EXPLORING PERCEPTIONS OF TERMINATION OF PREGNANCY AMONG PSYCHOLOGY HONOURS STUDENTS AT A HIGHER EDUCATION INSTITUTION IN THE WESTERN CAPE, SOUTH AFRICA

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ABSTRACT

The South African Choice on Termination of Pregnancy (CTOP) Act (no. 92 of 1996) regulates the process of termination of pregnancy in the country. However, research has shown non-compliance to the stipulation leading to clandestine practices, ostracism and lack of knowledge regarding the Act. The aim of this study was thus to explore perceptions of Psychology Honours students toward termination of pregnancy as well as to investigate their knowledge of the CTOP Act and assess how far the legislature informs their perceptions, if at all. Although CTOP Act legislation stipulates pre and post CTOP counselling, evidence suggests that few women seeking termination of pregnancy (TOP) rarely receive counselling as envisaged. Numerous challenges were indicated as factors affecting the implementation of this stipulation. Considering this evidence, the way that prospective mental health care professionals such as Psychology Honours students' – perceptions toward TOP were regarded pivotal in engaging with the implementation of the TOP legislature. A qualitative exploratory research design was used to explore and describe the perceptions that Psychology Honours students have toward TOP. Individual interviews with 15 students from a historically disadvantaged university in the Western Cape were conducted and recorded. The collected data was transcribed verbatim and thematically analyzed using Braun and Clarke's model of Thematic Analysis. The results from the collected data reveal complex perceptions toward TOP. Participants reflected gradual modification of their perspectives due to exposure to different contexts and views in tertiary institutions, different friends and social engagements. Most participants indicated a religious background, however, indicated deviation from religious prescriptions pertaining to TOP.

DECLARATION

The author hereby declares that this whole thesis, unless specifically indicated to the contrary in the text, is her own original work.

KEITUMETSE TSEMATSE

DEDICATION

To my dear mother- Manako Tsematse, Kgosatsana Tsubella, Karabo Tsubella and late sister Motlagomang Tsubella, as well as the Tsematse family at large. Thank you for your undying love, support, patience and consistent encouragement. I love you.

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The journey has been long but your encouragement has helped me in times of need.

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TABLE OF CONTENTS

CHAPTER 1

INTRODUCTION

In South Africa, the Choice on Termination of Pregnancy –CTOP- Act followed the restrictive and inaccessible provisions of the old regime Abortion and Sterilization Act of 1975 which put in place tedious procedural requirements and involved multiple professionals in assessing whether a required termination was legal before it could be performed (Act No. 2 of 1975). The new democratic CTOP Act of 1996 thus sought to minimize this exclusive procedure to ensure accessibility for TOP services to all women upon request. The CTOP Act stipulates that both men and women have the right to decisions pertaining to their reproduction as well as control over their bodies. The law also declares that "The state shall promote the provision of non-mandatory and non-directive counselling, before and after the termination of a pregnancy" (Choice on Termination of Pregnancy Act, No. 92 of 1996). The Department of Health (DoH) in the new Republic of South Africa has since endeavored to ensure that health institutions across the country have TOP rendered services for its population. Despite these strides, there remain great discrepancies between the demand and supply of TOP services (the Evaluation of the CTOP Act by the Department of Health, 2000). The former apartheid system sought to control women's sexual behaviour thus enforcing strict regulations associated with the repression while favouring white[1] South Africans. Nonetheless, these regulations were secretly defied by patients, doctors and clandestine providers. The element of secrecy that came as an effort to conceal the defiance of the regulation was understood by the researcher as the primary continuation of the stigma and moral

1 Cooper, D., Morroni, C., Orner, P., Moodley, J, Harries, J, Cullingworth, L, & Hoffmanb, M (2004). Ten Years of Democracy in South Africa: Documenting transformation in Reproductive Health Policyand Status. *Reproductive Health Matters*, 12 (24): 70-85.

conflict that TOP continues to carry by the post-Apartheid regime and post implementation of the CTOP Act. Since the CTOP legislation, there has been an escalation in the number of legally terminated pregnancies, a large number among these being adolescents (the Evaluation of the CTOP Act by the Department of Health, 2000). This was interpreted as a positive indicator that females are visiting legal public institutions to receive TOP services by qualified staff and thus decreasing the possible maternal mortality associated with illegal terminations. However, despite the availability of both legal public and private facilities for the TOP, illegal TOPs continue to transpire (Hodes, 2016). Currently, there seems to be inconsistency within the South African population pertaining to the knowledge of the legalization of TOP; research points to the lack of knowledge around the CTOP Act and its stipulation. Another burning issue remains the conflictual Conscientious Objection for professionals to administer a TOP against their moral view.

1.2 Rationale of the study

The aim of this study was to explore the perceptions of Psychology Honours students toward TOP. Many studies (Mokgethi, Ehlers & van der Merwe, 2006; Miya, 2008; Wheeler, Zullig, Reeve, Buga & Morroni, 2012) cover perceptions and attitudes of medical practitioners and their students widely, while neglecting those of Psychology Honours students who form part of prospective Health practitioners in South Africa. Thus, this study seeks to address this gap. Among studies on attitudes of TOP within service providers, one study (Harries, Stinson & Orner, 2009) in South Africa reflects qualitative data whereas the other reflect a more quantitative analysis.

1.3 Aim and Objectives

The aim of this study is to explore the perceptions that Psychology Honours students have toward termination of pregnancy.

The objectives of the study are to:

- Explore students' knowledge of the CTOP Act
- Explore students' perceptions toward termination of pregnancy
- Explore students' possible moral conflict regarding TOP counselling

CHAPTER 2

LITERATURE REVIEW

2.1 Introduction

Termination of pregnancy is explained as the expulsion of a fetus from the uterus (Daugirdait, van den Akker & Purewal, 2014). For the purpose of this study, TOP is viewed as the elective and/or deliberate decision of the woman to eliminate the fetus. Knowledge was defined as an individual knowing the current law on termination of pregnancy in South Africa as stipulated by the CTOP Act. The concept of perception was defined as a subjective view of a topic (in this case TOP) based on the individual's knowledge, beliefs and life experiences.

Research across the world agrees with the contentious nature of TOP, making it a social issue conflicting with people's moral and ethical values which inevitably gave rise to two prominently opposing perspectives – Pro-life and Pro-choice (Dillon, 1993; Alcorn, 2000; Smith, 2005; Faundes & Barzelatho, 2006; Teijlingen, 2012). These perspectives can be described as follows: 1. Pro-life views TOP as an inhumane decision followed by an act of ending innocent life; while Pro-choice holds the view that women should have both the control and choice over their reproductive lives, including TOP (McLean & Mason, 2003). Religion consistently contributed a large impression in the thought of the Pro-life establishment; while the Pro-choice view was

established around the right of the woman to have reproductive freedom (Evans, 2002; McLean & Mason, 2003; Hodes, 2016). Studies conducted in the past have shown a significant link of religion with people who held Pro-life beliefs toward TOP while the Pro-choice individuals seemed to empathise more with the mother's challenges of carrying the fetus to term (Patel & Myeni, 2008; Awopetu & Fasanmi, 2011). Contrary to the two juxtaposed views, studies show the gradual move from the rigid and polarized way of understanding TOP to a more permeable stance where TOP is perceived as more complex than simply to be as a result of one view or the other (Carlton, Nelson & Coleman, 2000; Patel & Myeni, 2008). Congruent with this perspective, Woodruff1, Biggs, Gould and Foster (2018) indicated that opinions were bound to change over time dependent on context as opposed to the TOP debate that made perceptions of TOP to be static.

Consequent to the assumption that views represented polarities, two constructs were developed to categorize these views – namely "hard and soft reasons". Hard reasons include any possible physical harm to the mother and the fetus, rape and incest. Soft reasons include unplanned pregnancy and paternal denial of the fetus.

2.2 Perceptions and attitudes toward TOP in South Africa

The stigma and reluctance women have in seeking legal TOP services due to the expected ill-treatment by medical professionals is reiterated in research and indicates a fear around practicing one's reproductive freedom as per CTOP Act (the Evaluation of the CTOP Act by the Department of Health, 2000; Hodes, 2016). The scourge of unplanned teenage pregnancies form part of the TOP concerns as repeated TOP are sought giving rise to the question around contraceptive failures or failure to use contraceptives resulting in repeated terminations (Nobili, Piergrossi, Brusati & Moja, 2007). Studies of South African students' attitudes toward TOP tended to lean more on the pro-life stance consistent with findings where students regard their religion and morality as a

significant factor in their conception of TOP (Mwaba & Naidoo, 2006; Patel & Myeni, 2008). More conservative and religious students who refrained from sex were more likely to have a negative attitude toward TOP than the sexually active adolescents (Adamczyk, 2007; Patel & Ramiyad, 2016). Several studies suggest a gap in knowledge around the stipulation of the CTOP Act by participants reflecting uncertainty around the legalization of TOP including an unfamiliarity with the provision of pre and post counselling clause (Mwaba & Naidoo, 2006; Baron, Cameron & Johnstone, 2013; Patel & Ramiyad, 2016). These findings suggest ignorance or distancing from engaging with the topic.

2.3 Perceptions and attitudes toward TOP in other countries

Carlton, Nelson and Coleman's (2000) study reflect an ambiguous commitment to the Pro-Life view with participants shown to be more vocal than they are committed to the stance. While the former's attitude was linked to commitment of the view, another study found that commitment to religion, as seen through church involvement and participation, determined how accommodating of TOP undergraduate religious students in Nigeria were (Awopetu & Fasanmi, 2011). The more committed and frequently attending, the more they reported opposition to TOP. Contrary to religion, a study highlighted that in young unmarried students, religiosity did not have a significant impact on the attitude toward TOP but rather their academic/ career aspirations influenced whether they will continue a pregnancy to term (Adamczyk, 2007). Carlton et.al. (2000) as well as Awopetu and Fasanmi (2011) reveal females leaning more on the Pro-life view. This is a contra-indicated understanding as the relationship between gender and attitudes of undergraduate students towards TOP was not significant. (Olaitan, 2011).

Woodruff1, Biggs, Gould and Foster (2018) in their 5-year qualitative analysis study revealed that women's views or perceptions toward TOP were mixed or often shifting and that women were

unlikely to impose their own views on other women. A study in the Latin American countries by Cohen and Evans (2018) where termination laws are restrictive and highly punitive revealed that individuals who felt threatened by the Zika Epidemic were more accommodating of termination of pregnancy due to risk of personal infection. The above seems to suggest the contextual adjustment to TOP not only in the case of the mother and the child but in respect to the risk or threat of other people's lives.

2.4 Professionals' perceptions or attitudes toward TOP in SA

Numerous studies (Ehlers & van der Merwe, 2006; Miya, 2008; Kane, 2009; Wheeler, Zullig, Reeve, Buga & Morroni, 2012; Mokgethi, Afhami, Bahadoran, Taleghani & Nekuei, 2016; Fink, Stanhope, Rochat & Bernal, 2016) on Medical professionals in South Africa and diverse countries indicate health professions attitudes that neglect mental health related to termination of pregnancy. Harries, Stinson and Orner's (2009) study on Health Care provider's attitude toward TOP remains consistent with previous research on students' attitude toward TOP, revealing an inconsistent variation of the knowledge of the CTOP Act stipulation. Wheeler, et.al. (2012) highlights that Pro-choice providers showed a more "clinical" over an "emotional" response to TOP than did Pro-life providers; however, there was inconsistency evident with providers when it came to the reasons for seeking termination. Similarly, Harries, Stinson and Orner (2009) found that Medical students were of the opinion that women should have the right to decide given "hard reasons" for termination suggesting reservations around the so called "soft reasons". The understanding of the complexity of religion is evident in studies which showed differences in religious affiliations, revealing Christian medical students to be less accommodative of TOP than did Jews, Hindu, agnostic and atheist students (Adamczyk, 2007; Wheeler, et.al, 2012). In Harries, Stinson and Orner's (2009) study, Health Care providers seemed to be concerned about repeat TOPs and the

tendency to understand that women seeking a TOP repeatedly utilized TOP as a contraceptive tool. Providers found it more traumatic to deal with TOPs within the late phases of pregnancy, indicating the gestation period as a vital factor for providers' attitude toward rendering a TOP service. The later the term of pregnancy, the more reluctant the providers seemed to be (Miya, 2008). In order to combat the increase of professionals' unwillingness to provide TOP services in South Africa, the DoH has implemented Values Clarification workshops in an attempt to facilitate a more tolerable attitude toward TOP among health services providers (Cooper, Morroni, Orner, Moodley, Harries, Cullingworth & Hoffman, 2004). Unlike in Wheeler's et.al (2012) study, Harries, Stinson and Orner's (2009) study of provider's attitude toward TOP in South Africa revealed uncertainty about professional's right to objection of services within the process of termination.

2.5 Professionals' perceptions or attitudes toward TOP in other countries

In India and the UK, Sydens (2011) and Kane (2009) revealed consistency with other studies in South Africa around the lack of knowledge toward TOP among Medical providers; the majority seemed to retain a moral view of TOP. Willingness to execute terminations in these countries have been evident as reported by Ramos, Romero and Michel (2014) from a study in Argentina. Assifi, Berger, Tuncalp, Khosia and Ganatra (2016) accurately describe the risk that lack of knowledge, understanding and implementation of the legal rights of women seeking TOP as a risk to women being denied services they are entitled to due to these health care providers. It is thus deemed important for health care providers to possess the correct knowledge, interpretation and implementation of the TOP laws in their respective countries in order to ascertain appropriate intervention for women seeking a TOP.

2.6 Pre- and Post-Counselling in the process of termination of pregnancy

Lawrence (2009) reveals that students in a South African university avoid seeking psychological interventions for fear of being stigmatized and shamed. This is consistent across TOP studies reporting that patients refrain from seeking counselling services because of the guilt, shame and fear around needing the help together with punitive responses expected from professionals (Dillon, 1993; McCaffrey & Keys, 2000; Allsop, 2004). The need for pre-/post- termination counselling is spoken about widely throughout the literature (Bianchi-Demicheli, Perrin, Bianchia, Dumont, Ludicke & Campana, 2003; Strydom & Humpel, 2009; Curley, 2014; Baron, Cameron & Johnstone, 2015). One of the common issues is in determining the psychological impact of TOP and the need for psychological/emotional intervention within the termination process; including but not limited to the psychological vulnerability of women who are predisposed to severe distress following a TOP. Patel and Ramiyad (2016) reveal that a higher percentage of adolescents in the Kwa-Zulu Natal province were aware of the obligatory pre-/ post-counselling offered to women. Among those women who know they can receive counselling, a study found that 50% of the students preferred to have psychological follow-up services which were not typically obtainable in the public healthcare (Curley & Johnston, 2013).

2.7 Theoretical framework: Theory of Social Constructionism

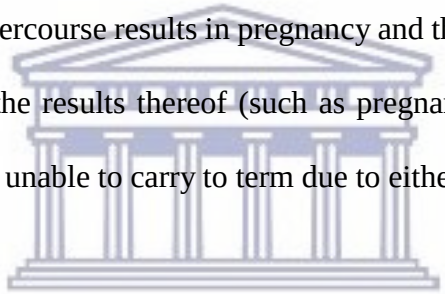
Burr (2015) suggests that common ways of understanding the world is not from the nature of the world as it really is but instead it comes through daily interactions (especially language) between people, which constructs culture and history specific knowledge of the world. Social constructionism posits that knowledge is sustained by social processes and what seems to be truth is perceived as current ways of understanding the world while refusing a single objective fact of the world (Burr, 2015). While social constructions bring with them understanding of the world, it

also prescribes certain actions or behaviours that can be seen as appropriate or inappropriate while carrying context specific consequences with it.

It is under this theoretical framework that the researcher will conceptualize the understanding of the TOP within a lens that truth is viewed from culturally and historically specific stances which influence thoughts, attitudes, and behaviour resulting in an acceptance or rejection of a phenomenon through particular actions. Given the historical consideration of the South African Abortion and Sterilization Act of 1975 and the CTOP Act of 1996, together with social interaction among communities and cultures (including economic, religious, morality, law and ethnicity), TOP will be viewed from multiple subjective reports to understand participants' interaction with the phenomenon and the lens with which they have formed their TOP perception.

Mass media and community groups/levels compose a significant role in the social construction of attitudes and perceptions towards phenomena. Together with these, family members, friends and health personnel form part of the significant informants; among these, mass media and community groups form the most significant sources (Assifi, Berger, Tuncalp, Khosia & Ganatra, 2016). As a democratic and developing country, South Africa seeks to ensure accessibility of services and freedom of choice to its residents; thus the implementation of the CTOP Act in 1996 from the previously restrictive and inaccessible Abortion and Sterilization Act of 1975. Despite the legislation, individuals remain either oblivious and/or restrained from the legal right of a woman to practice their choice to seeking TOP services when needed. It can be deduced from the above research, indicating a lack of knowledge of the legislature,that individuals still engage with the phenomenon of TOP based of the previous legislature which may have been communicated to them through the avenues of communication highlighted above.

Among the most influential views in TOP is that of religion. Religion which may influence individuals across family members, friends and specific community groups have been said to communicate morality and the crucial sacredness of life; thus frowning upon the concept of TOP. In instances where rape and incest are concerned, it is evident that the role of being a mother and receiving healing/closure through the process of motherhood is compelled according to this view. In this instance the idea of terminating is pathologized as opposed to pathologizing males' intrusive and violent behaviours resulting in female's pregnancy and loss of privacy/dignity/autonomy (Larsson et al., 2015). Pregnancy is observed as a result of the act of sexual intercourse, which is subsequently condemned in the religious view. Thus religion has also indicated the assumption that being involved in sexual intercourse results in pregnancy and thus females engaging in sexual intercourse ought to carry out the results thereof (such as pregnancy) instead of "murdering" a fetus that the pregnant female is unable to carry to term due to either soft or hard reasons (Larsson et al., 2015).



Feltham-King and Macleod (2016) analyzed 300 regional and national South newspapers from the year 1978-2005. In this analysis two discourses were formed to explain the issue of TOP; namely the discourse of anatomy (possibly capable of enacting autonomy and freedom of choice) and the discourse of victimhood (places people as deprived, traumatized or mistreated through conditions beyond their power). Through understanding the above discourses, it can be hypothesized that the most significant socially constructing sources place women either in a victim role where sympathy is demanded in order for the pregnancy to be continued or terminated. Or women are perceived to be autonomous and capable of making choices from their will.

CHAPTER 3

RESEARCH METHODOLOGY

3.1 Research Design

A qualitative, exploratory descriptive research design was used to gain an in-depth understanding of how participants construct their subjective perceptions toward TOP. This framework is conducive as it enables the researcher to understand and describe phenomena "within their naturally occurring context with the intention to develop an understanding of the meaning imparted by the respondents" (Maree, 2007, p.51). Braun and Clarke's Thematic Analysis model was utilized in the analysis of the data. This framework is suitable as it accommodates constructive and subjective report from participants while allowing further data to emerge and be probed for clarification and elaboration from the participant (Maree, 2007).

3.2 Sampling and Participants

A Purposive sampling technique was employed as it is understood to be a way of engaging a population that is deemed to be composed of elements that contain the most characteristic attributes needed to serve the purpose of the study best (de Vos, Strydom, Fouché & Delport, 2011). Participants consisted of 15 post-graduate Psychology Honours students from a higher education institution in the Western Cape most of whom intend to further their careers as Counsellors. These participants were identified through assessing whether they have applied or intend to apply for studies, jobs/internships that will render them as Counsellors. Considering the Psychology Honours population which is on average forty, fifteen participants are regarded as a fair sample size that can yield rich data.

The study consisted of 15 participants who constituted five males and ten females from diverse races and religious orientation. Among them, four were African (one born in Nigeria and brought up in South Africa). Seven of the participants were Coloured; one was Indian and three were White. Among the participants, twelve reflected that they were brought up in Christian homes; within the disclosed Christians, some indicated a strong practice of the Christian faith whereas others identified themselves as Christians who were not particularly practicing the religion or attending church religiously. Another religion that was indicated was that of the Islamic faith with two participants disclosing as Muslim orientated. Among the two, the one indicated a strict belief without compromise while the other indicated an adjustable view despite the religious prescriptions. One participant of the lot indicated that they do not hold any religious orientation. Participants' ages ranged from 21-50 years, from both full-time and part-time Honours Psychology students.

3.3 Data collection and procedure

Following ethical clearance from the University of the Western Cape, Ethics Committee and the Registrar, arrangements were made with the Honours Psychology Lecturers to inform and recruit participants. Criteria for selection included Psychology Honours Students who intend to further their careers as Counsellors. A semi- structured interview schedule was developed based on the understanding of the CTOP Act stipulations, Pro-life/Pro-choice understanding, HPCSA professional expectations and sensitivity to contextual considerations and perception development processes (See Appendix C). Participants' were interviewed according to their convenient schedules previously indicated and arranged. The interviews took place on the university's premises in a private departmental office as arranged with the department of Psychology. The aim

of the study was once again explained in English to the participants (See Appendix A) and their written consent to participate and to be recorded was requested and obtained (See Appendix B). Interviews were recorded using the departmental voice recorder and a back-up telephonic device recorder.

The semi-structured interview schedule was utilized to guide the course of the interview while allowing capacity for the elaboration of the participants' subjective perceptions toward TOP. The interview structure constituted of two segments; Part A required demographic information and Part B entailed the in-depth questions.

The Social Constructionism theory as well as the aim and objectives of the study were used to guide the interviews. English was used as a language of instruction and communication within the interviewing process. Interviews ranged from 40 minutes to 90 minutes.

3.4 Data Analysis

Data collected from the one-on-one interviews was transcribed verbatim on MS Word document systematically. The process according to Braun and Clarke's model of Thematic Analysis was applied. This was based on the following 6 steps: data familiarization, initial coding generation, search for themes based on initial coding, review of themes, theme definition and labelling and report writing (Howitt, 2010).

The process unfolded as follows: Participants' interviews were transcribed verbatim on a MS Word document and read following completion of the interviews. The researcher familiarized herself with the transcribed data and noted key concepts and thoughts arising from the data; after reading the data once, key concepts were utilized to obtain initial headings under which the thoughts of the participants were placed. An Excel spreadsheet was then utilized to categorize the transcribed

data under each of the headings that were deemed appropriate. Following the grouping of the participants transcribed thoughts, the process was repeated to ascertain a more accurate coverage of all the data and a fresh perspective following rumination of ideas from the researcher.

3.5 Reflexivity

I remain aware that being part of the interview process, as a black, middle class female that the interviewees' opinions and perceptions on TOP may be different to mine. Having chosen this topic by the experience of being a Registered Counsellor who was previously conflicted by a client presenting with emotional residues of a TOP, I remain aware of the possible effects this experience may have on the interviewing process. Since this past encounter my own view of TOP has been remodeled and places me at a stance where I am able to objectively engage with the topic, being neither Pro-Choice nor Pro-life but able to understand both perspectives. The awareness of my own perceptions regarding TOP has better enabled me to process any biases and conventions that I encountered in interaction with the participants.

3.6 Ethical considerations

The study adhered to the Humanities & Social Sciences Research Ethics Committee (HSSREC) and the University of the Western Cape stipulations. Permission was granted from the Registrar to obtain data from student participants on campus. The basic HPCSA principles to do no harm, receive informed consent and to assure confidentiality were applied. Participants were informed about the nature of the study, their voluntary participation and withdrawal from the study without consequences. Participants' identity was kept confidential through requesting no personal identifying information but demographical information only. The Student Counselling Department were notified about the study and a contact formed for participants who may have

been triggered emotionally by this sensitive topic. However, none of the participants requested additional counselling following the debriefing at the end of the interviewing process.

The audiotape recordings from the interviews were transferred onto the computer where the data was and will continue to be stored for a minimum of five years with a password utilized to encrypt access to the data only to the researcher.

3.7 Credibility and trustworthiness

According to Lincoln & Guba (1985) as cited in De Vos, Strydom, Fouché, & Delport (2011) they mention four aspects relevant in ensuring trustworthiness in qualitative research namely: credibility (ensuring the phenomena was accurately identified and described – this was done through clarification seeking, rephrasing and questioning of participants to ascertain accuracy); transferability (demonstrating the applicability of one set of findings to another context – which was done through an in-depth description of the context within which the study is conducted); dependability (researcher accounts for changing conditions to the phenomenon chosen for the research as well as changes in the design created by increasingly refined understanding of the setting – reflection will be used to assure dependability throughout the process) and confirmability (focused on whether the results of the research could be confirmed by another and places the evaluation on the data themselves – this process was ensured by taking field notes and tracking threads of thinking from one participant to another to further inform the interviewing process.

Credibility was ensured through continued reassessing of the interview guidelines following the first five interviews. More questions were added within the probing process to assess participants' elaboration on certain concepts and their perception as they described them.

CHAPTER 4

RESULTS AND DISCUSSION

4.1 Introduction

The following themes denotes the ideas that were highlighted by the data per identified study objective:

Students' perceptions toward termination of pregnancy

- Consequences of behaviour - cause and effect.
- The dilemma of Self- positioning
- Religious prescription
- Power dynamics: Societal prescriptions and expectations; role assignment

Explore students' knowledge of the CTOP Act

- Access to knowledge or lack thereof

Possible moral conflict regarding TOP counselling

- Personal experience impacting the flexibility or rigidity of one's view
    - The afterbirth consideration
- The Silence - the secrecy
- Context matters
- Feelings and emotions related the issues around TOP

The above mentioned themes encoded from the data will be discussed under the study objectives as indicated below:

4.2.1 Students' perceptions toward termination of pregnancy

4.2.1.1 Consequences of behaviour - cause and effect

A number of the participants recognized TOP as a result of an act (sexual intercourse without protection –consented or not) that generated a decision (due to diverse reasons) to discard the pregnancy. While sexual intercourse was seen as the primary cause of pregnancy, the choice to terminate pregnancy was seen to have a direct relation as the effect that comes from sexual intercourse. The tone with which some participants spoke was deemed punitive as some associated sexual intercourse as a result of mere irresponsible and in other cases recklessness. When considering incidents of rape and incest, participants (based on their view) were able to somewhat change their tone to accommodate the perceived injustice done to another. Among the participants' views of the cause and effect of sexual intercourse, pregnancy and TOP, there was an underlying message suggesting TOP as an escape of responsibility or punishment and in other instances quoted as a tool to "undo a mistake".

PARTICIPANT 6: *"It was just a circumstance or the idea of, if this happens, that would be a consequence. So if you get pregnant you will be punished. So I feel that instead of you being punished you should be in a situation where it will not be viewed as a bad thing. So that's where the idea of being married and having a secure situation is favoured in my view or was favoured in my view. And termination would have been a way to escape the punishment".*

PARTICIPANT 4: *"No I don't, it's more like, okay it was more like that time, I was like okay, you want to terminate but you had sex. What did you think was going to come out of that?*

You had unprotected sex and whatsoever. I would judge, I was so judgmental, before I was so judgmental".

PARTICIPANT 2: "*But I do believe if you purposely knew you were having sex without a condom and you are going to have an abortion, then I would think that is a problem. Because you are not accepting responsibility for the action that you have taken".*

The idea of prevention of pregnancy either from abstinence or use of contraception is identified as a significant component in understanding TOP and the views held around it. It is narrated in the above statements that premarital sex, oblivion to the reproductive results of engaging in sexual intercourse and the need to "correct" or "undo" the reckless behaviour can be seen through seeking of TOP services. Sensoy, Korkut, Akturan, Yilmaz, Tuz and Tuncel (2018), in their study regarding women's attitudes toward family planning, indicate that men seem to possess significant influence on their female counterparts as to whether or not to use contraception. The patriarchal influences are discussed later.

4.2.1.2 Religious prescription

While understanding the cause and effect principle, participants who viewed TOP from a more religious perspective indicated sexual intercourse out of wedlock as the primary sin with the TOP being viewed as the secondary sin. One participant was deemed to be discouraged from even mentioning the word "sex" who later referred to it as a "no-go area". Sex and TOP were observed as sins, however, the sinner were deemed to be able to ask for forgiveness from a higher entity who will administer forgiveness to the sinners. Along with the mention of forgiveness, there was an idea of judgement that exists but counteracted by the idea that it was not a rightful thing to do

since Jesus – in this instance- had died and forgiven the people who are perceived to have committed a sin. Judgement will be discussed as a separate theme.

It is noted that the religious participants base their perceptions of TOP on their Islam and Christian religions respectively. Reference is made to the greater power who has the choice or ability to give life and the same to take away this life away. Religion seems to serve as the basis for rejection of TOP, despite the so-called hard or soft reasons as previously observed in other studies (Patel & Myeni, 2008; Awopetu & Fasanmi, 2011) across the globe.

PARTICIPANT 2: "*Regardless of what the Bible says, it's your body. We sin and we ask for forgiveness, that's how I believe it. Even if I do this thing, not you know I was in, whatever position that I was in, by that time then I'm here asking for forgiveness, yah, that's what I believe in*".

PARTICIPANT 10: "*I also understand that sin is sin. Whether you kill a human being or whether you lie – the bible calls it sin. If Jesus has died for that person, then He has paid for that sin. And although this person has committed a sin, if Jesus has died for them, then that sin is covered. So it is not my right to be judgmental about it"*

INTERVIEWER: *"What do you mean, what do you mean, did this and this..."*

PARTICIPANT 1*: I'm going to use the colloquial term, smashed, like they smashed" ...*

INTERVIEWER: *"Okay. So they had intercourse?... Sexual intercourse"?*

Together with religion, the indication of the sacredness of life with God being the giver of life was prominent; consequently, the giver of life was perceived the only one who possessed the right to take away life – as termination was observed as a process that takes away a life. The higher deity

in this instance was viewed as the predictor of life and one who has the final power in decisions pertaining to life. For example, in the case of rape, incest, fetal anomalies or maternal morbidity, participants reported a surrendering to God who will see them through the pain related to the possible trauma, pain, loss, financial and emotional costs that may come from the above-mentioned hard-reasons incidences.

PARTICIPANT: *"If the doctors come to you and say look, when your wife gives birth, one of them is going to die. So we can terminate the baby now, or we can wait until it happens and then – I think. I think if they said that to me I would say no, I am going to trust and I am going to believe that there is a God who will let the right thing happen".*

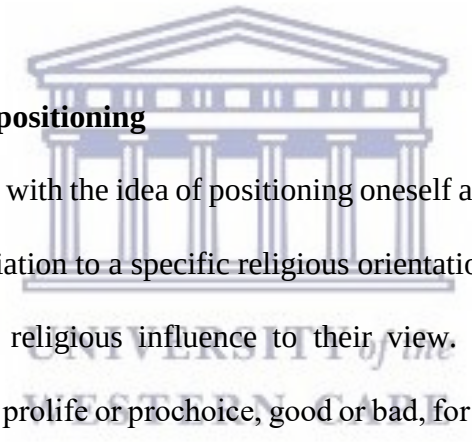
PARTICIPANT: *"I feel like all of us, we get into this by God's will and if we are meant to be here then we're meant to be here, whichever way we come in or anything. We don't have the right to take that away. At least, if it's supposed to be when it is taken away – that's not done by us so, that's what I feel".*

PARTICIPANT: "*In my religion it states that we females are only supposed to or can terminate their pregnancy when it's like rape related things. Like when there was no consent and all of those things, but then abortion should not be considered when it's an unwanted pregnancy, like if you are married or in terms of fear of finances and all of those things. It basically says that you shouldn't fear. Like God should care and will take care of it so, you shouldn't fear the repercussions of a pregnancy*: ...

The abovementioned participant introduces fear in his conceptualization of TOP. The fear of giving birth to a child with deformities is perceived as minute in relation to the sacred value that that life would bring. Larsson et al. (2015) elude to the healing and gratitude that comes through

seeing the pregnancy to term. This idea can be extrapolated in relation to the participants' view of the meaning carried by the life that will be birthed.

Contrary to popular belief, participants revealed the woman's choice as priority, despite what religion prescribes. This contrasts with other research studies (Mwaba & Naidoo, 2006; Patel & Myeni, 2008) that indicated that students possess a pro-life stance regarding the topic of termination. It is important to mention that most students referred to their religion and/or conservative upbringing, as having shaped their perception toward TOP however, they recognize that they do not necessarily entirely agree with what their religion stipulates.



4.2.1.3 The dilemma of Self- positioning

The study identified a dilemma with the idea of positioning oneself as either pro-life or pro-choice. Participants who reported affiliation to a specific religious orientation were able to reflect either a direct or absence of a direct religious influence to their view. However, the complexity of perceiving one's view as either prolife or prochoice, good or bad, for or against religious and moral expectations rendered itself as a predicament in the process of formulating perceptions, to the extent that participants considered themselves as "neutral", and "in-between". The process of engaging in the thought-provoking and probing conversations about TOP seemed to allow people a reflective moment that they did not realize prior to the interview and thus allowing a continuous evaluation or realization of one's view.

PARTICIPANT 5: *"I mean, I'm not for it and I'm not against it".*

PARTICIPANT 12: *"Yes, I see things from both sides. Like, I understand, like I see the positives and the negatives of both sides. But I feel like I would lean more towards pro-choice, which is from my world views and my opinions, and that people have choices and that".*

PARTICIPANT 8: *"I'm not saying it's a good or bad thing, it's just that's what happens. They give you poison, to kill the child, and I don't think it's necessarily good or bad – I feel like I'm too neutral. It's not a bad thing but I feel like people make it out to be. Like, it's the worst possible thing that could ever happen. I don't think it's a bad thing".*

PARTICIPANT 7: *"I think that is what makes it morally wrong for me. I think for the hard reasons – I can't even tell you why I don't find that morally wrong. It is confusing to myself".*

4.2.1.4 Power dynamics: Societal prescriptions/expectations and role assignment

Two power dynamics were identified as determinants of appropriate behaviours within societal context namely: Authority (from specific hierarchical relations, i.e. parent and girl child, community elders and girl child/woman, nursing staff and patient, religious leader and congregant), and Patriarchical tendencies where in a heterosexual relationship, the woman is assigned a role of child-bearer and deviation from that role is shunned upon. Patriarchal tendencies were also related to males dominating females over their right to decide on what to do pertaining to TOP and ownership of their bodies. The deviation of expected behaviours in communities, as stated by an assumed or imposed role (such as teenager, single woman, young woman, old woman, married woman, woman) is punished through overt or discreet judgement within communities.

On a larger scale, outside the communities, Sensoy et al. (2018), highlight the authority that men possess in the development and legislature of termination laws while seen as somewhat neglecting

to assert the same authority in the implementation of contraception. This idea of patriarchal figures asserting decisions regarding women's sexuality suggests an alignment with what some participants' distress about the lack of control over how they choose embrace their sexuality.

PARTICIPANT 6: "*Well older as well if you are not married. You know the expectations of society … I definitely think religion has prescribed that something is wrong. Like I mean having a child out of wedlock, it is not really a big deal; but yet you feel like it is a big deal. Even older women. especially when you come from a family with pastors and that. Even I know of people from Muslim religions that got married just because they were pregnant".".*

PARTICIPANT 13: "*I just feel like they put a lot of pressure on people, and people end up making the wrong decisions for themselves, because they are worried what would Mama Who-who think? What would this other person think if I did a, b, c".*

PARTICIPANT 4: "*You know our pastor and moral compasses – because obviously – that is where we got this whole notion of morals, from religion and everything. So I feel like if we had a hierarchy of judging – How am I going to fit this? At the top of – I don't know, the judgment hierarchy basically, because morals and everything".*

4.3.1 students' knowledge of the CTOP Act

4.3.1.1 Knowledge (or lack thereof) of the CTOP Act

All the participants in the study were aware that TOP is a legal procedure in South Africa. However, there was variation in the knowledge of the legislature as indicated by the CTOP Act.

Some of the participants indicated no knowledge of an Act regulating termination, to those stating uncertainty around the specific stipulation of the act (ranging from age, parental consent needed,

term at which termination is allowed etc.). This lack of knowledge is seen as a gap across most countries(as evident in (Mwaba & Naidoo, 2006; Kane, 2009; Sydens, 2011; Baron, Cameron & Johnstone, 2013; Assifi, Berger, Tuncalp, Khosia & Ganatra, 2016; Patel & Ramiyad, 2016) that have both legalized and not legalized TOP. It is concerning when some students have related that they do not know if an Act regulating TOP even exists. Among the participants interviewed, many of them were not aware of the age, the parental consent stipulation, the maximum duration of the pregnancy that can be terminated or the pre and post counselling clause.

PARTICIPANT 4: "*Isn't it a bit of the fact that most people don't know about the Act? Or am I sort of like the only person? But I doubt it. But isn't it weird that not a lot of people know about the act? I don't know. Do you think that the people, for example the 13-year-old, is thinking of getting a TOP? Do you think she knows about the Act? Do you think that lady from the church – she is like no you should not do such things. Do you think she knows about the Act?" …"I just think that maybe it would be best if people knew about the Act. Maybe then people would not feel the need to go consult a Mr. Hobo from the flyers, instead of going to a clinic".*

PARTICIPANT 10: *"Because I went to a girls' school. So I think a lot of what you were taught, and friends and stuff. Because we got to that point in schooling – especially in life orientation – where we would talk about abortion and the right to abortion".*

PARTICIPANT 2: *"I only know about that you have to be 12 years or older. If you are younger, then you would need consent from a parent, but 12 years or older that you don't need consent from a parent. But I'm not sure about the counselling part but I know that… You see, my cousin is a nurse so, she tells me everything. So, she says that usually after*

the abortion takes place that they go for counselling and then they would get birth control.

Despite this, some participants were able to reflect the adversity that comes with the lack of knowledge of the CTOP Act and how women and girls are vulnerable and taken advantage of by clandestine providers who put their lives at risk.

PARTICIPANT 7: "Yes, that's what they tell you at the clinic that if you know you are 4-months, do not because to those backyard guys. They do not even use a scan to confirm your weeks. No, they just do it because they're doing it for money and then they know they're doing it to people who don't know anything about it so, you take anything".

4.4.1 Possible moral conflict regarding TOP counselling

4.4.1.1 Personal experience impacting the flexibility or rigidity of one's view

Participants, especially those who possess a religious orientation, expressed clear moral confliction toward the idea of TOP and possibly coming across a client/patient seeking TOP in a Psychology career. Among those who reported to belong to a specific religious orientation, many were able to express their flexibility around how they perceive TOP despite possible contradictions of what their religion stipulates. There are strong indications of a modification of personal views due to either personal experience (unplanned pregnancy, seeking TOP, experienced TOP) or an experience by a significant other in the individual's life who has gone through this experience. It was evident that people who have had such experiences seemed to be more understanding or permeable in their perceptions of TOP.

Carlton, Nelson and Coleman, (2000), Patel and Myeni, (2008) and Woodruff1, Biggs, Gould and Foster (2018) stress the complexity of the TOP debate suggesting that it advances overtime,

indicating that it does not remain rigid as suggested by the "bipolar" TOP debate. This is evident when participants introduce a context-specific element to TOP and/or termination of life. They highlight the recognition and exposure to other contexts such as other religions and cultures that the university environment has rendered to their perception. This alludes to an expansion of a previously narrow view to a more expansive view.

PARTICIPANT 1: *When I was younger, I always thought of it as like a really, like taboo. Even just like engaging in sexual activities. Like you're at a young age, you shouldn't be doing that and such is meant to like produce children, you know. So, why would you then you know, why would you then take the life? So but my view now has changed like completely*

PARTICIPANT 11: *Seeing it, you know at face value, from a more conservative frame of mind, you would deem it as wrong but then you don't know why. So that now brings up the second view that's based on reasoning and circumstances or understanding of circumstances. So I have that one view or I had that one view and now I have the view of understanding. So I think that's what I had to go through...*

PARTICIPANT 4: "*Okay so, a few years back I would have said that, 'no, it's wrong, completely. It shouldn't be happening.' But since coming to university my view has definitely changed".*

PARTICPANT 8: "*I actually spoke to him about, not this specific, but just other things that I was questioning. Then he said 'he felt the same way when he was at university.' So, your worldview changes. Not that I have a fear of telling him* (father)*, but there is that… I don't want him… Or the thought that he'll have of me after that because you still want to be 'that innocent' but I'm growing up and I'm forming my own opinions".*

Woodruff1, Biggs, Gould and Foster (2018) mention this concept of perception change in their work with women who received or were denied TOP. In their writing this concept can be understood as a psychological process, post-decision consolidation, where TOP seekers resolve their cognitive dissonance about the overruled choice and working on making their chosen decision more attractive in order to decrease the attractiveness of the alternative decision.

PARTICIPANT 5: "*My opinion was formed through me reading things and not from an Islamic perspective at all that's why I have my opinion because nobody talks about it. It's like a taboo thing. Not me and my family specifically, because my mother is very open about the conversation of sex and all of those things but I feel that not everybody has that and they really don't explore other options or opinions"*

Both those who overtly indicated to hold a pro-choice stance and those who seemed ambivalent or unmoved by either, reported a moral duty and concern to bringing up a child in a conducive (providing basic physical, emotional and social needs) environment. To some extent, TOP in the present was subliminally observed as a tool to combat the increase of possible future child neglect and injustices. Participants who possessed a strong religious belief indicated the recognition of possible suffering as a result of child neglect or finances issues, however indicated a trust in God's will to see to the child's upbringing and healing.

PARTICIPANT 6: "*Okay. I believe that pregnancy shouldn't be terminated for any reason. I recognize that there is tremendous trauma for people who have been raped. I recognize that there is tremendous fear for people who have been told that your children will be born with deformities of something. I do understand that, and I don't want to be insensitive to it. But I believe in the sanctity of human life. I believe that people have intrinsic value. And because they have value, I don't believe that we have the right to*

terminate their life. I believe that a foetus is human"…. "The fact that they have been raped doesn't take the value of the human inside her away. I think she needs to be loved and treated with – Well she needs to be treated; she needs to be helped to overcome that trauma".

PARTICIPANT 2*: I mean I just see that the child or their life is taking away without their choice. But I also feel like if they're not going to be brought up in a household that's going to give them opportunities or they're going to be like neglected. Then my morals are saying, 'what would this child's life be like?*

PARTICIPANT 5: "*Oh, yes, and also, like people say, 'well, people can adopt.' But there's so many children out there to adopt. You can't just be like because my person would be like, 'okay, you can just adopt.' But there's so many children that are in foster care or orphanages, or like single – child headed households and everything. You don't want to let them get into there. If there wasn't so many children up for adoption out there I'd be like, 'okay don't*".

A few participants, who held staunch religious beliefs from both the Christian and Muslim faiths, expressed difficulty and distress in placing themselves in a scenario/ dually constructed situation that may require a TOP service and depicted some distancing from the situation either by expressing placing their trust in God who has the final power or excusing themselves from such a scenario.

PARTICPANT 6: "*My wife is going to give birth. She is going to try and give birth. If she dies – I don't know. I can't. Because I have a wife. I can't. I am not in that situation. I can't answer that question. It is very difficult*".

PARTICIPANT 3: "*I know there's the situation also with rape and what do you do in that instance and everything. I know it's hard but I can't speak for someone else, from that point of view but I just feel I could not terminate a child because I feel like all of us, we get into this by God's will and if we are meant to be here then we're meant to be here, whichever way we come in or anything*".

4.4.1.2 The Silence; the secrecy

A significant reference to the silence in communities was noted dually as a taboo topic and as a sensitive topic. Most participants indicated minimal to no engagement about TOP. However, reference was made to passive reception or default learning about TOP through social media uprisings, Life Orientation classes or school/varsity circles. There was however limits in the extent to which interpersonal contact and engagement was conducted under the topic of TOP in nuclear families. Some participants indicate that their communities' silence resembles the moral conflict and discard of any TOP related issues.

On the other side of the silence coin, the lack of trust or feeling of safety was also regarded as one of the ways to avoid stigma or judgement from the community due to a deviation of expected unspoken moral standards of refraining from TOP; resulting in limited confiding relationships. It was interesting to observe one of the participants' comment that the community members would rather talk about social ills such as drugs- which is highly prominent in the Western Cape- than to engage in other social ills such as teenage pregnancy and TOP. The perceived taboo issue is understood and expressed by participants as the depth in which the communities oppose TOP. While unbeknown, the profuse rejection of TOP suggests an unintended acceptance of teenage pregnancy and pregnancy out of wedlock which is also perceived as a taboo.

Assifi, Berger, Tuncalp, Khosia and Ganatra, (2016) indicate the significance of verbal and non-verbal exchange in a community setting. It is evident in the interviews that the participants found themselves being exposed to the topic of termination of pregnancy through community systems that were above and beyond their primary home system. This included exposure to different contexts and therefore to a different social order. Among the narratives, the common thread identifies the fear, guilt and shame that accompanies pregnancy and the idea of termination from familial, religious or community contexts.

It was interesting to note that in the communities where this, and many other so called taboo topics, were engaged with through silence which indirectly communicated no acceptance therefore of TOP. Inversely, the acceptance and welcoming of pregnancy in other communities was deemed by some participants as an indirect message that the "alternative option – TOP" was prohibited.

PARTICIPANT 6: *I think the unspoken view is that termination of pregnancy is wrong. I think that a lot of people in church will be judgmental, I don't know to what degree…*

PARTICIPANT 12: *We don't talk about this. We don't question this. We can maybe talk about drugs and alcohol abuse and things like that, because that was in the community. But we don't talk about teenage pregnancy and all that stuff. Yes. It wasn't spoken about at all. You just find people having babies, and then the grandmother is looking after the baby. It is weird, I never actually thought about that".*

PARTICIPANT 9: *So I don't necessarily think that they shared my view. But maybe it could have in the back of my mind – but I think for me the fact that they were so accepting of people that were pregnant, under any circumstances. I think that was their unspoken way of*

saying that termination isn't – and then not speaking about it, is also a way that they showed me that this was their stance.

One participant highlighted the religious dismissal of engaging with taboo topics such as TOP as an inability or refusal to extend a listening ear and an exploration of other opinions due to the moral conflict or contradiction to their own perceptions. The lack of effort is thus perceived to translate into "blanket statements" and predetermine answers to unasked rhetorical questions pertaining issues of distress.

PARTICIPANT 3: "*I feel that not everybody has that openness to talk and they really don't explore other options or opinions, or just to listen actually and I feel like that's kind of why they don't talk about it at all because we're not going to talk about this, number one, talking about sex is a taboo. Talking about rape or having an abortion – it's like taboo things. That's why they just kind of like 'blanket statement – no' type of thing.*"

4.4.1.4 Context matters

When looking at previous research and the concept of hard and soft reasons, these participants reported an influential role that context plays in their perceptual formulations of TOP. This, suggesting not only whether the reason to terminate is "substantial" but facilitating an understanding based on the individual case.

PARTICPANT 2: *"I mean definitely, context plays a role, like the situation or whatever. For example, if you were raped – to be honest, I wouldn't want to keep the baby".*

PARTICPANT 14: *"I know people would say, 'it's murder, it's wrong.' But I think context or situation plays a role. So, you can't just say, 'no, it's wrong.' For every person it would be different".*

4.4.1.4 Feelings and emotions related the issues around TOP

Kumar (2018) refers to previous research of Cahill, based on the relationship between disgust and abortion, coming from Mary Douglas' (1978) work, attributing the experience of disgust to the violation of social order. It can thus be deduced that the feelings of fear and shame mentioned by the participants may be as a result from the receiving end, wherein the sender of the feeling, in this instance the community, may accept certain so-called appropriate prescriptions to dealing with pregnancy.

A profound report of feelings was noted from participants. The significance of the impact feelings and emotions have prior, during and after the process of TOP, or during a mere verbal engagement about TOP (prochoice/prolife strikes) is astounding. Common feelings of shame – upon oneself or upon the family- was noted. Feelings of guilt were also prominent together with feelings of disappointment (from the family or from the pregnant female possibly seeking a TOP). One participant highlighted the possible emotional attachment that comes with decision making pertaining to termination. It is thus deemed pivotal to highlight the functions that emotional processes have in the development of TOP perceptions, the TOP medical processes and other engagement around TOP. As a Psychology student, it is crucial to note the possibility of the emotional state affecting the individual's functioning when they perceive themselves as a disappointment, as shameful and filled with guilt feelings. These feelings whether given or received may also reflect the extent to which the individuals, families or communities express the dissatisfaction in the defiance of social expectations and/or moral prescriptions.

PARTICIPANT 10: *"Once again, your background. To me, if that was me, I would be ashamed because of what I was taught, and I would bring shame on my family, and bring shame on myself. So, just because of what I was taught".*

PARTICIPANT 4: *"But I feel like it happens but nobody talks about it. I feel like they attribute shame and guilt to having an abortion, which is more from the community's perspective because people would make you feel guilty and make you feel shameful for what you have done... Obviously the stigma is always around younger people, like a 14-year-old girl who is pregnant. Then obviously they are worried about, I am a disappointment".*

PARTICIPANT: *"I feel like there's always emotion attached to any decision that anybody has to make because it's a difficult thing, number one, in terms of are you doing the right thing – I feel like that's the first question people would usually want to ask themselves because what if they think that the termination might be a mistake?"*

CHAPTER 5

CONCLUSION, RECOMMENDATIONS AND LIMITATIONS

5.1 Introduction

This chapter summaries the research findings, the significance of the study and notes the limitations of the study.

5.2 Summary of Research Findings

The results from the collected data revealed complex perceptions regarding TOP. This complexity was highlighted by a perceived dilemma in positioning oneself as either pro-life or pro-choice or labelling TOP as either good or bad. It was also evident that most participants' perceptions had changed from previous views and continues to be permeable with exposure to diverse personal or significant others' personal experiences. Although religious prescriptions still influenced

participants' engagement with the concept of TOP, there were evidently fewer participants with direct predetermination of views based solely on their religious orientations. Most participants reported either a Christian or Muslim faith, however, most of them expressed an informed deviance from the scriptural indications pertaining to TOP. Some participants reported TOP as a cause and effect to premarital and teenage pregnancy and held the idea that TOP was used as a passage to escape responsibility or consequences (shame, disappointment and stigma) of behaviour (sexual intercourse). Power dynamics among social relationships were prominent in the perception of TOP with the authority figures and patriarchal figures being perceived to judge and limit the woman's right to choose TOP. There was evidence of limited knowledge pertaining to the CTOP Act among participants, indicating no access to or ignorance of legislative information. There was no profound moral conflict among participants who indicated prochoice and "neutral" positions in TOP, however, the strictly religious participants expressed possible difficulty in engaging with prospective patients/clients who may present to them for therapy with a need to terminate a pregnancy. The consistent silence and unspoken expectations in the different communities was evident as the lack of engaging in this topic was perceived as an indirect rejection of TOP and an inverse acceptance of teenage pregnancy, premarital pregnancy and other socially deviant conception, which they too considered to be taboo. Feelings of guilt, regret shame and disappointment (given and received) were prominent in the understanding of moral conflict in participants. It can thus be deduced that the feelings of fear and shame mentioned by the participants may be as a result of receiving the social punishment from the society for deviating from social expectations of dealing with sexual behaviour and unplanned pregnancies.

5.3 Significance of Research Findings

The research findings were deemed significant as they identify and inform the gap around the knowledge of CTOP and its stipulation among tertiary students who are currently considered to have been exposed to vast contexts and sources of information (social media, social groups, education systems). It is concerning the lack of knowledge or engagement that this group possesses when it comes to TOP. As prospective professionals in the mental health profession, it is understood that the knowledge of the CTOP Act is important for accurate assistance to users who will seek therapeutic intervention pre or post termination. On a primary level, it is anticipated that this study will raise an awareness and begin a dialogue among students who will engage with their respective communities. On a longer term basis, it is hoped that the prospective professionals will therefore provide accurate information to users who may present themselves at their doorsteps to seek informed professional assistance. On a government level, it is hoped that this study will better inform the DoH about the scourge of continued teenage pregnancy, continued TOP at illegal places resulting in maternal mortality and possible psychological distress due to feelings of shame, guilt and fear so as to advance the engagement and education of residents about this act and its stipulations.

5.4 Limitations of the Study

The limitations of this study include working with participants over one encounter and the logistical inability to give feedback to the participants to ensure their views were accurately reflected. Considering the nature of the study, the CTOP Act may be considered a specialized profession which Honours students may have not been required to thoroughly engage themselves with the Act. Thus it is noted that a study with counsellors or psychologists who are required to be familiar with ethical considerations in the country, may be able to provide an advanced knowledge

of the Act. Another limitation was that of not engaging the participants in group discussion. It is noted that engaging the participants in a group context may have created a larger system of engagement with the topic and some collective meaning, clarification and the identification of others' perspectives may have rendered a more in-depth understanding.

5.5 Recommendations for Future Research

A qualitative study on professionals in the psychology field who have administered pre and post counselling services to women seeking TOP is perceived as important in further expansion of research pertaining to TOP. Much literature on professionals concentrate on medical professionals (such as doctors, nurses and midwives) whereas the understanding of the residues of a TOP are understood to have psychological and emotional impact on the female's mental health.

CONCLUSION

Increasing numbers of TOP in youth and women without post termination counselling can be interpreted as a concern to the psychological and emotional well-being of women in the future of the South African nation. These may breed psychological vulnerability and consequences. Working with Counsellors at health facilities may assist medical staff with the process of assuring the implementation of the post termination counselling as stipulated by the Act.

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UNIVERSITY *of the* WESTERN CAPE

DEPARTMENT OF PSYCHOLOGY

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Appendix A: Information Sheet

Project title: Exploring perceptions of termination of pregnancy among Psychology Honours students at a higher education institution in the Western Cape, South Africa.

What is this about?

This is research project conducted by Keitumetse Tsematse at the University of the Western Cape. I am conducting a study on understanding the perceptions which Psychology Honours students have toward termination of pregnancy and whether they are familiar with the Choice on Termination of Pregnancy – CTOP- Act. Your participation will be valued as I am interested in learning about your perception of this issue.

What will I be asked to do if I agree to participate?

You will be asked to set aside about an hour at your most convenient time on campus to be interviewed. You will then be requested to give your signed informed consent and permission to be interviewed and recorded one-on-one. You will be guided through a few questions with which your perspective around TOP will be sought and where you will need to freely elaborate and engage in conversation with the researcher. Examples of the types of questions that will be asked include: "What are your views and beliefs regarding termination of pregnancy?" "What do you know about legislation in South Africa regarding termination of pregnancy?"

Would my participation in this study be kept confidential?

Yes, as the researcher, I will ensure your information will be kept confidential. There will be no identifying details that will be needed from you. You will only be asked about your demographics (i.e. age, race, religion). The recorded interviews will be copied onto a personal computer and a password created to lock it and ensure accessibility only to the researcher.

What are the risks of this research?

This research addresses a potentially sensitive and contentious topic which may be uncomfortable or contrary to one's own beliefs/values. However, given the awareness of possible triggers, the Student Counselling services on campus will be arranged to assist in such cases. There are no other known risks in being part of this research project.

What are the benefits of this research?

This research seeks to gain understanding of views and beliefs among South African university students with regard to termination of pregnancy. It is hoped that knowledge gained from this study will clarify attitudes and beliefs of Psychology Honours students who may be involved in counselling South African women.

Do I have to be in this research and may I stop participating at any time?

Your participation in the research is completely voluntary and will be appreciated. If at any time in the process of participation you choose to withdraw your participation, you are welcome to do so without any penalty or consequences. Your choice to participate and to withdraw from participation will be treated with equal respect.

Is any assistance available if I am negatively affected by participating in this study?

Possible precautions will be taken by the researcher to ensure no harm is done to you as the participant. With the level of sensitivity and possible internal distress that this topic may evoke in participants, I will ensure a short debriefing following an interview that that clearly distressing to the participant and thereafter refer to the UWC Student Counselling Department where the participant may attain further counselling.

What if I have questions?

This research project is conducted by Keitumetse Tsematse at the University of the Western Cape. Any questions you have may be directed to the researcher on 3601232@myuwc.ac.za or 073 870 7526 for clarity and further dialogue. Questions will be appreciated to also engage the researcher with aspects that may have not been realized.

Should you have any questions regarding this study and our rights as a research participant or if you wish to report any problems you have experienced related to the study please contact: Acting Head of Psychology Department:

Acting Head of Department: Dr. Maria Florence (Email: mflorence@uwc.ac.za;

Tel. (021) 959 3092

Dean of the Faculty of Community and Health Sciences: Prof A Rhoda (Email: arhoda@uwc.ac.za; Tel. (021) 959 2150/2631).

University of the Western Cape;

Private Bag X17

Bellville 7535

Appendix B: Informed Consent Form

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Title of Research Project

Exploring perceptions of termination of pregnancy among Psychology Honours students at a higher education institution in the Western Cape, South Africa.

The study has been explained to me in a language that I understand and I freely and voluntarily agree to participate. My questions about the study have been fully answered. I understand that my identity will not be disclosed and that I may withdraw from the study without giving a reason at any time and this will not negatively affect me in any way.

This research project involves making audiotape of you. The reason for the audiotape is to record the interview information and transcribe accurately without missing or adding to the original information given by the participants. Only the researcher will have access to the recordings. The audiotape will be transferred onto a computer and will be protected with a password thereafter the audiotape will be destroyed. I understand I will be audio recorded during the interview to ensure information is gathered accurately.

- I agree to be audio tape recorded during my participation in this study
- I do not agree to be audio tape recorded during my participation in this study

Participant's name: _____

Participant's signature: _____

Date: _____

Should you have any questions regarding this study or wish to report any problems you have experienced related to the study, please contact the study coordinator:

The study supervisor: Prof. Kelvin Mwaba

University of the Western Cape

Fax: (021) 959 3515

Telephone: (021) 959 2283

Email: kmwaba@uwc.ac.za

Appendix C: Interview Schedule

Semi-structured one-on-one interview guideline

1. What are your views and beliefs regarding Termination of Pregnancy?
2. What is your understanding of the CTOP Act?
3. How would you approach a woman seeking TOP if you were employed as a counsellor?
4. How would your perception influence the extent to which you either support or not support a woman's decision to seek TOP?
5. What are your moral views with regard to TOP?
6. What informs your moral views with regard to TOP?

Appendix D: Demographical information sheet

1. Age:

2. Race/ethnic group:

3. Gender:

4. Religion:

5. Year of study: