

**THE ATTITUDES OF YOUNG
MALE LEARNERS TOWARDS ABORTION**

BY

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DECLARATION

I, Lebohang M. M. Selebalo declare that this research is a result of my own work, except where otherwise stated. I have given the full acknowledgement of the sources referred to in the text. This study has not been submitted before for any degree or examination at any university.

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ABSTRACT

Abortion is one of the issues that elicits relatively controversial debates around the globe. These debates revolve around the pro-life and pro-choice stances, moral and religious issues, backstreet abortion, the role of fathers in decision-making and constitutional issues, among others. Therefore, there is a variety of factors that may influence the way individuals perceive abortion. Race, religious affiliation, and religiosity have been found to play a role in determining the attitudes of individuals towards abortion. For instance, racial and religious differences in abortion attitudes among the South African public are reported (Patel, Ramgoon & Paruk, 2009; Rule, 2004). However, research on attitudes towards abortion demonstrates its complex nature and provides somewhat conflicting evidence. Varga (2002) makes the point that while it is important to understand both male and female perspectives on abortion, very little is known about boys' attitudes towards abortion, thus the motivation for this research study. Consequently, the aim of this study was to investigate the attitudes of young male learners towards abortion taking into consideration their race, religion and religiosity. Findings indicate that young male learners generally have high religiosity levels and show negative attitudes towards abortion across race and religion. The religious and racial differences in abortion attitudes of male learners were also explored and revealed significant differences amongst the groups, with the Islamic group obtaining the highest levels of abortion opposition for different reasons when compared to Africans and Hindus. In line with past research (Patel & Johns, 2009; Patel & Kooverjee, 2009; Patel & Myeni, 2008), these findings indicate that the higher the religiosity level, the more negative the attitudes towards abortion.

TABLE OF CONTENTS	PAGE
Title page	i
Declaration	ii
Acknowledgements	iii
Abstract	iv
Table of contents	v
List of tables	ix
Definition of terms	x
1. Abortion	x
2. Attitudes	x
3. Race	xi
4. Religiosity	xi
5. Young people	xi
6. Young men	xi
7. Backstreet abortion	xi
Abbreviations	xii
CHAPTER 1: Introduction	1
1.1 Introduction	1
1.2 Background to the study	1
1.3 Problem statement	3
1.4 Relevance of the study	4
1.5 Purpose of the study	4
1.6 Research objectives	4
1.7 Conclusion	5
CHAPTER 2: Literature Review	6
2.1 Incidences of sexual activity and abortion among the youth	6
2.2 Contemporary debates on abortion	8
2.2.1 Pro-life	8
2.2.2 Pro-choice	9

2.2.3 The moderate stance	9
2.3 Backstreet abortion	10
2.4 Historical developments of abortion legislation in SA	11
2.5 Challenges on implementing the CTOP Act No. 92 of 1996	15
2.6 Knowledge on CTOP legislation	17
2.7 Attitudes towards abortion	18
2.7.1 Male and female differences in abortion attitudes	18
2.7.2 Attitudes towards abortion in males	20
2.7.3 Attitudes towards abortion in different racial groups	21
2.7.4 Attitudes towards abortion as influenced by religion	22
2.7.5 Men's involvement and perceived responsibility	23
2.7.6 Patriarchal influences on abortion decision-making process..	24
2.7.7 Controversies around reasons for choosing abortion	25
2.7.8 Change of attitudes over time	25
2.8 Religion and religiosity	26
2.8.1 Religious affiliation	26
2.8.2 Religiosity	26
2.9 Theoretical framework	26
2.9.1 Theory of Reasoned Action	27
2.9.2 Theory of Planned Behaviour	28
2.10. Aims and Objectives	29
2.11 Hypothesis	30
CHAPTER 3: Description of Research Methodology	31
3.1 Introduction	31
3.2 Method	31
3.3 Sampling	33
3.3.1 The study settings	34
3.3.2 Sample description	34
3.3.2.1 Age	36
3.3.2.2 Race	36
3.3.2.3 Religious affiliation	37

3.3.2.4 Christian Denomination	37
3.4 Data analysis	37
3.5 Reliability	38
3.6 Validity	38
3.7 Ethical Issues	38
3.7.1 Permission to conduct the study	38
3.7.2 Respect of human dignity	38
3.7.3 Privacy, confidentiality and anonymity	38
3.7.4 Freedom from harm	39
3.7.5 Principle of beneficence	39
3.7.6 Written consent	39
CHAPTER 4: Results	40
4.1 Introduction	40
4.2 Descriptive Statistics	40
4.2.1 Knowledge on the state of termination of pregnancy in SA ..	40
4.2.2 Attitudes towards reasons for abortion scale (ATRAS) and Religiosity Scales	41
4.3 Tests of difference	45
4.3.1 Attitudes towards abortion	47
4.3.1.1 ATRAS subscales by religion	47
4.3.1.2 ATRAS subscales by race	47
4.3.2 Religiosity findings	48
4.3.2.1 Difference by religion	48
4.3.2.2 Difference by Race	50
4.4 Tests of relationship	50
4.4.1 Correlation among ATRAS and religiosity scales	51
4.5 Results summary	52
CHAPTER 5: Discussion	53
5.1 Introduction	53
5.2 Knowledge on the legal state of termination of pregnancy in SA	54

5.3 Attitudes towards abortion	56
5.4 Religiosity	58
5.5 Inter-relationships between abortion attitudes and religiosity levels ...	61
5.6 Summary	61
5.7 Conclusion	61
5.8 Limitations	62
5.9 Recommendations	63
REFERENCES	64
APPENDICES	70
Appendix A: The questionnaire	70
Appendix B: Informed consent letter for the schools	78
Appendix C: Informed consent letter for the parent(s) / guardian(s)	79
Appendix D: Informed consent form for the participants	80
Appendix E: Informed consent letter/form for the schools	81
Appendix F: Frequencies for participants' biographical information	82
Appendix G: Frequencies for knowledge on the state of abortion in SA ...	88

LIST OF TABLES	PAGE
Table 1: Distribution of participants' demographic characteristics (male learners)	35
Table 2: Distribution of respondents' knowledge on TOP in South Africa	41
Table 3: Factor loadings for abortion items	42
Table 4: Factor loadings for Daily Spiritual Experience Scale (DSES) items	43
Table 5: Descriptive Statistics for ATRAS, DSES, PRP and VS	44
Table 6: ANOVA results for ATRAS subscales by religious and racial	46
Table 7: ANOVA results for DSES, PRPS and VS scores by religion and race	49
Table 8: Correlations (Pearson's r) for ATRAS, DSES, PRPS and VS	51

DEFINITION OF TERMS

1. Abortion

There is no one standard definition of abortion and although many of the definitions are closely related, they remain controversial due to the groupings of the pro-life and pro-choice debates. For the purposes of this study, abortion is defined according to the CTOP Act 92 of 1996 as “the separation and expulsion, by medical or surgical means, of the contents of the uterus of a pregnant woman” (Choice on Termination of Pregnancy Act 92 of 1996: 2). The Act makes provision for abortion on request in the first 12 weeks of pregnancy. It is also stated in the Act that there is no requirement, at all, to furnish supporting reasons for wanting an abortion. From the 13th to the 20th week of pregnancy, the Act recognizes, inter alia, socio-economic circumstances as a ground for abortion. The terms abortion and termination of pregnancy will be used interchangeably throughout the study.

2. Attitudes

Attitudes have several defining features that concern socially significant objects, groups, events and symbols (Davidoff, 1987). Therefore, in order for people to meaningfully understand their social world, they are assisted by attitudes. Attitudes can be defined as affective feelings of liking or disliking an object, which have an influence on behaviour (Psychology Glossary, n.d.). Attitudes can help people define how they perceive, think and behave towards others, but this is a complex and dynamic concept.

The term includes integrated components that influence each other, which are affect or feelings, cognition or beliefs, and tendencies to behave in a particular way (Davidoff, 1987). Affect, being a feeling component, involves emotional reaction, while cognition on the other hand involves internalised mental representations, beliefs and thoughts. Behaviour is seen as a tendency to react in a certain way towards the object (SOC, 1996, cited in Caleni, 2004). In this study, the term attitude is taken to mean a basic belief or worldview that an individual holds towards abortion.

3. Race

This is one of the main groups that humans can be divided into according to their physical differences, such as the colour of their skin. This can also be a group of people who share the same language, history or culture (Hornby, 2000). This study will use the concept of race in the social political South African context as posed by the post apartheid regime. The social strata of African (meaning black South Africans), Coloured, Indian and White people will be representative of different races.

4. Religiosity

Hornby (2000) states that religiosity is the state of being religious or too religious. He defines religion as one of the systems of faith that are based on the belief in the existence of a particular god or gods and the activities that are connected with the worship of them. The most common religious groups in South Africa are the ones that will mainly be assessed in the study, namely Christianity, Buddhism, Hinduism, Islam and the Jewish faith.

5. Young people

The World Health Organisation (WHO) has defined „adolescent’ as persons in the age group 10-19 years, while „youth’ has been defined as the 15-25 years age group. The two groups overlap and have been combined into one entity, that of „young people’ as those in the age range 10-24 years (Dickson-Tetteh & Ladha, 2000). The terms „young people’ and „adolescents’ are used interchangeably in the study.

6. Young men

For the purposes of this study, young men will refer to adolescent male persons. Since the study is going to be conducted in South Africa, the focus will be on young South African men of all races within the age groups of fifteen (15) to twenty (24).

7. Backstreet abortion

Backstreet abortion refers to pregnancy termination procedures that are not legally conducted by qualified health professionals, or which are conducted under unsafe or unsanitary conditions. Therefore, these procedures are assumed to jeopardise the health and well being of the mother. The term „backstreet’ and „clandestine’ are used interchangeably in the study.

ABBREVIATIONS

1. **ANOVA** = Analysis of variance
2. **ATRAS** = Attitudes Towards Reasons for Abortion Scale
3. **CTOPA** = Choice on Termination of Pregnancy Act
4. **DSES** = Daily Spiritual Experiences Scale
5. **KZN** = KwaZulu-Natal
6. **NSAM** = National Survey of Adolescent Males
7. **PRPS** = Private Religious Practices Scale
8. **SPSS** = Statistical Package for the Social Sciences
9. **TOP** = Termination of Pregnancy
10. **TPB** = Theory of Planned Behaviour
11. **TRA** = Theory of Reasoned Action
12. **VS** = Values Scale

CHAPTER 1

INTRODUCTION

1.1 Introduction

Abortion is one of the issues that elicits relatively controversial debates around the globe and in the national social arena. These debates revolve around the pro-life and pro-choice stance, moral and religious issues, backstreet abortion, constitutional issues, and the role of fathers in decision-making, among others. Generally, people from different walks of life hold differing views, perceptions and attitudes towards abortion. Consequently, even though abortion can be a personal decision, there are other factors that influence the way individuals perceive it. For instance, Rule (2004) reports the existence of race differences in abortion attitudes among the South African public. Surveys also indicate that spirituality and religion are important and play a significant role in the lives of young South Africans (South African youth are optimistic about our future, 2005; Zantsi, Pettifor, Madikizela-Hlongwa, MacPhail, & Rees, 2004).

While race and religiosity may play a role in determining the attitudes of individuals towards abortion, gender differences have also been found, with females generally holding more positive attitudes than males. There has been evidence that the pattern of relationships (by race and religion) differs by gender. Compared to males, females were found to be more religious and have more liberal attitudes to women (Patel & Johns, 2009; Patel & Kooverjee, 2009). However, closer examination indicates the overall profile emerging, among a university student sample of both genders, to be one of high levels of religiosity and somewhat conservative attitudes to women's reproductive rights (Patel & Johns, 2009).

1.2 Background to the study

Although abortion is by no means limited to young people, previous studies have shown that as compared to adults, young people are most likely to be faced with decisions around abortion due to the fact that they may not be ready, in many different aspects of their lives, to have children (South African Department of Health, 1998). Reasons such as poverty, financial instability, physical and mental immaturity, fear of parents' reaction to pre-marital pregnancy, social stigma and education disruption put young people in the

position of having to terminate pregnancies (Varga, 2002). In addition, most of these young people could still be in schools; therefore they would not be able to take the full responsibility of having children.

Furthermore, young people have been the highest among the numbers of women facing induced abortion, especially through illegal measures, before the passing of the Choice on Termination of Pregnancy (CTOP) Act of 1996 (Jewkes, Rees, Dickson, Brown & Levin 2005b; Smith, 2008; Varga, 2002). In their study, Jewkes et al. (2005b) indicated that teenagers were most at risk of unsafe abortion, with 20.5% in the high severity category. Despite the lack of information regarding young people's statistics in South Africa, other countries' statistics such as that of the United Kingdom have shown that, in total, there were 205,600 abortions carried out in England and Wales in 2007, a 2.2% rise on the previous year. Of those, 4,376 were carried out on girls too young to legally have sex. Furthermore, women aged 19 were the most likely to have an abortion in 2007, with 36 procedures carried out for every 1,000 19-year-olds. The rise in abortions amongst the very young people showed the biggest increase, with a 20% rise in terminations for girls under the age of 14, up from 136 in 2006 to 163 in 2007 (Smith, 2008). The same could be assumed of South African youth as the issues that affect young people in different countries in the world are not that different, even though their contexts may differ.

The South African statistics show that 45,449 abortions were performed in state hospitals and clinics in 2001, and yet there has been a significant resistance towards abortion, based on cultural or religious grounds in South Africa (South African Department of Health, 1998). The South African abortion rates by province compiled by Johnston (2005) showed that 82,686 abortions were performed in South Africa in 2004 as compared to 26,401 seven years back in 1997. Out of the total in 2004, 8,224 were performed in KwaZulu-Natal, yet there were only 1,259 cases in 1997. These statistics show a steady increase in cases since abortion was legalised in 1996 in South Africa. Regardless of a growing number of studies addressing various aspects of abortion since the legislation was enacted in 1996 in South Africa, young people have received little attention in this context. Varga (2002) observed that greater focus on issues concerning abortion among South African young people is particularly relevant and timely in South Africa.

The Choice on Termination of Pregnancy Act, 1996 (CTOPA, 92 of 1996) was passed on 31 October 1996, allowing South African women the legal right to terminate pregnancies. However, exercising this right has been marred by multiple factors such as access to abortion services (Ndebele, 2000), lack of education on abortion, limited

emotional support, as well as racial, gender and religious influences. Stigmatisation of individuals and practitioners also contribute to the restrictions on exercising this women's reproductive right. This is largely due to the negative attitudes that continue to exist in various communities despite the changes in the constitution (Govender, 2000). While a number of studies have been conducted on gender differences (Craig & Richter-Strydom, 1983; Finlay, 1981; Patel & Johns, 2009; Patel & Kooverjee, 2009), very few have focused exclusively on young male perspectives, especially in relation to religious affiliation and race. Therefore, this study explores the attitudes of young male learners towards abortion with regard to their race and religiosity.

In the South African context, the changes in the law have given rise to changes in the manner in which the population approaches issues related to abortion. While previously there were many reported (and unreported) cases of the so-called backstreet abortions, most abortions can now be performed legally. Surveys have shown that underreporting of abortion procedures occurs, even where abortion is legal. Therefore, the incidence of backstreet abortion is difficult to measure though it is believed to be prevalent (Shah & Ahman, 2004). However, this does not eliminate problems related to decisions to abort, moral and ethical issues around abortion and consequently, the attitudes towards abortion. Although most men are aware of the abortion decisions around them, many remain passive because women isolate them from the decision-making process. However, men desire to be involved in the abortion decisions and feel that they have the responsibility in the abortion decision-making processes (Nelson & Coleman, 1997).

1.3 Problem statement

In her article on pregnancy termination among South African adolescents, Varga (2002) makes the point that while it is important to understand both male and female perspectives on abortion, very little is known about boys' attitudes towards abortion. Large scale surveys (reported in Dickson-Tetteh & Ladha, 2000; and South African Department of Health, 1998) show that sexual activity of the majority of young South Africans starts in the mid-teens, with boys starting younger than girls. Therefore, given poor contraceptive use reported (in the aforementioned studies) among young people, there are realistic chances of unwanted pregnancies arising out of these encounters. Boys in their teens represent the men of the future and if they demonstrate poor awareness of women's reproductive rights at this stage then there is still an opportunity to raise levels of awareness and address negative perceptions. Thus their level of awareness needs to be assessed

comprehensively.

1.4 Relevance of the study

Information on young people's sexual attitudes and behaviour is important in formulating appropriate interventions on adolescent reproductive and sexual health services (South African Department of Health, 1998). Therefore, the study hopes to contribute to the body of literature regarding young men's attitudes towards abortion by providing research and more information on young male learners' perspectives on abortion through examining the relationship between race, religiosity and abortion attitudes among young male learners. Consequently, the study may assist in critically challenging the current state of thinking around abortion issues and raise levels of awareness.

1.5 Purpose of the study

Much of the research in the area of abortion appears to have been focused on women and the role of medical professionals with the objective of highlighting problems associated with abortion (Berer, 2002; Shah & Ahman, 2004; Varkey, 2000). Therefore, there are fewer studies that purport to highlight the attitudes of young men towards abortion. Furthermore, there is not much information on how these attitudes vary by the extent of the males' religiosity and race, and whether these negative attitudes may be related to underlying moral or religious tendencies; hence the motivation for the current study. The purpose of this study is to investigate the attitudes of young male learners towards abortion. The study seeks to establish male learners' attitudes, opinions, views and perceptions of the issues and controversies involved in the Termination of Pregnancy (TOP). Furthermore, it measures and explores if and how abortion attitudes differ by race and religiosity in male learners. The relationship between abortion attitudes and religiosity levels in male learners will also be explored. In exploring how abortion attitudes differ by race and religion, the study aims to cover a varied sample of male learners from different racial and religious backgrounds. Therefore, the study investigates the influences that race and religiosity may have on the individual attitudes of male learners.

1.6 Research objectives

There is little research that purports to highlight the attitudes of young men towards abortion, even though they may play a vital role in the abortion decision-making process. Furthermore, there are fewer studies that explain the possible influential factors such as

race and/or religion, on the young males' attitudes to abortion. Instead, most of the studies on abortion have been conducted on women and medical professionals (Berer, 2002; Shah & Ahman, 2004; Varkey, 2000) with the objective of highlighting problems associated with abortion. When it comes to racial differences regarding abortion, there has been a consistent finding in public opinion surveys of abortion attitudes that has shown that black respondents are less in favour of abortion than other races, especially when compared with white respondents (Hall & Ferree, 1986; Lynxwiler & Gay, 1994; Rule, 2004).

The objective of this study is therefore to investigate the attitudes of young South African male learners towards abortion in a high school sample. This is a quantitative study, whose aim is to establish male learners' attitudes, opinions, views and perceptions of the issues and controversies involved in the termination of pregnancies. As mentioned, the study investigates the influence that race and religiosity may have on individual attitudes of male learners. The research objectives are to explore the following questions:

- What are the attitudes of young male learners towards abortion?
- How do abortion attitudes differ by religion in a sample of male learners?
- How do abortion attitudes differ by race in a sample of male learners?
- What is the relationship between abortion attitudes and religiosity?

1.7 Conclusion

In this chapter, the study has been introduced by looking at its background, outline and the current information on abortion, with specific focus on the South African context. The purpose, relevance and significance of the study, together with the research objectives, have also been briefly explored in this section. In the following chapter, literature which is relevant to this study is thoroughly reviewed.

CHAPTER 2

LITERATURE REVIEW

2.1 Incidences of sexual activity and abortion among youth

Large scale surveys (reported in Dickson-Tetteh & Ladha, 2000 and South African Department of Health, 1998) show that sexual activity of the majority of young South Africans starts in the mid-teens, with boys starting younger than girls. Teenagers are becoming sexually active at an earlier age and trends show that most are not using protection, and are therefore falling pregnant. “By the age of 19 years, 35% of all South African female teenagers have been pregnant or have had a child...It is estimated that in 1999, 11% of terminations of pregnancy were on women under 18 years of age” (Dickson-Tetteh & Ladha, 2000: 397). According to the South African Demographic and Health Survey (South African Department of Health, 1998), 9% of adolescent surveyed started sexual intercourse before the age of 15 years. The median age for sexual commencement for ages 20 – 49 is 18.2 years, and 17.8 for ages 20 – 24 years. Findings in other local and international studies suggest that age at sexual debut is younger than that documented in this survey. This means that half of the women (and possibly more) had their first sexual intercourse experience while they were adolescents, making it a critical time for reproductive and sexual health interventions.

Zantsi et al. (2004) indicated that overall, approximately two thirds (67%) of young people aged 15-24 reported having had sexual intercourse. Sexual experience increased with age, with 48% of 15-19 year olds reporting having had sex, as compared to 89% of 20-24 year olds. However, there were no differences by gender. Among those who reported ever having had sex, 17% indicated that they had not had sex in the past 12 months. The mean age of sexual debut for males was 16.4 years and 17 years for females. Among the 68% of women who reported ever having had sex, about half (49%) reported having been pregnant at some point. The mean age of first pregnancy was 18.5 years. Two-thirds (66%) of those who have ever been pregnant reported that they did not want to be pregnant. Given poor contraceptive use reported (in the aforementioned studies) among young people, there are realistic chances of unwanted pregnancies arising out of these encounters.

There has been an overwhelming interest in issues affecting young people, and this interest has resulted in a large volume of literature on teenage sexuality, pregnancy, and

contraceptive use. However, very few studies have focused on abortion, even though abortion is rife in South Africa. A 13-year-old girl from the study on pregnancy termination among South African adolescents in KwaZulu-Natal by Varga (2002), pointed out that abortion is common, not only in their community but in other Durban townships too. Varga, (2002: 284) further indicated that “despite a growing number of studies addressing various aspects of abortion since the legislation was enacted, as a group, adolescents and young people have received little attention in this context.” As a result, this study hopes to add to the body of literature on the subject of male abortion attitudes by exploring the attitudes of young male learners towards abortion with regard to their racial backgrounds and religiosity.

In most cases, abortion has been looked at from one perspective, which is that of women, whether being medical, moral or constitutional issues. Although much research has been conducted on women’s decisions around termination of pregnancy, fewer studies focus on men, as well as the role they may play (Nelson & Coleman, 1997). While it is important to focus on women when studying abortion and related issues, due to the fact that women are the ones who are directly involved in the pregnancies, the reality is that men also have a vital role to play in influencing the decision-making process towards abortion. Varga (2002) makes the point that it is important to explore both male and female viewpoints in attempting to understand abortion related dynamics. She further adds that while it is important to understand both male and female perspectives on abortion, very little is known about boys’ attitudes towards abortion.

The reason men play a role in the abortion decision-making process has to do with the fact that they are the biological fathers of unborn children. They, therefore, would arguably also have a right to decide what happens to their unborn children. Again, gaining perspective on male involvement is especially significant within an African society in light of the major role that men play in sexual and reproductive decision-making (Bankole & Singh, 1998, cited in Varga, 2002; Varga, 1998). Mpangile, Leshabari, Kaaya and Kihwele (1998) indicated that a significant number of teenage abortion patients in a hospital-based study in Tanzania, were advised by their partners to terminate their pregnancies and that older teens in particular were able to request their boyfriends’ help in procuring and paying for the abortion procedure. This, however, does not imply that men should be the sole decision-makers, without considering women, even though this often happens because of cultural reasons which dictate unequal power relations between men and women. These cultural practices seem to embrace men and degrade women and therefore result in women

depending on men for various reasons such as economical support, self-identity, as well as a sense of belonging. It is, therefore, important to consider both the attitudes of males and females in the decision-making process of abortion.

Since there are many controversies around abortion that result from groupings of the pro-life and pro-choice discussions, there is not one standard definition of abortion. Abortion is defined differently according to different viewpoints. Initially, Oosthuizen, Abbott and Notelovitz (1974: 11) defined it as “expulsion of a not yet viable foetus, i.e. in the human species, before the seventh month of pregnancy.” Black’s Medical Dictionary (as cited in Oosthuizen et al., 1974) defined miscarriage or abortion as “the premature separation and expulsion of the contents of the pregnant uterus...occurring before the eighth lunar month of gestation.” However, neither of these definitions are absolutely accurate because there can sometimes be a ‘missed abortion’. This is the same as any other form of abortion except in this case, as it may occasionally occur, the foetus dies in the process of abortion but it is retained in the uterus for weeks or even months. Although Oosthuizen et al. (1974) considered a more accurate and medical definition to be “the death and/or expulsion from the mother’s womb, of a foetus which is not yet viable” (p. 11), a more current definition of abortion is considered to be “the separation and expulsion, by medical or surgical means, of the contents of the uterus of a pregnant woman” (Choice on Termination of Pregnancy Act, 92 of 1996: 2).

2.2 Contemporary debates on abortion

Abortion has elicited many debates around whether it is right or wrong to terminate pregnancies and in what conditions it is considered right or wrong. These debates have resulted in two oppositional groups being formulated, which are the pro-life and the pro-choice. Gallup (1995, cited in Schuman & Presser, 1996) shows that some people oppose abortion under virtually any condition, while others believe that a woman should have the right to have an abortion whenever and for whatever reason she chooses. However, people’s attitudes towards abortion are more complex than simply pro-life and pro-choice positions (Myeni, 2000).

2.2.1 Pro-life

The pro-life stance advocates for the idea that life is important and unborn babies’ lives should not be terminated; hence the belief that abortion is a crime to humanity and it amounts to murder. It sees abortion as euthanasia, the intentional killing of an innocent

young human being. The strongest argument that the pro-lifers have, is that by aborting a foetus, one is destroying a sentient, conscious, self-aware human being because the foetus has a status of a person at conception. This position inherently assumes that the foetus has the full moral status of a person from the moment of conception. Therefore, the stance is embedded in the concept of ‚the sanctity of life’.

This point of view is mostly influenced by the cultural and religious beliefs which are traceable to long-standing and on-going religious beliefs regarding the moment when life begins and the possession of a soul (Myeni, 2000). It is likely that those who embrace this position tend to be traditional and conservative in their approach to other socio-political and religious issues. Furthermore, those tending towards the pro-life position have higher loading for attitudes in the political, religious, moral and other social dimensions, than those tending towards the pro-choice position (Stets & Leik, 1993). Myeni (2000) argues that pro-lifers are likely to have less complex attitude structures to abortion and appear to be more conservative, authoritarian and religious. Furthermore, pro-lifers have a more unified, less differentiated, less integrated and less complex or connected attitude structure than their counterparts.

2.2.2 Pro-choice

On the other hand, the pro-choice stance is for the idea that women have the right to choose whether to abort or not, therefore, advocates for abortion on request. This stance is rooted in the concept of individual autonomy and a woman’s right to choose whether to continue with the pregnancy (or not) that is experienced as unwanted for any reason. The basis of pro-choice is on ‚personhood’, that is people have certain characteristics such as consciousness and self-consciousness, freedom to act on one’s own reasons, the capacity to make moral judgments, and the ability to reason and to have beliefs and values which ground their moral status. These may suggest that pro-choice individuals are more abstract, open-minded, flexible, less dogmatic and concrete in their thinking, and they have a less unified attitude structure. They also tend to receive, evaluate and act on information on its own merits, unencumbered by external pressures from authority (Myeni, 2000; Stets & Leik, 1993).

2.2.3 The moderate stance

One issue that emerges quite strongly from the literature is that it is no longer appropriate to simply categorise individuals on a continuum from pro-life to pro-choice due

to the fact that people are ambivalent about abortion. Therefore, the categorisation would be to oversimplify a deeply complex issue (Patel & Myeni, 2008). Taking the pro-choice stance does not necessarily mean that one is not pro-life. For instance, pregnant women who are pro-choice can personally choose not to terminate their own pregnancies. Some make the decision based on the circumstances. Thus, this research study does not claim to take any side of the two stances but seeks to explore and comprehend the attitudes elicited by debates around abortion. Nelson and Coleman (1997) provide support for the existence of a more moderate position on the abortion issue, which has historically been conceptualised as highly polarised.

2.3 Backstreet abortion

The fact that abortion has only been recently legalised in South Africa does not make it a recent issue. Previous legislations restricted individuals to terminate pregnancies unless it was recommended by a medical professional for medical reasons concerning the health of the pregnant woman and in most cases, it was when the life of a mother was in danger due to pregnancy complications. The Abortion and Sterilisation Act of 1975 restricted abortion for any other reason. However, it did not restrict women from performing abortions illegally. This illegal practice is done in covert places and normally by non-qualified and non-medical practitioners; hence it is termed „backstreet’ or „clandestine’ abortion. Most backstreet abortions result in illness and/or death due to loss of blood from the operation, deadly substances used for the abortion, and the way the operations are performed, with chances of leaving some components of the foetus in the womb (Oosthuizen et al., 1974).

Backstreet abortion practice is still prevalent, especially in the developing countries. This is where abortion is legal but difficult to obtain, inaccessible especially to certain groups such as women from peripheral areas, and younger women. Moreover, little information is available on the abortion practice. Surveys have shown that underreporting occurs even where abortion is legal, and therefore backstreet abortion becomes one of the most difficult indicators to measure, even though it is prevalent (Shah & Ahman, 2004).

South African data suggests that before the passing of CTOP Act of 1996, teenagers were three times more likely than adults to present with complications related to incomplete induced abortion and were at greater risk than adults for medical injury during clandestine procedures (Guttmacher et al., 1998, cited in Varga, 2002). Young people in Varga’s (2002) study suggested many motivations for girls seeking abortion. These included fear of

parental retribution, social stigma of early pregnancy, unwillingness to disrupt their education, lack of paternal support for the child, poverty, unemployment, and the cost of legal clinic or hospital-based abortion procedures. Again, the act of obtaining an abortion from a public clinic or hospital carries the double stigma of two socially objectionable acts: firstly, the girl becoming pregnant, and secondly, choosing to have an abortion in response to the pregnancy. At the time that Varga's study was conducted, abortion was legal and free on demand for all women including minors. This shows that some young people did not have this information.

2.4 Historical developments of abortion legislation in South Africa

Like many other social issues that make the headlines in today's debates, abortion debates have existed for a long time worldwide; therefore, abortion is in no way unique to contemporary society. It dates back to ancient times, and through time, women of all religious, social and cultural systems have resorted to deliberate termination of pregnancy if it was against their will to have the baby, irrespective of what the law stipulated during their time (Cloete, 1956, cited in Oosthuizen et al., 1974). Yet with time, the notion gradually came to the surface and many changes were made within issues that relate to it. These changes involve issues such as the legislations, medical operations, and the definition of abortion, since it has been poorly defined before, especially in South Africa (Oosthuizen et al., 1974).

Since abortion had never been statutorily defined in South Africa, the question of „what precisely is the law of abortion in South African?’ can be answered by looking at the common-law authorities such as Roman-Dutch authors of the seventeenth and eighteenth centuries, as well as the South African case law. Some Roman-Dutch authors regarded the intentional destruction of a living foetus as a species as murder. A good deal of discussion was devoted to by the old authors to the exact moment of quickening, and it is interesting to observe how they motivated their views. For instance, the famous criminalist, Matthaeus II, writing in the year 1644, was of the view that if the pregnant mother's life is in danger due to the pregnancy, then the mother should rather be helped than the infant. In other words, termination of pregnancy may be permissible (Strauss, 1935, cited in Oosthuizen et al., 1974).

Other authors such as Moorman repeated most of Matthaeus's views and added that termination of pregnancy may take place only with the consent and upon the advice of a physician. If a woman acts on her own, she will be punished. However, these views of the

common law authorities did not lay down further guidelines, in particular, the question of whether other interests of the mother such as her physical or mental health could likewise justify termination of pregnancy. In their interpretation of the Roman-Dutch texts, the modern criminal law authorities in South Africa suggested that there is, however, nowhere unequivocally stated that abortion is justified only where it is necessary to save the very life of the mother (Oosthuizen et al., 1974).

The legal justification of abortion has never directly been the subject of a reported decision by the Supreme Court. The few decisions on abortion handed down by the supreme courts in abortion cases dealt exclusively with aspects such as punishment, attempt and evidence. It was only in 1973 that the „Abortion and Sterilisation Bill’ came about and the legislation was later enacted in 1975. In Oosthuizen et al. (1974: 243), the bill stated that its purpose was mainly:

To provide for the circumstances in which the abortion of a pregnant woman may be procured or in which a person who is incapable of consenting or incompetent to consent to sterilisation, may be sterilised; and to provide for incidental matters.

According to its prohibition of abortion, the legislation in section 2 stated that “no person shall procure the abortion of a pregnant woman otherwise than in accordance with the provision of this Act.” Section 3(1) further stated the circumstances in which abortion may be procured, which was that “the abortion of a pregnant woman may be procured by a medical practitioner only” (Oosthuizen et al., 1974: 244).

The law in effect at that time allowed for the termination of pregnancy only when continued pregnancy endangered the life of the woman concerned, or constituted a serious threat to her physical or mental health. Secondly, abortion would be permissible where there was a substantial risk that the child to be born would suffer from a physical or mental abnormality of a nature that would cause the child to be handicapped. Lastly, abortion would be permissible in cases where the foetus was alleged to have been conceived in consequence of unlawful intercourse such as rape or incest, which had to be documented by the magistrate. Abortion under Section 3 of Abortion and Sterilisation Act of 1975 could only be procured at a state institution, a state-controlled institution or a provincial hospital (Oosthuizen et al., 1974).

Due to racial discrimination in South Africa during that time, under that law, some middle or upper class women, especially rich white women, were able to obtain abortion services from private practitioners who would perform the procedure in their offices, while others could afford to fly to London to terminate their pregnancies. However, clandestine

abortions were the only option available to many women with unwanted pregnancies (Althaus, 2000).

The leading legal authors writing on South African criminal law during the first half of the 19th century uncritically accepted the common law position. However, it was only during the late 1960s that legal authors seriously started to question the view that justification for abortion is exclusively to be sought in extreme necessity such as saving the life of the mother. Strauss (1935, cited in Oosthuizen et al., 1974) concluded that any liberalisation of the law in regard to abortion at that stage would be an improvement. He stated that the then situation had become judicially untenable, especially in view of the widening gap between positive law and actual practice. He maintained the view that there is no point in maintaining a law which is not obeyed anymore, hence the reform of the abortion law in South Africa.

However, from his observations regarding the reform of the constitution, Strauss points out that abortion is surrounded by deep human prejudices and misconceptions due to its traditional view which is in conflict with the physical aspect of nature and also opposed to the teachings of the great religion. Lastly, he pointed out that, judging from the experience of other countries, South Africans should not think that the reformation of the legislation will eliminate the sad phenomenon of ‚backstreet’ abortion or self-induced abortion, that result in tragic deaths of young women (Strauss, 1935, cited in Oosthuizen et al., 1974).

According to Sanjani Varkey of the Women's Health Project (cited in Althaus, 2000), abortion reform was ‘sold’ to the South African Parliament with data from a 1994 study documenting the toll of illegal abortions. The findings from the study indicated that about one-third of the nearly 45,000 women admitted to public hospitals in 1994 with incomplete abortions had medical complications suggesting an abortion performed under unsafe conditions, and that approximately 425 women died annually in public hospitals from such complications. Estimates of the number of illegal abortions performed each year before 1994 range from 6000 to 120 000. Until 1996, the Abortion and Sterilisation Act of 1975 was still in force. However in 1996, Parliament passed the Choice on Termination of Pregnancy Act no. 92 of 1996, thereby repealing provisions of the old Act dealing with the termination of pregnancies. On the other hand, the Sterilisation Act was enacted in 1998. This Act deals mainly with the circumstances under which sterilisation, and in particular sterilisation of persons incapable of consenting or incompetent to consent due to mental disability, may be performed. It proposes the repealing of provisions, dealing with

sterilisation, contained in the old Act of 1975 (PHILA, 1998).

On October 31, 1996, the Republic of South Africa enacted one of the world's most progressive abortion laws in the world, allowing South African women the legal right to terminate pregnancies. The new law recognised that every woman has the right to make choices about her own body and reproduction. Through the CTOP Act of 1996, women can obtain abortions upon request in the first twelve (12) weeks of pregnancy up to twenty (20) weeks of pregnancy with certain restrictions. From the 13th to the 20th week of pregnancy, the Act recognises, inter alia, socio-economic circumstances as a ground for abortion. This law has a firm foundation in post-apartheid South Africa's Bill of Rights and Constitution, both of which underscore the rights of freedom and equality for all persons, and of reproductive choice. The Act was implemented February 01, 1997, and replaced the previous law as contained in the Abortion and Sterilisation Act of 1975 (Hord & Xaba, 2002).

In order to determine the circumstances and conditions under which the pregnancy of a woman may be terminated, and to provide for matters connected therewith, the Choice of Termination of Pregnancy Act no. 92 (1996: 2-3) states that:

(1) A pregnancy may be terminated, (a) upon request of a woman during the first 12 weeks of the gestation period of her pregnancy; (b) from the 13th up to and including the 20th week of the gestation period if a medical practitioner, after consultation with the pregnant woman, is of the opinion that - (i) the continued pregnancy would pose a risk of injury to the woman's physical or mental health; or (ii) there exists a substantial risk that the foetus would suffer from a severe physical or mental abnormality; or (iii) the pregnancy resulted from rape or incest; or (iv) the continued pregnancy would significantly affect the social or economic circumstances of the woman; or (c) after the 20th week of the gestation period if a medical practitioner, after consultation with another medical practitioner or a registered midwife, is of the opinion that the continued pregnancy - (i) would endanger the woman's life; (ii) would result in a severe malformation of the foetus; or (iii) would pose a risk of injury to the foetus.

The Choice on Termination of Pregnancy Act has opened the doors to abortion in a number of respects. The Act now states that access to abortion is conceived as a constitutional right. There is no requirement, at all, to furnish supporting reasons for wanting an abortion. In the first twelve weeks of pregnancy, abortion can be performed not only by registered medical practitioner, but also by registered midwife who has completed the prescribed training. Not only are legal terminations available on request during the first 12 weeks of pregnancy, but no parental or spousal consent is required for minors or married women (Althaus, 2000). The Act stipulates that minors be counselled to notify parents or

guardians before choosing termination; however, their consent is not required. The procedure is free of charge if conducted at a public health facility (Varga, 2002).

2.5 Challenges on implementing the Choice on Termination of Pregnancy (CTOP) Act No. 92 of 1996

Unlike governments in many other countries, the South African government led the effort to legalise abortion and committed itself to equal access to services for all women. Although not wealthy, South Africa is better off than other countries in the region and has a better developed infrastructure. Nevertheless, efforts to legalise abortion and to make it equally available throughout the country's nine provinces have presented numerous challenges. During a two week visit to South Africa, interviews with providers, activists and others involved in these efforts shed light on the difficulties involved in implementing the new law and how (and to what extent) they have been overcome (Althaus, 2000).

Exercising the right to abortion has been marred by multiple factors, such as access to abortion services (Cooper et al., 2004, cited in Patel & Kooverjee, 2009; Harrison, Montgomery, Lurie & Wilkinson, 2000; Ndebele, 2000), lack of education on abortion, limited emotional support, as well as racial, gender and religious influences. Stigmatisation of individuals and practitioners also contribute to the restrictions on exercising women's reproductive rights. This is largely due to the negative attitudes that continue to exist in various communities (Govender, 2000). The views of an urban male in a study of pregnancy termination suggested not only that teenage abortion is common but that legalisation had done little to make it safe:

In this community [abortion] is mostly performed in secret. But [girls] do it. It has been practiced for a long time. This thing of legalising abortion is new, but here...the practice of abortion is old, even among the young. It was done a long time before the law changed, and most abortions are still „backstreet,‘ because it is viewed as a disgrace in the community (Varga, 2002: 289).

According to Varga (2002), young people's access to legal termination of pregnancy is affected by at least three major factors: (1) knowledge of termination of pregnancy legal status, (2) social stigma and conditional acceptability of the procedure, and (3) a complex, situation-specific decision-making process. There was a poor understanding regarding the legality of abortion and fee status, especially at public facilities. Although the majority of respondents (60%) in her study correctly identified abortion as legal, distinct geographic, sex, and age differences emerged. Those most likely to know were urban (83% versus 53% of rural respondents), female (74% versus 63% of male respondents), and older

(81% versus 79% of middle and 44% of youngest respondents).

Another accessibility barrier was the social context of abortion, in terms of the community's opinions and young people's attitudes. In this study, termination of pregnancy, especially for young people, was seen as a 'disgrace' and a cause for embarrassment and distress for young people and their families. These views were for both cultural and religious (especially Christian) reasons. In the focus group discussion, participants characterised abortion services as inaccessible to girls because they were not comfortable about going to public clinics or hospitals due to the negative attitudes of the health-care providers (Varga, 2002).

Parents' feelings of shame and fear of being censured by their communities was another contributing factor that challenges the implementation of termination of pregnancy; therefore they encourage their daughters to seek backstreet abortion procedures. The following excerpt is a mother's response from a narrative workshop in which a 16-year-old girl informs her mother that she is pregnant by her 19-year-old boyfriend:

What will people say? Especially at our church, if they hear that you are pregnant! You know that I always advise other people to watch that their [daughters] should not get pregnant! How can I go back [to church] when others find out mine is pregnant... Listen here. People have not seen it [the pregnancy]. I think the solution here is abortion... I will find someone for you [to do the abortion] (Varga, 2002: 290).

Cooper et al. (2004, cited in Patel & Kooverjee, 2009) and Potgieter (2004) indicate that on paper, the liberal laws in South Africa are providing women with greater reproductive freedom than ever before. However, this is not the case when one looks at the actual practice on the ground. They state that the reality is that there is a lack of professionals trained in termination of pregnancies; as a result, this takes away the freedom from the majority of South African women. Furthermore, health care providers are reluctant to be trained in this area, and those that are trained do not practice TOP. Research (Potgieter, 2004) has shown that by the year 2000, only 90 midwives countrywide had completed termination of pregnancy training and yet only 31 were active providers of TOP. By the end of 2001, less than 50% of the designated facilities in the country were providing TOP services due to lack of service providers. As a result, abortion services remain inaccessible to many women due to barriers such as resistance from service providers, fear of hospital staff rudeness by patients, lack of trained professionals, lack of certified facilities and stigma (Jewkes et al., 2005a; Morroni, Myer & Tibazarwa, 2006).

Moreover, Potgieter (2004) points out that there is a lot of stigmatisation of the

health professionals who choose to provide termination of pregnancy, especially in state hospitals. They have to endure difficult workplace derogatory labelling by their colleagues, such as „serial killers’ or „baby killers’. Although TOP providers identified themselves as Christians, they argued that TOP was not against their culture and religion, and also recommended that they be supported and protected in their practices. In reviewing the legislation implementation, Potgieter (2004) adds that health professionals’ training should expose the practitioners to opinions of pro-choice. Others such as religious leaders, traditional healers, churches, and communities should also be educated on pro-choice views.

2.6 Knowledge on CTOP legislation

In assessing the attitudes towards abortion, it is meaningful to investigate the knowledge on TOP and its legal status. There are few studies in South Africa that focus on young people’s knowledge of the abortion law, especially young men. Amongst those few, Varga (2002) has indicated that two thirds of her mixed (male and female) respondents correctly identified abortion as legal while exploring pregnancy termination among South African adolescents. Although almost two thirds of Varga’s respondents correctly identified abortion as legal, distinct geographic and age differences emerged. According to her findings, those most likely to know were urban (83% versus 53% of rural respondents), and older (81% versus 79% of middle and 44% of youngest respondents).

Morrone et al. (2006) also indicated that South African women have high levels of knowledge on abortion law. In their cross-sectional study on knowledge of the abortion legislation among South African women, they indicated that 68% of women within the age range of 15 – 19 years knew that abortion is legal. This number was even higher for older participants. In another local study conducted in Gauteng while exploring why South African women still abort outside designated services when there is substantial legal service provision, Jewkes et al. (2005b) indicated that 54% of the women with the age mean of 28 years (SD=7.8) did not know about the law, hence they did not make use of the legal services. This indicates that the level of knowledge was rather low compared to other South African statistics such as in the South African Demographic and Health Survey (South African Department of Health, 1998), which indicated 53% of knowledge and 78% of knowledge for South African youth in the Gauteng province in the same survey.

In the analysis of Mexican youth’s knowledge on abortion laws through survey data, Becker, Garcia and Larsen (2002) used logistic regression to explore knowledge and

opinions of 15 – 24 year old men and women from a nationally represented sample. Although abortion laws vary in Mexican states, induced abortion is legal in some circumstances. Their findings indicated that just over half (54%) of the respondents did not know the legal status of abortion in their state. Over four fifths of this half believed that abortion is never legal. Respondents with low levels of education and rural residents were less likely to know about abortion laws. However, there was more likelihood of knowledge among participants with liberal attitudes towards emergency contraceptive pills.

2.7 Attitudes towards abortion

Much of the research in the area of abortion appears to have been focused on women and the role of medical professionals with the objective of highlighting problems associated with abortion (Berer, 2002). As a result, there are fewer studies that purport to highlight the attitudes of men, as well as the role they may play in the decision-making processes of terminating pregnancies. Young people's own opinions about acceptability of abortion are divided. Many see termination of pregnancy as "a sin, a consequence of poor moral fortitude, tantamount to murder, or simply socially irresponsible behaviour" Varga (2002:289). In addition, others were of the opinion that access to abortion promotes promiscuity. In contrast, older adolescents are of the view that regardless of its acceptability, teenage abortion is a reality and should be legalised as a way of making it as safe as possible.

2.7.1 Male and female differences in abortion attitudes

Research on attitudes towards abortion demonstrates its complex nature and provides somewhat conflicting evidence. Varga (2002) adds that available information on young people's attitudes towards abortion is mixed. Among urban Zulu school children in South Africa, about 46% of the girls surveyed described abortion as an acceptable means of resolving an unplanned pregnancy (Craig & Richter-Strydom, 1983). In contrast, in another study, pregnant Zulu teenagers generally disapproved of abortion as an illegal, sinful and immoral act (Varga, 1998). Some local research has shown that the attitudes of males and females towards abortion differ, mostly with males showing negative attitudes towards abortion and women's autonomy in relation to reproductive rights, as compared to females (Patel & Johns, 2009; Patel & Kooverjee, 2009). However, some international studies show that males have more positive attitudes than females on other dimensions. For instance, on specific issues, Bryan and Freed's (1993) study conducted in the United

States of America found that males are more in favour of abortion. Furthermore, some studies suggest that males and females differ by their levels of religiosity, hence the differences in the attitudes towards abortion.

Although gender differences demonstrate a complex nature in abortion attitudes and somewhat conflicting evidence, in looking at the differences in male and female attitudes towards abortion, Finlay (1981) found that males' abortion attitudes are simpler in structure than those of females. Males' abortion attitudes were related primarily to their degree of conventionality in both sexual and non-sexual matters. On the other hand, females' abortion attitudes were related to a broader set of variables such as sex role conventionality, the value of children in their life plans, the 'right to life' issues, as well as sexual and general conventionality. In another study of women's perceptions of partner support in the context of pregnancy loss, Corbet-Owen (2003) interviewed eight women to show how misunderstandings concerning expected and perceived support, and expectations about how to grieve at the time of pregnancy loss have the potential to create stress within a partner dyad. His results showed that women appear to want emotional support from their male partners.

In examining young people's attitudes towards abortion and contraception, Patel and Kooverjee (2009) indicated that females showed stronger support for availability of abortion, especially for 'traumatic' reasons such as rape, incest and mother's health being endangered, and women's autonomy as compared to males. Males also showed strong support for their involvement in the abortion decision process. However, there are few studies that seek to understand the influences of these attitudes. For instance, there is not much information on how these attitudes vary by the extent of the males' religiosity, and whether these negative attitudes may be related to an underlying moral or religious tendency, hence motivation for the current study. Many of the researchers have focused on young women only, however, Cooper et al. (2004, cited in Patel & Kooverjee, 2009) point to the importance of including men in reproductive health issues.

In their study 'Religiosity, gender role attitudes and attitudes to abortion: Gender difference', Patel and Johns (2009) found that although females were religious, they had more liberal attitudes to women's reproductive rights than males, which was consistent with findings in the literature on religiosity. The study, however, did not show clear differences between males and females in abortion attitudes, although close examination of the results indicated that males were found to be more conservative in their attitudes towards women's rights, however morally accepting of abortion. The findings of their study served 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” (p. 11). Research in South Africa found that boys were more than three times less likely than girls to advocate for abortion (Craig & Richter-Strydom, 1983).

2.7.2 Attitudes towards abortion in males

Males are generally found to withdraw from issues around abortion. In her study, Varga (2002) found that boys (rural sample) were often hesitant to comment during the pregnancy termination study conducted in KwaZulu-Natal (KZN). This was largely because abortion was said to be a matter of female concern due to the secrecy around performing the procedure. Other boys (rural sample) denied that abortion existed in their communities; however, some (urban sample) were convinced that abortion was common among young women of their age but they were hesitant to comment for reasons similar to those articulated by rural boys.

Boggess and Bradner (2000) looked at how adolescent males view abortion and how their attitudes towards abortion have changed over time, in order to understand their sexual, contraceptive and abortion behaviours and those of their partners, which in turn results in their attitudes towards abortion. The authors used already existing data from the 1988 to 1995 National Survey of Adolescent Males (NSAM) and analysed it by looking at differences by race and ethnicity. They found that before 1995, most young males disapproved of abortion but in 1995 and after (around the time that debates to pass measures banning the procedure were going on in the USA and bans were lifted), they agreed that it was right for women to have abortions „for any reason’, although there were differences depending on the race and religion. The study concluded that religion played a major contribution to the results differences showed.

Marsiglio, William, Shehan and Constance’s study of 1993 discussed adolescent males’ abortion attitudes using data from a National Survey. It observed that:

13% of a nationally representative 1,880 sample of 15 to 19 years-old males approve of abortion, while about 4% disapprove. The proportions agreeing that abortion is acceptable range as high as 85-90% if the pregnancy endangers the woman’s health or results from rape (Marsiglio et al., 1993: 162).

Kaufman, de Wet and Stadler (2000) indicated that young men in general expressed negative views of abortion. Participants (young men from Soweto) from their study pointed out the following: “I won’t allow her, destroying my child in the toilet ... I won’t allow it, I will make her life horrible to a point that she would not believe it’s hers” (pp. 15-

16).

2.7.3 Attitudes towards abortion in different race groups

Hall and Ferree (1986) maintain that there has been a consistent finding in the public opinion surveys of abortion attitudes that has shown that black respondents are less in favour of legal abortion than white respondents. Using the US General Social Survey, they replicated and expanded one of the few studies by Combs and Welch, which examined the structure and determinants of pro-choice attitudes of blacks and whites. Their major findings were that, (1) the racial differences in pro-choice attitudes was as great as in the past years, (2) contrary to the study of Combs and Welch, the demographic and attitudinal determinants of abortion attitudes differed for blacks and for whites, and (3) for those respondents who differentiate their acceptance of legal abortion, the pattern of pro-choice attitudes also differed by race.

The results from Rule (2004) indicated that more than half (56%) of South African adults think that abortion is „always wrong’ in the event of it being undertaken due to the discovery of strong chance of serious defect in the unborn child. Only 21% thought that it is „not wrong at all.’ 64% of the respondents were black Africans, 41% Coloured, 37% Indian and 23% White. There was even higher (70%) opposition to abortion if the family concerned has a low income and cannot afford more children. In this case, 74% were black Africans, 59% were Indians, and 57% of Whites and Coloureds. Only 10% thought that abortion is not wrong at all in those circumstances. The study shows that traditionalism or conservatism is strongest among the religious, black African, married, pre-matriculation sector of the population (Rule, 2004).

Scholarly analysis of attitudes towards legalised abortion showed that blacks had lower support for legalised abortion than whites using the General Social Survey. Yet at the same time, efforts to isolate the antecedents of race differences have produced mixed conclusions. The analysis indicated that black and white childbearing women do not differ significantly in their abortion attitudes although race differences appeared among older women and men (Lynxwiler & Gay, 1994). Even though the findings show a difference of only two races, that is blacks and whites, the current research study will explore how the above findings may be implicated in a spectrum of different races as defined in the concept of race used in the social political South African context.

2.7.4 Attitudes towards abortion as influenced by religion

Religion seems to be one variable that plays a role in influencing the attitudes of individuals towards abortion, therefore affecting the reasoning behind their decisions regarding this issue. Surveys also indicate that spirituality and religion are important and play a significant role in the lives of young South Africans (South African youth are optimistic about our future, 2005; Zantsi et al., 2004). Among the interesting findings of the 2005 „Future Fact’ survey that illustrated South African youth as being optimistic about the future, 90% of the young people said religion has an important place in their lives (South African youth are optimistic about our future, 2005).

Findings from Zantsi et al. (2004) on religiousness and sexual behaviour among South African youth showed that 79% of the youth reported religion to be important in their every day life, while 21% reported „somewhat’ and „not important’. According to their findings, youth who reported that religion was not important were significantly more likely to have ever had sex as were youth who attended services less than once a week compared to the ones who attended more than once a week. The study concluded that the majority of young people reported high religiousness, which was protective against ever having sex. In another study on attitudes to abortion in a sample of South African female university students, Patel and Myeni (2008) also showed that almost 76% of the participants described themselves as „religious’ to „very religious’ and a pronounced trend towards pro-life attitude was evident amongst those participants. This may suggest that positive attitudes towards religiosity may result in negative attitudes towards abortion.

The study by Selebalo (2006) on the attitudes of black males towards abortion showed that there are many factors that influence the attitudes of black males towards abortion. Among others, there is religion, family background, media and societal morals. One participant said:

I think that ahh, I am a Christian, just to make that clear... I think the fact that I am a Christian... my feeling is that abortion is definitely wrong. (Participant 2)

Although most of the participants from her study were Christians, some reported that they are not „deep’ into religion, therefore, Christianity does not influence their attitudes towards abortion. Thus it is important to also explore religiosity levels in studying the attitudes to abortion. However, the results indicated an overall negative attitude towards abortion and these are some of the participants’ responses during in-depth interviews:

I don’t think it is something (abortion) that should be done. (Participant 1)

Okay Ehh, as you say that abortion is a complicated issue, ehh in my, my

feeling is that abortion is definitely wrong. (Participant 2)

Ehh, I don't think it's a right thing to do, no one has a right to terminate a soul.
(Participant 5)

Patel and Johns (2009) showed that women report higher religiosity well-being than men, and that appears to be a consistent finding in the literature on religiosity. Their study therefore upholds two established trends; (1) that females are more religious than males and (2) that negative attitudes to abortion are linked to high levels of religiosity. Thus it is surprising that men tend to be more conservative than women on abortion and reproductive rights. Attitudes of men on this issue therefore need to be investigated further, especially in relation to religious affiliation and religiosity.

2.7.5 Men's involvement and perceived responsibility

Nelson and Coleman (1997) assessed the views and attitudes towards the level of men's involvement in abortion decisions and their responsibility. They indicated that the variables such as emotional support systems and legal ties – since most women seeking abortion are unmarried – as well as financial problems, contribute to women deciding to have abortions. Moreover, a feeling of not being ready to have a child, negative circumstances stemming from relationships with their partners and pressure from a partner to receive abortion are further factors. Varga (2002) added that young people across her study's segments suggested many motivations for girls to seek abortion. These include fear of parental retribution or the social stigma of early pregnancy, unwillingness to disrupt their education, lack of paternal support for the child, poverty, unemployment, and the cost of legal clinics or hospital-based abortion procedures.

The main purpose of Nelson and Coleman's (1997) study was to determine whether women's attitudes regarding the overall involvement of men in the abortion decision-making process would differ from those of men, and whether men and women had different responses to the statement „Abortion is strictly a women's issue'. Since their study looks at the attitudes of both men and women towards abortion, it will inform this research regarding the perspectives that young male learners may have towards abortion and what may influence the way they feel.

Nelson and Coleman (1997) constructed a survey with a sample of 366 undergraduate psychology students, 27% males and 73% females, using a questionnaire. They found that women approved lower levels of men's involvement in abortion decisions than men. It also led them to conclude that overall, both men and women thought that men

should have some degree of involvement in the abortion decision. However, as expected by their first hypothesis, men indicated a desire for more responsibility in the abortion decision than women thought the man should have. Their second hypothesis predicted women would feel more strongly than men that abortion was strictly a women's issue, but the findings were contrary because women tended to disagree that abortion was strictly a women's issue. However, Varga (2002) showed that young men are still hesitant to comment on abortion issues due to secrecy around the subject of abortion. One young boy explained that they "don't know much about these things because women don't talk about [abortion]. When they have abortions they do it at home." (p. 288). This opinion was echoed by other males in this study.

2.7.6 Patriarchal influences on the abortion decision-making process

Male partners are seen to play a significant role in the abortion decision-making process. The decision to undergo abortion is nearly always described in and qualified by a very particular context, namely the absence of paternal support (Varga, 2002). Paternity, that is, the public acceptance of fatherhood is reported to play an important role in African society, with many social, legal, and economic implications (Bledsoe & Cohen, 1993; Kaufman et al., 2000). Paternity need not be a biological tie, but more as the social acceptance and acknowledgement of the father-child relationship. A single mother, without a father for her child or children, faces segregation from her community and her family's moral standing becomes compromised. The children also face being ridiculed by their peers, and denied legal rights to inheritance from the father's family, as is the case in the African cultural context. The denial of the pregnancy by the paternal side also shifts the financial burden of raising the child on the single mother and/or her family of origin.

The participants from Varga's study strongly felt that if the father denies the pregnancy, the mother should terminate the pregnancy. They stated that:

[teen] have abortion if the boy does not accept paternity. It is shameful and a disgrace if the child has no father... If [the boyfriend] refuses paternity, [the girl] must abort the child straight up... and [Often] it is the man who says you should abort. Even if you feel you can afford the child, if he says you must have the abortion, then you do it... [the girl] must accept what the boyfriend says. If he says no abortion, then that is it. (Varga, 2002: 290-291).

Boys in their teens represent the men of the future and if they demonstrate poor awareness of women's reproductive rights at this stage, then there is still an opportunity to raise levels of awareness and address negative perceptions. Hence the need to study issues

around this area with specific focus on young people.

2.7.7 Controversies around reasons for choosing abortion

The choice to resolve a teenage pregnancy through abortion may be highly situation-specific. The conditional or context-specific acceptability of termination of pregnancy is a constant theme in the abortion matter. Discussions are not necessarily centred on whether abortion is acceptable but rather on identifying the circumstances under which abortion may be a suitable response to teenage pregnancy. These conditions may include rape, HIV infection, lack of paternal support, poverty, absence of family support and inability to face the responsibilities of parenthood (Varga, 2002). “Ah, I’d say it’s circumstantial. You see, if one has to take a stand. It’s circumstantial in a sense that if someone has been raped, then the person has a choice whether to abort or not.” (Participant 3 from Selebalo, 2006: 21).

The participants (young people) in Varga’s (2002) study illustrated a situational acceptance of abortion. They personally believe that abortion is wrong, however, it is permissible in certain circumstances. For instance, in the in-depth interview, some participants indicated that “abortion is not right... I think it is sinful, really an immoral thing to do... I am not saying I support abortion, but it does not help to bring a child [into the world] if you are not ready. In this case, it will suffer all its life” (p. 290). In assessing the attitudes of young male learners towards abortion, the current study explores reasons that individuals deem worthy or not for the termination of pregnancies.

2.7.8 Change of attitudes over time

In looking at how adolescent males view abortion and how their attitudes towards it have changed over time, Boggess and Bradner (2000) found out that before 1995, young males disapproved abortion but in 1995 and after, they agreed that it was right for women to have abortions ‘for any reason’. There were differences depending on the race and religion, and they concluded that religion contributed a lot to the difference in results.

Abortion is a controversial and varying issue, especially in the South African context where there is a diverse nation with different cultures, beliefs, values, and morals. South African societies, in some communities such as those of black people, are “traditionally in favour of large families and Africa has among the highest fertility rates in the world” (Erasmus, 1998: 204). The issue of abortion is also very dynamic in South Africa because it has fairly recently been legalised, since the law used to only “permit

abortion on medical, eugenic, and juridical indications” (Tietze, 1983: 15). Therefore, with this background, the study will propose how it is going to be conducted, based on previous research studies.

2.8 Religion and Religiosity

As indicated previously, surveys indicate that spirituality and religion are important and play a significant role in the lives of young South Africans (South African youth are optimistic about our future, 2005; Zantsi et al., 2004). Furthermore, attitudes to abortion are linked to levels of religiosity (Patel & Johns, 2009), hence the need to explore religious affiliation and religiosity when studying attitudes to abortion.

2.8.1 Religious Affiliation

There are many different religious affiliations and practices in South Africa, such as Christianity, Hinduism, Islam, and Judaism, to name a few. However, for the purpose of this research study, only the prominent ones, that is Christianity, Hinduism and Islam will be explored.

2.8.2 Religiosity

Religiousness is considered to have specific behavioural, social, doctrinal, and denominational characteristics because it involves a system of worship and doctrine that is shared within a group.

2.9 Theoretical Framework

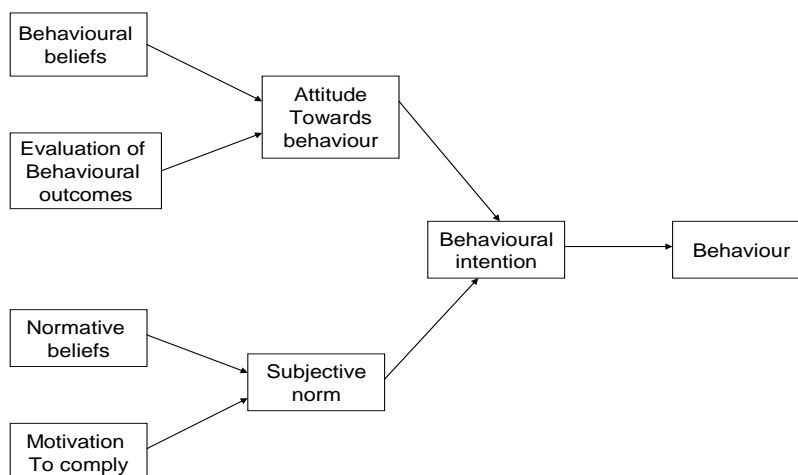
Theories are a body of accumulated knowledge that integrates information and this study is going to apply relevant theories to attitudes of young males on abortion, to assess whether they conform to the knowledge that has been accumulated. Regardless of the scope of a theory, all theories serve a gap-filling function in that they illustrate how findings fit together and what they mean (Davidoff, 1987). Therefore, this study will make use of theoretical ideas from the Theory of Reasoned Action (TRA) and the Theory of Planned Behaviour (TPB) as well as the Theory of Moral Development, as a basis for the research in order to find out how the men’s attitudes towards abortion based on their race and religion, affect their behaviour in the decision-making process. The theories will also locate how the study’s findings fit together with the already existing body of theory.

2.9.1 Theory of Reasoned Action

Theory of Reasoned Action (TRA) is central to the debate of social psychology concerning the relationship between attitude and behaviour. It is used to examine predictors of behaviour and emphasises the central role for social cognition in the form of subjective norms, which are the individual's beliefs about their social world. This includes both the beliefs and the evaluations of these beliefs, which are factors that constitute the individual's attitudes (Ogden, 2004). TRA states that individual performance of a given behaviour is primarily determined by a person's intention to perform that behaviour. This intention is determined by two major factors, which are attitude and subjective norms. Attitude is either positive or negative feelings towards performing a behaviour. Attitude is therefore determined by the individual's beliefs about the outcome of performing the behaviour and the evaluation of the value of those outcomes. On the other hand, subjective norms are associated with the behaviour; that is, the person's perception of other people's opinions regarding the defined behaviour. For instance, beliefs about what other people think the person should do, which are termed normative beliefs, and the person's motivation to comply with the opinion of others. TRA places the individual within a social context and in addition suggests a role for value which is in contrast to the traditional, more rational approach to behaviour (Breinbauer & Maddaleno, 2005).

Figure 1

The Theory of Reasoned Action Model



Source: adapted from Ajzen, Icek and Fishbein, Martin; *Understanding attitudes and prediction social behaviour*, 1st Edition, 1980. Produced by permission of Pearson Education, Inc., Upper Saddle River, New Jersey, cited in Breinbauer, C. and Maddaleno, M. (2005).

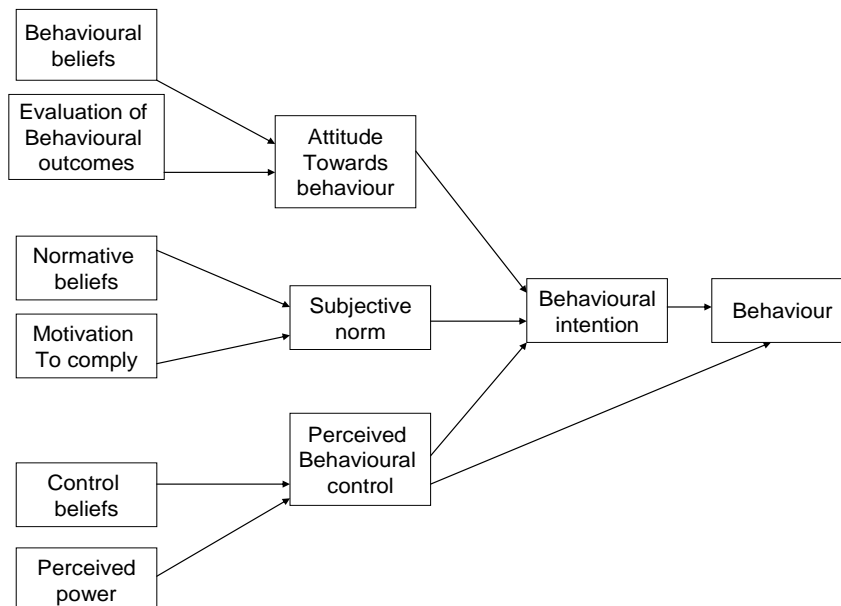
2.9.2 Theory of Planned Behaviour

A progression of TRA brought about the development of Theory of Planned Behaviour (TPB). This theory emphasises behavioural intentions as the outcome of a combination of several beliefs. It proposes that intentions should be conceptualised as plans of action in pursuit of behavioural goals and as a result of attitude towards a particular behaviour, subjective norms, and perceived behavioural control (Ogden, 2004).

Attitude towards a particular behaviour refers to a composition of both positive and negative evaluations of the behaviour, and beliefs about the outcome of that behaviour. Subjective norms are composed of the perception of social norms and pressures to perform a given behaviour, as well as an evaluation of whether the individual is motivated to act in accordance with this pressure. Perceived behavioural control, on the other hand, is composed of a belief that the individual can carry out a particular behaviour based upon a consideration of internal control factors such as skills, abilities and information as well as external control factors such as obstacles or opportunities. Both of these control factors relate to past similar behaviour (Ogden, 2004).

Figure 2

The Theory of Planned Behaviour Model



Source: *Health behaviour and health education: Theory, research, and practice*; by K Glanz, B. K. Rimer, and F. M. Lewis, (2002). Reprinted, cited in Breinbauer, C. and Maddaleno, M. (2005).

In researching the attitudes of men towards abortion, the study intends to understand how the participants' beliefs and perceptions of their social world influence their decisions

in the termination of pregnancy choice. Therefore, these theories will be used as models that place participants in their social context in order to evaluate the participants' behavioural intentions and their actual behavioural goals. Knowing the control factors around the participants, such as gender, race and religion, whether external or internalised, will help the study to make sense of how such control factors feed into the participants' attitudes, resulting in how the participants behave when they are faced with the decision to, or not to, terminate pregnancy.

These models can also assess whether perceived behavioural control can predict behaviour without the influence of intention. For instance, if perceived behavioural control reflects actual control, a belief that the individual would not be able to exercise pro-abortion choice due to circumstantial limitations such as religion would be a better predictor of their exercising behaviour than their high intentions to exercise (Ogden, 2004). The study can therefore examine the role of the theories' different components in predicting the decision to terminate pregnancy, and see if the attitude towards the behaviour, subjective norms and behavioural control correlate with the intention to terminate the pregnancy when it comes to decision-making.

2.10 Aims and objectives

The main aim of the study is to investigate the attitudes of young male learners towards abortion. The study will seek to establish male learners' attitudes, opinions, views and perceptions of the issues and controversies involved in the termination of pregnancy. Furthermore, it will measure and explore if and how abortion attitudes differ by race and religiosity in male learners. The interaction effects of race and religion in abortion attitudes of male learners will also be explored. In exploring how abortion attitudes differ by race and religion, the study aims to cover a varied sample of male learners from different racial and religious backgrounds.

The study will take the form of a cross-sectional survey design because it plans to describe the data, therefore taking a descriptive paradigm and also using behaviourism theories in order to articulate the opinions, views and beliefs of the participants. A sample of male learners will be chosen in relation to racial and religious differences that determine the manner in which sexual issues and abortion are viewed in the society. Some racial and religious traditions are generally believed to treat sexual issues, as well as issues around abortion, as taboo. Therefore, this study will also evaluate the positioning of these traditions and their effects on the young men's views and opinions.

The study will also investigate what it is that male learners assume to be their role in the process of decision-making towards abortion. That is, whether both males and females are equally part of the abortion process or not, and in what ways are they part of it if they consider themselves to be part of the process. The study will also evaluate if factors such as pregnancy resulting from rape, incest, health complications during pregnancy, economic and social reasons have any impact in the decision-making process. The reason this study is limited to young male learners is due to the fact that the research hopes to establish aspects related to these young males' decisions due to their age and also due to the previous findings that show that as compared to adults, young people are the ones that are most likely to be faced with abortion choice because they might not be ready in many different aspects of their lives (South African Department of Health, 1998).

2.11 Hypothesis

For the reasons above, the hypothesis that the study holds is that there is a relationship between the attitudes of young males and their racial and religious backgrounds. That is, most young men who consider themselves to be religious and also belonging to a more conservative race will have a negative attitude towards abortion. This may be the opposite for other groups that are not as religious and of relatively liberal races. The level of religiosity is also expected to correlate with the strength of the attitudes held, which in turn may influence the behaviour intended. This hypothesis has been explored and compared to the research outcomes, and it has been discussed in chapter 5 below. As Grimme and Wozniak (1990) state, the purpose of having a hypothesis is not to predetermine research outcomes but to provide baselines against which to compare actual results. This is what this study intended to do.

CHAPTER 3

DESCRIPTION OF RESEARCH METHODOLOGY

3.1 Introduction

Methodology is the way in which the researcher plans and structures the research process, as well as the manner in which the research will be carried out. It acts as a guide enabling the study to be conducted in the best manner. As Babbie (1998) states, it is the science of finding out. This study is a descriptive cross-sectional survey research design of a quantitative nature that aims to measure the attitudes of young male learners towards abortion in relation to their racial and religious backgrounds. Grimme and Wozniak (1990) state that a cross-sectional survey collects data from a cross-section or a presumably representative segment of the population at one point in time. This type of research design yields data that are pertinent to many research questions, such as providing estimates of population characteristics and revealing whether differences or relationships exist between variables, as this study has done.

This type of research design does not allow the researcher to manipulate any of the variables of interest, and data relating to all variables is collected simultaneously. Survey is also known as a correlation design, which refers to a technique for analysing relationships between variables (Bryman & Cramer, 1997).

In section 3.3 below, the paper describes the strata of male learners forming the study's sample. The sample is described as it was selected with reference to the strata of the target population. Numbers and percentages of male learners taking part in the study are also described.

3.2 Method

The data collection process was approached through a supervised self-administered questionnaire schedule which is outlined in Appendix 1. It took about 30 minutes for the participants to complete the questionnaire. Apart from the biographical details of the participants in Section A, the questionnaire is divided into other two sections, which are Section B and Section C. Section B assesses the attitudes towards abortion and reasons behind abortion decision-making. The first part of this section (question 1 and 2) briefly assesses knowledge around CTOP followed by the second part (question 3) of the section,

which assesses the attitudes to abortion regarding women's rights in obtaining legal abortion for different reasons. This was done through the 'Attitude Towards Reasons for Abortion Scale' (ATRAS) by Bryan and Freed (1993), which was adapted to include the 'strongly agree' to 'strongly disagree' format instead of a 'yes' and 'no' response option (see Appendix 1, Section B, for the questionnaire structure). The scale contains 43 reasons for abortion ranging from 'the woman was raped' to 'choosing the sex of the child.' The participants were presented with this list of 43 possible reasons for abortion and they were asked if a woman should have a right to obtain a legal abortion for each reason. Unfortunately, the study does not report reliability and validity statistics of this scale. However, it is one of the few instruments that encompass a wide range of reasons for abortion.

Section C assesses the levels of participants' religiosity. The first part of this section (question 1) looks at the participants' daily spiritual experiences. The Daily Spiritual Experience Scale (DSES) by Underwood and Teresi (2002) was adopted in order to assess the participants' religiousness and the impact that it may have on their attitudes towards abortion. Reliability and exploratory factor analysis from the different samples support the use of DSES to measure daily spiritual experiences. The scale is highly internally consistent, with alphas ranging from .91 to .95 across samples. Preliminary construct validity was established by examination of the mean scale scores across socio-demographic subgroups, and preliminary exploratory factor analysis support a unidimensional set (Underwood & Teresi, 2002).

The second part of this section (question 2) is the 'Private Religious Practices Scale' (PRPS) which assesses participants' religiousness practiced privately. This conceptual domain or dimension of religious involvement is often characterised by terms such as non-organisational, informal, and non-institutional religiosity. Although the scale has not been psychometrically confirmed or validated, variations on the constituent items have appeared in other validated scales. That is, they have been scaled and subsequently confirmed in secondary analyses. Furthermore, similar items regarding frequency of prayer, reading religious material, and saying grace, have also formed part of an internally consistent, reliable measure of non-organisation religiosity in four successive age cohorts within a multiracial national probability sample (Levin, 1993, cited in Fetzer Institute/National Institute on Aging Working Group, 2003).

The third and last domain (question 3) is the 'Values Scale' (VS) which directly assesses the influence of faith on everyday life. Three items have been proposed, one from

Benson (1988, cited in Fetzer Institute/National Institute on Aging Working Group, 2003), and the other two from the Intrinsic/Extrinsic (I/E) Revised Scale by Gorsuch and McPherson (1989, cited in Fetzer Institute/National Institute on Aging Working Group, 2003). One of the three items is phrased negatively, and one includes a moral dimension. These scales have been tested and used frequently on numerous samples in the social scientific studies of religion (Idler, 2003, cited in Fetzer Institute/National Institute on Aging Working Group, 2003). It is to be noted that all the religious scales (DSES, PRPS, and VS) are scored in such a way that the higher the score, the less religious the participant is considered to be, and vice versa. With ATRAS, the higher the score, the more negative the attitudes towards reasons for abortion.

The study has covered 350 male learners in six high schools in the Durban area. The questionnaires have been administered to male learners in each school on separate days. Participants included male learners of different races and different religious backgrounds, however, most Islamic schools showed no interest in the study due to the „sensitivity’ of the topic. The measures were mostly with the use of a Likert scale in order to measure the intensity of the opinions and views of the participants.

Since termination of pregnancy can be a sensitive and private issue, using other forms of data collection such as focus groups might fail to elicit honest information, especially with different genders, races and religions combined because they may perceive the issue differently, therefore causing a debate instead. For this reason, this method has allowed for the participants’ privacy, freedom and honesty in raising their opinions, views and beliefs about abortion without the fear of being judged by others.

3.3 Sampling

Bryman and Cramer (1997) state that if a survey investigation is being undertaken, the researcher must find a relevant sample to which the research instrument that has been devised should be administered. They continue to show that the fact of random selection is important because it reflects a commitment to the production of findings that can be generalised beyond the confines of those who participate in a study. Although it is rarely possible to contact all units in a population, in order to generalise to a wider population, a representative sample is required. The study made use of a non-probability convenience sampling method. Grimme and Wozniak (1990) show that in convenience sampling, the researcher takes samples from large groups of accessible population such as students in a large lecture class.

3.3.1 The study settings

The study was conducted in six schools, namely Chesterville Extension Secondary School, Brettonwood High School, Glenwood High School, Orient Islamic school, Grove End Secondary School and Stanmore Secondary School. These schools are located in different geographical locations and as a result, they have different cultural, religious, racial and socio-economical backgrounds.

3.3.2 Sample description

A total of 353 questionnaires were distributed to male learners in six high schools in the Durban area. These schools were selected due to their diversity in sample population, and a sample of male learners in Grade 9, 10, 11 and 12 were selected. All the participants could communicate in the English language and the highest score in first/preferred language option were English speakers followed by IsiZulu speakers. Interpretation for IsiZulu speaking populations was done with the educators' assistance, where the need arose. Out of the 353 questionnaires, a total of 3 questionnaires were not included in the data analysis because one questionnaire was incomplete and the other two were spoiled, leaving a total of 350 valid questionnaires for analysis.

Although all the 350 questionnaires were entered and went through the data cleaning process, cases that did not fit the required target profile and groups that were too small to analyse were not included in the overall data analysis. Although the study had an overall good representation of the population sample in terms of race and religion, only three race groups, namely African, Indian and White, and three religious groups, namely Christianity, Hinduism and Islam were included in the analysis due to their validity. The Christian sample was further broken down into 5 denominations, namely African Christianity, Pentecostal, Protestant, Roman Catholic and Zionist for analysis purposes. Below is the distribution table of participants' demographic characteristics that give a clearer picture of the sample (see Appendix 6 for the histograms).

Table 1***Distribution of participants' demographic characteristics (male learners).***

Background Characteristics	Frequency	%
Age (M = 16.68)		
15	55	15.7
16	127	36.3
17	83	23.7
18	55	15.7
19	19	5.4
20	11	3.1
Total	350	100.0
Race		
African	154	44
Coloured	6	1.7
Indian	153	43.7
White	33	9.4
Other	4	1.1
Total	350	100.0
Level of Study		
Grade 9	50	14.3
Grade 10	115	32.9
Grade 11	121	34.6
Grade 12	64	18.3
Total	350	100.0
Language (first or preferred)		
Afrikaans	5	1.4
English	198	56.6
IsiZulu	140	40.0
IsiXhosa	2	0.6
Other	5	1.4
Total	350	100.0
Religious Group		
Christianity	206	58.9
Hinduism	36	10.3
Islam	96	27.4
Judaism	1	0.3
Atheism (No religion)	8	2.3
Other	3	0.9
Total	350	100.0

Table 1 continued

Background Characteristics	Frequency	%
Christian Denomination		
African Christianity (Shembe, Mosile, ZCC, etc)	40	11.4
Anglican	17	4.9
Apostolic	29	8.3
Lutheran	6	1.7
Methodist	17	4.9
Roman Catholic	33	9.4
Pentecostal	12	3.4
Protestant	1	0.3
Seventh Adventist	2	0.6
Zionist	26	7.4
Other	22	6.3
Not applicable (other religious groups)	144	41.1
No response	1	0.3
Total	350	100.0

3.3.2.1 Age

Generally, the distribution according to age ranged from 15 to 20 years of age with the mean of 16.68, and it is presented both with frequency and percentages for comparison of different age groups. The majority of the total sample, which is 127 (36.3%), was within the 16-year-olds group, followed by 17-year-olds with 83 (23.7%) participants. 15- and 18-year-olds were equally distributed with 55 (15.7%) participants. Respondents aged 19 and 20 had the lowest distribution. This was mainly due to the fact that this age group was predominantly made up of matric students and they could not be accessed due to examination preparations at the time of data collection. Although there are different age group distributions, for the purpose of this study, all the ages have been classified as one group, which is the „youth’ (15-25 year age group), as defined by the World Health Organisation (Dickson-Tetteh & Ladha, 2000).

3.3.2.2 Race

Generally, only significant racial groups have been included in the analysis, namely African with 154 (44%) participants, Indian with 153 (43.7%) participants and White with 33 (9.4%) with a standard deviation of .652 as opposed to 1.146 for all sample racial groups. The coloured and „other’ category racial groups were too small (around 1%) to include in the analysis for comparison purposes.

3.3.2.3 Religious affiliation

The other demographic characteristic of importance in this study is religious affiliation. In this category, the highest distribution was amongst the Christian group which consisted of 206 (58.9%) of the participants, followed by the Islamic group with 96 (27.4%) and the Hindus with 36 (10.3%) participants. The rest of the religious groups were either not represented or too small to include in the analysis.

3.3.2.4 Christian denomination

The questionnaire consisted of eleven Christian denomination options, namely the African Christianity (Shembe, Mosile, ZCC, etc), Anglican, Apostolic, Lutheran, Methodist, Roman Catholic, Pentecostal, Protestant, Seventh Adventist, Zionist, and the „other’ category. The African Christianity group constituted the highest number of participants with the value of 40 (11.4%), followed by Roman Catholic with 33 (9.4%) participants, Zionist with 26 (7.4%), and Pentecostal 12 (3.4%). Similar denominations were further grouped together, leaving the Christian denominations with five categories for analysis.

Consequently, the final categories for Christian denominations were African Christianity, Roman Catholic, Pentecostal, Protestant and Zionist. For instance, groups such as Anglican, Methodist, Apostolic, Lutheran, and Protestant were combined to represent one group named „Protestant’ which has a distribution of 70 (20.1%). The other denominations such as Seventh Adventist group and others that were classified as „Other’ were too small to include in the analysis. About 41% of the overall sample was not included in this section because they did not belong to the Christian group; therefore, this section was not applicable to them.

3.4 Data analysis

Data analysis involves the process of transforming the raw data into information that will answer the original research question. In analysing the collected data, the study made use of the analysis of variance (ANOVA) method by the help of the Statistical Package for the Social Sciences (SPSS) software program. This was to compare the relationship between race and abortion, as well as the relationship between religion and abortion, taking into account the participants’ levels of religiosity.

3.5 Reliability

A reliable survey instrument is the one that gets consistent results (Fink, 2003). This is the quality of measurement method that suggests that the same data would have been collected each time in repeated observations of the same phenomenon (Babbie, 1999). Due to the fact that this is a cross-sectional study, the results may not necessarily be consistent over time because a cross-sectional survey collects data from a cross-section or a presumably representative segment of the population at one point in time (Grimme & Wozniak, 1990).

3.6 Validity

A valid survey instrument is the one that obtains accurate results (Fink, 2003). It describes a measure that accurately reflects the concept it is intended to measure (Babbie, 1999). Therefore, the study may be considered to be valid due to the fact that it measures exactly what it intends to measure, which is the possible influence of race and religion on attitudes towards abortion among young male learners.

3.7 Ethical Issues

3.7.1 Permission to conduct the study

The study took ethics into consideration. Therefore, consent to carry out this research was sought from the University of KwaZulu-Natal's Higher Degrees Committee. Furthermore, consent for administering the questionnaire to male learners was sought from the schools, the participants, as well as parents/guardians. Parental consent was specifically sought in cases where participants were minors.

3.7.2 Respect of human dignity

Participants were made aware of the fact that participation in the study was voluntary.

3.7.3 Privacy, confidentiality and anonymity

Before administering the questionnaires, the researcher clarified procedural matters related to the participants' confidentiality and anonymity. The participants were also informed that their privacy and sensitivity would be protected, especially in the reporting process of the research project.

3.7.4 Freedom from harm

Since abortion is a sensitive issue that can elicit thoughts and emotions that may need therapeutic considerations, the participants were made aware that their schools' counselling services may be provided if the need arose, as a result of their participation in the study.

3.7.4 Principle of beneficence

The participants were informed that although they would not immediately benefit materially from the study, they would be educated about anything related to the study. The study will also be of benefit to others as the results of the study will be disseminated.

3.7.5 Written consent

Full information regarding the purpose of the study was given to the participants. This was done in the language best understood by the participants. The significance and data collection procedures were explained and participants' questions were answered. Written consent was then sought and the participants were given enough time to respond to the questionnaire.

CHAPTER 4

RESULTS

4.1 Introduction

This chapter contains an outline of the research findings on abortion attitudes of young male learners in relation to their race, religion and religiosity. Basic knowledge on the legal status of termination of pregnancy in South Africa, attitudes towards reasons for abortion, and religiosity levels of the participants are presented. In analysing the collected data, the study made use of the Statistical Package for the Social Sciences (SPSS) software programme, version 15.0.

The main independent variables were race and religious affiliation, while the dependent variables included knowledge and attitudes towards abortion, as well as levels of religiosity. Descriptive statistics, tests of difference (ANOVA) and correlations were used. Results of the analysis are presented in the following order:

- Descriptive statistics
- Abortion attitudes
- Religiosity
- Correlation

4.2 Descriptive Statistics

4.2.1 Knowledge of the state of termination of pregnancy in South Africa

In addition to assessing the participants' attitudes towards abortion and level of religiosity, a brief assessment of the participants' knowledge of the state of termination of pregnancy in South Africa was done by means of the following two questions:

- (1) What is the current status of abortion in South Africa?
- (2) What does CTOP stand for?

Table 2 below presents a distribution of respondents' responses to the two questions above.

Table 2***Distribution of respondents' knowledge on CTOP in South Africa***

Item response	Frequency	(%)
Current state of abortion in SA		
Illegal	68	(19.43)
Legal	258	(73.71)
Not sure	19	(5.43)
No response	5	(1.43)
Total	350	
CTOP knowledge		
Correct	9	(2.57)
Incorrect	13	(3.71)
Does not know	91	(26.00)
No response	237	(67.71)
Total	350	

CTOP = Choice on Termination of Pregnancy

The respondents generally demonstrated knowledge of the legal status of CTOP in South Africa. About three quarters of the respondents indicated that abortion is currently legal in South Africa, while just over a quarter either responded incorrectly or did not respond to the question, which may perhaps demonstrate lack of knowledge in this matter. Only nine of the respondents provided a correct answer regarding knowledge on what CTOP stood for, while the rest (97.43%) responded incorrectly, did not know or did not respond to the question. These responses perhaps indicate that the respondents may not know the abbreviated form of the Choice on Termination of Pregnancy Act 92 of 1996. Most participants seem to know that abortion is currently legal in South Africa.

4.2.2 Attitudes toward reasons for Abortion Scale (ATRAS) and Religiosity Scales

One of the main objectives of this research was to measure the attitudes of a sample of young male learners towards abortion. Preliminary analysis included an exploratory factor analysis of 43 abortion items and 16 daily spiritual experiences items (ATRAS and DSES respectively) used in the study. This process was done to condense the large set of scale items down to a more manageable number of dimensions. From this analysis, nine significant factors emerged from ATRAS as shown in Table 3 below.

Table 3***Factor loadings for abortion items***

Item	Loading
Factor 1: Elective reasons	
29. To give more psychological attention to children already born	.629
30. To give more economic advantages to children already born	.543
37. Woman wants to return to school	.637
38. Woman wants to work for financial reasons	.712
39. Woman wants to work for self-fulfilment	.650
40. Woman feels she already has enough children	.679
41. Woman feels she is too old to raise any more children	.641
43. Any other reason a woman might have	.609
Factor 2: Woman's vulnerability	
8. Woman is a minor	.468
9. Woman has AIDS	.442
10. Woman is addicted to drugs or alcohol	.577
11. Woman is a prostitute	.415
14. Woman is homeless	.705
15. Woman abuses the children she already has	.722
16. Woman is living in poverty on welfare	.709
24. Man abuses the children they already have	.583
25. Man refuses to allow any contraception	.466
31. Family cannot afford any more children	.438
Factor 3: Objection by significant others	
32. Unmarried woman wants abortion but parent(s) or guardian object	.631
33. Unmarried woman wants abortion but man objects	.799
34. Married woman wants abortion but husband objects	.777
35. Married woman wants abortion but lover objects	.799
36. Woman wants abortion but artificial inseminator objects	.504
Factor 4: Woman's health and life endangered	
5. Woman's physical health endangered	.769
6. Woman's mental health endangered	.801
7. Woman's life endangered	.775
Factor 5: Woman's marital status	
17. Woman is unmarried and does not want to marry the man	.744
18. Woman is unmarried and the man does not want to marry her	.713
19. Woman is separated or divorced from the man	.467
Factor 6: Choice on sex of the child and/or spacing children	
27. To choose the sex of the child	.720
28. To space the children further apart	.713
Factor 7: Traumatic reasons	
1. Pregnancy caused by rape	.668
2. Pregnancy caused by date rape	.713
3. Pregnancy caused by incest	.692
4. Damaged or defective foetus	.493
Factor 8: Father's health	
22. Man is seriously physically ill	.667
23. Man is seriously mentally ill	.757
Factor 9: Promiscuity	
11. Woman is a prostitute	.598
12. Woman does not know who the father is	.724

The factors above are named with regard to the item groupings that form the common themes and are hereafter referred to as subscales. For instance, Factor 1 constitutes 8 items relating to elective reasons of a woman's preferred choices for not having the baby, hence it is referred to as the „Elective reasons' subscale. A similar principle is applied to all the other 8 factors that follow. Due to the low alphas and a few number of items (2 items and below) making up the components of Factor 6, 8 and 9 („Choice on sex of the child and/or spacing children,' „Father's health,' and „Woman's promiscuous behaviour' respectively), these factors are excluded from further analysis and therefore excluded from the discussion in the following chapter. Table 4 below presents the results on exploratory factor analysis of DSES.

Table 4

Factor loadings for Daily Spiritual Experiences Scale (DSES) items

Item	Loading
Factor 1: Relationship with God	
1. I feel God's presence.	.753
3. During worship, or at other times when connecting to God, I feel joy which lifts me out of my daily concerns.	.707
4. I find strength and comfort in my religion.	.727
5. I find comfort in my religion or spirituality.	.675
6. I feel deeper peace and harmony.	.644
7. I ask for God's help in the midst of daily activities.	.776
8. I feel guided by God in the midst of daily activities.	.807
9. I feel God's love for me, directly.	.787
10. I feel God's love for me, directly or through others.	.645
11. I am spiritually touched by the beauty of creation.	.570
12. I feel thankful for my blessings.	.622
15. I desire to be closer to or in union with God.	-.656
16. In general, how close do you feel to God?	-.623
Factor 2: Compassionate relationship with people	
13. I feel a selfless caring for others.	.812
14. I accept others even when they do things I think are wrong.	.745

Factor analysis of DSES yielded two factors: Factor 1 was formed by 13 items associated with „relationship with God' and factor 2 was formed by 2 items associated with „compassionate relationship with people.' Factor 2 has also been excluded from further explorations due to the low alpha ($\alpha = .50$) and a low number of items making up this component. One item on DSES (item 2, „I experience connection to all of life') related more generally to the environment, and scored almost equally on both factor 1 and 2 (.489 and .400 respectively), therefore, it was regarded as a common factor and it has also been excluded from further analysis. Thus the study refers directly to Factor 1 (DSES subscales)

hereafter.

Descriptive analysis was conducted using the means, standard deviations, and Cronbach's alphas of the subscales. It is to be noted that all the religiosity scales (DSES, PRPS, and VS) are scored in such a way that the higher the score, the less religious the respondent is considered to be, and vice versa. With ATRAS, the higher the score, the more negative the attitudes towards reasons for abortion.

Table 5
Descriptive Statistics for ATRAS, DSES, PRP and VS

Scale/Subscale	No. of Items	HPS	<i>M</i>	<i>(SD)</i>	<i>α</i>
ATRAS total	43	215	151.52	(33.59)	.92
<u>ATRAS Subscales</u>					
Elective reasons	8	40	28.78	(9.24)	.82
Woman's vulnerability	10	50	34.03	(11.18)	.85
Objection by significant others	5	25	18.11	(6.14)	.81
Woman's health & life endangered	3	15	8.10	(4.29)	.79
Unmarried or separated	3	15	12.45	(3.38)	.74
Traumatic reasons	4	20	11.05	(4.88)	.69
<u>DSES Subscales</u>					
Relationship with God	13	74	32.80	(11.31)	.92
<u>PRPS Items</u>					
How often do you pray privately in places other than at church or synagogue?	1	8	2.76	(1.97)	N/A
How often do you watch or listen to religious programmes on TV or radio?	1	8	4.21	(2.40)	N/A
How often do you read the Bible or other religious literature?	1	8	4.29	(2.42)	N/A
<u>VS Items</u>					
My whole approach to life is based on my religion.	1	5	2.03	(1.51)	N/A
Although I believe in my religion, many other things are more important in life.	1	5	3.40	(1.81)	N/A
My faith helps me know right from wrong.	1	5	1.57	(1.23)	N/A
<i>ATRAS = Attitudes Towards Reasons for Abortion Scale</i>		<i>DSES = Daily Spiritual Experiences Scale</i>			
<i>HPS = Highest Possible Score</i>		<i>PRPS = Private Religious Practices Scale</i>			
<i>VS = Values Scale</i>					

The mean for ATRAS was 151.52 (*SD* = 33.59). Distribution of scores had a slight negative skewness (-.234). This suggests more negative attitudes towards reasons for abortion and therefore, stronger disapproval for abortion, when compared with the highest possible score of 215. In the Daily Spiritual Experiences Scale (DSES), the subscale „Relationship with God' had a mean of 32.80 (*SD* = 11.31), demonstrating a low mean

score when compared to its highest possible score of 74, consequently indicating high levels of individual's daily spiritual experiences. The item mean scores for Private Religious Practices Scale (PRPS) and Values Scales (VS) were all low when compared to their scales' highest possible score of 8 and 5 respectively. These low scores indicated that the respondents are highly religious as assessed by all three religiosity scales. However, the standard deviations of the above mean scores were quite high for such low means, indicating disparity in the respondents' responses.

Reliability analysis of the Attitudes Towards Reasons for Abortion Scale (ATRAS) and the Daily Spiritual Experiences Scale (DSES) yielded high Cronbach's alphas of .92 and .91 respectively, therefore, they both satisfy the required levels of internal consistency. The six ATRAS subscales also indicated reasonably high alphas, indicating high internal reliability. The alpha level for the 13 items of DSES „Relationship with God' subscale was .92, also showing a good internal reliability. The low Cronbach's alphas of Private Religious Practices Scale (PRPS) and Values Scale (VS) (.69 and .51 respectively) suggested that the scales did not meet the satisfactory levels of internal consistency; hence the scales' items were analysed individually. This may be due to the small number of items in these scales. The first PRPS item assessing the frequency of private prayer showed a low mean of 2.76, indicating a significantly high frequency of the activity. However, the other two PRPS subscales on the frequency of watching or listening to religious programmes, as well as Bible or religious literature reading yielded slightly high means of 4.21 and 4.29 respectively, indicating low frequency. Values items on the individual's approach to life as based on religion, and the individual's faith helping him to know right from wrong, yielded low means (2.03 and 1.57 respectively), indicating high levels of religiosity. An exception on VS is found in the subscale that assesses the importance of many other things in ones life regardless of one's religion, where the mean score was significantly high (3.40). Nonetheless, the results generally indicated high levels of religiosity on almost all the subscales, except where religiosity items were contextually irrelevant.

4.3 Tests of difference

The study explored differences in abortion attitudes, daily spiritual experiences, private religious practices and values of young male learners amongst different religious and racial groups. This was done with the use of one-way Analysis of Variance (ANOVA) test. Below is the breakdown of the F-tests results according to the different categories.

Table 6

ANOVA results for ATRAS subscales by religion and race

		ATRAS Total	Elective Reasons	Woman's Vulnerability	Objection by Significant Others	Woman's Health & Life Endangered	Unmarried /Separated	Traumatic Reasons
		<i>M</i> (<i>SD</i>)	<i>M</i> (<i>SD</i>)	<i>M</i> (<i>SD</i>)	<i>M</i> (<i>SD</i>)	<i>M</i> (<i>SD</i>)	<i>M</i> (<i>SD</i>)	<i>M</i> (<i>SD</i>)
Religion	<i>N</i>							
Christians	(206)	151.70 (30.51)	27.87 (9.16)	34.62 (10.67)	17.93 (6.08)	8.68(4.27)	12.70 (3.09)	12.52 (4.79)
Hindus	(36)	132.86 (29.85)	24.72 (7.58)	29.68 (9.87)	15.23 (6.45)	7.51(3.54)	10.50 (4.26)	10.00 (4.67)
Muslims	(96)	157.93 (38.89)	32.40 (9.12)	34.61 (12.10)	19.54 (5.84)	7.21 (4.43)	12.54 (3.46)	9.15 (4.21)
F Value		6.07**	12.46***	2.80	6.75***	4.32*	6.75***	7.71***
Race	<i>N</i>							
Black	(154)	155.24 (27.93)	27.42 (8.95)	36.61 (9.18)	17.82 (6.01)	9.09 (4.27)	12.81 (3.01)	1.61 (1.28)
Indian	(153)	148.98 (38.13)	29.41 (9.46)	32.22 (11.83)	18.55 (6.08)	7.47 (4.27)	11.97 (3.74)	1.36 (.98)
White	(33)	140.87 (34.35)	31.27 (9.01)	27.69 (12.77)	16.58 (6.83)	6.33 (3.45)	12.58 (3.31)	2.52 (1.78)
F Value		2.75	3.21*	11.63***	1.58	8.85***	2.40***	14.08***

Note: The lower the mean, the more positive the attitudes toward abortion

ATRAS = Attitudes Towards Reasons for Abortion Scale

p<0.05, **p<0.01, *p<0.001*

INSERT:

Table 6

ANOVA results for ATRAS subscales by religion and race

4.3.1. Attitudes towards abortion

This section explores the differences in abortion attitudes of young male learners in different religious and racial groups. Due to empty and/or small cell sizes, the analysis for race and religion had to be done separately, hence the use of one-way ANOVA. This means that a study of interactive effects was not possible. The findings indicated that there are significant differences in the total attitudes towards reasons for abortion amongst the three religious groups ($F = 6.07, p < 0.01$). The post hoc tests using the Scheffe test were performed to examine where the differences lay. The results showed that the Hindu group had significantly lower means than both Christians and Muslims.

There were no significant differences between Christians and Muslims, implying that attitudes towards reasons for abortion for the two religious groups were similar, which tended towards the negative. However, the dispersion on Muslims attitudes is slightly higher at 38.89 than those of Christians at 30.51, meaning there were more variations in attitudes amongst Muslims on reasons for abortion than among the Christians. In other words, Christians were slightly more united on their stand on abortion attitudes than Muslims on this issue.

4.3.1.1 ATRAS subscales by religion

Significant differences were found on five ATRAS subscales (Elective reasons, Objection by others, Woman's health and life endangered, Unmarried/separated, and Traumatic reasons). The post hoc tests using the Scheffe tests were performed to determine where the differences lay. The results indicated that the Muslim group was most negative in abortion attitudes compared to the Hindus on 'Elective reasons', 'Objection by others', and 'Unmarried/separated' subscales. Christians were found to have more negative attitudes than Muslims on the 'Woman's health and life endangered' and 'Traumatic reasons' subscales, although both the Muslims and Christians in general indicated strong negative attitudes towards abortion.

4.3.1.2 ATRAS subscales by race

There were significant race differences on the three ATRAS subscales (Woman's vulnerability, Woman's health and life endangered, and Traumatic reasons). The post hoc test using the Scheffe tests were performed to determine where the differences lay. The results in the three above mentioned subscales indicated the differences between groups of Blacks and Indians, as well as between the Black and White racial groups, with Blacks

showing the least support for abortion when the pregnant woman's livelihood is vulnerable and when her life and general health is at risk. However, the White group indicated most objections in the „Traumatic reasons' subscale.

The above tests of difference findings have indicated differences in abortion attitudes among the religious and racial groups. Although the Muslims and Christians showed significant differences in some subscales, their attitudes towards abortion were mostly negative as compared to that of the Hindus. In terms of race, the Black and White learners indicated higher levels of objection than the Indian group.

4.3.2 Religiosity findings

In this part of the results, the study explores the differences in religiosity levels among different religious and racial groups. All the religiosity scales (DSES, PRPS and VS) are assumed to measure religiosity and have therefore been grouped to explain the religiosity levels of participants, except where otherwise specified. Below are the descriptive statistics of the three religiosity scales compared amongst religious and racial groups.

4.3.2.1 Differences by religion

There were significant religious differences in the Daily Spiritual Experiences subscale, Private Religious Practices subscale 1 and 3, as well as in all three Values subscales. The details of these scales are tabulated in Table 7 below.

The post hoc tests using the Scheffé test were performed in order to identify where the differences lay. The findings indicated that Muslims differed significantly with Christians and Hindus in all the religiosity measures (DSE Subscale, PRP Subscale 1 and 3, and Values Subscale 1, 2 and 3). A pattern was observed with the Muslim group scoring the lowest mean values in all religiosity measures, therefore indicating the highest level of religiosity when compared to the other two (Christians and Hindus) religious groups, even though Christians still indicated high levels of religiosity, approaching that of Muslims.

Table 7

ANOVA results for DSES, PRPS, VS scores by religion and race

		DSES		PRPS1		PRPS2		PRPS3		VS1		VS2		VS3	
		<i>M</i>	<i>(SD)</i>	<i>M</i>	<i>(SD)</i>	<i>M</i>	<i>(SD)</i>	<i>M</i>	<i>(SD)</i>	<i>M</i>	<i>(SD)</i>	<i>M</i>	<i>(SD)</i>	<i>M</i>	<i>(SD)</i>
Religion	<i>N</i>														
Christians	(206)	33.27	(11.19)	2.89	(1.82)	4.27	(2.41)	4.77	(2.22)	2.33	(1.59)	3.77	(1.66)	1.60	(1.26)
Hindus	(36)	31.06	(14.96)	3.08	(2.01)	4.22	(2.42)	5.44	(2.41)	2.00	(1.47)	3.78	(1.74)	1.97	(1.49)
Muslims	(96)	23.69	(11.17)	2.01	(1.71)	4.02	(2.24)	2.60	(1.85)	1.25	(.93)	2.31	(1.75)	1.17	(.63)
F Value		21.69***		8.75***		.36		39.75***		18.89***		25.54***		7.61***	
Race	<i>N</i>														
Black	(154)	33.34	(10.57)	3.08	(2.13)	3.88	(2.34)	4.84	(2.32)	2.21	(1.52)	4.00	(1.52)	1.61	(1.28)
Indian	(153)	25.53	(11.70)	2.27	(1.60)	3.99	(2.24)	3.43	(2.28)	1.44	(1.10)	2.71	(1.86)	1.36	(.98)
White	(33)	45.00	(15.93)	3.48	(1.94)	6.67	(1.96)	5.82	(1.90)	3.67	(1.56)	3.97	(1.59)	2.33	(1.63)
F Value		43.08***		9.74***		21.86***		22.92***		39.65***		24.25***		9.16***	

Note: the lower the mean, the higher the level of religiosity

PRPS = Private Religious Practices Scale

PRPS1 = How often do you pray privately in places other than at church or synagogue?

PRPS2 = How often do you watch or listen to religious programmes on TV or radio?

PRPS3 = How often do you read the Bible or other religious literature?

****p<0.001*

DSES = Daily Spiritual Experiences Scale

VS = Values Scale

VS1 = My whole approach to life is based on my religion.

VS2 = Although I believe in my religion, many other things are more important in life.

VS3 = My faith helps me know right from wrong.

INSERT Table 7

ANOVA results for DSES, PRPS, VS scores by religion and race

4.3.2.2 Differences by race

This section explores the differences in religiosity levels amongst the Black, Indian and White groups as assessed by DSES, PRPS and VS. The findings indicated significant differences amongst the racial groups in all the subscales. In general, the Indian sample indicated highest levels of religiosity followed by the Black sample with the White sample the least religious.

4.4 Tests of relationship

In accordance with the fourth aim of the study which intended to look at the relationship between attitudes to (SOC, 1996, cited in Caleni, 2004) wards abortion and religiosity, Pearson's correlation was used in order to measure whether the variables were related to each other, and the strength of those relationships. Table 8 below gives the results of the Pearson's r correlation for attitudes towards abortion subscales and „Relationship with God' (Daily Spiritual Experiences) subscale. The „Relationship with God' subscale was used as a representative measure of religiosity due to its superior internal reliability compared to the other scales.

The „Relationship with God' subscale had a significant negative relationship with the subscale „Woman's vulnerability'. All the other attitudes towards abortion subscales were not significantly related to religiosity. The negative relationship may suggest that the more religious the young male learners are, the less likely they are to have positive attitudes towards abortion in the case of „woman's vulnerability'.

4.4 Correlations among ATRAS and Religiosity scales

Table 8

Correlations (Pearson's r) for ATRAS, DSES, PRPS and VS

Scales	DSES	PRPS1	PRPS2	PRPS3	VS1	VS2	VS3
ATRAS	-.171**	-.119*	-.080	-.139*	-.084	-.113*	-.125*
DSES		.537**	.399**	.520**	.534**	.254**	.481**
PRP1			.367**	.488**	.397**	.165**	.437**
PRP2				.446**	.275**	.073	.216**
PRP3					.375**	.198**	.280**
VS1						.270**	.443**
VS2							.118*

* $p < 0.05$, ** $p < 0.01$

ATRAS = Attitudes Towards Reasons for Abortion Scale

PRPS = Private Religious Practices Scale

PRPS1 = How often do you pray privately in places other than at church or synagogue?

PRPS2 = How often do you watch or listen to religious programmes on TV or radio?

PRPS3 = How often do you read the Bible or other religious literature?

DSES = Daily Spiritual Experiences Scale

VS1 = My whole approach to life is based on my religion.

VS2 = Although I believe in my religion, many other things are more important in life.

VS3 = My faith helps me know right from wrong.

Insert here:

**Table 8 Correlations (Pearson's r) for ATRAS subscales and religiosity subscales
change title accordingly**

As expected most of the ATRAS subscales were significantly correlated with each other. The inter-correlations among the religiosity measures (not reflected in the table) ranged from .188 ($p < 0.05$) to .537 ($p < 0.01$) indicating good convergent validity for these scales.

4.5 Results summary

The research results presented in this chapter have found that young male learners generally have negative attitudes towards abortion across race and religion, as the findings demonstrated high means for this scale and consequently its subscales. There were differences found in abortion attitudes among religious groups, with the Muslims and Christians obtaining high levels of abortion opposition compared to Hindus. In general the White learners had the most positive attitudes to abortion, followed by the Indian sample with the Black learners having the most negative attitudes.

A significant relationship was found in the correlation of abortion attitudes subscale (Woman's vulnerability) and religiosity subscale, suggesting that the more religious the young male learners are, the less likely they are to have positive attitudes towards abortion in this particular context. These findings are further explored and discussed in the following chapter.

CHAPTER 5

DISCUSSION

5.1 Introduction

Research has shown that the attitudes towards abortion tend to vary. Some studies have indicated that information on young people's attitudes towards abortion is mixed, and young people's own opinions about acceptability of abortion are divided. Many see termination of pregnancy as 'sinful' and promoting promiscuity, while others, especially older adolescents are of the view that regardless of its acceptability, teenage abortion is a reality and should be legalised as a way of making it as safe as possible (Varga, 2002). The attitudes of males and females towards abortion differ, mostly with males showing negative attitudes towards abortion and women's autonomy in relation to reproductive rights, as compared to females (Craig & Richter-Strydom, 1983; Patel & Johns, 2009; Patel & Kooverjee, 2009). Therefore, abortion can be a complex issue and may not always elicit comparable outcomes, even in similar contexts.

As indicated in the literature review of the current study, large scale surveys (Dickson-Tetteh & Ladha, 2000; South African Department of Health, 1998) show that sexual activity of the majority of young South Africans start in the mid-teens, with boys starting younger than girls. Among the sexually active, there is evidence of inconsistency as well as low contraceptive use (as low as 25% in some instances). Therefore, given poor contraceptive use reported among young people, there are realistic chances of unwanted pregnancies and abortions arising out of these encounters. Research (Becker et al., 2002; Jewkes et al., 2005b; Zantsi et al., 2004; Smith, 2008; South African Department of Health, 1998; Varga, 2002) has also indicated that worldwide, especially in urban areas, young unmarried women make up a large proportion of those seeking induced abortion.

While it is important to understand female perspectives on abortion, both male and female perspectives are vital, yet there is little that is known about boys' attitudes towards abortion. Much of the research in the area of abortion appears to have been focused on women and the role of medical professionals with the objective of highlighting problems associated with abortion (Berer, 2002; Shah & Ahman, 2002; Varkey, 2000). Therefore, there are fewer studies that purport to highlight the attitudes of young men towards abortion. Boys in their teens represent the men of the future and if they demonstrate poor

awareness and understanding of women's reproductive rights at this stage, then there is still an opportunity to raise levels of awareness.

Given the multicultural make-up of the South African community, and with the history of racial groupings, there may be racial and religious differences in abortion attitudes as these factors prove to play a significant role in determining the attitudes of individuals towards abortion. Surveys have indicated that spirituality and religion are important and play a significant role in the lives of South Africans (South African youth are optimistic about our future, 2005; Zantsi et al., 2004). Yet again, there is very little research that has focused on how abortion attitudes may vary with race and religion. The two factors (race and religion) are woven together and may have an influence in determining attitudes towards abortion.

The discussion in this chapter begins by looking at the knowledge of termination of pregnancy amongst young people. It then explores abortion attitudes observed among male learners, with focus on the influence that religiosity, religion and race have on their abortion attitudes. Finally, the study discusses the relationship amongst abortion attitudes and religiosity.

5.2 Knowledge on the legal status of termination of pregnancy in South Africa

About three quarters of the sample indicated that they were aware of the legal status of abortion in South Africa. This relatively high level of knowledge of the legal status of TOP seems to be common amongst most South African youth (Morrone et al., 2006; Varga, 2002).

When exploring pregnancy termination among South African adolescents, Varga (2002) established that two thirds of her mixed (male and female) respondents correctly identified abortion as legal in South Africa. This was further supported by Morrone et al. (2006) in their cross-sectional study on knowledge of the abortion legislation among South African women. Their findings indicated that over two thirds of women aged between 15 and 19 years of age knew that abortion was legal in South Africa. Although they attributed this high level of knowledge to the fact that their study was conducted in a health clinic where there are high chances of receiving health education, their findings support high levels of abortion law knowledge in South Africa.

These high levels of knowledge amongst Varga (2002) and Morrone et al.'s (2006) respondents are quite similar to the current study's findings, therefore further supporting that South African youth may be quite knowledgeable when it comes to the legal status of

TOP in their country, particularly because the current study was conducted on male learners in school settings, as opposed to clinics. Knowledge of abortion laws in other contexts where abortion is legal in some form ranged from 45% and 54% in two Mexican studies (Becker et al., 2002 and Garcia, Tatum, Becker, Swanson, Lockwood & Ellertson, 2004 respectively). Melgalve et al. (2005) also indicated slightly lower levels (53%) of knowledge of abortion laws in Latvia.

The high level of knowledge among South African youth may be due to the impact of media education on the subject as extensive media discussion accompanied the passage of CTOP Act, therefore ensuring almost universal public awareness in the matter (Harrison et al., 2000). For instance, youth orientated programmes such as Love Life campaigns, that claim to have innovative nationwide media campaigns, use forms such as television and radio programmes, youth magazines and billboards, as well as the internet, which are easily accessible to urban youth such as those in this study's sample. Selebalo (2006) made the point that media appears to play a great role in influencing the views and opinions of males towards abortion. One of the participants in her study said:

My background... I don't get a lot of information about these abortion things. So I just pick up things from programmes that I watch. Maybe, I think the influence I got, I got just around, listening to things, reading newspapers, listening to the radio or watching TV, reading books (Selebalo, 2006: 23).

Furthermore, the political changes from the apartheid regime to democracy in South Africa have also meant changes in the country's legislation and policies, including those concerning the reproductive health of women (Cooper et al., 2004, cited in Patel & Kooverjee, 2009). Some of these changes have brought about heated debates in the public arena, and consequently drawing a lot of public attention to abortion issues. Since the 1994 elections, South Africa has enacted the 'Choice on Termination of Pregnancy' Act no. 92 of 1996, which is regarded to be the most progressive legislation in the world.

Unlike governments in many other countries, the South African government led the effort to legalise abortion and committed itself to equal access to services for all women (Hord & Xaba, 2002). This was done through the introduction of a number of programs by the South African Department of Health, aimed at improving knowledge, raising awareness and effecting positive change in the reproductive health of young people (Dickson-Tetteh & Ladha, 2000). Consequently, all these factors may have played a significant role in informing the South African youth on abortion issues, hence the high levels of knowledge regarding the legal status of TOP in their country.

5.3 Attitudes towards abortion

Overall, the findings on the attitudes of young male learners towards abortion indicated a wide range of opposition towards different abortion reasons, with 70% of the respondent strongly opposing abortion. It is interesting to note that the high levels of knowledge on abortion legal status does not necessarily match or even translate into support for this legislation. This, however, is not surprising as both the large scale survey (Rule, 2004) and the smaller investigations (Harrison et al., 2000; Patel & Kooverjee, 2009; Patel & Myeni, 2008; Varga, 2002) indicated that South Africans generally have negative attitudes towards abortion. Both the means for total „attitudes towards reasons for abortion’ scale and those of individual ATRAS subscales in the current study indicated negative abortion attitudes.

In an exploration of how overall (total ATRAS) abortion attitudes differed by religious affiliation and further by race, the study found significant differences amongst the religious groups only. However, there were race differences in respect of ATRAS subscales. Among many abortion reasons objected to in this study, some were social or economic reasons such as choosing to focus financial and psychological recourses on children already existing, woman’s personal development reasons and/or any other reasons. Bryan and Freed (1993) describe such reason as soft reasons, and in their study, soft reasons for abortion received lower support (below 50%) as opposed to hard reasons, even though their respondents generally supported abortion.

Harrison et al. (2000) also showed low (6% and 18% for nurses and the community respectively) support for social or economic reasons due to the fact that respondents saw abortion as contrary to prevailing community norms. Furthermore, all the ATRAS subscales in the current study („Elective reasons’, „Woman’s vulnerability’, „Objection by significant others’, „Woman’s health and life endangered’, ‘Unmarried or separated’, and „Traumatic reasons’ subscales) were found to be significantly different, some among religious groups and some among racial groups. Therefore, the abortion attitudes of young male learners have been discussed in terms of these subscales below.

Although Bryan and Freed (1992) attribute support for abortion to a growing awareness of the difficulties involved in TOP and the concern for the quality of life of the child, mother and family after the child’s birth, South African youth who grew up in financially and psychologically challenging environments seem to have a differing opinion. They probably feel that if they survived in such situations, any child born in similar circumstances is capable of survival; hence they oppose abortion, especially for soft reasons. For instance, Selebalo (2006) indicated that a background of poverty contributed

to negative attitudes towards abortion. One of her participants said: “Ehh, the fact that I was born in poor family, it hasn’t been easy, and if I made it, a child can also make it” (p. 23). This low support for „soft’ abortion reasons is seen in previous research as indicated above and therefore supports findings of the current study.

With regard to racial differences, there were significant race differences on the three ATRAS subscales (Woman’s vulnerability, Woman’s health and life endangered, and Traumatic reasons) indicating the differences between African people and Indians, as well as between the African and White racial groups. African people showed the least support for abortion when the pregnant woman’s livelihood is vulnerable and when her life and general health is at risk. However, the Whites indicated most objections in the „Traumatic reasons’ subscale. Some studies have showed that race plays a crucial role in shaping attitudes towards abortion. Hall and Ferree (1986), Lynxwiler and Gay, 1994, and Rule (2004) maintain that there has been a consistent finding in the public opinion surveys of abortion attitudes, which have shown that African respondents are less in favour of legal abortion than White respondents, therefore supporting racial difference in the current study’s findings.

In exploring religion, race and gender as factors in the life satisfaction and religiosity of young South African adults, Patel, Ramgoon and Paruk (2009) indicated that the African and Indian participants reported higher levels of religiosity than their White counterparts, even though their study focused on a Christian-only sample. Their speculations attributed these differences to the possibility that African people may use spirituality as a resource to fall back on, in order to deal with and make sense of their lives, which they consider less privileged, especially in post-apartheid South Africa.

On the other hand, the highly significant religiosity differences amongst racial groups may be attributed to cultural and religious differences as practiced in different racial groups. For instance, Rule (2004) reported that conventionality is stronger among the religious and black African sector of the population than among their more „progressive’ counterparts. His study on the public attitudes towards moral values indicated that African people were highest in abortion opposition, both on „hard’ and „soft’ reasons, while White people were the least. Indians ranged in between the two racial groups. Although religion and culture (or even race) each have unique significance in influencing people’s lives and each should be given explicit focus, they are often inextricably woven and both must be considered in trying to understand people’s beliefs and practices (Tarakeshwar, Stanton & Pargament, 2003).

5.4 Religiosity

The purpose of exploring religiosity levels with attitudes towards abortion was due to the role that religiosity may play in informing and influencing individuals' opinions and perspectives in this matter. Surveys (South African youth are optimistic about their future, 2005; Zantsi et al., 2004) have indicated that most South African youth maintain that religion plays an important role in their lives. Tarakeshwar et al. (2003) pointed out that individuals who believe in a sacred power are likely to view the world through their beliefs and regulate their lives according to principles based on their religious traditions. Patel and Johns (2009) have also indicated that over the years, religion has emerged as a significant predictor of abortion attitudes (in their review of Bailey, 1993; Bryan & Freed, 1993; Esposito & Basow, 1995; Krishnan, 1991; Modi, 2002; Sahar & Karasawa, 2005; Stets & Leik, 1993; Stevens et al., 2003).

Furthermore, negative attitudes to abortion have been found to be linked to high levels of religiosity (Patel & Johns, 2009). Religiosity was also found to be a predictor of judgments regarding the circumstances that legitimise abortion (Neter, Wolowelsky & Borochowitz, 2005). Rather than using religion per se as a predictor of attitudes, Patel and Johns (2009) point to the fact that some researchers choose to assess the impact of religiosity on abortion attitudes, and this is what the current study has attempted to do.

The three religiosity scales (DSES, PRPS, and VS) used in this study assessed the participants' religiousness in daily spiritual experiences, private religious practices, as well as values which directly assess the influence of faith on everyday life (Fetzer Institute/National Institute on Aging Working Group, 2003). The general findings indicated high levels of religiosity when assessed by all three religiosity subscales („Relationship with God' DSE subscale, Private Religious Practices subscales and Values subscales), indicating that the respondents reported to be highly religious. These findings were also further explored with regard to different religions, as discussed below.

In comparing religiosity subscales with the three religious groups (Christians, Hindus and Muslims), a pattern was observed with the Muslims obtaining the highest level of religiosity when compared to the other two (Christians and Hindus) religious groups, even though Christians still indicated high levels of religiosity, approaching that of the Muslims. Furthermore, the Muslim group indicated most negative abortion attitudes when compared to the Hindus on „Elective reasons', 'Objection by others', and „Unmarried/separated' subscales. There were differences found between the Christians and Muslims on the „Woman's health and life endangered' and „Traumatic reasons' subscales.

However, the Muslims and Christians indicated considerably high levels of negative attitudes towards reasons for abortion. These findings seem to be supported by the claim that negative attitudes to abortion may be linked to high levels of religiosity, hence the higher the religiosity levels, the more negative the attitudes to abortion (Patel & Johns, 2009).

It is not surprising that Muslims and Christians showed no significant differences in their attitudes towards abortion due to their similar stand points on attitudes towards abortion which is greatly influenced by their religious beliefs. Research (National Catholic Reporter, 1994; Patel et al., 2009) has shown that the Muslims and Christians find common ground on the anti-abortion stand and report higher levels of religiosity, especially when compared to other religious groups such as the Hindus. For instance, John Esposito, director of Georgetown University's Centre for Muslim-Christian understanding advocates that there is "a place for like-mindedness that has enormous implications for the pro-life movement" (National Catholic Reporter, 1994: 8).

Islamic law provides for some birth control but generally discourages its use. Abortion is permitted only if necessary to save the mother's life. Similar in the Christian arena, abortion is discouraged and the sanctity of life is emphasised (Hessini, 2007; National Catholic Reporter, 1994; Neter et al., 2005). In looking at the differences in religious abortion attitudes in general, there is not much research, especially on various religious groupings. A few studies (Hess & Rueb, 2005; Hollis & Morris, 1992; McIntosh, Alston & Alston, 1979; Wall et al., 1999) that were conducted on religious differences looked at Christian samples only. In instances where other religions are included, the numbers are too small to make any meaningful comparisons.

Nevertheless, there may be different reasons for Muslims to appear more religious when compared to the Christians and Hindus. For instance, the fact that the Muslim population in this study came from an Islamic school sample, where their religion is strongly encouraged and daily practised could tentatively be one of those reasons. On the other hand, the Christian (even though they were found to be highly religious) and Hindu population came from public schools, where there is no formal practice and enforcement of religious practices.

Research has shown that Muslims' attitudes towards abortion are greatly determined by religious beliefs (Neter et al., 2005). Aramesh (2007) noted that the majority of Muslim scholars and authorities regard ethical dilemmas around abortion as jurisprudential matter, and the jurisprudence Islamic school regard abortion as wrong and forbidden (Hiram).

However, they allow abortion only before the „ensoulment’ of the foetus takes place or when continued pregnancy endangers the woman’s life. Wider social circumstances such as financial, social, or simply being the woman’s decision indicated less support. Several studies cited in Neter et al. (2005) indicated that most participants said they would not terminate a pregnancy in the case of an affected foetus. In the same study of attitudes among Muslims towards TOP, Neter et al. (2005) indicated that wider social circumstances such as financial, social or simply mother’s decision did not get much support (10%) for allowing TOP.

Slater, Hall and Edwards (2001) have argued the complexities in measuring religious and spiritual variables, and claim that bias is one of the potentially serious problems in this regard. “In psychometric terms, biased tests are tests on which persons from different groups with equal amount of the trait have different probabilities of scoring high on the trait” (Anastasi, 1988, cited in Slater et al., 2001, p.8). This may be due to the fact that most scales in this field may have been developed within a particular theological orientation, and there have generally not been investigations of possible bias against other groups, hence their possible bias.

Although the current study yielded differences between the religious groups, the possibility also exist that some items on the religiosity scales represent better indicators of the ways in which Muslims and Christians practice their religion, hence the high religiosity levels obtained in these groups. For instance, PRP2 item (How often do you pray privately in places other than at church or synagogue?) may be considered to be biased in that Muslims are expected to pray five times a day, hence their response may be „several times a day’ which is considered as an indication of highest religiosity level (Tarakeshwar et al., 2003). On the other hand, Hindus are encouraged to start their day with morning pray and meditation, therefore their response to this item may be „once a day’ which indicates a lesser religiosity level according to the scale. Moreover, attending services may be more important for Christians than for Hindus (Tarakeshwar et al., 2003). Consequently, even though all religions have specific rituals and practices, the salience of these activities may differ depending on an individual’s religious affiliation (Patel et al., 2009). Similar findings (Patel et al., 2009) indicated that Muslim and Christian participants had higher levels of religiosity than the Hindu participants.

A study on „Attitudes of Israeli Muslims at risk of genetic disorders towards pregnancy termination’ indicated that participants who were more religious were less inclined to agree to an abortion. Therefore, religiosity was found to be a predictor of the

participants' judgments regarding circumstances that legitimise abortion (Neter et al., 2005). The research findings above indicated that race and religion may overlap, and both may be influencing factors in abortion attitudes.

5.5 Inter-relationships between abortion attitudes and religiosity levels

The inter-relationship between abortion and religiosity as measured by religiosity scales (DSES, PRPS, and VS) revealed significant negative relationships, suggesting that low religiosity level are linked to positive attitudes towards abortion and vice versa. It is not surprising that abortion attitudes correlated with religiosity, and religiosity subscales with one another, confirming good convergent validity of the scales. These findings supports claims by Patel and Johns (2009), Patel and Kooverjee (2009), and Patel and Myeni (2008) that the higher the religiosity level, the more negative the attitudes towards abortion.

5.6 Summary

The study consistently observed significantly high levels of negative attitudes towards abortion. These high levels of anti-abortion correlate with high levels of religiosity, as the literature (Patel & Johns, 2009; Patel & Kooverjee, 2009; Patel & Myeni, 2008) have indicated. Kaufman et al., (2000) showed that young men express negative views of abortion, and this is comparable to findings in the current study as indicated above. Varga (2002) also reported that males are not comfortable to converse on abortion issues and some go to the extent of denying the existence of the practice because abortion is said to be a matter of female concern due to the secrecy around performing the procedure. This also supports the more negative attitudes towards abortion observed in this study, therefore, confirming the strong disapproval of abortion among young South African males. The findings of Craig and Richter-Strydom (1983), Patel and Johns (2009), and Patel and Kooverjee (2009) also substantiate this trend that males mostly show negative attitudes towards abortion and women's autonomy in relation to reproductive rights, as compared to females. These negative attitudes towards abortion could be as a result of various influences such as race, religious affiliation and religiosity as discussed above.

5.7 Conclusion

This study has explored the attitudes, opinions, beliefs, and perceptions of young male learners towards abortion, taking into consideration their race, religion and religiosity.

The main objectives of this research were to investigate the general attitudes of young male learners towards abortion, to measure if and how abortion attitudes differ by race, religious affiliation and religiosity, and lastly, to explore the relationship between abortion attitudes and religiosity as measured by the three religiosity scales (DSES, PRPS and VS). From the exploration, it is clear that there are differences in these racial and religious factors and that they play a significant role in influencing individuals' attitudes towards abortion.

Furthermore, the more religious one is, the less the likelihood of supporting termination of pregnancy. Hence the study, with the support of other research studies (Hall & Ferree, 1986; Patel & Johns, 2009; Patel & Myeni, 2008; Rule, 2004; Selebalo, 2006; Zantsi et al., 2004) concludes that race, religious affiliation and the level of one's religiosity play a significant role in influencing attitudes towards abortion. However, one cannot deny the complexities of abortion. It is therefore hoped that throughout this exploration, the reader has been offered a detailed description to expand or possibly challenge their ways of thinking about the world around them.

5.8 Limitations

Although this study has highlighted the important aspects of the attitudes of young male learners towards abortion, it also encountered a number of limitations. Firstly, factorial analysis of variance could have provided the information on the interaction effects of race and religion in abortion attitudes of male learners. However, due to the small sample cells, this analysis could not be used. For instance, a substantial number of Indians comprised the Muslim religious group, so generalisations to all Indians could not necessarily be made. In the same way, the African and White racial groups were mostly formed by the Christian group. Therefore, although there could have been racial differences with regard to abortion attitudes, this could have been influenced by other factors such as the large Christian group represented in those racial groups.

Regardless of a growing number of studies addressing various aspects of abortion since the legislation was enacted in 1996 in South Africa and before, adolescents have received little attention in this context, yet they are most at risk of abortion, especially for unsafe abortions (Jewkes et al., 2005b). As noted, a few studies (Bledsoe & Cohen, 1993; Boggess & Bradner, 2000; Varga, 2002) that used adolescents in their sample have only focused on general reproductive issues and not necessarily on abortion. There is, therefore, a lack of information regarding abortion attitudes of young people in general. Furthermore, much research has been conducted on women's decisions around termination of pregnancy,

fewer studies focus on men and young male perspectives for that matter, as well as the role they may play (Nelson & Coleman, 1997), especially in relation to religion and race. Varga (2002) makes the point that it is important to explore both male and female viewpoints in attempting to understand abortion related dynamics. Unlike the few studies that focused on adolescents, a number of studies have focused on the youth, leaving a gap to explore adolescents in abortion issues; as a result, there was limited literature to draw from. Therefore, there is more need to explore and investigate this area.

5.9 Recommendations

As has been demonstrated in the literature review and limitations above, much of the research in the area of abortion appears to have been focused on women and the role of medical professionals with the objective of highlighting problems associated with abortion (Berer, 2002; Shah & Ahman, 2002; Varkey, 2000). Therefore, there are fewer studies that purport to highlight the attitudes of young men towards abortion. Although the current study hopes to have contributed to the body of literature in this area by examining the relationship between race, religiosity and abortion attitudes among young male learners, there is much room left for further exploration.

There are still many gaps to be filled and questions to be answered with regard to the attitudes of males towards abortion. It is therefore the recommendation of this study that these gaps and questions be explored. More research needs to be undertaken on abortion issues, especially among young people, as information on young people's sexual attitudes and behaviour is important in formulating appropriate interventions on adolescent reproductive and sexual health services (South African Department of Health, 1998). Lastly, it is further recommended that the need for the development of sound psychometric measures that are local and context specific be met by developing locally relevant measures.

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APPENDICES

Appendix A: The questionnaire.



ATTITUDES TOWARDS ABORTION QUESTIONNAIRE

Please fill in this questionnaire as honestly as possible, by circling or ticking the most appropriate answer and filling in the information in the space provided.

SECTION A: BIOGRAPHICAL INFORMATION.

NB: Please fill in or circle one item number below.

1. **Age:** Years.

2. **Sex**

Female	1
Male	2

3. **Marital Status**

Single	1
Married	2
Separated	3
Divorced	4
Other (specify)	5

4. **Race**

African	1
Coloured	2
Indian	3
White	4
Other (specify)	5

5. Level of Study

Grade:

6. Please indicate your first or preferred language.

- | | |
|-----------------------|---|
| Afrikaans | 1 |
| English | 2 |
| IsiZulu | 3 |
| IsiXhosa | 4 |
| Sotho | 5 |
| Other (specify) | 6 |

7. Please indicate which religious group you belong to, if any.

- | | |
|----------------------|---|
| Buddhism | 1 |
| Christianity | 2 |
| Hinduism | 3 |
| Islam | 4 |
| Judaism | 5 |
| Atheist | 6 |
| Other (specify)..... | 7 |

8. If you are a Christian, which group do you belong to?

- | | |
|-----------------------|---|
| Anglican | 1 |
| Born again Christian | 2 |
| Lutheran | 3 |
| Methodist | 4 |
| Roman Catholic | 5 |
| Protestant | 6 |
| Other (specify) | 7 |

Statement	Strongly Agree	Agree	Neutral	Disagree	Strongly Disagree
17. Woman is unmarried and does not want to marry the man	1	2	3	4	5
18. Woman is unmarried and the man does not want to marry her	1	2	3	4	5
19. Woman is separated or divorced from the man	1	2	3	4	5
20. Woman is widowed by the man	1	2	3	4	5
21. Woman is not interested in ever having children	1	2	3	4	5
22. Man is seriously physically ill	1	2	3	4	5
23. Man is seriously mentally ill	1	2	3	4	5
24. Man abuses the children they already have	1	2	3	4	5
25. Man refuses to allow any contraception	1	2	3	4	5
26. Man is chronically unemployed	1	2	3	4	5
27. To choose the sex of the child	1	2	3	4	5
28. To space the children further apart	1	2	3	4	5
29. To give more psychological attention to children already born	1	2	3	4	5
30. To give more economic advantages to children already born	1	2	3	4	5
31. Family cannot afford any more children	1	2	3	4	5
32. Unmarried woman wants abortion but parent(s) or guardian object	1	2	3	4	5
33. Unmarried woman wants abortion but man objects	1	2	3	4	5
34. Married woman wants abortion but husband objects	1	2	3	4	5
35. Married woman wants abortion but lover objects	1	2	3	4	5
36. Woman wants abortion but artificial inseminator objects	1	2	3	4	5
37. Woman wants to return to school	1	2	3	4	5

Statement	Strongly Agree	Agree	Neutral	Disagree	Strongly Disagree
38. Woman wants to work for financial reasons	1	2	3	4	5
39. Woman wants to work for self-fulfilment	1	2	3	4	5
40. Woman feels she already has enough children	1	2	3	4	5
41. Woman feels she is too old to raise any more children	1	2	3	4	5
42. Contraception was used but failed	1	2	3	4	5
43. Any other reason a woman might have	1	2	3	4	5

Bryan & Freed (1993).

SECTION C: THIS SECTION ASSESSES YOUR LEVEL OF RELIGIOSITY.

1. The Daily Spiritual Experiences

NB: Please circle one each.

You may experience the following in your daily life. If so, how often?	Many times a day	Every day	Most Days	Some days	Once in a while	Never or almost never
1. I feel God's presence.	1	2	3	4	5	6
2. I experience connection to all of life.	1	2	3	4	5	6
3. During worship, or at other times when connecting to God, I feel joy which lifts me out of my daily concerns.	1	2	3	4	5	6
4. I find strength and comfort in my religion.	1	2	3	4	5	6
5. I find comfort in my religion or spirituality.	1	2	3	4	5	6
6. I feel deeper peace and harmony.	1	2	3	4	5	6
7. I ask for God's help in the midst of daily activities.	1	2	3	4	5	6
8. I feel guided by God in the midst of daily activities.	1	2	3	4	5	6
9. I feel God's love for me, directly.	1	2	3	4	5	6
10. I feel God's love for me, directly or through others.	1	2	3	4	5	6
11. I am spiritually touched by the beauty of creation.	1	2	3	4	5	6
12. I feel thankful for my blessings.	1	2	3	4	5	6
13. I feel a selfless caring for others.	1	2	3	4	5	6
14. I accept others even when they do things I think are wrong.	1	2	3	4	5	6

NB: The following items are scored differently.	Not at all close	Somewhat close	Very close	As close as possible
15. I desire to be closer to or in union with God.	1	2	3	4
16. In general, how close do you feel to God?	1	2	3	4

Underwood (2003) cited in Fetzer Institute/National Institute on Aging Working Group (2003).

2. Private Religious Practices.

Please choose one of the most accurate responses to the following questions.

- a) How often do you pray privately in places other than at church or synagogue?
- 1 – Several times a day
 - 2 – Once a day
 - 3 – A few times a day
 - 4 – Once a week
 - 5 – A few times a month
 - 6 – Once a month
 - 7 – Less than once a month
 - 8 - Never
- b) How often do you watch or listen to religious programmes on TV or radio?
- 1 – Several times a day
 - 2 – Once a day
 - 3 – A few times a day
 - 4 – Once a week
 - 5 – A few times a month
 - 6 – Once a month
 - 7 – Less than once a month
 - 8 - Never
- c) How often do you read the Bible or other religious literature?
- 1 – Several times a day
 - 2 – Once a day
 - 3 – A few times a day
 - 4 – Once a week
 - 5 – A few times a month
 - 6 – Once a month
 - 7 – Less than once a month
 - 8 - Never

Levin (2003) cited in Fetzer Institute/National Institute on Aging Working Group (2003).

3. Values (your influence of faith in everyday life).

NB: Please circle one each.

Item	Strongly Agree	Agree	Not sure	Disagree	Strongly Disagree
1. My whole approach to life is based on my religion.	1	2	3	4	5
2. Although I believe in my religion, many other things are more important in life.	1	2	3	4	5

Gorsuch & McPherson (1989) cited in Fetzer Institute/National Institute on Aging Working Group (2003).

3. My faith helps me know right from wrong.	1	2	3	4	5
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Benson (1988) cited in Fetzer Institute/National Institute on Aging Working Group (2003).

Appendix B: Letter to the schools.



1
3 April 2009

The Principal
School's Address

Dear Sir / Madam.

Re: Attitudes of young male learners towards abortion.

I am a Psychology Counselling Masters student at the University of KwaZulu-Natal (UKZN), Howard College Campus. I will be conducting a quantitative research study on the attitudes of young male learners towards abortion, specifically looking at influencing factors such as race and religiosity.

I therefore request permission to conduct this study among a sample of Grade 10, 11 and 12 learners at your school before the November examinations period. I plan to administer a questionnaire amongst the learners after obtaining both their informed consent and that of their parents. Completion of the questionnaire should take about thirty (30) minutes.

As the researcher, I am bound by the ethics policy which is ensured by the UKZN Research Ethics committee to guarantee non-harmful and non-influential activities to the participants in conducting the research. Therefore, the participation of the learners will be entirely voluntary.

A copy of the research proposal will be sent to you upon its approval. Please do not hesitate to contact me or my supervisor if you have any further queries and the response can be sent back to the contact details below.

Yours Sincerely

.....
Signature of Researcher

.....
Date

Contact details:

Ms. Lebohang M. Selebalo
(Student Researcher)
Psychology Counselling Masters
Cell: 0733518609
Email: 203515206@ukzn.ac.za

My Supervisor's details:

Mrs. Cynthia Patel
M. A. (Counselling Psychology)
School of Psychology
Tel: 031 260 7619
Fax: 031 260 2618
Email: patelc@ukzn.ac.za

Appendix C: Letter to the parent(s) / guardian(s).



10 August 2009

Dear Parent(s) / Guardian(s)

Re: Attitudes of young male learners towards abortion.

I am a Psychology Counselling Masters student at the University of KwaZulu-Natal (UKZN), Howard College Campus. I am conducting a quantitative research study on the attitudes of young male learners towards abortion, taking into consideration the racial and religious factors.

I therefore request permission to conduct this study with your child. The study will be conducted among a sample of Grade 10 and 11 learners at the school before the November examinations period. I plan to administer an approximately thirty (30) minutes questionnaire amongst the learners after obtaining your approval, the approval of your child, as well as that of the school.

As the researcher, I am bound by the ethics policy which is ensured by the UKZN Research Ethics committee to guarantee non-harmful and non-influential activities to the participants in conducting the research. Therefore, the participation of your child will be entirely voluntary. A copy of the research proposal may be sent to you if you so desire. Please do not hesitate to contact me or my supervisor on the contact details below if you have any further queries.

Yours Sincerely

.....
Signature of Researcher

.....
Date

Contact details:
Ms. Lebohang M. Selebalo
(Student Researcher)
Master of Counselling Psychology
Cell: +27 733518609
Email: 203515206@ukzn.ac.za

My Supervisor's details:
Mrs. Cynthia Patel
M. A. (Counselling Psychology)
School of Psychology
Tel: 031 260 7619
Fax: 031 260 2618
Email: Patelc@ukzn.ac.za

Declaration by Parent(s) / Guardian(s):

I, state that I voluntarily permit my child to participate in a research project conducted by Ms. Lebohang Selebalo of the Master of Counselling Psychology Programme at the University of KwaZulu-Natal (UKZN).

.....
Signature of Parent/ Guardian

.....
Signature of Parent/ Guardian

.....
Date

Appendix D: Informed Consent Letter for the participants.



Participant: Kindly read and fill where applicable.

I, state that I have been permitted by my parent(s)/guardian(s) [in case of minors] and voluntarily agree to participate in a research project conducted by Ms. Lebohang Selebalo of the Master of Counselling Psychology Programme at the University of KwaZulu-Natal (UKZN).

I understand that this study is conducted in order to measure the attitudes of young male learners towards abortions and it intends to investigate the perceived opinions of this group taking into consideration the racial and religious factors. The tasks to be performed will require me to participate by filling in a supervised self-administered questionnaire for the duration of about thirty (30) minutes. Although this study may touch on sensitive and personal issues, I understand that it does not aim to put me as the participant at any risk, discomfort or influence.

I acknowledge that Ms. Lebohang Selebalo has fully explained the task to me; has informed me that I may withdraw from participation at any time without prejudice or penalty; has offered to answer any questions that I may have concerning the research procedure; has assured me that any information that I give will be used for research purposes only and will be kept confidential.

I acknowledge that the benefits derived from, or rewards given for, my participation has been fully explained to me. Therefore I do agree to participate in this research study.

.....
Signature of Participant

.....
Date

.....
Signature of Researcher

.....
Date

Contact details:
Ms. Lebohang M. Selebalo
(Student Researcher)
Master of Counselling Psychology
Cell: +27 733518609
Email: 203515206@ukzn.ac.za

My Supervisor's details:
Mrs. Cynthia Patel
M. A. (Counselling Psychology)
School of Psychology
Tel: 031 260 7619
Fax: 031 260 2618
Email: Patelc@ukzn.ac.za

Appendix E: Consent letter/form for the schools.



27 October 2009

Dear Principal

Re: Attitudes of young male learners towards abortion.

I am a Psychology Counselling Masters student at the University of KwaZulu-Natal (UKZN), Howard College Campus. I am conducting a quantitative research study on the attitudes of young male learners towards abortion, specifically looking at possible influencing factors such as race and religiosity.

I therefore request permission to conduct this study among a sample of Grade 10, 11 and 12 learners at your school before the November examinations period. I plan to administer a questionnaire amongst the learners after obtaining both their informed consent and that of their parents/guardians. Completion of the questionnaire should take about thirty (30) minutes.

As the researcher, I am bound by the ethics policy which is ensured by the UKZN Research Ethics committee to guarantee non-harmful and non-influential activities to the participants in conducting the research. Therefore, the participation of the learners will be entirely voluntary. Please do not hesitate to contact me or my supervisor if you have any further queries.

Yours Sincerely

.....
Signature of Researcher

.....
Date

Contact details:

Ms. Lebohang M. Selebalo
(Student Researcher)
Psychology Counselling Masters
Cell: 0733518609
Email: 203515206@ukzn.ac.za

My Supervisor's details:

Mrs. Cynthia Patel
M. A. (Counselling Psychology)
School of Psychology
Tel: 031 260 7619
Fax: 031 260 2618
Email: patele@ukzn.ac.za

Declaration by the school:

I (Mr/Mrs/Ms)..... of school state that I have received proof of Ms. Lebohang Selebalo's research proposal approval by the University of KwaZulu-Natal (UKZN) Research Committee. I therefore voluntarily granted Ms. Selebalo of the Master of Counselling Psychology Programme at UKZN permission to conduct her research project by administering questionnaires with Grade 10, 11 and 12 learners at our school.

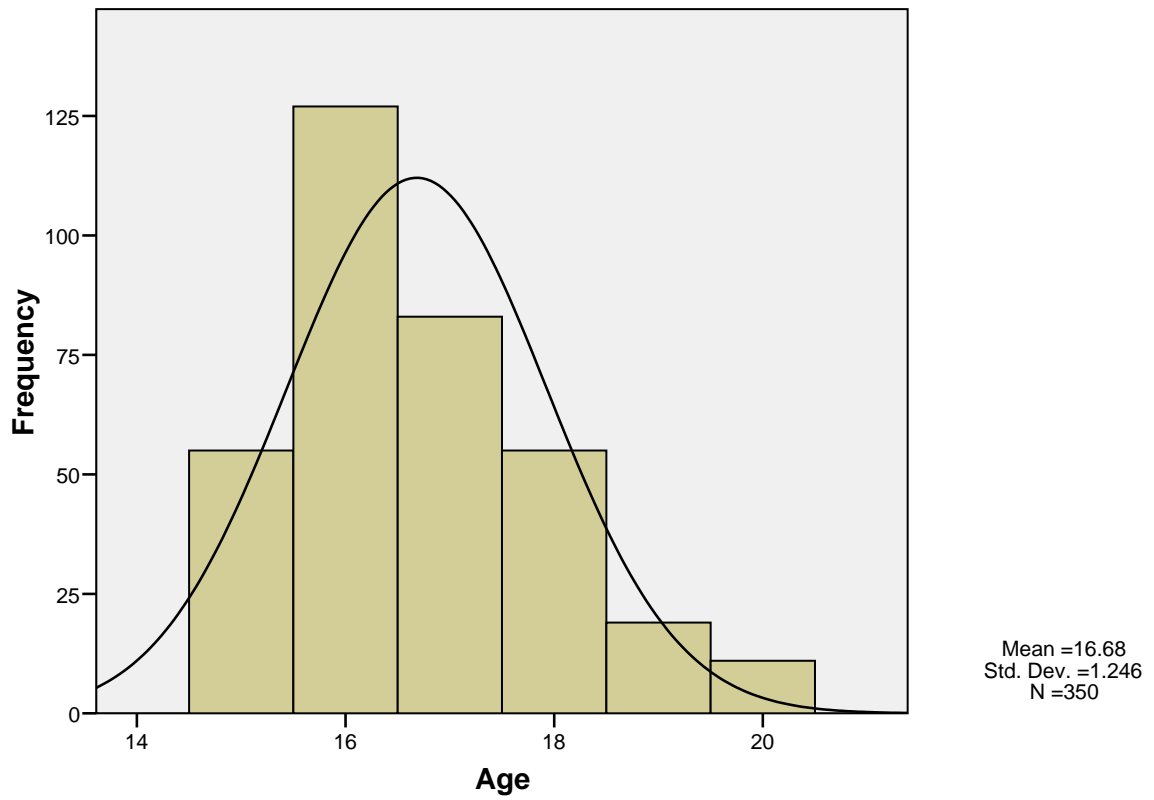
.....
Signature of the Principal

.....
Signature of Educator (LO)

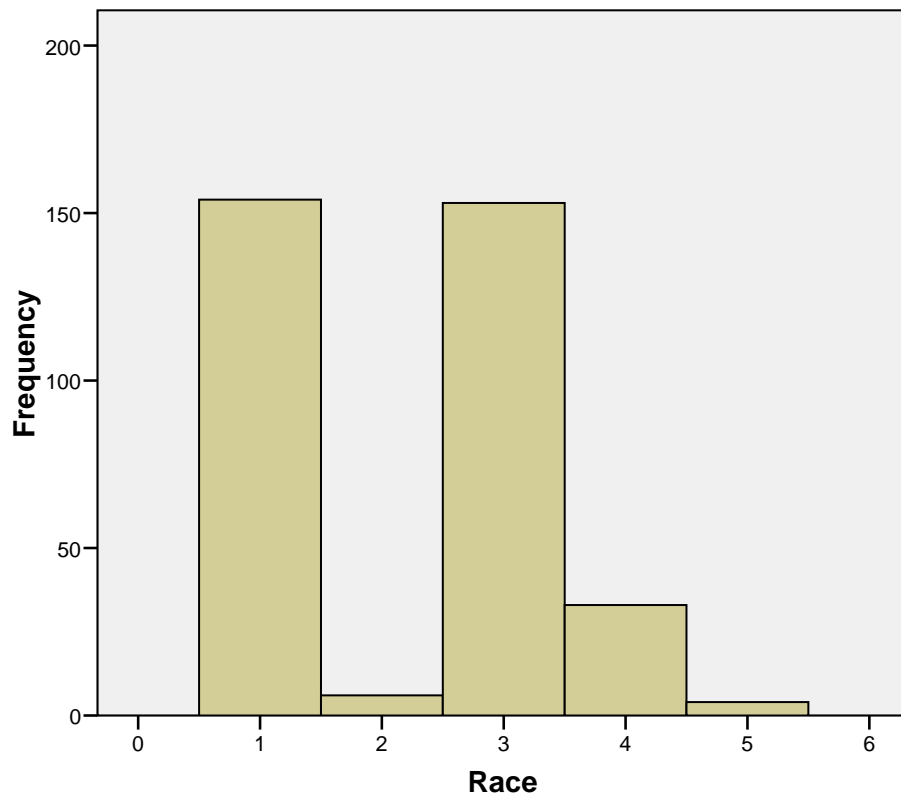
.....
Date

Appendix F: Frequencies for participants' biographical information.

Histogram

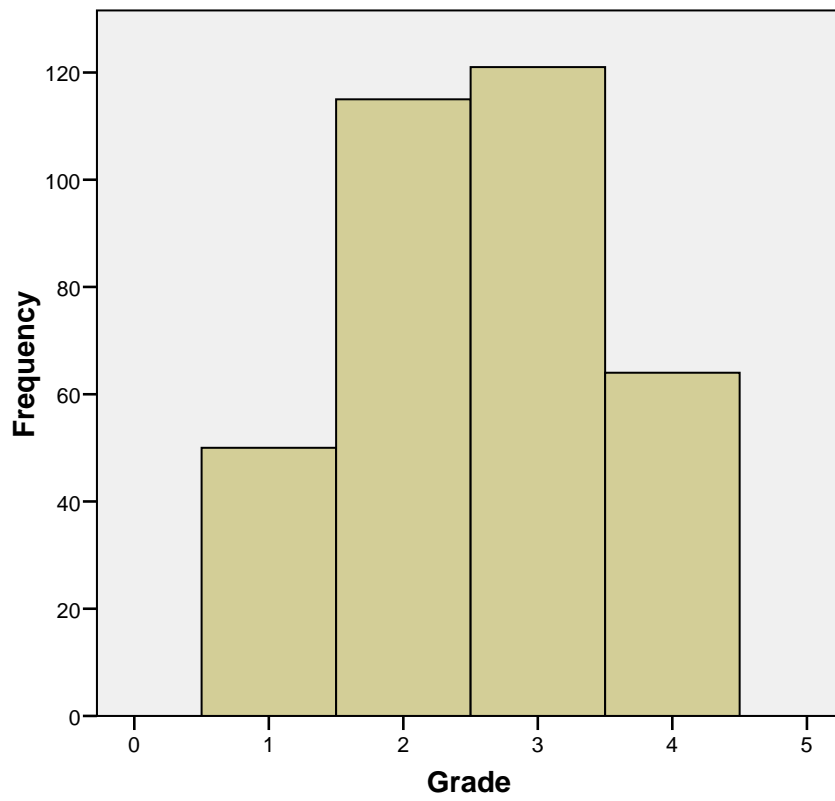


Race



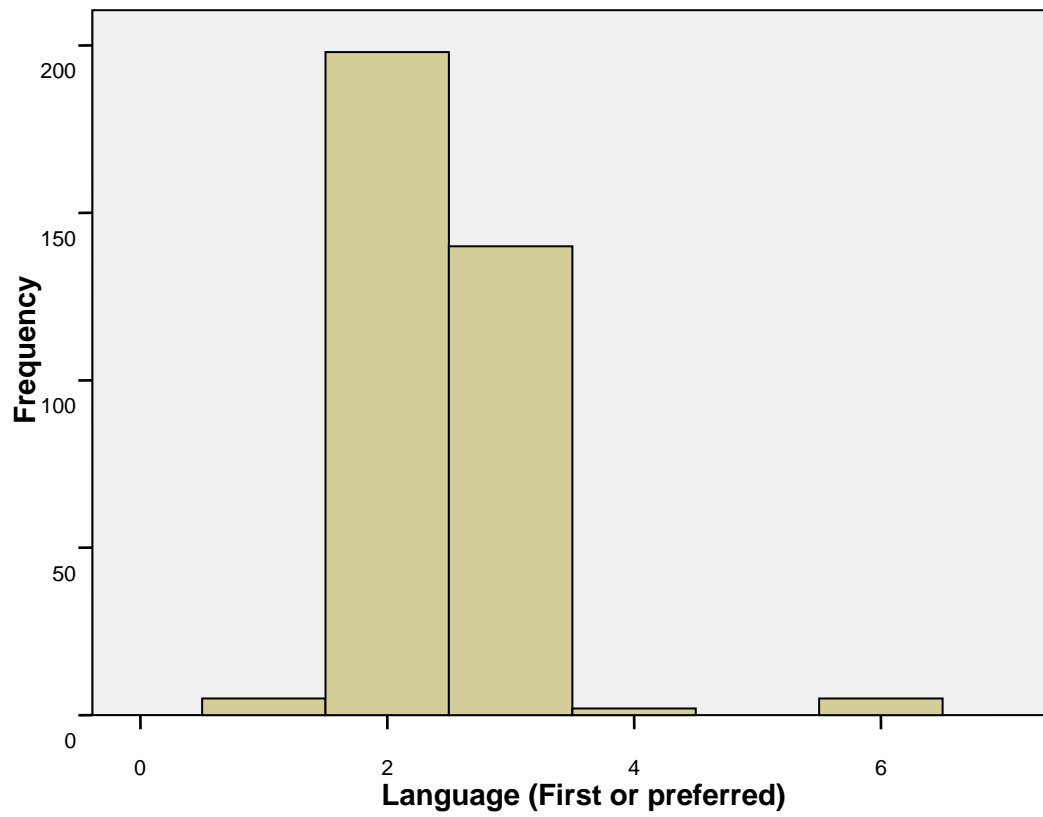
-
- 1 = African
 - 2 = Coloured
 - 3 = Indian
 - 4 = White
 - 5 = Other
 - 6 = No response

Grade



-
- 1 = Grade 9
 - 2 = Grade 10
 - 3 = Grade 11
 - 4 = Grade 12

Language (First or preferred)



1 = Afrikaans

2 = English

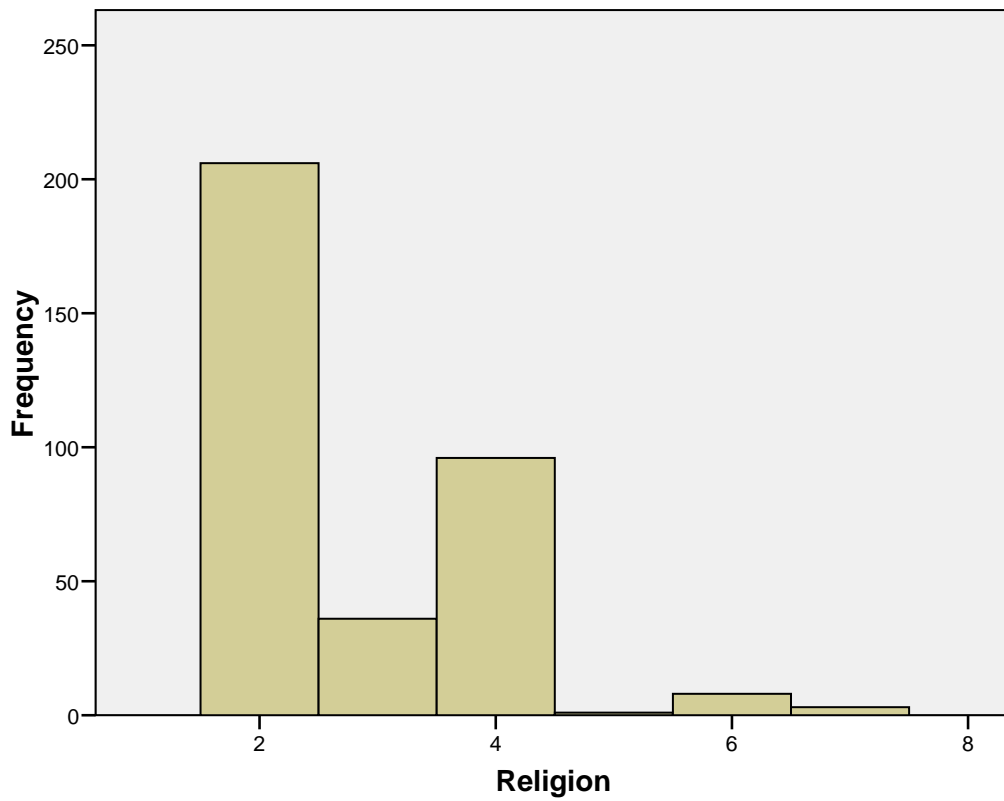
3 = IsiZulu

4 = IsiXhosa

5 = Sotho

6 = Other

Religion



1 = Buddhism

2 = Christianity

3 = Hinduism

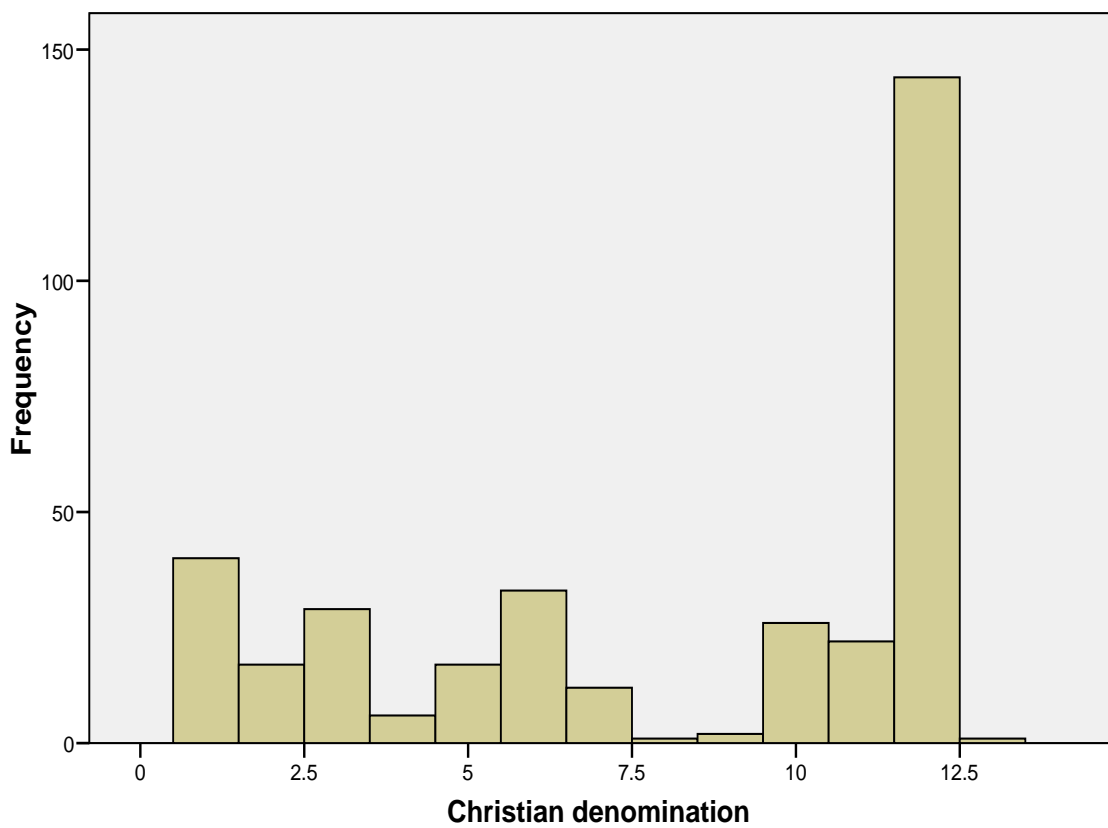
4 = Islam

5 = Judaism

6 = Atheism (No religion)

7 = Other

Christian denomination



1 = African Christianity (Shembe, Mosile, ZCC, etc)

2 = Anglican

3 = Apostolic

4 = Lutheran

5 = Methodist

6 = Roman Catholic

7 = Pentecostal

8 = Protestant

9 = Seventh Adventist

10 = Zionist

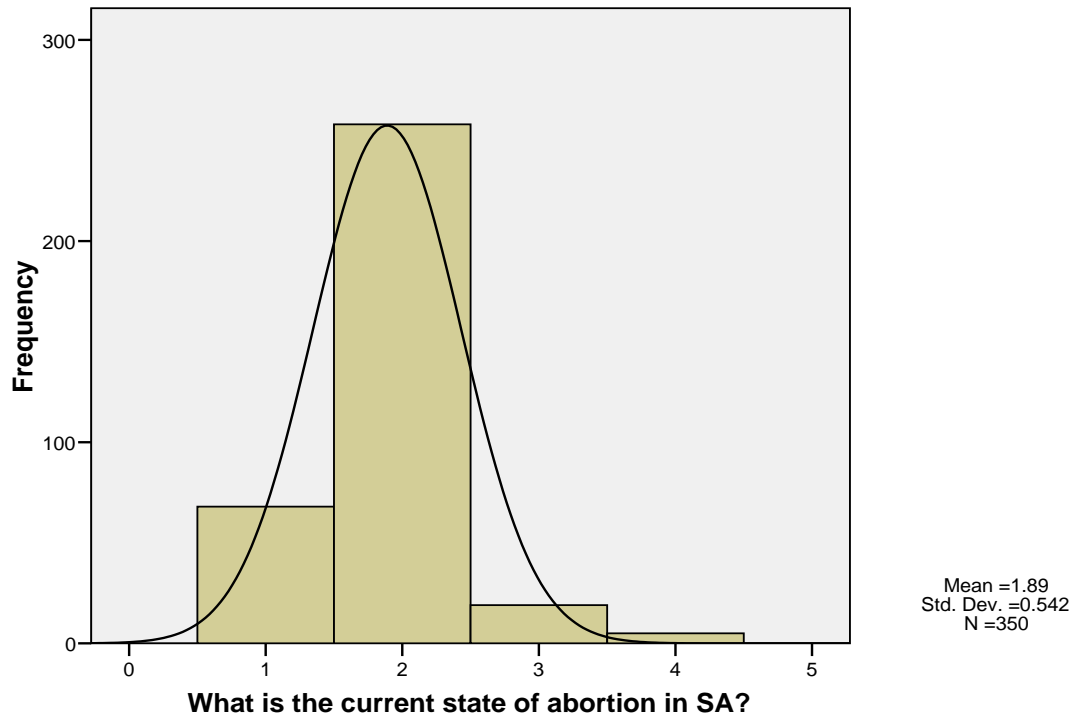
11 = Other

12 = Not applicable (other religious groups)

13 = No response

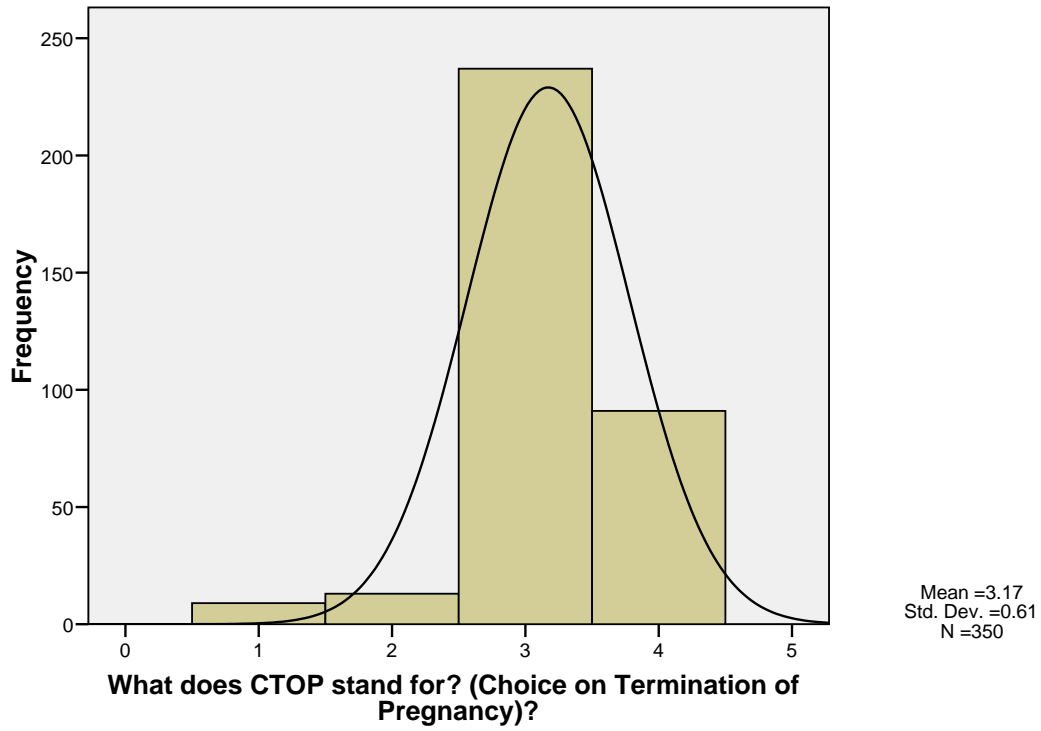
Appendix G. Frequencies for knowledge on the state of abortion in South Africa.

What is the current state of abortion in SA?



-
- 1 = Illegal
 - 2 = Legal
 - 3 = Not sure
 - 4 = No response

What does CTOP stand for? (Choice on Termination of Pregnancy)?



-
- 1 = Correct
 - 2 = Incorrect
 - 3 = Not sure
 - 4 = No response