

**WOMEN'S EXPERIENCES OF ABORTION
IN SOUTH AFRICA**

AN EXPLORATORY STUDY

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ABSTRACT

In South Africa the provision of legal abortion is currently restricted by law and many women procure illegal abortions. Abortion law is currently under appraisal, with a possible move towards liberalising abortion availability. Following a brief history of abortion legislation and a research review on abortion sequelae and the factors influencing risk for negative post-abortion sequelae, this study explores the wide range of variables which together form women's experiences of abortion in South Africa. These include both the social context of abortion and women's individual perspectives. Twelve women volunteers who had undergone abortion in South Africa were gathered through the University of Cape Town and interviewed on their experiences. A semi-structured interview schedule was used, and interviews were audio-taped and transcribed. Interview questions were based on past research into factors affecting abortion experiences and post-abortion adjustment. Responses were analysed thematically according to the circumstances of the pregnancy, the decision-making around the abortion, access to abortion, post-abortion responses and ideas for pre- and post-abortion counselling. Findings suggest that abortion is followed by a range of responses, influenced by the meaningfulness of the pregnancy to the woman involved, her belief system, her personal circumstances, the extent to which she feels in control of her circumstances, her coping style, and the social climate surrounding the abortion experience. The participants acknowledged the benefits of abortion counselling, particularly for women who suffer post-abortion distress, who are ambivalent about their abortions, or who are forced by external circumstances to choose abortion. Suggestions on issues necessary to address in abortion counselling are made. Recommendations for future abortion research are included.

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1. INTRODUCTION

This research is an exploration into some of the qualitative issues surrounding abortion in South Africa. It is informed by past research on women's abortion experiences, and takes into account the broad social context in which abortion occurs in South African society, as well as individual experiences of abortion from the perspectives of the women involved. In this research, the stories of twelve women volunteers are examined thematically to provide some insight into the complexities surrounding abortion in South Africa.

This chapter places women's experiences of abortion into a social context in South Africa. The main aims of this research are outlined, abortion is broadly defined, and a brief history of the legal status of abortion in South Africa is reviewed.

1.1 The aims of this research

The underlying assumption in this study is that abortion is not a unitary experience for women, but is bound in women's social and psychological contexts. Thus women's responses to abortion are assumed to be a function of interacting individual and socio-cultural variables. These variables include the woman's psychological state, the nature and meaning of the pregnancy to her, her coping style in stressful situations, the nature of support she receives and the social and physical environment in which the abortion occurs. Issues such as socio-economic class, access to abortion and the legal status of abortion play an important role in women's experiences of abortion.

The focus of this study is on women's experiences. Men are studied only with regard to how they might influence the abortion experiences of women, for example, by the emotional and financial support they might provide.

The findings of this study would be significant in various ways:

- 1) Given the qualitative emphasis, this study should provide some insight into the needs and experiences of South African women who have undergone abortion, from the perspectives of the women themselves.
- 2) It should provide some understanding into the processes involved in accessing abortion in South Africa as well as into the decision-making around abortion.
- 3) Implications for counselling are highlighted in this study.
- 4) Aspects of abortion requiring further research are noted.

1.2 The definition of abortion

Although all abortions serve to terminate pregnancy (Adler, 1979), there is no unitary definition of the term "abortion". Not only do abortion laws differ from one country to another, but there are many different techniques which are called abortion. The type of procedure which women undergo is determined by the access women have to safer, legal abortion and by the period of gestation that termination takes place (Ferreira, 1985).

Abortifacient methods range from the swallowing of poisonous roots, herbs or medicines, or penetrating the womb with instruments in order to kill a foetus (Bradford, 1991a), to the medical procedures of dilation and evacuation, or the injection of saline solutions into the amniotic sac in order to bring about the expulsion of a foetus (Adler, 1979). Many newer products to bring about the early expulsion of the fertilised egg, such as the drug RU 486, are currently being researched (Davies, 1991). These products would mean that women who were less than 7 weeks pregnant would be able to obtain an abortion through taking a pill. However, these products are not available in many countries where abortion is legal, for example in England, because there is controversy over the ease at which abortions are procured through using these products (Frater and Write, 1986).

Aside from deliberate actions aimed at inducing the loss of the foetus in order to terminate the pregnancy, abortions may occur spontaneously as a result of certain pathological conditions which are beyond the control of the pregnant woman and the doctor. This study is limited to induced abortion rather than spontaneous abortion, as spontaneous abortion may result in a particular set of grief reactions which do not necessarily occur in induced abortion (Leppert and Pahlka, 1984).

Abortions are performed in a variety of settings including hospitals, physicians' offices and private "backstreet" rooms. The setting is largely determined by the legal status of induced abortion in that country, and the access of women to the different abortifacient methods (Bradford, 1991b).

Abortion is often seen in moral terms. Attitudes based on Christian religious doctrine sanctify life as a gift from God and abortion, as the destruction of life (or potential life), is not viewed as acceptable (Westmore, 1977). Research undertaken by Ellingsen (1990) points out that in many religious beliefs abortion is perceived as the moral equivalent of murder. The philosophical debates about when life begins and what constitutes life are relevant here, as are the debates on the rights of the foetus to life against the rights of women to control their own reproduction (Johnson, 1986; Smetana, 1982).

1.3 A brief history of abortion in South Africa

The social and legal status of abortion in South Africa has undergone changes throughout the years, as has the prevalence of the different kinds of practices of abortion. Helen Bradford (1991a, 1991b, 1994) traces the evolution of the various abortion practices in South Africa. Between the years of 1840 and 1910 the swallowing of poisonous roots and herbs was the most common abortifacient method, practised largely by the black population of South Africa. Increasingly the knowledge of these abortifacient spread to white chemists and midwives. These methods were often lethal to the pregnant woman as well as to her foetus, or were ineffective. At this stage there was no legislation on abortion.

In the period between 1910 and 1960 there was a shift in legal abortion practice towards more medicalised procedures, such as the penetration of the womb with instruments in order to rid women of unwanted pregnancies. This was partly due to world-wide improvements in medical technology and the discovery of antiseptic in 1865. These surgical abortion methods were practised mainly by white medical doctors operating under vaguely defined Common Law.

Abortion, under Common Law, was permitted on the grounds of saving the life of a pregnant woman and did not take into account issues such as the need for abortion due to rape or incest (Keast, 1971). The decision to provide abortion for women lay mainly in the subjective judgement of the physicians concerned, as they were only loosely monitored by the Medical Guild. Access to abortion for wealthier white women was relatively easy, whereas black women still relied largely upon herbal methods.

From the time of the advent of Apartheid in 1948, there was increasing opposition to abortion, not only on moral and religious grounds, but also on racial-political grounds. The easy access white women had to abortion became an issue to the Nationalist Government. Their concern was the decreasing birth-rate of the whites and the increasing birth-rate of the black population (Klugman, 1990). Therefore the practice of abortion in South Africa, particularly among the white population, became a progressively more controversial issue.

It was under these circumstances that, in 1974, an exclusively white, male commission was appointed to provide the guidelines for the legislation to be introduced in 1975.

The Abortion and Sterilisation Act No. 2 of 1975 (See Appendix 3) laid out the following parameters under which abortion is permitted:

- 1) where the continued pregnancy endangers the life or constitutes a serious threat to the physical health of the woman concerned;
- 2) where the continued pregnancy creates the danger of permanent mental damage for the woman concerned;
- 3) where there is a serious risk that the child will be born with serious physical or mental handicaps;
- 4) where the conception was a result of unlawful intercourse, as in rape or incest;
- 5) where the woman concerned is mentally handicapped to the degree that she cannot comprehend or be responsible for results of intercourse.

Although the Act appears to have increased women's access to legal abortion, the intention of the legislators was to restrict and control access to abortion, with the aim of reducing abortion among white women (Hansson and Russell, 1993).

The abortion legislation did not have the desired effect. African women, who are by far the largest population group of women in South African society, have had difficulty in accessing legal abortions. Many of these women live in poor socio-economic conditions with limited access to medical resources (Hansson and Russell, 1993). Lack of formal education and limited access to legal or medical advice means that these women are not likely to be aware of their option to apply for legal abortion (Hansson and Russell, 1993).

In 1992, 70 % of legal abortions were granted to White women and 10 % to African women (Walker, 1995). It is clear from the disparate number of abortions performed for the different population groups in comparison to their population proportions in society that there is discrimination evident in the provision of abortions.

Low-income groups, mostly African women, are hardest hit by restrictive abortion laws and therefore often resort to illegal abortions, whereas economically affluent women, mostly White women, have easier access to private gynaecologists or may travel elsewhere to obtain safer, legal abortions (Ferreira, 1985).

From feminist perspectives Himmelweit (1988) and Kaufmann (1984) interpret limited access to abortion, through restrictive legislation or through social disapproval and stigmatisation, as a form of patriarchal control of women, in which women are not perceived as responsible enough to make

autonomous decisions on their reproduction. Bradford (1991a, 1994) argues that abortion has served African women as a means of challenging patriarchal controls over female fertility and sexuality. Abortion, which is prevalent in African society, requires neither the co-operation nor the knowledge of men. Walker (1995) posits a more complex and contradictory scenario. She argues that in South Africa, African women may not support abortion as readily as Bradford suggests, as many African women view abortion with anger and hostility. In her study of 27 Primary Health Care nurses practising in Soweto clinics, 70 % of the nurses interviewed expressed anger towards women who have unwanted pregnancies and who want abortions. According to Walker, this anger and hostility could be explained by exploring their identities as African women, mothers and nurses. In terms of these identities, motherhood is viewed as the essence of womanhood, and abortion, as a termination of motherhood, is therefore the denial of women's true identity. This discourse positions men as relatively blameless yet powerful in their control over women's fertility, as men are not expected to assume responsibility for unwanted or unplanned pregnancies, yet they hold the power in the decision to use or to refuse contraception. Although not fully explored in the scope of this study, the above arguments highlight some of the complexities evident in the abortion discourse in South Africa.

Other problematic issues with the current legislation have been documented:

- * 1) It is difficult for physicians to establish what constitutes a “serious threat” to physical health, a “serious risk” to the foetus (Sarkin-Hughs, 1990), or to substantiate the permanence of damage to a woman's mental health without taking into account her whole life situation (Westmore, 1977).
- * 2) Obtaining a legal abortion involves complicated and time-consuming bureaucratic procedure (Strauss, 1984). Women who might be entitled to legal abortions, even within the restrictions of the act, often resort to backstreet abortions because of the insensitive procedural complexity of the South African abortion law which impedes a woman's need for immediacy, empathy and confidentiality (Sarkin-Hughs, 1990). In the cases of rape or incest, the process in obtaining a legal abortion may exacerbate the initial trauma (Hansson and Russell, 1993).
- * 3) “Backstreet” abortions can be dangerous and medical complications may occur requiring hospital care. This puts a great financial burden on state hospitals (Denny, 1991). Statistics reported on the removal of residues of a pregnancy due to “incomplete miscarriage”, for the year 1989, show 31 554 cases (Report of the Director-General: South African National Health and Population Development, 1989). This is a common method of completing an illegal abortion, and statistics showing large

numbers indicate that restrictive abortion legislation does not decrease the number of illegal abortions performed.

In September 1994 a Government National Assembly Committee was formally constituted with the task of evaluating the efficiency of the Abortion and Sterilisation Act of 1975 and to report on possible amendments to this Act. During May and June 1995 the Committee took oral and written submissions for the purposes of reviewing the Act.

The Committee made the following recommendations (Report of the Ad Hoc Select Committee on Abortion and Sterilisation, 1995):

1) The current Abortion and Sterilisation Act of 1975 should be repealed.

2) Sterilisation should not be dealt with in the same Act as abortion.

3) The following changes for the new Act were envisaged:

*Abortion should be performed only by medical practitioners and not by unqualified parties.

*Abortion should be available in request of the pregnant women, up to 14 weeks gestational age.

*Between 14 and 24 weeks gestational age, abortion should be available under the following conditions:

if there is risk of injury to the woman's physical or mental health;

if the social conditions of the woman and her children would be adversely affected;

if there is substantial risk that the child would be born with physical or mental abnormality.

Other provisions of this Act include availability of non-directive counselling that is only mandatory for minors. Consent of the woman's partner will not be mandatory. In the case of a minor, abortion should not be refused if she chooses not to consult her parents. (See Appendix 4).

Under this legislation, which may be implemented in the future, it is envisaged that the current abortion procedure should be simplified so as to allow women easy access to legal abortion. This would place a greater burden on State resources and would demand research into more efficient methods of service delivery, including the provision of counselling services, which is one of the foci of this research.

2. PAST RESEARCH ON ABORTION

Abortion research is extremely controversial because of the many personal, moral and political issues raised. The sexual and private nature of abortion as a topic, together with the moral stigma attached to it in many circles, means that abortion research is not easily investigated. Research is often polarised into pro-choice or pro-life camps, depending on the post-abortion outcomes cited in studies (Wilmoth, 1992). This places researchers in an invidious position as no abortion research can be ultimately impartial or objective.

What follows is a brief critique of the abortion literature, highlighting where possible the problems with abortion research in South Africa. Literature is reviewed on the normative responses to abortion and the risk factors relating to negative post-abortion responses.

2.1 Abortion literature critique

Most of the literature available on women's decision-making about abortion and the emotional sequelae of abortion is from the United States and, to a lesser degree, from Britain. The liberalisation of abortion laws during the course of the 1970's in the United States and Britain improved the access of women to abortion as an option for the control of unwanted pregnancy. In Britain abortion became available on demand in 1967 (Berer, 1988), and in the United States restrictive abortion laws were declared unconstitutional in 1973 (Smith, 1973). Research on the effects of abortion on women could be undertaken more easily, as many of the problems in obtaining samples of women who had abortions, when abortion was illegal, were overcome. However, research tended to be limited to the situation of legal abortion.

There is little research available on the consequences of illegal abortion and the resultant effects on women. In countries within Africa, Latin America and Muslim Asia, where abortion is criminal or restricted, there is an apparent dearth of literature on the subject of abortion sequelae. Caution is therefore exercised by the researcher when extrapolating research results from countries in which abortion is legal, to South Africa, where abortion is currently permitted only under restricted circumstances.

In South Africa there has been a limited amount of research undertaken on women's experiences of induced abortion and consequent lack of literature on the subject.

One of the reasons for the silence surrounding abortion is the negative social attitude held towards it among some groups. A survey conducted by Mofarah (1994) found that in the African region of Molo in Bophutswana, over 50 % of male and female respondents did not favour abortion under any circumstances, and an additional 25 % of female and 35 % of male respondents favoured abortion under specific circumstances which are comparable to the restrictions in the current Abortion and Sterilisation Act of 1975. Goba (1995) maintains that in African cultural dynamics, abortion is seen as a particularly taboo form of fertility control.

Many women refused legal abortion in South Africa, due to restricted access regulated by current abortion legislation, take it upon themselves to procure illegal abortions (Bradford, 1991b; Nash and Navais, 1983). Only 800 - 1000 women are granted legal abortions annually, while the estimates of illegal abortions are in the region of 250 000 per annum (Walker, 1995). The criminal status of illegal abortion makes it dangerous for people to talk about their knowledge and experiences of abortion, as this brings the risk of prosecution upon themselves or upon those who have assisted them in procuring abortions (Report of the Ad Hoc Select Committee on Abortion and Sterilisation, 1995).

method

Because of the non-visibility of the majority of illegal abortions, it is only when women who have undergone illegal abortions develop medical complications that require treatment, that these cases become visible and researchable (Ferreira, 1985; Larsen, 1978). It is therefore difficult to obtain adequate or representative samples of all women who have undergone induced abortions in South Africa. This restricts the scope of abortion research. Areas such as the influence of access to legal abortion on women's experiences of abortion, and the psychological consequences of undergoing illegal abortions, tend not to be investigated.

Faultless research designs are particularly difficult within the mental health field, and abortion research is vulnerable to methodological problems for many reasons, some of which are highlighted below:

- 1) Women who choose abortion may be reluctant to participate in research for many reasons, both personal, such as guilt or regret about the abortion, or social, such as shame, fear of disapproval or social stigma. (It should be noted that these emotions are not mutually exclusive but may have a reciprocal effect). Research undertaken by Adler (1975), Drower and Nash (1978a), Payne et al (1976) and Robbins (1984) all indicate a percentage of women who refused to participate in their research. The reasons and personal attributes of the women who do not partake in the studies are

not often explicitly stated and are difficult to ascertain. This sample bias may affect the degree to which the abortion experiences cited are representative.

2) Related to this problem is the attrition rate of women who are involved in longitudinal abortion research. There are few representative longitudinal studies on the psychological sequelae of abortion (Robbins, 1984), therefore any possible permanent sequelae are not tapped. It is difficult to trace all the women involved in a study over a period of time, and the women who are not traced or who "drop out" of the studies may possess variables that women who remain in the study do not have. This would bias the sample of women in longitudinal studies. This problem was evident in the research undertaken by Besley et al (1977), Freeman et al (1977) and Greer et al (1976).

3) Most studies draw their samples from a single clinic or hospital, and this is the case for most of the studies reviewed in this paper. Samples which are small or drawn from a single setting are in no way representative of all women seeking abortions, and the degree to which results can be generalised is questionable. Research into the effect of the abortion setting on women's abortion experiences is pertinent in South Africa, where women have their abortions in a wide variety of settings, from hospitals to "backstreet" rooms.

4) Replication of studies in different settings and with different populations of women is necessary in order to overcome the problem of generalisability of results. Wilmoth et al (1992) point out that much of the research on abortion is poorly designed, contains no control groups against which psychological sequelae can be measured, and are non-specific with regard to the psychological symptoms indicated. This makes replication of research difficult.

5) There is little agreement about what reactions should be assessed following abortion. The range and of reactions included in studies is broad and there is disagreement among researchers about the severity and prevalence of negative post-abortion reactions (Wilmoth, 1992).

6) Positive and negative responses towards abortion do not always lie on either end of a continuum (Adler, 1975; Bracken et al, 1974). Some studies do not examine the simultaneous ambivalent experience of both positive and negative feelings held by the women involved in abortion. This problem was evident in research done by McAll and Wilson (1987).

2.2 Normative responses to abortion

In 1989 the American Psychological Association commissioned a panel to review the psychological effects of abortion on women. In a summary of the findings, Adler et al (1992) note that first trimester, legal abortions are not likely to be followed by severe psychopathological responses. For the majority of women, abortion is followed by a mixture of emotions, with a predominance of positive feelings such as relief and happiness (Adler, 1975; 1979; Adler et al, 1992; Burnell and Norfleet, 1987; Lemkau, 1988). Reports from those having undergone legal abortions in South Africa have shown that there have been few negative reactions to the abortion experience (Drower, 1977; Drower and Nash, 1978a; 1978b).

Some studies suggests that more positive than negative changes occur in women after abortion. The data obtained by Burnell and Norfleet (1987) from 158 women who had procured legal abortions in Britain show improved outlook on life, increased energy levels, improved interpersonal relations, and decreased feelings of confusion, anxiety and nervousness. Smith (1973) inferred from a study of 125 women who had obtained abortions that the essential crisis ended with the termination of the unwanted pregnancy. In the one or two year follow-up on these women, many of the participants stated that the abortion experience had been source of growth and had allowed them to discover inner-resources that they had not realised that they possessed.

Other studies have indicated the negative effects of the abortion experience, such as depression and anxiety. Most studies have shown that these effects are short-lived and not severe (Adler, 1975 and 1979; David, 1972; Drower and Nash, 1978a and 1978b; Greenglass, 1977; Lemkau, 1988; Major and Cozzarelli, 1992; Smith, 1973). Friedman (1973) indicates that a degree of sadness, guilt, regret and anxiety are normal reactions to stressful situations and are not pathological. Feelings of post-abortion distress may be a continuation of symptoms present prior to the abortion, and more a result of circumstances leading up to the abortion, than as a result of the procedure itself (Dagg, 1991).

McAll and Wilson (1987) argue that psychopathology does arise in women undergoing abortions, due to unresolved grief after abortions that has no social outlet. Leppert and Pahlka (1984) also note that society offers no way of recognising the loss that may be experienced in women who have had abortions, and that grief may be exacerbated by the lack of any socially accepted ritual for mourning.

Severe psychological sequelae to abortion are demonstrated to be rare (Adler et al, 1992; Besley et al, 1977; Burnell and Norfleet, 1987; Dagg, 1991; Drower and Nash, 1978b; Greer et al, 1976).

However, Speckhard and Rue (1992) in a review of American literature, describe and define "post-abortion syndrome", a type of Post-Traumatic Stress Disorder following abortion. This syndrome involves uncontrolled negative re-experiencing of the abortion event, unsuccessful attempts to avoid or deny painful abortion recollections, and negative post-abortion symptoms, such as survivor guilt. The prevalence of this outcome to abortion are unclear (Wilmoth and de Alteriis, 1992).

2.3 Risk factors for negative post-abortion sequelae

It is important to highlight some of the risk factors, noted in the literature, predictive of distress following induced abortion. This serves to place women's negative post-abortion experiences in context.

2.3.1 Demographic variables

Age, marital status and religion seem to affect post-abortion responses. Younger, unmarried women react more negatively towards abortion, and are more likely to delay the decision to abort than older, married women (Adler, 1975; Bracken et al, 1978; Lewis, 1987; Mallory et al, 1972; Miller, 1992; Smith, 1973). This is important as there may be greater detrimental social consequences for teenage parents than for older parents, partly due to the social stigma attached to teenage motherhood (Addelson, 1973; Fischman, 1977; Interdivisional Committee on Adolescent Abortion, 1987; Melton et al, 1987; Smith, 1973).

Fears about family reactions to the pregnancy and abortion, inexperience in contacting professionals, lack of financial independence, and fears about confidentiality may contribute to the indecision experienced by young women in choosing abortion (Interdivisional Committee on Adolescent Abortion, 1987). Age may also reflect differences in psychological development. Adler (1979), Klein (1985) and Friedman (1973) proposed that teenage pregnancy could be a reflection of the psychological conflict between being mothered and being a mother. Teenagers who identify more strongly with being mothered may develop regressive ties with their mothers and let their mothers take charge of the abortion decisions, whereas teenagers who identify more strongly with the mothering role may be able to cope better with the pregnancy.

Research indicates that women with strong religious convictions, particularly Catholics, experience greater guilt, shame and fear of disapproval as a result of their abortions, and feel more ambivalence

in their decision-making about abortion than women with no religious feelings (Bracken et al, 1978; Fischman, 1977; Lackey and Barry, 1973).

Demographic variables are often confounded: For example, age and marital status are generally highly correlated (Adler, 1975).

2.3.2 Psychological variables

The meaning of the pregnancy for the pregnant woman, whether she had any bonding with the foetus, the length of gestation and medical procedure used, her expectations for coping with the abortion, whether she received any form of counselling, and her psychological stability before the abortion are some of the psychological variables found to influence women's abortion experiences.

The circumstances surrounding the conception influence the response to the abortion (Adler, 1992; Major and Cozzarelli, 1992). These circumstances include the degree to which the pregnancy was unwanted, unintended or unplanned and the nature of the relationship in which the conception occurs.

Research indicates that the more desired and meaningful a pregnancy is, and if bonding occurred with the foetus, the greater the likelihood of negative sequelae following the abortion (Adler, 1975; Friedman, 1973; Friedman et al, 1974; Klein, 1985; Leppert and Pahlka, 1984; Major et al, 1985; Marecek, 1987; Smith, 1973). Shusterman (1979) found an association between women's immediate affective response to learning that she was pregnant and her response to the abortion. The conscious and unconscious motivations women may have to fall pregnant, important here, are often omitted in research. This may be due, in part, to the difficulty in objectively ascertaining this information.

Women who blame their pregnancy on their personal characters are significantly more depressed, post-abortion, than women who do not blame themselves (Cozzarelli, 1993). Consistent with the literature on stress and coping (Snyder and Ford, 1987), people who blame events on aspects of their personal characters feel less in control of the events and are less likely to involve themselves actively in bringing about change that would reduce the stress involved.

Research indicates that women who undergo abortion in the first trimester of pregnancy are at lower risk for post-abortion psychological difficulties than second trimester or later abortions (Adler, 1979; Adler et al, 1992). Major and Cozzarelli (1992) note some of the confounding issues that may

predispose these women to negative post-abortion sequelae: these women are often younger, in unstable relationships, may be more conflicted about their abortion decision and have less social support.

Women who expect to cope with the stress of an abortion do cope better than women who do not expect to cope (Friedman et al, 1974; Major et al, 1985). Cozzarelli (1993) found, in her study of 291 women who underwent first trimester abortions in New York, that optimism, perceptions of personal control and high self-esteem were all related to better post-abortion adjustment. Mueller and Major (1989) found that enhancing self-efficacy and raising coping expectations in regular counselling sessions was effective at lowering women's risk for negative symptoms following abortion.

Coping style may also affect women's adjustment to abortion. Major and Cozzarelli (1992) cite a study by Cohen and Roth (1984) which found that women who displayed avoidance and denial prior to the abortion were more likely to suffer post-abortion depression compared with women who had an active coping style (as in talking and thinking through the event). } 2/3
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Lack of psychological stability before an abortion may put women at increased psychiatric risk following an abortion (Besley et al, 1977; Friedman et al, 1974; Major and Cozzarelli, 1992; Shusterman, 1979). Friedman (1973) points out that women with psychiatric histories before pregnancy would find continued pregnancy and abortion equally stressful.

5 } Research has indicated the benefits of pre- and post-abortion counselling in helping women to deal with the abortion experience. Women who experience ambivalence in the pregnancy and have difficulty in the decision-making around the abortion, need counselling which helps them to distinguish the meaning of the pregnancy to them and which facilitates the uncovering of any conscious or unconscious motivations for the pregnancy (Friedman, 1973). Addelson (1973) emphasised the importance of distinguishing the realities of motherhood from meaning attached to the pregnancy.

It is important that women are given the various options for dealing with the pregnancy in a non-coercive and non-judgemental manner, to aid women in reaching and implementing informed and integrated decisions about the pregnancy. Furthermore, women need to take an active role in the decision-making process as this may facilitate their coping with the abortion (Cozzarelli, 1993; Joffe, 1978).

Women may require normalising of their pre- and post-abortion feelings (Adler, 1979; Lemkau, 1988; Marecek, 1987). Women may need to be reassured that their mixed feelings around the abortion are normal, and not a reflection of a poor decision. Women may also need support and understanding in order to help resolve any post-abortion difficulties (Smith, 1973).

5 } Addelson (1973) suggests that counselling offers women the potential for maturation and self-exploration. The crisis aspect of abortion, which brings women into contact with counsellors, may enable some women to confront other pathologies or difficulties that they experience. Counselling may assist women in aiding self-awareness in relationships, improving contraceptive practice and mobilising coping skills (Marecek, 1987; Miller, 1992).

2.3.3 Social variables

The decision to carry a pregnancy to term or to have an abortion is closely linked to the meaning the pregnancy has for the woman involved. For many women the abortion decision is difficult and involves ambivalent feelings. The extent to which having an abortion is a woman's own choice and the degree of support she receives from significant others in this choice, can play an important role in a woman's response to abortion. Studies show that perceived coercion in the decision to abort is likely to make the woman more vulnerable to adverse psychological sequelae (Bracken et al, 1974; Friedman et al, 1974; Melton and Russo, 1987). Women who are satisfied with their choice to have an abortion, and who report little difficulty in making their decision, indicate more positive responses post-abortion (Adler et al, 1992).

Coping with an abortion has shown improvement in the cases where women perceived emotional support from parents, in the case of younger women, or from the partner, in the case of older women (Adler, 1992; Besley et al, 1977; Bracken et al, 1974; Lask, 1975; Major and Cozzarelli, 1992; Payne et al, 1976; Shusterman, 1979). Although support is seen as highly important in affecting women's adjustment to abortion, Major and Cozzarelli (1992) suggest that the presence of negative interaction regarding the abortion is more predictive of poor post-abortion adjustment, than the lack of supportive interaction.

There has been little research undertaken on the psychological affects of denied abortion on women, an issue particularly pertinent in South Africa where abortion is currently permitted on restricted grounds. Drower and Nash (1978b) state that the continuation of unwanted pregnancy is likely to

have greater adverse effects on women than therapeutic abortion. In a study undertaken at a hospital in Cape Town, women who had received legal termination of pregnancy expressed great relief and happiness, compared with women refused abortions, who indicated feelings of guilt and anxiety around the abortion (Drower and Nash, 1978a). Encouraging motherhood through restricted access to abortion may have negative consequences. In Australia, Najman et al (1991) report that mothers of unwanted children have higher rates of anxiety and depression than a comparison group of women who had terminated their unwanted pregnancies.

The attitudes that medical staff hold towards women who undergo abortion is important in how women experience their abortions. In a South African study, Walker (1995) found strong negative responses of medical workers towards patients who underwent abortions. A small sample of medical staff were used in this study and results are therefore not generalisable. The impact of medical staffs' attitudes on the women who undergo abortions is an area needing further investigation.

There is need for further research in South Africa into the psychological impact of limited access to abortion, as well as into the effects of illegal abortions on women. The impact of social stigma attached to abortion and the influence of race and socio-economic class, which are highly politicised and confounding issues, warrant further research.

3. METHODOLOGY

3.1 Theoretical Framework

The theoretical framework used in this research is based on a stress and coping model for dealing with abortion (Adler, 1975 and 1979; Snyder and Ford, 1987). From this perspective, unwanted pregnancy and abortion are seen as potentially stressful life events that pose difficult challenges to the individual woman, but do not necessarily lead to psychopathological outcomes. Rather, a range of possible responses can occur, including both negative and positive outcomes.

“Stress” has been defined as that which emerges from an interaction of the individual with the environment, where the individual appraises the situation as taxing or exceeding personal resources and endangering well-being (Lazarus and Folkman in Snyder and Ford, 1987). A problem with this definition is that it focuses on the external stressor, whereas internal disturbing thoughts or confusion may exacerbate the experience of the stressor. In this study stress is understood in terms of a broad definition which includes both external and internal components. Consequently not only does the external nature of the abortion affect women's experiences, but so too does her personal perception of that experience.

Abortion has a complex position in the stress model. It is a means of coping with an unwanted, unplanned, or unintended pregnancy and it may reduce the stress caused by the pregnancy and the associated events. However, it may simultaneously be experienced as a stressful event in itself. The stress may originate in both external and internal factors. By external factors, what is referred to is the experience of the abortion event itself. This includes the consequences linked to the restrictions of legal abortion, social perceptions of abortion and the woman's circumstances at the time of the pregnancy and abortion. Internal factors which stem from the woman's personal appraisal of her situation and include her belief and value system and the meanings she attributes to her situation. The risk factors for negative post-abortion sequelae reviewed in the previous chapter, such as religiousness, meaningfulness of the pregnancy to the women, lack of support and social stigmatising, would play an important role in the experience of the stress.

Research on the impact of stressful life events has pointed to several variables which mediate or moderate the impact of these events on the individual. These include the degree of perceived of social support, attributions of the cause of the event and the meaning attached to it, and the coping strategies

used for dealing with the stressors (Adler et al, 1992; Major and Cozzarelli, 1992). These aspects are explored in this study in relation to abortion experiences.

The term "coping" applies to a wide range of responses aimed at reducing stress, which includes psychological defences (Snyder and Ford, 1987). Coping methods may or may not be successful and are not necessarily consciously applied, neither are they static, as different coping methods may be used at different times (Snyder and Ford, 1987). Coping with the event of abortion is a complex process involving the woman's internal coping mechanisms and her external support structures. This study examines some of the ways women have coped with the experience of abortion and highlights possible means of assisting women to cope with abortion through clinical counselling.

3.2 Instrument

A semi-structured interview schedule was developed for the purposes of this study. This was loosely followed in the interviews, as a flexible and qualitative method for gathering and analysing data was thought to be appropriate in order to allow participants to share their experiences freely. Face-to-face interviews allowed the interviewer (myself) to get a direct sense of the circumstances and the emotional nature of the abortion situation. Furthermore, support and containment could be offered in situations which warranted it.

The contents of the interview schedule covers a wide range of information based on past research on women's abortion experiences (See Appendix 1). Adler (1979) notes that much of the past research on abortion has tended to focus on only one type of variable in relation to the abortion experience and has often ignored social variables. This research serves as an exploration into the different variables that have been found to affect women's abortion experiences.

The information gathered in the interviews include:

1) Demographic data:

Data on age, occupation, family and religious background were elicited, as well as brief relationship and psychiatric histories.

2) Personal characteristics:

Questions around decision-making ability, coping styles and expectations for coping with the abortion were asked. Personal attitudes towards abortion were considered.

3) Circumstances of the pregnancy:

Age and relationship at the time of the pregnancy, contraceptive use, initial reaction to the pregnancy and bonding with the foetus were assessed.

4) Decision-making around the abortion:

Participants were questioned around their motivations for the pregnancy or termination of pregnancy, about the processes of their decision-making in the abortion decision, and about any significant events or experiences which may have played a major role in their decision. Ambivalence in the decision-making was examined.

5) The abortion procedure:

Participants were asked about their access to abortion and on the process undergone in order to obtain the abortion. Perceptions of the social environment surrounding the abortion procedure were examined. The gestational period at the time of the abortion was elicited.

6) Perceived support:

Perceived support or lack of support received from significant others were considered.

7) Post-abortion experiences:

Participants were asked about any post-abortion difficulties which they felt were linked to the abortion experience. Questions were asked on the effects of the abortion on attitudes towards themselves and towards their partners. Regrets or doubts around their abortions were assessed. Participants were also asked what they might have gained from their experiences.

8) Counselling and support groups:

Past experiences of abortion counselling were elicited, and suggestions were made about the needs that should be addressed by pre- and post-abortion counselling and support groups.

At the end of each interview, participants were thanked for their invaluable contributions to the study. They were asked how they had felt talking about their abortion experiences, and were invited to contribute any additional information which they felt would be relevant to the study or to ask questions about the research. Information was given on counselling options where relevant or requested.

3.3 Participation

For the purposes of this exploratory study, twelve volunteers, who had personally experienced induced abortion in South Africa, were interviewed. Participants were drawn from the University on Cape Town (U.C.T.) campus and consisted of both students and staff. Volunteers responded to

posters situated on the U.C.T. campus and in women's university residences or to an advertisement placed in a university news letter, requesting volunteers for a Master's research study on women's experiences of abortion in South Africa.

All volunteers were accepted who met the criterion of having had one or more deliberate abortions in South Africa, whether legally or illegally performed, and who came forward willingly to offer their assistance in this study.

The university provided a convenient location for drawing volunteers, not only in terms of proximity, but as an educational-research setting, volunteers could come forward and talk about often criminal abortions without fear of possible legal or social repercussions.

Volunteers responded telephonically to requests for participation in this study. The researcher briefly explained that the study was aimed at exploring a broad view of women's experiences of abortion in South Africa, with the specific aim of highlighting needs and experiences from the perspectives of the women involved, and looking at what is needed in pre- and post-abortion counselling. Arrangements were made for private interviews, usually at the researcher's home where a room had been set up for these purposes. In two cases, the interviews took place in the work offices of the respondents and one participant was interviewed in her home. It was seen as important that the interview take place in a setting in which the participant could relax and talk freely, without interruption.

All the women interviewed appeared to be frank in their responses, and many women offered a great deal of background information about their experiences which was not directly requested.

The interviews lasted from between thirty minutes and two hours, with most interviews lasting approximately one hour. Interviews were recorded on a portable tape recorder with the permission of the participants.

3.4 Participants

Details of the participants are summarised in Table 1 and discussed below. In order to protect the privacy of the eleven women interviewed, names are changed and specific demographic details are not included. However, throughout this thesis, stories presented are accurate rather than fictionalised.

TABLE 1. SUMMARY OF PARTICIPANT DETAILS

| NAME | AGE | OCCUPATION | RELIGION | CLASS AND ETHNIC BACKGROUND | ABORTION LEGAL STATUS | TIME SINCE ABORTION |
|-----------------|-----|------------|----------------------|-----------------------------|-----------------------|---------------------|
| Beki | 18 | student | Christian | middle-class African | legal | 2 months |
| Liz | 23 | student | non-practising | middle-class White | illegal | 9 months |
| Nomfundo | 19 | student | born-again Christian | working-class African | legal | 10 months |
| Susan | 20 | student | non-practising | middle-class White | legal | 1 year |
| Mandiswa | 19 | student | non-practising | wealthy African | illegal | 3 years |
| Themba | 24 | student | Christian | working-class African | illegal | 6 years |
| Karen | 43 | academic | non-practising | middle-class White | legal | 3 years |
| Anne | 33 | academic | non-practising | middle-class White | legal | 9 years |
| Mariaan | 39 | academic | non-practising | middle-class White | illegal | 12 years |
| Barbara | 47 | academic | was Catholic | middle-class White | illegal | 18 years |
| Emily | 49 | clerical | was Catholic | lower middle-class. White | illegal | 29 years |
| Ragma | 41 | worker | Moslem | working-class "Coloured" | illegal | 11 years |

1) Age and Occupation

The age range of the participants is between 18 and 49 years. Half the participants are students, the younger of those interviewed, while the rest of the women interviewed are employed by the University of Cape Town (U.C.T.). Most of those interviewed who are employed by U.C.T. are in academic or lectureship positions, although one woman holds a clerical position and another a lower earning or blue-collar position.

The ages of the women at the time of the abortion ranged from between 16 and 40 years. Ten participants were neither married or nor had children at the time of the abortion. One participant had been married, with children, and one woman had previously given a child up for adoption

2) Religion

Many of the women in this study come from religious backgrounds, but are non-practising themselves and religious sentiments did not play a major role in their abortion experiences. Religious sentiments played a role in the abortion decision-making in three cases.

3) Class and Ethnic background

The class and ethnic background of the participants are categorised in Table 1. Socio-economic standing, class and racial classification often overlap due to a complex apartheid history in South Africa. Race and class have historically determined access to abortion (Bradford, 1991a). Some of the implications of this are discussed in section 4.3.

In order to establish class, participants were asked about the socio-economic standing of their families. Across this sample of women, the middle-class is over-represented as volunteers were drawn from university. In addition, more African students of middle-class or above are present than would be in a representative cross section of the population.

4) Abortion legal status

A range of abortion procedures are evident in this study, with five legal abortions under the grounds of danger to the physical or mental health of the women. Seven participants underwent illegal abortions, which ranged from "backstreet", non-professional services, to gynaecological services. Two women procured illegal abortions after being refused legal abortions, and one woman obtained a legal abortion after attempting an unsuccessful illegal abortion.

5) Time since abortion

The period of time that had elapsed since the abortion, at the time of the interview, ranged from 2 months to 29 years. Although not a representative longitudinal study, this does give some reflection of post-abortion sequelae over time.

3.5 Method of Analysis

The twelve interviews, approximately 16 hours of cassette time, were transcribed verbatim. A comprehensive analysis of the wealth of information gathered from the interviews comprised more

material than could be dealt with in this thesis. Rather, issues are presented from the interviews which highlight significant abortion responses and meanings. (Full transcripts are included in Appendix 2. The introductions, gathering of demographic data, terminating appreciation for contributions and referrals to psychological counselling, where relevant, are excluded).

Research findings are discussed according to the usual chronological stages involved in the abortion process. The sections are as follows:

- 1) Circumstances of the pregnancy
- 2) Decision-making around abortion
- 3) Accessing abortion and the abortion procedure
- 4) Post-abortion feelings and reactions
- 5) Treatment ideas: Counselling and Support Groups

The information is analysed thematically, based on the questions asked in the interview schedule. In analysis, commonalities and differences in women's abortion experiences are noted and reasons for this are suggested. Connections are made between different aspects of the material presented, and findings are linked to past abortion research. Circumstances which may be unique to South Africa are examined.

The stories presented are subjective rather than objective truths. As this is a retrospective study in terms of abortion, particular details may have been neglected or "forgotten" by the participants, and time and maturity may have coloured the experience with new understandings or meanings which may not have been part of the initial abortion experience. It is difficult to study these factors the moment they come into play. Nevertheless, the issues raised by the participants are important as they shed light on the kinds of factors which influence memories of the abortion and women's long-term experiences of the event.

A broad range of abortion experiences are evident in the twelve stories presented. As a qualitative study, this research is intended as an exploration into the meanings and experiences of abortion in South Africa as portrayed by a group of women volunteers who have undergone abortions. A case study approach is suitable for obtaining detailed and sensitive information (Hammersley, 1992). Although empirical generalisations are not possible using case study methodology, valid and meaningful results can be obtained (Hammersley, 1992). Furthermore, important research areas may be highlighted for future research, using empirical measures, representative samples and appropriate control groups.

4. RESULTS AND DISCUSSION

Many of the women interviewed in this study had not spoken openly about their abortions before the interview. There is a strong perception of social stigma and shame attached to abortion which has silenced women on the topic of abortion.

The volunteers participated in the study for a variety of reasons. Some women wanted to talk about their experiences and feelings as they had not previously had an opportunity to do so. They looked for some understanding and affirmation of their experiences. Some wished to assist others who may have experienced difficulties similar to their own, and some spoke about the loneliness attached to their decisions and post-abortion feelings, exacerbated by the social stigma attached to abortion in many circles. Other women wished to give their positive perspectives of abortion to this study. Most women displayed a mixture of reactions to their abortion.

This chapter deals with how women have experienced their abortions in South Africa and how they have dealt with the emotions and stresses before and after their abortions. The analysis follows the usual chronology of the abortion experience, from the discovery of the pregnancy, to the decision-making phase, the accessing of abortion, the operation and post-abortion feelings. Finally, the participants' ideas about counselling and support-groups are considered.

4.1 Circumstances of the pregnancy

Becoming pregnant is a complex area of womanhood. It involves sexuality, a relationship, a negotiation of contraceptive practices and set of meanings, decisions and consequences, some of which are beyond the scope of a woman's conscious knowledge. This section looks at the relationships the participants were in at the time of their pregnancies and contraceptive usage within these relationships. Some of the conscious or unconscious reasons why unwanted pregnancy occurs, and women's initial reactions to these pregnancies are examined.

4.1.1 The relationship

The kind of relationship a woman is in at the time she falls pregnant plays an important role for the meaning a pregnancy has for a woman, and in her decision to terminate or continue with a pregnancy (Adler, 1979; Bracken et al, 1974; Major and Cozzarelli, 1992; Smith, 1973). Nine women in this

study did not have close relationships with the men they were involved with at the time they fell pregnant, and this contributed in varying degrees to their decisions to terminate these pregnancies. The relationships ranged from casual affairs in three cases, strained relationships with boyfriends in four cases, a serious affair with a married man, to a woman whose husband was sexually abusing their daughters and foster daughters. The cases described below highlight the extent to which the relationship influences the meaning attached to the pregnancy:

The nature of Ragma's relationship to her husband and the feelings attached to her pregnancy could not be separated from her emotional reactions to the sexual abuse of her children. She was unable to carry to term the product of this relationship with her husband and the associated sexual abuse. Ragma was caught in the complexity of reactions to the discovery of her husband's sexual molestation of her daughter and foster daughters, and to her unwanted pregnancy.

Ragma: In terms of the abortion, I'm not sorry that I did it, but I feel very guilty because my one daughter was two and she's now fourteen and we were now about to be divorced, and him, what he tried to do to the girls was just as if I am the mad person and I believed them. Then when I found I was pregnant that was just the last. I just sat and cried, and what am I going to do with this problem?...^{*} At that time my mind was only focussing on what my husband tried to do and what he will do to his children.

For Anne, the circumstances of the conception symbolised the state of her relationship. Among her reasons for terminating her pregnancy was the fact that she could not reconcile her deteriorating relationship with her conception. The product of a poor relationship was not something that she could consider keeping.

Anne: The circumstances surrounding the conception play a very major role. For any woman who conceives unwillingly, against her will, through abuse, through rape, through just not having a say on whether or not she has sex. I think in many circumstances women don't. You know I have a suspicion that when I conceived the child I aborted, the relationship was so bad by then, I am sure at the back of my mind that the night it was conceived was a night that I just did not want to be having sex, but I went along with it. I didn't want intercourse that night and I don't want this child.

Nomfundo had an association between her own experience of sexual abuse by her step-father and the fear of future abuse of her own child. In the relationship in which Nomfundo fell pregnant, it was clear to her that her partner would not be a good father to the child. In considering the options available to her in order to deal with the unwanted pregnancy, Nomfundo thought about her own sexual abuse and the risks of an abusive father or step-father for her child.

Nomfundo: I've lived with my step-pa too and I was experiencing, he used to sexually molest me. I was sure that when I get a child I'm going to be with that child from the day him or her is born and if

^{*} A section omitted from the interview is indicated by "..."

I'm going to be a single parent then no step-father or step-parent, and I was thinking, the lady told me I got three choices, to have the child, to give it up for adoption, and have the abortion. And it was always when I had the child to give it up for adoption because my mom couldn't afford, I mean, she's working and it would be bad so I thought that adoption, I couldn't stand the thought of it so I thought why my baby if it had to go through the same thing I went through.

The stories of Anne, Ragma and Nomfundo indicate an association between abortion and sexual abuse. Their reasons for choosing abortion as a way of dealing with their unwanted pregnancies were influenced by their sexually abusive experiences, even if these experiences did not occur within the relationships in which the women fell pregnant, as in the case of Nomfundo above. In addition, two other participants volunteered information about their rape experiences as adolescents. Although these incidents did not directly lead to the unwanted pregnancies and abortions, they were spoken about in the context of their abortion experiences. This emphasises an association between experiences of rape, incest and sexual abuse and the meaning attached to the pregnancy, as well as the decision-making about terminating a pregnancy or carrying to term. There may be different reasons why sexually abusive experiences are linked to the abortion experience. Not only on a physical level may the relationship be experienced as abusive and lead the product of that relationship to symbolise, as a physical reminder, the nature of the relationship or the sexually abusive experience, but on an emotional level unwanted pregnancy, abortion and sexually abusive experiences may all suggest feelings of being demoralised and a sense of powerlessness for the women involved. Although not in the scope of this study, this complex dynamic warrants further exploration. Furthermore, experiences of sexual abuse may also impact on the decision-making around other means of dealing with unwanted pregnancy, such as the decision to have a child adopted.

A prevalent theme within the relationships of the twelve women interviewed, is an assumption that the responsibility for maintaining the child rests on the woman, and for various reasons, she feels unable to shoulder this responsibility. This automatic assumption of responsibility for parenthood by women relinquishes much of this responsibility from men, and perpetuates the responsibility of unwanted pregnancy to the women. This complex issue is discussed in greater detail in Ussher (1989) and Woodhouse (1982). The following extract highlights the extent that some men may abdicate the responsibility for the unwanted pregnancy, leaving the woman solely responsible for the difficult decision about how to deal with the unwanted pregnancy.

Beki had been involved with her boyfriend for five months before she developed a sexual relationship with him, and soon afterwards fell pregnant. Her boyfriend denied his share of responsibility in the pregnancy.

Beki: When I told him, the very first day that I found out I was pregnant, I went to him, he said "How could I do this?". I thought, what does this mean? I didn't do this to myself.

In some circumstances the man may want to share the responsibility for the pregnancy, yet the physical immediacy of the predicament of unwanted pregnancy may cause the woman not to recognise the man's involvement in the pregnancy. Perhaps because men do not have to physically bear the pregnancy, women seem to take the physical and emotional responsibility of the pregnancy upon themselves. Mariaan had a steady and close relationship with her boyfriend at the time of the pregnancy, yet she had difficulty allowing him to express the meanings he attached to the pregnancy. She was entangled in the immediate stress of her personal predicament and was unable to recognise his feelings. It is only through the recognition that he too had needs and responsibilities with regard to the pregnancy, and by talking this through with her partner, that Mariaan was able to learn and grow within her relationship.

Mariaan: I was so stressed by the fact that I was pregnant and I didn't want to be pregnant, that I wasn't able to deal with his emotions in that situation. The focus was so strongly on my stress and we never really dealt with what did he think, what did he feel. I treated it as though it was only my problem, alone and not as a shared thing. That was a very important lesson for our relationship, to work with, and the second time when I again thought that I was pregnant, again I didn't want to be pregnant, we were just able to deal with it in a completely different manner. We were able to talk about what it meant, how both of us felt about having a child.

A common desire across most of the participants was to have the perfect circumstances in order to continue with the pregnancy. This study did not investigate the range of circumstances that are seen as suitable for child-rearing or what may influence these perceptions. What is evident in this study is the importance of a secure and supportive relationship.

Karen: I love children but not unless one can have the perfect environment, or perfect as possible... If it was my lover's child then I would have had it, perfect circumstances be damned.

Susan: I think if it had been my boyfriend's child I would have had it (the child); I would have made a different decision. The fact that it was this guy who I had no emotional connection with and no desire to have an emotional connection with him. It was sex; it wasn't love. The way I think about it is that if the child is conceived in the right circumstances with the right emotion, it has a lot more backing, and this wasn't. It was just a product of this act. There was nothing redeemable about how it had happened and there would be nothing redeemable about having the child.

Both Karen and Susan acknowledge the importance of having emotional support with a relationship, and the bearing this has on the decision to have a child. In the cases of Susan and Karen, they are unable to rely on the support or availability of a partner because neither is emotionally attached to their sexual partners.

Past research on abortion suggests that supportive partners may act as an ameliorating factor in women's abortion experiences (Bracken et al, 1974; Shusterman, 1979). Although the degree of perceived support is only one aspect of the abortion process, and one also needs to investigate the interaction of personal variables with the social milieu, the effect of the relationship on the woman's abortion experiences cannot be seen in a uni-dimensional light. A supportive partner may act as both a source of support or a stressor for women in the abortion decision. For a woman in a close relationship with a supportive, loving partner, there may be more emotional conflict and ambivalence in making and carrying through the decision to destroy the product of that relationship. This is supported by research undertaken by Robbins (1984) who suggests that unmarried women in stronger relationships may have more difficulty adjusting to their abortions than women who have weak relationships with their partners. In his study, the attachment to the male partner does not alleviate any negative feelings a woman may experience due to her abortion, but may exacerbate her negative post-abortion feelings. In this study, the case of Liz highlights some of the ambivalent feelings linked to having an abortion within an emotionally close relationship:

Liz had an unwanted pregnancy at the age of 21 while she was in a casual relationship. She carried this child to term and had the child adopted. Nine months before the interview she had another unplanned, although not unwanted pregnancy. She terminated this pregnancy due to reasons other than the relationship. Here Liz talks about the emotional difficulty linked to the decision to terminate the product of her close relationship with her partner.

Ursula: Liz you are in a very interesting position because you've had the experience of giving a child up for adoption and also experienced an abortion. How would you weigh them up in terms of emotional difficulty?

Liz: The abortion was much more emotionally difficult because I wanted it (the child). The other one I didn't really want because I didn't love the guy...

Ursula: How was it different that this time you decided to have an abortion and at that time you decided to give the child up for adoption?

Liz: ... Of course I am going to keep it because this, I mean it's something created out of us two, it's something special. I wouldn't be able to.

Ursula: So the first one didn't feel like something special so you were able to give it away and

Liz: Ja because you didn't care about the guy so it meant nothing, but this person was very very special to me.

Ursula: That must have made the abortion much more difficult too.

Liz: Ja.

This emphasises the emotional difficulty a woman may have in terminating an unplanned pregnancy in a close relationship. An important issue highlighted by Liz's case, is the effect of a close relationship on the decision to terminate a pregnancy or give the child up for adoption. What is suggested here is that it may be easier to terminate the product of a close relationship than to continue with the pregnancy and give the child up for adoption. This aspect warrants further research.

4.1.2 Contraception

Among the twelve women in this study, seven women experienced contraceptive failure. Contraception is not infallible and contraceptive failure may add to the shock of an unwanted pregnancy. Five women either used contraception ineffectively or did not use contraception.

Contraceptive practice in South Africa has particular political imperatives. On a broader level this relates to the historical regulation of family planning services by the State, and on an interpersonal level, to the patriarchal dynamics played out. A full discussion on the politics of contraceptive practice in South Africa is not in the scope of this study. For a broad discussion see Bradford (1991a and 1994), Klugman (1990) and Lewis and Salo (1993). Klugman (1990) argues that in South Africa the Nationalist government's provision of contraception was aimed primarily at reducing the high Black population in relation to the White population. It is difficult to estimate the current effect of these past State policies, as the State family planning services are under appraisal with change of government.

Responsibility for contraception often lies with the woman, partly due to the availability of contraceptives which are designed for women, such as hormonal pills or the diaphragm. Perhaps with education around the spreading of AIDS and availability of free condoms, more use is made of male contraceptives. However, men may be haphazard or flippant about contraceptive use because it is easier for men to take a non-active stance towards contraception. Ultimately it is the woman who runs the risk of pregnancy.

Karen notes the assumption men may have, that women are taking care of contraception and therefore not take any responsibility themselves.

Karen: I've always said I'm the one who's going to get pregnant so preventing it I'm going to make my responsibility. I have been thinking of all the many lovers I've had, only three ever asked whether I'm protected or offered to use a condom. I should take responsibility, yes, but they should check that I am taking responsibility as part of their responsibility. They just assume. They should ask.

Research by Miles (1995) suggests that disregard for contraception is prevalent among men. In her study on masculinity, sexual negotiation and AIDS, she proposes that the use of condoms is avoided because it threatens the masculine image of potency and is seen to disturb the sexual mood.

It has been suggested that African men particularly are antagonistic towards contraceptive use by women, as it challenges their control over women, giving women the freedom to sleep with whom they choose, when they choose (Bradford, 1991b; Klugman, 1990). However, these discussions do not elucidate the full effects of socio-economic class on contraceptive practice. In South Africa there has been a strong overlap in race and class, with African people dominating the lower socio-economic classes. With a societal change in which class and race become less overlapping, the effects of race and socio-economic class on contraceptive practice and abortion can be investigated more precisely.

In this study two African women had experience of men not taking responsibility for contraception, even when it was clear that the woman was not protected.

Ursula: Did you use contraception?

Nomfundo: Before like. I didn't use any contraception. I use a condom so that day we didn't...

Themba: I used the injection when I was first going out with him, then I stopped because we started using condoms. I was hearing all this stuff about AIDS and everything. We started using condoms and sometimes he just plain refused.

It is interesting to note that in the negotiation of contraception within the relationships, these women are caught up in the contradiction between taking responsibility for contraception for themselves, and not challenging their male partners for lack of contraceptive use. This suggests that the power relations of contraceptive practice, particularly within African societies, may disempower the women, as men are given the ultimate say over contraceptive use.

4.1.3 Reasons for falling pregnant

There are a range of conscious and unconscious reasons why women fall pregnant. Some are more conscious than others; some reasons are realised in retrospect and act as a source of growth and personal understanding for the women involved; and some are deeply embedded in the unconscious and are acted out in different ways. Many of the reasons why women have unwanted pregnancies involve exposing the contradictions within these women's lives, which may be difficult to face. The reasons are not always clear and in this study it is not appropriate or possible to investigate the depth of some of the unconscious motivations for the pregnancy. This section looks briefly at some of the more apparent reasons why the women in this study may have fallen pregnant.

Karen and Anne are able to acknowledge retrospectively their motivations for testing their fertility. Feeling infertile is at odds with society's image of womanhood, in which motherhood is seen as the true purpose of womanhood (Ussher, 1989; Walker, 1995).

Karen: I was on the pill and had been taking a pill break and I had just gone back onto it and because I wasn't into the cycle of having the pill every night, I skipped a couple of days without realising it... I had always wondered if I was, I had been feeling very barren I guess, empty not having children and I guess it was just a test subconsciously. I could buy that. I didn't think about it, but I suppressed taking the pill, it could be that I was playing a game with myself. I thought I'm forty, I've had chemotherapy, I've been on the pill for twenty years and I'm probably sterile.

Anne: It was very encouraging for me as an anorexic to discover that I could conceive, that I actually was fertile.

For Mandiswa, the pregnancy might have come from a need to break from her position as "good-girl" in the family. She comes from a wealthy African family who have high expectations of her and emphasise achievement. Her pregnancy may have been an expression of her inability to cope with those expectations at that stage and a means of punishing her parents for placing those expectations upon her.

Mandiswa: That was in Std 9 and I had everything going for me. Every school has to have it's golden girl and going for Head Girl

For other women, becoming pregnant may be a unconscious attempt to secure a failing or insecure relationship.

Ursula: What kind of relationship were you in when you found out you were pregnant?

Themba: I had a boyfriend.

Ursula: Were you close?

Themba: No it was on my side more. I was the one who just did everything to keep him. I was just one of the many people he was seeing.

Barbara: We were together for a long time. We were going to get married but he could never make up his mind and then I had to come off the pill because I had an abnormal pap-smear done and I was taken off the pill. Then he decided to go back to Australia and that was it... So he came off the ship for the weekend and then in that time it was wonderful and I'm sure that the child was conceived then, and then suddenly he decided to get back on the ship, and the ship left and then three weeks later I realised I was pregnant and I phoned him and he just, he already had an illegitimate child in London and he just wasn't interested, so it was a complete disaster.

Most of the reasons for the pregnancy are interwoven with self-perspectives and belief systems, and the influences of upbringing and childhood. Barbara (above) comes from an emotionally deprived Catholic background and her pregnancy, as well as the relationship she entered into, may be an expression of her poor self-image, her lack of self-esteem and her need for securing love and affection.

Four women in this study have come from dysfunctional or unstable backgrounds. There is a need for further depth work into the links between unwanted pregnancy and the emotional background of women who have unwanted pregnancies.

4.1.4 Reactions to the pregnancy

The reactions of women on learning of the pregnancy vary, depending on the meanings attached to the pregnancy and women's circumstances. In this study the most common response to learning about the pregnancy was shock. This was experienced by seven of the twelve participants.

Anne: My immediate reaction to the pregnancy was total devastating shock.

For some women the feeling of shock was so overwhelming that they repressed their emotional responses.

Mandiswa: We went on as if nothing happened, like if you ignore it, it'll go away.

This is a dangerous trap as women may initially deny the reality of the pregnancy and therefore delay the decision-making about the abortion until the signs of the pregnancy are more physically overt, as in the second or third trimester of pregnancy. Abortions after the first trimester are more physically dangerous, prolonged and painful (Adler et al, 1992) and emotionally more difficult to cope with (Mallory et al, 1979). A greater physical presence of a growing child may mean that there is a greater sense of loss at the termination of the pregnancy. Mandiswa terminated her pregnancy at five months and experienced a profound sense of loss after her abortion. Furthermore, women who display a high degree of avoidance or denial prior to an abortion usually exhibit more depression after the abortion than women who do not indicate denial (Major and Cozzarelli, 1992). The emotional effects of denial of the pregnancy leading to late abortions (abortions after the first trimester) are discussed in section 4.4.

Being pregnant without choosing to be can make women feel a lack of control over their bodies. This may re-voke feelings of powerlessness that have been experienced before, either as children or as women. Emily (below) is from an unstable, broken home and has felt inadequate and undermined in many of her relationships. She fell pregnant at the age of twenty while involved with a married man. Here she describes her sense of powerlessness over her future and her feelings of lack of control, symbolised through feeling invaded by an alien object.

Emily: I couldn't cope with it. I didn't know it was possible to get an abortion at all, so I pretty much worked out how I was going to go out because I wouldn't live with it. That was terrifying. It was the worst experience I've ever had, the horror of finding that everything that you weren't going to do was suddenly happening... I did not want an alien object growing inside me over which I had no control. That was much too frightening.

Feeling out of control of one's body may manifest itself in anger towards one's self. Women may blame themselves for falling pregnant. This may be exacerbated by an expectation that the woman is responsible for contraception and it is an indication of her failure when she falls pregnant. Two women in this study reacted with anger towards themselves when they found out they were pregnant.

Beki talks about her response of anger and shock to the news of her pregnancy. This was directed solely towards herself. She felt lack of control due to contraceptive failure of the condom she and her partner were using. As previously noted, her partner took little responsibility for his role in the unwanted pregnancy.

Ursula: What was your initial reaction to that news (of your pregnancy)?

Beki: Oh, I was angry, not with anybody else but myself. I couldn't talk; I was shaking; I couldn't say a thing.

One of the difficult feelings to come to terms with may be that of happiness about the pregnancy, while at the same time knowing that one does not want, or cannot have a child at that time. Past research has found an association between a woman's immediate affective response to learning about her pregnancy and her post-abortion sequelae. Women who respond positively to the news of their pregnancy tend to have greater ambivalence in their abortion decisions and suffer from greater negative post-abortion sequelae (Shusterman, 1979).

In this study three women reacted with positive responses to learning about their pregnancies, indicating greater meaningfulness of their pregnancies. This led to dilemmas in the abortion decision-making and feelings of uncertainty after the abortion. (The effects of a positive response to the pregnancy on post-abortion sequelae are discussed in section 4.4.2)

Nomfundo: But first it was a good feeling you know. It's such a good feeling like you've got a life inside of you. I know I was in the shower and I feel like shouting "I'm pregnant, I'm pregnant".

The meaning attached to the pregnancy, and the underlying reasons for the pregnancy occurring, are reflected in the response to the pregnancy closely and affect the decision-making around the abortion. This is discussed in the following section.

4.2 Decision-making around abortion

Deciding to have an abortion is rarely an easy process as it is a non-reversible decision that affects many areas of a woman's life and many contradictory feelings may come into play. In the decision-making process about whether one wants or is able to have a child at that particular point in time, a woman may question her relationship with her partner, her family values and her future. She may have to re-evaluate her career, financial and emotional stability, and her feelings about motherhood. For all of the women in this study, there were a combination of reasons why the decision was made to terminate the pregnancy.

The following extract from Anne highlights the range of reasons women may have to end an unwanted pregnancy. Despite this, there may be some ambivalence in the abortion decision.

Anne: I was 23. I was in the middle of my Masters. I was single. I didn't have a good relationship with the guy involved. I lived in a little flat. I was basically penniless and I was good at (sport). It was just the worst thing that could have happened. I was very young and just couldn't have gone through with it and I don't regret it. I don't speak about it, but I'm not ashamed of it... I would have regretted my life every day if I were to keep the baby. I wouldn't have gotten the qualifications, I wouldn't have gotten the life that I have. I don't know what would have happened, but I certainly wouldn't be here doing what I enjoy doing... Part of me wanted to keep this thing because I was just so amazed that I had conceived, but logically and sensibly I couldn't carry on.

Most of the women in this study did not consider the options of either keeping the child or giving the child up for adoption. Those that did found these options unrealistic, and reasons to terminate their pregnancies outweighed their decisions to carry their pregnancies to term.

Two major factors in the decision-making around abortion are highlighted in this section: firstly, the reasons used in the decision, and secondly, the degree of personal responsibility in the decision-making process. The latter factor takes into account the level of perceived support and coercion in the decision-making.

4.2.1 Reasons used in the abortion decision

Six major reasons emerged as important in the abortion decision, namely the nature of the relationship, financial position, career and future prospects, feelings of being emotionally unprepared at that point, fears about disappointing the family, and reasons linked closely to childhood and family background. Although all the participants had numerous reasons that together informed the decision to terminate the pregnancy, these factors are better clarified individually.

1) The relationship

The kind of relationship a woman is in at the time of her pregnancy plays an important role in her decision to terminate or continue with the pregnancy. Fischman (1977) found in her study of 229 women, the 34 % of women who decided on abortion had unstable relationships with their partners, whereas the 66 % who continued with their pregnancies tended to have more emotionally supportive partners and stable relationships. Her study did not specifically outline what determined a stable or unstable relationship.

Poor relationships (discussed in section 4.1.1) contributed to the decisions to terminate the pregnancies for nine of the twelve women interviewed in this study, suggesting that the relationship a woman is in at the time of the pregnancy is a primary factor in her decision to choose abortion.

Some of the women recognised that a supportive partner would relieve some of the stresses and responsibilities linked to having children.

Anne: I would just not have managed nine years ago as a single parent.

The stigma attached to single parenthood played a role in the decision-making for one women in this study. In Barbara's case the abortion was performed eighteen years ago and the attitudes towards single parenthood may have been harsher then than they are today. This is an aspect which would need further research.

For Barbara, the threat of social stigma linked to single-parenthood is brought into her family and used as a means of pressurising her into having an abortion.

Barbara: In those days there was no maternity leave or anything. In 1977 it was just not done to have a child without a husband.

Ursula: So there was a lot of stigma around having an illegitimate child.

Barbara: Ja, my mother said it would kill my father and that nonsense.

2) Financial position

In South Africa maternity benefits are not guaranteed to pregnant women and the State provides little assistance for single parents (Klugman, 1990). In this study, financial difficulty formed part of the decision-making in ten participants, regardless of socio-economic status. For a woman with no

financial support by a partner or little State assistance, it may be very difficult practically for her to keep the child.

Ragma, who already had four children, felt that she could not afford to have another child. She had just divorced her husband who was sexually abusing their daughters and gained employment, becoming financially independent, when she found out that she was pregnant. State provided unemployment benefits would not support her family and a new baby.

Ragma: I just can't afford this baby. I just started this job and I can't give up this job. I've got other children. I need to maintain them... Unemployment is not even enough to cover the board money.

An aspect needing further investigation is what would constitute acceptable financial means in order to maintain the child. Personal expectations for the children would play a role in this. The issue of State provision for mothers without financial means is yet to be addressed.

3) Career and future prospects

Career and future prospects formed an important part of the abortion decision for eight women in this study. As the participants were gathered through a university environment, many of the women who had abortions have aspiring careers which would have been thwarted if they had had to support a child. It is likely that reasons relating to career and future prospects are more highly represented than would be in a representative cross section of the population of women who undergo abortions.

For women from working-class backgrounds, the possibility of losing bursaries and the chance to study at university play a major role in the decision.

Nomfundo: It was like BOOM you know. That was the only time I cried during that time. Like it was, the reality of it all was coming to me. I was thinking of my studies, I was sponsored by a company. I would lose my sponsorship.

Of the four women who did not mention career as a reason for choosing abortion, one woman had not considered university study at the time of her abortion, two women are working in non-academic posts at U.C.T. and one underwent an abortion at the age of forty when she was already financially secure in her work position.

Fulfilment through career as part of the decision-making around abortion may also be a more recent phenomenon for women. The four women who did not mention career options as part of their abortion decisions had their abortions 6, 11, 18 and 29 years ago respectively. The influences of feminism and the opening up of employment positions to more women, as well as the role of economic necessity need to be assessed in future research.

4) Lack of emotional preparedness

Most of the women interviewed in this study felt, to some degree, a lack of preparedness to take on the responsibilities linked to raising a child at that point in their lives. In retrospect, some of the women interviewed could recount their lack of emotional maturity at the time of their abortions and their inability to cope then with the responsibilities of child-rearing.

Anne: I think I would maybe have ended up killing myself in desperation because it is just enormously taxing, ten years later with all the emotional maturity I have to cope.

5) Disappointing the family

Four women in this study felt that having a child would disappoint or shame the family in some way. This involved not wanting to have the first child in the family because of not being the oldest daughter, as in the case of Themba; Barbara's family pressure against single-parenthood, and not being allowed to be a teenage parent because the parents have high expectations of their daughter, as was the case with Mandiswa.

Beki expressed fears of disappointing her father because of potentially losing the opportunity to study at university:

Ursula: So was there a major thing that finally made up your mind to have the abortion?

Beki: Ja. The first thing that I thought of was my parents. If my parents, knowing that it wouldn't have been a problem, I would have kept that child without even worrying how the father feels.

Ursula: Were you worried about disappointing them?

Beki: Disappointing my father, yes... The only thing that he is interested in is that we study. That's all.

Women in this position may be in a double-bind. Not only may having a child be shaming to the family, but abortion too may be unacceptable to them. Consistent with findings by Bracken et al

(1978), most of the women in this study did not tell their families about their pregnancies or abortions because of fears of their disapproval.

Beki: Nobody in my family knew I was pregnant. Nobody knows I had an abortion.

Ursula: What are you afraid that they might think if you told them?

Beki: I don't even want to think about that. They wouldn't understand.

This emphasises the social stigma attached to unwanted pregnancy and abortion, which may lead to women feeling isolated and unsupported in their abortion decisions and experiences. Potential opposition to the abortion decision may be managed by not telling those likely to oppose the abortion decision.

6) Childhood and Family Background

One's childhood and family background affect all women in their ideas about motherhood. This affects women in their abortion decisions, although not always on a conscious level. The three women in this study that reported a belief that childhood experiences influenced their abortion decision-making are older (between 39 and 49 years of age) and had their abortions between 12 and 29 years ago. They have therefore had time to reflect on their past circumstances and come to some understanding of their family dynamics. These women all came from dysfunctional or unstable families and fears about repeating the kind of mothering that they received were a part of their decisions not to want children.

Ursula: Do you have any children?

Emily: No. It'll explain why I had an abortion. Because of growing up with the concept that one was very ugly because one's parents didn't want one, you know, one's mother was never there and my dad really wasn't interested. Then at boarding school I was left even through holidays and things, I was the only child there so I thought that it must be because one was so ugly, so I knew right from that stage that I would never have a child because it would look like me and it wouldn't have a chance in the world. So when I was a little girl already I had decided not to have children... I can see retrospectively that I would have been a terrible mother. It would have been unfair for me to have brought up a child at any stage, just because of my background. Psychology has shown me how the child would have turned out just as traumatised as I was. I'm sure it would have because my mother is a product of her background and I ended up very much a product of mine.

Emily did not want to re-introduce the pain from her life into the life of a child. She was afraid of repeating her mother's treatment of her on her own child and she did not want to be responsible for

that. Emily therefore felt that the abortion was a responsible decision for her to make. It was a decision she made because of very personal reasons rather than due to external pressures.

4.2.2 Responsibility in decision-making process

In this section some of the external pressures that may influence women in their decision-making are briefly examined.

Choosing abortion is seldom an easy decision as there are many factors that need consideration. Some of these are external circumstances, such as financial position, career prospects and social stigma, while other reasons may be more internally based, such as feelings of being emotionally unprepared, and reasons linked closely to childhood and family background. Internal and external reasons are not necessarily distinct from each other and some reasons are difficult to classify as either internally or externally based. For example, religious doctrine may incorporate an external pressure in the abortion decision through moral imperatives as well as internal meanings and values for the woman involved.

It is important to discern whether women are acting for themselves in their decisions, or whether they are acting because of external factors or due the influence of others. The literature reviewed finds women who are satisfied with their abortion decisions and who make their decisions freely, without coercion from others, have coped well with their abortions and have generally not suffered negative post-abortion outcomes (Adler et al, 1992; Bracken et al, 1978; Melton and Russo, 1987). However, if the abortion is made purely from external pressures and not from decision-making that takes the woman's personal views and beliefs into consideration, post-abortion outcomes may include regret about the abortion decision. Bracken et al (1974) talks about the quality of the decision. Decisions made of high quality, in which a realistic appraisal of the woman's situation takes place and possible post-abortion reactions are explored, may lead to less post-abortion guilt, regret or depression than decisions of lower quality decisions in which possible post-abortion reactions are not explored.

The findings in this study are consistent with past research. Women who chose abortion based on a careful appraisal of their situations taking into account their personal beliefs and attitudes felt better about their abortion decisions and suffered less negative post-abortion sequelae than women who felt pressurised by circumstances to choose abortion, against their personal beliefs.

The following two cases show a situation where the woman has acted primarily for herself in her decision to have an abortion and has suffered few negative post-abortion sequelae, and a situation in

which the woman acted due to external pressures, against her beliefs, and suffered post-abortion guilt, shame and depression.

Emily had an illegal abortion through a doctor 29 years ago at the age of 20. Her reasons for choosing abortion were largely internally based, mainly due to her family background and her upbringing (discussed in 4.2.1 above). External factors included the fact that her partner, a married man, was not in the position to support her emotionally with the upbringing of a child and financially she could not afford a child. Emily also felt that she was not emotionally prepared herself to have children. Despite her Catholic religious beliefs, Emily decided that abortion was the only option for her. In her retrospective account, she never regretted her decision to have an abortion as she felt that she made a responsible decision and acted in her own best interests. She assessed her situation and decided on to choose abortion because of personal reasons and not only because of external circumstances.

Emily: I would have taken damnation before I had a child, that's how sure I was that it was the wrong thing for me, so I was prepared to risk it... After the abortion I became very actively for abortion because I realised for me it looked like nobody could make that decision for you. You do it yourself and it's really an infringement on your personal area for anyone to say whether you should have the child or shouldn't...

Ursula: Did you expect to cope with the abortion?

Emily: I was so hysterical being pregnant that when it was over it was like I was alive again. There was no trauma at all. It was like I could breath again. I didn't have to die. In my case it was really such relief.

Themba had an illegal abortion through a gynaecologist six years ago at the age of 18. She had an abortion because her relationship with her boyfriend was strained and he would not have supported her financially or emotionally if she had had the child. She also did not want to be the first in her family to have a child when she was not the oldest daughter. These external pressures influenced Themba in her decision, rather than a decision based on personal reasons. Because of her ambivalence in the decision-making, Themba did not actively make the decision to have an abortion herself, but deferred this responsibility to the gynaecologist who assessed her situation. Furthermore, she thought that women who had unwanted pregnancies were "stupid" and that abortion was an "immoral" way of dealing with unwanted pregnancy. Her abortion decision was therefore in conflict with her person values and beliefs. After the abortion she suffered from feelings of guilt and shame.

Themba: I don't think I ever made the decision to have an abortion it was just one of those things that you just go along and see what happens...

Ursula: How did you come to the final decision to go ahead with the abortion?

Themba: I just went along with the doctor. I thought that if he could do it then I would but I wouldn't do backstreet things.

Ursula: It sound like you weren't that set in your decision.

Themba: No. It wasn't a firm decision. I would ask people hypothetical things like I'd ask my aunt what made her decide to have an abortion and she told me her reasons that sometimes you just not ready to have a child. And I asked her what she would think if I had a child and she said that I would be very stupid, especially with my boyfriend you know. I mean everybody knew about my boyfriend.

Ursula: So you obviously had some doubts about what to do.

Themba: Ja, like if I shouldn't keep it. I wasn't so sure if I wanted to have the abortion in the first place. The thing is I have an older sister and she hadn't had a baby and I didn't want to be the first one to have a baby at home. At the same time I would think why couldn't this work out. So I thought what if I never have children again? Maybe it would have been a relief not to have a child later because I felt like I deserved something really bad to happen to me.

Ursula: Why did you think that?

Themba: I knew I had done something really horrible to happen to me. I would even think that maybe if I had a child it would die later or whatever to make me feel what I had done.

Women who make their own decisions through considering their personal circumstances may feel a greater sense of control over their situations than women who let others decide for them. According to the coping and stress model presented by Snyder and Ford (1987), feeling in control of a situation is more likely to foster an active approach in dealing with a stress, and people who act on a stressor are more likely to cope with that stressor than people who take a passive stance and do not act. Women who take an active stance in their decision-making around abortion and who feel a greater sense of control and responsibility over their choice of abortion may therefore cope better with the stress of unwanted pregnancy and abortion than women who let others decide for them or who are swayed by the emotional pressure of significant others to undergo abortion and do not feel in control of their circumstances.

Not taking an active decision around the abortion in some cases may involve an attempt to defer the responsibility of the decision-making to somebody else. This is possibly a means of coping with any ambivalence involved in the decision-making process. By deferring the responsibility to someone else, possible conflicts or moral concerns are made the responsibility of somebody else. Two women in this study wanted their partners to take some of the responsibility for the abortion decision. This may have been an unconscious means of deferring a part of the responsibility and the ambivalence involved in the decision-making, to their partners.

Beki: He never convinced me that I was wrong or anything. He just said "Fine".

Anne: Never once did he suggest that I keep it, that he keep it, that we put it up for adoption.

The above extracts reiterate the perception that men seldom take responsibility for the unwanted pregnancy. Women appear to carry most of the responsibility in the abortion decision and seem to

receive little support from their partners with the ambivalent feelings they might experience in their abortion decision.

4.3 Accessing abortion and the abortion operation

The procedure a woman undergoes in order to obtain an abortion is a major part of the abortion experience. In this study, five volunteers had legal abortions and seven underwent illegal abortions. One woman gained a legal abortion after a failed attempted illegal abortion, and two women procured illegal abortions after being denied legal abortions. This section discusses the procedures undergone in order to obtain the legal and illegal abortions and the abortion operations.

4.3.1 Legal abortion

The legal provisions for permitting abortion in South Africa have been outlined in Chapter 1 (or see Appendix 3). Of the five women who underwent legal abortions in this study, one was granted abortion on medical grounds and four women were granted abortions on the grounds that continued pregnancy would have endangered their mental health.

The racial discrimination apparent in the provision of legal abortion has been discussed previously in this thesis. Past research has found that African women have historically had difficulty accessing legal abortion in South Africa (Bradford, 1991a; Hansson and Russell, 1993; Walker, 1995). However, in this study two of the four African volunteers procured legal abortions without apparent racial discrimination. These women are university students and had access to medical resources and advice so that they were aware of their option to apply for legal abortion. This is not the position of most of the African women in this country (Hansson and Russell, 1993). Both these women had their abortions within 1995. This could suggest that with the change in government, racially discriminatory abortion provision is not as prevalent as it once was.

Certain common issues were raised by the women granted legal abortions, namely, the complicated and time-consuming procedure entailed in procuring an abortion, the effort involved on the part of the woman in order to obtain the abortion and the fact that the decision to grant the abortion is made by the hospital staff. Women were also asked about the kind of treatment they received from the staff involved in providing the abortions. These elements form part of the complexity of women's abortion

experiences and the divisions between the processes involved in obtaining the abortion are not always clear. For the purposes of analysis in this study, the issues highlighted above are dealt with separately.

1) The complicated procedure

Obtaining an abortion on legal grounds seems to involve a complicated, bureaucratic procedure. A variety of medical tests have to be taken and interviews are conducted with different staff members of the hospital involved. As four of the five legal abortions granted were given on the grounds of continued pregnancy endangering mental health, interviews were held with social workers and psychiatrists. The following accounts explain the time-consuming procedure undergone in order to obtain an abortion:

Beki: The doctor assessed my situation and he wrote me a letter to take to Groote Schuur, so I went there and then firstly I saw a gynaecologist. The first day I went, I found out that I was pregnant when I was only three weeks pregnant, so I went there in my fourth week. The doctor did a urine test and said it was negative. I didn't get excited, I just said that there must be a mistake or something. He send me off to have a blood test and I was supposed to get the results after a week. When I went there after a week my results were not there. My blood wasn't there. I had to do another one, so I did another one and they took my blood and I came back and told my doctor. So he called them, as soon as they get the results back from the lab they must call him. So they called him and they asked me to go back again the following day. I went and I had to see a psychiatrist. I was seeing the psychiatrist the same day as I wrote an exam. They found out that I don't have the ultrasound yet, so I went to a radiologist in Claremont... I got the ultrasound and the following day I went to see the psychiatrist. She talked to me and wanted to make sure that I'm sure about the decision I had made and that I'm not going to have all these problems afterwards. So I just waited and then she said to me that they've granted me an abortion. She spoke to the hospital superintendent and said to me "all you have to do is come back the following week..."

Anne: I just remember lots of interviews...

Nomfundo:...like the appointments you have it was like you see the doctor this week, you see the psychologist next week and maybe two weeks after you see the social worker, then a week after you see the psychiatrist. Ja, it was more like that and it was more frustrating.

Women who may be entitled to legal abortion under the current restrictions of the South African abortion law, may resort to illegal abortion due to the procedural complexity involved in obtaining a legal abortion (Sarkin-Hughs, 1990). Liz spoke angrily about the time-consuming and insensitive procedures she would have to undergo in order to obtain a legal abortion. She decided not to undergo this protracted process and procured an illegal abortion through a private gynaecologist.

Liz: So she (the social worker) said that I should go home and think about it for two weeks and then come back again. I don't want to go home and think about it. I've thought about it already. I know what I want and I don't want to wait for two weeks. Then once I come back after two weeks then if I'm still very sure, because I'm obviously not very sure now, although I am, then she'll organise an interview with the sister which also takes two weeks to get the interview, then the sister organises an

interview with the psychiatrist. By then the baby is about to be born. Then the psychiatrist decides if I'm mentally unstable or whatever.

This is possibly an exaggerated account of the time scale involved in the legal abortion process, but highlights the frustration involved in waiting.

The delay involved through the procedural difficulty in obtaining the abortion may be an additional source of stress for women already under stress due to unwanted pregnancy.

Susan: If I had been able to have a legal abortion within three weeks I wouldn't have had half the stress that I had.

2) Obtaining the abortion

Closely linked to the complicated bureaucratic procedure involved in obtaining the abortion described above, is the effort and stress involved for some women in persuading the appropriate people to grant the abortion. The former is passive position that women have to endure, whereas the latter is a demanding process for the women involved.

Two women in this study who were granted legal abortions on psychiatric grounds spoke of the effort and stress involved in obtaining their abortions. Both these women had to falsify the extent of psychological harm the continued pregnancy would cause, in order to procure their abortions.

Anne: I remember numerous interviews and I remember my mother having to come with me at one point and I was granted a legal abortion on the ground that my mental health would deteriorate if I had to carry on with this pregnancy. I acted up a great deal. I mean I really really really pretended that I was still desperately anorexic. I managed to lose weight during that time and I remember I regressed quite a lot. I had made quite a lot of progress but in pretending that I was still anorexic I actually went backwards quite drastically. I just remember having to fight so much it was so terribly stressful.

Susan: I had some poor psychiatrist declare me mentally unstable. I had the doctor in Maritzburg declare me unstable, the doctor who was doing the abortion declaring me unstable, which is quite a shock as well. Thank God I've been in drama for so long. That's part of the strength as well... It's like taking on a role. I think drama was good because I realised I was able to dissociate myself from the role I was taking and then declaring my role mentally unstable, not me... After speaking to other people, that's what they find the most difficult, getting the psychiatrist to say that you're mentally unstable.

The fact that women may falsify their psychological statuses in order to obtain an abortion is a serious issue. Not only does it raise questions about the legitimacy of the provision of legal abortions on psychiatric grounds, but it may be psychologically damaging to women. Both women in this study acknowledge the potential psychological harm involved in playing a psychologically disturbed role.

Women who are granted legal abortions on psychiatric grounds may also face the stigma attached to being classified as mentally unstable. Although this area was not investigated in this study, this was an issue raised by Liz who decided not to undergo the process involved in obtaining a legal abortion.

Liz: I mean, first of all the whole abortion thing is in the psychiatric unit. That upset me very much because I'm not a psychiatric case. I'm not, there is nothing wrong with me that I want an abortion.

3) The decision

When undergoing a legal abortion, the woman is not involved in the final decision about whether or not she can have the abortion. After a woman has made the decision for herself to have an abortion, she still has to convince the people in charge of granting abortions, to grant her one. This decision may over-ride the woman's decision to have an abortion, and in many cases when she is refused legal abortion, she will resort to illegal abortion (Bradford, 1991b). What is emphasised is the sense of powerlessness that women may feel when undergoing the process of obtaining legal abortions. Women may feel a lack of self-determination in the abortion decision.

In the cases of abortion granted on psychiatric grounds, the final decision about whether or not to grant the abortion is up to a State psychiatrist.

Nomfundo felt the most difficult part of the abortion procedure for her, was the powerlessness and uncertainty involved in waiting for the outcome of the State psychiatrist's decision.

Ursula: What was difficult about that time?

Nomfundo: Having to wait. Not knowing, I mean if the psychiatrist is going to make that decision, like living in suspense.

Although women may not have the freedom of choice in having a legal abortions, which is stressed above, an important aspect pointed out in the following extract, is that women do have the choice to refuse the abortion once it has been granted. This may be an important affirmation for the woman in her decision as she confirms at every stage the certainty of her decision. Ambivalence about the abortion, which may give rise to post-abortion guilt or regret, is therefore more likely to be dealt with before the abortion is undertaken.

Susan: At every point they say "Is this okay? Are you sure?" as well. Right up to the anaesthetic they give you the choice to say no, like the anaesthetist said "Right, we are about to start. Are you sure that this is what you want?" and I said "Yes". Even then I could have said "Actually, I don't know" and I would have been able to get up and put on my clothes and walk out the hospital, which I found

interesting that at every point it was "You don't have to do this. It is a choice, and you can say no at any point".

Susan experienced the constant questioning by hospital staff as affirming her abortion decision. However, other women placed in a depersonalised and non-supportive hospital environment may interpret questioning by staff as a pressure to reconsider their choice of abortion. This kind of questioning, combined with an experience of unsympathetic treatment by hospital staff, may suggest to women that not going ahead with the abortion is prescribed as the correct avenue, leading to possible ambivalence and guilt around the abortion decision.

4) Treatment by hospital staff

The reactions of health care workers who come into contact with women who undergo abortions may affect women's response to the abortion. Research undertaken in South Africa has shown negative attitudes of health workers towards women who undergo abortion (Walker, 1995), and this may adversely affect women's experiences of abortion. The women in this study were asked about the approach and attitudes of the medical staff involved in providing the abortions.

The women in this study experienced a mixture of responses from the staff who treated them. Two women had positive experiences of their treatment by hospital staff.

Nomfundo: The doctor she was, I guess she was a woman and knew what I was going through. She was supportive and once she was talking to me I guess she could see that... It was like I was going through this thing alone. She was supportive.

Susan: Nobody ever treated me like a child, like someone who had stolen sweets. I was treated like an adult with an adult problem which pushes you to cope with it like an adult.

Nomfundo felt supported and understood by the doctor who treated her, and Susan felt affirmed and respected in her abortion decision. Being treated as a responsible person who has made a responsible decision may help women feel more in control of their situations and assist women in coping.

Beki expressed the hostility she experienced with her abortion:

Ursula: What were the staff like at the hospital? Were they supportive or not?

Beki: Some of them, they started shouting. After everything they say that they hope this is the first and the last time you are here. "I don't want to see you here again". It's not like it's something that they have to do. They get pissed off about it, some of them.

Disapproval of abortion and judgement of the woman by hospital staff may be communicated non-verbally and subtly.

Karen: I was told by body language that I was a slut and that's the last I knew until after the abortion.

A sense of depersonalisation was a common experience by the women in this study.

Ursula: What was the most distressing part of the whole thing?

Liz: The hospital. It's so big and impersonal and the people don't really care.

Anne: The doctor that examined me and confirmed that I was, by then, nine weeks pregnant, he was horrible. He sees fifty women like me every day and it's a case of shoving his things up me and "Yes, you're nine weeks pregnant". It wasn't nice, but in a way I wanted this impersonal treatment because I didn't want to be where I was, so the less emotion that came into it the better, and this clinical treatment suited me better.

Karen: It's obviously just like a sausage machine that they just wheel people through. The idiot on the other end with a scoop doesn't even see the faces.

Different women attach different meanings to feeling depersonalised. For some women it may indicate a lack of caring by medical staff, for other women it may assist them in coping with the stress involved. Karen experienced the depersonalisation as an aspect of the mistreatment she suffered when undergoing her abortion on medical grounds.

Hostility and resentment towards the abortion patient by hospital staff and nursing personnel may be partly responsible for the guilt experienced by certain women after their abortions. In some instances the woman's perception of her treatment by hospital staff may be a projection of the woman's personal abortion ambivalence, leading her to interpret staff treatment as unsympathetic and hostile. The exact nature of women's treatment by hospital staff and the impact of women's perceptions of treatment by staff on their abortion experiences are areas needing further investigation.

5) The operation

For most of the women in this study granted legal abortions, the operation itself did not involve serious distress. These women had first-trimester abortions, and research has shown that first-trimester abortions are generally safer than abortions performed later and women are at lower risk for negative post-abortion sequelae (Adler, 1979; Adler et al, 1992).

However, one woman in this study suffered serious medical mistreatment in her abortion. Karen was granted a first-trimester legal abortion at the age of forty, on medical grounds, on the basis that she had suffered from cancer and had undergone chemotherapy.

Karen: As I was lying there with the anaesthetic I asked where my doctor was and they said "Oh no, he won't be doing it. It'll be this other " and I got very hysterical but I was already premedicated and I was drugged and they put me under and I woke up not twenty minutes later as I should have, but four hours later and this bastard had perforated my uterus and my intestines in a number of places, a real brutal pig, and ja so I came out of it with a really ugly scar on my genitals and I am very angry... I felt like maybe someone might feel if they were raped. It's just such a hideous scar because apparently I was haemorrhaging and my blood pressure was just plummeting and they had to just rip me open to stitch up the holes because this woman realised what was happening. So it's a really hideous scar

Karen experienced very unfortunate abortion circumstances and as a result she has been scarred both physically and emotionally. Her story emphasises the powerlessness and abuse some women may experience in their hospital treatment with abortion. Karen was not counselled on the risks that may be involved in the abortion operation and she was impotent in her ability to take any restorative action.

4.3.2 Illegal abortion

In South Africa, where access to abortion is restricted by law and is difficult to obtain, many women undergo illegal abortions (Sarkin-Hughs, 1990). Two of the participants in this study procured illegal abortions after being refused legal abortions. Five women did not attempt to obtain legal abortions. Most of these women did not consider the option of legal abortion for themselves. The reasons for this may be related to the procedural difficulty in obtaining a legal abortion, which has been indicated above.

Research suggests that illegal abortion is commonly practised through non-medically qualified people or self-executed (Bradford 1991a, 1991b). In the cases of illegal abortion seen in this study, most of the women had access to medical treatment and all but one woman procured her abortion through a medically qualified person. As the volunteers were gathered through a largely middle-class university, this is not an accurate representation of all women who undergo illegal abortion. The difficulty procuring legal abortion, particularly by working-class African women, has been discussed previously in this thesis.

This section looks at women's experiences in obtaining an illegal abortion and the operation undertaken.

1) Procuring the abortion

After a woman has decided that she cannot continue with the pregnancy, she may go to desperate lengths to procure an abortion. For most of the women who underwent illegal abortions in this study, this involved finding a medically trained person to undertake the abortion. Sometimes this is easy, as a doctor or gynaecologist known to the woman may oblige her or provide her with a contact who is willing to undertake the abortion. For other women the process may be troublesome. In this study, two women were given abortions by their own doctors and two were given contact names by their doctors. Three women had to find a person to undertake the abortion without the help of their doctors, with varying degrees of difficulty.

Ragma had an illegal abortion when six months pregnant, performed by a medically non-qualified person. She decided that she could not continue with the pregnancy, but had great difficulty procuring an abortion. In desperation she attempted to undertake the abortion herself, without success.

Ragma: I never knew where people go. I tried all these silly things before, like Dutch remedies and coffee and skipping ropes and sitting on hot steam, boiling water. Before I went I tried and tried. That's why I prolonged it.

Procuring an illegal abortion can be time-consuming, as is suggested above, and this may place great pressure and stress on the woman undergoing the abortion. Delayed abortions put women at risk physically and emotionally (Adler, 1979; Adler et al, 1992). Women, forced to delay their abortions due to difficulty accessing abortion may encounter these risks. This applies to both legal and illegal abortion.

Illegal abortions may also be costly. Private doctors may charge high fees for providing an illegal service to women.

Emily: It had cost, in 1966, R100, an awful lot of money. I only earned R50 a month.

Another volunteer in this study paid R2000, one year ago, for an illegal abortion which was not effective. She finally obtained a legal abortion on psychiatric grounds. Women who undergo illegal abortions have no guarantees for the service they obtain.

The criminal status of illegal abortion puts those who provide such abortions at risk of prosecution (Report of the Ad Hoc Committee on Abortion and Sterilisation, 1995). This criminality and fears of prosecution create a secrecy around illegal abortion. Women who undergo illegal abortions are unlikely to expose those who have helped them deal with an unwanted pregnancy, even if the service

provider does not take the woman's health into consideration or provide an adequate service. Emily and Ragma both experienced abortions which were medically unsafe, and Ragma almost died from septicaemia as a result of her abortion. Despite the operations they received, neither would implicate the people who provided them with the abortion service.

Emily: (my doctor) said that he couldn't do anything but he knew of somebody who could help, but there were rules like you couldn't tell the person where you got his name from because if you did then everybody would be implicated and he wouldn't do it.

Ragma: (the doctor) came back and said "Try and get the truth out of her because I'm sure she had an abortion". I was lying there and I said "It isn't true" and she wouldn't believe it; she could tell what the difference was with falling. I was just so scared of calling the police in and this woman will now go to jail, so I just kept to that story... Then the doctor she came back in the morning and said that she was sorry for the words the previous day but if I had waited longer it would have cost my life, and that abortions is not legal, it's illegal and do I know what can happen?

A person who provides an illegal abortion for a woman is doing her a favour which places the service-provider at risk. Therefore the woman has no say over the process and no rights in these circumstances. This is one of the ways women may feel powerless in their experiences of illegal abortion. Mariaan, who obtained a safe abortion through her gynaecologist, talked about her feelings of powerlessness in procuring her abortion:

Mariaan: But it was incredibly stressful because (the gynaecologist) was doing me a favour. The sense that I had no rights; I was at the mercy of another person and he was busy delivering babies and whatever and here I was hanging on waiting for this man to say "yes you are pregnant" which I knew I was, and him saying "I can fit you in to have the D and C, the abortion". I found it extremely helpless-making, feeling such a lack of control.

2) The operation

Bradford (1991a) has outlined some of the procedures used in order to bring about an abortion. The women in this study underwent a range of operations in their abortions, from inserting an intra-uterine device (IUD) or other objects which damage the foetus, to swallowing medicines or injecting the foetus with substances which are toxic to the foetus. Many of the women in this study obtained hospital treatment in order to complete the abortion. This commonly involves the dilation of the cervix and the removal of the contents of the uterus (D and C). Two women experienced medical complications due to their abortions and had to receive hospital treatment for their complications.

There is often a fear of the unknown in the cases of illegal abortion. This may involve a period of waiting for the operation to take effect.

Liz: that was awful, waiting and wondering what was going on and why it wasn't working.

For some women there is a lot of pain involved:

Emily: He forced the womb open. It confirmed my suspicion that having children was not what I wanted to do, it was the most painful thing I have ever experienced. It was really terrible. It lasted for hours and it didn't work. I was agonised for about a week. I didn't go to work, I just lay in a heap. You tried to move and you tried mustard baths but the pain was just extraordinary. I managed to drag myself up. I realised that nothing had happened; there was no blood; nothing and went back and he got me put into a nursing home immediately and given a D and C. That's how it happened.

Barbara: the pain was awful...

Mandiswa: God it was painful.

Most of the women in this study were treated by hospital staff after their abortions had been initiated by the provider of the illegal abortion. Their treatment by hospital staff was not investigated. However, if women who undergo legal abortions receive unsupportive treatment from hospital staff, it is possible that women who undergo illegal abortions may suffer even less supportive treatment because they have received abortions which were not sanctioned through the hospital system.

Ragma, who had an illegal abortion when six months pregnant, received highly insensitive treatment by hospital staff.

Ragma: Ja, they gave it (the foetus) to me in plastic and it was dark most probably because whatever went wrong on the inside. The septic turned that foetus so purple. Shame.

Ursula: I don't understand that the doctors gave it to you.

Ragma: Ja, they put it by my head so I had to look at it, stare at it. I don't know why; but my mommy took it away and had it buried. They just put it by my head and said "This is yours" and left it by my head.

Ursula: How did it make you feel?

Ragma: Bad. I was lying and crying. I was very sick. I was very upset because a doctor just don't do things like that.

It is unclear whether the doctors were acting as a result of the late abortion or due to its illegal status, or due to a combination of reasons. Clearly the impact of seeing the foetus, particularly in the case of a late abortion, is damaging to the woman's emotional state and may have an enduring negative effect in her experience of the abortion. The influence of treatment by hospital staff on women who undergo illegal abortions is an aspect needing further investigation. The psychological effect on medical staff from performing late abortions is also an important aspect for consideration.

4.4 Post-abortion feelings and reactions

Most women are influenced by a range of factors in their post-abortion feelings. This section firstly examines the participants' responses to their abortions, and secondly, contextualises these responses by looking at some of the factors which influence women's post-abortion sequelae.

4.4.1 Post-abortion sequelae

1) Relief

Research has suggested that the most common immediate response to abortion is relief (Adler, 1979; Adler et al, 1992; Burnell and Norfleet, 1987; Lemkau, 1988). Six women in this study expressed relief as their initial feeling after their abortions.

Ursula: What was your immediate emotional reaction after the abortion?

Beki: Strangely enough I felt relieved.

Susan: I woke up and it was like my whole life was back. That relief. Wow... it was like being born again. I know it sounds sick really, but it was like my whole future was back, it was back and it was mine and I thought "Wow, this is great. Thank you, and just wow". It was the most incredible feeling.

There has been little research undertaken into the longer-term sequelae of abortion (Robbins, 1984). For most of the women in this study, the feeling of relief persisted over time. Anne, Mariaan and Emily experienced their abortions 9, 12 and 29 years ago respectively.

Anne: I just remember feeling this enormous relief when it was over, just huge relief, no regrets, none, not ever, not once.

Mariaan: I have only experienced relief, absolutely and completely.

Ursula: So was there ever a period that you experienced a sense of regret or loss?

Mariaan: I'm afraid not.

Ursula: It's very interesting for me to speak to someone who had an abortion some twenty odd years ago. Was there at any stage difficulties which arose due to the abortion?

Emily: No, never.

Ursula: So you never felt even the slightest regret?

Emily: Never ever.

Although these are retrospective accounts that may be filtered through time leaving only the positive feelings, it is important to note that for many women the sense of relief has been the lasting response to the abortion.

2) Loss and grief

Feelings of loss, sadness and grief may also be prevalent emotional responses to abortion (David, 1972; Friedman, 1973; McAll and Wilson, 1987). Grief can be defined as a set of reactions to a perceived loss (Davies, 1991) which may be expressed in different ways, such as through feeling sad or empty. Four participants indicated feelings of loss, sadness and grief.

Ursula: After you had your abortion how did you feel? What were your immediate feelings?

Nomfundo: I was sad. I felt like I lost a part of me and I wanted everything to be different. I wanted to be, I wished I was working and I had everything and I was still pregnant. I wanted to forget about my pain. I wanted to forget. I was sad but not guilty; which is, I've lost the one thing that could make me really happy.

Mandiswa: It was a kind of death and you are the sole cause. I know how it feels to give birth to death. I wish they could have warned me about the after.

Ursula: What would they have said to you?

Mandiswa: This hole, this pain you carry with you all the time. This thing that can be triggered off at any time. You can't even hold babies sometimes... To have all this love for something that wasn't even fully formed.

Abortion can be experienced as both an actual loss or a symbolic loss. Women may experience their abortion as an actual loss of a potential baby, as well as a symbolic loss. This may involve the loss of a part of oneself, of innocence and childhood, of previously held beliefs systems.

Nomfundo: I felt like I lost a part of me and I wanted everything to be different... I felt like I couldn't love anymore. I didn't want to believe in anything, like I feel like I didn't even know the meaning of life. I feel like I've grown up too fast. Like I've experienced something I was too young to experience.

Grief reactions commonly arise on anniversary dates of the abortion (Davies, 1991). Barbara, who has had difficulty acknowledging her post-abortion feelings, has a constant yearly reminder of her abortion eighteen years ago. These feelings of loss may persist over time.

Barbara: I remember it was the football cup final and I watched it. Every year of the cup final I think that this is the anniversary of my abortion.

Susan experienced mainly relief after her abortion, until the anniversary of her abortion. She talked about her need to close the process of the abortion in order to resolve her feelings.

Susan: It was just a niggle that maybe I had done something that I wasn't fully happy with... You also cut your cycle midway and your body and brain are involved in that cycle and it knows in February, that's why those feeling started coming back, because my body knew the cycle was coming to an end and there's no product, there's nothing. It's a sense of closing. I opened something and I didn't close it until after therapy.

Because abortion is not a socially acceptable means of dealing with unwanted pregnancy, there is limited social recognition of grief for women who have chosen abortion (Leppert and Pahlka, 1984). Most of the women in this study who expressed feelings of loss and grief did not have an outlet for their feelings. ↓

Mandiswa expressed her need for acknowledgement of her feelings after the termination of her pregnancy.

Mandiswa: It would have been nice to be allowed to grieve for a bit. I went back to school and everything was, I still don't know how I made it through that year. No one suspected a thing. The only evidence was a drop in my marks, a slight dip. No one would have actually believed it anyway.

Not only does the lack of social recognition of post-abortion grief hinder women in their grieving process, but women may not recognise their own grief due to confusion about their feelings of grief. A complex paradox may be involved for a woman who chooses to end her unwanted pregnancy and who experiences feelings of loss and grief upon the termination of the pregnancy. Davies (1991) suggests that women experience internal and external pressure not to show their feelings of grief, as these feelings may be misinterpreted by the woman herself and by others as a sign of regret. If the feelings of loss and grief are not recognised and resolved, this may lead to depression and self-condemnation (Davies, 1991; McAll and Wilson, 1987).

Two women in this study, who had their abortions eighteen and six years ago respectively, experienced loss after their abortions and had difficulty acknowledging their feelings and reconciling with their abortion decisions. These women expressed strong self-condemnation for their actions:

Barbara felt that her inability to have a child for many years, and her later development of cancer, were punishment for her abortion. Barbara was a practising Roman Catholic at the time of her abortion, and her religious beliefs are likely to have impacted on the ambivalence in the abortion decision and her feelings of self-condemnation. (The effects of religious sentiments on abortion sequelae are discussed in greater detail in section 4.4.2).

Barbara: Then all those years afterwards I wanted a child so badly and it never happened, not in the relationships I was in. I always felt that it was the punishment for the abortion, all those years... it came back into my mind with the cancer because I thought, "Ja retribution for your abortion"...

Ursula: You've mentioned the soccer World Cup that is a reminder, what happens to you then at that time?

Barbara: I won't allow myself to wallow in the depths. If I allowed myself to I guess I would feel guilty and distressed and all the rest of it, but now that I have a child I don't feel so bad anymore.

Themba described how she acted out the distress linked to her feelings of loss in a self-destructive manner, and how she interpreted the outcome of her actions as punishment for her abortion:

Themba: I just kept doing things that I couldn't stop myself doing.

Ursula: Like what sort of things?

Themba: Like drinking and I started smoking then. I really slept around and a lot of things. I'd get drunk and then just sleep with anyone...

Ursula: Why do you think you were doing all those things?

Themba: I don't know. Most of the time I was just thinking I was going to get punished. Every time something happened to me I would see it as a punishment for what I had done. A lot of bad things happened to me that time and I just kept blaming it that it was that (the abortion).

Both these women dealt with their feelings of loss by having a "replacement child". Having a child after an abortion may be an expression of a need for reparation for the loss, and an atonement for the guilt linked to the abortion. This may or may not be a successful means of dealing with loss linked to abortion. In Barbara's case, she felt less loss and guilt after having a child. Themba on the other hand, felt more confused about her abortion decision after having had a child.

Themba: Somewhere along the line I just decided that I should just get pregnant and have a baby to compensate for what I did but it never did such thing. I mean I have a baby now but it makes it worse because I don't see why I did it in the first place. I mean if I could have a baby and nobody would go mad. I mean my mother understood.

Post-abortion grief clearly involves a complex set of responses and coping methods. It has been argued that many of the negative post-abortion sequelae, such as depression, anger, self-blame and guilt, are linked to unresolved grief (Davies, 1991; McAll and Wilson, 1987). This is an important area to address in future research.

3) Guilt, shame and self-blame

Guilt may be a common post-abortion response (David, 1972; Friedman et al, 1974). Research has found that women who have abortions due to pressure from external circumstances and who act against their beliefs suffer from more post-abortion guilt than women who have acted for personal reasons and have taken their beliefs into consideration (Adler, 1992; Bracken et al, 1978; Melton and Russo, 1987). The findings of this study support this. Four women in this study expressed feelings of guilt or shame linked to their abortions. These women acted largely due to external pressures in their

abortion decisions, which often contradicted their personal beliefs. This aspect has been discussed in greater detail in section 4.2.2, looking at the responsibility in the abortion decision-making.

The research reviewed does not distinguish feelings of guilt from shame. These feelings may be difficult to differentiate. The researcher's understanding of these terms is that guilt involves an awareness of having done something wrong in one's own eyes or in the eyes of others, and shame brings to this awareness a feeling of injured self-respect. This is an important aspect as lowered self-respect may influence a woman's feelings of self-worth.

Beki expressed shame and devalued sense of self-worth. This was linked to both her own perception of doing something "bad" as well as her perception of social judgement.

Beki: Sometimes I feel I am no longer that person. I am no longer as confident or as proud as I was. To people who are against abortion, I feel ashamed to talk about it to those people. I have decided not to talk to people about it except for those who are there for me...

Feelings of guilt and shame may be influenced by negative social views held towards abortion. Perceptions of social stigma and negative social judgement prevented ten of the twelve women interviewed from talking openly about their abortions previously. Although the social stigma attached to abortion does not necessarily lead to post-abortion guilt, for some women it may exacerbated their sense of shame.

Three African participants strongly voiced the negative perception of abortion in their communities. This appears to confirm suggestions that abortion is a taboo form of fertility control in many African cultures (Goba, 1995). Although negative social perception towards abortion is prevalent in society generally, it may be more severe among African cultural groups. Mofarah (1994) and Walker (1995) found strong negative attitudes towards abortion among African subjects. Bradford (1991a) suggests that abortion is despised by African men as it acts as a challenge to men's control over women's fertility. This is an issue requiring further investigation as it may impact on women's experiences of guilt around abortion.

Ursula: So have you experienced quite a lot of negative attitudes towards abortion?

Beki: Ja, especially males. They say that they would never go out with you if women have had an abortion. "Women are crazy who have had an abortion". A number of men say that.

Nomfundo: In my community it's, oh bad. It's, if you had an abortion you are taking risks. It's bad.

Ursula: So in your community what response might a woman get if they knew she had an abortion?

Nomfundo: It's like, people might call you names and sometimes your friends will shy away from you. It's just like very bad. You feel like you are not part of the community.

Ursula: What were some of the other feelings you felt after the abortion?

Themba: I guess it was mostly guilt and shame...

Ursula: What is the feeling in your community about abortion?

Themba: It's a shameful thing to do... So if you have an abortion it's like you are trying to be pure.

Guilt may be compounded by the negative views held towards abortion by religious communities. Research has suggested that Catholic women experience greater guilt and shame as a result of their abortions than women with no religious feelings (Adler, 1979; Bracken et al, 1978; Lackey and Barry, 1973). When religious beliefs are integrated into a woman's own belief system, feelings of guilt may be both internally and externally motivated.

Barbara: Catholics feel guilty about everything. It's inherent in you religious upbringing.

Guilt about abortion may be expressed through positioning oneself as blameworthy for negative events that occur in one's life. Themba (below) displays the degree of self-blame and punishment she assumed because of her abortion.

Ursula: What sort of things have happened that made you think you have paid for it?

Themba: Well, before when I was drinking I got gang raped. I felt very bad after that because I didn't tell anyone. It was my fault. It was just one of those things that you can't do anything about.

Women, influenced by the negative social attitudes held towards abortion, may be afraid of disapproval or rejection.

Anne: After it happened I told a few people but basically nobody knows really to this day. I haven't spoken about it because it's still not acceptable to have had an abortion, yet I know it was the only option for me.

Women may feel a lack of entitlement to support from others due to the perception of negative social judgement. Not telling significant others, such as the partner or parents, is a means of coping with the stress of expected negative reactions to the abortion decision. However, it may make the abortion experience an alienating one.

Nomfundo gained little support from others around her abortion and did not feel entitled to ask for this support because of her perception of doing something very wrong in the eyes of her boyfriend.

Ursula: Did he (your partner) know you were pregnant or did you get any support from him?

Nomfundo: No. No. I didn't want to.

Ursula: Did you not tell him you were pregnant?

Nomfundo: No... I know he'd be against it (abortion). He'd not see things that I'd see... Ja, but recently I asked him that, um, what if you had a girlfriend and she got pregnant and she did abortion without telling him, what would he do? And he said "I could kill a girl like that".

Although this study did not investigate the extent of the effect of social stigma on women's guilt reactions and other abortion sequelae, or the exact nature of these perceptions of social stigma, negative social perceptions of abortion clearly play an important role in women's abortion experiences.

4) Body image and sexuality

After an abortion some women may experience changes in the ways they view and experience their bodies and sexuality. Although these issues were not fully explored in this study, this is an important area for future research as it impacts on women's post-abortion relationships.

In circumstances where the woman has not been certain about her abortion decision or has not acted for her own interests, feelings of guilt and lowered self-esteem may result after the abortion (Bracken et al, 1978). This may be expressed through developing a negative body image.

Susan: Women who feel that they made the wrong decision and want to take it all back need... a reaffirming of self-worth and a reaffirming of the physical body. Your body is still beautiful and is still fully geared for having children.

Poor body image may affect a woman's expression of her sexuality. Karen felt much more tentative and insecure in her sexuality after her abortion left her with a genital scar.

Karen: So it's a really hideous scar and for somebody of forty odd who is sexually active, it's not the best time in your life to feel very secure about yourself physically and to then, on top of that, have to live with such a very obvious, ugly scar, I could have done without it

After an abortion women may feel differently about sex. One woman in this study expressed her post-abortion distress through undervaluing her sexuality and becoming promiscuous. Themba would "just sleep with anyone".

For some women the abortion raises past memories and feelings linked to their sexuality. The abortion brought out memories of sexual abuse one woman suffered as a child; two women spoke about their rapes as adolescents. The feelings raised by these incidences may be re-evoked by the experience of abortion.

Positive changes in sexuality may also be experienced by women after an abortion. This may involve an acceptance of fertility or better use of contraception.

Susan seemed to feel more in control over her sexual interaction after her abortion.

Susan: in many ways the termination was a very good thing. It taught me a lot about myself and it taught me a lot about sex. It matured me a lot... I take sex a lot more seriously. My first thought is, "if I fell pregnant, would I mind?", and if the answer is "yes", then no. If the answer is "I don't know" then I think about it some more, and if the answer is "I wouldn't mind" then I get to know them better before I have sex with them... you've got to take responsibility.

If women are able to view sexuality as a valuable part of womanhood and take control over their fertility after their abortion, this is significant experience of growth.

5) Feelings of motherhood

Abortion raises the issue of motherhood in many women. Women may assess how much of their identity as a woman is invested in motherhood. Women who have chosen abortion, have chosen an option to deny motherhood. In belief systems which hold motherhood as the real purpose of womanhood (Walker, 1995), women may feel that they have denied their social role. This might lead to a questioning about whether one will still be a good mother, or whether one is still permitted to bear children in the future.

Susan: A lot of it comes from the thought of, will I be a bad mother now? Am I allowed to have children now?

Ursula: Have you felt differently about yourself since after the abortion?

Liz: The only difference is that I wonder if I will be a good mother.

Abortion may also reaffirm a woman's decision not to have children. After her abortion, Mariaan was "quite certain that (she) didn't want children".

Unresolved feelings about abortion may lead to a fear of motherhood or anxiety about seeing other people's children, as this may re-evoke the negative feelings attached to the abortion.

Ragma: when you see babies, that's one thing you can't escape.

Mandiswa: You never know when the memory is going to be triggered off, like in a movie when someone is giving birth you get out very fast.

Fears about re-evoking painful abortion memories may remain a long term consequence of abortion if negative post-abortion feelings are not acknowledged (Speckhard and Rue, 1992).

4.4.2 Post-abortion sequelae contextualised

The range of factors which affect women's emotional responses to abortion are briefly reviewed in Chapter 2. Although no single factor can be viewed in isolation, within the scope of this study it is not possible to explore the dynamics and combinations of all the influencing variables. Five aspects are highlighted which indicate some of the complexities involved in the factors which influence women's post-abortion sequelae: religious sentiments, positive response to the pregnancy, delayed abortion, perceived support and coping style.

1) Religious sentiments

Past research on the effects of religion on women's abortion experiences has stressed its non-affirmative influence (Bracken et al, 1978; Fischman, 1977). Women who have moral concerns and value conflicts about their abortion decisions may find the process more stressful and difficult. Difficulty in the abortion decision is related to poorer post-abortion adjustment (Adler, 1979; Major and Cozzarelli, 1992). Catholic women particularly may feel greater ambivalence in their abortion decisions and more post-abortion guilt and shame because choosing abortion violates the fundamental belief that the foetus, as an unborn child, has a right to life, and abortion, as the termination of life, is a mortal sin (Ellingsen, 1990).

Three women in this study expressed conflict with their religious beliefs and their abortion decisions. Two women who were Catholic in belief, and a born-again Christian believer are currently not involved in their religions due to the discordance between abortion and religious ideology. These women appear to choose to deny their religious beliefs rather than to undermine themselves because of their abortions, which are in conflict with their religious sentiments.

Emily: I was a very devout Catholic as a child, being in convents and things and we were Catholic. It was for me a mortal sin. By doing this you were damned forever, if you had an abortion.

Barbara: I was Catholic but the abortion put an end to that because they say it's a mortal sin so you kind of feel that's it.

Nomfundo: I am a Born Again Christian but so many things are happening I find I am losing my faith and I just don't want to believe in anything anymore, you know.

Ursula: Is that recently that you've felt like that?

Nomfundo: I used to believe like, I would not let it come into my life. I would fight it but now recently I would find that I can't, especially since after the abortion which is when it comes.

Contrary to past research, it appears from this study that religious beliefs do not necessarily make the decision-making around abortion difficult or always lead to negative post-abortion sequelae. For two women in this study, religious beliefs took on personal meanings that assisted their decision-making process around abortion. The following two extracts display religious understandings that favoured the choice of terminating their unwanted pregnancies.

Nomfundo: I thought that the best way, I mean Christianity says God gives life and if it's God who gave me the child, the best place to put him or her is back to him. That is the safest place I could think of. I mean that's the main thing that helped me... Ja so, this thought like that the best place to put my child that I love is with God.

Ursula: So was your being religious something positive for you in the decision you made?

Nomfundo: Yes.

Ursula: And did that also maybe increase your guilt?

Nomfundo: No it didn't. Like I'm saying it's the thing that helped me through.

Emily: I was brought up very staunch Catholic and we were taught that love making was purely for procreation in marriage and if used for any other reason it was sinful, so it carried. To produce a human being from this terrible evil, bad act was just not on. I just couldn't reconcile it, so I wouldn't have wanted this thing that came out of this bad thing.

Furthermore, although two of the participants with strong religious sentiments expressed negative post-abortion sequelae, particularly feelings of loss or guilt, one participant did not experience negative post-abortion sequelae and felt mostly relief after her abortion. (These feelings have been discussed in section 4.4.1)

The dynamics of religious sentiment on women's abortion experiences may be more complex than suggested by past research. Different women create different meanings and position themselves differently with regard to religion. Religious doctrine may influence women in their attitudes towards abortion and therefore some women may see abortion on moral grounds, and in choosing abortion, they act against their personal belief system. These women may suffer negative post-abortion sequelae as past research suggests. Other women may integrate their religious and moral beliefs with their abortion decisions and suffer less negative post-abortion sequelae. It appears important that women feel that they are acting in their own best interests in their abortion choice, and even if they have strong religious sentiments, these women are less likely to suffer negative post-abortion sequelae than women who do not consider themselves and act due to external pressures which conflict with their belief systems.

2) Positive response to the pregnancy

Shusterman (1979) found, in his study, that women who reacted with an initial positive response towards the news of the pregnancy suffered from greater depression, anxiety and loss after termination of their pregnancies than women who did not respond positively towards the news.

In this study, three women reacted with positive responses to learning about their pregnancies, suggesting greater meaningfulness of their pregnancies to these women. There may be some level of intentionality in the pregnancy or unconscious reasons why the women fell pregnant (some of which are discussed in section 4.1.3) and they may partly want to keep the child. This may create ambivalence for women in the decision-making around the abortion, and women may live with the feeling of being unsure whether they did the right thing in having an abortion.

Liz was happy about the news of her pregnancy. She was in a close relationship with her partner and the pregnancy was meaningful to her. She displayed a degree of uncertainty in her abortion decision. However, external, practical circumstances prevented her from keeping the child. After the abortion she has felt a degree of uncertainty and ambivalence about her choice.

Ursula: When you found out you were pregnant, what was your initial reaction?

Liz: Cool, very happy, great. I longed to have a child. I can't wait to get pregnant again but I can't. I'm not allowed by my circumstances. I don't have money...

I'm still not sure if I did the right thing. That's what makes me upset, because I'm still not sure; but a decision had to be made and at that time that was the decision we made.

Two other participants who initially felt positive about their pregnancies also chose to undergo abortion because of external circumstances in which neither felt she could keep the child. Both suffered some negative post-abortion sequelae. Barbara and Nomfundo responded to their abortions with feelings of sadness and loss. (Loss and grief reactions have been discussed in 4.4.1 above).

Women who initially feel positive about a pregnancy may later choose abortion after considering the inappropriateness of the pregnancy from objective conditions. The abortion choice may stem from "necessity", based on impersonal external circumstances. Abortion for these women is a response to a problem rather than an affirmative choice based on women's own needs. From a stress and coping model, these women might feel less instrumental in effecting positive changes in their life circumstances compared with women who choose abortion as an action to bring about positive change by taking responsibility for their unwanted pregnancies. This may exacerbate any negative responses resulting from choosing abortion after initially responding positively towards a pregnancy.

3) Delayed abortion

Women who undergo abortions in the second or third trimester of pregnancy are at greater risk of negative post-abortion sequelae than women who undergo first-trimester abortions (Adler, 1979; Adler et al, 1992; Mallory et al, 1979). After the first trimester there is a greater physical presence of the pregnancy, and the experience of foetus movement may result in some psychological investment in the foetus and a sense of loss after termination of the pregnancy. The operations used for abortions after the first trimester are usually more prolonged and painful (Adler et al, 1992) and commonly involve labour pains which culminate in the delivery of a dead foetus (Davies, 1991). If the aborted foetus is seen by the woman involved in the abortion, it is likely to cause distress and negative post-abortion sequelae (Drower and Nash, 1978b; Smith, 1973). Intuitively one would expect these circumstances to result in more serious psychological sequelae than abortions undertaken at an early stage of pregnancy.

It is difficult to compare the relative impact of the later versus early abortions as research has suggested that women who delay until the second trimester differ in a number of ways from women who terminate their unwanted pregnancies more promptly. Research indicates that women who undergo late abortions are predisposed to negative post-abortion sequelae because they are usually younger and in unstable relationships, more conflicted about their abortion decisions (Adler, 1992) and have less social support and fewer resources for dealing with the unwanted pregnancy and abortion (Major and Cozzarelli, 1992). In South Africa abortion might be delayed due to restricted legal access to legal abortion or trouble finding a person to undertake an illegal abortion.

In this study three women underwent illegal second and third trimester abortions. Two of the women were above eighteen years of age, but in unstable relationships with little emotional or financial support from their partners around the unwanted pregnancies or the abortions. One woman felt emotionally supported in her adolescent relationship. All the women felt some ambivalence in their abortion decisions and acted due to external circumstances. After their abortions these women felt a sense of loss or guilt. The case of Mandiswa is discussed below.

Mandiswa is from a wealthy family who place a high priority on achievement. She had an illegal abortion at the age of 16, when she was five months pregnant. She felt emotionally close to her partner in her adolescent relationship, although he did not form part of the abortion decision. Mandiswa was ambivalent about having an abortion and for a long time denied the existence of the pregnancy and "went on as if nothing happened, like if you ignore it, it'll go away". She continued to perform well at school and invested a lot of energy in school work and sport. Her parents did not want

her to harm her future prospects and arranged an illegal abortion through gynaecologists. After some difficulty finding a doctor willing to undertake the operation, Mandiswa underwent a prolonged and painful abortion through inducing a miscarriage. After the abortion she felt a profound sense of loss and grief (discussed above in 4.4.1). This was exacerbated by seeing the foetus.

Mandiswa: We went to the doctor again and this time he inserted the labour inducing pills straight into the cervix, two of them... Then out of nowhere I just felt POP and this flood comes from nowhere and then the more I tried to get up the more it just gushed out. So I was sitting down... I got up and like an avalanche, the whole sofa was soaked... So he said "We'll book you into this private hospital and everything should happen quite quickly from now on." So, I went in and went onto a drip with the same pills I had been taking, so the drip was labour inducing. Two days passed and the third day like "what now?". Then they gave me an ultrasound and it now it was dead. The foetus was dead. So fine, if you don't get it out you are likely to be infected, so they put a cataract in. I heard from a nurse that if it was still alive they would have discharged me. Early in the morning at about 8:00, it was like a tube that went inside and I started getting pains. By 9:00, Jesus, I've never felt such pain. At 10:00 I called the nurse and asked if it was going to finish yet and "No, it's still not time yet". Christ. I remember tears from pain. I tried scrunching up my legs, lying on my side, just to take the pain away. Twelve hours later, 2:00 in the morning this ball pops out, apparently a signal that the time had come. I was so exhausted. This whole time I hadn't slept. If there has to be the loneliest moment of your life, that would be it. You are there, in the dark, you and you alone. So by then I was bleeding. It was another hour. Apparently by now my cervix had dilated totally. They gave me more pills. Then about 4:00 I started to give birth. (cries)... God it was painful.

Ursula: Did you see it?

Mandiswa: After the head it was relatively smooth sailing. Then I rested but they said "Now the afterbirth" and, shit, not again. The whole place was soaked in blood. It was so stupid. I had this curiosity. (cries). It was so tiny, so perfect. I asked them what they are going to do with it. Oh God.

Mandiswa's story attests to the emotional and physical pain involved in late abortions, and the horror entailed in witnessing the birth of a dead foetus which may bring about the feelings that one has killed a potential child.

4) Perceived support

Research literature within the coping and stress model suggests that both perceived and actual support can act as a buffer to some of the adverse psychological effects from the experience of stressful events (Adler et al, 1992). Past abortion research has shown that women who perceive emotional support from parents or partner tend to cope better with their abortions than women who receive little support from significant others (Adler et al, 1992; Besley et al, 1977; Bracken et al, 1974; Lask, 1975; Major and Cozzarelli, 1992; Payne et al, 1976; Shusterman, 1979).

Findings from this study do not make it clear the extent of the effect that support from significant others had on women's post-abortion responses. Emotional sequelae from the abortions could be accounted for by various different aspects, many of which have been highlighted already. Most of the women from this study were not involved with supportive partners or gained the support of their

families, yet five women with very little support from others expressed few negative post-abortion sequelae. Many of the participants felt reluctant to tell parents, particularly their mothers, about their abortions because of fears about disappointing them, of burdening them or of non-supportive responses.

Susan: My mother is the sort of person who freaks out...

Nomfundo: I know she would have supported me, but I couldn't tell her because she would have, she blames herself for things.

In South Africa where abortion is legally restricted and difficult to obtain and many women undergo illegal abortions, and in a society in which abortion is not socially sanctioned in many circles, support over the abortion may be particularly important for women to overcome the negative effects of the stress involved in obtaining abortion and facing criticism for that choice.

4) Coping style

Coping is a way of managing stress and involves a wide range of cognitive and behavioural strategies that have both problem-solving and emotion-regulating functions (Major and Cozzarelli, 1992; Snyder and Ford, 1987). Cognitive coping strategies may involve activities such as planning and seeking information. Examples of emotion-regulating strategies are avoidance, repression, denial or displacement.

There has been limited research into the specific coping strategies used for adjustment to abortion. One study by Cohen and Roth (1984) found that women who display a high degree of avoidance or denial prior to an abortion usually exhibit more depression after the abortion than women who have a more active problem-solving approach to stress (Major and Cozzarelli, 1992).

Three women in this study coped with their pregnancies initially with denial. These women denied the physical and emotional reality of their pregnancies initially, and avoided making their abortion decisions promptly because of their ambivalent feelings about their pregnancies. This resulted in traumatic second and third trimester abortions and negative post-abortion sequelae. It appears that the consequences of the denial caused much of the distress through the experiences of illegal, late abortions and seeing the aborted foetus. This has been highlighted above in Mandiswa's case.

It was not possible to investigate women's coping strategies prior to the abortion in this study. However, women were asked how they generally cope with stress and how they coped with their abortions. The coping styles women employ in abortion situations are likely to be the same as their general coping style for stressful life events (Friedman et al, 1974).

Repression may be a means of coping with the immediate stress involved for some women in undergoing abortion. In cases where the underlying negative post-abortion feelings remain unacknowledged and unexpressed, the feelings may persist and re-emerge at other times of stress, such as on anniversary dates of the abortion or upon experiences other losses (Davies, 1991).

Nomfundo coped with stress of her abortion by repressing the distressing emotions from her consciousness. She gave a powerful account of how she stopped herself from expressing her feelings. She seemed to feel afraid of exhibiting and acknowledging the full power of her emotions. As she underwent her abortion less than one year before the interview, it is difficult to assess the long term effects of her denial or her ability to deal constructively with her feelings in the future.

Ursula: How are you able to cope with stress usually?

Nomfundo: I let myself not feel... I ignore my feelings.

Ursula: Is that how you have been able to deal with you abortion, by putting you feelings away?

Nomfundo: Ja mostly. Like I, during the period I feel like crying and screaming and shouting and breaking things but I didn't I just, every time I felt like that I just go and look in the mirror and say "stop stop stop". But it's like when I do that it's like I'm suppressing things and I feel like these heavy things you know.

Snyder and Ford (1987) note that repression or denial may be adaptive at the early stages of coping with a stressful event, when one does not have the resources to act constructively or realistically. Denial enables the individual to pace the recovery through gradual management of stress rather than overwhelming the individual with anxiety and confusion. By reducing stress, denial or repression may allow the individual to get on with other matters. In cases in which the abortion is experienced as a highly stressful event, women may be able to cope with the immediate stress of the event through initial denial, and later cope with the issues causing the stress in a more circumspect manner.

For many women in this study, a degree of denial or repression may have been involved in their coping with their abortions. This has allowed them to get on with their lives.

Ursula: Did you expect to cope with the abortion emotionally?

Liz: Ja. I mean I have to. I'm not going to let it make a mess of my life. You have to move on.

Anne: I just got back into my life, it was just such a relief. My life was mine again.

A dysfunctional manner of coping with stress, or acting out distress, is through alcohol use and promiscuity. Two women in this study used these coping mechanisms.

Karen For a long time I imagined I was very laid back and it was only some six years ago I had to realise that I'm quite highly strung and how do I cope? I think I've used, over the years, sex for example as a drug to just block out, to go on an escapade and you can worry about the relationship and not about the stress. I could, unless I really controlled myself, probably drink too much. I dive into books and read for, book after book.

These coping strategies may be a means of avoidance of the current stress, a way of expressing anger, pain and distress, or possibly a way of punishing oneself. The dynamics involved in these behaviours are complex and a discussion is not in the scope of this study. However, it is important to note that these behaviours are self-sabotaging and need urgent attention.

Research has suggested that the most effective means of coping with stress is to adopt an active coping style by talking and thinking through the stressful event (Major and Cozzarelli, 1992; Major et al, 1985). This may assist women in coming to terms with the abortion experience. Susan took an active coping stance with her abortion. She had the support of friends close to her when she was undergoing the stress involved in the unwanted pregnancy and in finding somebody to procure her abortion. At the year anniversary of the abortion she realised that she was feeling emotionally vulnerable and decided to undergo therapy. Susan was able to recognise the benefits of actively working through her feelings.

U: How did you feel after that? Your immediate feeling was amazing relief, and then after that?

S: Relief, relief, relief, relief. Niggling, relief, relief, relief... I was fine because... I had my best friend who was living with me and is the most incredible woman on earth, and I had my other best friend... she was also very supportive... it was about February... and that was when the child would have been due, and I thought whew, and so I put myself into therapy immediately. I thought "No, deal with it".

4.5 Treatment ideas: Counselling and Support Groups

Abortion counselling has the potential to deal with the many difficulties and uncertainties which may arise in the experience of abortion. This section examines women's experiences of pre- and post-abortion counselling and gathered ideas as to the kinds of issues women feel need to be addressed in abortion counselling. Suggestions about support groups are also raised.

4.5.1 Pre-abortion counselling

In South Africa under the current Abortion and Sterilisation Act of 1975, pre-abortion counselling is undertaken with women who are granted legal abortions as part of the assessment for suitability for abortion (Nash and Navias, 1983). Past literature has suggested that pre-abortion counselling in South Africa determines suitability for abortion through the guidelines prescribed in abortion legislation and by gauging the emotional impact of the unplanned pregnancy on the woman (Nash and Navais, 1983). Factors which act in favour of legal termination of pregnancy included a referral for psychiatric treatment at the time of the interview and an age of less than sixteen years because the woman is considered a minor by law, or greater than thirty years of age. Factors influencing a refusal of legal abortion included many sexual partners as women were then seen as irresponsible, and feelings of ambivalence demonstrated by the woman about the pregnancy and the abortion (Drower, 1977). These conditions for granting legal abortion appear prescriptive and impose particular value judgements on the women applying for the abortion. The present nature of this counselling has not been investigated in this study, although the participants shared their experiences and comments about the counselling they received.

The four women who underwent legal abortions on psychiatric grounds received pre-abortion counselling in this study. Two of these woman expressed that the counselling had been helpful to them. One woman experienced her counselling as an affirming experience. Susan felt that counselling provided her with the necessary information about the operation. The counsellor also investigated the meaning of the pregnancy to Susan and about her social support network.

Susan: He took me through the operation graphically, so I knew what was going to happen. He asked me how I had fallen pregnant, which I think is vital to the abortion. The conception, the way of conception, and we spoke about that for a while and he said "How do you honestly feel about the father?" and "Can you tell your parents?". He really wanted me to tell my parents, which I think is quite healthy. It's a way of saying you need support, "and if you're not going to tell your parents, do you have people who you can talk to?" and I said "Ja, definitely" and he said "Do you have more than five?" and I said "yes" and he said "fine". Also he didn't treat me like a child.

It should be noted that Susan was forced to play a "disturbed" role in order to obtain her abortion on psychiatric grounds, which may be a harmful experience. There is need for investigation into the kind of pre-abortion assessment currently undertaken for legal abortion on psychiatric grounds, and its affects on women.

Three women who received pre-abortion counselling had problems with the counselling provided. Anne experienced her assessment for legal abortion as non-supportive and a struggle:

Ursula: If you had had pre-abortion counselling, what would you have wanted?

Anne: I would have wanted not to have to fight so much; that's why I absolutely support legal abortion because I feel that women who have made that decision require support and I wasn't getting any support. I was having to fight against the system with every ounce of everything that I had in order to get something that I wanted. There was no support.

Although Beki found some aspects of the counselling useful to her, a lack of accurate information regarding the abortion procedure on the part of the counsellor caused Beki stress.

Beki: I think that the counselling that I had equipped me in some way. It's just that the person who was helping me wasn't so up to date about the methods of abortion that they use. It would help if the social worker or whoever is counselling you is up to date and knows what is exactly going to happen. The methods that she told me were methods that they used in the past, but when I got to hospital the psychiatrist told me and what she actually did was to make me very scared.

The available options for dealing with the unwanted pregnancy (continuing with the pregnancy and keeping the child, offering the child for adoption and abortion) are generally discussed with women before the abortion is given (Nash and Navias, 1983). The aim is most probably to give each woman the opportunity to discuss her decision, making sure that she understands her choices so that she can make an informed decision. The manner in which these choices are given are important as it may influence women in their decision-making. Women are likely to be sensitive to the emotional tone of their counselling at a time when undergoing a difficult choice and feeling emotionally vulnerable.

Nomfundo experienced counselling around these choices as a pressure to choose an alternative other than abortion. For this reason she felt that pre-abortion counselling should be voluntary rather than mandatory.

Nomfundo: Like I really feel women should be given the right to make the decision whether to go into motherhood or, I still think even though this pressure through having to see those people, it was like. I think women should be given the decision. This counselling, let it be there when you have to make the decision but let it be a choice whether you want to go to this counselling before going through with the abortion.

The above issues raise questions about the nature of counselling currently provided. Experience of a lack of support, understanding or affirmation in pre-abortion counselling clearly adds to the stress involved in making an abortion decision. Moreover, perception of pressure to choose alternative other than abortion, in dealing with the unwanted pregnancy, may exacerbate an already difficult decision and may bring about negative post-abortion sequelae such as regret or guilt about the decision. Accurate information about the abortion is vital in order to prepare women physically and emotionally for the abortion operation. There is a obvious need for further research into women's requirements of pre-abortion counselling, particularly if abortion is to be made more freely available to women in the future.

All the women interviewed were asked their suggestions for pre-abortion counselling, including the women who had undergone illegal abortions and who had no access to or experience of pre-abortion counselling. Their suggestions are summarised below.

1) Procedure, operation methods and risks

Five of the women interviewed in this study would like to have had more information about the actual abortion operations undertaken and the possible risks involved. Clarifying the exact procedure to be undertaken within a time frame may reduce the some of the stress of the unknown in the abortion experience. In South African obtaining a legal abortion may be time-consuming and women are often unaware of the lengthy procedure involved. Some women stated that it would be helpful to have a time frame for the abortion. Awareness of the procedure to be used may also prepare women for the possible physical pain, bleeding or other events which may occur from the abortion. Common misconceptions, such as abortion causing infertility or being a form of sterilisation, may also be clarified (Davies, 1991).

Karen: I would have liked to have been warned of the possible things that can go wrong, that's just good medical practice.

Ragma: I would like to know if I can fall pregnant again, and how and what the doctor would actually do.

Beki: The people need before abortion counselling concentrating on the fact of the methods that they are going to use and the time is important, to know after how long you are going to have an abortion.

2) Respect, affirmation and support

The importance of support and affirmation from counsellors around the decision-making was stressed by four women in this study, and for the woman's decision to be respected once made. A perception of negative judgement by the counsellors is likely to make the abortion decision more confusing and difficult, and may exacerbate negative post-abortion feelings. Emily felt that she would have avoided counselling if it was available to her because of her fears about the negative social judgement of counsellors, which would have worsened her own self-judgement:

Emily: I would have probably thought that counselling would have been judgemental, that there would have been a judgmental air there and I don't think I would have coped with that. I already felt badly and I didn't need someone else to think I was bad as well.

The abortion decision is seldom an easy one and women may need affirmation in order to help overcome the stress involved in the decision. Nomfundo felt that counselling should address ways of managing stress during the anxious period of making the abortion decision:

Nomfundo: So like counselling I would like is, 'cos this is a stressful period, how to deal with stress and how to make a decision and not be emotionally involved and because you feel so guilty afterwards.

Counselling should ideally take place in an atmosphere of support and acceptance so that the woman making the decision can express herself freely without fear of criticism.

3) Discuss post-abortion sequelae

Four women felt that they would have benefited from talking through the possible post-abortion feelings before they underwent the abortion.

Nomfundo: Counselling to tell you about the after effects. What is going to happen to you after the abortion.

Ursula: Like what sort of things?

Nomfundo: Like especially your feelings you know.

Mandiswa: I would have wanted to talk to someone who had gone through it.

Discussing possible post-abortion sequelae before the abortion is advantageous as it may help the woman and her counsellor to evaluate the woman's capacity to deal with the unwanted pregnancy and the abortion together in a two way process, rather than the practitioner (psychiatrist, doctor or social worker) assessing the woman's coping ability from a powerful position to the relatively powerless position of the woman requesting the abortion.

Discussing the woman's expectations regarding her post-abortion feelings may also uncover any ambivalence in the woman's abortion decision and establish help the meaningfulness of the pregnancy to the woman. Friedman (1973) notes the significance of discussing possible conscious and unconscious motivations for the pregnancy in pre-abortion counselling, as this helps the woman to obtain a truer perspective of the inner and outer reality of her situation and frees the woman to make her decision on the basis of feelings and realities which are better understood.

4) Outlining the alternatives

Three participants stated that it would be useful to know more information about the alternatives to abortion and would like to have had the opportunity to discuss all the available options with a neutral or non-judgemental person. Adler (1975) has stressed the importance of pre-abortion counselling which provides women with an opportunity to explore their feelings about abortion and the alternatives. Clarifying the available options in a non-judgemental way may facilitate the decision-making process.

Themba: I would have wanted to know what my options are. I would have wanted to clear my reasons for doing it or not doing it.

Barbara: I think that you really have to make sure that they know what they are doing and not just doing it because they are desperate and they think they can't cope... You have to make sure that they wouldn't rather adopt the child.

Two women explained that spelling out the alternatives to abortion would not have been useful to them, as they had already made an informed decisions about their abortions and did not need this information. Karen felt that she did not need to consider options other than abortion as she was clear that she wanted an abortion:

Karen: In my case it wouldn't have helped at all to talk through options because I'm not particularly, ja, to have an unwanted pregnancy you terminate it.

It is essential that women gain information about their rights and alternatives regarding the unwanted pregnancy in order to make an informed and integrated decision. This information may be gained from other sources other than through the counsellor. However, it is the researcher's view that the responsibility for ensuring that women have explored the options available to them and have not made a hasty decision based on incomplete information, lies with the counsellor.

Providing women with the information on their alternatives may be complicated as some women may experience this as disapproving towards abortion. As has been stressed previously, the manner in which the information is imparted needs to be non-directive and non-judgemental in order that it can be explored in an open and sincere manner. Joffe (1978) has raised the question of professionalism on the part of the counsellor. Counsellors may experience difficulty when clients make abortion choices which do not conform to the counsellors' values and counsellors can make subtle attempts to persuade the client to make the "correct" decision. According to Joffe, it is the mark of professionalism in counselling not to impose one's own values on the client making the abortion decision. In South Africa this is a pertinent issue as there may be disparities in attitudes towards abortion practice between counsellors and women requesting abortion, influenced by differing social classes and ethnic backgrounds. It is therefore important that counsellors are aware of and respect the values and practices of cultural groups other than their own.

5) Foetal development

Two participants would like to have known about the level of foetal development before their abortions. Fears about destroying a fully developed child may motivate these requests, and may be influenced by information provided by religious and pro-life lobbyists. Women may develop an internal moral guide linked to the level of foetal development, affected by social attitudes and personal beliefs, by which they determine whether abortion is a morally acceptable choice for them.

Susan: I've always wanted to see a picture of what a foetus looks like... A friend saw one and she said it looked sort of like a carrot, so that was quite reassuring. That's what pisses me off about abortion

posters is that I know that the pictures that they show are of babies at sort of five months and that's not what you abort. You don't abort after three months. You don't, that's murder. I'm not pro-choice down the line. I have my own parameters. It really pisses me off when they show pictures of babies. You don't kill babies, I know that. It's before the brain and the heart and everything's connected.

Beki: You must know how big the foetus will be and what developments it would have had. That is very important... I realised that I had an abortion on my seventh week, never mind that the foetus already had the heart. It wasn't something that you could see like a child. Some people are scared to see that it has grown so much and they feel guilty afterwards that they have killed a full person.

Knowing the stage of development of the foetus may reassure women that they have not killed a child if the abortion takes place at an early stage of the pregnancy. However, in cases where second or third trimester abortion is the chosen option, consciously knowing about the advanced development of the foetus may enhance negative post-abortion sequelae. In pre-abortion counselling, providing accurate information about foetal development may give women a directive which affects their decision-making around abortion.

4.5.2 Post-abortion counselling

Research has suggested that counselling after an abortion benefits women in understanding their post-abortion feelings and coming to terms with their abortion experience (Adler, 1975; Marecek, 1987).

Severe negative post-abortion sequelae after first trimester abortions are rare (Adler et al, 1992). Nevertheless, a certain degree of ambivalence among women who abort may be the norm, given a culture in which abortion is condemned by many social institutions and people, and there are numerous issues that could be dealt with effectively in post-abortion counselling. Women who undergo legal abortions in South Africa are evidently offered the opportunity to receive post-abortion counselling (Nash and Navias, 1983). However, women who procure illegal abortions currently have limited access to counselling other than private psychological services which may be expensive and out of reach for the majority of South African women, particularly women of limited economic means.

Findings from this study raise the question as to whether post-abortion counselling should be mandatory because of the potential benefits for women. It was clear from this study that not all women want counselling after their abortion. Six of the twelve women interviewed did not feel the need for post-abortion counselling. Although most of the participants recognised the benefits of counselling to those who suffer post-abortion distress, who are ambivalent about their abortions, or forced by external circumstances to choose abortion, most of these women felt that they did not want or need counselling themselves.

Mariaan: I think that forced counselling would be a bad thing because I think that we are all very different and in different circumstances, and some of us need it and some of us don't. I would have been offended if somebody tried to counsel me in the assumption that I'm meant to feel guilty, and I'm not; I'm just feeling relieved.

Ursula: You decided not to have counselling after the abortion. Why was that?

Beki: Because I didn't need it. People who need the counselling after the abortion are people who are compelled by circumstances to not have the baby, like if the baby was to be handicapped, or if you were to feel guilty after the decision afterwards, then you need counselling. I was sure about my decision and afterwards I just felt relieved, so I didn't need the counselling afterwards.

Anne: I don't think I needed post-abortion counselling because I had achieved what I had wanted. For women who have traumas or regret afterwards, they do need counselling. Personally I couldn't say what I wanted because I didn't want anything. I just wanted to forget about it, and I didn't want anybody to know about it and I wanted to be that it had never been, so going to counselling would have just dragged out the whole process more than I wanted to acknowledge.

Women who experience predominantly relief after their abortions may wish to get on with their lives and do not feel the need to deliberate over the emotional implications of their abortions at that stage.

However, declining the opportunity of counselling may in some cases be a form of denial, through refusing to acknowledge the feelings attached to the abortion. This is not necessarily a maladaptive means of dealing with the immediate stress of post-abortion feelings if the feelings are dealt with at a later stage and do not continue to be repressed (Snyder and Ford, 1987).

None of the five women who had legal abortions undertaken state provided post-abortion counselling although two women undertook therapy privately a period after their abortions. This study did not explore the full extent of the reasons why women did not accept state provided counselling. It could be hypothesised that negative experiences of pre-abortion counselling played some role in these women's refusal of state provided post-abortion counselling. This warrants further research.

Despite the feeling by half of participants that post-abortion counselling was not necessary for themselves personally, all were asked for their suggestions for post-abortion therapy from their experiences of abortion. Their recommendations on the kinds of issues necessary to address in post-abortion counselling are outlined below.

1) Support, understanding and a place to talk through feelings

Six of the participants stressed that it would be useful to talk through feelings and gain support and understanding after an abortion. Most of these women had experienced post-abortion distress, particularly feelings of loss, grief, guilt and shame. Lemkau (1988) emphasises the importance of normalising women's post-abortion feelings as suffering post-abortion distress after choosing abortion may be confusing to many women. Abortion may also be a lonely experience in a social climate in which abortion is stigmatised, and women may need support and recognition of the difficulties they have experienced.

Ursula: And after the abortion, what sort of counselling?

Nomfundo: For me a part of my life has shattered. I didn't know how to put the pieces together. It was something I had to think about. How to, like I said, I didn't really know after what is the meaning of life. I lost that and I think just find someone to talk through your feelings with so they can help you through. It's like after abortion if only you could find somebody who knows everything, someone who when you say it's like that and that they say it's fine. Just someone to encourage you to carry on.

Themba: Ja, it's worse not being able to tell anybody, like someone understanding what you are going through.

After the abortion, women may need to clarify their reasons and reaffirm their decision to abort, particularly in cases where the woman chose abortion due to an external set of circumstances and pressures.

Ragma: Just to go through it and to explain myself why I had it done, and if someone would understand the reasons. I needed to talk to someone you can trust, besides your mommy. Sometimes the emotions just eat you up and sometimes I needed to speak to, someone like you who'll just listen. I don't need someone to tell me what to do... But I also want someone to tell me if I did the wrong thing, or did I not consider myself.

Ragma (above) also stresses the importance of a trusting and non-judgemental environment in which one is listened to empathically. The professional confines of counselling or therapy can provide a setting in which women may express themselves freely, without fear of negative social judgement. This may be more difficult to achieve in a close familial or friendship relationship than in a therapeutic environment.

2) Social stigma

The need to deal with negative social judgement and the feelings of stigma attached to abortion was raised by two participants. The negative attitudes held towards abortion have created a silence around abortion as women may be afraid of exposing themselves to criticism and disapproval. This may result in women masking their feelings, and therefore not acknowledging and resolving them. Moreover, women may feel alienated in their abortion experiences which can exacerbate any negative post-abortion sequelae. Counselling may provide women with a non-judgemental place to deal with their feelings, as has been suggested above. Counselling may also help women to anticipate and to deal with derogatory sentiments and censorship.

Beki: Like dealing with people who say things that make you feel dirty or something. That's something that I feel I would need.

Ursula: It sounds like after the abortion you didn't know you might have to deal with those sort of issues or people who make you feel uncomfortable.

Beki: I thought that it would be easy to avoid them.

3) Resolving feelings and forgiving oneself

Two women felt that it would be important to acknowledging the end of their potential child. It has been noted previously in this thesis that society offers little recognition for women to grieve the end of a pregnancy they have chosen to terminate. Resolving feelings of grief and loss after the abortion may be assisted through talking to others with empathic understanding. Post-abortion counselling can, in addition, serve women in normalising these feelings.

Women may need to learn to forgive themselves for the loss of a potential child after an abortion. Rituals of self-forgiveness and absolution, through prayers and mourning, have been suggested as an effective intervention for unresolved grief after an abortion (McAll and Wilson, 1987). However, the manner in which women acknowledge their feelings and forgive themselves need to be suited to their personal belief system.

Susan felt that movement therapy was a suitable way for her to come to terms with her feelings. She stated this as the need to close the process of the pregnancy and abortion:

Susan: I did movement therapy and I would suggest quite firmly that you chose a medium therapy and not psychoanalysis because the problem lies in the body and in the woman's rejection of the body... You also cut your cycle midway and your body and brain are involved in that cycle... my body knew the cycle was coming to an end and there's no product, there's nothing. It's a sense of closing. I opened something and I didn't close it until after therapy... The main thing that therapy can do is help close the process.

4) Responsibility

An important issue raised by one participant is the need to take responsibility for the pregnancy and the abortion in order to be able to forgive oneself and learn from the experience. Women who take responsibility for their circumstances may feel a greater sense of control over their lives, which is related to better post-abortion adjustment (Cozzarelli, 1993).

Susan displays a degree of optimism and control over her life and was able to take responsibility for her circumstances.

Susan: You need to take responsibility for it, because if you don't take responsibility for it then it's never over. It's just this thing that happened to you. It needs to be "I made this decision and I will take responsibility for the consequences and I will deal with this. I will link with other people but it is essentially my decision and my solution to the problem and I will take responsibility for it". If you don't accept it fully as your decision then you will never fully deal with it.

Counselling or therapy sessions may assist women with taking responsibility for their actions without introducing self-blame. Women may then develop a greater sense of control over their life circumstances so as to be able to cope better with future life stressors. Mueller and Major (1989) found that enhancing self-efficacy and raising coping expectations in regular counselling sessions was effective at lowering women's risk for negative post-abortion sequelae.

5) Self-worth

Women who have felt guilty about the abortions and who have blamed themselves may express this through self-condemnation and a negative perception of self-worth. Once a woman has been able to forgive herself and relinquish some of the blame, she may redevelop her sense of self-worth. These are issues that can be dealt with in greater depth in a therapy.

6) Coping strategies

Two participants in this study displayed coping strategies which were self-destructive or likely to inhibit a positive resolution to their abortion experience. For example, excessive alcohol abuse or promiscuity may be self-sabotaging and a means of proving to the women involved, a lack of self-worth. Denial may also be a maladaptive means of coping with the stress of an unwanted pregnancy and abortion. Counselling or therapy sessions can make women aware of their coping styles. This may assist women in developing a greater personal understanding of the functional as well as dysfunctional strategies they have employed to deal with stress in the past, with the aim of improving their ability to cope adaptively with future stressors.

7) Other pertinent issues

Research has suggested that contraceptive practice can be improved through abortion counselling, leading to less unplanned pregnancies (Marecek, 1987; Miller, 1992). Whether this information is best provided before or after the abortion is difficult to determine. Discussing contraceptive practice may be useful in providing women with information about contraception and exploring beliefs and attitudes held towards sex and responsibility for contraception. However, some women may perceive enquiries into sexual practice in pre-abortion counselling as an intrusion at a stage when they feel inappropriate or perceive it as a form of blame for not using contraception effectively. None of the twelve women interviewed suggested that discussion on contraceptive practice would be useful to them in either pre- or post-abortion counselling. Despite this, many of the participants had difficulty negotiating contraception within their relationships. This is clearly an area that needs addressing.

Issues surrounding the inclusion of the male partner in abortion counselling were not raised by any of the twelve participants. The male partners' role in the abortion decision is a controversial issue and an exploration of this is not in the scope of this thesis. Nevertheless, dealing with the meaning of the pregnancy to both parties may be beneficial in cases in which the relationship is maintained. Difficulties experienced in relationships can be uncovered in abortion counselling with their partners,

so as to be dealt with in further couple therapy. Many of the participants in this study involved in strained relationships may have benefited from conjoint counselling. Furthermore, issues surrounding responsibility for contraception may be explored more fruitfully with couples rather than individually.

There is need for research into the current effectiveness of counselling and the kinds of issues that are most important to deal with in counselling, taking into account women's needs. Costing implications for different types of therapy would also require investigation.

4.5.3 Support groups

Groups work may be an effective and cost efficient means of bringing women together for supportive therapy. With the possible liberalisation of abortion laws, making abortion accessible to greater numbers of women, there will be increasing pressure on formal health services to address women's therapeutic needs due to abortion. Groups have the potential to increase accessibility of women to supportive therapy, and may be a cheaper alternative to individual counselling.

The participants of this study were asked for their ideas about support groups and their personal interest in such groups. Nine of the participants thought that support groups would have been beneficial to them after their abortions. Three women felt ambivalent about the use of groups for themselves personally in a similar vein to their ideas for counselling generally.

The participants comments on their perceptions of group capabilities are summarised below.

- 1) Groups may be valuable in providing women with a source of support, acceptance and solace. Support groups may also help women deal positively with feelings of isolation and stigma attached to abortion. Groups acceptance may assist women in overcoming these feelings of alienation.

Mandiswa: You always feel so alone. There are groups for alcoholics, for drug addicts, for people who have died, but somehow people always think you are so immoral, you don't deserve.

- 2) Two women felt that support groups were a better alternative to individual counselling. Women may have the perception that a group with a common experience of abortion creates an atmosphere of greater acceptance than individual counselling.

Barbara: I think that maybe it's much better than even a one-to-one because I think it's less confrontational and people relax.

3) Groups of a supportive or self-help nature may not carry the same stigma that is often attached to psychological counselling. Women may therefore come forward more readily for group support than for individual counselling.

Liz: You can talk about it but you don't have that stigma of having a problem because everybody else is in the same boat as you and they can understand.

4) In groups sharing a common experience feelings can be normalised and women may learn from each others' experiences. In addition, women finding in themselves in the position to help others, may experience a sense of empowerment.

Barbara: you can learn so much from others. I think they're really good value. It makes you think and look at things more objectively.

5) Facilitation of the support group by a qualified person was emphasised as important by one participant. A trained group facilitator could contain sensitive emotions by making appropriate use of therapeutic process.

Karen: I think in a controlled sense, there should be a trained person around. If you just get a lot of people together who've had abortions you can get a lot of mess, but if you have a trained psychologist to mediate the group, someone who was uninvolved, otherwise there is too much tender emotion there and the group wouldn't be able to support it.

Although this thesis has not investigated the full benefits and potential problems relating to group work in abortion, anecdotal evidence seems to suggest that group work may have an important role to play in the provision of counselling services for women's post-abortion adjustment. Further investigation into this area is recommended.

5. CONCLUSION AND RECOMMENDATIONS

5.1 A contextual approach

This study has highlighted the diverse range of factors which together form women's experiences of abortion. Past research on abortion has generally examined only one type of variable in relation to the abortion experience and often does not take into account the circumstances under which the conception occurred, those under which the decision to terminate the pregnancy are made, or the circumstances under which the abortion is accessed and performed, all of which are important aspects of women's experiences of abortion. Clearly the social context under which abortion occurs, combined with a woman's personal understandings of her circumstances, affect the woman's abortion experiences.

The social context of abortion in South Africa is such that abortion is currently restricted by law, and both difficult and time-consuming to procure legally, and many women undergo illegal abortions which may be hazardous to women's health (Bradford, 1991b; Sarkin-Hughs, 1990). In addition, abortion is not a socially accepted alternative for dealing with unwanted pregnancy in many circles, and may be particularly unacceptable amongst African groups (Goba, 1995; Mofarah, 1994; Walker, 1995), especially African men (Bradford, 1991a; 1994), as well as in religious communities (Ellingsen, 1990). These set of circumstances add to the social stigma surrounding abortion and create a silence around abortion which may serve to alienate women who undergo abortions in South Africa. Given this social backdrop, this study investigated the kinds of factors which affect women personally in their abortion experience.

5.1.1 Post-abortion responses

Responses to abortion vary in amount and kind. Past research has suggested that for the majority of women, abortion is followed by a mixture of feelings, with most women feeling predominantly relief (Adler et al, 1992; Burnell and Norfleet, 1987; Lemkau, 1988). Post-abortion feelings are not unidimensional and women may experience a degree of negative post-abortion reactions, albeit feeling relief. This may be normal in a social climate which abortion is generally condemned and legally restricted.

In this study of twelve volunteers who had undergone abortions from between two months and twenty-nine years previously, seven participants procured illegal abortions and five participants underwent legal abortions. The legal status of the abortions procured by the participants did not conclusively influence the participants' post-abortion responses. It could be hypothesised that the stress in obtaining a legal abortion is comparable in effect to the stress of procuring an illegal one.

Three participants underwent abortions after the first trimester of pregnancy. Although these women underwent illegal abortions, it appeared that the stress linked to their abortions was primarily due to their ambivalence around their choices of abortion and their experiences of late abortions, rather than due to the norm violation and criminal status of illegal abortion.

Half of the participants in this study expressed mainly feelings of relief after their abortions, half of whom had undergone legal abortions and the other half, illegal abortions. Relief feelings may persist over time, as was suggested by the three women who underwent their abortions more than nine years before the interview.

A third of the participants indicated feelings of guilt and shame following their abortions. Women who express these feelings show a perception of having done something "wrong" in the woman's own belief system as well as a perception of negative judgement from those around her. In this way the social stigma attached to abortion exacerbates the guilt and shame of abortion expressed by some women. These feelings may be prevalent among women who interact in circles which are opposed to abortion, such as in religious communities or among certain African groups, as was implied by the beliefs and backgrounds of these participants.

Feelings of loss and grief were experienced by a third of the participants. These feelings may be linked to late abortions in which the pregnancy is meaningful to the woman and she is ambivalent about the choice of abortion. Grief reactions may also persist over time if not acknowledged and resolved. With no socially accepted outlet for post-abortion grief, women may act out their feelings self-destructively through self-condemnation.

Concerns about body image, sexuality and motherhood were raised by a few participants. Distress over the abortion may be expressed through developing a negative body image and an insecure or indiscriminate sexuality. Women may also reassess how much of their identities are invested in motherhood. Women who have chosen abortion and denied the social role of motherhood may later question their legitimacy as mothers in the future.

5.1.2 Personal context of abortion

Abortion decisions and women's experiences of abortion emerge in a complex web of relationships and life choices. This study highlighted a number of factors which influence women's decision-making and abortion experiences.

The abortion experience is certainly influenced by the meaning the pregnancy has to the woman involved. This includes the degree to which the pregnancy is wanted or unwanted, and is influenced by a range of conscious and unconscious reasons why the woman fell pregnant, such as a desire to secure a failing relationship, or to prove fertility. Women who hold the pregnancy meaningful to them show greater ambivalence in the decision to abort and are at greater risk for negative post-abortion sequelae. This has been confirmed by past research (Adler, 1975; Friedman et al, 1974; Klein, 1985; Leppert and Pahlka, 1984; Major et al, 1985; Marecek, 1987; Smith, 1973).

The meaning of the pregnancy to the woman and her decision to terminate appear to be strongly influenced by the relationship the woman is in at the time of the pregnancy. Nine of the twelve participants were involved in strained or insecure relationships at the time of their pregnancies and this contributed to their decision to terminate their pregnancies. However, deciding to terminate a pregnancy within a close relationship can be a highly ambivalent decision. In a case involving a close relationship, the decision to abort may be difficult because the product of that relationship is potentially more significant to the woman involved than a pregnancy evolving from a less meaningful relationship.

A variety of circumstances are evaluated by women in their decision about how to deal with their pregnancies. Poor financial standing and the desire to continue pursuing a career emerged as important in the participants' abortion decisions. This is salient in South Africa which offers little State aid to single mothers and insufficient unemployment benefits. Other reasons cited for choosing to terminate the pregnancy included feelings of lack of emotional preparedness to have a child at that stage, perceived fears of disappointing the family by having a child, and fears about recreating dysfunctional mothering experiences on the women's own potential children. In this way a woman's background plays an important role in her perceptions of motherhood which informs her abortion decision.

In many cases the abortion decision is a difficult one, filled with uncertainties and ambiguities. What emerged as important in this study, affecting the woman's response to her abortion and her post-

abortion adjustment, was the degree to which the decision to choose abortion was based on the woman's own choice. Women who choose abortion based on a realistic appraisal of their circumstances and who take into account their personal values and beliefs respond more positively to their abortions than women who choose abortion based on external factors alone. A coping and stress approach (Cozzarelli, 1993; Snyder and Ford, 1987) suggests that women who actively take responsibility for their abortion decisions potentially feel a greater sense of control over their circumstances. This is related to better post-abortion adjustment.

The environment connected with the abortion operation is a major aspect of the abortion experience. It has been noted above that in South Africa legal abortion is provided on restricted grounds and procuring the abortion involves a time-consuming, bureaucratic procedure. Many of the participants found the procedure stressful. It is important to recognise that the reactions of health care providers who come into contact with women who undergo abortions affects the abortion experience, and may influence women's responses to the abortion (Adler, 1979). Although some participants were treated with respect and support by hospital staff in their abortions, the majority of the participants who underwent legal abortions felt that their treatment was unsympathetic. The degree to which this influenced their adjustment to the abortion was not investigated.

Procuring an illegal abortion involves varying amounts of stress, depending on the ease at which the abortion is achieved. Women who have difficulty procuring an abortion may undergo abortions after the first trimester of pregnancy. This clearly adds to the emotional burden of the abortion experience. Illegal abortions may also be stressful because of the element of unknown in the procedure. They may be costly, painful, and there are no guarantees as to the reliability of the service.

A woman's response to abortion depends additionally on the resources she brings to the situation. Each woman's manner of dealing with the abortion is likely to be similar to her general coping style for stressful life events. Women with more adequate coping abilities, such as actively talking and thinking through the stressful event, are less likely to experience serious post-abortion problems than women use dysfunctional coping mechanisms, such as avoidance or denial (Adler, 1979; Major and Cozzarelli, 1992). In this study, strong emotional and physical denial of pregnancy resulted in three women undergoing traumatic, late abortions (abortions after the first trimester of pregnancy). Other participants displayed varying degrees of denial which assisted them in being able to cope effectively with their general life affairs. According to a stress and coping model (Snyder and Ford, 1987) initial repression may be an adaptive coping strategy in that it can reduce the immediate stress in order that the emotional consequences of the stress can be dealt with at a stage when the woman has the

resources to act constructively. It should be noted however, that a persisting state of denial is unlikely to foster positive adjustment to the abortion (Davies, 1991).

5.2 Common themes

1) Powerlessness

The theme of powerlessness was evident throughout the abortion process. Within relationships, some of the participants felt powerless to challenge their partners for lack of contraceptive use. Men may be careless or negligent about contraceptives because it is perceived to disturb the sexual mood and threatens their image of masculinity (Miles, 1995). It is also the woman who runs the risk of pregnancy. It has been suggested that African men particularly are antagonistic towards contraception because it challenges their control over women (Bradford, 1991a; Klugman, 1990). In these circumstances women may be caught in a difficult position for taking responsibility for their fertility: choosing abortion as a socially unacceptable means of dealing with unwanted pregnancy, or challenging a patriarchal system expressed through their male partners' lack of contraceptive use.

Powerlessness was also experienced by women in the sense of falling pregnant without wanting or planning to. This bodily event may override the woman's conscious decision not to conceive at that stage and may result in the woman feeling helpless and incapable of controlling her circumstances. ✓ Feelings of a lack of control over one's body may re- evoke powerless feelings experienced in the past. It is interesting to note that issues of sexual abuse or rape were raised by five participants, and these are experiences which appear to involve a notable degree of powerlessness.

A strong perception of powerlessness was evident in women's frustration about their experiences in accessing abortion. In the case of legal abortion, women felt powerless in the fact that the ultimate decision for the abortion was not hers, but in the power of the medical personnel whom she could not challenge. In the case of illegal abortion, women rely on the favour of the service provider and she has no legal rights or power to challenge the process, the circumstances or the price. Furthermore, she has no guarantee for the service provided.

The circumstances highlighted clearly display a pervasive feeling of powerlessness in which women cannot feel a sense of control over their fertility or destiny.

2) Social Stigma

Talk about the effects of social stigma arose repeatedly during the interviews, in reference to negative community opinions, dissension from the religious communities, negative abortion views within families and between friends, as well as a level of hostility experienced by some women in their treatment by health service providers. Not only does the unlawful status of illegal abortion flavour women's abortion experiences with the social stigma of criminality, but abortion generally is not viewed as an acceptable means of dealing with unwanted pregnancy. Ten of the twelve participants interviewed in this study had not previously spoken openly about their abortions because of negative social perceptions of abortion and fears about disapproval from others. A perceived lack of social support and negative judgement over abortion may exacerbate the stress that the abortion can entail. What has been suggested in this study is that the silence surrounding abortion has isolated women who have undergone abortions and prevented them from coming forward to receive any emotional support which they might require, particularly when they have chosen abortion in a social context which condemns abortion as unacceptable. Women's experiences of abortion may possibly be improved if changes were made in the general social climate surrounding abortion to a less shameful position, as well as with the provision of accessible, safe abortion services and counselling.

5.3 Recommendations for abortion counselling

This study investigated women's experiences of pre- and post-abortion counselling and gathered suggestions as to the kinds of issues women feel need to be addressed in this counselling, and the benefits of support groups. Of the four participants who underwent State provided abortion counselling, three women found it non-supportive, pressurising and lacking in appropriate accurate information regarding the procedure. Participants in this study stressed the importance of pre-abortion counselling, but felt that post-abortion counselling should be a choice offered to women rather than mandatory. Recommendations for beneficial abortion counselling, shaped by participants' comments, are outlined below:

- 1) In pre-abortion counselling it is important to investigate the meaning of the pregnancy to the woman and to explore any ambivalence in her decision-making around the abortion. Abortion counselling can assist the woman in making an accurate appraisal of her circumstances, by including an exploration of her values and belief system, the options available to her in order to deal with the pregnancy, and the pressures under which she feels unable to continue with the pregnancy. The

counsellor needs to bear in mind that the quality of the abortion decision and the degree of control a woman feels over her choices may affect her coping ability in the abortion.

2) In pre-abortion counselling women require the necessary information about the abortion procedure and the time-frame for the procedure. In order to make an informed decision, women also need to know about the possible physical risks involved in the operation, as well as the emotional risks and possible post-abortion sequelae. This may help prepare women physically and emotionally for the abortion.

3) Both before and after abortion, women feel the need for affirmation and respect in their decision to terminate the pregnancy. Counselling should take place in an environment of support and acceptance. Counsellors need to be made aware of any personal biases in their attitudes towards abortion and work towards a professional, non-judgemental and non-directive stance.

4) Women may need to normalise their post-abortion feelings after an abortion, particularly feelings of loss, grief, guilt, regret and a lowered sense of self-worth after voluntarily choosing to terminate a pregnancy. Post-abortion counselling can provide a place in which women can talk through their unresolved feelings in a supportive atmosphere. It may assist women in learning to forgive themselves and coming to terms with their feelings so that women may learn and grow from the experience. Post-abortion counselling may also inform women about the coping mechanisms they have used in the past in order to deal with stress and help women develop more adaptive coping strategies.

5) Abortion counselling could assist women with more constructive contraceptive use. Working with the couple after an abortion may provide an opportunity to deal with contraceptive responsibility within the relationship, as well as highlight possible problems in the relationship that can be referred for further treatment.

6) Support groups may be a cost-effective means of providing supportive post-abortion therapy. The framework of a post-abortion group brings together women who have a common type of experience, that of abortion, as well as the many individual differences in that experience. Women may gain support and normalise their feelings, as well as learn from each other's unique experiences. A group may provide the means of overcoming feelings of loneliness and alienation due to the abortion, and can assist women in overcoming negative feelings due to the social stigma attached to abortion. It may be beneficial to run support groups under the guidance of a trained professional so that sensitive

emotions can be adequately contained and that the group may be directed towards potential growth for the members involved.

5.4 Recommendations for future abortion research

Research on abortion in South Africa has been limited in the past and there are many areas requiring research. This study provides an exploration into abortion experiences in South Africa, and part of the aim has been to highlight specific areas requiring investigation in the future, using suitable measuring instruments, sampling methods and control groups. Indicators for prospective research have been made throughout the thesis. Here the more significant suggestions are summarised:

1) Cultural, racial and class differences in attitudes towards contraceptive practice and towards abortion have been suggested in this study, reflecting differing degrees of social stigma attached to abortion. In-depth investigation could highlight the nature and extent of potential differences in attitudes towards abortion and contraception among different classes and cultural groups, and the effects these attitudes have on women's experiences of the various methods of fertility control. Furthermore, investigating the psychological effects of norm violation and social stigma related to abortion may highlight aspects that can be dealt with in abortion counselling.

2) The context of the pregnancy clearly affects a woman's decision-making around abortion, as well as other methods of dealing with an unplanned or unwanted pregnancy, such as giving the child up for adoption or continuing into motherhood. The participants in this study raised ideas about the kinds of circumstances they felt would be suitable for continuing with the pregnancy, including financial position and personal expectations for the kinds of physical and emotional resources needed in order to do so. The lack of these resources influences women's decision to terminate pregnancy. Further research is needed in order to evaluate more precisely the nature of the physical and emotion resources needed for raising children. This would have important implications for the State in their responsibility for the provision of assistance for single mothers, as well as in unemployment benefits.

3) The personal backgrounds of the women who undergo abortions appear to be an important contributing variable in unwanted pregnancies and in abortion decisions. In this small sample of women who had undergone abortions, there was a high rate of women who had grown up in dysfunctional families and/or who had experiences of sexual abuse or rape. These circumstances clearly impact on the meaning of the pregnancy to the woman and in her decision to terminate the

pregnancy. Bearing in mind the prevalence of sexual abuse and of people growing up in dysfunctional families, there is need for investigation into the association between unwanted pregnancy, abortion and the emotional backgrounds of women who have them.

4) Treatment by hospital staff during the abortion affects the abortion experience, and may influence women's adjustment to the abortion. In the current circumstances in which abortion may be liberalised, research into the service providers' perceptions of abortion and potential law reform is imperative. There is need for an accurate appraisal of the current abortion treatment provided from both the positions of the service providers and the service receivers. This can assist recommendations for future changes in abortion service provision, should abortion liberalised.

5) Linked to the above is the need to investigate the emotional effects experienced by hospital staff from performing abortions. The trimester of pregnancy in which the abortion occurs may come into play here. It may be beneficial to assess service providers' moral stance on abortion as it is potentially detrimental to service providers' well-being through providing abortions against their belief system. Furthermore, service providers who perform abortions in disagreement with their personal beliefs may be less supporting and accepting of women who undergo abortions, and this may be reflected in their service provision.

6) There has been little research into the effects of abortion on the male partner, or other family members of the woman. Inter-personal dynamics may be affected by abortion, particularly in cases where differing views are held towards abortion. In some cases women may not tell significant others about the abortion, and this can create a barrier within those relationships. In-depth research into this area could suggest means of dealing with abortion in families so as to make the abortion a less alienating experience.

7) Further research is needed into the sequelae of abortion in South Africa and into ameliorating factors in the abortion experience, emphasising possible means of making abortion less stressful. Issues such as changes in body image and sexuality due to the abortion could be explored, and how abortion impacts on the way women feel about themselves and interact in relationships. Women's coping styles in the abortion experience should be assessed. The issues raised could be addressed in abortion counselling, and highlight ways of making the abortion a potential source of growth for women.

8) Research is needed into the kinds of therapy most useful to women in their experiences of abortion, particularly if abortion becomes more freely available to women and greater pressure is placed on counselling service provision. For example, the benefits and problems associated with group work, a potentially cost-effective means of providing therapy, require exploration. Couple therapy is also potentially beneficial in helping overcome relationship problems and addressing contraceptive practice.

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APPENDIX 1

INTERVIEW QUESTIONS

1. Demographic Details:

Name, Age, Family background, Religious background,
Occupation history, Relationship history, Psychiatric history

2. Personal characteristics:

How easily are you able to make decisions usually?

How much do you rely on others to help you make decisions, or are you able to make decisions without the assistance of others?

What were your personal attitudes towards abortion prior to your own abortion?

What did you know about abortion prior to your own abortion?

How do you cope with stress usually?

Did you expect to cope with your abortion?

3. Circumstances of the pregnancy:

✕ How old were you at the time you fell pregnant?

● What kind of relationship were you in at the time you fell pregnant?

Did you use any form of contraception?

What was your initial reaction to your pregnancy?

Did you experience any bonding with the foetus?

4. Decision-making around the abortion:

How did you come to the decision to terminate your pregnancy?

Who participated in your decision to have an abortion?

(What issues came up?)

Did you receive any pressure from others to obtain an abortion?

Did you receive any opposition from others in your decision to have an abortion?

What were the attitudes of others (partner, family, friends) towards your decision?

Was there any disagreement between you and your partner while making the decision?

Was one of you more motivated than the other?

Was there any particular event that played a major role in the decision?

Once you had made up your mind to have an abortion, how certain were you about that decision?

(What sort of doubts did you have?)

5. The abortion procedure:

What procedure did you have to undergo in order to obtain an abortion?

Was the abortion you received legal or illegal?

How far along in your pregnancy were you at the time of the abortion?

How did you perceive the people who undertook your abortion?

What were your general feelings and experiences after your abortion?

6. Perceived support:

Who did you tell about your abortion?

Who did you not tell about your abortion?

What support did you receive from others around your abortion?

7. Post-abortion experiences:

Have you experienced any difficulties after your abortion which you feel are linked to the abortion?

Did you feel different towards yourself after the abortion?

Did you feel different towards your partner or your relationship after the abortion?

Have your attitudes towards abortion changed in any way since your abortion?

Would you have the abortion again, faced with the same decisions and circumstances?

What was it about the whole experience that caused the most distress?

Do you feel that you have gained anything from the experience?

8. Counselling and support groups:

Did you receive any counselling before or after your abortion?

What was the nature of the counselling you received?

Do you think you would have benefited from abortion counselling?

What do you think pre-abortion counselling should entail?

What do you think post-abortion counselling should entail?

What are your ideas about support groups?

Do you think that you would have attended such a group?

APPENDIX 2

TRANSCRIPTS OF INTERVIEWS

List of participants:

Beki

Liz

Nomfundo

Susan

Mandiswa

Themba

Karen

Anne

Mariaan

Barbara

Emily

Ragma

NAME: Beki

PRESENT AGE: 18

FAMILY BACKGROUND: Beki is from a middle class African family. She is gets on well with her family but has not told them of the abortion. Her parents divorced 2 years ago.

OCCUPATION: student

RELIGION: Family are Christian. Attends church periodically.

PSYCHIATRIC HISTORY: Nil of note

INTERVIEW EXTRACTS:

U: How easily are you able to make decisions generally?

B: Not very easily.

U: What sort of things happen when you try to make a decision?

B: For instance with my boyfriend, it's either for him to decide that we must break up or it's for me to decide that we must break up. But it's not so easy as I thought. I may talk to friends to get some idea of what they might do in that situation. After that I make a decision based on what the next person is going to feel.

U: How do you cope with stress usually?

B: I am usually quite a calm person.

U: You don't ever get into a real panic?

B: I do panic but not to such an extent that I feel that there is nothing I can do.

U: Before you had an abortion, what were your thoughts around abortion, your attitudes?

B: I just thought if a person really needs to have an abortion they should have the right to have an abortion. What is the point of bringing fatherless children into this world? The children that you see on the streets running around, those are the results of not being able to practice your thing. It's your rights.

U: What did you know about abortion before your own abortion?

B: I knew nothing. All I knew that if you didn't want your child in South Africa, it was illegal to have an abortion; only if you have a serious problems then do they take your case into consideration.

U: Did you expect to cope with you abortion?

B: I always thought that if it was me I would have made a decision and for that matter I wouldn't have any after effects because I would have been sure about what I was doing. The only fear that you have is when you are sitting around people that are not close to you that don't know what happened to you and they start talking about these weird things about people who had an abortion and that's one thing that I have to cope with as well.

U: What sort of weird things?

B: Some people, like students, they do it, but there are another group that think that people who do abortion are cruel people. So far I was in a society that people they say "I would do it if the situation forced me to" and there are people who say they wouldn't do it. For instance, personal friends at Varsity, I have two friends there, the other friend was positive and said "If you have to do it then do it. It's for your own good" and she said that she would do it as well. And another friend said "Your parents would probably understand. You don't have to do an abortion. What happens if perhaps you die and something goes wrong?". So I had two people who were totally different.

U: In your community is abortion spoken about much?

B: Ja. There was a time when a nearby church was distributing pamphlets to say to the Minister of Health that they, it's cruel to let women do an abortion. So we had to write and send around those pamphlets to convince people, and there were photos at the back

showing what happens to a child after they have been aborted and all that stuff, so it has been quite a topic for some time.

U: So what is the general feeling about abortion?

B: It was a person's opinion to either go for it, but I saw a number of women, especially the old women, were totally against abortion. A lot of people in the community are against abortion.

U: I'd like to know more about the pregnancy situation and the abortion. How old were you when you fell pregnant?

B: This year. I had my abortion in July.

U: What relationship were you in then?

B: Okay. When I came home when I had to leave and come back to Cape Town, my boyfriend got convinced that we would be wasting time to have a very distant relationship so when I left I decided that we should break up, after we had gone out for one year and a couple of months. So he actually refused but I still had that one thing in mind that it's going to be, it's not going to work out. So when I came to Cape Town I met this guy and started going out with him, in January or something. The when it was May, like I said to myself if I say that the distant relationship was not working out then why don't I give this guy a chance or something?

U: So you hadn't had a sexual relationship with him up till then?

B: No. So until May. One night he decided to come over to my room with his friends and then they decided that they are leaving, okay and he decided that he is not leaving. He asked me if he could sleep over. So I thought okay-he was just like sleeping over. Before that we hadn't talked about anything that's got to do with contraception and that stuff because at that time I was not taking any contraception. Then it just happened. We used a condom and it broke and after that I actually went to, I got sick, stomach cramps or something. Then I went to the doctor. They said they don't know what's wrong. So okay and after a week or so he came over again and that day and I woke up the following morning again, went to the doctor and I had a morning after pill. So after the morning after pill you are supposed to get a mensis and I didn't, so I went back to the doctor after a week and he said doesn't know then what is wrong, and just did a test and found out that I was pregnant.

U: What was your initial reaction to that news?

B: Oh, I was angry, not with anybody else but myself. I couldn't talk; I was shaking; I couldn't say a thing.

U: It sounds like you were in real shock.

B: I was shocked. I actually suspected it after the morning after pill and not getting my mensis. I was talking to people and saying "what if I'm pregnant" to people if, even if I decide to have an abortion. When I was saying "What if I'm pregnant", I was just saying it as a joke, so when I went to the doctor and found out that I was really pregnant, it came out as a shock. I was really shocked as if I wasn't suspecting anything. Ja. After that I actually didn't leave the surgery. I sat there for about thirty minutes. I couldn't talk; I couldn't do anything, so the doctor wanted to know why I looked so frustrated and all that stuff. He knew me personally because I've been going to him ever since I came to Cape Town. So we started talking about my family, telling him that my parents broke up and are separated and it's going to be a problem for me bringing up this child, and the pressure that I'm going to get from my mother and they've tried so far, I don't have a bursary and my father has to pay for my fees and he wouldn't take this kind of disappointment. So the doctor said to me "You've got three choices, either have the baby, which in your case you say is going to be difficult bringing it up, or you can either take the child for adoption, or have an abortion, which needs a lot of thinking. You can't just make a decision here." And he said "Come back to me after a day or two. Come back to me after this and tell me what you want to do." I said to him "I've got nothing to think about. I know now that I can't have this baby, I can't take it for nine months and have this baby adopted. I really have to do an abortion."

U: So at that point your mind was really made up?

B: The very same day that I found out I was pregnant.

U: So before you came to this decision, did you discuss it with anybody, like your partner?

B: No. The thing is at that time we had a fight or something. There was this misunderstanding so we weren't talking to each other. After

that I found out that he was hiding from me that he had another girlfriend. I just felt stress, that's all. That's going to be too much for me.

U: So he was no source of support for you?

B: No, nothing.

U: Did you get support from anyone else around your decision?

B: Ja, I had very close friends. I also had a very good relationship with my doctor and with my friends here in Cape Town. I was able to talk to them.

U: What procedure did you have to undergo in order to get the abortion?

B: The doctor assessed my situation and he wrote me a letter to take to Groote Schuur, so I went there and then firstly I saw a gynaecologist. The first day I went, I found out that I was pregnant when I was only three weeks pregnant, so I went there in my fourth week. The doctor did a urine test and said it was negative. I didn't get excited, I just said that there must be a mistake or something. He send me off to have a blood test and I was supposed to get the results after a week. When I went there after a week my results were not there. My blood wasn't there. I had to do another one, so I did another one and they took my blood and I came back and told my doctor. So he called them, as soon as they get the results back from the lab they must call him. So they called him and they asked me to go back again the following day. I went and I had to see a psychiatrist. I was seeing the psychiatrist the same day as I wrote an exam. They found out that I don't have the ultrasound yet, so I went to a radiologist in Claremont. At Groote Schuur I would have got it for free, but I had to pay something like R190 to get this ultrasound. At that time I was having to do this oral; it was exam time. I got the ultrasound and the following day I went to see the psychiatrist. She talked to me and wanted to make sure that I'm sure about the decision I had made and that I'm not going to have all these problems afterwards. So I just waited and then she said to me that they've granted me an abortion. She spoke to the hospital superintendent and said to me "all you have to do is come back the following week and go to the superintendent to sign papers to insure that you know what you are going to do" and all that stuff. So I did that and when I went to be admitted it was a Thursday and they said I must come back on the Sunday. I had already finished my exams by then. Then I went back on Sunday. I was supposed to have gone home on Friday and before that my father phoned and said that he was coming to Cape Town. He said that he was flying back with me. He said that he was flying on the Sunday and I can fly with him and not on that Friday. I had to lie to him and say that I can't go home yet because I had something at Varsity to do. Then he left and I got admitted on Sunday to Groote Schuur. What they do is that they have these tablets, psychotek I think. You have to insert them every four hours and then you start bleeding quite heavily. In the morning you go to the theatre. What happens there I don't know. I had two drips. I was discharged the following day.

U: What were the staff like at the hospital? Were the supportive or not?

B: Some of them, they started shouting. After everything they say that they hope this is the first and the last time you are here. "I don't want to see you here again". It's not like it's something that they have to do. They get pissed off about it, some of them.

U: What was your immediate emotional reaction after the abortion?

B: Strangely enough I felt relieved.

U: That's a common feeling, that relief.

B: I felt so relieved. I was worried when I took an ultrasound and the doctors and the nurses were excited: "Look how it is breathing so nicely". And I looked at them and I just wished they knew what was going on inside me, but I never had the time to tell them. I just came there to do what I had to do and then left; and they made me feel guilty. But then I told myself there is no way out except this way.

U: How did you come to that decision? What did you weigh up on either side, because it's not always an easy decision?

B: It was, I know my parents wouldn't accept it, my boyfriend at that time he wasn't a very nice person so it was going to be difficult. When I told him, the very first day that I found out I was pregnant, I went to him, he said "How could I do this?". I thought, what does this mean? I didn't do this to myself. He never gave me time to talk about anything, never. After then I realised that, what other people say is true, he does have another girlfriend. When I told him he kicked the walls and hit the walls. He spoke to me later and asked "What have you decided?" and I told him that under South African law if you are a single parent then the child belongs to you and I have the right to do anything. He never convinced me that I was wrong or anything. He just said "Fine".

U: So you understood that as he never really cared?

B: Ja. He just said "Fine". He also told me that his sister had a friend who did the same thing which means that I can also go to Groote Schuur because she had it done there. I had to pay to see the psychologist. He wasn't interested. So I said to myself "Why do I have to bother him?" and that was the last I spoke to him. When I was sick and they called him he just said that he doesn't have time, he's studying.

U: So was there a major thing that finally made up your mind to have the abortion?

B: Ja. The first thing that I thought of was my parents. If my parents, knowing that it wouldn't have been a problem, I would have kept that child without even worrying how the father feels.

U: Were you worried about disappointing them?

B: Disappointing my father, yes. At the same time I wouldn't have been able to cope at home with an additional member of the family because it's not that my father gives total financial support. The only thing that he is interested in is that we study. That's all.

U: Did you tell anybody in your family about the abortion?

B: Nobody in my family knew I was pregnant. Nobody knows I had an abortion.

U: What are you afraid that they might think if you told them?

B: I don't even want to think about that. They wouldn't understand, especially with their religion. It's totally against their religion.

U: Did you tell that boyfriend about the abortion?

B: Ja. Before the abortion I was seeing a social worker who told me what's going to happen and all that stuff. Then she said that I must call her if anything happens afterwards. So there is this friend of mine who is friends with my boyfriend, who spoke to him. Funnily enough, my ex-boyfriend's mother is a social worker. When we came back he didn't know if I had had an abortion or whatever. But he never bothered to ask or anything, so I thought why should I bother to tell him? His best friend then wanted to know the truth why we hadn't been speaking to each other and I told him the truth. He was ashamed of his friend and told his friend. Then afterwards he came to me and apologised and also blaming me that I didn't have to go through what I went through. Now I have made an appointment to see a psychologist because he is frustrating me. He says to me every time I see him, "You killed my baby. You had no reason to do it". He is making me feel guilty now that I had made the wrong decision. He says that he would have spoken to his parents. His mother is a social worker and she wouldn't have allowed me to have an abortion. So now with all these things I wonder if I have made the wrong decision, now after I was so confident and had no after effects about it.

U: That must be very difficult for you.

B: He makes me go crazy because now it's like I made a decision too quickly. I should have sat and spoken to him. But I doubt that would have happened. He is just saying that because I cannot disprove him. At the same time I can't ignore him. He still tells people that he loves me and I know I still love him but we can't possibly be together after what he has done. I am very confused. After the abortion I thought that I didn't need counselling. I was stable in my decision and I was sure of what I wanted to do. Only now does he come up with these ideas.

U: Has your attitude to abortion changed since after the abortion?

B: No. The only thing that is important is to avoid such circumstances. If you think that talking to your partner will help then do so before, because not I think that I shouldn't have done it without consulting him. At that time he didn't care. He only realises now afterwards. Such people should be avoided.

U: Have you experienced any other difficulties linked to the abortion, like for instance, has your attitude towards sex changed?

B: I hated men. For example, my boyfriend back home was excited to see me and I wasn't. I just didn't want to see him and avoided him.

U: Do you think it might have changed you as a person?

B: Sometimes I feel I am no longer that person. I am no longer as confident or as proud as I was. To people who are against abortion, I feel ashamed to talk about it to those people. I have decided not to talk to people about it except for those who are there for me.

U: How are you feeling now?

B: I just feel that it's gone, it's passed, I have to go on with my life.

U: Do you think that you've gained anything from the experience?

B: A lot. It's hard to swallow the fact that you have taken a life away. At that time I wasn't thinking about it, but since there is this person that brings it up, I feel bad. I doubt that anyone in my family would forgive me for that. It's going to have to be something that I must live with for the rest of my life. If this had to happen, say three years from now, I wouldn't have a problem having a child. I would be older and I wouldn't need to care about how the next person might feel. I could choose on my own. When you are established and independent you can have one on your own.

U: In your experience, what do you think that abortion counselling should entail? I know you've had some pre-abortion counselling, how did you find it?

B: I think that the counselling that I had equipped me in some way. It's just that the person who was helping me wasn't so up to date about the methods of abortion that they use. It would help if the social worker or whoever is counselling you is up to date and knows what is exactly going to happen. The methods that she told me were methods that they used in the past, but when I got to hospital the psychiatrist told me and what she actually did was to make me very scared. The point that she raised was being infertile afterwards. The people need before abortion counselling concentrating on the fact of the methods that they are going to use and the time is important, to know after how long you are going to have an abortion. You must know how big the foetus will be and what developments it would have had. That is very important.

U: Why is that important to you?

B: Because when you go there not knowing anything. For instance if I were to go from the doctor now and I didn't know anything, straight to hospital I would have been more scared because I wouldn't know exactly what is happening, like I realised that I had an abortion on my seventh week, never mind that the foetus already had the heart. It wasn't something that you could see like a child. Some people are scared to see that it has grown so much and they feel guilty afterwards that they have killed a full person.

U: You decided not to have counselling after the abortion. Why was that?

B: Because I didn't need it. People who need the counselling after the abortion are people who are compelled by circumstances to not have the baby, like if the baby was to be handicapped, or if you were to feel guilty after the decision afterwards, then you need counselling. I was sure about my decision and afterwards I just felt relieved, so I didn't need the counselling afterwards.

U: So you feel that the counselling is there for the women who have some ambivalence or uncertainty around their abortion.

B: Ja.

U: But if you were to choose some sort of counselling that would be useful to you, what would it be?

B: Like dealing with people who say things that make you feel dirty or something. That's something that I feel I would need.

U: It sounds like after the abortion you didn't know you might have to deal with those sort of issues or people who make you feel uncomfortable.

B: I thought that it would be easy to avoid them.

U: What do you think of the idea of support groups, like meeting regularly with a group of women who had also experienced abortions? Might that be useful?

B: I don't know. If it would help overcoming the peer pressure or from the public. Some people have this attitude.

U: So have you experienced quite a lot of negative attitudes towards abortion?

B: Ja, especially males. They say that they would never go out with you if women have had an abortion. "Women are crazy who have had an abortion". A number of men say that. Especially people who are Christian don't understand it.

U: What has been the most difficult part of the whole experience for you?

B: Oh, having to go out and face the world, listening to people's criticism, listening to people who talk about things and yet they don't know and you can't correct them because you are scared that they might find out and react against you.

U: How have you found it talking about your experiences now?

B: I am okay. Talking about it to someone who doesn't put their personal opinion in other than understanding what you feel, you feel more comfortable talking about it.

NAME: Liz

PRESENT AGE: 24

FAMILY BACKGROUND: Liz is the eldest child from a middle class White family. She is gets on well with her siblings but has a poor relationship with her mother. Her parents divorced 3 years ago.

OCCUPATION: student

RELIGION: Family are Anglican but Liz is not a practicing Christian.

PSYCHIATRIC HISTORY: Mother has received psychiatric care for over 10 years.

INTERVIEW EXTRACTS:

L: When I was 16 I was raped and the doctor told me I couldn't get pregnant so I didn't bother to use contraception and I only realised I was pregnant when I was five months pregnant and so I had the baby adopted. That was in 1992 when I was in P.E. and I had started university. I thought, I could have kept the child but it was important, I mean I didn't have money, I wasn't ready, I didn't want to live with my parents because I didn't think it was a very healthy environment for a baby and I thought it would be nicer for the child and for myself to have our own lives. He can have nice parents who want him and have money and everything and I don't want to be frustrated in ten years time. That is not fair to the child or to myself. I would rather he have nice parents and let him get on with his life. It was very nice. I chose the parents. I had a list of people I could choose from and I met them and they were very very nice. They had already adopted another girl, 4 years older, so I felt happy. She was there when he was born and I get letters and photographs. I'm very happy with that. Then this year I was using contraceptives, I always used to feel quite sick just before my periods so I decided to stop for one month and we used condoms. I wanted to see if it was the pill that was making me feel like that and then in January I got pregnant, this year. I found out when I was eight weeks and it was very difficult. The thing was that that guy in 1992, I only slept with him once and I wasn't particularly interested in him and I had felt that maybe it isn't necessary to have a man as such but it is nice to have support, to share having a child with someone. That's what I want. I don't want to be on my own. It's lonely and not nice. I want to share the whole thing and I think it's important for the child to have a father as well. And so now I had finally found the perfect person and it would have been very nice and I still feel quite stupid because I really wanted that child and so did he but UCT doesn't make it very easy because this child would have been born on the end of October and this guy's future is uncertain because he'd a German citizen and he can't get a work permit. The future is very uncertain. He doesn't know if he'll find a job here or not. For me it's also very difficult because I go to university every day and they are not going to change the whole curriculum because of me.

U: I'm really sorry but I'm feeling a bit lost here.

L: Sorry. The whole thing has been on my mind so often.

U: No, it's fine. It sounds as if the whole situation is wrapped up in a complicated history of all sorts of things that went on before.

L: Of course. I really wanted that child.

U: Lets go through your decision making. When you found out you were pregnant, what was your initial reaction?

L: Cool, very happy, great. I longed to have a child. I can't wait to get pregnant again but I can't. I'm not allowed by my circumstances. I don't have money.

U: So who took part in the decision to have an abortion?

L: Me and my boyfriend.

U: So in the balance of having a child or not having it, what sort of things came into play? I mean you said that he was also quite keen.

L: Of course he was. As I said, it was just the circumstances that prevented it.

U: And then what happened emotionally once you had made the decision to have an abortion?

L: I still feel a little bit upset about it. What put me off was this. So okay we decided we are going to do this and we went to Groote Schuur and I decided I hated social workers because Jesus, she was so stupid. I mean, first of all the whole abortion thing is in the psychiatric unit. That upset me very much because I'm not a psychiatric case. I'm not, there is nothing wrong with me that I want an abortion and it is quite humiliating, the place and the social worker. She sat us down and she had no clue really, so rapt up in that whole bureaucracy. She didn't see me as an individual. She saw me as one of the many who always come there. She upset me quite a lot. She didn't offer any help what so ever, all she said was "You have to make a sacrifice. You have to choose between university and your child", and I thought you shouldn't have to. In Germany lots of students have children. It's no problem. You get a state subsidy and all that kind of thing. So she said that I should go home and think about it for two weeks and then come back again. I don't want to go home and think about it. I've thought about it already. I know what I want and I don't want to wait for two weeks. Then once I come back after two weeks then if I'm still very sure, because I'm obviously not very sure now, although I am, then she'll organize an interview with the sister which also takes two weeks to get the interview, then the sister organizes an interview with the psychiatrist. By then the baby is about to be born. Then the psychiatrist decides if I'm mentally unstable or whatever. I could do it privately but that costs money and that's the sick thing because it's poor people that really need it. So I thought "stuff you" because I'm not going to wait and I also don't have money. So I went to this meeting, there was this meeting at UCT about abortion and got the name of a gynaecologist and I went to see the gynaecologist who gave me some pills for ulcers that cause you to start bleeding. She was very nice and she said "by tonight you should be bleeding and you can go to Groote Schuur because then it is a miscarriage and they'll feel sorry for you and then they'll clean out the rest". So, fine, that was the solution, and there was also no charge for the pills. Then I waited and I waited and I waited and nothing happened. The next morning when I phoned she said that I should have been there long ago, in hospital, and maybe it wasn't strong enough and so I went back the next day and got another dose and then still nothing happened. Only a tiny bit of blood was coming out and that was awful, waiting and wondering what was going on and why it wasn't working. So I phoned and she said just go anyway to Groote Schuur, so I went and said I was bleeding. I had to wait in the emergency area for about two hours before someone saw me. I thought that was quite bad, and frustrating, all the waiting. Then they saw me and asked me a whole lot of questions and I just said that I had a miscarriage. They examined me and after quite a long time I saw a student doctor who asked me if I was sure I didn't take anything and I said "No, I did, but I don't want you to save it" because it was still alive. So fine, I had to sleep there and the next morning they did the operation. There were about eight other people in the ward. I think it happens quite often. That night was quite horrible. I lay there thinking "this didn't happen" and then I woke up and felt fine and they discharged me. It was no problem, I was actually quite relieved it was over.

U: What was the most distressing part of the whole thing?

L: The hospital. It's so big and impersonal and the people don't really care. The only nice person was the person who I got the name from of the gynae and the gynae herself. And that the social worker at Groote Schuur really had no clue. That upset me because she didn't know what she was doing. I would never go back to her. I can't believe other people do. They should move it out of the psychiatric unit too. And I think it's very immoral that they make you wait for so many weeks. If you've made the decision you know what you're doing.

U: Liz you are in a very interesting position because you've had the experience of giving a child up for adoption and also experienced an

abortion. How would you weigh them up in terms of emotional difficulty?

L: The abortion was much more emotionally difficult because I wanted it. The other one I didn't really want because I didn't love the guy.

U: It sounds as if you felt quite pressured to have the abortion.

L: Ja, I didn't want to have the abortion but the child would have been born now in October and exams are coming up and I probably wouldn't have passed. It would have been very difficult. Next year would have been difficult too. I mean who would have looked after the child when I'm at university. Will my boyfriend get a job? I have a bank loan at the moment. I don't want some little child to be dependent on, I don't know what.

U: So for you it was all just really bad timing.

L: Ja. In a couple of years time it would have been better and we would have made it work.

U: Were you using contraception?

L: I was. It's very strange. I think I'm very fertile. I was on triphasic and I stopped and used condoms and then one week after I was off the pill I got pregnant, despite the condoms. I made a point of it because I didn't want to get pregnant. Although when I found out I was then I was happy and so was he and we celebrated that night. Then we started thinking about it, the pros and cons. That stupid social worker said "If you need to talk...". I don't need her. We can sort it out between ourselves. I think everyone is individual and she didn't see that we can sort it out better between ourselves than talking to her because she wasn't doing anything. Maybe in a different situation with a different person, maybe they would need to talk to someone, but I didn't and she didn't see that.

U: Was either one of you or your partner more motivated than the other to get an abortion? For instance, did one of you persuade the other in either direction?

L: No. We were both ambivalent, but we both knew that the circumstances, it would be the best thing.

U: Did you expect to cope with the abortion emotionally?

L: Ja. I mean I have to. I'm not going to let it make a mess of my life. You have to move on.

U: How do you usually cope with stress?

L: I talk about it. But it depends if the person is worth talking to. Like the social worker is not worth talking to because she wouldn't really hear what I was saying.

U: How easily do you usually make decisions?

L: Well that was very difficult. I'm still not sure if I did the right thing. That's what makes me upset, because I'm still not sure; but a decision had to be made and at that time that was the decision we made. When the child was adopted that wasn't a problem; but actually even then I still wasn't sure. Then I was pretty sure that I didn't have much to offer it. That was much less difficult.

U: How was it different that this time you decided to have an abortion and at that time you decided to give the child up for adoption?

L: That's what the social worker said and I thought, have you no understanding whatsoever? Of course I am going to keep it because this, I mean it's something created out of us two, it's something special. I wouldn't be able to.

U: So the first one didn't feel like something special so you were able to give it away and...

L: Ja because you didn't care about the guy so it meant nothing, but this person was very very special to me.

U: That must have made the abortion much more difficult too.

L: Ja.

U: Did you feel any bond then with it?

L: No I don't think so. It was more an emotional thing because it was us. It was only ten weeks old so you can't feel too much about it then.

I still plan to get pregnant as soon as I've finished studying. I can't wait.

U: Who have you told about the abortion? Have you told your family?

L: No, I wouldn't tell my family. They are the last people I would tell.

U: Why is that? What would they think?

L: My mother wouldn't be really interested anyway I don't think. She would probably wonder if I know about contraception.

U: You don't have much of a relationship with her.

L: Ja. I'm angry with her. I'm not interested in her because she wasn't interested in me.

U: Did your mother suffer from depression or some psychiatric disorder?

L: My mother is a long story that I get quite emotional about. She would have been all right if she hadn't been to any psychiatrists because all they are interested in is dishing out drugs so that she is addicted to them and they get lots of money out of them. She thinks that psychiatrists are God. She trusted them much more than she did the family. She is addicted to them. She needs drugs to make her go to sleep, to wake up to do anything.

U: When did she first start having problems? How old were you?

L: I remember when I was in junior school she would be in hospital and come home for weekends. Oh I know, it's her intestine. She has a physical problem but as soon as she's stressed that's where she runs to, but they gave her pain killers and that led to that and that.

U: Is there anyone else in the family that you could or might tell?

L: My sister and brother I would tell but I haven't because they're quite far away and I'm not going to tell them over the phone.

U: What was your feeling about abortion before you had one?

L: I always thought it wouldn't be a problem. It's a person's choice and I think if the person thinks it's the answer then it's her choice, her decision.

U: Did the abortion change any of your attitudes?

L: No, it's definitely pro-choice, no question.

U: How has your relationship been with your boyfriend since the abortion? You say he's been quite supportive.

L: Ja. In a way he didn't want to talk about it and I need some space as well, but he was always around. He was, if you wanted to talk about it. He didn't come forward and talk about it, but if I did then I could sense he was a little bit withdrawn as well.

U: Have you felt differently about yourself since after the abortion?

L: The only difference is that I wonder if I will be a good mother. I know I want to but I begin to doubt when is the right time, if it wasn't this year then when is it. When will be the right time? Before I always thought that when it happens it will be okay, but it did happen and it wasn't okay, so when will it be okay?

U: Have you experienced any other difficulties, like in your sexual feelings?

L: No. In our relationship we're closer than ever.

U: If you were to design pre-abortion counselling, with the experiences that you've had, what would it entail?

L: I want the person to just sort the problem out, to just make it all go away. I'd like someone to make an effort, to be interested instead of it just being a job and to have some brain cells. I wanted to know about the procedure goes. I didn't like the waiting to see the sister before the psychiatrist. It should be more organized. I don't think it's necessary to have a psychiatrist anyway. Okay I know it's a loophole, that's how people do it, but it should just be legal. (Talk about loopholes in the abortion law and the ANC stand on abortion).

U: Getting back to counselling...

L: I have this block about counselling. I don't think it's necessary.

U: In your case you had some ambivalence around the abortion, because of your circumstances and the fact that you would have emotionally liked the child...

L: Ja, but I didn't need someone else to help me. I can help myself. I don't need someone else to help me talk about my feelings and whatever. I don't need that. I have someone already that I can talk to. So I think that counselling shouldn't be forced. If you know what to do then do it.

U: So if you were given the option of post abortion counselling, you wouldn't want it?

L: No, definitely not.

U: Even if you could decide exactly what it could entail?

L: No, I don't want it, not at all. I just want to walk out there and forget about it. Sort it out with the person that I care about. I don't want a psychologist. I don't think that psychologists are necessary.

U: That is your personal choice, but for other people, could it be useful, post-abortion counselling?

L: Sure, because there is a need to talk about it.

U: Sometimes it's useful to talk to someone independent and not emotionally involved in a problem. That way you can have an outside perspective on things that you can't always see when you're mixed up in the issue.

U: What do you think of support groups with other women who have had abortions?

L: That's a better alternative. I would even maybe do that. But I don't want to sit in an office and feel as if I am being helped because that it degrading.

U: How would you see a support group working?

L: You can talk about it but you don't have that stigma of having a problem because everybody else is in the same boat as you and they can understand. Maybe if the psychologist had also had an abortion then that would be better because then they would know, but they don't.

U: If you were faced with the same decision, with the same circumstances again, what do you think you would do?

L: I would have the child. I wouldn't go through that again. I'm meant to have a child so I just will.

U: Do you think you've gained anything from the experience?

L: I'd prefer not to have had it. Not really. If anything, I've learnt how the whole abortion thing works but I could have been better off not knowing. I don't think I've gained anything.

NAME: Nomfundo

PRESENT AGE: 20

FAMILY BACKGROUND: Nomfundo is the oldest child from a working class African family. She lived with her grandmother until she passed away when Nomfundo was nine years old, then lived with her mother and step-father by whom she was sexually abused from age nine until leaving for boarding school at age thirteen. Her family are all Christian.

OCCUPATION: student

RELIGION: Has been a practicing Born Again Christian. Nomfundo attended church regularly until after the abortion, this year.

PSYCHIATRIC HISTORY: Nomfundo's mother has suffered from "fits" and once tried to commit suicide. Nomfundo attended three sessions of counselling prior to the abortion linked to sexual molestation by her step-father.

INTERVIEW

U: Are your family religious at all?

N: Ja, they are Christians.

U: Practicing?

N: Ja, they go to church; they say grace before they eat.

U: And you, are you religious?

N: Mmm, I have... I was once.

U: Mmm?

N: I am a Born Again Christian but so many things are happening I find I am losing my faith and I just don't want to believe in anything anymore, you know.

U: Is that recently that you've felt like that?

N: I used to believe like, I would not let it come into my life. I would fight it but now recently I would find that I can't, especially since after the abortion which is when it comes. Like I can't remember when last I've been to church. I don't know.

U: It seems that there are important things to talk about there, but let me get a little more about your details. I want to know a little more about your relationship history. Have you had a number of relationships or fewer boyfriends or more, what has your situation been?

N: I've had a number of boyfriends, ja. Most of my relationships you could term them as steady.

U: How long do you usually go out with a guy for?

N: Six months, ja. But my last boyfriend, we went out maybe ten months.

U: Okay. And in your family has there ever been any psychiatric history, like depression or anything?

N: Not really but my mum once had this disease I don't know what they call it. It's like fits.

U: Mmhmm

N: And I know she tried to commit suicide just because of my step-pa.

U: because of you step-father?

N: Ja. He used to beat her up. But I was little then, she just told me when I was in Std 10. That's why I know.

U: Mmhmm. It sounds like it must have been quite tough for you. But I was wanting, I want a bit more, well, how easily are you able to make decisions? Do you think you are able to make decisions easily or do you battle to make them?

N: I battle a lot and like I try not to, I don't know, when I make decisions I don't want to them be emotionally involved, like you know. I don't want to feel anything when I am making decisions.

U: You mean like you want to feel separated from you emotions?

N: Ja, and I don't want to feel anything after making them.

U: It sounds like you're talking about you abortion decision, not wanting to feel anything about that.

N: Ja, but it's different, for instance like, I mean, having, it's like. For me having abortion for instance it's the same thing for me as if I have had the child. It's, I know it's going to stay with me like forever.

U: Mmm. And when you make decisions, like this very difficult one you've had to make, do you make them independently or do you ask people around you to help you in the decision?

N: I never ask for help. Like I ask maybe one or two, mm mm I never do. The thing is I tell myself I'm going to do this and my mind is made up. I don't want to change, ja. I don't ask any people. Ja.

U: Nomfundo, before you had you abortion what were you attitudes towards it?

N: I never, to be honest I never gave it much thought. But I thought if it is really, like I know now it is illegal so I thought it should be legal in some cases you know, like rape and things. I never thought it would be like when you had to, I just thought it should be legal for some cases like rape and when a woman's life is in danger but not like when you are pregnant and when you want to. You never think that things like this is going to happen to you.

U: Mmm. Did you know anything about abortion before you had one.

N: Like what?

U: Like what is involved and how you might feel or did you know anyone who had had an abortion?

N: No. I didn't like know what's involved. I just knew that most people do it in backstreets and they die. Ja, not much.

U: It's a stressful thing abortion. How are you able to cope with stress usually?

N: I, I let myself not feel.

U: Mmm

N: I ignore my feelings.

U: Is that how you have been able to deal with you abortion, by putting you feelings away?

N: Ja mostly. Like I, during the period I feel like crying and screaming and shouting and breaking things but I didn't I just, every time I felt like that I just go and look in the mirror and say "stop stop stop". But it's like when I do that it's like I'm suppressing things and I feel like these heavy things you know.

U: Did you expect to cope with your abortion? Did you think it would be easy or did you expect to feel these feelings?

N: I didn't expect these things. Like

U: Mmm?

N: I just thought the sooner I do it the better and the thing is that it was during my examination period.

U: I think you need to tell me now more about what actually happened. When did it all happen, when did you find out you were pregnant?

N: Last year.

U: Around November?

N: Around November. I already started my. When I discovered I was pregnant it was like two weeks before exams and immediately I got that I though I may have to think about that. It's not like when I discovered, you know the first time that I missed my period and it was like I knew I was pregnant. But first it was a good feeling you know. It's such a good feeling like you've got a life inside of you. I know I was in the shower and I feel like shouting "I'm pregnant, I'm pregnant" and I mean I thought I just thought maybe I'm going to get my periods and I'm just joking but I mean it was the end of October, ja and I was having these pains like during like menstrual pains and then I went to Student Health, I was there for the pains and when I came there then I said she thinks I should take a pregnancy test and she took it. It was positive. It was like BOOM you know. That was the only time I cried during that time. Like it was, the reality of it all was coming to me. I was thinking of my studies, I was sponsored by a company. I would lose my sponsorship. At home I'm living with my step-father and our relationship is not so good. My mother. It was like I never thought about myself and um what am I going to do with a child. What am I going to give my child. The thing is I've always said like, I mean I've lived with my grandmother and I've lived with my step-pa too and I was experiencing, he used to sexually molest me. I

was sure that when I get a child I'm going to be with that child from the day him or her is born and if I'm going to be a single parent then no step-father or step-parent, and I was thinking, the lady told me I got three choices, to have the child, to give it up for adoption, and have the abortion. And it was always when I had the child to give it up for adoption because my mom couldn't afford, I mean, she's working and it would be bad so I thought that adoption, I couldn't stand the thought of it so I thought why my baby if it had to go through the same thing I went through.

U: You mean the sexual molesting?

N: Ja and whatever. Maybe, ja, it just when I be there through the first years and everything so I thought that the best way, I mean Christianity says God gives life and if it's God who gave me the child, the best place to put him or her is back to him. That is the safest place I could think of. I mean that's the main thing that helped me go through. I know it's kind of silly, I love the baby I never had. Sometimes I'd sit and count: my baby would be like this old, bit I don't feel guilty about it because I know I did it out of love, which is not like just, I want to get rid of it. Like I told him when I knew I was pregnant. I mean even before I went to the doctor I knew I was pregnant and I just feel like shouting out "I'm pregnant". Ja so, this thought like that the best place to put my child that I love is with God.

U: So was your being religious something positive for you in the decision you made?

N: Yes.

U: And did that also maybe increase your guilt?

N: No it didn't. Like I'm saying it's the thing that helped me through.

U: What relationship were you in when you fell pregnant?

N: Okay, I just met this guy at Varsity and I met him at a party. Then we went out and ja, we had some nights together. It was like that it was nothing, like we weren't in love, it just happened.

U: Did you use contraception?

N: Before like. I didn't use any contraception. I use a condom so that day we didn't and like I...

U: Did you discuss it with him, your decision? Did he know you were pregnant or did you get any support from him?

N: No. No. I didn't want to.

U: Did you not tell him you were pregnant?

N: No. The thing is we were sort of going out and I decided that even before I knew I was pregnant I mean he used to, I used to get so unnerved when he was around. So I told him that sort of thing and ja, after that I discovered I was pregnant. Ja but that's not the thing that stopped me telling him. I know he'd be against it. He'd not see things that I'd see. And even though he'd be against it, he wasn't going to be the one who was going to be responsible, I mean and he's also with his grandparents and they're not well off financially and I had to provide for a child minder. Ja, but recently I asked him that, um, what if you had a girlfriend and she got pregnant and she did abortion without telling him, what would he do? And he said "I could kill a girl like that". I mean when we went into a discussion like why would you do it, it was just him looking at it. It is to do with morality for him, that it's not moral, not because he cares for the child.

U: Mmm

N: But at some point I. It was so unfair. I was writing my exams and he was writing his too and I was going through this hell of a time and he was just studying for his exams. Sometimes I felt like telling him just for the sake of him feeling the frustration I'm feeling. See, I couldn't. Ja. The only person who knew it was my, I had this girl she lives next door. Ja I told her. She was there for me, 'cos she had a miscarriage before and she knew what I was going through so she helped. But I couldn't talk about it you know.

U: You didn't tell your parents, your mother or your sister?

N: No.

U: It sounds like you didn't get a lot of support.

N: I didn't. I think, I think this is just the way I've grown up you know. I don't know how to talk, how to ask for help. Sometimes I feel like I'm at the bottom of a pit and I need to shout "help" and I can't.

U: It's been difficult for you. When you had your abortion did you have any counselling or did you speak to anyone?

N: Ja, but it was professional counselling. Like at UCT, I was only there at UCT and like you have to go through Student Health and you talk to a doctor first. She examines you and talks to you, then you see a psychologist, then you go to Groote Schuur. You see a pregnancy advisor, a social worker there, then you go to a psychiatrist. She's the one who makes the decision, like should you have the abortion or what. But it was just professional counselling 'cos when I went to them it was just like I'm going to do it no matter what you say. No matter what happens, no matter how I feel when they are talking to me, I'm going to do it.

U: So your mind was quite set. But what it sounds like you are saying is that maybe some of the counselling you received you experienced as if it was a pressure to change your mind.

N: Ja, it was more like that. Ja, it was more like that, 'cos even like the appointments you have it was like you see the doctor this week, you see the psychologist next week and maybe two weeks after you see the social worker, then a week after you see the psychiatrist. Ja, it was more like that and it was more frustrating.

U: What was difficult about that time?

N: Having to wait. Not knowing, I mean if the psychiatrist is going to make that decision, like living in suspense.

U: Quite a powerless position.

N: Ja, you go through all this but you don't know whether it's going to come out for you or against you. It was more frustrating because I was just waiting on exams. I eventually had the abortion after I was finished the exams.

U: It sounds like it was a really stressful time, on top of all the stress of the exams, falling pregnant, having to think about it and go through an abortion all at the same time.

N: Ja it was. It was hell. I didn't even think I'd get through my first.

U: How far along in the pregnancy were you?

N: nine weeks. When they discovered I was, I was 14 weeks. Ja I was 14 weeks.

U: How did you experience the people around you who gave you the abortion? Were they supportive or not? How did they treat you?

N: The doctor she was, I guess she was a woman and knew what I was going through. She was supportive and once she was talking to me I guess she could see that... It was like I was going through this thing alone. She was supportive. The thing is I did not want it to be somebody's problem and the thing I don't like is when people pity you and I seem to get this pity and support at the same time so what I do most of the time is I deal with it myself and go through it alone. This is the attitude I have.

U: And now what are your feelings?

N: I guess I still do 'cos after the abortion I felt like I want to talk about it more, and at Student Health they always give me the option you can come back and talk about how you feeling and I never went. Like I'm making it their business. It's my business. I don't know. I never talk about things like that to people I never say things like that.

U: Do you find it difficult talking about these things now?

N: No. Not really. Maybe because I don't know you. No.

U: From what you said it sounds like the only support you got around your abortion is from this one friend of yours. Was there any one else who you could relate your experiences to in order to help you through, because it is a difficult experience and there are lots of emotions that come up with an experience like this. It also sounds like there are lots of emotions linked to your sexuality and to the sexual abuse. Have you had any counselling around that?

N: It's, I never had counselling around my step-father molesting me. When I came to Varsity, it's like this thing. I never dealt with it you know. I suppressed it but every time through my relationship with my boyfriend I could feel it cropping up every time you know. In a sense maybe when I have sex with a guy I become so violent, not because, but because the picture of my step-pa coming in my mind. When I came to Varsity like I said I had a number of boyfriends and

like I was, I am tired of that. I just want to have this one relationship, this one trusting relationship, but I find I can't. It's hard for me to trust guys, especially when they tell me they love me or when they tell me they like me or are physically attracted to me. When I came to Varsity, when I go out with a guy I always say to myself I'm not going to have sex with him but I do end up having sex with him and I feel so angry with myself 'cos like every time that I do that it's like I'm trying to get back at my step-pa and I'm breaking my principles you know. I decided to go for counselling to this psychologist. And when I go there we just talk and I'd see many things like why I do things like that and I feel like I achieved everything like I got to know myself 'cos like I always do things I don't want to do. So I feel like I learn something about myself and next time I won't do it. But like it's good when I am in the room and immediately I go out I know I am alone and it's bad and just back to square one.

U: Mmm. How long did you see the psychologist for?

N: three sessions.

U: Mmm, 'cos I know from my experience that these things take time. Maybe after three sessions it's not like you'll be able to walk out and it will all be easy. It takes a long time, months or even years to sort out all one's problems and be able to put it into practice out there. Learning these things is a slow process like learning to walk as a kid. Like we go out there with these expectations and then maybe we fail so we come back and try again and that's how we learn, so it doesn't happen overnight. It takes some time.

N: Mmm. But how many times do we have to go through the pain? So she wanted me to go and see her. I guess she saw that I was... She called me and "how are you?" and I just "I'm fine", like leave me alone.

U: Sometimes dealing with feelings is quite scary.

N: Ja it is. It's like why does it have to be me who goes through this. I didn't asked to be abused by my step-pa and the thing is I think it would be better if I hated my step-pa and I could tell him how this whole thing makes me feel but the thing is he pretends like nothing ever happened and like we got this harmonious relationship. He's never like that but that's the way he portrays it.

U: Have you been able to talk to anyone in your family about it?

N: My mom knows. He stopped when my mom found out. But we never talk about. The thing is my mom she is this kind of person who blames herself a lot and I hate to see her like that. Like why didn't she see it.

U: Did he have full sex with you?

N: He used to masturbate on me. I would never like my baby to go through with that.

U: Do you think that that played a role in your decision to have an abortion.

N: Ja I think so. (cries) You know my step-pa would like to see me fail you know. At home we're three, and I'm the one who was doing very well at school, okay they are passing well, but I was always the top of my class. Okay with my half-brother and sister they don't have the same marks and he used to start up this like "why do you allow a girl to beat you?". He wanted him to be top of the class too and he failed he said "check she's a girl and she never failed one standard" and when he sees that he's not breaking me that when he started to change his attitude. When he sees people now like here's my child, she's good at school and now she's at Varsity. So also this pregnancy to him you know, it's like here she is and how far did you think you would go. I did pass my exams when, you know. I expected a sup' for one and I passed the others. Through my childhood and this thing with my step-pa, it made me, I only find my true pleasure, I become very like really happy when I am doing well at school. That's what makes me really happy. Being the top of my class, that was the happiest part of my life. This was the only thing I could look at and say look I am doing something positive and if I fail then I really sad. Besides academic achievement I have nothing that makes me happy. I mean really happy, like this is mine, this is what I achieved. Nobody is going to take it away. This is why I always say the day I am going to have a child that child is going to be mine and it's like to me the other thing that gives me true pleasure is having a kid on my own, but when I am ready to, when I am ready to give my child what he or she will want.

U: When you made your decision to have an abortion how certain were you inside yourself that this was the right decision?

N: I was very certain. The thing is the one thing that kept me going is like I love this child and can't bring my child here. The best place to put him is with God. I didn't think like people talk, it's immoral, what the Christians say, it's killing. I didn't think like that. To me it's like the people out there they are talking and if I was not in the same position like I was, I guess I would be talking the same thing. I guess what it comes down to is the only person that it affects at the end of the day is you. I guess that is why I didn't tell so many people. I just told my friend. What people mostly do, you know, is talk from their own truth you know. I even managed to tell this friend of mine because even though she didn't do through an abortion, she had a miscarriage, so she knew what it was like to be pregnant and you know, 'cos I only even told her after a week.

U: If you had told people about the abortion or your decision to have one, what do you think the response would have been, say from your mother?

N: I think my mother would have supported me, whatever decision I would have made, because it's your life. Now she regards me as a person who can make her own decisions you know. She would just give advice. I know she would have supported me, but I couldn't tell her because she would have, she blames herself for things. This is the only other person I could have told.

U: Do you think if you had told people you might have received some opposition.

N: Ja.

U: I mean I am not sure in the community in which you grew up, what their feeling towards abortion might be?

N: In my community it's, oh bad. It's, if you had an abortion you are taking risks. It's bad.

U: So in your community what response might a woman get if they knew she had an abortion?

N: It's like, people might call you names and sometimes your friends will shy away from you. It's just like very bad. You feel like you are not part of the community.

U: In your situation where you haven't told people in the community, how do you feel in relation to them?

N: It hasn't affected me. I tell myself what is my business is my business. I just have this attitude when a person says what is good for me is good for me, that's it.

U: After you had your abortion how did you feel? What were your immediate feelings?

N: I was sad. I felt like I lost a part of me and I wanted everything to be different. I wanted to be, I wished I was working and I had everything and I was still pregnant. I wanted to forget about my pain. I wanted to forget. I was sad but not guilty; which is, I've lost the one thing that could make me really happy.

U: Are there any difficulties that you've experienced after the abortion which you feel are linked to the abortion?

N: Ja. Like I broke up with this boyfriend of mine. I felt like I couldn't love anymore. The thing is, even though I tell myself that I'm going through this abortion because I love my kid, but sometimes I ask myself is, I love my kid, what do they say, love can conquer all. I felt like I couldn't love anymore. I didn't want to believe in anything, like I feel like I didn't even know the meaning of life. I feel like I've grown up too fast. Like I've experienced something I was too young to experience.

U: How do you think that might have changed you?

N: It's confused me. Maybe it's, I don't believe in no one no more, except my mom. Especially the guys.

U: And has your attitude towards abortion changed?

N: Ja. Like I really feel women should be given the right to make the decision whether to go into motherhood or, I still think even though this pressure through having to see those people, it was like. I think women should be given the decision. This counselling, let it be there when you have to make the decision but let it be a choice whether

you want to go to this counselling before going through with the abortion.

U: So you don't think it should be enforced that you have to go to counselling before an abortion, so you can just walk in and have an abortion?

N: Mmm. But if I think it is better not to have a child than to have a child you don't want or a child you can't afford. Even though Christians call it killing because they say it is life but our communities are full of kids and on the streets. The thing is I think it's best for the kid 'cos by that time it doesn't know anything. It hasn't experienced anything.

U: So if you were to design counselling for before and after an abortion, what sort of thing would you want to know.

N: Counselling to tell you about the after effects. What is going to happen to you after the abortion.

U: Like what sort of things?

N: Like especially your feelings you know.

U: Was that not discussed with you?

N: No. The only person who asked me about that, like told me about abortion after effects, she just kind of said "you know you got three choices, adoption, having the child for your own or abortion, but whatever you choose of the three, the thing it's going to stay with you for the rest of your life. So like counselling I would like is, 'cos this is a stressful period, how to deal with stress and how to make a decision and not be emotionally involved and because you feel so guilty afterwards.

U: I think I could agree with you that it would be nice if we could make those kind of decisions separated from the feelings, but I don't think that one can. I think it is quite an emotional decision. But you said that you would like to hear a bit more about the feelings involved. So if you were to counsel someone, what would you tell them?

N: When first when making the decision they should not think about what other people gone say. Also I think about when making the decision think about it's me and it's my life. Think about the baby you are carrying too, what's best for that baby. If you can, get the guy involved.

U: And after the abortion, what sort of counselling?

N: For me a part of my life has shattered. I didn't know how to put the pieces together. It was something I had to think about. How to, like I said, I didn't really know after what is the meaning of life. I lost that and I think just find someone to talk through your feelings with so they can help you through. It's like after abortion if only you could find somebody who knows everything, someone who when you say it's like that and that they say it's fine. Just someone to encourage you to carry on.

U: If there was for example a group run of women who had had abortions, a kind of support group, do you think you might have gone to that?

N: Definitely. I would.

U: And if a group was started, say in six months time, do you think you still might want to go?

N: Ja. I would. The thing is this is the first time I am talking about this since the abortion.

U: How are you feeling?

N: Like crying but I don't want to. Sometimes I wake up in the morning and I miss the baby I never had. Sometimes I think one day I'm going to have my first child and I think, No it's not my first child but my second. And it's like there's always going to be this face.

U: It sounds like a death, a loss that you have to mourn and go through.

N: (cries) Maybe if you felt guilty it might be better, I don't know.

U: In what way?

N: Because it hurts a lot when I cry. Like when I think, I say I love this baby I never had, but then why did I have to get pregnant during that time, 'cos I know if maybe I was through with my degree, I mean I would be a single parent.

U: Do you think if exactly the same situation arose again that you would have the abortion again?

N: No. I wouldn't. But I don't know if it was my first one 'cos I wouldn't know how I feel.

U: All the sadness?

N: Mmm

U: Do you think that you've gained anything from the experience?

N: Ja, like I never just say anything about something without putting myself in that persons shoes and I learnt how to be strong. Sometimes maybe we believe in things because we are made to believe in them. I mean I also grew up where abortion is very bad, but now my values has changed because of this. And to be given the right to choose something, it's very important. Also you don't always give things you want to do the way you want to do it, like I am scared of life you know. I'm scared of what the future holds because I never expected to get pregnant at nineteen and get an abortion.

U: Because of all of this have your relationships changed in any way, like on a practical level, being more insistent on using contraception or do you feel differently about sex?

N: I don't have relationships now since I broke up with this guy. We went on for three months then I couldn't.

U: So after the abortion you didn't really want sex?

N: Ja. I'm not really worried about sex. It's the guys who get to me. I don't have anyone to lose. I feel like I can't love anybody.

U: Do you think you can love yourself?

N: I don't know. Sometimes I feel I hate myself.

U: Have you thought about counselling since then and would you like it?

N: I think I'd not like more like this counselling like going to a psychologist. This group thing I would go for it.

U: Are there any feelings that have come up from this that you would like to share and talk about.

N: I've seen it's important to, I always feel like if I dealt with my, the things that happened to me as a kid, I feel strongly that this would not have happened. I don't know why. No matter how hard it is one should dealt with problems and not just put it away. I wish there were a number of support group like for people just before abortion and after that. Like there are help lines for so many things like alcoholics but not for women who have had an abortion like me. I wish there was something. Talking about this I'm feeling better. I'm more convinced that I made the right decision.

U: Mmm. On my part I don't have any other questions to ask but you have got my phone number and you are welcome to phone me if there is anything else you want to speak about or if you decide you want counselling I can arrange it for you. I would not be giving the counselling myself, but I will arrange it so that you could get it if you would like. Also if you are interested in reading my thesis when it is done, probably early next year, so if you are interested you are also welcome to give me a ring about that. Also if support groups are set up I will arrange to give you a ring to see if you are still interested in that. And thank you very much for sharing very personal things with me. I appreciate that.

N: Ja, thanks too that I got to talk about it.

NAME: Susan

PRESENT AGE: 21

FAMILY BACKGROUND: Susan is one of three children from a middle class White home. She has reasonably close relationships with her family, but has not told them about the abortion.

OCCUPATION: student

RELIGION: Family are Christian, but not regularly practicing. Susan is not a practicing Christian.

PSYCHIATRIC HISTORY: Nil of note

INTERVIEW EXTRACTS:

U: Before you had an abortion, what were your attitudes towards abortion?

S: Pro-choice.

U: Has that changed at all since your abortion?

S: Not at all.

U: In your decisions making ability, how easily are you usually able to make decisions?

S: Before the abortion, there has been a definite change there, before the abortion I was quite a loose person, like what do YOU want, what do YOU feel.

U: So you were always pleasing others?

S: Ja, always. That has changed a bit. I'm still pretty flexible but I now have pretty clear decisions. Big decisions I can make in split seconds but little decisions, like what I feel like eating, I still struggle. But big decisions, it's easier now. Better crisis control. I don't go into a flat spin now.

U: Do you usually consult others in decisions, like with the abortion?

S: Ja, close friends. Actually no, I didn't. I knew what I was going to do. I just reaffirmed my choice, but the choice came from me not from others.

U: And how do you usually cope with stress?

S: I smoke a lot more than normal. I drink more tea, I sleep and I transfer, I just set to work and do this and do that.

U: Tell me what happened with your abortion. What sort of relationship were you in?

S: Ja, I met a guy in Cape Town while I was on holiday in December. I saw him for about eight weeks during a period of about eight months. We had a good friendship but as far as the relationship goes, there wasn't much for him. Then in May I met this arbitrary guy in 'Maritzburg and he was interested in me and I thought, mmm maybe, why not, okay and I slept with him. We did use a condom but it didn't work. I wasn't on the pill at that stage. I didn't see him after that except vaguely around the place. It was a typical one night stand. I got to know him a bit and I soon got to realize that he wasn't the kind of person that I wanted to spend any time with. He was a bit nutty, obsessive and intense.

U: What happened when you found out you were pregnant?

S: I was about two weeks late and feeling funny, nothing specific, no pains or anything, just feeling a bit funny. I went and got a urine pregnancy self test. It was quite well worked out because at that time I happened to be house-sitting a flat for a friend of mine. I was living in a digs with six other people and if I had found out then I think I would have collapsed. I did collapse, I was completely, for about an hour, in shock. I was house-sitting so I was alone and it was quite like, fuck okay, so I sat down and smoked more cigarettes and drank some more tea. And there was all this stuff rushing through my head, what am I going to do? What am I going to do? I phoned a friend of mine who I told I was going to do this pregnancy test and she said "I'll be there in an hour. I'll bring pizza". So we sat there and just

spoke about it and looked at all the options, and she said "What are you going to do?" and I said "I'll have to abort. I don't have a choice. I don't want it". I think if it had been my boyfriend's child I would have had it; I would have made a different decision. The fact that it was this guy who I had no emotional connection with and no desire to have an emotional connection with him. It was sex; it wasn't love. The way I think about it is that if the child is conceived in the right circumstances with the right emotion, it has a lot more backing, and this wasn't. It was just a product of this act. There was nothing redeemable about how it had happened and there would be nothing redeemable about having the child. I think if it had been someone else's child I may have made a different decision. So I think it was lucky in a way that it was his child and not someone I really cared about. Then we had the money issue. How do you go about this thing. How do you start to organize something this big. Again I was lucky. The woman whose house I was house-sitting had just inherited a lot of money in trust and she came back three days later. And so I said "Hi" and we spoke about it and she said "Don't worry about it, it's done". She said that "You organize it and I'll pay and you can pay me back, once you get your degree and you found a job", another timeless thing, next year I suppose. That was amazing. So the money issue was sorted out so I didn't have to tell my parents, which was nice, and I still haven't done.

U: What do you think their responses would have been?

S: Well my mother is the sort of person who freaks out if I get thrush. I've had one sexually transmitted disease, vaginal warts. It's quite common. I think one in three South African women get it, but my mother had a complete meltdown about it. She couldn't, this wasn't something she could cope with and that's quite minor. It's a very minor thing, and I broached the subject once. I was just joking and I said "Oh, maybe I'm pregnant" and she said "Don't speak to me like that. If you are then it means that you must have slept with someone else other than your boyfriend and how could you" and she freaked and I just thought "no".

U: So she would have quite a moral stance?

S: Ja, my mother is quite an ethical person, which I don't think is a bad thing. It's a good thing to have morals and very strong ethics but I'm quite scared of it. We are getting on really well at the moment for the first time in a couple of years and I really don't want to burden her with this. It's my problem and it's been dealt with and I don't need them anymore to deal with it. Financially it would be nice if I could just hand it over to them, but also R2000 isn't that much money. It's a workable amount.

U: So what actually happened? How did you find somebody?

S: I went to my doctor to have the blood test, because maybe there's that 0.1% chance, please God, that it's just wrong. So my doctor said "No, you are pregnant" and I said "Oh, no" and she gave me the name of another doctor in Maritzburg to organize these sort of things "and don't ever mention me again". So I went to see this man and he was actually really nice. I was actually very lucky. Of all the medical people I've dealt with, they were all really supportive and nice about it. They are in it for the money of course. It's an illegal trade and you make a lot of money, all cash dealings, but I also got the feeling that they believed in it as well. So we had this scan thing, this probe thing. You can look at yourself on the inside. We did that and we couldn't see the foetus so maybe there was a chance with a high dose of Morning After Pill it would go away. So we did that and it didn't. So I phoned him back. Now it was holiday time so I was in Cape Town far away from my two best friends that I had told and from the doctors that could help me. Now I was in the middle of nowhere with my parents, morning sickness and this boyfriend who I wasn't telling anything to, who I was back with but not sleeping with. He's studying psychology so he was awfully understanding and putting it down to some Freudian thing I'm sure. Then this old school friend from Jo'burg came down for a week and at Quay Four I dumped it on her. I needed someone in Cape Town to talk to about this. Her mother is a nurse in Jo'burg, so she phoned her mother and her mother said "I can't help you organize it, but Jo'burg is the best place, so get hold of your other doctor who helped you and find a name in Jo'burg and come for her 21st" which was coming up then. She is so nice, she

calls me her adopted daughter, so it's a really nice network. So I phoned this doctor in Maritzburg and he gave me a name in Cape Town and this man was awful. He said "I can't help you. I don't do this sort of thing" and I think he was just covering up because there was all this anti-abortion shit happening in Cape Town, but I think what he did was really unnecessary. He could have said "Look, I can't do it because of the situation", not demoralized me and dump all that shit on me. I didn't need it. So I hope he's gone under. Awful man. So that fell through, so I was just lost. You know when your future stops in front of your nose, just black, nothing. Then I phoned back the doctor in Maritzburg and he was such a nice guy. I have a lot of respect for him. Anyway he gave me the name of a doctor in Jo'burg and so I phoned the doctor, the receptionist and set up an appointment and I spoke to the doctor and told him what was going on so I didn't go up for a wasted trip. So he said "No problem, make an appointment and we'll fit you in and this is what it'll cost". Then I went up for the 21st and that was on Saturday and through all this was the organizing everything. It's a bit blurry, but basically the 21st happened on the Saturday and the termination was on the Monday. It was all legal in terms of the 1973 Sterilization and Termination Act. I had some poor psychiatrist declare me mentally unstable. I had the doctor in Maritzburg declare me unstable, the doctor who was doing the abortion declaring me unstable, which is quite a shock as well. Thank God I've been in drama for so long. That's part of the strength as well. Also I have been in therapy so I knew what the doctor was looking for. It probably took about ten minutes because I just gave him all the information. It's like taking on a role. I think drama was good because I realised I was able to dissociate myself from the role I was taking and then declaring my role mentally unstable, not me.

U: How did you play that role?

S: Well you know, I just sat and didn't look at him, and he said "How is your relationship with your mother?" and I went "Oh, it's terrible. I can't speak to her about anything", "and your father?", "my father is never there" which is untrue. I just lied through my teeth. "What are your dreams of?". "I dream about throwing myself in front of a bus" and "How would you feel if you had the child?". "I would feel as if my life had ended. I wouldn't know how to cope". "Do you have suicidal dreams?", "Often". You know, it was really easy. I didn't find that difficult. After speaking to other people, that's what they find the most difficult, getting the psychiatrist to say that you're mentally unstable. I just let the role take over. Then I got that done.

U: How long did the whole procedure take?

S: This took two days but the whole thing took two months. It's a case of getting yourself into the network. It's incredible. I had been struggling for six weeks by this point, two weeks I forgot about it because of exams, then I had been struggling for six weeks to get this damn thing organized, then you connect and it's like plugging yourself into the Internet, and it's there, it's happening. At every point they say "Is this okay? Are you sure?" as well. Right up to the anaesthetic they give you the choice to say no, like the anaesthetist said "Right, we are about to start. Are you sure that this is what you want?" and I said "Yes". Even then I could have said "Actually, I don't know" and I would have been able to get up and put on my clothes and walk out the hospital, which I found interesting that at every point it was "You don't have to do this. It is a choice, and you can say no at any point". I think it's also to reaffirm in the patient's mind as well. So I went to the hospital in Jo'burg, a nice clean place. It happened at about nine in the morning and I think it took half an hour and I woke up and it was like my whole life was back. That relief. Wow. I woke up and my friend was there and she said "Hello sweetie" and I said "Hi there" and it was like being born again. I know it sounds sick really, but it was like my whole future was back, it was back and it was mine and I thought "Wow, this is great. Thank you, and just wow". It was the most incredible feeling. Then they gave me all these pills because you womb has to contract back again. Ja, it was eight weeks later exactly. I've always wanted to see a picture of what a foetus looks like, or an embryo, whatever the term is. A friend saw one and she said it looked sort of like a carrot, so that was quite reassuring. That's what pisses me off about abortion posters is that I know that the pictures that they show are of babies at sort of five months and that's not what you abort. You don't abort after three

months. You don't, that's murder. I'm not pro-choice down the line. I have my own parameters. It really pisses me off when they show pictures of babies. You don't kill babies, I know that. It's before the brain and the heart and everything's connected. Ja, this thing in the Varsity magazine. It really pissed me off because it was all so anti-abortion, and they didn't ask any women about their experiences. (Spoke about article).

U: How did you feel after that? Your immediate feeling was amazing relief, and then after that?

S: Relief, relief, relief, relief. Niggling, relief, relief, relief. I didn't think about it actually. I was fine because I was in Maritzburg where I had my best friend who was living with me and is the most incredible woman on earth, and I had my other best friend who actually turned out to be a bitch, but she was also very supportive. I will thank her for the rest of my life for that. I also had, in Maritzburg it's my space. My parents aren't there and I don't have to deal with them. I made a very good friend in this one guy who was the first man who I ever told about it and he was incredible. It was fine. Then I moved down to Cape Town and Cape Town is a difficult place, you don't make friends here and I just spun out badly. Because I didn't have anything to divert my attention, it started coming back. Ja, by the time Christmas was over and everybody had gone home, all my family and friends and that, it was about February and when the hype was over and that was when the child would have been due, and I thought whew, and so I put myself into therapy immediately. I thought "No, deal with it" and I got out of therapy about six weeks ago.

U: Did you find therapy useful?

S: I found it wonderful. She was amazing. I found it very useful.

U: What sort of things did you deal with in therapy

S: It was a lot of, in many ways the termination was a very good thing. It taught me a lot about myself and it taught me a lot about sex. It matured me a lot, but not in a bad way. I don't think I've become a bitter, cynical person. It's, I have a lot more respect for children now because I think it's amazing that they got through the whole nine months. I have a lot of respect for life. That increased, and respect for myself as well. Respect for myself developed after therapy. There was a lot of non-respect for a while, not self-loathing. I never got into that, but there was a bit of a niggle, which I'm sure if I hadn't gone into therapy and I hadn't spoken to people, would have developed into self-loathing, but it didn't. It was just a niggle that maybe I had done something that I wasn't fully happy with, but I wasn't happy with the fact that it happened, not with the solution I chose. Therapy helped, and friends. You just need to talk about it and make sure it's the thing you want to do. If I had been able to have a legal abortion within three weeks I wouldn't have had half the stress that I had. The pressure that I had was trying to organize it in the eight weeks, not the fact that I was pregnant.

U: So was that the most distressing part, trying to arrange a termination?

S: Ja, it was most irritating.

U: How do you think that you've changed as a person from the whole experience?

S: Ja, I take sex a lot more seriously. My first thought is, "if I fell pregnant, would I mind?", and if the answer is "yes", then no. If the answer is "I don't know" then I think about it some more, and if the answer is "I wouldn't mind" then I get to know them better before I have sex with them. If the answer is "I would love to" then I get into the relationship quite quickly. I'm in a relationship now and I told him about the abortion about a week ago and with him, if I fell pregnant with his child, I wouldn't be upset. It would be fine and he knows it. He knows that personally I am anti-abortion, like I could never have another one because once is a mistake. Second time you've got to take responsibility. It's yours, you know the risks and what you are doing. So that's another reason why I'm taking sex a lot more seriously. Also I don't communicate that well anymore because not telling someone about the abortion, it's not like I carry it around with me like a burden, but it's quite an important thing. It's like not telling someone your phone number. They can't really contact you.

Ja, I don't open up so easily anymore, but is that a bad thing? Should you speak openly to absolutely everyone, or should you wait for trust? I don't trust on sight. I take it quite seriously as my responsibility. It takes two people to create a child, and I was one of those people and the father was one. I knew I was going to have the abortion but I thought I'm not going to tell him because one, it's the ultimate rejection. You are not saying no to going to see a movie. You are saying no to his child which for a man I think it's the ultimate rejection. It's a frightening thing to say to him. And if I saw him at a party in ten years, if I had told him we would have to have a conversation, and I don't really want to speak to him again. It's not a result of the abortion. I wouldn't want to speak to him anyway. He's nuts, he's not someone I want to spend time with anyway and I don't want this to be a connection.

U: Has it changed your attitude towards men at all, in relationships?

S: It hasn't changed my attitude to men, it's changed my attitude towards mothers. Especially morning sickness, it's given me a whole new perspective. God, pregnant mothers have to go through such a lot. This friend who lent me the money is pregnant now, it's her fifth month, and it's really exciting for me. It's good for her because she's Catholic and she struggled with it a lot more than I did initially. She like "I find it a murder" and I said "Now look at this seriously. Look at my life as I am now and look what would have happened. You created a whole lot of new spaces". I also do believe in souls so I made peace with it. I just said "Look, bad timing but I am going to have children definitely, at least one and you are welcome back. If I'm the one that you want, then you are welcome. Just not right now. I just want to postpone this for about seven or eight years, but you are welcome". So I think that the soul from that child will happen again, I don't know.

U: So there was a sense of resolve over that issue.

S: Ja, I believe that, so it's not a cop out. Ja.

U: Did you have any pre-abortion counselling at the hospital before your abortion?

S: The doctor did a bit. He took me through the operation graphically, so I knew what was going to happen. He asked me how I had fallen pregnant, which I think is vital to the abortion. The conception, the way of conception, and we spoke about that for a while and he said "How do you honestly feel about the father?" and "Can you tell your parents?". He really wanted me to tell my parents, which I think is quite healthy. It's a way of saying you need support, "and if you're not going to tell your parents, do you have people who you can talk to?" and I said "Ja, definitely" and he said "Do you have more than five?" and I said "yes" and he said "fine". Also he didn't treat me like a child. I think at 21, or 20 then, I felt adult. Nobody ever treated me like a child, like someone who had stolen sweets. I was treated like an adult with an adult problem which pushes you to cope with it like an adult.

U: So it's important to be respected in that way.

S: Definitely. It helps you put things into perspective.

U: Did you have any post-abortion counselling?

S: No.

U: Was it offered to you?

S: No.

U: So what would you like from post-abortion counselling? You've been to therapy and that might have given you some idea of the sort of thing that could be covered in counselling.

S: I did movement therapy and I would suggest quite firmly that you chose a medium therapy and not psychoanalysis because the problem lies in the body and in the woman's rejection of the body. It's like my body and brain are separate because my brain has chosen something on my body. I was speaking to somebody and I said it's not like rape because it's a chosen terror, and it is a terror. It is a violent thing and I think it's something that needs to be dealt with. You also cut your cycle midway and your body and brain are involved in that cycle and it knows in February, that's why those feelings started coming back, because my body knew the cycle was coming to an end and there's no product, there's nothing. It's a sense of closing. I opened something and I didn't close it until after therapy. I sort of masked it a bit with

talking to people, but I hadn't closed it off. I think movement therapy or art therapy or a way around the words, like you use words like "termination" instead of abortion and "the operation" instead of abortion.

What I liked about my therapist was has sense that defenses aren't bad things, they're necessary and it's just a case of putting your defenses in the right place. You made this choice and you made the right decision for you, so women like me who feel that they made the right decision need to be affirmed and women who feel that they made the wrong decision and want to take it all back need, I don't know what they need. They need a reaffirming of self-worth and a reaffirming of the physical body. Your body is still beautiful and is still fully geared for having children. A lot of it comes from the thought of, will I be a bad mother now? Am I allowed to have children now? I chose teaching now because I needed to know that there was no reason I couldn't speak to children. I wasn't a witch. I can still deal with them on a very productive level. I don't think that the abortion decision is easy, but I think that having an unwanted child is much worse than just a little bit of self-loathing and a little bit of need for reaffirming. The main thing that therapy can do is help close the process.

U: What do you think of support group therapy?

S: I think that would be very helpful, but have like minded people. Don't have someone who "God, it was great. I'm feeling some shit but I know it was the right option for me" and someone who's going "I shouldn't have done it". I think there needs to be, but maybe that's what group therapy is, I don't know. I think that group therapy would work. I think just a sense of closure and this is over now and you must begin to move forward and you must take your body with you when you go there. You need to take responsibility for it, because if you don't take responsibility for it then it's never over. It's just this thing that happened to you. It needs to be "I made this decision and I will take responsibility for the consequences and I will deal with this. I will link with other people but it is essentially my decision and my solution to the problem and I will take responsibility for it". If you don't accept it fully as your decision then you will never fully deal with it.

NAME: Mandiswa

PRESENT AGE: 19

FAMILY BACKGROUND: Mandiswa is from a wealthy African family. The family are quite close. They place high priority on achievement.

OCCUPATION: student

RELIGION: Roman Catholic, but not strictly practicing. Attends church periodically.

PSYCHIATRIC HISTORY: Nil of note

INTERVIEW EXTRACTS:

U: Before you had an abortion what were your attitudes towards abortion?

M: Well my family are very left and my father always said that there is no such thing as blind faith, so I actually I didn't have this view or anything, you questioned everything, even like divorce. You knew it was wrong but you took it as what it was. No hassle you know. So I never had this petrified view of it or anything.

U: And did you know anything about abortion?

M: Ja, my father being a doctor. I never knew from him but I read a lot. I wasn't quite sure of the whole procedure. I just knew about it. My friend had one and it went bad and she passed away. I never knew what happened but I eventually heard what happened from a friend.

U: How do you cope with stress usually?

M: Horribly. I have the ability to totally cleanse my mind of emotions, so I never deal with anything. I eventually hope to deal with it but I can't put it back. I'm very good at that. If something is too stressful I just leave it and in the meantime just go on with something else.

U: Tell me about your pregnancy, what happened and how you found the situation.

M: Grim. I had met him when I was thirteen and we had being going out for three years now. I hated him. After the second year I thought tolerate it all. Looking back at it now I would have reacted exactly the same way because he was just not for me. He was not from a good family, okay his father was a pastor but he didn't get along with his family. He was living with his aunt and uncle and, my parents being who they were, didn't think it was quite desirable. I suppose it was partly me. So we were going out in our third year. I suppose in deep denial, I can't remember when I started my periods or whatever. I just remember it was in December and I went to the Eastern Transvaal for a holiday and I felt really nauseous after eating a burger. I was always throwing up. I just kept telling my sister that I couldn't take the food. If my calculation is correct it was in about our fourth year of going out, around sixteen or so. But truly, I was oblivious to the whole experience. It was only in January that I woke up to reality and I told him. He just kept quite and hugged me and we went on as if nothing happened, like if you ignore it, it'll go away. So it was in March that I wrote him a letter how depressed I was. I wasn't depressed, it was horrible really. I went on as if nothing was happening, playing my sport, acting the part. So I wrote him a letter in March and I just put it on my desk and I had a tennis match on Tuesday and I came back and it was damned difficult. Playing sport was quite a hassle now, I got very tired. So I came back and my sister met me at the door crying and said "Why didn't you tell me? Why didn't you tell me?". I was very calm, told her to sit down and got her a cup of tea and I went upstairs to my mother who was hysterical. What made it worse was that I was so cold. I wasn't crying or feeling anything. So she sent me to my room and then my father same in and checked me out. Then that night I just heard them talking and my

sister came back reporting that they want to send me to Pretoria. What surprised me was my mother was the one on my side. She was like "You can't send her to Pretoria, she's got to finish". That was in Std 9 and I had everything going for me. Every school has to have its golden girl and going for Head Girl, so I couldn't leave. So she was "No, she's got to finish". So the next morning I was told to pack my bags. We took a plane to Jo'burg and were meeting my grandmother. My grandmother has eleven children, two sons and nine daughters. God. I had not cried this whole time, just complacently. And we went to my aunt's place, she's a doctor as well, so it quite surprised me the whole suggestion. It wasn't like go and get something done; it was more ignore it and it'll go away.

U: So you went with your family to Jo'burg to get an abortion?
M: Mmm

U: And did you discuss the decision with them beforehand?
M: No. You see in the letter I had already said that I was planning to get one. Anyway, I wasn't told where I was going. So the next day at school before I left I told them I had chicken pox, or something that I needed an op' for in Jo'burg. So I went to Jo'burg. The afternoon that we got there we went to this German doctor. Scum. It was my aunt who went in there with me. My aunt had this chat with him. You see the whole time it always, in my mind, I never had this feeling that I have this baby or I'm pregnant or a life or whatever. It was as if nothing was happening. I always assumed it was dead, I don't know why, I just assumed it was not alive. I thought that it had died. It must be dead. So I went for an ultrasound and the doctor said that it wasn't alive, the foetus is dead. Then "Oh cool, it'll be much easier to get one then". Then he said I must come back tomorrow or whenever because I think, because my aunt was a doctor, he thought it was some kind of trap. So we left and went to Jo'burg clinic and we couldn't get an appointment because we just had come that day. So we went to a private clinic where we saw a gynae. My God, you know, everybody knows about Dad. This guy, he knew who I was. It's not working well. So "What has his daughter been up to now?" So he did another ultrasound and it's alive, so then I was asked to stay in the waiting room and everyone came out and then went back home and the next day went to the German doctor again and this time he dismissed us like vagrants or something. Then we spoke to the receptionist and she gave us this number of a place in Soweto or somewhere. So we left again and went to some place. Came in, gave him the cheque or something and this other German doctor. It was very quick actually. I don't know quite what he did. By this time I was getting nervous and he asked me like, open wide. What a bitch, you know, like "Keep quiet" even though I wasn't saying anything but I must have had this worried look on my face. "Don't act as if you are all innocent now". Please!

U: So there wasn't much supportiveness from the doctors?
M: No, like really back ally dogs. This side of medicine I had never seen before. The doctors I know are nice family doctors you go to, who know your name. It was really disgusting. I mean the whole waiting room was full of women who were getting one. So he came in all smiling and I think it was an injection of some sort. It felt like just something cold and it was over. Then it was, okay fine and what did he do? Apparently he had ruptured the womb or something.

U: How far along in the pregnancy were you at that stage?
M: Like about five months. I remember thinking to myself it would be all smooth and round but it was very irregular. So that day I went back home and the waiting has begun. Day two now, waiting. I hadn't talked to my sister or anything or anybody else. I tried to phone my boyfriend because I hadn't time to tell him where I was or anything. So I talked to my sister for a short while. Day 3, I spent the day at the house. I did like housework to see if it would quicken the process. That same day we got a prescription for something given to women who are having difficulty, to quicken the labour process. So I was taking quite a lot of those. Day four we were wondering why is it taking so long. So we went to see another doctor. He was a typical Jo'burg doctor, like Farraris on the side. He was a relaxed guy. He told us that I had taken too many of these medicines so it had a

counter effect. Jeepers, I was wanting the whole thing to be over. So what he said was come tomorrow. So day four everybody came to the house. I went to take the kids out horse-back riding while everybody was inside having a discussion about me. My grandmother was very angry with everybody, saying that there was no need for all this to happen. The kid could stay with her and she would raise it. She has raised all her grandchildren at some time or another for at least a month at her place. Her house is so nice and cosy with eleven kids and God knows how many grandchildren. So only now like my options are being given to me. Wow. But it wasn't really an option. So my other aunt, she's a social worker, came in and said that I don't have to go through all this. I could put it up for adoption and get a good family. I thought like, cute idea but really now, I wasn't even there spiritually. This whole talk was like, do what you have to do. Then, but nobody was going on about the moral stuff so it was nice so at least it was realistic. No one was calling it sinful, which I was very thankful for. Retrospectively maybe I would have put it up for adoption but mm mm. Actually the time span is off. It all happened in a period of four days because day five I went. Everything happened very close together. We went to the doctor again and this time he inserted the labour inducing pills straight into the cervix, two of them. That was when the trouble started. Oh shit. I was there at the surgery and this is what happened: I was in the waiting room because the doctor wanted to talk to my mother alone. I was sitting there and there were about six people at the reception. Then out of nowhere I just felt POP and this flood comes from nowhere and then the more I tried to get up the more it just gushed out. So I was sitting down. Oh Jesus, and the receptionist said like the doctor was with somebody. Five minutes later they come and I got up and like an avalanche, the whole sofa was soaked. Grim. So my waters broke. Quite eventful. So he said "We'll book you into this private hospital and everything should happen quite quickly from now on." So, I went in and went onto a drip with the same pills I had been taking, so the drip was labour inducing. Two days passed and the third day like "what now?". Then they gave me an ultrasound and it now it was dead. The foetus was dead. So fine, if you don't get it out you are likely to be infected, so they put a cataract in. I heard from a nurse that if it was still alive they would have discharged me. Early in the morning at about 8:00, it was like a tube that went inside and I started getting pains. By 9:00, Jesus, I've never felt such pain. At 10:00 I called the nurse and asked if it was going to finish yet and "No, it's still not time yet". Christ. I remember tears from pain. I tried scrunching up my legs, lying on my side, just to take the pain away. Twelve hours later, 2:00 in the morning this ball pops out, apparently a signal that the time had come. I was so exhausted. This whole time I hadn't slept. If there has to be the loneliest moment of your life, that would be it. You are there, in the dark, you and you alone. So by then I was bleeding. It was another hour. Apparently by now my cervix had dilated totally. They gave me more pills. Then about 4:00 I started to give birth. (cries)

U: It's hard.
M: It was. God it was painful.
U: Did you see it?
M: After the head it was relatively smooth sailing. Then I rested but they said "Now the afterbirth" and, shit, not again. The whole place was soaked in blood. It was so stupid. I had this curiosity. (cries). It was so tiny, so perfect. I asked them what they are going to do with it. Oh God.
U: It sound like a very difficult thing to have gone through.
M: (cries). If I had known.

U: Did you receive support from people?
M: My family. I just slept. If I cry I know I will never stop so... The next morning I went for a D and C. Then afterwards the moral drive. My mother and my aunt figured now that it's over they can get onto my case.
U: You must have felt so vulnerable at that time.
M: The timing was impeccable. They went on and on. I suppose it's hardened me. Anyway after the D and C, I was discharged and got a plane home. It was on Friday; I went to school that Monday. Nothing happened. I sometimes think it was all a bad dream.

U: If you were in exactly the same situation again, what do you think you would decide to do?

M: I wouldn't have it but in the same breath I don't know. It just wasn't right. My life would have been very different. I was willing to go to some drunk person, to nearly die. I would have done anything.

U: How do you feel about abortion now?

M: If I had that baby all those pro-lifers are not going to be there when I need to write my matric, or when I need to feed it. They are all there for the whole moral ride, but at the end of the day it's me, it's you and the baby. You are all by yourself. Your parents, your boyfriend, it was just me and the baby. So I hope this will help someone else.

U: Yes it will. It often helps to know that you are not alone in going through these bad kind of experiences.

U: How did your boyfriend respond?

M: He was very supportive. He was the only one I could really talk to. It's very difficult. You never know when the memory is going to be triggered off, like in a movie when someone is giving birth you get out very fast.

U: Has it changed you feelings about yourself?

M: I just feel so old.

U: Has it changed how you feel in relationships?

M: Not really. What has really changed is, what should have happened, I was actually very angry and very hurt. When I came back I was determined to break up with him. It was more someone to share the loss with because I know he felt it as well. Two years later we broke up for an unrelated reason. I'm not keen on having children. My friends have children and I'm really envious of them. When they are faced with it they are allowed to have children. Their parents like, they are at varsity you know. When I have a child I want to give it everything. It just brings back so many memories.

I let my parents down so badly. I just wish they could have let me keep him.

U: Did you receive any counselling or ever speak to a psychologist about it?

M: Sometimes I want to talk about it. I know it's not healthy to keep all of this inside. I don't know who I would talk to because everybody knows my parents.

(spoke about options of therapy in Cape Town: Student Health or referral to private clinical psychologist).

U: What would you have wanted to know about abortion before hand? What sort of counselling would have been useful to you?

M: I would have wanted to talk to someone who had gone through it. It was a kind of death and you are the sole cause. I know how it feels to give birth to death. I wish they could have warned me about the after.

U: What would they have said to you?

M: This hole, this pain you carry with you all the time. This thing that can be triggered off at any time. You can't even hold babies sometimes. I went to this funeral of a friend who lost her daughter and afterwards things changed between me and my parents. To have all this love for something that wasn't even fully formed. I can't imagine how much one would love one's child, it must be intoxicating to have that love. At least they can blame God.

U: That loss and self blame must be very difficult.

M: It would have been nice to be allowed to grieve for a bit. I went back to school and everything was, I still don't know how I made it through that year. No one suspected a thing. The only evidence was a drop in my marks, a slight dip. No one would have actually believed it anyway.

U: It must have been hard to hide your feelings all the time.

M: I just made sure I was busy all the time. People took it for dedication and zeal.

U: Do you think that you've gained anything from the whole experience?

M: No. I just do more to make my parents and I suppose to make myself a bit happy as well, but I'm never quite satisfied.

U: What do you think about the idea of support groups of women who have also had abortions?

M: Ja, because you always wonder if you, you know for a fact that there can't be just 250 000 abortions a year. You are always thinking I wonder who else. You always feel so alone. There are groups for alcoholics, for drug addicts, for people who have died, but somehow people always think you are so immoral, you don't deserve. Those pro-lifers, you don't see them building shelters for all the street children you know. It's all just a moral trip.

NAME: Themba

PRESENT AGE: 24

FAMILY BACKGROUND: Themba is from a poor, working class, African family. She is close to her mother and elder sister. Her father passed away two years ago.

OCCUPATION: student

RELIGION: Christian. Attends church from time to time.

PSYCHIATRIC HISTORY: Father was alcoholic.

INTERVIEW EXTRACTS:

U: How easily are you able to make decisions generally?

T: I don't know.

U: Do you struggle to come to a decision, or are you quite certain once your mind is made up?

T: It depends on what you are deciding on.

U: And do you usually ask people's advice or do you make them independently?

T: I ask people.

U: What were your attitudes towards abortion before you had an abortion?

T: I don't know. A lot of people around me were doing it a lot, like my aunt, my niece, getting pregnant and then aborting it. It was just a thing people did all the time. It was just something I never thought would happen to me. I didn't know I would consider it. I thought it was stupid, people falling pregnant and immoral and whatever.

U: Is that what you thought, that it was immoral?

T: It is immoral.

U: I guess you knew something about what abortion entailed then before you had yours?

T: I knew a lot. Between about the two of them they had about five abortions. They were always getting pregnant and then doing something about it.

U: Did you speak to them about it at all.

T: No, not a lot.

U: What kind of relationship were you in when you found out you were pregnant?

T: I had a boyfriend.

U: Were you close?

T: No it was on my side more. I was the one who just did everything to keep him. I was just one of the many people he was seeing. Then, I was going out with him for about eight months and I had the abortion.

U: Did you speak to him about the abortion?

T: No.

U: So he didn't know?

T: No.

U: Did you use any contraception when you had sex?

T: Mmm, I used the injection when I was first going out with him, then I stopped because we started using condoms. I was hearing all this stuff about AIDS and everything. We started using condoms and sometimes he just plain refused. But it was rare for him to refuse so I didn't worry about falling pregnant.

U: When you first found out you were pregnant, what was your reaction?

T: I couldn't believe it at first. I knew I couldn't tell him because he wasn't in love with me or anything. I just didn't know how to tell him, the pain and that, I was just worried. I didn't want to tell anyone... If you don't think about it you can even believe it never happened. So I didn't tell anyone.

U: How far along in the pregnancy were you when you had your abortion?

T: I was two and a half months.

U: Did you feel any sort of bond or did you feel anything positive about the thought of having a baby?

T: Ja. I was convinced it was going to be a girl. I don't know, just superstitious things. When your skin gets bad it's going to be a boy.

U: Did you feel close to it in any way even though you knew you couldn't have it then?

T: It was a long time ago. I didn't make any plans for it or anything.

U: What were the circumstances of your abortion?

T: I heard about this doctor in Umtata who did it so I went to him and I couldn't, I didn't know how to ask him to do that so I just told him that. ; he was the one I went to when I first started going on the injection. He was the one who told me I was pregnant and I said I couldn't be because I have taking the injection.

U: What was your reaction to the news that you were pregnant?

T: I knew that I was pregnant.

U: So it wasn't a shock?

T: No. I suspected but I acted shocked. I just, I hadn't decided then to actually have an abortion. I don't think I ever made the decision to have an abortion it was just one of those things that you just go along and see what happens. So he said I should go for an ultrasound scan; then I went for one and when I came back he told me what the ultrasound scan had said, "then you are pregnant" and I just kept sitting there. I couldn't actually say anything. Before I had gone to him for cysts, because I had cysts growing inside me and he had taken them out, so he checked me and said he thinks I still have those cysts and I need to cut some of them out but this time I won't have to go to the theatre. Then he did that, he cut off and then I left. I was going on leave so, I bled a little bit and then there was nothing. So I just went to my sister in Lesotho and I stayed there for about three days and there were these cramps, like menstrual cramps or something and all of a sudden at night it just came out and she was sleeping so I thought if I could just keep it out, hide it from her. But I bled and bled and just passed out and she had to wake up and find out. But I never told her what was going on, I just I didn't know I was pregnant, maybe I was and I was having a miscarriage or something and so she took me to hospital.

U: Did this all change your relationship with her in any way?

T: Ja. At first because I lost so much blood and I was really sick and she really helped me and we were very very close and then we talked about it and she just couldn't understand why I couldn't tell her. And then I told her that I didn't know myself that I was pregnant. From then on, I don't know, I just started lying and hating myself for it. I started telling her all these lies. Like I didn't tell her that, I didn't really know I had an abortion but at the same time I knew what was going on. So I didn't tell her that. I told her that maybe it was the trip because it was a very bumpy ride to her and so I said maybe I lost the baby because of the trip. So I kept on thinking that it was a miscarriage. The I went home after that and I guess the whole thing changed because I just kept doing things that I couldn't stop myself doing.

U: Like what sort of things?

T: Like drinking and I started smoking then. I really slept around and a lot of things. I'd get drunk and then just sleep with anyone. Those things started getting to her and she just got tired of being my mother sort of thing. My mother would just die if she found out about those things. So she got tired of keeping me straight and keeping those things from my mother. I guess she just lost her respect for me.

U: Why do you think you were doing all those things?

T: I don't know. Most of the time I was just thinking I was going to get punished. Every time something happened to me I would see it as a punishment for what I had done. A lot of bad things happened to me that time and I just kept blaming it that it was that. I mean a lot of those things were happening because I was drinking so much but I kept saying it was because of the abortion. Somewhere along the line I just decided that I should just get pregnant and have a baby to compensate for what I did but it never did such thing. I mean I have a

baby now but it makes it worse because I don't see why I did it in the first place. I mean if I could have a baby and nobody would go mad. I mean my mother understood...

I decided to have a baby and to just stop drinking. By that time my boyfriend had lost whatever he had had for me. Afterwards I told him that I cleaned up my act and that and I tried to get back together with him and then I got pregnant and we just broke up again. I never told him I was pregnant.

U: Was this the man that you later had your child with?

T: Ja, he knows it's his child but he pretends he doesn't. We never talked about it after that. He broke up and then he found out I was pregnant and he never came to ask me about it. We never talked about it.

U: Have you felt guilty about the abortion?

T: A lot. I didn't see why I had to do it. My sister was so understanding it made it worse. She felt sorry for me because I lost this baby. She had seen the foetus and everything and I didn't. And I just felt so guilty for lying and for just doing it. A lot of people who talk about it had such horrible situations, who really had to. I don't know why I did. I always thought that I didn't want it to grow up without a father but I went ahead and had a baby anyway.

U: What were some of the other feelings you felt after the abortion?

T: I guess it was mostly guilt and shame. A lot of people kept commenting on my weight. I was very big when I went up to my sister and I came back very thin. People didn't understand why I looked so sickly, because I lost a lot of blood. A lot of people just kept hinting. I'm sure a lot of people knew what happened. I didn't know how to go away for people to stop hinting and implying.

U: What is the feeling in your community about abortion?

T: It's a shameful thing to do. I mean where I come from a lot of babies have babies; fifteen year olds are giving birth, so it's just strange why anyone would do that. So if you have an abortion it's like you are trying to be pure. ... (Spoke a bit about her work history and attitudes of people at work)

At work it was like all these indirect things. They were really nasty and attack you all the time, like women are evil.

U: Who did you end up telling about your abortion? Did you speak to your aunt?

T: No, My sister told my aunt something about me and she doesn't know why I act so high and mighty about it. I mean it happens every day. But I didn't see the point of telling her because I didn't think she would understand.

U: Who else did you receive support from other than your sister who supported you for what she thought was a miscarriage?

T: No one.

U: How did you come to the final decision to go ahead with the abortion?

T: I just went along with the doctor. I thought that if he could do it then I would but I wouldn't do backstreet things.

U: It sounds like you weren't that set in your decision.

T: No. It wasn't a firm decision. I would ask people hypothetical things like I'd ask my aunt what made her decide to have an abortion and she told me her reasons that sometimes you just not ready to have a child. And I asked her what she would think if I had a child and she said that I would be very stupid, especially with my boyfriend you know. I mean everybody knew about my boyfriend.

U: So you obviously had some doubts about what to do.

T: Ja, like if I shouldn't keep it. I wasn't so sure if I wanted to have the abortion in the first place. The thing is I have an older sister and she hadn't had a baby and I didn't want to be the first one to have a baby at home. At the same time I would think why couldn't this work out. So I thought what if I never have children again? Maybe it would have been a relief not to have a child later because I felt like I deserved something really bad to happen to me.

U: Why did you think that?

T: I knew I had done something really horrible to happen to me. I would even think that maybe if I had a child it would die later or whatever to make me feel what I had done.

U: Do you still feel those feelings now?

T: No. I think so many things have happened already that I've paid for it.

U: What sort of things have happened that made you think you have paid for it?

T: Well, before when I was drinking I got gang raped. I felt very bad after that because I didn't tell anyone. It was my fault. It was just one of those things that you can't do anything about. You know those people are walking around and they know you and they are always laughing at you. Every time they see you they make jokes about you. The town I come from is very small that you don't even know where to walk. That was five months after the abortion.

U: It must have been a very miserable time for you.

T: Ja. I just don't know how I got out of the things I was doing because, it was like a bad movie or something.

U: Do you still feel guilty?

T: Ja. Because I had this really great relationship with my sisters and they always wonder what ever happened to me. I've given up all hope of ever being good friends with them again. It's like we've decided without talking about never to talk about it and we've never been the same friends again.

U: Do you still think that you are a bad person?

T: Ja. All the things I did then. I think I was.

U: My understanding of it is that when something happens that is a big negative thing in your life then one way of being depressed is to do crazy, wild things. That is one of the ways that people act out depression. So to me it sounds like you must have been really depressed and that's how you dealt with it.

T: Ja I don't know if it was depression or just being ignorant or something. (cries) I mean I got drunk and assaulted someone. I got arrested for that and that is when my mom found out about my drinking. It was such a shock that I was drinking and so disappointed and everything. I can't imagine what she would think if she knew the whole story.

U: How else have you felt differently since after the abortion?

T: Now since after the abortion I just meet guys and it doesn't seem to work out. When you meet someone eventually you have to talk about everything. But I don't like to tell anybody anything about my past. I really can't.

U: Do you think that others will think badly of you?

T: I mean I didn't have a life threatening situation or bad circumstances. Something that would really, I don't think I had such valid reasons for being. I don't see what gave me the right to do it.

U: You don't just think that you weren't able to have a child at that time?

T: It maybe wasn't, but a year later I got pregnant. It wasn't right then, so what was the point in the first instance?

U: Why do you think it could have happened?

T: Maybe it wasn't right for me but maybe it was just the after effect of the first one.

U: How was it for you to have a child then?

T: It helped me get my act together, I went back to school and everything. I became more responsible.

U: How have you changed personally since the abortion. Has it affected the kind of relationships you might have?

T: I had a very low self esteem and my boyfriend used to wipe the floor with me sort of thing then I got pregnant I felt I owed him something. Then when I got the baby I sort of cleared myself up. I thought I don't need this sort of person in my life. Then the three years that I was raising the baby I just didn't care what other said about me. Then I came to Varsity and I just don't want to be used like that again.

U: Do you think that if you were faced with the same situation as you were when you had the abortion that you would have the abortion again?

T: No. I wouldn't be in that situation at all. I would be wiser and not be in the position to have to make that choice.

U: Do you ever feel regret about it?

T: I suppose so. I always think that my baby's going to die or something. It was a bad thing to happen to somebody. I feel sorry for my first baby, because what happened when it came out was I went outside and threw it away in the garden hoping my sister wouldn't find it. Then I bled all night and I couldn't get up to get rid of it because I thought I could get up in the morning and cover it or something. Then my sister was just walking outside and then we saw something that was pink being eaten by dogs. That's when she realised what was going on because I still said to her that I didn't know what was going on. It was just this chewed up thing by the dogs. I just can't imagine doing anything just so bad.

U: It sounds like a awful thing to have gone through. Was it that that caused you the most distress about the whole thing.

T: I don't know; it was the whole thing, even at times not thinking I was going to make it. I was very scared. We were very far from the nearest hospital. It took the whole following day to get to the hospital.

U: Do you think that you might have gained anything from the experience?

T: Ja. It makes me think that I shouldn't judge people who had an abortion, but with me I never judged them in the beginning but I understood. Now I don't understand. It's worked backwards with me. It's something that I don't think someone should do. I'm not saying, sometimes I wonder if I would do it if I was raped or something, then sometimes I think I won't. What sort of person do I think I am? It's very confusing. Sometimes I just get terrified that my sisters would find out. Sometimes I wish they would find out so that they would know me. I don't think that I've gained anything clear. It's not worth what you go through.

U: Do you think that you might have benefitted from counselling before and after the abortion?

T: Ja I think so.

U: What sort of counselling would you have wanted before the abortion?

T: I would have wanted to know what my options are. I would have wanted to clear my reasons for doing it or not doing it.

U: And after the abortion what sort of counselling would be useful?

T: I would have liked to know how to tell people about it. I know I'm not wrong in thinking that, but my sister would have judged me and my mother would have been very disappointed in me. It's more like them understanding and forgiving me.

U: So you would have liked to go through with someone ways of telling your family and talked about what there reactions might be.

T: Ja, it's worse not being able to tell anybody, like someone understanding what you are going through. Even going back to the hospital to get cleaned up afterwards. It's so terrible what, like I couldn't go back to the hospital even when I had all these pains afterwards and I couldn't tell anyone. I thought I was rotting inside. I used to think that I was going to die. But I didn't think I was going to die then. I just kept expecting something very horrible to happen to me.

U: How are you feeling now about it.

T: It's something I pretend never happened. I don't think I'd ever be able to come up when people talk about abortion to say I had one. It is just something that I pretend never happened.

U: If there was a support group of women who had had abortions, would you be interested in something like that?

T: Ja, but I would be worried of bumping into someone like that. But whenever someone says to me that something like abortion happened to them I never say what happened to me, so I don't think it would work for me because I wouldn't say anything. I don't think it would work.

NAME: Karen

PRESENT AGE: 43

FAMILY BACKGROUND: Karen is the eldest child from a stable, middle class White background. She is close to her parents and to her siblings.

OCCUPATION: academic staff at university

RELIGION: Family are Christian. Karen has converted to Judaism but is not actively practicing.

PSYCHIATRIC HISTORY: Karen has attending therapy periodically, particularly around her cancer. An uncle was suffered from schizophrenia and committed suicide.

INTERVIEW EXTRACTS:

U: How do you cope with stress usually?

K: In a very stressful sudden crisis, I am pretty good. I tend to be seen as a pillar of support, whether it's a death or that sort of stuff. My own personal long-term stress, for a long time I imagined I was very laid back and it was only some six years ago I had to realize that I'm quite highly strung and how do I cope? I think I've used, over the years, sex for example as a drug to just block out, to go on an escapade and you can worry about the relationship and not about the stress. I could, unless I really controlled myself, probably drink too much. I dive into books and read for, book after book.

U: How are you at making decisions usually? Do you make decisions quickly, or do you quandar about things?

K: I vacillate. I probably avoid making a decision until I have to which means I often push myself to tremendous deadlines because if it's a difficult decision I leave things too late, but if it's really important decision, like when I found out I was pregnant, I very very quickly made the decision to have the abortion. There was no vacillation about it.

U: What was your initial reaction when you found out you were pregnant?

K: I was very angry with myself, frustrated and then I just terminated to sort it out.

U: What sort of relationship were you in at that time?

K: Oh, it was an old friend who, since his divorce, did me the favour of falling in love with me, but I couldn't return his feelings. He really nagged me for a physical relationship with him forever and he stayed with me in Cape Town while looking for a job down here and I got pissed and I was tired of the nagging. I was on the pill and had been taking a pill break and I had just gone back onto it and because I wasn't into the cycle of having the pill every night I skipped a couple of days without realizing it and I think the psychologist I saw would have said that there was probably a certain amount of on-purposeness in the back of my head. I had always wondered if I was, I had been feeling very barren I guess, empty not having children and I guess it was just a test subconsciously. I could buy that. I didn't think about it, but I suppressed taking the pill, it could be that I was playing a game with myself. I thought I'm 40, I've had chemotherapy, I've been on the pill for twenty years and I'm probably sterile, but I wasn't too happy when two weeks later I didn't get my period and I said to the father "I'm sure I'm pregnant. In two weeks I'll have a test. If there is any reason you can use to try to persuade me I will allow you to speak your turn" and he said "Maybe..." and I said "I'm not marrying you. It's out if the question" and he just couldn't be persuasive enough and so as soon as I found out I went in, because I had had chemotherapy and a heart problem left over from it. I went to see the people at the Gen who treated me and because they warned me that a pregnancy might be dangerous for me, so I went for it quite legitimately, above board on medical grounds, which they agreed to, just. They said that they could nurse me through the pregnancy but if

there was this additional component they would be willing to ask for a termination of pregnancy. I was sent to the gynaecological department where I saw a real bastard of a guy. I had this idea that he was a staunch Catholic. They shouldn't put those kind of guys anywhere near the termination of pregnancy cases, and he was very grim and he got these two grim nurses to sit on and listen to in the interview. And they said once they had done it they are going to tie up my tubes and I said "No, absolutely not" and they said "Well, if you are having a termination of pregnancy on medical grounds then you can't have any future pregnancies" and I said "It's my body. I'm not giving you permission". He was really, but fortunately the night before I had had really heavy bleeding so I had probably been making love with my real lover and probably we induced a miscarriage. When they investigated he said yes, I've had what you could term a miscarriage but I would have to go in for a D and C anyway. He said he would see me later that day and got me to book straight in. I went in and never saw him again. I was never counselled about what could possibly go wrong. If I knew I would have booked myself out. At that stage I could have gone to any gynaecologist. It was a miscarriage, not a termination of pregnancy anymore. I was stupid, I was really stupid. Anyway I was very concerned that I hadn't seen this guy. It's obviously just like a sausage machine that they just wheel people through. The idiot on the other end with a scoop doesn't even see the faces. As I was lying there with the anaesthetic I asked where my doctor was and they said "Oh no, he won't be doing it. It'll be this other " and I got very hysterical but I was already premedicated and I was drugged and they put me under and I woke up not twenty minutes later as I should have, but four hours later and this bastard had perforated my uterus and my intestines in a number of places, a real brutal pig, and ja so I came out of it with a really ugly scar on my genitals and I am very angry. I created so much that they sent him in to apologize to me and he was so, he kind of slouched in, and I just stated screaming at him and I told him that I wanted the bills because I was actually going to stop payment. I was going to make a case of it. I told them that I would refuse to pay for everything but what the D and C would have cost, all the extra costs, the theatre costs. I was going to take it to the Medical and Dental Counsel for malpractice. But they sent all the bills and I didn't think of letting the medical aid know and the next thing I got the receipts from the medical aid to say that they had paid.

U: It sounds like you felt really abused.

K: Ja, I was absolutely. I was trying to do it straight and ja, it maybe shocked me because they initially thought that the cancer I had was ovarian, which it wasn't. But these two bastards, but I must say the registrar that stitched me up, she was fantastic and her Black assistant was also wonderful, but the guy that did the op and the guy that did the interview, these typical men that were angry at women, so arrogant and dismissive and uncaring and cold. And this guy said to me "I didn't know you were forty years old" and I said "You fucking didn't know because you never came to see me. You never bothered to come and talk to me before you stuck a thing up my fanny". Ja, I felt abused. I wanted to write and express my disgust with what has happened and the procedures because I think it's really unethical what they do, but every time I tried I would just get so angry it would just blow me out and I would either read or go and get drunk or go and have an affair, so I never wrote the letter.

U: How has it affected you emotionally since that time? I know you've been physically scarred.

K: Well I guess, other than the time with my ex which was emotional, and he did it because he was misguided, but I guess his misguidedness has something to do with his being afraid of women and disliking them in a sense, but that's the first time when I was physically hurt. I felt like maybe someone might feel if they were raped. It's just such a hideous scar because apparently I was haemorrhaging and my blood pressure was just plummeting and they had to just rip me open to stitch up the holes because this woman realised what was happening. So it's a really hideous scar and for somebody of 40 odd who is sexually active, it's not the best time in your life to feel very secure about yourself physically and to then, on top of that, have to live with such a very obvious, ugly scar, I could have done without it. Since then I have gone onto the injection and I

was just thinking if I had done that five years ago that would never have happened. So I do blame myself to some extent too, which is also damaging.

U: So you take a lot of it as personal responsibility.

K: Well I think it is.

U: I was wondering if you defer any of that responsibility to your partner of that time?

K: He is one of these physics nerds. What he knows about human interaction you can write on a postage stamp and still write the entire Nkosi Sikeleli. I've always said I'm the one who's going to get pregnant so preventing it I'm going to make my responsibility. I have been thinking of all the many lovers I've had only 3, about 5% ever asked whether I'm protected or offered to use a condom. I should take responsibility, yes, but they should check that I am taking responsibility as part of their responsibility. They just assume. They should ask.

U: Has your abortion changed your view of relationships at all, your feeling in a relationship?

K: It's maybe made me a might angrier with men.

U: It also sounds like from what you've said that the scar may also affect you, like make you feel uglier in some way.

K: Yes indeed. I am much more tentative. It has certainly done that.

U: Has your attitude towards abortion changed from before you've had an abortion to after?

K: No. I always thought that it should be a counselled decision that a woman should take and it should be freely available and I still think that.

U: Did you have any counselling with your abortion?

K: None whatsoever.

U: Not even before the abortion?

K: No. Like I said I had made this decision. I had discussed it with the father who couldn't do a thing to change my mind. I discussed it with my lover who said "Go to a private GP and not to the Gen" and then I walked in and I was told by body language that I was a slut and that's the last I knew until after the abortion. My sister had an abortion many years ago. She had this terribly dreadful abusive boyfriend in matric and he got her pregnant and I went with her to London where she had a in very controlled environment, but she never had any counselling either come to think of it, not before and not after.

U: Did her having an abortion influence you in any way?

K: I just thought that it was ridiculous that she had to go to London to get it and there's the stigma attached to it, and she being much more religious than me felt it a lot more. She told her husband and it's not an issue to him. I just keep on blessing my parents for being strong enough to make that decision and to follow it through because it saved her life in a quality of life sense. I think she feels physically bad about herself because of it also because she thinks it's immoral and wrong and she has religious objections and she's "killed a child" and all of that sort of stuff I don't feel. I mean I do find that I think from time to time, if I had that baby it would be so old now and I would have loved to have had children. I love children but not unless one can have the perfect environment, or perfect as possible.

U: When you came to your decision to have an abortion, was there anything that counterbalanced that decision in your mind, like if this then I could have the child?

K: If it was my lover's child then I would have had it, perfect circumstances be damned.

U: Did you have any regret about having the abortion ever?

K: No. Only about how it went wrong, not about aborting that foetus, no. None whatsoever. Every time I see this guy, it's actually hurt our friendship because he can't understand how angry the whole thing has made me and of course I associate any close intimacy between us with it, I just said to him that's it's arms length friendship again, absolutely, and for a long time he nagged until now I see him rarely. But every time I see him I say thank the Lord I'm not married to him

or not beholden to him for anything. I'm very pleased I took the decision. I'm just not pleased with the hospital who did it.

U: It's with the constant physical reminder that you wouldn't be able to just let it go.

K: It's made it a thousand times worse. If it wasn't for that I could have gotten over their attitudes and shrugged it off like I have so many callous angry meant that I have to work with. But they have managed to damage me, to scar me. It reminds me every single day. I should put it behind me, I try.

U: I guess all the anger and all the pain is represented by that scar.

K: Probably all these things. All this demeaning practice that men have to put you in your place. Ja. It all just culminates. That's how they got their revenge on me.

U: Karen, you didn't have any counselling, but if you were to have had a different abortion experience, obviously you would have wanted a different one, what would you have liked in pre-abortion counselling?

K: I would have liked to have been warned of the possible things that can go wrong, that's just good medical practice. In my case it wouldn't have helped at all to talk through options because I'm not particularly, ja, to have an unwanted pregnancy you terminate it. The act was casual so the termination was reasonably casual.

U: So you never would have considered adoption?

K: No way. Never would I go through a birth for anything but my own pleasure.

U: So you would have wanted to know about the physical procedure and the risks.

K: What can go wrong, what one should look out for, what I can expect afterwards, what will I feel like. I can imagine that for example my sister she should have been given the chance to think about various possible options. To some extent I don't know if post-abortion is not more important than pre-abortion counselling.

U: Yes. What would you have liked in post-abortion counselling?

K: If I knew that there was such a facility, I would have sooner so it didn't fester into this hard core that it now has. It might have been good to talk through my anger. And maybe a lot of people think that they've made a mistake and I really think, because I think I'm surprised at how frequently I have thought perhaps about if I had the baby it would have been so old, or I see a baby of an age and I think I would have had a baby so old if I went through with it, especially when they're really cute and they have just been bathed then I get exceedingly broody, then I think for a lot of people, including me, that it would have been nice to be able to talk it through with a trained listener.

U: Have you spoken to your family about it?

K: It's not, my family are quite shocked by my attitudes. My sister would find it too traumatic. I find it sad that I can't talk it through with my mother. I probably could, but she's elderly not and she was a social worker and good at counselling, but not with her own family. She too emotionally entangled. I haven't talked it through with them and I haven't talked it through with all my friends. I guess the only way I talked it through was to attack this lover of mine that he never checked whether I was on the pill. (laughs)

U: What do you think of the idea of support groups with other women who've had abortions?

K: You know they can work and they can't. I think in a controlled sense, there should be a trained person around. If you just get a lot of people together who've had abortions you can get a lot of mess, but if you have a trained psychologist to mediate the group, someone who was uninvolved, otherwise there is too much tender emotion there and the group wouldn't be able to support it.

U: Do you think that you would be interested in attending such a group if there were such a group established?

K: I would give it a try. I'm not much of a group activity person, but I think for something like this, friends who lost a child in a pool joined a group and it really worked for them being able to talk to people who understand what you feel, the powerlessness and the anger and all these things, so I would try it if after three years it wasn't too late.

U: Sometimes people sit on feelings for years.

K: By the middle of last year I was very depressed. Every evening when I drove home from work I was just crying, just miserable and I saw a male therapist and he was a bit flippant; not unsympathetic but not quite tuned in. He kept on saying you are getting middle aged and you're reassessing and that's pretty normal. That is true. I did tell him about the abortion but I don't think he could see that that was part of the problem, so I stopped that.

U: Did you think about seeing a woman therapist?

K: I'm much better now. I went to the spa and relaxed and travelled around the Overberg on my own for about ten days and read a lot and thought a lot. I've pulled together. If I don't feel that I'm improving then I should consider that. But maybe I just needed an abortion support group to talk things over.

NAME: Anne

PRESENT AGE: 33

FAMILY BACKGROUND: Anne comes from a stable middle class White family. After some conflict with her mother as an adolescent, Anne now has a good relationship with her parents.

OCCUPATION: academic position at the university.

RELIGION: Family are practicing Anglicans. Anne was a Born Again Christian but is currently not practicing.

PSYCHIATRIC HISTORY: Anne has suffered from Anorexia Nervosa from the age of fourteen until the age of twenty and spent many of her teenage years in hospital. She suffered from Bulimia after this for a period, but does not suffer from an eating disorder currently. She later turned to sport and exercise. Her mother was described as a depressive.

INTERVIEW EXTRACTS:

U: When did you have your abortion?

A: In 1986. I was 23. I was in the middle of my Masters. I was single. I didn't have a good relationship with the guy involved. I lived in a little flat. I was basically penniless and I was good at (sport). It was just the worst thing that could have happened. I was very young and just couldn't have gone through with it and I don't regret it. I don't speak about it, but I'm not ashamed of it. It's just something that happened. I have never regretted it to this day. Not even now that I have a beautiful child do I regret it. I would have regretted my life every day if I were to keep the baby. I wouldn't have gotten the qualifications, I wouldn't have gotten the life that I have. I don't know what would have happened, but I certainly wouldn't be here doing what I enjoy doing.

U: What actually happened?

A: I had a legal termination at Groote Schuur hospital. I had to fight for it and I resent the fight that I had to go through, but I had it done properly and I'm very grateful for that. I was prepared to go backstreet and I certainly didn't have money to go to England. I was prepared to go backstreet but when I calmed down I didn't, I didn't want the risk. I wanted children one day but when I was 23 I just wasn't ready, financially or any other way.

U: What process did you have to undergo?

A: It was with a great deal of difficulty, I investigated all the risks. I was initially in an absolute panic when I found out I was pregnant. My boyfriend got the blood tests done and then he told me, and then he basically backed off so I was left to sort out this terrible problem. We went to Rape Crisis together and they were very helpful. This woman gave me a list of doctors who would help and I went to one of them and he wouldn't. He didn't want to hear my story and then we decided to try the legal route. I can't remember the details of exactly what happened, but I remember numerous interviews and I remember my mother having to come with me at one point and I was granted a legal abortion on the ground that my mental health would deteriorate if I had to carry on with this pregnancy. I acted up a great deal. I mean I really really really pretended that I was still desperately anorexic. I managed to lose weight during that time and I remember I regressed quite a lot. I had made quite a lot of progress but in pretending that I was still anorexic I actually went backwards quite drastically. I just remember having to fight so much it was so terribly stressful. From the time I discovered I was pregnant till the time of the termination was only eighteen days, but it was just a nightmare. Part of me wanted to keep this thing because I was just so amazed that I had conceived, but logically and sensibly I couldn't carry on. I had a problem with money and I couldn't tell anyone. I was so sick, morning sickness all day.

U: Who did you tell about your predicament?

A: Well, my boyfriend knew.

U: What was his response?

A: Well, we knew that we were not going to get married. The relationship had been faltering for a long time and we actually split and we discovered, or he discovered for me, because I was sick every morning. I wasn't even menstruating regularly. How I conceived is beyond me. We were taking precautions. I was hardly menstruating at all. It was just the worst thing that could have happened to two sensible people. So he knew, and my mother, I eventually told her when she realised something was wrong. My mother told my father. My brother to this day doesn't know. I told a close friend who was quite supportive and I told a colleague. They were supportive at the time, but they subsequently withdrew, once I had gone through with it, but they had their reasons. After it happened I told a few people but basically nobody knows really to this day. I haven't spoken about it because it's still not acceptable to have had an abortion, yet I know it was the only option for me. I think my boyfriend told his mother and I know he wrote a letter to my mother apologizing for what had happened. I don't think my parents have spoken to anyone about it at all. They were not happy about it and I think that they are still pretty ashamed of what happened. My mother has subsequently been a bit harsh about it, but it's never been spoken of from that day to this; just never mentioned. My gynaecologist knows about it and I was astonished to discover he was quite prejudiced against me for having had an abortion. I was really amazed because I was quite open with him about that fact, but something he said subsequently made me realize he was against it, but that's just too bad. I then had a miscarriage last year and that for the first time made me think that I deserved it. Because of having had an abortion, this was my due. So for the first time it became an issue, but even so it was never discussed, except with my husband. I told my husband early on in our relationship. There are times now, certainly since my child was born, that I feel there is this undercurrent, I think that people have wanted to say something about it, and my parents are so thrilled about their grandchild that I feel bad about the one that never was. But it wouldn't have been the same relationship. We have a wonderful relationship now because I'm older and financially secure and emotionally secure. It wouldn't have been the same and we can't pretend that it would have been. Even with the miscarriage I thought maybe I'm never going to have children and I still don't regret it because if I'd had a child in 1986 it would have been a disaster. To go childless is still better than having had that child.

U: Do you remember the procedure that you underwent to get the abortion?

A: I just remember lots of interviews and the final decision was made by the psychiatrist. I remember her asking my mother if my mother thought that my mental health would deteriorate if I went through with the pregnancy and fortunately my mother said yes. She didn't support my having an abortion; she didn't support it but she went along with it. It was difficult. Once the decision was made I had it virtually the next day.

U: How did you come to your decision? It sounds like you came to it very quickly.

A: Yes. My immediate reaction to the pregnancy was total devastating shock. I just couldn't believe it and the day I discovered we, my boyfriend and I, had just discovered that a friend of ours had committed suicide the night before so it was a Friday and I just can't remember a worse day. I went through the entire weekend in absolute shock. I couldn't make a decision and I was so sick. That just compounded everything. We went to Rape Crisis and that helped.

U: So had you discussed it with your boyfriend at that point?

A: Yes, and one of the first things he said to me was "We're not getting married" and I said "Absolutely not". We both knew it and acknowledged that the relationship was basically over. There was no point pretending that it was any other way. He supported my decision to have a termination. Never once did he suggest that I keep it, that he keep it, that we put it up for adoption. I thought about keeping it but going away so that nobody would know and perhaps emigrating, but I was in the middle of my Masters and I had a wonderful life and

I was excellent at (sport) and I couldn't do those things. I also knew that putting it up for adoption, I couldn't go through that. My parents were prepared to adopt the child but that was never discussed through. You know it's an easy thing to say, but the practicalities, my mother is not well and we don't live near to each other. I knew I was going to have to terminate one way or another, safely. I valued my health and my academic career. So I wasn't prepared to go through with some ghastly means so it then became a case of trying to find a medical doctor who would do it at great expense, so we were then faced with the money side of it and I don't know how we would have raised the money. I think it was my boyfriend who discovered the legal route. So he was in on the decisions, but once all the interviewing was done and when I actually had the termination he wasn't there, and afterwards he wasn't there, but that was okay because we had agreed that we were parting. But in my own mind I knew all along that I didn't have a choice, and my parents I think recognized that I didn't have a choice. Because I had to fight so very hard for it I was adamant that I had to go through with it. I was so sure that I couldn't have it, I was prepared to go through with the interviews and the fighting. Once the decision was made I never doubted what I was doing. When I was wheeled into theatre the young nurse asked "Why are you doing this?" and I said "I'm too young". Twenty-three might not be young for a lot of people, but to me it was.

U: What did you feel like afterwards?

A: I just remember feeling this enormous relief when it was over, just huge relief, no regrets, none, not ever, not once.

U: Did you ever feel any other effects that could have been linked to the abortion, like when you looked at children or something?

A: No. I didn't like children. Even when I was pregnant, I don't like little children. I love my child dearly, but I don't like other peoples' babies one bit. I was never broody. I never went through a phase of castigating myself. I just got on with my life. I fought a lot of depression in my life with the anorexia and I had come through all that and I didn't want to fall back into that pit so I fought very hard to move on. It was easy because I was totally involved with my Masters. I worked very hard in the months afterwards. I handed in my Masters four months after the termination because I worked day and night. I also won (sports) events after the termination. I just got back into my life, it was just such a relief. My life was mine again.

U: Did you receive any counselling, either before or after the termination?

A: No, not before and not after. I had to fight so hard for it. I had to prove how sick I was in order to get this thing, but there was no talk of when you have had it then come, because also I didn't need help for my eating disorder because I was pretending. There were one or two times I thought that I needed to talk to somebody because, although I didn't regret it, I certainly had to come to terms with the fact that I had done something that was socially absolutely out, because I could never talk to anybody about it.

U: So for you the social stigma played quite a big role.

A: Oh it was a huge thing, and it still is and it always will be. You just don't talk about these things. I think even when abortion becomes legal in this country women still won't talk about it because of social and religious sanctions. I do remember phases; I remember I went through a very bad patch about a year afterwards which was work related and I remember wanting counselling then and I no idea where to go for it. I've always been someone who reads a great deal, every book imaginable to try and find the answers and work through them myself but counselling was never offered. It was a case of "okay, you've got it. Have it and bugger off".

There were two of us having terminations that day, and the other girl was a fourteen year old Black girl who was mentally retarded who had been abused by her father. She was five months pregnant. I think they were concentrating more on her, understandable. Her circumstances were just horrific. I think because I was young, literate, well educated, I was left to my own devices, which was

alright because I didn't want a fuss made. I wanted this whole thing just over with so I could get on with my life.

U: Did you perceive any stigma from the staff that treated you?

A: No, certainly not from the nursing staff and not from the senior sister. I felt a bit from the medical student, but that was in her right. It was something that she was having to do, not of her choice and she was uncomfortable with it. The doctor that examined me and confirmed that I was, by then, nine weeks pregnant, he was horrible. He sees fifty women like me every day and it's a case of shoving his things up me and "Yes, you're nine weeks pregnant". It wasn't nice, but in a way I wanted this impersonal treatment because I didn't want to be where I was, so the less emotion that came into it the better, and this clinical treatment suited me better.

U: If you had had pre-abortion counselling, what would you have wanted?

A: I would have wanted not to have to fight so much; that's why I absolutely support legal abortion because I feel that women who have made that decision require support and I wasn't getting any support. I was having to fight against the system with every ounce of everything that I had in order to get something that I wanted. There was no support. If it was different and abortion was legal, what I would have wanted is not help in the decision making, because I think that the decision is the woman's, but I think to be given a very clear outline of what the alternatives were. But those are very personal things; I don't know how much support one can get in terms of making those decisions. You know your life and family circumstances, you know your religious, your emotional and whatever other circumstances and no one can really help you with that. I think it also is a decision that cannot be made on the spot. I did wax and wane and fluctuate a lot in the first week, so possibly in that first week the person should be left to themselves to come to their decision. Possible afterwards for those who need it, for someone like myself, I don't think I needed post-abortion counselling because I had achieved what I had wanted. For women who have traumas or regret afterwards, they do need counselling. Personally I couldn't say what I wanted because I didn't want anything. I just wanted to forget about it, and I didn't want anybody to know about it and I wanted to be that it had never been, so going to counselling would have just dragged out the whole process more than I wanted to acknowledge. But I can see why some people do want counselling.

U: Were you religious at the time of your abortion?

A: No I wasn't. I had given that up basically in second year, around 1982, although after I came through the abortion I thought that that puts pay to all my pretenses of ever being a Christian because you cannot go through with an abortion and still call oneself a Christian.

U: Anne, just going back to counselling, I know that with your experience you just wanted to put it behind you, but I was wondering what you thought of the idea of support groups with other women who have had abortions?

A: Yes and no because I know myself I would never be of use to a support group. For me personally I am not the sort of person who does that kind of thing. I am a very independent and quite a closed person and I am very suspicious of support groups. I didn't even enjoy my anti-natal classes for that reason. For other people it might be a good reason, for me no. For women who need other women, maybe. I am used to working in a male environment and get on better with other men. Even in hospital with my anorexia I was always the obstreperous one. I didn't want to be in a group and I would always undermine everything. I am quite a temperamental person and I hated being with other anorexic girls and I would get better just to get out of there. I don't tolerate other women very well.

U: Do you think you've gained anything from the whole abortion experience?

A: Yes, in that I don't regret it, it forced me to face issues in my life, fundamental issues. In many ways it sorted out my eating disorder because suddenly it seemed so unimportant. It did change my

thinking. It was very encouraging for me as an anorexic to discover that I could conceive, that I actually was fertile. That was good, although at that stage I didn't want children. It wasn't positive in terms of the way that I had to go about it, but because I was allowed to have an abortion I've had a good life. I'm a very happy person now. I've done all the things that I wanted to do; I'm secure. I knew last year that I wanted to start a family and my miscarriage was a thousand times more devastating than the abortion ever was. The miscarriage tore me to pieces. I really grieved for that enormously, and I was panic stricken and devastated and desperate to conceive again and I didn't for six months. Then I went into a real decline thinking I would never have children and that was terrible. Then I had my child and it was difficult. I had a Caesarean Section and I haven't come to terms with that. I had an induced labour and in the hours of extreme pain with my husband there. I remember thinking I could never have a child as a single parent. Just thank goodness he is here and that we are a family. I would just not have managed nine years ago as a single parent. I think I would maybe have ended up killing myself in desperation because it is just enormously taxing, ten years later with all the emotional maturity I have to cope. I have had moments since my child was born where the abortion thing has re-emerged. I have also heard logical arguments against abortion that now that I have had a child, I tend to agree with. At the time I refused to acknowledge that this thing was living, I would never acknowledge that I was terminating a life. It wasn't a living thing. Now that I've been pregnant and I've had a miscarriage and been so utterly involved with my pregnancy from every moment and just imagining what it looked like. I was twelve weeks when I miscarried and I was so involved in just looking. I had had scans and had seen it and knew that it was this size and this size and then it was dead. I had a scan and it was not living and I had to go through a whole Evacuation and Retain Contents. It was terrible and for me it was so much a living thing. It is so astonishing that I can feel such different things towards the same event at two periods of my life. When I was 23 it wasn't a living thing. It wasn't even a baby. It was nothing and I wanted to get rid of it. Ten years later I can see that it is wonderful and I can see that it is a living thing from the moment of conception. I would never have terminated the pregnancies that I conceived now, that it was terminated for me was devastating because it was a living thing for me. I can't believe that I see it so differently but I do.

U: Your whole situation was very different then.

A: My whole situation was very different and I wanted my present child and I wanted the one that I lost so much, and I didn't want the one that I had terminated. I don't know if that means that I'm an unreasonable person. I agree now with the argument that you are killing something that is living, I agree. It is a living thing from the moment that the egg and sperm meet; it is a life. I can't deny that now that I have had a child, but I still support abortion, even though it is a life. I still support them because it is so enormously difficult to bring up a child.

U: Do you feel then that how you actually conceive makes a huge difference in how you feel about the pregnancy?

A: Yes. The pregnancy that I terminated was an accident beyond all accidents. It was a conception that was impossible and for which I was not even remotely prepared. Nothing worse could have happened. Yet with the miscarriage and with my child, they were wanted, they were planned. I had an IUD and had it taken out. I knew what I was doing. The circumstances surrounding the conception play a very major role. For any woman who conceives unwillingly, against her will, through abuse, through rape, through just not having a say on whether or not she has sex. I think in many circumstances women don't. You know I have a suspicion that when I conceived the child I aborted, the relationship was so bad by then, I am sure at the back of my mind that the night it was conceived was a night that I just did not want to be having sex, but I went along with it. I didn't want intercourse that night and I don't want this child. It's just not going to happen. You should be able to procure an abortion when the conception has occurred basically beyond your consent and that's that. Whether it's a living thing or not is not the point. I think that the rights of the mother overrides the rights of the child at that

particular point. Once the child is born then it's different, the rights of the child are the same as the mother's.

NAME: Mariaan

PRESENT AGE: 39

FAMILY BACKGROUND: Mariaan is from a middle class White Afrikaans background. Her brother committed suicide years ago.

OCCUPATION: academic staff at university.

RELIGION: Family are religious, but Mariaan is not.

PSYCHIATRIC HISTORY: Mother and brother suffered from severe depression and brother committed suicide. Mariaan had attended therapy for six years and has suffered from some anxiety.

INTERVIEW EXTRACTS:

U: How easily are you usually able to make general decisions?

M: Very easily. I move quite fast. The easiest thing is to make a decision and to stick with whatever it is that you've decided.

U: Do you make decisions quite independently or do you usually consult others?

M: I make them independently which in fact is a bit of a problem in terms of the abortion that I had.

U: How do you usually cope with stress?

M: I work in front of the computer.

U: You said that you can be quite anxious at times?

M: I used to be. I have undergone a massive transformation through therapy. Internally my stress levels went down in the six year period. I wasn't focussed on stress, but it had that effect.

U: At the time of your abortion did you expect to cope with that stress?

K: I wasn't stressed at the idea of having an abortion. I had no problems with the abortion. With my father's ideas on reincarnation he would tell us that souls entered bodies when they were born, so I didn't have any sense that this was a life independent of me. The stress was being in South Africa with the context of abortion being illegal, that was the stress. In fact my gynaecologist gave me the abortion, but dealing with him under the circumstances that I knew it was illegal, that he was doing me one heck of a favour by doing it; he was putting his own career on the line, but it was as though it wasn't a right that I could exercise.

U: Can you tell me the details of what happened with the abortion, like the relationship you were in etcetera.

K: At the time I was already involved with my husband, although we weren't married then. I was very anxious not to have children. It was something to do with my own background, my childhood experiences and I knew I wanted to have the abortion. In the event it did cause minor problems afterwards which I think we managed to work through. The minor problems stemmed from the fact that he's got two children; he's a bit older than I am. So the issue wasn't for him necessarily wanting more children, but he did feel, this came out afterwards, I was so stressed by the fact that I was pregnant and I didn't want to be pregnant, that I wasn't able to deal with his emotions in that situation. The focus was so strongly on my stress and we never really dealt with what did he think, what did he feel. I treated it as though it was only my problem, alone and not as a shared thing. That was a very important lesson for our relationship, to work with, and the second time when I again thought that I was pregnant, again I didn't want to be pregnant, we were just able to deal with it in a completely different manner. We were able to talk about what it meant, how both of us felt about having a child. This was all before I learnt that in any case I had to have a D and C anyway.

U: So it sounds as if you gained something in a way from that first experience.

M: In my relationship, yes. In the sense of the stress level created from the illegality of the situation, I say it was worse the second time because I was not dealing with someone sympathetic.

U: Do you think you could tell me the process of what happened in the first situation?

M: I was with a gynaecologist, I saw him regularly and for reasons I can't remember I had to go off the pill. He gave me a diaphragm and I fell pregnant and I remember saying to him when he gave me the diaphragm that I knew I didn't want to have children. I didn't want to fall pregnant and I wanted to avoid using abortion as a preventative means, and he simply said to me that "If it happens I won't let you down". So I understood right from the beginning that there was a negotiated space that I could rely on him. It was as though a contract had been established. So when I did fall pregnant I knew that he would do something about it. But it was incredibly stressful because he was doing me a favour. The sense that I had no rights; I was at the mercy of another person and he was busy delivering babies and whatever and here I was hanging on waiting for this man to say "yes you are pregnant" which I knew I was, and him saying "I can fit you in to have the D and C, the abortion". I found it extremely helplessness-making, feeling such a lack of control.

U: Was that what caused the most distress then in the whole situation, not having the control and having to rely on somebody's favour?

M: Ja. I could not exercise the right to have the abortion.

U: Did you discuss the abortion beforehand with your partner?

M: We did discuss it and we did both agree that that was right for me, but we didn't really talk about what he felt. It was only afterwards that I could actually see that. It just felt like it was my problem, after all I was the one who was pregnant. I couldn't actually relate to the idea that he was even involved, I'm shocked to say. It's terrible to acknowledge this, but it's true, that's how I experienced it.

U: How far along in the pregnancy were you?

M: Very early, five or six weeks.

U: So you didn't feel any real physical thing with the foetus practically?

M: Practically I didn't, but I knew I missed a period and I moved immediately.

U: Do you mind me asking why you were so against having children?

M: At that time I didn't know, whereas the second time when I thought I was pregnant I did understand all the dynamics of the family. The first time my brother was still alive and the second time he wasn't alive. I think quite simply, I come from a severely dysfunctional family as far as we had a mother who has some sort of personality disorder, has no capacity for empathy, did not relate to us in any way as emotional beings as children, and it was an extremely disorienting experience and initially, certainly in my twenties I was terrified that whatever happened to me might happen to my children because I didn't understand what the process had been. By the middle of my thirties when I understood what had happened, I also knew that the child in me that had not been properly taken care of was the child that I needed to look after and I was clear about that. That combined with lifestyle and the kind of relationship I'm in and the care-taking that there is within the relationship, I wouldn't be able to make that kind of space for a child I feel would be necessary to have that child. I think that having children, I speak from my own childhood having such a neglected childhood, is an enormous responsibility and you can only have children if you can take care of them. That's why the pro-life people freak me out, simply to put people into the world seems to me horrifying.

U: So you were never able to consider what the pro-lifers' suggest, adoption?

M: No. That's interesting. I think if you have a child that child has a right to you as you do to that child, as you must take care of that child. It's not life until it's independent of you otherwise it's just part of you. I've never thought of that as a possibility.

U: You've had quite a bit of time between your first abortion, your second D and C, and now. I imagine that from what you've said you felt a sense of relief after your first abortion, but how would you trace your emotions along that time?

M: I'm afraid I felt relief both times, unashamedly. I have had friends who have had enormous difficulty adjusting to it. I have only experienced relief, absolutely and completely.

U: So was there ever a period that you experienced a sense of regret or loss?

M: I'm afraid not.

U: Afraid? It's as if you ought to feel something more.

M: Pro-lifers think so. (laughs) But seriously, I have seen friends that have had abortions where clearly in terms of where they were at in their lives it would have been a disaster for them to have children, for themselves and for the children, and yet they feel enormous guilt in the face of their decision, which is undoubtedly the right decision, for themselves if for no other reason. I suppose I find myself comparing myself to them and I am repeatedly astonished that women have this experience of guilt, loss. Sometimes there are reasons beyond their control, why they need to have an abortion, that I can understand. But when it's clearly right for them and they still experience the guilt, I am surprised.

U: Do you think that having the abortion, or perhaps two, has changed you as a person at all?

M: No. I can say that the second time, which I did experience as an abortion, because I'd been through therapy, because I'd finished my PhD, there was a moment of thinking "Do I want children now? Should I be going through with this?" The only thing that came out of it for me was that I was quite certain that I didn't want children. I don't think that those experiences fundamentally changed me, as fundamental changes were the death of my brother and the death of my father. It hasn't had that significance for me by any means.

U: Has your attitude towards sex changed at all, or are there any other changes that have occurred that you feel are linked to the abortions?

M: No. Let me think. I will say this much, while I thought I was pregnant I felt sexually very uninterested. I felt so not me and so not where I wanted to be that I don't think I was very good at interacting sexually.

U: Have you told people about the abortion, or have you not felt the need to?

M: I haven't felt the need to generally, but I don't feel in any way closed about it. If it is an issue for other women then I easily will tell them my experiences if it is of any use to them.

U: What do you think would be necessary in both pre- and post-abortion counselling?

M: My concern would be on women having free and uncomplicated access to abortion and within that, should they want counselling, then obviously they should have that. My primary issue would be that there be no sense for the woman that the choice be taken away from her. I think that forced counselling would be a bad thing because I think that we are all very different and in different circumstances, and some of us need it and some of us don't. I would have been offended if somebody tried to counsel me in the assumption that I'm meant to feel guilty, and I'm not; I'm just feeling relieved.

NAME: Barbara

PRESENT AGE: 47

FAMILY BACKGROUND: Barbara claims to come from a dysfunctional family of White middle class origin. She does not have close relationships with her siblings or her parents. Barbara is currently married with one child.

OCCUPATION: Academic staff at university

RELIGION: Family are strict Roman Catholic. Barbara was a practicing Catholic until after her abortion.

PSYCHIATRIC HISTORY: Suffers from stress

INTERVIEW EXTRACTS:

B: My parents think I'm a disaster and so does my sister, but it's very dysfunctional and I don't want to talk about it and I'm happy and together and the only way I can be like that is if I don't let my family get to me.

U: The reason why I'm asking about your background is that I see women's responses to abortion as very much a product of their whole lives and...

B: Yes absolutely. I probably wouldn't have had an abortion if it wasn't for my mother. She said that she never wanted to see a child with my baby's father's face.

U: Do you want to talk about that?

B: No. What is the point? He's dead. He died so it's probably a jolly good thing that I had the abortion. He wanted me to have an abortion and that is fine. He drank too much and that was part of the problem and he died when he was 40. We never got together.

U: It sounds very traumatic.

B: Oh look, I'm together and whole and the only reason I'm the way I am is because of all the things that have happened to me. My sister and my mother think that my problem is that I have far too many friends and my father might think that as well, I don't know. It's very difficult because my father is dying and it's stressful. I've just had a really bad year because for Christmas I discovered I've got breast cancer and part of the way, one of the things is that if you have a child late, which I did do, it puts you in a high risk category, so the abortion, you kind of wonder if it's your punishment, the breast cancer, for not having had that child because then you would have protected your breasts from cancer. So I'm not coping with my father's cancer not as flippantly as someone else because of chemotherapy and that stuff.

U: How did it go with the chemotherapy?

B: I finished a few months ago but you never know, when or how it may come back. So you can't worry about it.

U: How do you usually cope with stress? It sounds like you have had quite a difficult time recently.

B: I burst into tears. I exercise, but you know I couldn't with the chemotherapy so you couldn't get rid of all the stress, but it's fine now.

U: Have you ever gone to therapy to deal with the difficulties that you've had?

B: At crises for a few weeks but I've never been able to find the right one and I can't afford it. The chemotherapy cost and we don't earn vast amounts of money. I would have loved to for the chemotherapy. (Spoke briefly about options, medical aid)

U: Barbara I need to know more about your background. Are you religious at all?

B: Well, I was Catholic but the abortion put an end to that because they say it's a mortal sin so you kind of feel that's it. I can't, I think at the time it was probably the right choice that I made. I didn't really have a choice I suppose because I couldn't bring up children on my own in those days. You couldn't be a single mother then.

U: Tell me about the relationship you were in at the time.

B: We were together for a long time. We were going to get married but he could never make up his mind and then I had to come off the pill because I had an abnormal pap-smear done and I was taken off the pill. Then he decided to go back to Australia and that was it. It was very sad and all the rest. This was the second time he'd left because he'd left once before and he came back again. Unbelievable as it sounds, the ship that he was going on was leaving on the Friday and it was in winter and there was a hell of a storm and the ship couldn't leave, so he phoned me to say that and I couldn't believe it. So he came off the ship for the weekend and then in that time it was wonderful and I'm sure that the child was conceived then, and then suddenly he decided to get back on the ship, and the ship left and then three weeks later I realised I was pregnant and I phoned him and he just, he already had an illegitimate child in London and he just wasn't interested, so it was a complete disaster. I tried to get a legal one through all the channels at the hospital.

U: What was your initial reaction when you found out you were pregnant?

B: I was overjoyed. My best friend was pregnant as well and her child, I'm the Godmother to her child so I have a constant reminder of how old my child would be because we both were about the same. Her child is in Matric now and Head Girl.

U: So you were delighted when you first found out you were pregnant.

B: Yes, yes.

U: And then how did you come to the decision to terminate your pregnancy?

B: Oh, it was a combination of factors. Firstly it was the fact that he didn't want to acknowledge it

U: What was his response when you told him you were pregnant?

B: Oh, I can't remember.

U: You must have been really distraught.

B: Luckily I can't remember much of that. I can just remember that I was happy. Then of course there was my mum who was totally unresponsive. That was what made me make up my mind, that stuff that she didn't ever want a grandchild that had his face, his features.

U: Why was your mother so against him?

B: I don't know. She never seemed to like any of my relationships. She is a difficult lady and I can cope with that now. So that was it. That was what pushed me over. I just didn't see how I could cope. In those days there was no maternity leave or anything. In 1977 it was just not done to have a child without a husband.

U: So there was a lot of stigma around having an illegitimate child.

B: Ja, my mother said it would kill my father and that nonsense.

U: It sounds like there was a part of you inside that really wanted this child, but you also had a lot of external pressures.

B: Oh yes. I wouldn't have been able to support myself. I was living in a house on my own, and how was I going to cope with this child? I suppose in retrospect, when I look back, I think that if I had really wanted this child I would have had it, I would have found a way. Then I couldn't see a way at that time. Then all those years afterwards I wanted a child so badly and it never happened, not in the relationships I was in. I always felt that it was the punishment for the abortion, all those years.

U: Do you think that it had something to do with your religious beliefs?

B: Probably, Catholics feel guilty about everything. It's inherent in your religious upbringing.

U: Do you regret the choice you made?

B: No. Choices you make lead you on certain paths and the choices I made were due to my upbringing and how I was. I was very sheltered, never allowed to have boyfriends. My parents were very strict. Anyhow I don't regret anything now.

U: What procedure did you undergo to get the abortion?

B: I tried to go the legal channels and they didn't give me one. I can't remember but I went to the hospital and had some interviews. I went through that and the hospital just said "No, have the baby".

U: How did that make you feel?

B: Angry. Then somehow this brother that has nothing to do with the family, he knew of a gynaecologist. If you paid him R100, and I didn't have R100, so my brother lent me the money and I went to see this gynae and he put in an IUD. It took a few days.

U: How pregnant were you at the time?

B: Six or eight weeks, I can't remember. The mind just blocks out all these wonderful things. Then after a few days, the pain was awful, I went to hospital and he did a D and C. I remember coming around and asking my friend "Was there really a baby there?" and there was, because you can't quite believe it. I remember it was the football cup final and I watched it. Every year of the cup final I think that this is the anniversary of my abortion.

U: What had been your attitudes towards abortion beforehand?

B: I hadn't really thought about it. I still think it was the right decision. Having had a child I know that children are difficult and I know I would have never managed on my own.

U: Were there any difficulties that you experienced after the abortion that you think could have been linked to the abortion?

B: No, I got involved soon after it and although he was a very nice person, I am still attracted to his mind, he wasn't right for me. He wouldn't have made a good husband for me, so I suppose I wasted some good childbearing years and then I got involved in someone opposite. I don't think I experienced any difficulties other than the fact that I wanted a child.

U: You've mentioned the soccer World Cup that is a reminder, what happens to you then at that time?

B: I won't allow myself to wallow in the depths. If I allowed myself to I guess I would feel guilty and distressed and all the rest of it, but now that I have a child I don't feel so bad anymore.

U: After the abortion you didn't have any sort of counselling. Knowing what you know now and knowing how you were then, what sort of counselling might you have wanted?

B: I should have had counselling long ago so that one doesn't get so freaked out by things, so distressed. But I definitely should have had counselling then. I would have been more together and looked after my own rights and things, but I don't know how much that is to do with the Catholicism. Catholicism teaches you to turn a blind eye, to be accepting and all that stuff. It doesn't teach you to be assertive and to look after your rights.

U: So for you, counselling around getting to terms with how you feel about yourself and the decision you make in order to secure a safe place for you in life, would have been useful.

B: Yes. Sensitivity to what happened, someone to talk to.

U: Have you spoken to people all about what happened?

B: No. I don't want people to know, I don't want to talk about it.

U: What made you decide to respond to my advert?

B: I thought about it for a while and I thought that I might have a different perspective on it having had it a long time ago, and with this cancer bit because it came back into my mind with the cancer because I thought, "Ja retribution for your abortion".

U: Do you still have those feelings now?

B: I think it's there. I think it'll always be there. It's a biological fact because the breasts weren't protected. If you have a child early you're not in a high risk group then.

U: Talking about counselling again, what do you think you would have wanted if you were offered counselling then?

B: I think there should have been somebody to follow up at the hospital. I just went through the channel and then they don't even bother. I was on my own.

U: What do you think of the idea of support groups together with other women who've had abortions?

B: Having not had experience with them, but this year a lady came from the cancer association and I felt much better after she showed

me her mystectomy, so I think it's a wonderful thing. I've also been to the Parents' Centre and it was amazing because you can learn so much from others. I think they're really good value. It makes you think and look at things more objectively. I think that maybe it's much better than even a one-to-one because I think it's less confrontational and people relax.

U: So do you think that after an abortion it might be useful to have a group?

B: Ja, or maybe even like this lady who came to see me. It was wonderful because she really understood, she knows because she's gone through it.

U: We've looked briefly at what might be useful after the abortion, but pre-abortion counselling, what do you think would be necessary before you go in for an abortion?

B: I think that you really have to make sure that they know what they are doing and not just doing it because they are desperate and they think they can't cope. Things are easier now these days. Apparently now in England one-parent families are quite common. But then in England there is all the support going, but there isn't that here. I think that you have to make sure that they know what they are doing. You have to make sure that they wouldn't rather adopt the child.

U: Did you ever consider that option, adoption?

B: No.

U: Do you think that you've gained anything from the experience?

B: I've learned to cope with pain, physical and mental.

U: How have you found talking about it now?

B: Okay. I'm glad that it happened so long ago and that I have a child now.

NAME: Emily

PRESENT AGE: 49

FAMILY BACKGROUND: Emily is the only daughter from an unstable, broken home of middle class White background. Her father was described as abusive and Emily lived with her mother and step-father in later childhood.

OCCUPATION: Clerical position at university.

RELIGION: Family are strict Roman Catholic and Emily was a practicing Catholic at the time of her abortion. She is currently not a practicing Christian.

PSYCHIATRIC HISTORY: Emily has attending therapy periodically.

INTERVIEW EXTRACTS:

U: Do you have any children?

E: No. It'll explain why I had an abortion. Because of growing up with the concept that one was very ugly because one's parents didn't want one, you know, one's mother was never there and my dad really wasn't interested. Then at boarding school I was left even through holidays and things, I was the only child there so I thought that it must be because one was so ugly, so I knew right from that stage that I would never have a child because it would look like me and it wouldn't have a chance in the world. So when I was a little girl already I had decided not to have children. The other thing is that there was a political situation which I didn't think was a good one to bring children up in, although the doctor I saw said that most children were born during the war and that was a silly idea. I was also never in a position to afford it, to look after a child, even in my marriage my husband was too erratic. It wouldn't have been an unstable base, so I never wanted a child. But at twenty I got involved with a doctor who was married and I was really very stupid. You know how one can be so unbelievably stupid. When I said that I had no contraception, the first time I was made love to, he said that he was a doctor and that it would be fine. He knew everything was safe, and of course I got pregnant.

U: Was that the very first time that you had had a sexual relationship?

E: No. I had been, do you know when one is raped in those days, everything I did I believed was my fault, so that I was raped in a playground when I was fifteen but I believed that I must have done something that had caused this person to do it, so I never told a soul. I just felt guilty. So that's how I lost my virginity as such. But I thought that I must have done something that made someone do that. But yes, so I was now pregnant and that was just the worst thing. I didn't want children. This person was married to someone else. I could never have afforded to bring it up and I really did look at how children were brought up. It's an enormous responsibility and it's full time and I just didn't have the make up for it. So I was terrified. In those days you couldn't get a legal abortion under any circumstances, but if I couldn't get an abortion I would definitely go off the top of a building. But there was another thing that affected it, and that was being brought up with four brothers and as a little girl already seeing the difference in the way one was treated being female and male, having the impression that males were really rather rotten things that beat people up, I thought it was unfair that the woman had to carry the burden of the child while he didn't have any of the physical setbacks, so I was really resentful of being female and I thought that men should have to have the children. So that didn't make me feel good about being pregnant either.

U: How did you find out you were pregnant?

E: I didn't have a period and I went to my family doctor and he said that I was pregnant.

U: What was your initial reaction to that?

E: Absolute horror. I couldn't believe it. The ten days between that and getting the backstreet abortion must have been the worst ten days of my life. I couldn't cope with it. I didn't know it was possible to get an abortion at all, so I pretty much worked out how I was going to go out because I wouldn't live with it. That was terrifying. It was the worst experience I've ever had, the horror of finding that everything that you weren't going to do was suddenly happening.

U: Did you discuss any of these feelings with your lover?

E: No, he had gone away what happened was that I went back to my doctor and said "I will not cope with this". He already knew that I didn't want children and he said that he couldn't do anything but he knew of somebody who could help, but there were rules like you couldn't tell the person where you got his name from because if you did then everybody would be implicated and he wouldn't do it. So I got the name of a doctor and it was all so typical. You know the terrible run down areas near a railway station. I think he was a railway doctor, nice and professional looking and everything, but the place was really run down and shabby.

U: What procedure did you undergo?

E: He forced the womb open. It confirmed my suspicion that having children was not what I wanted to do, it was the most painful thing I have ever experienced. It was really terrible. It lasted for hours and it didn't work. I was agonized for about a week. I didn't go to work, I just lay in a heap. You tried to move and you tried mustard baths but the pain was just extraordinary. I managed to drag myself up. I realised that nothing had happened; there was no blood; nothing and went back and he got me put into a nursing home immediately and given a D and C. That's how it happened. Obviously it was done a lot then, even though it was illegal. It had cost, in 1966, R100, an awful lot of money. I only earned R50 a month.

U: Before you had your abortion, what were your attitudes towards abortion?

E: I was a very devout Catholic as a child, being in convents and things and we were Catholic. It was for me a mortal sin. By doing this you were damned forever, if you had an abortion, because they had a theory that at conception God entered a soul into the body. But I would have taken damnation before I had a child, that's how sure I was that it was the wrong thing for me, so I was prepared to risk it. I can see retrospectively that I would have been a terrible mother. It would have been unfair for me to have brought up a child at any stage, just because of my background. Psychology has shown me how the child would have turned out just as traumatised as I was. I'm sure it would have because my mother is a product of her background and I ended up very much a product of mine. You know how you pass on all these bad habits and I see in my family, my brothers have had children, that is what has happened and so I'm very pleased that I didn't. It's not that I dislike children, I think there're very sweet and cute. After the abortion I became very actively for abortion because I realised for me it looked like nobody could make that decision for you. You do it yourself and it's really an infringement on your personal area for anyone to say whether you should have the child or shouldn't. I have two cousins who were flown to England to have abortions and a number of friend who had abortions and for all of us you make a decision to have an abortion. There is no reason why you might want to not have it afterwards. Most times people go on to have children anyway.

U: Did you expect to cope with the abortion?

E: I was so hysterical being pregnant that when it was over it was like I was alive again. There was no trauma at all. It was like I could breath again. I didn't have to die. In my case it was really such relief.

U: It's very interesting for me to speak to someone who had an abortion some twenty odd years ago. Was there at any stage difficulties which arose due to the abortion?

E: No, never.

U: So you never felt even the slightest regret?

E: Never ever.

U: Did you ever feel a slight pang when seeing other children that you might have had a child that age or something?

E: Oh, the odd time when friends, because all my girl friends had children, when I try to assess age I think that I suppose I could have had a child of 28 now. It's not like regret. It's like what would I have done with a person of 28 who belonged to me? I also think that this children thing is a bit unfair, I mean for people who really want them go to all the trouble of having them, years of hell because, I know they say there's lots of joy, but it's an enormous amount of work and then they go away, the children up and go away. It seems to me crazy. It's just not on; like my mother she had five children and we're not with her so what was the whole point of it? My mother should never have had children. She was one of those women who so undervalued herself, such a worthless being but the one thing she could do was have children to be like other people, so she just had five in nine years. She didn't deserve her children and she gets upset when women dump their children like a friend who went to the States, but my mother was no great shakes herself. She was not affectionate or anything. She was very aloof. So I don't have a strong integrated background to have children.

U: When you had your abortion it was strictly a no no of that time and illegal and all that. Did you ever consider other options, like giving the child for adoption?

E: There was no way I would have been able to have a child. I did not want an alien object growing inside me over which I had no control. That was much too frightening. Probably some of the hangover was that sex was a really bad thing. I was brought up very staunch Catholic and we were taught that love making was purely for procreation in marriage and if used for any other reason it was sinful, so it carried. To produce a human being from this terrible evil, bad act was just not on. I just couldn't reconcile it, so I wouldn't have wanted this thing that came out of this bad thing.

U: After the whole abortion and the terrifying finding out you were pregnant and that, did you tell anyone about it?

E: Ja, he came back and I said that I had had an abortion and he was just, what had happened is that I didn't tell my family doctor who it was I had just said I had been seeing a doctor and he asked why he couldn't do anything and I said he was away in where ever it was, and apparently he worked out who it was and mentioned it somewhere, so when this lover phoned he was hysterical. He went mad that I had told, but I hadn't actually told. I was so embarrassed. I wasn't thinking about the abortion or anything I was just embarrassed that he thought that I had told. It was so humiliating. That was all part of the thing that I was always ready to be beaten down by people.

U: Was that the end of that relationship?

E: No, it lasted another three years after that. I had the few innocent girlfriend-boyfriend things at school, but mostly I didn't attract people and when this person came along I stayed very loyal to him for three years, then I met someone who got me out of that relationship and attached to him. He was separated from his wife and as soon as he got me away from the other relationship he returned to his wife, so I stayed loyal for six years to him before I married my husband. Because I was embarrassed that these men were married I stayed cut off from society and remained very isolated, sort of like a hermit. The only interaction was at the office where I was aloof anyway.

U: It sounds very lonely.

E: It was. I used to be very lonely. I used to look at cars and wish that I was part of a family, but I never put the abortion together with that.

U: The abortion seems like something small in relation to all the things that have happened in your life.

E: That is true. Once it was over, it was over and gone for good. There was no carry over.

U: How do you usually cope with stress?

E: In some ways you just wipe them out, if you can't deal with it you withdraw. But I don't think that women have such terrible reactions to abortion. It's worse having to live with not being able to be a good mother, not being able to feed the child, than giving up the child, having an abortion.

(Spoke about a radio programme on abortion).

U: In your experience you didn't have any counselling, but now in retrospect, knowing what you know and knowing how you were then, do you think that counselling would have been useful for you; that is either pre- or post-abortion counselling?

E: I wouldn't have got pregnant. I would have probably thought that counselling would have been judgemental, that there would have been a judgmental air there and I don't think I would have coped with that. I already felt badly and I didn't need someone else to think I was bad as well.

U: So you think that it is very important in counselling to have someone completely objective and non-judgemental?

E: Ja, but these days you are used to the fact that you can get counselling and there are, people are a bit more open minded. If I were young now I probably would, ja.

U: What sort of things would you want?

E: Assurance that I could get rid of the child. I really needed that. If it was counselling that was geared to change my mind, like offering options of adoption I don't think, it would be terrible to ask people to give up the child if they have bonded with it in some way.

U: Do you think that being told of the options, like you could adopt or you could keep the child or you could have an abortion, do you think that being told those options would be perceived at that time as being judgmental?

E: It's just that pregnancy is not something you can be without everyone knowing about it. You would have to change your lifestyle. If you were working and you didn't want it known, you would have to move, which is not easy. That I would have found horrific. How would you then support yourself. Even if you chose the adoption option, you would still be with the people who knew that you were having a child to give away. You would feel that to give a child away is not a nice thing to do at all.

U: It sounds like you would experience a lot of stigma because of how others would judge you.

E: Ja. For me to fall pregnant by accident and then to give the child away doesn't seem right.

U: After the abortion, do you think you might have liked any counselling?

E: Not then. If I had been counselled at that point they would have picked up that I had real worth problems and I could have answered them sooner.

Because we are allowed to believe that we can be traumatised with abortion, we've got an excuse for going off the rails at that point, whereas that is not what the problem is because you chose to do it. Don't you think that if you grew up in a society in which abortion was the norm, there wouldn't be any of these problems at all. If abortion wasn't made such an evil thing, if it was an option as a contraceptive form, there wouldn't be a problem with it.

NAME: Ragma

PRESENT AGE: 41

FAMILY BACKGROUND: Ragma is from a working class 'coloured' home. Ragma was brought up by her grandmother as a child but later established a close relationship with her mother and step father. Ragma has children of her own and looked after her aunt's children and her aunt who was sick with cancer. She divorced her husband eleven years ago when she discovered he was sexually abusing their children.

OCCUPATION: Ragma has worked for many years at the university in a low earning position.

RELIGION: Family are Roman Catholic. Ragma converted to Moslem faith when she married and has remained Moslem.

PSYCHIATRIC HISTORY: Ragma and her mother are both said to suffer from stress. Neither have received treatment.

INTERVIEW EXTRACTS:

U: How easily are you usually able to make decisions? Do you battle or are you able to make your decision quite quickly and easily?

R: Not very easily. It would take me a month to put my mind if I'm really going to do it. I was very desperate. I think most of that is anger because I got very cross. In terms of the abortion, I'm not sorry that I did it, but I feel very guilty because my one daughter was two and she's now fourteen and we were now about to be divorced, and him, what he tried to do to the girls was just as if I am the mad person and I believed them. Then when I found I was pregnant that was just the last. I just sat and cried, and what am I going to do with this problem? Meanwhile I had my job. In fact they brought it to my attention that I was getting very fat and then I decided that I'm going to go to the doctor. The doctor said to me that I'm three months pregnant so I had started at the university being pregnant, in October.

U: What was your reaction when you found out you were pregnant?

R: I just cried and said to him that I just can't afford this baby. I just started this job and I can't give up this job. I've got other children. I need to maintain them. I'm divorced. He said "Look, tell your husband and try to make up or whatever because this is not a good thing" and I said "Look, I don't believe in having so many children to get your husband near to you because tomorrow or in a couple of months he'll just go on doing his thing man. I can't". So I asked him for help and he couldn't help me. It was on my mind and I went to work. I never told anybody. I said "No, I'm not pregnant". I would just sit by myself and cry and I went to my mom and I asked her if I could come and live there for a while and I took the three children of my aunt back to their father and my children and I went to my mommy. Somehow, I think someone at work must of told her "Look, I think that Ragma is pregnant. She's quiet, she doesn't eat". The only thing my mommy asked me is am I pregnant and I said "Don't ask me that. I don't want to lie". Then I knew already and I had a contact because this girl said to me that she knows this person if I really want to. So I said "Okay. The only thing I need is the address and then I don't know you" and she said "Fine". So it was the end of February, so now I was already how many months. Then I was paid at the end of February so I had money and at that time it was R80. So I looked this lady up and went to her and said "Look, I desperately need help. Someone recommended me but I won't say who". So she said that I must come in. She asked me if I'm very sure what I want. Don't I want to speak to my husband? And I said "No. I'm going to do it and when shall I come?". She said to me Saturday morning and what I must bring with: plasters and a bottle of paraffin, some terrible cod liver oil and a bottle of Jamaica ginger and a bottle of Groenemarie and two oranges. I was speaking to her and the stomach started, the nervous part came up and she asked me if I was alright and I said "No, fine. I'll be here tomorrow" and I gave her the R80. I didn't tell

my mommy anything. Saturday I asked my mom "I must go do the shopping" and she said "yes" and I said "Okay, I'll go." So I went to the lady first. She wanted to know the exact timing, how many months it was. So I said to her I was six weeks pregnant, so I couldn't tell her how pregnant I was because then she wouldn't have done it. I thought to myself, am I doing the right thing now. I asked her to wait so I could have a smoke and she said "No, fine. You are the only customer for the day". Then she said it was time now and she took me to her bedroom and I was kind of shaky now. I could feel my hands was sweaty and I feel faint and she said I must be calm. And she cut the oranges up; the cod liver oil was boiling hot and the ginger and the Groenemarie was mixed together, and first of all she said I need to undress, but when she looked at me she said " You don't look like one who is six weeks", so I said "I am. I am fat" and she said "Please, you mustn't lie because it'll cost you your life because this is an illegal thing". I said to her "Yes I know. You just do whatever is necessary". She put the plaster on my navel and said I must lie on the newspaper with my feet on the edge of the bed and as I was lying there I could feel, oh, I was going to get sick. Then I see this bowl with soapy Detol water and this cord, a plastic stick that was long. She said I must relax because she going to do that now. And she said that she is finished with this thing that's going right into my womb, and there is going to be a little sticking out of the pipe and I must put a pad on, and now I must drink that things that I had brought, the cod liver and whatever. Then she gave me some black coffees, very very strong. After that I must go home and put on socks, but I mustn't lie down. So okay I went home, did my shopping and went home. She said that within an hour of leaving her everything would be over. So I said "Thank you" and I left to do the shopping and went home. I was smoking and shaking and my mommy asked me what's wrong and I said "I'm cold", and she said "I hope you haven't done something stupid" and I told her "No". Then it went till 7 o'clock and there was just one move from the pipe, but not even an inch and there were just two spots and that was it. I never bothered, and the Sunday went past and nothing happened. The Monday went past, nothing happened. Then the Tuesday at work, I was feeling very sick. It was infection or something and I had this bad smell. I could smell that there was a smell. Then I phoned her, she had given me her phone number, and I said to her "I am the girl that you did on Saturday and I still got this pipe in me and I feel very sick" and she was worried because this was problems and why didn't I phone her sooner? And I said to her I didn't know and she said "Did nothing happen?" and I said "No". She said "Then you weren't six weeks because now the foetus is blocking". She wanted me to go to her after work at 4:30 and I didn't go but now I start to panic and I wanted to go home. Then I told my mommy what I did and she said that she was so cross with that lady. She was quite mad. So she fetched that lady and said "Look you have to do something to this child before I take her to the doctor" and the lady said that I must take one deep breath in and she pulled the cord. She looked at me and said "This is a hospital case now". Then I went to the doctor and when I got there I was becoming lame now. I couldn't walk. My legs is numb and I was leaning and I was perspiring on my face and I could hardly see what is happening. I went and got in first because when they see them dragging me in then fine. Then they helped me on the bed and the doctor said without examining me he said "Hospital". They wanted to get an ambulance because my whole body had turned septic. When I got to Groote Schuur the doctor wanted to know what had happened and I thought because of this woman I can't say anything and I have to lie. I said "I fell in the bath" and he said "It can't be" and the doctor was so mad "You smelling and the septic is so far in your system" and she is nagging and I can't stand it because there is no pain. This man doctor wanted this woman doctor to do me and she refused, "I would rather let her die" and she turned her back and left. The this other doctor said he would take care of me and not to worry and he put the drip up, and while he was doing it she came back and said "Try and get the truth out of her because I'm sure she had an abortion". I was lying there and I said "It isn't true" and she wouldn't believe it; she could tell what the difference was with falling. I was just so scared of calling the police in and this woman will now go to jail, so I just kept to that story. It went on, I got there in the morning

8 o'clock and at 12 at night I was still lying there in the passage and the doctor would come past and check and check and they put extra loads of things in the drip to clean my system out and needles, and the doctor said "Just please don't go to sleep" but I was so tired and I just said "yes, yes". Then the doctor she came back in the morning and said that she was sorry for the words the previous day but if I had waited longer it would have cost my life, and that abortions is not legal, it's illegal and do I know what can happen? So I told her I just got divorced and I got other children that I need to keep and I just started this new job. I said that the Unemployment is not even enough to cover the board money. Then she was very supportive but she still wanted to know who the lady was and I said "I can't tell you, I'm sorry". So the doctors was very good and they wanted to come back to make sure everything was quite clear and that was when I had myself sterilized. The tissue in the womb was so badly ruptured that I had to have a hysterectomy.

U: How did you feel after all of that?

R: Terrible. I waited so long which made it worse. There was a time that I pulled the needles out of my hand, I was becoming so frustrated. I thought why don't the doctors just get done? And the doctor said "Do you know what, you come in here half dead and we save you life and now you try to be cheeky". I said to him "It's not that. I long for my children. I'm a month here already. Please let me go home". He said he can't do nothing but he must put the drip back in my arm I went mad and started crying, and he said "In two weeks from now you'll be okay". It was a very bad experience.

U: How did you feel about yourself afterwards?

R: I felt disgusted. I felt I was a murderer. Irrespective of what I went through I still wonder what my life would have been with that baby. I don't know. But my husband is now married twice so it wouldn't have made any difference. But it's terrible. You feel alone, you think you going to die, you feel scared, and the foetus was quite big because it was formed.

U: Did you see it?

R: Ja, they gave it to me in plastic and it was dark most probably because whatever went wrong on the inside. The septic turned that foetus so purple. Shame.

U: I don't understand that the doctors gave it to you.

R: Ja, they put it by my head so I had to look at it, stare at it. I don't know why; but my mommy took it away and had it buried. They just put it by my head and said "This is yours" and left it by my head.

U: How did it make you feel?

R: Bad. I was lying and crying. I was very sick. I was very upset because a doctor just don't do things like that.

U: That's really terrible.

R: She was a very hard doctor.

U: Did you feel any bond with the foetus beforehand?

R: I had never felt any movement inside me. I was probably too busy to feel that. At that time my mind was only focussing on what my husband tried to do and what he will do to his children. His brother has raped twice; it's actually in their family I think, because he raped a girl three years of age.

U: Before you had an abortion, what were your attitudes about abortion? Were you pro-choice or against it?

R: I wanted to have it but I was scared that you could die.

U: And your attitudes, before your abortion, like anti-abortion or not?

R: I had never thought about it. I never knew where people go. I tried all these silly things before, like Dutch remedies and coffee and skipping ropes and sitting on hot steam, boiling water. Before I went I tried and tried. That's why I prolonged it.

U: After your abortion, did your attitude towards it change?

R: No, just that I did it the wrong way round, if I could go to a proper doctor first.

U: Who did you tell around that time of your abortion?

R: Well, the girl that gave me the name knew, and my mommy and my aunty, she knew.

U: Were they supportive of you?

R: Ja, my aunty was and my mommy. When my sister fell pregnant she said that she'd go for an abortion and my mommy said no, it'll cost her life. She must rather have the child. My mommy said that if you don't have money for doctors and whatever, that you probably won't survive.

U: Did you tell your ex-husband that you were pregnant or that you had an abortion?

R: No. He would say that it's not his child.

U: What was the most distressing part of the whole experience?

R: Being with that woman, and waiting for it to happen. I got a cousin that died from an abortion, but I didn't know at the time it was an abortion. It was because of the knitting needle and she was expecting twins.

U: Do you think that you have gained anything from the experience?

R: I am thinking now it was much better that I did it. I would rather have the abortion than to give the children away.

U: Why is that?

R: Because with my brothers that my mommy gave away, we have no contact. I don't know if they're happy, they don't know their mother, or if she is alive. That is more terrible. I'd rather have an abortion.

U: You had the abortion eleven years ago and you said you felt quite guilty, but since then how have you felt?

R: I wish I had the guts to tell my daughter. She is sitting with a baby and the father was married and now he's in prison. It would have been better for her because I see how frustrated she is with that child, and I can't look after it all the time.

U: Do you think that the whole experience changed you as a person?

R: Not really, but I didn't want to get married after that. I couldn't have a step-father with the children then sleep with one eye open.

U: Do you feel differently about sex?

R: Not really, but I don't know.

U: What sort of counselling would you have wanted before your abortion, if the circumstances were different and you had a legal abortion?

R: I would like to know if I can fall pregnant again, and how and what the doctor would actually do, and if it was suitable and to encourage me, I would say yes, fine.

U: Would you want someone to go through all the options with you, like talk about adoption and that sort of thing, or would you not want that?

R: No, I wouldn't want adoption.

U: And after the abortion, what sort of counselling would you want?

R: Just to go through it and to explain myself why I had it done, and if someone would understand the reasons. I needed to talk to someone you can trust, besides your mommy. Sometimes the emotions just eat you up and sometimes I needed to speak to, someone like you who'll just listen. I don't need someone to tell me what to do, that's why I rather just go to the beach and relax. But I also want someone to tell me if I did the wrong thing, or did I not consider myself. Should I have gone back to my husband as a married woman, or did I just want to have an abortion? I couldn't find a person to explain to me that. Because of what I went through it was something that I must do. I maintain that abortion should be legal but people should be counselled. Sometimes when your eyes are closed you just see that baby, and when you see babies, that's one thing you can't escape.

APPENDIX 3

Abortion and Sterilisation Act of 1975

**ABORTION AND STERILIZATION ACT
NO. 2 OF 1975**

[ASSENTED TO 28 FEBRUARY, 1975]

[DATE OF COMMENCEMENT: 12 MARCH, 1975]

(English text signed by the State President)

as amended by

Abortion and Sterilization Amendment Act, No. 18 of 1976
Abortion and Sterilization Amendment Act, No. 38 of 1980
Abortion and Sterilization Amendment Act, No. 48 of 1982
Abolition of Racially Based Land Measures Act, No. 108 of 1991
[with effect from 1 April 1992—see title LAND]

ACT

To define the circumstances in which an abortion may be procured on a woman or in which a person who is incapable of consenting or incompetent to consent to sterilization, may be sterilized; and to provide for incidental matters.

1. Definitions.—In this Act, unless the context otherwise indicates—

“**abortion**” means the abortion of a live foetus of a woman with intent to kill such foetus;

“**Director-General**” means the Director-General: Health and Welfare;
[Definition of “Director-General” inserted by s. 1 (a) of Act No. 48 of 1982.]

“**incest**” means carnal intercourse between two persons who are related to each other and by reason of such relationship incompetent to marry each other;

“**magistrate**” includes an additional and an assistant magistrate;

“**medical practitioner**” means a person registered as such under the Medical, Dental and Supplementary Health Service Professions Act, 1974 (Act No. 56 of 1974);

“**Minister**” means the Minister of Health and Welfare;
[Definition of “Minister” substituted by s. 1 (b) of Act No. 48 of 1982.]

“**prescribed**” means prescribed by regulation made under this Act;

“**psychiatrist**” means a person registered as such under the Medical, Dental and Supplementary Health Service Professions Act, 1974;

“**State-controlled institution**” means a hospital conducted by the State (including a provincial administration), and such part of any other institution, other than such a hospital, as may be hired and controlled by a provincial administration;

[Definition of “State-controlled institution” substituted by s. 35 of Act No. 108 of 1991.]

“**sterilization**” means a surgical operation performed for the purpose of making the person on whom it is performed incapable of procreation, but does not include the removal of any gonad;

[Definition of “sterilization” substituted by s. 1 (c) of Act No. 48 of 1982.]

“**unlawful carnal intercourse**” means rape and incest.

[Definition of “unlawful carnal intercourse” substituted by s. 1 (d) of Act No. 48 of 1982.]

2. Prohibition of abortion.—No person shall procure an abortion otherwise than in accordance with the provisions of this Act.

3. Circumstances in which abortion may be procured.—(1) Abortion may be procured by a medical practitioner only, and then only—

(a) where the continued pregnancy endangers the life of the woman concerned or constitutes a serious threat to her physical health, and two other medical

practitioners have certified in writing that, in their opinion, the continued pregnancy so endangers the life of the woman concerned or so constitutes a serious threat to her physical health and abortion is necessary to ensure the life or physical health of the woman;

- (b) where the continued pregnancy constitutes a serious threat to the mental health of the woman concerned, and two other medical practitioners have certified in writing that, in their opinion, the continued pregnancy creates the danger of permanent damage to the woman's mental health and abortion is necessary to ensure the mental health of the woman;
- (c) where there exists a serious risk that the child to be born will suffer from a physical or mental defect of such a nature that he will be irreparably seriously handicapped, and two other medical practitioners have certified in writing that, in their opinion, there exists, on scientific grounds, such a risk; or
- (d) where the foetus is alleged to have been conceived in consequence of unlawful carnal intercourse, and two other medical practitioners have certified in writing after such interrogation of the woman concerned as they or any of them may have considered necessary, that in their opinion the pregnancy is due to the alleged unlawful carnal intercourse; or
[Para. (d) substituted by s. 2 (b) of Act No. 48 of 1982.]
- (e) where the foetus has been conceived in consequence of illegitimate carnal intercourse, and two other medical practitioners have certified in writing that the woman concerned is due to a permanent mental handicap or defect unable to comprehend the consequential implications of or bear the parental responsibility for the fruit of coitus.

[Para. (e) added by s. 2 (c) of Act No. 48 of 1982.]

(2) (a) A medical practitioner who has issued a certificate referred to in subsection (1) shall in no way participate in or assist with the abortion in question, and such a certificate, or such certificates issued for the same purpose, shall not be valid if issued by members of the same partnership or by persons in the employ of the same employer.

(b) The provisions of paragraph (a) shall not apply to the performance by any person of his functions in the service of the State.

(3) At least one of the two medical practitioners referred to in subsection (1)—

- (a) shall have practised as a medical practitioner for four years or more since the date of his registration as a medical practitioner in terms of the Medical, Dental and Supplementary Health Service Professions Act, 1974 (Act No. 56 of 1974);
- (b) shall be a psychiatrist employed by the State, if the abortion is to be procured by virtue of the provisions of subsection (1) (b);
- (c) shall be the district surgeon who examined the woman concerned if a complaint regarding the alleged unlawful carnal intercourse has been lodged with the Police, and the foetus is alleged to have been conceived in consequence of such unlawful carnal intercourse.

[Para. (c) substituted by s. 2 (d) of Act No. 48 of 1982.]

4. Sterilization of persons incapable of consenting thereto.—(1) A sterilization shall not be performed on any person who for any reason is incapable of consenting or incompetent to consent thereto, unless—

- (a) two medical practitioners, of whom one shall be a psychiatrist, have certified in writing that the person concerned—
 - (i) is suffering from a hereditary condition of such a nature that if he or she were to procreate a child, such child would suffer from a physical or mental defect of such a nature that it would be seriously handicapped; or
 - (ii) due to a permanent mental handicap or defect is unable to comprehend the consequential implications of or bear the parental responsibility for the fruit of coitus;

[Para. (a) amended by s. 3 of Act No. 48 of 1982.]

- (b) the person who may in law consent to an operation beneficial to that person has granted written consent to the sterilization or, if there is no such first-

mentioned person or such person cannot after reasonable inquiry be found, the magistrate of the district in which the person concerned finds himself or herself has, after such investigation as he may deem fit, granted written authority for the sterilization; and

[Para. (b) substituted by s. 1 (a) of Act No. 38 of 1980.]

(c) the Minister, or a medical officer of the Department of Health authorized thereto by him in writing, has granted written authority for the sterilization.

[Para. (c) substituted by s. 1 (b) of Act No. 38 of 1980.]

(2) The person who may consent to an operation as contemplated in subsection (1) (b), is hereby authorized to grant the consent referred to therein.

(3) The provisions of this section shall not be construed as affecting the position in law of any person capable of consenting or competent to consent to an operation on himself.

5. Place where abortion or sterilization may take place.—(1) An abortion may be procured and a sterilization contemplated in section 4 may be performed only at a State-controlled institution or an institution designated in writing for the purpose by the Minister in terms of subsection (2).

(2) The Minister may designate any institution for the purposes of subsection (1), and subject to such conditions and requirements as he may consider necessary or expedient for achieving the objects of this Act, and may, if in his opinion it is justified, at any time withdraw any such designation.

(3) A decision of the Minister in terms of subsection (2) shall be final.

6. Approval by medical practitioner in charge of institution, and certificate by magistrate.—(1) An abortion shall not be procured and a sterilization contemplated in section 4 shall not be performed without the written authority of—

(a) in the case of a State-controlled institution, the medical practitioner in charge of such institution or a medical practitioner designated for the purpose by the first-mentioned medical practitioner; or

(b) in the case of an institution designated in terms of section 5 (2), a medical practitioner designated for the purpose by the person managing such institution, granted on application to such medical practitioner in accordance with subsection (2).

(2) An application for authority in terms of subsection (1) shall be made in the prescribed form by the medical practitioner who is to procure the abortion in question or perform the sterilization in question, and shall be accompanied—

(a) in the case of an intended abortion—

(i) in the circumstances contemplated in subsection (4), by the certificate referred to in that subsection;

(ii) by the certificate or certificates referred to in section 3 issued by two medical practitioners;

(b) in the case of an intended sterilization, by the certificate or certificates, consent and authority referred to in section 4.

(3) If a medical practitioner has issued a certificate for the purposes of section 3 (1) and he is at any time such a medical practitioner as is referred to in subsection (1) of this section, he shall not be precluded from granting any relevant authority for the purposes of the said subsection.

(4) Where the pregnancy is alleged to be the result of unlawful carnal intercourse, the abortion shall not be procured unless there is produced to the medical practitioner whose written authority is required in terms of subsection (1) a certificate, issued by a magistrate of the district in which the offence in question is alleged to have been committed, to the effect that—

(a) he has satisfied himself—

(i) that a complaint relating to the alleged unlawful carnal intercourse in question has been lodged with the Police or, if such a complaint has not been so lodged, that there is a good and acceptable reason why a complaint has not been so lodged;

- (ii) after an examination of any relevant documents submitted to him by the Police and after such interrogation of the woman concerned or any other person as he may consider necessary, that, on a balance of probability, unlawful carnal intercourse with the woman concerned had taken place;
 - (iii) in the case of alleged incest, that the woman concerned is within the prohibited degree related to the person with whom she is alleged to have committed incest; and
- (b) the woman concerned alleges, in an affidavit submitted to the magistrate or in a statement under oath to the magistrate, that the pregnancy is the result of that unlawful carnal intercourse.

[Sub-s. (4) amended by s. 2 of Act No. 38 of 1980. Para. (b) substituted by s. 4 (a) of Act No. 48 of 1982.]

(5)

[Sub-s. (5) deleted by s. 4 (b) of Act No. 48 of 1982.]

(6) If an application complying with the requirements of this section is made to any medical practitioner referred to in subsection (1), such medical practitioner may institute such investigation as he may deem necessary in order to satisfy himself that the application complies with the requirements of section 3 or 4, as the case may be, and if the medical practitioner concerned is so satisfied, he shall grant the authority in question.

[Sub-s. (6) substituted by s. 4 (c) of Act No. 48 of 1982.]

7. Reports.—(1) A medical practitioner who under section 6 (1) grants authority for an abortion or a sterilization, shall, in the prescribed manner and within the prescribed period after the abortion or sterilization, by registered post report confidentially to the Director-General the granting of such authority and set forth—

- (a) the name, age, marital state, race and, in the case of a sterilization, the sex of the patient concerned;
- (b) the place where and the date on which the abortion was procured or the sterilization was performed, and, in the case of an abortion, the reasons therefor;
- (c) the names and qualifications of the medical practitioners and the name of the magistrate who issued the certificate or certificates in terms of section 3, 4 or 6, as the case may be;
- (d) the name of the medical practitioner who procured the abortion or performed the sterilization;
- (e) where the consent of any person other than the patient was required for the abortion or the sterilization, the name of the person who consented thereto, and the capacity in which he granted his consent.

[Sub-s. (1) amended by s. 5 (a) of Act No. 48 of 1982.]

(2) The Director-General may call upon a medical practitioner required to make a report in terms of subsection (1) or a medical practitioner referred to in subsection (1) (d) to furnish such additional information as he may require.

[Sub-s. (2) amended by s. 5 (b) of Act No. 48 of 1982.]

(3) The person in charge of an institution where an operation connected with an abortion or the removal of the residue of a pregnancy is performed, shall keep or cause to be kept a record of the prescribed particulars in respect of any such operation in that institution, and shall—

- (a) when called upon to do so, make such record available, for inspection, to the Director-General or a person authorized thereto by him in writing; and

[Para. (a) amended by s. 5 (b) of Act No. 48 of 1982.]

- (b) transmit to the Director-General at the time prescribed the prescribed information with reference to any such operation.

[Para. (b) amended by s. 5 (b) of Act No. 48 of 1982.]

8. Regulations.—The Minister may make regulations—

- (a) prescribing the form in which an application shall be made or an authority shall be granted in terms of section 6;
- (b) as to the custody and disposal of certificates and reports in terms of this Act;

- (c) as to the particulars of the records to be kept in terms of section 7 (3);
- (d) generally as to any matter in respect of which he deems it necessary or expedient to make regulations to achieve the objects of this Act.

9. Participation in or assistance at abortion which is not prohibited, or a sterilization.—A medical practitioner (other than a medical practitioner referred to in section 6 (1)), a nurse or any person employed in any other capacity at an institution referred to in section 5 (1) shall, notwithstanding any contract or the provisions of any other law, not be obliged to participate in or assist with any abortion contemplated in section 3 or any sterilization contemplated in section 4.

10. Offences and penalties.—(1) Any person—

- (a) who is not a medical practitioner and procures an abortion;
- (b) who is a medical practitioner and—
 - (i) procures an abortion without an appropriate certificate or certificates issued by two medical practitioners in terms of section 3 (1) (a), (b), (c), (d) or (e); or
[Sub-para. (i) substituted by s. 6 (a) of Act No. 48 of 1982.]
 - (ii) procures an abortion or performs a sterilization—
 - (aa) at an institution other than an institution referred to in section 5; or
 - (bb) without appropriate written authority referred to in section 6 (1);
- (c) who performs a sterilization in contravention of section 4;
- (d) who issues a false certificate for the purposes of section 3 (1) (a), (b), (c), (d) or (e) or 4 (1) (a);
[Para. (d) substituted by s. 6 (b) of Act No. 48 of 1982.]
- (e) who grants any written authority referred to in section 6 (1) without being in possession of an appropriate certificate referred to in section 6 (4),

shall be guilty of an offence and liable on conviction to a fine not exceeding five thousand rand or to imprisonment for a period not exceeding five years or to both such fine and such imprisonment.

(2) Any person—

- (a) who grants a written authority contemplated in section 6 (1) on an application which does not substantially comply with the requirements of an application as prescribed;
- (b) who contravenes a provision of section 7 (1) or (3);
- (c) who fails to furnish the additional information required of him under section 7 (2);
- (d) who fails to comply with any provision of this Act not mentioned in this section,

shall be guilty of an offence and liable on conviction to a fine not exceeding two hundred and fifty rand or to imprisonment for a period not exceeding three months or to both such fine and such imprisonment.

11. Application of Act in South West Africa.—(1) Subject to the provisions of subsection (2), this Act and any amendment thereof shall also apply in the territory of South West Africa, including the Eastern Caprivi Zipfel.

(2) For the purposes of subsection (1), any reference in this Act to section 15 of the Immorality Act, 1957 (Act No. 23 of 1957), shall be construed as including a reference to section 2 of the Girls' and Mentally Defective Women's Protection Proclamation, 1921 (Proclamation No. 28 of 1921), of the Administrator of the territory of South West Africa.

[S. 11 substituted by s. 1 of Act No. 18 of 1976.]

12. Amendment of section 2 of Act 38 of 1969 (Transvaal), as amended by section 19 of Act 26 of 1963.—Section 2 of the Criminal Law Amendment Act, 1909 (of the Transvaal), is hereby amended by the deletion of subsection (8).

13. Short title.—This Act shall be called the Abortion and Sterilization Act, 1975.

APPENDIX 4

**Proposed Freedom of Choice (Abortion) Bill from the Report of the Ad Hoc Committee
on Abortion and Sterilisation (June 1995)**

FREEDOM OF CHOICE (ABORTION) BILL

Amended Draft
April 1995

To protect the reproductive rights of women.

Be it enacted by the National Assembly and the Senate of the Republic of South Africa in Parliament assembled,

1. Definitions.-

"**abortion**." means the separation and expulsion of the contents of the pregnant uterus up to twenty-four weeks gestational age;

"**gestational age**" is calculated from the first day of the last menstrual period;

"**medical practitioner**" means a person registered as such under the Medical, Dental and Supplementary Health Service Professions Act, 1974;

"**Minister**" means the Minister of Health at national level;

"**viability**" means the point at which a fetus can exist independently outside the uterus, and is designated for the purposes of this Act at twenty-four weeks gestational age;

"**woman**" includes a minor for the purposes of this Act.

2. Circumstances in which abortion shall be performed.-

(1) Abortion shall be performed only by a medical practitioner.

(2) Abortion shall be performed:

(a) up to the first fourteen weeks gestational age upon request of the pregnant woman;

(b) after the fourteen week period up to viability if the pregnant woman and a medical practitioner are of the opinion that if the pregnancy were to continue -

(i) there would be a risk of injury to the woman's physical or mental health; or

(ii) the social condition of the woman including the social condition of her children would be adversely affected; or

(iii) there is a substantial risk that if the child were

born, it would suffer from physical or mental abnormality.

3. Provision of services.-

- (1) State controlled hospitals and clinics shall provide the facilities for abortion and these shall be on the same scale of benefits as other medical procedures.
- (2) Private hospitals and clinics registered in terms of the Health Act, 1977, shall also be entitled to provide this service.

4. Counselling.-

Subject to the provisions of section 6, the state shall provide or facilitate the provision of adequate information and non-mandatory, non-directive pre- and post- abortion counselling, which shall include where appropriate sex education and information about contraceptive usage.

5. Consent.-

- (1) Notwithstanding the provisions of section 39(4)(a) and (b) of the Child Care Act, 1983, a minor under the age of eighteen shall not require the consent of her parents or guardian to an abortion, provided that such minor undergoes pre- abortion counselling.
- (2) Subject to the provisions of section 7, the consent or notification of any person before or after an abortion is not required.

6. Conscientious objection to participation in an abortion.-

- (1) Subject to subsection (2) of this section, no person shall be under any legal duty, whether by contract or by any statutory or any other legal requirement, to participate in an abortion to which he or she has a conscientious objection.
- (2) Nothing in subsection (1) of this section shall affect any duty to participate in treatment which is necessary to save the life or to prevent serious injury to the health of the pregnant woman, or to alleviate her pain.
- (3) Any person who has such an objection shall be obliged to refer the woman to an institution referred to in subsection (1) or (2) of section 3.

7. Notification.-

- (1) A medical practitioner who performs an abortion shall give notice thereof and record such information relating to the abortion as may be

prescribed by the Minister by Regulation, which information shall remain confidential.

- (2) The superintendent of a hospital or person in charge of an institution where an abortion is performed shall collate such information and forward it by registered post solely to the Director-General of the Ministry of Health, within one month of the abortion.

8. Regulations.-

The Minister may make Regulations regarding -

- (1) the provision of services at institutions referred to in section 3, and may exempt institutions which provide services for patients only in certain specialised categories and which therefore do not include gynaecological services;
- (2) the provision of counselling in terms of section 4 and section 5;
- (3) the particulars of the information to be collated in terms of section 7;
- (4) any matter in respect of which he or she deems it necessary in order to achieve the objects of this Act.

9. Offences and penalties.-

Any person who -

- (1) performs an abortion in contravention of this Act;
- (2) prevents the performance of abortion or obstructs access to abortion facilities;

shall be guilty of an offence and liable on conviction to a fine not exceeding R100 000 or to imprisonment not exceeding 10 years or to both such fine and imprisonment.

10. Repeal of laws.-

The Abortion and Sterilisation Act, 1975 is hereby repealed.

11. Short Title.-

This Act shall be called the Freedom of Choice (Abortion) Act.