THE EFFECTS OF TERMINATION OF PREGNANCY ON BLACK ADOLESCENT SCHOOLGIRLS IN THE EASTERN FREE STATE

by

DIPANE JOSEPH HLALELE

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DIPANE JOSEPH HLALELE
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DECLARATION

I,

Dipane Joseph Hlalele

declare that the thesis hereby submitted by me for the Philosophiae Doctor degree at the University of the Free State, is my own independent work and has not previously been submitted by me at another university or faculty. I furthermore cede copyright of the thesis in favour of the University of the Free State.

D.J. HLALELE

Bloemfontein

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ABSTRACT

The procurement of termination of pregnancy (TOP) by schoolgirls has become a concern since adolescent girls eighteen years and younger account for over half of legal terminations procured in South Africa (2001). This study examines the effects of TOP on black adolescent schoolgirls in the Eastern Free State.

For the empirical research data were gathered through structured interviews with Life Orientation educators who observed and assisted TOP procurers at their respective schools as well as adolescents undergoing TOP procurement at a designated institution in the Eastern Free State. Permission to conduct the study was granted by the Free State departments of Education and Health. The ethical authenticity of the study was verified by the Ethics Committee at the University of the Free State.

Findings of the study suggest that, beside psychological and emotional pain and affliction, legal termination presents little or no serious health risks and is therefore generally safe. However, a decline in academic achievement and certain adjustment and relationship problems among learners who procured TOP could be observed. Withdrawal, absenteeism, dropping out of school and a lowered self-esteem also occurred.

Attempts at alleviating the negative effects of TOP on schoolgirls are therefore appropriate. Findings (e.g. minimum efforts in assisting these learners to cope at school and inadequately trained educators in dealing with related problems) suggest the need for educator training in this regard. Further recommendations of the study are the implementation of pregnancy prevention programmes, relevant counselling and the establishment of an inter-institutional forum for TOP as ameliorative measures.

OPSOMMING

Die verkryging van toestemming vir die beëindiging van swangerskap deur skooldogters het 'n saak van erns geword, aangesien meer as die helfte van wettige swangerskap-beëindigings in Suid-Afrika (2001) voorgekom het onder adolessente skooldogters van agtien jaar en jonger. Hierdie studie ondersoek die effek van swangerskapbeëindiging op swart adolessente skooldogters in die Oos-Vrystaat.

Vir die empiriese navorsing is data verkry deur gestruktureerde onderhoude gevoer met Oos-Vrystaatse onderwysers in Lewensoriëntering wat leerders waargeneem en geassisteer het wat in hulle onderskeie skole sowel as by aangewese inrigtings toestemming verkry het tot swangerskapbeëindiging. Toestemming om die studie te kon onderneem, is toegestaan deur die Departemente van Onderwys en Gesondheid. Die etiese outentisiteit van die studie was geverifieer deur dié Etiese Komitee van die Universiteit van die Vrystaat.

Bevindinge van die studie toon aan dat, benewens psigologiese en emosionele pyn en leed wat wettige beëindiging van swangerskap meebring, daar geen ernstige gesondheidsrisiko aan verbonde is nie en dat dit gevolglik oor die algemeen veilig is. Daar is egter wel 'n afname in akademiese prestasie asook sekere aanpassings- en verhoudingsprobleme by hierdie leerders waargeneem. Onttrekking, afwesigheid, skoolverlating en 'n swak self-esteem kom ook voor.

Dit is gevolglik essensieel dat pogings aangewend sal word om die negatiewe uitwerking van aborsie op skooldogters te probeer uitskakel. Bevindinge (bv. minimum pogings in die assistering van hierdie leerders om aan te pas op skool en onvoldoende opgeleide onderwysers om leerders met verwante probleme te kan hanteer) bevestig die behoefte aan onderwyseropleiding in dié verband. Verdere aanbevelings in die studie is die implementering van swangerskapsvoorkomingsprogramme, relevante voorligting en die daarstelling van 'n inter-institusionele forum vir die verbetering van die situasie.

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1.1 INTRODUCTION

Termination of Pregnancy (TOP) is an issue of crucial social interest which presents societal, institutional and individual predicaments with no easy or ideal solutions.

Though still clouded by shame, secrecy and misunderstanding, TOP is as old as humanity and probably occurs in all cultures. Throughout recorded history women have resorted to induced TOP to terminate unwanted pregnancies, regardless of religious or legal sanctions and often at considerable risk. Voluntary regulation of family size was one of the earliest features of most human social groups, frequently implemented by TOP and infanticide (David 1981:1).

Ferreira (1985:61-66) states that there will probably always be extremes in attitudes towards TOP. General attitudes have changed and will continue to change. It is the perception of the researcher that opposing attitudes continue to impact on TOP legislation. All legislation can therefore be seen as a compromise which may never completely satisfy all members of society.

The worldwide legal status of TOP ranges from complete prohibition to elective procedures at the request of the pregnant woman. TOP reflects an aura of social ambivalence due to increasing awareness regarding population and environmental concerns, socio-economic development and the recognition of the rights of women to control their own fertility as well as advanced technology. Davis (1985:xv) maintains that there has been a paradigm change in which the old certainty - TOP is a criminal act - has been replaced by a new certainty - TOP is a personal choice, similar to having elective surgery or teeth extracted.

The decision to terminate pregnancy is, according to Ferreira (1985:66) an individual one. TOP among adolescents raises an interesting controversy.

In South Africa, Price (1983:135-152) conducted a study on "Psycho-social adjustment of adolescents who seek legal abortion" in Johannesburg. She found that adolescents from different religions and social strata sought legal TOP. Le Roux (1995:1) also conducted a study titled "Aborsie in Suid-Afrika: 'n Maatskaplike werk-perspektief". Both studies are social work-oriented and were conducted before the promulgation of the choice on Termination of Pregnancy Act of 1996. The respondents from the research done by Price comprise adolescents from the white population group only.

The American Psychological Association (1987:73) indicates that TOP is common among adolescents in both absolute and relative terms. About 40 % of the 1.1 million pregnancies in females under age 20, are terminated by induced abortions annually. Nearly one third of all abortions are performed on females under age 20. Among younger adolescents (under age 15), almost half of the abortions occur among minority youth. It is therefore the opinion of the researcher that besides moral and social issues involved in TOP, the sheer frequency of adolescent TOP singles it out as a social phenomenon worthy of scientific consideration.

This study then, attempts to investigate the lifeworld experiences of adolescents terminating pregnancies in the Eastern Free State after the promulgation of the Choice on Termination of Pregnancy Act. The purpose is to identify trends and/or patterns which characterise adolescents terminating pregnancies.

1.2 PROBLEM STATEMENT

An individual may vigorously condemn the procedure of TOP until that one brief occasion when he or his wife/daughter is faced with what appears to be an overwhelming reason for termination. The paradox may run full swing in some instances, where individuals who had TOP then, revert, at times quite strongly, to condemnatory attitudes.

According to Potts, Diggory and Peel (1977:506) unwanted pregnancies are a world problem. These authors further stress that data are sufficient to suggest that the child who is unwanted has a greater than average chance of being consciously or un-

consciously rejected after birth. In the opinion of the researcher, some members of society may hold a view that rejected and severely abused children would have been better-off if they were aborted. In some instances, children themselves claim that they should have been aborted (Dickens 1990:81).

Pregnancy in adolescence can constitute a serious crisis. Price (1983:135) is of the opinion that the pregnant adolescent is, by definition, in a state of crisis. If deep emotional responses are aroused, accompanied by shock and complicated by panic reactions, and the dilemma confronting the adolescent provokes a state of emotional upheaval, accompanied by a disturbance to striving and achieving important life goals that are insurmountable through utilisation of customary methods of problem solving, the adolescent undergoes a real crisis.

One of the most common methods of solving the problem of unintentional pregnancies was by hastily arranged and often forced marriages. Two decades ago these premature marriages have been proved to show a higher rate of divorce than marriages in which the bride was not pregnant at the altar (Schwartz 1973:152).

Adolescence itself presents a maturational crisis which may be aggravated by an occurrence of pregnancy. Adolescence is experienced by all human beings whilst growing up and demands effective mastery of various tasks resulting from physical, psychological and social change. Price (1983:135) views pregnant adolescents as a high risk group in recognition of the fact that the interplay of psychological, developmental and family issues can be overwhelming and can have long-term effects on the adolescent's mental health if not coped with effectively.

The decision, among adolescents, to become pregnant is seldom rational (Sears 1994:13). A further decision to terminate or proceed with an unwanted and/or unplanned pregnancy is a complex and difficult one. Controversy around the decision may be spawned, on the one hand, from getting rid of what might have been the adolescent's only child in life, by considerations such as the adolescent's abandonment of schooling or the fact that no-one may be able to take care of the "unwanted" or "unplanned" baby. On the other hand, the pregnant adolescent may be overwhelmed with disapproval and/or rejection by other members of society as well as feelings of guilt.

According to Zimmerman (1977:109) other persons are a key element in the decision on TOP. The resolution of an adolescent pregnancy can also be influenced by attitudes of significant others and aspirations (Brazzell & Acock 1988:413-425). The

adolescent is the youth at the stage between childhood and adulthood. He/she has a desire to be an individual who wants to assert him/herself, yet at the same time fears to lose the security and stability his/her family offers. The adolescent may be a prisoner to the norms of his/her peer groups, for adolescent peer groups are inclined to dictate the attitudes and behaviour of others in a group. It is the opinion of the researcher that it may be interesting to uncover how the adolescent copes with the fear of losing the security of his/her family vis-a-vis the dictates of his/her peers on deciding whether or not to terminate a pregnancy.

The arguments for and against TOP by different countries, institutions and individuals are underpinned by views held by "pro-life" and "pro-choice" movements. The former opposes the legislation of TOP under all circumstances, or all but those in which pregnant women face clear danger to their lives or perhaps serious danger to their permanent health. The latter opposes any criminalisation of TOP and favours women's freedom to decide whether to continue or terminate pregnancy. The legally derived concept of a "human being" and the legal and ethical concepts of "a person" and "personhood" have been drawn into the TOP debate regarding the status to be given to, or inherent in, the fetus (Dickens 1990:81).

TOP/abortion was generally illegal in South Africa before the promulgation of the Choice on Termination of Pregnancy Act (CTPA) of 1996. Despite the illegitimacy of TOP, backstreet TOP have been taking place and results have been devastating. In some instances deaths and damage to reproductive organs occurred. One South African woman decided to have a backstreet abortion and lived to regret that terrible decision which left her barren and bitter because her subsequent husband yearned for a child she could not bear. She clearly spelled out that the consequences of having the unhealthy abortion are serious. She says that the unhealthy abortion ruined her life and the amount of guilt she carries may last a lifetime (*Sowetan* 1997.09.05:15).

The CTPA (1996:4) stipulates that the state shall promote the provision of non-mandatory and non-directive counselling, before and after the termination of pregnancy. This study examines the counselling procedure among adolescents. The Act

further states that the termination of a pregnancy may only take place with the informed consent of the pregnant woman. The influence of parents, the putative father and the significant others throughout the resolution of the adolescent's pregnancy will also be examined. For most adolescent girls, the birth of an unwanted and/or unplanned child can lead to loss of educational opportunities, increased financial burden, diminished chances for a successful marriage, ostracisation by family and friends, and welfare dependency.

The status of pregnant school-going girls in Zambia should also be addressed. The 1997 Zambian government's decision to allow pregnant girls to continue with school was received differently by educators. Many educators strongly felt that allowing pregnant girls to continue with their schooling proved difficult due to psychological problems. Some educators even vowed not to allow pregnant mothers-to-be in their classes (*City Press* 1999.06.06:24). It is the researcher's contention that some educators opposing the above decision might have thought that it would have been proper if those pregnancies among schoolgirls were terminated.

To summarise, the researcher contends that the human experience of terminating a pregnancy is an individual and personalised one. Every person confronting a decision whether to allow pregnancy to come to fruition or to terminate it will react in his/her own way regarding that controversial issue. While anti-abortionists condemn TOP as murder and pro-abortionists tend to laud TOP as a panacea or an innocuous solution to unwanted/unplanned pregnancies, the TOP experience is, ipso facto, a crisis for everyone. There is the anguish of making a choice, the fear, the despair, the pain and the anxiety, and in the end, there is the relief or the regret and feelings of guilt.

1.3 PURPOSE OF RESEARCH

The main purpose of the study is to investigate the life-realities (living experiences) of adolescents who are terminating pregnancies in the Eastern Free State. From this purpose the following aims/objectives derive:

- To examine TOP from a theoretical perspective;
- To identify trends and/or patterns in the real-life experiences (family, social and educational) of adolescents terminating pregnancies.

From these aims the following research questions need to be answered:

- What are the family, social and educational backgrounds of adolescents who terminate pregnancies?
- What are the effects of pregnancy termination on adolescent schoolgirls in the Eastern Free State?

1.4 METHODOLOGY

The research consists of a literature study and empirical research.

1.4.1 Literature study

A study of literature related to TOP as a problem will be undertaken. Information will be drawn from international and national journals, dissertations and theses written by graduate learners, reports compiled by researchers, the media (printed and electronic) and books. The researcher further envisages to request, gather and interpret age-related data from TOP clinics and hospitals.

1.4.2 Empirical research

In addition to a literature study, qualitative interviews varying from structured to unstructured personal interviews will be conducted. Structured personal interviews will be conducted among adolescents who experienced the trauma of TOP to draw data regarding their life-styles, life-experiences, activities, backgrounds and attitudes. These adolescents include the pregnant girls and the putative fathers (their boyfriends, where possible). Unstructured interviews will be conducted to obtain data regarding feelings, attitudes and observations of respondents other than adolescents (*cf.* 1.5). The methodology outlined above will be applied in the specific area and sample indicated next.

1.5 AREA OF RESEARCH

A random sample of adolescents will be selected at certain TOP clinics in the Eastern Free State. These randomly selected adolescents will be interviewed after pregnancies have been terminated. Respondents other than adolescents are the school educators responsible for Life Orientation, who will also be randomly selected.

1.6 CONCEPT CLARIFICATION

In view of terminological inconsistencies in the literature, researchers sometimes encounter a variety of different definitions of the same concept. For the purpose of this research, the following operational definitions are applicable:

- *Lifeworld* refers to one's "daily life". It is the world in which one conducts both a way of life and a mode of being (Van den Aardweg & Van den Aardweg 1988). The researcher views "lifeworld" as comprising a milieu in which an individual assumes certain roles, interacts with others (living and non-living) and forms relationships.

- *Experience* means to meet with, undergo, suffer (*Webster's Third New International Dictionary* 1986:800). It indicates an actual living through something and coming to know it firsthand rather than through hearsay or report.

- *Adolescence* is the developmental stage between childhood and adulthood. As a result of individual and cultural difference, the age at which adolescence begins varies from between the ages 11 to 13 and the age at which it ends varies from between the ages of 17 and 21 (Louw & Edwards 1993:537).

- The *adolescent* is that person who experiences or is going through the developmental stage indicated above. The adolescent, on the brink of personhood, seeks an image which he/she cannot yet envisage or attain. He/she is in a world he/she barely understands with a body, undergoing changes, an intellect and emotions he/she is just discovering. He/she has a desire to be an individual who wants to assert him/herself

yet at the same time fears to lose the security and stability that his/her family offers (Van den Aardweg & Van den Aardweg 1988:13).

- *Termination of pregnancy/abortion* refers to the conscious and deliberate separation and expulsion, by surgical or medical means of the contents of the uterus of a pregnant woman.

1.7 STRUCTURE OF THE RESEARCH

The introductory chapter states the problem, aims, methodology, area and sample of research, and provides a brief clarification of operational concepts.

Chapter two consists of a theoretical investigation of adolescence as well as lifestyles, life-experiences and activities of adolescents.

Chapter three examines the process, causes and effects of termination of pregnancy/abortion.

Chapter four addresses TOP among adolescents.

Chapter five presents the attitudes and views of institutions and individuals on TOP.

Chapter six comprises the preparation for the empirical study.

Chapter seven presents the results of the empirical study regarding the interviews conducted on respondents (adolescents terminating pregnancies and educators).

Chapter eight concludes with the findings (theoretical and empirical) and recommendations.

1.8 CONCLUSION

This chapter attempts to present a general orientation on the nature of the problem, aims of the study, purpose of research methodology, demarcation of research area, the sample and the structure of the research report.

The next chapter presents a theoretical description of adolescence as well as lifestyle, life-experiences and activities of adolescents.

2

The ordinary lifeworld experiences of adolescents

2.1 INTRODUCTION

The adolescent is the youth at the stage between childhood and adulthood. He/she has a desire to be an individual who wants to assert him/herself yet at the same time fears to lose the security his/her family offers. The adolescent may be a prisoner to the norms of his/her peer group for peer groups are inclined to dictate the attitudes and behaviour of others.

Adolescence is a period of searching. It is often a painful process of seeking and discovering, acceptance and rejection by others. Primarily, adolescence is a process of growth, newness and experiencing. In the adolescent's search to become "someone", he/she experiences many forces of his/her environment - some of which he/she uses and some which uses him/her.

Experimentation may be regarded as one of the prominent features of adolescence. This experimentation with oneself and the environment has several influences. The peers and significant others often give direction concerning how, when and what should be explored. The researcher contends that sexuality is one avenue in life which adolescents are more keen to traverse.

The way in which we understand adolescence has been changing slowly but perceptibly over the last few years. To some extent this is as a result of the major social changes which occurred in western countries, many of which have had a direct effect on young people. Equally important, however, is the fact that new and valuable research is being carried out, much of it linked to and inspired by major advances in theories of human development. These advances have led to a more realistic, as well as a more sophisticated view of adolescence (Coleman & Hendry 1990:1).

The previous chapter contains a statement of the problem, aim of the study, research questions and a brief definition of concepts. This chapter deals with the ordinary lifeworld experiences of adolescents. Below follows a clarification of concepts; "experience", and "adolescence".

2.2 CLARIFICATION OF CONCEPTS REGARDING ADOLESCENTS

The same words may convey different meanings to different people. In order to alleviate the problem of not arriving at a uniform interpretation of concepts, the researcher considers it appropriate to define and clarify concepts within the context of this study.

2.2.1 Experience

Experience indicates an actual living through something and coming to know it firsthand rather than through hearsay or report. Literally, experience means to meet with, undergo, suffer (*Webster's Third New International Dictionary* 1986:800). The concept *experience* can be used as a noun or a verb. When used as the latter, it refers to the process of acquiring knowledge, becoming aware of something. A child experiences reality. He/she attributes significance and meanings to the experienced reality and these meanings coalesce into his/her experiential knowledge.

Van den Aardweg and Van den Aardweg (1988:192) state that at some time or other an individual directly experiences a situation and becomes a recipient of the values and meanings of the particular situation. Each experience is accompanied by feeling and willing, different in quality and intensity. One may not select one's experiences, but when one undergoes a certain experience, the assigned meanings acquire a personal dimension. Some experiences are dominated by affectivity with both denotative and connotative components of meaning present depending on the degree of involvement and quality of the experience.

Experiments performed by Wilder Penfield (in Van den Aardweg & Van den Aardweg 1988:192), a brain surgeon showed that

- the living experiences of a person are stored in the brain;
- the person gives his/her attention to such experiences;
- both the meaning assigned to the experience and the affectivity of it are an integral part of what is stored;
- there seems to be a mechanism in the cortex of the brain which subconsciously interprets present experiences in terms of past (forgotten) experience thus making the individual believe that the full meaning is in the present experience;
- affective experience is necessary for the attribution of significance, because the actual experience is registered in the brain as a Gestalt, which serves as a source of reference for the interpretation and assignment of meaning in new experiences.

In infancy experiences have a clear, affective dimension. The infant's first experience of meaning is that which people do to and with him/her. The child later learns that experiences have a denotative and connotative character, which makes an experience unique to the one who experiences. What one knows, the other may know but what one experiences is unique.

An experience can be positive or negative, as seen in physical perceptions (pain); social relationships (enjoyment, rejection); with objects and ideas (frustration, success); and spiritual experience (peace, confusion, comfort) - all which describe the individual's subjective experiences in terms of moods and feelings. Personal subjective experience reflects a person's own evaluation of a situation - usually pleasant or unpleasant (Van den Aardweg & Van den Aardweg 1988:193).

These authors further argue that experience comprises one or more of the following attributes:

- Experience determines the quality and uniqueness of relationships;
- experience is emotional and is evaluated in terms of varying degrees of pleasantness and unpleasantness;

- the intensity of experiences determines the clarity and stability of the meanings assigned by a person;
- experience is a meaningful event which involves the total person who experiences;
- in an educational setting, an educator's approval or disapproval may be a determining factor in the positive and negative intensity of the subjective experience.

In the context of this study, experiences of adolescents who terminate pregnancies in the family, society/community, the school and facilities designated for TOP will be investigated.

2.2.2 Adolescence and adolescent

It is the view of the researcher that a detailed outline of the period of "adolescence" is necessary to comprehend the concept adolescence.

2.2.2.1 ADOLESCENCE

During the middle ages, the term *childhood* did not exist. Children were viewed as miniature adults. According to Dreyfus (1976:1-2) children were dressed as adults and were expected to behave as such. Infant mortality was high and life expectancy was short. Life was difficult, people struggled to survive on a day-to-day basis. Having a child meant watching him die. The researcher contends that, even though lack of technological advancement could have impeded safe termination of pregnancies, TOP could have spared those parents much pain and discomfort.

In order to avoid pain, parents would hardly even acknowledge the birth of the child. Once the child passed through the first year of life and had an increased probability of surviving, he/she was viewed as a potential worker who had to battle against disease, starvation and war. Adams (1976:2-3) concurs with Dreyfus who contends that historically, children went from childhood to the responsibilities of adulthood with scarcely a pause for what is now called "adolescence".

The concept adolescence is derived from the Latin verb "adolescere" which literally means "to grow" and refers therefore to the adolescent's growth into adulthood (Gouws & Kruger 1994:33; Louw & Edwards 1997:505; Rice 1984:50), when a transition is made from dependent childhood to the realisation of full adulthood (Adams, Gullotta & Adams 1994:5; Devenish, Funnell & Greathead 1992:2; Hamachek 1985: 851; Sonnekus 1984:42). Olivier (1996:5) maintains that adolescence represents a phase of life which entails dramatic changes for the youth and it is characterised by challenges, preparation, experimentation, confusion, frustration and adjustments.

According to Cardwell (1996:3) adolescence refers to "... the period between puberty and adulthood". The concept of adolescence as a separate stage of development may well be a westernised idea, with the transition from childhood to adulthood being marked by abrupt "rites of passage" in many other cultures (Kaplan & Sadock 1994:51; Louw & Edwards 1997:5). Louw and Edwards (1993:537) further point out that as a result of individual and cultural differences, the age at which adolescence begins varies from ages of 11 and 13, i.e. the stage when the ability to reproduce is reached and the secondary sexual characteristics start to develop.

It is evident from the above definitions that

- the concept *adolescence* is not as old as mankind - it developed through time;
- culture plays a pivotal role in the process of adolescence;
- most of the above definitions are less concerned with the demarcation of adolescence - they do not state when, in a person's life, does adolescence set in and end.

It is not uncommon for scientists studying human development to focus on specific areas of development. Hendry, Schucksmith, Love and Glendinning (1993:1) regard adolescence as a "time set aside for waiting, developing and for accomplishing the rites of passage between childhood and adult status, and an extended phase of life for today's young people". On the contrary, other writers do not single out specific areas of development in their definition of adolescence, whilst others emphasise the exact start and cessation of adolescence.

Mwawenda (1990:40), Gouws and Kruger (1994:2) purport that adolescence is a period of great physical, social, emotional, physiological and psychological changes when a person is neither a child nor an adult. This period is characterised by a search for and consolidation of identity. The researcher considers it appropriate to present a brief overview of adolescence with emphasis on different developmental focal points.

2.2.2.1.1 A psychological definition

In this definition, adolescence is seen as a process which begins when the reproductive organs and secondary body characteristics (body hair and breasts) begin to change in puberty. The end of adolescence is associated with full maturation of the reproductive system. Given that testicle growth is predictive of pubic hair and skeletal changes in boys, it is reasonable to assume that the beginning and end of adolescence are related to sexual development. Similarly, consistent production of fertile eggs and regularity of the menstrual cycle signal the commencement of adolescence for girls (Adams *et al.* 1994:6).

It is difficult to determine if adolescence actually begins with hormonal changes that occur at least two years before major body changes are visible, or begins when secondary sex characteristics emerge. Likewise, fertility is an unclear and unrealizable element for determining the end of adolescence.

2.2.2.1.2 A cognitive definition

This definition has reasoning as its crux. Acquisition of the ability to reason enables a person to use symbols, abstractions and complex problem-solving strategies in thinking. From this perspective, as children come to develop thinking processes that are independent of concrete and observable objects in the immediate environment to include abstract thoughts and metacognition (thinking about thinking) they are thought to be qualitatively different and thus emerging into adolescence (Adams *et al.* 1994:7). However, the researcher, approves of the sentiment that this definition be regarded as limited in its ability to precisely point out when the onset and end of adolescence does occur.

2.2.2.1.3 A sociological definition

The onset of puberty is regarded as the start of adolescence. Social criteria are used to determine its end. This approach further stipulates that adolescence ends when young people have established a coping style consistent with the demands of their social world and when society recognises their entry into adulthood. Sometimes this entry is through a formal rite of passage, an event with considerable societal support and ceremony (Adams *et al.* 1994:7-8; *Encyclopedia Americana* 1990:175; Louw & Edwards 1997:505; Kaplan & Sadock 1994:51). However, Kaplan and Sadock (1994:51) further stress that in technologically advanced societies, the end of childhood and the requirements for adulthood are not clearly defined.

Furthermore, one can argue that coping abilities and societal recognition may not occur at the same time, especially for individual adolescents. The author is of the opinion that this approach creates certain ambiguities. Firstly, societal standards are dynamic and therefore, differ. The difference may occur within different strata of the same society or within the individual stratum. Secondly, even though a boy may enter the armed forces at a certain age, obtain a driver's licence at 18 years, he may not be allowed to participate in other adult life events such as marriage.

Given the fact that adolescence is a period of variable onset and duration (Kaplan & Sadock 1994:51) and in the opinion of the researcher, differential acquisition of adult responsibilities, the adolescent needs protection or exemption from certain adult responsibilities. This protection or exemption is catered for in the definition below.

2.2.2.1.4 A "learner's permit" definition

This definition acknowledges that adolescence is a period of transition which differs in length for each individual. Adolescence is further viewed as a growing-up process that includes making decisions and making mistakes. However, the context is such that the mistakes will ideally result in minor negative outcomes, ones that the person could recover from relatively easily without long-lasting consequences (Adams *et al.* 1994:9).

Adolescence is thus a gradual phasing into adulthood, in which the youth is given increasing responsibilities with each new grant of freedom. Zimring (1982:96) stresses

that the adolescent must be protected from the full burden of adult responsibilities, but pushed along by degrees toward the moral and legal accountability that is considered appropriate to adulthood. Thus, adolescence is a period of experimentation, of practice in making decisions, of making mistakes and discovering one's errors, and of gradually assuming new freedoms while building towards adult responsibilities. Zimring (1982) calls this view a "learner's permit" theory of adolescence.

In the opinion of the researcher, adolescents who terminate pregnancies may be relieving themselves from childbearing (which should be regarded as an adult responsibility) might have made mistakes and discovered their errors and therefore be allowed to recover without long-lasting consequences. It may further be argued that the government of the Republic of South Africa took a bold step in protecting adolescents from untimely and unplanned pregnancies by the promulgation of the *Choice on Termination of Pregnancy Act* of 1996.

2.2.2.1.5 Anthropological definition of adolescence

This approach views adolescence as a period of social role learning and restructuring: not simply a period in which early learning is crystallised, but rather one in which unlearning and new learning take place. Along with training for specific roles, there is learning in the sense of cognitive and affective reorganization away from the behavioural modes of childhood toward adult modes (Schlegel & Barry III 1991:8).

2.2.2.1.6 Concluding remarks

The definitions focusing on one area of human development may be deficient in one common aspect. They neglect other important areas of human development which are intertwined or inseparable from the one area of focus. For example, a human being's physical development may affect his/her cognitive development as well as affective development. The researcher suggests an eclectic approach to the clarification of adolescence. Adolescence can be viewed as a period transition between childhood and adulthood in which great changes in physical, social, emotional, physiological and psychological development take place. These changes, if not properly managed, may present a damaging effect for a lifetime in the life of a person. Adolescence should therefore be regarded as a dichotomous period of great risks and great opportunities.

Regarding the beginning and end of adolescence, the researcher concurs with Kaplan and Sadock (1994:51) who view adolescence as a period of variable onset and duration. The researcher further asserts that adolescence does, in some instances, encroach into childhood and adulthood. Adolescence is a period experienced by human beings. It would therefore be appropriate to place the concept "human being", the adolescent, in perspective.

2.2.2.2 THE ADOLESCENT

The adolescent is that person who experiences or is going through the period highlighted above (*cf.* 2.2.2.1). He/she is unstable and flexible. One moment he/she is happy and self-confident and the next moment he/she is depressed and uncertain. He/she wants to be alone and then longs for the company of peers. This situation is best described by Hall (in De Anda 1995:20) as *sturm und drang* (literally, storm and drive).

According to Van den Aardweg and Van den Aardweg (1988:13) the adolescent stands on the brink of personhood seeking an image which he/she cannot yet envisage or which he/she cannot yet attain. He/she is in a world he/she barely understands, with a body, an intellect and emotions he/she is just discovering. The personality of the adolescent depends upon the relative significance to him/her of the persons with whom he/she interacts, the kinds of behaviour available to him/her as examples and the way he/she assimilates new experiences and earlier experiences.

Parent-child conflicts in the home seem greater to the adolescent than at any other stage of his/her development and parents, who may be the main persons with whom the adolescent interacts, should be aware of the specific adjustment problems peculiar to the adolescent. One of the adjustments is forced psychological and physical independence which require a separate identity, a sexual orientation, a commitment to an ideology and a vocational choice. The feeling of independence of being someone who counts and the over-sensitiveness, may aggravate him/her and may lead to an attitude of rebellion as he/she claims that he/she is not understood. This attitude may lead the adolescent to seek peers who can identify with him.

The aforegoing forms part of the background against which the researcher will be investigating the lifeworld experiences of adolescents terminating pregnancy.

2.3 ORDINARY LIFEWORLD EXPERIENCES OF ADOLESCENTS

One of the deductions made from the clarification of the concept *adolescence* is that culture plays a pivotal role in matters relating to it (adolescence, *cf.* 2.2.1).

2.3.1 Culture and adolescence

Virtually all cultures have some way of observing adolescence. One of the ways through which culture observes adolescence is the use of a specific terminology. According to Schlegel and Barry III (1991:37) the North American Navajo call a girl *ch'ikééh* and a boy *tsilkééh*, that is the stage between childhood and marriage. In the Trobriand Islands, the large breaks come between the periods of life characterised by different reproductive status:

- *wadi*: prereproductive children in both sexes
- *ta'u* (male) and *vivila* (female persons of reproductive capacity)
- *to' ulatile* (boy) and *nakapugula* (girl) - from puberty to marriage.

Labelling adolescents may not only be done verbally. It can be visual as well. For example, one signifier is social distinctiveness in dress, hair style, face painting and ornamentation as visual markers. Such labels may be for one sex only. Among the Chitano Indians of Oaxaca, Mexico, girls move out of childhood when they receive a large rebozo, a kind of shawl to replace the small rebozo of childhood (Schlegel & Barry III 1991:37).

Australian aborigines, the Masai of Africa, and various African and South American Indian tribes put adolescents through an initiation that may involve fasting or other ordeals and periods of instruction in hunting and ritual. The Australian aborigines and some African people circumcise adolescents, and in the South Pacific tattooing has a similar significance (*Encyclopedia Americana* 1990:175; Louw & Edwards 1997:505).

Mwamwenda (1993:274-304) provides the following exposé of how respective African culture groups observe adolescence:

- *The Kikuyu*: The Kikuyu constitute the largest ethnic group in Kenya. Among the Kikuyu adolescence (12-16 years) is marked by circumcision of both girls and boys. Unless a Kikuyu boy is circumcised, he may not establish a home of his own, is not allowed to have sexual relations with a circumcised girl and may not make friends with a circumcised person. Circumcision involves the removal of the clitoris (in girls) and the foreskin (in boys). The primary motive for initiation is to teach the initiates to put up with pain in life, to work hard for a living, respect their parents and older folks and to provide assistance where necessary.

- *The Baganda*: The Baganda constitute the largest ethnic group in Uganda. In the case of girls, adolescence is marked by menarche, whereas for the boy there is no specific criterion. When a girl experiences menstruation for the first time a special ceremony is performed in recognition of the event.

- *The Shona*: The Shona makes up a major ethnic group in Zimbabwe. At the age of about 12, girls and boys play husband and wife, and engage in activities relevant to their sex under the observation of their parents. Shona girls are instructed to keep themselves pure and not to allow any men to have intercourse with them until marriage. Sex instruction by aunts (for girls) and fathers (for boys) takes place during adolescence.

- *The Basotho:* The Basotho live in Lesotho and South Africa and adolescence is marked by initiation for both boys and girls. Boys are circumcised and instructed to be courageous and strong, and respectful to figures of authority. Girls are taught what is expected of them as wives and mothers in their society.

- *The Xhosa*: The Xhosa-speaking people constitute one of the largest ethnic groups in South Africa. During adolescence girls help their mothers and work on their fathers' mealie fields. Both boys and girls engage in dancing and stick fighting (mainly for boys). During late adolescence boys go through the ritual of circumcision, which serves to mark their new status as adults and also serves as an instrument of socialisation. Xhosa girls are not circumcised, but undergo a form of ini-

tiation known as "intonjane". The word means that a girl is menstruating for the first time. When a girl reaches puberty and experiences menarche she goes into seclusion. During intonjane the girl may not go out during the day and her parents may not enter the house in which she is secluded. A number of women spend the night with her.

Contemporary circumcision is not without problems and irregularities. Some of the boys are forced by their peers to attend initiation schools without parental consent. Deaths and injuries of initiates are a real concern among South Africans. Health hazards, like the contraction of the contemporary incurable HIV/Aids raised eyebrows to such an extent that the South African department of Health forced the cooperation between initiation schools and local hospitals or doctors in order to perform circumcision devoid of infections and injuries (Mwamwenda 1993:304).

Cultural norms prescribe, to a large extent, the age at which the adolescent may start dating and establish relationships with the opposite sex. What is decisive in this regard is not the adolescent's level of sexual maturity but rather the cultural norms (Thom 1991:391).

From the aforegoing, it is evident that different cultural groups observe adolescence differently. It can further be argued that the manner in which adolescence is observed depends mainly on the heritage and the antecedent practices of past generations. The researcher further contends that adolescents in urban areas might have undergone a shift in the way adolescence is observed in urban areas as compared to their rural counterparts. Several influences like technology, education lifestyles and careers render the mind of the contemporary adolescent less pre-occupied with undergoing circumcision.

Despite different cultural observations of adolescence, all adolescent undergo certain developmental changes.

2.3.2 Development in adolescence

Certain changes take place in all adolescents, and certain problems interest most adolescents, their parents and educators. Gouws and Kruger (1994:8-9) single out and group these changes into the following domains of becoming:

- physical
- cognitive
- affective
- social
- conative
- normative.

Although these domains are separated for discussion purposes, they can never be separated in real life.

2.3.2.1 PHYSICAL DEVELOPMENT

Primary and secondary sexual characteristics develop during adolescence as a result of endocrine changes (De Anda 1995:18). These developments are stimulated by the secretion of the growth hormone, *somatotrophin*, responsible for physical growth and the sex hormones *oestrogen* and *androgen* responsible for sexual maturation (Louw & Edwards 1997:506). Girls experience the *growth spurt* approximately two years earlier than boys (De Anda 1995:19; Gouws & Kruger 1994:17; Mwamwenda 1993:40; Thom 1991:385).

According to Thom (1991:383) the following pubertal changes occur universally in adolescents:

- rapid physical growth
- hormonal changes
- increasing sexual needs
- the development of sexual (primary and secondary) characteristics
- the attainment of sexual maturity.

It is important not to confuse *adolescence* with *pubescence*. The former refers to the period of transition between childhood and adulthood during which physical, psy-

chological, emotional and social changes occur. The latter is the shorter period of adolescence during which an individual reaches sexual maturity (Gormly & Brodzinsky 1993:316). It can be noticed that *pubescence* pertains to physical changes only whilst adolescence encompasses all domains of becoming (*cf.* 2.3.2).

Adolescents do not only experience changes, there is also an accelerated rate of growth with which the adolescent has to put up. In girls, the growth spurt occurs roughly two years ahead of boys. Mwamwenda (1993:41) maintains that girls experience their growth spurt ahead of boys because they are born with more mature skeletons and nervous systems. According to the observation of the researcher, a *Mosotho*, some Africans believe that on marriage, males should be older than their brides following the belief that females grow faster than males.

2.3.2.2 COGNITIVE DEVELOPMENT

According to Piaget, cognitive development consists of the progression through stages of quantitatively and qualitatively more complex thought processes and structure (Louw 1991:400). Louw (1991:400) continues that qualitatively, changes take place in the nature of the thought processes and structure while Crooks and Stein (1991:448) regard it as the adolescent's ability to acquire abstract thinking. Quantitative cognitive development is seen to have occurred when the adolescent has acquired the ability to master intellectual tasks more easily and effectively (Louw 1991:400). The adolescent at this stage has reached a stage, in Piaget's theory, called *formal operations* (Crooks & Stein 1991:448; Gouws & Kruger 1994:48; Louw & Edwards 1997:511).

Contrary to physical changes which are more observable, cognitive changes are mainly observed in the way adolescents think. Characteristic formal operational thinking follows (as mentioned in different sources):

- *Abstract thought*: Abstract thought is the ability to think about things not concretely present. Louw and Edwards (1997:511) argue that as adolescents become capable of abstract reasoning, they are more able to think about their own experiences. These introspective, inward looking skills are quite egocentric and self-focussed. Gouws and Kruger (1994:48-49) maintain that adolescents think and reason about concepts

such as love and hate, justice and injustice and they also apprehend relationships between concepts such as mass, energy and force.

- *Propositional thought (the real compared to the possible):* Propositional thought entails substitution of verbal statements for objects with the result that the importance of language for formal operational thought can hardly be over-emphasised. Accordingly adolescents with this mental capacity are capable of understanding and making use of metaphor, satire and double meanings. They can further appreciate and make subtle nuances of humour. The ability to think about possibilities is also characteristic of adolescence. Adolescents do not only think about what "is" but also think about what "can" or "may be" (Gouws & Kruger 1994:48-49; Louw 1991:402).

- *Scientific thought*: The adolescent develops the ability to consider all the factors in a situation or all the possible solutions to a problem. The capable adolescent will systematically examine all the correct possibilities in order to arrive at a scientifically justifiable answer or solution to a problem (Gormly & Brodzinsky 1993:334; Louw 1991:402).

- *Hypothetical-deductive combinatory thought*: Adolescents can systematically isolate all the variables involved in solving a problem and then combine them to determine their individual or combined influence. Different variables are tested and results compared. Adolescents who have reached this phase are capable of formulating and testing hypotheses (Gouws & Kruger 1994:50). Hypothetical-deductive/combinatory thought is important for the study of science and a prerequisite for researchers.

- *Interpropositional thought*: Adolescents who have progressed to the accomplishment of interpropositional logic are capable of testing for logical consistency and of identifying inconsistencies between statements (Gouws & Kruger 1994:51). Van den Aardweg and Van den Aardweg (1988:28) summarise the formal operational phase as follows:

  - Thinking in the abstract
  - Formulate hypotheses

- Recognise imperfect assumptions
- Verify the results of reasoning
- Review own reasoning processes
- Distinguish the real from the impossible
- Devise solutions to problems
- Handle many possibilities simultaneously
- Conceive of what might be
- Detect logical inconsistencies.

Gouws and Kruger (1994:52) are of the opinion that a deduction can be made that many adolescents are not yet in the formal-operational phase. According to the researcher's observation as an educator at high schools and a college of education, certain adolescents enter adulthood without reaching full cognitive development as postulated in Piaget's theory. However, in addition to the increase in general intellectual ability, the adolescent years bring changes in breadth of knowledge, understanding and judgement. There is a marked improvement in thinking not only in terms of the past but also in terms of the future. In the opinion of the researcher, it may not be farfetched to point out that cognitively, adolescent development may encroach into adult years.

Louw and Edwards (1997:512) maintain that culture plays a crucial role in the cognitive development of the adolescent. Western cultures place a high value on abstract thinking and scientific reasoning, and educational systems offer detailed training in it. By contrast, in Islamic communities, religious leaders and poets are the most honoured thinkers. Islamic adolescents would therefore be at a disadvantage when measured against Piagetian standards. In many African cultures, there is limited development of formal, abstract thinking. More emphasis is placed on skills needed for successful interpersonal interactions.

2.3.2.3 AFFECTIVE DEVELOPMENT

The developing individual also experiences affective development as one aspect of development which is intertwined with physical and cognitive aspects.

Gouws and Kruger (1994:94) contend that affective development consists of the development of such manifestations of personality as emotions, feelings, passions, moods, sentiments and whims. It is an encompassing concept for a variety of aspects of the adolescent's emotional life. The parents, educators, peer groups, siblings, social expectations, personality and the media influence the emotional experience of the adolescent.

The adolescent's affective development is closely related to psychological development, particularly identity formation and the need for intimacy (De Anda 1995:22). Van den Aardweg and Van den Aardweg (1988:17-18) stress that adolescents, because of physical and cognitive changes, have to make the following adjustments:

- A heavier workload and higher academic expectations
- relationships with many educators rather than with one or a few
- taking the future into consideration after living for the present only
- assuming greater responsibilities
- becoming aware of the need for a positive self-concept (who am I and what am I going to become?)
- coping with an awakening in sexual relationships
- coming to terms with peer pressures and the need for acceptance, the temptation of substance abuse and sexual activity.

Because of lack of experience, situations often seem worse for adolescents than they really are. The most common emotion among adolescents is depression. Mwamwenda (1993:47) maintains that adolescents tend to regard the pursuit of pleasure as one of the main objectives in life. Some conclude that drugs are the solution, others sex or a combination of the two. Certain adolescents who are idle may see no

purpose in life. They may find themselves engaged in undesirable activities such as arson, vandalism, armed robbery and other forms of crime.

In the opinion of the researcher, one of the major obstacles in the emotional adjustment of adolescents is the misleading or lack of information/explanation for the changes they are experiencing. Hlalele (1998:72) concludes that adolescents at high schools experience a lack of adequate and relevant information regarding developmental changes.

Gouws and Kruger (1994:105) suggest that to a achieve emotional maturity, adolescents must be guided towards:

- Gaining a realistic perspective on matters that would normally cause emotional reactions
- using an emotional catharsis to discharge stored up emotions.

An adolescent who is emotionally mature understands and empathises with others and can accept, understand and share his/her feelings and emotions.

2.3.2.4 SOCIAL DEVELOPMENT

Concomitant with physical, cognitive and affective development, the adolescent has to reach social maturity. This section examines the social relations of adolescents with their parents, siblings, educators, peer group and friends.

- *Parent-adolescent relationship*:

Social adolescent development is characterised by the adolescent's urge to spend most of his/her time with peers. Coleman and Hendry (1990:83) maintain that the adolescent undergoes a process of seeking independence which represents the need to break off the infantile ties with the parents. While independence at times appears to be a rewarding goal, there are also moments when it is a worrying, even frightening prospect. Hlalele (1998:68) indicates that 69,6 % of adolescent learners in a specific study do not discuss their sexual relationships with their parents.

The above findings show that there are certain "delicate" issues which are seen by parents as "non-negotiables". Parenting style also has an influence on parent-adolescent relationships. Some parents follow an *authoritative* style, where rules and expectations are explained and authority is exercised fairly. Parents who give their adolescent children support and encouragement, have positive expectations, take interest and participate in the adolescents' activities, and contribute to the development of positive adolescent self-concept. The *authoritarian* parenting style presents little opportunity for a two-way communication between the adolescent and the parent. Adolescents thus experience feelings of inadequacy, are dependent, have little self-confidence and regard their parents as unfair. *Permissive* parents on the other hand, allow adolescents to make their own decisions. These parents have a "don't care" attitude and do not act as responsible models. Adolescents with permissive parents often feel disillusioned. They may increase the risk of engaging in high risk behaviour (Louw & Edwards 1997:518).

High risk behaviour includes sexual activity without proper information, substance use and involvement in crime and vandalism. The incidents of unintended pregnancies resulting in abandonment of schooling by adolescents and/or termination of such pregnancies is one example of high risk behaviour as well as subsequent consequences.

Although a variety of studies have provided evidence of generally positive relationships between parents and adolescents (Coleman & Hendry 1990:85) the researcher concurs with Gormly and Brodzinsky (1993:357) in that "most adolescents and their parents frequently find themselves in a quarrelling and antagonistic relationship". One of the sources of rebellion may include a lack of sufficient freedom to make one's own decisions in areas such as clothing, hairstyle, choice of friends, and a feeling of being over-criticised.

In summing up, major features regarding the adolescent's relations with parents are striving for independence, self-reliance and autonomy. This emancipation does not take place overnight. It develops gradually from infancy and culminates during adolescence. This happens as depicted in the "learner's permit" theory of adolescence (*cf.* 2.2.2.1.4).

- *Relationships with siblings*

Strong sibling rivalries are not common in adolescence, but there is a great deal of ambivalence in relationships. Sibling rivalry is most common among children of the same sex whose ages are one or two years apart. Probably the greatest reason for this is jealousy. The influence of sibling relations on the development of children depends on age, gender, birth order and spacing. First-borns for example, tend to behave like authoritarian parents; they tend to boss, command and repremand their younger siblings. Children with an elder brother tend to be aggressive and assertive and less likely to be timid (Gouws & Kruger 1994:116).

An elder sister often has to take care of siblings in the absence of their mother. She may rebel against this role and develop a negative attitude towards her siblings. Older sisters are, however, usually more nurturing when interacting with younger siblings and not as aggressive as older brothers. The researcher, an African, saw many elder African brothers in South Africa, taking the role and responsibilities of their fathers, who left for work in the mines. This elder brother often had to leave school earlier in order to raise his siblings instead of his father.

- *Relationships with educators*

Adolescents also strive to achieve independence in the school context, and during the secondary school years they attain autonomy in the execution of many tasks. They realise that they must accept responsibility for their own lives and decisions, even for the choice of a career (Gouws & Kruger 1994:117). It is therefore the duty of the educator to guide and inform adolescents regarding certain facts of life. The guidance educator has an obligation to support and encourage adolescents with adjustment problems. The researcher therefore contends that the establishment of a rapport between the educator and adolescent would play a role in building the adolescent's confidence. Simple actions such as mentioning adolescents' names may make them feel recognised.

- *Relationships with the peer group*

Adolescents often view themselves through the eyes of their peers, and any deviation in appearance, dress-code, or behaviour can result in rejection. According to Louw

and Edwards (1997:518) adolescent social behaviour is characterised by increasing interest in, and involvement with the peer group.

The concept *peer* refers, in the first instance, to a small group of similarly aged, fairly close friends. Secondly, a peer group can be a group of age-mates not necessarily friends. Lastly, it can be a group of relative strangers sharing the same activity at a particular venue (Coleman & Hendry 1990:108). The implication from the above definitions is that a certain element of homogeneity based on age, sex, social class, activities, contexts or interests exists. Therefore, conformity to the group's values and activities may be necessary or the individual adolescent may experience rejection.

Affiliation to peer groups have certain *pros* and *cons*. The peer group plays a crucial role in the socialisation of the adolescent. The following roles are characteristic of peer influence (Coleman & Hendry 1990:115; Gouws & Kruger 1994:120-124; Heaven 1994:79-80; Louw & Edwards 1997:519):

- *Identity*: Peer group is a source of self-concept, helps the adolescent to define his/her abilities and interests.
- *Reputation*: Membership builds one's reputation, image, status and recognition.
- *Support*: Membership fosters desirable self-confidence, self-esteem and a sense of belonging.
- *Friendship*: Chance to meet new people, helps avoid loneliness.
- *Activity*: Peer group broadens one's range of activities.
- *Emancipation*: Peer group offers the adolescent a bridge for the gradual attainment of independence from parents.
- *Competition*: It offers the adolescent opportunity to compete with members of his/her own age-group on a equal footing.

Belonging to a peer group may have a negative impact on adolescent development. Conformity to peer group activities may be responsible for high risk activities such as substance use, gangsterism, or sexual behaviour which might result in unintended pregnancies, contraction of HIV/Aids and sexually transmitted diseases. Con-

formity can therefore cause perpetual damage to the life of the adolescent. However, the researcher feels that peer groups constitute one of the crucial socialising agents in the lives of adolescents. Peer groups can therefore yield prosperity, hope and success, but, on the contrary, also doom and/or damage.

- *Relationships with friends*

In addition to the parents, siblings, educators and peers, close friends have a significant influence on the adolescent's social development. According to Heaven (1994:74) having well-liked and close friends is not a new experience for the adolescent since friendships are formed early in the foundation phase of schooling. Friendships in adolescence are formed on the basis of interpersonal relations, physical attributes and achievement.

Same-sex and opposite-sex friendships exhibit different developmental patterns. It has been shown that girl-girl relationships are more intimate than boy-boy relationships (Heaven 1994:76). Gouws and Kruger (1994:127) further state that opposite-sex (heterosexual) adolescent relationships become more serious, intimate and permanent, leading eventually to the choice of a marriage partner.

In South Africa interracial relationships mainly reflect the historically and culturally determined attitudes. In many schools a lack of knowledge about and insight into other cultures causes misunderstanding and impedes interracial interaction. There are, however, increasing opportunities for interaction between cultural groups (Gouws & Kruger 1994:128). The researcher observes mixed churches, organisations, youth movements, competitions such as athletic meetings, multicultural schools and other social activities as opportune milieus for interracial interaction.

The researcher feels that friendships in adolescence serve an important socio-emotional function. One of the attributes of friendship is involvement, reciprocity and commitment. Adolescents also offer advice to their close friends. However, some friends may lead others to engage in antisocial behaviour. This study will also examine the role played by the parents, peers, educators, siblings and friends in the lives of adolescents terminating pregnancies.

2.3.2.5 *CONATIVE DEVELOPMENT*

The adolescent's life also involves seeking to achieve certain goals. For example, a child may aspire to become a medical practitioner, an architect or a plumber. According to Gouws and Kruger (1994:146) the development of a person's will pertains to his/her conative development. Van den Aardweg and Van den Aardweg (1988:46) stress that conative development is the active striving towards the realisation of a goal. Du Toit and Kruger (in Gouws & Kruger 1994:146) further emphasise that every conscious act of the adolescent is carried out with the object of realising a wish, a desire, a need or an aspiration.

Gouws and Kruger (1994:147) maintain that the adolescent's conative life is particularly characterised by a striving for independence and acceptance. This striving for independence and acceptance often leads to conflict between the adolescent and his/her parents, educators, peers and friends. In striving, the adolescent tries to actualise possibilities and achieve a particular aim. According to Van den Aardweg and Van den Aardweg (1988) the act of will comprises aspirations, choice and decision. Issues around adolescent decision-making will be dealt with in chapter four of this study.

A variety of factors determine the conative life of the adolescent, for example his/her family life, school, peer group and the mass media.

- *Family situation*

Parents may influence the adolescent's conative life to a great extent. They set standards for their children and praise or demotivate them. Adolescents coming from stable families tend to have higher goals than those coming from unstable families (Gouws & Kruger 1994:148). Mathunyane (in Gouws & Kruger 1994:148) further stresses that "adolescents from homes where education is given the highest priority are normally highly motivated".

- *The school*

The educator can do a great deal to motivate the adolescent to learn and achieve goals. For most young adolescents, the school represents a major arena of involve-

ment. The school and its educators, learners and other staff members represent a community of commitment and support where academic and social challenges can be posed at developmentally appropriate times. Price, Gioci, Penner and Trautlein (1993:32) are of the opinion that even though schools represent an appropriate environment for adolescent development, schools often represent a different kind of social environment, one in which close ties with educators may never be established, where enduring relationships are difficult to maintain, and where failure outweighs success.

The influence of peers on the adolescent was discussed above (*cf.* 2.3.2.4). It is the opinion of the researcher that the influence of the school may be both positive and negative on adolescent development. The researcher's experience of schooling was one in which convergent thinking grossly outweighed divergent thinking. The former limits the chances of creativity as only one correct answer is looked for. The former further fosters conformity and may fail in creating prolific individuals who can bring ingenius solutions to a problem.

Concomitant with physical, cognitive, affective, social and conative aspects of adolescent development is normative development to which we now turn.

2.3.2.6 NORMATIVE DEVELOPMENT

All members of a community are confronted with norms, values, traditions and religious beliefs. One of the main tasks of adolescents is to develop a personal value system. Because normative life comprises moral and religious development, these aspects are adressed below.

- *Moral development*

For most people, developing a well-defined sense of morality is accomplished in adolescence. Kaplan and Sadock (1994:54) define *morality* as conformity to shared standards, rights and duties. The person has a moral obligation to abide by established norms but only to the degree that they serve human ends (Crooks & Stein 1991:449). Louw and Edwards (1997:512) stress that *moral reasoning* is a process by which children learn principles that enable them to judge whether particular be-

haviour patterns are "right" or "wrong" and to behave in ways that do not interfere with the rights of others.

One can therefore deduce that acceptable moral behaviour is one in which a person exercises his/her freedom but jealously guard against the encroachment of his actions into the others' freedom. This can also be misleading because one would consider every behaviour right as long as it does not make the next person uncomfortable.

Van den Aardweg and Van den Aardweg (1988:149) stipulate some of the values which adolescents may adopt:

- Respect for the equality of all human beings
- awareness of social responsibilities
- honesty in interpersonal relationships
- recognising the worth of other people
- weighing up both sides of a situation before drawing conclusions
- being trustworthy
- telling the truth - which is essential for trust, self-respect and social health
- being honest in all walks of life
- using honourable means and respecting the rights of others
- showing personal courage and responsibility in the face of peer and other pressures.

According to Gouws and Kruger (1994:184-185) conflict between parents and adolescents about moral values, rules and customs frequently arises about issues such as

- double standards about right or wrong for the two sexes, for example, in that standards for girls tend to be stricter than for boys

- moral values upheld by parents and educators are often stricter than those of the peer group
- peers from other socio-economic, religious or cultural backgrounds often have different moral values and standards.

The apparent lack of precision regarding moral values, in the opinion of the researcher, render morality susceptible to different interpretation of standards and therefore different applications of morals. An individual's moral judgement further becomes vulnerable of being overridden by powerful influences such as group ideology or lack of grounds for defence.

Nevertheless, Louw and Edwards (1997:515-516) state that moral and responsible behaviour in adolescents can be enhanced by

- encouraging adolescents to develop self-control and to delay gratification
- providing good models of principled behaviour because adolescents will imitate parents and other role models whom they respect
- providing opportunities for adolescents to discuss and reflect on moral dilemmas and principles.

Notwithstanding controversies attributable to morality, guidelines concerning acceptable moral behaviour, in the opinion of the researcher, deserve a rightful place for a healthy functioning of a community.

- *Religious development*

Gouws and Kruger (1994:188), Van den Aardweg and Van den Aardweg (1988:194) see religion as a spiritual bond or relationship that exists between people and a supreme being, and it implicates people's notions about their origin and existence. Gouws and Kruger (1994:188) are of the opinion that adolescence is characterised by a search for spiritual fulfillment and certainty, for a religion that can serve as a spiritual refuge where conflict and doubt can be resolved and the meaning of life and answers to life's questions can be found.

In the opinion of the researcher, the re-emergence of African traditional religion seems to confuse many adolescents who grew up in the Christian faith. Whilst Christianity vehemently condemns the worship of ancestors, the African traditional religion acknowledges the existence of ancestors and affirms that ancestors be afforded the respect and dignity they deserve. This situation puts many contemporary African adolescents in a dilemma just when they are in a process of internalising norms and values of their communities.

2.3.2.7 CONCLUDING REMARKS

Adolescence, a time of variable onset and duration, is characterised by biological, psychological and social developmental changes. Variation in development occurs between individuals and within an individual. Within an individual, his/her cognitive development may supersede his/her physical development and social development. According to the researcher, adolescence is a process encompassing the transition between childhood and adulthood of an individual as a totality. Individual facets and/or domains of development may affect each other, for example an individual's mental health (cognitive ability) may affect his/her social development and one's relationships with others may affect one's academic achievement.

In contrast to the smooth childhood development years the adolescent years are characterised by rapid growth and change. Mussen *et al.* (in Gouws & Kruger 1994:42) contend that it seems almost unfair that so many socialisation demands - associated with gaining independence, changing relationships with peers and adults, sexual adjustment, educational and vocational preparation - are made at the same time that the young person is experiencing an unprecedented rate of biological maturation. Above all, the adolescent struggles with his/her emotional development forming his/her own identity, and the stabilisation of his/her self-concept. The next section considers the educational experiences of adolescents.

2.3.3 Educational experiences of adolescents

The school experience accelerates and intensifies separation of adolescents from the family. The "real world" for the adolescents; where friendships are formed, serious issues like politics are discussed by youth and decisions regarding sexual activity and

career choice are made, becomes the school. The adolescent's home exists but may not feature much in his/her activities. According to Gormly and Brodzinsky (1993:362) adolescents spend much of their time talking among friends and classmates.

This section deals with the educational experiences of adolescents. The researcher considers it appropriate to commence by reviewing the age-level characteristics of schooling adolescents.

2.3.3.1 AGE-LEVEL CHARACTERISTICS OF ADOLESCENT LEARNERS

In the opinion of the researcher, it is vital that significant others be versed with characteristic adolescent development in order to support, guide and help them in their development. Biehler and Snowman (1993:129-135) describe the following as pertinent to adolescent behaviour:

- Most learners reach physical maturity, and virtually all attain puberty. Glandular changes leading to acne may be a source of worry and self-consciousness to some learners. The most significant glandular change accompanying puberty is the arousal of the sex drive.
- Many adolescents become sexually active but experience confusion regarding sexual relationships. Adolescents are likely to be confused about the appropriateness of premarital sex. Many adolescents are motivated to engage in sexual intercourse for one or more of the following reasons:
  - to affirm one's status as an adult
  - curiosity
  - to keep the other person from breaking off the relationship.
- Increased sexual activity among adolescents has led to high rates of births outside marriage and to sexually transmitted diseases (STD).

- The most common type of emotional disorder during adolescence is depression. Individuals from low-income families are typically the most depressed. Depression often precedes substance abuse. When unfortunate experiences accumulate, depression may lead to suicide or attempted suicide.

- Not all adolescents, particularly girls, enjoy the adolescent years. Some adolescents are obliged to scavenge, steal, traffic themselves in drugs and prostitute themselves in an attempt to face a life that offers little hope (*City Press* 1999.09.19:16).

- Hlalele (1998:68) found that many adolescent girls do not enjoy the school life because they had to abandon the schooling programmes due to unintended pregnancies. Their condition is aggravated by lack of exposure to and knowledge of matters relating to their sexuality.

- It is not uncommon for adolescent learners to be troublesome. The researcher, an educator, observed many a school experiencing strikes and/or boycotts accompanied by damage to school property by learners for various reasons. For example, learners may try to expel one of the educators or demand certain activities like trips and farewell functions for matriculants to be organised according to their wish. Lovey (1992:3) emphasises that "troublesome behaviour in adolescence is not a new problem".

- Not all adolescent learners at high school are capable of abstract and formal reasoning (Heaven 1994:97). It is therefore imperative for parents as well as educators to assist all learners accordingly.

The transition from primary to high school is a potentially stressful time for the young adolescent and has the potential to negatively affect emotional adjustment. This adjustment, together with other factors such as the conduct of educators, help the adolescent learner to develop certain attitudes towards the school.

2.3.3.2 *ADOLESCENT ATTITUDES TOWARDS SCHOOL*

The researcher wishes to point out that it may not be easy to make generalisations regarding adolescent attitudes towards school because they vary with different learners depending on their conditions, for example, the type of school, the conduct of educators, parental influence and the learner's intellectual ability.

However, evidence indicates that there are differences in the way boys and girls perceive school. Girls seem to have a much more positive attitude than boys. Boys were found to be less optimistic and to have slightly negative expectations about school than girls. Boys were also more likely than girls to lower their expectations about school in order to avoid disappointment. Boys were also more likely to expect educators to dislike them (Heaven 1994:98-99). The issue of gender differences is further expanded by Hendry *et al.* (1993:76) who argue that female adolescents generally display a more overt conformity to values promoted by the school.

Changes in the youth labour market also have an impact on adolescents' attitude towards school. The removal of the prospect of employment may encourage some adolescents to reject both an academic and a vocational school curriculum (Hendry *et al.* 1993). The researcher concurs with the observation cited above. The situation of a lack of employment prospect may have a negative influence on the adolescent's schooling. On the contrary, some adolescents may be motivated to do exceptionally well at school in order to grab the shrinking or scarce opportunities in the world of work.

The influence of the family also has an impact on the adolescents' attitude towards school. Parenting styles seem to be related to academic achievement. According to Heaven (1994:102) authoritative parenting is best associated with academic achievement, while authoritarian and permissive styles are not. The divorce experience has an impact on parents as well as children. The stress accompanying divorce is likely to have a negative effect on adolescent academic achievement.

As mentioned earlier in this subsection, it is difficult to make generalisations regarding adolescent attitudes towards school. It is therefore possible that some adolescent learners from intact families underperform and some learners from fragmented families do exceptionally well.

The way the school is run, as well as values upheld by the school and the curriculum may lead to the development of either positive or negative attitudes towards the school. The researcher observed that adolescent learners are likely to be comfortable if associated with a well-run school and schools which uphold excellence.

Despite the fact that some adolescents may fail in their schooling and drop out, the school may have positive effects.

2.3.3.3 POSITIVE EFFECTS OF SCHOOLING

Schools generally are given the primary task of imparting knowledge. Most learners expect schools to be friendly and relaxed places. According to Adams *et al.* (1994:147-148) through schooling knowledge of people increases, wages increase, the adolescent acquires skills in language and problem-solving. In the opinion of the researcher, schools play an important role in the socialisation process of the adolescent. Adolescents form friendships, belong to one or other group, develop life skills and are prepared for different occupational avenues. Career education exposes the adolescent to available and/or not yet available opportunities which individual learners can pursue.

The issue of career education, in the opinion of the researcher, deserves attention. In her investigation of "the need for personal and career guidance of secondary school children in the Eastern Cape" Boti (1996:66) found that only 10,5 % of the sample of 276 learners have school guidance as a subject from which an overwhelming 75,86 % learners indicated that there is only "one" period of guidance per week.

The researcher contends that adolescent learners are generally inadequately equipped in life skills. A study conducted by the researcher (1998:54) revealed that the majority of adolescent learners (more than 50 %) have little information about human reproduction, STD, HIV/AIDS, pregnancy and childbirth, sexuality and family life education.

2.3.3.4 CAREER EDUCATION

In order to make a realistic career choice the adolescent must know what the working world comprises. Marais (in Gouws and Kruger 1994:168) contends that an adolescent cannot afford to make a wrong decision regarding his/her career, or to refrain

from making any choices, since this would be deleterious to the person's functioning and self-actualisation and could have negative social and economic consequences. Herr (1977:9) points out: "One of the biggest causes of unhappiness in the world is people working in the wrong jobs."

It is unfortunate that adolescent learners often leave school without making a realistic career choice at all or make wrong choices. Gouws and Kruger (1994:168) cite the following as some of the reasons why learners make unrealistic choices or fail to make choices:

- Insufficient self-knowledge and career knowledge
- the negative influence of unemployment
- uncertainty about the future - violence and political unrest cloud adolescents' outlook on the future
- certain adolescents nurture unrealistic expectations, for example, by insisting that finding employment at a high salary with matric as their highest educational qualification must be feasible
- some adolescents refuse to accept responsibility for a career choice and expect parents, teachers and peers to choose for them
- some adolescents are forced in a particular direction by family tradition (e.g. a boy must take over his father's business). The researcher wishes to point out that certain parents, over and above family tradition, insist that their children should follow certain careers because they (parents) failed to make it in such careers. It is a situation where the son or daughter has to "do it for daddy's or mommy's sake"
- wrong subject choices that effectively block the adolescent's path to career opportunities
- African youths in South Africa have few opportunities to form positive conceptions of work, primarily because they lack positive work models.

The researcher contends that the situation may continue unabated unless certain corrective measures are taken by members of staff in schools. Some universities in the

Free State Province organise career exhibition days for high school learners. In the opinion of the researcher, although these exhibitions expose, mainly theoretically, the world of work to learners, exhibitions are ephemeral. Learners seem to be given too much information within a short period of time in an unfamiliar setting, that is, the huge buildings of the university may be overwhelming and learners may fail to ask constructive questions or may waste time admiring the "place and its people".

It is therefore imperative that the adolescent is exposed to the world of work in a familiar setting, as early and frequently as possible. Career choice is crucial in an individual's life because of its repercussions in adult life. The researcher believes that "people live their choices". Unfortunately, certain adolescents do not experience the opportunity of choosing their careers because they tend to drop out of school.

2.3.3.5 HIGH SCHOOL DROPOUTS

The term *dropout* refers to a learner who leaves school without completing the prescribed programme. Heaven (1994:109) stipulates that high school retention rates in many developed nations are higher than 70 %. It is not clear whether this is due to limited employment prospects for youth, or to a perception that high school education will ultimately enhance one's future job prospects. Vander Zanden (1993:411) states that many adolescents who drop out of school later regret leaving school. Many adolescents who do not complete high school find themselves at a serious disadvantage in the job market because of the technological orientation and requirements of contemporary society. The seriousness of high school drop out is further stressed by Adams *et al.* (1994:151) who state that "in large US cities in any given year, roughly 40 % of the young people enrolled in high school will drop out".

For the young adolescent, the decision to leave school is influenced by several factors. Sebald (1984:165) regards the rural environment as a temptation for adolescents to leave school prematurely. Youth may prefer or be asked by parents to join the family's agricultural enterprise. School difficulties, both educational and social, are prominent factors in the history of dropouts. Attributes of dropouts include failure in one or more grades, poor record of attendance, underachievement, changing schools frequently, behaviour problems, and resentment of authority. Not surprisingly, drop-

outs tend to view their assignments as incomprehensible and typically find school frustrating and disheartening (Vander Zanden 1993:411).

Many dropouts come from poor families. Home life for many is strained. They have a history of truancy and trouble with school authorities. Their parents are likely not to have completed high school. Racism, discriminatory behaviour and the influence of culture can be identified. Peer influence also serves to accelerate the decision to leave school earlier. Those at greatest risk are those whose friends are no longer at school. It is also believed that criminal behaviour and dropping out of school are related and that dropouts are poorly motivated learners (Adams *et al.* 1994:151-152).

It is the researcher's opinion that among South African adolescents, in the recent past, dropping out of school for political reasons and/or engagement was considered appropriate. Attending school during those years was seen as approval of Bantu Education and subsequent subservience to oppression. It is also not out of place to mention that the adolescent may abandon schooling due to unintended pregnancy. Foster (1988:1) estimates that "one girl in ten will give birth to a child before she reaches her eighteenth birthday". Adolescent pregnancy is one of the problems of adolescence which will be addressed next.

2.3.4 Problems in adolescence

For the majority of young people, transition into adolescent years involves an expansion in the range and complexity of their lives. According to Kaplan and Sadock (1994:55) some adolescents indulge in risk-taking behaviour which involves alcohol, tobacco and other substance use; promiscuous sexual activity - which is especially dangerous in view of the risk of Aids - and accident-prone behaviour, such as fast driving, skydiving, and hang-gliding.

A study in South Africa (*Sunday Times* 1999.10.17:5) revealed that South African teenagers are obsessed with sex, drugs and booze. Findings from this study indicated that 44 % of teenagers in Port Elizabeth and 20 % in Durban have had at least one sexual experience.

This section addresses the following adolescent problems:

- Adolescent pregnancy
- Adolescent prostitution
- Juvenile delinquency
- Adolescent stress
- Adolescent suicide
- Substance use
- STD and HIV/AIDS.

2.3.4.1 ADOLESCENT PREGNANCY

Sexual intercourse, pregnancy and parenthood are usually valued aspects of individual development, family formation and societal existence. Miller and Moore (1990: 1025) are of the opinion that the precocious timing of these life experiences often makes them individually and socially problematic. The authors further state that the early onset of sexual activity is related to less effective contraceptive use, to unintended pregnancy and to becoming a parent "too soon".

According to Vincent and Dod (1989:191) and Kaplan and Sadock (1994:55) an estimated one million teenage pregnancies occur per year in the United States. Of these pregnancies between 65 % and 85 % are unintended. Of that group 1,6 million give birth; the remainder (40 %) obtain abortions. The number of teenagers who have sex is increasing.

In South Africa more than 30 % of all babies born each year are conceived by teenagers. Girls of 16 years and younger give birth to about 50 000 babies each year (Gouws & Kruger 1994:131).

Adolescent pregnancy, marriage and childbearing at an early age are particularly prevalent both in the developing world and in low socio-economic classes in some developed countries. Both are associated with high obstetrical risk and lead to a high incidence of maternal mortality in the adolescent age group. In Botswana, 28 % of women who have ever been pregnant are pregnant before reaching the age of 18. In

Nigeria, one quarter of all women are married by the age of 14, one half by the age of 16 and three quarters by the age of 18 (Cook 1990:190-191).

The aforegoing verify the fact that adolescent pregnancy is surely a serious national and international problem. In the opinion of the researcher, an ordinary person applying naive thought would argue that the problem should not be experienced by the developed world because of its advanced medical facilities and health education programmes. This subsection deals with the causes, consequences, fatherhood and motherhood and prevention of adolescent pregnancy.

- *Causes of adolescent pregnancy*

Adolescent pregnancy needs the attention of everybody, including government, schools, clinics, and the church. The decision for adolescents to become pregnant is seldom rational (Sears 1994:13). This implies that adolescents should be enlightened about the causes, results and prevention of pregnancy. According to Harilal's research (1993:145-146), the following observations with regard to pregnancies are relevant:

- Certain teenagers were not aware that sexual intercourse could lead to pregnancy, while others had no knowledge of contraception.
- Due to lack of recreational facilities and activities, youngsters channelled their energies into undesired or unacceptable behaviour.
- Children deliberately indulged in sex to defy parents who disapproved of their relationships with their boyfriends or girlfriends.

Mamphela Manyelo (*City Press* 1999.08.01:14) cites the following causes of pregnancy:

- Lack of information on life skills issues such as body development, contraception, sexual abuse and personal rights.
- Cultural beliefs such as that one only becomes a man when one is circumcised and that one cannot impregnate a girl before this. On the contrary, the researcher observed that in certain cases girls are urged to

have babies before marriage in order to assure the prospective husband of her fertility.

- Peer pressure.
- Parental pressure: sometimes parents encourage their children to have children of their own so that they (parents) can rock their grandchildren before they die.
- Sexual abuse.
- Poverty at home: many adolescents become involved in sexual relationships in exchange for money.

Lack of contraceptive knowledge has been indicated to be related to the adolescent pregnancy epidemic (Pope, Westerfield & Walker 1985:41). Mayekiso and Twaise (1993:22) cite the following reasons:

- Lack of communication between parents and their children about sexual matters
- Frequent sexual intercourse
- Early onset of sexual activity
- Lack of sexuality education
- Failure of sexually active adolescents to use contraceptives
- The influence of partners
- The refusal on the part of adolescents to acknowledge that they are sexually active
- Disbelief that the initial sexual encounter could result in pregnancy.

Some adolescents may not be aware of the cause-and-effect relationship of sexual intercourse. Biehler and Snowman (1993:143) classify reasons for pregnancy under intentional, accidental and misinformed or uninformed categories.

- *Intentional*: The adolescent is clearly motivated with a "conscious intent to become pregnant" (Biehler & Snowman 1993:143) for a wide variety of reasons. The researcher wishes to point out that "intentional" may not necessarily mean "desired" or "wanted".

- *Accidental*: These adolescents are engaged in sexual behaviour in which the "conscious participation is minimal" (Biehler & Snowman 1993: 143). Contraceptive failure and risk-taking sexual behaviour are characteristic of this category.

- *Misinformed or uninformed*: Pregnancies could be avoided if proper information or services were available and utilised. The researcher contends that because many adolescents receive sexuality information from unreliable sources (Hlalele 1998:72) the greatest portion of unintended pregnancies is constituted by this group.

It is also the opinion of the researcher that causes of pregnancies as alluded to above, are numerous, diverse and complex and the adolescent and significant others need a closely-monitored effort to let the adolescent escape the ramified temptations characteristic of adolescent pregnancy. Certain institutions and individuals who acknowledge the devastation brought about by the consequences of adolescent pregnancy attempt to deal with the problem. Firstly, the Zambian government allowed pregnant schoolgirls to continue attending school (*cf.* chapter one). In South Africa, a multi-racial school for pregnant adolescents who have been rejected by their schools, the first of its kind in the country, has been established at Pretoria Hospital (*City Press* 1999.07.25:3).

The consequences of adolescent pregnancy may be destructive enough to affect them permanently - both mentally and physically.

- *Consequences of adolescent pregnancy*

Not only do adolescent pregnancies result in unwanted children, early unstable marriages and family stress, they also have a direct link to adolescent suicide and abortions (De Barros 1989:11). Teenage mothers are more likely than mothers aged 20 to 24 to give birth to infants with low birth weights, to deliver prematurely and to give birth to infants who are less intellectually capable (Anderson 1983:106).

The researcher concurs with Manyelo (*City Press* 1999.08.01:14) that adolescent pregnancies are more likely to result in conflict in the family, where the father may blame the mother for lack of discipline. There is also an increase in the costs of the family because the unintended child has to be catered for. Devenish *et al.* (1992:183-186) cite the following consequences for the pregnant girl and the father:

- *The pregnant girl:*
    - Higher risk of medical complications if pregnancy is unsupervised
        * difficult labour
        * increased chance of Caesarean birth
        * premature labour
        * birth complications
    - Limited secondary and tertiary education
    - Disruption of life plans
    - Isolation from peers
    - Emotions experienced as a result of extreme difficulty of coping with pregnancy may lead to
        * disappointment
        * anger
        * depression
        * feelings of being trapped
        * loneliness
        * insecurity
    - Unprepared and/or too immature to care for the child
    - Suicide

- *The adolescent father:*

  - Often forgotten
  - Family often directs anger towards the male
  - His feelings are seldom considered
  - Provision of maintenance
  - Decreased educational opportunities if working to provide maintenance
  - Frequently not included in the choice of options
  - Frustration and feeling of inadequacy
  - No legal rights regarding the mother and child if his baby is born out of wedlock.

According to the researcher certain adolescent fathers, although very few, are compelled by their parents to leave school and look for employment in order to raise the child. Female learners suffer mostly because they have to leave school prematurely during the period of pregnancy. The pregnant adolescent may choose to terminate pregnancy. Termination of pregnancy is one of the options facing the pregnant adolescent. Pregnancy resolution and abortion decision-making among adolescents will be addressed in chapter four of this study.

From these consequences of adolescent pregnancies, the researcher deduces that consequences are destructive, negative and unpleasant. It is debatable whether positive things or feelings can be associated with adolescent pregnancies. It is the contention of the researcher that adolescent pregnancies present a real-life and practical event that can be used for several lessons among other adolescents. It is only when they realise the problem in real-life that they can make responsible decisions. The researcher considers it relevant to address adolescent parenting.

- *Adolescent parenting*

In literature regarding adolescent parenthood, fathers are often ignored and more attention is devoted to adolescent mothers. Heaven (1994:164) maintains that this situ-

ation may be the result of many babies being born to adolescent mothers and older fathers and the fact that many infants are raised by adolescent mothers.

Adolescent fathers appear to experience stress similar to adult fathers. In addition, however, they have concerns and problems predicated on the premature nature of their transition to parenthood. Elster and Hendricks (1986:60) identify four categories of stressors on adolescent fathers; as

- Vocational-educational concerns
- concerns about the health of the mother and the infant
- concerns about future parenthood
- problems with relationships.

According to Heaven (1994:165) adolescent fathers report being sad, anxious, fearful, depressed, happy, overwhelmed and shocked. Many also face bleak prospects: unemployment or school difficulties.

Compared with older parents, adolescent mothers are reported to be less aware of and knowledgeable about infants' and children's developmental milestones, less sensitive to infant signals and needs, less aware of how to stimulate children's development, less inclined to spontaneous play, and less likely to spend time looking at and talking to their infants, while being more ambivalent and more prone to use physical punishment (Miller & Moore 1990:1036).

In conclusion, the adolescent father may not suffer to the extent that the adolescent mother does. She has to cope with the pregnancy and raise the child whilst some adolescent fathers claim that they were not responsible for impregnating those mothers. The researcher has experience of the sacrifice of the adolescent girl: the adolescent father may accept responsibility for the pregnancy, but he does not have to leave school, which is almost unavoidable for the adolescent mother. Finally, it is still important and advantageous for the society to develop pregnancy prevention programmes to deal with this problem.

- *Pregnancy prevention*

Provision of information on life skills to adolescents should be made so that they can make informed choices and dispel myths and misconceptions about sexuality matters. Jaccard and Dittus (1993:330) posit that male and female teenagers who received sexuality information from a particular source (mother, father, siblings, teachers, clergy or independent reading) would less likely engage in sexual activities than would an individual who did not receive such information.

Barnes and Harrod (1993:137-139) suggest the utilisation of a Contemporary Life Issues Clinic (CLIC). CLIC's content consists of topics with accompanying activities aimed at improving sexual responsibility (pregnancy prevention). The programme outlines seven specific objectives:

- Improve the decision-making skills of learners
- encourage the responsibility for one's actions - address the issue of peer pressure
- encourage the development of coping skills
- foster emotional growth and maturation
- cultivate forward-looking, success-oriented attitudes
- provide information in areas of health-related, sexual issues
- provide information regarding financial and legal implications of parenthood.

Another strategy was also used to apply multiple educational interventions, emphasising the programme's messages. The underlying message of all awareness activities is that "children having children detracts from good health and is not conducive to a happy and successful future" (Vincent & Dod 1989:193). Clergy, church leaders and parents are continually recruited to attend mini-courses that address educational sub-objectives. In that way adults improve their knowledge and skills as parents and function as role models for the youth in the community.

Hlalele (1998:72-73) suggests:

- Inclusion of sexuality education in the school curriculum
- Workshops and seminars for youth
- Training of special educators for sexuality education
- Establishment of school-based clinics
- Organising discussion sessions for parents.

The primary objective of these suggestions is to provide correct information on sexuality and equipment such as contraceptives readily available to adolescent learners. However, the researcher wishes to point out that every effort to reducing adolescent pregnancy may be idealistic and courageous, but the real responsibility and choice lie with the adolescent himself/herself. The next subsection addresses adolescent prostitution.

2.3.4.2 ADOLESCENT PROSTITUTION

Adolescent sexual behaviour and pregnancy seem to be related to other problem behaviours. Adams *et al.* (1994:399) state that child prostitution is as old as recorded history and therefore child prostitution is not unique to this century. Different countries handle this controversial issue differently. Certain countries regard it as legal and others illegal. For example, child prostitution was allowed in England in 1814 and girls at the age of 12 were officially allowed to become prostitutes; the age was changed to 13 in 1875 and to 16 in 1885 (Downs & Hilje in Adams *et al.* 1994:399).

Heaven (1994:139-140) stresses that juvenile prostitution has shown a steady increase in all large cities across the world with an overwhelming increase from 24 % to 74 % in New York City between 1970 and 1980. Moela (*City Press* 1999.09.19:16) identifies prostitution in South Africa as a serious problem beyond reasonable doubt. He states that child prostitution is becoming a serious problem in South Africa. The *City Press* crew observed one young prostitute, barely in her teens, being picked up by four different clients within two hours.

The streets of Hillbrow, in Johannesburg, have become outdoor brothels for young adolescents. Scantily dressed adolescents with heavy make-up, as young as 12

years of age are being picked up for sex by men of all ages, colours, creeds and religions. These girls alongside main roads are recognised by more and more motorists.

Concomitant with child prostitution are risks such as rape, murder, STD and HIV infection, feelings of alienation and lower self-worth. Causal factors include poor education, poor employment prospects, tax-free financial rewards, alienation from the family, parental abuse and the age factor (they cannot find employment in other sectors because they are young) and the need for money in the family (Adams *et al.* 1994.09.19:403; *City Press* 1999:16; Heaven 1994:141).

It is the opinion of the researcher that countries which do not legalise adolescent prostitution may not want to accept existence of the "problem". This problem already existed long before those in government were born. Accepting the realities of the existence of prostitution may help officials and individuals to come up with strategies of regulating this problem. Proper records can therefore be kept and decisive actions be taken.

2.3.4.3 JUVENILE DELINQUENCY

The concept *juvenile delinquent* refers to a young person, usually under 18 years of age, who becomes involved in activities that are punishable by law. Some of these activities, such as robbery, aggravated assault, rape, homicide or illegal drug use, would be regarded as crimes even if they were committed by adults (Gouws & Kruger 1994:134).

Durkheim's (1958:67) thought-provoking model of crime purports that crime binds society. It is an integral part of all healthy societies serving to pull people together in a common sense of indignation and rage over some travesty. Durkheim (1958) further observes that society needs criminal activity. He comments that even in perfect societies, ones inhabited by saints, some actions will occur that will bring ridicule, scorn and rejection on the perpetrator.

Even though Durkheim's model does not specify who should rightfully be involved with criminal activity and adolescents, people may find themselves engaged in one or more criminal activities for some reason. Depending on the type, many reasons can

be given for delinquency. Gouws and Kruger (1994:135) forward the following reasons:

- Rejection in childhood
- experience and expectation of hostility and aggression from other as part of rejection
- lack of support for social achievement in school
- rejection by peers and socially favoured groups
- knowledge of and association with others who have been similarly rejected.

Although any form of juvenile delinquency endangers society, socialised and gang delinquency have assumed particularly grave dimensions in South Africa and threaten to overthrow the social order in some communities. In the opinion of the researcher, certain South African youngsters may join gangs in order to acquire a sense of belonging and may end up perpetrating gang-related criminal activity.

Gangs and youth criminality have also become part of the lives of residents in large black townships. For example, large parts of Soweto were dominated for considerable periods by notorious Jackrollers and Pimville was overrun and occupied by Amajapan. The Three Million gang recently unleashed a reign of terror in the Kroonstad township of the Orange Free State (Gouws & Kruger 1994:136).

The researcher believes that the political system of this country is partly responsible for adolescent-perpetrated violence. This situation could have been aggravated by the fact that the first person to die in the youth uprisings of 1976, Hector Peterson, was one of the youngest adolescents. South Africa, according to Gouws and Kruger (1994:136) is regarded as one of the most violent communities in the world and is struggling against the tendency of entrenched youth criminality, violence and anarchy.

The researcher shares the sentiment that "all may not have been lost" with the delinquent. Criminal activity, unfortunately, is in the limelight and all the good things that were/can be done by a delinquent are often ignored. A striking example appears in the *Sunday Times* (1999.10.17) where inmates of the juvenile section of Johannesburg Medium B prison are learning journalism skills and producing their own publi-

cation, called *Voice of the Youth*. One of the delinquents said: "Prior to doing this, life was meaningless. This newsletter is helping substantially to get rid of feelings of depression." The following subsection deals with adolescent stress.

2.3.4.4 ADOLESCENT STRESS

Stress, sources and coping strategies among adolescents are now discussed. Stress is a complex phenomenon that occurs in people of all ages. A limited and manageable degree of stress may motivate a person to perform but excessive stress is harmful.

- *Sources of stress*

Several factors may cause stress. These factors are also called stressors. As mentioned earlier (*cf.* 2.3.4.1) unintended adolescent pregnancy may be a source of stress for both the pregnant girl and the boy responsible for the pregnancy. Gouws and Kruger (1994:98) identify the following as stressors in adolescence:

- The emergence of the self
- forming a self-identity
- physical development
- personality traits
- relations with parents, family members, peer group and educators
- divorce
- death or illness of family members
- sexual and emotional abuse
- removals to new premises
- heterosexual relations
- rivalry
- substance abuse

- satanism
- competition
- the school.

From the list of stressors above, it can be convincingly said that all adolescents experience one or many stressors in their lives. It is therefore imperative to have coping strategies in place.

- *Coping strategies*

Several authors have suggested various coping strategies for adolescent stressors. Seiffge-Krenke and Shulman (1993:172) suggest that adolescents have to accept their own bodies, learn a feminine or masculine role, prepare for an occupation and master relevant developmental tasks and acquire the ability to solve highly complex problems.

Gouws and Kruger (1994:100) differentiate between *problem-focussed coping* strategies and *emotion-focussed coping*. Problem-focussed coping relates to active measures aimed at influencing or changing the source of stress, while emotion-focussed coping entails efforts at changing emotional response to stress. Thus an adolescent who resorts to problem-focussed coping might make arrangements that allow extra time for study and/or might form a study group to assist his/her preparation for examinations and/or tests.

Adolescents may not be able to devise and exercise coping strategies on their own. It is therefore the responsibility of the educator, parent, and/or school psychologist to assist and train the adolescent in the practice of these strategies. Adolescents may not even know that such strategies exist. Continued stress may culminate into depression which remains the main cause of suicide. Adolescent suicide is discussed next.

2.3.4.5 ADOLESCENT SUICIDE

Suicide refers to taking one's life. Gouws and Kruger (1994:102) and Heaven (1994:229-230) agree that adolescent suicide is on the increase. This trend can be explained by the fact that adolescents have been exposed to increasing stress while environmental supports have decreased, leaving the adolescent more vulnerable (Hendren in Gouws & Kruger 1994:102). De Anda (1995:26) and Vander Zanden (1993:408) posits that suicide ranks contemporarily as the third leading cause of death among adolescents. They further stress that the figures could be higher due to unreported suicides or suicides by way of automobile accidents.

Adams *et al.* (1994:507) state that "in examining our experiences, we recognise a sort of death wish in ourselves and our friends". Gould (1965:228-229) maintains that young people have "a very incomplete, distorted concept of death". Death is seen as "not final but rather a reversible process". Although much cannot be done about those who succeed in committing suicide, something can still be done to identify and assist adolescents who run a risk of succumbing to suicidal urges. It should be borne in mind that certain people who commit suicide keep the intention to themselves and others give off signals before they attempt suicide.

Gormly and Brodzinsky (1993:375); Gouws and Kruger (1994:103) and Vander Zanden (1993:409) indicate that early warning signs of suicide among adolescents include the following:

- A pre-occupation with death in music, drawing or writing.
- Talking of suicide, or threats such as "I wish I were dead" or "Life is not worth living"
- Giving away prized possessions and attempting to put one's life in order
- Experiencing recent losses such as the death of a family member and friend, parental divorce, or the end of a love relationship
- Withdrawing from family and friends
- Disturbance in eating, sleeping and personal-hygiene habits
- Having a series of accidents or physical complaints

- New or increased instances of alcohol and/or drug use
- Truancy and poor school performance
- Sudden changes in mood and behaviour
- A history of suicide attempt
- Questions about the lethal properties of weapons, poison, pills or drugs.

The perception that these signals should never be ignored presupposes an existence of full awareness by members of society of the repercussions of such leads. This means that educators by virtue of their relationship with adolescents, are bound to be knowledgeable about suicide and suicidal intervention. Gouws and Kruger (1994:104) suggest that educators, once they have spotted the above signals, should:

- Calmly address direct questions to the adolescent, such as: "Are you thinking of injuring yourself?"
- Encourage the adolescent to seek professional help
- Never leave an adolescent alone when he/she is going through an emotional crisis
- Inform other people, such as the adolescent's parents and other educators
- Make the adolescent aware that there are alternative ways, other than suicide, of dealing with his/her problems.

It is the feeling of the researcher that suicide is one of those topics that people do not normally talk about. For adolescent learners symposia and/or workshops on suicide as well as casual conversations in class about suicide may, in the opinion of the researcher, go a long way in addressing the problem of adolescent suicide. Sharing ideas and experiences among learners may enhance the comforts and support they lack and make them aware that they are not alone or the stressors making them to think of suicide may not be unique to them.

2.3.4.6 *ADOLESCENT SUBSTANCE ABUSE*

Another problem for adolescents is substance abuse. Vander Zanden (1993:406) defines drug abuse as "the excessive or compulsive use of chemical agents to an extent that interferes with people's health, their social or vocational functioning, or the functioning of the rest of society". Coombs, Paulson and Palley (1988:10) report that young adolescents of junior high school age drink more than a generation ago, a larger percentage of them drink, and are having their first drinking experience earlier; and they drink larger quantities and report more frequent intoxications.

Shocking statistics reveal that grade 11 learners in Cape Town, South Africa, spend about R22 million a year on cigarettes, alcohol, dagga and mandrax (*Sunday Times* 1999.10.17:5). Results of a study done in Zimbabwe reveal that secondary school children are using and experimenting with substances (Mokoena 1998:44). Among these drugs, alcohol is the most popular (Coombs *et al.* 1988:10; De Anda 1995:26; Vander Zanden 1993:406).

The aforegoing reveal that the drugtaking culture among adolescents exists throughout the world. Gouws and Kruger (1994:33) divide drugs into the following six main categories:

- Depressants
- stimulants
- inhalants
- relaxants (emphoriants)
- hallucinogens
- narcotics.

A brief overview of each category as well as general effects deserves attention.

Depressants include alcohol-based barbiturates and tranquilizers that induce the feeling of relaxation in the user. As noted earlier in this subsection, alcohol is the most commonly used drugs among adolescents. It suppresses the central nervous system, interferes with intellectual and thought processes and impairs perception, senso-

ry-motor co-ordination and thinking speed. The greatest danger in the use of alcohol is drinking and driving, which is a prominent cause of serious and fatal road accidents.

Stimulants include cocaine, amphetamines and tobacco. Among the disorders associated with cigarette smoking are heart attacks, cancer, emphysema while expectant mothers run the risk of miscarriage, stillbirths, premature births, and careless smoking often results in fires. Cocaine is not widely used among adolescents because of its high cost. It induces a sense of euphoria and makes the user highly talkative and argumentative. It also relieves feelings of depression and increases alertness. Amphetamines are commonly known as "uppers" because they enhance the user's ability to perform strenuous tasks and to concentrate. However, fatigue, high blood pressure, headaches, dizziness and depression are some of its negative side effects.

Inhalants such as glue, nail polish, petrol and paint thinners produce intoxicating effects to the user. Excessive doses can cause unconsciousness and even death.

Relaxants entail cannabis or marijuana or dagga. Mild doses make the user talkative, relaxed and jovial. Side-effects include impairments of co-ordination and judgement.

Hallucinogens produce subjective perceptions of things that do not exist. These drugs also change the user's experience of time and space and of people and objects in his or her environment. The effects vary from pleasant sensory experiences and euphoria to hallucinations, paranoia and uncontrollable and violent behaviour.

Narcotics are extremely effective painkillers and confer tranquillity in the user. They include codeine, morphine and heroin. Symptoms of dependence on these drugs include nausea, vomiting, diarrhoea, tremors and chills (Gouws & Kruger 1994:33-36).

Some adolescents use anabolic steroids in an attempt to enhance athletic performance. The researcher concurs with Vander Zanden (1993:406) who states that coping with the presence of drugs should now be regarded as the adolescent's developmental task just like career development, separation from parents and sexuality.

Drugs produce positive and negative effects. Negative effects develop as a result of perpetual use or addiction. Adolescents should therefore be insightful regarding the use and/or abuse of substances. In the opinion of the researcher, adolescents

need to be made aware of drugs and their effects to minimise experimentation. It is also evident from the aforegoing that availability of drugs may to a great extent, determine the frequency and extent of drug abuse. Certain drugs, like alcohol, are more readily available and affordable for adolescents. The task and/or responsibility of society of sensitising adolescents to the existence of drugs in the opinion of the researcher, cannot elude or exclude the educator.

In their experimentation with drugs, like alcohol or intravenous drugs, adolescents run the risk of being infected with STD and the HIV.

2.3.4.7 STD AND HIV/AIDS

An increasing number of adolescents become sexually active at a younger age. Gouws and Kruger (1994:30) state that as more adolescents are "disinclined to practise contraception by using a condom, there is a high risk of contracting STD and HIV/AIDS". In an interview with the researcher (Phuthaditjhaba 1999/08/19) an Aids activist, indicated that the spread of HIV/AIDS was alarming at that time when condoms where not freely available. He stressed that many adolescents could not afford or were just not prepared to buy condoms. He further stated that to a large extent, adolescents may be aware of the dangers of unprotected sex but it will take time to adjust their sexual behaviour and attitudes which developed over time.

- *Sexually transmitted diseases*

The term STD describes diseases that can be contracted through sexual intimacy. Sexual intimacy include oral, anal and vaginal intercourse (Devenish *et al.* 1992:193). These diseases are therefore passed on by sexual contact. Common occurrences of STD are syphilis, gonorrhea, tridiomoniasis, chlamydia, non-gonococcal urethritis (NGU), herpes, hepatitis B, pubic lice, Aids, genital warts, chancroid (Devenish *et al.* 1992, Nicholas & George 1994, Van Rooyen & Louw 1994). *Chlamydia* is the commonest STD among adolescents (Gouws & Kruger 1994:31).

It is the opinion of the researcher that the consequences of STD can affect adolescents as well as other people adversely. According to Devenish *et al.* (1992:168) STD can cause death, infertility, blindness, heart problems, skin diseases, mental dis-

orders and fetal abnormalities. Nicholas and George (1994:49) purport that those who know they have contracted STD display a range of emotional reactions, from extreme guilt to a deep-seated sense of betrayal.

- *HIV/AIDS*

Aids is an acronym made up of the first letters of words:

Acquired: Become infected from others

Immune: The body's way of protecting itself against infection

Deficiency: Lack

Syndrome: Collection of symptoms and diseases.

This disease is caused by a Human Immunodeficiency Virus (HIV). This virus has the following characteristics:

- The virus must be in a particular concentration called a "loading dose" before a person becomes infected.
- The virus is fragile, and any exposure to heat, cold, dry or wet conditions destroy the virus.
- It cannot be transmitted by casual contact (Devenish *et al.* 1992:210).

Aids is an incurable disease. The HIV virus which causes it, breaks down the body's immune system. The infected person subsequently dies because his/her body cannot fight disease (Tolsma, Kreuter, Kolbe & Jones 1988:69; Van Rooyen & Louw 1994:114).

Several authors have indicated the severity of the Aids problem. Van Rooyen and Louw (1994:14) state that "thousands of people have already died, thousands are ill and millions have been infected, but have not experienced any symptoms yet". Williams (1997:13) asserts that "the latest HIV and Aids surveys in South Africa show that the epidemic is spreading fast, outpacing efforts by health workers trying to work

out a comprehensive policy on how to tackle the disease". Isaacs (1991:13) emphasises that "HIV infection in South Africa is reaching alarming proportions".

It can therefore be argued that Aids poses one of the real threats to human existence. From a layman's perspective, one may state that serious epidemics have come, taken millions of lives, and gone. It may be further argued that HIV/Aids will do the same. A glaring example is that of Uganda where Aids infection has been drastically reduced. The researcher also shares the sentiments of ordinary members of the community who maintain that Aids should be made a notifiable disease, where at funerals, it can be clearly stated that the deceased died of Aids.

Both STD and Aids can be prevented although the latter cannot be cured. Nicholas and George (1994:35) point out that the STD infection rate decreases as education increases although certain STD types (herpes, trichomoniasis) may be common among college educated people. The researcher concurs with Hirschorn (1987:30-32) that it should be borne in mind that human behaviour is relatively unpredictable, and attitude takes time to change. Abstinence, safer sex measures, general awareness and insight need to be developed by Aids education programmes. Adolescents should be encouraged to delay the beginning of sexual activity. It has been further contended by Hlalele (1998:27-28) that STD and HIV/Aids should form an integral part of sexuality education programmes in schools.

2.3.4.8 CONCLUDING REMARKS

From the aforegoing problems of adolescence, it is interesting to note that all adolescents, in developing and developed countries experience similar problems. One would have thought that developed countries possess the best programmes and better ways of disseminating information, high levels of literacy and would therefore not experience similar adolescent problems as in the developing world. It can further be noted that adolescent problems occur among adolescents of all social strata and cultural groups. Incidents of problems may just be slightly less or highly likely in certain ethnic groups.

Miller and Moore (1990:1027-1028) cite an important observation and/or trend regarding problem behaviour in adolescence. They state that sexual involvement and pregnancy are related to other problem behaviours. For example, a high percentage

of teenage fathers have conduct disorders and have engaged in criminal activity. Among both males and females, delinquent behaviour, smoking, drinking alcohol, using drugs and early onset of sexual intercourse tend to occur among the same teenagers and may constitute a "syndrome" of problem behaviour.

Adolescent development and problems have certain implications for society, parents, siblings as well as educators. The next section addresses the educational implications of adolescence.

2.4 EDUCATIONAL IMPLICATIONS OF ADOLESCENCE

Schools play an important role as socialising agents in the lives of most adolescents. Adolescents are granted the opportunity to acquire social competence, interpersonal skills and friendships. It must also be borne in mind that the home complements what happens at school and educators should also consider the home background of adolescents they deal with.

Dealing with adolescents at school also calls for a knowledge of adolescents to facilitate effective communication between learners and educators. In addition, it is vital that adolescents be provided with information relating to their growth and development so that whatever changes they undergo should not surprise them and therefore be experienced as traumatic. Furthermore, adolescents will be preoccupied with making choices regarding future spouses, careers and educational institutions for further education. Such choices are not always easy to make, and this substantiates the urgent and compelling need for guidance (Mwamwenda 1993:54-55).

The educator must show genuine interest in the adolescent, trust, regard him/her as a person of worth and bear in mind that he/she is among the most important figures the adolescent is likely to identify with in order to successfully assist the adolescent's personality, identity and self-concept development (Gouws & Kruger 1994: 104-105).

Communication is one area that educators need to consider in forming harmonious and constructive relationships with adolescents. The creation of a climate of acceptance may afford the adolescent the guts to approach the educator about his/her problems. The educator can further show an inclination towards discussing any sub-

ject with the adolescent. For example, Hlalele (1998:68) found that the majority of learners do not discuss their sexual relationships with their educators. It is therefore imperative for the educator not to regard certain subjects/topics as "too sensitive".

One of the main tasks facing contemporary South African educators is to educate learners from different cultural groups. The educator has to provide equal educational opportunities, develop positive cross-cultural attitudes, reduce racial and cultural prejudice and help learners to function meaningfully in a multicultural society. Differences are not only racial among adolescents, they can also be religious. The educators should have tolerance and develop tolerance amongst adolescents.

Regarding problem behaviour, it may be a comfort for some educators to mention that "troublesome behaviour in adolescence is not a new problem" (Lovey 1992:3). The educator needs to diagnose causes of problem behaviour, find and implement corrective measures. The adolescent can also be guided towards making correct decisions regarding problem behaviour. The researcher suggests simple discussions of certain behaviours in class together with the real consequences of such behaviour as one solution towards enhancing responsible decision-making among adolescents.

2.5 CONCLUSION

For most young people, the adolescent years involve a major expansion in the range and complexity of their lives. Their relationship with parents changes as they acquire independence. Peers occupy a more central role in many aspects of the adolescent's life. Time spent with the family decreases as adolescents tend to spend more time with their peers. For some, first experience of employment occurs, and career choice and future employment become real concerns for most.

Adolescence is accompanied by accelerated growth regarding physical, cognitive, normative, conative, social and affective aspects of development. This stage has been labelled a period of "storm and stress". However, the researcher wishes to share sentiments that state that every stage of development has its fair share of "storm and stress". For example, a retiring person may undergo storm and stress that may be more complicated than adolescence.

Adolescence is not as old as mankind and therefore should be regarded as a product of societal development. Its duration, onset and ending are peculiar to each individual and there can be early and late maturers. Therefore, adolescent development does encroach into childhood and adulthood.

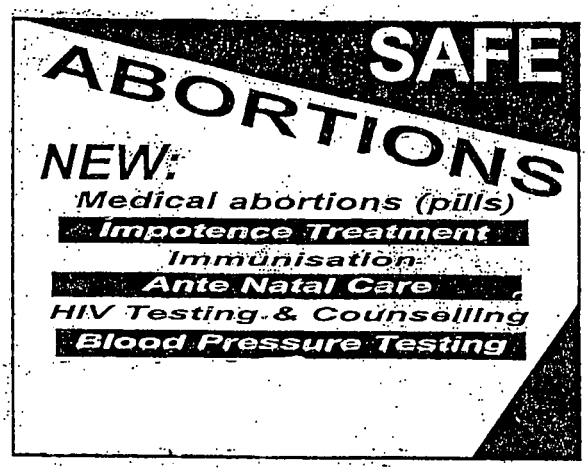
Some authors (Hamburg 1993:8) regard adolescence as a period of great risks and therefore could result in damage for a lifetime. Indeed, some adolescents, in their experimentation may experience mistakes and failure to recover, while women may elude the effects of damage and get back on their feet. One adolescent may regret, for example, an early unintended pregnancy which disrupts her schooling, leads to premature marriage, and unhappy marriage which ends up in a divorce after many years. It is also the opportunity for the adolescent and the significant others, the educator or parent for example to create opportunities from this period of risks.

This chapter clarified adolescence as a concept and addressed the ordinary life-world experiences of adolescents. Experiences included development attributable to the stage as well as accompanying problems. Chapter three will deal with the termination of pregnancies.

3

Termination of pregnancy regulation, procurement and effects

3.1 INTRODUCTION



Advertisements such as the example above, have become common reading material in South African newspapers. Whether this trend indicates a shift from the underground or background to the foreground or of back-alley TOP institutions which have been in operation for a long time or newly-found institutions remains to be proven.

TOP has been illegal in South Africa until 1996 and was frowned upon culturally (Mathabane 1994:202). Many pregnant women had TOP performed in back alleys, by unqualified people using hangers, laxatives, and strange muti. As a result, many women who had back-alley TOP, died.

Pearson and Sweetman (1996:48) spell out two important points regarding TOP. These authors maintain that no society has been able to eliminate induced termination as an element of birth control. Secondly, the acknowledgement that induced termination is almost certain to continue to remain part of human existence, places the onus on societies around the world to choose whether or not to provide safe terminations.

In 1991, the World Health Organisation (WHO) recommended action to "encourage governments to do everything possible to prevent and eliminate the severe health consequences of TOP" (Pearson & Sweetman 1996:45). These authors further point out that unsafe, usually illegal TOP is among the greatest single causes of mortality among women and cause 40 % of maternal deaths worldwide.

Different governments and/or societies handled and continue to handle TOP differently. As a result of the controversy concomitant with TOP this issue has become susceptible to prohibition, liberalisation and partial prohibition. In certain countries (*cf.* 3.4), TOP has been liberalised, prohibited and vice versa on a number of occasions. The previous chapter presented the ordinary lifeworld experiences of adolescents. This chapter investigates historical and legal regulation as well as procurement and effect of TOP. The concept "TOP/Abortion", in the opinion of the researcher needs clarification.

3.2 CLARIFICATION OF TERMINATION OF PREGNANCY/ABORTION (TOP)

The clarification of TOP or abortion, in the opinion of the researcher, requires an inquiry into similarities and differences of the definitions as put forth by various authors. The researcher further wishes to point out that "abortion" is a concept that has been used through time whilst "TOP" as a concept, not an "act", is relatively clear.

TOP refers to a termination of pregnancy before the fetus has attained viability, that is, before it has become capable of independent extra-uterine life (David 1974:4). Over two decades ago, Potts *et al.* (1977:1) defined TOP as the loss of a pregnancy before the fetus or fetuses are potentially capable of life independent of the mother. The researcher wishes to point out that the above definitions do not precisely describe "viability". This lack of precision may lead to the assumption that "viability", in

the opinion of the researcher, refers to life after birth. However, earlier sources attempt to specify viability, although raising some concerns, in the etymology of the word "abortion".

- Geldenhuys (1973:20) points out that abortion originates from Latin *abortio* meaning the expulsion of a not yet viable fetus of the human species, before the seventh month of pregnancy.
- Geldenhuys (1973:20) further cites another version, also from Latin. *Aborior* - I perish, meaning the separation and expulsion of the contents of a pregnant uterus occurring before the eighth lunar month of gestation.
- Potts *et al.* (1977:1) maintain that abortion comes from Latin *aboriri* which means to fail to be born.

These authors assert that *viability* begins after the seventh or eight month of gestation, and not necessarily after birth. One of the concerns which can be raised regarding the etymology above is that the *inability to be born* seems to be confined to the fetus. According to Barron (1981:121), abortion at best reflects a failure of either the fertilised egg (*zygote*) to thrive or of a woman to cherish a pregnancy. The researcher concurs with Barron (1981:121) above since TOP may involve a deliberate decision of the pregnant mother and activity by either the mother and/or another person to terminate a pregnancy (*cf.* 1.7.5).

TOP can further be defined as the expulsion or removal of an embryo or fetus from the uterus at a stage of pregnancy when it is incapable of survival, i.e. at any time between conception and the 24th week of pregnancy (*Oxford Concise Colour Medical Dictionary* 1994:2). Louw, Weitz and Radebe (1996:135) state that the concept indicates an operation in which the human embryo is removed from the uterus (womb) of the pregnant woman. It is usually done during the first four months of a pregnancy and the embryo is removed through the vagina. The operation should be done by a qualified doctor. The definition by Louw *et al.* (1996), according to the researcher, emphasises deliberate action and excludes natural or spontaneous terminations (*cf.* 3.6.3). The trend of emphasising active expulsion is further emphasised in the *Oxford Advanced Learner's Dictionary* (1995:3) which describes abortion as the act

of causing a pregnancy to end early, in order to prevent the baby from developing and being born alive.

From the aforegoing clarifications, the researcher observed a dichotomy to which authors fall prey to either side. Authors emphasise either the *inability of the fetus to be born* or the *active, deliberate expulsion or removal* of a fetus from the uterus of the pregnant mother. Several authors combine the two and define TOP as follows:

- The spontaneous or induced expulsion of a fetus before it becomes viable outside the uterus or womb (*Collins Dictionary of Biology* 1995:2).
- The expulsion of a nonviable fetus prior to term, either by induced or involuntary miscarriage or spontaneous abortion (the *New Complete Medical and Health Encyclopedia* 1996:1309).
- The expulsion of the fetus from the uterus before it (fetus) is viable. Expulsion may occur spontaneously, when it is termed miscarriage or it may be induced by mechanical or chemical intervention (Van den Aardweg & Van den Aardweg 1988:6).
- Abortion is the loss of a fetus through planned termination or miscarriage (Thomas & Pierson 1995:1).

Some definitions seem to carry an element of bias. Van Rooyen and Louw (1994:106) define abortion as the illegal and purposeful ridding and killing of the living fetus of a pregnant woman. This definition, in the opinion of the researcher, depicts a legal bias since it is founded on the legal status of abortion at that time (1994). The researcher states that the alteration of such definitions became inevitable two years later (1996) with the promulgation of CTPA in South Africa. The next definition failed to escape the confines of religion, in particular Christianity. Abortion refers to the natural or unnatural death of an unborn baby. Spontaneous abortions happen naturally. However, if there is any outside assistance, in whatever form, to abort the baby, then the murder of a God-given life has taken place. This is based on what God told Jeremiah, "I knew you in the womb" (Jeremiah 1:5). The researcher wishes to point out that this Christian definition fails in pinpointing the beginning of life. Whether conception or quickening should be taken as the beginning of life is unclear.

According to the CTPA (1996:4) TOP/abortion refers to "the separation and expulsion, by medical or surgical means, of the contents of the uterus of a pregnant woman". For the purpose of this study, TOP refers to the conscious and deliberate separation and expulsion, by medical or surgical means, of the contents of the uterus of a pregnant woman (*cf.* 1.7.5). The researcher wishes to point out that concepts "TOP" and "abortion" will be used interchangeably and both are also referred to as "termination" in this study.

As mentioned earlier (*cf.* 3.1) TOP is almost certain to continue to be part of human existence. This assertion was ratified, almost three decades ago, by Potts *et al.* (1977:2) who stated that: "Like malignant disease, abortion is endemic in all communities and although the incidence and complications of both conditions can be reduced by health education and by preventive and curative medicine, they cannot be eliminated."

The above statement by Potts *et al.* presents one of the following realities pertinent to TOP which, in the researcher's opinion, deserve attention.

3.3 TOP REALITIES

This section examines the established attributes pertinent to TOP. Over two decades ago, writers (David 1974:3; Potts *et al.* 1977:1) mentioned that as a means of fertility regulation, TOP is as old as humanity and probably occurs in all cultures. This means that TOP is ubiquitous.

More than twenty years ago, the International Planned Parenthood Federation (IPPF in Kleinman 1974:35-36) pointed out the following realities:

- Induced abortion is a global problem affecting all countries. In many countries the incidence of induced abortion is increasing.
- Laws on abortion appear to have relatively little influence on its incidence.
- The factors which determine the number of unwanted premarital pregnancies in a community are almost totally independent of the availabil-

ity of legal abortion, but are the result of varying social and cultural factors.

- When performed early in pregnancy by the simplest available technique, TOP is a procedure which has a very low mortality and morbidity in relation to term delivery.
- Whatever procedure used, the risk of TOP rises sharply after the first 12 weeks of pregnancy.

All categories of women along age or socio-economic status are found in TOP figures. Pregnancies are terminated through TOP more frequently among the very young and the middle-aged (Frohock 1983; Price 1983). Alexander (1990:63) presents the following statistics concerning TOP:

- Worldwide, 500 000 women die annually of pregnancy complications: 20 000 die from illegal abortions - one woman every three minutes.
- 38 million abortions are performed annually in the Third World; 17,6 million are legal, 20,4 million are illegal.
- Illegal abortion is the leading cause of maternal mortality, ectopic pregnancies, hysterectomies and poor health.

Even though the following are specifically referring to procurement of TOP in the United States in the 1980s, the researcher is of the opinion that they are also applicable elsewhere. Buttenweiser and Levine (1990:129) cite abortion realities as follows:

- Each year, almost three out of every 100 women aged 15-44 have an abortion;
- women under 30, especially those 18-19, have the most abortions;
- unmarried women are 4-5 times more likely to have abortions than married women;
- poor women are 3 times more likely to have abortions than those who are not poor;

- Catholic women are more likely to have abortions than Protestant or Jewish women.

Buttenweiser and Levine (1990:129) further point out that the abortion rate of Catholic women is 30 % higher than Protestant women.

From the aforegoing TOP realities it can be deduced that abortion is a worldwide occurrence taking place among women of reproductive age, different religious groups (even those that condemn TOP), cultural groups and socio-economic status. It can further be stated that abortion laws seem to have little influence on its frequency. Procurement of TOP in an institution legally designated for that purpose makes it a relatively safe procedure which can avert its devastating effects such as death even though laws on abortion have very little influence on its incidence.

Regarding age, the aforegoing realities include adolescents as a group among which TOP takes place. It was stated that women under 30, especially those 18-19 (adolescents), have the most abortions. This may, in the opinion of the researcher, indicate that whatever the effects of TOP, adolescents may constitute a major group which is most likely to be affected. It would therefore be appropriate to discuss the historical regulation of TOP in relation to its effects over time.

3.4 TOP REGULATION

Lessons learnt from past experiences may inform the present and the future. A consideration of TOP incidence, regulation and the effects of such regulation can be vital in making decisions pertinent to contemporary TOP regulation. It would therefore be appropriate to present a brief regarding TOP regulation through time. This section addresses primitive as well as contemporary global and regional TOP regulation.

3.4.1 Primitive global TOP regulation

Voluntary regulation of family size was one of the earliest features of most human social groups, frequently implemented by abortion or infanticide (David 1981:1). David (1974:3; 1981:1) continues that abortion as a means of fertility regulation is as old as humanity. Throughout recorded history women have resorted to abortion to terminate unwanted pregnancies, regardless of moral or legal sanctions and often at con-

siderable physical and psychological risk and cost. In preliterate societies, abortion was the chief preventive method (Zimmerman 1977:6).

The above paragraph verifies the fact that TOP, unlike adolescence (*cf.* 2.2.2) may not be regarded as a product of development but largely an attribute of human existence.

The oldest known medical texts citing TOP techniques appeared in China around 2737 B.C. (David 1988:10). There was no condemnation of TOP in classical antiquity. The ancient Greeks advocated TOP to regulate population size and maintain stable social and economic conditions. From the above-mentioned it can be stated that TOP might have begun over three millennia ago, and that TOP was absolutely imbued with liberal attitudes.

David (1988:10) mentions well-known Greek philosophers and a physician's views on TOP.

- *Plato* recommended TOP for pregnant women over 40 years of age (or if her mate was over 50) and viewed termination of unwanted pregnancy as a means of enhancing perfection of the body for women and men older than 40 and 50 respectively.
- *Aristotle* suggested TOP to limit family size.
- *Hippocrates*, a physician, spoke against TOP for medical reasons, fearing injury to the woman, but recommended it on occasion by prescribing violent exercises (*cf* previous page).

The Hippocratic Oath, a guide for the medical profession was formulated between the sixth century B.C. and the first century A.D. According to this code of conduct, the physician is supposed to take the following oath: "I will not give to a woman an abortive remedy" (Davis 1985:42; Petersen 1993:14). This oath for many centuries was regarded as a symbol of high civilization and actually made a contribution restraining abortions (Buys 1976:53).

The three views expressed by Plato, Aristotle and Hippocrates in the opinion of the researcher, reflect incongruent attitudes toward TOP. Differing attitudes on TOP are therefore not a new phenomenon.

In Rome and throughout most of the Roman Empire's existence, there were few if any, legal restrictions on TOP (David 1988:10). The Roman Law (200 A.D.), however, considered abortion as a crime because it violated the father's expectation to have children (Buys 1976:53). Another prevailing opinion was that the fetus was part of the woman's body and that she should request its removal. With the fall of the Roman Empire and the rise of Christianity, the world gradually moved into the period later described as the Dark Ages, followed by the Middle Ages. During these periods, nearly every aspect of fertility regulation was managed by women, usually without the aid of men or the medical professions. That midwives procured TOP clandestinely is apparent from the references to severe penalties imposed for the practice of inserting stems into pregnant uteri.

According to the Roman-Dutch Law the fetus was considered alive only from the tenth week after conception and thus abortion was punishable only from that stage. However, it was often not quite certain what the term fetus exactly meant. The degree of maturity of the fetus was a very important consideration with reference to punishment. If the fetus was old enough to be regarded as having a soul, the crime was very serious and was usually punished with capital punishment (Buys 1976:54).

The ancient Hebrews had a term for TOP, *neftel*, meaning *dropping out* (David 1988:11). The early Christians, following Judaic views, condemned TOP although they did not view abortion as murder before "ensoulment". It was concluded that no major religion, with the possible exception of the Roman Catholic, had a unified position on the matter of TOP.

Under the influence of Augustine and Thomas of Aquino, abortion was condemned from the earliest history of Christianity, much uncertainty prevailed concerning the soul of the fetus. In 314 A.D. the Council of Ancyra condemned abortion during all stages of pregnancy (Buys 1976:54).

In 1588 Pope Sixtus V declared that the fetus had a soul from the moment of conception and therefore he condemned abortion as a form of murder. In 1591 his successor, Georgius XIV, repealed the verdict of Pope Sixtus, and declared abortion punishable only when the fetus was forty days old already. Under the influence of Aristotle, Pope Georgius believed that the fetus was ensouled on the fortieth day. To this very day the Roman Catholic Church condemns every form of abortion, even if the life of the mother is endangered by death (Buys 1976:54).

According to David (1988:11) TOP prohibitions were not part of the indigenous cultural, religious, philosophical and legal traditions in the non-Western world. The issue of no prohibition is further cited in Brodie, Gavigan and Jenson (1992:9). They maintain that "historians remind us that women have always exercised their choice, terminating their pregnancies as a means of birth control".

According to Brodie *et al.* (1992:9) in the history of abortion shifts in the meanings assigned to reproduction have resulted in complex interrelationships among discourses, political mobilisation and public policy. The early history of abortion was inextricably bound with theological doctrine. This is most clearly illustrated by the centuries-long entrenchment in English criminal law of the concept of quickening, a concept directly derived from an ecclesiastical concern to determine the first moment of viability of the fetus.

Petersen (1993:9-11) further states that an historical analysis of abortion demonstrates that consensus has never been reached on the issue. The laws reflected the official moral position and the attitudes of segments of the population, but they did not take into account alternative viewpoints. In preindustrial England informally trained practitioners such as midwives and lay healers cared for the majority of the population.

From the aforegoing, the researcher deduces that TOP may, to a large extent not have been regulated by the state like the case is contemporarily, women have always exercised their choice to terminate and life was generally thought to begin at quickening and not at conception. State entry into the regulation of abortion, according to Brodie *et al.* (1992:9) has been relatively recent. In Britain, lord Ellenborough's Act (1803) was an example of such regulation. Brodie *et al.* (1992:9-10) further state that all terminations performed after quickening became punishable by death, while those performed before quickening were criminalised for the first time. The Lord Ellenborough's Act in the opinion of the researcher, criminalised abortion and clamped down on the woman's right to choice.

David (1988:12) points out that during the latter part of the 19th century, European restrictions of abortion were spread by the colonial powers throughout Africa and Asia. The strict prohibitions of Spain are reflected in many statutes promulgated in South America. In numerous countries of Asia and Africa, restrictions remained in force after independence had been gained, and were continued even after the de-

parting colonial power had liberalised its own statutes. The researcher wishes to point out that retaining TOP regulation of former colonial powers is not a surprise since issues such as official languages (e.g. Portuguese for Mozambique, English in South Africa, Lesotho and Swaziland, French in certain central and west African countries) and education systems were retained and are still applicable in many former colonies.

According to Koster-Oyekan (1998:1303) a safely-induced, legal termination does not carry much risk for a woman's health. Illegal and unsafe termination does: the latter may lead to complications such as severe haemorrhage, sepsis, chronic pelvic inflammatory disease, ectopic pregnancies, secondary infertility and also to death. As stated earlier (*cf* 3.1), acknowledgement that induced termination is almost certain to continue to remain part of human existence, places an onus on societies around the world to choose whether or not to provide safe termination. It would therefore be appropriate to examine how a few countries, depending on prevalent conditions, regulated TOP.

An historical overview of TOP regulation in the former Soviet Union, Japan, Hawaii, Rumania, Scandinavia, People's Republic of China, Tunisia, Canada, Britain and the United States follows. The purpose of this exercise is to reveal primitive and recent trends in TOP regulation, conditions which prompted such trends as well as the effects of such.

- **Soviet Union**

The Soviet Union was the first country in the world to permit legal abortion on an extensive scale (Frohock 1983:67; Gardner 1972:23; Sills 1972:387). Abortion has been legalised since 1917 (Buys 1976:54). In 1920, three years after Lenin came to power, the Soviet government again decreed that any pregnant woman could abort on request. This first and only pre-war experiment in legal abortion lasted until 1936 when a restrictive law was reintroduced. In 1955, shortly after the end of the Stalin era, all restrictions on legal abortion were removed for the second time. In the early 1960s, abortions exceeded births in the urban areas (e.g. 165 abortions to 61 live births per 1000 fertile women). In the countryside the trend was reversed with 92 births per 1000 fertile women and 63 abortions. According to the researcher, the rationale for the

disparity may lie in the availability of facilities and information which favour urban over rural residents. It can also be stated that conditions such as the abuse of liberalised TOP as well as the decline in the birth rate contributed to its restriction.

- **Japan**

Japan, like other post-World War II industrial nations, experienced a "baby boom" as families were reunited. Illegal abortions rose and in 1948 a liberal abortion law was enacted. The new law was not seen as a measure to curb birth rates, although it provided the backdrop against which the birth rate fell (Frohock 1983:69-70). Gardner (1972:36) points out that by 1957 the Japanese birth rate had halved largely due to the introduction of easy abortion. As early as 1951 the Japanese Cabinet, fearing the undesirable results of abortion on women's health, decided to replace widespread resort to it by contraception. By 1970 Japan, faced with a shrinking and ageing population, was striving to stimulate an increasing birth rate once more (Gardner 1972:37). The variation in the birth rate seems to play a major role in TOP regulation. It can also be argued that the effect of liberalised TOP resulted in a decline in population growth which in turn prompted the restriction of TOP.

- **Hawaii**

In March 1970 in the state of Hawaii it became law that the termination of a non-viable pregnancy was legal, provided the operation was performed by a licensed practitioner on a woman who fulfilled certain residential requirements. No grounds for operation were enacted, and there appeared to be no regulation requiring the reporting of operations (Gardner 1972:38). Such liberty, in the opinion of the researcher, provides the state with little or no chance to control abortion on the one hand and renders abortion vulnerable to exploitation and/or abuse on the other. Furthermore, procurement of TOP from a licensed practitioner may guarantee safety for the women.

- **Rumania**

In Rumania, where in 1965 there were four legal abortions for every birth, the law was changed in 1966. Abortion became available "on demand" only to women over 45, except on medical grounds. The earlier legislation started with the view that all women should be free to decide the fate of their pregnancies. Official reasons for effecting the change were the serious effects of legalised abortion upon the morality of the country (Gardner 1972:38). The availability of TOP "an demand" only to women over 45, except on medical grounds, in the researcher's opinion, shows a change toward restriction.

- **Scandinavia**

Legal abortion in Scandinavia was three decades old just over two decades ago (1977), but came at a time of low birth rates and when the countries had already reached the end of the demographic transition. The number of abortions performed remained low. The trend indicates that law, by itself, is not the only factor determining the incidence of hospital TOP operations (Frohock 1983:72). It can be argued that countries with low birth rates and liberalised TOP may be susceptible to a negative population growth and therefore be classified as those facing extinction. Under such circumstances, in the researcher's opinion, the recalling restrictions may be the appropriate solution for the continued existence of such nations (assuming that pregnant women will not consider backstreet termination).

- **People's Republic of China**

China contains a fifth to a quarter of the world's population. Abortion became legally obtainable in 1957 (Frohock 1983:77). China is unique in including abortion as part of a national family planning campaign. In the 1960s, a hospital in Peking performed plus minus 20 abortions a day. All methods of fertility regulation are freely available.

- **Tunisia**

Tunisia changed her abortion laws in 1965. By 1968 after an administrative initiative had been taken to make sure the law was implemented, there were 1,2 abortions per

100 deliveries. This ratio rocketed to between six and seven abortions per 100 live births (Frohock 1983:80).

Canada

Historians remind us that women have always exercised choice, terminating their pregnancies as a means of birth control (Brodie *et al.* 1992:9-10). The early legal history in Canada was closely linked with theological doctrine. While the early Christian church stressed the sanctity of life from its very beginning, this "moment" was not conception. Life was thought to commence only when the unborn infant first moved in the womb, that is, when it quickened. It was thought as well that only at quickening was the fetus infused with a soul. Abortion was thus initially regarded as an ecclesiastical offence.

Canada's legislative regime largely followed the British path (Brodie *et al.* 1992:10). *The Offences Against the Persons Act* (British) was incorporated into Canada's criminal code enacted in 1892. It made abortion an indictable offence and those convicted were liable to imprisonment for life. It also made women who attempted to abort themselves liable to up to seven years imprisonment. This general legal prohibition remained virtually unaltered until 1969. However, Canadian women continued to resort to abortion as a means, albeit illegal and often dangerous, of fertility control.

A move toward liberalisation of abortion in Canada took place in the late 1960s. The new law maintained a general ban on abortions but allowed a "therapeutic exception" for a doctor who received certification, in an accredited hospital and on condition that continued pregnancy would or would be likely to endanger the life or health of the pregnant woman (Brodie *et al.* 1992:11-12). The struggle over competing interest around abortion was propelled with full force into the political arena by the Supreme Court's judgement in 1988. Further details will appear in the subsequent section (*cf.* 3.4.2). From the aforegoing discussion, Canada presents an example of countries succumbing to the influence of former colonial powers in TOP regulation. One of the effects of TOP procurement gleaned from the discussion is (besides the risk of death) severe punishment (life imprisonment) which did not curb resort to il-

legal and generally dangerous TOP procurement. There was however, a gradual easing of TOP procurement allowing it on grounds such as "therapeutic exception".

- **Britain**

From 1307 to 1803 in Britain and from 1607 to 1828 in the American colonies common law allowed women abortion at will. Abortion was not considered an offense if performed with the woman's consent before she was "quick with child". Even if performed after quickening, the offense was usually considered only a misdemeanour (David 1988:12).

In 1803 in Britain, during the reign of George II, Lord Ellenborough's Act made procurement of abortion before quickening a felony to be punished by fine, imprisonment or exposure in the pillory, or that the criminal may be publicly or privately whipped or transported beyond the sea for any term not exceeding 14 years (David 1988:12). Procuring termination after quickening was considered murder, punishable by death (Brodie *et al.* 1992:9; David 1988:12; Petersen 1993:2). Petersen (1993:2-3) further maintains that grounds for this legislation may include the deterioration in the competence of midwives and the increase in criminal abortion.

In the opinion of Petersen (1993:2-3) statutory regulation must have been regarded as a more effective means of regulation, followed by a series of criminal statutes which were passed in Britain throughout the nineteenth century.

The Offences Against the Person Act 1861 provided a model of legislation which was copied throughout the world (Petersen 1993:3). This law remained in force until 1967 (Gardner 1972:28). Widespread dissatisfaction with the criminal statutes which made abortion an offense led to the reformation and subsequent promulgation of the Abortion Act 1967 to include for example, termination done in good faith to preserve the life of the mother (Petersen 1993:22). The researcher wishes to point out that like other countries (eg. Soviet Union) Britain took over TOP regulation, restricted it and attempted to liberalise it.

- **United States**

Until the 1930s, "voluntary motherhood", a Victorian ideology, meant abstinence. Birth control and abortion were dangerous because "free" sexuality would undermine women's position within the family. Until the abortion movement challenged criminal law, abortion was almost identified with sin and crime, prostitution, illicit sexuality and a bad moral character. Then, beginning with Alfred Kinsey's expose of American adult sexual habits in the late forties and fifties, a new discourse emerged. The almost taboo subject of female sexuality along with discussions of pregnancy, induced abortion, abortion techniques and death could be aired (Davis 1985:3-4).

In 1958, Dr. Calderone, a medical director of Planned Parenthood Federation, wrote *Abortion in the United States*, launching the abortion movement and breaking nearly a century of silence. Abortion, once a sacrosanct, morally untouchable, and medically aloof issue, had become a respectable concern. This book highlighted illegal termination as the leading cause of maternal death. As a result, abortion changed from a negative, criminal act to a positive, life-giving force (Davis 1985:4-5).

Certain social factors also contributed to the perception of abortion as a criminal act. As conditions of women changed - the labour market opened up, the educational system expanded and family lost some of its feminine mystique - women eagerly embraced opportunities and expanded social roles. It became possible to think about reproductive freedom as part of a larger set of questions about human autonomy. "Children by choice", long the slogan of Planned Parenthood groups, could become a reality (Davis 1985:5).

History regarding TOP regulation was made in 1973. The Court's decision in *Roe v Wade* invalidated all existing abortion laws (Copelon 1990:45; David 1985:33; Epstein & Kobylka 1992:203). The Court ruled unconstitutional any restriction on abortions during the first trimester of pregnancy. During this period, the decision to have an abortion is left to the pregnant woman and her physician. This ruling was based on the right to privacy (Copelon 1990:45).

The researcher has noted that activities and utterances of groups or individuals may to a greater extent inform regulation of terminations. As indicated earlier under this sub-section (*cf.* 3.4.1) aired or spoken attitudes influence statutory decision-making on TOP. The researcher further wishes to point out that conditions at a specific time may also influence TOP regulation. For example, outspoken deaths resul-

ting from back-alley terminations led to the liberalisation of TOP whilst earlier Christian condemnatory remarks contributed to the negative attitude as well as restriction of TOP. A discussion of earlier abortion regulation also indicated, according to the researcher's observation, that women in ancient times always exercised their right to reproductive freedom, governments came in later and took over control of TOP. The takeover was generally imbued with restrictions which were later reformed to allow TOP on certain grounds.

The researcher also noted that many colonies modelled their TOP laws and regulation on their former colonial powers, as is not surprisingly, the case with issues such as official languages and education systems. The preceding discussion focused on primitive TOP regulation whilst the next (*cf.* 3.4.2) examines the contemporary global TOP changes and regulation.

3.4.2 Contemporary global TOP regulation

Legalisation of TOP affords women the opportunity to procure safe TOP and therefore reduces the adverse results of unsafe, illegal or back-alley abortions. This subsection provides an investigation of changes in worldwide legal regulation of TOP in the last quarter of the 20th century.

The worldwide legal regulation of TOP ranges from complete prohibition to elective procedures at the request of the pregnant woman (David 1981:1). According to Ferreira (1985:19) all TOP regulation falls into one of four categories:

- *Illegal*: TOP is prohibited without exception
- *Very restrictive*: TOP is only permitted in life-threatening circumstances
- *Conditional*: Grounds for TOP include eugenic factors, humanitarian factors, such as rape and incest, and broad health indications
- *Liberal*: TOP is permitted "on request", this being a decision between the woman and the doctor, or for social reasons, where the doctor considers the relevance of social factors when evaluating the threat of a continued pregnancy to a woman's health.

The researcher wishes to point out that the contemporary TOP regulation in South Africa falls within the "liberal" category. Owing to a growing awareness of population and environmental concerns, socio-economic development and the recognition of the rights of women to control their own fertility and aided by technological innovations, TOP has gradually emerged from an aura of social ambivalence (David 1981:1).

Rahman *et al.* (1998:1) state that 61 % of the world's people live in countries where induced abortion is permitted either for a wide range of reasons or without restriction as to reason; in contrast, 25 % reside in nations where TOP is generally prohibited. However, even in countries with highly restrictive laws, TOP is usually permitted when the woman's life is endangered; in contrast, even in nations with very liberal laws, access may be limited by gestational age restrictions, requirements that third parties authorise TOP, or limitations on the facilities that perform TOP.

Since 1994, several governments have made TOP safer by easing legal restrictions on the procedure (Rahman *et al.* 1998:10, 11). The liberalisation of TOP laws took place in at least seven countries since 1994 - Albania, Burkina Faso, Cambodia, Germany, Guyana, Seychelles and South Africa. Only two countries, Poland and El Salvador, increased legal restrictions during this period (*Sowetan* 1999/02/10:11). In Poland, where TOP had been permitted on socio-economic grounds, the law was revised in 1993 to permit TOP only when a pregnancy threatened a woman's life or health and on juridical and fetal impairment grounds. A more liberal law enacted in 1996 was overturned by the Constitutional court in 1997. Similarly, El Salvador amended its Penal Code in 1997 to eliminate all exceptions to its prohibitions on TOP.

Individual countries permit TOP on varied grounds. A discussion of examples of grounds on which TOP is permitted follows.

3.4.2.1 CONTEMPORARY REGULATION ON THE BASIS OF IMPAIRMENT GROUNDS

Israel, in addition to permitting TOP on mental health, juridical and fetal impairment grounds, also allows TOP when the pregnancy woman is unmarried, under "marriage age" or older than 40. The most restrictive laws are those that either ban TOP entirely

or permit it only to save the life of the pregnant woman. Such laws define TOP as a criminal offence, with penalties for the provider and often the woman as well. Twenty-five per cent of the world's population live in the 54 countries - located mainly in Africa and Latin America - that have laws of this type. These laws allow for saving the life of the woman in two ways. Many explicitly exempt from punishment providers who perform TOP when a woman's life is in danger. For example, Tanzania's penal code states that a person is not criminally responsible for performing in good faith and with reasonable care and skill a surgical operation upon an unborn child for the preservation of the mother's life, if the performance of the operation is reasonable, having regard to the patient's state at the time, and to all circumstances in the case (Rahman *et al.* 1998:4-5).

Other nations recognise the defence of necessity (Rahman *et al.* 1998:5). In countries such as Congo (Brazzaville) and Mali, the penal codes permit the defence of necessity for a range of criminal acts, including TOP, although they rarely specify the life-threatening conditions that would justify TOP. 10 % of the world's population live in countries with less restrictive laws that permit TOP to protect the pregnant woman's physical health. Peru's penal code, for example, lists TOP as a crime but states that TOP performed by a physician with the woman's consent is not punishable when it is the sole means of saving the life of the pregnant woman or of avoiding grave and permanent harm to her health. A similar provision in Zimbabwe's Termination of Pregnancy Act allows a pregnancy to be ended by a medical practitioner when its continuation so endangers the life of the woman concerned or so constitutes a serious threat of permanent impairment of her physical health that termination is necessary to ensure her life or physical health. Zimbabwe liberalised her TOP law in 1978, following Zambia which became the first nation south of Sahara to liberalise TOP in 1972 (David 1988:16).

Laws that permit TOP to protect a woman's mental health affect about 4 % of the world's population (Rahman *et al.* 1998:5). In most of these nations, legislation explicitly recognises mental health grounds for TOP. However, several one-time British colonies, including Jamaica, Gambia, Sierra Leone and Trinidad and Tobago, retained Great Britain's former restrictive TOP law, as it was interpreted in a 1938 English case (*Rex v. Bourne*) that permitted a legal termination if continuing the pregnancy would render the woman a "mental wreck".

Twenty per cent of the world's population live in countries that permit TOP on socio-economic grounds (Rahman *et al.* 1998:6). Such laws, which typically permit consideration of a woman's economic resources, her age, her marital status, and the number of her living children, are generally interpreted liberally. In some of these countries (Great Britain, Taiwan and Zambia), the law allows the effect of the continued pregnancy on a woman's living children to be considered; in the others (Finland, India and Japan), socio-economic concerns are placed within the framework of protecting the woman's health.

The least restrictive TOP laws - those that permit termination without restriction as to reason affect 41 % of the world's population. China, the world's most populous nation, falls within this category, as do most of industrialised nations, including France, Germany, Italy, the Russian Federation and the United States. Many of these nations, however, impose a gestational limit on the period during which women can readily access TOP (Rahman *et al.* 1998:6). The researcher wishes to point out that South Africa allows termination on request before the 12th week of pregnancy. No reason is required. After 12 weeks of gestation certain conditions and/or reasons justifying the need must be satisfied. Therefore, South Africa falls within this category.

Several nations, including Australia, Canada, Mexico, Switzerland and the United States have a federal system of government in which each constituent portion of the federation usually a local state - may regulate TOP. Local TOP regulations in Canada, Switzerland and the United States are subject to federal limitations concerning the degree to which TOP can be restricted by local governments; in contrast, in Australia and Mexico, TOP laws may vary throughout the nation (Rahman *et al.* 1998:6). Australia, Queensland, Tasmania and Western Australia have criminal codes and the other three states, New South Wales, South Australia and Victoria have criminal statutes which are interpreted according to traditional common law principles (Petersen 1993:187).

3.4.2.2 RECENT REGIONAL TRENDS

Although induced TOP was almost universally illegal in the first half of the 20th century, laws were liberalised between 1950 and 1985 in almost all industrialised nations

and in a number of other nations around the world (Rahman *et al.* 1998:8-9). The following exposition presents certain regional changes after 1985.

- *America*: In North America, the most significant change occurred in Canada, where the nation's highest court struck down a national TOP law in 1988. No Canadian federal criminal law has replaced the voided TOP law while TOP regulations have been introduced in the provinces, those that tend to criminalise TOP are likely to be struck down as an unconstitutional infringement on the federal government's exclusive power to enact criminal law. For example, in 1993, Canada's Supreme Court nullified a provincial law that prohibited TOP from being performed in facilities other than hospitals (Rahman *et al.* 1998:9).

- *Malaysia* amended her penal code to permit termination within 120 days of conception when the continued pregnancy proses a threat to the woman's life or to her physical or mental health in 1989 (Rahman *et al.* 1998:10). In the same year, Mongolia amended her health law to permit TOP during the first 12 weeks of gestation, and at any time thereafter if the procedure is medically necessary. As part of an effort to render her penal code more compatible with Islamic law, Pakistan made TOP legal in 1990 when the procedure constitutes "necessary treatment" and lastly in 1997 Cambodia enacted a new TOP law making services permissible with no justification required during the first three months of pregnancy. The researcher wishes to point out that Cambodia seems to have the most liberal or the least restrictive TOP law.

- *Europe*: In the European region, according to Rahman *et al.* (1998:10), change has been consistent with the global trend toward liberalisation of TOP laws. In Albania, Bulgaria, the former Czechoslovakia (Czech Republic and Slovak Republic since 1993), Hungary and Romania new laws permit most terminations during the first 12 or 14 weeks of pregnancy. Poland's Constitutional Court overturned a more liberal law enacted in 1996 in 1997.

  Several countries in Western Europe also followed the trend of liberalisation of TOP (Rahman *et al.* 1998:10). In 1985 Spain permitted

TOP when necessary to avert a serious risk to a woman's physical or mental health. Greece liberalised TOP in 1986. Belgium followed in 1990. Furthermore, Germany reconciled TOP laws in the former East and West German republics and made TOP available without limitation as to reason in 1995 (Rahman *et al.* 1998:10).

Efforts to liberalise TOP laws are under way in several nations, such as in Great Britain, Nepal, Northern Ireland, Portugal, Sri Lanka and Switzerland. In Nepal, for example, where TOP is currently prohibited under most circumstances, parliament is considering easing TOP regulation.

3.4.3. Concluding remarks

From the aforegoing, the researcher concurs with observations that maintain that the overall trend in TOP regulation has been that of liberalisation. There are countries, although few, which are considering restriction of terminations. It is also evident from the above discussion that in Africa, liberalisation takes place at a slow pace, and in the opinion of the researcher, contributory factors to the status quo may include authoritarian rule and the sex of the Minister of Health. According to International Pro-Choice Updates (1999), South Africa and Guyana (the only country in Latin America to liberalise TOP, in 1996) had women Ministers at the time of TOP liberalisation. It seems their experience as mothers might have contributed to their objection to TOP restriction. In April 1996, a coalition of women-led NGOs in Guyana helped defeat a proposed constitutional amendment that would have guaranteed life from the moment of conception, effectively outlawing TOP (International Pro-Choice Updates 1999). The next subsection deals with the South African legal regulation.

3.5 TOP REGULATION: A SOUTH AFRICAN PERSPECTIVE

According to Cope (1993:1) contraception and humans who use it may fail in preventing unwanted and/or unplanned pregnancies. She further points out that contraception must have the back-up of early, safe legal abortion. Two ways of procuring TOP; either legally and skilfully or illegally and dangerously confront pregnant women.

Assuming that legalisation of TOP generally affect pregnant mothers positively (e.g. relief from getting rid of unwanted babies, no disruption of female learners' schooling programs) whilst restrictive legislation, creates an industry for risky and sometimes fatal backstreet termination and therefore has adverse effects on mothers, it is vital to consider the South African TOP regulation as well as its changes.

This section presents the South African Act regulating TOP and a subsequent discussion of the rights of the pregnant mother, the fetus and the putative father, as well as effects of legalised termination. South Africa, under the Apartheid government had a highly restrictive TOP law. According to the Abortion and Sterilization Act 2 of 1975 TOP was defined as the abortion of a live fetus from a woman with intent to kill it. The killing or aborting of an unborn child in contravention of the provisions of this act is a crime (Cronje 1993:24-25).

The act referred to above (Act 2 of 1975) provided for abortion of a child under certain circumstances.

- the continued pregnancy would endanger the life of the woman concerned or constitutes a serious threat to her physical or mental health;
- there exists a serious risk that the child to be born would suffer from a physical or mental defect of such a nature that he or she would be irreparably seriously handicapped;
- the fetus is alleged to have been conceived as a result of unlawful intercourse, that is rape, incest or intercourse with a woman who is feebleminded or an idiot. According to Cronje (1993:25) and Van Rooyen and Louw (1994:106) TOP could be procured where:

The rigorous restriction on TOP was further entrenched, through this act, by stringent instructions regarding procedures in the procurement of legal TOP. Two medical practitioners should certify in writing that, in their opinion, the above conditions are satisfied and therefore warrant legal TOP (Van Rooyen & Louw 1994:106-107). Heavy penalties were imposed for unlawful abortions (Cronje 1993:25). According to Bezuidenhout (1998:37-38) societies that prohibit or have strict regulations concerning abortion make place for the activity of the illegal abortionist and some women die as a result of unsuccessful abortion while others are hospitalised for

treatment. It can therefore be concluded that women with unintended pregnancies in South Africa mainly resorted to illegal termination before 1996 and became susceptible to its adverse effects. It should, however, be borne in mind that legalisation of TOP does not necessarily mean that backstreet abortion will not occur. Van Rooyen and Louw (1994:107) point out that despite the fact that abortion has been legalised in many countries, illegal (backstreet) abortions are still being performed in order to maintain secrecy. The researcher is of the opinion that some women resort to backstreet abortion because they do not have information on TOP and TOP institutions or for no reason at all. The issue of backstreet TOP will further be discussed (*cf.* 3.6.2).

Sarkin (1995:226-227) maintains that during the drafting of the interim Constitution in South Africa, the whole subject of TOP was avoided in deference to the wishes of some of the negotiating parties who felt that such issues should be left until the drafting of the final constitution. However, it was anticipated that the abortion law could be challenged or amended during the period of operation of the interim Constitution and negotiators therefore decided to adopt a broadly formulated right to life section which would allow the Constitutional Court to interpret its meaning. Notwithstanding the delay in TOP discussion, the African National Congress (ANC) condemned the Abortion and Sterilisation Act of 1975 because "it provided termination of pregnancy services only to women from privileged communities who have the means and the money to negotiate the bureaucratic obstacles which the National Party placed in the way of access (ANC, 23 October 1996). The Act therefore, did not cater for the underprivileged groups and for the purpose of equity, its repulsion and/or amendment became inevitable.

In October 1996, South Africa passed one of the world's most progressive and liberal TOP laws. This act, which came into operation in February 1997, is called the *Choice on Termination of Pregnancy Act* (Act No. 92, 1996). Excerpts from this act are presented below:

3.5.1 Excerpts from the Choice on termination of Pregnancy Act (CTPA), 1996

The purpose, preamble, circumstances in which and conditions under which pregnancy may be terminated, counselling, consent, offences and penalties as enshrined in the Act will be presented.

- *Purpose*

To determine the circumstances in which and conditions under which the pregnancy of a woman may be terminated; and to provide for matters connected therewith.

- *Preamble*

  - Recognising the values of human dignity, the achievement of equality, security of the person, non-racialism and non-sexism, and the advancement of human rights and freedoms which underlie a democratic South Africa.

  - Recognising that the constitution protects the right of persons to make decisions concerning reproduction and to security in and control over their bodies.

  - Recognising that both women and men have the right to be informed of and to have access to safe, effective, affordable and acceptable methods of fertility regulation of their choice, and that women have the right of access to appropriate health care services to ensure safe pregnancy and childbirth.

  - Recognising that the decision to have children is fundamental to women's physical, psychological and social health and that universal access to reproductive health care services includes family planning and contraception, termination of pregnancy, as well as sexuality education and counselling programmes and services.

  - Recognising that the state has the responsibility to provide reproductive health to all, and also to provide safe conditions under which the right of choice can be exercised without fear or harm.

  - Believing that termination of pregnancy is not a form of contraception or population control.

This Act therefore repeals the restrictive and inaccessible provisions of the Abortion and Sterilization Act, 1975 (Act No. 2 of 1975), and promotes reproductive rights and extends freedom of choice by affording every woman the right to choose whether

to have an early, safe and legal termination of pregnancy according to her individual beliefs. The need for the repulsion of South Africa's restrictive TOP legislation could be embraced by the vicious circle encompassing women as described by a situation where gynaelogical wards were crowded by victims of backstreet termination. Some of the women died; those who survived and nursed back to health, only to be vulnerable to the same risk on their return home. Their vacated hospital beds were immediately filled with other victims. Hospitals throughout South Africa, did not only have to contend with overcrowding but also an overburden on their nursing and financial services caused by this pressure on the gynaelogical wards; pressure directly resulting from a legislation which denied a basic human right: the right to early, safe and low cost medical care to be afforded women confronted with an unplanned/unwanted pregnancy.

The researcher wishes to include the sentiment of the then (1996) Minister of Health, Nkosazana Zuma, who said: "Hundreds of women, more than all the members of the National Assembly, die annually from these unsafe (back alley) terminations of pregnancy. This bill will save their lives by giving them a choice to terminate the pregnancy safely and in dignity" (Rosenberg 1996:2). Women may not improve their situation if they are not aware of the circumstances and conditions under which pregnancy may be terminated.

- *Circumstances in which and conditions under which pregnancy may be terminated*

2(1)A pregnancy may be terminated -

(a) upon request of a woman during the first 12 weeks of the gestation period of her pregnancy

(b) from the 13th up to and including the 20th week of the gestation period if a medical practitioner, after consultation with the pregnant woman, is of the opinion that

(i) the continued pregnancy would pose a risk of injury to the woman's physical or mental health or

(ii) there exists a substantial risk that the fetus would suffer from a severe physical or mental abnormality or

(iii) the pregnancy resulted from rape or incest or

(iv) the continued pregnancy would significantly affect the social or economic circumstances of the woman or

(2) after the 20th week of the gestation period if a medical practitioner, after consultation with another medical practitioner or a registered midwife, is of the opinion that the continued pregnancy -

(i) would endanger the woman's life

(ii) would result in a severe malformation of the fetus or

(iii) would pose a risk of injury to the fetus.

The termination of a pregnancy may only be carried out by a medical practitioner except for a pregnancy referred to in subsection (1)(a), which may be carried out by a registered midwife who has completed the prescribed training course.

- *Counselling*

4. The state shall promote the provision of non-mandatory and non-directive counselling, before and after the termination of pregnancy.

- *Consent*

5(1) Subject to the provisions of subsections (4) and (5), the termination of a pregnancy may only take place with the informed consent of the pregnant woman.

(2) Notwithstanding any other law or the common law, but subject to the provisions of subsections (4) and (5), no consent other than that of the pregnant woman shall be required for the termination of a pregnancy.

(3) In the case of a pregnant minor, a medical practitioner or registered midwife, as the case may be, shall advise such minor to consult with her

parents, guardian, family members or friends before the pregnancy is terminated; provided that the termination of the pregnancy shall not be denied because such minor chooses not to consult them.

(4) Subject to the provisions of subsection (5), in the case where a woman is - (a) severely mentally disabled to such an extent that she is completely incapable of understanding and appreciating the nature or consequences of a termination of her pregnancy; or (b) in a state of continuous unconsciousness and there is no reasonable prospect that she will regain consciousness in time to request and to consent to the termination of her pregnancy in terms of section 2, her pregnancy may be terminated during the first 12 weeks of the gestation period or from the 13th up to and including the 20th week of the gestation period on the grounds set out in section 2(1)(b) -

(i) upon the request of and with the consent of her natural guardian, spouse or legal guardian, as the case may be; or

(ii) if such persons cannot be found, upon the request and with the consent of her *curator personae*.

Provided that such pregnancy may not be terminated unless two medical practitioners or a medical practitioner and a registered midwife who has completed the prescribed training course consent thereto.

(5) Where two medical practitioners or a medical practitioner and a registered midwife who has completed the prescribed training course, are of the opinion that -

(a) during the period up to and including the 20th week of the gestation period of a pregnant woman referred to in subsection (4)(a) or (b) - (i) the continued pregnancy would pose a risk of injury to the woman's physical or mental health; or (ii) there exists a substantial risk that the fetus would suffer from a severe physical or mental abnormality; or

(b) after the 20th week of the gestation period of a pregnant woman referred to in subsection (4)(a) or (b), the continued pregnancy - (i)

would endanger the woman's life; (ii) would result in severe malformation of the fetus; or (iii) would pose a risk of injury to the fetus, they may consent to the termination of the pregnancy of such woman after consulting her natural guardian, spouse, legal guardian or *curator personae*, as the case may be; provided that the termination of the pregnancy shall not be denied if the natural guardian, spouse, legal guardian or *curator personae*, as the case may be, refuses to consent thereto.

- *Offences and penalties*

10(1) Any person who-

(a) is not a medical practitioner or a registered midwife who has completed the prescribed training course and who performs the termination of a pregnancy referred to in section 2(1)(a)

(b) is not a medical practitioner and who performs the termination of a pregnancy referred to in section 2(1)(b) or (c); or

(c) prevents the lawful termination of a pregnancy or obstructs access to a facility for the termination of pregnancy

shall be guilty of an offence and liable on conviction to a fine or to imprisonment for a period not exceeding 10 years.

(2) Any person who contravenes or fails to comply with any provision of section 7 shall be guilty of an offense and liable on conviction to a fine or imprisonment for a period not exceeding six months.

Although this Act seems to be expressly liberal, the fact that offences and penalties can be imposed if TOP is not procured in accordance with the confines of the Act does not render it absolutely liberal and may to some extent, curb abuse. However, the Act does not compel health care workers to either provide information about TOP and/or refer women seeking TOP. Under these circumstances, some pregnant women wanting to procure a termination may think that they have reached a cul-de-sac and eventually carry the pregnancy to term or resort to illegal and unsafe back-

street termination. In the preamble, it was stated that the CTPA recognises the values of human dignity and the advancement of human rights and freedoms. In the opinion of the researcher, it may, therefore be appropriate to consider rights in TOP.

3.5.2 Rights in TOP

Rights, in the opinion of the researcher, provide a firm basis for decision-making and knowledge of rights may help women in the resolution of an unintended pregnancy. It is therefore appropriate to consider rights of the pregnant mother as well as significant others concerning TOP.

This subsection investigates the rights of the pregnant mother, the fetus and the putative father in TOP. According to Sarkin (1995:225), for many, especially those in the anti-choice camp, the heart of the abortion debate is the question of when life begins. It would therefore be interesting to discuss rights of the pregnant mother and significant others in the TOP issue.

3.5.2.1 THE RIGHTS OF THE PREGNANT MOTHER

In the United States, the courts determine that a right to abortion exists in terms of the right to privacy. The courts in Canada and Ireland also argue that this right impacts on abortion (Sarkin 1995:235). According to the Constitution of the Republic of South Africa (1996:8) the right to privacy stipulates the following: Everyone has the right to privacy, which includes the right not to have

- their person or home searched
- their property searched
- their possession seized
- the privacy of their communication infringed.

The CTPA was promulgated with the recognition that the Constitution protects the right of persons to make decisions concerning reproduction and to security in and control over their bodies (CTPA 1996:2). The above recognition is stipulated in the

Constitution of the Republic of South Africa (1996) as follows: Everyone has the right to bodily and psychological integrity, which includes the right

- to make decisions concerning reproduction;
- to security in and control over the body; and
- not to be subjected to medical or scientific experiments without their informed consent.

Mason (1990:54) stresses that the pregnant woman's rights to terminate her pregnancy are very closely guarded. A woman's constitutional "right to privacy" has been catered for. However, the author (Mason) cautions that this right which should not be interfered with, is dangerously open-ended. The researcher wishes to point out that in the South African context, the pregnant woman's right to terminate her pregnancy seems to be protected to a greater extent by the right "freedom and security of the person" than by the right to "privacy". Protection of the woman's right to decide on terminating her pregnancy may avert devastating results of illegal TOP or continued pregnancy which may lead to pregnant learners abandoning school. Controversy surrounding the issue of whether or not the fetus is a "person" leads us to considering the rights of a fetus.

3.5.2.2 THE RIGHTS OF THE FETUS

Whether or not a fetus has rights and is regarded as a person will be discussed. The *gradualist theory* sees the fetal and neonatal period of life as being a steady progression towards complete "personhood" and concomitant full autonomy, which starts with conception and is completed some time in early childhood. The alternative is to regard *humanity*, and its associated human rights, as being acquired at a given moment in development, and that which is adopted by the conservative Roman Catholic Church, is that the beginning of life should be put at the conception of the zygote. *Humanity* seems preferable in that it evades the uncertainties and vacillations which are inherent in gradualism. This approach precludes the concept of *choice* - which has to be made between the conflicting interests of the mother and her fetus. Given the need for such a choice, some compromise with the gradualist position becomes in-

evitable and may be expressed in the proposition that the rights of the fetus are rights of the potential "creature in being" (Mason 1990:56-57).

The Constitution of the Republic of South Africa (1996:8) states that: "Everyone has the right to life." However, the South African Law of Persons and Family Law states that a natural person's legal personality begins at birth. Before birth the fetus is not a legal subject but merely forms part of the mother or her viscera (Cronje 1993:13). The legal requirements for the genesis of a person as a legal subject are:

- The birth must be fully completed, that is there must be a complete separation between the body of the mother and the fetus. For birth to be completed it is not a necessary requirement that the umbilical cord be severed.
- The child must be alive after the separation even if only for a short period. Legal subjectivity is not obtained by a stillborn fetus or a fetus which dies during birth (Cronje 1993:13).

As mentioned earlier under this subsection, the Constitution guarantees "everyone" the right to life. According to Rautenbach and Malherbe (1996:294), in South African law, the fetus is not regarded as a bearer of rights. Therefore, the conceived but unborn fetus, the *nasciturus*, is thus not a legal subject and therefore cannot have rights, duties and capacities (Cronje 1993:17). The researcher concludes that the term *everyone* in the "right to life" does therefore, not include the fetus.

The researcher wishes to point out that a constitution, the supreme law of the Republic, may not be a perfect document. According to Hollamby (1997:102); Rautenbach and Malherbe (1998:14) and Sarkin (1995:219), central to the constitutional interpretation of a bill of rights must be the realisation that rights are not absolute. Even if a bill of rights contains no general limitations clause, all rights have limitations. Sarkin (1995:222) further maintains that a law impinging on a right must meet the test of being "reasonable" and "justifiable in an open and democratic society based on freedom and equality". The Constitution of the Republic of South Africa (1996:16) contains an acknowledgement of limitation of rights. The "right to life" is therefore limited and does not apply in the case of the fetus.

From the aforegoing arguments regarding the rights of the fetus, the reader may conceive that the fetus, because it does not bear rights, does not enjoy any protection from the South African legal system. According to Cronje (1993:17) from very early times the law has, however, taken into account that in the normal course of events the fetus will become a legal subject, that is, a bearer of rights, and that before birth, situations could arise which could have been to the advantage of the *nasciturus* if he or she had been born. Whenever such a situation arises the law protects the potential interests of the *nasciturus* by implementation of the fiction that the fetus is regarded as having been born at the time of conception whenever it is to his or her advantage. The *nasciturus* must be borne alive in order to receive the rights which have been kept in abeyance. If the fetus is not born alive it is assumed, with regard to his or her interest, that he or she had never been conceived. It is the opinion of the researcher that the law somehow recognises conception, perhaps as the beginning of life, by the protection afforded the interests of the fetus even though legal subjectivity is taken to begin at birth. The father of the unborn child may wish to influence the pregnant mother's decision to terminate a pregnancy. Knowledge of the father's rights, in the researcher's opinion, deserves attention.

3.5.2.3 THE RIGHTS OF THE PUTATIVE FATHER

The "putative father" refers to the male person who impregnated the woman procuring or wanting to procure abortion. He may be the woman's boyfriend, husband, another woman's husband or cohabitant.

Mason (1990:58-59) states that it is hardly surprising that a father may wish to preserve the life of his child despite the existence of maternal contra-indications. The fetus is genetically half his and a father is entitled to his ambitions for a family. However, genetics alone cannot give the father equal rights with the mother in the matter because the mental and physical effort involved in the production of offspring is disproportionate between man and woman. The pregnancy affects the health of the mother, it is therefore clearly wrong that any third party should be able to come between a woman and her choice.

The CTPA (1996:4) states that the termination of a pregnancy may only take place with the informed consent of the pregnant women and no consent other than

that of the pregnant woman shall be required. It is therefore undisputable that the father has no rights in the termination of a pregnancy resulted from his actions. From the aforegoing discussion of rights in TOP, the researcher argues that the pregnant mother, according to the South African legal system, is singled out as the sole bearer of rights. Only interests which are to the advantage of the fetus are protected. Some effects of legalising TOP are discussed below.

3.5.3 Effects of legalised TOP

Earlier (*cf.* 3.4.1) it was stated that legalised TOP does not carry much risk for a women's health while illegal and unsafe termination does. Changes, in TOP regulation, which liberalise TOP seem to present positive effects for pregnant women. A discussion of the effects of legalised TOP follows.

Ferreira (1985:54) points out that a positive correlation between contraceptive practice and accessibility of safe termination to all segments of society was realised in Japan and Yugoslavia. According to Davis (1985:72) TOP, before legalisation, was perceived as a dangerous "bloody" enterprise that threatened the patient's life as well as the good name and legal standing of the hospital. The implication of such a perception is that the illegal status of TOP may make it unacceptable and create pessimism. It is, in the opinion of the researcher, the legislation exercise which may make TOP an acceptable practice and may therefore change negative perceptions in the process.

Frankowski (1987:29) states that legalising TOP for the first three months of pregnancy reduces mortality rates for women undergoing TOP. Frankowski further asserts that mortality rates where the procedure is legal, appear to be as low as or lower than the rates for normal childbirth. Legislation of TOP, therefore, reduces maternal deaths. The fact that legalised TOP only reduces and does not eliminate maternal deaths is reiterated by Cunningham and Forsythe (1992:131).

The following positive effects for legalised TOP have been alluded to by Ferreira (1985:55-57):

- Legal TOP limits the number of illegal terminations. This has implications for maternal health and a reduction of pressure on medical ser-

vices required for treating complications and infections resulting from illegal terminations (*cf.* 3.4.1).

- Women experiencing short birth spacing and women who become pregnant due to contraceptive failure are afforded an opportunity to terminate their pregnancy legally.

- Legalised TOP has an equalising function. Where TOP is illegal, the poor often have no recourse except to terminate the pregnancy themselves or bear an unwanted child. Unaffordability adversely affect the poorer women whilst the affluent may even travel to other countries where TOP services are readily available.

- Legalised TOP is inclined to terminate unwanted and/or unplanned pregnancy in high risk groups such as adolescents. Adolescent learners' schooling may therefore not be disrupted and they may also not be forced into undesirable marriages or even suicide.

From the aforegoing discussion of positive effects of legalised TOP, pregnant women who might be inconvenienced by such a pregnancy are afforded an opportunity to safely terminate a pregnancy. In the opinion of the researcher, TOP legalisation eases the pregnant woman's pregnancy resolution process. Besides providing a further option in pregnancy resolution, the South African CTPA caters for mandatory counselling which, in Ferreira's (1985:54) opinion increases contraceptive use. The researcher holds the view that the counselling procedure further affords the adolescent an opportunity to carefully consider her career and life goals.

Because the woman's decision in the first three months of pregnancy is absolute (Frankowski 1987:29), knowledge may therefore reduce the influence of others in the woman's TOP decision-making.

Notwithstanding the positive effects of TOP legalisation, Cunningham and Forsythe (1992:125) have reservations regarding the assumption that legal termination is safe and illegal termination is not. The authors claim that legal TOP did not only fail in eliminating back-alley abortions, but can also be unsafe as well. Anecdotal information and lawsuits reveal that a woman may suffer from mild to severe physical injury and trauma from legal terminations, including a punctured uterus, incomplete termination, pelvic inflammatory disease or stroke (Cunningham & Forsythe

1992:132). Further effects of TOP are discussed later (*cf.* 3.6) and in chapter four where the effects on adolescents are investigated.

3.5.4 Concluding remarks

Earlier in this chapter (3.1) the researcher alluded to the increasing advertisements on TOP and the continuance of backstreet terminations. Barely six months after the CTPA became effective in South Africa, state hospitals experienced a marked decline in the number of backstreet or incomplete abortions (*Sowetan* 1997/09/05:15). The researcher is of the opinion that to a considerable extent, many institutions that perform terminations now might have been performing them even during the time of the Abortion and Sterilization Act (1975).

One of the most acceptable grounds for liberalisation of TOP laws is the devastating effects backstreet abortion had on women. Liberalisation is further based on the fact that backstreet TOP indignifies women and deprives them of their reproductive freedom. In the opinion of the researcher, legalisation of TOP in South Africa provides the State to control the procurement of TOP, contributes to the improvement of national health, and regulation of population growth since after termination the woman would be encouraged to use contraceptions. The opportunity to urge women who obtained backstreet terminations to use contraception methods is almost non-existent because women may often not inform authorities.

A consideration of the rights of the pregnant mother, the fetus and the father reveals that the mother, in TOP is the only one who may bear rights. The interests of the fetus can only be protected provided he/she is born alive.

Changes in TOP regulation throughout history were based on several motivations. According to Cunningham and Forsythe (1992:101) legalised TOP was justified "as a humane solution to a critical social problem". Legalised TOP was needed for population control, to promote mental health, to reduce child abuse, to alleviate poverty and to eliminate unsafe back-alley terminations. TOP changed therefore from being a crime to be a "constitutional right", a "fundamental freedom". These authors (Cunningham & Forsythe 1992:102) further stress that contemporary TOP legislation upholds that TOP - for any reason, at any time of pregnancy - is the "first right" for

women; that is, women's unlimited access to TOP is essential for sexual equality and is the non-negotiable prerequisite for all other social, economic or legal rights.

The researcher wishes to point out that TOP has been made an "inalienable right" of pregnant women through its legalisation. This guaranteed freedom of choice in pregnancy resolution may, to a greater extent, avert the unbearable consequences where adolescents suffer the adverse effects of illegal termination including death, or carry the pregnancy to term and therefore disrupt their schooling programmes or deal their chances of success in life a blow by plunging into hastily arranged marriages.

Procurement of TOP, legally or illegally, has medical implications. Illegal TOP, as indicated above (*cf.* 3.5) may be fatal and generally lead to infection. Legal TOP also involves certain medical procedures. It would therefore be in place to consider the medical aspects pertaining to the issue of TOP. According to Frankowski and Cole (1987:vix) changes in the legal, ethical and political views necessitated a consideration of the role that the medical profession plays in TOP.

The next section discusses the medical procedures in the procurement of TOP.

3.6 TOP PROCUREMENT

As indicated earlier (*cf.* 3.2), TOP can be spontaneous or induced. Even though both will be discussed below, the latter remains applicable for the purpose of this study. This section will also present the issue of illegal/backstreet/unsafe abortion. Brien and Fairbairn (1996:39) caution that it has become apparent in their work as counsellors that although the majority of women accept that having an abortion is tantamount to preventing a life, these women's knowledge about the early development of the embryo and fetus may often be vague. It is therefore the opinion of the researcher that women undergoing termination of pregnancy need information on fetal development for basic understanding of the process of TOP on the one hand and for decision-making on the other. A brief overview of fetal development follows.

3.6.1 Fetal development

A new life begins within a fraction of a second in the fallopian tube of the woman when a sperm and an ovum unite. This union brings about fertilisation or conception

which takes place approximately 280 days before birth. The fertilised ovum is called a zygote. The zygote develops into a fetus (Louw 1991:101).

According to Brien and Fairbairn (1996:39) the human embryo is indistinguishable from other early life forms in the first weeks after conception. The embryo becomes recognisable as a mammal at a month from conception. At five weeks the crown (head) to rump length is 5-8 mm. The embryo now possesses a primordial (primitive) brain, a heart, limb, buds, eyes and ears, and the beginning of the internal organs. By eight weeks the fetus is recognisable as human to the eye. Twelve weeks from conception the fetus is fully formed and is about 8,5 cm long. Although the mother rarely feels it, the fetus can move, the head is rounded, neck, facial features and external sex organs are formed. During the rest of the pregnancy the organs continue to develop and grow.

At 12 weeks it would be proper to consider the viability of the fetus. Brien and Fairbairn are of the opinion that it is unable to survive independently and remains unable to approximately twenty four weeks. Since reference to gestational age is constantly made in the discussion of TOP, it is appropriate, in the researcher's opinion to present a concise and descriptive developmental overview of the fetus. Table 3.1 below summarises fetal development (On line 1999/12/7:http://web.tusco.net/ ourlady/abortion2.htm 1999/12/07).

Table 3.1: Fetal development

Week 1	The ovum (egg) is fertilised, divided and attached to the uterus.
Week 2	The embryonic disk is formed which will generate all organs and human tissues.
Week 3	The first body which comprises primitive spine, brain and spinal cord forms.
Week 4	Heart, blood circulation and digestive system are formed.
Week 5	The heart begins to pump blood, limb buds appear, divisions of brain are formed.
Week 6	Eyes and ears begin to develop.
Week 7	The face is well developed with eyes, nose, lips and tongue. Bones and muscles are formed.
Week 8	The embryo is about one inch long. Its heart beats about 40-80 times a minute.

Week 9	The baby's sex is determined. Eyelids are completely formed.
Week 10	The embryo is now called fetus. Blood and bone cells form. The baby makes the first movement.
Week 11	Organs such as liver begin to function.
Week 12	Breathing begins with a lung. The fetus sucks his or her thumb.
Week 14	The muscles and skeleton are matured. The nervous system begins some control. Blood vessels develop rapidly.
Week 15	Hands grasp and feet kick.
Week 16	All human organs and structures are completely formed.
Week 19	Eyebrows, eyelashes, head hair are formed.
Week 20	The fetus has a regular schedule of sleeping, turning, sucking and kicking.
Week 22	The skeleton develops rapidly.
Week 23	Eyelids open and close.
Week 24	The fetus weighs about 2 pounds.
Week 26	The baby can breath, swallow and regulate his/her body temperature.
Week 30	Fat deposits are formed underneath the skin.
Week 31	The digestive tract and lungs are fully matured.
Week 32	The baby is about 14 inches long.
Week 33	The baby fills up the uterus.
Week 38	Full term pregnancy.

Source: On line http://web.tusco.net/ourlady/abortion2.htm. 1999/12/07:2-3.

In addition to fetal development outlined above (*cf.* 3.6.1) Flower (1992:445-446) maintains that there are at least four significant transitions during the course of pre-natal human development. Two weeks after conception the inner cell mass emerges into an embryo that can give rise to only a single individual if development proceeds without interruption (Transition 1). The development of nerve cells and muscles to enable motility occurs at about four to five weeks later (Transition 2). Around midgestation, the rudimentary neocortex is in place. There is evidence that rudimen-

tary input from bodily "sensors" could reach the neocortex after the cells from the thalamus have sent their first axonal extensions into the higher brain. Finally, there appears to be a dramatic increase in the development of the neocortical circuitry during the eighth binar month, coupled with the appearance of brain activity that resembles the wake/sleep cycles of newborns.

Over and above the presentation of facts on prenatal development, the overview provides a foundation from a medical perspective which may underpin arguments against or for TOP.

Fetal development normally takes place inside the women's womb, from conception to birth. However, at any time before birth and due to various reasons, the development can terminate naturally or be terminated through backstreet and/or induced abortion. The following section presents a discussion of backstreet abortion.

3.6.2 Backstreet abortion/termination

The World Health Organisation (WHO) (1998:3) defines backstreet termination as an abortion not provided through approved facilities and/or persons and as generally characterised by the lack or inadequacy of skills of the provider, hazardous techniques and unsanitary facilities. In all parts of the world, particularly in urban areas, an increasing proportion of those having terminations are unmarried adolescents.

Dangerous practices of self-induced TOP by untrained persons have been replaced by the growing availability of legal terminations performed safely, rapidly and at a relatively low cost, on social as well as medical grounds, on request of a woman during the first trimester of pregnancy, by trained personnel in hospitals or clinics (David 1981:2). Legalised TOP, provided it is done early, is likely to constitute less of a drain on medical resources than the result of illegal backstreet terminations (Sharratt 1974:116). However, backstreet terminations seem to continue even in countries where TOP is legal (Van Rooyen & Louw 1994:107).

Almost three decades ago, Sharratt (1974:115) pointed out that increasing the stringency of prohibitive TOP laws may only send the backstreet operators deeper underground and therefore increasing the incidence of illegal terminations. According to Pearson and Sweetman (1996:45) more than half of 35-55 million induced

terminations which take place throughout the world are performed by unskilled persons.

Backstreet termination, often called illegal, unsafe (Pearson & Sweetman 1996:45) unskilled (Cook 1990:194) termination, is described as an unpleasant, painful, embarrassing, guilt-ridden and dangerous procedure (Sharratt 1974:115) usually done by an unskilled person (Cook 1990:194; Pearson & Sweetman 1996:45) to end a pregnancy prematurely. According to Louw, Weitz and Radebe (1996:135) a backstreet termination is performed under unhygienic circumstances, by an unqualified abortionist, no anaesthetic is given, the bed or table is not sterile, instruments used are not sterile, and may lead to infection and if bleeding is not stopped, the woman subsequently dies.

The researcher wishes to point out that backstreet terminations, as implied by the word "backstreet" is normally not procured at an institution designated for that purpose. Sharratt (1974:115) points out that illegal TOP is ancient and widespread. The researcher wishes to point out that unskilled TOP is therefore, as old as humanity and ubiquitous. The ubiquity of backstreet abortion makes it a worldwide problem. Table 3.3 below (*cf.* 3.6.2) indicates an imbalance in the frequency of deaths resulting from backstreet abortion between the United States of America (US) and developing countries. It would therefore be appropriate to consider the global, regional and South African incidence and mortality due to backstreet abortion.

3.6.2.1 GLOBAL, REGIONAL AND SOUTH AFRICAN INCIDENCE OF, AND MORTALITY DUE TO BACKSTREET ABORTION

Due to factors such as the prohibition of abortion and severe penalties imposed on illegal abortion, condemnation of abortion (in Zambia for example) (Koster-Oyekan 1998:1308), and some degree of unreliability of statistics (WHO 1998:6), the incidence of and mortality due to backstreet abortion can only be estimated. The WHO (1998:7) further maintains that estimates of the incidence of backstreet abortion and resulting maternal mortality have a high degree of uncertainty. In the absence of accurate statistics, estimates may, in the researcher's opinion, provide a basis for the understanding of the extent of the problem as well as planning and assistance. Table 3.2 below shows the global and regional annual estimates of indecence and mortality, backstreet (unsafe) abortions, United Nations regions (1995-2000), and Figures 3.1 to

3.3 depict estimates of backstreet abortion rate per thousand women (15-49), the mortality ratio per 100 000 live births and incidence and mortality according to United Nations (UN) subregions (1995-2000) respectively (WHO 1998:8-12).

3.6.2.1.1 Definitions of incidence and mortality

Definitions below clarify concepts used in table 3.2 and would therefore be important for an interpretation of data on the mentioned table. Concepts like *incidence rate, incidence ratio, mortality ratio, proportion of maternal deaths* as well as *case fatality rate* as contained in WHO report (1998:9) are defined blow:

- *Incidence rate* is the number of backstreet terminations per 1000 women of reproductive age (15-49). This measure describes the level of abortion in a population and allows comparison of incidence of backstreet termination between countries, regions and over time (see Figure 3.1).

- *Incidence ratio* is the number of backstreet terminations relative to live births (as a proxy of all pregnancies), expressed as a percentage. It indicates the probability that a pregnant woman will resort to backstreet termination.

- *Mortality ratio* is the number of deaths due to backstreet termination per 100 000 live births during the same period. It is a subset of maternal mortality ratio (see Figure 3.2).

- *Proportion of maternal deaths* represents deaths due to backstreet termination as a percentage of all maternal deaths.

- *Case fatality rate* expresses the estimated number of deaths, per 100 estimated number of backstreet termination procedures.

Table 3.2 **Global and regional annual estimates of incidence and mortality, unsafe abortions, United Nations regions, 1995-2000**

	Estimated number of unsafe abortions (*000s*)	Incidence rate (*unsafe abortions per 1 000 women 15-49*)	Incidence ratio (*unsafe abortions per 100 live births*)	Estimated number of deaths due to unsafe abortion	Mortality ratio (*deaths due to unsafe abortion per 100 000 live births*)	Proportion of maternal deaths (*% of maternal deaths due to unsafe abortion*)
WORLD TOTAL	**20 000**	**13**	**15**	**78 000**	**57**	**13**
MORE DEVELOPED REGIONS*	900	3	7	500	4	13
LESS DEVELOPED REGIONS	**19 000**	**16**	**16**	**77 500**	**63**	**13**
AFRICA	**5 000**	**27**	**16**	**34 000**	**110**	**13**
Eastern Africa	1 900	36	19	16 000	153	14
Middle Africa	600	28	14	4 000	98	10
Northern Africa	600	15	13	1 200	24	7
Southern Africa	200	16	13	800	49	19
Western Africa	1 600	31	16	12 000	121	12
ASIA*	**9 900**	**11**	**13**	**38 500**	**48**	**12**
Eastern Asia*	°	°	°	°	°	°
South-central Asia	6 500	19	17	29 000	72	13
South-eastern Asia	2 800	21	23	8 100	66	15
Western Asia	500	12	11	1 100	20	6
EUROPE	**900**	**5**	**12**	**500**	**6**	**17**
Eastern Europe	800	10	25	500	15	24
Northern Europe	<30	1	2	<20	0.2	2
Southern Europe	<90	2	6	<20	1	10
Western Europe	°	°	°	°	°	°
LATIN AMERICA AND CARIBBEAN	**4 000**	**30**	**36**	**5 000**	**41**	**21**
Caribbean	200	17	21	600	71	18
Central America	900	26	26	700	20	14
South America	3 000	34	42	3 500	47	24
NORTHERN AMERICA	°	°	°	°	°	°
OCEANIA*	**30**	**15**	**12**	**150**	**51**	**8**

Figures may not add to totals due to rounding.

* Japan, Australia and New Zealand have been excluded from the regional estimates, but are included in the total for developed countries.

° For regions where the incidence is negligible no estimates are shown

3.6.2.1.2 Global incidence and mortality

Table 3.2 shows the estimated incidence of and mortality due to backstreet termination, globally, by regions and subregions. It is estimated that almost 20 million backstreet abortions take place per annum worldwide. According to WHO (1998:9) this resembles nearly one in ten pregnancies, or a ratio of one backstreet abortion to fewer than seven births. Almost 95 % of backstreet abortions take place in the developing world. Despite the liberalisation of TOP worldwide (*cf.* 3.4) many women (*cf.* 3.7) still resort to procurement of TOP at facilities not designated for that purpose or rely on unskilled providers, with resultant adverse effects.

According to Table 3.2 and Figure 3.2 it is likely that about 80 000 women die annually from complications resulting from backstreet abortions. The WHO (1998:9) further maintains that backstreet abortion is therefore, a leading cause of the almost 600 000 maternal deaths estimated to occur annually. Because Figure 3.1 depicts the estimated annual backstreet abortion rate per 1000 women aged 15-49, adolescents also form part of this group. The researcher therefore argues that, even though the proportion of the incidence of backstreet abortion procured by and resulting in the death of adolescents has not been specified, a considerable number of them suffer its adverse effects such as death.

3.6.2..1.3 Regional incidence and mortality

Table 3.2 as well as Figures 3.1 - 3.2 shows that backstreet abortions occur throughout the world. In Table 3.2 estimates for Eastern Asia, Western Europe and Northern America are not shown. According to the WHO (1998:8) the incidence of backstreet abortions in these regions is negligible because TOP there is legal, safe and relatively accessible. Variations within subregions may be important too. For example, abortion is legal and backstreet abortions are rare or non-existent in China, Vietnam and Turkey (South-eastern and Asia regions), as well as in Tunisia of the Northern African region. Adolescents living in regions where abortion is legal, safe and accessible, in the opinion of the researcher, are almost not vulnerable to the adverse effects of backstreet abortion (*cf.* 3.6.2.3)

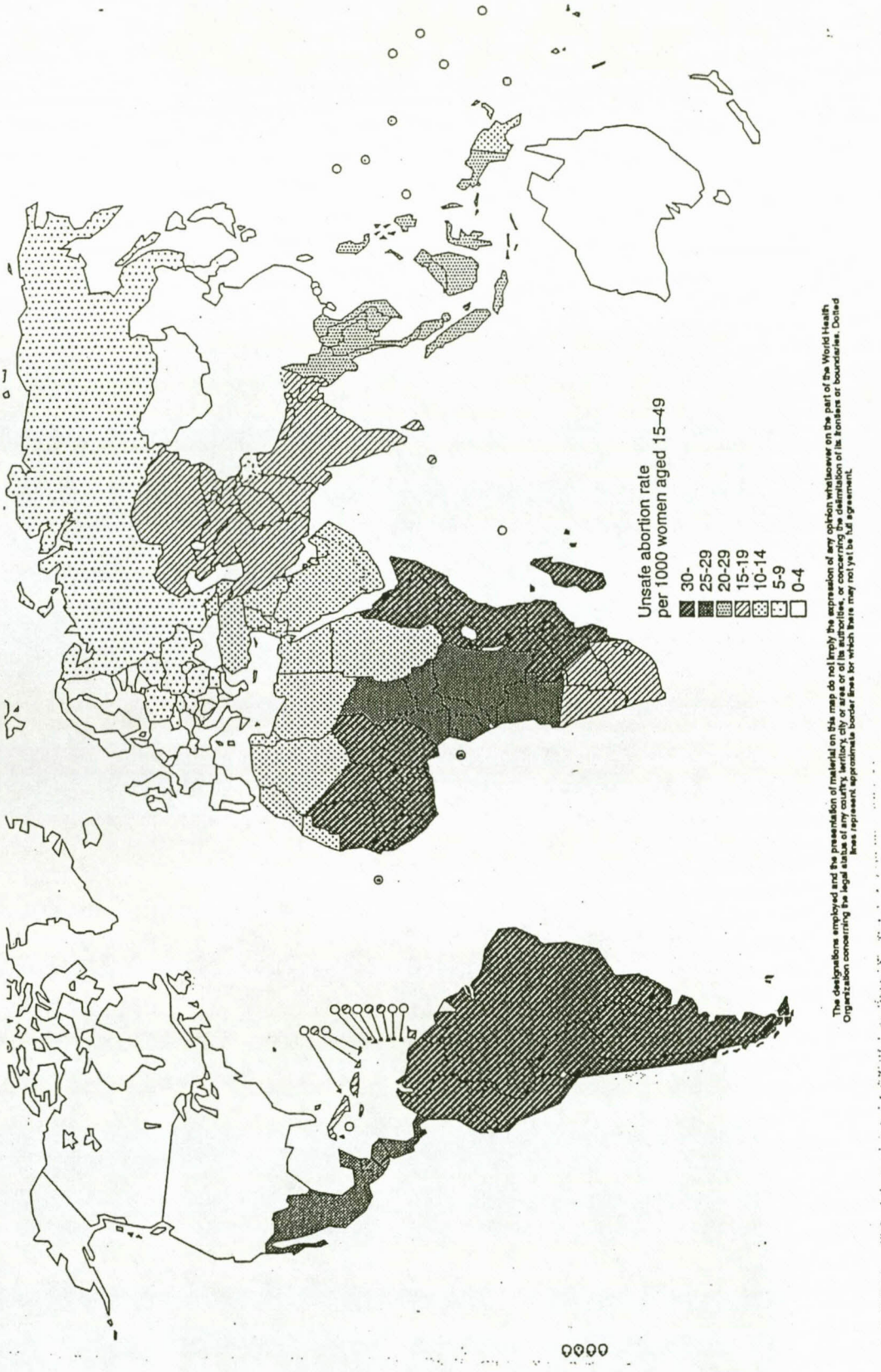


Figure 3.1 **Estimated annual unsafe abortion rate per thousand women aged 15-49 by United Nations subregions, 1995-2000**

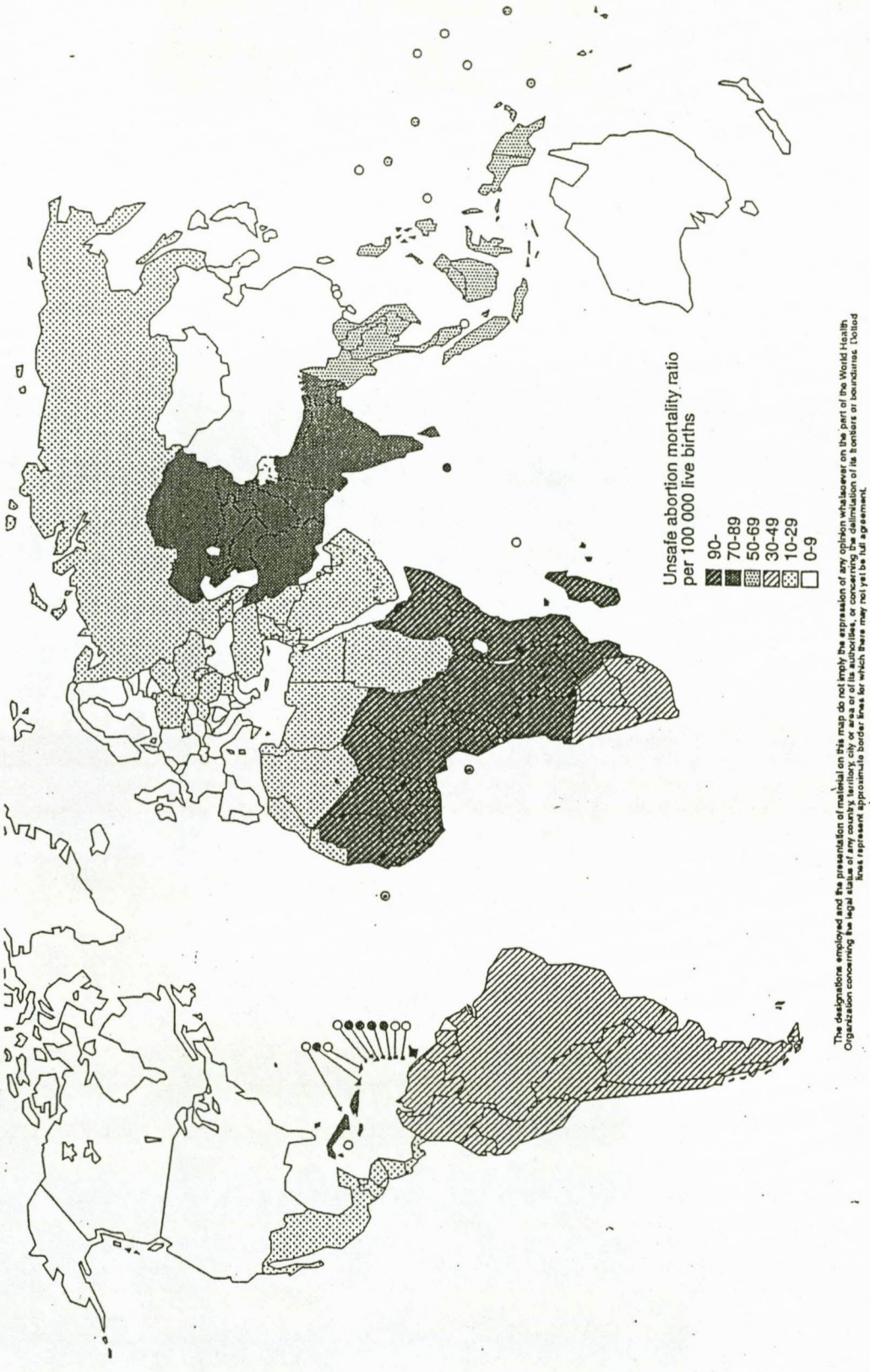
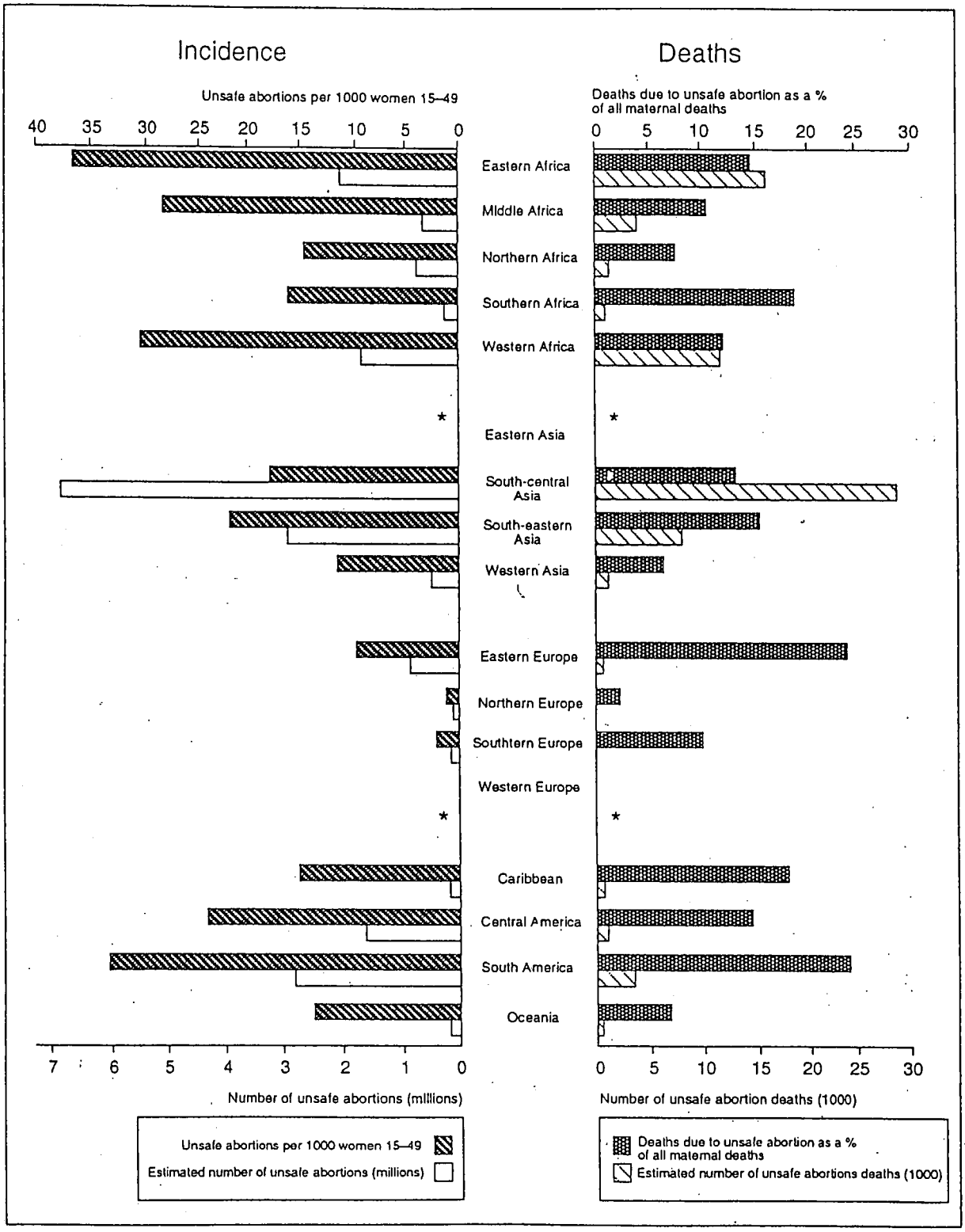


Figure 3.2 **Estimated annual unsafe abortion mortality ratio per 100 000 live births by United Nations subregions, 1995-2000**



* *For regions where incidence is negligible no estimates have been made*

Figure 3.3 **Estimated annual incidence and mortality, unsafe abortion, United Nations subregions 1995-2000**

In Latin America, over 4 million backstreet abortions are estimated to take place annually, corresponding to 30 backstreet abortions per 1000 women of reproductive age (WHO 1998:13). The incidence rate varies between 17 per 1000 women to 34 per 1000 women in South America. The backstreet abortion mortality ratio of 41 per 1000 000 live births for the region - nearly 5000 deaths corresponds to more than one fifth of all maternal deaths.

Among developing regions, Asia has the lowest abortion rate at 11 per 1000 women of reproductive age because backstreet abortion is rare in several countries of the region, notably in China (WHO 1998:14). However, half of the world's backstreet abortions take place in Asia because of the large number of women of reproductive age in this region. Furthermore, South-central Asia has large numbers of abortion-related maternal deaths, estimated at 29 000 deaths annually. Nearly 8000 deaths result from approximately 3 million backstreet abortions occurring in South-eastern Asia.

In Africa there are almost 5 million backstreet abortions per annum - nearly 30 backstreet abortions per 1000 women of reproductive age (WHO 1998:14). Over 40 % of total deaths due to backstreet abortions occur in Africa. Mortality is higher in Africa, however, with the highest backstreet abortion mortality ratios estimated for Eastern and Western Africa at 153 and 151 per 100 000 live births respectively. Abortion-related deaths account for 12-13 % of all maternal deaths in Africa and Asia. The researcher wishes to point out that the percentage (12-13 %) might be considered to be relatively low but it is substantial because of high maternal mortality (WHO 1998:14).

From Table 3.2 and Figures 3.1 to 3.3 it can be deduced that although backstreet abortion is a worldwide problem, some regions are harder hit by it than others. The former holds true for developing regions. Figure 3.2 indicates that Southern Africa have a relatively high incidence and mortality due to backstreet abortion. WHO (1998:15) further cautions that the incidence of backstreet abortion and resulting mortality may be rising among adolescent women in urban areas, particularly where abortion is illegal and family planning services are inadequate. The researcher wishes to point out that it is not only in "urban areas" where backstreet abortions are rising but also in rural areas such as in India and rural areas of the Eastern Free State region where currently, there is only one designated TOP institution. Where informa-

tion about sexuality and contraception is unavailable or if information inadequately addresses the needs of adolescents, the occurrence of unwanted and/or unplanned pregnancies may be highly likely, a proportion of which may be terminated either legally and safely or illegally and unsafely. Besides the lack of information and unavailability of TOP institutions, the researcher is of the opinion that the pregnant adolescent undergoing a backstreet abortion has a higher mortality risk in developing regions of the world due to a lack of medical services where infections may not be treated.

The aforegoing discussion indicates that although backstreet abortions take place throughout the world, pregnant women living in developing regions may experience a greater mortality. It can also be stated that mortality presents one of the effects of backstreet abortion. As adolescents in the Eastern Free State form part of the South African population it would therefore be appropriate to consider estimates of backstreet abortions in the Republic of South Africa (RSA).

3.6.2.1.4 Backstreet abortion in South Africa

Approximately 300 000 women procured termination annually in South Africa of which less than 1 % was legal (Du Preez 1997:17). According to the Department of Health (1996/12/11:1) and WHO (1998:37), women procuring backstreet abortion in 1995 were estimated at 44 686 (results of a hospital-based study) of which 425 died. Most of the women who opted for this desperate measure were poor, with limited access to family planning and inadequate support systems for unwanted children. On the other hand, in the same period (1995), 2436 women had access to safe and legal termination of pregnancy. The women in this group were mostly white and from the higher socio-economic classes.

WHO (1998:37) further reveals, from the study referred to above that 40.8 % of abortion admissions were women under 20 years of age. It can therefore be concluded that backstreet abortion affects adolescents constituting slightly above two-fifths of pregnant women undergoing unlawful TOP. Regarding population groups, Du Preez (1997:26) states that of the 44 686 hospital admissions due to backstreet abortion, 84 % were African, 11 % Coloured, 4 % Asian and 1 % White. The researcher wishes to point out that African adolescents seem to constitute the majority affected by backstreet abortion. The aforegoing discussion highlighted the concept

backstreet abortion, global, regional as well as South African incidence of and mortality due to backstreet abortion. Mortality as an effect of backstreet abortion was also discussed. It would therefore be proper to discuss further effects of backstreet abortion.

3.6.2.2 EFFECTS OF BACKSTREET ABORTION

Unskilled termination is the leading cause of obstetric death in many parts of the world (Cook 1990:194; Pearson & Sweetman 1996:45) including Bangladesh, Columbia and Ethiopia (Cook 1990:45) and causes 40 % of maternal deaths worldwide (Pearson & Sweetman 1996:45). A retrospective analysis of 95 deaths due to abortion at Kenyatta National Hospital between 1974 and 1983 showed that the average death rate is nearly three deaths per 1000 abortion admissions. Septic abortion with its complications accounted for 97,4 per cent of the deaths from induced abortion (Cook 1990:194). Table 3.3 indicates that backstreet abortion accounts for between 100 and 1000 maternal deaths in developing countries as compared other procedures pregnant women may choose.

Table 3.3 Mortality risks associated with pregnancy and selected health procedures. Comparison between the United States of America and developing countries

	DEATHS PER 100 000 CASES	
	UNITED STATES OF AMERICA	DEVELOPING COUNTRIES*
Legal abortion	1	4- 6
Female sterilization	4	10- 100
Delivery of live birth	14	250- 800
Cesarean section	41	160- 220
Illegal abortion**	50	100-1000
Hysterectomy	150	300- 400

* Estimated

** Performed by untrained practitioners or outside medical facilities

Source: WHO (1998:4)

From Table 3.3 it can be noted that illegal termination accounts for the greatest number of deaths (100-1000 and 50) in the developing countries and United States of America respectively. Legal abortion therefore, presents the least risk. It can therefore be stated that illegal termination is more likely to put adolescents undergoing abortions at risk.

Besides death, backstreet terminations have several effects. Women may suffer serious and permanent damage, including chronic morbidity, infertility or psychological problems (Pearson & Sweetman 1996:45). A touching example regarding infertility is cited by a divorcee with three children who in 1992 became pregnant by a man who rejected her. She made a decision to procure a backstreet termination which left her barren and bitter because her second husband yearns for the child she cannot bear (*Sowetan* 1997/09/05:15). Unskilled termination also carries a cost to health services. Ironically, the cost of the after-care of incomplete/backstreet termination may be more expensive than the provision of safe terminations (Pearson & Sweetman 1996:46). Furthermore, permanent disability can result from backstreet termination (WHO 1998:3). In a hospital study in Durban, South Africa (1983-84), 42 of 647 patients with septic abortion underwent surgery. Eight patients were under the age of 20 at the time. This shows that adolescents do procure backstreet abortion. Louw *et al.* (1996:136) and Van Rooyen and Louw (1994:107-108) cite the following physical and psychological effects:

- *Physical effects:*
  - Infection of the pelvic area, peritonitis of septicaemia, leading to an emergency surgical removal of the uterus
  - Perforation of the uterus wall
  - Haemorrhage
  - Operation trauma
  - Subsequent miscarriages or premature births
  - Irregular menstrual cycles
  - Painful sexual intercourse

The psychological effects are often worse than the physical effects (Van Rooyen & Louw 1994:108).

- *Psychological effects*
  - Feelings of guilt
  - Self-reproachment
  - Anxiety
  - Depression
  - Sorrow
  - Psychosomatic conditions
  - Serious mental disturbances may occur
  - Suicide, in a few cases
  - Relief
  - Anger with the husband or boyfriend
  - Emotional insensitivity and loss of self-respect.

The researcher wishes to point out that the extent to which these effects affect the woman who terminate a pregnancy illegally may depend on the severity of the consequences and the motive for termination. In the opinion of the researcher, consequences also effect the abortionist. The abortionist may feel guilty or be depressed depending also on the outcome of the termination. In situations where the damage is minimal, both the woman terminating a pregnancy and the abortionist may be tremendously relieved. According to WHO (1998:3-4) backstreet abortion remains one of the neglected problems of health care in developing countries and a serious concern to women during their reproductive lives, but spontaneous abortion is rarely fatal and seldom presents complications. The subsequent subsection deal with spontaneous and induced terminations.

3.6.3 Spontaneous termination

Spontaneous termination differ from induced termination. Three decades ago, David (1974:4) indicated that induced termination is initiated by deliberate action undertaken with the intention of terminating pregnancy; all other terminations are considered as spontaneous even if an external cause is involved. The researcher wishes to point out that backstreet termination, also initiated by deliberate action undertaken with the intention of terminating a pregnancy, can therefore be classified as induced.

According to Van den Aardweg and Van den Aardweg (1988:6) spontaneous termination occurs when the uterus, for natural reasons, goes into labour early in pregnancy, usually in the first three months. Usually the fetus dies due to abnormalities of itself or the placenta. Damage to the mother or infection rarely results. The *Encyclopedia Americana* (1990:44) posits that spontaneous terminations or *miscarriages* occur without medical or other interventions.

Spontaneous termination takes place in a variety of ways. In *threatened* termination there may be abdominal pain and bleeding from the uterus while the fetus is still alive, but once the fetus dies termination becomes inevitable. *Habitual* or *recurrent* termination is the occurrence of three consecutive pregnancy losses before 20 weeks' gestation, with the fetus weighing under 500 grams. The presence of a uterine abnormality, such as bicornuate uterus or cervical incompetence, may account for 10 to 15 % of recurrent terminations (*Oxford Concise Colour Medical Dictionary* 1994:2).

Kohn and Moffit (1994:284-285) distinguish between the following forms of spontaneous termination:

- *Blighted ovum*: This is an early loss of pregnancy in which the egg was fertilised but no baby developed
- *Complete miscarriage*: A complete miscarriage is an early loss in which all the products of conception, including the baby, the sac, and the forming placenta, are expelled from the uterus
- *Incomplete miscarriage*: This is an early loss in which some products of pregnancy still remain in the uterus

- *Missed miscarriage*: This is an early loss in which the baby has died but remains in the uterus, along with the placenta and other elements of conception, without being expelled
- *Septic miscarriage*: This is an early loss complicated by uterine infection usually from an incomplete miscarriage.

Spontaneous termination, an "accidental occurrence" (*Oxford Concise Colour Medical Dictionary* 1994:2) occurs as a result of different causative factors and under certain circumstances. According to *Encyclopedia Americana* (1990:44) probably about 25 % of all pregnancies result in miscarriages, the chance of miscarriage is highest for women older than 35 or younger than 17 years of age, couples who have difficulty in achieving pregnancy and women who have had at least two miscarriages.

Cavanach (1990:44) states that causes of spontaneous terminations are not completely understood and it is likely that many are caused by noninherited genetic defects to the embryo. The most common embryonic defects according to Cavanach, are abnormal chromosome numbers resulting from faulty cell division but this condition does not increase the chances of subsequent spontaneous terminations.

Although Cavanach (1990:44) maintains that causes of spontaneous terminations are not completely understood, Potts *et al.* (1977:46-47) stated the following causes almost three decades ago:

- Severe generalised diseases and virulent infections, especially those causing high body temperatures (eg. malaria), but this is rare
- Certain congenital abnormalities of uterine development predispose termination without preventing conception
- In older women and certain racial groups, the presence of uterine fibroids - benign tumours which develop within the uterine wall and distort both the uterus and the uterine cavity. Their presence interferes with effective implantation, the development of the placenta. Terminations can be recurrent if the condition is not treated
- Incompetence of the uterine cervix, resulting from the previous overstretching of the cervix, perhaps after a normal delivery

- Hormone deficiencies such as progesterone deficiency can be responsible for termination
- Presence of intrauterine devices (IUD) account for some spontaneous terminations
- Strong emotional shock (sudden news of death, road accidents, sudden disclosure of marital infidelity).

Earlier in this subsection (*cf.* 3.6.3) it was pointed out that spontaneous termination results from natural reasons. The researcher has reservations regarding issues such as road accidents. It has become acceptable that some road accidents are intentional, that is, in the case of suicide. The researcher is of the opinion that spontaneous termination generally occurs in situations where the pregnant woman's control over causative factors does not apply or is insufficient. Finally, about 90 % of spontaneous terminations occur during the first trimester (first three months, 12 weeks of pregnancy) and in many cases terminations occur before the woman realises that she is pregnant, and she may even not realise that she has aborted (Cavanach 1990:44). A typical tenth-week termination resembles a very heavy menstrual period. There may be several days of heavy bleeding and cramps before the contents of the uterus are expelled, followed by a short period of bleeding until the lining of the uterus is expelled, followed by a short period of bleeding until the lining of the uterus heals. Barron (1981:121) states that at best, termination reflects a failure of the fertilised egg (*zygote*) to thrive or of a woman to cherish a pregnancy. Spontaneous termination, from the discussion above, seems to present minimal adverse effects in comparison with backstreet or illegal termination. The researcher holds the view that pregnant, school-going adolescents are more likely to be relieved in the case of spontaneous termination because opportunities may further be enhanced to pursue career goals. The next subsection discusses induced termination.

3.6.4 Induced termination

Induced termination refers to the conscious and deliberate separation and expulsion, by surgical or medical means, of the contents of the uterus of a pregnant woman (*cf.* 1.7.5). In the opinion of the researcher, induced termination takes place when a woman fails to cherish a pregnancy (*cf.* 3.6.3) and for a variety of reasons. Techniques

and causative factors of induced termination will now be discussed. A discussion of extraction, dilation and evacuation (D & E) and dilation and curettage (D & C), prostaglandin or saline administration and hysterectomy follows.

3.6.4.1 INDUCED TERMINATION PROCUREMENT PROCEDURES

Even though induced and legal TOP is relatively safe, various procurement procedures may differ in their degree of safety to pregnant women. The forthcoming discussion addresses various TOP procurement procedures.

- *Menstrual Extraction*: This technique which is also called *endometrial* or *vacuum aspirations* (Cavanach 1990:45; *Oxford Concise Colour Medical Dictionary* 1994:2) or the *suction method* (Van den Aardweg & Van den Aardweg 1988:7) is used for most terminations performed during the first trimester (Cavanach 1990:45). It is done by suctioning out the lining of the uterus (endometrium) through a thin and flexible tube inserted through the opening of the undiluted cervix. It is used after a woman has just missed a period or anytime thereafter up to about the eighth week of pregnancy (Cavanach 1990:45). Although this technique has a low mortality rate (Cavanach 1990:45), bleeding is usually profuse (Van den Aardweg & Van den Aardweg 1988:7).

- *Dilation and Evacuation (D&E) and Dilation and Curettage (D&C):* This technique is similar to the suction method; suction is used to remove the fetus and the placenta (Cavanach 1990:45; Van den Aardweg & Van den Aardweg 1988:7). However, the cervix is first dilated under local anesthesia using a suction tube that is rigid rather than flexible, and stronger suction is used than in menstrual extraction (Cavanach 1990:45). Another way of dilating the cervix is the use of a type of a dried seaweed called laminaria, which expands as it absorbs moisture. Some doctors use a hollow spoon-shaped (Cavanach 1990:45) or loop-shaped (Van den Aardweg & Van den Aardweg 1988:7) knife or *currette* to ensure that all placental tissues are removed by scraping the uterine walls. If instead of suction, a currette is used throughout the procedure, the technique is called *dilation* and *curettage* (D&C). Before

the twelfth week of pregnancy, D&E is preferred over D&C because it does not require anaesthesia causes less discomfort, and is less expensive (Cavanach 1990:45). On the contrary, bleeding can be profuse (Van den Aardweg & Van den Aardweg).

- *Prostaglandin or Saline administration:* This procedure is common for second trimester terminations. Hormonelike substances called prostaglandins or a saline solution are injected through the wall of the uterus into the amnonitic sac that holds the fetus (Cavanach 1990:45). The fetus breathes and swallows this solution, is poisoned and struggles. The mother goes into labour one day later and should deliver a dead infant. However, a significant number of these babies are born alive (Van den Aardweg & Van den Aardweg 1988:7).

- *Hysterectomy*: This procedure involves a major abdominal operation that is essentially a *caesarian section* and the fetus is often born alive (Cavanach 1990:45; Van den Aardweg & Van den Aardweg 1988:7).

According to Cavanach (1990:45) in induced termination, drugs and/or instruments are used, menstrual extraction and D&E and D&C are safer than childbirth, and the other two techniques/procedures are less safe. Furthermore, induced terminations must be procured in an approved institution (*Oxford Concise Colour Medical Dictionary* 1994:2).

The use of different techniques/procedures in induced termination can be affected by a variety of factors. Vacuum aspiration (VA) is used for many terminations in developed countries. Manual vacuum aspiration has been put forward as a useful option for developing countries, costing less than VA, needing no electricity, and may be administered by trained paramedics, thus allowing decentralisation of TOP facilities (Pearson & Sweetman 1996:49).

Having discussed induced terminations, it is appropriate to consider some causes of these terminations.

3.6.4.2 REASONS FOR INDUCED TERMINATION

It was pointed out earlier (*cf.* 3.6.3) that spontaneous termination results from natural reasons. Frohock (1983:98) maintains that the reason why woman procure terminations is not clear. This sentiment is also shared by Smith (1995:139) who stresses that it is clear "that the major challenge confronting society, human dignity and modern reproductive medicine is the temptation to submit to the eugenic act of abortion for any reason or for no reason at all". However, some reasons for termination can be cited.

- *Unmarried women:* For single women and teenage girls the birth of an unwanted or unplanned child can lead to loss of educational opportunities, diminished chances for a successful marriage, ostracisation by family and friends, and welfare dependency (Frohock 1983:152). A study conducted by Koster-Oyekan (1998:1309) in Zambia, revealed, in order of frequency, the following grounds for termination for unmarried women:

- desire to continue education,
- desire to get married before giving birth,
- no support from the father of the baby,
- being too young to have a child.

The study further showed that a woman with a child in Zambia (western province) would fetch a lower bride-price and is referred to as "cheap second-hand".

- *Physically ill women*: Many women who suffer from serious illness lack the energy and strength to provide proper care for the baby. For example, a woman with severe multiple sclerosis or rheumatoid arthritis, undergoes severe hardship if she bears an unwanted child merely because she has accidentally become pregnant (Frohock 1983:153).
- *Mentally ill women*: An unwanted pregnancy can be a major stress even for a normal woman. For mental patients, an unwanted pregnancy can

be overwhelming and lead to exacerbation of her symptoms, suicidal tendencies, or complete psychotic breakdown (Frohock 1983:154).

- *Women with severe situational problems*: Many women, although basically normal with regard to their emotional and mental stability, are burdened by personal problems or pressures which may generate considerable nervous tension. The birth of an unwanted child in such circumstances can increase these pressures to an unbearable degree. Such situations include women whose husbands are alcoholics or are physically ill, women who are unhappily married or in the process of divorce and women who already have children (Frohock 1983:154).

- *Women pregnant as a result of incest*: An incest-caused pregnancy is another case which most people concur should be grounds for termination (Frohock 1983:156).

- *Women in poverty*: In many families the size of the breadwinner's paycheque is inadequate to provide for the needs of a large family. In poor families, several unwanted children can create severe economic hardship and an increase in strain within the family (Frohock 1983:154). This situation in the opinion of the researcher, can be worse in the African culture where the breadwinner has to cater for extended families. A son in the family, may be obliged to care for his sisters' children (if they are unmarried) which leaves him little scope for having a bigger family himself.

- *Women who simply do not desire children*: Many women, single, and/or married, prefer careers to motherhood, and others may wish to delay motherhood until later in life in order to pursue educational or career goals (Frohock 1983:156).

- *Contraceptive failure*: In the opinion of the researcher, a woman who became pregnant while using a form of contraception may prefer termination. The researcher further shares the sentiments expressed by Smith (*cf.* 3.6.4) who claims that termination can also be procured for "no reason at all".

- *Short birth spacing*: Short birth spacing directly relates to infant and child mortality and indirectly to maternal mortality. Among women with poor nutrition, pregnancy following soon after childbirth creates a greater risk of death than is faced by those whose physical status has recovered from earlier childbearing (Cook 1990:191-192). Women in such situations may consider termination, in the researcher's opinion. Koster-Oyekan (1998:1309) found that the main reason why married women procuring TOP were not ready to have another child was because the previous one was still very young. Women feared the latter will suffer from *malili*-severe malnutrition which can be fatal. *Malili* is believed to be caused by breaking post-partum taboos on sexual abstinence (traditionally, two years) and behaviour by the husband and/or wife.

- *Pregnancy as a result of rape*: The CTPA (1996:4) accepts rape as grounds for terminating pregnancy that resulted from it.

Further causative factors or grounds for termination will be discussed in chapter four of this study where factors influencing adolescent pregnancy resolution will be discussed. From the aforegoing causative factors, it can be argued that marital status may dictate to TOP procurement differently since married women are more inclined to consider reasons (e.g. short birth spacing, physical illness) other than those considered by unmarried adolescents (e.g. educational opportunities and career advancement).

3.6.4.3 INCIDENCE OF INDUCED TERMINATION IN SOUTH AFRICA

A discussion of "backstreet abortion in South Africa" above (*cf.* 3.6.2.1.4) showed that pregnant women from privileged population groups in South Africa readily procured TOP whilst underprivileged and poor pregnant women had to resort to backstreet abortion or carry the pregnancy to term before the promulgation of the CTPA. Table 3.4 below identifies frequencies and percentages of women procuring legal abortion from 1991 to 1993 according to population groups.

Table 3.4 Legal abortions from 1991 to 1993 according to population group

		1991	1992	1993
Whites	Frequency	720	1002	987
	% of total	70,3	69,2	66,7
Coloureds	Frequency	169	243	259
	% of total	16,5	16,8	17,5
Asians	Frequency	28	38	42
	% of total	2,7	2,7	2,8
Blacks	Frequency	107	166	191
	% of total	10,4	11,5	12,9

Information supplied by the Statistical Analysis Division of the Department of Health, 1995.

It can be gleaned from Table 3.4 above that Whites constitute a group procuring most legal abortions (an average of 68 % between 1991 and 1993). Asians procured least legal abortions (2,7 % on average). Induced termination by Blacks accounts for approximately 10 % (1991-1993). On the contrary, it was stated (*cf.* 3.6.2.1.4) that Blacks accounted for 84 % of hospital admissions due to backstreet abortion. The status quo, in the researcher's opinion verifies the assertion that the Abortion and Sterilization Act of 1975 catered more for privileged population groups (for example, Whites and Coloureds procured most legal terminations between 1991 and 1993). Therefore the need for improved access and true freedom of reproductive choice for all South African women, not a particular group of women, seemed inevitable. The CTPA therefore, ushered in one of the most liberal abortion laws in the world. Statistics concerning induced termination in South Africa from 1997 February to 2000 June are contained in Table 3.5 below. It should be noted, however, that these figures are not classified in accordance with certain population groups.

Since the liberalisation of TOP in South Africa, a total of 126 313 induced terminations had been procured (1997-2000 June). An increase of between 9000 and 10 000 terminations per annum seems to be a trend (26 401 in 1997, 35 478 in 1999 and 45 000 in 2000 - 34,3 % and 28 % respectively). It can therefore be stated that procurement of induced and/or legal termination is on the increase. This trend, in the researcher's opinion, seeks to attain the goal of the CTPA-provision of access to safe termination.

Table 3.5 Induced termination in South Africa (Maternal age, Gestational age and Provincial breakdown)

TERMINATION OF PREGNANCY UPDATE (COMPILED ON 22/06/2000)

	Maternal Age			Gestational Age			Provincial Breakdown									
	<18	>18	unknown	<12wks	>12 wks	unknown	Gauteng	Mp	FS	KZN	NC	NP	WC	EC	NW	TOTAL
Feb'97	236	1342	368	1187	759	0	1025	120	157	30	55	78	301	171	9	1946
Mar'97	203	1259	483	1185	760	0	912	136	274	90	21	27	304	171	10	1945
Apr'97	262	1503	6	1131	640	0	663	178	231	119	42	0	351	163	24	1771
May'97	293	1476	245	1281	733	0	911	139	224	121	26	4	325	254	10	2014
Jun'97	229	1618	372	1516	703	0	1078	135	218	153	28	59	315	202	31	2219
Jul'97	277	2012	832	2119	1002	0	1743	168	217	213	43	35	418	278	6	3121
Aug'97	255	1945	639	1929	910	0	1443	174	178	249	43	68	338	323	23	2839
Sep'97	252	1703	626	1821	760	0	1350	152	227	144	51	58	338	248	13	2581
Oct'97	273	1919	756	1963	985	0	1598	79	261	33	48	36	412	461	20	2948
Nov'97	238	1609	1156	2031	972	0	1858	105	285	39	43	64	335	243	31	3003
Dec'97	198	1047	769	1305	709	0	924	123	262	68	35	58	343	179	22	2014
TOTAL	2716	17433	6252	17468	8933	0	13505	1509	2534	1259	435	487	3780	2693	199	26401
Jan'98	211	1235	1493	1884	1055	0	1493	157	282	321	57	46	336	216	31	2939
Feb'98	220	1373	1374	2061	906	0	1374	146	312	340	36	70	412	233	44	2907
Mar'98	196	1407	1345	2015	933	0	1345	178	342	335	6	43	411	267	21	2948
Apr'98	242	1353	1542	2289	831	17	1540	147	311	355	34	83	429	218	20	3137
May'98	208	1445	1549	2183	1015	4	1549	211	225	394	33	142	391	235	22	3202
Jun'98	179	1425	1453	2198	856	3	1453	196	341	369	39	50	368	227	14	3057
Jul'98	203	1640	1929	2590	1182	0	1908	272	308	430	37	79	421	264	53	3772
Aug'98	251	1386	1883	2492	988	40	1883	141	301	342	41	113	432	227	37	3520
Sep'98	258	1409	1670	2412	925	0	1670	107	304	378	44	79	467	288	0	3337
Oct'98	252	1611	2138	2953	996	52	2134	99	344	500	52	68	448	294	62	4001
Nov'98	221	1481	0	877	825	0		77	310	514	78	16	466	241		1702
Dec'98	93	803	0	574	299	23		31	256	480	63				66	896
TOTAL	2534	16568	16376	24528	10811	139	16349	1762	3636	4758	523	789	4581	2710	370	35478
Jan '99	231	1741	1555	2637	886	4	1555	276	320	574	64	49	399	215	75	3527
Feb'99	261	1964	1650	2863	1005	7	1650	239	454	552	74	74	509	211	112	3875
Mar'99	275	2115	1728	3040	1061	17	1728	239	386	604	57	156	529	254	165	4118
Apr'99	246	1847	1499	2690	891	11	1499	74	386	544	41	125	505	270	148	3592
May'99	204	1977	1381	2712	850	0	1381	16	391	611	30	129	438	290	276	3562
Jun'99	278	2099	1612	3052	934	3	1612	207	414	576	39	102	472	260	307	3989
Jul'99	251	2306	1809	3428	920	18	1807	248	466	718	52	122	436	292	225	4366
Aug'99	210	2084	1494	2808	954	26	1494	169	263	656	53	149	497	313	194	3788
Sep'99	203	1885	1718	2826	947	13	1717	172	205	575	58	184	517	214	144	3786
Oct'99	179	1616	1759	2752	804	1	1739	199	27	511	52	140	480	207	202	3557
Nov'99	249	2265	1567	3039	1032	10	1566	227	592	655	47	157	445	278	114	4081
Dec'99	164	1580	1015	2043	659	57	1012	146	154	324	43	86	519	226	249	2759
TOTAL	2751	23479	18787	33890	10943	167	18760	2212	4058	6900	610	1473	5746	3030	2211	45000
Jan '00	194	1424	1	933	554	132		167	758		33	90	447		124	1619
Feb'00	67	516	21	324	280	0			410		63	131				604
Mar'00	35	213	0	157	89	2			56		55	50			87	248
Apr'00	116	1079	2	909	287	1			582		148			439	28	1197
TOTAL	412	3232	24	2323	1210	135	0	167	1806	0	299	271	447	439	239	3668
97-'00	8413	60712	41439	78209	31897	441	48614	5650	12034	12917	1867	3020	14554	8872	3019	110547

The incidence of induced and/or legal termination will further be discussed in accordance with *maternal age, gestational age* and *provincial breakdown* to highlight other trends.

- *Gestational age*

Table 3.5 shows ages of pregnant mothers who procured TOP when they were either younger or older than 18 years. Establishing trends in maternal age is not without problems. In many cases maternal ages were not reflected. For example, totals for 1998 show that 46 % of procurement cases do not reflect maternal ages. For 1998, excluding cases where maternal age is not indicated, 15 % of TOP's were procured by pregnant women under the age of 18. In 1999 the frequency among women younger than 18 is 11,7 % (bearing in mind an increase of 14,7 % unrecorded maternal ages). The majority of pregnant women procuring legal, induced termination are older than 18 years (66 % - 1998; 46 % - 1999; 52 % 1999). In the researcher's opinion, it can be stated that devastating effects such as death as is the case with backstreet abortion can be averted by the provision of induced termination to pregnant women. Adolescents can therefore be afforded an opportunity, after TOP procurement, to continue with their studies rather than suffer the effects of carrying the pregnancy to term and resultantly, the unplanned child.

The CTPA (1996:4) stipulates that TOP on demand should be procured before the twelfth week of pregnancy. Table 3.5 shows that the majority (66 % in 1997; 69 % in 1998; 69 % in 1999) of pregnant women procuring TOP do so before the 12th week of pregnancy. According to Barron (1992:153-154) gestational age at TOP procurement relates to the choice of the procurement procedure. Prior to 12 weeks, vacuum aspiration (or suction curettage) is the method of choice whilst D&E and hysterectomy are generally used beyond the first trimester of pregnancy. It should also be borne in mind that procuring TOP at a later gestational age increases the risk of complications and death and sadly, adolescents tend to delay their decision to terminate a pregnancy (Cates 1981:144). In the researcher's opinion, the majority of adolescents began to avert the devastating consequences of delayed abortion since a greater number of women, even though ages are not specified, procure abortion before the expiry of the first trimester of pregnancy in South Africa.

Provinces in South Africa may not handle the same number of terminations and it is therefore appropriate to consider the provincial breakdown in TOP procurement.

- *Provincial breakdown*

Over half (51 %) of TOP procurements occurred in Gauteng in 1997 (Table 3.5). In 1998 and 1999 the percentages were 46 and 41,6 respectively. In the researcher's opinion this decrease can be ascribed to the fact that many women wanting a termination went to Gauteng due to a lack of facilities in other provinces (*cf.* Table 3.6). The least number of terminations (1997-1999) was registered in the Northern Cape (less than 1 % of the annual frequency). All provinces show an increase in TOP procurements. Assuming that induced termination presents lower risks, an increase in such termination may decrease the effects of backstreet abortion. It is therefore appropriate to discuss the effects of induced and legal abortion.

This study attempts to investigate the effects of TOP on adolescents in the Eastern Free State. It is therefore interesting to note that the Free State province accounts for an average of about 10 % of all countrywide terminations (*cf.* Table 3.5). Similar to other provinces, induced termination in the Free State province increases annually. From 1997 to 1999 this province is the fourth largest provider of induced termination in South Africa. The effects of TOP are discussed below.

3.6.4.4 EFFECTS OF INDUCED TERMINATION

A discussion of the effects of backstreet abortion (*cf.* 3.6.2.2) revealed that it is associated with adverse effects. Even though safely induced termination procured at an early gestational age presents a low risk (Du Preez 1997:29), several authors (*cf.* 3.6.4.4) cite certain effects. Christopher (1987:267) maintains that abortion carried out in the first three months using aspiration and/or D&C entails a mortality of only 0,7 per 100 000 abortions.

Cultural attributes may have some effect on the woman procuring an induced termination. For example, in the Western province of Zambia, it is believed that women who have aborted should be isolated from others and that they should not eat, cook, share utensils, visit, shake hands or touch others for fear of causing chest problems and coughs ("*shishako*") in others (Koster-Oyekan 1998:1309). The researcher

wishes to point out that such attitudes may lead to stigmatisation of the woman and perhaps the family of the woman who procured an induced abortion. This behaviour seems to curtail interaction between the woman and others.

Some of the effects of backstreet abortion occur in legally induced termination but to a lesser extent. According to Christopher (1987:268), haemorrhage very rarely requires blood transfusion since the blood loss is minimal. Christopher (1987:271) further cites a study conducted by Greer *et al.* to assess an outcome, on women who procured an induced termination, in respect of psychiatric symptoms, guilt feelings and adjustment in marital and other interpersonal relationships, social responsiveness, and work record. Adverse psychiatric and social sequelae were rare and there was no significant change. Adler, David, Major, Roth, Russo and Wyatt (1990:41) support Christopher's support of Greet *et al.* Adler *et al.* maintain that although there may be feelings of regret, sadness or guilt, the weight of the evidence from scientific studies indicates that legal abortion in the first trimester does not pose a psychological hazard for most women.

The above arguments advanced by Christopher, Adler *et al.* lead to the conclusion that even though legally and safely induced termination has effects, such effects are to a greater extent minimal. This situation, in the researcher's opinion, presupposes relief experienced by adolescents who procure a termination due to their incomplete schooling programmes and/or careers.

3.6.5 Concluding remarks

This subsection presents concluding remarks regarding backstreet, spontaneous as well as induced terminations. Backstreet terminations are also induced in the sense that a conscious and deliberate decision is made to terminate a pregnancy using either drugs or instruments. It differs from induced termination, in the opinion of the researcher, in the sense that it is performed by unskilled/untrained persons; instruments used are not sterile and drugs used are normally not prescribed by medically-qualified individuals, and is usually procured at a place not designated for the purpose of termination. Backstreet termination is therefore done unprofessionally, is unsafe and may result in further complications or death.

Induced termination on the other hand, also involves a deliberate and conscious decision and action to terminate a pregnancy. However, it is done by trained personae, at an institution designated for that purpose, and prescribed drugs and sterile instruments are used. It can therefore be regarded as safe. One other factor which differentiates backstreet terminations from induced terminations is that the former are illegal whilst the latter are legal. Spontaneous terminations take place mainly as a result of causes beyond the pregnant woman's control and are almost unintentional.

The researcher further concurs with Bezuidenhout (1998:37-38) who states that soieties which prohibit or have strict regulations concerning TOP make place for the acivity of illegal abortionists. Even in societies where terminations have been liberalised, resistance to and problems in TOP exist. The next subsection addresses resistance to and problems of TOP.

3.7 RESISTANCE TO AND PROBLEMS OF TOP

Differing attitudes, in the opinion of the researcher, form the basis for resistance to TOP. The issue of attitude will be discussed in detail in chapter five of this study. A brief overview of problems brought about by attitudes as well as other problems are now investigated.

A nation's laws often contain conditions that must be observed (Rahman *et al.* 1998:6), however, that may not always be the case. In South Africa, an organisation of more than 700 doctors, specialists and professors of medicine, doctors for life (DFL) refuses to perform terminations (*Christian News* 1997/02/15:1). Refusal to perform terminations, in the opinion of the researcher, may be primarily experienced by women requesting a termination and this may lead to women continuing with pregnancy, thus becoming vulnerable to unbearable consequences of unwanted/unplanned pregnancy. These women may also opt for unsafe termination.

The issue of resistance to terminations can also manifest itself in a variety of ways. The medical superintendent of a state hospital in Kwazulu Natal who is staunchly opposed to TOP, apart from refusal to perform terminations, also keeps two fetuses in his office - believing that they act as a deterrent (*Sunday Times* 1997/10/19:16). This superintendent maintains that the CTPA is "a licence to kill innocent babies" (Sunday Times 1997/10/19:16). Health care workers in South Africa (those having negative

attitudes towards TOP) also use delaying tactics so that women do not obtain legal terminations. A research study conducted by the Women's Health Project (WHP) in February 2000 (exactly three years since TOP became legal), revealed biased attitudes as well as several practical impediments towards women seeking legal terminations (*True Love* 2000 February:94).

A pregnant woman can be shunted from place to place, so that by the time she confirms a booking, she may already be in her second trimester. Obtaining a booking does not necessarily solve her problem because other hospitals or clinics may be against second trimester terminations even though legally, they can be performed under certain circumstances (*cf.* 3.5). To complete the vicious circle, the CTPA does not compel doctors and nurses who refuse or use delaying tactics to refer women seeking TOP to other institutions (*True Love* 2000 February:94). This situation in the researcher's opinion presents the pregnant, ignorant and somewhat naive adolescent with a cul-de-sac situation. She may be unable to consider any other options than to resort to unsafe termination or carry the pregnancy to term.

Another manifestation regarding resistance to TOP appeared in a form of a row over a drug used to induce terminations. The drug, Misoprostil, is said to be used for treating stomach ulcers (*Mail & Guardian* 1997/10/10:1; *Sunday Times* 1997/10/19: 16). The National Director of Maternal, Child and Women's Health (1997), Dr. Mhlanga, states that bleeding resulting from this "drug can be quite shocking and it is up to the doctors to see that the drug's use is properly monitored. The doctor who uses that drug has to be aware of all the possible side effects" (*Sunday Times* 1997 10/19:16). The drug has been widely used by backstreet abortionists (*Mail & Guardian* 1997/10/10:1).

A similar manifestation is evident in a policy adopted by the California Pharmacists Association which allows pharmacists to "refuse to fill prescriptions based on ethical moral or religious grounds". The majority (82 %) state that they "believe they have the right to refuse to fill a prescription to a drug such as RU486 that would facilitate terminations" (Right to Life of Cincinnati 1997/09/09).

Hence the researcher concludes that those who refuse or resist the use of certain drugs, may not provide an alternative drug. In certain cases some resistors even destroy property. A United States terminations clinic was destroyed by fire (*Citizen* 1993/09/21:3) probably by those against the woman's choice to abort. According to

Peters (1990:195) in the US, 80 % of all termination providers have been picketed between 1977 and 1988; there were 42 reported arson attacks on providers, 37 attempted bombings and arson attacks, 216 bomb threats, 65 death threats, 2 kidnapping, 20 burglaries, 162 incidents of hate mail, and 220 incidents of vandalism.

Potts *et al.* (1977:3), almost three decades ago, argued that TOP ethics have been the subject of many moral statements, numerous clashes of opinion, but relatively little careful and constructive thought.

Slogans like "abortion is the killing of innocent babies" have been more common than analyses. The researcher is of the opinion that resistance to TOP is more emotional than rational, that is, TOP affords many hardly an opportunity of objectivity and/or neutrality.

Resistance to TOP may complement or aggravate problems in the provision of safe terminations. It is the researcher's opinion that, to varying degrees, problems pertinent to TOP, as well as resistance, may limit the availability or accessibility of safe terminations.

Lack of staff, less counselling and little knowledge about TOP were cited as problems experienced by designated TOP institutions (SABC2, 1999/05/31). Gauteng province, performing most terminations in South Africa (1997), had institutions with long waiting lists while it (Gauteng) could manage to meet only half of the request. The North West province had experienced major problems as there were no private clinics and women with unwanted pregnancies had to travel to Pretoria and Garankuwa (*Sunday Times* 1997/10/19). In some instances, staff are reluctant to assist since deterrent notices are posted at some institutions, and insinuations are made towards health care providers who are willing to perform terminations (*Sunday Times* 1997/10/19:16).

According to the WHP (*True Love* 2000 February:95) one of the most worrying problem is that there is a disparity in facilities and services in various provinces of South Africa. Table 3.6 shows disparities in the number of public TOP facilities in various provinces of South Africa.

Table 3.6 Number of public TOP facilities per province

PROVINCE	NUMBER	PROVINCE	NUMBER
Eastern Cape	8	Free State	3
Kwazulu-Natal	2	Gauteng	18
Mpumalanga	6	Northern Cape	2
Northern Province	6	North West	7
Western Cape	15		

Source: *True Love* 2000 February:101

The above table indicates that Gauteng and Western Cape provinces have the highest number of TOP facilities (18 and 15 respectively) and Kwazulu Natal, Northern Cape and Free State with the least number (2,2 and 3 respectively). It can therefore be stated that different provinces may experience problems to a varying degree. These varying circumstances therefore warrant a consideration of specific problems based on specific provinces.

Sharon Fonn, director of research at WHP, highlighted the following problems pertinent to various provinces (*True Love* 2000, February:101):

- In the *Eastern Cape* some women on average travel more than 100 km for TOP services.
- A *Free State* study revealed that 78 % of women who use the facilities travel for about one hour, with 84 % using taxis.
- A *Northern Cape* study showed that primary health care workers act as "gatekeepers". Sometimes they are negative and rude, refusing to do pregnancy tests, thereby delaying terminations.
- In *Kwazulu-Natal* 29 % of the women requesting TOP were referred to elsewhere.
- In the *Northern Cape* women reported that counselling was often skipped - 56 % of women who procured TOP were not counselled.
- The hardest hit of all groups in all provinces in accessing TOP was single, young black women.

From the summary of problems in various provinces above, it can be deduced that countrywide, South African black adolescent girls have the least access to or have to overcome the greatest barriers to procuring safe termination. In an interview with the researcher (Phuthaditjhaba 1999/08/01) the TOP counsellor pointed out that there existed only one TOP facility in the Eastern Free State region.

Certain prospective candidates for terminating pregnancy may experience a problem of affordability. As indicated in the "advertisement" in a previous section (*cf.* 3.1) women who choose to consult private institutions are expected to pay a "low cost". As a result, this "low cost" may still be unaffordable for some.

Regarding counselling, inadequate counselling and/or the attitude of the counsellor may impact either positively or negatively on the pregnant woman. According to Price (1983:145) the pregnant woman, being in a state of crisis, has greater dependency needs than usual and is more susceptible to influence. This, in Price's opinion, provides the TOP counsellor with an opportunity to establish a good rapport rapidly, but simultaneously increases the risk of imposing the counsellor's views on the pregnant woman rather than encouraging self-determination and independent decision-making.

Counselling requirements generally demand that a pregnant woman be provided with information about the risks of TOP, sources of support for married and unmarried mothers, adoption and ways to obtain help regarding social problems resulting from the pregnancy. Counselling requirements are often accompanied by mandatory waiting periods. Rahman *et al.* (1998:8) state that in Germany, termination may only be performed three days after counselling. Similarly, in Belgium, a woman may not procure a termination until six days after a physician has informed her of the procedure's risks and of alternatives to termination. This waiting period may clamp down on the pregnant woman's decision to terminate. In an interview with the researcher (Phuthaditjhaba 1999/08/01) a trained TOP provider indicated that after pre-termination counselling, certain pregnant women do not come back for procurement. In the researcher's opinion, two explanations for their absence may be possible. Firstly, they might have sought to procure an illegal termination or a legal one at a private institution. Secondly, they might have decided to continue with the pregnancy.

Whilst legalisation of TOP is a necessary first step in the reduction of TOP mortality, it may not be sufficient. For TOP mortality to be significantly reduced, services

with appropriately trained health personnel with contraceptive aftercare need to be made widely available, particularly to rural women, whose access to services is problematic (Rahman *et al.* 1998:8; Pearson & Sweetman 1996:48). India changed her TOP laws in 1971 to allow termination for extended reasons. About 80 % of the Indian population live in rural areas where appropriately trained health personnel who can deliver such services are scarce. As a result 13 % of maternal deaths in rural India were due to unskilled terminations. It has therefore become clear that the law alone cannot combat the continuation of illegal, unsafe terminations (Pearson & Sweetman 1996:48).

Little knowledge was also cited as one of the problems regarding TOP (SABC2 1999/05/31). It is common for some countries to limit advertisements regarding termination. According to Rahman *et al.* (1998:8) even where restrictions on TOP are minimal, as in France and Greece, the policy may result from the belief that medical care should be non-commercial. Such restrictions on information generally distinguish commercial advertising for TOP services from information directed towards medical professionals. An advertising ban therefore prevents the dissemination of information resulting in little knowledge about TOP. For example, in Cameroon, Chad and Ivory Coast, incitement to TOP through the sale, distributing or display of information is a criminal offense.

Despite having some recent and updated resources providing information on Family and Sexuality Education (e.g. Life Skills - Family and Sexuality Education by Louw, Weitz & Radebe 1996) Hlalele (1998:72) discovered that there are no sexuality education programmes in schools in the Phuthaditjhaba district. This situation, in the opinion of the researcher, is one of the problems impeding the dissemination of TOP knowledge to adolescent learners.

While many governments that allow TOP on broad legal grounds, including and providing for it in their national health insurance coverage, some are selective in their funding of termination services. Austria and Lithuania only subsidise terminations for medical reasons. Other grounds for subsidising termination include rape (in Bulgaria) and the woman's status as a minor (in Israel) (Rahman *et al.* 1998:8). The TOP seekers not covered by state subsidy have therefore an option of procuring termination at a specific fee. The fee may, in the opinion of the researcher, render termination unaffordable to some pregnant women.

In the preceding paragraph, it was stated that rape may constitute grounds for termination. But not all raped women obtain terminations. For example, El Bushra and Lopez (in Pearson & Sweetman 1996:48) state that the majority of Kuwaiti women, raped by Iraqi invaders during the Gulf War in 1991, were obliged to carry their pregnancies to term.

The CTPA requires no consent other than that of a pregnant woman for termination (*cf.* 3.5.1). In countries mentioned below, a problem of third-party authorisation seems to limit accessibility of termination for pregnant women. In Benin and Lebanon, physicians on duty are obliged to consult with other doctors and to certify that a termination is necessary to save the woman's life. Israel and Panama require approval by a hospital committee or a panel of physicians. In Morocco, however, only spousal authorisation is required (Rahman *et al.* 1998:7).

Varying interpretations of TOP laws among countries or within the same country also present a problem in TOP and its availability. In Switzerland, for example, a national law permits termination if the woman's life or health is threatened by the pregnancy, but it is interpreted liberally in some cantons to allow most terminations, while in other cantons no TOP is permitted at all (Rahman *et al.* 1998:13).

From the aforegoing resistance and problems in TOP, it can be deduced that the magnitude of any resistance and problems further restricts the accessibility of safe TOP. This condition, may, in the opinion of the researcher, contribute to the activity of the illegal or backstreet abortionist and the birth of unwanted babies.

3.8 CONCLUSION

This chapter clarifies the concept of TOP, provides a primitive and a contemporary history of TOP regulation, presents TOP regulation in South Africa, handles TOP procurement (backstreet, spontaneous and induced termination), global and regional estimates of incidence of and mortality due to unsafe termination as well as effects and addresses resistance to and problems in legal TOP. In chapter four adolescent pregnancy resolution and termination will be investigated.

4

Adolescent termination of pregnancy

4.1 INTRODUCTION

Dryfuss (1990:25) expresses the notion that adolescence is the time when children equip themselves for responsible adulthood to become efficient and contributing as workers, parents and members of a community. Actually one becomes a member of community at birth or even before birth. Preparation for adulthood cannot therefore, only be confined to adolescence; the child's total development is a preparation for adulthood. To obtain a better understanding of the issue of termination of pregnancy during adolescence, it would be appropriate to consider the developmental tasks of the adolescent.

Developmental tasks for adolescents, according to Dryfuss (1990:25) include:

- The search for self-definition;
- the search for a personal set of values;
- the acquisition of competencies necessary for adult roles, such as problem-solving and decision-making;
- the acquisition of skills for social interaction with parents, peers and others;
- the achievement of emotional independence from parents;
- the ability to negotiate between the pressure to achieve and the acceptance of peers;
- experimentation with a wide array of behaviours, attitudes and activities.

As mentioned earlier (*cf.* 2.2.2.3), adolescence does encroach into childhood and adulthood. The researcher therefore wishes to point out that these developmental tasks (by Dryfuss) should also not be solely confined to adolescence.

Developmental tasks alluded to above also cite "decision-making" as one of the developmental tasks to be acquired by the adolescent. Brick (1991:51) further stresses that *"when young children learn the basics - accurate vocabulary, the elementary facts about human growth and development, skills in asserting personal body rights then, as adolescents, they are prepared to do the analytical thinking necessary to understand their own sexuality and the complex forces that influence it in this society. Unlike young people in traditional societies, whose sexual scripts provide clear parameters for sex roles and behaviours, youth in contemporary societies receive a plethora of scripts and very little guidance from parents".*

Once a young person experiences coitus she or he acquires "risk status" (Dryfuss 1990:61). Robinson (1988:2-3) further stresses that adolescent sexual activity is beginning at younger and younger ages and use of contraceptives is haphazard. Sexual activity among adolescents is largely irregular and unplanned so that little contraceptive provision is made in advance. Initially sexual encounters are so episodic that many young people fail to use contraception or to use reliable preventive methods. Even where 86 % of youth knew about contraceptives and 77 % knew where to obtain them, only 16 % of adolescents who became pregnant, reported using a contraceptive at the time they became pregnant (Robinson 1988:3).

Even those who use contraception may still become pregnant. Dryfuss (1990:61) states that the risk of pregnancy is high for those who do not use contraception consistently. Since no contraception is 100 % effective, an unplanned pregnancy may occur. Once pregnant, a young woman must decide whether or not to carry the pregnancy to term.

Deciding whether to bear a child or have a termination can be an overwhelming decision. Amidst the decisiveness of the political and religious (*cf.* chapter 5) controversies surrounding TOP, women may experience many conflicting emotions as they struggle with an unintended pregnancy and the consequences of childbearing. The conflicts may even be greater for the pregnant adolescent who hardly made a fundamental decision in his/her life, but must decide within a few weeks whether to give birth or to terminate a pregnancy (Freeman & Rickels 1993:60).

The previous chapter addressed the regulation procurement and effects of termination of pregnancy. This chapter deals with adolescent pregnancy resolution as well as termination. In the opinion of the researcher, it is necessary to examine the demographics with a view to determining the adolescent population.

4.2 DEMOGRAPHICS

Adolescents constitute about 20 % of the world's population (*Sowetan* 1999.02.10:11). *Sunday Times* (2000/04/16:12) reckons that about 15 million South Africans are under 15 years of age. The researcher wishes to point out that the latter suggests that children constitute well over one-third (33 %) of the South African population (40,6 million, according to the 1996 census).

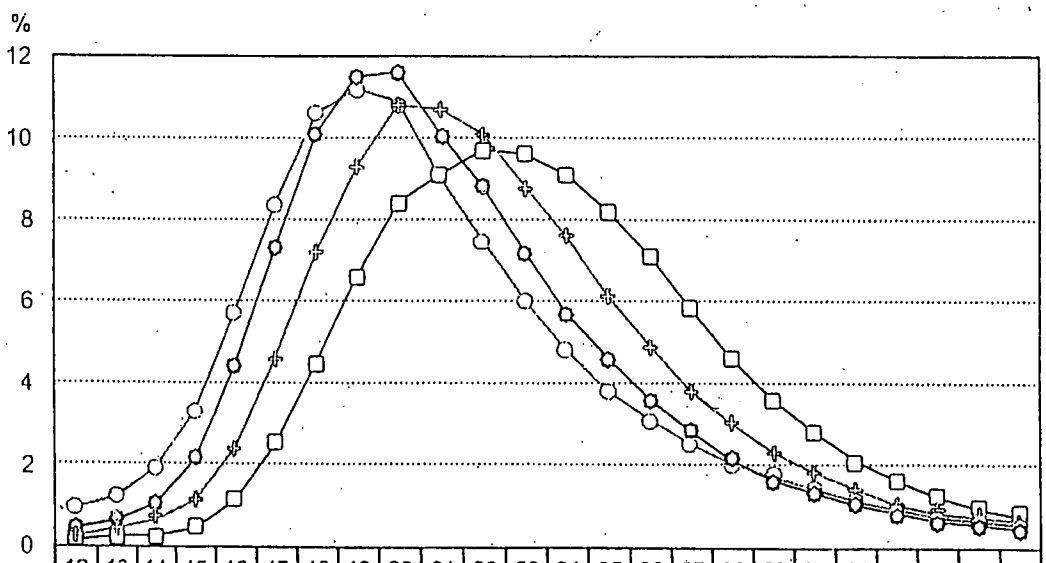
It can therefore be deduced from the aforegoing demographics that since TOP affects adolescents (*cf.* chapter 3) as well, the greater the number of adolescents affected may presuppose that if levels of pregnancies are high in a population, a considerable number of adolescents is likely to be confronted with a decision to terminate. It would therefore be proper to discuss the issue of adolescent pregnancy.

4.3 ADOLESCENT PREGNANCY

This issue has been discussed in detail earlier (*cf.* 2.3.4.1). In 1995, 20 % of all babies born in Louisiana State (US) were to mothers aged 15-19 years (Bedimo, Bessinger & Kissinger 1998:175). The researcher wishes to point out that in the normal course of events, the 20 % cited above underscores adolescent pregnancy since mothers younger than 15 years as well as those who procured backstreet, spontaneous and induced abortion are not included. This argument presupposes that the frequency of adolescent pregnancy is likely to be higher.

In South Africa one in three (one-third) babies born are to girls under 18 years - one of the highest rates of adolescent pregnancy in the world (*Sunday Times* 2000.10.15:24). Similarly, this figure (one-third) seems to preclude terminated pregnancies, enhancing the presupposition that pregnancy among adolescents in South Africa is likely to be higher than one-third of all pregnancies. The researcher therefore concurs with *Sunday Times* (2000.02.13:20) that more than a third of babies born annually are to mothers under 18 years of age. It would therefore be appropriate to investigate the frequency of adolescent pregnancy according to various

population groups in South Africa. This study confines itself to the Eastern Free State. In order to establish the frequency of adolescent pregnancy, it would be proper to consider births to adolescent mothers in South Africa. Figure 4.1 below shows percentage of birth per population group.



	12	13	14	15	16	17	18	19	20	21	22	23	24	25	26	27	28	29	30	31	32	33	34	35	Age
African ○	1	1	2	3	6	8	11	11	11	9	8	6	5	4	3	3	2	2	1	1	1	1	1	1	100%
Coloured ✿	0	1	1	2	4	7	10	12	12	10	9	7	6	5	4	3	2	2	1	1	1	1	1	0	100%
Indian ✣	0	0	1	1	2	5	7	9	11	11	10	9	8	6	5	4	3	2	2	1	1	1	1	1	100%
White □	0	0	0	0	1	3	5	7	8	9	10	10	9	8	7	6	5	4	3	2	2	1	1	1	100%

Excluding unspecified

Figure 4.1 Percentage of mothers in each age category at birth of first child, for each population group

Source: Statssa 2001:17

Generally, African women tend to have given birth to their first children at a younger age than women in other population groups. Slightly under 1 % of African young women compared to 0,4 % of coloured, 0,2 % of Indian, and 0,1 % of white female youth reported having given birth to their first child at 12 years of age.

Among African women, the largest proportion had given birth to their first child at 18, 19 or 20 years of age (11 %). For coloured women, the peak age is 19-20 years (12 %) and for Indian women, 20-21 years (11 %). Among white women the peak age is 22-23 years (10 %).

The discussion of adolescent pregnancy earlier in this study (*cf.* 2.3.4.1) highlighted some causes, consequences as well as adolescent pregnancy prevention. However, the researcher is of the opinion that since causes of adolescent pregnancy referred to are more practical in nature, it would be proper to briefly ponder on a theoretical elucidation of adolescent pregnancy causality.

The *psycho-analytic theory* understands the unplanned pregnancy to be a form of sexual acting out of unconscious needs and as such should be seen as an expression of unresolved parent-child conflicts (Brodzinsky 1990:297). This means that premature and out-of-wedlock pregnancy is viewed psycho-analytically as an unconscious, acting out of fundamental, unmet needs within the mother. From this perspective, it is thought that the mother of the adolescent has been unable to provide sufficient nurturance for her daughter, and in turn, the pregnancy and ultimately the baby are seen as unconsciously representing a felt need for nurturance and love.

In this theoretical elucidation of adolescent pregnancy, the fact that the adolescent mother will make up for lacking nurturance cannot always be confirmed. If nurturance cannot be confirmed, the situation may culminate in a dynasty of ill-equipped mothers. The theory is also silent on the involvement of boys.

A reiteration of adolescent pregnancy in this chapter is aimed at providing a background to considering adolescent pregnancy resolution and influences contributing thereto.

4.4 ADOLESCENT PREGNANCY RESOLUTION

The significance of this exercise is to provide a basis for assisting adolescents to confront the dilemma by presenting arguments concerning antecedent considerations about pregnancy resolution.

4.4.1 Options in adolescent pregnancy

The pregnant adolescent has to deal with important issues such as whether to seek abortion or to carry the pregnancy to term. A discussion of the options resorted to in the past - acceptable or unacceptable, safe or dangerous, may provide the pregnant adolescent or her significant other with a variety of options and their effects and therefore facilitate adolescent pregnancy resolution. Carrying the pregnancy to term and subsequent adolescent parenthood, adolescent marriage abandonment, suicide, infanticide, adoption and termination of pregnancy are briefly discussed below.

4.4.1.1 CARRYING THE PREGNANCY TO TERM

A child may be born into a situation where the adolescent and/or her family can ill afford another "consumer" of the family's resources. On the contrary, the researcher observed a few African grandparents, who failed to give birth either to a girl or a boy gladly welcoming their adolescent girl's daughter or son as theirs because of their failure to have one.

Other than consequences of pregnancy on the adolescent discussed earlier (*cf.* 2.3.4.1), educators can also be adversely affected by having to attempt to play midwife when pregnant schoolgirls give birth at school. *The Teacher* (August 2000:26) gives an example. A grade 7 learner gave birth to a baby she was carrying for seven months. Her educator cut the baby's umbilical cord using scissors which were lying around. The mother and baby were bleeding and before the ambulance arrived, the baby died. The educator was charged, found guilty of negligence and fined R2000.00. The situation supports the recommendation by Hlalele (1998:73) of the establishment of school-based clinics. Trained midwives might have saved the baby or even prevented the pregnancy by supplying contraceptives and information on sexuality issues to learners.

Koster-Oyekan (1998:1307) regards pregnancy as a serious problem for schoolgirls. For example, sixty percent of 400 schoolgirls in Mbabane and Manzini (Swaziland) were found to be pregnant at the beginning of the year (2000) and were expelled (*Sunday Times City Metro* 2000.02.06:2).

The above discussion generally confirms the adverse effects on adolescent schoolgirls carrying the pregnancy to term. Gormly and Brodzinsky (1993:329) further stress that once an adolescent becomes pregnant for the first time, the odds are that she will be pregnant again within three years. However, Vander Zanden (1993:401) states that even though early childbearing contributes to long-term social disadvantage, it does not need to create lasting social devastation. A substantial majority of young mothers complete high school, find regular employment and do not need public assistance. This therefore dispels myths that a pregnant adolescent's future is completely shattered; they can use their setback (pregnancy) as a motivation for success.

Further details on adolescent pregnancy were discussed earlier (*cf.* 2.3.4.1). Adolescent pregnancy may raise the possibility of marriage for the adolescent.

4.4.1.2 ADOLESCENT MARRIAGE

This subsection presents the prevalence of adolescent marriages in South Africa as well as characteristics of adolescent parents.

4.4.1.2.1 Adolescent marriage in South Africa

Table 4.1 on the next page shows the age-related frequency of marriages as well as the marital status at the time of marriage (1996).

Table 4.1 reveals that marriages in South Africa involve no bridegrooms younger than 17 years whilst 50 brides are younger than 16 years and 158 are 16 years old. One bride (in the 16 years age group) is a divorcee. Overall, more girls tend to marry at younger ages than boys. For example, table 4.1 further indicates that 386 boys aged between 16 and 19 years as opposed to 3649 girls were involved in marriage in 1996. However, it is not stated whether or not the marriages were a result of a pregnancy. The fact, however, that one of the ways of resolving an unplanned pregnancy involving adolescents is through a hastily arranged marriage may mean

Table 4.1 Marriages, age of bridegroom and bride

MARRIAGES
AGE OF BRIDEGROOM AND BRIDE
BY MARITAL STATUS AT TIME OF MARRIAGE

AGE	MARITAL STATUS AT TIME OF MARRIAGE									
	BRIDEGROOM					BRIDE				
	TOTAL	BACHELOR	WIDOWER	DIVORCEE	UNSPEC	TOTAL	SPINSTER	WIDOW	DIVORCEE	UNSPEC
TOTAL	146 732	120 641	2 696	17 013	6 382	146 732	125 134	2 777	14 910	3 911
AVERAGE AGE	35.1	33.6	56.3	40.2	40.0	30.9	29.6	48.0	36.6	39.5
MEDIAN AGE	32.9	31.5	57.1	39.1	39.2	29.1	28.2	47.7	35.8	38.9
-16	-	-	-	-	-	50	50	-	-	-
16	-	-	-	-	-	158	157	-	1	-
17	8	8	-	-	-	486	485	-	1	-
18	77	77	-	-	-	964	959	-	5	-
19	301	299	-	-	2	2 041	2 035	1	5	-
16-19	386	384	-	-	2	3 649	3 636	1	12	-
20	705	703	-	1	1	3 422	3 390	1	27	4
21	1 782	1 778	-	2	2	5 902	5 838	2	61	1
22	3 211	3 190	1	15	5	7 512	7 394	11	102	5
23	4 636	4 592	2	35	7	8 492	8 304	9	175	4
24	6 257	6 172	-	78	7	9 733	9 421	14	293	5
20-24	16 591	16 435	3	131	22	35 061	34 347	37	658	19
25	7 039	6 848	5	174	12	8 827	8 425	21	375	6
26	7 508	7 223	7	253	25	9 507	8 973	21	505	8
27	7 534	7 126	10	361	37	8 526	7 900	39	569	18
28	7 831	7 286	13	416	116	8 165	7 475	52	592	46
29	7 128	6 504	6	504	114	6 891	6 116	52	647	76
25-29	37 040	34 987	41	1 708	304	41 916	38 889	185	2 688	154
30	7 052	6 268	18	588	178	6 556	5 732	54	670	100
31	6 940	6 090	27	586	237	5 984	5 044	60	721	159
32	6 766	5 710	22	747	287	5 420	4 443	60	732	185
33	6 420	5 240	29	802	349	4 984	3 962	72	761	189
34	5 900	4 721	29	815	335	4 508	3 484	72	711	241
30-34	33 078	28 029	125	3 538	1 386	27 452	22 665	318	3 595	874

that a considerable number of these marriages might have resulted from a pregnancy. Perhaps the marriage is seen as a restoration of some dignity which might have been lost through the occurrence of an unplanned pregnancy as well as abandonment of schooling.

Whether or not adolescent mothers and fathers marry, it is their child which makes them parents. It would therefore be proper to consider, additional to a brief discussion of adolescent parenting (*cf.* 2.3.4.1), the characteristics of adolescent parents.

4.4.1.2.2 Characteristics of adolescent parents

A discussion of characteristics of adolescent parents provides the pregnant adolescent as well as significant others with a background on which a pregnancy resolution may be made. Adolescent parenthood can be devastating in a variety of ways.

According to Robinson (1988:39) adolescent parenthood is characterised by discomfort brought about by the responsibilities of parenthood. Coupled with educational and economic hurdles, this discomfort propels young fathers and mothers into a lifelong, never-ending cycle of socio-economic misery, broken relationships and parenting frustration. This situation, according to McKélvey and Stevens (1994:170) precipitates higher instances of depression which are likely to lead to attempted suicide.

Lower socio-economic status, lack of skills, training and education (Bolton 1980:150; Robinson 1988:40) characterise adolescent parents. McKelvey and Stevens (1994:170) cite characteristics of adolescent parents pertinent to criminality, marijuana use and educational problems:

- *Criminal record*: About 60 % of Anglo adolescent fathers and half of Black and Hispanic adolescent fathers in the US report criminal convictions as opposed to one-third of adolescent non-fathers who had brushes with the law.
- *Marijuana use*: Two-thirds of Anglo adolescent fathers use marijuana. Use is points lower for non-fathers.

- *Educational problems*: Young women at high risk for pregnancy had disciplinary problems in school, such as absenteeism. They also have lower educational aspirations.

According to Bolton (1980:150) adolescent parents are generally younger at birth of the first child than the normative standard. They tend to have larger families than those who defer child birth until a later point and a rapid sequence of child-bearing and a higher number of them are single girls who have elected to keep their children.

To sum up, unplanned and premature parenthood seem to adversely affect the adolescent's educational, vocational as well as social experiences that are essential to nurture him/her for adult roles. The discussion also indicates that adolescent parents may choose marriage or remain single. Furthermore, as discussed below, the adolescent who gave birth may put the baby up for adoption.

4.4.1.3 ADOPTION

Adoption as an option to resolving an adolescent pregnancy was highlighted in the introductory paragraph (*cf.* 4.1) of this chapter. Brinich (1990:43) maintains that adoption is an essential component of myths and is as old as the story of Moses, as new as that of Superman and as tragic as that of Oedipus. Cole (1984:15) further asserts that adoption can be one way a society helps to perpetuate itself. This would therefore mean that for society's existence, adoption can be important. Brodzinsky (1990:295) states that adoption is currently regarded as an acceptable and sensible solution to a critical problem in the lives of three groups of people - infertile couples, unmarried women facing unexpected pregnancy and children without families. Adolescents definitely belong to one of the groups (unexpected pregnancies).

Historically, in colonial America, children born out of wedlock were provided for by the community as long as they could be apprenticed to masters in the trades at a very early age (Brodzinsky 1990:296). These children were accorded the same rights as other children. Giving birth to a child out of wedlock was, however, regarded as immoral and deviant behaviour and therefore deserved retribution. It was not uncommon for the mother and child to be coerced to sit down in the town square to endure episodes of public humiliation. The researcher notes that in the process males were not similarly punished, not even referred to - which puts the blame mainly on the mother. Even though the process of apprenticing has not been

detailed, the child could have been catered for like any other adopted child (treated badly or well).

The researcher further wishes to point out that in the African context extended families catered for adoption since the child born out of wedlock would be taken care of by any of the family members. This form of adoption was advantageous in that the bond and/or contact between the mother and child was not restricted or cut. In many instances, the child would be regarded as his grandfather's child. The child would address his/her mother as his/her "sister" and his/her grandparents as "father" and "mother".

This practice (adoption in an African milieu) spared the adolescent mother giving her child up for adoption the Western way, thus eliminating the negative and long-lasting effects of relinquishment. Brodzinsky (1990:302) cites a study which indicates that 50 % of mothers who gave up their children for adoption reported an increasing sense of loss, which for many, extended over a period of 30 years. According to the researcher, adoption may adversely affect adolescents due to the sense of loss or positively since her child might have a better "home" with better opportunities than she could provide. Adoption, besides catering for the three groups, mentioned earlier in this section (*cf.* 4.4.1.4) can also cater for abandoned babies. The next section deals with abandonment.

4.4.1.4 ABANDONMENT

An increasing number of adolescent pregnancies, especially amongst blacks, has contributed to a large extent to abandonment (31 cases of child abandonments in South Africa between April 1997 and March 1998 [*Sowetan* 1999.02.10:3]). Earlier (*cf.* 4.3) it was indicated that births to adolescent mothers in South Africa contributes to over 33 % of all pregnancies. It can, however, be as high as 40 %. According to the National Progressive Primary Health Care Network (*Sowetan* 1999.02.10:3) out of every 1000 babies born in South Africa, 400 are born to girls under the age of 19. The researcher wishes to point out that even though attempts were made to establish the extent of abandonment of babies from the Department of Social Welfare, their records contain no details of mothers of abandoned children. It may be logical, based on the frequency of adolescent pregnancy, therefore, to assume that child abandonments involving adolescents are likely to be commensurate with the former.

Abandoned children are at a disadvantage because they do not receive the care and attention of a loving mother. As a result, their speech may often not develop properly (*Sunday Times City Metro* 2000.04.16:2).

The researcher wishes to point out that it might have been better for the adolescent mother to give the baby up for adoption rather than abandoning him/her. Knowing that the baby is with another family and has a better future might help reduce stress on the adolescent compared to a situation in which she does not know what is happening to the child. However, merely getting rid of the child might bring some relief to the mother and provide her with the opportunity of advancing her career and life goals without the "burden".

Adolescent pregnancy also results in depression (McKelvey *et al* 1994:170). The latter may lead to suicide.

4.4.1.5 SUICIDE

According to Sapire (1986:424) the pregnant adolescent may even commit suicide without emotional support and understanding. The rate of suicide for pregnant adolescents is approximately ten times higher than that of the general population. One of the pregnant adolescents seeking TOP in South Africa could not tell her sick parent about her pregnancy and claimed that she wanted to kill herself (*Sunday Times* 1997.10.19:16). The researcher wishes to add that the conducive educator-learner relationship, as well as parent-child relationship may reduce the pregnant learner's temptation to commit suicide. Notwithstanding that, pregnant adolescents are vulnerable to commit suicide as one of the options in resolving their pregnancies. Suicide, in the researcher's opinion presents one of the most adverse and/or devastating effects on the adolescent. Suicide usually takes the life of both the mother and the fetus. There can also be incidents of infanticide.

4.4.1.6 INFANTICIDE

This section explores a few opinions toward infanticide as well as the extent of probability of adolescents to committing infanticide. Rosenblum and Budde (1982:1) maintain that almost all cultures may experience more than merely "isolated incidents" of infanticide. The sweep of infanticidal practice has been broad, ranging from primitive hunter-gatherer societies to the most advanced. Lee, Kleinbach, Hu,

Peng and Chen (1996:133) claim that it is not uncommon that baby girls are murdered in some parts of China.

Some writers see nothing wrong with infanticide. Singer (1979:126) sees nothing intrinsically wrong in killing an infant, if those closest to it do not want it to live. Tooley (1976:317) finds it more worrying that killing some adult animals may be "acceptable" and that killing an infant may be wrong. In the researcher's opinion, Tooley exposes one of the instances in which humans show the selfishness whenever they have to choose between themselves and animals.

Several reasons for infanticide can be cited. Davis (1990:17) maintains that during days of slavery in the United States, black women resorted to infanticide out of desperation. If a young woman has an abnormal child, or if the relationship with the father breaks down, it may coerce the mother to commit infanticide.

Culture seems to precipitate if not condone infanticide. According to Rosenblum *et al.* (1982:2) in cultures where illegitimate birth brings scorn and rejection upon the unwed mother, infanticide has been a frequent recourse.

The extent to which adolescents feature in this option (infanticide) is important. Figure 4.2 below shows the relationship between births ending in infanticide and age of the mothers.

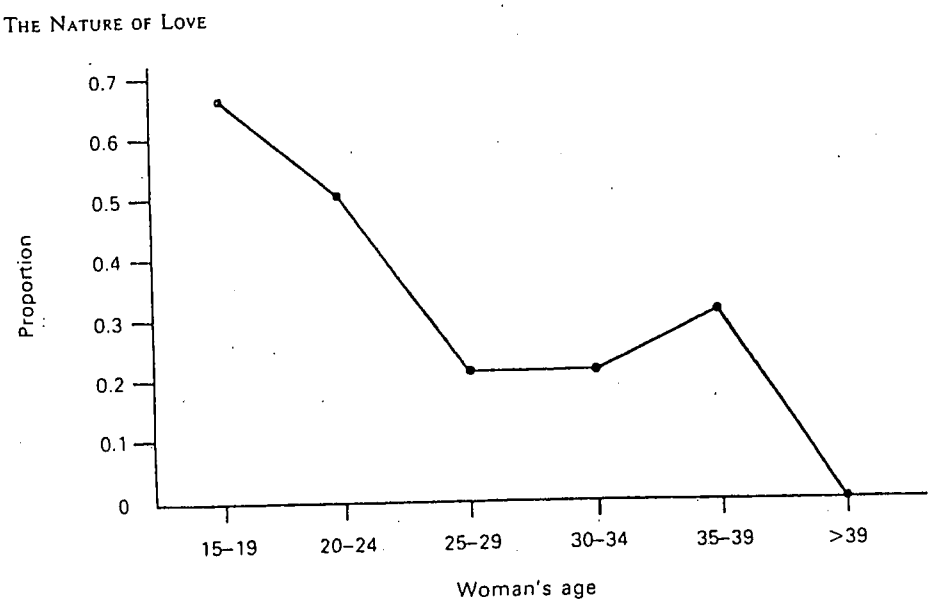


Figure 4.2 **Proportion of birth (n = 141) ending in infanticide (n = 54) as a function of maternal age**

According to figure 4.2, the older the woman becomes, the lesser the probability of infanticide. Davis (1990:18) stresses that infanticide makes less sense for older women. The highest proportion occurs among women in the age group 15 to 19 years. This is a group that is constituted by adolescents. It can therefore be concluded that adolescents are more likely than women in other age groups to consider infanticide in resolving an unintended pregnancy.

Attempts to ascertain the frequency of infanticide among women in South Africa were fruitless. The crime statistics officials of the South African Police Services in Phuthaditjhaba and Pretoria (Interview 2000.03.30 and letter dated 2000.09.20 respectively), indicate that infanticide is not classified as a category in their records, and appears under murder cases. This practice denies the researcher an opportunity to establish trends in adolescent infanticide in the South African context. However, conclusions drawn from the discussion of the options in pregnancy resolution will be addressed next.

4.4.1.7 CONCLUDING REMARKS

It should be noted that even though termination of pregnancy is one of the options adolescents may choose, it will be discussed in detail below (*cf.* 4.5). From the discussion of options considered and practised by pregnant adolescent women TOP mainly feature in all of these options. Some of these options are unacceptable to society (eg. abandonment, suicide and infanticide). However, the discussion shows little indication of reduction or less likelihood of the influence of societal disapproval on the occurrence of unacceptable ways of dealing with unplanned and/or unwanted pregnancy.

Furthermore, pregnant adolescents seem to outpace other age groups in infanticide, suicide, abandonment and carrying the pregnancy to term. Some of these options are not only socially unacceptable, they are criminal offences. This means that pregnant women engaging in infanticide are charged with murder in South Africa, and adolescents can therefore be more adversely affected than being relieved. The next section provides a detailed discussion of adolescent TOP.

4.5 ADOLESCENT TERMINATION OF PREGNANCY

The high rate of adolescent pregnancy and childbearing demands attention of adolescent termination of pregnancy. This section addresses adolescent decision-making dynamics, characteristics of adolescents seeking TOP, its effects as well as educational implications.

4.5.1 Prevalence of TOP in adolescence

Pregnant adolescents often use abortion services (Kaplan & Sadock 1994:55). Goraya and Prakash (1998:14) maintain that over one-third of adolescent pregnancies are terminated in Britain. In America, about one million adolescent girls become pregnant per year, 600 000 give birth, whilst 400 000 (40 %) procure termination annually (Kaplan & Sadock 1994:55). It can therefore be noted that adolescent TOP is generally high in developed countries (between 30 % and 40 % for Britain and America respectively).

Approximately four months after the promulgation of CTPA (June 1997) in South Africa, adolescents under 18 years of age procured 1387 terminations (19,6 %) out of 7069 terminations (*Sowetan* 1997.06.06:6). In Southern Africa, between one and four million adolescent girls procure unsafe terminations (*Sowetan* 1999.02.10:11). It can therefore be stated that a considerable number of adolescent girls procure termination, both safe and unsafe. Marie Stopes clinic reports that 36069 legal terminations have been performed at their centres nationwide. Of these 5700 have been performed on girls between the ages of 12 and 17 (*The Teacher* August 2000:13). This means that adolescent TOP rate is higher than 15,8 %.

The latest official statistics reveal a certain trend - more girls younger than 18 years tend to procure TOP than older women. According to *City Press* (2001/05/13:1), girls under 18 account for 80 373 terminations out of 155 624 (January 2001) procured since the inception of legal termination in February 1997. Thus, adolescents account for over 50 % of all legal terminations in South Africa.

A high rate of TOP procurement among adolescents raises a few arguments. It can be argued that many adolescents who were resorting to unsafe termination and/or carrying the pregnancy to term due to previous restrictions, are now exercising their right to reproductive freedom and utilising available TOP facilities. This

argument may underscore a perception that increasing TOP procurement is due to increasing pregnancy rates.

Certain adolescents procuring TOP experience conflict and confusion on making the decision to procure TOP.

4.5.2 TOP decision-making in adolescence

Reproductive decision-making may be a highly complex and sensitive issue. According to Butler (1996:397) several studies report that decisions about unwanted pregnancy are difficult for many women even if they do make an unwavering decision about termination. Many who initially request termination change their minds. This may mean that TOP decision-making can be a peculiar process.

4.5.2.1 DISTINCTIVE CHARACTERISTICS OF TOP DECISION-MAKING IN ADOLESCENCE

Pregnant women may experience conflicting emotions as they struggle with an unwanted pregnancy and the effects of childbearing. According to Freeman *et al.* (1993:60) the pregnant adolescent has hardly made a fundamental decision in her life, but must decide within a few weeks to carry or terminate a pregnancy.

Furthermore, the decision should be made amid important cognitive changes. The author (Brodzinsky 1990:306) further maintains that adolescent TOP decision-making may be more completely understood in the context of the normal developmental changes that she undergoes in areas such as relativistic thinking, future time perspective, means-end thinking, moral reasoning and other cognitive social domains. These changes influence adolescent decision-making.

Rodman (1991:158) cites urgency, importance and sensitivity as attributes of the peculiarity of TOP decision-making in adolescence.

- *Urgency*: Decisions about TOP are urgent because once the adolescent has become pregnant, her unwanted pregnancy develops rapidly whilst she has to come to terms with the pregnancy and how to resolve it.

- *Importance*: An unwanted pregnancy and particularly an unwanted birth, has a tremendous impact on the woman's life. Effects of TOP on women were discussed earlier (*cf.* chapter 3). It is therefore important for the pregnant adolescent to make a decision which would let her elude the adverse effects of TOP (*cf.* 3.6).
- *Sensitivity*: A TOP decision is a sensitive decision. TOP remains one of those sexuality matters which parents, educators and children find difficult to discuss.

In short, schoolgirl pregnancies are usually unwanted (Koster-Oyekan 1998:1308) and adolescents at school may largely have to be dictated to, in their TOP decision-making, by factors which do not affect older women. If a pregnant adolescent were to opt for TOP, she should also contend with some barriers such as the legality of TOP to procure it safely. Some of these barriers are discussed below.

4.5.2.2 FACTORS INFLUENCING THE ADOLESCENT'S TOP DECISION-MAKING

Some factors ease the adolescent's TOP decision-making whilst others make it difficult. This subsection discusses the influence of counselling, significant others, HIV status, religion and culture, and unpreparedness of the adolescent's childbearing on the adolescent's TOP decision-making.

4.5.2.2.1 Counselling

The CTPA (1996:4) stipulates that mandatory counselling is a must for all terminations. Brien *et al.* (1996:54-56) stress that adolescents are definite clientele who should be assisted to come to an appropriate decision. In an interview with the researcher (Phuthaditjhaba 2000.04.06) a TOP counsellor states that every TOP-seeking woman undergoes pre- and post-TOP counselling. Pre-TOP counselling is aimed at informing the woman about options available and the procurement process. Post-TOP counselling mainly concerns itself with the improvement of contraceptive practice.

Price (1983:147-149) cites the task of pre- and post-TOP counselling with the adolescent as follows:

- To provide an opportunity for the adolescent to spend an adequate amount of time reflecting on the options available and their implications, removing some of the pressures and panic concerning the decision and helping the adolescent to come to terms emotionally with her decisions. Circumstances leading to the pregnancy and the effects of pregnancy for the adolescent are explored. It is likely that a repetition of pregnancy may be reduced and the danger of making the incorrect decision can be averted.

- To discuss the attitudes of family members and the putative father with regard to continued pregnancy or termination. Their inclusion in the counselling programme should be encouraged. Even though their view points should be taken into account, the adolescent should be assisted to make the final decision herself.

- To provide protective guidance and emotional support for the adolescent who usually feels alienated, isolated and frightened at the time of the crisis. These feelings can lead to anxiety if not acknowledged, expressed and dealt with.

- To screen those adolescents with serious emotional/social problems requiring attention over and above the unwanted pregnancy. These adolescents should be referred for specialised assistance immediately whilst they are more amenable to help.

- To advise the adolescent regarding her legal rights. The majority of adolescents worldwide are ignorant or misinformed about the conditions on which TOP is permitted.

- To inform the adolescent about the TOP procedure itself; the potential short- and long-term risks; and the importance of medical follow-up as well as after-care.

- To assist the adolescent after TOP procurement to realise her need for contraception, how and where to obtain it.

- To provide emotional support and guidance after TOP procurement to enable the adolescent to deal with her feelings (eg. guilt, regret, remorse and/or relief), facilitate the mourning process and an adaptive response to the crisis.

The aforegoing discussion of the task of TOP counselling emphasises the necessity of counselling. The process gives the pregnant adolescent an opportunity to consider her options and risks associated with each. This then puts the adolescent in a position where she may make an informed choice and may be less likely to lament the outcome. However, the rapport created by the counsellor may contribute to the adolescent making a correct decision. It was also mentioned that the family and putative father (significant others) should also be included in the counselling process.

4.5.2.2.2 Significant others

According to Price (1983:149-150), pregnancy may give rise to considerable stress and tension particularly in a well integrated family characterised by warm, close relationships. Parental reactions to the occurrence of adolescent pregnancy are mainly characterised by anger and they usually feel ashamed of their daughter's deviant behaviour. This therefore implies that parents in one way or the other, largely influence the pregnant adolescent's decision to terminate a pregnancy. The following investigation addresses the influence of parents as well as boyfriends of expectant adolescents.

- *Parents*

Antecedent family relations may influence the pregnant adolescent's TOP decision-making (*cf.* 4.5.2.2.2). According to Major, Zubek, Cooper, Cozzarelli and Richards (1997:1350), prior negative interactions are less frequent in close families with less conflict. However, in families where pregnant adolescents expect their parents to be greater sources of conflict, scorn and rejection, adolescents are less likely to inform their parents about their pregnancy and therefore make decisions to procure TOP on their own (*City Press* 2000.02.20:15).

On the other hand, a study by Brazzell *et al.* (1988:420) indicates that parental attitudes toward TOP also influence adolescents' TOP decision-making provided a relatively harmonious relationship between the parents and daughter exists. Furthermore, the researcher observed that mothers wield relatively more influence than other family members and peers.

It can therefore be concluded that even though parents wield more influence on the adolescent's termination decision-making, the extent to which the pregnant

adolescent contemplating TOP may be influenced, depends largely on the degree of intimacy and/or attachment of family members.

- *The putative father*

Some adolescents may not wish the putative father to become involved in TOP decision-making. In some instances, putative fathers usually abandon pregnant girls and try to exonerate themselves from the pregnancy. Price (1983:151) maintains that putative fathers are usually ignored or fear involvement in TOP decision-making since they have no legal say over the unmarried mother. Robinson (1988:58) further stresses that male partners seldom, if ever, participate in the decision of terminating a pregnancy or giving the baby up for adoption. The researcher is of the opinion that in instances where the putative father lives with the pregnant adolescent or is on intimate terms with her, he may exert some influence on TOP decision-making even though Bedimo *et al.* (1998:177) cite Kline's study (1996) which shows no association between TOP and marital status.

It can therefore be concluded that putative fathers do not generally influence the pregnant adolescent's decision to terminate a pregnancy.

4.5.2.2.3 Religion and culture

Religion and culture remain social attributes which largely underpin patterns of living and can therefore dictate to a belief system and codes of behaviour. Religious and cultural constructs also play a role in the development of societal attitudes. Therefore these constructs may influence the pregnant adolescent's decision to terminate a pregnancy. Findings of a study conducted by Ortiz and Nuttall (1990:898) to determine the effects of religion on the decision to carry or terminate pregnancy among Puerto Rican teenagers, show a significant correlation between religion and fertility patterns. Findings further indicate that girls who attend church more frequently are more liable to carry to term than those who do not attend church quite as often.

Russo and Dabul (1997:24) further contend that, for members belonging to religious groups which openly oppose TOP, religiosity may actually serve as a stressor if they were to abort, particularly those who have a higher church attendance. For example, the Hindu religion strongly objects to TOP (SABC 2, 28 May 2000).

It should be pointed out that religion has a bearing on TOP decision-making. Culture, a set of beliefs held by a group of people with a particular identity, influences behaviour and may therefore influence the adolescent's TOP decision-making.

In an interview with the researcher (Phuthaditjhaba 2000.10.16) the interviewee (a Zulu) indicated that the Zulu culture strongly objects to TOP. He claims that every woman whose child dies or miscarries has to undergo a cleansing ceremony which is not normally done after procurement of legal TOP, because of the secrecy of the process. This interviewee indicated that "non-cleansing" may yield adverse effects on subsequent siblings and/or partners.

According to the researcher's observation as an African, pregnancies among adolescents are generally regarded as "mistakes". Furthermore, the extended family practice means that a child born out of wedlock may be taken care of by other family members. These African practices generally encourage pregnant adolescents to carry the pregnancy to term rather than terminate it. This trend is further confirmed by Koster-Oyekan (1998:1309) who states that women who induced TOP are generally condemned in the Western Province of Zambia. The researcher wishes to point out that carrying the pregnancy to term is highly likely to adversely affect adolescent learners' schooling. It can also be stated that pregnant adolescents may resort to illegal terminations for confidentiality and in attempt to elude scorn, rejection, ostracisation and shame. Illegal and unsafe terminations have devastating effects (*cf.* chapter 3).

Besides counselling, significant others, religion and culture, the pregnant adolescent's HIV status may influence her TOP decision-making.

4.5.2.2.4 HIV status

A woman who becomes infected with HIV during her reproductive years is confronted with some difficult decisions about childbearing. According to Bedimo *et al.* (1998:171) with AZT prophylaxis, the risk of transmission of the virus from an HIV-infected mother to her newborn child may be as low as 8 %. Given the reduced transmission risk, she may give birth to a healthy child, but she is likely to die before the child reaches adulthood.

From observations at Tshwaranang Aids Training Information and Counselling Centre (ATICC) in QwaQwa (Eastern Free State), HIV positive pregnant adolescents are more likely to abort then older mothers. The latter group maintains that culturally, childbearing bestows enormous and inalienable pride on them. They state that God is the one to decide the fate of the unborn child (interview, Phuthaditjhaba 2000.03.30).

A study conducted by Bedimo *et al.* (1998:174-175) in New Orleans (USA) indicates that among women who became pregnant after learning their HIV diagnosis, 25 % chose to have an elective abortion. Furthermore, findings show that TOP among HIV positive women was significantly associated with being White and non-single.

The above discussion suggests that the presence of HIV/Aids influences women's decisions about TOP. However, adolescents seem more likely to abort than older women among Africans. The researcher is of the opinion that the reverse should have held true since HIV positive adolescents may later find it difficult to bear children. It can therefore be argued that a greater number of HIV positive adolescents may opt for TOP because of other factors, such as continuation of schooling.

School-going adolescents are not able to be parents yet, because it is nearly impossible to be actively and efficiently involved in both duties and responsibilities as learners as well as parents.

4.5.2.2.5 Concluding remarks

Reproductive decision-making can be a highly complex, sensitive and controversial issue. Factors that influence TOP decision-making include cultural, psychosocial and economic situations as well as significant others and religion. In the researcher's opinion, a myriad of influences may confront the adolescent at any time in her pregnancy, and the most influential may generally be cited as the sole factors leading to her decision. For example, an adolescent's HIV status may be cited as the reason for TOP procurement whilst low socio-economic status, schooling and rejection by the boyfriend may also be accompanying reasons too.

It can also be concluded that the degree and/or magnitude to which the same influential factor affects the adolescent's TOP decision-making may differ. For exam-

ple, parents belonging to the same denomination, e.g. Catholic may be lenient and/or strict when it comes to their pregnant daughters' reproductive choice. Stricter adherence to objection to TOP may serve as an additional stressor for the pregnant adolescent. It can therefore be assumed that every TOP decision-making has to be regarded as unique, in lieu of influential factors. However, TOP-seeking adolescents may possess certain characteristics

4.5.3 Characteristics of TOP-seeking adolescents

Adolescent girls often use TOP facilities. According to Kaplan and Sadock (1994:55) almost all girls seeking TOP are unwed mothers from low socio-economic groups; their pregnancies resulted from sex with boys to whom they felt emotionally attached.

Boyle (1997:38) cites Momell's (1994) study of women who chose not to have children. The study by Morrell identified three prominent themes, i.e. compensation, regret and derogation. *Compensation* depicts women without children as sublimating their natural desire to nurture children into other activities, as in the example where pets are seen as child substitutes. The researcher, as an educator at high schools as well as a teacher-training college observed certain learners (in middle and late adolescence) bringing along their teddy bears to school/college.

This behaviour might be elucidated by the compensation theme. In *derogation* pregnant mothers seem to be preoccupied by "not mother" or "not the mother on this occasion" urges. They tend to put their welfare before that of others, are self-interested or more bluntly, simply selfish. The researcher wishes to point out that this theme (derogation) resonates with the pregnant adolescent's consideration of the disruption of her schooling programme as well as the care that will be needed by the child and chooses TOP because of putting her interests first.

Regret underpins much of the discussion on the necessity for counselling (*cf.* 4.5.2.2.1). Compensation, derogation and regret characterise adolescents seeking TOP.

A pregnant adolescent girl seeking TOP may often not be ready to bring the child into the world. According to *The Teacher* (August 2000:13) financial problems, the lack of support structures and emotional immaturity often lead to the young girl

contriving TOP. The adolescent may have a vision for herself which may be impeded or not realised due to early childbearing.

A two-year follow-up study comparing the abortion group and delivery group among US adolescents (Freeman & Rickels 1993:73-74) shows that the abortion group has specific educational and career goals. The study further finds the abortion group doing well at school with 93 % of them in school or having completed high school, compared to only 69 % of the delivery group. More than twice as many in the delivery group had failed one or more school years. Campbell, Franco and Jurs (1988:815) earlier concurred this tendency.

It may be concluded that schooling plays a vital role in TOP decision-making and is a characteristic of TOP seeking adolescents. Miller and Moore (1990:1033) stress that TOP is more frequently sought by adolescents who are enrolled at school, who have never dropped out, who are doing well at school and who have higher educational aspirations.

Goraya and Prakash's (1998:14-15) study on contraceptive knowledge and practice of pregnant adolescents requesting TOP in inner-city London (UK) shows that all pregnancies were unplanned and 85 % of them learned about contraception at school. Knowledge of condoms and oral contraception was universal and high for all other methods. The researchers (Goraya & Prakash) therefore cite the major causes of pregnancy in their sample as failure to anticipate personal risk and error in the correct use of the contraceptive method chosen. The researcher therefore concludes that for the majority of adolescents seeking TOP's, the pregnancy is unintended; they generally are ignorant about contraceptives and tend to ignore their use and/or become inconsistent users.

Pregnant adolescents are also more likely to delay their decision to procure a TOP (*American Psychological Association* 1987:73) probably because of a variety of factors. Furthermore, adolescents are more likely to perceive their decision as externally determined (Lewis 1980:450). For example, Landry, Bertrand, Cherry and Rice (1986:268) find that 71 % of adolescents seeking TOP are surprised at the pregnancy. This reaction (i.e. of surprise) may lead adolescents to seek TOP. Freeman and Rickels (1993:75) indicate that in their follow-up study 84 % of an abortion group had someone close to them offering support. This support may presuppose acceptance or approval of TOP and therefore influence the adolescent's TOP decision.

A study on 197 African adolescent girls who were admitted to hospital in Dar es Salaam in 1997 due to unsafe termination (Rasch, Silberschmidt, Mchumwu & Mneary 2000:52) reveals the following:

- Girls are sexually active at an early age and have sex mainly with men older than themselves;
- Even though most girls were in love with and enjoyed sex with their partners, they also enter these relationships to obtain money or gifts;
- Most are not using condoms or contraceptives. They become pregnant either because they do not know how to use contraception properly or are expecting their boyfriends to marry them;
- Most of them are not aware of the 1994 Tanzanian policy that allows them to seek family planning services.

There is a need to provide youth-friendly family planning services and to make TOP safe and legal in order to reduce unintended pregnancies as well as TOP-related complications and subsequent death among adolescent girls (Rasch *et al.* 2000:52)

To summarise, adolescents seeking TOP generally put their needs before those of others, later regret TOP hence the need for post-TOP counselling, are negligent or fail to recognise the risk of irregular or non-use of contraceptives hence the occurrence of unplanned pregnancies. The majority do well at school, have clear educational and occupational goals and therefore prefer not to disrupt their schooling. It can therefore be concluded that TOP, in the context of avoiding the disruption of adolescent's schooling, has a positive effect. Some effects of TOP on adolescents are discussed below.

4.6 EFFECTS OF TOP ON ADOLESCENTS

Effects of TOP on women were discussed earlier (chapter 3). It should also be noted that even though those effects affect adults and adolescents, their magnitude differs. According to *The Teacher* (August 2000:13) an adolescent girl may experience feelings of relief accompanied by feelings of guilt, depression and anger. It is also often

hard for the young girl to express these feelings as TOP is generally viewed with shame.

Erikson, Gans and Rue (1989 in Franz & Reardon 1992:162) describe TOP in terms of trauma and suggest that reactions to TOP may resemble the condition defined as post-traumatic stress disorder. This disorder is characterised by long-term "sleeper" effects in which the woman may have negative reactions long after the TOP experience is over. Barnard (1990 in Franz & Reardon 1992:162) also confirms that evidence suggests that there can be long-term negative psychological effects of TOP.

Franz and Reardon (1992:161-162) maintain that even though studies generally conclude that adolescents are not negatively affected as a group and may even benefit from TOP, they may suffer from guilt, emotional stress, show signs of psychological problems and attempt suicide after procurement.

Earlier in this section (*cf.* 4.6) it was stated that TOP is still viewed with shame. The situation may, in the researcher's opinion, dent the adolescent girl's self-image. The researcher further holds the view that anti-abortionists and/or pessimists may regard TOP as a contributory factor towards promiscuity since any pregnancy can be terminated.

The severity of the effects of TOP on adolescents, either positive or negative, may depend largely on their support systems. A study by Major *et al.* (1997:1351) on the implications of social conflict and support after a stressful life event finds that social conflict will be a stronger predictor of post-abortion distress, but social support will be a stronger predictor of post-abortion well-being. One of the most appropriate support systems may be the school since the majority of adolescents procuring TOP are schoolgirls. Harrington-Lueker (1990:42) points out that schools are more likely to become the battleground for the TOP issue, despite efforts to keep their distance from the issue.

TOP, among adolescents, seem to be calling for an inevitable educational intervention.

4.7 EDUCATIONAL IMPLICATIONS OF TOP IN ADOLESCENCE

Educationally, TOP is of importance because an increasing number of our school-going adolescents are becoming pregnant and consider this option. Such a situation has immense psychological consequences and more often the situation sees the termination of the adolescent's schooling (Hlalele 1998:72, Van den Aardweg & Van den Aardweg 1988:7) with concurrent difficulties concerning further education, career and job choice and opportunities (Van den Aardweg & Van den Aardweg 1988:7).

The researcher concurs with Kreipe (1983:47) that TOP has become the most controversial issue relating to childbearing for both adolescents and adults. In the opinion of the researcher, adults as well as adolescents need information or to be educated about TOP - the law, procedures as well as effects of each form or kind of termination. Education may reduce resistance to TOP. An understanding of the circumstances which lead to termination as well as its legal regulation, may render TOP more accessible and contribute to easing resistance toward TOP.

Education regarding the kinds of TOP as well as reproductive health may contribute towards the reduction of illegal terminations since some women resort to backstreet abortion because of lack of information or knowledge regarding women's rights to TOP or designated institutions for termination. Education can also, in the opinion of the researcher, provide information regarding options in pregnancy as well as pregnancy resolution skills.

According to Van Rooyen and Louw (1994:108-109) education can play the following role in the prevention of TOP:

- Learners should be encouraged to discuss their problems frankly.
- Many young people do not know enough about conception and birth, the unreliability of contraceptives, as well as the physical and psychological consequences of TOP.
- Guidance should be given with regard to abstaining from sexual activity before marriage and the correct use of contraceptives within the bonds of marriage in order to prevent pregnancy.

It was indicated (*cf.* 3.5.2) that aborters suffer adverse consequences. Counselling may be important to let the aborters come to terms with certain effects. The process of counselling may lead to the healthy adjustment of terminators.

Finally, provision of education on TOP provides knowledge, reduces resistance and problems, promotes pregnancy prevention, reduces maternal mortality and improves understanding of reproductive health.

4.8 CONCLUSION

This chapter presented a perspective of TOP among adolescents. It addressed pregnancy resolution, termination, characteristics of TOP-seeking adolescents as well as educational implications of TOP. Chapter five will deal with the political, religious, educational and organisational attitudes toward TOP as well as their influence and/or effects on adolescents procuring TOP.

5

Different attitudes towards termination of pregnancy

5.1 INTRODUCTION

The TOP controversy constitutes a debate in which people's emotional investments and the rhetorical sensationalism of the special interests, run high (Hunter 1992:14). Makatini (1993:18) further suggests that TOP is considered to be one of the thorniest issues; one which most political parties would rather avoid.

Kelley, Evans and Headey (1993:589) argue that the TOP controversy has one major source - religion - and two less important ones - attitudes towards sexual permissiveness and women's employment. Traditional Christianity promotes opposition to TOP. The researcher wishes to point out that attitudes of other religions will be discussed in this chapter.

Marquis (1989:183) incorporates philosophy in the TOP debate and argues that most philosophers affiliated with secular institutions of higher education believe that the anti-TOP position is either a symptom of irrational religious dogma or a conclusion generated by seriously confused philosophical argument.

TOP can further be regarded as a passionate topic, largely because many people invest their positions with a symbolic weight that transcends immediate social and legal issues (Callahan 1992:694). The women's liberation movement sees TOP as the most significant liberation of all, from the body and from male domination.

The aforegoing discussion portrays TOP as an issue susceptible to political, religious and philosophical opinions which may be in conflict with or within one another. The issue of attitudes also prevailed in the above discussion. According to

Worchel, Cooper and Goethals (1991:187) an attitude is likely to be more accessible, and guide behaviour if it is perceived to be relevant to behaviour at hand. An attitude further serves as a road map for action.

It is the researcher's opinion that adolescents' TOP decision-making can also be based on known attitudes towards TOP. This chapter presents philosophical, religious, political, organisational as well as educational attitudes towards TOP. The discussion of these instances will be biased towards those which relate to adolescents and may therefore easily be influenced. The next section addresses attitudes.

5.2 ATTITUDES

This section clarifies attitudes, describes their effects, highlights the acquisition of attitudes, discusses the link between attitudes and behaviour, as well as predictability and behaviour change.

5.2.1 Clarifying attitudes

It has become common for different authors to provide several definitions for one concept. "Attitudes" seem to fall within the confines of this observation. A few definitions of an attitude/attitudes will subsequently be presented.

An attitude includes general and enduring positive or negative feelings about some person, object or issue. Attitudes are acquired during the growing up process. Some attitudes are acquired by operant and classical conditioning whilst others may be adopted through contact with reference groups (Worchel *et al.* 1991:175).

According to Baron and Byrne (1991:137) attitudes are general evaluations people make about themselves, other persons, objects or issues. In other words, they involve lasting likes and dislikes, preferences and aversions towards specific aspects of the external world.

Attitudes can be seen as the mind's system of evaluation that influences behaviour (Lindell & Olsson 1993:283). It may be concluded that an attitude is a disposition for motivated behaviour. It is an approach to an object characterised by emotion. Attitudes further constitute an abstract concept. They are acquired and involve a more permanent state of preparedness than opinions.

The *Cambridge International Dictionary of English* (1995:78) defines an attitude as a feeling or opinion about something or someone or a way of behaving that subsequently follows. It is often very difficult to change people's attitudes.

The above definitions, in the researcher's opinion, portray attitudes as mental constructs that guide behaviour, accrued from an individual's experience and interaction with the world.

These definitions also imply that there cannot be neutrality. One either likes, prefers, possesses a positive feeling about persons, objects and issues or one does not. In some instances, attitudes may not be clearly displayed. It was also emphasised that attitudes are acquired. The next subsection deals with the acquisition of attitudes.

5.2.2 The acquisition of attitudes

It should be borne in mind that adolescents are at a stage when their identity develops. Attitudes form part of the self. The adolescent will become known or know him-/herself as someone who approves and disapproves of certain objects, behaviour, issues and persons, e.g. termination of pregnancy.

Due to the nature of this study, a brief exposition of the acquisition of attitudes on the basis of social learning and direct experience will be provided. Through social learning, the acquisition of attitudes accrues from interactive situations and observation. The process *classical* and *instrumental* conditioning and *modelling* as forms of social learning are discussed.

5.2.2.1 CLASSICAL CONDITIONING (LEARNING BASED ON ASSOCIATION)

Classical conditioning (learning based on association) is premised on a principle that when one stimulus regularly precedes another, the one that occurs first may soon become a signal for the one that occurs second (Baron & Byrne 1991:139; Worchel *et al.* 1991:147). In other words, when the first stimulus is presented, individuals come to expect that the second will follow. Resultantly, one may gradually demonstrate the same kind of reactions to the first stimulus as they do to the se-

cond, especially if the second stimulus is one that induces fairly strong reactions when encountered.

As adolescents find themselves in religious, educational, political peer groups and families, their attitude towards adolescent pregnancy and TOP in general may develop as they interact. For example, if a presenter, parent or peer frowns, takes a deep breath and elicit signs of displeasure when TOP is mentioned, the adolescent is likely to gradually develop negative feelings, perceptions and eventually a similar attitude. In this instance, the issue of TOP is associated with a negative attitude.

5.2.2.2 INSTRUMENTAL CONDITIONING (LEARNING TO EXPRESS THE "RIGHT" VIEWS)

According to Baron and Byrne (1991:140) and Worchel *et al.* (1991:147-148), behaviours that are followed by positive rewards are generally strengthened and are likely to be repeated. In contrast, behaviours followed by negative rewards are weakened or at least suppressed. By rewarding children for stating the "right" views, those in authority play a role in shaping and reinforcing the children's attitudes. It is for this reason that most youngsters express political, religious and social views highly similar to those held by their authorities.

In the researcher's opinion, if the adolescent has been rewarded for echoing or expressing a particular political, religious, educational and/or social view on TOP, the likelihood that she acts accordingly when confronted with such an issue is greater. The adolescent may therefore terminate or carry a pregnancy to term depending on prior approval of parents, peers, educators and/or anyone in a position of authority. In some instances, attitudes may also be acquired by *observation* and *subsequent modelling*.

5.2.2.3 MODELLING/OBSERVATIONAL LEARNING (LEARNING BY EXAMPLE)

Bandura (1986:47-48) maintains that *modelling* has always been acknowledged to be one of the most powerful means of transmitting values, attitudes and behaviour. Worchel *et al.* (1991:141) further stress that individuals acquire new forms of behaviour merely through observing the actions of others. This generally means that individuals learn to do as others *do*, not as they *say*.

One often forms rules of behaviour and attitudes by observing others (Bandura 1986:46-47). On future occasions, this coded information serves as a guide for action. Because people are able to learn approximately what to do through modelling before they perform any behaviour, they are spared the cost and pain of faulty effort.

The researcher wishes to point out that superficially, one may misconstrue modelling to mean copying and/or imitating certain forms of behaviour. In the researcher's opinion, the observer has to analyse the behaviour of others critically in order to form an attitude. As pointed out earlier (*cf.* 2.3.2.2) the adolescent's cognitive process enhances abstract thought processes whereby intellectual tasks are mastered more easily and effectively. The researcher therefore argues that even though observational learning or modelling affords the adolescent an opportunity to learn and develop attitudes, it is improper to conclude that he/she ingurgigates what he/she observes and regurgitates it as behaviour. In situations such as termination of pregnancy, the adolescent may have observed others undergo TOP, however, he/she still has to make a judgement either for or against its procurement.

In some instances, vicarious learning may be substituted by *direct experience* in the acquisition of attitudes.

5.2.2.4 DIRECT EXPERIENCE

Individuals who acquire attitudes through direct experience have been shown to respond more quickly when asked to express their reactions than those who form attitudes indirectly (Baron & Byrne 1991:141). These authors further argue that attitudes acquired through direct personal experience are, in several respects, stronger than attitudes acquired through other means. The researcher therefore argues that depending on the circumstances and effects of the TOP experience, the adolescent may form strong negative or positive attitudes towards TOP. For example, adverse effects suffered as a result of TOP procurement are likely to lead the adolescent to forming strong negative attitudes toward it on the one hand. On the other hand, safe procurement accompanied by approval and availing an opportunity for the adolescent to continue her schooling is likely to yield strong positive attitudes.

Besides *direct personal experience*, other factors may also influence the strength of an attitude.

5.2.3 Attitude strength

This subsection addresses attitude strength as it relates to the predictability of behaviour. Vested interest, self-awareness, attitude similarity and accessibility seem to affect attitude strength and resultantly, behaviour predictability.

- *Vested interest*: Events, objects and issues affect a person's life. According to Baron and Byrne (1991:145) possessing a vested interest increases the strength of an attitude and hence predictability of behaviour is higher. In the researcher's opinion vested interest may be a result of a consideration of issues such as benefits accrued from an object or event, an individual's prior contact with it as well as the adversity or harmony resulting from the effects of such an event. These aspects (benefits, prior contact and effects) may also determine the negativity or positivity of an attitude. For example, adverse effects of an event may lead to the formation of negative experienced unsafe TOP procurement.

  Pursuing specific career goals may suggest self-awareness among adolescents. The subsection below investigates the role of self-awareness in the strength of attitudes as well as its behaviour predictability.

- *Self-awareness*: Heightened self-awareness increases the degree of consistency between attitude and behaviour (Baron & Byrne 1991:145-146). Self-awareness increases our access to our own attitudes. People may report their attitudes more accurately when they possess self-awareness than when they are not self-aware. Self-awareness may bring specific attitudes more sharply into focus, thus enabling adolescents to guide actions that follow.

  In the researcher's opinion, an accurate insight by the adolescent of priorities is more likely to predict whether or not she would decide to abort or not. Therefore, if childbearing had been a priority, carrying the pregnancy to term is more likely to override the need to continue with education. In other words, the adolescent prioritisation may be directly proportional to her behaviour and/or actions by virtue of her stronger attitude.

  Attitude strength can further be enhanced by similarity.

- *Attitude similarity*: Baron and Byrne (1991:254) argue that attitude similarity has a positive effect because similar attitudes confirm one's judgements about the world. Through social comparison, others validate one's conclusion about certain issues. Therefore, it can generally be assumed that if someone makes the same evaluations as you do, it feels good to learn that your judgement is sound. Not surprisingly, disagreement has a negative effect, it suggests one is wrong and arouses negative feelings.

From the discussion on attitude similarity, the researcher argues that if the attitude of the pregnant adolescent wishing and/or procuring TOP concurs with the attitude of the family member(s), religious groups, organisations/institutions she has relations with, she is more likely to feel good about the exercise, whilst negative attitudes towards TOP are more likely to be institutive towards procurement and may yield feelings of guilt.

The above discussion on attitudes, their acquisition and strength lead to conclusions presented in the following section.

5.2.4 Concluding remarks

Attitudes are mental schemes formed as a result of an individual's interaction with the world. They are linked to behaviour. Stronger attitudes increase behaviour predictability. Adolescents imbued with stronger negative attitudes towards TOP are more likely to carry the pregnancy to term and vice versa. It is therefore the objective of this chapter to identify attitudes towards TOP of instances which may influence the adolescent in this regard. Amongst them, philosophy plays a role.

5.3 PHILOSOPHICAL ATTITUDES

Cleminshaw (1994:166) states that conflicting beliefs divide people into two hostile camps inaccurately labelled "pro-life" and "pro-choice". A discussion of arguments put forth by each of these two approaches follows.

5.3.1 Pro-choice

The pro-choice attitude towards TOP is premised on the decriminalisation of TOP procurement and favours women's freedom to decide whether to continue or terminate pregnancy without legal prescription (Dickens 1990:81). Parents of handicapped children may claim that these children were wrongfully denied TOP. Furthermore, claims by children themselves that they should have been aborted support TOP procurement.

According to Du Preez (1997:49-50) the pro-choice attitude is more pragmatic, based on social values and underpinned by the following arguments:

- Human life begins at birth
- The fetus is part of the mother
- TOP forms a fundamental aspect of a woman's right to self-determination
- The patriarchal system and oppression of woman deny them control over their bodies and lives
- Women must have the freedom of choice in order to control reproduction.

An observation drawn from the above motivation in favour of TOP is that social conditions prevalent in society are taken into consideration and TOP is further used to solve social problems. Rights of women to reproductive freedom are further cherished. The debatable issue of "when does life begin" also plays a role. The fact that life does not begin at conception is further stressed by Dyer, the chairperson of the pro-choice movement in South Africa. Dyer states that the fetus remains part of the mother and is therefore not a human being or person until birth (*Die Volksblad* June 5, 1990:5).

Cleminshaw (1994:166) asserts that hostile camps labelled as pro-choice and pro-life exist and may lead to a flawed conclusion that each of these camps merely antagonises the other. On the contrary, Honderich (1995:1) observes that those who defend women's rights to TOP conveniently refer to themselves as "pro-choice" rather than "pro-TOP". In so doing they (pro-choice group) seek to bypass the issue of the moral status of the fetus, and instead render the right to TOP a question of

individual liberty. The author (Honderich) further argues that the question of the moral status of the fetus cannot be entirely avoided since laws governing TOP procurement do not ignore fetal protection.

What the researcher deduces from Honderich (1995:1) is that his argument above seems to be *eclectic* in nature since it observes the woman's right to either terminate or carry the pregnancy to term even though the latter is scantily recognised or hardly mentioned. It is important that pro-choice opponents do not always applaud those who uphold the pro-choice attitude and carry their pregnancy to term. Contrary to the pro-choice attitude, the pro-life also advances certain arguments.

5.3.2 Pro-life

Similar to the pro-choice approach, the pro-life movement (group) endeavours to relate to the former either as friend and/or foe. Pilisuk (1997:142) states that the pro-life movement does not attempt to depict its adversary as anti-life. The movement further acknowledges that most people in the latter group care deeply about life, the well-being of people as well as the power that people have to make decisions for their well-being.

According to Honderich (1995:2) the central argument against TOP may be put this way: "It is wrong to kill an innocent human being. Therefore it is wrong to kill a human fetus".

Libertarianism, a political philosophy, further indicates that TOP constitutes "... homicide in that it violates the personhood of the unborn fetus, a separate biological entity with a right not to be killed" (Earnheart 1999:8-10).

The above quotes by Honderich and Earnheart clearly indicate that the fetus is regarded as a human being in contrast with the pro-choice arguments (*cf.* 5.3.1). According to Dickens (1990:81) the pro-life movement opposes the legalisation of TOP under all circumstances, including circumstances in which women face clear danger to their lives or perhaps serious danger to their permanent health. The researcher wishes to point out that whilst it became clear that the pro-choice movement reserves the woman the right to make a decision regarding pregnancy, the pro-life movement does not explicitly state that the woman should be the sole decision-maker in instances where the pregnancy jeopardises her health. The researcher as-

sumes that the decision-maker in this regard would be the person other than the pregnant woman (e.g. doctor).

Pilisuk (1997:142) stresses that unrecognised and undervalued aspects of the woman's special contribution to humanity-building, building families, bearing children, and the caring for children and elders need more emphasis. A discussion of the philosophical (pro-choice and pro-life) attitudes towards TOP leads to several conclusions.

5.3.3 Concluding remarks

The pro-life/pro-choice debate yields several observations. The researcher concurs with McGrath (1993:367) who argues that amongst others, the controversial debate around TOP revolves around the status of the human fetus and the resolution of the conflict between the rights of the fetus and other moral values, such as the life, health or wishes of the mother.

The pro-life attitude seems to emphasise the sanctity of human life and turns a blind eye to the effects of unintended pregnancy as well as unsafe termination. On the contrary, the pro-choice movement, acknowledged not to be "anti-life", emphasises the woman's right to reproductive freedom and also, to some extent values life since TOP on demand can generally be procured in the first 12 weeks of pregnancy (some restrictions apply to TOP procurement after the twelfth week of pregnancy).

The researcher wishes to point out that in a society imbued with pro-life attitudes, adolescent schoolgirls are likely to be coerced to abide by resultant values and codes of behaviour and therefore carry the pregnancy to term as TOP procurement would generally be criminalised. Under such circumstances, the adolescent's schooling can therefore be disrupted. She can further seek unsafe termination which may result in unbearable consequences.

The pregnant adolescent is more likely to exercise her right to reproductive freedom in a society imbued with a pro-choice philosophical attitude and enhance her chances of pursuing her career as well as eluding the adverse effects of unsafe termination.

The controversy surrounding attitudes for and/or against TOP may manifest itself in a variety of ways. This controversy may lead to the conclusion that one person's/group's attitude may change over time.

Gordon (1999:14-21) elucidates how her personal experience with objectivist philosophy changed her attitude to pro-life. This objectivist philosophy argues that all human beings have inalienable rights which extend to the unborn as persons. Furthermore, the philosophy rejects the idea that there is a conflict between the rights of a woman to control her own body and the rights of the fetus. It also assumes that parents have an obligation or responsibility to care for their children, in the womb and after birth, and children have the right to expect such care.

The researcher is therefore of the opinion that one's attitude towards TOP is most likely not to be constant or stable as it is susceptible to influence. The researcher further concurs with Platt (2000:293) who concludes that some TOP debaters keep one foot in pro-choice and the other in pro-life.

According to Cleminshaw (1994:167) women's voices regarding TOP have significantly been silent. Male-dominated religions laid down moral codes about it. The next section investigates religious attitudes and views concerning TOP.

5.4 RELIGIOUS ATTITUDES

Religion was discussed earlier (*cf.* chapter 4) as an influential factor in TOP decision-making. To reiterate, Russo and Dabul (1997:24) maintain that "because some religious groups openly oppose TOP, religiosity further serves as a stressor for women belonging to such groups who choose to terminate, particularly for women who have a high church attendance".

In a study on "support and opposition to abortion" in Finland, Ervasti (1999:133) finds religiosity as the best predictor of TOP support or opposition, and further concludes that amongst Finns, TOP remains a more moral than political issue. Due to the role played by religion in TOP issues, this subsection traverses religious attitudes towards TOP. Jewish, Christian, Islamic, Buddhist as well as attitudes pertinent to the African religion are discussed below.

5.4.1 Jewish attitudes (Judaism)

Even though the *Talmud* (Jewish bible), makes little reference to TOP, some sources provide a substantiated view on the Jewish attitude towards it. According to Cohn-Sherbok (1991:1) Jewish law grants full human rights only to born and viable persons. Therefore, if the fetus endangers the life of the mother, it may be killed as long as neither its head nor the greater part of its body has emerged from the womb.

Simmons (1992:723) concurs that Judaism supports and regards TOP as permissible. Orthodox Jews tend to discourage TOP for all but the most serious threat to the woman's life. Jewish approaches assume that the fetus is not a person and that there is no real prohibition for TOP. The Talmudic law deems the fetus as "part of its mother", rather than an independent entity. Thus, TOP is not considered murder, which is the killing of the human person - a *nephesh adam*.

It can be deduced that Judaism holds a liberal and pro-choice attitude towards TOP. This religion seems not to have a noncommittal attitude or stand regarding pro-life and pro-choice views. The researcher is of the opinion that pregnant adolescent schoolgirls belonging to this religion may access TOP with ease, may not suffer effects of stigmatisation as well as rejection by significant others. Furthermore they may not be exposed to attitudes of social gatekeepers. The adolescents' schooling is therefore less likely to be affected by carrying the pregnancy to term.

However, no mention of support after procurement is made. The absence of an assistance and/or support programme (e.g. counselling) renders adolescents more susceptible to emotional distress. It would further be in place to consider Christian attitudes towards pro-choice and pro-life viewpoints.

5.4.2 Christian attitudes

The majority of South Africans belong to the Christian religion, the latter being entrenched by the apartheid regime. According to Cleminshaw (1994:167) early Christians rejected the prevalent codes of sexuality in the ancient world, where TOP and infanticide were relatively common.

On the contrary, Cohn-Sherbok (1991:1) maintains that Christianity from the earliest period was opposed to TOP. Nevertheless, not all terminations were considered equally sinful. St. Augustine, for example, distinguished between termination

of an animate and an inanimate fetus (the fetus being viewed as animated with a soul after 60 or 80 days following conception).

The practice of terminating a pregnancy because it is unwanted has always been rejected by Christians because it aims at the destruction of life which has already come into being. It is contrary to the law of God.

The Old Testament reveals that the fetus is an object of what may be called God's very special cure. In very strong figurative language the work of God in the coming into being of the fetus is described: "Didst thou not pour me out like milk and curdle me like cheese? Thou didst clothe me with skin and flesh, and knit me together with bones and sinews" (Job 10:10-11). To this very strong language of Job should be added the beautiful poetical view of the Psalmist (Ps. 139): "For thou didst form my inward parts, thou didst knit me together in my mother's womb ... Thou knowest me right well; my frame was not hidden from thee, when I was being made in secret, intricately wrought in the depth of the earth. Thy eyes beheld my unformed substance; in thy book were written, every one of them, the days that were formed for me, when as yet there was none of them". Buys (1976:60-61) postulates that it is remarkable that especially this Psalm which treats the subject of God's omni-presence and omni-science explicitly alludes to God as an artist busy weaving the fetus in the mother's womb. Thus the fetus is God's intricate work of art with which he is busy even before the moment of conception. The great wonder of life does not take place only at the birth of a child but especially in the moment of conception (also see Heyns 1986:214; De Bruyn 1993:147; Marais 1978:180). From the moment of conception, the fetus is a living being - even without self-conciousness yet - with just as much a God-given right to live as any other human being, the mother included (Buys 1976:6). The embryo becomes genetically complete at the moment of conception although it is still microscopically small and carries within it the characteristics of a unique human individual (Heyns 1986:214). As early as the twelfth week the fetus is no longer a formless mass of protoplasma, but beautifully formed and it moves freely in the fetal water. To remove this human being from the mother's womb is murder, according to Christianity. The sixth commandment holds good for prenatal life, just as well as for life after birth: "You shall not kill."

The above-mentioned indications leave no doubt about the Scriptural viewpoint of fetal life. Buys (1976:62-63) indicates, however, that it is not always easy to act according to these indications. We are living in a broken reality in which we are sometimes placed before baffling collisions of duty. It is easy to decide theoretically that

abortion is sin, a trespassing of the sixth commandment. But it is quite another case when it is your own wife who is in death peril in case of continued pregnancy or your daughter who is pregnant as a result of rape or incest. One is apt to think twice before condemning all forms of abortion categorically. According to the view of the majority of Protestant churches, the following rather broadminded provisions are made for abortion:

- Where the life of the mother is endangered by continued pregnancy, or where her physical health in all probability will be impaired seriously and permanently.
- Where a continued pregnancy in all probability will cause such a psychological disturbance or will aggravate an already present disturbance in such a way that the mother will become a threat to her own life and/or that of her child or will contract serious and permanent psychological damage.
- Where rape, as an illegal impregnation, without love and consent and as a violation of the body as temple of the Spirit of God, took place and has been proved beyond doubt.
- Where incest is coupled with rape, or where mental deficiency exists in the man and/or the woman.
- Where the pregnant mother is psychologically disturbed to such an extent that she does not comprehend the sense and meaning and therefore also the consequences of sexual intercourse.
- Where prenatal examination reveals that the fetus is deformed to such an extent that according to medical definition it will be a monster (Buys 1976:63).

In other words, according to Christian belief, certain medical, juridical, psychiatric, psycho-social and eugenetic motives exist for abortion.

The above contradiction is catered for by the assertion of Cross and Livingstone (1988:6) who purport that the Christian opinion on TOP is divided. A large body of non-Catholic moralists approve of TOP procurement on the grounds that the life of the mother is more important than that of the unborn child on the one hand. On the

other, a greater level of Catholicism in a population does not only vehemently condemn TOP but also lowers it's procurement rate (Trent & Hoskin 1999:62).

Recently, a number of Christians within a variety of denominations have come to believe that it is morally permissible to procure a termination to save the life of the mother (Cohn-Sherbok 1991:1). Clarke and Linzey (1996:1) stress that Christian approaches to TOP are characterised by variation.

The researcher deduces that some sectors within Christianity can be regarded as pro-life and others pro-choice. Catholicism appears as one of the prime determinants. Catholic affiliation appears to be in direct proportion with disapproval of TOP. Adolescents schoolgirls belonging to Catholic churches are therefore more likely to carry the pregnancy to term rather than procure termination.

The existence of the two poles (pro-choice versus pro-life) within one religion makes it difficult for one to pinpoint the rudimentaries of such a religion. According to Clarke and Linzey (1996:1) the emancipation of women and their struggle for sexual equality created strong challenges to the traditional Christian presumption against using TOP as a means of avoiding motherhood. Trent and Hoskin (1999:62) also concur that women's labour force participation encourages TOP procurement. The authors (Trent & Hoskin) further postulate that both a greater dominance of Catholicism and Islam in a society reduce the probability that TOP is condoned and legal. A discussion on Islam and TOP follows.

5.4.3 Islamic attitudes

The extent of influence of a religious attitude towards TOP may generally be determined by membership of a particular religion. Hussein Solomon, of Pretoria University, reckons that there are 380 million Muslims in Africa - more than in the Middle East (*Sunday Times* 2001.09.23:21). According to Simmons (1992:725) the 860 million followers of Muhammed constitute the largest single religion in the world. Muslims permit TOP for any reason in the first 40 days of pregnancy, since the *Hadith*, the sayings of Muhammad, describes the fetus as being "40 days in the form of a seed". Even though the Koran says nothing about TOP, it is regarded as a serious crime. Women should not procure TOP without their husbands' permission. TOP is further not justified for reasons of economic hardship, sex selection or to

avoid social disgrace. In cases where the woman's life is at stake, it is up to her to decide whether to terminate or sacrifice her own life.

Even though Islam has mainly been practised as a religion for people other than African in South Africa, the researcher observed a recent move towards this religion by Africans. This means that those influenced by this religious attitude will be expected to abide by its prescriptions. Whilst the CTPA advocates termination on demand in the first 12 weeks (84 days of gestation) the Islamic attitude approves of it only within the first 40 days. Furthermore, Islam seems to recognises the woman's prerogative to choose termination or continued pregnancy when the woman's life is at stake.

Further disapproval for reasons such as economic hardship may mean that persuing career goals and fear of abandonment of the pregnant adolescent's schooling cannot justify TOP procurement. This conclusion favours carrying the pregnancy to term. Next, Buddhism and TOP are put under perspective.

5.4.4 Buddhist attitudes

Buddhism constitutes one of the largest religions in the world. According to Simmons (1992:724) Buddhists are more than 300 million worldwide. This religion is characterised by neither the existence of an ecclesiastical hierarchy nor an official dogma to establish orthodox belief and behaviour. It also emphasises a belief in rebirth, which mitigates the notion of killing a life. Some Buddhists believe that consciousness arises at the moment of conception. Thus for them, TOP is morally wrong and should be prohibited by law. Others accept the notion that all killing is evil, but place the TOP decision with the woman. In Japan, for instance, TOP is common and not opposed by any political party. The Buddhist clergy created a rite to relieve the anxiety of women who procured TOP, called *Muziko Kuyo*.

The researcher observes the existence of a divided opinion comprising restrictive and liberal attitudes with Buddhism. This religion observes *anxiety* as an effect on women who procured TOP and further offer post-TOP assistance called *Muziko Kuyo*. This study, however, examines the effects of TOP on school-going African adolescents in the eastern Free State. It would therefore be proper to investigate the attitude of the African religion on TOP.

5.4.5 African religious attitudes

African religion is sometimes referred to as African Traditional Religion. It was stated earlier (*cf.* chapter 3) that TOP occurs in all cultures. This subsection examines the attitude of the African religion. Sinclair (1996:106) maintains that even though the incidence of unsafe termination is alarmingly high among Africans (*cf.* chapter 3), African custom regards TOP as a taboo. Sinclair (1996:107) further identifies the "... possibility that there could be strong anti-abortion sentiment among African people more committed to the principles of indigenous custom than to the eradication of sexual oppression or to guarantees of equality and privacy".

The researcher further alludes to the fact that the African religion's attitude towards TOP may be best understood through traversing the religion's view on and purpose of life. In an interview with the researcher (6 October 2001), Mogomme Masoga (Head of the School of Historical and Cultural Sciences at Uniqwa) states that life is a gift from the ancestral world, serves a purpose and/or function on earth, and passes on to the ancestral world. Masoga further maintains that the idea that life begins at conception is out of place.

The researcher therefore concludes that in accordance with the African religion, TOP is *contra bonos mores*. This assertion is verified by an earlier discussion of the African adolescent's rites of passage (*cf.* 2.3.1).

One of the ways through which the occurrence of unplanned and/or wanted pregnancy and subsequent termination are curbed involves virginity testing (*Sunday Times* September 30, 2001:12). Virginity testing has been practised for some time and has recently culminated into an annual festival celebrating virginity (called *Nomkhubulwane*). This practice is common among the Zulus in South Africa. Surprisingly, one of the proponents and activists of this tradition is an educator. It would therefore be appropriate, subsequent to concluding remarks, to consider attitudes of students/learners and educators (*cf.* 5.7).

5.4.6 Concluding remarks

Varying attitudes towards TOP among and also within religious groups exist. Both Christianity and Bhuddism have opposing sectors approving of and disapproving TOP.

Opposition to TOP is evident in the African and Islamic religions. Whilst the former regards TOP as a taboo and an activity not considered as part of their way of living, the latter confirms its prevalence and places stricter prohibitions on its procurement. TOP is not only a religious issue, it is also an issue susceptible to political debate.

5.5 POLITICAL ATTITUDES

TOP, as an issue, cannot elude political interpretation, interference and/or control. Political parties in government (ruling and/or in opposition) also hold different views regarding this issue. For example, Hout (1999:3) stipulates that by the late 1990s, conservatives moved toward a pro-life stance, whilst liberals reached consensus on supporting choice in the United States.

In the former West Germany (now Germany after unification with East Germany), the Nazis rejected TOP as a quantitative loss for the military and the Aryan race but accepted it as a means to preserve a quality racial line (Hunt 1999:379). The researcher wishes to point out that the Nazi attitude towards TOP portrays a situation where the end justifies the means. TOP was regarded as a loss for the military, for Germans on the one hand, and justifiable for the non-Germans, on the other. The latter, through TOP, would have a lesser number of soldiers than the former.

Subsequently, attitudes of Azapo, Conservative Party, African National Congress, Inkatha Freedom Party, African Christian Democratic Party, New National Party, Democratic Party and the Pan-Africanist Congress are put under perspective.

5.5.1 Azanian People's Organisation (Azapo)

According to Du Preez (1997:129) the attitude of the Azanian People's Organisation (Azapo) towards TOP is pro-choice. Azapo further cautions that TOP should not be regarded and used as a means of birth control.

5.5.2 Freedom Front (FF)

The constituency of this party is mainly Afrikaners. It strongly opposes TOP on demand (Du Preez 1997:129). According to Oosthuizen, the chairperson of the Freedom Front of South Africa (11 November 2002), the FF voted on the 29th of October 1996 in Parliament against the Act on Abortion (Act no. 19 of 1996) for the following reasons:

- Article 11 of the Constitution (Act 108 of 1996) stipulates that every person has the right to live. This legislation on abortion up to 20 weeks of pregnancy is a contradiction to article 11 of the Constitution, according to the FF.
- According to the Christian point of view, a human being is created in the image of God. The creation of man starts with first conception and ends with death. A human being is never at a specific moment locked within him/herself, but continues to live in a process of development and change. From the moment of conception, no intervention from the outside is possible to arrest the process of development of the embryo into a human being. The embryo is a complete human being within itself and possesses a soul.
- The time allocated in the Act for legislation of abortion is artificial and arbitrary. All bodily and mental abilities of the human being are present in the embryo, and would systematically be disclosed. Abortion is not acceptable within 12 weeks; neither justified on psychological and juridical grounds between 13 and 20 weeks nor after 20 weeks on medical grounds.
- The fact that only the mother of the unborn child, with exclusion of the male (father) in the sexual relationship, has the sole and exclusive choice of abortion, is sexistic.
- The fact that the right of the unborn child is not acknowledged, dishonours the child.
- To legalise abortion on grounds of the personal situation and attitude of the mother, such as her mental state and/or social status and/or economical position, may contribute to social immorality.

- The legalisation of abortion undermines personal responsibility and liability.
- The fact that an under-aged female person (e.g. 14/15 years of age) may decide on her own to terminate the pregnancy, but requires her parents to render permission for an appendix operation, indicates discrepancies within the Act.
- A logic consequence of the legalisation of abortions may be the legalisation of euthanasia.
- A murderer obtains an advocate at public expense to defend him/herself, but the unborn child's life is not protected by legislation.
- An adult functioning as a juridically trained and experienced judge may not decide on the life of a murderer, but a 14 year old child may decide on the life of her unborn child.
- The FF is not against the termination of pregnancy in cases where the mother is a victim of rape, or where it is legalised for psychological, juridical or medical reasons.
- According to the FF, the existence of life is not protected, as the result of the fact that TOP may be applied up to the twentieth week (5 months) of pregnancy.
- The fact that TOP may be justified only for social or economical circumstances of the mother implies that a woman may render poverty as a justifiable reason for abortion which may be for her own convenience.
- Abortion is murder in cold blood and therefore against the ten commandments according to the Bible.

5.5.3 African National Congress (ANC)

The African National Congress is currently the majority party in South Africa. It has one of the most liberal attitudes towards TOP. This attitude led to the promulgation of the Choice on Termination of Pregnancy Act (Act No. 92 of 1996).

Sentiments echoed by the ANC members of Parliament approve of TOP on demand based on the following tenets (Parliament of the RSA 1996, October 29:4759-4767).

- Hundreds of women die annually as a result of unsafe and illegal terminations.
- It is more important to provide a safe termination early in pregnancy than to try to deal with the consequences of backstreet termination in an emergency.
- The reproductive choice lies with the woman.
- Those who oppose termination, for whatever reason, can hold their view and exercise their choice accordingly.
- A legal and safe termination is more humane and cost-effective.
- If a mother dies as a result of an unsafe termination, her life, together with the unborn child, is lost.
- Consultation between the woman and her partner is encouraged but when there is a dispute the final decision rests with a woman.
- Approximately one out of every four mothers who give birth in South Africa, is under 20 years of age. It is also common knowledge that these women are still at school when they fall pregnant and upon finding out, the majority are too terrified to discuss the matter with their parents.
- Women should be afforded the opportunity to terminate pregnancy in safety and dignity.

The researcher observes that the ANC's attitude towards TOP is not only pro-choice but also reactionery. It is a reaction to address the plight of those women and in particular, schoolgirls who resort to unsafe termination. This attitude also attempts to avert adverse effects of unsafe termination as well as fewer unwanted and unplanned pregnancies among the young. The ANC's reactionary attitude was also aimed at counteracting the restrictive Abortion and Sterilisation ACT of 1975 promulgated by the then National Party.

5.5.4 New National Party (NNP)

The NNP opposes TOP on moral and religious grounds and finds it offensive to the right to life guaranteed in the Constitution (Parliament of the Republic of South Africa 1996.10.29:4767-4768). However, there are conditions under which this political party conceives TOP to be permissible. These include pregnancy resulting from statutory rape, i.e. sex with a girl under 16 years of age, and "others". The researcher wishes to express a view that the concept "others" lack specificity and would therefore leave the reader with mixed conception and/or lead to misrepresentation of the party's attitude towards TOP.

According to Swanepoel, the representative of the New National Party (NNP) (12 October 2002), the NNP's representatives in Parliament are presently elaborating on a policy document regarding abortion. According to the key elements in this document the party experiences problems with the following stipulations in the present governmental legislation on abortion.

- Under-age individuals should at least acknowledge their parents in the matter.
- Compulsory quality counselling is necessary.
- TOP may not be applied for the sake of family planning.
- Acceptable protection for moral objectors should be provided.

They approve of abortion under the following circumstances:

- rape,
- incest,
- mental deficiency,
- the endangered life of the pregnant mother.

The researcher observes that religion as grounds for opposing TOP, has been vaguely used by the party. The Inkatha Freedom Party's attitude is discussed next.

5.5.5 Inkatha Freedom Party (IFP)

The Inkatha Freedom Party (IFP) comprises mainly Zulu speakers in Kwazulu Natal and Gauteng. This party further questions the logic behind dividing attitudes towards TOP into two camps, the pro-choice and pro-life (Parliament of the Republic of South Africa 1996:4772). The Party holds the view that the two extremes (pro-choice and pro-life) can be reconciled. TOP is further viewed as an issue not only dealing with rights, but also with responsibility, morality, safety and health.

Unrestricted access to TOP is not considered by the IFP to be in the best interest of society (IFP 1999:71). The Party believes that TOP should be made available in the following cases:

- Rape
- Scientifically determined deformity to the fetus
- Danger to maternal health
- Pregnant children with consent of their parents and medical practitioners.

The IFP's attitude seems to accommodate schoolgirls in the fourth case, i.e. pregnant children. In an interview with the researcher (2000.10.16) one IFP official in QwaQwa strongly condemned TOP on demand stating that if a child dies, the mother has to undergo a cleansing process, otherwise the husband and/or males involved in sexual relations with the mother who has not been cleansed will be affected. He argues that TOP on demand condones secrecy, resulting in a situation where members of the family may not be aware of the TOP procurement.

To conclude, the IFP condemns unrestricted termination and holds a view that pro-choice and pro-life attitudes can be reconciled. The African Christian Democratic Party's attitude follows.

5.5.6 African Christian Democratic Party (ACDP)

The ACDP opposes TOP (Lesedi FM 2000.02.01). The Party suggests a prayer for those who seek termination. They further argue that pregnant women who procure abortions, murder innocent people and should therefore be punished in the same manner as rapists and murderers.

According to Reverend KR Mechoe, the ACDP believes in the sanctity of life and that unborn babies bear the right to life (Parliament of the RSA 1996.10.29: 4783). Mechoe (the then Party President), stresses that TOP discriminates against unborn babies because of their age and place of residence.

The ACDP further recommends adoption and the repulsion of the CTPA. According to the researcher this party's view neglects the existence, extent and effects of restrictive TOP laws and/or attitudes, such as unsafe termination and its ramifications. The attitude is less pragmatic and seems to be based more on fiction than fact. One would have thought that the party would suggest strategies to combat unwanted and unplanned pregnancies alongside the exercise of "praying". The researcher realises that the ACDP's attitude is in accordance with the pro-life Christian inclination as well as seeking the sanctification of Africanism. The African overtones may be embedded in the attitude of the Pan Africanist Congress discussed next.

5.5.7 Pan Africanist Congress (PAC)

The African overtones are clearly observable in the PAC's attitude towards TOP. Sizani, PAC's Chief Whip (1996), stresses that the CTPA is not against Africans. It protects African interests and saves African lives (Parliament of the RSA 1996:4783). The researcher observes an implicit acknowledgement of the fact that African lives have and continue to be lost through unsafe termination.

Even though Du Preez (1997:129) states that the PAC had no policy on TOP before 1994, the PAC's MP (Member of Parliament), Patricia de Lille, maintains that the PAC has consistently supported reproductive health and the right of women to control their bodies. The PAC is pro-choice - which encompasses pro-life attitudes (Parliament of the RSA 1996.10.29:4811).

5.5.8 The Democratic Alliance (DA)

In an interview with Smuts (18 November 2002) of the Democratic Alliance, the following attitude of this political party regarding TOP was stated: all members of the community should have a free vote on the issue. It depends on every one's own conscious whether he/she approves of abortion or not.

The foregoing discussion of the attitudes of political parties lead to several conclusions.

5.5.9 Concluding remarks

Even though the attitudes of all political parties (e.g. United Democratic Movement) were not discussed, those discussed reflect various stances. The political opinion on TOP is divided. Parties such as the FF, ACDP and NNP oppose TOP and are pro-life. These parties believe that a fetus is a living being who should be afforded the protection by the Constitution's "Right to Life". On the other hand, parties that lament the adverse effects of unsafe termination generally adopt a pro-choice attitude. Political attitude and/or opinion may also be influenced by women's experiences themselves (*cf.* 3.4.2). Avalos's (1999:35) study confirms that

- women's retrospective accounts of their TOP experiences may inform and transform politicised TOP discourse;
- women's narratives used in debate factions may broaden the understanding of the TOP experience.

The confirmation by Avalos implies that the TOP discourse should be underpinned by women's termination experience.

It may further be concluded that the majority of political parties in South Africa hold a pro-choice attitude towards TOP. The researcher therefore argues that the likelihood that pregnant adolescent schoolgirls as well as those girls who procure TOP elude the effects of strong TOP opposition and the possibility of receiving support exists. There can also be a decreased occurrence of social gatekeeping for TOP procurers. Whether or not social gatekeeping may result from other organisations may be gleaned from the following discussion of their attitudes (with which adolescents may have direct and/or indirect contact).

5.6 ATTITUDES OF ORGANISATIONS AND GROUPS

Organisations and/or their members may involve adolescent schoolgirls and play a role in the girls' development of attitudes towards TOP as well as TOP decision-

making. Some of the organisations do not only end up condemning TOP, they also engage in activities which affect women procuring TOP.

A study examining the responses to anti-TOP picketing among 442 women (aged 14-40 years) who encountered picketers as they entered TOP clinics to procure termination (Cozzarelli, Major, Karrasch & Fuegen 2000:265) reveal that

- most women experienced negative emotions in response to contact with picketers;
- women were more likely to feel angry than guilty in response to seeing picketers;
- women whose entry was blocked by picketers were more likely to experience both anger and guilt in response to picketers;
- feeling guilty in response to seeing picketers and being high in personal conflict about TOP were significant predictors of depression immediately after TOP.

The findings of this study highlight the effects brought about by some sectors of society on women procuring TOP. This subsection deals with the attitude of nurses organisations such as Doctors for Life, the Living Being Foundation, Ipas, Thusanang Advice Centre, People Opposing Women Abuse, Planned Parenthood Association of South Africa, and the Reproductive Rights Alliance.

5.6.1 Nurses

Nurses' attitudes towards TOP play a role in the TOP procurement process because TOP-seekers have direct contact with them. Varkey (2000:2) states that in South Africa, attitudes of other health care workers have not received sufficient attention. One woman who sought termination recounts her experience: *"the sister was just telling me it's killing, it's murder, your life won't be the same ... she even tried to call a pastor ... I said, I am sure of what I am doing here. I don't need a pastor. I was in a way angry ... she was just wasting my time, just telling me not to do it".*

Such judgemental attitudes may not only affect the woman seeking termination but also certain colleagues of that nurse.

A study conducted at an international midwifery conference held in Israel recently found that the majority of nurse-midwives display a positive attitude towards TOP (Musgrave & Soudry 2000:505). The situation where providers possess a positive attitude, in the researcher's opinion, is more likely to be gratifying and less stressful on the pregnant adolescent procuring TOP. Another medical sector, involving doctors' attitude towards TOP is discussed next.

5.6.2 Doctors for Life (DFL)

Doctors for Life (DFL) is a pro-life organisation of more than 700 doctors, specialists and professors of medicine in South Africa (DFL 1997.02.15:1). The DFL survey revealed that 82,49 of doctors are not willing to perform termination on demand and further refuse to refer a patient (*cf.* chapter 3). The researcher wishes to point out that in an instance where the pregnant adolescent seeking termination is denied referral may largely resemble social gatekeeping since she may not be well advised. The researcher further observes that the DFL may believe unborn babies are living beings as is evident in the attitude of the Living Being Foundation.

5.6.3 Living Being Foundation (LBF)

The Living Being Foundation (LBF) (1997:1) represents concerned South Africans that are committed to

- showing that the unborn baby is a living being;
- creating public awareness, activating moral conscience regarding atrocities associated with TOP;
- implementing a media campaign through schools, national newspapers and outside TOP procurement institutions.

From the title of the foundation as well as its aspirations, the researcher deduces that this organisation is pro-life and regards the fetus as a "living being". Campaigning outside TOP procurement institutions is, in the researcher's opinion, tantamount to social gatekeeping and is likely to result in effects listed by Cozzarelli *et al.* (2000:265) (*cf.* 5.6). The researcher further argues that campaigning against TOP in schools may do more harm than good to learners who have already procured TOP.

Apart from stigmatisation and subsequent distress, the adolescent girl who procures termination may further be vulnerable to implications of concealment. Major and Gramzow (1999:735) conducted a study examining the stigma of termination and psychological implications of concealment among 442 women followed for two years from the day of their TOP procurement and found that:

- Women who felt stigmatised by termination were more likely to feel a need to keep it a secret from family and friends. Secrecy was related positively to suppressing thoughts of termination and negatively to disclosing termination-related emotions to others.
- Greater thought suppression was associated with experiencing more intrusive thoughts of TOP. Both suppression and intrusive thoughts, in turn, were positively related to psychological stress over time.

The researcher contends that campaigning vigorously against TOP in schools is detrimental to learners, whose academic performance may be adversely affected and further views the school as one of the primary support structures dealing with the development of a person, a goal which can hardly be achieved by such campaigns. The attitude of Ipas is discussed below.

5.6.4 Ipas

Work at Ipas is anchored in the belief that each woman has the right to control her own sexuality, fertility, health and well-being (Ipas 1999:1). Ipas served as a resource to the Reproductive Rights Alliance to share the experience of other countries in changing their reproductive laws. Together with the Planned Parenthood Association of South Africa, Ipas conducted clinical training in elective termination services and post-TOP family planning for key providers.

Among its goals, Ipas aims at demonstrating how access to safe TOP and appropriate family planning services may be effective in reducing TOP-related mortality and morbidity as well as reducing unwanted pregnancy.

It may be deduced that Ipas does not only acknowledge the effects and existence of unsafe termination, but also attempts to work hard towards facilitating availability of safe termination and the necessary support. Pregnant adolescent schoolgirls seeking termination can therefore not only evade adverse effects of unsafe termina-

tion but also avoid the recurrence of unplanned and/or unwanted pregnancy. Another community based organisation, Thusanang Advice Centre, deserves attention.

5.6.5 Thusanang Advice Centre (TAC)

Thusanang Advice Centre (TAC) is a non-governmental organisation based at Phuthaditjhaba in the eastern Free State. Its mission is to protect and improve basic human rights. In an interview with the researcher (Phuthaditjhaba 2000.03.16) a senior officer at TAC states that the organisation upholds the "right to life" and believes that life begins after birth.

The organisations's attitude is imbued with African cultural norms and values and therefore is against TOP procurement. One of the arguments raised against TOP is that the mother seeking TOP may be getting rid of her only child. It further preaches abstinence and regards sexuality as the primary responsibility of parents and educators.

Upholding the "right to life" may lead to a conclusion that the organisation is pro-life. The researcher is of the opinion that being "pro-life" generally means that life begins before birth. On the contrary, accepting that life commences after birth may mean that the fetus does not enjoy any protection and its life may therefore be terminated. Some people believe that women themselves can shed better light on the issue (TOP) since they are the ones who go through the experience.

5.6.6 People Opposing Women Abuse (POWA)

The organisation, People Opposing Women Abuse (POWA), believes that freedom in making decisions about whether, when and how to have children is fundamental to women's physical, psychological, social and economic well-being (letter dated 17.10.2001). Based on the recognition that issues around sexuality, sexual knowledge and behaviour, abortion, childbirth and adoption are often subject to intense moral, religious and philosophical debate, the organisation contends that every woman has a right to choose her own moral position on these questions and that her choices about sexual relations and reproduction must be respected and supported.

POWA further advocates that the State cannot value the life of a fetus above that of the woman carrying the fetus. The state must only protect the fetus after "viability" (being able to survive outside the womb).

The researcher deduces that the organisation is pro-choice and recognises the need for support to whatever decision the woman makes regarding her pregnancy. The Planned Parenthood Association of South Africa is presented next.

5.6.7 Planned Parenthood Association of South Africa (PPASA)

Planned Parenthood Association of South Africa (PPASA), is an organisation of more than 50 years standing, has sexual and reproductive health as its *raison d'etre.* In an interview with the researcher (10.10.2001, Bloemfontein, PPASA), a PPASA official, stated that even though the organisation does not offer TOP procurement services, it involves itself with pre- and post-TOP counselling.

Would-be TOP procurers are informed and supported throughout the process. The researcher observed a striking attribute enhancing the success of this organisation's exercises - the use of peer educators. Peer educators are known to easily break the barriers and reach their peers quicker and more effectively. The organisation is pro-choice. Another organisation dealing with reproductive and sexual health is the Reproductive Rights Alliance.

5.6.8 Reproductive Rights Alliance (RRA)

The Reproductive Rights Alliance (RRA) was formed in response to the increasing demand for overt, organised support for reproductive rights and health care services (on line www.healthlink.org.za/rra 1998/01/09). RRA is a network of South African organisations committed to creating, promoting and advocating a rational pro-choice position on reproductive health and well-being.

The RRA ratifies the views of the Convention on the Elimination of All Forms of Discrimination against Women. This convention argues that states must ensure that women have "... the same rights to decide freely and responsibly on the number and spacing of their children and to have access to education, and means to enable them to exercise these rights" (on line:www.healthlink.org.za/rra 1998/01/09).

It may be deduced that the RRA is pro-choice and advocates the provision of safe termination. The organisation further recognises the right of women to have access to education. Even though education and termination are not necessarily linked in the preceding argument, it may be inferred that termination may also be procured to avail an opportunity for the pregnant adolescent to proceed with her schooling. The attitude of organisations towards TOP yield several conclusions.

5.6.9 Concluding remarks

Even though organisations which are pro-life and pro-choice exist, the majority of them are pro-choice and further recommend support for the woman seeking termination. This situation, where pregnant adolescent girls seeking termination are afforded support throughout enhances the possibility of a reduction in the feelings of guilt, concealment as well as subsequent depression. Social gatekeeping is also lessened under such circumstances. Attitudes of learners and educators are presented next.

5.7 EDUCATIONAL ATTITUDES

Adolescents are most likely to spend their entire adolescence at school. Their TOP procurement process may therefore be affected by reactions as well as opinions expressed by both educators and other learners. This subsection presents attitudes of adolescent formations, learners and educators.

5.7.1 Ohio Teens for Life

Teens for Life is an adolescent formation in the United States which actively involves itself with national issues. This formation regards TOP as an issue of special importance to adolescents (Ohio Right to Life 1997:1). They further regard themselves as a TOP generation.

Founded on the principle that human life is precious from conception to natural death, the formation is pro-life. According to this formation (Ohio Right to Life 1997:1), "one third of their classmates were victims of TOP before they were born, and many more are victimised in their adolescence as another generation of babies are denied the right to life".

Grounds for being pro-life (Ohio Right to Life 1997:2) include the fact that

- a baby's heart is beating at 18 days;
- brain waves are measurable at 40 days;
- the baby can feel pain as early as 8 to 10 weeks;
- TOP solves one problem only to create a host of new ones such as
  - depression,
  - guilt,
  - lowered self-worth,
  - fertility problems,
  - post TOP syndrome.

The researcher realises that arguments advanced by the Ohio Teens for Life are based on the negative effects of TOP procurement. Learner enrollment is adversely affected and the procurer suffers from depression and guilt. The formation further regards schools as one of the sources which reflect a bias in favour of unrestricted TOP procurement. It should further be pointed out that the formation does not mention circumstances and conditions under which TOP should be allowed (e.g. when the pregnancy presents a threat to the adolescent girl's life).

Benefits accruing from TOP procurement to the pregnant adolescent schoolgirl have been ignored. Attitudes of learners are discussed next.

5.7.2 Learners' attitudes

Learners' attitudes may play a role in the pregnant adolescent schoolgirl's TOP procurement process. Studies on learners' attitudes towards TOP reveal certain trends. Lindell and Olsson (1993:281-285) conducted a study with a sample of 421 high school learners on their attitudes towards TOP. Results of this study are as follows (Lindell & Olsson 1993:284):

- Two thirds of the learners believe that the decision to terminate should be made by the woman and man together. More men than women (73 % versus 57 %) are of this opinion.
- More than 90 % (376) of learners think that TOP is not an acceptable method of birth control.
- Circumstances under which TOP may be procured include danger to the woman's life, a situation where the involved male does not want the baby, and the world situation is unstable.

It may be deduced from this study that male learners wish to be involved in TOP decision-making whilst the majority of female learners (44 % versus 27%) think that the woman alone has to decide to terminate.

A similar study was conducted by Dans (1992:207-211) among medical learners in a compulsory first-year course. The same questionnaire administered at a fourth-year level with the same learners (who were at first-year) indicates a positive increase in the conditions and circumstances under which these learners would approve of and refer pregnant mothers for TOP procurement. Virtually all maintain that they would refer if the life of the mother was threatened. Other conditions include (Dans 1992:208):

- rape,
- the mother's mental health,
- severe physical and mental impairment of the fetus,
- incompetent parents (in raising children),
- when contraception fails or wasn't used,
- on patient demand regardless of reason.

Results of this study verify an inclination towards tolerating TOP procurement. Social gatekeeping is, resultantly, overpowered by positive attitudes. Allowing termination on demand, regardless of reason, shows that these medical learners' attitude towards TOP are imbued with liberal overtones. In such a milieu, pregnant adolescents may not suffer as a result of negative attitudes.

A South African study conducted by Du Preez (1997:147-155) among first- and third-year learners at the University of the Free State indicates that:

- The majority (37,5 % and 30,7 % respectively) are of the opinion that TOP must be legalised in South Africa, even though most learners (50 % and 33,1 % respectively) believe that through termination, valuable life is annihilated.
- Most learners (39,9 % and 29,4 % respectively) agree that legalised termination leads to promiscuity on the one hand and on the other hand, the unborn children may elude the consequences of out-of-wedlock life (24,6 % and 37,8 % respectively).
- A few learners (17.7 % and 5,7 % respectively) do not believe that termination is a sin.

It may therefore be deduced from the study that the majority of learners believe that TOP should be legalised. To reiterate, legalised termination provides conditions for safe procurement.

Attempts by the researcher to obtain attitudes of South African learners formations were fruitless. On the contrary, educator formations promptly responded to the issue.

5.7.3 Educators' attitudes

This subsection deals with educators' views and attitudes concerning TOP as put forth by their respective formations or organisations. At one school in Gauteng, for example, educators vowed to and suspended classes because they were "sick and tired of teenage pregnancy" at their school (*The Star* 22.08.2001:5). This exercise shows how seriously educators' attitude towards learners' sexual health can affect the latter's schooling and relationship with the former.

An investigation into the attitudes of the National Education Association (NEA), Teachers Saving Children (TSC), Suid-Afrikaanse Onderwysersunie (SAOU), Professional Educators Union (PEU) and the South African Democratic Teachers Union (SADTU) is subsequently presented.

5.7.3.1 NATIONAL EDUCATION ASSOCIATION (NEA)

The National Education Association (NEA) is the largest educators' union in the United States (On line www.ohiolife.org. 1997). According to the NEA, every termination means that there will be one less child entering kindergarten about five years later. For every twenty fewer children in class, there is one less teaching job. Eighteen million fewer children means 720 000 fewer educators (National Education Association 1997:2).

The argument raised above is that, should the NEA approve of TOP procurement, the association would be jeopardising its members' employment. Sustaining this discourse leads to the conclusion that the NEA is pro-life. However, the NEA's policy states that the formation "supports family planning, including the right to reproductive freedom" (on line www.ohiolife.org. 1997). Support towards reproductive freedom implies a pro-choice attitude.

In the researcher's opinion, disapproval of TOP on the basis of job losses, seems to be a more selfish approach towards the dilemma facing the pregnant adolescent schoolgirl. In this instance, educators only consider their job security and ignore the pregnant girl's predicament. Other educator formations may not support reproductive freedom.

5.7.3.2 TEACHERS SAVING CHILDREN (TSC)

Teachers Saving Children (TSC) is a formation of pro-life educators and other concerned citizens committed to establishing a respect for all human life from conception to natural death (Bauer 1998:1). Bancroft (1998:1) further maintains that: "It is the height of foolishness for professional educators' associations to condone or support a practice which eliminates the people that our profession is supposed to serve".

The attitude of TSC towards TOP is grounded on the perception that life should be respected from conception to death. Approval of termination would therefore imply that educators wish away the products they are supposed to work with. The pro-life attitudes of TSC implies that pregnant adolescent schoolgirls who come into contact with educators belonging to such an organisation will be discouraged from exercising their right to reproductive freedom.

The attitudes discussed above (*cf.* 5.7.3.1 and 5.7.3.2) also indicate that TOP attitudes are divided. Some educators in the United States are pro-life whilst others are

pro-choice. It would be interesting to find out how South African educator formations view TOP.

5.7.3.3 SUID-AFRIKAANSE ONDERWYSERSUNIE (SAOU)

The organisation, Suid-Afrikaanse Onderwysersunie (SAOU), has no formal policy document on TOP (letter dated 21.09.2001). According to Smit (Interview 18 November 2002), Secretary of the SAOU, the South African Teachers Association support the Christian view regarding abortion. The formation believes that education is not only about the teaching of skills, but also about life orientation and moral values. Members of the organisation deal with TOP in accordance with the guidance provided by the Constitution and the Human Rights Charter.

The researcher is of the opinion that the non-existence of a policy leads to different interpretations and therefore, reactions. Martins, the Chief Executive Officer of SAOU, further points out that the values of the organisation are founded on the Bible as the word of God (letter dated 21.09.2001). It was indicated earlier (*cf.* 5.4) that believers in the Bible are mainly against TOP although individuals may have different attitudes. This boils down to a situation where educators belonging to the same organisation and/or even working at the same school, may deal with the TOP procurement process of adolescent girls differently. Whether the SAOU is pro-choice or pro-life cannot be ascertained at this juncture. Whether or not the Professional Educators Union approves of TOP can be deduced from the next subsection.

5.7.3.4 PROFESSIONAL EDUCATORS UNION (PEU)

Unlike the SAOU (*cf.* 5.7.3.3) the Professional Educators Union (PEU) has a clear policy outlining its attitude on TOP. The PEU (letter dated 11.10.2001) approves of TOP on the following grounds:

- the harsh realities of a high rate of adolescent pregnancy in our schools and its bad effect on the girl-child, who needs protection;
- the threat of rape and the scourge of sexual harassment and abuse;
- the impact of HIV/AIDS on girls between 15 and 20 years of age;

- the eradication of poverty and dependency.

The researcher deduces that the grounds on which the PEU approves of TOP are more pragmatic. Actual circumstances, surrounding the pregnant adolescent schoolgirl seem to have been considered and hence guide the PEU's stance towards TOP. The PEU (letter dated 11.10.2001) further observes the following effects of TOP:

- promotion of equal opportunity and fair treatment for boys and girls in the personal, social, cultural, political and economic arenas;
- empowerment of the girl-child : self-esteem for making informed choices in life;
- opportunity for both boys and girls to reach their goals educationally.

The researcher observes the effects of TOP above not only as positive, but also developmental. Learners at school (boys and girls) are afforded an opportunity to develop. They are empowered. The PEU further regards the school as a pivotal role player in the assistance and support of adolescents dealing with TOP occurrences. The organisation suggests (letter dated 11.10.2001) that

- every school should implement Gender Equity practices in the class-room;
- schools should encourage affected girls to have a positive outlook on life and know that they are not the only victims;
- all learning sites must be aware of the Minister of Education, Kader Asmal's policy not to expel pregnant girls from schools;
- schools should encourage the use of information from Lovelife - a new lifestyle brand for young South Africans promoting healthy living and positive sexuality;
- the implementation of life skills programmes in schools to salvage the youth from the catastrophe of HIV/AIDS, sexual abuse, peer pressure and unplanned pregnancies.

The suggestions by the PEU above are more likely to generate discussion among learners and educators as well as parents on issues affecting their lives - the role a school in South Africa scantily plays. Positive attitudes towards TOP may contribute, not only to support and assist schoolgirls who procured TOP, but towards tolerance and avoiding stigmatisation.

However, not all sectors of society agree with TOP procurement, for example, educators who are mainly Christians, may oppose TOP procurement (*cf.* 5.4.2 and 5.7.3.3). The attitude of the South African Democratic Teachers Union is discussed next.

5.7.3.5 SOUTH AFRICAN DEMOCRATIC TEACHERS UNION (SADTU)

The South African Democratic Teachers Union (SADTU) currently (2000) represents more than 220 000 educators, making it the largest educators' organisation in South Africa. In its code of conduct, the organisation stipulates that educators "must treat learners with dignity and respect and be considerate of their circumstances" (SADTU 2000:10).

In an interview with the researcher (Phuthaditjhaba 2000/02/08), an Education desk official in the Eastern Free State states that SADTU regards TOP as an individual and private issue. TOP procurement continues to take place regardless of laws and attitudes. The official further pointed out that society lacks support structures dealing with learners' needs.

5.8 CONCLUDING REMARKS

A discussion of educational attitudes reveals various organisations' motivating factors for particular attitudes, for example, possible reduction in learners *(cf.* 5.7.3.1) and protection of interests and dignity of girls (*cf.* 5.7.3.4) were advanced. It was stated earlier (*cf.* 5.2.3) that attitudes guide actions. Therefore, educators' and learners' interaction with TOP procurers are likely to be prescribed by their attitudes towards TOP. Furthermore, allegiance by different members to different attitudes may result in confusion. For example, schoolgirls who procured TOP may experience differing reactions within the same school.

Chapter five addressed attitudes of different groups and individuals. The next chapter presents preparations for the empirical study.

6

Research design

6.1 INTRODUCTION

Chapter five traversed certain attitudes towards TOP as well as the impact of such attitudes on adolescents undergoing termination of pregnancy. This chapter accounts for the preparation for the empirical study, data gathering and limitations of the study.

6.2 PREPARATION FOR THE EMPIRICAL STUDY

6.2.1 Permission for conducting the study

Permission to conduct this study was applied for and granted by the Departments of Education and Health (Free State Province) (*cf.* Appendix 1 & 2). TOP is an ethical issue. The status of this issue presupposed authentication of the procedures in data gathering. The researcher was granted permission by the Ethics Committee of the Faculty of Health Sciences at the University of the Free State.

6.2.2 Selection of respondents

Data were obtained from two groups of respondents. The first group comprises educators responsible for life orientation at their respective secondary schools in the Eastern Free State. These data seek to examine the existence of assistance programmes for learners who procured termination, observe effects of termination on learners as well as suggestions of any form of assistance to be rendered by schools. Schools were randomly selected.

The second group constitutes adolescents (20 years and younger) who after termination, present themselves for post-TOP counselling at a designated TOP procurement institution in the Eastern Free State. The purpose of obtaining data from this group was to examine these adolescents' social, religious, educational backgrounds as well as the effects of TOP on them. Adolescents younger than 21 years of age and/or attending any educational institution were requested randomly to participate in the study. As prescribed ethically, respondents had to consent *(cf.* Appendix 6 and par. 6.4) to participating in the study. Techniques for gathering data sought from the two groups of respondents are elucidated next.

6.2.3 Data gathering

It has been indicated that TOP procurement amongst adolescents accounts for over 50 % of terminations in South Africa *(cf.* 4.5.1). Statistics depicting age-related terminations in the Eastern Free State were requested from the institution. Through these statistics, the frequency, peak periods for termination as well as other trends were established.

Secondly, the two groups of respondents (*cf.* 6.2.3) were interviewed by the researcher through the use of structured questionnaires *(cf.* Appendix 5 & 6). The researcher opted for the interview as a data-gathering instrument for professional and academic development (having used the questionnaire before) and on account of its advantages (*cf.* 6.3.2.2). Banister, Burman, Parker, Taylor & Tindall (1994:51) concur that interviews constitute a salutary lesson in research involvement and practice.

6.3 THE INTERVIEW AS A DATA-GATHERING INSTRUMENT

The interview as a qualitative data-gathering instrument will be clarified.

6.3.1 Qualitative research

Qualitative research can be defined as an interpretative study of a specified issue or problem in which the researcher is central to the sense that is made (Banister *et al.* 1994:2). The authors further describe qualitative research as part of a debate, not a fixed truth; as an attempt to capture the sense that lies within and to structure what we say about what we do; an exploration, elaboration and systematisation of the sig-

nificance of an identified phenomenon; the illuminative representation of the meaning of a delimited issue or problem.

Anderson and Arsenault (2000:119) further describe qualitative research as a form of inquiry that explores phenomena in their natural settings to interpret, understand, explain and bring meaning to them. It should be borne in mind that this study is concerned with exploring, explaining and interpreting the TOP procurement process and its effects on adolescent schoolgirls.

Summarily, qualitative research is characterised by, and is strengthened by its inductive approach - its emphasis on words rather than numbers (Anderson & Arsenault 2000:119; Banister *et al.* 1994:2-3; Krathwohl 1998:27).

According to Anderson and Arsenault (2000:120) and Krathwohl (1998:227) qualitative research further exemplifies itself in the ways and kinds of data collected - observation, interview, archival material, documents, artifacts, personal experience, introspection, life stories and interaction. For the purpose of this study, the interview as qualitative research instrument will be discussed next.

6.3.2 The interview

This subsection presents the clarification of the concept "interview", its advantages and disadvantages, validity and reliability as well as skills required for interviewing.

6.3.2.1 CLARIFICATION OF THE CONCEPT "INTERVIEW"

The interview is one way of collecting qualitative data (*cf.* 6.3.1). According to Casley and Kumar (1989:5), the interview is a situation where the interviewer gently probes the respondent, permitting them to have a conversation in which ideas flow freely. The interviewer must, however, take elaborate notes. Mitchell and Jolley (1992:458) state that in an interview, the investigator orally asks respondents a series of questions and the interviewer records responses.

The interview can therefore be described as a purposeful and directed conversation between the interviewer and interviewee(s) with a view to gleaning desired data. Even though this description implies a face-to-face encounter between the interviewer and interviewee(s), situations where technology bridges the distance between the two are plausible.

Casley and Kumar (1989:10) regard the interview as one of the most important sources of information in certain projects. Krathwohl (1998:285) further regards it as a prime qualitative data collecting tool. In educational research, the interview is probably the most widely used method of data collection (Anderson & Arsenault 2000:190).

It can therefore be deduced that the interview is a useful data-gathering tool. For the purpose of this study, structured interviews will be used to collect data. These data will be gathered mainly through open-ended questions. Holtzhausen (1999:66) maintains that open-ended questions in structured interviews constitute a systematic data gathering procedure where the exact wording and sequence of questions are repeatedly used with all the respondents.

However, this tool may be characterised by certain advantages and disadvantages. For example, Banister *et al.* (1994:49) state that interviewing involves a complex, labour-intensive and uncertain business, fraught with tricky issues that researchers are often ill-equipped to address. Some of the advantages and disadvantages are discussed next.

6.3.2.2 ADVANTAGES OF THE INTERVIEW

Superficially, the interview may be seen as a simple verbal questionnaire where the interviewer asks questions and records responses. According to Brown and Dowling (1998:72) interviews enable the researcher/interviewer to explore complex issues in detail, facilitate the personal engagement of the researcher in the collection of data and allow him/her to provide clarification, to probe and to prompt.

Mitchell and Jolley (1992:458) agree that the interview affords the researcher more interaction with participants. Due to this interaction, the researcher may clarify questions that respondents do not understand, follow up on ambiguous or interesting responses. The personal contact further increases the response rate.

In a structured interview such as the one envisaged for collecting data in this study, the use of exact wording and sequence, according to Holtzhausen (1999:66), increases the comparability of responses. This exercise further eliminates the problem of receiving more comprehensive information from some respondents and less systematic information from other respondents.

In the researcher's opinion, the interviewer may observe the discomfort experienced by the interviewee in matters relating to sensitive issues like TOP. The interviewer may, under such conditions, end the interview completely and advise the respondent to withdraw or pause for a while. Despite the advantages, the interview is also fraught with disadvantages.

6.3.2.3 DISADVANTAGES OF THE INTERVIEW

Interviews are time consuming and thus place practical restrictions on sample size (Brown & Dowling 1998:72). Mitchell and Jolley (1992:458) regard interviews as expensive data gathering tools, partly because one may not legitimately interview more than one person at a time.

Restrictions alluded to the above manifest themselves in a variety of ways. Holtzhausen (1999:66) contends that structured interviews demonstrate limited flexibility such that they do not accommodate certain individuals and circumstances. For example, constraints are present when standardised wordings of questions are used - which may cause limitations on the naturalness, spontaneity and relevance of questions and responses.

Interviews also seem susceptible to some form or degree of *bias*. According to Cozby (1993:64) and Mitchell and Jolley (1992:459) major sources of bias are *interviewer bias* and *response sets*. *Interviewer bias* refers to all of the biases that may arise from the fact that the interviewer is a unique human-being (Cozby 1993:64) and may influence respondents' answers by verbally or non-verbally encouraging and rewarding "correct" or desired responses (Mitchell & Jolley 1992:459).

Response sets refer to a tendency to respond to all questions from a particular perspective rather than to provide answers that are directly related to the questions (Cozby 1993:65). According to Mitchell and Jolley (1992:459) respondents may be more apt to provide socially desirable responses than if they were merely writing their answers on an anonymous questionnaire.

The researcher is of the opinion that the extent to which interviewer bias and response sets may influence data collected can be reduced by effective interviewing skills (*cf.* 6.3.3). Even though reliability and validity of a data gathering instrument may also play a role in discarding its disadvantages, they constitute hinges upon

which results can be trusted. The next subsections present a discussion of reliability and validity as criteria for this research design.

6.3.2.4 RELIABILITY OF THE INTERVIEW

Reliability refers to the extent to which instrument scores are free from measurement error (Leong & Austin 1996:78). The variability in score from administration at different intervals reflects an error. A reliable measure does not fluctuate (Cozby 1993:30). In other words, an interview would be regarded reliable if its results are repeatable on remeasuring (Goodwin 1995:96). A reliable instrument is therefore consistent and stable (Brown & Dowling 1998:26; Cozby 1993:30; Mitchell & Jolley 1992:101).

The reliability of an instrument seems not always to guarantee validity. Mitchell and Jolley (1992:106) argue that a reliable measure is not necessarily valid. A consistent, reliable measure could be consistently and reliably wrong. It would therefore be appropriate to consider the issue of validity.

6.3.2.5 VALIDITY OF THE INTERVIEW

As a point of departure, Mitchell and Jolley (1992:146) contend that even though a reliable measure is not necessarily valid, a valid measure has to be reliable. In the researcher's opinion, reliability constitutes validity.

The concept *validity* can refer to different characteristics in different contexts. According to Krathwohl (1998:137) the concept literally refers to "capable of being justified" or "effective, as in an argument". In the context of this study, validity concerns itself with what Krathwohl (1998:137) refers to as the effectiveness of a test, measure, or evaluation. In other words, the interview as a data gathering tool's effectiveness in doing so is put under perspective. Internal, as well as external validity, as they pertain to the entire study are not applicable in this regard.

Cozby (1993:32) further stresses that a valid tool is one that actually measures what it is intended to. This means that the envisaged interview in this study must reflect the effects of TOP on schoolgirls. The researcher wishes to point out that the interview is a qualitative research tool (*cf.* 6.3.1). Therefore, interpretation plays a major role in the presentation of results and/or findings. According to Leong and

Austin (1996:76) validity does not necessarily refer to the instrument itself but to the appropriateness and usefulness of interpretations or inferences made from the instrument.

In conjunction with estimating the validity of an instrument Leong and Austin (1996:76-77) cite the following means:

- *Face validity* which refers to the researcher's subjective appraisal of what the content of the instrument is measuring. In this regard the researcher himself/herself assesses and concludes that the instrument appears to measure what he/she envisions as well as considers its utility (usefulness).
- *Content validity* involves clearly defining the domain or construct under consideration, selecting a content sample of this domain for the instrument, and clearly operationalising this content sample into instrument items.

It can therefore be deduced that the envisaged interviews should be able to derive results and/or findings that answer the research questions (*cf.* chapter 1). Since the interviewer plays a pivotal role in qualitative research, he/she has to possess certain skills. Basic interviewing skills are therefore discussed next.

6.3.3 Basic interviewing skills

Interviews involve interaction. The interviewer has to apply certain skills, accrued through training, practice, observation and experience, in order for interviews to be successful. According to Anderson and Arsenault (2000:194) effective interviewing relies on sound *planning*, skills which can be developed by practice, a cooperative interviewee and sometimes considerable good luck.

Brown and Dowling (1998:76) state that interviewers have to be good *decision makers* because they have to consider the usage of prompts when respondents are struggling with questions, regarding how far to probe. Pertaining to *probing* Casley and Kumar (1989:18) emphasise that skillful probing is essential in seeking elaborations, details or clarifications. The success of a qualitative interview largely depends upon the capacity of the interviewer to probe without annoying the respondent. The sensitivity of TOP also appeals to the researcher's *probing* skills.

Active listening and attention demonstrate respect as well as the fact that the researcher is interested in what the respondent has to say (Anderson & Arsenault 2000:196). The utilisation of attending behaviour does not only enhance self-respect, but further establishes a secure atmosphere and further facilitates free expression.

Researchers/interviewers may also come across respondents that provide long and/or irrelevant responses. Anderson and Arsenault (2000:197) and Casley and Kumar (1989:19) stress that the interviewer must know how to *control* the interview, its process as well as pace.

According to De Vos (1998:309-310) the interviewer has to be able to *cope with conflict*. When signs of aggression are observed, interviewers should avoid confrontation and reassure interviewees verbally and non-verbally that they understand their aggression.

Even though the author cautions that it seems doubtful if neutrality within the field of science is possible, Holtzhausen (1999:66) cites *neutrality* and impartiality as important skills required from the researcher in order to minimise interviewer effects.

In the establishment of a *rapport*, Krathwohl (1998:298) maintains that the researcher should *identify* him/herself and set the respondent at ease. Identifying oneself, in De Leeuw's (1999:29) opinion, makes up one of the favoured interviewer-tactics. The most effective interviewers emphasise the importance of a combination of basic rules (identifying oneself, mentioning the agency almost at once) with more advanced tactics (tailoring, adapting introduction), believing in oneself as well as having good social skills and self-confidence.

The aforegoing discussion on basic interviewing skills serve as guidelines to the researcher on how to effectively conduct the envisaged interviews. Schoolgirls will be informed of the nature and of this research as well as possible benefits. Subsequently certain ethical concerns need consideration.

6.4 ETHICAL CONCERNS

Ethics play a role in both theoretical as well as empirical research. Goodwin (1995:28) states that a system of ethics is in essence a set of principles for behaving

in a way that is morally correct. The researcher has to treat human research participants with respect and dignity.

Furthermore, the researcher always retains the responsibility for ethical practice in research (Anderson & Arsenault 2000:17; De Vos 1998:23 & Krathwohl 1998:212). In this study, it was crucial for the researcher to be extremely cautious because of the sensitivity of the TOP issue.

Inadequate provision for confidentiality, privacy as well as anonymity may cause problems (Krathwohl 1998:215). For this research, a documented declaration ensured the respondents' complete anonymity, confidentiality as well as privacy at the beginning of the interview. A written informed copy of consent, was also presented to respondents at the commencement of the interviews. As De Vos (1998:28) states, obtaining informed consent implies that all possible or adequate information on the goal of the investigation, the procedures followed during the investigation, possible advantages, disadvantages and dampers to which respondents may be exposed, and the credibility of the researcher should be rendered to potential subjects.

A consent (*cf.* Appendix 6) contains the following information:

- Who the researcher is
- The purpose of the study
- Assurance of confidentiality, privacy as well as complete anonymity
- Risks involved
- The name of the contact person to whom questions and/or complaints can be directed
- Notification that participation is voluntary and that refusal to participate or discontinue participation is the prerogative of the respondent
- The results; a report for academic purposes, a copy of findings and recommendations to the Department of Education.

In conclusion, ethical concerns oblige the researcher to abide by norms discussed above to further enhance the validity and reliability of the interview as well as the research report. Ethically, the researcher also has to handle data gleaned from the empirical study professionally. Data processing is discussed next.

6.5 DATA PROCESSING

Data collected was processed by the computer centre of the University of the Free State. The programme used is the Statistical Package for the Social Sciences (SPSS).

6.6 LIMITATIONS OF THE STUDY

Several factors account for limitations in this study. The gender-of-interviewer (GOI) is one of them. The researcher is a male adult person who interviews younger, female respondents. Huddie, Billig, Bracciodieta and Heoffler (1997:197) find small but consistent GOI effects on questions related to women's movements, issues, and gender equality demonstrating that respondents are more likely to provide feminist answers to female interviewers.

The sensitivity of the issue (TOP), in the researcher's opinion, derives certain limitations. Respondents may falsify responses, for example, in cases of repeat terminations, the respondent may simply state that it is her first since the shame may seem greater in cases involving the former.

Some of the effects might be less pronounced since the interview is done at post-counselling sessions. If it were carried out after some time, effects such as improved contraceptive usage could have been more clearly conceptualised.

Resources also played a role in the limitations pertaining to this study. Financial assistance would have afforded the researcher an opportunity to consult a broader/larger sample. Sources of information relevant to the research area are not exhaustive in South Africa. Therefore, the researcher had to rely mainly on sources from elsewhere, North America in particular.

The data collection instrument also contributes to limitations. It has several disadvantages (*cf.* 6.3.2.3).

6.7 CONCLUSION

This chapter presents the modus operandi in data collection. Chapter seven deals with the results of the empirical study.

7

Presentation of results

7.1 INTRODUCTION

This chapter presents results of data obtained from interviews conducted by the researcher on adolescent schoolgirls undergoing termination of pregnancy and on certain involved educators.

Two sets of structured questionnaires were used to obtain data from the two groups of respondents (educators and schoolgirls). Interviews were meant to probe

- the family, educational and social background of schoolgirls undergoing TOP,
- the effects of termination of pregnancy on adolescent schoolgirls.

Analysis of results from the respondents will enable the researcher to make recommendations in chapter eight of this study.

7.2 SAMPLE

Fifteen educators and 57 schoolgirls participated in the interviews.

7.3 RESULTS

Results are summarised in tables and pie charts.

7.3.1 Educators

The components of the structured interview conducted on Life Orientation educators include the following headings:

- Personal details which include gender, age, teaching experience and training
- Existence of assistance programmes for schoolgirls undergoing TOP in schools
- Observed effects of TOP on schoolgirls.

7.3.1.1 PERSONAL INFORMATION OF EDUCATORS

Personal information of educators pertains to gender, age, period of training and involvement in Life Orientation.

Table 7.1 Distribution of educators according to gender

GENDER	FREQUENCY	PERCENTAGE
Male	7	46,7
Female	8	53,3
Total	**15**	**100**

The distribution of respondents in accordance with gender is more or less similar (46,3 % and 53,3 %) for males and females respectively.

Table 7.2 Distribution of educators according to age

AGE	FREQUENCY	PERCENTAGE
30-39	14	93
40-49	1	7
Total	**15**	**100**

The majority of respondents (educators) (93 %) are aged between 30 and 39 years. The following table reflects the distribution of educators according to years of teaching service.

Table 7.3 Distribution of educators according to years of teaching service

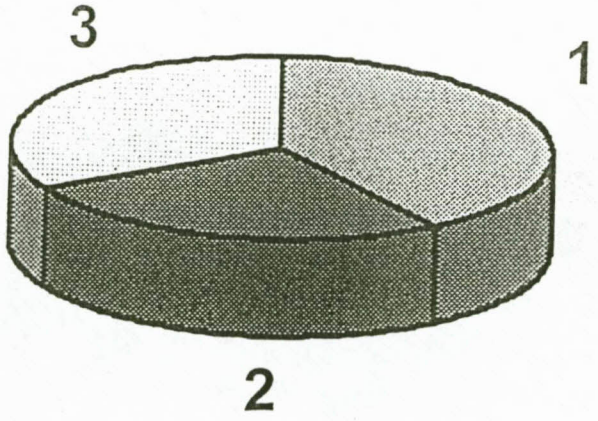
YEARS	FREQUENCY	PERCENTAGE
0- 9	4	26,7
10-19	11	73,3
Total	**15**	**100**

Table 7.3 indicates that 26,7 % and 73,3 % of respondents have less than 10 years and over ten years of teaching service respectively. Even though the majority of respondents have reasonable experience in teaching, their period of involvement in Life Orientation also deserves attention.

Table 7.4 Distribution of educators according to period of involvement in Life Orientation facilitation

YEARS	FREQUENCY	PERCENTAGE
1 - 4	6	40
5 - 9	9	60
Total	**15**	**100**

All respondents have been involved with Life Orientation for some time. 40 % have been involved in this area for less than five years and the majority (60 %) indicated that their involvement spans an interval between 5 to 9 years.



Distribution of educators according to training in guidance		
	Training in guidance	Percentage
1	Guidance as a major subject (undergraduate studies)	40%
2	No training	33,3%
3	Postgraduate diploma (Guidance and Counselling)	26.7%

Figure 7.1 Distribution of educators according to training in guidance

Figure 7.1 indicates that 33 % of respondents have not undergone any training in guidance services. The majority (66,7 %) were exposed to some training. 40 % had Guidance as a major subject during undergraduate studies whilst 26,7 % obtained postgraduate diplomas in Guidance and Counselling.

Educators' training with regard to TOP-related issues was also examined. 60 % of all respondents in the sample had no training in this regard. Respondents who underwent training in the form of workshops, symposia and seminars constitute 40 % of the sample.

7.3.1.2 *EDUCATORS' RESPONSES REGARDING SEXUALITY EDUCATION PROGRAMMES IN THEIR RESPECTIVE SCHOOLS*

Responses in this category pertain to the existence and functioning of sexuality education programmes, effects of TOP on schoolgirls, as well as assistance and suggestions in dealing with schoolgirls who procured TOP.

Table 7.5 Distribution of existing sexuality education programmes in schools

	FREQUENCY	PERCENTAGE
No programme	5	33,3
Programme exists as part of ongoing Life Orientation	6	40,0
One educator is responsible for the programme (own initiative)	4	26,7
Total	**15**	**100**

Table 7.5 indicates that no sexuality education programmes exist in 33,3 % of the sample. 40 % of the schools in the sample offer sexuality education as part of ongoing Life Orientation. In 26,7 % of the cases, one educator per school volunteers to impart information on sexuality matters to learners on own initiative.

7.3.1.3 *OBSERVED EFFECTS OF TOP ON SCHOOLGIRLS*

It should be borne in mind that educators had contact with and assisted learners who procured TOP. These educators were not aware of any contemporary major life event the learner went through. Certain effects are listed below that may be associated with the TOP occurrence.

Table 7.6 Distribution of possible effects of TOP on schoolgirls

EFFECTS	FREQUENCY	PERCENTAGE
No observation*	2	5,30
Absenteeism	4	10,53
Illness	1	2,60
Drop in academic performance	11	28,95
Dropping out of school	3	7,90
Low self-esteem	2	5,30
Stigmatisation	2	5,30
Bleeding	3	7,90
Withdrawal	7	18,42
Emotional instability	1	2,60
Flashbacks	1	2,60
Maintaining friendship only with those that are aware of the incident	1	2,60
Total	**38****	**100**

* These respondents (5,3 %) observed no learners who procured TOP.

** Total derived from the fact that educators observed more than one effect per learner.

Observed effects include absenteeism, illness, bleeding, drop in academic performance, dropping out of school, low self-esteem, stigmatisation, withdrawal, emotional instability, flashbacks, as well as maintaining friendship ties only with those that are aware of the incident.

Table 7.6 indicates that a "drop in academic performance" as well as "withdrawal" are mostly observable effects of TOP on learners (28,95 % and 18,42 % respectively). Eleven (73,3 %) of the 15 educators interviewed, cite "drop in academic performance" as an effect. 46,7 % of the respondents further "withdrawal" as a symptom. Absenteeism (10,53 %), dropping out of school (7,9 %) and bleeding (7,9 %) are also frequent effects among learners who procured TOP.

Table 7.7 Distribution according to schools' position regarding post-TOP assistance to learners who procured TOP

	FREQUENCY	PERCENTAGE
Yes	4	26,7
No	11	73,3
Total	**15**	**100**

It can deduced from table 7.7 that the majority (73,3 %) of schools ignore offering any form of assistance to learners who procured TOP.

The form of assistance offered by a few schools in the sample (26,7 %) is counselling and referrals. Counselling is executed by those educators who are responsible for Life Orientation. Educators indicated that the purpose of counselling is to help learners come to terms with the decision they made, deal with the trauma and realise that challenges exist beyond TOP procurement. These educators maintain that learners who have undergone counselling cope better in their schooling. Regarding referrals, educators indicate that they identify the need of procurers and refer them to the appropriate institutions, for example, clinics in the event of medical complications.

Educators also indicate that the effects of TOP can be alleviated through certain measures.

7.3.1.4 EDUCATORS' SUGGESTIONS REGARDING ALLEVIATION OF TOP EFFECTS ON LEARNERS

Educators suggested the following:

Counselling: The purpose of this exercise will be to assist learners to resolve the emotional trauma associated with TOP procurement. Counselling is regarded by some educators as a primary responsibility of nurses and social workers, whilst others regard it as their responsibility. The latter group regards familiarity as very important in enhancing the counselling process. Learners and educators interact more often. Besides educators, respondents suggest the use of peer educators, who after receiving appropriate training, may facilitate the process.

Workshops and seminars: These exercises are aimed at both educators and learners. The purpose is to address TOP procedures, relevant information as well as coping strategies. Awareness regarding centres of assistance can also be improved through these exercises.

Sexuality education: Implementation of sexuality education facilitates mastering sexual knowledge and may contribute positively towards the delay of sexual activity and pregnancy. In addition, pregnancy prevention programmes and information of alternatives to TOP should be enshrined in sexuality education programmes.

The aforegoing presented responses of educators. Subsequently, responses of learners are presented.

7.3.2 Learners/schoolgirls

7.3.2.1 BIOGRAPHICAL DETAILS OF LEARNERS

The next subsection presents the biographical information of learners. This information relates to learners' age, marital status and family background.

Table 7.8 Distribution according to learners' age at TOP procurement

YyMm	FREQUENCY	PERCENTAGE	CUMULATIVE %
1506	2	3,5	3,5
1601	2	3,5	7,0
1602	2	3,5	10,5
1604	1	1,8	12,3
1605	1	1,8	14,0
1607	1	1,8	15,0
1608	1	1,8	17,5
1610	1	1,8	19,3
1703	1	1,8	21,1
1704	2	3,5	24,6
1707	2	3,5	28,1
1708	1	1,8	29,8
1709	3	5,3	35,1

Continue /...

YyMm	FREQUENCY	PERCENTAGE	CUMULATIVE %
1711	2	3,5	38,6
1800	1	1,8	40,4
1801	1	1,8	42,1
1803	1	1,8	43,9
1804	2	3,5	47,4
1807	3	5,3	52,6
1808	2	3,5	56,1
1809	3	5,3	61,4
1811	2	3,5	64,9
1900	2	3,5	68,4
1903	1	1,8	70,2
1906	1	1,8	71,9
1908	1	1,8	73,7
1910	1	1,8	75,4
2001	2	3,5	78,9
2002	2	3,5	82,5
2003	1	1,8	84,2
2006	1	1,8	86,0
2007		1,8	87,7
2008	1	1,8	89,5
2009	2	3,5	93,0
2010	1	1,8	94,7
2011	1	1,8	96,5
2100	1	1,8	98,2
2201	1	1,8	100
Total	**57**	**100**	

Mean: 1809
Median: 1807
Mode: 1709

Table 7.8 indicates that the minimum age of learners who procure TOP in the sample is 15 years and 6 months. The average age among learners who terminate pregnancy is 18 years and 9 months.

The majority (75,4 %) of adolescent schoolgirls procuring TOP do so before reaching 20 years of age.

Table 7.9 Distribution according to learners' marital status

STATUS	FREQUENCY	PERCENTAGE
Married	6	10,5
Never married	51	89,5
Total	**57**	**100**

Most (89,5 %) adolescent schoolgirls who procure TOP have never been married.

Table 7.10 Family structure

	FREQUENCY	PERCENTAGE
Father and mother	32	56,1
Father only	3	5,3
Mother only	11	19,3
Other	11	19,3

A slight majority (56,1 %) of learners procuring TOP live in two-parent families. The extent of parents' contact with the family is revealed next.

Table 7.11 Distribution of parents according to live-in household structure

FATHER	FREQUENCY	PERCENTAGE
Yes	25	43,9
No	19	33,3
No response	13	22,8
Total	**57**	**100**
MOTHER	**FREQUENCY**	**PERCENTAGE**
Yes	39	68,4
No	14	24,6
No response	4	7,0
Total	**57**	**100**

Table 7.11 indicates that the majority of adolescents procuring TOP live mainly with their mothers (68,4 %) as opposed to those living with their fathers (43,9 %).

Table 7.12 Distribution of parents according to father and mother's contact with family

FATHER	FREQUENCY	PERCENTAGE
Yes	38	66,7
No	6	10,5
No response	13	22,8
Total	**57**	**100**
MOTHER	**FREQUENCY**	**PERCENTAGE**
Yes	47	68,4
No	6	10,5
No response	4	7,0
Total	**57**	**100**

According to table 7.12, the majority of mothers (82,5 %) have contact with their children in the family. Fewer fathers (66,7 %) have contact with their families. This trend was also observed earlier (*cf.* table 7.11).

Parental background

The highest level of education and occupation of parents of adolescent learners are presented in the following table.

Table 7.13 Distribution according to parents' highest level of education

FATHER (F) MOTHER (M)	FREQUENCY F	FREQUENCY M	PERCENTAGE F	PERCENTAGE M
No formal education	22	12	38,6	21,1
Grades 1-9	4	4	7,0	7,0
Grades 10-12	14	26	24,6	45,6
Professional certificates	11	10	19,3	17,5
Post-school education	2	1	3,5	1,8
No response	5	4	7,0	7,0
Total	**57**	**57**	**100**	**100**

Very few parents (3,5 % fathers and 1,8 % mothers) achieved post school education. Less than one-fifth of them possess professional certificates (19,3 % and 17,5 % for fathers and mothers respectively). Next follows results pertaining to parents' occupation.

Table 7.14 Distribution according to occupation of parents

FATHER (F) MOTHER (M)	FREQUENCY F	FREQUENCY M	PERCENTAGE F	PERCENTAGE M
Unemployed	18	11	31,6	19,3
Self-employed	8	18	14,0	31,6
Labourer	5	2	8,8	3,5
Professionals/educators	19	21	33,3	36,8
Highly paid earners	7	4	12,3	7,0
Other	-	1	-	1,8
Total	**57**	**57**	**100**	**100**

Table 7.14 indicates that an equal percentage (31,6 %) prevails for fathers who are unemployed and mothers who are self-employed.

Number of children in family

It should be noted that adolescent schoolgirls procuring TOP are included in the results presented below.

Table 7.15 Distribution according to the number of boys and girls in the family

BOYS	FREQUENCY	PERCENTAGE	CUMULATIVE %
0	11	19,3	19,3
1	25	43,9	63,2
2	10	17,5	80,7
3	8	14,0	94,7
> 3	3	5,3	100
Total	**57**	**100**	
GIRLS	**FREQUENCY**	**PERCENTAGE**	**CUMULATIVE %**
1	11	19,3	19,3
2	24	42,1	61,4
3	15	26,3	87,7
> 3	7	13,3	100
Total	**57**	**100**	

Table 7.15 indicates the composition of African families. The majority of families of girls interviewed have not more than two brothers (80,7 %) and not more than three sisters (87,7 %).

The following results address the availability of certain basic commodities in the households of adolescent schoolgirls undergoing TOP in the Eastern Free State.

Table 7.16 Distribution according to the availability of electricity, running water, radio and television sets

COMMODITY	FREQUENCY YES	FREQUENCY NO	PERCENTAGE YES	PERCENTAGE NO	TOTAL FREQUENCY	%
Electricity	43	14	75,4	24,6	57	100
Running water	45	12	78,9	21,1	57	100
Radio	55	2	96,5	3,5	57	100
Television set	47	10	82,5	17,5	57	100

The majority of respondents live in households with electricity (75,4 %), running water (78,9 %), radio and television (96,5 % and 82,5 % respectively).

The aforegoing results presented the adolescent schoolgirl's family background. Results regarding their educational and social background are presented next.

7.3.2.2 EDUCATIONAL AND SOCIAL BACKGROUND

7.3.2.2.1 Educational background

Results of the responses regarding girls' educational background address school attendance, absenteeism as well as their envisaged careers.

- **School attendance (cf. questions B1.1 and B1.3.3)**

These questions focus on establishing school attendance patterns of adolescent girls as well as absences from school exceeding three months.

Table 7.17 Distribution according to current school attendance

	FREQUENCY	PERCENTAGE
Yes	46	80,7
No	11	19,3
No response	0	0
Total	**57**	**100**

The majority of adolescent girls (80,7 %) who underwent TOP are currently attending school.

Table 7.18 Distribution of schoolgirl absenteeism exceeding three months

	FREQUENCY	PERCENTAGE
Yes	2	3,5
No	47	82,5
No response	8	14,0
Total	**57**	**100**

Very few (3,5 %) adolescent schoolgirls procuring TOP have been absent from school for a period exceeding three months.

- **Adolescent girls' academic performance and career aspirations**

Table 7.19 Distribution of schoolgirls according to currently enrolled grades

GRADES	FREQUENCY	PERCENTAGE
< 9	4	7,0
10	13	22,8
11	12	21,1
12	15	26,3
Post school	2	3,5
No response	11	19,3
Total	**57**	**100**

The majority of learners procuring TOP (70,2 %) are enrolled in grades 10, 11 and 12.

Another aspect of learner performance is repetition of grades.

Table 7.20 Distribution according to repetition of grades at school

	FREQUENCY	PERCENTAGE
Never	25	43,9
Once	21	36,8
Twice	4	7,0
More than twice	3	5,3
No response	4	7,0
Total	**57**	**100**

A slight majority (49,1 %) of adolescent schoolgirls procuring TOP repeated a grade at least once in their schooling.

An overwhelming majority (86,0 %) has never been given a merit/performance award at school.

Schoolgirls were also asked to rate themselves in terms of academic performance. 14,1 %, 71,9 % and 14,0 % rated themselves as below average, average and above average respectively.

The majority of schoolgirls procuring TOP (73,7 %) indicate that career education is offered at their schools. Almost all respondents (98,2 %) are aware of the fact that the subjects they are doing at school are relevant to the careers they aspire to follow. Results of the distribution according to girls' career aspirations follow below.

Table 7.21 Distribution according to schoolgirls' career aspirations

	FREQUENCY	PERCENTAGE
Business and management	6	10,5
Education and training	6	10,5
Human and social services	3	5,3
Maths and computer studies	4	7,0
Law and security services	11	19,3
Medicine	13	22,8
Manufacturing and engineering	4	7,0
Other	10	17,5
Total	**57**	**100**

The majority of respondents/interviewers (22,8 % and 19,3 % respectively) aspire to obtain careers in medicine, law and security services.

The following section addresses procurers of TOP who are currently not enrolled in school. The results reflect responses to questions B1.2.1 to B1.2.6 (*cf.* Appendix 6). It was noted earlier (*cf.* table 7.17) that 19,3 % of interviewees are not currently enrolled at school. 17,5 % indicate that they wish to return to school to further their studies. A slightly lesser percentage (10,5 %) indicate that they will definitely return to school. Reasons cited for abandonment of schooling include carrying the pregnancy to term, financial problems and persistent illness.

7.3.2.2.2 Social background

In this section social aspects such as religion and sexual behaviour are addressed.

- **Religion**

Results show that the majority (94,7 %) of adolescent schoolgirls procuring TOP belong to the Christian religion. 71.9 % are aware that their religion hold a pro-life attitude towards TOP.

Responses to how the girls' religious attitude influenced their decision to procure TOP reveal the following results:

- The majority (47,3 %) of the interviewees did not respond to the question.
- 29,8 % indicate that they disregarded/ignored the pro-life attitude since their education deserves first preference.
- 12,2 % indicate that TOP, despite the pro-life attitude, should be permissible under certain circumstances (e.g. financial problems, out-of-wedlock pregnancy).
- "I considered my family situation. An additional child cannot be catered for." This response was made by 5,3 % of the respondents.

- "I will confess and ask for forgiveness from God. I feel guilty but will proceed with the TOP procurement due to the fact my goals do not have to be compromised. I have to be educated in order to succeed in life." Utterances such as these were made by 10,6 % of the respondents.

It may be noted from the aforegoing responses that the majority of schoolgirls procuring TOP do not want their schooling programmes to be disrupted.

Responses regarding church attendance as well as whether or not the church should be informed about the TOP that has been procured (*cf.* question B2.1.4, B2.1.5 and B2.1.6) were also sought in the interview.

Table 7.22 Distribution according to church denominations of procurers

CHURCH	FREQUENCY	PERCENTAGE
NG Kerk	10	17,5
Roman Catholic Church	9	15,8
Zion Christian Church	5	8,8
African Church	2	3,5
Seventh Day Adventist	2	3,5
International Assembly of God & International Pentecostal Church	2	3,5
Methodist	5	8,8
Other	22	38,6
Total	**57**	**100**

Table 7.22 indicates that the majority of schoolgirls procuring TOP belong to other churches (e.g. Apostolic churches) (38,6 %), NG Kerk (17,5 %) and the Roman Catholic Church (15,8 %).

Furthermore almost all interviewees (98,2 %) indicate that they will not inform their churches about their TOP procurement. Table 7.23 below depicts the church attendance of procurers in the sample.

Table 7.23 Distribution of procurers of TOP according to church attendance

	FREQUENCY	PERCENTAGE
No response	1	1,8
Seldom	6	10,5
1-2 p/month	8	14,0
3-4 p/month	35	61,4
> 4 p/month	7	12,3
Total	**57**	**100**

It can be gleaned from table 7.23 that almost all adolescent schoolgirls undergoing TOP (98,2 %) attend church. The majority (61,4 %) attend church three to four times a month. The next subsection presents results regarding the adolescent TOP procurers' sexual behaviour (*cf.* question B2.2).

- **Sexual behaviour**

Responses pertaining to the adolescent girl's sexual activity, contraceptive use and particulars of the boyfriend who caused the pregnancy were sought.

Learners' ages at first sexual encounter appear in table 7.24 below.

Table 7.24 Distribution of TOP procurers according to age at first sexual encounter

AGE	FREQUENCY	PERCENTAGE
13	1	1,8
14	13	22,8
15	17	29,8
16	15	26,3
17	3	5,3
18	6	10,5
19 +	2	3,5
Total	**57**	**100**

Almost four-fifths (78,9 %) of adolescent girls procuring TOP experienced their first encounter of sex at 14, 15 and 16 years of age. Table 7.25 below, presents other results pertaining to their sexual behaviour (*cf.* questions B2.2.3, B2.2.5, B.2.2.7, B2.2.9, B2.3.1, B2.3.2.4).

Table 7.25 Distribution of TOP procurers according to specific sexual behaviour

QUESTION	FREQUENCY		PERCENTAGE	
	YES	NO	YES	NO
Have you ever been sexually abused?	5	52	8,8	91,2
Did this abuse end up in rape?	4	1	7,0	1,8
Do you use any contraceptives?	30	27	52,6	47,4
Were you on contraception during the conception of this pregnancy?	4	53	7,0	93,0
Do you know the person who caused the pregnancy you are terminating?	56	1	98,2	1,8
Is he currently attending school?	21	34	36,8	59,6

Responses indicate that:

- The majority of adolescents (91,2 %) procuring TOP have never been sexually abused. 7,0 % of those who have been abused (8,8 %) were raped.
- Many adolescents (47,4 %) do not use any contraceptives and an overwhelming majority (93,0 %) were not on contraception during the conception of the pregnancy they are terminating. From those who use contraceptives (52,6 %), 47,4 % of them use them inconsistently. Distribution according to the type of contraceptive used appears in table 7.26.

Table 7.26 Distribution of TOP procurers according to the type of contraceptive used

CONTRACEPTIVE	FREQUENCY	PERCENTAGE
No contraceptive	27	47,4
Neurstrate	16	28,1
Depo Provera	9	15,8
Pills	4	7,0
Condom	1	1,8

Very few (1,8 %) adolescent procurers use condoms as a contraceptive. The status quo, amid the threat of HIV/AIDS, is worrying. The next subsection presents results pertaining to the putative father.

- **Putative father**

Almost all adolescents (98,2 %) know the person who impregnated them (*cf.* table 7.25). The age distribution of putative fathers appear in table 7.27.

Table 7.27 Distribution of putative fathers according to age

AGE	FREQUENCY	PERCENTAGE
17	4	7,0
18	7	12,3
19	4	7,0
20	3	5,3
21	2	3,5
22	4	7,0
23	8	14,0
24	4	7,0
25	5	8,8
26	4	7,0
27	1	1,8
28	4	7,0
29	2	3,5
29 +	3	5,3
Not aware	2	3,5
Total	**57**	**100**

Mean: 22,6
Mode: 23,0
Median: 23,0

Table 7.27 indicates that putative fathers are generally older (mean 22,6 years) than the girls they impregnated. 17,5 % of putative fathers are married and 14,0 % are married to women other than the girls they impregnated. The majority of these fathers (59,6 %) are not attending school. The majority (22,8 %) of those who are attending school are enrolled in grade 12 whilst 15,8 % and 12,3 % are enrolled in grade 11 and 10 respectively.

7.3.2.3 PREGNANCY, TERMINATION AND EFFECTS OF TOP

Results in this section address trends in adolescent procurers' pregnancy, termination(s) as well as the effects of TOP on them.

7.3.2.3.1 Pregnancy

Table 7.28 Distribution of schoolgirls according to number of pregnancies

	FREQUENCY	PERCENTAGE
Once*	38	66,7
Twice	9	15,8
Thrice	6	10,5
More than thrice	4	7,0
Total	**57**	**100**

* Including the pregnancy that is being terminated.

The majority (66,7 %) of schoolgirls procuring TOP are pregnant for the first time. Out of 33,3 % (these that are not pregnant for the first time), 17,5 % indicate that the pregnancies were caused by different partners.

All adolescent schoolgirls procuring TOP (100 %) indicate that the pregnancy that is being terminated is both unplanned and unwanted. Almost all (98,2 %) further indicate that they have never terminated other pregnancies before.

Adolescents present themselves at varying maternal ages at TOP institutions. The sample used consisted of those who completed the TOP process. The majority (64,9 %) present themselves before six weeks of pregnancy. An overwhelming majority (93,0 %) demand TOP before or at the cut-off date of 12 weeks.

Presenting themselves at a TOP institution at an early maternal age presupposes their ability to detect pregnancy. Table 7.28 depicts results regarding schoolgirls' realisation that they are pregnant.

Table 7.29 Distribution of schoolgirls according to indications of being pregnant*

INSTANCE	FREQUENCY	PERCENTAGE
No menstruation	43	75,4
Vomiting	16	28,1
Food smelling badly	14	24,5
Loss of appetite	6	10,5
Headache	3	5,3
Hardened and enlarged breasts	11	19,3
Weight gain	1	1,8
Verification by doctor/clinic	35	61,4
Sister realised that I'm pregnant	1	1,8
Consulted a doctor after unprotected sexual intercourse	1	1,8

* Some girls acknowledge more than one indication.

The most common indicator (75,4 %) of pregnancy is "no menstruation".

Adolescents inform different people about their pregnancy. The choice of a person to inform relates to certain circumstances. For example, some learners (10,5 %) indicate that they informed nobody because they wouldn't want to "embarrass and/or disappoint my parents". 24,5 % inform their mothers. The former generally regard the latter as "friends" with whom they can discuss anything.

7.3.2.3.2 Termination

Questions B2.2.1 to B2.2.4 were not responded to since only one learner (1,8 %) experienced a termination before. This termination was spontaneous (*cf.* 3.6.3).

Results further indicate that the majority (70,2 %) of adolescent schoolgirls procuring TOP are not aware of options other than termination of pregnancy. The main reason cited by the majority of learners (63,2 %) is that they do not wish to disrupt their schooling programmes by carrying the pregnancy to term and raising the child.

Many adolescent procurers (56,1 %) are not accompanied by anybody to the TOP institution.

7.3.2.3.3 Effects of TOP on adolescent schoolgirls

Responses regarding effects of the counselling process as well as the TOP procedure on schoolgirls were sought in the interview with these girls. 87,7 % and 93,0 % attended both the pre- as well as post-TOP counselling sessions respectively.

All respondents (100 %) indicate that they were informed that "TOP is not a pregnancy prevention measure" and they "should either abstain from sexual activity or use contraceptives consistently". None left the TOP institution without being given a contraceptive she prefers. Learners did not receive any other information. Their decision to procure TOP is therefore a premeditated one since almost all (93,0 %) indicate that they decided beforehand to procure TOP.

82,5 % indicate that the counselling process highlighted the need for consistent contraceptive use. 10,5 % chose to abstain from sexual activities.

Results pertaining to the effects of the TOP procedure on schoolgirls indicate that 89,5 % report abdominal pains, 7 % headache and 3,5 % bleeding.

Learners procuring TOP also emerge from the process with various views regarding their sexual relationships and feelings. Concerning feelings 45,6 % of the interviewees indicate that they experience feelings of "guilt", while 29,8 % indicate that they experience "relief".

Current sexual relationships are also affected after TOP procurement. 26,3 % of learners procuring TOP indicate that they will end current relationships and 40,4 % maintain that they will resort to abstinence. Faithfulness to one partner was expressed by 40,4 % of adolescents.

7.4 CONCLUSION

In accordance with the results of the interviews with Life Orientation educators as well as adolescent schoolgirls undergoing TOP in the Eastern Free State, the following conclusions can be made:

- Educators are not adequately prepared to assist learners who procured TOP.
- A drop in academic performance of learners occurs as a result of the TOP experience.
- Schools offer little or no assistance to learners who procured TOP in terms of coping skills.
- The average age of school-going adolescent girls who procure TOP is 18 years 9 months.
- The majority of learners procuring TOP are enrolled in grades 10, 11 and 12.
- Pursuance of educational goals is the main motivating factor for learners acquiring TOP.
- Legal TOP precurement is safe.
- Feelings of guilt constitute one of the effects of TOP on adolescent schoolgirls.

These aforegoing factors (*cf.* 7.4) will be discussed in detail in chapter eight of this study where the findings and recommendations will be made.

8

Findings and recommendations

8.1 INTRODUCTION

This study has, through literature review and interviews conducted with Life Orientation educators as well as learners procuring TOP, established certain effects that TOP has on schoolgirls.

It should be borne in mind that the following questions are addressed by the study *(cf.* 1.3).

- What are the family, social and educational backgrounds of adolescents who terminate pregnancy?
- What are the effects of TOP on adolescent schoolgirls?

As noted in the literature review as well as the empirical study, effects such as a drop in learners' academic performance and feelings of guilt are realised. This chapter attempts to outline findings and recommendations that may assist to alleviate the effects of TOP on schoolgirls.

8.2 FINDINGS

Findings derived from data gathered by the researcher through modes outlined earlier (*cf.* 1.4) are detailed below. One of the groups of interviewees constituted adolescent schoolgirls.

8.2.1 Adolescent schoolgirls

The findings pertaining to four aspects, that is, the family, educational and social background, as well as pregnancy, termination and effects will be discussed separately.

8.2.1.1 FAMILY BACKGROUND

Adolescent girls' age, marital status, family structure and household status are discussed.

8.2.1.1.1 Age

It was indicated (par. 4.3) that among African women in South Africa, the largest proportion gave birth to their first child at 18, 19 or 20 years of age. Regarding TOP procurement, this study reveals that the average age at which black adolescent schoolgirls procure TOP is 18 years and 9 months (*cf.* table 7.8). This is the age where schoolgirls are generally confronted with the obligation of finishing high school education and/or traversing into the higher education sector.

8.2.1.1.2 Marital status

This study establishes that an overwhelming majority *(cf.* table 7.9) of schoolgirls procuring TOP are not married. The finding indicates Kaplan and Sadock's (1994:55) assertion that almost all girls seeking TOP are unwed (*cf.* 4.5.3).

8.2.1.1.3 Family structure

Parents in the African society are regarded as unreliable sources of sexuality information since the majority of learners were found not to discuss their relationships with their parents (*cf.* 2.3.2.4). Regarding the effects of TOP on adolescent schoolgirls this investigation reveals that more than half of these girls procuring TOP have both parents and an overwhelming majority (*cf.* tables 7.11 & 7.12) continue to have contact with both parents. One would expect that these girls' support system is firm and they would therefore not experience an unintended pregnancy. On the contrary, parents

verify the fact that they are not reliable sources of sexuality information. In the past, African families were larger. Families of African adolescents procuring TOP are becoming smaller (*cf.* table 7.15).

8.2.1.1.4 Education and occupation of parents

Paragraph 4.5.3 indicates that almost all girls seeking TOP are from low socio-economic groups. Education and occupation of parents were used in this study as yardsticks to determine superficially, the economic status of families. The level of education of the majority of parents of girls in the sample is not beyond grade 12 (*cf.* table 7.13) and very few are highly paid earners. Basic amenities in the household also provide an indication of their socio-economic status.

8.2.1.1.5 Households

This study indicates that over three quarters of girls procuring TOP live in households where electricity, running water, radio and television sets are available. The availability of these amenities may presuppose that these families do not belong to the "poorest of the poor" group.

8.2.1.2 EDUCATIONAL BACKGROUND

Findings regarding schoolgirls' educational background revolve around attendance, absence, academic performance and career aspirations.

8.2.1.2.1 School attendance

Freeman and Rickels (1993:73-74) indicate that adolescent schoolgirls procuring TOP continue to finish their high school education. Table 7.17 indicates that four out of every five adolescent schoolgirls procuring TOP in the Eastern Free State are currently attending school and have never been absent from school for a period exceeding three months. It can therefore be concluded that TOP is regarded by schoolgirls as a panacea for unintended pregnancy and subsequent disruption of their schooling (*cf.* 2.3.3.5).

The drive to continue schooling may be guided by academic performance and career aspirations.

8.2.1.2.2 Academic performance

Adolescents procuring TOP generally do well at school (*cf.* 4.5.3). Even though an overwhelming majority of schoolgirls in this study claim that they have never been given performance awards at school, very few (*cf.* 7.20) rate themselves as "below average" in academic performance, whereas less than half of them indicate that they have repeated a grade at least once (*cf.* table 7.20). The *status quo* outlined above may verify the fact that adolescent TOP procurers do well at school.

8.2.1.2.3 Career aspirations

Lack of skills, training and education characterise adolescent parents (*cf.* 4.4.1.2.2). Adolescent schoolgirls procuring TOP seem to be aware of this situation. This study finds that almost all adolescent schoolgirls procuring TOP are aware of the fact that the subjects they are doing at school are relevant to the careers they aspire to follow (*cf.* table 7.20). Medicine and law and security services are the most popular aspired for careers. In other words, TOP procurers generally have clear educational and occupational goals (*cf.* 4.5.3) and therefore prefer not to disrupt their schooling by carrying the pregnancy to term.

8.2.1.3 SOCIAL BACKGROUND

Schoolgirls procuring TOP mainly belong to the Christian religion and the majority of them are aware that Christianity mostly holds a pro-life attitude towards TOP (*cf.* 7.3.2.2.2) and for that reason they strongly condemn TOP (*cf.* 5.4.2). The strength and/or impact of this attitude were detected by the researcher in some of the following utterances made by schoolgirls: "I considered my family situation. An additional child cannot be catered for. I will confess in church and ask for forgiveness from God. I feel guilty but will proceed with the TOP procurement due to the fact that my education does not have to be compromised. I have to be educated in order to succeed in life."

The fact that the majority of schoolgirls often attend church (*cf.* table 7.22) suggests that churches play a vital role in the TOP issue even though almost all these girls state that they will not inform the church of their TOP procurement. As stated earlier (*cf.* 4.6), the severity of TOP consequences depend on their social support system. The church may be a vital role player in the support system.

Girls are sexually active at a younger age and have sexual relations mainly with men older than them (*cf.* 4.5.3). This study finds that four out of every five adolescent girls procuring TOP experience their first sexual encounter before becoming 17 years of age (*cf.* table 7.24) and that their male partners are, on average, four years older (*cf.* tables 7.8 & 7.27).

This study further reveals that the majority of adolescent schoolgirls either do not use contraception altogether or are using them inconsistently (*cf.* 7.3.2.2.2). This trend is also confirmed in a study by Rasch *et al.* (2000:52). Pregnant adolescent schoolgirls are often negligent or fail to recognise the risk of irregular and/or non-use of contraceptives hence the occurrence of unplanned pregnancy (*cf.* 4.5.3).

8.2.1.4 PREGNANCY, TERMINATION AND EFFECTS

Findings on trends in adolescent schoolgirls' pregnancy, termination and effects gleaned from results of the interviews are stated next.

8.2.1.4.1 Pregnancy

The majority of pregnancies in adolescence are unintended (*cf.* 2.3.4.1) and results from sexual intercourse with men to whom girls felt emotionally attached (*cf.* 4.5.3 & 7.3.2.2.2). Findings of this study concur that adolescent pregnancies are both unplanned and unwanted (*cf.* 7.3.2.3). Pregnancy resolution in adolescence has distinctive characteristics (*cf.* 4.5.2.1). This situation is aggravated by the fact that most adolescents procuring TOP are pregnant for the first time (*cf.* 7.3.2.3.1). In other words coping with the pregnancy occurrence becomes more difficult with the decision to procure TOP (*cf.* 1.2). It has been stated earlier (*cf.* 4.5.3) that adolescents are more likely to delay their decision to procure TOP. However, this study indicates that an overwhelming majority of schoolgirls procuring TOP present themselves at the in-

stitution on or before the initial cut-off date of 12 weeks of pregnancy (*cf.* 7.3.2.3 & 3.6.4.3). It should be borne in mind that those girls who were refused TOP were not included in the sample.

8.2.1.4.2 Termination

A lack of readiness to bring the child into the world, financial problems and lack of family support have been mentioned as motivating factors for TOP (*cf.* 4.5.3). Even though these factors are mentioned (*cf.* 7.3.2.3.2) in this study as causative factors, unwillingness by adolescents not to disrupt their schooling, is the main reason. Bearing a child out-of-wedlock is also regarded by some TOP procurers as "shameful and a disgrace to the family".

Despite the fact that adolescents have several options in pregnancy resolution (*cf.* 4.4) this study finds a lack of awareness among adolescent schoolgirls procuring TOP regarding possible options (*cf.* 7.3.2.3.2). A lack of information and awareness regarding various options in pregnancy resolution reaffirms the need for sexuality education. Effects of TOP on schoolgirls are discussed next.

8.2.1.4.3 Effects of TOP on adolescent schoolgirls

Earlier *(cf.* 3.4.1) it was stated that legalised TOP does not carry much risk for women's health while illegal and unsafe termination does. This study has established that besides abdominal pain, headache and mild bleeding, no serious health complications were reported. This means that legal TOP is generally safe.

Adolescents emerge from the TOP procurement process more committed to consistently using contraceptives. An overwhelming majority of these girls expressed this commitment, Ferreira's (1985:54) assertion that a "positive correlation between contraceptive practice and accessibility of safe termination" is verified.

It was earlier stated (*cf.* 3.5.3) that legalised TOP is an acceptable practice to terminate unwanted and/or unplanned pregnancies in high risk groups such as adolescents. Adolescent learners' schooling may therefore not be disrupted and they may also not be forced into undesirable pregnancy-induced marriages or even suicide.

Furthermore learners procuring TOP commit themselves to certain sexual behavioural patterns. Adolescents in this study committed themselves to the following post-TOP behavioural patterns:

- Being faithful to one partner;
- abstinence;
- terminating the relationship with the putative father.

The TOP occurrence therefore, provides an opportunity for the adolescent schoolgirl to examine her sexual behaviour and make decisions.

It was also noted *(cf.* 4.6) that reactions to TOP may resemble the condition defined as post-traumatic stress disorder. This disorder is characterised by long-term "sleeper" effects in which the woman may have negative reactions long after the TOP experience is over. This study, establishes that adolescents procuring TOP experience feelings of guilt, relief and both guilt and relief. The "guilt" feeling alone, is experienced by the majority (*cf.* 7.3.2.2.3). In the opinion of the researcher, it is this "guilt" feeling that affects the girl later in life.

Expressions of adolescent procurers with "guilt" feelings include statements such as: "The child is a gift from God. TOP is unacceptable in our African culture. It is also against our religions prescriptions. TOP is an unforgiveable sin. TOP is killing, I regret procuring it".

These expressions may affect the learner for a longer period unless a supportive process assists her to cope with the occurrence.

Some of the manifestations of the post-TOP effects have been noticed by educators who, not being aware of any major life event other than TOP procurement, observed the following effects *(cf.* table 7.6).

- Absenteeism,
- illness (post TOP complications),
- drop in academic performance,

- dropping out of school,
- low self-esteem,
- stigmatisation,
- bleeding,
- withdrawal,
- flashbacks,
- maintaining friendships only with those that are aware of the girl's TOP procurement.

It was also stated earlier (*cf.* 4.6) that the severity of the effects may depend largely on adolescents' support systems. According to Major *et al.* (1997:1351) post-TOP well-being is preceded by social support. The school was also cited as one of the most appropriate support systems (*cf.* 4.6). The interview with educators (the second group of respondents) established that educators are ill-prepared to handle girls returning to school after TOP procurement. In the researcher's opinion, TOP institutions do not provide extensive information to girls regarding the issue.

Alleviation of the aforementioned effects presuppose suggestions and/or recommendations to dealing with them.

8.3 RECOMMENDATIONS

The recommendations presented in this chapter, as guided by the findings that have been outlined in the preceding paragraphs, are aimed at suggesting strategies of alleviating the effects of TOP on schoolgirls. This study finds that adolescent schoolgirls who procure TOP are affected by its effects.

A drop in academic performance is one of the main effects of TOP. Schooling remains these learners' human right and they can therefore not be denied access to education. Resulting from the theoretical and empirical methods of the TOP issue, focussing on adolescent schoolgirls, recommendations are presented next.

8.3.1 Pregnancy prevention programmes

This study finds that pregnancies among adolescent schoolgirls procuring TOP are both unwanted and unplanned. It is not only the adolescent procuring TOP that is affected by such a pregnancy. Adolescents carrying the pregnancy to term (abandoning school) and those who choose other options (*cf.* chapter 4) are adversely affected as well.

Establishment of pregnancy prevention programmes in schools should be aimed at raising awareness regarding consequences of unplanned and unwanted pregnancies and should assist learners in delaying the onset of their sexual activity. Community institutions such as youth clubs, churches and community life centres can execute such programmes. The researcher recommends that the programmes should aim at achieving the following objectives:

- Increase sexual decision-making skills of adolescents;
- encourage responsibility for one's actions - address peer pressure;
- provide information regarding the financial and legal implications of parenthood;
- entrench forward-looking and success-oriented attitudes among adolescents.

Reduced pregnancy occurrence among adolescents may reduce the demand for TOP.

8.3.2 Workshops and seminars for educators

Workshops and seminars attempt to address educators' inadequate preparedness in handling learners who procured TOP. The educator is expected to play a "community, citizenship and pastoral role" (Department of Education 1999:7). In accordance with this role, the educator will demonstrate an ability to develop a supportive and empowering environment for the learner and respond to the educational and other needs of learners. Educators can therefore assist and empower learners who procured TOP. Awareness regarding the Choice on Termination Pregnancy Act, learners' rights to privacy, the TOP procurement processes and effects on learners may be en-

hanced. Educators will also be made aware of centres of assistance for learners and may thus refer learners with problems accordingly.

8.3.3 Counselling for TOP procurers returning to school

Bearing in mind the learner's right to privacy, an invitational atmosphere can be created at school where an educator/educators trained as school counsellor(s) professionally lures learners to discuss in confidence any problems they might have. It was stated earlier that the post-TOP social support plays a pivotal role in assisting learners to cope better. The counselling process aims at assisting learners to accept the decision they made and face the challenges that lie beyond TOP procurement.

One of the coping mechanisms involves approach strategies (for example, thinking about the procedure, talking about it). Adler *et al.* (1990:42) maintain that women who use these strategies after abortion show a decrease in anxiety. Women who use denial score significantly higher in depression and anxiety. Stigmatisation and denial may lead to depression and anxiety which may affect learners' self-esteem (*cf.* 8.2.1.4.3). Hence, it is important that the counselling process should assist learners to cope better.

8.3.4 Utilisation of peer educators

Peer educators are likely to carry any message home because their age is more or less similar to that of other learners. They might have had the experience of some of the matters shared. Sharing information with fellow learners on how they dealt with their TOP experiences, may facilitate procuring schoolgirls' coping process.

8.3.5 Training of school counsellors

Teacher education in South Africa has generally focused on improvement of educators' skills, knowledge and competence in a specific learning area/subject. Training of school counsellors may equip educators with skills in observing learners' problems, assessing them and applying their helping skills. In the event where the learner does not want to disclose his/her problem, the counsellor possesses the skills of dealing

with him/her. According to Kottler and Kottler (1993:4) counsellors are able to address the most important concerns of learners without fear of ineptitude and failure.

8.3.6 Workshops for parents

Even though parents are not generally seen as efficient in facilitating education on sexuality matters, they remain important role players in learners' informal education. Children generally trust them. It is therefore appropriate to inform them on how to observe peculiarities in their children's behaviour and bodies.

Parents constitute a valuable portion of the post-TOP support system. Acknowledgement of the fact that their daughters have undergone the TOP process may augment or reduce the impact of the post-TOP stress disorder.

8.3.7 The use of pictographs

Even though this study did not reveal much about defaulters, the head of the TOP institution where data was collected alluded to the fact that some women seeking TOP do not insert vaginal tablets properly. Pictographs can be used to facilitate proper insertion. These pictographs should demonstrate where and how the tablet(s) must be located in the vaginal tract.

8.3.8 Establishment of an Inter-institutional forum for TOP

An Inter-institutional forum should comprise educators, health care workers, parents, learners, youth representatives from clubs and churches. Educators may regard counselling as the primary responsibility of health care workers and vice versa. Knowledge and/or awareness of the responsibilities and duties of one party may facilitate execution of the other's duties. One of the responsibilities that are being tossed around is contraceptive use awareness. One institution sees it as the responsibility of the other. A joint collaboration between the stakeholders cited above may assist educators to deal with learners who procured TOP efficiently.

8.4 POSSIBLE RESEARCH RESULTING FROM THIS STUDY

The following areas may be considered for future research resulting from this study.

- The influence of counselling on post-TOP learners regarding adjustment
- A follow-up study on the academic performance of adolescent schoolgirls who procured TOP
- Contraceptive knowledge and practice among adolescent schoolgirls seeking TOP
- Trends in TOP procurement in South Africa - an ex-post-facto investigation
- The success of pregnancy prevention programmes among learners.

The next section concludes this study.

8.5 CONCLUSION

The issue of termination of pregnancy (TOP) has always been controversial. Individuals who are affected by it (the pregnant mother, the putative father, parents and societal institutions) possess different attitudes towards this issue and therefore tend to react differently.

TOP among adolescents is further complicated by school attendance. Achievement of educational goals among adolescents emerged in this study as the main motive for TOP procurement. Furthermore different attitudes may be linked with differing TOP regulations. Societies, in their TOP regulation range from liberal to strictly prohibitive. Strict prohibition was indicated in this study as a contributory factor to unsafe and illegal TOP procurement which led to adverse effects including death.

Adolescent schoolgirls account for more than half of TOP procurements in South Africa (2001). This situation singles them out as a focus group for intervention. This study reveals certain effects of this procedure such as a drop in the learner's academic performance, absenteeism, withdrawal and stigmatisation.

Post-TOP distress and anxiety depend on the support systems and coping strategies used. It is therefore important that schools develop support structures which may assist learners who procured TOP to cope better.

Data in this study was gathered by interviews. The researcher used structured questionnaires to collect data from educators and learners (TOP procurers). Permission to do so was granted by the Free State Department of Education and Health. Since TOP is an ethical issue, the Ethics Committee of the University of the Free State also approved of the study.

Very little is being done in schools and society to assist learners to cope better after TOP procurement in order to reduce pregnancy. The issue of TOP therefore needs attention.

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Appendix 1

FREE STATE PROVINCE

Enquiries :Mrs M V Wessels/
Reference no. :16/4/1/8-2002

Tel :(051) 404 8075
Fax :(051) 4048074

2002-04-05

Mr D J Hlalele
Sefikeng Further Education and Training Institution
Private Bag x 827
WITSIESHOEK
9870

Dear Mr Hlalele

REGISTRATION OF RESEARCH PROJECT

1. This letter is in reply to your application for the registration of your research project.

2. Research topic: **THE EFFECTS OF TERMINATION OF PREGNANCY (TOP) ON ADOLESCENT SCHOOLGIRLS IN THE EASTERN FREE STATE.**

3. Your research project has been registered and you may conduct research in the Free State Department of Education under the following conditions:

   3.1 Educators participate voluntarily in the project.
   3.2 The names of the schools, principals and educators involved remain confidential.
   3.3 The interviews take place outside the normal tuition time of the school.
   3.4 This letter is shown to all participating persons.

4. You are requested to donate a report on this study to the Free State Department of Education. It will be placed in the Education Library, Bloemfontein.

5. Once your project is complete, we should appreciate it if you would present your findings to the relevant persons in the FS Department of Education. This will increase the possibility of implementing your findings wherever possible.

6. Would you please write a letter **accepting the above conditions**? Address this letter to:

   The Head: Education, for attention: CES: IRRISS
   Room 1213, C R Swart Building
   Private Bag X20565, BLOEMFONTEIN, 9301

7. We wish you every success with your research.

Yours sincerely

HEAD: EDUCATION

Appendix 2

FREE STATE PROVINCIAL GOVERNMENT

Health

Assistant Director: Mr. David Bohlale, Maternal;-Child Health & Nutrition, PO Box 827, Bloemfontein 9300,
Tel (051)4801933/4/5/6, Fax (051)4483077
Email: Bohlaled@doh.ofs.gov.za. Room 706, St. Andrew Building, St Andrew Street, Bloemfontein

Mr. D.J. Hlalele
Sefikeng Further Education and Training Institution
Private Bag x827
WITISESHOEK
9870

Dear Mr. Hlalele

REQUEST TO DO TERMINATION OF PREGNANCY RESEARCH IN THE EASTERN FREE STATE.

1. Your letter dated 11 October 2001 regarding the above-mentioned matter refers.

2. Having received a copy of a letter of approval from the UFS Ethics Committee, I hereby grant you permission to collect the research data you need from Elizabeth Ross Hospital.

3. Kindly take note that this permission is accompanied by the following conditions:

- The highest degree of confidentiality should be maintained
- The research should not disrupt the day to day operations of Elizabeth Ross Hospital
- Due recognition and respect should be given to the managers of the hospital
- The F.S. Department of Health will be informed about the findings of this research

4. The Department wishes you success with your studies.

Regards,

.....
DR. V. LITLHAKANYANE

HEAD:HEALTH

DATE: 26/3/2002

A Healthy & self-reliant
Free State Community

Appendix 3

UNIVERSITY OF THE FREE STATE

Office of the Director: Administration
Faculty of Health Sciences

✉ 339 BLOEMFONTEIN 9300
☎ (051) 405-3013 / 401-2847
REPUBLIC OF SOUTH AFRICA
TELEFAX (051) 444-3103 SA

Enquiries Mrs G Niemand Tel 4053004

28th November 2001

MR DJ HLALELE
FACULTY OF HUMANITIES
UNIVERSITY OF THE FREE STATE

Dear Mr Hlalele

ETOVS NR 223/01
RESEARCHER: MR D HLALELE
PROJECT TITLE: THE EFFECTS OF TERMINATION OF PREGNANCY ON BLACK ADOLESCENT SCHOOL GIRLS IN THE EASTERN FREE STATE.

You are hereby informed that during their meeting held on the 27th November 2001 the Ethics Committee approved the abovementioned study.

Your attention is kindly drawn to the following:

a) A progress report be presented not later than one year after approval of the project
b) That all extentions, amendments, serious adverse events, termination of a study etc have to be reported to the Ethics Committee.

Will you please quote the Etovs number as indicated above in subsequent correspondence, reports and enquiries.

Yours faithfully

For DIRECTOR: MEDICINE ADMINISTRATION

Appendix 4

REPUBLIC OF SOUTH AFRICA

GOVERNMENT GAZETTE

STAATSKOERANT

VAN DIE REPUBLIEK VAN SUID-AFRIKA

Registered at the Post Office as a Newspaper

As 'n Nuusblad by die Poskantoor Geregistreer

VOL. 377

CAPE TOWN, 22 NOVEMBER 1996

KAAPSTAD, 22 NOVEMBER 1996

No. 17602

PRESIDENT'S OFFICE

No. 1891. 22 November 1996

It is hereby notified that the President has assented to the following Act which is hereby published for general information:—

No. 92 of 1996: Choice on Termination of Pregnancy Act, 1996.

KANTOOR VAN DIE PRESIDENT

No. 1891. 22 November 1996

Hierby word bekend gemaak dat die President sy goedkeuring geheg het aan die onderstaande Wet wat hierby ter algemene inligting gepubliseer word:—

No. 92 van 1996: Wet op Keuse oor die Beëindiging van Swangerskap, 1996.

ACT

To determine the circumstances in which and conditions under which the pregnancy of a woman may be terminated; and to provide for matters connected therewith.

(Afrikaans text signed by the President.)
(Assented to 12 November 1996.)

PREAMBLE

Recognising the values of human dignity, the achievement of equality, security of the person, non-racialism and non-sexism, and the advancement of human rights and freedoms which underlie a democratic South Africa;

Recognising that the Constitution protects the right of persons to make decisions concerning reproduction and to security in and control over their bodies;

Recognising that both women and men have the right to be informed of and to have access to safe, effective, affordable and acceptable methods of fertility regulation of their choice, and that women have the right of access to appropriate health care services to ensure safe pregnancy and childbirth;

Recognising that the decision to have children is fundamental to women's physical, psychological and social health and that universal access to reproductive health care services includes family planning and contraception, termination of pregnancy, as well as sexuality education and counselling programmes and services;

Recognising that the State has the responsibility to provide reproductive health to all, and also to provide safe conditions under which the right of choice can be exercised without fear or harm;

Believing that termination of pregnancy is not a form of contraception or population control;

This Act therefore repeals the restrictive and inaccessible provisions of the Abortion and Sterilization Act, 1975 (Act No. 2 of 1975), and promotes reproductive rights and extends freedom of choice by affording every woman the right to choose whether to have an early, safe and legal termination of pregnancy according to her individual beliefs.

BE IT ENACTED by the Parliament of the Republic of South Africa, as follows:—

Definitions

1. In this Act, unless the context otherwise indicates—

(i) "Director-General" means the Director-General of Health; (iii)

(ii) "gestation period" means the period of pregnancy of a woman calculated from the first day of the menstrual period which in relation to the pregnancy is the last; (iv)

(iii) "incest" means sexual intercourse between two persons who are related to each other in a degree which precludes a lawful marriage between them; (ii)

(iv) "medical practitioner" means a person registered as such under the Medical, Dental and Supplementary Health Service Professions Act, 1974 (Act No. 56 of 1974); (v)

(v) "Minister" means the Minister of Health; (viii)

(vi) "minor" means any female person under the age of 18 years; (vii)

(vii) "prescribe" means prescribe by regulation under section 9; (x)

(viii) "rape" also includes statutory rape as referred to in sections 14 and 15 of the Sexual Offences Act, 1957 (Act No. 23 of 1957); (ix)

(ix) "registered midwife" means a person registered as such under the Nursing Act, 1978 (Act No. 50 of 1978); (vi)

(x) "termination of a pregnancy" means the separation and expulsion, by medical or surgical means, of the contents of the uterus of a pregnant woman; (i)

(xi) "woman" means any female person of any age. (xi)

Circumstances in which and conditions under which pregnancy may be terminated

2. (1) A pregnancy may be terminated—

(a) upon request of a woman during the first 12 weeks of the gestation period of her pregnancy;

(b) from the 13th up to and including the 20th week of the gestation period if a medical practitioner, after consultation with the pregnant woman, is of the opinion that—

(i) the continued pregnancy would pose a risk of injury to the woman's physical or mental health; or

(ii) there exists a substantial risk that the fetus would suffer from a severe physical or mental abnormality; or

(iii) the pregnancy resulted from rape or incest; or

(iv) the continued pregnancy would significantly affect the social or economic circumstances of the woman; or

(c) after the 20th week of the gestation period if a medical practitioner, after consultation with another medical practitioner or a registered midwife, is of the opinion that the continued pregnancy—

(i) would endanger the woman's life;

(ii) would result in a severe malformation of the fetus; or

(iii) would pose a risk of injury to the fetus.

(2) The termination of a pregnancy may only be carried out by a medical practitioner, except for a pregnancy referred to in subsection (1)*(a)*, which may also be carried out by a registered midwife who has completed the prescribed training course.

Place where surgical termination of pregnancy may take place

3. (1) The surgical termination of a pregnancy may take place only at a facility designated by the Minister by notice in the *Gazette* for that purpose under subsection (2).

(2) The Minister may designate any facility for the purpose contemplated in subsection (1), subject to such conditions and requirements as he or she may consider necessary or expedient for achieving the objects of this Act.

(3) The Minister may withdraw any designation under this section after giving 14 days' prior notice of such withdrawal in the *Gazette*.

Counselling

4. The State shall promote the provision of non-mandatory and non-directive counselling, before and after the termination of a pregnancy.

Consent

5. (1) Subject to the provisions of subsections (4) and (5), the termination of a pregnancy may only take place with the informed consent of the pregnant woman.

(2) Notwithstanding any other law or the common law, but subject to the provisions of subsections (4) and (5), no consent other than that of the pregnant woman shall be required for the termination of a pregnancy.

(3) In the case of a pregnant minor, a medical practitioner or a registered midwife, as the case may be, shall advise such minor to consult with her parents, guardian, family members or friends before the pregnancy is terminated: Provided that the termination of the pregnancy shall not be denied because such minor chooses not to consult them.

(4) Subject to the provisions of subsection (5), in the case where a woman is—

(a) severely mentally disabled to such an extent that she is completely incapable of understanding and appreciating the nature or consequences of a termination of her pregnancy; or

(b) in a state of continuous unconsciousness and there is no reasonable prospect that she will regain consciousness in time to request and to consent to the termination of her pregnancy in terms of section 2,

her pregnancy may be terminated during the first 12 weeks of the gestation period, or from the 13th up to and including the 20th week of the gestation period on the grounds set out in section 2(1)*(b)*—

(i) upon the request of and with the consent of her natural guardian, spouse or legal guardian, as the case may be; or

(ii) if such persons cannot be found, upon the request and with the consent of her *curator personae*:

Provided that such pregnancy may not be terminated unless two medical practitioners or a medical practitioner and a registered midwife who has completed the prescribed training course consent thereto.

(5) Where two medical practitioners or a medical practitioner and a registered midwife who has completed the prescribed training course, are of the opinion that—

(a) during the period up to and including the 20th week of the gestation period of a pregnant woman referred to in subsection (4)*(a)* or *(b)*—

(i) the continued pregnancy would pose a risk of injury to the woman's physical or mental health; or

(ii) there exists a substantial risk that the fetus would suffer from a severe physical or mental abnormality; or

(b) after the 20th week of the gestation period of a pregnant woman referred to in subsection (4)*(a)* or *(b)*, the continued pregnancy—

(i) would endanger the woman's life;

(ii) would result in a severe malformation of the fetus; or

(iii) would pose a risk of injury to the fetus,

they may consent to the termination of the pregnancy of such woman after consulting her natural guardian, spouse, legal guardian or *curator personae*, as the case may be: Provided that the termination of the pregnancy shall not be denied if the natural guardian, spouse, legal guardian or *curator personae*, as the case may be, refuses to consent thereto.

Information concerning termination of pregnancy

6. A woman who in terms of section 2(1) requests a termination of pregnancy from a medical practitioner or a registered midwife, as the case may be, shall be informed of her rights under this Act by the person concerned.

Notification and keeping of records

7. (1) Any medical practitioner, or a registered midwife who has completed the prescribed training course, who terminates a pregnancy in terms of section 2(1)*(a)* or *(b)*, shall record the prescribed information in the prescribed manner and give notice thereof to the person referred to in subsection (2).

(2) The person in charge of a facility referred to in section 3 or a person designated for such purpose, shall be notified as prescribed of every termination of a pregnancy carried out in that facility.

(3) The person in charge of a facility referred to in section 3, shall, within one month of the termination of a pregnancy at such facility, collate the prescribed information and forward it by registered post confidentially to the Director-General: Provided that the name and address of a woman who has requested or obtained a termination of pregnancy, shall not be included in the prescribed information.

(4) The Director-General shall keep record of the prescribed information which he or she receives in terms of subsection (3).

(5) The identity of a woman who has requested or obtained a termination of pregnancy shall remain confidential at all times unless she herself chooses to disclose that information.

Delegation

8. (1) The Minister may, on such conditions as he or she may determine, in writing delegate to the Director-General or any other officer in the service of the State, any power conferred upon the Minister by or under this Act, except the power referred to in section 9.

(2) The Director-General may, on such conditions as he or she may determine, in writing delegate to an officer in the service of the State, any power conferred upon the Director-General by or under this Act or delegated to him or her under subsection (1).

(3) The Minister or Director-General shall not be divested of any power delegated by him or her, and may amend or set aside any decision taken by a person in the exercise of any such power delegated to him or her.

Regulations

9. The Minister may make regulations relating to any matter which he or she may consider necessary or expedient to prescribe for achieving the objects of this Act.

Offences and penalties

10. (1) Any person who—

(a) is not a medical practitioner or a registered midwife who has completed the prescribed training course and who performs the termination of a pregnancy referred to in section 2(1)*(a)*;

(b) is not a medical practitioner and who performs the termination of a pregnancy referred to in section 2(1)*(b)* or *(c)*; or

(c) prevents the lawful termination of a pregnancy or obstructs access to a facility for the termination of a pregnancy,

shall be guilty of an offence and liable on conviction to a fine or to imprisonment for a period not exceeding 10 years.

(2) Any person who contravenes or fails to comply with any provision of section 7 shall be guilty of an offence and liable on conviction to a fine or to imprisonment for a period not exceeding six months.

Application of Act

11. (1) This Act shall apply to the whole of the national territory of the Republic.

(2) This Act shall repeal—

(a) the Act mentioned in columns one and two of the Schedule to the extent set out in the third column of the Schedule; and

(b) any law relating to the termination of pregnancy which applied in the territory of any entity which prior to the commencement of the Constitution of the Republic of South Africa, 1993 (Act No. 200 of 1993), possessed legislative authority with regard to the termination of a pregnancy.

Short title and commencement

12. This Act shall be called the Choice on Termination of Pregnancy Act, 1996, and shall come into operation on a date fixed by the President by proclamation in the *Gazette*.

SCHEDULE

No. and year of law	Short title	Extent of repeal
Act No. 2 of 1975	Abortion and Sterilization Act, 1975	In so far as it relates to abortion

Appendix 5

QUESTIONNAIRE
TO
EDUCATORS

Purpose of the Investigation.

The purpose of this study is to investigate the effects of termination of pregnancy on schoolgirls in the Eastern Free State.

Message to the Educator to be interviewed

Kindly be informed that this investigation is for academic purposes only and will never be used against you or your school.

Your name or that of your institution is not required and complete anonymity as well as confidentiality is guaranteed.

It is therefore my humble plea that you provide as truthful and honest responses as you can about your experiences and / or observation regarding learners who have undergone TOP.

You further reserve the prerogative to decline participating in the study and/or withdraw at any stage.

Should any complaints arise, you are welcome to contact my supervisor, **Professor Charles Kotzè** at the **University of the Free State (Bloemfontein).**

Contact Details : Telephone (051) 4012 955
Physical Address: Office 102
Education Building
UFS

1	2	3

SECTION A : PERSONAL INFORMATION

1. Gender : M ☐ F ☐ | 4 ☐

2 Age : ☐☐ | 5 ☐

3. Years in teaching service: ☐☐ | 6 ☐

4. Period of involvement in Life Orientation facilitation : | 7 ☐

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5. Indicate period of training undergone in guidance services.

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6. Training received in TOP-related issues and assistance to procurers. (Type, duration and contents) | 8 ☐

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SECTION B : EXISTENCE OF ASSISTANCE PROGRAMMES FOR SCHOOLGIRLS UNDERGOING TOP IN SCHOOLS

1. Give details pertaining to existence and functioning of a sexuality education programme at your school. | 9 ☐

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2. According to your experience and / or observation, what are the effects of TOP on schoolgirls? | 10 ☐

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3. Does your school provide / offer any assistance to such learners ? 11

YES		NO	

4. If your answer in 3 above is YES, explain 12
(the kind of assistance and its influence or impact)

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5. What would you suggest should be done in order to alleviate effects of TOP on schoolgirls? 14

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SECTION C : COMMENTS AND SUGGESTIONS

Thank you for responding to the questions above. Please give honest and objective suggestions which you think will be of assistance to the researcher.

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Appendix 6

QUESTIONNAIRE
TO
SCHOOLGIRLS

Message to the schoolgirls to be interviewed

The purpose of this study is to investigate the effects of termination of pregnancy (TOP) on schoolgirls in the Eastern Free State.

Kindly be informed that this investigation is for academic purposes only and will therefore never be used against you or your school. There may therefore be no adverse effects on you.

Your name or that of your institution is not required and complete anonymity as well as confidentiality is guaranteed. It is therefore my humble plea that you provide as truthful and honest responses as you can about your experience regarding TOP(s) that you procured.

You further reserve the prerogative to decline participating in the study and/or withdraw at any stage.

Should complaints arise, you are welcome to contact my supervisor, **Professor Charles Kotzé**, at the University of the Free State (Bloemfontein).

Contact Details : **Telephone (051) 401 2955**

Physical Address : **Office 102**
Education Building
UFS

OFFICIAL USE

1	2	3

SECTION A: PERSONAL INFORMATION

1. Age : | 4 |

Years
Months

2. Marital status : | 5 |

Married
Never Married
Widowed
Living together
Divorced
Other (specify)

1.3. Family structure : | 6 |

Father and mother
Father only
Mother only
Father and stepmother
Mother and stepfather
Other (specify)

1.4. Number of children in family | 7 |

Boys
Girls

1.5. Occupation of parents | 8 |

Father _____

Mother _____

1.6. Highest level of education of parents | 9 |

Father _____

Mother _____

1.7. Father's and mother's contact with family | 10 |

Father

YES		NO	

Mother

YES		NO	

1.8. Father and mother living in household | 11 |

Father

YES		NO	

Mother

YES		NO	

1.8. Does the household have | 12 |

Electricity?

YES		NO	

Running water?

YES		NO	

Radio?

YES		NO	

Television set?

YES		NO	

SECTION B: EDUCATIONAL AND SOCIAL BACKGROUND

1. EDUCATIONAL BACKGROUND

1.1. Do you currently attend the school? | 13 |

YES		NO	

1.2. If your answer in 1.1 above is NO.

1 .2.1 State your dominant activity during the last 12 months. | 14 |

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1.2.2 State the highest grade you passed. | 15 |

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1.2.3 State the duration of your continuous absence from school in years. | 16 |

.....years.

1.2.4 State your reason(s) for the abandonment of schooling | 17 |

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1.2.5 Do you wish to return to school and further your studies? | 18 |

YES		NO	

1.2.6 Are you going to return to school and further your studies? | 19 |

YES		NO	

1.2.7 If your answer in 1.2.6 above is NO, motivate. | 20 |

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1.3 If your answer in 1.1 above is YES,

1.3.1 State the grade you are currently enrolled in. | 21 |

1.3.2 How many times have you repeated a grade? | 22 |

Never	
Once	
Twice	
More than twice	

1.3.3 Have you ever been absent from school for a period exceeding three months? | 23 |

YES		NO	

1.3.4 If your answer in 1.3.3 above is YES, state duration of absence and reason(s).

1.3.4.1: **Duration:** | 24 |

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1.3.4.2: **Reasons:** | 25 |

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1.3.5 How do you rate yourself in terms of academic achievement? 26

Below average	
Average	
Above average	

1.3.6 Have you ever been given a performance award / certificate of merit? 27

YES		NO	

1.3.7 Is career education offered at your school? 28

YES		NO	

1.3.8 State your career goals. 29

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1.3.9 Are the subjects you are doing relevant to your desirable occupation / career? 30

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2. SOCIAL BACKGROUND

2.1 Religion

2.1.1 What religious group do you belong to? 31

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2.1.2 What is your religion's attitude towards TOP? 32

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2.1.3 How does the attitude in 2.1.2 above influence your decision making towards TOP procurement? 33

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2.1.4 Name the church you belong to / attend. 34

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2.1.5 How often do you attend church? 35

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2.1.6 Have you informed your church about your pregnancy and intention to undergo TOP? 36

YES		NO	

2.1.7 If your answer in 2.1.6 above is YES, what was their reaction? 37

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2.1.8 What is the effect of this reaction on you? 38

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2.2. Sexual behaviour

2.2.1 State your age at first sexual encounter. 39

Years

Months

2.2.2 How many boyfriends have you been involved with (previously and contemporarily)? 40

Previously
Contemporarily

2.2.3 Have you ever been sexually abused? 41

YES		NO	

2.2.4 If your answer in 2.2.3 above is YES, give details 42

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2.2.5 Did this abuse end up in rape? 43

YES		NO	

2.2.6 If your answer in 2.2.5 above is YES, give details. 44

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2.2.7 Do you use any contraceptives? 45

YES		NO	

2.2.8 If your response in 2.2.7 above is YES,
2.2.8.1 State the type 46

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2.2.8.2 Is the use consistent or inconsistent? 47

CONSISTENT		INCONSISTENT	

2.2.9 Were you on contraception during the conception of this pregnancy? 48

YES		NO	

2.3 About the putative father

2.3.1 Do you know the person who caused your pregnancy? 49

YES		NO	

2.3.2 If your answer in 2.3.1 above is YES, respond to the following questions [50]

2.3.2.1 **Age**

Years
Months
Not Aware

2.3.2.2 **Marital Status** [51]

Never Married
Married
Living together
Divorced

Other (specify) _____

2.3.2.3 If your response in 2.3.2.2 above is **MARRIED,** to whom is he (you or another woman)? [52]

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2.3.2.4 Is he currently attending school? [53]

YES		NO	

2.3.2.5 If your response in 2.3.2.4. above is YES, in which grade is he? [54]

2.3.2.6 If your response in 2.3.2.4 is NO, state his occupation and highest level of education passed. [55]

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2.3.2.6.1 Occupation: [56]

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2.3.2.6.2 Education: [57]

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SECTION C : PREGNANCY, TERMINATION AND EFFECTS THEREOF

1. PREGNANCY

1.1 How many times have you fallen pregnant? [58]

1.2 If your answer in 1.1 above is **MORE THAN ONCE,** were those pregnancies caused by different putative fathers? | 59 |

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1.3 State the duration of your current pregnancy in weeks | 60 |

1.4. How did you realise that you are pregnant? | 61 |

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1.5 Whom did you inform about your pregnancy and why? | 62 |

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1.6 Was this pregnancy you are terminating | 63 |

1.6.1 Wanted?

YES		NO	

1.6.2 Planned? | 64 |

YES		NO	

2. Termination

2.1 Have you terminated other pregnancies before? | 65 |

YES		NO	

2.2 If your response in 2.1 above is YES,

2.2.1 How many have you terminated? | 66 |

2.2.2 When was your last termination? **(date)** | 67 |

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2.2.3 How was (were) termination(s) procured? | 68 |

Safely		Unsafely	

2.2.4 What was / were the reason(s) for termination? | 69 |

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2.3 Are you aware of other options in pregnancy resolution? | 70 |

YES		NO	

2.4 Why did you think termination is the best option? | 71 |

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2.5 Who accompanied you to the TOP institution? | 72 |

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3. Effects

3.1 Effects of the TOP counseling process.

3.1.1 Did you undergo a pre-TOP counseling session? | 73 |

YES		NO	

3.1.2 Briefly state details of information given during pre-TOP counseling

3.1.2.1 Options | 74 |

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3.1.2.2 Advantages | 75 |

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3.1.2.3 Disadvantages | 76 |

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3.1.2.4 Other | 77 |

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3.1.3 How did information given to you influence your decision to terminate pregnancy (Options, advantages and disadvantages and effects of TOP) ? | 78 |

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3.1.4 Did you also attend the post-TOP counseling session? | 79 |

YES		NO	

3.1.5 If your response in 3.1.4 above is YES, detail information supplied? | 80 |

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3.1.6 What would you say are the change brought by the TOP counseling session? | 81 |

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3.2 Effects of the TOP procedure

3.2.1 Highlight effects of the entire TOP procurement on your

3.2.1.1 Health | 82 |

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3.2.1.2 Career aspirations | 83 |

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3.2.1.3 Relationship with;

3.2.1.3.1 Parents | 84 |

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3.2.1.3.2 Putative father | 85 |

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3.2.1.3.3 Peers | 86 |

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3.2.1.4 Academic performance | 87 |

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3.2.1.5 Contraceptive use | 88 |

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3.2.1.6 Sexual behaviour | 89 |

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3.2.1.7 Church (if applicable) | 90 |

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3.2.1.8 Feelings after procurement (guilt or relief and why) | 91 |

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3.2.1.9 Other (specify) | 92 |

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3.3. What role do you think schools should play in assisting learners who recently procured TOP?

93

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SECTION D : COMMENTS AND SUGGESTIONS

Please give honest and frank comments and suggestions that you think would be of help to the researcher.

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THANK YOU FOR SHARING YOUR EXPERIENCES