addition, stigma towards abortion puts these women at risk of being ill-treated by members of their communities. The idea of fun and wanting to enjoy sex without responsibility came up strong in my research as a motivational factor for women who do abortion. Whether this is true or not, it seems that some people believe that the idea of fun versus the challenges of carrying pregnancy to term is more attractive to women who do abortion.

The negative attitude towards abortion even in health institutions is a contributing factor to the soaring of illegal abortions currently being seen in this country. In this research I noted that there is a large amount of public advertisement for illegal abortion services, in contrast with a

complete lack of communication and advertisement for legal abortions in any public spheres. There are posters of illegal abortion service providers on every street corner of KwaZulu-Natal's cities and in rural centres, but there are no advertisements about safe abortion services offered by the public health sector. That alone shows the attitude, belief and views that dominate our health system. Although abortion is legal in this country, in the minds of the people it is still illegal. This situation may lead to many women carrying unnecessary feelings of guilt and shame after an abortion due to cultural beliefs upheld in the community. Information on illegal abortion is easily accessible in this country. In South Africa we are more familiar with backstreet abortion than safe abortion due to its extensive advertisement on the street. Fear of the breach of confidentiality by health care workers is a serious concern in South Africa, not just with regards to abortion, but also related to the use of antiretrovirals, contraceptives and condoms that are available in public clinics. In my research, most of the participants are of the view that abortion is a topic that most communities do not discuss. Even when there are events that forces these communities to deliberate on reproductive health and right issues, even health workers scratch the surface to escape criticism from church members who believe that talking about such issues in church is not proper. Most religious leader avoided at all costs to open the platform for a real discussion on contraceptives, sex and abortion. .

There is a gap between liberalisation of abortion and culturally informed social norms that needs to be bridged. Cultural beliefs contribute by making conversations about abortion secretive. The religio-cultural attitudes towards abortion in these communities might indirectly encourage illegal abortion, since young people facing the dilemma of unwanted pregnancies do not have a supportive system in which they can make informed decisions without fear of being judged. Some young women are more scared of their parents than the consequences of backstreet abortions. Parents must take responsibility of teaching their children to avoid the risk of children receiving wrong information and advice with regards to sex, contraceptives and abortion. Parents to continue to shy away from such topics even when their young girls start menstruating cycles put their children at risk. Religio-cultural beliefs create a barrier of access for women who need safe abortion services even though government sees the legal system of terminating pregnancy to be a good idea for health reasons. The prevailing hindrances promote the culture of denial. Participants showed that they know abortion is happening in their communities, but the religio-cultural beliefs held by individuals in this community portray abortion as immoral, wrong and as murder. The reality does not support

the beliefs upheld in these communities: one would think that in communities where abortion is openly discouraged, the abortion rate would fall, but the opposite is happening, as can be seen in South Africa. When access to abortion is hindered, illegal abortion services thrives.

7.4 Recommendations and conclusion

Scholars such as Bloomer (2020) says that the ongoing role of religiously underpinned social norms and beliefs in shaping restrictive abortion laws, abortion-related stigma, and socio-moral disgust for those seeking and providing abortions has been acknowledged in many contexts, including the South African context. Scholars which includes Maharaj and Gresh (2014: 89) says “those who are hostile towards abortion identified that this comes from a particular moralistic standpoint, again referring to abortion as murder; this was ascribed to religious teachings.” In my research, participants kept mentioning the concept of God and ancestors, which shows that the belief in God and ancestors shapes the values and beliefs upheld in the communities of Noodsberg and Esidumbini. Feminist Scholars such as Oduyoye, Crenshaw, Bloomer and many more have done excellent work in pushing for reform in abortion laws. Abortion affects women more personally, so it is no surprise that it is women who are at the forefront pushing for the emancipation of vulnerable women from all forms of oppression, which includes abortion. Mavuso and Macleod (2017:128) says

“In South Africa, resistance to the restricted access to abortion was challenged by women’s organisations, even though the efforts of these organisations are still labelled as the efforts of liberal feminism, imported from Western societies, and dominated by white middle-class women, and a distraction.”

I do not support this view due to empirical evidence which shows that while research around abortion or theories about abortion might be Western, abortion affects vulnerable women globally. There is enough evidence that shows that some women, when faced with unplanned pregnancy, choose abortion, despite the obvious religious and cultural stance on abortion in this country. Restricted access to safe abortion does not stop abortion from happening (Bloomer et, al. 2020). In fact, the opposite happens: where there is hindered access, it fuels illegal abortion, leading to more complications, especially for poor women. It was the soaring of illegal abortion and its effect on society that forced the ruling party in South Africa (African National Congr3ss) to approve liberalisation of abortion law. In this regard, I applaud the

feminist movements for breaking the silence around the horrifying experiences of women around the world due to hindered access to safe abortion. The reproductive justice framework also helps us to understand that access to legal abortion is a major concern which is life threatening issue that cannot be ignored.

I agree with a stance that in terms of access to abortion, South Africa is presented as a state with liberal laws but persistently high levels of illegal abortions, as well as concerning levels of maternal mortality. The persistently high number of illegal abortions can be ascribed to hindered access to safe abortion due to stigma and judgement, and religion and culture do play a role in keeping those barriers intact. Other forces, such as fears over lack of anonymity in local clinics may force women to travel considerable distances to access abortion or turn to illegal abortion providers. There is a need to challenge the punitive attitude towards abortion from providers, communities of faith and cultural gatekeepers. There is also a need to educate communities about abortion using the feminist theories that take the experiences of women into account in their teaching, because that is the element that has been ignored for centuries. Lastly, there is a need to provide communities with accurate information about safe abortion, as there are many misconceptions about abortion procedures and women who choose to terminate pregnancy. The fear of discrimination or breach of confidentiality by healthcare workers, which has been reported in some local clinics, must also be addressed as a serious concern.

I see myself as an ally to feminist and women's movements because they challenge the perception that certain circumstances are good enough reason for abortion, and some are not. The general feeling towards abortion has often been negative in most African cultures, yet some women continue to choose abortion despite what religion and culture say. This shows that what is morally good for one person might not be morally good for another, so generalising does not do justice.

Denying access to abortion from women who need it, based on cultural and religious beliefs, does not do justice. The negative implications of illegal abortion in South Africa should be enough to push us towards changing our attitudes on legal abortion. In South Africa there was a big controversy when the government attempted to distribute condoms in high schools and encouraged the use of contraceptives. Religious objections were among the many voices that opposed this initiative that never materialised. However, the report of 23 000 teenage pregnancies in Gauteng should tell us that no matter how parents might hope that their children

are not sexually active, in reality, teenagers are experimenting with sex. Haddad et al. (2020) argue that obstacles to increased access to contraceptives, and the lack of awareness of the availability of contraceptive methods in faith communities in particular, contribute to the problem of unwanted pregnancies, which in turn has a direct impact on abortion. Preventing unwanted pregnancy should be a priority for every nation; educating women regarding their reproductive health should be incorporated in schools, and increasing contraceptive services should be a necessity (Bloomer et al 2020).

Considering the above remarks, there is a gap between academics, activists, and religious leaders, especially within faith communities, which must be bridged. When it comes to academics, activists, and the community of faith leaders there is an attitude of ‘us versus them’ (Bloomer et al 2020). While researchers work with empirical evidence, activists fight for social transformation, and religious leaders are custodians of their doctrines, I believe that much can be achieved when we work together for the betterment of humanity or of the people we serve (Manana 2015). While we are all different, we have one thing in common: the communities we serve. Therefore, we must take the experiences of the people we serve more seriously, especially vulnerable women, young girls, and children. I concur with Selina Palm (2020: 219) when she says “In the light of the religious and cultural stance on abortion, an alternative theology of abortion is urgently needed, situated contextually within historical church struggles for greater justice and freedom.” I concur with Ackermann (2007) that religio-cultural values have a critical role to play in unlearning harmful theologies and cultures here in South Africa. Religious leaders have a role to play in educating women and children and to allow academics and other expert to utilize those platform for the benefit and well-being of our communities while churches are still thriving in this region and people still regards Christian affiliation and strong traditional affiliation. In South Africa, churches and cultural centres remain a key form of social belonging, and where literal interpretation of the Bible and tradition have been historically utilised and challenged to justify human domination.

REFERENCE LIST

- Ackerman, D. M. and Amour M. (1989). Differing theories, same old praxis, some feminist thought on right wing religion. *Journal of Theology for Southern Africa*, (1):53-69.
- Ackerman, D. M. (1995). Reproductive rights and the politics of transition in South Africa. *Journal of Feminist Studies in Religion*, 11 (2): 117-127.
- Akaninyene, E. U. (2022). Acute uterine inversion complicating mid-trimester unsafe abortion in a teenage Nigerian girl. *Annals of Health Research*. V(8): 81-87.
- Amnesty International. (2015). *She is not a criminal: The impact of Ireland's abortion law*. London: Amnesty International Ltd. 13-44
- Beattie, T. (2010). Catholicism, choice and consciousness: A feminist theological perspective on abortion. *International Journal of Public Theology*. V(4): 51-75.
- Beckley, W. V. (2023, June 24). *Community react to abortion law change, state takes legal action*. Retrieved from West Virginia News: <http://www.wvnst.com/news>. Accessed 27 October 2023
- Bhekisisa, H. (2015). *Abortion in South Africa: A reporting guide for journalists*. Johannesburg: Mail and Guardian Centre for Health Journalism.
- Biggaam, J. (2008). *Succeeding with your master's dissertation: step by step handbook*. New York: University Press.
- Bloomer, F, Pierson C, & Claudio, S. E. (2020). *Reimagining global abortion polictics: A social justice perspective*. Bristol, UK: ISBN: 978-1447340454.
- Brattston, D. W. T. (1993). Abortion in the Bible. *National Council of Churches of Christ*, 352-356.
- Burgh, G. (2008). APA Task force on mental health and abortion. *American Psychological Association*, (2) 26-90.
- Cantwell M. (2004). The impact of abortion on women. *U.S. Government Publishing Office: Washington*, 108-1016.
- Carrier, J. (1968). Genetical, social, and medical aspect of abortion. *S.A. Medical Journal*, 721-730.
- Catechism of Catholic Church. (2000). Doctrinal document of the Catholic Church. *Canon Law Society of America*. 14 Pius XII, Humani generis 561. 6-88.
- Catholic for Choice. (2014). The facts tells the story. Catholics and choice 2014-2015. 3-12.

- Chin'ombe, P. & Ngwenya, C. G. (2014). An analytical analysis of abortion laws in Zimbabwe from a human right perspective. *Undergraduate Dissertation in the Faculty of Law: Gweru, Midlands State University*. available at www.etd.uwc.ac.za. (Accessed 26 June 2023).
- Compendium of the Catechism. (2023, June 27). Abortion. Retrieved from Catholic News Agency: <http://www.catholicnewsagency.com>
- Cossman, B. (1986). The precarious unity of feminist theory of practice: The praxis of abortion. *Faculty of Law Review*, University of Toronto. 44 (1), 85-108.
- Cox, J. L. (1998). 'Rituals, rites of passage and the interaction between Christianity and traditional religion'. *Cardif Academic Press*, 12-31.
- Crenshaw K. (n.d.). "Whose story is it, anyway,"? 391-404.
- Criminal Law Act. (2020, August 21). *Human rights in the contemporary world*. Retrieved from <http://www.intechopen.com>. (Accessed 21 August 2023).
- Critical studies in sexuality and reproduction. (2021, March 24). *Rhodes University*. Retrieved from <http://www.ru.ac.za/criticalstudies/about/>
- Centre for Reproductive Rights. (July 2015). Rights of persons with disabilities draft general article 6. *Centre for Reproductive Rights*.
- Centre for Strategic and International Studies. (2011, December 1). *CSIS releases compilation of papers on China's health, foreigh Aid engagement in Africa*. Retrieved from KwaZulu-Natal health news: <http://www.kffhealthnews.com>. Accessed 31 May 2023.
- Ebrahim, A. M. (1989). *Abortion, birth control, and surrogate parenting: An Islamic perspective*. U.K.: American Trust.
- Egan, B. M. (2021). Abortion as a moral good? Constructing secular and Judeo-Christian views and a potential pathway for promoting life. *Scientific Research Publishing*, (1) 31-38.
- Foot P. (1967). *The problem of abortion and the doctrine of double effect*. Oxford Review No. 5. 2-18
- Government Gazzette. (1996). Choice on Termination of Pregnancy Act 1996. *Republic of South Africa: Governemnt Gazette*. V(377): 1-6.
- Gospel of Life. (1995). Abortion and Catholic social teaching. *Pope John Paul II*, 1-4.
- Gresh, A & Maharaj, P. (2014). Termination of pregnancy: Perspectives of female studetns in Durban, South Africa. *School of Buyilt Environment and Development Studies, University of KwaZulu-Natal, Durban*. V(4041): 682-689.
- Haddad, B. (2011). Religion and HIV and AIDS: Charting the Terain. *Pietermaritzburg: University of KwaZulu-Natal Press*, (1)13-248.

- Haddad, B. & Nawal, M. (2009). Unsafe abortion: Unnecessary maternal mortality. *Women's Health in the Developing World*, 120-126.
- Haerle, W. (2004). Zweireichelehre In G. Muller (Ed), *Theologische realenzyklopaedie*. 36. 784-789.
- Health. (2010, May 21). *Abortion is health care*. Retrieved from National Health Law: <http://www.healthlaw.org/abortion/>. (Accessed 21 May 2023)
- Health. (2020). Abortion is essential health care and women's health must be prioritised over Politics. available at www.acog.org.za. (Accessed 3 July 2023).
- Hwanjere, V. G. (2016). Understanding unsafe abortion among young women in Zimbabwe: A socio-legal study on reproductive health. Master of Arts in Development Studies. International Institute of Social Studies: Netherlands, 1-34. available at www.semanticscholar.org. (Accessed in 10 June 2023).
- Jabulile, MacLeod and Du Toit. (2020). An assessment of abortion seeking behaviour and preferences in rural communities of the Eastern Cape, South Africa report. *Rhodes University*, 12-46. available at www.ru.ac.za. (Accessed 17 July 2023).
- Jerman, J, Jones, R. K, & India, T. (2023). Abortion patient survey. *Guttmacher Institute*.
- Jogee, F. (2018). Is there room for religious ethics in South African abortion law. *Centre for the AIDS Programme of Research in South Africa*, Durban University of KwaZulu--Natal:46-49.
- Kanyoro M. (2009). 'Rereading the Bible from an African perspective'. *The Ecumenical Review* 51(1), 18-24.
- Kombo, K. D & Tromp, L. A. D. (2006). Proposal and thesis writing: An introduction. *Nairobi: Pauline Publications Africa*.
- Kraft M. (2012, May 18). *Abortion*. Retrieved from Prezi: <http://www.prezi.com>. Accessed May 2023
- Macualay, R. (2019). Redeeming the master plan: An ethical study on marital and sexual issues. *2nd Ed. Acra: Gusfa Ventures*, 348-352.
- Magesa, L. (2002, August 2). No place for abortion in African traditional life. Retrieved from Conscience Laws: <http://www.consciencelaws.org>. (Accessed 3 June 2023).
- Masanya M and Ramantswana H. (2015). 'Anything new under the sun of African Biblical hermeneutics in South African Old Testament scholarship?: Incarnation death and resurrection of the work in Africa'. *Verbum et Ecclesia* 36(1), 1-12.
- Mbiti, J. S. (1969). *African religions and philosophy*. London, Heinemann. 21-48

- Mcuoid-Mason D. J. (2018). Termination of pregnancy: Cultural practices, the choice on termination of pregnancy act and the constitutional rights of children. *SAMJ in Practice*, 721-723.
- Monk, P. S. (2021). Thai monk faces online backlash over abortion stance. *Reuters*. available at amp.scmp.com. (Accessed 23 June 2023)
- Mosley E. (2020). Abortion attitudes, religious and moral beliefs, and pastoral care among Protestants religious leaders in Georgia. *Plos One*, 2-18.
- Murewanhema G. (2022). Towards decriminalisation of Abortion in Zimbabwe: A Public Health Perspective. *Public Health in Practice*, 2022. V(9): 23-91
- Ngwenya C.G . (2013). Reforming African abortion laws to achieve transparency: Arguments from equality. *African Journal of International and Comparative Law* (21), 398.
- Njoku S. I. (2005). An exposition of the morality of abortion: A Catholic Church position. *Centrum for Tillampad Etik*, 15-51.
- Nokwena, R. A. & van Wyk. (2014). Traditional healers views on termination of pregnancy South Africa. *South Africa Journal and Midwifery*, (1):132-143. doi: Retrieved from UPSpace Institutional Repository.
- Palm S. (2019). A long walk to reproductive freedom: Reconceiving theologies of abortion in South Africa. In N. M. M Kotze, *Reconceiving Reproductive Health: Theological and Christian Ethical Reflections*. Durbanville: AOSIS: 219-227
- Parsons T. (2019). Born this way: An Interrogation of models that could be used by Christian schools in South Africa to create an inclusive, diverse and safe space for learners to engage with sexuality and gender identity in a constructive and life affirming way. University of KwaZulu-Natal, 3-128.
- Pilane P. (2018, September 21). *Pregnant? Need abortion? Here's where to go*. Retrieved from Mail and Guardian: <http://www.mg.co.za>. (Accessed 21 April 2023).
- Roberts D. (2015). Reproductive justice not just rights. University of Pennsylvania Press 62 (4), 78-82.
- Romo, J. M. (2022, July 1). *Abortion rights advocate in the 13 trigger Law State refuse to give up post*. Retrieved from Reproductive Right in America: <http://www.npr.org>. (Accessed 27 April 2023).
- Ryan, D, Carnegie, A & Roth, R. (2019). From the grassroot to the Oireachtas: Abortion reform in the Republic of Ireland. *Abortion Law Reform*, 109-120.
- Satirios, S. (2005). Special research. (3rd Edition) New York: Palgrave Macmillan.

- Siegel, R. B. (2020). Why restrict abortion? Expanding the frame on June Medical. *The University of Chicago*. available at law.yale.edu. (Accessed 14 May 2023).
- Silliman, J, Fried, G. M & Gutierrez, E. R. (2016). *Undivided Rights: Women of Color Organising for Reproductive Justice*.
- SisterSong. (2006). Understanding reproductive justice. *Women of color reproductive health collective*, 2-12.
- Smith, D. (2023, June 09). *Braid: Smith slap down question about abortion rights as LaGrange get health job*. Retrieved from Calgary Herald: <http://www.calgaryherald.org>. Accessed 23 May 2023.
- Solinger R. (1968). *Abortionist*. Portland.
- South African News. (2023, June 14). *Abortion*. Retrieved from News 24: <http://www.news24.com>. (Accessed 12 June 2023).
- Sexual Reproductive Justice Coalition. (2023, February 6). *Welcome to safe abortion*. Retrieved from Sexual and Reproductive Justice Coalition: <http://www.srjc.org.za>. (Accessed 24 May 2023).
- Statistics South Africa. (2015, November 7). *Statistical release P0318*. Retrieved from Household Survey: <http://www.statsa.gov.zapublicationsP0318P03182015.pdf>
- Steyn , C. Ndimande, J. V (2018). An Exploration of the reasons women give for choosing legal termination of pregnancy at Soshanguve Community Health Centre, Pretoria, South Africa. *South African Family Practice* 60 (4): 126-131.
- Swinton, J. (2015). I do not want Federal Fund to pay for abortion. *On The Issues*. Available at www.ontheissues.org. (Accessed 19 April 2023).
- Times Live. (August 2022). *Why women still go for backstreet abortion, dump babies*. Retrieved from Sunday Times: <http://www.timeslive.co.za>. Accessed 19 April 2023.
- United Congregational Church of Southern Africa. (2022). South Africa Synod Constitution. *South Africa Synod*. Available at www.sasynod.org.za. Accessed 21 November 2022.
- United Nation High Commission for Refugees. (2020, January 13). *Coercive family planning law or policy that prescribed forced abortion*. Retrieved from Refworld: <http://www.refworld.org>. (Accessed 21 June 2023).
- West G. (2016). The Stolen Bible: from the tool of imperialism to African icon. *Cluster Publications*, 155-162.
- World Health Organisation. (2012). Global AIDS progress report. *Republic of South Africa*, 273-302. doi.

- World Health Organization. (2021, November 25). *Abortion*. Retrieved from World Health Organisation. Available at www.who.int. (Accessed 13 June 2022).
- Wilson, P. & Blair, B. (1985). Biblical views on abortion: An Episcopal perspective. *Semantic Scholar*. Available at europaemc.org. (Accessed 2 June 2022).
- World Health Organization. (2017). "*Unsafe abortion: The preventable pandemic*". Journal Paper, Sexual and Reproductive Health 4. 2-18
- Worldwide International Network of Market Research. (2015, November 2015). Losing our religion? Two Thirds of people still claim to be religious. Retrieved from Sofia: GALLUP International: www.gallup-international.com. (Accessed 21 May 2022).
- Dube, Y. (4 January 2014). To abort or not to abort. *Chronicle*. Available at www.chronicle.co.zw. Accessed 6 June 2023.
- Zimbabwe Termination of Pregnancy Act. (1997). [*Chapter 5:10*]. Retrieved from : <http://www.parl.zim.gov.zm/acts-list-termination-of-pregnancy-act-15-10>. (Accessed 12 May 2023).

APPENDICES

Appendix A: Interview Guide

Research question 1: What are prevailing views and practices related to unintended pregnancy?

Sub-questions:

Do you ever talk about abortion?

When do conversations happen? And why?

What do women (men) talk about during these conversations?

How much do you think women (men) know about the difference between legal abortions and illegal abortions? Or their legal rights?

Research question 2: How do religion and culture feature in young women's decision-making about unintended pregnancy?

What do your community say about abortion culturally?

What do your community say about abortion as Christians?

What do religious leaders say about abortion in the community?

Research question 3: how do people make their decision about abortion?

Sub-questions:

Which social, religious, or cultural factors are most influential in women decision considering to terminate pregnancy?

What reaction would women expect from a local church or community when considering abortion openly?

Do you think churches are safe place to talk about pregnancy options including parenting and abortion?

Do you think people consult traditional sacred specialist regarding abortion? And Why?

Do churches provide material, emotional, and spiritual support to people facing an unplanned pregnancy? If they do, what does that look like? And if not, why not?

Would you talk with your pastor about abortion? And under what circumstances?

Are pastors sensitive to the pressures women faces during an unplanned pregnancy?

Do you know a church that has a ministry prepared to discuss options during an unplanned pregnancy?

Research question 4: What indigenous cultural and religious/theological idea about body and gender might serve to disrupt biases about abortion?

Sub-questions:

What does Zulu culture say about pregnant single women?

What does the Zulu culture say about abortion?

How does the Zulu culture resolve issues related to abortion that has already taken place?

What cultural practices are performed in order to obtain forgiveness for past abortions in the Zulu culture?

What do religious leaders say about abortion in their indigenous teachings?

IMIBUZO YOCWANINGO NGESIZULU

Imibuzo yocwaningo 1: Ithini imibono kanye nokujwayele ukwenzeka mayelana nokukhulelwa okungahleliwe?

Sub-questions:

Kuyenzeka uxoxe ngokuhushulwa kwezisu?

Zenzeka nini lezingxoxo? Kusuke kwenzenjani?

Kungabe bakhuluma ngani abesilisa okanye besifazane kulezingxoxo?

Ucabanga ukuthi abesifazane kanye nabesilisa bayawazi umehluko mayelana nokuhushulwa kwezisu okuvumelekile nokungavumelekile ngokomthetho sisekelo wezwe laseNingizimu Africa? Noma bayawazi amalungelo abo mayelana nokuhushulwa kwezishu?

Imibuzo yocwaningo 2: Inkolo namasiko esintu kudlala yiphi indima kwabesifazane abancane uma bebhokene nezinqumo ngokukhulelwa bengakhulelile?

Ithini imfundiso yasemphakathini ngokwesintu mayelana nokuhushulwa kwesisu?

Ithini imfundiso yasemphakathini yamaKristu mayelana nokuhushulwa kwesisu?

Ithini imfundiso yabaholi bezenkolo emphakathini ngokuhushulwa kwesisu?

Imibuzo Yocwaningo 3: abantu baye bazithathe kanjani izinqumo zokuhushula isisu?

Sub-questions:

Kungabe yimiphi imibono esemphakathini, enkolweni okanye esikweni enomthelela omkhulu ezinqumweni zabesifazane abacabanga ukuhushula isisu?

Umphakathi noma ibandla lingababuka kanjani laba besifazane uma becabanga ukuhushula isisu bebgakufihlile?

Kungabe ucabanga ukuthi emabandleni kuyindawo ephephile okungakhulumeka kuyo mayelana nezinhlelo ezikhona mayelana nokukhulelwa njengezokuba umzali okanye ukusihushula isisu?

Kungabe abantu bayaxhumana nezinyanga, izangoma, noma abathandazi ukufuna usizo mayelana nokuhushula isisu? Kungabi bexhumana nalaba belaphi bendabuko?

Kukhona amabandla owaziyo alekelela abantu ngokomoya, ingqondo, noma ngolunye usizo oluphathekayo ababhekene nokukhulelwa noma ukukhulelisa bengahlelile?

Ungakhuluma nomfundisi wakho ngokuhushulwa kwezisu?

Kungabe abefundisi banalo yini uzwelo kubantu ababhekene nokukhulelwa noma ukukhulelisa bengahlelile?

Imibuzo yocwaningo 4: Kungabe lukhona ulwazi emasikweni okanye enkolweni ngomzimba noma ubulili olungasetshenziswa ukulwa nenkolelozwe ngokuhushulwa kwezisú?

Sub-questions:

Sithini Isintu kwaZulu mayelana nabesifazane abangashadile?

Lithini isiko lakwaZulu ngokuhushulwa kwezisú?

Kungabe kwaZulu ilungiswa kanjani indaba yesisu esesihushuliwe?

Ngokwesintu iliphi isiko elenziwayo ukulungisa ubudlelwano nokuthola uxolo uma umuntu ehushule isisu?

Bathini abaholi bezenkolo ezimfundisweni zabo zansuku zonke?

Appendix B: Consent form for research study

UKZN HUMANITIES AND SOCIAL SCIENCES RESEARCH ETHICS COMMITTEE (HSSREC) INFORMED CONSENT RESOURCE TEMPLATE

Information Sheet and Consent to Participate in Research

Date: 24 June 2023

Warm Greetings

My name is Mduduzi Khoza. I am a students at the University of KwaZulu-Natal. I am doing Mth Gender, Religion and Health. My contact number 0731285549 and my email address godhelp.khoza@gmail.com

You are being invited to consider participating in a study that involves research that seek to examine religio-cultural values hindering access to safe termination of pregnancy among women in South Africa. The aim and purpose of this research is to examine existing religious and cultural beliefs inherent in our community to see if they are life denying or life affirming to women. The study is expected to enrol 15-25 participants both women and men from residents of Esdumbini and Noodsburg communities. The duration of your participation if you choose to enrol and remain in the study is expected to be 45 to 60 minutes. The study is funded by?

The study may involve the following risks, opening old wounds for people who have been affected by termination of pregnancy. We hope that the study will create the following benefits; open up a discussion about termination of pregnancy, create awareness about issues affecting women. However, the study will provide no direct benefits to participants. The study will contribute to the controversial debate about abortion. It will also contribute to the existing body of knowledge around this topic. The names of the participants will not appear anywhere in this research to ensure privacy and encourage participation if the participant want to remain anonymous.

If the research could open old wounds psychosocial, pastoral or counselling interventions are available as treatment.

This study has been ethically reviewed and approved by the UKZN Humanities and Social Sciences Research Ethics Committee (Protocol reference number: HSSREC/00005550/2023)

In the event of any problems or concerns/questions you may contact the researcher at 0731285549 or email: godhelp.khoza@gmail.com or the UKZN Humanities & Social Sciences Research Ethics Committee, contact details as follows:

HUMANITIES & SOCIAL SCIENCES RESEARCH ETHICS ADMINISTRATION

Research Office, Westville Campus

Govan Mbeki Building

Private Bag X 54001

Durban

4000

KwaZulu-Natal, SOUTH AFRICA

Tel: 27 31 2604557- Fax: 27 31 2604609

Email: HSSREC@ukzn.ac.za

Participation in this research is voluntary and participants are free to withdraw at any time, without giving any reason. In the event of refusal/withdrawal of participation the participants will not incur penalty or loss of treatment or other benefit. There will be no costs incurred by participants as a result of participation in the study. And no there are incentives or reimbursements for participation in the study.

The study is for research purpose only. Our discussion will be recorded, but we will not use real names for this discussion. Real names will not be used in the research reports, to protect your privacy. Confidentiality of personal/clinical information will be maintained at all times.

Dear Researcher

I.....have been informed about the study seeking to examine religio-cultural values hindering access to safe termination of pregnancy among women in South Africa by (Mduduzi Khoza-208500580).

I understand the purpose and procedures of the study (add these again if appropriate). I have been given an opportunity to answer questions about the study and have had answers to my satisfaction. I declare that my participation in this study is entirely voluntary and that I may withdraw at any time without affecting any of the benefits that I usually am entitled to.

I have been informed about any available compensation or medical treatment if injury occurs to me as a result of study-related procedures. If I have any further questions/concerns or queries related to the study I understand that I may contact the researcher at (073 128 5549).

If I have any questions or concerns about my rights as a study participant, or if I am concerned about an aspect of the study or the researchers then I may contact:

HUMANITIES & SOCIAL SCIENCES RESEARCH ETHICS ADMINISTRATION

Research Office, Westville Campus

Govan Mbeki Building

Private Bag X 54001

Durban

4000

KwaZulu-Natal, SOUTH AFRICA

Tel: 27 31 2604557 - Fax: 27 31 2604609

Email: HSSREC@ukzn.ac.za

Signature of Participant

Date

Signature of Witness
(Where applicable)

Date

Signature of Translator
(Where applicable)

Date

Zulu Language Consent Form for Research Study

UKZN HUMANITIES AND SOCIAL SCIENCES RESEARCH ETHICS COMMITTEE (HSSREC)

INFORMED CONSENT RESOURCE TEMPLATE

Information Sheet and Consent to Participate in Research

Usuku: 24 June 2023

Ngiyabingelela

Mina nginguMduduzi Khoza. Ngumfundi eNyuvesi yakwaZulu-Natal. Ngenza izifundi zeNgobulili, Inkolo kanye nezempilo. Imininingwane yami yokuxhumana 073 128 5549 ukuthumela email: godhelp.khoza@gmail.com

Umenywa ukuba yingxeny yalolucwaningo oluhlose ukubheka izinkolelo zesintu nenkolo mayelana nokuhushulwa kwezisu, kanye nalezo nkolelo ezinomthelela omkhulu ekuvimbeni ukuhushulwa kwezisu ngokuphephile kwabesifazane eNingizimu Africa. Inhloso yalolucwaningo ukubheka ukuthi ngabe lezinkolelo ziletha ukuphila okuchichimayo yini noma zincisha impilo kwabanye abantu. Lolucwaningo luhlose ukuthola abantu abayi 15 kuya kwaba 25 abesifazane nabesilisa. Isikhathi salolucwaningo siyoba imizuzu engama 45 kuya kwangama 60.

Lolucwaningo lungaba nomthelela wokuvusa amaxeba amadala kubantu abantintekayo ngokuhushulwa kwezisu. Kodwa okuhle ngalolucwaningo ukuthi luzovulela ithuba lokuthi kuxoxwe ngendaba yokuhushulwa kwezisu njengoba iyaye ivuse isihlaba bese igcina ingakhulunywa, isivule amehlo ngezinto ezibalimazayo abesifazane. Kodwa kulabo abayoba yingxeny yaloluhlelo ayikho imiklomelo eqondene nabo ngqo. Kodwa lolucwaningo luzonezelela olwazini olukhona ngalesihloko salolucwaningo. Amagama abazoya yingxeny angeke avele ndawo kulolucwaningo, ukubavikela nokugcina imibono yabo iyimfihlo.

Uma lolucwaningo kwenzeka luvusa amaxeba amadala, usizo ngokululekwa yi-psychologist, umfundisi, okanye counsellor luyoba khona ukwelekelela.

Lolucwaningo luqale lwabhaka yikomidi le-UKZN Humanities and Social Sciences Research Ethics Committee (Protocol reference number: HSSREC/00005550/2023.) eliqikelela ukuthi lufanele ukwenziwa.

Uma kwenzeka kuba khona izinkinga noma imibuzo ungaxhumana nomcwaningi ku 073 128 5549 noma kwi-email godhelp.khoza@gmail.com okanye ikomidi le-UKZN Humanities & Social Sciences Research Ethics Committee, imininingwane imi kanje;

HUMANITIES & SOCIAL SCIENCES RESEARCH ETHICS ADMINISTRATION

Research Office, Westville Campus

Govan Mbeki Building

Private Bag X 54001

Durban

4000

KwaZulu-Natal, SOUTH AFRICA

Tel: 27 31 2604557- Fax: 27 31 2604609

Email: HSSREC@ukzn.ac.za

Abayingxenywe yalolucwaningo abafoselekile, futhi bangaphuma noma ngasiphi isikhathi ngaphandle kokunika isizathu. Uma kwenzeka bephuma akukho zindleko noma amalungelo abayophucwa wona abawafanele. Ayikho imiklomelo ezotholakala ngokuba yingxenywe yalolucwaningo.

Lolucwangingo lenzelwa ukuthola ulwazi kuphela. Izingxoxo zethu ziyoqoshwa, kodwa amagama abantu angeke asetshenziswe ezingxoxweni ukuze bavikeleke abayoba yingxenywe. Kuyoba yimfihlo ukuthi bangobani abakhiphe ulwazi ngalesisihloko salolucwaningo.

Sawubona Mcwaningi

Mina..... ngitsheliwe ngalolucwaningo olumayelana nokubheka izinkolelo zesintu nenkolo mayelana nokuhushulwa kwezisu, kanye nalezo nkolelo ezinomthelela omkhulu ekuvimbeni ukuhushulwa kwezisu ngokuphephile kwabesifazane eNingizimu Africa ngu mcwaningi uMduduzi Khoza-208500580.

Ngiyayionda inhloso nemigomo yocwaningo. Nginikiwe ithuba lokuphendula imibuzo ngalolucwaningo futhi ngiphendule ngokungenelisayo. Ngiyasho nokusho ukuthi ngibe

yingxenywe ngaphandle kwemipoqo nangokuzikhethela, futhi ngingaphuma noma inini ngaphandle kokulimaza amalungelo ami angifanele.

Ngitsheliwe ukuth ngemiklomelo engatholakala kanye nosizo uma ngilimala ngokuba yingxenywe yalolucwaningo ngenxa yenqubo yalolucwaningo. Uma nginemibuzo noma okuthile mayelana nocwaningo ngiyaqonda ukuthi ngingaxhumana nomcwaningi ku 073 128 5549 noma ku-email godhelp.khoza@gmail.com

Uma nginemibuzo noma okuthile mayelana namalungelo ami noma okunye okuthinta ucwaningo ngingaxhumana nekomidi;

HUMANITIES & SOCIAL SCIENCES RESEARCH ETHICS ADMINISTRATION
Research Office, Westville Campus
Govan Mbeki Building
Private Bag X 54001
Durban
4000
KwaZulu-Natal, SOUTH AFRICA
Tel: 27 31 2604557 - Fax: 27 31 2604609
Email: HSSREC@ukzn.ac.za

| | |
|---------------------------------|-------------|
| _____ | _____ |
| Signature of Participant | Date |

| | |
|-----------------------------|-------------|
| _____ | _____ |
| Signature of Witness | Date |
| (Where applicable) | |

| | |
|--------------------------------|-------------|
| _____ | _____ |
| Signature of Translator | Date |
| (Where applicable) | |

**CHOICE ON TERMINATION OF PREGNANCY ACT NO. 92 OF 1996 [ASSENTED
TO 12 NOVEMBER, 1996] [DATE OF COMMENCEMENT:**

1 FEBRUARY, 1997] (Afrikaans text signed by the President) This Act has been updated to Government Gazette 30790 dated 18 February, 2008. as amended by Choice on Termination of Pregnancy Amendment Act, No. 38 of 2004 Criminal Law (Sexual Offences and Related Matters) Amendment Act, No. 32 of 2007 [with effect from 16 December, 2007, unless otherwise indicated—see title CRIMINAL LAW AND PROCEDURE] Choice on Termination of Pregnancy Amendment Act, No. 1 of 2008 GENERAL NOTE In terms of section 7 of Act No. 1 of 2008, the expression “registered midwife”, wherever it appears, is substituted with the expression “registered midwife or registered nurse”, except in the circumstances contemplated in section 2 (1) (c). [General Note substituted by s. 7 of Act No. 1 of 2008.] Please note that the amendments effected by Act No. 1 of 2008 have previously been effected by Act No. 38 of 2004. The Wording of Sections prior to amendment thus remains unchanged.

ACT To determine the circumstances in which and conditions under which the pregnancy of a woman may be terminated; and to provide for matters connected therewith. ARRANGEMENT OF SECTIONS 1. Definitions 2. Circumstances in which and conditions under which pregnancy may be terminated 3. Place where termination of pregnancy may take place 4. Counselling 5. Consent 6. Information concerning termination of pregnancy 7. Notification and keeping of records 8. Delegation 9. Regulations 10. Offences and penalties 11. Application of Act 12. Short title and commencement Schedule Preamble.—Recognising the values of human dignity, the achievement of equality, security of the person, non-racialism and non-sexism, and the advancement of human rights and freedoms which underlie a democratic South Africa; Recognising that the Constitution protects the right of persons to make decisions concerning reproduction and to security in and control over their bodies; Recognising that both women and men have the right to be informed of and to have access to safe, effective, affordable and acceptable methods of fertility regulation of their choice, and that women have the right of access to appropriate health care services to ensure safe pregnancy and childbirth; Recognising that the decision to have children is fundamental to women’s physical, psychological and social health and that universal access to reproductive health care services includes family planning and contraception, termination of pregnancy, as well as sexuality education and counselling programmes and services; Recognising that the State has the responsibility to provide reproductive health to all, and also to provide safe conditions under

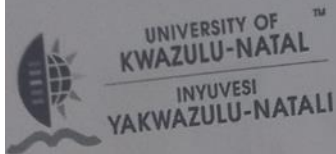
which the right of choice can be exercised without fear or harm; Believing that termination of pregnancy is not a form of contraception or population control; This Act therefore repeals the restrictive and inaccessible provisions of the Abortion and Sterilization Act, 1975 (Act No. 2 of 1975), and promotes reproductive rights and extends freedom of choice by affording every woman the right to choose whether to have an early, safe and legal termination of pregnancy according to her individual beliefs. 1. Definitions.—In this Act, unless the context otherwise indicates— “Director-General” means the Director-General of Health; “gestation period” means the period of pregnancy of a woman calculated from the first day of the menstrual period which in relation to the pregnancy is the last; “Head of Department” means the head of a provincial health department; [Definition of “Head of Department” inserted by s. 1 (a) of Act No. 38 of 2004 and by s. 1 (a) of Act No. 1 of 2008.] (Editorial Note: The amendments effected by Act No. 1 of 2008 have previously been effected by Act No. 38 of 2004.) “incest” means sexual intercourse between two persons who are related to each other in a degree which precludes a lawful marriage between them as contemplated in section 12 of the Criminal Law (Sexual Offences and Related Matters) Amendment Act, 2007; [Definition of “incest” substituted by s. 68 of Act No. 32 of 2007.] “medical practitioner” means a person registered as such under the Medical, Dental and Supplementary Health Service Professions Act, 1974 (Act No. 56 of 1974); “Member of the Executive Council” means the member of the Executive Council of a province who is responsible for health in that province; [Definition of “Member of the Executive Council” inserted by s. 1 (b) of Act No. 38 of 2004 and by s. 1 (b) of Act No. 1 of 2008.] (Editorial Note: The amendments effected by Act No. 1 of 2008 have previously been effected by Act No. 38 of 2004.) “Minister” means the Minister of Health; “minor” means any female person under the age of 18 years; “prescribe” means prescribe by regulation under section 9; “rape” refers to the offences contemplated in sections 3, 4 and 15 of the Criminal Law (Sexual Offences and Related Matters) Amendment Act, 2007; [Definition of “rape” substituted by s. 68 of Act No. 32 of 2007.] “registered midwife” means a person registered as such under the Nursing Act, 2005 (Act No. 33 of 2005), and who has in addition undergone prescribed training in terms of this Act; [Definition of “registered midwife” substituted by s. 1 (c) of Act No. 38 of 2004 and substituted by s. 1 (c) of Act No. 1 of 2008.] “registered nurse” means a person registered as such under the Nursing Act, 2005 (Act No. 33 of 2005), and who has in addition undergone prescribed training in terms of this Act; [Definition of “registered nurse” inserted by s. 1 (d) of Act No. 38 of 2004 and substituted by s. 1 (d) of Act No. 1 of 2008.] “termination of a pregnancy” means the separation and expulsion, by medical or surgical means, of the contents of the uterus of a pregnant woman; “woman” means any female person

of any age. 2. Circumstances in which and conditions under which pregnancy may be terminated.—(1) A pregnancy may be terminated— (a) upon request of a woman during the first 12 weeks of the gestation period of her pregnancy; (b) from the 13th up to and including the 20th week of the gestation period if a medical practitioner, after consultation with the pregnant woman, is of the opinion that— (i) the continued pregnancy would pose a risk of injury to the woman’s physical or mental health; or (ii) there exists a substantial risk that the fetus would suffer from a severe physical or mental abnormality; or (iii) the pregnancy resulted from rape or incest; or (iv) the continued pregnancy would significantly affect the social or economic circumstances of the woman; or (c) after the 20th week of the gestation period if a medical practitioner, after consultation with another medical practitioner or a registered midwife or registered nurse, is of the opinion that the continued pregnancy— (i) would endanger the woman’s life; (ii) would result in a severe malformation of the fetus; or (iii) would pose a risk of injury to the fetus. (2) The termination of a pregnancy may only be carried out by a medical practitioner, except for a pregnancy referred to in subsection (1) (a), which may also be carried out by a registered midwife or registered nurse who has completed the prescribed training course. 3. Place where termination of pregnancy may take place.—(1) Termination of a pregnancy may take place only at a facility which— (a) gives access to medical and nursing staff; (b) gives access to an operating theatre; (c) has appropriate surgical equipment; (d) supplies drugs for intravenous and intramuscular injection; (e) has emergency resuscitation equipment and access to an emergency referral centre or facility; (f) gives access to appropriate transport should the need arise for emergency transfer; (g) has facilities and equipment for clinical observation and access to inpatient facilities; (h) has appropriate infection control measures; (i) gives access to safe waste disposal infrastructure; (j) has telephonic means of communication; and (k) has been approved by the Member of the Executive Council by notice in the Gazette. (2) The Member of the Executive Council may withdraw any approval granted in terms of subsection (1) (k). (3) (a) Any health facility that has a 24-hour maternity service, and which complies with the requirements referred to in subsection (1) (a) to (j), may terminate pregnancies of up to and including 12 weeks without having to obtain the approval of the Member of the Executive Council. (b) The person in charge of a health facility contemplated in paragraph (a) must notify the relevant Member of the Executive Council that the health facility has a 24-hour maternity service which complies with the requirements referred to in subsection (1) (a) to (j). (4) The Member of the Executive Council shall once a year submit statistics of any approved facilities for that year to the Minister. (5) Notwithstanding anything to the contrary in this Act, the Minister may perform

any of the functions that the Member of the Executive Council may or must perform, if it is necessary to perform such function in order to achieve any of the objects of this Act. [S. 3 substituted by s. 2 of Act No. 38 of 2004 and by s. 2 of Act No. 1 of 2008.] (Editorial Note: The amendments effected by Act No. 1 of 2008 have previously been effected by Act No. 38 of 2004.) 4. Counselling.—The State shall promote the provision of non-mandatory and nondirective counselling, before and after the termination of a pregnancy. 5. Consent.—(1) Subject to the provisions of subsections (4) and (5), the termination of a pregnancy may only take place with the informed consent of the pregnant woman. (2) Notwithstanding any other law or the common law, but subject to the provisions of subsections (4) and (5), no consent other than that of the pregnant woman shall be required for the termination of a pregnancy. (3) In the case of a pregnant minor, a medical practitioner or a registered midwife or registered nurse, as the case may be, shall advise such minor to consult with her parents, guardian, family members or friends before the pregnancy is terminated: Provided that the termination of the pregnancy shall not be denied because such minor chooses not to consult them. (4) Subject to the provisions of subsection (5), in the case where a woman is— (a) severely mentally disabled to such an extent that she is completely incapable of understanding and appreciating the nature or consequences of a termination of her pregnancy; or (b) in a state of continuous unconsciousness and there is no reasonable prospect that she will regain consciousness in time to request and to consent to the termination of her pregnancy in terms of section 2, her pregnancy may be terminated during the first 12 weeks of the gestation period, or from the 13th up to and including the 20th week of the gestation period on the grounds set out in section 2 (1) (b)— (i) upon the request of and with the consent of her natural guardian, spouse or legal guardian, as the case may be; or (ii) if such persons cannot be found, upon the request and with the consent of her curator personae: Provided that such pregnancy may not be terminated unless two medical practitioners or a medical practitioner and a registered midwife or registered nurse who has completed the prescribed training course consent thereto. (5) Where two medical practitioners or a medical practitioner and a registered midwife or registered nurse who has completed the prescribed training course, are of the opinion that— (a) during the period up to and including the 20th week of the gestation period of a pregnant woman referred to in subsection (4) (a) or (b)— (i) the continued pregnancy would pose a risk of injury to the woman’s physical or mental health; or (ii) there exists a substantial risk that the fetus would suffer from a severe physical or mental abnormality; or (b) after the 20th week of the gestation period of a pregnant woman referred to in subsection (4) (a) or (b), the continued pregnancy— (i) would endanger the woman’s life; (ii) would result in a severe malformation of the fetus; or

(iii) would pose a risk of injury to the fetus, they may consent to the termination of the pregnancy of such woman after consulting her natural guardian, spouse, legal guardian or curator personae, as the case may be: Provided that the termination of the pregnancy shall not be denied if the natural guardian, spouse, legal guardian or curator personae, as the case may be, refuses to consent thereto. 6. Information concerning termination of pregnancy.—A woman who in terms of section 2 (1) requests a termination of pregnancy from a medical practitioner or a registered midwife or registered nurse, as the case may be, shall be informed of her rights under this Act by the person concerned. 7. Notification and keeping of records.—(1) Any medical practitioner, or a registered midwife or registered nurse who has completed the prescribed training course, who terminates a pregnancy in terms of section 2 (1) (a) or (b), shall record the prescribed information in the prescribed manner and give notice thereof to the person referred to in subsection (2). (2) The person in charge of a facility referred to in section 3 or a person designated for such purpose, shall be notified as prescribed of every termination of a pregnancy carried out in that facility. (3) The person in charge of a facility referred to in section 3 shall, within one month of the termination of a pregnancy at such facility, collate the prescribed information and forward it by registered post confidentially to the relevant Head of Department: Provided that the name and address of a woman who has requested or obtained a termination of pregnancy, shall not be included in the prescribed information. [Sub-s. (3) amended by s. 3 (a) of Act No. 38 of 2004 and by s. 3 (a) of Act No. 1 of 2008.] (Editorial Note: The amendments effected by Act No. 1 of 2008 have previously been effected by Act No. 38 of 2004.) (4) The Head of Department shall— (a) keep record of the prescribed information which he or she receives in terms of subsection (3); and (b) submit to the Director-General the information contemplated in paragraph (a) every six months. [Sub-s. (4) Substituted by s. 3 (b) of Act No. 38 of 2004 and by s. 3 (b) of Act No. 1 of 2008.] (Editorial Note: The amendments effected by Act No. 1 of 2008 have previously been effected by Act No. 38 of 2004.) (5) The identity of a woman who has requested or obtained a termination of pregnancy shall remain confidential at all times unless she herself chooses to disclose that information. 8. Delegation.—(1) The Member of the Executive Council may, on such conditions as he or she may determine, in writing delegate to the Head of Department or any other officer in the service of the State, any power conferred upon the Member of the Executive Council by or under this Act, except the power referred to in section 9. (2) The Head of Department may, on such conditions as he or she may determine, in writing delegate to an officer in the service of the State, any power conferred upon the Head of Department by or under this Act. (3) The Member of the Executive Council or Head of Department shall not be

divested of any power delegated by him or her, and may amend or set aside any decision taken by a person in the exercise of any such power delegated to that person. [S. 8 substituted by s. 4 of Act No. 38 of 2004 and by s. 4 of Act No. 1 of 2008.] (Editorial Note: The amendments effected by Act No. 1 of 2008 have previously been effected by Act No. 38 of 2004.) 9. Regulations.—The Member of the Executive Council may, in consultation with the Minister, make regulations relating to any matter which it is necessary or expedient to prescribe for the proper implementation or administration of this Act. [S. 9 substituted by s. 5 of Act No. 38 of 2004 and by s. 5 of Act No. 1 of 2008.] (Editorial Note: The amendments effected by Act No. 1 of 2008 have previously been effected by Act No. 38 of 2004.) 10. Offences and penalties.—(1) Any person who— (a) is not a medical practitioner, or a registered midwife or registered nurse who has completed the prescribed training course, and who performs the termination of a pregnancy referred to in section 2 (1) (a); (b) is not a medical practitioner and who performs the termination of a pregnancy referred to in section 2 (1) (b) or (c); (c) prevents the lawful termination of a pregnancy or obstructs access to a facility for the termination of a pregnancy; or (d) terminates a pregnancy or allows the termination of a pregnancy at a facility not approved in terms of section 3 (1) or not contemplated in section 3 (3) (a), shall be guilty of an offence and liable on conviction to a fine or to imprisonment for a period not exceeding 10 years. [Sub-s. (1) substituted by s. 6 of Act No. 38 of 2004 and by s. 6 of Act No. 1 of 2008.] (Editorial Note: The amendments effected by Act No. 1 of 2008 have previously been effected by Act No. 38 of 2004.) (2) Any person who contravenes or fails to comply with any provision of section 7 shall be guilty of an offence and liable on conviction to a fine or to imprisonment for a period not exceeding six months. 11. Application of Act.—(1) This Act shall apply to the whole of the national territory of the Republic. (2) This Act shall repeal— (a) the Act mentioned in columns one and two of the Schedule to the extent set out in the third column of the Schedule; and (b) any law relating to the termination of pregnancy which applied in the territory of any entity which prior to the commencement of the Constitution of the Republic of South Africa, 1993 (Act No. 200 of 1993), possessed legislative authority with regard to the termination of a pregnancy. 12. Short title and commencement.—This Act shall be called the Choice on Termination of Pregnancy Act, 1996, and shall come into operation on a date fixed by the President by proclamation in the Gazette. Schedule No. and year of law Short title Extent of repeal Act No. 2 of 1975 Abortion and Sterilization Act, 1975 In so far as it relates to abortion.



19 May 2023

Mduduzi Godhelp Khoza (208500580)
School of Rel Phil & Classics
Pietermaritzburg Campus

Dear MG Khoza,

Protocol reference number: HSSREC/00005550/2023

Project title: Examining religio-cultural beliefs among women towards induced termination of pregnancy in South Africa.

Degree: Masters

Approval Notification – Expedited Application

This letter serves to notify you that your application received on 17 April 2023 in connection with the above, was reviewed by the Humanities and Social Sciences Research Ethics Committee (HSSREC) and the protocol has been granted **FULL APPROVAL**.

Any alteration/s to the approved research protocol i.e. Questionnaire/Interview Schedule, Informed Consent Form, Title of the Project, Location of the Study, Research Approach and Methods must be reviewed and approved through the amendment/modification prior to its implementation. In case you have further queries, please quote the above reference number. **PLEASE NOTE:** Research data should be securely stored in the discipline/department for a period of 5 years.

This approval is valid until 19 May 2024.

To ensure uninterrupted approval of this study beyond the approval expiry date, a progress report must be submitted to the Research Office on the appropriate form 2 - 3 months before the expiry date. A close-out report to be submitted when study is finished.

HSSREC is registered with the South African National Health Research Ethics Council (REC-040414-040).

Yours sincerely,

Professor Dipane Hlalele (Chair)

/dd

Humanities and Social Sciences Research Ethics Committee
Postal Address: Private Bag X54001, Durban, 4000, South Africa

Telephone: +27 (0)31 260 8350/4557/3587 Email: hssrec@ukzn.ac.za Website: <http://research.ukzn.ac.za/Research-Ethics>

Founding Campuses: ■ Edgewood ■ Howard College ■ Medical School ■ Pietermaritzburg ■ Westville

INSPIRING GREATNESS



UNITED
CONGREGATIONAL
CHURCH OF
SOUTHERN AFRICA

ESIDUMBINI CIRCUIT

05 May 2023

Reverend Mduduzi Khoza (System ID Number-00014415)
School of Religion, Philosophy and Classics
College of humanities
Pietermaritzburg
UKZN
Email: godhelp.khoza@gmail.com

Dear Rev M. G. Khoza

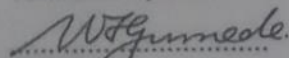
RE: PERMISSION TO CONDUCT RESEARCH

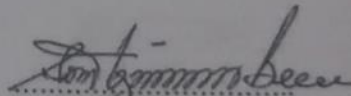
Gatekeeper's permission is hereby on behalf of Esidumbini Circuit granted for you to conduct research at Noodsberg Congregational Church, towards your postgraduate studies, provided your Ethical clearance is been approved and obtained. We note the title of your research project is:

"Examining Religio-Cultural Beliefs of Women towards Induced Termination of Pregnancy in South Africa"

We note that you will be conduction one on one interviews with willing participants. Please ensure that your participants gets your ethical clearance number, and they sign the consent forms and that the information collected is treated with due confidentiality and anonymity as stated in your request letter.

Yours sincerely


Mr Gumedle
Chief Deacon


Mr Mbhele
Secretary



UNITED
CONGREGATIONAL
CHURCH OF
SOUTHERN AFRICA

NOODSBERG CIRCUIT

05 May 2023

Reverend Mduduzi Khoza (System ID Number-00014415)
School of Religion, Philosophy and Classics
College of humanities
Pietermaritzburg
UKZN
Email: godhelp.khoza@gmail.com

Dear Rev M. G. Khoza

RE: PERMISSION TO CONDUCT RESEARCH

Gatekeeper's permission is hereby on behalf of Noodsberg Circuit granted for you to conduct research at Noodsberg Congregational Church, towards your postgraduate studies, provided your Ethical clearance is been approved and obtained. We note the title of your research project is:

"Examining Religio-Cultural Beliefs among Women towards Induced Termination of Pregnancy in South Africa"

We note that you will be conduction one on one interviews with willing participants. Please ensure that your participants gets your ethical clearance number, and they sign the consent forms and that the information collected is treated with due confidentiality and anonymity as stated in your request letter.

Yours sincerely

.....
Mr Ngcobo
Chief Deacon

.....
Mrs Zondi
Secretary

United Congregational Church of Southern Africa Noodsberg Circuit, House No. 090720, Ozwathini
Area, Upper Tongaat, contact: 078 523 3291/072 270 7384

Certificate of Editing

This serves to confirm that copy-editing and proofreading services were rendered to Mduzuzi Khoza for '*Examining religio-cultural beliefs among Women towards induced termination of pregnancy in South Africa*' as per the final edit on 17 July 2023.

I commit to the following codes of practice:

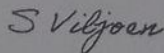
- I have completed the work independently and did not sub-contract it out
- I kept to the agreed deadlines and/or communicated changes within reasonable time frames
- I treated all work as confidential and maintained objectivity in editing
- I did not accept work that could be considered unlawful, dishonest or contrary to public interest

I uphold the following editing standards:

- proofreading for mechanical errors such as spelling, punctuation, grammar
- copy-editing that includes commenting on, but not correcting, structure, organisation and logical flow of content, basic formatting (headings, page numbers), eliminating unnecessary repetition
- checking citation style is correct, punctuating as needed and flagging missing or incorrect references
- commenting on suspected plagiarism and missing sources
- returning the document with track changes for the author to accept

I confirm that I have met the above standards of editing and professional ethical practice.
The content of the work edited remains that of the student.

Note: I am not accountable for any changes made to this document by the author or any other party subsequent to my edit on 17 July 2023.



SIGNATURE

Sarie Viljoen

FULL NAME

Post Grad Mduduzi

ORIGINALITY REPORT

17%

SIMILARITY INDEX

15%

INTERNET SOURCES

9%

PUBLICATIONS

%

STUDENT PAPERS

PRIMARY SOURCES

1

books.aosis.co.za

Internet Source

2%

2

link.springer.com

Internet Source

2%

3

Ron Macaulay. "African Christian View on Morality of Abortion", E-Journal of Music Research, 2020

Publication

1%

4

researchspace.ukzn.ac.za

Internet Source

1%

5

hdl.handle.net

Internet Source

1%

6

samj.org.za

Internet Source

1%

7

www.researchgate.net

Internet Source

1%

8

www.thenation.com

Internet Source

1%

www.consciencelaws.org

| | | |
|----|--|------|
| 9 | Internet Source | 1 % |
| 10 | www.africanews.com Internet Source | 1 % |
| 11 | Carrien Steyn, Indiran Govender, John Velaphi Ndimande. "An exploration of the reasons women give for choosing legal termination of pregnancy at Soshanguve Community Health Centre, Pretoria, South Africa", South African Family Practice, 2018 Publication | <1 % |
| 12 | ebin.pub Internet Source | <1 % |
| 13 | pubmed.ncbi.nlm.nih.gov Internet Source | <1 % |
| 14 | sajbl.org.za Internet Source | <1 % |
| 15 | apha.confex.com Internet Source | <1 % |
| 16 | christiansforsocialaction.org Internet Source | <1 % |
| 17 | www.celab.or.kr Internet Source | <1 % |
| 18 | libbabray.wordpress.com Internet Source | <1 % |

| | | |
|----|--|------|
| 19 | www.gov.za Internet Source | <1 % |
| 20 | www.tandfonline.com Internet Source | <1 % |
| 21 | wap.iol.co.za Internet Source | <1 % |
| 22 | upetd.up.ac.za Internet Source | <1 % |
| 23 | www.unfpa.org Internet Source | <1 % |
| 24 | www.lawlibrary.co.za Internet Source | <1 % |
| 25 | scholar.sun.ac.za Internet Source | <1 % |
| 26 | faithmag.com Internet Source | <1 % |
| 27 | www.guttmacher.org Internet Source | <1 % |
| 28 | Tasha N. Dubriwny, Kate Siegfried. "Justifying abortion: The limits of maternal idealist rhetoric", Quarterly Journal of Speech, 2021 Publication | <1 % |
| 29 | dsc.duq.edu Internet Source | <1 % |

| | | |
|----|--|------|
| 30 | www.catholicnewsagency.com Internet Source | <1 % |
| 31 | researchspace.auckland.ac.nz Internet Source | <1 % |
| 32 | www.theologyinafrica.com Internet Source | <1 % |
| 33 | pure.rug.nl Internet Source | <1 % |
| 34 | plan-international.org Internet Source | <1 % |
| 35 | "Transcending Borders", Springer Science and Business Media LLC, 2017 Publication | <1 % |
| 36 | Leila Hessini. "Global Progress in Abortion Advocacy and Policy: An Assessment of the Decade since ICPD", Reproductive Health Matters, 2005 Publication | <1 % |
| 37 | www.ncbi.nlm.nih.gov Internet Source | <1 % |

Exclude quotes On
Exclude bibliography On

Exclude matches < 15 words

