

NAME: DEVASHNEE RAMIYAD

REG NO: 200308449

SHORT DISSERTATION

TITLE: Knowledge of, and attitudes toward abortion in a sample of secondary school learners: Exploring gender and religious differences.

SUPERVISOR: Mrs Cynthia Patel

Submitted in partial fulfillment of the requirements for Masters in Health Promotion in Psychology at University of Kwa-Zulu Natal

2011

DECLARATION

Unless specifically indicated to the contrary, this research project is the result of my own work.

NAME: DEVASHNEE RAMIYAD

SIGNATURE: 

DATE: 23/03/2011

ACKNOWLEDGEMENTS

I would like to sincerely thank the following people who played a major part during the difficult process of me completing my short masters' dissertation:

1. My supervisor, Mrs Cynthia Patel, for taking time off from her busy schedule just to assist me at any time that I required help, always assuring me that I can accomplish anything that I set my mind to complete, for being understanding, supportive, being critical at all times and when I was about to give up she encouraged me to complete the work I started, it is because of her and her dedication that I have reached the end of my short masters dissertation. I really thank her for being my supervisor as well as a confidant.
2. The principal, for his time that he spent meeting with me to discuss what I needed to get done and his speedy response which enabled me to accomplish my data collection swiftly and smoothly.
3. The secretary, for all her hard work, the sacrifices she made, the way she treated me when I needed assistance and for everything that she has done to make this task a success. Thank you!
4. My participants for sacrificing their time to participate in this study.
5. My family for their continuous support, words of encouragement, patience, understanding and love.
6. Mr Masil Naidoo (my uncle), for his advice when times were tough, his support, encouragement and always checking on my progress.
7. My boyfriend, Yastheel Baijnath, for understanding me whenever I experienced difficulty, caring about me, supporting me, coping with my mood swings and bad

temper, always encouraging me that everything is possible with hard work and dedication.

8. Pastor Daya Govender for always assuring me that God is with me and that the Lord will never give me a task that I cannot handle. I thank him for his words of wisdom and encouragement.
9. My friends for supporting me, encouraging me and being helpful in any way they could.

TABLE OF CONTENTS

ABSTRACT	1
CHAPTER 1	
INTRODUCTION	2
1.1 Unsafe abortions	3
1.2 Choice on Termination of Pregnancy (CTOP)	4
1.3 Knowledge and attitudes toward abortion	6
1.4 Religion and gender	7
CHAPTER 2	
LITERATURE REVIEW	10
2.1 Theoretical Framework	
2.1.1 Theory of Planned behavior (TPB)	11
2.1.2 Erik Erikson's Psychosocial theory of development	13
2.1.3 Gender Socialization	14
2.2 Empirical Review	
2.2.1 Knowledge of abortion	16
2.2.2 Attitudes to abortion	20
2.2.3 Gender differences	22
2.2.4 The role of religion and religiosity relating to abortion attitudes	26
3.4 Aim and rationale	29
CHAPTER 3	
METHODOLOGY	
3.1 Sample	31
3.2 Instruments	31
3.3 Procedure	33
3.4 Ethics	34
3.5 Data Analysis	35

CHAPTER 4	
RESULTS	37
4.1 Descriptive information on knowledge and attitudes toward abortion	
4.1.1 Knowledge pertaining to abortion	38
4.1.2 Attitudes to abortion	40
4.2 Knowledge of and attitude towards abortion by gender and sexual status	
4.2.1 Knowledge of abortion by gender and sexual status	41
4.2.2 Attitudes toward abortion by gender and sexual status	42
4.3 Relationships between abortion knowledge, the abortion attitude subscales and the age of respondents	
	44
4.4 Knowledge and attitudes of abortion by religion	45
CHAPTER 5	
DISCUSSION	48
5.1 Knowledge pertaining to abortion	48
5.2 Attitudes toward abortion	51
5.3 Gender differences	53
5.4 Religion and abortion	54
CHAPTER 6	
6.1 Summary and conclusion	56
6.2 Limitations of the study	56
6.3 Recommendations	57
REFERENCES	59
APPENDICES	
Appendix 1: Informed consent form	67
Appendix 2: Abortion Attitudes and Knowledge Questionnaire	71

ABSTRACT

A number of studies have attempted to describe and explain both the levels of and trend in support for abortion in the adult population and college students, yet there is a gap around abortion attitudes of adolescents. This quantitative study aims to examine the levels of knowledge and attitudes of abortion among male and female secondary school learners, to examine gender differences among the learners with regards to abortion attitudes and knowledge as well as to investigate the effect of religion in terms of abortion. A sample of 150 adolescent males and females from Grade 11 between the ages of 15 to 19 years old was chosen to be used in the study. This research study was conducted at a secondary school in a lower middle class suburb in Durban. The learners were required to complete a questionnaire measuring levels of knowledge (based on different components of the South African legislation regarding abortion, that is, the Choice on Termination of Pregnancy (CTOP) Act (1996); a rating scale of abortion attitudes (Esposito & Basow, 1995) and a short biographical component. The statistical programme SPSS 15.0 was used to analyze the data. The results show that the respondents' knowledge about South African legislation governing the act of abortion; varied, attitudes to abortion differed by gender, sexual status and the reasons for abortion. It was found that the older the person, the more positive their attitude towards the elective reasons for abortion. In this study, more positive attitudes towards abortion were prevalent in the Hindu sample as compared to the Christian sample.

CHAPTER 1

INTRODUCTION

This research study examines the knowledge of, and attitudes toward abortion in a sample of secondary school learners. It also explores gender and religious differences.

Many studies have indicated that sexual activity initiation is occurring at a much younger age. Presently in South Africa as well as internationally, adolescents are becoming sexually active at an early stage, as young as 15 years for girls and 14 years for boys (Dickson-Tetteh & Ladha, 2000). Richter and Mlambo (2005) report that they have very little or no knowledge regarding sex, while others report that contraceptive use among sexually active young people has been estimated to be as low as 25 percent in some areas (Dickson-Tetteh & Ladha, 2000).

These young people may then find themselves with the sudden dilemma of unwanted pregnancies because of poor knowledge and use of contraception. This constitutes an important health and social problem in South Africa (Oni, Prinsloo, Nortje & Joubert, 2005). The issue represents one of South Africa's greatest concerns about the reproductive health of its youth. In South Africa, there are about 18 million people under the age of 20 years. Early parenthood has an impact on educational achievement, future employment prospects while health complications for the young women are also a possibility (Dickson-Tetteh & Ladha, 2000).

In spite of the availability of contraception, teenage pregnancy and abortion statistics remain high. While many young women choose to continue with their pregnancies, others turn to abortion as an alternative.

1.1 Unsafe abortions

Before 1996 few women had access to safe, legal abortion. In South Africa, estimates of the numbers of illegal abortions performed each year prior to 1997 were in the range of 200 000 with almost one-quarter of these resulting in women being hospitalized for treatment of incomplete abortions. South Africa's mortality ratio was estimated at 32 deaths per 100 000 live births. In the six months following the implementation of the Choice on Termination of Pregnancy Act, the number of legal abortions was estimated at over 12 000. Numbers of unsafe abortions have declined in the same time period (Harrison, Montgomery, Lurie & Wilkinson, 2000).

In sub-Saharan Africa, up to one-third of maternal deaths each year are linked to unsafe abortions and its consequences. Data on induced abortion are hard to collect, especially in places where it is illegal, due to the social and legal issues involved. It is apparent that mortality from induced abortion is very low in countries where it is legal. Therefore, South Africa's law was hailed as a progressive breakthrough for women's health.

There are many serious consequences regarding one's health that are associated with having illegal abortions such as the woman may develop sepsis and pelvic infection, instrumental injury may occur, abdominal surgery may be needed (Henshaw, Adewole, Singh, Bankole, Oye-Adeniran & Hussain, 2008), the woman may feel guilt and remorse, there could be signs of self depreciation and perhaps hostility towards ones male partner (Shusterman, 1976). Therefore abortion among young people (15 to 19 years old) and knowledge of the legal status of abortion becomes an issue to address. While several programmes are in place that are meant to improve young people's knowledge of their reproductive health and their rights, very few studies have been done to evaluate the effectiveness of these interventions. Although fertility is decreasing among all age groups,

one third of all adolescents have been pregnant by the age of 19 years (Dickson-Tetteh & Ladha, 2000).

1.2 Choice on Termination of Pregnancy (CTOP)

Prior to 1996, the Abortion and Sterilisation Act (Act No.2 of 1975) made abortion accessible only in very limited situations. Mhlanga (2003) reports that the requirements were so strict that only urban women from higher socio-economic areas could access the service. This excluded many, mainly black women in the rural areas who could not use the White-only facilities in the urban areas. The Abortion and Sterilisation Act (Act 2 of 1975) was replaced by the Termination of Pregnancy Act (Act 92 of 1996). Abortion became legal in South Africa with the implementation of the Choice on Termination of Pregnancy (CTOP) Act (Act 92 of 1996) which came into effect as from the 1 February 1997.

Termination of pregnancy is defined as “the separation and expulsion, by medical or surgical means, of the contents of the uterus of a pregnant woman” (Termination of Pregnancy Act 92 of 1996). Abortion may be either spontaneous or induced. Spontaneous abortion is the natural death of the foetus while induced abortion is the intentional removal of the foetus (Shusterman, 1976).

Before liberalization of the South African law in 1996, about 1000 legal abortions were granted annually in South Africa (Rees et al., 1997) and after the implementation of the termination of Pregnancy Act, legal abortions was estimated at over 12 000 (Harrison et al., 2000). The Health Systems Trust (n.d.) cite figures which show an increase in the number of pregnancy terminations in South Africa, from 26,455 in 1997 to 53,967 in 2001. Monthly statistics indicate that 4 percent of the total abortions performed by Marie Stopes, Durban, South Africa is done on women in the under 18 age group (Independent Online,

2008). These statistics underline the importance of seeking an understanding of adolescents' knowledge and attitudes regarding abortion.

The CTOP Act stipulates that a pregnancy may be terminated upon a woman's request during the first 12 weeks of gestation (Choice on Termination of Pregnancy Act No. 92 of 1996). Harrison et al. (2000), states that a trained midwife can perform the abortion during the first 12 weeks of gestation. The Act allows for an abortion beyond 12 weeks and up to 20 weeks if the woman's mental or physical health or socio-economic status is threatened, in cases of rape and incest and in cases where the foetus would suffer from severe physical or mental abnormality (Morrone, Myer & Tibazarwa, 2006). According to Harrison et al. (2000) an abortion beyond 12 weeks and up to 20 weeks may be performed by a doctor. From 20 weeks onwards, terminations are available in exceptional circumstances only (Morrone et al., 2006). These may be performed by a doctor after consultation with another medical practitioner or a midwife certified to perform abortions, if the pregnancy endangers the woman's life or if the pregnancy results in foetal malformation or if there is injury to the foetus (Harrison et al., 2000).

The Choice on Termination of Pregnancy Act No. 92 of 1996 also specifies that abortions may only be performed at facilities designated by the Minister of Health; **that** government shall promote the provision of non-mandatory and non-directive **counselling** before and after the termination of a pregnancy and that counselling must include 'at the least' sufficient information to assist a woman to make an 'informed choice' and must cover three issues: alternatives to termination of pregnancy (TOP), risks and procedures of TOP and contraceptive measures for the future. It is a criminal offence to prevent the lawful termination of a pregnancy or obstructing access to a TOP or abortion facility and it is a criminal offence for anyone to perform a TOP at an unauthorized facility.

Morrone et al., (2006) report that the fact that abortion-related morbidity and mortality have dropped across the country can be directly attributed to this legislation. However, the obstacles that women face, for example, stigma, provider resistance and lack of trained providers and facilities certified by the national or provincial department of health to provide abortions mean that many of them do not have access to the service. The authors add that for this law to fully achieve its goal of improving reproductive health by allowing a woman to decide when to have a child, she must be aware that abortion is a legal and accessible option in the case of unwanted pregnancy.

1.3 Knowledge and attitudes toward abortion

It is expected that the level of knowledge an individual has regarding abortion will impact on their behaviour. Esposito and Basow (1995) say that if people are given detailed and accurate information regarding abortion procedures, if they understand the circumstances under which women choose abortion, and the physical and the psychological impact of abortion they may develop sympathetic attitudes to abortion and vice versa. In this sense the relationship is said to be bi-directional.

In South Africa, the Department of Health has introduced many programmes (*Soul City, Soul Buddyz, YMCA, Society for Family Health, Planned Parenthood Association of South Africa (PPASA), National Life Skills Education in Schools, Lovelife* and the *National Adolescent Friendly Clinic Initiative (NAFCI)*) designed to improve knowledge, raise awareness and implement positive behavior change in the reproductive health of the young people (Dickson-Tetteh & Ladha, 2000). However research has shown that adolescents' knowledge on reproductive function and sexuality is generally poor in South Africa (Dickson-Tetteh & Ladha, 2000). A few studies on knowledge (Dickson-Tetteh & Ladha, 2000 and Oni, Prinsloo, Nortje & Joubert, 2005) and attitudes (Rule, 2004; Patel & Myeni,

2008; Oni, Prinsloo, Nortje & Joubert, 2005 and Patel & Kooverjee, 2008) have been conducted in South Africa. These studies seem to suggest that change is slow and basic research needs to be conducted.

Most of the studies have focused on the adult population and university students. Adolescents may have different attitudes as compared to adults therefore it is crucial to examine adolescents' attitudes toward abortion in order to understand the way they deal with an unwanted pregnancy in this age group. The reason for choosing this sample is because very little is known about the abortion attitudes and knowledge of adolescents.

1.4 Religion and gender

According to Rule (2004) South Africans, in general, are religious and have conservative attitudes towards the termination of a pregnancy. Despite its current legal status, abortion is still resisted on moral and religious grounds in South Africa (Varga, 2002). There have been several legal challenges to the act: Two attempts by Christian professionals used the argument based on the foetus's right to life in their claim that the act was unconstitutional. In both instances the challenges were unsuccessful (Cooper et al., 2004; Mhlanga, 2003). It is no surprise therefore that religion has constantly emerged as a significant predictor of abortion attitudes (Patel & Johns, 2007).

Exploring male and female perspectives is important in attempting to understand abortion. Much less is known about a male's attitude towards abortion and involvement in the termination of a pregnancy than about females. Esposito and Basow (1995) did not find gender differences in college students' attitudes to abortion. Yet in Bailey's (1993) study it was found that female college students were more approving of abortion than male students. Carlton, Nelson and Coleman (2000) found that while male and females had similar attitudes to abortion, on specific issues males were more in favour of abortion.

Finlay's (1996) study of gender differences among seminary students demonstrated that men tend to hold more traditional views about abortion while women were found to be more liberal. However, both men and women were found to approve of abortion for conditions like 'rape' or when the woman's life was threatened by the pregnancy.

Few studies have focused on male attitudes to abortion in Africa. Research on abortion regarding adolescents has found mixed results. In South African research males were found to be more than three times less likely than females to advocate for abortion whereas studies done in Kenya and Nigeria showed that males were more supportive of abortion than females (Varga, 2002). These results point to complex nature of the gender differences and the need to examine differences on specific issues rather than overall approval or disapproval of abortion (Patel & Johns, 2007).

The above mentioned information provided the reasons as to why this study was conducted, with the aim of gaining more insight into young peoples' life regarding abortion. This study was based on a similar study done by Esposito and Basow (1995). While Esposito and Basow (1995) used college students in their sample, the present study used school learners. The main finding in Esposito and Basow's (1995) study was that college students' attitudes towards abortion were based on degree of religiosity, age, religion and knowledge of abortion information. Respondents who had more positive attitudes toward abortion also had better knowledge of abortion and tended to be older, less religious and non-Catholic compared to those who had more negative attitudes. Those with greater knowledge of abortion were more accepting of abortions than those whose knowledge was limited.

In this study, a questionnaire measuring levels of knowledge was drawn up based on different components of the South African legislation regarding abortion. This study hoped to explore the levels of knowledge and attitudes of abortion in a sample of male and

female secondary school learners, examining gender differences among the learners with regards to abortion attitudes and knowledge as well as investigating the effect of religion in terms of abortion. Hence, given South Africa's multi-cultural diversity, consideration of both gender differences as well as religious differences is required relating to the issue of abortion amongst adolescents. This may provide the impetus for larger scale research which could then be used to inform future intervention among the youth of South Africa.

This chapter provided an overview of unsafe abortions, South African legislation regarding abortion, issues around, knowledge and attitudes toward abortion and the possible influence of religion and gender.

CHAPTER 2

LITERATURE REVIEW

Throughout history women have been terminating unwanted pregnancies. Abortion is a controversial issue which is faced by many countries worldwide. Abortion is legal in France and Italy but illegal in countries such as England and Scotland. In South Africa, the Abortion and Sterilisation Act (Act 2 of 1975) was replaced by the Termination of Pregnancy Act (Act 92 of 1996). Abortion became legal in South Africa in the year 1997 with the implementation of the Choice on Termination of Pregnancy (CTOP) Act (Act 92 of 1996) being passed in 1996 allowing women greater independence and reproductive choice (Patel & Myeni, 2008).

Termination of pregnancy is generally known as abortion. These terms will be used interchangeably throughout the report. In South Africa, abortion is defined as the separation and expulsion, by medical or surgical means, of the contents of the uterus of a pregnant woman (Termination of Pregnancy Act 92 of 1996). The Choice on Termination of Pregnancy Act (Act 92 of 1996) is seen as one of the most significant Acts of legislation aimed at improving woman's lives and important in terms of woman's rights.

In South Africa the approximately 18 million people under the age of 20 years, account for approximately 44% of the total population (Dickson-Tetteh & Foy, 2001). Twenty one percent (about 8.8 million of young South Africans) are adolescents between 10 and 19 years. Young people are at risk of a broad range of health problems such as sexually transmitted diseases (STDs), HIV/AIDS, unwanted pregnancies and pregnancy-related complications (Dickson-Tetteh & Ladha, 2000).

From a public health perspective, assessing adolescents' views on abortion is vital in devising effective ways to convey information and services to teenagers in need of pregnancy prevention or pregnancy options counseling (Stone & Waszak, 1992). In

addition, from a public education perspective, there is a need to determine the impact of debates and anti-choice misinformation on the attitudes of teenagers and to create ways to distribute reliable information to adolescents (Stone & Waszak, 1992).

Adolescents' views on fertility, contraception and abortion are not mere reflections, however inaccurate and stereotype laden, of the surrounding reproductive and social reality; they will influence adolescents' choices and behavior in the future (Agadjanian, 2002). It is also important to recognize the gender variations in their perspectives and to understand the possible causes of these differences.

The following section covers the theory of planned behaviour and gender socialisation which are the frameworks that will be used to better understand abortion attitudes and knowledge.

2.1 Theoretical framework

2.1.1 Theory of Planned Behaviour (TPB)

It is important for us to consider attitudes because an attitude is a general feeling or evaluation-positive or negative-about some person, object or issue (Hogg & Vaughan, 2002) and attitudes are precursors of changes in behaviour (Carr, 2003). In terms of abortion, adolescents may have different attitudes as compared to adults. While most of the adult population has lived through changes in abortion legislation when abortion was one of the 'silent', taboo issues, the youth of today have grown up in a time when abortion was legalized and debates on the issue have often appeared in the media. Attitudes are important as they may be directly related to young peoples' intended or actual sexual behaviour (Thomson, Currie, Todd & Elton, 1999).

The Theory of Planned Behaviour explores the relationship between behaviour and beliefs, attitudes and intentions. The TPB which functions at the intrapersonal level

assumes that behavioural intention is the most important determinant of behaviour.

According to this model, behavioural intention is influenced by a person's attitude towards performing a behaviour and by beliefs about whether individuals who are important to the person approve or disapprove of the behaviour (subjective norm). All other factors (for example, the environment) are said to operate through the models' constructs and do not independently explain the likelihood that a person will behave in a certain way.

According to the model, attitudes toward behaviour are shaped by beliefs about what is entailed in performing the behaviour and outcomes of the behaviour. Beliefs about social standards and motivation to comply with those norms affect subjective norms. Thus, a causal chain of beliefs, attitudes and intentions drives behaviour (National institute of Health, n.d). However, in this proposed study only abortion attitudes, knowledge and beliefs will be looked at, keeping in mind that behaviour and decision making regarding abortion is beyond the scope of this study.

Behavioural intention is influenced by a person's attitude that is either positive or negative, toward performing a behavior and by beliefs about whether individuals and institutions that are important to the person approve or disapprove of the behaviour (subjective norm). In the case of abortion it could relate to religious and cultural beliefs, the society in which the individual resides, the partner and significant others who impacts on the decision whether or not to have an abortion. In terms of abortion, the theory of planned behaviour postulates that attitude could predict intention to decide on having an abortion and intention thus predicts the actual act of abortion. While this may imply that a woman holding a negative attitude toward abortion may decide not to have an abortion whereas a woman with a positive attitude will decide to have an abortion if she is faced with an unwanted pregnancy, the actual decision making process is usually a complex one.

A critique of this theory is that attitude and knowledge does not always predict behaviour. In this context, the behaviour is having or not having abortion. As Varga (2002) points out, the actual behaviour depends on several factors: environmental (the legal aspects, service availability), social and cultural norms, personal beliefs and the individual's circumstances. Therefore if an individual has a positive attitude towards abortion, this does not mean that the individual will agree to have an abortion. Another limitation of the theory is that it does not incorporate a knowledge component.

Esposito and Basow (1995) point out that knowledge of abortion information has not been adequately examined as a possible predictor of attitudes towards abortion. Research on the level of knowledge pertaining to abortion is relevant because it allows the researcher to determine what people know and don't know in terms of abortion. It is expected that the level of knowledge an individual has regarding abortion will impact on their behaviour. The relationship between knowledge and attitudes is bi-directional (Esposito & Basow, 1995).

2.1.2 Erik Erikson's psychosocial theory of development

Coon and Mitterer (2007) describe the life-stage theory of human development as proposed by personality theorist, Erik Erikson (1903-1994). According to this theory every person must pass through a series of eight interrelated stages over the entire life cycle. Each stage requires the person to confront a specific 'psychosocial dilemma' or crisis. This dilemma which entails a conflict between one's personal needs and social issues needs to be resolved in order for healthy development to occur.

Erikson organized life into eight stages that extend from birth to death. However, for the purpose of this study only stage 5 will be discussed since most of the respondents in the present study fall into this group.

Stage 5: Adolescence: 12 to 18 Years

Ego Development Outcome: Identity vs. Role Confusion

In this stage of development the adolescent's main concern revolves around answering the question "Who am I?" During this period of turbulence the adolescent is said to be trapped between childhood and adulthood. Their multiple identities as learner, friend, son or daughter and so on need to be integrated into a consistent and unified sense of self. According to this theory if this does not happen, *role confusion* may result. This period will then be characterized by uncertainty about the future and who they are as individuals.

Although this theory is reported to have several shortcomings (Papalia & Olds, 1992) it does provide a guide to our understanding of adolescents as they attempt to negotiate life's journey. It is usually during this stage that individuals begin to experiment sexually and are likely to engage in risky sexual behaviour which could lead to unplanned teenage pregnancy.

2.1.3 Gender Socialization

The process through which an individual learns and accept roles is called socialization (Louw, 1991). The term 'gender' refers to socially constructed differences between the sexes and to the social relationships between women and men (Bailey & Charles, 2005). Gender is widely acknowledged to be an important empirical factor in understanding many aspects of behaviour and it is used to understand ways in which males and females differ (Stewart & McDermott, 2004). The complex issue of abortion in the lives of young people should be understood in terms of the environment in which these young individuals grow up. According to a recent WHO (World Health Organisation) global review of research exploring sexual practices, it was reported that the most

successful approaches to sexual practices are those which do not focus exclusively on the cognitive processes of the individual but also take into account the social world in which the behaviour happens (Mitchell, Debbie & Watson, 2000).

Socialization within a patriarchal society in which religion plays an important role reinforces certain behaviours in males and females that influences their attitudes, the knowledge and gender roles of the adolescents. According to Patel and Johns (2007) differences in socialization experiences and women's roles are generally presented as explanations for the gender variations in abortion attitudes.

Traditionally, females are expected to be sensitive, passive, nurturant, unaggressive, dependent, fragile and they should hesitate to take risks (Peters, 1994). According to Richter and Mlambo (2005) this attitude of passivity and not being assertive which is often reinforced among young females may result in pregnancy. Males are seen as more dominant, free to make choices even to the extent of engaging in early sexual activities while females are seen as submissive, restricted and not allowed to initiate or engage in early sexual activity during adolescence (Louw, 1991). In addition, Macleod (2008) recognizes that since heterosexual relations are influenced by gendered power relations, the potential for abuse, coercion and violence is a real one. However, South African research (Pettifor, Measham, Rees & Padian, 2004) has focused on the issue of power relations in the context of HIV infection and not in the context of unwanted pregnancies.

The imbalance in power relations between males and females has been consistently reported as an issue that impacts on contraceptive decision-making (The State of South Africa's Population Report, 2000). Research shows that males and females often disagree about the desirability of pregnancy and the use of contraceptives. When this discordance occurs in a situation of male authority, men's opinions about these issues may take

precedence over women's opinions, even though the woman must frequently execute the decisions made on these matters (Speizer, 2005).

It has been reported that partner pressure not to use contraceptives is often the main reason that women find themselves facing unwanted pregnancies (Patel & Kooverjee, 2008). In a sample of South African high school students, Oni, Prinsloo, Nortje and Joubert (2005) found that 40.9 % of the males reported that they did not approve of their girlfriends using contraception. These South African males reported that they did not approve of their girlfriends using contraception because they felt that they would lose control over them (Oni, Prinsloo, Nortje and Joubert, 2005). This finding suggests an element of conservative thinking about women's reproductive rights among students (Patel & Kooverjee, 2008) and has implications for gender differences in attitudes to abortion as well. Gender inequality in reproductive decision-making appears to be a key factor of the social context of reproductive health.

The empirical review will focus on attitudes to abortion and gender differences, knowledge pertaining to abortion, religion and abortion attitudes and religiosity.

2.2 Empirical review

This empirical review will focus on knowledge pertaining to abortion, the attitudes to abortion and gender differences as well as the role of religion and religiosity relating to abortion attitudes.

2.2.1 Knowledge of abortion

Our understanding of young people's knowledge of reproductive health issues depends on the socio-political context in which they live. Although there are several

initiatives directed at raising awareness of reproductive health in South Africa, very few follow-up studies have been done to assess the effectiveness of these programmes.

Several studies have been conducted on risky behaviours of our youth (Kaufman, Clark, Manzini, & May, 2004); Oni, Prinsloo, Noirtje and Joubert, 2005; Pettifor, 2005) but very little research has been done on adolescents' levels of knowledge regarding abortion and its legal status in South Africa. From the focus group component of her study with adolescents in KwaZulu-Natal, Varga (2002) observed that (lack of) knowledge of the legal status of abortion affected their access to legal abortion. She also reports that the older, urban participants were more likely to know about the legal status of abortion than their younger counterparts.

Morrone et al's (2006) study is one of the few studies focusing on South African women's knowledge of the abortion law. The findings show that one-third of women surveyed do not know that abortion is legal in South Africa. They report several studies which support their findings: 54% of South African women, who chose to have abortions outside the legal services, did so because they were not aware of the legal status of abortion (Jewkes et al, 2005). The 1998 South African Demographic and Health Survey, which was conducted less than two years after the implementation of the CTOP Act, found that nationally 53% of women knew of legal abortion. However in Morrone et al's (2006) study, 68% of women knew that abortion is a legal health service. Their study also showed that lack of knowledge of legal abortion is associated with lack of other reproductive health knowledge, such as awareness of emergency contraception and contraceptive use. Thus, the 32% of women who do not know that about the legal status of abortion may be the women at greatest risk for unwanted pregnancy (Morrone et al., 2006).

Much of the available literature on abortion knowledge relates to other countries.

For example, Agadjanian (2002) states that an adolescents' perceptions of trends in abortion use are socially constructed, to the extent that the lack of specific information on abortion trends may be compensated with the knowledge or perceptions of trends in related areas of life such as sex, childbearing, marriage and family development. Instead of communicating on abortion and gaining more information on the subject, it is not addressed, yet all other aspects regarding life and sex and sexuality are discussed. This may be true because of the sensitivity surrounding the issue of abortion (Agadjanian, 2002). Marsiglio and Shehan (1993) also points out that the reluctance to confront adolescents with controversial sex-related topics may be a result of increasing political resistance.

In a study done by Ekstrand, Tyden, Darj & Larsson (2007), Swedish teenagers were found to have inadequate knowledge of basic reproductive health. This issue was not given priority in the schools' sex education programmes. A few females described abortion as something people might consider disgraceful or even forbidden (taboo). Abortion was perceived as emotionally painful and something that the woman might regret. In this Swedish study, participants had limited knowledge not only about risks regarding hormonal contraceptives but about abortion as well (Ekstrand, Larsson, Von Essen & Tyden, 2005).

In a study conducted by Becker, Garcia & Larsen (2002), fifty-four percent of participants (aged 15-24) did not know the legal status of abortion in their state. Of these, 82% believed that abortion is never legal, and the rest did not know or thought that it is always legal. The odds of having correct information were reduced for respondents with low levels of education. Knowing that abortion is sometimes legal did not affect opinion about it. With regards to actual behaviour, Becker et al., (2002) claims that lack of knowledge increases the young female's risk of unwanted pregnancy.

Young people often hold misconceptions about abortion (Stone & Waszak, 1992). In Stone and Waszak's (1992) study the teenagers lacked accurate knowledge about abortion and related laws. They articulated invalid and unreliable evidence about abortion more often than sound knowledge, portraying the procedure as medically hazardous, emotionally damaging and unlawful. While the influence of knowledge and attitudes on behavior has been extensively studied, little attention has focused on the feelings, needs and knowledge of adolescents on the choice of abortion.

According to research in the area of social cognition while people's attitudes may be influenced by the amount and persuasiveness of information that is available, people's perceptions and understanding of the material may be dependent on their attitudes. In other words, people given detailed accurate information regarding abortion procedures, the context in which women make the decision to abort and a better understanding of the physical and the psychological consequences of abortion may develop sympathetic attitudes to abortion. At the same time it is also possible that people exposed to specific information, for example, regarding foetal development may develop less sympathetic attitudes towards abortion (Esposito & Basow, 1995).

Therefore, attitudes may be affected by a respondent's level of knowledge. According to cognitive response analysis it may be the case that people with strongly held attitudes may filter out incoming information that do not support their attitudes while retaining those aspects that are in line with their attitudes. Therefore, those who approve of abortion may be more likely to process and remember information supporting that view, while those who disapprove of abortion would process and remember other information (Esposito & Basow, 1995). Wall et al. (1999) also report that as education (knowledge) increases so does the approval of abortion hence a positive attitude to abortion.

2.2.2 Attitudes to abortion

Social and physical reasons for abortion, concerns about availability and women's autonomy, the status of the foetus, the father's responsibility in decision-making, moral and religious factors and the gendered nature of these perspectives all contribute to the multi dimensional nature of attitudinal structure (Patel & Kooverjee, 2008). Bahr and Marcos (2003) make the point that in our examination of attitudes it is not a simple case of approving or disapproving of abortion, but being able to acknowledge the different conditions under which abortion becomes a necessary or possible course of action.

Public views on abortion do not always revolve around the traditional division of hard reasons (in cases of rape, incest, health reasons) versus soft reasons (financial reasons or too many children) but also involve issues of its availability, moral and religious considerations, legality,, method of abortion, stage of pregnancy, health workers' attitudes and women's autonomy (Patel & Myeni, 2008).

The pro-choice and pro-life continuum of abortion attitudes has characterised much of the research on attitudes toward abortion over the years. Pro-choice arguments usually focus on women's independence, with protagonists emphasizing the importance of choice to have or not have an abortion while pro-life arguments, on the other hand, use the sacredness of life as the main focus (Patel & Myeni, 2008). The pro-life group in the Stets and Leik (1993) study was found to be more solid in their views, more conservative and more religious than the pro-choice group. The latter group tended to have a more fragmented attitude structure. The idea that people are undecided about abortion and that to categorize a person as pro-choice or pro-life is to oversimplify a deeply complex issue is beginning to guide more recent research endeavours. While a pro-abortion attitude is the general finding in most American studies with college students, there are some exceptions, which mainly depend on the context or reason for abortion (Patel & Myeni, 2008).

According to Coleman and Nelson (1999) the pro-life interest group embodies an elevated level of regard for the human embryo, arguing that abortion infringes on the embryo's right to life. According to D'Agostino (1999), 53 % of women (in the United States) want an outright ban on abortion or are only willing to allow it if pregnancies are due to rape, incest or to save the mother's life (D'Agostino, 1999). Pro-life attitudes and low levels of agreement with the statement 'Abortion represents a strictly female issue' predict endorsement of high male involvement in abortion decisions and pro-choice attitudes and high levels of agreement with the same statement predict endorsement of low male involvement in abortion decisions (Coleman & Nelson, 1999).

According to Stewart and McDermott (2004) abortion attitudes are influenced by the woman's social and material contexts, though not in a consistent manner; pro-life women express similar values and attitudes across classes, while pro-choice women rationale for their support of a woman's right to abortion and value judgements of women who had abortions varied across both class and race.

Other factors that appear to impact attitudes are age and education. Misra (1998) conducted a study on abortion attitudes of cohorts over a seventeen year period. She found that younger cohorts showed the greatest approval in their attitudes towards abortion as compared to the older cohorts who were seen as having conservative abortion attitudes. Older cohorts were more pro- life than younger cohorts and it was found that attitudes of people changed as they got older, they develop pro-life attitudes with an increase in age. In this American study it is reported that nationwide the difference in abortion approval still exists among the different cohorts with younger cohorts more pro- choice than older cohorts. This could be due to the fact that abortion poses a higher health risk for older females than younger cohorts (Misra, 1998).

In a survey conducted in South Africa, it was reported that more than half (56%) of South African adults think that abortion is “always wrong” in the event of it being discovered that there is a strong chance of serious defect in the unborn child. Only 21% think that it is “not wrong at all” (Rule, 2004). As compared to international studies, studies conducted in South Africa have revealed that many people generally have negative and conservative attitudes toward abortion (Rule, 2004).

Research on gender differences is unclear with studies showing varying levels of support for abortion for males and females depending on reasons for termination.

2.2.3 Gender differences

Studies on gender differences in abortion attitudes have yielded diverse results. Gender differences often seem to be determined or influenced by context.

In different societies, individuals view the act of abortion in different ways thus affecting their attitudes to abortion. This difference can be seen in the following two societies namely the Armenian society and the Czech society. In post-Soviet Armenian society, abortion remains extremely embedded in the cultural structure of reproduction and this ‘abortion culture’ provides a comprehensive legitimization for abortion minimizing differences in abortion attitudes among different segments of society. In the more pluralistic Czech society, abortion appears a much more controversial and conflict-ridden issue. Previous studies of abortion attitudes in Central Europe and other areas, have found that Czech men were much more likely than Czech women to favor abortion and among Armenian students; female respondents were somewhat more likely to choose abortion than men (Agadjanian, 2002).

Rosenwasser, Wright & Barber (1987) in Texas revealed that most men and women felt the final decision regarding abortion should rest ultimately with the woman.

Yet all of the participants in the Rosenwasser's (1987) study agreed that men should not have the right to require women to undergo abortions. This is further verified in Sweden, where a man has no legal right to influence a woman's decision with regard to abortion but the male partner has great informal contribution in the decision making process (Ekstrand et al., 2007). The male partners' attitude towards an unplanned or unwanted pregnancy is often crucial to the woman's decision (Ekstrand et al., 2007).

When focusing attention on females it was found that in Sweden, negative attitudes toward teenage pregnancy, supportive attitudes towards abortion, limited knowledge about abortion and contraceptives were typical of 17-year-old Swedish females (Ekstrand et al., 2005). Negative attitudes toward abortion were reasonable based on the idea that it is the individual's personal choice. Although the majority of the male teenagers were opposed to women having abortions, they supported the constant legality of abortion and thought women should have a choice about abortion (Stone & Waszak, 1992).

In many instances, abortion is seen as being an issue important to mostly women and this is further agreed upon by Walzer (1994) who states that abortion is perceived as a female issue. This is because males do not experience pregnancy and they have not traditionally had the main responsibility for caring for infants, it seems reasonable that they might view the issue of abortion as a simple one than would females (Finlay, 1981).

In Finlay's (1996) study the attitudes of males towards abortion are more traditional while females are more open-minded. Some studies have found males to be more accepting of an abortion than females but the male's positive attitude towards abortion depended on the situation (Carlton, Nelson & Coleman, 2000). Coleman and Nelson (1999) also found that males want to be involved in the abortion decision. Existing research data indicates that a greater number of men and women believe that men have the right to be involved in abortion decisions. Men, however, tend to convey an interest in

more responsibility than women are willing to surrender when it comes to making the decision about having an abortion (Coleman & Nelson, 1999).

Carlton, Nelson and Coleman (2000) surveyed male and female college students on abortion attitudes, commitment to such attitudes and abortion experience. Results showed no significant difference in attitudes between males and females. However, individuals with direct abortion experience (either they or a sexual partner had an abortion) had significantly stronger pro-choice attitudes than those without such experience. This response is most likely due to the student's cognitive dissonance which is a psychological conflict. Cognitive dissonance occurs in individuals presented with situations where they behave contrary to their beliefs. As a result, the individual will often change their views to reduce their discomfort (Carlton, Nelson & Coleman, 2000). Finlay's (1996) study of gender differences among seminary students demonstrated that men tend to hold more traditional views about abortion than the general public while women were found to be more liberal.

Boggess and Bradner (2000), using American samples, found that from 1988 to 1995, male approval of abortion dropped from 37% to 24%. Attitudes to abortion whether negative or positive depends on the reasons for the termination of the pregnancy and the situation in which the individual is placed. This can be seen in previous studies that analyzed the abortion attitudes of 15-19 year old males and showed that teenage males' approval of abortion varied widely from 35% in cases where a pregnant woman wanted an abortion but her male partner didn't to 89% in cases where a pregnancy would seriously endanger a woman's health (Boggess & Bradner, 2002). A more recent survey that was used to track changes over time in adolescent males' attitudes towards abortion, also reported that the approval of abortion 'for any reason' had become significantly more conservative (Ekstrand et al. 2007).

Many South African researchers have focused on young women only and have generally examined perceptions of abortion and contraception separately (Patel & Kooverjee, 2008). In South Africa, instances of contraception being seen as a female responsibility have also been reported (Mfono, 1998). In a South African study female students' attitudes to availability of abortion and women's autonomy are significantly more positive than male attitudes (Patel & Kooverjee, 2008).

According to Patel and Myeni (2008), it seems that South Africans generally have traditional and conservative attitudes toward termination of pregnancy. This is further verified by Richter and Mlambo's (2005) study where it was found that the participants did not support abortion. The participants argued that it was better to keep the baby rather than risking not being able to have babies at a later stage. It can be seen that these results point to the complex nature of gender differences. Findings in Patel and John's (2007) study reveal that males, especially males who are expected to hold more progressive attitudes by virtue of their educational levels, hold rather conservative attitudes to women. Related to this was the finding that males showed lower support for women's autonomy in the abortion decision. Significantly, however, both men and women were found to approve of abortion for conditions like 'rape' or when the woman's life was threatened by the pregnancy.

Besides the few studies mentioned above, relatively little research has been conducted on gender differences on abortion attitudes among young people. This may reflect the current general societal view of abortion as a private and personal issue affecting women only.

Gender differences extend to the pattern of relationships between abortion attitudes and religiosity. The findings of Patel and John's (2007) study serve to uphold two

established trends: that females are more religious than males and that negative attitudes to abortion are linked to high levels of religiosity.

2.2.4 The role of religion and religiosity relating to abortion attitudes

Over the years religion has emerged as a significant predictor of both abortion and gender role attitudes (Patel & Johns, 2007). However, very little has been done on religion and abortion attitudes among adolescents.

Most religions are against the idea of abortion. While most of the literature on religion and abortion focuses on Christian perspectives, very little has been written on the views from Hinduism. According to Maguire (2006), Hindu literature treats abortion as a *mahapatakas* (atrocious act). He also points out that because of the evolving nature of Hindu moral law, abortion is allowed for a variety of reasons. This finding is partially supported in the literature reviewed by Zaidi et al., (2009).

In past studies, religion has been found to be a constant significant predictor of abortion attitudes. Surveys have also found religion to play a significant role in the lives of most South Africans (South African youth..., 2005). As with studies on gender differences in abortion attitudes, most of the available research reviewed here has been conducted in other countries.

People from churches known to have more anti abortion attitudes were significantly more disapproving in their opinions than were those not connected with churches against abortion. By examining specific religious affiliations, Catholics were found to have most negative attitudes to abortions and those with no religious affiliation were found to hold the highest approval for abortion (Esposito & Basow, 1995). However it is interesting to note that Hess and Rueb (2005) stated that youthful Catholics are becoming more permissive and liberal when dealing with abortion. This finding may be

the result of the Catholic Church becoming more tolerant on matters such as divorce, remarriages and contraception use which led to an uninformed belief that the Catholic Church has lightened its position on abortion as well.

The majority of Catholics still appear to be pro-life but believe in abortions for special circumstances such as a pregnancy caused by rape (Hess & Rueb, 2005). They add that the majority of respondents who claim religion as very important in their lives reported themselves to be pro-life. Those claiming religion as somewhat or not important mainly held pro-choice views (Hess & Rueb, 2005). Religion is of stronger importance to pro-life activists than to those actively involved in the pro-choice movement (Wall et al, 1999). Wall et al, (1999) noted that in the United States religion was the main reason for opposition to legal abortion.

According to Coleman and Nelson (1999) religious affiliation is a variable that has been found to explain some individual differences in perceptions of appropriate levels of male involvement in abortion decisions. As the previous review demonstrates, most of the research on religious differences has been conducted with Christian denominations.

Religiosity is another variable which has been found to be a significant predictor of abortion attitudes. Religious beliefs contribute strongly to the belief that all life is sacred. Therefore, many people believe that abortion goes against God's rules, devaluing human life. Religious beliefs play a significant role in determining one's morals. No wonder, abortion is one of the biggest moral issues of modern society (Hess & Rueb, 2005). According to Hess and Rueb (2005) participants expressed such attitudes in remarks, such as a person has the right to control their own body and nature should follow God's rules and should remain undisturbed thus verifying the above statements regarding that life is sacred and abortion is not of God.

Religious groups have a major impact on abortion opinions, usually producing conservative pro-life viewpoints (Hess & Rueb, 2005). When defined by the degree to which one believes oneself to be religious, it was found that a strong religiosity level was associated with low approval for abortion (Esposito & Basow, 1995). In the United States, abortion approval is negatively related to religiosity (Sahar & Karasawa, 2005). More specifically, very religious individuals tend to support more male involvement in abortion decisions than those who do not report high levels of religiosity (Coleman & Nelson, 1999). Variables such as religious commitment and attendance are consistent predictors of attitudes for both males and females (Walzer, 1994). According to Walzer (1994) strength of religious commitment is a significant factor in low support for reproductive choice. Stone and Waszak's (1992) study revealed that antiabortion views, conservative morality and religious beliefs were the primary sources of the adolescents' attitudes toward abortion. As religious commitment increases, the approval of abortion decreases (Wall et al, 1999).

With regard to South African studies, Christian students in Patel and John's (2007) study reported higher levels of religiosity than Hindu students and significantly more negative attitudes to abortion thus low levels of religiosity and more positive attitudes to abortion, for all three dimensions, namely availability, moral acceptability and women's autonomy prevailed in the Hindu sample compared to the Christian sample.

Patel and Myeni (2008) conducted a study using a sample of 124 university students in South Africa and have found that 75.8% (94) of the sample described themselves as religious, the pro-life tendency of more than half the sample is not an unexpected finding. However, 22.3% (21) of this "religious" group indicated that they would consider an abortion if faced with an unwanted pregnancy, 46.8% (44) said No, while 30.9% (29) were Uncertain. In addition, of the remaining 30 students who said they

were either not religious or neutral, only 8 said they would consider an abortion if faced with an unwanted pregnancy. While an underlying conservative personal morality, rather than religiosity, may be at the root of these students' general abortion attitudes, contextual and practical considerations may play a role in the personal abortion decision (Patel & Myeni, 2008).

Given that abortion has been legal for almost 15 years, it would be interesting to examine the attitudes and knowledge of youth who have grown up with the legal availability of abortion. Given South Africa's multi-cultural diversity, consideration of religious differences is required. In line with the literature reviewed it would be expected that Christians and Hindus would differ in their attitudes to abortion with the latter group showing more conservative attitudes.

2.3 Aim and rationale

A great deal of research has been done on attitudes however very little attention has been focused on adolescents and abortion attitudes. According to Richter and Mlambo (2005), during adolescence, teenagers become sexually active at an earlier stage without using any form of contraception, they know very little about sex and being impregnated. Thus these young individuals face unwanted pregnancies often resulting in the choice of having an abortion.

The main motivation for choosing this sample is because numerous studies have examined data in attempts to describe and explain both the levels of and trend in support for abortion in the adult population. Yet, we know very little about the abortion attitudes of adolescents (Boggess & Bradner, 2002) and little attention have been focused on knowledge of adolescents on the choice of abortion (Stone & Waszak, 1992). Therefore, it

is important to seek an understanding of adolescents' knowledge of and attitude toward abortion.

The present study adapted Esposito and Basow's (1995) study which was based on college students' attitudes toward abortion. In Esposito and Basow's (1995) study, separate analysis was done for each item and they focused on a total score whereas in the present study, the focus was to examine the underlying structure of the items in the questionnaire which sought to measure attitudes and a factor analysis was conducted. In this study a knowledge questionnaire based on South African legislation was developed.

The aim of this research project was to determine the levels of knowledge and attitudes of abortion among male and female secondary school learners; examine gender differences among the learners with regards to abortion attitudes and knowledge as well as to investigate the role of religion in our understanding of these issues.

This chapter provided an overview of the literature review which consists of the theoretical framework consisting of the Theory of Planned Behavior, Erik Erikson's psychosocial theory of development and gender socialization and secondly, the empirical review which consists of knowledge of abortion, attitudes to abortion, gender differences and the role of religion and religiosity relating to abortion attitudes and lastly the aim and rationale of the study.

CHAPTER 3

METHODOLOGY

3.1 Sample

This research study was conducted at a suburban lower middle class secondary school in Phoenix. Phoenix is a suburb of Durban. It is about 20 kilometers northwest of central Durban. This suburb was established as township in 1976. It is regarded as one of the oldest Indian settlements in South Africa (Makhatini & Moodley, n.d).

A sample of 150 adolescent males and females between the ages of 15 to 19 years old was chosen to be used in the study. The learners who participated in this research study were from Grade 11.

The sample consisted of 59.3% females and 40.7% males. Christian respondents accounted for over 51% of the sample, 20% (n = 30) were Hindus, 5.3% (n = 8) were Muslim and the rest did not indicate religion. In the sample, more than half of the Christian respondents were religious while 20% were not religious; the same applied for the Hindu sample – the majority of the Hindu respondents were religious while 4% were not religious. Approximately 55% (n = 83) spoke English at home, 30% (n = 45) spoke in their mother tongue (Zulu), 1.3% (n = 2) spoke both English and Zulu at home, 0.7% (n = 1) spoke Xhosa and Sotho and the rest did not respond.

The motivation for choosing this age group was because there is a lack of research in this area conducted with adolescents pertaining to the attitudes and knowledge of abortion.

3.2 Instruments

The measuring instrument that was used in this study took the form of a questionnaire (Appendix 2). With questionnaires, the questions are presented in written format and the participants write their answers. There are many positive features of using

questionnaires. One of the features, are that questionnaires are generally less costly than interviews. They also allow the participant to be completely anonymous as long as no identifying information is asked. However, questionnaires require that the respondents be able to read and understand the questions. There is an advantage when the researcher personally administers the questionnaires to individuals. An advantage of this approach is that the researcher will have a captive audience that is likely to complete the questionnaire once they begin. Also, the researcher is present to answer the participants' questions if necessary (Cozby, 2004).

The questionnaire was divided into three sections containing a total of 29 items. In the first section of the questionnaire, participants were required to provide biographical information consisting of seven items.

The second part of the questionnaire was designed to elicit participants' attitudes to abortion. Each participant indicated his or her degree of approval or disapproval of abortion under each item on a Likert-type scale ranging from 1 (strongly disapprove) to 7 (strongly approve). This part of the questionnaire consisted of 8 items which was adapted from Esposito and Basow's (1995) study using their survey that focuses on abortion attitudes. In this part, participants were asked to indicate how religious they considered themselves to be on a Likert-type scale of 1 (least religious) to 7 (most religious). Participants were also asked to indicate the degree to which they would approve or disapprove of a pregnant woman obtaining an abortion on a Likert-type scale of 1 (strongly disapprove) to 7 (strongly approve) under the following circumstances: *the woman's own health is seriously endangered by the pregnancy, there is a strong chance of serious defects in the baby, and the family has a very low income and can't afford any more children.*

The third part of the questionnaire was the knowledge component; it entails information regarding the act of abortion and laws pertaining to abortion. This component consisted of the remaining 14 items of the questionnaire and was derived using various literature and the Termination of Pregnancy Act No. 92 of 1996. In this section, participants were asked questions based on the act of abortion and laws pertaining to abortion and they were required to choose an answer which they thought was correct from a list of alternatives (multiple choice format). Some of the questions that were asked in this section were: *Which is the legal definition of abortion? When can a woman have an abortion? What are the different methods for terminating a pregnancy? Are abortions legal in South Africa? Have you heard of CTOP? Is it a criminal offence for anyone to perform a TOP at an unauthorised facility, for example, a general practitioner doing it in his surgery?* and *At what age can a female have an abortion without her parent's permission/consent?*

In the attitude measure which was taken from Esposito and Basow (1995), scores ranged from 7 to 49, with the higher scores indicating approval. Cronbach's alpha which measures the internal consistency of the items, was high (alpha = .90). This indicates that the questions measured the same construct.

3.3 Procedure

Convenience sampling was used to obtain a sample of 150 participants between the ages of 15 and 19 years. Convenience sampling is a non-random (non-probability) sampling technique that involves using whatever participants can conveniently be studied, also known as an accidental sample or a haphazard sample. The researcher may not be interested in precise measurements of differences between the groups but rather the patterns of differences (Beins, 2009). The advantage of using this technique is that the researcher can obtain research participants without spending a great deal of money or time

on selecting the sample. However, when using this type of sampling the researcher must bear in mind that the sample may not be an accurate representation of the population of all learners (Cozby, 2004).

The participants in the research study were informed about the purpose and nature of the study in the form of a letter. This letter was also given to the parents as well as the principal who gave permission for the learners to participate in the research study. The participants as well as the principal and parents were given informed consent forms to sign. This served as proof that permission was granted to conduct the study and that the learners volunteered to participate.

Data collection was carried out in the school during the Life Orientation period. Participants were told how to complete the instruments and educators as well as the principal were present at intervals to maintain control. This process took approximately 40 minutes for each group of learners to complete the questionnaire. The participants were required to complete the measuring instruments based on attitudes and knowledge to abortion, and the questionnaire also had a biographical component.

3.4 Ethics

It is vital to be aware of the ethical implications for participants and researchers throughout the process of research, from planning through to findings. Thus participants need to be protected from harm, their psychological well-being, health, values and dignity need to be preserved at all times (Banister, Burman, Parker, Taylor & Tindall, 1994).

The most important ethical issues that were considered in this research were informed consent and confidentiality. Informed consent refers to mutual respect and confidence between researcher and participants which is achieved by honest and open interaction (Banister et al., 1994). An informed consent form with an attached letter to the parents or guardians was given to the Grade 11 learners (Appendix 1). The letter to the

parents or guardians outlined the purpose of the research and the requirements of the individuals who were willing to participate in the study. The learners were informed that participation is voluntary and anonymous and that they could withdraw at any stage of the research process. In this study, all the participants were guaranteed anonymity (no names were required in the questionnaire) and confidentiality. Confidentiality and anonymity are closely interwoven with protection. According to Banister et al. (1994), confidentiality refers to being kept secret, whilst anonymity is any condition in which one's identity is unknown to others. Assuring the participants confidentiality and anonymity was crucial considering that abortion is such a sensitive issue.

They were also informed that this information would not be accessible to anyone except the researcher and the relevant supervisor. Most importantly, the study was approved and permission was granted by the Higher Degrees Committee at the University of KwaZulu-Natal (UKZN) to undertake such a study.

3.5 Data Analysis

The statistical program SPSS 15.0 was used to analyse the data. Descriptive statistics (means, standard deviations, frequencies and percentages) are used **to describe** the basic features of the data in a study. They provide simple summaries about **the sample** and the measures. Factor analysis, univariate analysis of variance (ANOVA), **correlations** and t-tests were used in conjunction with the descriptive statistics to analyse the data.

Factor analysis is a set of statistical methods that assist in the reduction of a large number of variables into a smaller set. It consists of an array of structure-analysing procedures used to identify the interrelationship among a large set of observed variables. Through a process of data reduction, a smaller set of these variables into dimensions or

factors are identified. The aim of factor analysis is to identify the number of factors underlying the items being examined (Pett, Lackey & Sullivan, 2003).

The purpose of an ANOVA test is to examine statistical differences among several group means. The test uses variances to help determine if the means are equal or not (Dean & Illowsky, 2008). While most group differences are restricted to three or four groups, the ANOVA places no restrictions on the number of groups or conditions that may be compared (Rutherford, 2001). It also allows for the examination of several independent variables simultaneously.

A variable is any characteristic of a person, non-human subject, environment or research condition that can have different values. A correlation between variables means that something links them together and that high or low levels of one variable correspond with high or low levels of the other variable. There can be a positive, negative or no correlation between two variables. A positive correlation means that an increase in one variable corresponds with an increase in the other variable. By contrast, a negative correlation means that increases in one variable correspond with decreases in the other variable. When there is no correlation, there is no systematic relation between the two variables (Pittenger, 2003).

The t-test is used to examine differences in the means of the dependent variable when there are two groups for comparison (Trochim, 2006).

This chapter provided an overview of methodology that was used in this research study which consists of the sample, instruments, procedure, the handling of ethical issues and data analysis.

CHAPTER 4

RESULTS

This study aims to examine the levels of knowledge and attitudes of abortion in a sample of secondary school learners, to examine gender and religious differences among the learners with regards to abortion attitudes and knowledge as well as to investigate the relationship between religion and abortion attitudes. Separate analyses were done for knowledge of and attitudes to abortion by gender and religion because of the limited sample size. In this study a sample of 150 participants (males and females) were used.

As part of the demographic component of the questionnaire, learners were asked about their sexual status, whether they knew of someone who has had an abortion and on their opinion on whether abortions are acceptable or not. These questions were not part of the aims but will be discussed due to interesting findings that emerged. Over 41% (n = 62) responded 'yes' to being sexually active whilst a greater portion of the sample, 56.7% (n = 85), responded 'no' to being sexually active. This variable (sexually active) is referred to as 'sexual status' in the study.

More than half of the respondents, 52.7% (n = 79), knew someone who had had an abortion while 44.7% (n = 67) did not know someone who had had an abortion. Twenty percent (n = 30) of the respondents agreed that abortion is acceptable, whilst 78% (n = 117) disagreed with the statement that abortion is acceptable. In this study, 10.7% (n = 16) of the respondents considered themselves 'not religious', 29.4% (n = 44) of the sample considered themselves to be 'religious' and the rest of the respondents were undecided.

In this chapter descriptive statistics, factor analysis, analysis of variance (ANOVA), correlations and a t-test of the main variables are presented. Factor analysis is

used to reduce the number of variables or to detect structure in the relationships between variables, namely to classify variables.

4.1 Descriptive information on knowledge and attitudes towards abortion

4.1.1 Knowledge pertaining to abortion

Table 1 contains the responses to the knowledge items of the questionnaire. These were taken from the CTOP legislation on the termination of pregnancy.

Just over 7% (n = 11) had heard of CTOP (Choice on Termination of Pregnancy Act No. 92 of 1996) and 92.7% (n = 139) had not heard of CTOP. The total scores on the knowledge questionnaire are referred to as Knowtot.

Table 1***Percentages and frequencies of knowledge items***

Knowledge Items	Correct
Legal definition of abortion	40.7% (n = 61)
Age group of highest abortion rates	66.7% (n = 100)
The period when abortion is allowed	10.7% (n=16)
When an abortion can be performed?	18.7% (n=28)
Who is allowed to perform an abortion?	28.7% (n = 43)
Where the abortion may be performed?	40% (n = 60)
The different methods for abortion	20.7% (n = 31)
Provision of counselling before and after an abortion	68.7% (n = 103)
Legality of abortion	80% (n = 120)
Availability of abortion services	84% (n = 126)
Prevention of abortion – a criminal offence	29.3% (n = 44)
Abortion at an unauthorised facility – a criminal offence	42.7% (n = 64)
Age at which parental permission not needed	6.7% (n = 25)

4.1.2 Attitudes to abortion

Abortion attitude scale

The 8 items measuring attitudes towards abortion were subjected to a principal component analysis with varimax orthogonal rotation. Kaiser's criterion (by retaining only those items with Eigenvalues greater than 1) was used and two factors were extracted. These factors accounted for about 56% of the variance. Factor loadings are presented in Table 2.

Factor 1, *woman's personal choice or decision*, constituted 4 items relating to elective reasons, namely: *The family has a very low income and can't afford any more children*, *The woman is married and does not want any more children*, *The woman is single and does not want to marry the man* and *The woman has made a personal decision to abort the foetus*. Factor 2 constituted 3 items relating to trauma, health issues or health risks: *The woman's own health is seriously endangered by the pregnancy*, *The woman became pregnant as a result of rape* and lastly *There is a strong chance of serious defects in the baby*.

Elective reasons accounted for 36.31% of the variance while traumatic reasons accounted for 19.57% of the variance, hence the cumulative percentage for both the factors is 55.88%. Factor 1 and Factor 2 are used as subscales, ABeletot and ABtrautot respectively, in the rest of the analyses.

Table 2

Factor Loadings of Abortion Attitude Items

Item	Loading
Factor 1: Elective reasons	
5. The family has a very low income and can't afford any more children.	.662
6. The woman is married and does not want any more children.	.769
7. The woman is single and does not want to marry the man.	.804
8. The woman has made a personal decision to abort the foetus.	.628
Factor 2: Traumatic reasons	
2. The woman's own health is seriously endangered by the pregnancy.	.782
3. The woman became pregnant as a result of rape.	.742
4. There is a strong chance of serious defects in the baby.	.684

4.2 Knowledge of and attitude towards abortion by gender and sexual status

4.2.1 Knowledge of abortion by gender and sexual status

Table 3 shows the ANOVA results of knowledge by gender and sexual status.

Table 3***Gender by sexual status: ANOVA results of knowledge***

	Male (n = 61)	Female (n = 89)	Total	
	Mean (SD)	Mean (SD)	Mean (SD)	F
Gender	5.51 (2.77)	5.92 (2.49)		1.26
Sexual status				0.77
Yes	5.75 (3.10)	6.05 (2.31)	5.86 (2.82)	
No	5.05 (1.99)	5.87 (2.57)	5.68 (2.46)	
Gender*sexual status				0.28

There was no interaction between gender and sexual status and the F-test revealed no main effects.

Separate ANOVAs were conducted on gender by sexual status and religious groups due to small cell sizes. An analysis of gender by sexual status (2 x 2) ANOVA was conducted on the subscales traumatic and elective reasons.

4.2.2 Attitudes towards abortion by gender and sexual status

Table 4 shows the ANOVA results of ABeletot by gender and sexual status.

Table 4***Gender by sexual status: ANOVA results of ABeletot***

	<u>Male (n=61)</u>	<u>Female (n=89)</u>	<u>Total</u>	
	Mean (SD)	Mean (SD)	Mean (SD)	F
Gender	14.40 (5.11)	12.36 (6.40)		0.54
Sexual status				7.47**
Yes	15.33 (4.85)	14.64 (6.32)	15.08 (5.39)	
No	12.47 (5.20)	11.58 (6.29)	11.78 (6.04)	
Gender*sexual status				0.01

Note. ** $p < 0.01$

Those learners who were sexually active had higher scores on the elective subscale than those learners who were not sexually active. The sexually active learners seem to be more in favour of an abortion when a woman's personal choice is an issue than the learners that are not sexually active. The scores on the four elective items were averaged, and the means of these were calculated and found to be 3.29.

Table 5 shows the ANOVA results of the traumatic subscale by gender and sexual status.

Table 5***Gender by sexual status: ANOVA results of ABtrautot***

	<u>Male (n=61)</u>	<u>Female (n=89)</u>	<u>Total</u>	
	Mean (SD)	Mean (SD)	Mean (SD)	F
Gender	11.43 (3.68)	12.93 (5.10)		4.40*
Sexual status				0.15
Yes	10.86 (3.17)	14.71 (4.70)	12.28 (4.21)	
No	12.56 (4.41)	12.34 (5.13)	12.39 (4.95)	
Gender*sexual status				5.48*

Note. * $p < 0.05$

A significant interaction exists between gender and sexual status. While differences between males and females were found, it depended on whether they were sexually active or not. Sexually active females had a higher mean than sexually active males. The scores on the three traumatic items were averaged, and the means of these were calculated and found to be 4.09.

4.3 Relationships between abortion knowledge, the abortion attitude subscales and the age of respondents

Table 6 shows the correlation between knowledge, the elective subscale, the traumatic subscale and the age of respondents.

Table 6

Correlations (Pearson r) between knowledge scores, ABeletot, ABtrautot and age of respondents (n=150)

	ABeletot	Knowtot
ABeletot		-0.38
Age of respondents	0.20*	-0.14
ABtrautot	0.30**	0.02*

Note. * p<0.05

** p<0.01

The correlation between age of respondents and the subscale, ABeletot is significant. There also exists a significant correlation between the subscales, ABtrautot and ABeletot. ABtrautot and Knowtot are significantly correlated. These findings reveal that the older the person, the more positive their attitude is towards the elective reasons for abortion. The more positive the attitude towards abortion for elective reasons the more positive the attitude to traumatic reasons. Also, the greater the knowledge a person has regarding abortion and the legal aspects, the more likely they are to have a positive attitude towards abortion for traumatic reasons.

4.4 Knowledge and attitudes of abortion by religion

Table 7 shows the means, standard deviations and t-test results of the main variables by religion.

Table 7*Means, standard deviations and t-test results of the main variables by religion*

		<u>GROUP STATISTICS</u>		
	Religion	Mean	Std. deviation	t
Knowtot	Christian (n=70)	5.41	2.43	
	Hindu (n=30)	6.43	1.72	-2.09*
ABeletot	Christian (n=75)	12.04	6.52	
	Hindu (n=30)	14.93	5.53	-2.14*
ABtrautot	Christian (n=75)	11.63	4.35	
	Hindu (n=30)	13.93	4.55	-2.43*

Note. n = number of respondents

* p<0.05

The t-test revealed significant differences between Christians and Hindus. Hindu respondents had higher means for Knowtot, ABeletot and ABtrautot than Christian respondents. This indicates that Hindu respondents had stronger support for abortion based on elective reasons (personal choice) as well as traumatic reasons than Christian respondents. However, these results must be treated with caution because of the small sample size, particularly the Hindu sample.

Overall, the results show that the respondents had high levels of knowledge pertaining to the *age group of highest abortion rates, provision of counselling before and*

after an abortion, legality of abortion and the availability of abortion services than the other knowledge items. They had low knowledge scores for *age at which parental permission not needed, the period when abortion is allowed, when an abortion can be performed and the different methods for abortion*. Also, it is interesting to note that a significant proportion of the sample had not heard about CTOP (92.7%).

While differences on knowledge of and attitudes to abortion between males and females were found, it depended on whether they were sexually active or not. Sexually active females had higher knowledge scores than the rest of the respondents relating to abortion and the legal aspects. The sexually active learners seem to be more in favour of an abortion when a woman's personal choice is an issue than the learners who were not sexually active. The results also reveal the older the person, the more positive their attitude is towards the elective reasons for abortion. The respondents have a positive attitude towards abortion for elective reasons as well as traumatic reasons. Also, the more a person knows about abortion and the legal aspects, the more likely they are to have a positive attitude towards abortion for traumatic reasons. Lastly, it was found that Hindu respondents had higher means for all three variables than Christian respondents, which implies that Hindu respondents strongly support abortion based on elective reasons (personal choice) as well as traumatic reasons.

This chapter provided an overview of the descriptive information on knowledge and attitudes toward abortion, knowledge of and attitude towards abortion by gender and sexual status, relationships between abortion knowledge, the abortion attitude subscales and the age of respondents as well as knowledge and attitudes of abortion by religion.

CHAPTER 5

DISCUSSION

Several studies have attempted to describe the levels of support for abortion in the adult population (Boggess & Bradner, 2000; Speizer et al., 2005; Walzer, 1994) and among college students (Coleman & Nelson, 1999; Hess & Rueb, 2005; Sahar & Karasawa, 2005). Yet, we know very little about the abortion attitudes of adolescents (Boggess & Bradner, 2000). The present study therefore aimed to describe the levels of knowledge and attitudes of abortion among male and female secondary school learners, to examine gender and religious differences among the learners with regards to abortion attitudes and knowledge.

5.1 Knowledge pertaining to abortion

Given that abortion has been legal in this country for the last 15 years and the vast media attention it has been given, together with youth programmes (Soul City, Soul Buddyz, YMCA, *Society for Family Health*, PPASA, National Life Skills Education in Schools, Lovelife and the *NAFCI*) attempting to raise awareness around reproductive issues (Dickson-Tetteh & Ladha, 2000), it would be expected that the levels of knowledge pertaining to abortion would be high. In this study, knowledge items in the questionnaire relate to aspects of South Africa's legal status on abortion. The present study revealed varying levels of knowledge among the respondents. These results point to the need for youth programmes to focus on specific aspects of reproductive health and raise awareness of the legal aspects of abortion in particular.

Sixty-seven percent of the respondents had knowledge of which age group have the highest abortion rates, 68.7% knew that counselling is provided before and after an

abortion, 80% knew that abortion is legal and 84% were aware that abortion services are available. However, very few knew the age at which parental permission is needed (6.7%), the stage of pregnancy when an abortion can be performed (10.7%), and the different methods for abortion (20.7%).

In South Africa, the Department of Health introduced many programmes as mentioned earlier that were designed to improve knowledge, raise awareness and implement positive behaviour change in the reproductive health of young people (Dickson-Tetteh & Ladha, 2000). The reason the four knowledge items had the highest scores when compared to the other knowledge items could be that these programmes have adequately covered some of the issues while other issues were not emphasised. Another reason to account for the low knowledge scores could be that aspects of the law have changed or have been adapted in recent years. Only 7% indicated that they had heard of the abbreviated form of the Act, CTOP. Overall, respondents appeared to have differing levels of knowledge on abortion and the relevant laws pertaining to the act of abortion. It is important to know about the laws pertaining to abortion because young adults' knowledge and opinions about abortion law are likely to influence their use of abortion services (Becker et al., 2002).

Over 41% of the learners said that they were sexually active. Although we do not know, in the case of the present sample, whether they engage in risky sexual behaviour or whether they are make use of contraception, South African research tends to indicate that due to early maturity, teenagers face many problems. These are reported to include inadequate knowledge of reproductive biology, early sexual relationships, limited knowledge of and access to contraceptive methods and therefore a low contraceptive use rate (Oni et al., 2005).

Becker et al. (2002) claims that lack of knowledge about how contraceptives work increases the young female's risk of unwanted pregnancy. According to Oni et al. (2005), high levels of sexual activity and low contraceptive use puts adolescents at risk of pregnancy. In the present study, sexually active females in the study had a higher mean ($\bar{X} = 6.05$) regarding knowledge on abortion as compared to the sexually active males ($\bar{X} = 5.75$). Given the current trends, the respondents in this study may also be at risk of facing unwanted pregnancies.

There was a significant correlation between knowledge and attitudes to abortion in traumatic circumstances. The higher the knowledge score a person has regarding abortion and the legal aspects, the more likely they are to have a positive attitude towards abortion for traumatic reasons. A similar finding was reported in Esposito and Basow (1995), that the more accurate knowledge of abortion-related information and traumatic cases, for example, rape and incest, are associated with more empathy towards those who need an abortion. Rape and incest are considered tragedies beyond the control of women seeking the terminations, thus entitling them to do anything to alleviate the situation (Harrison et al., 2000).

Furthermore, a child conceived through rape or incest appears to be viewed as an unwanted child (Harrison et al., 2000) which could explain the more supportive attitudes towards abortion for traumatic reasons. It is likely that those who have higher levels of knowledge about the legality of abortion in this country are more likely to see this as an option for women who find themselves in an unwanted pregnancy resulting from rape or incest.

While it is tempting to conclude from this finding that better knowledge levels of abortion law translates into more positive attitudes, it must be remembered that it is based on a correlation between the variables and is not a causal relationship. It is not possible to

ascertain whether those who have acquired more knowledge because of their positive views on abortion for traumatic reasons or whether they have developed positive attitudes to abortion.

5.2 Attitudes towards abortion

Twenty percent of the respondents agreed that abortion is acceptable whilst 78% disagreed. This finding supports Rule's (2004) statement, which was based on a national survey that South Africa's guiding principles, laws and rules regarding reproductive rights do not coincide with the public's sentiment. Patel and Myeni (2008) and Patel and Kooverjee (2009) using smaller scale studies have indicated that their samples of South African students also had negative attitudes to abortion. This is in contrast to international research which indicates that students generally possess supportive attitudes towards abortion (Ekstrand et al., 2005).

Instead of using a total score in this study as Esposito and Basow (1995) did, factor analysis was conducted in order to examine the underlying structure of the items. As described in the previous chapter, two factors were found: elective reasons and traumatic reasons, which were used as subscales in the study. This finding is similar to Wilcox's (1990) analysis of the 1988 General Social Survey conducted in the United States. The survey also found that abortion attitudes consisted of two factors, namely elective and traumatic reasons.

Inspection of the overall item means in our sample shows more support for traumatic reasons, namely rape and the mothers' health ($\bar{X} = 4.09$) compared to elective reasons ($\bar{X} = 3.29$). This study, together with previous studies (Bogges & Bradner, 2000; Carlton et al., 2000; D'Agostino, 1999; Finlay, 1996; Harrison et al., 2000; Patel & Johns, 2007; Patel & Kooverjee, 2009; Patel & Myeni, 2008), appears to yield significant support

for termination when traumatic reasons are offered. Research has consistently shown positive attitudes and high support for abortion in these instances because rape and incest are considered situations beyond the control of women seeking the terminations, whereas socioeconomic hardship (elective reason) is not viewed in the same light (Harrison et al., 2000).

Research on attitudes to abortion depends on the context (Patel & Kooverjee, 2009; Varga, 2002) and the reason for the decision to abort. In this case, there is more support for instances relating to traumatic reasons, while elective reasons seem to elicit less support. The latter may be due to underlying conservative attitudes to women and their reproductive rights, as found in Patel and Johns's (2007) study.

There was a significant correlation between age of respondents and attitudes to abortion for elective reasons: the older the person, the more positive their attitude is towards the elective reasons for abortion. As previously found (Esposito & Basow, 1995; Wright & Rogers, 1987), older respondents held more favourable attitudes towards abortion than did younger ones. This could suggest that older respondents perhaps recognise the importance of women's rights and their autonomy.

Researchers over the years have observed that people are ambivalent about abortion and that to classify a person as either pro-choice or pro-life is not advisable because abortion is an extremely complex issue. Although abortion is controversial, it does not seem as highly polarised as most people believe. In recent years, contemporary research has emerged that refutes some of the most traditional views concerning abortion and proposes other possible theories for what drives people to have the abortion attitudes they have (Modi, 2002).

5.3 Gender differences

Gender has consistently played a significant role in terms of abortion and abortion attitudes. Some studies have found males to be more accepting of abortion than females (Agadjanian, 2002), other studies have found females to be more accepting of abortions (Finlay, 1996), and some research has found no significant difference for abortion attitudes between males and females (Patel & Johns, 2007). This probably occurs because the attitudes of males and females are constantly changing and as the situations change over time. These changes have been tracked in previous studies (Finlay, 1996; Walzer, 1994). Finlay's (1996) study of gender differences among seminary students demonstrated that men tend to hold more traditional views about abortion than the general public while women were found to be more liberal. Given this unclear picture, the current study attempted to examine gender differences among secondary school learners with regards to abortion attitudes.

The analysis of gender differences yielded the following: no difference was found on their attitudes to abortion for elective reasons, but a significant difference was found in their attitudes for traumatic reasons, with females showing greater support for abortion than males. However, this effect was found to be a function of their sexual status rather than a real gender difference. Sexually active females had a higher mean than sexually active males which indicates that sexually active females were more supportive towards abortions for traumatic reasons.

In this study, just over 41% of the learners said that they were sexually active. Out of the 41%, sexually active female learners had a higher mean (14.71) than the sexually active males (10.86). The sexually active female learners were more in favour of an abortion based on traumatic reasons than the sexually active male learners. It seems as if

these negative attitudes to abortion displayed by males could also influence their (un)willingness to have sexual relationships with women who have had abortions.

In Khoza's (2004) study, while female participants indicated that there was no harm in having sex with a female who has had a safe abortion, male adolescents indicated that sleeping with a woman who had undergone an abortion was like committing suicide. Males believed that the woman was highly infectious and once a man got infected there was no medical cure except going to the traditional healer for cleansing. According to their views very few "inyangas" were able to treat this condition successfully. One male in the study described the condition characterised by an abnormally hot body, inability to pass urine with clots, confusion and distended blood vessels.

Research has revealed that when examining attitudes relating to abortion, it is a complex matter; therefore consideration of the varying conditions under which abortion is possible must be taken into account (Bahr & Marcos, 2003). Religious affiliation has been consistently identified as a variable associated with abortion attitudes.

5.4 Religion and abortion

In the past as well as present day, most religions are against the idea of abortion (Hess & Rueb, 2005). Over the years, religion has emerged as a significant predictor of both abortion attitudes (studies reported in Esposito & Basow, 1995 and Sahar & Karasawa, 2005). The majority of South Africans describe themselves as Christians, with Hinduism and Islam being the largest practiced religions of the non-Christian groups (Rule, 2002).

By observing the results of this study, it can be seen that for the Hindu sample, although the sample size was small, the means for the three variables (Knowtot, ABeletot, ABtrautot) were much higher than the means for the Christian sample. This could suggest

that in the present study, positive attitudes towards abortion were more prevalent in the Hindu sample as compared to the Christian sample. Hindus approved of abortion for traumatic and elective reasons while Christians disapproved of abortion for those reasons. These results support previous research which shows that religion is a significant predictor of abortion attitudes. The similar findings between Hindus and Christians were found in studies using various sample sizes (Patel & Johns, 2007; Patel, Ramgoon & Paruk, 2009).

However, when the levels of religiosity between the Hindu sample and the Christian sample were considered, it was found that the levels of religiosity were quite close. In the sample, more than half of the Christian respondents were religious while 20% were not religious. The same applies to the Hindu sample with more than half of the Hindu respondents saying they were religious while 4% were not religious. However, the findings in the current study must be treated with caution because religiosity was a one item measure, thus not reliable enough to make conclusive statements. It is recommended that this dimension of religiosity be explored in further research on a larger scale.

This chapter provided an overview of the knowledge pertaining to abortion, attitudes to abortion, gender differences and religion and abortion. In summary the sample indicated varying levels of knowledge of abortion legislation in this country and females showed greater support for abortion for traumatic reasons compared to males. With regard to religious differences, Hindu learners had higher knowledge scores, and had more positive attitudes to abortion than their Christian counterparts.

CHAPTER 6

CONCLUSION

6.1 Summary and conclusion

Overall in this study, the findings reveal that the respondents had a lack of knowledge pertaining to abortion and the relevant laws governing the act of abortion (legal aspects); attitudes to abortion varied depending on gender, sexual status and the reasons for abortion. It was found that the older the person, the more positive their attitude is towards the elective reasons for abortion. In this study, positive attitudes towards abortion were prevalent in the Hindu sample as compared to the Christian sample. It is interesting to note the pattern that emerges regarding Hindus and Christians regarding abortion attitudes and religion that is consistent with the past studies (Patel & Johns, 2007; Patel, Ramgoon & Paruk, 2009).

6.2 Limitations of the study

The restricted sample size as well as the fact that the sample was taken from a single suburban, lower middle class secondary school severely limits the generalisability of the results to other South African learners. The fact that it is a cross-sectional study of a sample of learners who, according to the personality theorist, Erik Erikson is in the stage of development characterized by turbulence and conflict, makes it difficult to assume that the attitudes held by the sample are permanent and enduring.

In research of this nature, problems with response set and the tendency to respond in socially desirable ways could have influenced the results. Social desirability refers to the tendency of research participants to respond to questions in ways that are normatively

appropriate (socially desired) and it does not accurately reflect the participants true perceptions, thus posing a threat to the validity of the results (Kalbfleisch, 2005).

While quantitative research has its strengths in allowing surveys of attitudes. It does restrict our ability to fully explore the complexities of a controversial issue like abortion. Future research could include mixed methodologies which will allow us to obtain a more comprehensive picture of the abortion issue.

6.3 Recommendations

Levels of knowledge and attitudes pertaining to abortion among South African youth will allow researchers, together with health promotion practitioners, to identify strengths as well as problem areas in health initiatives and programmes. This will potentially enable them to effectively improve, redesign, change and address important issues that are lacking in existing health programmes and interventions.

While it is understandable that support for traumatic reasons will be high, the low support for women's elective reasons found in the present study, especially in the context of the country's drive to promote women's reproductive rights, is of some concern. This finding, combined with the low levels of knowledge on certain legal dimensions of abortion in this country, indicates that these issues need to be addressed.

Given that South African youth are becoming sexually active at an increasingly younger age, the Departments of Health and Education need to collaborate on ways to disseminate much needed information to its youth. Kirby (1997) and Synovitz, Herbert, Kelley & Carlson (2002) have indicated that sexuality education has been found to be successful in promoting abstinence, decreasing sexual activities, increasing use of safer sexual practices, increasing teenage sexual responsibility, increasing sex-related knowledge, aiding youth towards more responsible sexual decision-making, delaying the

age at which first sexual intercourse occurs and not encouraging earlier or increased sexual activity or the numbers of partners.

Policies and programmes have been developed to address the problems and challenges pertaining to reproductive health which are faced by the youth in South Africa. These initiatives need to be supported by services that are both accessible and acceptable to adolescents. The National Adolescent Friendly Clinic Initiative (NAFCI) is one of the examples of how services are being made more accessible and acceptable to adolescents. To achieve its aims, the NAFCI will work with health care providers in the public sector to assist them to improve the quality of adolescent health care (Dickson-Tetteh & Ladha, 2000).

REFERENCES

- Agadjanian, V. (2002). Adolescents' views on childbearing, contraception and abortion in two post-communist societies. *Journal of Youth Studies*, 5(4), 391-406.
- Bahr, S. J., & Marcos, A. C. (2003). Cross-cultural attitudes toward abortion: Greek vs. Americans. *Journal of Family Issues*, 24, 402-424.
- Bailey, W. T. (1993). College students' attitudes toward abortion. *Journal of Social Behaviour and Personality*, 8, 749-756.
- Bailey, B., & Charles, M. (2005). A Gender Review – Annual Progress Report 2003 on National Social Policy Goals. The University of the West Indies. Centre for Gender and Development Studies.
- Banister, P., Burman, E., Parker, I., Taylor, M., & Tindall, C. (1994). *Qualitative methods in psychology: A research guide*. Buckingham: Open University Press.
- Becker, D., Garcia, S. G., & Larsen, U. (2002). Knowledge and Opinions about abortion law among Mexican Youth. *International Family Planning Perspectives*, 28(4), 205-213.
- Beins, B. C. (2009). *Research Methods: A tool for life* (2nd Ed). Boston: Allyn and Bacon.
- Bogess, S., & Bradner, C. (2000). Trends in Adolescent Males' Abortion Attitudes, 1988-1995: Differences by race and ethnicity. *Family Planning Perspectives*, 32(3), 118-123.
- Carlton, C. L., Nelson, E. S., & Coleman, P. K. (2000). College students' attitudes toward abortion and commitment to the issue. *The Social Science Journal*, 37, 619-625.
- Carr, S. C. (2003). *Social Psychology Context: Community and Culture*. Australia: John Wiley and Sons Ltd.

Choice on Termination of Pregnancy Act No. 92 of 1996. (1996, November 22).

Government Gazette, 377.

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

Coon, D., & Mitterer, J. O. (2007). *Introduction to psychology: Gateways to mind and behavior.* Belmont, CA: Thomson and Wadsworth.

Cooper, D., Chelsea, M., Orner, P., Moodley, J., Harries, J., Cullingworth, L., & Hoffman, M. (2004). Ten years of democracy in South Africa: Documenting transformation in reproductive health policy and status. *Reproductive Health Matters, 12*(24), 70-85.

Cozby, P. (2004). *Methods in Behavioural Research* (8th Ed). Boston: McGraw Hill.

D'Agostino, J. A. (1999). Poll: Women trending right on social issues. *Human Events, 55.*

Dean, S., & Illowsky, B. (2008). F Distribution and ANOVA: Purpose and Basic Assumptions of ANOVA. Retrieved October 15, 2010, from <http://cnx.org/content/m17068/latest/>

Dickson-Tetteh, K. & Ladha, S. (2000). Youth Health. In A. Ntuli, N. Crisp, E. Clarke, & P. Baron (Eds.), *SA Health Review 2000* (pp.393-409).

Ekstrand, M., Larsson, M., Von Essen, L., & Tyden, T. (2005). Swedish teenager perceptions of teenage pregnancy, abortion, sexual behaviour, and contraceptive habits – A focus group study among 17-year-old female high-school students. *Acta Obstetricia Gynecologica Scandinavica, 84*, 980-986.

Ekstrand, M., Tyden, T., Darj, E., & Larsson, M. (2007). Preventing pregnancy: a girls' issue. Seventeen-year-old Swedish boys' perceptions on abortion, reproduction and

- use of contraception. *The European Journal of Contraception and Reproductive Health Care*, 12(2), 111-118.
- Esposito, C. L., & Basow, S. A. (1995). College students' attitudes toward abortion: The role of knowledge and demographic variables. *Journal of Applied Social Psychology*, 25, 1996–2017.
- Finlay, B. A. (1981). Sex differences in correlates of abortion attitudes among college students. *Journal of Marriage and the Family*, 43, 571–582.
- Finlay, B. (1996). Gender differences in attitudes toward abortion among Protestant seminarians. *Review of Religious Research*, 37, 354-360.
- Harrison, A., Montgomery, E. T., Lurie, M., & Wilkinson, D. (2000). Barriers to implementing South Africa's Termination of Pregnancy Act in rural KwaZulu-Natal. *Health Policy and Planning*, 15, 424-431.
- Health Systems Trust. (n.d.). *Health statistics*. Retrieved November 1, 2006, from www.hst.org.za/healthstats/47/data
- Henshaw, S. K., Adewole, I., Singh, S., Bankole, A., Oye-Adeniran, B., & Hussain, R. (2008). Severity and cost of unsafe abortion complications treated in Nigerian hospitals. *International Family Planning Perspectives*, 34(1), 40-50.
- Hess, J. A. & Rueb, J. D. (2005). Attitudes toward abortion, religion, and party affiliation among college students. *Current Psychology*, 24(1), 24-42.
- Hogg, M. A., & Vaughan, G. M. (2002). *Social Psychology*. England: Pearson Education Limited.
- Independent Online. (2008). Shock for teens' parents. Retrieved May 5, 2008, from http://www.iol.co.za/index.php?set_id=1&click_id=117&art_id=vn20080110112021153C287484

- Jewkes, R., & Rees, H. (2005). Dramatic decline in abortion related mortality due to the Choice on Termination of Pregnancy Act. *South African Medical Journal*, 95(4), 250.
- Kalbfleisch, P. J. (2005). *Communication Yearbook 29*. London: Routledge.
- Kaufman, C. E., Clark, S., Manzini, N., & May, J. (2004). Communities, opportunities, and adolescents' sexual behaviour in KwaZulu-Natal, South Africa. *Studies in Family Planning*, 35(4), 261-274.
- Khoza, L. B. (2004). Adolescents' knowledge, beliefs and experiences regarding sexual practices. *Health SA Gesondheid*, 9(3), 34-41.
- Kirby, D. (1997). No easy answers. Research findings on programs to reduce teen pregnancy. Washington DC: National Campaign to prevent Teen Pregnancy.
- Louw, D. A. (1991). Human Development. Pretoria: Kagiso Tertiary.
- Maguire, D. C. (2006). Religions say... *USA Today*. Retrieved March 10, 2011, from <http://www.journal%20articles/abortion/religions.mht>
- Makhathini, M., & Moodley, S. (n.d). Ethekwini Municipality: Phoenix. Retrieved March 10, 2011, from <http://www.durban.gov.za/durban/discover/history/our-town/phoenix>
- Marsiglio, W., & Shehan, C. L. (1993). Adolescent male abortion attitudes: Data from a national survey. *Family Planning Perspectives*, 25(4), 37-53.
- Mfono, Z. (1998). Teenage contraception needs in urban South Africa: A case study. *International Family Planning Perspectives*, 24(4), 180-183.
- Mhlanga, R. E. (2003). Abortion: Development and impact in South Africa. *British Medical Bulletin*, 67, 115-126.
- Misra, R. (1998). Effect of age, gender and race on abortion attitude. *International Journal of Sociology and Social Policy*, 18(9), 91-115.

- Mitchell, A., Debbie, O., & Watson, J. (2000). Talking sexual health: A national application of the health promoting school framework for HIV/AIDS education in secondary schools. *Journal of School Health, 70*(6), 262-265.
- Modi, D. (2002). Factors influencing women's attitudes towards abortion at the University of Pennsylvania. *Perspectives in Psychology, 5*, 42-50.
- Morrone, C., Myer, L., & Tibazarwa, K. (2006). Knowledge of the abortion legislation among South African women: a cross-sectional study. *Reproductive Health, 3*, 1-5.
- National Institutes of Health. (n.d). Theory at a Glance: A Guide for Health Promotion Practice. Notes: Pdf.
- Oni, T. E., Prinsloo, E. A. M., Nortje, J. D., & Joubert, G. (2005). High school students' attitudes practices and knowledge of contraception in Jozini, KwaZulu-Natal. *South African Family Practice, 47*(6), 54-57.
- Papalia, D. E., & Olds, S. W. (1992). *Human Development*. New York: McGraw Hill Inc.
- Patel, C. J. & Johns, L. (2007). *The relationship between attitudes to abortion, religiosity, and attitudes to women in a sample of South African students*. Poster session presented at the International Conference on Psychology in Mental Health, Bangalore, India.
- Patel, C.J., & Kooverjee, T. (2009). Abortion and contraception: Attitudes of South African university students. *Health Care for Women International, 30*(6), 550-568.
- Patel, C. J. & Myeni. M. C. (2005). Attitudes to abortion in a sample of South African female university students. *Journal of Applied Social Psychology, 38*(3), 736-750.
- Patel, C.J., Ramgoon, S., & Paruk, Z. (2009). Exploring religion, race and gender as factors in the life satisfaction and religiosity of young South African adults. *South African Journal of Psychology, 39*(3), 266-274.

- Peters, J. F. (1994). Gender socialization of adolescents in the home: Research and discussion. *Adolescence, 29*, 913-934.
- Pett, M. A., Lackey, N. R., & Sullivan, J. J. (2003). Making sense of factor analysis: the use of factor analysis for instrument development in health care research. Europe: SAGE Publications Inc.
- Pettifor, A. E., Measham, D. M., Rees, H. V., & Padian, N. S. (2004). Sexual power and HIV risk. *Emerging Infectious Diseases, 10*(11), 1996-2004.
- Pettifor, A. E., Rees, H., Kleinschmidt, I., Steffenson, A. E., MacPhail, C., Hlongwa-Madikizela, L., Vermaak, K., & Padian, N. S. (2005). Young people's sexual health in South Africa: HIV prevalence and sexual behaviors from a nationally representative survey. *AIDS, 19*(14), 1525-1534.
- Pittenger, D. G. (2003). *Behavioural Research: Design and Analysis*. Boston: McGraw Hill.
- Rees, H., Katzenellenbogen, J., Shabodien, R., Jewkes, R., Fawcus, S., McIntyre, J., Lombard, C., & Truter, H. (1997). The epidemiology of incomplete abortion in South Africa. *South African Medical Journal, 87*(4), 432-437.
- Richter, M. S., & Mlambo, G. T. (2005). Perceptions of rural teenagers on teenage pregnancy. *Health SA Gesondheid, 10*(2), 61-69.
- Rosenwasser, S. M., Wright, L. S., & Barber, R. B. (1987). The rights and responsibilities of men in abortion situations. *Journal of Sex Research, 23*, 97-105.
- Rule, S. (2004). Rights or wrongs? Public attitudes toward moral values. *Human Sciences Research Council Review, 2*, 4-5. Retrieved December 6, 2007, from www.hsrc.ac.za/Document-39.phtml
- Rutherford, A. (2001). *Introducing ANOVA and ANCOVA: a GLM approach*. Europe: SAGE Publications Inc.

- Sahar, G., & Karaswa, K. (2005). Is the personal always political? A cross-cultural analysis of abortion attitudes. *Basic and Applied Social Psychology*, 27, 285-296.
- Shusterman, L. R. (1976). The Psychosocial Factors of the abortion experience: A critical Review. *Psychology of Women Quarterly*, 1(1), 79-106.
- South African Demographic and Health Survey (SADHS) (1998). *Adolescent Health*, Chapter 9. Retrieved October 3, 2010, from <http://www.doh.gov.za/facts/1998/sadhs98/chapter9.pdf>
- South African youth are optimistic about our future. (2005). Retrieved October 25, 2005, from www.sagoodnews.co.za/faith/451615.htm
- Speizer, I. S., Whittle, L., & Carter, M. (2005). Gender relations and reproductive decision making in Honduras. *International Family Planning Perspectives*, 31(3), 131-139.
- Stets, J. E., & Leik, R. K. (1993). Attitudes about abortion and varying attitude structures. *Social Science Research*, 22, 265-282.
- Stewart, A. J., & McDermott, C. (2004). Gender in Psychology. *Annual Review of Psychology*, 55, 519-544.
- Stone, R., & Waszak, C. (1992). Adolescent Knowledge and Attitudes about abortion. *Family Planning Perspectives*, 24(2), 52-57.
- Synovitz, I., Herbert, E., Kelley, R. M., & Carlson, G. (2002). Sexual knowledge of college students in a southern state. *American Journal of Health Studies*, 17(4), 163-173.
- The State of South Africa's Population Report 2000. Retrieved 15 June 2000 from www.info.gov.za/other_docs/2000/population/chap5.pdf
- Thomson, C., Currie, C., Todd, J., & Elton, R. (1999). Changes in HIV/AIDS education, knowledge and attitudes among Scottish 15-16 year olds, 1990-1994: findings from

- the WHO: Health behaviour in school-aged children study (HBSC). *Health Education Research*, 14(3), 357-370.
- Trochim, W. M. K. (2006). Research methods knowledge base. Retrieved 5 May 2008 from http://www.socialresearchmethods.net/kb/stat_t.php
- Varga, C. A. (2002). Pregnancy termination among South African adolescents. *Studies in family Planning*, 33, 283-298.
- Wall, S. N., Frieze, I. H., Ferligoj, A., Jarosova, E., Pauknerova, D., Horvat, J., & Sarlija, N. (1999). Gender role and religion as predictors of attitude toward abortion in Croatia, Slovenia, the Czech Republic, and the United States. *Journal of Cross-Cultural Psychology*, 30(4), 443-465.
- Walzer, S. (1994). The role of gender in determining abortion attitudes. *Social Science Quarterly*, 75(3), 687-693.
- Wilcox, C. (1990). Race differences in abortion attitudes: Some additional evidence. *Public Opinion Quarterly*, 54, 248-255.
- Wright, L. S., & Rogers, R. R. (1987). Variables related to pro-choice attitudes among undergraduates. *Adolescence*, 87, 517-524.
- Zaidi, S., Ramarajan, A., Qiu, R., Raucher, M., Chadwick, & Nossier, A. (2009). Sexual rights and gender roles in a religious context. *International Journal of Gynecology and Obstetrics*, 106, 151-155.

APPENDIX 1

LETTER AND INFORMED CONSENT FORM

Knowledge of, and attitudes towards abortion in a sample of secondary school learners: Exploring gender and religious differences

Dear Principal, Parent and Learner

My name is Devashnee Ramiyad, a “Masters in Health Promotion” student at the University of KwaZulu-Natal. I am required to complete a research study in part fulfillment of my degree.

A requirement for ethical clearance of the study includes obtaining informed consent from the principal and parents as well as of the participants of my study. Details of the proposed study follow on page two of this document. Kindly read the following information followed by the consent form, which requires your signature.

Please be assured that all information contained in the study will be treated with absolute confidentiality, and that all participants’ privacy will be assured. Also note that any participant may refuse to participate in this study or withdraw participation at any point during the research with no penalties.

Kindly feel free to contact my supervisor or myself should you have any queries regarding the study. Your participation and assistance in the completion of this study will be appreciated.

Thank you,

Devashnee Ramiyad (Ms)
Postgraduate Student – Masters in Health Promotion
University of KwaZulu-Natal
School of Psychology

NAME OF RESEARCHER: Ms Devashnee Ramiyad

Contact details: Cell: 0844531774

E-mail: 200308449@ukzn.ac.za

NAME OF SUPERVISOR: Mrs Cynthia Patel

Contact details: Tel: (031) 2607619

E-mail: patelc@ukzn.ac.za

DETAILS OF RESEARCH STUDY:

Title of study: Knowledge of, and attitudes towards abortion in a sample of secondary school learners: Exploring gender and religious differences.

Aim of the study: Statistics have shown that 15-18 year old adolescents are the biggest targeted risk group in terms of abortion. This study aims to explore the interaction between religion and gender in relation to male and female adolescents' knowledge of and attitude towards abortion.

The objectives of the study:

- ❖ To determine levels of knowledge and attitudes of abortion among secondary school learners.
- ❖ To examine gender differences and religious differences among the secondary school learners with regards to abortion attitudes and knowledge.
- ❖ To investigate the interaction of gender and religion in terms of abortion.

WHAT IS REQUIRED?

Time needed for the study: The estimated total time of involvement will be 15 minutes for the reading and understanding of the consent to participate in the study. Secondly, the estimated total time of involvement for the completion of the questionnaire is estimated at about 40 minutes.

Questionnaire completion: The research study involves the completion of a questionnaire by the learners. I will be present to clarify issues that learners may be unsure of.

ETHICAL ISSUES

Ethical clearance for the study was sought from the Faculty of Humanities, Social Sciences and Development, University of KwaZulu-Natal. In order to adhere to ethical procedures you will be required to give informed consent to participate in the study. This means that you are aware:

- of the aims and objectives of the study,
- that participation is voluntary, confidential and that you may withdraw from participation at any time
- that the School of Psychology will keep the data for a period of 5 years on the computer. The questionnaires will be destroyed after the data has been stored.
- aware that the information obtained from you will be treated with absolute confidentiality and that your privacy is ensured.

To be returned to the school:

DECLARATION OF CONSENTING PARENT OR GUARDIAN

I..... (Full names of parent or guardian of participant) hereby confirm that I understand the contents of this document and the nature of the research project, and I consent to grant permission for my child to participate in the research project. I also understand that participation of my child in the study is voluntary, that he/she may withdraw from the study at any time and that the information that will be obtained will be treated confidentially.

I understand that I /my child may withdraw from the project at any time.

SIGNATURE OF PARENT/GUARDIAN

DATE

.....

.....

DECLARATION BY PARTICIPANT

I..... (Full name of participant) hereby confirm that I understand the contents of this document and the nature of the research project, and I consent to participating in the research project. I understand that my participation is voluntary, that I may withdraw from the study at any time and that the information that will be obtained will be treated confidentially.

SIGNATURE OF PARTICIPANT

DATE

.....

SIGNATURE OF RESEARCHER

DATE

.....

DECLARATION BY PRINCIPAL

I..... (Principal of the school) hereby confirm that I understand the contents of this document and the nature of the research project and I consent to my learners participating in the research project.

I understand that I and/or my learners are at liberty to withdraw from the project at any time, should I/they so desire.

SIGNATURE

DATE

.....

.....

Strongly
disapprove

Strongly
approve

c) there is a strong chance of serious defects in the baby.

1 2 3 4 5 6

Strongly
disapprove

7
Strongly
approve

d) the family has a very low income and can't afford any more children.

1 2 3 4 5 6

Strongly
disapprove

7
Strongly
approve

e) the woman is married and does not want any more children.

1 2 3 4 5 6

Strongly
disapprove

7
Strongly
approve

f) the woman is single and does not want to marry the man.

1 2 3 4 5 6

Strongly
disapprove

7
Strongly
approve

g) the woman has made a personal decision to abort the foetus.

1 2 3 4 5 6

Strongly
disapprove

7
Strongly
approve

Section C

These are statements relating to abortion and the legal aspects of abortion in South Africa.

Please circle one answer for each question.

Which is the legal definition of abortion?

- a) Abortion is the separation and expulsion, by medical or surgical means, of the contents of the uterus of a pregnant woman
- b) Abortion is the killing of an unborn child by means of removing the mother's uterus
- c) Abortion is a way of getting rid of an unwanted baby by swallowing poisonous chemicals.

Abortion rates are highest among women:

- a) 12-18 years old
- b) 18-22 years old
- c) 22-25 years old
- d) Don't know

When can a woman have an abortion?

- a) Up to 12 weeks of the pregnancy called the first trimester
- b) 13 to 20 weeks into the pregnancy
- c) After the 20th week of the pregnancy
- d) All of the above
- e) Don't know

An abortion is performed when,

- a) the woman voluntarily wants to have an abortion.
- b) there is risk of harm to the woman's health.
- c) the pregnancy is a result of rape or incest.
- d) there are problems regarding the social or economic circumstances of the woman.
- e) there is a danger to the woman's life.
- f) there is severe malformation of the foetus.
- g) there is risk of injury to the foetus.

- h) Any of the above
- i) Don't know

An abortion can be performed by,

- a) a medical practitioner
- b) registered midwife/nurse
- c) both
- d) Don't know

An abortion may be performed at,

- a) a hospital
- b) an abortion clinic (non-governmental organisation)
- c) facilities designated by the Minister of Health
- d) a facility with 24-hour maternity service
- e) all of the above are available
- f) Don't know

The different methods for terminating a pregnancy are:

- a) Vacuum aspiration is the preferred method of abortion during the first trimester. The cervix is dilated and the contents of the uterus are removed through a tubular suction device.
- b) Drug induced methods
2 important drugs: Mifepristone and Misoprostal
- c) Manual vacuum aspiration (MVA): This procedure is the only surgical abortion procedure available before 6 to 7 weeks of pregnancy. It is a method of removing tissue from the uterus by suction to remove the elements of conception.
- d) Intra-amniotic instillation: This procedure can be done after 13 weeks of pregnancy. It involves the inducing of a spontaneous abortion by the instillation of a solution into the amniotic cavity around the foetus.
- e) All of the above are available
- f) Don't know

Do clinics and hospital staff provide counselling, before and after the termination of a pregnancy?

- a) Yes
- b) No
- c) Don't know

Are abortions legal in South Africa?

- a) Yes
- b) No
- c) Don't know

Are abortion services readily available in this country?

- a) Yes
- b) No

Have you heard of CTOP?

- a) Yes
- b) No

Is it a criminal offence to prevent the lawful termination of a pregnancy or obstructing access to a TOP or abortion facility?

- a) Yes
- b) No
- c) Don't know

It is a criminal offence for anyone to perform a TOP at an unauthorised facility, for example, a general practitioner doing it in his surgery?

- a) Yes
- b) No
- c) Don't know

A female can have an abortion without her parent's permission/consent from the age of?

- a) 12 years
- b) 15 years
- c) 18 years