

**WOMEN'S MICRO-NARRATIVES OF THE PROCESS OF ABORTION DECISION-
MAKING: JUSTIFYING THE DECISION TO HAVE AN ABORTION**

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Abstract

Much of the research on abortion is concerned with determining women's psychological outcomes post-abortion. There is a small, but increasing, body of research around women's experiences of abortion (conducted predominantly in Scandinavian countries where abortion laws are liberal). However, research around the decision-making *process* regarding abortion, particularly research that locates the decision to have an abortion within the economic, religious, social, political, and cultural aspects of women's lives and that looks at women's narratives, is virtually non-existent. Drawing on Foucauldian and feminist post-structuralism as well as a narrative-discursive approach, this study sought to explore women's micro-narratives of the abortion decision-making process in terms of the discourses used to construct these micro-narratives and the subject positions made available within these discourses. This study also sought to determine whether the power relations referred to by participants contributed to unsupported and unsupportable pregnancies and the implications this had for reproductive justice. Purposive sampling was used to recruit a total of 25 participants from three different abortion facilities in the Eastern Cape. Participants were 'Black' women, mostly unemployed and unmarried with ages ranging between 19 and 35 years old.

In analysing and interpreting participants' narratives, the picture that emerged was an overarching narrative in which women described the abortion decision as something that they were 'forced' into by their circumstances. To construct this narrative, women justified the decision to have an abortion by drawing on discourses that normalise certain practices located within the husband-wife and parent-child axes and make the pregnancy a problematic, unsupported and unsupportable one. Gendered and generational power relations reinforced this and contributed to the denial of reproductive justice.

Keywords: Post-structuralism, Abortion, Decision-making, Micro-narratives, Discourse

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Glossary of terms

Word	Meaning
Bf	Boyfriend; slang; English
<i>Hheyi</i>	Exclamation used to call attention to something; used in several of the languages spoken by Black people in South Africa
<i>Ja</i>	Yes; Afrikaans but used ubiquitously in South Africa
<i>Mos</i>	Indeed; Afrikaans but used ubiquitously in South Africa
<i>Mxm</i>	Sound of extreme annoyance/irritation; used in several of the languages spoken by Black people in South Africa
<i>Neh</i>	Is it, isn't it so; Afrikaans but used ubiquitously in South Africa

List of acronyms

CTOP Act	Choice on Termination of Pregnancy Act (No. 92 of 1996)
HIV	Human Immunodeficiency Virus
PAS	Post-abortion Syndrome
PTSD	Post-traumatic Stress Disorder
TOP	Termination of Pregnancy

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Chapter 1: Introduction

1. Rationale

Abortion may be legally performed in South Africa. The language used in the Preamble to the Choice on Termination of Pregnancy Act (No. 92 of 1996) situates termination of pregnancy services within a discussion of reproductive health rights. In doing so, women are positioned as reproductive citizens endowed with the right to make, for themselves, the decision of whether or not to have an abortion (within the first trimester of pregnancy) and as having the freedom of choice to do so. The Preamble also firmly places the responsibility for creating the necessary conditions for the exercising of reproductive health rights with the state. However, a discourse of rights, although linked to the need to address gender inequality (Ngwena, 2004b), often entails assumptions around ‘choice’ (Fennell, 2006) and a woman’s ability and freedom to make reproductive decisions (Meyers, 2001). Research conducted on abortion often presents the abortion decision in a way that makes use of these very assumptions.

Assumptions about a woman’s ability to ‘decide’ to have an abortion has led to the production of research on abortion that has tended to focus on “the abortion itself and women’s reasons for choosing abortion and not much towards women’s experience of abortion and the decision process leading up to it” (Lie, Robson & May, 2008 as cited in Kjelsvik & Gjengedal, 2011, p.170). Other research around abortion includes research on attitudes to abortion mostly conducted in the United States (e.g. Learman et al., 2005) but also conducted in South Africa (see Patel & Myeni, 2008) and other African countries (e.g. Kavanaugh et al., 2013) where the issue of stigma is also explored. Attitude research has sought to determine whether different groups of people have different attitudes to abortion, and the extent to which attitudes to abortion are influenced by certain social locations such as ‘race’¹/ethnicity, sex, age, and occupation (for example, there is a trend of attitude research where students make up the sample, see literature review). Women’s reasons for abortion

¹ I use this term here because it is used by the research under discussion. This terminology, however, is problematic as it is based on the assumption that ‘race’ is a fixed biological category that determines behaviour and ways of understanding the world and thus designates homogenous groups of people. Compatible with a social constructionist approach which sees race as a construct, I instead use the term ‘racial identity’ throughout this thesis or use single apostrophes as I have done here. Furthermore, racial identities are presented throughout this thesis in inverted commas.

seem to be the main focus area of abortion research, followed perhaps by research which aims to determine the factors that make women more likely to decide on abortion as a way to resolve the pregnancy. Although a small body of research, there is increasing interest, particularly in Scandinavian countries, in women's experiences of abortion and how these might be different depending on the role played by the service provider, whether women have support from friends, family, or a partner, and whether the procedure itself is painful or not. More specifically, research has been conducted around women's psychological outcomes post abortion, with a focus on negative outcomes such as grief, depression, anxiety, sadness and regret. Where abortion research has been concerned with the decision-making process, it has usually been conducted either with the assumption that this decision-making process is both individual and internal or the assumption that such 'decisions' are freely made. However, Fennell (2006) argues that fertility decisions, certainly but not only where the woman is in an intimate relationship, are never made alone. This is in sharp contrast to the traditional model of decision-making used in decision-making research (Fennell, 2006).

Recent research conducted by Harvey-Knowles in the US (2012) sought to examine the extent to which women are influenced (directly or indirectly) by others when deciding what to do about the pregnancy. The findings were that women are often influenced by others such as parents and family, friends, and the woman's partner. According to Harvey-Knowles (2012), women felt influenced even when significant others did not offer an opinion on what should be done about the pregnancy. In situations where the woman does not involve anyone in the decision-making process for fear of what others might say or do, the decision to have an abortion might be experienced as having been made out of a lack of options and thus a lack of choice. This has been found in research conducted around teenage women's decision-making around abortion where the decision to abort is made due to fear of the parents' reactions to the pregnancy (Ekstrand, Tyden, Darj & Larsson, 2009). Research has also drawn attention to the possibility that the decision to have an abortion may be made by someone other than the woman herself. It is this social element of abortion decision-making that necessitates an exploration of the power relations that may shape the decision-making process and enable or constrain agency in decision-making.

Besides the influence of others, the decision-making process is inherently a social one. Jones, Frohwirth and Moore (2008) found in their research that not only do women's reasons for abortion centre on a concern/consideration for others' well-being and the impact that continuing the pregnancy would have on them, but also that prevailing discourses around

motherhood played an important role in the decision-making process. If we take from narrative analysis the principle that when we speak we are simultaneously responding to the immediate occasion for the narrative as well as the wider, cultural, discursive milieu, then when women make decisions about abortion they draw upon and respond to the discourses, images and other discursive resources that are culturally available to them. It is for these reasons that a study on abortion decision-making which seeks to examine the cultural and discursive context in which abortion decisions occur, while exploring the power dynamics in decision-making that might constrain or enable women's ability to make the decision, is necessary. Therefore, this research sought to explore the micro-narratives women construct when interviewed about *how* rather than *why* the decision to have an abortion was made. Specifically, the focus is on the discourses/practices drawn upon in the construction of these micro-narratives, the subject positions taken up or rejected by the women and the way significant others are positioned within the discourses, and the gender/power relations referred to in the micro-narratives.

Reproductive decisions, such as whether to terminate a pregnancy or carry it to term, must also be contextualised by the social and cultural discourses that valorise and prescribe some gendered ways of being while discouraging others (Macleod, 2012). For example, the conflation of motherhood with womanhood may problematise abortion (Braam & Hessini, 2004). Politics around abortion, too, play an important role in shaping the decision-making process (Macleod, 2012). Thus, the (il)legal status of abortion and the conditions under which it can be requested by the woman herself or must be prescribed by a doctor may limit the pregnancy resolution options available to women or mean that there is only one 'option' available. This recognition, that women's socio-cultural-political contexts shape reproductive 'decision-making' processes in ways which enable or disable women from exercising their reproductive citizenship, forms the framework that is to be used in this thesis.

2. Reproductive justice framework

Owing to the recognition of the extent of gender inequality and discrimination which disproportionately affect most women in the area of reproductive and sexual health, discussions around women's reproductive health have recently been framed in the discourse of human rights and justice, discussions aided by the establishment of various internationally-based organisations, committees and agreements (Ngwena, 2004b). These include the Cairo Programme of 1994, the Beijing Platform of 1995, the International Convention on the

Elimination of All Forms of Discrimination Against Women (CEDAW), and the African Charter on Human and People's Rights. These bodies adopt an approach to sexual and reproductive health which recognises sexual and reproductive rights as basic human rights. Working within a social justice framework, these bodies emphasise that although liberalisation of restrictive abortion laws is indeed a necessary and mandatory step, reformation of abortion laws is nothing without access to the services themselves (Ngwena, 2004b). That is, it is not enough to ensure the provision of reproductive rights; women must be able to exercise these rights if women are to be able to make decisions about their reproductive lives. Thus, the task lies in "transcending the rhetoric of rights in order to ensure that reproductive and sexual rights do not remain abstract concepts and mere paper rights" (Ngwena, 2004a), a task that involves "eliminat[ing] the barriers that women face, inter alia, in the realisation of reproductive health" (Ngwena, 2004b).

While useful, a discourse of rights entails assumptions about equal access to reproductive health services and 'choice' in reproductive decisions (Chrisler, 2013). As Chrisler (2013) points out, it is usually privileged women who have access to reproductive health services in terms of having the resources needed to be able to use the services available. Even when women do have access to these services, however, gendered power relations may mean that women's bodies are not their own: "Even more basic...is the assumption that a woman's body *is her* own- that she owns it, controls it, and makes her own decisions about her body, her health, and her relationships [original emphasis]" (Chrisler, 2013, p.3). To address this issue, 'black' feminists in the United States, working from a post-structural, "politics of difference" (Sawicki, 1986, p.24) perspective, pushed for a reproductive justice movement. Drawing on the larger social justice movement at the time, reproductive justice was a move away from merely securing legal rights. In explaining the concept, Chrisler (2013, p.2) makes use of the following equation: Rights + resources + accessibility = justice. Hence, while the importance of having reproductive rights is acknowledged in a reproductive justice approach, there is also the recognition that rights alone are insufficient. Reproductive justice allows for a focus on the structural, socio-political aspects of women's lives which may preclude 'choice' from reproductive decision-making, including economic circumstances and gendered power relations (Price, 2010). Thus, reproductive justice is defined as:

the complete physical, mental, spiritual, political, economic, and social well-being of women and girls, and will be achieved when women and girls have the economic, social and political power and resources to make healthy decisions about our bodies,

sexuality and reproduction for ourselves, our families and our communities in all areas of our lives (Asian Communities for Reproductive Justice, 2005 as cited in Price, 2010, p.43).

A reproductive justice framework, then, fosters an approach to reproductive ‘decision-making’ that acknowledges the decision-making process as inherently social and perhaps as requiring negotiation between self and others. The view that decision-making is a simple, straightforward process where a woman is able to ‘choose’ from options (such as terminating the pregnancy, child-rearing and adoption) which are equally appealing is misleading as it conceals the various circumstances which may limit women’s options. Chrisler (2013, p. 8) states it thusly:

Given that individuals are routinely influenced by others (e.g. friends, kin, authority figures) and by internalized cultural messages (e.g. religious beliefs, cultural values and traditions, laws and regulations), it is impossible to think about reproductive decision-making as purely an individual matter or choice.

By approaching reproductive decision-making in this way, it is possible to identify those socio-political and structural elements that limit the options available to women.

3. Context surrounding abortion in South Africa

Social constructionism argues that social practices, events, experiences and phenomena all depend for meaning on the cultural and historical discourses of their time. Abortion, as a social practice in South Africa, is located within certain socio-historical, and political contexts, each of which has implications for how it is understood, practised and experienced. As such, this section will include a discussion of past and present abortion legislation. Two arguments will be made. Firstly, that abortion legislation shapes abortion as a practice. At a basic level, this means that legalising or criminalising abortion either means that abortion is a safe practice with little health risks or is pushed underground, is unsafe and carries significant risks. At another level, liberal or restrictive abortion legislation may have the effect of restricting or widening access to abortion. Secondly, how abortion is conducted as a practice has implications for women’s decision-making processes and whether or not abortion is considered to be a viable option.

South African legislation on abortion has changed much since British Common Law was applied in South Africa (Ngwena, 2004a). Under Common Law, abortion was treated as a

crime in South Africa and in other countries under British colonial rule (McGill, 2006; Ngwena, 2004a). In Section 58 of the Offences Against the Person Act of 1861, which specifically dealt with abortion, obtaining an abortion was deemed unlawful unless it was done to save the life of the pregnant woman. Abortion carried out on any other grounds was considered a punishable criminal offence. Although, in South Africa, abortion could only be legally carried out to save the life of the pregnant woman (following British Common Law), doctors who performed abortion were able to use their own discretion to determine whether a termination of pregnancy was needed or not. Thus it was doctors who had the final say.

Since abortion was effectively criminalised under Common Law, the period from 1975 to 2004 has been marked by increasing legislative reform with regard to abortion. In this section, I shall discuss the Abortion and Sterilization Act (1975) and the Choice on Termination of Pregnancy Act (No. 92 of 1996). The two pieces of legislation will be located within the political climate in which they occurred. In doing so, I will focus on how abortion could be, and was, practised, suggesting that this will have implications for women's decision-making regarding pregnancy resolution.

3.1. The 1975 Abortion and Sterilization Act

In 1975, the South African apartheid government attempted legislative reform. The run-up to the passing of the Abortion and Sterilization Act, as described by Cope (1993), took a period of approximately nine years, starting with numerous requests made in 1966 by various women's groups and organisations to Ministers of Health for reform regarding the granting of therapeutic abortion on the grounds that continued pregnancy would harm the health of the pregnant woman. In 1969, the first formulation of legislative reform of Common Law on abortion was made by the National Council of Women. The request, made to the Prime Minister, was for a commission of enquiry to take into consideration the possibility for therapeutic abortion to be requested to preserve the life and health of the pregnant patient, where there existed a chance of an abnormal child being born, in cases of rape or incest or where the woman was not capable of understanding the consequences of sexual intercourse (Cope, 1993). Two years later, The Family Planning Association of South Africa pushed for conditions to include where the pregnant woman is a minor (Cope, 1993). Calls for reform also came from doctors, among them those belonging to the South African Society of Obstetricians and Gynaecologists (Cope, 1993; McGill, 2006). This pressure continued when in the same year a request (which was subsequently denied) for a select committee was made

by a member of the medical profession. The motivation was a desire for more clarity with regard to the current abortion legislation (Cope, 1993). The committee would enquire into the legislation and submit a revised legislation if deemed necessary.

The government's response to these calls for reform was lacking, however. Twice (in 1973 and in 1974) a draft legislation of the Abortion and Sterilization Act was tabled and read in parliament. In both cases, the opportunity for liberal reform was missed. As Cope (1993, p. 38) writes of the first draft of 1973: "this Bill took no socio-economic consideration into account, and made no allowance for contraceptive failure". The conditions under which abortion could be procured were restricted to: a threat to the life of the woman or to her physical or mental health posed by continued pregnancy, and the substantial risk of physical or mental abnormality developing in the child (Cope, 1993; Drower & Nash, 1978). This Bill was referred for consideration to the (previously requested) select committee in February 1973 (Cope, 1993). The report of the committee was that a commission of enquiry (which was all white and male) was needed to complete the task. Submissions were made by various organisations and groups. In 1974, the second, amended, draft legislation (following the recommendations of the commission) was tabled: it specified with regard to mental health grounds for abortion that the damage had to be permanent and called for scientific evidence with regard to the risk of mental or physical abnormality in the child. That women's voices were consistently ignored and then shut out of the legislative process concerning an issue that first and foremost affects women reflected the political climate of the time.

In 1975 the Abortion and Sterilization Act was finally passed, on the grounds that it did not amount to 'abortion on demand' (Cope, 1993; McGill, 2006), and was regarded by many as a "legislative miracle" due to the conservative attitudes at the time (McGill, 2006, p.201). Under this Act, abortion could be obtained if: continuation of the pregnancy would pose a threat to the woman's life; continuation of the pregnancy would put the woman's physical health at serious risk; the mental health of the woman would be under serious threat as result of the pregnancy which would also cause irreparable damage to the woman's physical health; the unborn child was at serious risk of suffering a mental or physical defect that would result in permanent disability; and the pregnancy came about as a result of unlawful sexual intercourse such as rape or incest. According to Section 3(e) of the Abortion and Sterilization Act of 1975, abortion was also considered lawful where the woman's mental disability meant that she would not be able to understand the sexual act or be able to be responsible for the child.

When comparing the Abortion and Sterilization Act to Common Law, the Act was certainly an improvement as it extended the grounds under which abortion was legally permitted. Despite legislative reform (although limited), the administrative procedures and requirements meant that the Act was highly restrictive in terms of its implementation (Ngwena, 2004a, 2004b). Ngwena (2004a, 2004b) outlines the process of obtaining an abortion under the Abortion and Sterilization Act. To begin with, the woman was required to speak to a doctor (only doctors were legally permitted to perform abortions). Following this, the doctor intending to perform the procedure had to send an application for abortion to the medical superintendent of the facility. This was to occur after the question as to whether the woman met the legal grounds for abortion was verified by two medical practitioners (excluding the one intending to perform the abortion). Of the two practitioners, at least one was required to have practiced medicine for a minimum period of four years.

Certain situations required further administrative procedures in addition to the above-mentioned process (Ngwena, 2004a, 2004b). Where a woman was attempting to obtain an abortion on the ground that the pregnancy constituted a serious risk to her mental health, one of the two practitioners had to be a psychiatrist under the employment of the state. Where a woman wanted to obtain an abortion due to the pregnancy having been the result of unlawful sexual intercourse, the Abortion and Sterilisation Act required her to have lodged a complaint with the police against the person(s) responsible for committing the act prior to requesting an abortion. Of the two practitioners tasked with verifying whether or not the woman met the legal ground(s) for abortion, one must have been a surgeon who examined her when she lodged a complaint with the police. A magistrate had to then certify that the complaint had indeed been lodged. In the event that a complaint had not been lodged, the woman was required to account for why she had not done so. In this instance, a magistrate was tasked with verifying that the explanation given by the woman for why she had not lodged a complaint was a good and reasonable one. A magistrate was also tasked with establishing that an unlawful sexual act had most likely taken place.

As discussed in the previous section, access to reproductive health services (and the resources needed to utilise the services) is necessary for reproductive justice to occur. Access to legal abortion has been measured (among other ways) by the proportion of legal abortions performed out of those requested. Presumably, where access to termination of pregnancy is high there will be little if any discrepancy between the number of requests for legal abortion and the number of legal abortions actually performed. According to Dickson et al. (2003,

p.277), approximately 1000 abortions were legally performed annually under the Abortion and Sterilisation Act. This figure represents a mere 40% of the total number of abortions requested, indicative of the inaccessibility of legal abortion to many women in South Africa at the time. Research suggests that the low number of legal abortions performed was in part due to the implementation of the Act being fraught with both racial and class biases with white middle-class women constituting the majority of those granted an abortion (Ngwena, 2004a). In demonstration of this, Dickson et al. (2003, p.278) state that out of the 868 women whose abortions were legally performed under the Act during the year 1988, 69% of them were white women. For women who request an abortion and are denied, pregnancy may be the only option. Where carrying the pregnancy to term and either raising the child or giving it up for adoption is itself not a viable option, women may have to resort to unsafe abortion.

Access to legal abortion under the Abortion and Sterilization Act (1975) has also been discussed in terms of the number of unsafe abortions performed. According to Haroz (1997), illegal abortions before the passage of the Choice on Termination of Pregnancy Act (1996) were estimated at an annual figure of 250 000 of which 45 000 required hospitalisation as a result of health complications arising from incomplete abortion. Between 1500 and 3000 women died as a result of these complications. Rossouw and du Plessis (1994, p.16) state that “a case fatality rate of 100 per 100 000 illegal abortions” was assumed according to the statistics provided by the National Department of Health for the year 1991.

3.2. The CTOP Act

The CTOP Act came into effect early 1997 (Haroz, 1997) and was heralded as an exemplary piece of legislative reform (Mhlanga, 2003; Ngwena, 2004b). Under the Act a termination of pregnancy is legally permitted on the following grounds: upon request from the pregnant woman up to 12 weeks; from the 13th to the 20th week in circumstances where the pregnancy is the result of rape or incest, continuation of the pregnancy will threaten the physical and/or mental health of the woman, the unborn child will suffer severe abnormalities, or the woman’s social or economic status will be significantly affected by the continued pregnancy; and after the 20th week where the continued pregnancy would endanger the life of the pregnant woman, would lead to foetal malformation, or would seriously threaten the life of the foetus. According to the Amendment of 2004, during the first 12 weeks of pregnancy the termination of pregnancy (TOP) procedure may be performed by a doctor, or a trained midwife or nurse. From the 13th until the 20th week, however, the procedure may only be

performed by a doctor after he or she, in conjunction with another doctor or a midwife, is satisfied that the grounds for abortion contained within the CTOP Act have been met as the risks associated with the procedure increase with the gestation of the pregnancy. The Amendment Act (2004) further increases access to termination of pregnancy services by allowing for facilities which offer a 24hr maternity service to be designated as legal abortion facilities.

Unlike the previous legislation, the CTOP Act extended to minors the right to determine whether or not to terminate or continue with a pregnancy. According to Mhlanga (2003), this clause was included for two reasons: firstly, among minors requesting a termination of pregnancy, some may have been sexually abused by their parents or guardians; and, secondly, where the parent/guardian's will conflicts with that of the minor, mandatory parental/guardian consent would impinge on the reproductive rights of the minor. The CTOP Act also stipulates that voluntary pre- and post-abortion counselling must be made available (although women may choose whether or not to use these services) and must provide women with information on all their options with regard to the pregnancy. Furthermore, health service providers are expected to advise minors to consult with a trusted adult but cannot insist that the minors do so in order to receive the TOP services.

The passing of the CTOP Act by the government of the African National Congress was motivated by the high rates of maternal morbidity and mortality stemming from unsafe abortion practices (Mhlanga, 2003) under the previous abortion legislation. Research conducted in 1994 on the morbidity associated with incomplete abortions informed the passage of the CTOP Act (Jewkes, Brown, Dickson-Tetteh, Levin & Rees, 2002). The findings of the study indicated that the incidence of incomplete abortion resulting from illegal induced abortions was high, with figures of 375 incidents per 100 000 women (Jewkes et al., 2002, p.1252). The 1994 study also measured mortality as a result of incomplete abortion: three deaths were recorded in the study (Jewkes et al., 2002, p.1525).

This focus on the public health aspect of unsafe abortion, which was partly based on the "assertion that access to safe and legal abortions would reduce costs to the health system given the existing costs of addressing complications from unsafe abortion" (Klugman & Varkey, 2001, p.258), was one approach used to bring about legislative reform. Another approach lay in locating the need for legislative reform within a human rights discourse. In light of these findings, the intention was for the implementation of the CTOP Act to lead,

through increasing access to legal termination of pregnancy, to a reduction in the number of unsafe abortions and their attendant consequences (Mhlanga, 2003).

Despite the obvious need for legislative reform, there was much debate around as well as significant challenges to the passing of the CTOP Act. The debate around the draft legislation was deeply polarised into ‘pro-life’ and ‘pro-choice’ arguments, with various religious and medical professional groups taking up the former and women’s activist groups taking up the latter. Once passed, the Act was legally contested on various grounds. Of these, two important contestations were launched by the Christian Lawyers Association (McGill, 2006). In the first challenge to the Act, a discourse of foetal personhood was used to argue that the rights of the woman to choose to terminate a pregnancy constituted an infringement on the right to life of the unborn child. In the second, minors’ ability to decide for themselves whether or not to have a termination of pregnancy was questioned (McGill, 2006).

3.2.1. Access to legal abortion under the CTOP Act

Access to termination of pregnancy since the CTOP Act was passed in 1996 has been measured in two ways. The first compares the number of legal abortions performed with the total number of abortions requested. The most recent statistics were produced in a study by Mendes, Basu & Basu (2010) who conducted a descriptive cross-sectional study of facilities providing termination of pregnancy services in the Johannesburg Metropolitan area in Gauteng Province. The study found that for the year 2008, out of the 14 683 abortions that were requested, only 4921 first trimester abortions were actually performed (Mendes et al., 2010, p.614). For the following year, only 5338 first trimester abortions were performed out of the 16 031 abortions that were requested (Mendes et al., 2010, p.614). Although these statistics are for one province only, it is significant that only a third of the total abortions requested are being performed in the province that has the highest number of functioning facilities designated to provide termination of pregnancy services (Dickson et al., 2003; Mendes et al., 2010). Although Mendes et al. (2010) do not provide an explanation for these figures, Dickson et al. (2003, p.279) suggest that the number of abortions performed could be explained by a shortage of willing service providers (to be discussed further in this section) which has resulted in a reliance on “a core of committed providers” to provide abortion services.

The second way in which access to termination of pregnancy has been measured is by comparing past and present figures of maternal morbidity and mortality as a result of unsafe

abortion. Jewkes et al. (2002) conducted a study in which they replicated a study done by Rees et al. (1997) to determine morbidity associated with incomplete abortion at 47 hospitals. The findings of Jewkes et al. (2002) show a decrease both in the incidence of incomplete abortion (362 for the year 2000 compared with 375 for the year 1994) and mortality arising from incomplete abortion (one death for the year 2000 compared with three deaths in 1994). Reliable, up-to-date statistics, however, are often difficult to obtain. This is due to difficulties in estimating the number of unsafe abortions performed (as Jewkes, Fawcus, Rees, Lombard and Katzenellenbogen (1997) discuss in their paper on the methodological problems the authors encountered in conducting the 1994 study on morbidity regarding abortion). Nevertheless, the most recent statistics for abortion-related morbidity and mortality suggest that there has been a considerable decrease since the implementation of the CTOP Act (Harries, 2009; Harries, Orner, Gabriel, & Mitchell, 2007).

Despite liberal abortion legislation and legislative measures taken to increase service provision, there are still obstacles to accessing TOP services. These barriers include: general ignorance of abortion legislation; a shortage of health service providers who perform TOP procedures, particularly second trimester abortions; a low percentage of functioning designated facilities; and stigma/social attitudes towards abortion. Each of these will be discussed, briefly, in turn.

In more than one study (e.g. Harries et al., 2007; Jewkes et al, 2005; Morroni, Myer, & Tibazarwa, 2006) it has been found that women may be unaware, in the first place, that abortion is legal in South Africa. In the second place, they may be unaware of the conditions under which abortion may be legally performed and the time restrictions involved. This has important implications when a woman is faced with a pregnancy that she does not want to have and/or a pregnancy for which there is simply no support. Recently, Macleod, Seutlwadi and Steele (2014) conducted research in Buffalo City, Eastern Cape, on grade 11 learners' knowledge of abortion legislation. The results revealed that the learners had poor knowledge of the conditions under which an abortion may be performed, as well as poor knowledge of the stipulations of the Act regarding gestation restrictions and parental consent for minors. As discussed in Harries et al. (2007), lack of knowledge regarding the time restrictions for obtaining an abortion may mean that women delay seeking an abortion until the second trimester where the procedure carries more risks and there are fewer service providers willing to perform abortions (Albas, 2008). Macleod et al. (2014, p.7) summarise the implication that poor knowledge of abortion legislation carries:

If, as suggested, a woman's ability to make an informed reproductive decision rests on, firstly, access to sufficient information and, secondly, understanding that information, there is cause for concern. Whilst adequate information is not a *sufficient* condition for the exercise of reproductive rights, it certainly is a *necessary* condition.

Even with adequate knowledge of the CTOP Act, access to TOP services may be hindered by a shortage of health service providers (doctors, midwives and nurses) willing to provide the service and a shortage of functioning facilities. This has several consequences. Firstly, in some facilities, termination of pregnancy services are often sporadically available or even not available at all where there are no willing health service providers (Alblas, 2008). Facilities that cannot provide TOP services, due to a shortage of personnel, no longer function (Dickson et al., 2003; Mendes et al., 2010). This has resulted in the provision of abortion services (particularly second trimester abortion) by small teams of roving doctors in areas such as the Western Cape (Alblas, 2008). Secondly, when there are more women requesting TOP than a facility can handle, it is not uncommon for many of the women to be told to return weeks later (Bateman, 2011), or to be put on a long waiting list (Jewkes et al., 2005). For some of these women, returning at a later date may put their pregnancy within the second trimester, for which there is an even greater shortage of doctors (Harries et al., 2007).

Explanations for the paucity of health service providers who provide abortion services revolve around health service providers' negative experiences of providing abortion (Sibuyi, 2004) and the right to conscientious objection which often revolves around the question of when life begins and thus may be informed by religious or personal/moral beliefs (Alblas, 2008; Harries, Stinson & Orner, 2009; Ngwena, 2003; Turner, Hymen, & Gabriel, 2008). Research has shown that health service providers who do perform or participate in TOP procedures experience judgement, stigma and sometimes ostracisation; as well as harassment, name-calling and intimidation by colleagues who refuse to perform or participate in the procedures (Harries et al., 2009; Sibuyi, 2004). Research on health service providers' attitudes towards abortion and abortion service provision suggests that attitudes towards provision of TOP services greatly depend on health service providers' own understandings of which women *should* be allowed access to these services (Mokgethi, Ehlers & van der Merwe, 2006) and the circumstances under which abortion provision is considered to be intrinsic to their role (da Costa & Donald, 2003).

Decisions around what to do about a pregnancy are informed by what is and is not possible. In other words, decisions are partly determined by the (in)availability of viable options. Where abortion has been legalised, may be requested or granted on numerous grounds and is widely accessible (which requires resources), a safe abortion becomes a viable option for women faced with an abortion that cannot be supported. Without access to these services, women may be forced to carry the pregnancy to term or to resort to unsafe ‘backstreet’ abortion. For example, Jewkes et al. (2005) conducted a study to determine why women in South Africa are still aborting outside of designated facilities. The study, conducted in Gauteng Province, found that the most cited reasons were not knowing the law, being aware of the law but not knowing where facilities are located, anticipating hostile attitudes from staff, and late discovery of pregnancy or being on too-long a waiting list (Jewkes et al., 2005). Thus, abortion legislation *and* access to TOP services form a significant part of the context in which pregnancy decisions are made.

4. The present research

Using a narrative-discursive approach alongside Foucauldian theory on power/knowledge and post-structural feminism’s work on gender and power, this thesis attempts to examine women’s narratives of abortion decision-making process. To collect the data, individual interviews with women attending TOP facilities at three different sites in the Eastern Cape were conducted according to the narrative interview method developed by Schutze (1977 as cited in Jovchelovitch & Bauer, 2000). Taylor and Littleton’s (2006) narrative-discursive approach enabled an analysis of the discursive resources drawn upon by the women in constructing individual narratives of the decision-making process, while work on subject positioning/positioning theory (Davies & Harré, 2001) was used to analyse the subject positions made available within these discursive resources. Taylor and Littleton’s (2006) notion of ‘trouble’ is infused in discussions of subject positions. Finally, when analysing power relations, Foucault’s (1978) work on power and knowledge was utilised. The power relations and discursive resources were further analysed for the ways in which they obstruct or enable reproductive justice.

It is necessary at this stage to introduce some important concepts and to outline the theoretical perspectives used. To begin with, narratives can be understood as stories that are constructed around a sequence or consequence of event(s) for particular purposes (Taylor & Littleton, 2006). Micro-narratives differ from narratives in that they can be thought of as the

“small personal stories” (Fok, 2011, p.503) that are constructed when telling a narrative. When constructing a micro-narrative, discursive resources, of which discourses are but one example, may be drawn upon. Discourse “is the body of rules which define and limit the sorts of statements that we can make” (Phelan, 1990, p.422). It is a particular way of speaking that constructs objects of talk in particular ways and positions individuals in relation to those objects of talk. For example, the theoretical frameworks that shape the present research may be thought of as discourses themselves. Social constructionist approaches have in common the assumption that language is not a mirror to reality; it does not reflect reality but instead constructs it (Burr, 1995). Post-structuralism, as a “theory of language” (Agger, 1991, p.112), presents a way of knowing the world in which objects are invested with meaning through the use of language. Words rely on other words for meaning: that is, there is no direct relationship between the words assigned to objects and the objects themselves. Thus language cannot be said to mirror the ‘essence’ of reality as the words we have for representing objects, practices, phenomena and experiences are only arbitrarily linked to that which they represent. More specifically, Foucauldian post-structuralists argue that discourse constructs knowledge and that power is exercised through discourse (Foucault, 1978). Feminists have taken up Foucauldian post-structuralism by focusing on how the exercising of power has resulted in myriad forms of oppression of women (Amigot & Pujal, 2009).

5. Notes on Terminology

In keeping with a tradition of qualitative, social constructionist, feminist research, I refer to myself in the first person. In doing so, I am locating myself within the research process of knowledge production as opposed to seeing myself (the researcher) as objectively outside of that process. In the same vein, I also refer to myself as the author of this thesis.

I have chosen to use the term ‘participants’ as opposed to ‘research subjects’. The former recognises the active involvement of the women while the latter suggests that the women who participated in this study were something to be studied and observed and is thus dehumanising. The term ‘participants’, however, also recognises the limits to the women’s involvement in this research process (in the same vein, I have used the term ‘research assistant’ as opposed to ‘co-researcher’ when referring to the women who helped me conduct the interviews). I have also, importantly, used ‘women’ interchangeably with ‘participants’ to foreground gender. I have avoided use of the singular ‘woman’ (unless when referring to a specific person) in line with feminist post-structuralism.

Importantly, throughout this thesis I use single quotation marks when referring to ‘decision-making’ in order to simultaneously acknowledge and question the presumption that decisions are always made within the context of more than one viable and desirable option. As Chirsler (2013) notes, while a ‘decision-making’ process can be said to occur for some women, for others the ‘decision’ to terminate a pregnancy is not experienced as a ‘decision’ *per se* but rather as something one has been *forced* to do (a theme that emerged repeatedly in the data).

I use the terms ‘termination of pregnancy’ and ‘abortion’ interchangeably. When discussing the women’s narratives, I have used the terms ‘child’ and ‘potential child’ as opposed to ‘foetus’. Although assigning personhood to the foetus is historically linked with ‘pro-life’ agendas (Zechmeister, 2001), I have used the term ‘child’ so as to be in line with the women’s own language use. I have used the term ‘potential child’ to differentiate between the women’s existing children and the foetus.

Finally, following Macleod (under review), I use the signifiers ‘(un)supported’ and ‘(un)supportable’ as opposed to ‘unintended/unplanned’ or ‘unwanted’ when speaking about the women’s pregnancies. The notion of the ‘supportability’ of a pregnancy is a shift towards an understanding in which a pregnancy is made possible/impossible within/by the various interrelated contexts in which it occurs, for example biological, psychological, emotional as well as economic, social, interpersonal, political, cultural and health care contexts.

6. Overview of the chapters

The following chapter is a discussion of the theoretical frameworks and perspectives used to inform my research process. Starting broadly from social constructionist theory, I move on to delineate important concepts: narrative, discourse and positioning. Taylor and Littleton’s (2006) narrative-discursive approach is outlined followed by a discussion around Foucault’s (1978) work on power and knowledge which will be infused into the narrative-discursive approach. Turning to feminist post-structural writings, I discuss feminist post-structural criticisms of Foucault’s work, the feminist post-structural attempt to fill in the ‘gender gap’ left by Foucault (1978) and finally I discuss some of the criticisms of feminist post-structural work. This chapter forms much of the groundwork for the literature review. In chapter 3 I review the literature on reproductive decision-making and then go on to focus on empirical research conducted around abortion both in South Africa and globally, highlighting patterns in the research. Importantly, I look at discourses on abortion and femininity and the ways in which the two intersect.

Chapter 4, the methodology chapter, describes in detail the research process. In addition to discussions around data collection and data analysis, the chapter includes a section on the ethical considerations related to this study and as well as a section in which I attempt to reflect on the research process and the various decisions made which inevitably shaped the 'final product'. My analysis and interpretation of the data is spread over two chapters. In the first of the two (chapter 5) I discuss the various discursive resources used by the women when constructing their narratives. In the second analysis chapter, chapter 6, I discuss how the discursive resources have been used in the construction of micro-narratives. Thus, I discuss the subject positions taken up or resisted by the women, as well as the subject positions conferred on significant others. I also discuss the various power relations referred to by the women when constructing their narratives. Finally, I conclude this thesis by discussing the ways in which the discourses used and the power relations referred to may or may not have contributed to the pregnancy being unsupportable, and whether or not reproductive justice was enabled or obstructed as a result. I then discuss the weaknesses and limitations of my research and how I might have done it differently.

Chapter 2: Theoretical framework

1. Introduction

The discourses drawn upon to construct micro-narratives of the process of abortion ‘decision-making’ and the gendered and power relations referred to in these narratives form the central problematic of this research. As such in this chapter I shall discuss Foucauldian post-structuralism, focusing on Foucault’s work on power and how it is tied to knowledge/discourse around sexuality. For a nuanced approach to gender and power, I draw on feminist post-structural work in which women’s oppression and resistance are seen as located in, and products of, discourse and discursive practices. To begin with, I discuss social constructionism as it forms the over-arching paradigm of this research.

There are differing views on where to draw the distinction between one theoretical approach and another, as well as a myriad of ways of understanding the relationships between approaches. Thus, for some authors social constructionism is a label used to designate a collection of nuanced theoretical perspectives which “exist side by side” (see Edley, 2001, p.422). For these writers, post-structuralism is seen as a form of social constructionism. Others are of the opinion that social constructionism and post-structuralism are in fact one and the same thing and can thus be used interchangeably (Phelan, 2001). My understanding of the relationship between the two is in line with the former, hence the decision to discuss social constructionism first and then proceed on to Foucauldian and feminist post-structuralism. I shall draw on the writings of various writers to discuss some of the key assumptions and features of social constructionism.

2. Social constructionism

As a point of departure, social constructionist approaches rest on the assumption that the knowledge we have of the world is not reflective of social reality (Burr, 1995). Social constructionists thus take a position against the view that “reality is both prior to and independent of representation” (Edley, 2001, p.435) and against the related assumption, held within positivist approaches, that “knowledge maps or mirrors the actualities of the real world” (Gergen, 1985, p.269). Instead, social constructionist approaches, particularly those referred to as post-structuralist, share the understanding that only an arbitrary relationship exists between the ‘signifier’ (the words we use to refer to objects in the world) and the

‘signified’ (the objects themselves) (Edley, 2001). That is, the words we use to refer to objects do not speak to some essence or meaning contained within the object. Social constructionist approaches can therefore be described as anti-essentialist in that they share a rejection of the notion that objects have ‘essences’ in the first place (Burr, 1995). Thus, there is no direct relationship between the signifier and the signified as any word can only rely on other words for its meaning in a language system of similarity and difference (Burr, 1995; Edley, 2001). Put differently, language can only refer to itself, and not to the nature of the world. For social constructionists, then, representation is seen as being prior to reality because language produces ‘reality’ in that constitutes it (Terre Blanche & Durrheim, 1999). If language produces instead of reflecting some external, objective reality, then a fixed reality outside of and beyond language does not exist (Stevenson, 2004; Terre Blanche & Durrheim, 1999). Furthermore, reality is seen to be “both the subject *and the result* of what talk is all about [original emphasis]” (Edley, 2001, p.437). Thus, for social constructionists a critical view of taken-for-granted knowledge is necessary.

A second assumption of social constructionist approaches is that knowledge is culturally and historically specific (Burr, 1995). This means that ways of understanding the world differ according to culture and time period. That is, the meaning of any one social practice (for example, a termination of pregnancy) depends largely on the specific time or historical period as well as the culture in which it occurs (Irvine, 2003; Parker, 2009; Terre Blanche & Durrheim, 1999). Put differently, the meanings accorded to social practices (or objects, social arrangements and so forth) are not static: rather they shift and change over time and across cultures (as well as within specific time periods and cultures). Knowledge is thus constructed between people in everyday interactions (Burr, 1995). Leading on from this assumption, social constructionists reject the idea of a single ‘truth’ or essence in favour of one in which there are only a multiplicity of versions of ‘truth’.

Lastly, social constructionist approaches share the assumption that knowledge and social action are interlinked (Burr, 1995). To use language is to perform some kind of action. Hence, Gergen (1985, p.268) argues that “[d]escriptions and explanations of the world themselves constitute forms of social action”. This has to do with the understanding that “any attempt to describe the nature of the world is subject to the rules of discourse” (Edley, 2001, p.437). By constructing an object or social practice in a particular way, certain types of action are encouraged while others are discouraged. For example, by constructing a termination of pregnancy as a sinful or immoral act/practice, (legal and safe) abortion may not be an option

for women who find themselves with a pregnancy they are unable to support. Extending the idea of language as social action further, within social constructionist approaches it is argued that it is through discourse that practices and social arrangements are organised and maintained and that it is also through discourse that they may be transformed (Plummer, 2003). The discussion will now turn to post-structural theory, specifically Foucauldian post-structuralism.

3. Post-structural theory and Foucault's power/knowledge nexus

Post-structuralism designates an extensive body of work that is concerned with language and meaning, knowledge and discourse (Fawcett, 1998). A basic tenet of poststructuralism is that knowledge about the world is not discovered and then expressed through language but is instead created and produced (Fawcett, 1998). Knowledge (including that belonging to the discipline of science) and discourse are inseparable. As a result, for post-structuralists the notion of 'truth' is troubled. In this section, I discuss post-structuralism in the work of Foucault, specifically his work on how knowledge is produced through discourse and how power is exercised in this process. Foucault's (1978) account of the discursive production of sexuality with regard to the family will be of particular relevance.

3.1. Knowledge/discourse

It is necessary to define the concept "discourse" as it is used in different ways and is thus conceptualised differently depending on its usage (Schiffrin, 1994). I use the term 'discourse' the way it has been conceptualised in post-structuralist writing emanating from Foucault's (1972) *Archaeology of Knowledge*. Thus, the following definitions, often used in post-structuralist writing, will be utilised. Phelan (1990, p.422) defines discourse as "the body of rules which define and limit the sorts of statements that we can make" and in doing so speaks to the regularity of discourse. Hollway (1983, as cited in Gavey, 1989, p.464) gives the following definition of discourse: an interrelated "system of statements which cohere around common meanings and values [that] are a product of social factors, of powers and practices, rather than an individual's set of ideas". As such, discourse may vary over time as well as across and within cultures. Thus discourse is not static or fixed, but is subject to change and transformation (Gavey, 1989). Schiffrin's (1994) definition of discourse highlights another important aspect: discourse achieves and accomplishes certain things. Put differently, discourse is action-oriented. Hence, she states that discourse may be viewed as "a system (a

socially and culturally organised way of speaking) through which particular functions are realised” (Schiffrin, 1994, p.32).

Foucault (1978) highlights the regularity and action-orientedness of discourse. Through discourse, objects are not only spoken of or referred to but are *formed*. Within a particular discourse, different objects may be constructed. The regularity and constancy of discourse lies in the particular way in which the objects are constructed as related to each other in a particular way. In this process of object formation, subjects which may occupy different positions in relation to each other are created. Davies and Harré (2001) take up the concept of subject positions by locating it in narrative/discursive work. Positioning here refers to the process(es) in which people are located by themselves as well as by others within conversation as particular subjects (Stanley & Billig, 2004). By “subject” it is meant the various temporary positions individuals are called upon by discourse to take up during talk (Davies & Harré, 2001). Davies and Harré (2001), whose work will be relied on in this discussion, refer to the process by which one positions oneself during talk as reflexive positioning and interactive positioning as the process by which one positions others. Positions may be taken up or rejected.

Davies and Harré (2001) link the concept of positioning to discourse (discussed above) and the various rights, associated with a particular discourse, which are conferred upon subjects. The concept of rights relates to what speakers may say or do as well as the expectations placed upon them by virtue of having been positioned in a particular way (Davies & Harré, 2001; Harré, Moghaddam, Cairnie, Rothbart & Sabat, 2009). Put differently, positioning theory looks at “normative constraints and opportunities for action” found within narratives (Harré et al., 2009, p.6).

For Foucault, subjects do not transcend beyond the boundaries of discourse but are instantiated in discourse. That discourse is governed by rules for what can and cannot be said about an object relates to the restrictive aspect of discourse. Accordingly, Foucault (1972, p.44) states that within a particular discourse “one cannot speak of anything at any time; it is not easy to say something new”. However, Foucault (1972) cautioned against seeing this aspect of discourse as strictly negative. In her discussion on ‘constructive effects’ of discourse, Macleod (2002) states that discourses are the lens through which ‘reality’ emerges, is viewed, understood, made sense of and spoken about. Discourses, then, shape and perhaps mould what we come to know as ‘reality’. This construction of ‘reality’ occurs in three

different but interrelated ways: discourse constructs social identities or subject positions, relationships between people, as well as knowledge and belief (Fairclough, 1992, as cited in Macleod, 2002, p.18). Gavey (1989, p.464) speaks to the constructive aspect of discourse when she states that it is through discourse that events, practices, objects and experiences are interpreted and given meaning: “discourses are multiple, and they offer competing, potentially contradictory ways of giving meaning to the world”.

3.2. Power/discourse

In Foucault’s (1978, p.82) “analytics of power” he describes a power that is exercised through discourse. As a result, it is a power that extends “beyond the limits of the state” (Foucault, 2000, p.123) and is therefore omnipresent: it is anonymous and therefore not tied to an individual or any one group or class; and there are no spaces in which power relations do not exist, no means of existing outside of power. Power is therefore inescapable (Foucault, 1980). Instead of being homogenous, relations of power take various and multiple forms and co-exist with other relations. Within a power relation, defined as that existing between individuals who equally recognise and acknowledge the ability of the other to act, power is exercised by acting upon another’s actions, by structuring the other’s field of possibilities towards a particular, desired, result (Foucault, 2000). Consequently, Foucault (1978, 1980, 2000) speaks of a power that acts in subtle ways: a power that is not constituted by force or indeed by violence but instead acts to constrain potential action. As Foucault (2000) argues, violence is not to be seen as necessary for the exercise of power, nor is it synonymous with power. However, violence may sometimes be used as a tool or instrument in the exercise of power. Although Foucault (2000) did not focus on domination or oppression, he understood it to be the solidifying of power relations over the course of time.

As Foucault (1984) explains, discourse and knowledge produce power effects. Power regulates subjects, structuring the field of possibilities for action through normalisation (Macleod & Durrheim, 2002). Power is exercised through discourse as it is within discourses that categorisation occurs: practices are categorised into ‘normal’ and ‘abnormal’, ‘acceptable’ and ‘unacceptable’. In the process, non-conformity is rendered visible, thereby enabling the sanctioning and punishment of those subjects who do not conform to the norm, a concept Foucault (1984) understood to be the standard, the expectation *and* the average. That is to say, through discourse, the norm is not only constructed as the ideal to which subjects must aspire, but is also simultaneously presented as the behaviour/activity that the majority of

the population are engaged in. Discourse, therefore, is integral to this process of normalization through the production of knowledge (Foucault, 1980). By establishing and utilising methods of examination or other methods used to obtain information (for example, a consultation between a nurse and a woman requesting a termination of pregnancy), subjects are made knowable. Once subjects are knowable, they can be accordingly categorised and differentiated.

Important to the maintenance of discipline is the internalisation of surveillance and vigilance such that the subject monitors, and perhaps moderates, his or her own behaviour according to ideas about what is 'normal', ideas contained within discourse (Macleod & Durrheim, 2002). It is through discourse that the process of normalisation occurs (1980). As a result of this process, certain practices are normalised and constructed as desirable, while others are discouraged. For example, as will be discussed below, Foucault (1978) describes a discursive process in which certain sexual practices, sex with the sole aim of reproduction, are valorised at the expense of others. In the discourses participants used, abortion served to moderate their behaviour to be in line with these sexual practices.

3.3. Power and sex

As Foucault explains, power is not limited to a restrictive role. Power also says "yes": "it also traverses and produces things, it induces pleasure, forms knowledge, produces discourse" (Foucault, 2000, p.120). That is, while power is exercised through discourse, it is also the space in which certain knowledges come to be produced and privileged over others and in which certain voices are accorded authority, for example, a scientific discourse is privileged over lay discourse (Foucault, 1978). Foucault's (1978) *The History of sexuality* is an historical account of the production of discourses on sex. That is, it is an account of the relationship between power, sex and discourse. Hence, Foucault (1984, p.314) states: "these discourses on sex did not multiply apart from or against power, but in the very space and as the means of its exercise". In tracing the development of discourses on sex, Foucault (1980, p.187) sought to demonstrate that "[b]etween every point of a social body, between a man and a woman, between the members of a family...there exist relations of power". Rejecting the hypothesis that the period of the eighteenth century onwards was characterised by silence on the subject of sex, Foucault (1978) argued the exact opposite: that this period was instead marked by an ever-increasing incitement to speak about sex.

The “transformation of sex into discourse” (Foucault, 1984, p.316) achieved a number of things: it legalised certain acts and made others illegal or unlawful; it pathologised sexualities and sexual acts that were seen to go against the norm, and prescribed treatments for them; and it defined normal sexual development and identified all the forms of nonconformity (Foucault, 1984). Through the discursive production of sexuality (or the deployment of sexuality), abnormal sexuality appeared. The subjects of this discourse included, among others, “the indifferent mother - or worse, the mother beset by murderous obsessions...[and] the precocious and already exhausted child” (Foucault, 1978, p.110). Integral to this production of sexuality was the family, whose role was to “anchor sexuality and provide it with a permanent support” (Foucault, 1978, p.108). The deployment of alliance, by which Foucault (1978) meant the system of marriage, was integral to the normalisation of sexuality, built, as it was, “around a system of rules defining the permitted and the forbidden, the licit and the illicit” (1978, p.106). Thus, the deployment of alliance is concerned with the maintenance of the social body, and hence its concern with the matter of reproduction, not only in terms of multiplying the population but also in terms of re-producing a normalised sexuality.

According to Foucault (1978), the deployment of sexuality relied on this deployment of alliance for it was made possible by the two main dimensions of the family, the husband-wife axis and the parent-child axis. The interrelatedness of the deployment of sexuality and alliance normalised certain practices within the family. Hence, whether or not the production of various discourses on sex and the gradual privileging of sexuality within the family were “motivated by one basic concern...to constitute a sexuality that is economically useful and politically conservative” (Foucault, 1978, p.37), the effect was the privileging of a certain kind of sexuality which occurred alongside the production of the abnormal. The family, particularly parents and relatives, was thus tasked with maintaining this privilege. Accordingly, as Macleod (2003) argues, the linking of the husband-wife and parent-child axes has resulted in the privileging of family formations which retain both these dimensions: deviations from this norm (such as women choosing to undergo a termination of pregnancy) are looked down upon, discouraged or even pathologised.

Foucault’s (1978) account of the production of sexuality has implications for how women who have decided upon abortion choose to narrate the decision as these very same discourses and set of practices might be drawn upon (to be elaborated upon in the analysis chapters). The discussion now turns to feminist post-structuralism: what are some of the criticisms

launched by feminists against Foucault? And how have feminist writers built upon and extended Foucault's work?

4. Post-structural theory and feminism

A feminist post-structuralist approach to doing research starts out on the presumption of difference. That is, that there are differences in women's experiences as a result of the different ways in which women are located in the world. This section will begin with a brief discussion on feminist criticisms of Foucault as these have been used as the basis for a re-working of Foucault's (1978) work on power/knowledge. Thereafter, I discuss how exactly feminists have extended Foucault's work.

4.1. Critiquing Foucault

Feminist critique of Foucault's work, specifically as it relates to power and sexuality, has been well documented. Two main criticisms have been launched at Foucault based on the argument that his work is incompatible with a feminist agenda which aims to empower women. In the first instance, at issue is Foucault's (1978) conception of power, which some feminists argue is too limiting and narrow a theory (Deveaux, 1994) while others argue that it amounts to the depiction of a power that cannot be resisted (Phelan, 1990). In the second instance, feminists have taken issue with Foucault's neglect of gender in his account of power, knowledge and sexuality (Amigot & Pujal, 2009).

As stated above, the distrust (although perhaps constituting a misunderstanding of Foucauldian theory) towards Foucault's (1978, 2000) conception of power is twofold. Deveaux (1994, p.233) argues that Foucault's disassociation of power "from force, violence, and domination" means that his approach to power cannot be used to investigate the systematic violence and domination that is enacted upon women by men (for example through rape and domestic/intimate partner violence). Deveaux's (1994) argument speaks to a certain mistrust of the applicability of the theory to feminist ends. As Phelan (1990, p.422) observes, some feminist thinkers have rejected Foucault's approach on the basis that an understanding of power as everywhere "leaves us with no ground for resistance or social change", the very agenda of an emancipatory feminist project.

The second criticism against Foucault is the charge of "gender blindness" (Amigot & Pujal, 2009, p.657) in Foucault's (1978) account of the production of sexuality. The point to be made is that the subjects Foucault (1978) speaks about are implicitly male and that, as result,

the processes in which subjects were increasingly called upon to speak about sex may not apply to women in the same way. With regard to the question of female sexuality, Amigot and Pujal (2009, p.658) suggest that women have in large part been constructed as objects devoid of desire in addition to being constructed as “pathologically desiring subjects”, something which Foucault (1978) touches on but not in any extensive way. Hence the focus on gender, power and resistance in feminist post-structural work.

4.2. Extending Foucault

Before discussing the ways in which feminist post-structuralists have extended Foucault’s (1978, 1979, 1980) work, I shall briefly discuss how feminists have understood Foucault and the parts of Foucauldian theory that feminist post-structuralism has retained and taken as its foundation. A feminist approach to post-structural theory retains from Foucauldian theory the notion that power operates through the process of normalisation which is achieved through discourse (Davies & Gannon, 2005). This is done, for example, by constructing certain ways of thinking, being and acting as ‘normal’, ‘natural’ and ‘right’. These particular ways of being or subjectivities (a concept which encompasses identity as well) are offered up by and within discourses in the form of subject positions (Gavey, 1989). Although a particular discourse makes available different subject positions and possibilities for subjectivities, and although there are sometimes multiple and competing discourses from which to choose, post-structural theory posits that the discursive resources we have available to us act as constraints. Gavey (2011, p.185) states this point thus: “the norms and imperatives in relation to which we are impelled to govern ourselves constrain and squeeze our choices, sometimes toward a very limiting set of options”.

4.2.1. *A politics of difference*

By rejecting the unitary, fixed subjects of the (male) oppressor and the (female) oppressed in favour of a network of power relations involving different kinds of subjects as Foucault does, feminists have identified in Foucault’s work a politics of difference (Sawicki, 1986). According to Sawicki (1986), feminist work has traditionally focused on differences between men and women in an attempt to account for women’s oppression by men in order to eradicate it. In doing so, however, differences among women themselves were (and to some extent still are) ignored, presenting a unified and homogenous ‘women’s experience’. Such work tends to rely on taken-for-granted knowledges and assumptions around gender - understood as socially constructed understandings of what it means to be male or female

(Degler, 1990) - which construct gender in essentialist terms (Davies & Gannon, 2005). Essentialism refers to the belief in the existence of essences - naturally occurring (because biologically determined), inevitable, universal and unchanging phenomena (DeLamater & Hyde, 1998). Within essentialist discourses (which tend to be naturalising and normalising), gender is usually seen to be informed, if not determined, by sex which is seen to be its biological basis. As such, the gender categories 'masculine' and 'feminine' are held to be fixed, and thus stable and enduring, as well as inevitable and universal.

A particularly relevant example is Amigot and Pujal's (2009, p. 653) discussion of women's reproductive function as prominent in dominant constructions of womanhood: "[t]he reproductive function, for example, has been, and continues to be, a fundamental element of normal femininity". The effect of this is the problematisation of practices, such as abortion, which seem to go against this. As a result of essentialist discourses, women (and men) are constructed as a homogenous group bound together by certain stable, and universal characteristics or essences, with the effect that their experiences of oppression are universalised as well.

An important implication of the universalisation of women's experiences is that certain struggles are (perhaps unwittingly) prioritised above others and presented as the only struggle faced by women. This has prompted a focus on the effect on women's experiences of the various positions women occupy in terms of racial identity, class or socio-economic status, geographical location, religion, sexuality, age, and disability (Blackburn & Smith, 2010; McCall, 2005; Sawicki, 1986). Working from within a politics of difference perspective, the task then becomes one in which women's different *experiences* are given expression. For the purposes of this research, this extends to acknowledging and accounting for the different discourses and social practices women draw on when constructing their narratives. Within feminist post-structuralism, the recognition that women's social locations influence women's experiences, and that women may be differentially unequal has extended to conversations around reproductive justice (discussed in the previous chapter) where women's social locations are seen to shape access to reproductive health rights and care (such as abortion) (Macleod & Vincent, 2014; Price, 2010).

In line with a feminist politics of difference approach, there has been some work done on the terms 'unintended', 'unplanned', 'mistimed' and 'unwanted' used in research around reproductive decision-making to refer to pregnancies. In a paper which critiques the use of

such terms, Macleod (under review) argues for the use of the signifiers ‘(un)supported’, which refers to the interpersonal, social, economic, political, cultural, religious, and health care conditions of a pregnancy, and ‘(un)supportable’ which refers to the personal ways (emotionally, cognitively, physiologically and behaviourally) in which the pregnancy is defined by the woman. Conceptualising pregnancies in this way, firstly, moves away from an individualising focus which at the very outset abnormalises the woman by referring to the pregnancy as ‘unwanted’, ‘unintended’ or ‘unplanned’ and in doing so limits the focus of the discussion to her characteristics/behaviours in attempts to ‘explain’ the (problematic) occurrence and prevalence of such pregnancies. Secondly, the use of the signifier ‘unsupported’ extends the focus to the various contexts in which the pregnancy must be situated, contexts which shape the ways in which a pregnancy is understood as (im)possible.

4.2.2. Resistance

Feminist post-structuralism has also, and rather importantly, retained from Foucault (1978) the notion that there is always the possibility for resistance because wherever there is power there is also resistance. By adopting a “politics of difference” (Sawicki, 1986, p.24), post-structural feminists aim to speak to the different experiences of women, as influenced by their different contexts and social locations, and the various power relations which form part of the contexts in which women live (Amigot & Pujal, 2009). In acknowledging the implications of “homogenization and exclusion” (Amigot & Pujal, 2009, p.662) feminist post-structuralist work is able to capture the nuances in women’s (narrated) experiences; capturing accounts of both oppression and resistance. Fegan (1999), for example, has done work to demonstrate that feminist researchers’ finding of oppression everywhere in women’s experiences may be explained by the fact that oppression is what we are looking to find. She discusses ‘subversive conformity’ to demonstrate that what might at first appear to be an experience of oppression may indeed be an act of resistance. As Fegan (1999) explains, ‘subversive conformity’ is a compliance with dominant constructions of femininity in order to receive benefits that would otherwise not be available. The subversion, thus, lies in the acknowledgement that conformity is beneficial in the long-term. Such an approach, therefore, is also able to provide a means by which the question of whether or not reproductive justice has been enabled or obstructed can be tackled. Having discussed feminist post-structuralism I now turn to a section in which I discuss the critique levelled against it and ultimately how a feminist post-structuralist theoretical paradigm remains useful.

4.3. Critiquing and defending feminist post-structuralism

Although the development of a “politics of difference” (Sawicki, 1986, p.24) was an important one for post-structuralist feminist writing, it has been used as the basis for criticism against post-structural feminism. This criticism may be summed up by the concern around the threat posed to the feminist movement’s goal of women’s liberation which was founded upon women’s collective and unified experience of oppression (Mann & Huffman, 2005; Sawicki, 1986). According to the argument, the destabilisation of the category ‘woman’ may lead to its complete deconstruction and dissolution. The feared consequence is the negation of the lived experiences of women. By focusing on the ways in which women have different gendered subjectivities and thus varying experiences of oppression, instead of focusing on the ways in which women are similar (that is, the collective experience of oppression), it is argued that a liberation movement founded upon the commonalities among women is undermined and rendered ineffective (Baxter, 2002).

In response, Baxter (2002) contends that there is much to be gained (in relation to the emancipatory goals of feminism) by adopting a post-structural feminist approach. Firstly, although taking a stance of a politics of difference (explained above) has come under some criticism (Baxter, 2002; Mann & Huffman, 2005), its emphasis on a multiplicity of subjectivities enables marginalised voices to be heard (Baxter, 2002). In this regard, the value in adopting a post-structural approach is explained by Annandale and Clark (1996) who caution against a binary understanding of gender in which universalising discourses are used to portray women as a homogenous group. The effect of such an approach, according to Annandale and Clark (1996), is only the reinforcement of women’s oppression as differences between women are ignored.

Secondly, post-structural feminism opens up a space from which ‘woman’ may be seen as more than merely synonymous with powerlessness (and ‘man’ as synonymous with oppressive power) (Baxter, 2002). Through a post-structural feminist approach, attention may be given to the ways in which women are oppressed as well as the ways in which women are positioned (and position themselves) as subjects who resist dominant discourses using various discursive strategies (Baxter, 2002). Thirdly, despite the fears around the threat posed by post-structural feminist thought with regard to a focus on difference, there is room within feminist post-structuralism for discussions that simultaneously focus on difference and similarity. That is, taking a post-structural feminist approach does not preclude discussions

around the commonalities among women, commonalities that cut across differences (in race, socio-economic status, sexuality, age and geographical location for example), and how these shared experiences may be drawn upon in attempting to achieve feminism's emancipatory goals. I now turn to this third point.

Macleod and Vincent (2014) suggest that for feminist research to be effective (in terms of reaching its emancipatory goal) it is necessary to adopt an approach that recognises and appreciates diversity among women along lines (of race, socio-economic status, location, age, ability, sexuality and religion) which contextualise their experiences, whilst *also* acknowledging the common conditions of these experiences. In their discussion, they draw upon Mohanty's (1999 as cited in Macleod & Vincent, 2014; Macleod, 2006) concept of a chain of equivalence. Macleod (2006) explains this notion thus: despite differences (along race, geographical location and age for example) in women's subjectivities, discourses around gender enable women to be positioned in similar ways. Without ignoring the differences between women, differences that shape subjectivity, these positionings (and the discourses and discursive practices that provide them) can be used as a foundation for the expression of important political and social issues in the pursuit of women's emancipation (Macleod, 2006). Such discourses, for example discourses around womanhood and motherhood, which inform everyday relations between men and women and which position women in particular ways, are the focus of the present research.

5. Conclusion

This theoretical chapter began with a broad look at the social constructionist paradigm which may be seen as the overarching theory underpinning this research. As mentioned previously, social constructionism argues that language, instead of reflecting reality, constructs it and thus knowledge about the world is culturally and historically contingent. Having established the role of language in constructing reality, I briefly outlined post-structuralism as a precursor to a discussion around Foucauldian post-structural theory. Focusing on Foucault's (1978, 1980, 1984) power/knowledge nexus, I discussed his reformulation of power: a power which has a productive capacity in being intimately linked with knowledge production, particularly around sexuality; and a normalizing power which is regulatory and disciplinary in the way in which it operates. Finally, the discussion turned to feminist post-structuralism: the ways in which Foucauldian post-structural theory has been taken up and extended by highlighting gender, firstly, in focusing on gendered power relations and, secondly,

emphasising the plurality and multiplicity of women's experiences and subjectivities. Using some of the concepts I discussed in this chapter, in the following chapter I review the literature around abortion and decision-making.

Chapter 3: Literature Review

1. Introduction

The decision-making process regarding how to resolve a pregnancy refers to the time spanning from the moment the woman realises she is pregnant until a decision has been made as to whether to carry the pregnancy to term or terminate the pregnancy (Kjelsvik & Gjengedal, 2011). Relatively little research has been done on the decision-making *process* itself compared to other areas of focus regarding abortion, such as women's experiences of abortion, and women's reasons for abortion as well as the factors that lead to the decision to terminate a pregnancy (Lie, et al., 2008).

This chapter will begin with a discussion around the discursive context that often frames and influences abortion decision-making processes, that is, attitudes to abortion, the stigma around abortion and the ways in which abortion and sexuality have been constructed. Thereafter, the discussion will turn to research on women's experiences of abortion, women's reasons for abortion, as well as the factors that contribute to a decision to terminate. Finally, research on the decision-making process as a dynamic and social one, the area of focus of this study, will be discussed.

2. The discursive context in which abortion occurs: Stigma, attitudes and discourse

Forming part of the discursive milieu, in which decisions on abortion must be situated, are attitudes to abortion, discourses which normalise motherhood and construct abortion as abnormal and/or immoral and the stigma around abortion that results from these constructions. With regard to discourses around motherhood, adherence to the imperative of motherhood is not expected of all women as within these discourses pregnancy and motherhood are constructed as the preserve of some women and not others. This means that for some women, the decision whether to continue with a pregnancy or have an abortion is a considerably difficult one. In this section, I discuss these various constructions as they have at times figured in research around women's reasons for abortion and have also emerged as influences that shape women's experiences of abortion.

2.1. Attitude research on abortion

Much of the research conducted with the aim of determining attitudes to abortion is quantitative and seeks, either, to measure the attitudes of specific categories of people, or, to compare them across various factors such as religiosity (e.g. Patel & Johns, 2009). This kind of research has mostly been conducted in contexts where abortion is legal although the grounds on which a TOP may be obtained vary in the different countries. For example, research has been conducted in the United States (e.g. Shotorbani, Zimmerman, Bell, Ward & Assefi, 2004), Zambia and Nigeria (e.g. Kavanaugh et al., 2013) and South Africa (Patel & Myeni, 2008). Attitude research has also been conducted in contexts where abortion is illegal except to save the life of the woman, such as Uganda (e.g. Moore, Jagwe-Wadda & Bankole, 2011). Studies where attitudes to abortion have been measured among participants from one social category include the following: studies conducted among university students in general (Patel & Myeni, 2008), as well as medical students specifically (Shotorbani et al., 2004; Wheeler, Zullig, Reeve, Buga & Morroni, 2012); nurses and medical practitioners (e.g. Kade, Kumar, Polis & Schaffer, 2004); people of different religious groups (e.g. Hoffman & Johnson, 2005); pregnant women (e.g. Learman et al., 2005); and men (Moore et al., 2011). Comparative attitude research has included the following: cross-cultural studies with participants from two different study settings such as Japan and the United States (e.g. Sahar & Karasawa, 2005) and Zambia and Nigeria (Kavanaugh et al., 2013); studies that seek to compare differences between men and women (Patel & Johns, 2009) and those that seek to compare the attitudes of 'black' and 'white' men and women (e.g. Combs & Welch, 1982).

Attitude research has been informed by the abortion debate in the United States which has been driven by activists who refer to themselves as 'Pro-life' and 'Pro-choice'. The former have sought to effectively criminalise abortion. To achieve this, the 'pro-life' movement initially formulated its argument using a discourse which constructed the foetus as a vulnerable human life that requires protection, especially regarding its equal right to life (Trumpy, 2014). Fairly recently, however, the movement has included a focus on women themselves in their discursive strategy. Thus, 'pro-life' messages now argue that abortion harms women psychologically and physically, in addition to being harmful to the foetus (Trumpy, 2014). To support this argument, 'Post-Abortion Syndrome' (PAS) has been used within the 'pro-life' movement. PAS refers to the negative psychological outcomes, believed to be similar to Post-Traumatic Stress Disorder (PTSD), viewed as the direct consequence of having an abortion (Baker & De Robertis, 2006; Macleod, 2009; Rowlands, 2011).

Importantly, the propagation of PAS occurs despite its not having been officially recognised by the American Psychological Association owing to a lack of reliable evidence produced from sound research (Major et al., 2009). To advance its aims, the ‘pro-life’ movement exclusively focuses on the stories of women who have experienced feelings such as grief, regret and sadness (Baker & De Robertis, 2006).

Activists who refer to themselves as ‘pro-choice’ have opposed ‘pro-life’ activists’ aims and have sought to protect current US abortion legislation and increase access to abortion (Baker & De Robertis, 2006). Thus, in contrast, the ‘pro-choice’ movement argues that women should have the right to choose² what to do about a pregnancy as “each person... must be in charge of their own body and destiny” (Baker & De Robertis, 2006, p.34). In arguing for greater access to abortion, the ‘pro-choice’ movement emphasises the positive emotions experienced by some women post-abortion, feelings such as relief and improved self-esteem (Baker & De Robertis, 2006).

As a result of the abortion debate, attitudes towards abortion have been conceptualised as being divisible into discreet, absolute polar categories: ‘pro-life’ and ‘pro-choice’. As such, a ‘pro-life’ attitude to abortion is a position against abortion that is influenced by a belief that “motherhood [i]s a biological and moral imperative” (Luker, 1984 as cited in Jones et al., 2008, p.81) and that abortion only serves to allow women to evade their mothering responsibilities (Luker, 1984 as cited in Jones et al., 2008). In contrast, being ‘pro-choice’ is not associated with being either for or against abortion but is characterised by the belief that women should have the right to decide for themselves. For those who identify as ‘pro-choice’, the valuing of motherhood occurs alongside the belief that “women and their families [are] better off when pregnancies [are] planned” (Luker, 1984 as cited in Jones et al., 2008, p.81). ‘Pro-choice’ women and men also hold the view that access to abortion affords women the opportunity to pursue education and employment (Luker, 1984 as cited in Jones et al., 2008).

However, recent research on attitudes to abortion reveal that although pro-life and pro-choice are viewed as dichotomous positions, attitudes to abortion seem to be less absolute and fixed, as initially suggested, and far more dependent upon various, context-specific factors. For

²The lack of inverted commas here is consistent with how ‘choice’ is used within the pro-life movement. A reproductive justice framework, discussed in the introductory chapter, problematises ‘choice’ by locating abortion decision-making in the socio-political and structural contexts in which women live.

example, research conducted in Britain³ among general practitioners found the doctors' age to be a factor in beliefs that British abortion legislation should be liberalised. This research also found that gestation of the pregnancy largely determined doctors' attitudes concerning whether or not the decision to have an abortion should be the woman's own (Francome & Freeman, 2000).

Research conducted in South Africa among 'black' female university students (Patel & Myeni, 2008), medical students (Wheeler et al., 2012) and doctors (da Costa & Donald, 2003) has found that women's reasons for having an abortion are a significant factor in determining attitudes concerning the acceptability of abortion. The picture that emerges, therefore, is one in which abortion is an acceptable course of action to take in specific, and limited, circumstances (Patel & Myeni, 2008). Circumstances under which abortion is deemed acceptable tend to be restricted to circumstances such as where the woman's health or life is in danger (Patel & Myeni, 2008; Wheeler et al., 2012), where the woman has been raped (Patel & Myeni, 2008; Wheeler et al., 2012), in cases of incest (Patel & Myneni, 2008), and when there is a high chance that the foetus will suffer from developmental conditions (Wheeler et al., 2012).

Research conducted specifically among doctors in South Africa has revealed that attitudes to abortion are sometimes influenced by doctors' perceptions regarding the circumstances under which doctors are required to perform the service (da Costa & Donald, 2003). These circumstances are restricted to 'medical' reasons for abortion which include the following: the mental health of the pregnant woman, foetal abnormality, as well as rape and incest (da Costa & Donald, 2003). 'Non-medical' reasons for abortion were considered to fall outside of doctors' obligations (da Costa & Donald, 2003). That 'non-medical' reasons seem to attract judgmental attitudes may be strongly tied to Kelly's (2001) notion of responsabilisation (to be discussed in a later section). Thus, the injunction is to make responsible choices in order to prevent foreseeable risks, the consequences of which will be experienced not just by the individual but by society at large. Thus women who request abortion for 'non-medical' reasons are judged as having been irresponsible.

³ Abortion legislation in Britain is such that abortion may be obtained under several conditions. However, the process is such that a woman requesting a TOP must consult with two doctors in order to access the service, unlike in South Africa where a TOP may be requested on demand during the first trimester.

2.2. Constructing women and abortion

Kumar, Hessini, and Mitchell (2009) in their paper about abortion stigma demonstrate, by way of examples from research studies around abortion, that fear and the experience of stigma around abortion may play a significant part both in women's decision-making around a termination of pregnancy and in their experiences of abortion (the decision-making process as well as post-abortion). Kumar et al. (2009, p.628) use Goffman's (1963 as cited in Kumar et al., 2009) definition of stigma to develop one that conceptualises abortion stigma as "a negative attribute ascribed to women who seek to terminate a pregnancy that marks them, internally or externally, as inferior to ideals of womanhood". Thus abortion stigma is closely related to and is framed by/within normative, regulatory discourses around female sexuality and womanhood. These "ideals of womanhood" (Kumar et al., 2009, p.628) or normative discourses (which interlink with religious and moral discourses) link female sexuality to procreation, motherhood, and an innate nurturance of those who are vulnerable, all of which are contradicted by abortion. As Braam and Hessini (2004) note, motherhood has been, and continues to be, constructed as an essential aspect of a woman's identity and consequently as a natural process that should not be interfered with. As such, a termination of pregnancy comes to be seen as a transgression of these normative ideals: "the antithesis of women assuming their assigned role in life" (Braam & Hessini, 2004, p.47). Women who have a termination of pregnancy are positioned as transgressors (Kumar et al., 2009): selfish (particularly in pro-life discourses), sinful (Mitchell, Halpern, Kamathi & Owino, 2006), irresponsible and immoral; and finally as "unfeminine, ungenerous and uncaring" (Gilligan, 1995, p.122) women.

However, abortion can also be constructed in more positive ways. Fegan (1999) argues that by paying attention to the ways in which women themselves speak about their experiences of abortion, a space can be created in which abortion is viewed as empowering. Viewing abortion in this way goes against dominant constructions of womanhood and abortion and can thus be seen as an attempt to resist these constructions. An example of how abortion may be seen (by women themselves) as an act of resistance relates to research conducted around the meanings women ascribe to abortion and their emotional experiences of it (to be discussed fully below). In their study, Goodwin and Ogden (2007) described how one woman felt a sense of empowerment after her abortion; the feeling that she could overcome and tackle any life event as a result of having coped well with the experience. Resistance also

includes women's conformity to dominant constructions of femininity in order to receive benefits they would otherwise not receive (Fegan, 1999).

2.3. Responsibilisation and abortion

In his paper on the government of youth, Kelly (2001) draws on Foucauldian theory to describe a process of responsibilisation in which certain populations, such as the youth, are constructed as "at risk", and encouraged to self-govern through the taking up of risk-management. From this process, responsible citizens, who have a duty and obligation to the state, are produced. As Kelly (2001) describes, these subjects are encouraged to make 'responsible' choices and decisions (for the benefit of society) and to accept responsibility for the consequences of their actions. Most importantly, subjects are required to take the measures necessary to prevent, in the first place, the risks associated with these actions.

Similarly, research on abortion suggests that women are expected to make responsible choices regarding their sexual conduct. Thus, women who do not wish to fall pregnant are held responsible by the men with whom they are involved, as well as by the women themselves, for the use of contraceptives (Kimport et al., 2011; Sathiparsad, 2010; Whittaker, 2002). Among women who participated in a study by Kimport et al. (2011), for example, some women blamed themselves for failing to use contraception or for not using it consistently enough. In accordance with the process of responsibilisation as discussed by Kelly (2001), and described here above, research has found that women are also consequently held responsible for the consequences of having fallen pregnant. Thus questions about what to do about the pregnancy are largely left to women (Kimport et al., 2011; Sathiparsad, 2010) who are expected to "bear the consequences...in addition to absorbing criticism for being irresponsible and sexually careless" (Sathiparsad, 2010, p.538).

In research by Whittaker (2002), some of the women who participated stated that the decision around whether to terminate a pregnancy or carry it to term *should be* the woman's responsibility as she would be the one who would give birth to the child and subsequently assume most of the responsibility for child-rearing. This speaks to the gendered division of labour in which child-rearing practices are women's responsibility within dominant constructions of womanhood. Where the decision about how to resolve a pregnancy occurs within a context of abandonment by a male partner, a finding discussed by Kimport et al. (2011), sole responsibility of child-rearing must be taken into consideration. Importantly, here the notion of responsibilisation is invoked regarding the need to safe-guard against the

risks and consequences of undesirable motherhood. I return to this discussion in the following section.

2.4. Womanhood and “peripheral sexualities”

Foucault (1978) spoke in his work of those sexual acts which did not result in procreation (such those between same-sex partners or acts of masturbation) as perversions, “peripheral sexualities” (p.42): products of a discourse on sex. Although motherhood is constructed as both natural and necessary to womanhood (Braam & Hessini, 2004; Kumar et al., 2009) as well as central to the reproduction of human society (Foucault, 1978), not all women are encouraged to become pregnant. Indeed, for some women, pregnancy and motherhood are constructed negatively: as morally questionable. The following is a discussion around such discourses. For these women, the injunction is to avoid pregnancy as a result of the negative consequences of inadequate mothering to be borne out by the children given birth to and by society at large (Macleod, 2003). Women who are HIV positive, women deemed too young to be mothers, and single mothers are among women who are the subjects of such discourses.

2.4.1. *HIV positive women*

In their paper, Orner, de Bruyn and Cooper (2011) discuss abortion in the context of reproductive health challenges faced by women who are HIV positive. According to the study, most of the women in the study reported experiences with negative attitudes from members of their communities, including health service providers, regarding pregnancy among HIV positive women. This, despite the availability of medication which, when used by pregnant women who are HIV positive, can prevent the transmission of HIV from mother to child (de Bruyn, 2004). In Orner et al.’s (2011) study, attitudes revolved around the assumption that HIV positive women should, firstly, not be sexually active and, secondly, should not become pregnant or have children as to do so would be “irresponsible of women living with HIV due to the risk of having an infected child and leaving behind orphans” (Orner et al., 2011, p.95). For women who are HIV positive, considerations of the ‘morality’ of having children, in addition to fears over her own health and how it might be adversely affected by the pregnancy (de Bruyn, 2004), may be included in the decision-making process.

2.4.2. *Teenage/early motherhood*

According to Ekstrand et al. (2009), Hoggart (2012) and Macleod (2003), public discourse on teenage pregnancy has constructed it as a social problem associated with socio-economic

disadvantage (for both the young mother and her child), low levels of education and little prospects for employment; and as an individual problem associated with adverse psychological and health outcomes. As Macleod (2003) argues, the problematisation of the teenage or young mother is premised on the understanding that, in becoming pregnant, she has contravened norms regarding the appropriate age at which to bear children (once married) and thus straddles the divide: her (sexual) actions are those associated with being an adult and yet her age identifies her as child. As Hoggart (2012) discusses, this framing of teenage pregnancy as socially problematic should mean that abortion, at least for teenage women, may be welcomed as a solution. Indeed, studies around teenage abortion decision-making have explored the role parents have played in the decision-making process, particularly in encouraging their children to have an abortion due to the stigma attached to teenage pregnancy (Ekstrand et al., 2009; Harvey-Knowles; 2012; Leshabari, Mpangile, Kaaya & Kihwele 1994).

Negative constructions of teenage mothering, which is often seen as synonymous with single-parenting, include ideas around it being seen as not just socially harmful but as inherently inadequate and even irresponsible as well (Macleod, 2003). Such discourses align with constructions of teenagers as children who are not capable of making important decisions regarding issues such as pregnancy and abortion, at least without the aid of an adult. As stated in the introductory chapter, South African legislation on abortion recognises that minors, too, have reproductive health rights at least insofar as they have the right to request an abortion with or without consent from, or even informing, a parent or guardian (CTOP Act, No. 92 of 1996).

3. Experiences of abortion: influences on the abortion decision

Studies on abortion are increasingly including a focus on women's experiences of having a termination of pregnancy (Alex & Hammarstrom, 2004; Hallden, Christensson & Olsson, 2009; Kjeslvik & Gjengedal, 2011; Lie et al., 2008; Mdleleni-Bookholane, 2007; Orner et al., 2011). Such studies have been conducted in countries where abortion is legal and there is access to termination of pregnancy services, such as Scandinavian countries (e.g. Alex & Hammarstrom, 2004; Hallden et al., 2009; Kjeslvik & Gjengedal, 2011) and South Africa (Orner et al., 2011). In this research, participants' responses tend to involve their interactions with health service providers (pre-abortion counsellors as well as those administering the actual procedure) as well as descriptions of their emotions after the procedure. With regard to

interactions with health service providers, experiences of these interactions vary with both positive and negative experiences being reported. Positive experiences tend to include descriptions of health care staff as kind, caring, gentle, supportive or understanding (Alex & Hammarstrom, 2004; Hallden et al., 2009; Orner et al., 2011). Negative experiences include perceptions of health care staff as cold, ignorant and lacking understanding (Alex & Hammarstrom, 2004).

A South African study conducted by Orner et al. (2011) found that participants reported being told by health care staff that they were restricted to only one abortion and that if they returned to the clinic they would be denied another abortion procedure. Furthermore, participants experienced pre-abortion counselling as judgmental. Within this body of research, the focus on women's experiences of the service(s) provided by health care staff (pre-abortion counselling as well as the termination of pregnancy procedure) is discussed in terms of the potential impact of the quality of these services on women's post-abortion adjustment and the need to improve the quality of these services (Kimport et al., 2011). However, women's anticipated interactions with reproductive health care service providers may also shape women's decision-making processes in the event that women seek advice from close friends and family (Harvey-Knowles, 2012) who may themselves have experienced abortion. This is particularly likely in contexts such as South Africa where there is consistent reportage of judgmental attitudes from health service staff towards women seeking abortion (Harries et al., 2007; Harries et al., 2009; Manabolo & Tjallinks, 2010; Medical Research Council of South Africa, 2002 as cited in de Bruyn, 2004).

Much of the research on abortion focuses on women's post-abortion adjustment (emotional and psychological outcomes) (Coleman, Reardon, Strahan & Cogle, 2005). As a result of the (US) abortion debate, the topic of women's psychological outcomes post-abortion is a controversial one and research around this may sometimes be conducted with specific 'pro-life' or 'pro-choice' agendas in mind. Thus, Kimport et al. (2011, p.103) notes the following: "The highly politicized nature of the abortion debate encourages the minimization or exaggeration of women's emotional difficulties". As such, often attention is given either to the negative psychological outcomes (referred to as PAS, as discussed earlier in the section on attitude research) or positive psychological outcomes of having an abortion.

However, more recently research around women's experiences has reported varying emotional responses post-abortion. Importantly, different responses have been reported

within studies as well as across them. Emotions after having an abortion include: feelings of guilt, remorse, shame and regret experienced by some women; feelings of relief and happiness at having resolved the pregnancy by other women; and feelings of continued ambivalence by a minority of women (Alex & Hammarstrom, 2004; Harvey-Knowles, 2009; Mdleleni-Bookholane, 2007; Tsui et al., 2011). Feelings of regret have also been documented among women who decided to carry the pregnancy to term, with women reporting that they had found it difficult to accurately predict how they would feel after becoming mothers (Hoggart, 2012). That such experiences are hardly documented in research around women's experiences of pregnancy decision-making speaks to the influence of discourses in which "regret after an abortion is much more culturally (and morally) acceptable than that expressed at having proceeded with a pregnancy" (Fegan, 1999, p.262).

Research undertaken in the United Kingdom with women who had had an abortion some years before, found that emotional responses to abortion are in no way static (Goodwin & Ogden, 2007). Change in emotional responses was reported in both directions, so that while in some cases negative emotional reactions experienced immediately after the abortion reduced over time until the woman felt she had returned to normal, in other cases the reverse occurred (Goodwin & Ogden, 2007). With regards to research on the psychological outcomes associated with abortion, a recent study conducted in France - where abortion is legal and can be requested up to 12 weeks gestation (Sastre, Peccarisi, Legrain, Mullet & Sorum, 2007) - sought to determine whether the type of abortion (that is, medical or surgical) was a predictive factor in the development of PTSD and psychological stress following abortion. The study reported that women who had a medical abortion presented with significantly higher scores in terms of symptoms associated with stress, PTSD and depression (Rousset, Brulfert, Séjourné, Goutaudier & Chabrol, 2011). Assessments were carried out a few hours after the abortion and again six weeks later (Rousset et al., 2011).

It is important to note that research in this area often fails to consider aspects such as whether or not women have social, economic and health support and the influence that this might have on women's emotional responses post-abortion (Macleod, 2012). However, some of the research into this area has attempted to link women's psychological outcomes post-abortion to various (social) aspects of the decision-making process. For example, Tsui et al. (2011) conducted a study in the United States, Nigeria, Pakistan, Peru and Mexico on couples' management of pregnancy risk. The findings suggested that women's reports of feelings of guilt and shame were linked to their perception of the stigma they would experience once

others learned of the termination of the pregnancy. In this regard, two other studies, both conducted in the US, are worth discussing. A study by Harvey-Knowles (2009) sought to explore how women's relationships with significant others (friends, parents and partner) shape the options that are available when deciding what to do about a pregnancy. The study found that feelings of regret, shame, guilt or remorse post-abortion were found to be reported by women who stated that the decision to terminate the pregnancy was influenced by others' persuasion (Harvey-Knowles, 2009). Similarly, a study conducted by Kimport et al. (2011), which aimed to explore the social factors (including family and other personal relationships) that might make an unintended pregnancy difficult, found that women who experienced emotional difficulties after the abortion had reported feeling that the decision to have an abortion had not been their own decision. Such findings point to the need for research around abortion decision-making which recognises social discourses around female sexuality and abortion, as well as the involvement of others, as being an important part of the decision-making process.

4. Reasons for abortion and factors leading to the abortion decision

Research around abortion decision-making typically looks at either women's reasons for having an abortion or the factors that might lead a woman to 'decide' to have an abortion. Specifically, research around the decision to have an abortion has demonstrated that reasons for abortion are multiple in the sense that one woman's reasons for having an abortion may differ to another woman's, and in the sense that individual women may have more than one reason for having an abortion (Biggs, Gould & Foster, 2013). Kirkman, Rowe, Hardiman, Mallett and Rosenthal (2009) conducted a review of empirical studies which sought to determine reasons for abortion. Most of the studies in the review were conducted in Sweden followed by the US and then Greece. From the review, the authors found that women's reasons for abortion could be categorised as follows: other-focused reasons (where the women considered significant others such as the partner, family members, existing children etc.); woman-focused reasons (such as wanting to pursue/continue education as well as health reasons); and material reasons (such as housing and employment/financial concerns). Kirkman et al. (2009) emphasise that in the studies they reviewed, women's reasons for abortion were multiple and could be from more than one category. Below, I look specifically at some of the reasons women have given (in a research setting) for having an abortion.

Reasons for abortion include: being satisfied with the number of children/not wanting anymore children (Biggs et al., 2013; Gibson & Hindin, 2008; Kirkman et al., 2009; Rabindranathan, 2003); having limited financial resources to care for another child (Biggs et al., 2013; Jones et al., 2008; Kirkman et al., 2009; Rabindranathan, 2003), particularly amongst economically disadvantaged women (Jones et al., 2008); needing to care for children who are still quite young and whose care and attention would be compromised by another child (Jones et al., 2008; Rabindranathan, 2003); wanting to pursue career or study opportunities (Biggs et al., 2013; Kirkman et al., 2009; Rabindranathan, 2003) particularly as young, school-going women may find themselves removed from, or may have to discontinue, school if the pregnancy is carried to term (Leshabari et al., 1994); feelings of not being ready for motherhood or for being a mother to another child (Hoggart, 2012); and the woman needing to consider the state of her own health and the effect that the pregnancy would have on this (Gibson & Hindin, 2008; Jones et al., 2008; Rabindranathan, 2003), a fear experienced by some women who are HIV positive (Orner et al., 2011).

Reasons for abortion may include issues of stigma concerning pregnancy, as was found with women with HIV (Orner et al., 2011). Stigma has also been cited in relation to age. For example, Gibson and Hindin (2008) and Rabindranathan (2003) who conducted research in Bangladesh and India respectively found that some women's reasons for having an abortion included a fear of the stigma around being pregnant while having grown up children who may be nearing marrying age. Conversely, as discussed above, teenage or early pregnancy also tends to be much problematised (Hoggart, 2012; Leshabari et al., 1994).

Of particular salience to the current study are reasons which revolve around what Jones et al. (2008) refer to as issues of motherhood. In their paper the authors draw upon Gilligan's (1986) notion of an ethic of care. In her work, Gilligan (1986) argued that of the two moral frameworks of thinking, one of care and one of justice, the former is most typically exemplified by women while the latter by men. In an ethic of care, women's thinking centres on their relationships with others and their responsibilities to them: "selflessness or self-sacrifice is built into the ethic of care" (Gilligan, 1995, p. 122). In contrast, an ethic of justice revolves around "issues of fairness, right, and obligation" (Flannagan & Jackson, 1987, p.624). As Gilligan (1995) emphasised, just as not all men are aligned with the justice ethic, so too are there variations in women's moral perspectives. Flannagan and Jackson (1987) point out that individuals may rely on both perspectives in their moral considerations. For example, in the research by Jones et al. (2008), participants considered how their children

might be affected and spoke of the kind of care and attention they felt their potential and existing child(ren) deserved or were *owed*.

A significant proportion of abortion research studies have sought to determine whether certain factors lead to ‘unintended’ pregnancy and the decision to have an abortion. An important product to come out of such research endeavours has been the increasing understanding that the decision-making process is not necessarily a straight-forward one. In these studies, specific factors have been isolated and the extent to which they influence the decision to have an abortion analysed. Examples of such factors include the following: the effect of domestic violence on contraception and on the decision to abort (Kaye, 2006); whether or not the pregnancy was intended and the extent to which the woman feels able and willing to make adjustments to her life in order to care for the child (Mdleleni-Bookholane, 2007); whether there is male partner support in the decision to terminate (Tsui et al., 2011); socio-economic status or material reasons (Font-Ribera, Perez, Salvador & Borrell, 2007; Tsui et al., 2011; Varga, 2002); disruption of school, stigma of early child-bearing and whether or not the woman can expect paternity to be denied (Varga, 2002).

Owing to the relatively high (in comparison with first trimester abortions) number of second trimester abortions, South African research includes studies that have sought to determine the factors that lead women to have second trimester or late abortions which carry greater risks than first trimester abortions and thus can only be performed by doctors. Such factors include a lack of knowledge of the time restrictions stipulated within the CTOP Act, as well as late detection of pregnancy (Morrone & Moodley, 2006). Lastly, abortion-related research has also attempted to determine the factors that lead to ‘unintended pregnancy’ insofar as it is considered a factor that leads to the decision to have an abortion (Mdleleni-Bookholane, 2007). For example, recent research conducted in Uganda aimed to determine whether the experience of domestic violence affects women’s ability to use contraception, and therefore results in the increased likelihood that abortion will be decided upon (Kaye, 2006; Williams, Larsen & McCloskey, 2008).

Research around abortion which focuses on exploring the reasons that might compel women to terminate their pregnancies is important. Particularly important are the kinds of qualitative research that allow women to generate their own reasons: firstly because such research is able to “explore the meaning of the diversity of sexual practices for those who practice them” (Sawicki, 1986, p.35), and, secondly, because of the ability of such research to dispel certain

myths or challenge dominant constructions of abortion, for example the belief that only young, unmarried, childless women end their pregnancies in abortion (Jones et al., 2008). Research around the factors that contribute to the decision to abort are also useful in calling attention to aspects of a woman's situation or circumstances (usually outside the woman's control) such as domestic violence and socio-economic concerns (Font-Ribera et al., 2007; Tsui et al., 2011; Varga, 2002), which may prevent her from exercising her reproductive health rights. The discussion now turns to research which sees the abortion decision as a product of a process of negotiation between women and their significant others.

5. Power relations: who gets to decide?

As Fennell (2006) notes, the decision about whether or not to have an abortion may for some women be a process of negotiation, at least in situations where the woman has significant others (for example, the woman's partner, her parent/other members of her family, and friends) involved in the decision-making process. As such, research is being conducted based on the premise that the decision to have an abortion is the product of a process of interaction between a woman and others. Consequently, such studies have specifically looked at the question of who gets to make the decision. Beyond the woman's partner, it is important to note that others involved in the decision-making process may refer to significant people in the woman's life; reproductive health service providers (during the pre-abortion counselling session, particularly where the woman is unsure about what to do concerning her pregnancy); as well as the woman's larger community in which discourses around abortion and sexuality are produced. In this section, I discuss how this topic has been treated in the research around abortion, particularly as it relates to the decision-making process and who gets to make the abortion decision.

Important research by Kimport et al. (2011) called attention to the ways in which women's perceptions of who makes the decision to have an abortion may itself influence the psychological and emotional well-being of women who have an abortion. Women who felt the decision was made by someone else, even when they felt that on their own they would have reached the same decision, reported negative outcomes post-abortion. The study also found that women's perceptions of a lack of support for continuation of the pregnancy constrained their choices (Kimport et al., 2011). Similarly, in a study by Harvey-Knowles (2012) it was found that for some of the women who participated, the expectation of

judgment from friends, family members or partners towards the pregnancy was a strong influence on the women's decision.

Some of the research into abortion decision-making processes have focused on the decision-making process as one that occurs between the woman and her partner (the husband-wife dimension), and have called attention to the power dynamics inherent in this process. Thus Hardacre (1997, p.103) states the following: "The decision to abort may be a joint decision, but this is by no means always the case. Abortion can be withheld or coerced, it can be undertaken with positive purpose and relief, or with fear and reluctance". In a similar vein, Braam and Hessini (2004, p.47) call attention to the way in which a woman's decision to terminate her pregnancy "is heavily influenced by the response of her male partner to her pregnancy [and] the extent of her financial dependency on him". Other studies in this area of abortion research found that it is not uncommon for male partners to be directly involved in the decision-making process, and even in some cases to have the final say concerning what to do about the pregnancy (Gibson & Hindin, 2008; Harvey-Knowles, 2012; Tsui et al., 2011; Hess, 2007; Whittaker, 2002). A study by Whittaker (2002) conducted in Thailand (where abortion is illegal except when performed by a medical practitioner to save the woman's life or in cases of rape or incest) found that among both women and men, male authority in the decision-making process formed part of normative constructions of what should occur. However, studies have also found that not only have women had the final say even when they involved their male partner in the decision-making process, but also that participants believed women *should* have the final say (Kjelsvik & Gjengedal, 2011; Tsui et al., 2011; Whittaker, 2002).

Power dynamics in abortion decision-making must be seen in the context of the gendered power relations that typically occur in heterosexual relationships. In South Africa, research has shown that discourses around femininity and masculinity require women to be acquiescent while men are expected to initiate sexual encounters and control the terms under which they occur (O'Sullivan, Harrison, Morrell, Monroe-Wise & Kubeka, 2006). These relations between men and women encourage the construction of women as dependent on their male partners and as adopting a passive role in decision-making. The tendency for male partners to have the final say regarding contraceptive decision-making (Mash, Mash & de Villiers, 2010; Tsui et al., 2011) means that unintended pregnancy may not be something women feel they can prevent or avoid. These gendered power relations are part of dominant

constructions of masculinity which justify such behaviours and the violence that is sometimes used to enforce acquiescence (Jewkes & Morrell, 2006).

5.1. Minors and abortion decision-making

Finally, a significant body of research into the decision-making process has focused on the issue of minors, mostly around the question of whether or not minors are able to make decisions regarding pregnancy. Therefore, there has been recent research into the maturity and competence of young women to decide on matters of abortion (Butler & Bailey, 2008). According to a study conducted in the US by Butler and Bailey (2008), it was found that among the women participants who averaged 16 in age, women who did not involve their parent(s)/guardian(s) in the decision-making process tended to test higher on scores assessing maturity and competence levels than the young women who did inform their parent/guardian (Butler & Bailey, 2008). Within discourses which construct abortion as psychologically and emotionally harmful even for adult women, pregnant teenagers are constructed as children who, lacking the necessary capabilities, need guidance from their parents or guardians. However, research by Ekstrand et al. (2009) conducted among Swedish women on the decision-making process and women's experiences of abortion demonstrate that young women do not have to consult their parents to know what (they are expected) to do about a pregnancy as anticipation of their parents' reaction to the pregnancy figures quite prominently in the young women's decision-making (Ekstrand et al., 2009).

Some of the research into this area has moved away from questions of maturity to consider the power relations involved in the parent-child relationship (parent-child axis) and the extent to which teenage/young women (aged 13-19) are able to make decisions that are in line with their own wishes. Brady et al. (2008 as cited in Hoggart, 2012, p.537) "noted that young women are particularly susceptible to their decision being influenced by those with whom they may be in a relationship". This may particularly be the case for young and unemployed or school-going women who live with their parents/guardians on whom they are dependent for their basic needs (Leshabari et al., 1994). Within this kind of power dynamic, involving parents/guardians in the decision-making process may increase access to various forms of support (Leshabari et al., 1994). However, it may also mean that, in return, teenage women are expected to yield to the wishes of their parents/guardians. For example, research by Ekstrand et al. (2009) found that among the teenage women who participated in the study,

most encountered negative reactions and attitudes to the pregnancy and were encouraged by a parent to have an abortion due to the stigma around teenage pregnancy.

6. Conclusion

Just as is the case with any other practice, abortion is a social practice that is invested with specific meanings and that is constructed in certain ways. As Braam and Hessini (2004) and Jones et al. (2008) suggest, constructions of abortion cannot be separated from dominant constructions of womanhood which inform and shape them. In this chapter, I started off by looking at the discursive context that frames abortion decision-making processes. Thus I discussed research on attitudes to abortion, which strongly suggest that the pro-life/pro-choice dichotomy no longer presents a clear or accurate picture: attitudes to abortion are far more complex in being situation-specific. I also looked at dominant notions of womanhood and how abortion comes to be constructed within these discourses.

I then discussed the research conducted around women's experiences of abortion, arguing that the experiences of others, as well as women's own previous experiences, might come to be considered in the decision-making process. Research in this area has focused on the interaction between women and health service providers and women's emotional and psychological responses post-abortion. Thereafter, the discussion turned to the various reasons for abortion reported in the literature. Reported reasons can generally be split up into three categories woman-focused reasons, other-focused reasons and material reasons (Biggs et al., 2013; Kirkman et al., 2009). Research on factors that lead to a decision to terminate a pregnancy have called attention to different aspects of women's circumstances which might shape the decision.

Lastly, in this literature review I looked at the research most relevant to the current study: research around the social and dynamic process of abortion decision-making. Of the knowledge produced around the topic of abortion, to my knowledge, relatively little has been produced with regard to abortion decision-making processes. Research in this area has demonstrated that abortion decision-making processes are interpersonal (as well as intrapersonal) and social. As such, attention has been called to the power relations (between parent and child, as well as between the woman and her partner) that put into question the often-held assumption that the decision to have an abortion is the women's own. Of the research conducted in this area, to my knowledge few studies have been conducted among South African women seeking to terminate their pregnancies. One study that was conducted

was largely quantitative in nature and focused on the factors that lead to the decision to terminate a pregnancy (Mdleleni-Bookholane, 2007). Other studies (e.g. Avalos, 1999; Hess, 2007) which have looked at women's abortion narratives have looked at women's reasons for abortion, women's experiences of the abortion, and aspects of the decision-making process. Aspects of the decision-making process include whom the woman involves in the decision-making process and methods used to induce abortion (in geographical contexts such as Gabon where abortion is not yet legal). However, none of the research on decision-making and/or women's narratives of abortion reviewed in this chapter was conducted from a narrative-discursive, feminist post-structural approach.

Meyers (2001 as cited in Sevón, 2005, p.463) states that owing to constructions of motherhood as compulsory, "the choice not to become a mother is not an available alternative at the level of cultural discourse". And yet, across the globe, every year women (those without any existing children and those who are already mothers) terminate their pregnancies for various reasons. These different reasons reveal the social (relational and discursive) and political contexts in which abortion 'decision-making' occurs.

In the following chapter (chapter 4) I discuss the methodological approach adopted in this study. I also include a section on the ethical considerations relevant to this study and a section on reflexivity.

Chapter 4: Methodology

1. Introduction

Taylor (2005) describes a narrative-discursive approach as one that combines the social with the individual. Within a narrative-discursive approach, a narrative is defined as “a construction, in talk, of sequence and consequence” (Taylor, 2006, p.95). It is also seen as both a construction and a discursive resource. Bruner (1991, p.4) includes the following as examples of narrative: “stories, excuses, myths, reasons for doing and not doing”, what might more specifically be referred to as “micro-narratives”. Micro-narratives, have been described in the literature as “little narratives” (O’Donovan, 2006, p.475), “small, personal stories” (Fok, 2011, p.503) or “everyday narratives” (Doevenspeck, 2011, p.129). They are “short bursts of narrative interactionally embedded in question-answer sequences”. Micro-narratives are the intricately-related but distinct “several stories” (Blommaert, 2006, p.184) that both constitute a narrative and are produced within it. Fok (2011, p.503) adds that they can be thought of as “clusters of narrative language elements that are denotative, prescriptive and descriptive”. In contrast to grand or meta-narratives which tend to be over-arching accounts, micro-narratives are relative, may be context specific or local, and may be seen as a premise for action (Barry, 1995).

In constructing narratives, individuals draw upon recognisable micro-narratives and discursive resources to give an account of “the unique circumstances of a particular life” (Taylor, 2005, p.49). As such, a narrative-discursive approach is useful, firstly, in addressing questions related to the ways in which individuals produce accounts of the circumstances (particular to their lives) that create an unsupportable pregnancy. Secondly, it is useful in exploring common, discursive patterns in the ways in which individual accounts are constructed; thus linking the individual to the wider, discursive milieu in which subjectivities must be situated. In order to be able to address such questions, several decisions were taken regarding how best to carry out a study with these aims. Thus, this chapter serves to make visible all the steps and procedures, and the motivations behind them, which went into the carrying out of this research. In line with the kind of research that seeks to turn its gaze in on itself, I have included a section on reflexivity in which I critically and reflectively discuss the process of carrying out the research, as well as my role not only in this process but also in the ‘final product’ itself.

2. Research questions/aims

The aim of this study was to explore the ways in which women who have elected to have an abortion narrate the process by which a decision to terminate the pregnancy was reached. In order to do so, the following sub-questions were used as a guide:

1. What micro-narratives are constructed?
2. What discursive resources and practices are drawn upon in constructing these micro-narratives?
3. How do women position themselves and significant others (such as partners, family, health service providers) within these discourses?
4. What gender/power relations are referred to in the narratives and how might they underpin a pregnancy becoming unsupportable?
5. How might these discursive resources/practices and gender/power relations work to enable or obstruct reproductive (in)justice?

3. Method

Willig (2008, p.22) states that “[a] good qualitative research design is one in which the method of data analysis is appropriate to the research question, and where the method of data collection generates data that are appropriate to the method of analysis”. In the following section I discuss how participants were recruited, the women who were participants in this study, and how data were collected.

3.1. Sampling

Purposive sampling was the strategy used in this study due to the need for a particular type of participant (Kelly, 2006). Teddlie and Yu (2007) describe purposive sampling as a set of techniques which involve the selection of specific cases or participants for specific purposes. Purposive sampling is often contrasted with random sampling (Teddlie & Yu, 2007; Barbour, 2001) which is used in research which aims for “statistical generalizability and representativeness” (Barbour, 2001, p.1115). In this current study, purposive sampling was used to select women who were older than 18 years (for reasons related to the ability to give consent to participate in the research), women who had decided on abortion and had undergone pre-abortion counselling prior to participating in the research interview, and

women who were willing to narrate their decision-making processes in the context of a research interview.

A few ethical issues with regard to the criterion that the women must have undergone pre-abortion counselling need to be mentioned at this point. Firstly, as all the women had undergone pre-abortion counselling before participating in the research interview, it was hoped that any doubts that the women may have had about having an abortion would have been dealt with in the counselling session. It was expected that the women who decided to participate in the research had received all the necessary information concerning their options regarding the pregnancy, as well as details about the abortion procedure (in accordance with the CTOP Act) and had already signed up for the procedure. Thus, there was careful consideration of how to manage the possibility of influencing the women's decision. Conducting the interviews after the pre-abortion consultation therefore enabled the interview to be constructed as a space within which the women could talk, freely, through the processes that led to the 'decision' to have an abortion.

In keeping with the feminist post-structural tenet that subjective experiences tend to differ along various lines (Baxter, 2002; Mann & Huffman, 2005), the aim was to recruit participants from three different sites in order to obtain diversity among participants and reflect the diversity within the population of women who undergo abortion (Barbour, 2001). With regard to geographical location and socio-economic status (the two were viewed in this research as relatively linked), participants were selected from three different sites in the Eastern Cape. The first facility is a non-governmental abortion provider in an urban environment in a city (site 1). Sites 2 and 3 are both government hospitals. Site 2 is located in a small town situated in a predominantly rural area. It services clinics in a former homeland area in the Ciskei. Site 3 is situated in a township area within another city. It is in close proximity to both rural and urban environments. Regarding the cost of TOP services, at site 1 payment for termination of pregnancy services is required whereas at sites 2 and 3 termination of pregnancy services are free. Thus there was some diversity in the women who agreed to participate.

3.1.1. Recruiting participants

At each of the facilities, women were recruited through the nurses involved in providing the termination of pregnancy services at that particular facility. This was ideal as the women needed to have had pre-abortion counselling prior to participating in the interview. Thus, the

nurse would conduct the pre-abortion counselling session with the woman and would use this opportunity to tell her about the research. Once the counselling session was completed, if the woman was interested she would be directed to the room in which the interviews were taking place. If not, she would continue with her termination of pregnancy services and would thus proceed to the procedure room.

This particular recruitment method proved to be a useful one and has been used before in research around abortion (e.g. Jones et al. 2008). However, it does come with its attendant limitations. For example, there is the possibility that undue pressure to participate may be put on potential participants. To deal with this, women who proceeded to the interview room were informed about the research in more detail, including the nature of their participation, and were then given the opportunity to decline participation.

3.2. Participants

Low numbers of women attending the facilities at sites 1 and 2 meant that the 25 women (total number recruited) were not evenly distributed between the three sites. As a result, the majority of participants were recruited at site 3 which, being part of a big hospital, services a lot of women requesting TOP services.

Regarding the age of participants, I initially hoped to ensure diversity by selecting equal numbers of participants within the reproductive age groups 18-21, 21-35, and 35 and over. However, in practice, selecting women for participation in this way proved rather difficult. This was due to two interrelated reasons. Firstly, the demographics of the women who attended the facilities on each interview day played an important role as every woman who was seen by the nurses for pre-abortion counselling was asked to participate. The second is that at two of the three sites, getting women to participate in the study was extremely difficult due to the problems both facilities were having (at the time of the interviews) with low numbers (for different reasons) of women attending the facility for TOP services. This, in turn, put pressure and constraints on the recruitment process as adhering to the selection criteria regarding the reproductive age would either decrease the sample size or significantly impact on the time taken to collect data. Thus a more flexible approach was adopted.

One important way to measure quality in qualitative research is the extent to which the analysis can be transferred across similar populations (Willig, 2008). This necessitates a 'thick' description of participants and their circumstances, what Willig (2008, p.151) refers to as "situating the sample". Such work is particularly imperative in feminist post-structural

work which calls for “attention to the different contexts in which women are located” (Amigot & Pujal, 2009, p.662) in order to avoid homogenising accounts of women and their experiences. I have therefore included tables that provide some information on the participants. As can be seen from the tables, participants tended to be mostly similar with regard to reproductive age and racial identity. 23 out of 25 participants were ‘Black’ women and the remaining two participants were ‘Coloured’ women. 22 out of 25 of the women belonged to the reproductive age group 21-35. Only two women belonged to the 18-20 reproductive age category while there was only one women in the over 35 category. This is similar to recent research conducted among women requesting TOP services at Umtata General Hospital in the Eastern Cape (Mdleleni-Bookholane, 2007). The study reported a similar age distribution with most women falling in the 21-25, 26-30 and 31-35 age categories and very few women below 20 and over 35 (Mdleleni-Bookholane, 2007). With regard to gestational age, most of the women were in their first trimester. The tables below contain information on participants’ age, occupational status, number of children, racial identity as well as the language in which the interview was conducted. The tables have been organised according to site. Discussion of the participants will proceed in the same way.

Table 1: Characteristics of participants at Site 1

Pseudonym	Reproductive age category	Employment status	Children	Racial identity	Main language of interview
Amanda	21	Unemployed	None	Black	English
Anele	21	Unemployed	None	Black	English
Sesethu	23	Student	1	Black	English
Roshanda	31	Undisclosed	1	Coloured	English
Lusanda	23	Unemployed	2	Black	English
Louise	21	Student	None	Black	English

Site 1 is located in an urban area in the middle of the city in which it is located. It is situated at the roof top level of a small shopping mall. Thus it was a little out of the way for women requiring the facility’s services. According to the staff, this problem was compounded by women’s confusion as to the facility’s precise location. As stated previously, women requesting termination of pregnancy services were expected to pay for the services. Prices ranged from R1200 to over R2000 depending on the procedure (medical or surgical) and the woman’s gestation. Although women of ‘White’, ‘Indian’, ‘Coloured’ and ‘Black’ racial identity visited this particular facility, this was not reflected among the participants. Three of the women in this group did not have any existing children at the time of the interviews. Of

those who had children, Sesethu and Roshanda have one existing child while Lusanda has two. The participants come from different socio-economic backgrounds. Of the three women who stated that they were unemployed, Amanda and Lusanda have male partners who are employed (and knew of the pregnancy) and thus might have helped finance the procedure. Anele's circumstances at the time of her interview were different: unemployed and with her partner no longer in the picture, she disclosed that she had to borrow the money needed for the procedure. Two of the participants are students. Of these two, Louise was still studying at the time of the interview while Sesethu had discontinued school as a result of having become pregnant. She is returning to complete her education.

Table 2: Characteristics of participants at Site 2

Pseudonym	Reproductive age category	Employment status	Children	Racial identity	Main language of interview
Sakhi	27	Unemployed	2	Black	isiXhosa
Nozibele	39	Unemployed	1	Black	isiXhosa
Sanda	24	Employed	1	Black	isiXhosa
Mandisa	28	Unemployed	1	Black	isiXhosa
Samantha	32	Unemployed	2	Coloured	English

Site 2 formed part of a maternity and gynaecology ward in a relatively small hospital situated in a mostly rural area. According to the staff, the location of the facility means that for some women it is a great distance to travel. At the site termination of pregnancy services are free of charge but were (at the time of data collection) limited to first trimester abortions as second trimester abortions had recently been suspended. Of the five women who were interviewed at this site, four were unemployed at the time of the interview and only one participant, Sanda, was employed. Sanda explained that her partner is responsible for securing her employment. Sakhi, unemployed, has a husband who is employed but lives in a different province. Mandisa is also unemployed but receives a child disability grant for her four-year old child. Samantha described herself as currently unemployed, possibly implying that she had previously been employed. All five participants have existing children.

Table 3: Characteristics of participants at Site 3

Pseudonym	Reproductive age category	Employment status	Children	Racial identity	Main language of interview
Zukiswa	28	Employed	2	Black	English
Ayanda	21	Unemployed	1	Black	isiXhosa
Chumani	19	Student	None	Black	isiXhosa

Qaqamba	29	Unemployed	2	Black	isiXhosa
Aviwe	23	Unemployed	None	Black	isiXhosa
Allive	26	Unemployed	2	Black	Both
Lilly	32	Employed	3	Black	English
Anelisa	20	Undisclosed	None	Black	English
Asanda	22	Student	None	Black	English
Abongile	24	Unemployed	1	Black	isiXhosa
Andiswa	33	Unemployed	1	Black	isiXhosa
Zusakhe	33	Employed, Student	2	Black	isiXhosa
Sinako	23	Student	1	Black	English
Phumeza	23	Student	None	Black	isiXhosa

Site 3 is located in a former township and is situated quite close to urban areas. The termination of pregnancy ward is part of a big hospital that services large numbers of patients. On each of the interview days there were several women requesting TOP services. This group of participants was quite diverse regarding the women's socio-economic situation. At the time of the interviews, only two of the 14 women were employed, one of whom, Lilly, was self-employed in the selling of clothes. Six of the women were unemployed. For both Qaqamba and Aviwe, government grants are the main source of income. Qaqamba explained that her mother collects child and pensioner support grants in order to look after her adult children (some of whom have husbands who are employed) and young grandchildren. Aviwe's mother receives a pensioner's grant which is the main source of income used to support everyone. Similar to Sesethu (site 2), Abongile had to disrupt her schooling as a result of having a child. One woman, Zusakhe, is both employed and a student, while Phumeza explained that she is studying on a bursary. Among these women, five do not have any existing children while the rest have at least one child to care for.

3.3. Data Collection

In his book on radical approaches to qualitative research, Parker (2005, p.57) suggests that interviews can be used as a way "to bring out aspects of individual and collective experience". The narrative interview is particularly useful in this regard. In the following section, I describe the narrative interview method used in this study and then go on to provide details as to how the interviews were conducted.

3.3.1. *The narrative interview: a method for in-depth interviewing*

This study used the narrative interview, as delineated in the work of Schutze (1977; 1983; 1992 as cited in Jovchelovitch & Bauer, 2000) as the data collection method. The narrative

interview method when used for in-depth interviewing typically involves several interviews per participant stretched over a period of time (e.g. see Wengraf, 2001), particularly when the aim is to elicit biographic or life history narratives. As an interview method and an approach to interviewing, the narrative interview came about as a response to the kind of structured, and semi-structured, interviewing that seemed to be predominantly used in social science research (Jovchelovitch & Bauer, 2000). Researchers interested in the stories people tell, and in the telling of a story, from the perspective or orientation of research participants, critique the question-and-answer format that seems to characterise much of the interviewing done in social science research. This format, it is argued, can only produce responses which are structured according to the interviewer and thus say more about the interviewer's orientation than the participant's (Jovchelovitch & Bauer, 2000).

In contrast to the question-and-answer format of structured and semi-structured interviewing (although the latter to a lesser degree), the narrative interview attempts to limit the influence of the researcher (although the researcher's influence can never be 'removed') through a style and method of interviewing that enables the participant to narrate his or her story in his or her own way, using the discursive resources that are culturally and socially available (or not) to him or her (Jovchelovitch & Bauer, 2000). In the narrative interview method, emphasis is placed on the interviewer's ability to listen to participants' narratives. While the researcher chooses the topic/theme of the narration, the style and process (to be explained below) of the interview means that the participant's narrative, and the language used to construct it, is the focus.

3.3.2. *Schutze's (1976) narrative interview*

The narrative interview as originally developed by Schutze (1976) is different from Wengraf's (2001) method in which the initial, narrative-eliciting interview is followed by two follow-up interviews. In the latter, before each follow-up interview the researcher must look through the transcripts and develop further questions based on what participants have said in the previous interview. In contrast, Schutze's (1976) interview method condenses the interviews into one single interview.

Schutze's (1977; 1983; 1992 as cited in Jovchelovitch & Bauer, 2000) narrative interview consists of four sub-sessions which are conducted over a single interview. In the first phase, the initiation phase, the interviewer explains the context of the interview, outlines the interview procedure and poses the initial question designed to elicit the participant's

narrative. When outlining the interview procedure, participants were encouraged to say as much as they desired when telling their story, and were told that there were no right or wrong responses. Participants were also assured that they would not receive any judgment from the research assistant or myself regarding the information they chose to disclose. The narrative-eliciting question used in this study was the following: ‘Can you please tell us how the decision to have an abortion was made?’

In the second phase, the main narration, the interviewer(s) listen(s) without any interruption, except to encourage the telling of the story. Whilst the main narration takes place, the second researcher/research assistant makes notes on any aspects of the main narrative that are of interest, are unclear or were perhaps only briefly mentioned. Here, it is important to use the participant’s own words as much as possible in order to only discuss those things that the participant wants discussed and thus adhere to the parameters set by the participant. The end of the main narration must be signalled by the participant him/herself, after which the interviewer asks the participant if there is anything else he or she would like to add. The participant is then asked to leave the interview room while the researchers compile follow-up questions based on the notes taken by the research assistant.

In the third phase the interviewer asks questions about the main narrative (based on the notes made) in order to ‘flesh out’ the narrative. As the participant speaks, the interviewer also asks any questions that could not have been foreseen but that are still based on what the participant says. The purpose of this phase of the interview “is to elicit new and additional material beyond the self-generating schema of the story” (Jovchelovitch & Bauer, 2000, p.64). The final phase, entitled concluding talk, brings the interview to a close (Jovchelovitch & Bauer, 2000). At the beginning of this phase, the interviewer switches off the tape recorder, allowing unrecorded informal chats to take place between the interviewer and the participant. Notes may be made during this discussion as they might be useful as a context during the analysis phase. After each interview, the researcher reflects on the interview and writes this down. These, too, may come to be of use during the analysis (Jovchelovitch & Bauer, 2000).

For several reasons, Schutze’s (1976) original version of the narrative interview was used in this study. Firstly, any follow-up interviews would have to occur after the women had undergone an abortion. Although research seems to suggest the experience of negative psychological outcomes following abortion it is not as common as is expected (Coleman et al., 2005) being as it is linked to the circumstances surrounding the pregnancy and the

decision-making process (Kimport et al., 2011), a decision was made to avoid any chance of (re)traumatisation. Secondly, getting the women to sustain their participation over a period of time might have proven difficult, particularly without any monetary (or other) incentives. Thirdly, the logistics surrounding follow-up interviews (from contacting the participants to arranging a place to conduct the follow-up interview and the costs involved) were also considered.

3.3.3. *Conducting the interviews*

In total, 25 interviews were conducted, ranging from 10mins to an hour with most lasting approximately half an hour. For each interview, a research assistant was present. There were two research assistants who participated in the data collection for the study: one worked with me at the first and third sites and another worked with me at the second site. Owing to language differences, a measure of flexibility was required during data collection. Having a research assistant fluent in both English and isiXhosa was extremely useful in this regard. The interviews, following the process outlined above, were conducted by either the researcher (myself) or the research assistant depending on whether the woman being interviewed preferred to speak and/or be spoken to in English or isiXhosa (one woman, for example, preferred to speak Afrikaans, a language in which neither the co-researcher nor I were fluent). Owing to the similarities between isiZulu (a language which I speak) and isiXhosa, I was able to follow the interviews when they were conducted by my research assistant. Where the woman was comfortable with being spoken to in English and responding in English (or sometimes a mixture of both isiXhosa and English), I would conduct the entire interview. Where the woman preferred to speak in isiXhosa, I would conduct the first phase of the interview: explain about the research and pose the narrative-eliciting question and then the research assistant would conduct the rest of the interview.

At the end of the second phase, when given the opportunity to add to their main narrative, none of the participants chose to say anything more. The procedure outlined above was followed in terms of developing follow-up questions. Once again, during the third phase either the co-researcher or I would conduct the session depending on language preferences. When all the questions had been answered by the participant, the participant would be asked if there was anything else she wanted to speak about. Most participants did not wish to say anything more and were then thanked for their time and the recorder switched off. For those

who did wish to add something regarding the topic of the interview, the recorder remained on until such time as they had said all that they had wanted to say.

Apart from the requirements of the narrative interview method, the research assistant could, owing to her professional training, provide some containment if the participant experienced some distress.

4. Analysis and Interpretation

In this section, I describe the procedure followed in the analysis and interpretation of women's narratives of decision-making. As Willig (2008) states, transparency with regard to the way in which data are analysed and the theoretical framework that shapes this process is necessary if readers are to be able to make sense of the analysis (from the researcher's standpoint). Transparency is also necessary for another reason: knowledge produced in and as a result of the process of research is not objective but is constructed (Gergen, 1985). In this study I employed a narrative-discursive (Taylor & Littleton, 2006) approach to analysis.

4.1. Narrative-discursive analysis

A narrative-discursive approach, as set forth by Taylor and Littleton (2006), is based on the social constructionist premise that talk (and thus language and discourse) is constitutive. Within this approach, narrative is seen as both something that is constructed using discursive tools (discourses, images, symbols etc.) and as a resource to be used in future conversations (Taylor, 2006). As a synthetic approach, narrative-discursive analysis draws upon several methods of analysis: discourse analysis, discursive psychology and narrative analysis. The approach has mainly been used, at least in the work of Taylor and Littleton (2006 see also Taylor, 2006) in the analysis of identity work. Despite this, Taylor and Littleton's (2006) narrative-discursive approach was used in this study as it is a useful tool when answering questions around narrative construction, as this study aims to accomplish. It has also been used in research by Morison (2011) in the analysis of narratives around parenthood decision-making and in research by Graham (2014) on the discourses used by young people when speaking about high school sexualities and sexuality education.

A narrative-discursive synthetic approach takes from discursive psychology a focus on a particular type of identity work, one relevant to the current study: positioning. Taylor (2006) describes positioning as the process of conferring a temporary identity to oneself, or to others during talk. These subject positions may be taken up or contested. Narratives, which may be

seen as an opportunity to re-establish a previous identity or construct a new one depending on the situation, may be reworked and altered in light of a new situation. Furthermore, it is through narratives that identities may be negotiated and renegotiated, for example, in ways which encourage empowerment and enable the challenging of oppression or discrimination (Hiles & Cermak, 2008), much the same way that post-structural theory understands the possibility of resistance to dominant discourses (Macleod & Durrheim, 2002).

A narrative-discursive approach takes from discourse analysis a focus on larger narratives/discourses, a focus that comes from the assumption that individuals' narratives are understood as being informed and shaped by these larger narratives; cultural and/or social frameworks of meaning or discourses (Bell, 2002; Taylor & Littleton, 2006). These larger narratives or discourses may be seen as examples of (as well as being synonymous and thus used interchangeably with) discursive resources: commonly available 'tools' that are utilised in the construction of individual narratives (Morison, 2011; Morison & Macleod, 2013; Taylor & Littleton, 2006). According to Taylor and Littleton (2006 as cited in Morison, 2011, p.102) discursive resources include: "sets of meanings, metaphors, representations, images, stories, statements, and so forth". It is thus the task of a narrative analysis to locate individual narratives "[with]in wider structures of discourse and power so that their implications and ramifications can be fully understood" (Crossley, 2000 as cited in Parker, 2005, p.73), an analytic task which involves going beyond the story being told to the assumptions held within the story (Bell, 2002).

As Taylor and Littleton (2006) state, a narrative-discursive analytic process is no different to other types of qualitative analysis in the sense that it is not a sequential, step-by-step process. Rather, it is best described as iterative. The analytic process starts from the transcription phase when the audio recordings of the interviews are transcribed verbatim. A fair amount of the audio data collected for this study was in isiXhosa. As a result, the transcription phase also simultaneously involved translation from isiXhosa to English.

4.1.1. Translation and transcription

Twin (1997) notes that in research where the data collected are in a language different to that used by the researcher, the translation work required before the data can be analysed raises questions about the accuracy of the transcribed data, and subsequently the credibility of the analytic argument. This is in part due to the grammatical differences between different

languages and the implications these differences have for meaning, and in part due to the role played by language and culture in giving meaning to social practices.

With regard to concerns over the accuracy of translated material, Temple and Young (2004) argue that, for researchers working from within social constructionist approaches, absolute correctness of interpretation is unattainable as speakers fluent in the same language may produce different interpretations of the same text. Moving away from questions of accuracy, the authors instead suggest the consideration of two important issues. The first relates to the issue of whether or not to acknowledge, as part of methodological discussions around the research process, that translation work has occurred. As the authors argue, failing to acknowledge such work denies the role of language in constructing meaning. The second concerns the identity of the person doing the translation work and whether or not he/she is best able to speak on behalf of others (Temple & Young, 2004).

In this study, translation work by the researcher was necessary during data collection and then during the transcription process. To transcribe the data, Parker's (1992) transcription conventions (Appendix 1) was used due to the (relatively minimal) level of detail required, appropriate when the focus is on discourse (content) as opposed to, for example, on the minute workings and structures of interactions such as is the case in conversation analysis (Bucholtz, 2007). With regard to translation work during data collection, participants' main narratives needed to be understood in order for the researcher to be able to guide, and participate in, the formulation of follow-up questions. Back-translation was not used in this study due to the mutual intelligibility of isiZulu and isiXhosa. Hence, Alberts (2010) notes the similarities between South Africa's four Nguni languages (isiZulu, isiSwati, isiXhosa and isiNdebele) to the extent that members of these language groups are able to understand each other. Thus, as a Zulu speaker, I was able to understand much of the narratives which were constructed in isiXhosa. To ensure accuracy, however, I employed checks during the data collection and again during the transcription phase. During data collection, this comprised of checking my understanding of the narrative against the research assistants' understanding before formulating follow-up questions. Regarding the transcription of the data, I listened to the isiXhosa audio data and transcribed it directly into English, leaving phrases I did not understand in isiXhosa. A bilingual (English and isiXhosa) speaker was then employed to listen to the audio recordings while reading the transcriptions to check her understanding against my translations and to translate those parts that I did not translate. Where there was disagreement between the translator and myself, I returned to the data and used the

participants' previous and successive statements, as well as the question posed, to ground my understanding.

Regarding transparency, Bucholtz (2007) advises that both the original and translated transcripts should be presented to the reader, thereby enabling the reader to access and inspect the data upon which the analysis is based. I have not done so in this study as only one transcript was produced due to time constraints. Acknowledging the importance of transparency, however, I have instead indicated in the analysis chapters which extracts were taken from translated sections of the transcripts.

One problem that had implications for the data that were produced related to the checking of my translation of the participants' main narratives against the research assistants' own understanding. After the transcripts had been checked by an independent party, I read through them and found that in some of the interviews, the opportunity to ask follow-up questions on interesting and perhaps even important parts of participants' narratives had been missed as I had not picked up on some of the phrases used by the participant (phrases which the research assistant herself had not realised were significant). Such missed opportunities, however, tend to be more likely in cross-cultural research (Temple & Young, 2004).

4.1.2. The analytic process

Transcription is a necessary and important first step when data are in interview or interactional format (Potter and Wetherell, 1987). As Potter and Wetherell (1987) note, this step initiates the researcher into a close-reading of the transcribed data, during which (if the researcher transcribes the data him or herself as I have done) the researcher already starts to think about how the data relate or do not relate to the research questions.

During the narrative-discursive analytic process, two tasks are completed (Taylor & Littleton, 2006). The first task is to identify discursive patterns (discursive resources) within individual narratives and across narratives. The second task is to locate the discursive resources within the particular narratives in which they occur. In doing so, analysis involves looking at the ways in which speakers position themselves and others, and are in turn positioned by others, and the identity work that is accomplished in the narratives (Taylor & Littleton, 2006). In the context of this study, the second task involved an analysis of subject positions using positioning theory as developed by Davies and Harré (2001) and Harré et al. (2009). Using Foucault's (1978) explication on the parent-child and husband-wife axes as macro relations of power, I analysed the micro-narratives constructed by participants for any generational

(parent-child) and gendered (husband-wife) power relations referred to by the women by looking at instances where references were made to male partners' or parents' roles in the decision-making process. Consequently, I looked at whether or not the participant had the final say, and at the ways in which actions by male partners or parents structured the women's possibilities for action regarding the pregnancy. Finally, I looked at the concept of reproductive justice: What do available discourses, the power relations referred to by the women, and the women's circumstances mean for reproductive justice? Regarding pregnancy resolution, is continuation of the pregnancy a viable option? In answering these questions, I analysed whether reproductive justice had been enabled or obstructed.

5. Ethics

Shaw (2008) discusses different approaches to qualitative research ethics. One approach, in focusing on codes and principles alone, compartmentalises ethical aspects and treats research ethics as something only to be considered *after* the research during report writing. The other approach, which is used in this study and which Shaw (2008) argues for, situates ethics *within* the research process and recognises ethical aspects that need consideration throughout the gate-keeping and recruitment, data collection, and data analysis stages of research. Drawing on a feminist research approach to ethics (Watts, 2006), I now turn to a discussion on the ethical aspects of doing qualitative research particular to the present study.

5.1. Gate-keeping and recruitment

Before approaching the gate-keepers of each of the sites, it was necessary to receive ethics clearance from several bodies. Once I had received ethical clearance from the Psychology Department's Research Projects and Ethics Review Committee, initial permission to conduct research at two of the sites (sites 2 and 3) was sought and granted from the Eastern Cape Department of Health as such research falls under its jurisdiction. In order to conduct research at site 3, however, it was necessary to obtain ethical approval from the Hospital Complex of the city within which the site is located. Permission was granted by the Hospital Manager at each of the government facilities. Permission to conduct research at the non-governmental abortion facility was granted after the proposed research was reviewed by the organisation's ethics review committee. Once entry into the sites had been granted, gate-keepers needed to be approached in order to recruit women to participate in the study. At the largest sites this turned out to be an extensive process due to the chain of command that had been established at the facility.

Owing to the topic of my research, I was called upon by gate-keepers at each facility to clearly state my position with regard to where I stood on abortion (whether I was for or against abortion) before being allowed to conduct the interviews. I understood the nurses' actions to be motivated by the desire to protect their clients against the harm of judgmental or moralising talk. Admittedly, I was caught off guard as I had not expected to have to declare my views and justify them (as was expected at all three facilities) - perhaps a reliance on the privileges of the unquestioned/uninterrogated 'expert' researcher. I explained that I believe that TOP services must be made available to women and that women must be able to use make use of these services regardless of their circumstances or reasons for doing so. After declaring my views, the data collection process went smoothly at both sites 2 and 3. However, this was not the case at site 1, possibly due to the various pressures the staff was under at the time.

5.1.1. Respect for the autonomy of persons

Informed consent relates to the need to have respect for the autonomy of individuals (Shaw, 2008). Autonomy, according to Meyers (2001) is defined as the ability to act in accordance with one's own desires, goals and values. Informed consent then refers to consent voluntarily given to participate in a research study after having been informed of the purposes of the research as well as the form and nature of the participation. In order to be respectful of participants' autonomy, consent to participate must necessarily include the right to withdraw this participation. In this regard, Shaw (2008, p.405) raises the question of "the genuine voluntariness of the consent" given. This is particularly questionable where introduction to the research and requests for participation are facilitated by gate-keepers (Watts, 2006). Literature on consent given in such situations has pointed out that gate-keepers can influence the provision of consent (Miller, 1998 as cited in Watts, 2006). As a result, with each woman who told the nurse that she agreed to participate, my research assistant and I made sure to emphasise the voluntary nature of participation. Furthermore attempts were made to assure the woman that should she decide to participate or not to participate, it would in no way affect the TOP services she received. The woman was then asked whether she wanted to participate and was encouraged to answer freely. Most women who appeared for the interview maintained their agreement. In total, five women decided that they no longer wanted to participate. No attempts were made to dissuade these women from doing so. That women could voice their desire to not participate in the study, despite the use of gate-keepers in the recruitment process, is therefore encouraging.

Informed consent was obtained in writing in order to protect both the participants and the researcher and research assistant. Informed consent forms comprised of a cover letter (appendix 2) and a consent form (appendix 3). Together they contained information about the research and the role of the research assistant, the nature of the participant's engagement in the research, the voluntary nature of the participation and the right to withdraw participation at any time if any discomfort arose from this participation. The informed consent forms also included the contact details of the researcher and her supervisor if the participant wished to use them. The consent forms were signed by me, the participant and the research assistant. In order to protect the privacy and anonymity of the participants, the women were encouraged to use a pseudonym where the form asked for their name. Also, while I have given descriptions of the sites, I have not named the sites.

In conjunction with the informed consent form, the women were also given a form that asked for their permission to have the interview audio recorded (appendix 4). In three instances, the participant was uncomfortable with the interview being audio recorded. In each case, I again explained that the recording would be used for transcription purposes only. As this did not reassure the participants, I decided to proceed with the interview but asked the research assistant to take detailed notes. During the answering of the follow-up questions, I then took detailed notes and consolidated these notes with those of my research assistant after the interview.

5.2. Data collection

During the data collection stage of qualitative research, there is the threat of harm to the participants. Watts (2006, p.386) suggests that harm may be understood as “ranging, for example, from the threat to personal safety and damage to reputation [...] to causing offence and distress”. Ethical research attempts to ensure a balance between the harm brought upon participants and the benefits they receive as a result of their participation (Orb, Eisenhauer & Wynaden, 2000; Ramcharan & Cutcliffe, 2001; Shaw, 2008; Watts, 2006). Benefits from participating in qualitative research interviews include the provision of a safe space in which to speak about sensitive issues, and the healing that sometimes results from this (Orb et al., 2000).

5.2.1. *Harm and benefit*

Watts (2006) argues that harm may be caused by the researcher as a result of viewing the participants strictly in utilitarian terms. In situations where participation in a research

interview results in distress during the course of the interview, Orb et al. (2000) suggest that the response of the researcher amounts to a statement on the value the researcher places on the well-being of the participant in comparison to the value of the data for the research. Thus, in such a situation, choosing to proceed with the interview without checking on the well-being of the participant indicates a position in which the data are seen to outweigh the participant's distress (Orb et al., 2000).

Before data collection, a decision was made that any woman who became distressed during the course of the interview would be given the opportunity to speak to the research assistant who had experience in counselling. If the women were still distressed after speaking to the research assistant, they would be given the research assistant's contact details for further containment. Although four out of 25 women did in the actual interview require the support provided by the research assistant, none needed her contact details for further support that could be provided at a later date (to be arranged between the research assistant and the participant). Only one woman requested to stop the interview as she became too distressed to continue.

According to Orb et al. (2000), researchers have an ethical obligation to attempt to anticipate where harm might occur. Consideration of the possible distress caused by discussion of the sensitive issues around abortion was one example. Another related to the need to be aware that the opportunity to talk through the decision-making process might in and of itself (that is, with or without the researcher/interviewer's intention to do so) result in a change in decision. With this in mind, the purposes/aims of the research were clearly explained to participants to assure them that they would in no way be judged, that there were no 'right' or 'wrong' responses and that ultimately no attempts would be made to influence the decision to have an abortion. Furthermore, the type of interview used meant that the interviews could be conducted in a manner sensitive to this very issue. In practice, for all of the women who participated in the interviews, the decision to have an abortion had already been made. For most women this decision was grounded in the nature of their circumstances and thus could not be shifted.

In a context, such as South Africa, where abortion is legal but there is significant stigma around abortion, there may be little opportunity to speak about the decision to have an abortion. In light of this, the opportunity to speak to a non-judgmental researcher who is willing to listen may be of benefit to participants. That the interviews were conducted in such

a way as to enable the women participating in the study to determine for themselves what aspects to include in their narratives and what aspects to leave out may have enabled the women to integrate their abortion experiences into as positive an experience as is possible under the circumstances. For some of the women in this study, it was clear that the interview was the first opportunity they had to speak to anyone about the decision. One woman in particular spoke after the interview about how she valued the interview experience as the mere act of *talking* to someone, especially a stranger, helps (I will return to this in the next section).

5.3. Data analysis

When analysing data, the researcher brings his or her own theoretical framework into the interpretation. Therefore, knowledge production is never a neutral project. It is inherently interpretive in that meaning is not ‘found’ in the text but is assigned (Watts, 2006). Maynard and Purvis (1994 as cited in Watts, 2006, p. 386) explain this process of interpretation thus: “this interpretation is necessarily selective and has, at the heart of the process, the challenge of reconstructing and contextualizing biographical accounts”. As Watts (2006) argues, this has implications for the kind of feminist research that attempts to empower the women it claims to represent and speak for. Interpreting women’s experiences as constituting forms of oppression may have the effect of disempowering women who do not feel that they are being oppressed. In other words, to presuppose that relations of power always work to oppress women is to impose a specific reading on the data. To avoid this, Mills (2002 as cited in Shaw, 2008) emphasises the need to listen to the participant’s voice in the narrative. For feminist post-structural researchers this means paying equal attention to voices of resistance within the text (Fegan, 1999) while not ignoring practices which may be oppressive.

5.3.1. *Privacy, anonymity and confidentiality of data*

In order to protect participants’ rights to privacy and anonymity, pseudonyms used to identify participants in the transcripts were retained in the extracts used in the analysis chapters to follow. In addition, any personally identifiable information (such as names of places) were removed from the data and thus do not appear in the extracts.

With regard to confidentiality of data, during the transcription process the only person beside myself who had access to the audio files was an independent translator (who was asked to maintain participants’ confidentiality by not sharing their stories with others) for the purpose of validating the Xhosa-English translation I conducted while transcribing the data.

Concerning access to the interview transcripts, researchers involved in the Critical Studies in Sexualities and Reproduction (CSSR) research programme, of which this research is a part, will have access. The transcripts will be stored for a maximum period of five years in password protected files on the CSSR admin computer and hard copies will be locked away in the same building. The audio files were deleted when they were no longer being used.

Ethical issues are part and parcel of the research process. This is due to the tension that is created between the goals of the researcher and the assumed importance of the kind of contribution his/her research can make to the production of knowledge on the one hand, and the need to consider the welfare and well-being of those involved as participants on the other (Guillemin & Gillam, 2004; Orb et al., 2000). In different ways, the kinds of ethical considerations discussed above are about attempting to ensure some balance in the research process.

6. Reflexivity

The criteria for evaluating the quality of quantitative research (for example validity and reliability) are part and parcel of an approach to knowledge and knowledge generation that “assumes the independence of the knower and the known” (Henwood & Pidgeon, 1992, p.105). Once this assumption has been made, it is then possible to speak about how one might attempt to conduct, and subsequently report on, research in ways that remove any effect(s) the knower (researcher) might have on the known (researched). Within this paradigm, such effects or biases are constructed as ‘contaminants’ on the truth.

However, in critical qualitative research such a position is difficult to maintain (Henwood & Pidgeon, 1992). Critical research instead assumes that “the knower is part of the matrix of what is known” (Wilkinson, 1986, p.13 as cited in Macleod, 2002, p.19). Starting out from this position, when reporting on the research process and the findings of the research, the task is then not to ‘sanitise’ the research process by removing all traces of the researcher’s involvement and the consequences of this involvement, but to “mak[e] visible what is usually overlooked in research” (Parker, 2005, p. 30). This process can be defined as reflexivity. It involves an interrogation, by the researcher, of “the ways in which the researcher and the research process have shaped the collected data, including the role of prior assumptions and experience” (Mays & Pope, 2000, p.51). This process further requires an interrogation of the relationship that exists between the researcher and those involved in the research (Macleod, 2002). To encourage reflexivity throughout the research process, a research journal was kept

in which I documented my thoughts and experiences. During this section, I will draw on extracts from this journal.

6.1. Positioning the researcher

Watts (2006) draws on her own research experience to illustrate how assumptions made about the researcher and the ways in which the researcher is positioned (by him/herself as well as by others) can have implications for how research is conducted. As previously stated, in this study nurses were relied upon to introduce the research being conducted at the facility and to recruit participants. This meant that the way in which my presence and purpose at the facility was described would have implications, firstly, on whether or not women would want to participate and, secondly, on what their expectations were when they walked into the interview room. Two examples will be used to illustrate this point.

At site 1, the research assistant and I soon realised that some of the women who came to see us were being given very little in the way of information about who we were and what our purpose was. These women were simply directed to the room in which the interviews were being conducted and told to speak to the women in the room. The research assistant and I explained who we were and our purpose for being there. We then asked the women if they were interested in participating. Some women reacted with surprise, first when given the opportunity to refuse to participate and then upon not encountering resistance to the decision not to participate. This method of little to no introduction may have conferred outsider status on the research assistant and me, thus reinforcing this impression and creating suspicion among some of the women who participated in the research, as well as among some members of staff who appeared to regard me as a threat to the safety and well-being of their clients.

In contrast, at sites 2 and 3 each interview day the nurse would address the group of women sitting in the waiting area, explaining that we were both students conducting research on abortion (even though the research assistant was not), that the women had nothing to fear from us and that the hospital knew of our presence at the facility. The nurse concluded her address by encouraging the women to participate in the research and to speak freely during the interviews. This approach amounted to what Watts (2006) refers to as institutional endorsement and had the effect of making the data collection process a little easier, although potentially problematic with regard to the question of voluntary consent. That the data collection process ran relatively smoothly at this site could be explained by the difficulty the women might have had in refusing as a result of the endorsement. Alternatively, by aligning

the research assistant and myself with the facility, the study was ‘validated’ and given ‘credibility’ (see Watts, 2006). As a result of this alignment, it could be said that I was regarded as an insider located within the health service setting, with the research being perceived as less threatening when compared to the method used at site 1. However, as one interaction with a participant demonstrated, this was not unproblematic. In the interaction I am positioned by Anelisa as moral arbiter regarding her reasons for abortion. That she would do so is not surprising in the termination of pregnancy services context where nurses have been known to make moralising statements during pre-abortion counselling sessions with women requesting abortion (Harries et al., 2009). To take this discussion further, feminist work on the insider/outsider positions will be drawn upon.

6.1.1. Insider/outsider

Collins (1986) speaks about the ‘outsider within’ position occupied by Afro-American women. Although considered an insider, the outsider within never fully belongs and thus exists on the edge. During the data collection process, certain aspects of my identity gave me insider status while others meant that I occupied the position of an outsider. Being both ‘Black’ and a woman meant that I was similar to all except two of the women (who were ‘Coloured’) who participated in my research. As a student, an identity which was foregrounded by my research, I was similar to some participants who were also studying at the time. That relatively few participants were students also mean that I had outsider status to most participants. My socio-economic background made me different to most of the women who participated in the study. Interestingly, an identity of which I was perhaps the most aware and which perhaps held greater significance for the data was my identity as a non-isiXhosa speaker. Particularly during the interviews conducted by the one research assistant at sites 2 and 3, my inability to speak isiXhosa (although I could mostly understand it well) was continuously foregrounded by my research assistant and by some participants.

Although occupying an outsider position might come with disadvantages, it also has important benefits. These benefits include “the tendency for people to confide in a ‘stranger’ in ways they never would with each other; and the ability of the “stranger” to see patterns that may be more difficult for those immersed in the situation to see” (Collins, 1986, p.S15). My status as outsider by virtue of not being able to speak isiXhosa meant that participants could draw on culture as a resource (see Macleod, Sigcau & Luwaca, 2011) when constructing their narratives. For example, in one interview, I asked one participant, Zukiswa, to say more

about both (her partner's and her own) parents' unhappiness over the fact that she and her partner had had children outside of marriage. Zukiswa went on to describe an incident in which her partner's family and her own family were engaged in a fight over who should raise the children Zukiswa and her partner share. In doing so, she spoke of 'Xhosa culture' and its position on whose family (the woman's or her male partner's) raises the child when the relationship is not a marital one. The reference to culture, which I, having the status of a non-isiXhosa speaker, could in no way challenge, served to account for her mother's stance in the argument.

Lilly: [...]but then at the same time talking helps (.) because [struggles to find the words] most likely to a stranger /mm/ where you know there is no place she will see me [we will not run into each other] /mm (laughs)/ she knows what she knows I really don't care because I will not ever see her again /mm/ even if I saw her by accident she will (I will be seeing her from the back)

Willingness to talk openly and freely was exhibited by a majority of participants. That speaking to a stranger is sometimes easier than speaking to someone one knows was discussed by one participant towards the end of her interview. In the extract above, the participant, Lilly, is speaking about the interview when she states that confiding in a stranger carries with it a sense of safety in providing a kind of anonymity. As Lilly explains, the usefulness of talking to someone stems from the perceived unlikelihood of ever encountering the confidant again.

6.2. The negotiation of micro-level interactions

In his chapter on reflexivity, Parker (2005) argues that attention to the various relationships between those involved in the research is an important part of any discussion where the aim is to critically account for the influence that various aspects of the research process have on the knowledge that is produced. Parker (2005) identifies three relationships: between the researcher and participant, between the researcher and his/her co-researcher (research assistant), and between the researcher and his/her supervisor. Each is discussed below.

6.2.1. *Between researcher and participant*

Guillemin and Gillam (2004) argue that ethics and reflexivity are closely connected: the way in which the relationship between the researcher and the participant is managed by the researcher can be telling of the way in which the participant is viewed. Despite my intentions with regard to managing my relationship with the participants in a way that treated the participants as equals, I found myself relying on the privileges associated with the

researcher's position within the research. According to Macleod (2002), the researcher may at times enjoy a privileged position in that the 'expert role' is one which protects the researcher from being questioned or checked, whether, as it was in my case, regarding the appropriateness of the questions asked or the logic behind the interview method being used.

During one interview after the second sub-session (the session in which the participant constructs the main narrative) the participant, Abongile, was asked to step out of the interview room while the research assistant and I compiled follow-up questions. Abongile questioned this part of the procedure as she did not see why the questions would be compiled in her absence and thus seemed to regard this with some suspicion. Unable to explain this particular requirement, I instead assured her that our intentions were not sinister. This particular interaction made me realise I had not expected to be called upon by participants to account for the methodological choices made. Without consciously realising it, I had slipped into the 'researcher as expert' role; I had taken for granted that participants would simply trust the judgment of the researcher.

6.2.2. Between researcher and research assistant

As Parker (2005) notes, the research process is often a collective one. Besides the researcher and participants, there may, depending on the nature of the research, be co-researchers (research assistants) involved in that collective process. It is this element of the research process that tends to be taken-for-granted in reflexivity work (Parker, 2005). In this section, I attempt to critically reflect on the relationship between myself and the research assistants with whom I worked. Using one example, I will discuss the issues that arose.

The research assistants used in this study were chosen for their counselling skills and their fluency in both English and isiXhosa. They were paid for their work. As I have stated before, the research assistant's role within the narrative interview process is to listen to the participant's main narrative during the second sub-session and make notes on what the participant has said, being careful to use the participant's own words. Within my research, however, research assistants had additional roles. Owing to my inability to speak isiXhosa well, when participants preferred to speak isiXhosa the research assistants conducted the sub-session in which follow-up questions were asked as this sub-session requires a certain level of fluency in order to obtain rich data.

Before the start of the interview process at the first and second sites I gave the research assistants information on the narrative interview method as well as an outline of the interview

process (and their role within this process). However, during the first day of interviews at site 2, the researcher deviated from the structure of the interviews by asking for information that, although useful for the purposes of the research study, had not been included in participants' main narratives. Her attempts to exert more control on the data being produced, and her interviewing style (which meant that she was often directive concerning certain aspects of the women's lives) meant that the quality of the data had been compromised. As a result, for the interviews she had conducted, the only part that was still ethically usable was the participants' main narratives. Consequently, I was confronted with a new problem: how to discuss this with the research assistant in a manner that would not cause offence and risk losing her valuable services. Although I discussed this with the research assistant, the problem persisted, perhaps because I was aware of the power dynamics involved and so was wary of pushing too hard and of having to source another research assistant (which I had struggled to do in the first place) as a result.

6.2.3. *Between supervisor and researcher*

In order to conduct a research study, a series of decisions need to be made between the researcher and his/her supervisor. These include, for example, the topic and aims of the research, the theory or theories to be used to guide the research process and analyse/interpret the data, the participants (who they will be and how they will be recruited), and which method(s) of data collection will be used. The present study has been shaped by an interactive decision-making process between supervisor and researcher/student.

To begin with, although the choice to conduct this research was mine, the aims and questions of this particular study, and therefore the theory underpinning the study and the approach to data analysis, had for the most part been developed by my supervisor as it forms part of a larger study (that was already under way) on abortion. Despite this, my supervisor conducted our relationship in such a way as encourage my own input in the decision-making processes (as I will show below using some examples). Admittedly, when unsure of how to solve a problem, I sometimes deferred to my supervisor's expertise as I was aware of her knowledge in conducting research and in guiding students in this process.

After deciding to conduct the research, my supervisor and I had initial discussions about which women would be included, for example whether the women needed to have had the abortion procedure already. This was jointly decided against owing to the ethical concerns we had around the risk of re-traumatisation. Initial discussions also dealt with decisions around

the sites at which the interviews would be conducted. Of the three sites chosen, two were selected by my supervisor and one was selected by me. After having conducted the initial 18 interviews, some of which were quite short, my supervisor entrusted me to make the decision whether or not to conduct further interviews. With regard to the specific data collection method used, the decision to use a form of narrative interviewing which would not require follow-up interviews was my own. Lastly, throughout the continuous and long process of putting this thesis together, my supervisor has provided useful feedback and advice.

6.3. Researcher's expectations

Having read the literature on abortion decision-making and the considerable amount of research done on women's reasons for abortion, I believed I was prepared enough, open-minded enough, to listen to (and co-produce) the participants' narratives. However, reading over the reflections I made at the end of each interview day in the research journal I kept produces a different picture. I will include some examples here in which I comment on how my expectations may have influenced my data collection process.

The first examples are taken from journal entries of my very first interview. As you will see below, I commented on the brevity of the interview and what seemed to me to be the absence of a decision-making 'process' as such.

The interview with Amanda was extremely short. It only lasted about 2mins. The first sub-session took exactly a minute. I was so taken aback by its brevity that I may have violated the rules of the narrative interview method and did more than just encourage her

Upon further reflection, I now realise that what I had taken (at the time) to be a problem of the brevity of the interview, was perhaps more one of silence. While listening to Amanda speak, I realise now that I had been listening for a particular a story; I had not expected a story marked by silence. And as a result, I attempted to shape the participant's response into one that was more in line with my expectations. In doing so, I had failed to respect the participant's role in shaping the direction of the interview and ultimately in producing her own story. Below is an extract from an interview I had with Amanda.

PR: [...] can you tell me how the decision to have an abortion came about? (6) So how the decision was made

Amanda: (6) (laughs) I'm not sure (.) I'm not really sure but (.) /ja/ (2) but u:h (.) but I don't want a baby that's all

The transcription convention (see Parker, 1995) used in the above extract makes the silences visible. Mazzei (2004) has done some work on the silences present in participants' responses. In her article she discusses what she refers to as veiled silences (Mazzei, 2004): silences that mask that which is not said; statements which seem to be responses to a different question than the one posed. Although Mazzei (2004, p.30) pays particular attention to this kind of silence, she acknowledges that "silences are not always veiled, nor are they always unintentional, but they can often be deliberate or purposeful- a choosing not to speak". In the extract above, we see both kinds of silences: there is silence in what Amanda says *and* in what she does not say. In the extract, the interviewer poses the initial question and is met with six seconds of silence. Interpreting the silence as one meant to signal the absence of understanding, the interviewer phrases the question in a slightly different way. Amanda is silent again for the same amount of time (six seconds), laughs and then she speaks.

In one sense, Amanda's words are a response to a different question: instead of speaking about how the decision was made (when she found out she was pregnant, how she felt, if she told someone, and if so whom she told and the discussion that ensued), she speaks about why the decision was made. Thus, the interview question perhaps signals an unconventional discursive move (Morison & Macleod, 2013) on the part of the researcher as questions surrounding women's reasons for abortion may be more in line with expectations. In another sense, Amanda's silence can be interpreted as the absence of discursive resources in the micro-narrative of *not* wanting a baby. Thus, Amanda seems unable to say more beyond repeating that she does not want a baby (see later discussion in analysis chapters).

The second example also comes from my very first interview. Despite having come across literature which suggests that negative outcomes post-abortion are not commonplace, and that any distress post-abortion may have more to do with the circumstances surrounding the decision-making process than having an abortion (see Kimport et al., 2011), I expected more of the women who participated in the interviews to show some sign of distress either during the interview or immediately afterwards. In the extract below I reflect on the absence of distress shown by the participant, Amanda.

She didn't appear to be in any distress whatsoever. It did not appear as if the decision brought her any distress. This could be due to the fact that although her partner did not agree with the decision (being employed himself and thus wanting her to continue with the pregnancy), her mother agreed with her, saying that if she was unemployed terminating the pregnancy would be the best thing.

My attempt to account for the reason “it did not appear as if the decision brought her any distress” itself reveals my own assumption that distress is a ‘normal’ response to have towards abortion.

Morison and Macleod (2013) draw on Mazzei’s (2004) work on veiled silence in their discussion about reflexivity. The authors argue that participants’ silence can be interpreted as a deflection away from the unusual request of being asked to produce an account of practices which are taken-for-granted. As Morison and Macleod (2013) explain, that which is taken for granted is seldom called upon to produce an account of itself, for why it is the way it is. It is only that which appears to go against the ‘norm’ that is called upon to give an explanation. My interrogation of the ‘abnormal’, that is the absence of distress in relation to abortion, can be interpreted in the same way.

6.4. Researcher’s theoretical perspectives

As Mays and Pope (2000) argue, the theoretical frameworks a researcher employs informs all aspects of the research process and thus need to be acknowledged. In this research, adopting a social constructionist framework meant that the focus was on language use. The decision to use a narrative-discursive approach meant that the data would be in the form of narratives. As such the narrative interview method was ideal for narratives that would be (co-)produced within a research interview setting.

Limiting the narratives to those produced by women specifically was in line with post-structural feminist writings’ focus on women’s subjectivity: how the discourses that are used position women in certain ways and thus have consequences for women’s experiences of oppression (for example reproductive injustice). Viewing a pregnancy that is to be terminated as ‘unsupportable’ moves beyond the focus on ‘choice’ in abortion decision-making currently seen in pro-life/pro-choice debates. Although ‘choice’ speaks to notions of freedom when within a pro-choice discourse, it is also used (problematically) alongside a discourse of responsabilisation (Kelly, 2001). Using the signifier ‘unsupportable’, however, acknowledges women’s circumstances and the relations of power that shape these circumstances. Doing so has two important implications. Firstly, it enabled the development of a question which did not immediately assume that the element of ‘choice’ exists in abortion decision-making (e.g. ‘Can you tell me how an abortion was chosen?’). Secondly, it enabled the development of a question which did not assume that the decision to have an abortion had been made by the woman herself (e.g. ‘Can you tell me how you made the decision to have an abortion?’). As

a result, the final question ('Can you tell me how the decision to have an abortion was made?') opened up the opportunity for the construction of different narratives (for example, those in which the abortion 'decision' had been made by the woman, her partner or someone else, had been a joint effort, or was the result of circumstances and thus not a 'choice' *per se*).

7. Validation

According to a number of scholars, the criteria for establishing quality in quantitative research - validity, reliability, generalisability and objectivity - are not appropriate for qualitative research (Schwandt, Lincoln & Guba, 2007; Tracy, 2010; Willig, 2008). Instead, researchers have suggested that concepts such as credibility and transferability are more suitable.

7.1. Credibility

Tracy (2010, p.842) defines credibility as "the trustworthiness, verisimilitude, and plausibility of the research findings". One important way to establish quality is the concept of "multivocality" (Tracey, 2010, p.844). Multivocality refers to the attention to, and presentation of, the variety of participants' voices, and is a principle that is well-aligned with a feminist post-structuralist commitment to similarity *and* difference with regard to women's experiences (Amigot & Pujal, 2009). For example, in the analysis chapters to follow I pay attention to those narratives in which women stated that they do not want children, a voice which tends to be constructed as antithetical to womanhood.

Another important method to establishing credibility is through member checks. Member checks were conducted in a continuous process during the data collection process as well as afterwards. This process included the constant checking of the researcher/interviewer's understanding of the participants' narratives with the participants, as well as with the research assistant (Schwandt et al., 2007). Member-checking with the research assistant was particularly important as it meant I had an immediate opportunity to confirm or correct my understanding (and translation into English) of the participant's narrative. This process occurred during the interval between the second and third sub-sessions where follow-up questions were devised. Other instances of member-checking included checking the accuracy of Xhosa-English translation of data with an independent bilingual speaker, as well as reaching a consensus with my supervisor regarding the discursive resources and micro-narratives identified from the raw data.

Potter and Wetherell's (1987) concepts of coherence and participant orientation were useful aspects of the research process regarding validation. The concept of coherence refers to the requirement that the functions and effects of a discourse fit together in an explanatory framework. This was integrated into Taylor and Littleton's (2006) two-step narrative-discursive analytic method used. Potter and Wetherell (1987) define participant orientation as the commitment to use the participants' own words and phrases. This commitment was well suited to the narrative interview method (explained previously in this chapter). In my research, participant orientation further entailed the transcription of all the interviews as well as the provision and use of extracts which were taken from these transcripts. Finally, reflexivity was a tool used throughout the research process. As explained above, reflexivity refers to the researcher's transparency with regard to the researcher's influence on the research (Mays & Pope, 2000). It is hoped that my section on reflexivity has gone some way in ensuring the trustworthiness of the research undertaken.

7.2. Transferability

According to Willig (2008, p.150), transferability "allow[s] readers to explore the extent to which the study may, or may not, have applicability beyond the specific context within which the data were generated". Tracy (2010, p.845) explains that it "is achieved when readers feel as though the story of the research overlaps with their own situation". In order to achieve transferability, the researcher needs to offer thick descriptions of participants and their contexts, as well as examples of participants' own words which I have done through the use of extracts from interviews which were transcribed verbatim in English or were translated from isiXhosa.

8. Conclusion

Transparency and detail with regard to the researcher's account of the decisions made, procedures used and steps taken in having conducted the research is a vital process in knowledge production (Tracy, 2010; Willig, 2008). Not only does the methodology chapter of a research report provide an important context in which the analysis and interpretation of data must be viewed, but it makes it possible to further extend the knowledge produced by enabling others to use the methodology in different ways.

I began this chapter by discussing method. Thus I discussed the purposive sampling technique used to recruit the 25 women who participated in this study and the narrative interview method used to produce narrative data. I also outlined the steps taken in the

analysis and interpretation of women's narratives. The discussion moved to the ethical considerations of the study, using an approach to ethics that views it as a dynamic process that occurs throughout the stages of research (Shaw, 2008). Thereafter, I attempted to critically reflect on the research process and the aspects that influenced and shaped the final research product; the ways in which the researcher was positioned by herself and by others, the researcher's experience of negotiating micro-level interactions, the expectations the researcher had of the kind of data that would be produced, and the researcher's theoretical perspectives.

In the following two chapters I discuss my analysis and interpretation of the data. The two chapters are divided so that I discuss the discursive resources and practices drawn upon by the women in the first chapter (chapter 5). In the second chapter (chapter 6) I discuss how the discursive resources are drawn upon in the construction of micro-narratives. I look at the gendered and generational power relations referred to within the women's narratives as well as the implications the discursive resources and power relations have for reproductive justice.

Chapter 5: Problematizing the pregnancy

1. Introduction

The focus of this chapter (the first of two devoted to analysis and interpretation of the data) is the discourses drawn upon by the women in this study in constructing their micro-narratives of the decision-making process. In justifying the decision to have an abortion, participants problematised the pregnancy using various discourses. Participants constructed marriage as the legitimate space for reproduction to occur, invoked mothering practices and reproductive decision-making which centre on children's needs, and drew on constructions of non-marital gender relations as unfair and unstable. Participants also spoke of the injunction to become economically productive, constructed the decision to have an abortion as being a woman's choice alone, and invoked religion to construct abortion as sinful. In the following chapter, I discuss how these discourses are drawn upon in particular ways to normalise certain practices within the husband-wife and parent-child axes of the family. I also discuss how, in drawing on these discourses, an over-arching narrative is constructed in which abortion is the only option in the context of pregnancy that cannot be supported.

As discussed in the theory chapter, the family emerges in Foucault's (1978) historical account of sexuality as the site wherein a heterosexual, reproductive sexuality is normalised and maintained through the husband-wife and parent-child axes. In this section I focus on the discourses drawn upon by participants in constructing just such a sexuality, which, notably, has been transgressed. Abortion as a practice, then, becomes the means through which such a violation may be remedied and the means by which to ensure adherence to a heterosexual and procreative sexuality. In drawing upon these various, interrelated discourses, certain practices are normalised while others lie outside of the boundaries of the acceptable.

2. 'The conjugalisation of reproduction'

In the 'conjugalisation of reproduction' discourse, marriage and having children are inextricably linked. As such pregnancy and child-rearing outside of marriage are problematised and marriage is constructed as the proper, legitimate place for reproduction to occur. Within this discourse, marriage must necessarily, and preferably, come before reproduction. In order to have a family, therefore, one needs to be married. While participants implicitly acknowledged this injunction and agreed with it, the pregnancy itself was evidence

of a transgression of this expectation. Thus, for participants abortion becomes a means to make ‘right’. In line with this, this discourse was drawn upon by women who do not have any existing children as well as by women who already have existing children with a partner to whom they are not married. Women who already had children expressed or implied that they would wait until they got married before having any more children.

Extract 1 [Trans.]⁴

Abongile: [...] at home *mos* what will they say if again I have a second child? And I have not even gotten married /oh ok/ok/ yes (.) so then I prefer to do an abortion /mm/ (2) /Ok/

Extract 2 [Trans.]

Zukiswa: [...]then again yes he’s (.) he he is making conversations about marriage /mm/ but he’s not ready yet [...] but I think the age I am going to I need to know that this third child then perhaps I can get it within marriage (.) not outside of marriage (.)

In extract 1 (above), Abongile draws on the ‘conjugalisation of reproduction’ in explaining that the decision to have an abortion stems from her worry over her parents’ reaction. Hence, she states: “what will they say if again I have a second child? And I have not even gotten married”. Implied is that she should have gotten married before having children, especially before having another child. Similarly, in extract 2 Zukiswa narrates about how her partner has broached the subject of marriage but is “not ready yet” to get married. Having two children already, Zukiswa expresses her desire to have the third child “within marriage (.) not outside of marriage”. Unlike Abongile, Zukiswa is further motivated by the requirement that one’s life follows a very specific trajectory. As such, Zukiswa explains: “but I think the age I am going to I need to know that this third child then perhaps I can get it within marriage”. Implied is that having reached a particular age, marriage is an appropriate step in one’s life, preferably before one has children.

In the extracts below, the ‘conjugalisation of reproduction’ discourse is drawn on in a nuanced way. While the pregnancy is being problematised as it occurs outside of marriage, early marriage is discussed as a step that could be considered inappropriate and therefore unacceptable.

Extract 3

Louise: Because uh (.) they wouldn’t approve because we’re not married for one /mhm/ a::nd (2) yes I think that would be (.) and we’re still young /mm/ so (.) not being married and being young those are the two (2) the two reasons why they wouldn’t (.) /approve?/ approve /mm/

⁴ I have used this to designate those extracts that have been taken from interview transcripts that required translation from isiXhosa to English. Those extracts that are not designated in this way have been taken from interviews that were solely conducted in English.

because we're young and we're not married (.) so I guess if we were married (.) then then (.) I guess would be a problem if we got married young then (.)

Extract 4

PR: So for you it would be after your master's a::nd maybe around 26 27=

Louise: 26 27 (.) yes

PR: Then you'd be ready to (.)

Louise: Yes (.) get married have kids (.) whatever else follows

In extracts 3 and 4 Louise explains the reason for her parents' disapproval of the pregnancy: the pregnancy is occurring before marriage. Significantly, however, Louise states that there is one important condition that must be met even when marriage has come before reproduction. In order for reproduction to be legitimate, marriage has to occur at the appropriate age. That is, when young (not quite yet considered an adult) it is not enough to have children after marriage as early marriage and the attendant expectation of child-bearing would also be problematic. Thus, in extract 3 Louise states: "they wouldn't approve...because we're young and we're not married (.) so I guess if we were married...would be a problem if we got married young then". In extract 4, Louise briefly outlines the expected and age-appropriate life trajectory in which marriage is clearly the first step taken. Hence she states that after having completed her education and roughly around the age of 26/27, she would then be ready to "get married have kids (.) whatever else follows". In employing this discursive resource, Louise demonstrates the taken-for-granted-ness of both marriage and having children.

As the above extracts show, within a discourse of the 'conjugalisation of reproduction', marriage (and reproduction) is the preserve of adult men and women. In the extracts below, however, norms for acceptable reproduction also prohibit adult men and women who are no longer married from reproducing.

Extract 5

Anelisa: I am still young and (1) /ok/mm/ ok I am still young (.) my age does not allow me [to have a child] [...] and then now another thing is (.) I am being raised by a single parent *ne?* =/oh/ my parents are (.) separated [...] then now since I was raised by separated parents I do not want to also raise my child in that relationship (.) so at least marriage (1) before a child /mm/ ye::s so yes=

Extract 6

Lilly: [...] I have three kids /ok / so after after (.) I saw that I am positive /mm/ and this time I realised that (.) do I really want kids yes or no =/mm/ at this point in time /mm/ I mean I'm I'm I'm (.) I'm a divorcee /mm/ so do I really want to have kids or no or not? Not

In extract 5 (above) Anelisa explains that her youth means that child-bearing is not permissible: “I am still young (.) my age does not allow me [to have a child]”. In choosing those particular words, Anelisa removes early pregnancy and reproduction from her field of possibilities by implying that it is forbidden. Also frowned upon, as Anelisa goes on to suggest, is the single-parent or broken family while the family led by the heterosexual dyad is valorised. Hence she states that she would not like to raise her child without a (male) partner. Marriage before having a child is the best way to avoid that: “since I was raised by separated parents I do not want to also raise my child in that relationship (.) so at least marriage (1) before a child”. As the above extracts show, while age is an important factor in determining the appropriateness and acceptability of motherhood, it is marriage that lends legitimacy to reproduction such that in the event of divorce, child-bearing is problematized regardless of the woman’s age. Accordingly, in extract 6 (above) Lilly says the following: “I realised that (.) do I really want kids yes or no =/mm/ at this point in time /mm/ I mean...I’m a divorcee”. In drawing on the ‘conjugalisation of reproduction’ within their abortion decision-making narratives, participants ‘confess’ to having deviated from this norm (by virtue of needing an abortion) while they attempt to remedy this transgression, thus positioning themselves as responsible.

In her study on parenthood decision-making among ‘White’ South African men and women, Morison (2011) found that most participants drew on a ‘conjugalisation of procreation’ discourse. Within this discourse, “marriage was identified...as a prerequisite to childbearing and constructed as a prominent part of and a *precursor* to childbearing” (Morison, 2011, p.211). As such, most participants opened their narratives with a statement about having gotten married. In this present study, one of the most often-cited reasons for the abortion decision was the fact that participants (those who already had children and those who did not) were not yet married. For some participants, the expectation that marriage must precede reproduction is associated with parental figures, positioning them as guardians and enforcers of a sanctioned sexuality. As Macleod (2003) argues, the conjugalisation of reproduction stems from the linkage of the husband-wife and parent-child axes which interweaves marriage and child-bearing. The result is the valorisation of a reproduction that occurs within the legitimate and legitimating context of marriage at the expense of other family formations which get pathologised. In order to be seen as responsible citizens, individuals must therefore adhere to the injunction to reproduce within marriage (Macleod, 2003).

3. Interrelated discourses: ‘Motherhood’, ‘Child-centred’ and ‘Family planning’ discourses

When constructing their narratives, most participants utilised a ‘motherhood’ discourse in tandem with a ‘child-centred’ discourse. These discourses feature across several of participants’ narratives. In a discourse of ‘motherhood’, participants justify the decision to have an abortion by foregrounding their role as a mother to existing children or by stating their intention to one day be a mother. Within participants’ narratives, a particular kind of motherhood emerges. *Doing* motherhood requires intense levels of engagement with (young) children regarding attention and care. This kind of mothering is child-focused and thus invokes the image of the ‘selfless mother’ who constantly considers her children’s well-being. In this way, a ‘motherhood’ discourse is inextricably tied to a ‘child-centred’ discourse. Interestingly, however, some participants constructed this intensive mothering as demanding, stressful and therefore detrimental to the well-being of the mother and used this to justify the abortion decision. Significantly, for the majority of the women in this study abortion is a means to delay motherhood as opposed to foregoing it entirely. A feature of this discourse is the use of the phrase “not ready yet” when speaking about motherhood. By focusing on the timing of motherhood, participants frame the question of whether to be a mother as one of ‘when’ and not ‘if’, thus constructing motherhood as inevitable.

A ‘child-centred’ discourse proved to be a significant resource that was drawn upon both by women who had children and those who did not. Within this discourse, women assigned personhood to the foetus by referring to the foetus using terms such as “child” (the most often used) and “baby”, thus constructing the foetus as a subject. Using a ‘child-centred’ discourse women focused on the needs of the potential child and/or existing children as opposed to their own and anticipated the kind of childhood the child/children would have, as well as how their development would be affected by continuing the pregnancy. In doing so, some women invoked the ‘family planning’ discourse by discussing their intentions regarding the spacing of children, specifically as it impacts on child development. By framing the decision to have an abortion in terms of the needs of the potential child or existing children, women were able to position themselves as selfless, caring and motherly/a ‘good’ mother. In doing so, women drew on dominant constructions of womanhood which valorise these mothering practices. Below are some examples of the three discourses.

Participants' constructions of motherhood as taken-for-granted, natural and therefore unquestionable, were understood to involve a construction of motherhood as inevitable. When utilising this discourse, whether or not to become a mother was not at issue. Instead, at issue was the timing of motherhood. In this discursive context abortion is a means to delay motherhood until the right time. The extracts below are some examples.

Extract 7

Anelisa: I am still young and (1) /ok/mm/ ok I am still young (.) my age does not allow me [to have a child] (.) I am not ready to have a child now and (1) I want (to put this aside) you see? /mm/ so at least I can think about a child a little bit later

Extract 8

CR: (1) ok (.) ok ok (.) is there not anything else that is making you make this decision?

Sinako: There is nothing

CR: There is nothing at all?

Sinako: Mm (1) I am not ready in the way that I am still studying

In extract 7 Anelisa uses a 'motherhood discourse' to construct motherhood as inevitable. Through abortion Anelisa means to postpone motherhood. Although, when she says "so at least I can think about a child a little bit later", she seems to suggest that what she needs to think about is whether or not to have a child, her previous statement about her age preventing her from having a child implies that the issue is simply one of timing. Similarly in extract 8, Sinako states that she is not ready to have a child. But unlike Anelisa, Sinako gives an indication of when she will be ready to mother a child; once she has completed her studies. In employing a 'motherhood' discourse as a discursive resource, participants are able to soften the negative positioning that comes with having an abortion. Instead of eschewing motherhood altogether, participants mean to defer motherhood duties until they are best able to meet them. In doing so participants are able to position themselves as 'good' and 'proper' women.

As the extracts below will demonstrate, for most of the women in this study who employed a 'motherhood' discourse alongside a 'child-centred' discourse, assessments about how the existing child(ren) would be affected by the introduction of another child revolved around the high level of care and attention that the young child(ren) still needed. Thus, a rhetoric of needs was relied upon. Although this was not always explicitly stated by the women, the focus on the age of the child was taken as an indication that the woman's concern revolved around her ability to give adequate care and attention, practices associated with mothering.

Extract 9

PR: U::m (2) if you were ready /mm/ what would your circumstances be (.) if you were ready to have a third one

Lusanda: If they were older

PR: If the two kids now were older /mm/ ok and then you'd feel like you'd be ready (2) ok

Lusanda: 'Cause the (.) um (.) the first born is seven and the last born is four so (3)

PR: They're still young for you?

Lusanda: Still young

Extract 10 [Trans.]

Zukiswa: [...] and then again (.) I cannot say I will have this child and then take care =/yes/ of it the child because (.) he won't grew up the same way as the two children /mm/ and it's going to be unfair to /mm/=mm/ this third child (.) it will be like I am choosing [him or her]⁵ or I do not love [him or her] enough /mm/ so at least if we wait ok (.) until we have a stable house (.) stable home for them (.)

Extract 11 [Trans.]

Mandisa: [...] I have a first child (.) my first child needs to be looked after because she is disabled /mm/ (1) so there are the reasons (.) and then I left my mother's place (.) and she is also old (3) she will not have a chance to wait on my first child (inaudible) (.) I am thinking of my child

In extract 9, for example, Lusanda says that she will feel ready to have a third child when her two existing children are older (the one is seven and the other is four). Like most of the women in this study, Lusanda does not specify why the young age of her children would be a reason to have an abortion: it is seen as self-explanatory. This is evident in Lusanda's use of the word "so" to conclude the following statement: "the first born is seven and the last born is four so (3)". The significance of the children's age is thus taken for granted.

In drawing on a 'child-centred' discourse participants not only expressed the notion that children need a certain level of attention and care in order to develop fully and in a healthy way, but also that children need to be treated equally and fairly. Thus Zukiswa (extract 10) states the following: "he won't grew up the same way as the two children /mm/ and it's going to be unfair to /mm/=mm/ this third child". Zukiswa's concern is that, owing to the circumstances he/she would be born into, her potential child would not have the same (good) childhood experiences as his/her siblings. As a result of being treated differently, Zukiswa worries that her third child might believe that he/she is loved less. Although the implication

⁵ This extract was taken from a translated interview script. In isiXhosa, as well as in other Nguni languages, although words for 'man'/'boy' and 'woman'/'girl' exist, pronouns are not gendered. As a result, specificity of meaning is usually derived from using words such as 'boy'/'girl'. As Zukiswa does not do so, there is ambiguity in the English translation.

of this is left unsaid, it can be assumed that Zukiswa is implying that the third child will suffer emotionally as a consequence.

In contrast, Mandisa (extract 11) frames her decision to have an abortion in the context of needing to ensure that her child is taken care of. That her child has a disability suggests that a higher level of care and attention is necessary, and therefore that the consequences of failing to meet his/her needs would be quite severe. By using the term “child” or “baby” as opposed to “foetus” (or as opposed to “potential child” which I have used here for clarification purposes), participants positioned the foetus as a vulnerable subject whose interests need not only to be protected but also need to be prioritised, sometimes above the women’s own interests and needs and sometimes alongside the needs and interests of existing children.

While focusing on the needs and interests of existing children, some participants invoked the ‘family planning’ discourse. Within this discourse, responsible parenting/mothering requires that reproduction is the result of rational planning that occurs before child-bearing. As a result of this planning, births are adequately spaced in order for each child to receive the level of care and attention necessary in order to develop well.

Extract 12

Zukiswa: [...] my:: uh little one is only two years /mmm/ so I do have my first born he is four /ok/ but what happened when he was two I gave birth to this one /ok/ so now I just felt like it would be unfair to my kids= /mmm/ ‘cause whenever they’re turning two there has to be a new kid on the block [...] and agai::n (.) I believe that for me and the father (.) it is not the right time (.) becau::se we we gave each other that ok (.) now that we have our two boys at least we’re going to wait eh for five years in between them /mm/ so that uh the two uh (.) uh (.) that we have (.) already /mm/ they would go to school /mm/ and they would have all the love they need from us /mm/ and the by the time we introduce then the new one (.) they would be much (.) more like ready /mm/ =at least maybe if they’re on their ages (.) seven and eight /mm/ they would understand more

In extract 12 (above) Zukiswa’s worry is that her existing children will receive less than the level of care and attention that they are due if another child is introduced into the family too soon. Hence she says the following: “I just felt like it would be unfair to my kids= /mmm/ ‘cause whenever they’re turning two there has to be a new kid on the block”. The implication here is that the introduction of another child will divert needed attention and care away from the existing children, thus making it necessary that a certain amount of time passes between having children. As Zukiswa herself explains, she and her partner had agreed upon a period of five years before introducing a third child as this would enable the existing children to go to school and receive “all the love they need”. Furthermore, her existing children would be more prepared and “would understand more” about the decreased level of attention.

With regard to the potential child, occasionally, however, when drawing on a ‘child-centred’ discourse women acknowledged that the potential child would need a certain level of care and attention but did so in a way that constructed motherhood as demanding.

Extract 13 [Trans.]

Qaqamba: [...] I was distressed a lot after raising my two children /mm/ so I do not (.) I do not think I will again on my own be able to raise another one

Thus, in extract 13 (above), Qaqamba states that owing to the difficulty she had raising her two existing children, she will not be able to raise another child on her own. By calling attention to the challenges of child-rearing as a justification for having an abortion, Mandisa deviates from dominant constructions of motherhood used by participants in this study. In doing so, she troubles the image of the ‘selfless mother’ by considering how she will be affected by raising another child.

In her study on narratives of the process of parenthood decision-making, Morison (2011) discusses participants’ use of a ‘child-centred’ and ‘family planning’ script in their narratives. Within her study, the ‘child-centred’ script entails a “rhetoric of children’s needs” (p.176) in which “the child’s needs and interests are raised above all else” (Morison, 2011, p.177). Unlike in the present study, within Morison’s (2011) study the use of this rhetoric by participants, as they attempted to justify having children, occurred alongside a rhetoric in which children are constructed as having intrinsic value for parents. Valuing children in this way was in turn accompanied by a ‘glorification of reproduction’ in which the difficulties of child-rearing are down-played. Contrastingly, in the present study participants spoke, although infrequently, of the demands of motherhood as a reason for abortion. Drawing on a ‘family planning’ script’ in which couples are called upon to make rational and responsible decisions regarding the number, timing and spacing of children in consideration of their children’s needs, participants in Morison’s (2011) study took the wantedness of a pregnancy to mean that it had been planned for and in doing so attempted to position themselves as responsible. It is interesting that within this study participants also laboured to position themselves a responsible by considering the children’s needs.

Interestingly, the ways in which motherhood was constructed (sometimes contradictorily) in the present study has been reflected in other studies. For example, in Sevón’s (2005) study on motherhood decision-making, participants spoke of always knowing that they wanted to have children, despite not always being able to explain why. For the participants in her study, the timing of motherhood led to a consideration of options other than continuation of the

pregnancy (Sevón, 2005). Similar to participants in the present study, in Bowes' (2009) research participants employed a 'selfless mother' discourse. For the participants in her study, a 'selfless mother' discourse constructed motherhood as a challenge and necessary sacrifice, as well as a privilege.

As demonstrated in research on the ways in which women and men make sense of abortion, constructions of the foetus as a "child" tend to be followed by constructions of abortion as an act of murder and killing, which position the woman as murderer. This was found in a study conducted in the Eastern Cape, South Africa, on male participants' constructions (in a focus group context) of abortion (Hansjee, 2011). A similar finding was found in a study, conducted in Sweden, which sought to determine the meanings abortion held for women who had recently had an abortion (Hallden et al., 2009). In the present study, however, despite participants' reliance on a 'child-centred' discourse, 'abortion as killing' was used as a discursive resource by one participant only.

Despite the trouble such a 'child-centred' discourse potentially presents, the women in this study were able to draw upon this discourse in such a way as to positively position themselves as 'responsible', 'caring', 'selfless', 'good mothers' or as 'motherly', a reflexive positioning which could only be achieved by utilising this discourse. Considerations of the young ages of existing children was also reflected in a study by Rabindranathan (2003) among women in Delhi, India. For a number of women in the study, the concern was that their young children still needed significant attention and care and that introducing another child would compromise the level of care and attention that the existing child/children would receive. In a recent study conducted in the US by Jones et al. (2008) women similarly focused on the well-being of existing children as well as the needs of the potential child. In doing so, women positioned themselves as responsible, 'good' mothers and as capable of thinking about the needs of others, similar to the women in this present study.

4. 'Unfair/unstable gender relations' discourse

A discourse that was drawn upon fairly often was one in which heterosexual, romantic, non-marital relationships are at once constructed as unstable or transient as well as unfair, unjust and unequal. As part of the instability of these gender relations, women regard abandonment by their male partner as a taken-for-granted possibility. As such, abandonment is a reality that needs to be taken into account when deciding about what to do regarding a pregnancy as abandonment would indubitably mean that the women would have to raise the existing

children and/or the potential child themselves. Although not explicitly stated, by refusing to accept and by taking steps to avoid sole responsibility for child-rearing, the women who used this discourse implied that gender relations in which the women would have to raise the existing children and/or the potential child themselves are indicative of an unfair and unjust state of affairs that must not be accepted. Sole responsibility for child-rearing, which the women wanted to avoid, was thus a risk that the women needed to safe-guard themselves against through having an abortion.

Extract 14

Zukiswa: [...]then again yes he's (.) he he is making conversations about marriage /mm/ but he's not ready yet /o::h/ and so now um I also I didn't want to make (.) to put myself on the spot /mm/ and say ok maybe if I have a third child /mm/ maybe he's going to propose /mm/ because the children at the end of the day they're going to remain with me because they're mine /yes/ what if he decides to marry another person /(inaudible)/= and then I'm left with the responsibility of three children

Extract 15

Andiswa: [...] I think he has blacklisted me /mm/ meaning that he does not want anything to do with me when I speak about the child and things (.) understand? /mm mm mm/ because starting (.) before I started to talk about the child we were speaking nicely /mm mm/ understand? /o::h/ But that week (.) he no longer wanted anything to do with me (.) by me and what I am talking to him about [...] I think he does not want anything to do with me and the child

Extract 16

CR: [...] your thing of being unemployed (.) is it the only:: u::m (1) reason maybe (.) to make this decision or there's (.) there are other reasons?

Anele: Mm (.) n::ot re::ally:: (.) the other reason is that /mm/ that my boyfriend said it it's (.) it's not his child so (2)

In extract 14 above Zukiswa narrates about how her partner has broached the subject of marriage, not in response to this pregnancy specifically, but is “not ready yet” to get married. She continues on to say that having this third child and hoping that marriage would follow afterwards would be risky because her partner might not marry her and might leave, leaving her with the responsibility of raising the children. As a result, Zukiswa decides against continuing the pregnancy: “what if he decides to marry another person /(inaudible)/= and then I'm left with the responsibility of three children?”. That abandonment by the woman's partner is something that requires consideration suggests that women can expect to be abandoned, in other words that it is a commonplace practice. In this discursive resource then, marriage is constructed not only as the appropriate context for heterosexual reproduction, but it is also constructed as a form of security that guards against the instability of gender relations; without it, Zukiswa cannot be certain that her partner will not abandon her.

In extract 15 (above) the instability of gender relations plays out. Here, Andiswa narrates her partner's lack of interest in their relationship and how it began around the time that she first told him she was pregnant. Andiswa states: "before I started to talk about the child we were speaking nicely /mm mm/ understand...But that week (.) he no longer wanted anything to do with me". In Andiswa's narrative, the fact that her partner is no longer reachable means that Andiswa will have to raise the child alone if she decides to continue with the pregnancy. Furthermore, as extract 16 shows, unstable gender relations come with the possibility of paternity denial on the part of the male partner, even if the partner has not decided to leave the relationship. Thus, for Anele (extract 16), her partner's refusal of paternity means that she will have to raise the child alone.

Such a construction of non-marital gender relations was similarly observed in a study by Frederikson (2000) among young men and women in Kenya. In group interviews, participants compared formal and informal marital relations with the former characterised by security, longevity/permanency, and paternity recognition while the latter is characterised by instability, the transient nature of relationships, and paternity denial. Interestingly, informal relations were also associated with equality and joint decision-making (Frederikson, 2000). Similarly, Morison (2011) found in her study that participants used a discourse of 'the conjugalisation of procreation' to construct marriage as a foundation of stability for the couple. In the present study participants viewed gender relations that occur outside of marriage as unstable and transient as a result of the constant possibility of abandonment with marriage being seen as providing not only stability to these relations but also security to the women themselves by removing the possibility of abandonment which results in women's sole responsibility for child-rearing. In contrast to the findings of Frederikson's (2000) study, however, participants in this study invoke unstable gender relations in a way which characterises them as unequal and unfair with regard to child-rearing.

The concerns of women in this study around partner abandonment and having to raise the potential child alone as a result have been reflected in research around women's reasons for having an abortion. For example, Alex and Hammarstrom (2004) found in a study conducted in Sweden that among the women in their study, most women reported that their male partner was against having a baby with the implication that the women would have to raise the child themselves if they continued with the pregnancy. In another study by Kimport et al. (2011) it was revealed that some participants had been abandoned by their partner upon him finding out about the pregnancy, making the women feel that continuing the pregnancy was not an

option. In other studies, denial of paternity has been used by male partners as a reason to opt out of the relationship and the responsibilities of parenting (Cleeve, Phrasisombath, Sychareun & Faxelid, 2014; Hess, 2007; Atuyambe, Mirembe, Johansson, Kirumira & Faxelid, 2005). The implication of this, that child-rearing becomes the woman's responsibility if she decides to go ahead with the pregnancy in the absence of her partner's support, was reflected in the women's narratives through a discourse of 'unfair/unstable gender relations' in which the partners are interactively positioned as unreliable and irresponsible, thus challenging the notion that child-rearing *should* be women's responsibility.

5. The 'production of an economic self'

In this discursive resource, participants decide on abortion in order to further their education and undergo training in the hopes of future employment and in so doing pursue their own independence. For participants, the decision presented before them is whether to continue with the pregnancy and pursue motherhood *or* to become economically productive: both are not possible in the context of the current pregnancy. Pregnancy (and motherhood) is thus negatively constructed as an obstacle in participants' pursuit of independence. In employing this discourse, the women were able to position themselves as responsible, as well as independent, by adhering to the injunction to make oneself economically productive.

Extract 17 [Trans.]

Sinako: Because then now we are involved in training and then now I (.) if they find out find out that I'm pregnant (.) they can disqualify me from college so (1) it [carrying the pregnancy to term] will mess up my future then

Extract 18 [Trans.]

Zusakhe [...] so:: I saw that I will never be able and I do not need to discuss this at all /ok/ like with family (.) I will do it myself now (2) (I was counting let me say perhaps I am one month pregnant now) (.) I will be giving birth [in/around] September October during that time I am writing this exam (.) I will not be able =/ok/ (inaudible) I will not do it /ok/ (3)

In extract 17 (above), Sinako explains that she is currently undergoing training at a police academy and that if she continued the pregnancy and it were discovered, she would lose her place in the training programme and would consequently not be able to be employed as a police officer: "if they find out that I'm pregnant they can disqualify me from college". The pregnancy, then, would "mess up" the plans Sinako has for her future, plans which did not include having a child at this time. Abortion, therefore, is the only way for her to pursue those plans. Similarly, Zusakhe (extract 18) explains that she is currently studying and that continuation of the pregnancy would constitute an interruption of her studies: "I will be

giving birth September October during that time I am writing this exam”. As a result, Zusakhe “will not be able” to give birth to and take care of the child *and* do well in her exam. Abortion, then, is constructed as the means by which the women in this study are to become economically productive.

Within a discourse of the ‘production of an economic self’, citizens must not only be economically productive but must do so independently of others. In other words, the injunction is to make individual contributions to the economic development and growth of the state. Extract 19 below demonstrates this point.

Extract 19

Sesethu: [...] he was considering marrying me so (makes a sound to signal her disagreement with this) I::’m still not ready ‘cause (.) I don’t wanna be a housewife /mm/ if I go to school then (.) if I get married now /mm/ he’ll have to support me [...]if I get married I want to get married when I have everything /mm/ I’ve got my own job and everything else

Sesethu (extract 19 above) describes the consequences of continuation of the pregnancy for her future, consequences which extend beyond disruption of school. Thus she explains: “I don’t wanna be a housewife /mm/ if I go to school then (.) if I get married now /mm/ he’ll have to support me”. If Sesethu continues the pregnancy and agrees to get married (which would legitimise the reproduction that has occurred), she will be dependent on her partner. Without a completed education, Sesethu will not be employable and will thus have to be a “house wife”. Thus, Sesethu draws on a discourse in which certain forms of labour are valorised above others precisely for the kind of contributions they can make to the economy. As such, Sesethu has decided to only get married when she can be economically productive and independent, while occupying the role of mother.

Macleod (2002) explains how within a discourse of economic development, the injunction to produce an economic self, made possible through education and skills development, is necessary in order to ensure economic growth which leads to economic security. Within this discourse, available subject positions are the rational ‘economic man’ who succeeds in producing an economic self and the economic deviant who refuses to do so. Although women, too, may produce an economic self, the gendered division of labour (with women occupying the private and men the public in the private/public binary) means that it is by no means a straightforward process. As Macleod (2002, p.661) argues, for a woman to produce an economic self she must either “forgo child-bearing or perform the dual roles of economic woman and mother”. For women in the present study wishing to produce an economic self, the current pregnancy constitutes a threat to this production.

6. A ‘choice’ discourse

Within their narratives, participants sometimes relied on a ‘choice’ discourse when discussing by whom the decision to have an abortion was made. As such, women who used this as a discursive resource stated that they had been the one to make the decision. Within this discourse, the unexplained, and therefore taken-for-granted, assumption that the woman herself would be the one to choose to have an abortion implied that women *should be* the one to make the decision and not their partners. Interestingly, the choice to have an abortion was not framed using a language of reproductive/human rights. Instead, the implication that the choice to have an abortion should be theirs was grounded in the women’s circumstances. Thus the women in this study spoke about abortion as a woman’s choice based on who continued pregnancy and subsequent child-rearing would affect the most.

Extract 20

Zukiswa: [...]so:: uh ya:: yes but (.) he:: was not keen for me to do it (.) but at the end of the day I said to him we have to do it /mm/ eh we have to do it

Extract 21

Zukiswa: [...] when I told him I am pregnant he said no way /(laughter)/ only (.) six months (.) six weeks since I have returned? And the child I am carrying is seven weeks [...] no then what will we say about this? We really need to talk about it /mm/=mm/ but anyway we thought it opens on Saturday (.) Saturday I went with him (.) he was going to support me (.) in whatever decision I took /ok/ so he also knows that I’m here now =/mm/ and he is fine (.) with our decision

In extract 20 and 21 above, Zukiswa narrates the conversation that she and her partner had about the pregnancy. She explains that her partner “was not keen” for her to have an abortion. In this narration it is Zukiswa who decides that they “have to do it”. Zukiswa positions her partner as supportive of her decision, despite not having been enthusiastic about it. Thus she states: “he was going to support me (.) in whatever decision I took”. Interestingly, Zukiswa’s deployment of a ‘choice’ discourse reveals the potential trouble that accompanies this discursive resource. By confiding that her partner wanted to continue with the pregnancy and therefore that she acted against the wishes of her partner, Zukiswa reveals an imbalance in decision-making authority, one which is not only permitted but requires no justification within a ‘choice’ discourse on abortion (hence the absence of an explanation). At the same time, however, the deployment of this discourse goes against ideals of unity and joint decision-making in romantic relationships. Thus, in using this discourse, Zukiswa (extract 21) risks being positioned as having little regard for her partner’s wishes. Zukiswa’s attempts to avert this trouble can be seen, firstly, in Zukiswa’s mentioning of her partner’s acceptance of

the decision and then, secondly, in a shift in the way Zukiswa attributes ownership of the decision: “he is fine (.) with our decision”.

As the extracts below will show, for some women the decision to have an abortion *should be* made by the woman. Furthermore, participants stated that this decision could be made without discussing it with others, including the partner. Thus, for some women in this study, the abortion decision not only could, but should, be made by the woman *alone*.

Extract 22

Lilly: [...] I saw that I am positive /mm/ and this time I realised that [...] so do I really want to have kids or no or not? Not /mm mm/ alright fine how to go about it now? /yes/ Do I tell anyone? Do I tell even the person? No

Extract 23 [Trans.]

CR: Mm (1) ok (.) so if if if (.) he is the one (.) it is him (.) what do you say? (.) He is the one that spoke about (.) he spoke about your jobs=

Zusakhe: No I do not want a child

CR: You?

Zusakhe: Mm /ok/ I was consulting him because he is the father of the child but otherwise (.) if I liked I would not have (.) I really would have (.) I would not even have told him that I am pregnant

Once again, in extracts 22 and 23 there is the absence of an explanation or justification for the fact that the woman has been the one to make the decision. In contrast to Zukiswa, both Lilly and Zusakhe (extracts 22 and 23 respectively) not only state that the decision to have an abortion was theirs, but go so far as to imply that the decision *should* be theirs to make. Therefore, in extract 22 Lilly describes her thought process with regard to whether or not to inform her sexual partner of the pregnancy: “Do I tell anyone? Do I tell even the person? No”. The emphasis Lilly places on the “no” suggests how strongly she feels about not needing to involve her partner, or anyone else, in the decision-making process. That Lilly should be the one to choose whether to have an abortion or not is based on her circumstances: Lilly does not want to have a child, therefore, the choice should be hers to make as she would be the one responsible for child-rearing.

Although Zusakhe (extract 23) did inform her partner of the pregnancy, she, too, implies that the decision was hers to make. Thus, when the research assistant interprets Zusakhe to be saying that the decision to have an abortion was her partner’s, like Lilly, Zusakhe says that she does “not want a child”, and therefore that the decision was hers to make. In her elaboration, Zusakhe implies that informing her partner of the pregnancy was done out of a sense of courtesy as opposed to being done out of a sense of duty or obligation. Hence she

states that she was under no obligation to tell him but did so because she wanted to: “I was consulting him because he is the father of the child but otherwise (.) if I liked...I would not even have told him that I am pregnant”.

That the women in this study drew on a ‘choice’ discourse while avoiding the language of reproductive/human rights is interesting as ‘choice’ and ‘reproductive/human rights’ discourses tend to be used in tandem when discussing the abortion decision. This can be seen in ‘pro-choice’ discourses as well as in other studies on abortion. For example, in Bowes’ (2009) study conducted in the Western Cape Province of South Africa, in participants’ focus group discussion of a vignette (in which a woman is faced with deciding what to do about a pregnancy) a ‘reproductive rights’ discourse was invoked. In doing so, participants argued that the woman should have the right to choose because it is her body that is being affected by the pregnancy and because it is her future that would be impacted upon by continuation of the pregnancy and subsequent child-rearing. In another study around men’s talk of abortion, the concept of rights was also drawn upon (Hansjee, 2011).

Contrastingly, in Hansjee’s (2011) study, male participants spoke about men’s rights regarding involvement in decisions about what to do about a pregnancy. While some participants disagreed that women should have the right to make abortion decisions (especially without speaking to her partner) and even implied that this was unfair, other participants reluctantly accepted that this is often the case as, while men should have the right to have a say, men do not have the right to force a woman one way or the other. In this study, however, participants argued that abortion should be a woman’s choice because of her circumstances instead of grounding the idea within the context of ‘rights’.

That most women in this study stated that the decision to have an abortion was their own decision, even though continuing the pregnancy had not been an option, is consistent with research that has found women to be the primary decision-maker in some instances and men to be the primary decision-maker in others. In a study by Tsui et al. (2011) for example, while some men stated that reproductive decisions should be made by the male partner, other men drew on a pro-choice discourse in accepting that the final decision with regard to whether or not to have an abortion would ultimately be the woman’s decision. That some of the women in the present study implied that the decision to have an abortion should be made by the woman herself is also consistent with research by Kimport et al. (2011) in which most women stated that they needed to feel that the decision to have an abortion was their own.

7. 'Religious/moral' discourse on abortion

A religious/moral discourse constructs abortion as an act of killing and therefore as immoral and sinful. As a result, within this discourse personhood is assigned to the foetus which is recognised as a life. Consequently women who undergo abortion are subsequently positioned as murderers and as sinners.

Extract 24 [Trans.]

Phumeza: It's because I was raised in a family that went to church (.) /ok/ so the Bible says you should not kill (.) /ok/ then I have to kill just because I have no option (.) /ok/ yes (1)

Of interest is that Despite the use of a language of foetal personhood by most participants in this study, only one participant employed a 'religious/moral' discourse in her narrative. In extract 24 above, Phumeza explains that she "was raised in a family that went to church". Referring to the Bible, Phumeza constructs abortion as killing and positions herself as culpable. However, Phumeza attempts to alleviate some of the blame and responsibility by stating that she does not have a choice: "I have to kill just because I have no option". For Phumeza, she is not having an abortion because she wants to (which would position her as wilfully sinful) but because there is no alternative course of action. In doing so, Phumeza instead occupies a subject position in which she is a victim herself.

In research conducted by Bowes (2009) on the constructions of abortion held by men and women living in the Western Cape Province of South Africa, a religious 'anti-abortion God's will' discourse was found to be one that was predominantly used. Within this discourse, participants referred to the Bible and God as authoritative voices in constructing abortion as "murder and therefore a sin, resulting in the woman being positioned as a murderer and sinner" (Bowes, 2009, p.89). Participants suggested that a Christian religious faith is incompatible with an acceptance of abortion. In another study conducted by Hess (2007) in which women narrated their abortion experiences, in one narrative of four abortion was described as a sinful act which required forgiveness. In the present study, a similar construction of abortion is evident. That a 'religious/moral' discourse was hardly drawn upon in the present study and in the study by Hess (2007) in comparison with Bowes' (2009) study in which participation involved focus group discussions is significant. In a public space in which participation does not require one to 'admit' to having had or having decided upon having an abortion, a 'religious/moral' discourse may prove to be a particularly useful resource in positively positioning oneself as moral. However, where participation takes on a

private ‘confession’ between the participant and the researcher, a ‘religious/moral’ discourse is not as useful in making positive subject positions available.

8. Conclusion

In constructing their narratives, the women in this study drew on discourses organised around two main themes. In the first theme, discourses revolved around sexual practices. A discourse on ‘the conjugalisation of reproduction’ served to normalise and legitimise reproductive sexual relations that are located within the marital relationship or the husband-wife axis. As only three of the women in this study had at some point (but were not currently) married, pregnancy outside of the husband-wife axis was problematised by the women in this study. Along the parent-child axis, ‘child-centred’ and ‘motherhood’ discourses drew on mothering practices associated with the ‘selfless’ and ‘sacrificing’ mother while a ‘family planning’ discourse reinforced mothering practices which consider the child above all else. In using a discourse of ‘unfair/unstable gender relations’, however, participants challenged traditional constructions of motherhood in which child-rearing should be a woman’s responsibility. Interactively positioning male partners as unreliable, the women in this study constructed non-marital romantic relationships as unstable relations in which child-rearing would have to be their sole responsibility in the event of abandonment by their male partner. Using a ‘production of an economic self’ discourse, most women in this study constructed pregnancy (and motherhood) as an obstacle and a hindrance in the pursuit of education and skills training opportunities which would lead to employment.

Lastly, women constructed the practice of abortion by drawing on a ‘choice’ and a ‘religious/moral’ discourse. Invoking a ‘choice’ discourse, some of the women in this study stated that the decision to have an abortion was theirs and suggested that an abortion decision *should* be made by women themselves. In suggesting that the decision to have an abortion must be the woman’s decision, the women did not use a language of reproductive/human rights but rather based this on their circumstances. Despite several references to the foetus as child, only one participant drew on a ‘religious/moral’ discourse which constructs abortion as an act of murder and therefore sinful.

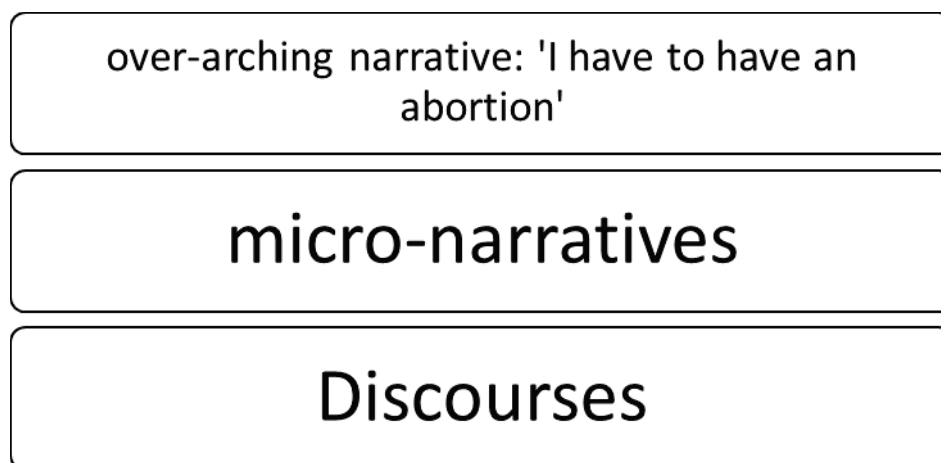
While these discourses have generally been discussed separately in this chapter, in practice participants seldom employed one discourse at a time when constructing their micro-narratives. In the following chapter, I turn to the micro-narratives constructed by participants and how the discourses outlined here were used as tools in producing these micro-narratives.

Chapter 6: An over-arching narrative: ‘I have to have an abortion’

1. Introduction

In this study, participants were asked to tell a story around the abortion decision-making *process* that is around *how* the decision to have an abortion was made. Despite this, most of the micro-narratives produced focused on *why* the decision was made. Thus, the micro-narratives discussed in this chapter are mostly narratives in which women provided their reasons for abortion in an attempt to justify the decision. As the diagrams below will show, the picture that emerged was a layered narrative effect. Thus, discourses (discussed in the previous chapter) were used by participants to construct micro-narratives which were then used to construct participants’ larger/main narrative of abortion decision-making. Figure 1 captures this effect with discursive resources representing ‘level 1’, the micro-narratives ‘level 2’ and the larger narrative ‘level 3’. For simplicity, however, I will discuss the micro-narratives individually. Across the women’s narratives of abortion decision-making, ‘I have to have an abortion’ figured as an over-arching narrative that was not only most commonly constructed by the women, but linked several micro-narratives together.

Figure 1: Layered narrative effect



2. ‘I have to have an abortion’

The narrative of ‘I have to have an abortion’ was a dominant, highly useful and powerful one. In constructing this narrative, participants narrated the abortion decision as arising out of

sense of compulsion as opposed to desire or choice. For the majority of women, this was closely tied to abortion being the only course of action as a result of their circumstances which the women constructed as ‘forces’ ‘making’ them have an abortion. For these women, then, the decision to terminate their pregnancy was not one that was ‘chosen’ out of various viable options. This micro-narrative was the most used and served for most participants as a kind of over-arching narrative connected to several of the other micro-narratives.

Extract 1 [Trans.]

Asanda: The reasons? Ok I would say that the first one I’m scared of the people at home like my parents (.) the second one my boyfriend and I don’t get along anymore/ ok/ so:: that’s why (1) um I decided I must do an abortion (.) and then (.) when I told him I want to do an abortion /mhm/ he agreed to that /ok/ so it showed me that he doesn’t care /yes/ so I’d like (.) I do not want a child /mm/ I want to continue with my studies [...]

Extract 2 [Trans.]

CR: So do you think if your child was older (.) you know (.) you would make this decision?

Abongile: *Yoh* huh-uh (1) if I was working /ok/mm/ you see? And then now at least then (.) I would not be forced to come /ok/ so now I do not even work [...]

In extract 1 (above) Asanda explains that her reasons for having an abortion are threefold. In the first instance, Asanda, who is not married, is fearful about how her parents will react to her pregnancy. In the second instance, as Asanda explains, her boyfriend and her “don’t get along anymore”. The implication of this is that were Asanda to continue with the pregnancy, she would have to do so without support from her partner and would consequently have to bear the responsibility of child-rearing alone. Thus, Asanda draws on a discourse of ‘unfair/unstable gender relations’. In doing so, she positions her partner as undependable. Asanda further positions her partner as heartless for agreeing to an abortion in the first place. Thus she states: “when I told him I want to do an abortion he agreed to that /ok/ so it showed me that he doesn’t care”. In the third instance, Asanda draws on a discourse of ‘the production of an economic self’ by stating that she does not want a child but instead wants to continue with her studies in order, it is assumed, to one day gain employment. For Asanda, these circumstances constitute a compulsion to undergo abortion. Hence she “must do an abortion”. For Abongile (extract 2), the imperative to have an abortion stems from her financial situation as she is currently unemployed. Hence she states: “now at least then (.) I would not be forced to come”. The implication here is that were her situation different, abortion would be a *choice*. As a result Abongile is positioned as unaccountable for the decision to have an abortion.

By speaking about their circumstances as ‘forces’ pushing them into the decision to have an abortion, the women in this study often attributed agency to their circumstances while positioning themselves as victims. The extracts below serve as examples.

Extract 3 [Trans.]

Sakhi: What put me here? /yes (.) yes/ ok (.) I found out that I’m pregnant and the:n I have HIV that is what caused me to think I’ll fix it I thought that I must take this decision and do an abortion (2)

Extract 4

Andiswa: [...] the thing that made me make this decision I have small child /ok/mm/ I just have a small child and I am not working /mhm/ and [...] the father of the child does not (.) he does not have any interest /ok/ to know the child that I =/o::h/ will be bringing (.) so I think (.) it [having the child] will make me struggle [...] so:: I think (.) the best way is if I take it out [terminate the pregnancy] [...]

In extract 3, Sakhi takes the ‘I have to have an abortion’ micro-narrative further by positioning herself as completely passive and lacking in agency. Sakhi opens her narrative thus: “what put me here?” By phrasing her clarifying question in this manner, Sakhi describes herself almost as an object that has been *placed* in the termination of pregnancy clinic by something else. Her circumstances, that is her HIV positive status, are allocated agency in her stead. For Sakhi, continuation of the pregnancy is not an option because of her health. Hence, echoing Asanda, she states that she “must take this decision” to have an abortion. As a result of the state of her health, the pregnancy is an unsupportable one.

Interestingly, Sakhi does not explain why her being HIV positive would mean that an abortion has to take place. Consequently, that her HIV status would prevent her from having children is seen as self-explanatory. One implication of continuing with the pregnancy is that Sakhi might pass on the virus to the foetus, particularly in the event of a lack of access to anti-retroviral medication that would prevent this transmission. Had Sakhi stated this, she would have invoked a ‘child-centred’ discourse in which the needs of the potential child are considered. Alternatively, however, Sakhi might have fears that her health will worsen should she give birth. Of the two possible motivations, the former positions her as a ‘good’, responsible, mother while with the latter she risks positioning herself as selfish for putting her own needs first. In refusing to elaborate, then, Sakhi almost refuses to position herself.

For Andiswa (extract 4), the imperative to have an abortion lies in her being completely alone as a result of a lack of interest from her male partner. Therefore, similar to the women above, Andiswa simultaneously constructs a micro-narrative of ‘I am alone’. In constructing this narrative, Andiswa draws on three discourses: a discourse of ‘unfair/unstable gender

relations', and 'child-centred' and 'motherhood' discourses. Employing a discourse of 'unfair/unstable gender relations', Andiswa explains that she is not employed, with the implication that she may be financially dependent upon her partner, whose support she would need in order to continue with the pregnancy. Drawing on this discourse, she positions her partner as unreliable and unpredictable. Both 'child-centred' and 'motherhood' discourses are used to reflexively position Andiswa as a 'good mother' who considers the needs of her young child, whom, it is implied, still needs to be looked after and whose care will be compromised by the introduction of another child.

As the extracts below demonstrate, participants' construction of a narrative of 'I have to have an abortion' was useful, particularly when the discourses available to participants did not offer much in the way of positive self-positioning.

Extract 5

Lilly: [...]ok then I sat myself down then (.) and ok now she's having a three weeks old baby with the mother who is pregnant /mm/ then it's such a decision had to be made [...]

Extract 6

PR: Ok /mm/ (1) u::m and then you (.) did you (.) your your when you made your decision /yes/ to have an abortion was that (1) eh before you found out (.) about Siya=

Lilly: =Siya /o::r/ (1) well not really

PR: Around the same time?

Lilly: Arou::nd when (.) maybe perhaps around the same time /mm/ but I knew when I found out I was pregnant that /yes/ it can't happen (.) then I knew that this [pregnancy] has to go /mm/ [...] her thing I think added more (.) i::t made more sense or more weight to reasons /ja::/ why I need to do this

Initially, Lilly (extract 5) similarly draws on 'child-centred' and 'motherhood' discourses in constructing her micro-narrative. Accordingly, she explains that she took both her (teenage) daughter Siya and Siya's new born baby into account when deciding what to do about her pregnancy. The conclusion reached by Lilly is that as a result of her circumstances "such a decision had to be made". Lilly's emphasis on the word "had" is significant here as it stresses the lack of choice in Lilly's decision-making process, thereby enabling Lilly to position herself as blameless for the decision to have an abortion. Simultaneously, by invoking 'child-centred' and 'motherhood' discourses, Lilly positions herself as a selfless and self-sacrificing mother who must put her daughter and granddaughter's needs above her own. Importantly, however, in extract 6 Lilly suggests that her reasons for having an abortion are less to do with her teenage daughter and more to do with her own personal feelings about the pregnancy. Hence, when Lilly is asked about the timing of the abortion decision in relation to Lilly

finding out about her daughter's pregnancy, she explains: "her thing I think added more (.) i:it made more sense or more weight to reasons". In stating this, Lilly draws attention to the trouble inherent in transgressing, for one's own sake, dominant constructions of womanhood which discourage abortion. As Lilly shows, it is more acceptable, and even *logical*, to transgress dominant constructions of motherhood when in doing so one is still adhering to these dominant constructions, for example, having an abortion in order to be a 'good' mother/woman.

3. 'I am not ready to have a/another baby'

A prominent micro-narrative resourced by both participants who already had children and those who did not was one in which participants spoke of their 'unreadiness' to have a baby as a reason for why they had to have an abortion. A feature of this micro-narrative was the use of words such as "yet", "now", and "later" when speaking about the women's 'unreadiness/'readiness' to have a child (in the case of women who would be first time mothers, the minority of the women in this study) or to have further children at this point in time. In constructing this micro-narrative, 'unreadiness' was discussed as a temporary state that will one day give way to feelings of preparedness, with the implication that motherhood is inevitable. The following extracts are some examples.

Extract 7

Sesethu: [...] ok let me start by saying I've got an (3) nine month baby at home[...]And then (.) I'm not ready for another child /mm/ (.) mm/ that's when the abortion thing came up (.) 'cause next year I have to go back to school /mm/ (2) I'm 23 years old I don't (.) I'm not married (.) not ready for a second child yet[...]

Extract 8

Zukiswa: Now the the reason why I am here today /mm/ is because um (.) I am not ready (.) to have another child again (.) not yet (.) uh the reason being is that u:h I am not married= /mm/ yet

In extracts 7 and 8 respectively Sesethu and Zukiswa speak about not being "ready...yet" to have another child. As both women have existing children, abortion is used as a way to disrupt a perpetual motherhood in which women are expected to keep having children. As can be seen from the extracts above, the reasons women in this study gave for "not being ready" varied. Sesethu (extract 7) draws on a 'production of an economic self' discourse in explaining that her 'unreadiness' is partly due to her plans to return to school which is necessary in order to achieve the production of an economic self. Significantly, for Sesethu returning to school is not simply a matter of desire or choice, but is an imperative. Therefore she states that she *has to* complete her education. Within this micro-narrative Sesethu,

therefore, demonstrates what is required of women in order to become the economic woman: delayed or disrupted motherhood. For Sesethu, having another child must be delayed not only so she can do the labour required to be successful at producing an economic self, but also because she is not yet married. By constructing her narrative in this way, she also draws on the ‘conjugalisation of reproduction’ discourse as a discursive resource. Hence, she states: “I’m 23 years old I don’t (.) I’m not married (.) not ready for a second child yet”. Within this discourse, marriage must necessarily come before reproduction, which is constructed as the only proper place for it. In the event that this has not been adhered to, it is required of individuals to correct this error. Abortion enables Sesethu to attempt to do just that.

For Zukiswa (extract 8), too, readiness to be a mother to another child is conditional on marriage which serves to legitimate reproduction by locating sex within the husband-wife axis. Thus, it is important that Zukiswa makes a point of stating that she is not “yet” married for, in doing so, Zukiswa reveals her intention to get married and consequently avoids being positioned as deviant by becoming pregnant outside of marriage.

In using an ‘I’m not ready to have a(nother) baby’ discursive resource, the women position themselves as responsible by not undertaking motherhood when they feel ill-prepared to do so as the implication would be that the children would bear the brunt of the consequences. Hoggart (2012) reported a similar finding in a study around teenage women’s abortion decision-making. Thus, Hoggart (2012, p.540) states the following: “A second – alternative – way in which the concept of responsibility was drawn upon, and which also drew on notions of readiness, was to propose that the responsible course of action involved an acceptance of abortion as a solution”.

4. ‘I am thinking of my potential/existing child(ren)’

In constructing their narratives women used ‘child-centred’, ‘motherhood’ and ‘family planning’ discourses as discursive resources. Thus, most women spoke of how abortion was a necessary course of action because mothering another child would compromise the level of care given to existing children, consequently affecting their ability to be adequate mothers. For women who did not have any children, abortion was the only possible solution because the women’s current circumstances would mean that the potential child would not receive all that it needed. In using this discursive resource, the women were able to position themselves in positive ways.

Extract 9 [Trans.]

Zusakhe: My boyfriend /(chuckling)/ (chuckling) wants it taken out because of (.) he said this place you work at is not a place that is all that (.) and you are studying and I am as well (.) he does not have a good job (.) what will this child say? What will we do for it? (.) /mm/ you see? But in the end he is the careless one [...]

Extract 10

Roshanda: [...] I don't want a child to be grown up without the mother (.) and a fatherhood (.) you know? /mm/ The mother is in one side and the father's the other side [...] my first child (2) there was (.) there was some problems also *ne*? And (.) I make the same mistake I make in the first (.) now I don't to (.) my child to be grown up without a father (3) without the father (.) without father's loves you see?

Considerations of the needs of the potential child are seen in extracts 9 and 10 above. In extract 9, Zusakhe describes the conversation she had with her partner concerning what to do about the pregnancy. In her narrative, she relates how her partner considered the well-being of the potential child as their current financial situation would not support a child. Thus he states the following: “what will this child say? What will we do for it?” From Zusakhe’s response, it is clear that her partner’s words have positioned her as irresponsible. Although Zusakhe does not provide further information, that continuation of the pregnancy could be considered as a possible option is being seen as reckless owing to their circumstances. By interactively positioning her partner as “the careless one”, Zusakhe resists this positioning. In extract 10, Roshanda also positions herself as responsible by drawing on several discourses: a ‘child-centred’ discourse, a ‘conjugalisation of reproduction’ discourse and a discourse of ‘unfair/unstable gender relations’. In justifying her decision to have an abortion, Roshanda therefore explains that she wants to wait until she is in a stable relationship and can therefore provide the potential child with love from both parents, with particular emphasis on the contribution to be made by the father. In doing so, Roshanda valorises the heterosexual parenting dyad as necessary for ‘proper’ and optimal childhood development due to the stability and emotional security it can provide compared to the instability and poor child development that Roshanda suggests is characteristic of single-parenting.

Morison (2011) discusses a similar finding in her study. In constructing narratives of parenthood decision-making, participants drew upon fathering practices that “cohere around ‘being there’” (Morison, 2011, p.233) and stressed the importance of having a role (male) model for childhood development.

5. ‘My parents would disapprove/be disappointed’

19 of the women who participated in this study were between the ages of 21 and 35. Despite this, nine women constructed their narrative of abortion decision-making using ‘my parents

would disapprove/ be disappointed’ as a micro-narrative. As part of this micro-narrative, participants’ decision to terminate their pregnancy was greatly influenced by their parents’ views or what they imagined their parents’ views would be. The relations of power immanent in the parent-child axis, where parents are entrusted with the task of ensuring that their children meet societal norms regarding appropriate and acceptable behaviour, narrowed participants’ options to termination of pregnancy. The following extracts are some examples.

Extract 11

Zukiswa: [...] u::h I am not married= /mm/ yet (.) and [...] so:: and and even for my mom ‘cause with us uh as Xhosas they believe that (.) you cannot have kids while you’re still at home /mm/ at least I I I I think I owe it to them /mm/ not not saying that I’m not thinking about the baby that I’m carrying now but [...] and (1) on the other hand on his side his parents (.) they were angry (.) at him /mm/ for the (.) for the two children /mhm/ and then again a third one is on the way /mm/ and there is nothing that says ok we we are getting married (.) we are engaged /mm/ =we a::re thinking of doing this (.)

Extract 12 [Trans.]

Abongile: Yes /ok/ So I found out I was pregnant so I was not able to continue with school /mm/ because I was pregnant /mm/ so they also (on their side) they were giving money for school (per month) giving money (per month) /ok/ so then that is the thing (.) they shouted then /ok/ as parents they shouted because I had not finished school and then I was pregnant (.) so that is that thing then now /ok/ (4) so it can be worse then now (.) completely worse= /Mm/

Extract 13

Sesethu[...] at the moment I depend on my parents /mm/ so:: like (.) I think another child would be a disappointment to them /mm/ and like the things that they do for me would like (.) cut down /mm/ or maybe they’ll stop doing anything for me (.) I might not go back to school next year you see? So (.) uh-uh (.) I’m not ready (.) the first one it’s ok for now

In extract 11 above, Zukiswa makes reference to both her parents and her partner’s parents’ negative reaction to her previous pregnancies. As a result of how her mother reacted before, Zukiswa does not want to have a third child outside of marriage: “even for my mom ‘cause with us uh as Xhosas they believe that (.) you cannot have kids while you’re still at home”. As a result of having previously gone against her parents’ wishes, Zukiswa’s decision to terminate this pregnancy is framed as a duty or a responsibility to her parents: “at least I...think I owe it to them”. In doing so, Zukiswa positions herself as a responsible and dutiful daughter. In light of her own and her partner’s parents’ reaction to the two children, a third child is made problematic as Zukiswa and her partner still have not married. In constructing her narrative in this way, ‘a conjugalisation of reproduction’ discourse is drawn upon in a way that positions the parents as enforcers of the cultural practice of moving away from home before having children. The parents are also positioned as enforcers of the injunction to marry before having children.

Although most of the women in this study chose not to disclose their pregnancy to their parents, their parents were significant, trusted voices in the decision-making process. As discussed above, some of the women based their predictions of how their parents would react from previous experiences. Even though the women's parents were not themselves involved in the decision-making process, knowledge of their parents' wishes and expectations of how their parents would react structured the participants' field of possible actions towards the only option available: abortion. For some women, dependency on their parents reinforced abortion as the only solution. Extracts 12 and 13 (above) are two examples.

In extract 12, Abongile has been asked to say more about why she believes her parents will be disappointed in her. Abongile explains that she had been pregnant before and had to discontinue her studies as a result. Abongile's parents' reaction was a negative one. Thus, she states: "they shouted then...as parents they shouted because I had not finished school and then I was pregnant". That Abongile's parents' disappointment stems from the interruption to education posed by early child-bearing is significant as without an education Abongile will not be able to produce an economic self, revealing that one of a parent's duties is to ensure that the subjects in his/her charge become economically productive citizens. In her narrative, Abongile positions her parents as having acted within their authority as guardians who have her interests in mind and who have the duty to ensure that she becomes an economically productive citizen. As a result of this reaction, carrying the pregnancy to term is not a possibility. Similarly, Sesethu (extract 13) explains that abortion is the only option for her because she is financially dependent on her parents. If she tells her parents about having become pregnant, Sesethu risks not being able to return to school. Therefore, the dynamics inherent in the parent-child axis, that children are expected to listen to their parents and follow their parents guidance and instructions, serve to structure the abortion decision-making process, even when the parents themselves are not aware of the pregnancy.

Ekstrand et al. (2009) conducted a study on teenage women's decision-making regarding abortion. For some women, as was the case in the present study, confiding in their parents about the pregnancy was not an option. However, unlike in the present study, several participants in Ekstrand et al.'s (2009) study did confide in their parents (and their peers). According to the study, the reactions that the young women encountered were overwhelmingly negative (Ekstrand et al., 2009). Although left to make the decision themselves, participants described abortion as the only option due to a lack of parental support and consequently felt that they did not have any decision-making power.

Interestingly, participants in this present study did not problematise the generational power relations inherent in the parent-child axis, possibly due to the positive positioning such narratives afforded participants in this study (this will be picked up again in the concluding chapter).

6. 'I'm unemployed/still studying'

Reflecting the socio-economic status of most of the women who participated in this study, women's reasons for having an abortion sometimes expressed their economic/financial concerns with regard to raising a/another child. For 11 women, continuing the pregnancy to term was not an option due to being unemployed. Of these women, two women relied on the government grants procured by their mothers, as the only source of income. Few women were studying at the time of the study. For these women, too, termination of the pregnancy was the only option. Extracts 14 and 15 below are examples.

Extract 14

Phumeza: [...] What made me do an abortion *ne?* (1) I do not have parents /ok/=ok/ (2) and I (.) I stay with someone (1) eh a friend of my mother's (.) my mother passed away last year /ok/ok/ (.) so (2)I have nowhere to (.) I do not know what I will do with the child (.) and I am studying I am studying with a bursary furthermore /ok/ so I do not have another option

Extract 15 [Trans.]

CR: Where are your children? Are they at your family home in [name of a place]?

Zusakhe: No (.) they stay with their father /o::h ok/ because of school /ok/ they signed with the social workers /o::h ok/ and then (.) when I have found work that is alright or I have finished studying and I am starting work (inaudible)= [...] I am studying at UNISA yes /mm/ but I want [...] to get a bursary for myself /mm/ (my temporary place) (.) I will take them (.) they are coming to me (1) as soon as my things are right (.) I will take them

Phumeza (extract 14), explicitly states that her socio-economic circumstances, in addition to a lack of support, mean that her pregnancy is unsupported. Thus, she does not have "another option". Drawing upon a discourse of the 'production of an economic self', Phumeza explains that she is currently studying towards the implicit and taken-for-granted goal of employment. As with other women in this study, Phumeza finds herself in a position in which she must choose between being a mother on the one hand and the pursuit of an economic self on the other, both of which constitute societal norms. The trouble germane to this position is that by choosing the one and not the other, women may be seen as inadequately fulfilling their duties as citizens. It is therefore significant, then, that Phumeza invokes a 'child-centred' discourse by hinting that choosing motherhood over employment would negatively impact upon the child whom Phumeza would not know how to care for.

Similarly, Zusakhe (extract 15 above) draws on a ‘child-centred’ discourse as well as a discourse of ‘the production of an economic self’ in constructing a micro-narrative of ‘I’m unemployed/still studying’. As Zusakhe narrates, her existing children are currently living with their father until her economic situation has improved enough to enable her to care for them the way she would like to. Hence, she states the following: “when I have found work that is alright or I have finished studying and I am starting work... I will take them (.) they are coming to me (1) as soon as my things are right”. Unlike other women in this study who have drawn on a discourse of ‘the production of an economic self’, in order to achieve this self and in doing so take care of her children, Zusakhe has had to temporarily give up custody of her children for their benefit. Zusakhe thus displays adherence to a ‘motherhood’ discourse that requires mothers to selflessly put the needs of their children above their own needs and even desire. As a result, Zusakhe is self-positioned as a ‘good’, selfless mother.

7. ‘My partner disagreed/tried to talk me out of having an abortion’

About half of the women who participated in this study spoke about having informed their partner about the pregnancy. In constructing a micro-narrative of ‘My partner disagreed/tried to talk me out of having an abortion’, women in this study described disagreement between themselves and the male partner about whether to continue with or terminate the pregnancy. In the women’s narratives, some partners merely expressed their disagreement with the women’s decision to have an abortion while others were described as having attempted to persuade the women against having an abortion. That in these narratives the women attributed to themselves the decision to have an abortion, even whilst acknowledging that the decision had been made out of a sense of compulsion, is significant.

Extract 16

PR: You’re not working yet?

Amanda: Yes /ok/ (1) /mhm/ uh yes my boyfriend is working but I:: told him I’m not ready at all /ok/ he tried to say Amanda please don’t I said no I can’t (.) if you love me please respect that decisions I can’t

Extract 17

Lusanda: =But he couldn’t come today (.) because he had to go to work

PR: Ok (.) but he’s also happy with the decision?

Lusanda: (2) he was not at first but (.) he’s fine now he understands why I have to do it (.)

In extracts 16 and 17 (above), the women draw on a ‘choice discourse’ in constructing their micro-narratives. In extract 16, Amanda describes her boyfriend’s attempt to persuade her to change her mind about having an abortion. In her response to him, Amanda unequivocally

constructs the decision as hers to make. Thus she states: “I said no I can’t (.) if you love me please respect that decision”. In doing so, Amanda draws on a ‘choice’ discourse in which abortion is constructed as a woman’s decision and choice to make. In employing this discourse as a discursive resource, Amanda constructs any attempt at dissuasion as an act that is both disrespectful and hateful in its transgression of a taken-for-granted norm where in heterosexual partnerships women are the decision-makers when it comes to making decisions about abortion. Similarly, Lusanda (extract 17) explains that her boyfriend was “not at first” happy with her decision to terminate the pregnancy. By including a change in his feelings towards the decision, Lusanda positions her partner as supportive of her even though an abortion is not what he wanted. In drawing on a ‘choice’ discourse, unequal gender relations regarding women’s decision-making around abortion are not constructed as unfair by the women. Instead, that women should be the one to make the decision is constructed as normal in being unquestioned.

In constructing a micro-narrative of ‘My partner disagreed/tried to talk me out of having an abortion’, participants who described their partner’s attempts to persuade them against abortion positioned themselves as independent and uncompromising. Extract 18 below is an example.

Extract 18

Sesethu: [...] but all in all abortion came out (.) and my partner wasn’t happy about it *ne?* /mm/ And then he was considering marrying me so (makes a sound to signal her disagreement with this) I::’m still not ready ‘cause (.) I don’t wanna be a housewife /mm/ if I go to school then (.) if I get married now /mm/ he’ll have to support me (.) if I go to school then my parents won’t have to take out money [...] maybe we gonna get divorced and then like he’ll say I took you to school and all those other stuff so if I get married I want to get married when I have everything /mm/ I’ve got my own job and everything else

Sesethu (extract 18) states that her partner “wasn’t happy about” the decision to have an abortion. In contrast to Amanda and Lusanda, however, Sesethu’s partner introduced the topic of marriage as a way to convince Sesethu to continue with the pregnancy by rendering the necessity of having an abortion null and void. Thus, the ‘conjugalisation of reproduction’ is drawn upon as a discursive resource. Although marriage at this point would serve to legitimate the reproduction that has occurred in a non-marital romantic relationship, Sesethu refuses marriage. Drawing on the ‘production of an economic self’ discourse, she states that marriage at this point in her life would be irresponsible as it would mean moving from one relationship of economic dependency to another: “if I get married now /mm/ he’ll have to support me (.) if I go to school then my parents won’t have to take out money”. Sesethu instead wants to be economically productive and independent: “if I get married I want to get

married when...I've got my own job and everything else". In doing so, Sesethu invokes a discourse of 'unfair/unequal gender relations' by constructing abortion as a form of empowerment that enables her to avoid unequal and unfair gender relations marked by economic dependency.

8. 'My partner pressurised me/agrees about the abortion decision'

In the following extracts (extracts 19 and 20) participants describe some form of agreement between themselves and their partners over the decision to have an abortion. In doing so, participants describe equal gender relations in which joint decision-making occurs. Hence Louise (extract 19) constantly uses the pronouns "we", "our" and "us" and even describes the decision to terminate the pregnancy as "a mutual thing", "an agreement" motivated by fears around the reactions of both her partner's parents and her own, as well as by fears around not being ready for parenthood. Significantly, in her narrative Louise makes a point of explaining what she means by using the word "mutual" to describe the decision. Thus she says: "it wasn't like I wa- (.) he wanted and I didn't".

Importantly, in providing an example of the kind of unequal decision-making she is referring to, Louise starts to describe a scenario of a disagreement in which *she* wants to have an abortion. Instead, she settles for a scenario in which it is *her partner* who wants to have an abortion and she does not. In doing so, Louise escapes being negatively positioned as a 'bad' woman for having wanted an abortion. By constructing her narrative in this way, Louise invokes, but does not herself conform to, a 'choice' discourse in which abortion is constructed as a woman's decision to make. Significantly, by repeatedly emphasising the mutual decision-making that occurred between her partner and herself, and even providing an example of a situation in which one partner has made the decision against the other's wishes, Louise problematises the kind of decision-making that is taken-for-granted within a 'choice' discourse. As such she distances her and her partner from this kind of decision-making and, by implication, partnership which can be said to be unequal.

Extract 19

Louise: Obviously (.) you h-have to take a pregnancy test so we (.) I was late so I took a pregnancy test so and that was our decision (.) we decided that (.) we're not ready for such my mom would kill me (.) his mom would kill me (.) would kill us so it was just (.) it was a mutual thing so it wasn't like I wa- (.) he wanted and I didn't or (.) it was (.) an agreement we both said yes (.) it's what we wan- what we had to do (.) becau::se we're not ready for such (.) yet

Extract 20 [Trans.]

Phumeza: There are no other (*sisi*) (inaudible) (.) the thing I am thinking about is what will I do with the child (2) and we are both studying (.) who will feed it (1)

CR: O:h your partner is also studying?

Phumeza: Yes /oh ok/ (.) so that's why (.) yes he also agreed [to the abortion] and him just because he is continuing with school so I am also unable to stay behind /mm/ and not study I have to continue with school =/mm/

In contrast to Louise (above), Phumeza (extract 20) describes the decision to have an abortion as being her own and her partner as having agreed with the decision she herself made, as opposed to Louise who describes the decision as having been *jointly* made. Hence, Phumeza positions herself as the primary decision-maker, evident in her use of the pronoun “I” when giving a description of the thinking process: “the thing I am thinking about is what will I do with the child (2) and we are both studying (.) who will feed it?”. In explaining her decision to have an abortion, Phumeza implies that abortion is the only possible option as it will also enable her to pursue her education: “I am also unable to stay behind and not study I have to continue with school”. That Phumeza uses the phrase “just because” when explaining her partner’s reason for agreeing with the decision, suggests that she has made a comparison between his reason and hers. Where Phumeza presents her primary concern as the well-being of the potential child and her concern over her education as secondary, her partner’s primary concern is his education. As such, Phumeza draws on a discourse of ‘the production of an economic self’. However, Phumeza does so in a way that acknowledges and problematises the different requirements of men and women in order to produce an economic self. As Phumeza also intends to complete her education, she must delay motherhood in order to do so. Phumeza, thus, draws on a ‘child-centred’ discourse and ‘the production of an economic self’. Consequently, she interactively positions her partner as selfish while positioning herself as compassionate for considering the needs of the potential child.

In contrast to a narrative of joint decision-making regarding abortion, one woman constructed a micro-narrative of ‘My partner pressurised me’. At the time of her interview, Aviwe (for whom there are no extracts due to her desire to not be audio-recorded) was unemployed but wanted to continue with the pregnancy. To do so, however, she would need to rely on her partner in order to raise the child. Aviwe tried several times to persuade her boyfriend to change his mind about wanting her to terminate the pregnancy. Before arriving at the site where I interviewed her, she had made an appointment at a different facility but had cancelled the service after receiving pre-abortion counselling. In constructing this micro-narrative, Aviwe draws on a discourse of ‘unfair/unstable gender relations’. Her economic dependence on her partner creates an unequal partnership in which he makes the decision to have an abortion. Within this discourse, Aviwe is thus positioned as having been unjustly treated as a

result of having been forced to have an abortion against her will. Her partner, having forced her to do so, is negatively positioned as cold.

Of the 21 women who informed their partner about the pregnancy, only one woman described the decision to have an abortion as having been her partner's decision. Most women in this study who informed their partner of the pregnancy spoke about the decision to abort as their own decision (most explicitly or implicitly stated this even when the women felt forced to make this decision because of their circumstances) or as having been jointly made with their partner (few women said or implied this). This is similar to findings by Harvey-Knowles (2012) on the social influences on women's decision-making. In Harvey-Knowles' (2012) study, of the women who chose to have an abortion, a large majority reported having initially wanted to have the abortion while a minority indicated that they had been persuaded (by a partner or friend) into having an abortion. That some women may not experience the decision to have an abortion as being their own is worrying as it may have important implications for their emotional adjustment post-abortion as research by Kimport et al. (2011) has shown. It also certainly has implications for reproductive justice, which will be discussed fully in the following chapter.

9. 'This pregnancy was a mistake/not planned because I was coerced into having unprotected sex'

For some of the women in this study, not wanting to have the potential child was due to the fact that falling pregnant was not something that the women had necessarily wanted or planned. For two of these women, having unprotected sex was not the result of a decision that the women themselves made. Instead, the women constructing this micro-narrative described unprotected sex as something they were pressurised or coerced into. Thus gendered relations of power meant that the women did not feel themselves to be in a position to negotiate contraception and thus prevent pregnancy. The two extracts below will serve as examples.

Extract 21

Anelisa: Yes it was a mistake [...] You will ask me about being pregnant but I knew that I did not want a child? [...] I am saying another thing I (passed on) relationships /mhm/ and then pressure (to have sex) /ok/ no (I did not have a boyfriend we were friends) (1) so and I was like ok fine let me just do this (.) sex

PR: Yes with your=

Anelisa: =Ya: /bf/ let me just (.) give it to him [have sex] /ya/ maybe it will be alright (.) you see?

PR: Oh he was pressuring you?

Anelisa: *Ja*:: sort of not (inaudible)=

Extract 22 [Trans.]

Zusakhe: [...] But in the end he is the careless one (3) [struggles to find the words] you ever find a person overpowering you? (1) I think he overpowered me (.) /(laughing) how?/ he overpowered me (.) I am not the type to have sex without a condom (.) /mm/ especially now after the marriage /mm/= you see? (.) But it happened that (*hheyi*) and it has happened like this he comes here and leading to all of this) *mxm* (1) it makes me angry

In extract 21 Anelisa has been asked to say more about her pregnancy being “a mistake”. Anelisa (incorrectly) assumes that my intention in asking her about her pregnancy is to judge her, as can be seen from the way in which she phrases her question: “You will ask me about being pregnant but I knew that I did not want a child”. By posing this question to me, Anelisa invokes the ‘family planning/family size’ script in which pregnancy is always a product of rational, deliberate and active planning and a failure to do so is constructed as irresponsible behaviour. Explaining her pregnancy, Anelisa (with the help of the interviewer) thus constructs a micro-narrative of ‘my pregnancy was a mistake/not planned because my partner coerced me into having unprotected sex’. Hence she says the following: “and then pressure (to have sex)...(I did not have a boyfriend we were friends) (1) so and I was like ok fine let me just do this”.

Having constructed this narrative, however, Anelisa faces a dilemma in which her partner is negatively positioned as disrespectful of women in refusing to accept no for an answer. Thus Anelisa seems to be resisting the way I have phrased my follow up question, despite my having used *her* choice of words, as it negatively positions her partner and in turn positions herself, perhaps problematically, as a victim. The alternative, however, is for Anelisa to suggest that having unprotected sex was a *shared* decision. To do so would be to position herself as irresponsible. Thus, she tempers her response in some repair work by stating that her boyfriend only “sort of” pressured her. As such, Anelisa seems to invoke, whilst not fully committing to a discourse of ‘unfair/unstable gender relations’.

In sharp contrast to Anelisa however, Zusakhe (extract 22) takes up the position of victim in describing the sexual encounter. Thus she states: “I think he overpowered me...he overpowered me”. By describing an unequal partnership in which she is not able to make reproductive decisions such as whether or not to have protected sex, she draws on a discourse of ‘unfair/unstable gender relations’ in which, as Zusakhe explains, the ‘decision’ to have unprotected sex was made by her partner. Importantly, Zusakhe seems to imply that this is a fairly regular occurrence: “it has happened like this he comes here and leading to all of this”. That such relations are constructed as unjust is clearly seen, firstly when Zusakhe suggests

that if she had been given a say, the sexual encounter would not have occurred at all reveals that his actions make her “angry”. Hence, she states: “I am not the type to have sex without a condom (.) /mm/ especially now after the marriage”. Zusakhe, therefore, draws on a ‘conjugalisation of reproduction’ discourse in which reproduction is confined to the marital relationship, as well as a family planning discourse in which the only pregnancies that occur are those that have been planned. Consequently, Zusakhe is able to resist being positioned by her partner as irresponsible and is able to position herself as responsible. Zusakhe instead positions her partner as careless for coercing her into having sex without a condom when pregnancy was not planned for.

10. ‘Abortion is not an easy thing’

In speaking about how abortion came to be decided upon, a minor micro-narrative of ‘Abortion is not an easy thing’ was constructed. Thus, a particular picture emerged: the process of deciding on abortion was constructed as an internal struggle. During the interviews five women referred to the emotional difficulty associated with making a decision about abortion. As the extracts will show, the women seem to suggest that the difficulty inherent in the decision-making process is due to having to make the abortion decision while not necessarily wanting to. Interestingly, most of the women constructing this narrative do not explicitly state that they want to continue the pregnancy. Of particular interest is that the women’s choice of words acts to generalise this experience. The result is that this negative emotional response is constructed as normal.

Extract 23

Andiswa: [...] I think (.) the best way is if I take it out [terminate the pregnancy] /mm/ otherwise it is not a decision that is (.) easy /mm/ it is hard [said in English] it is very difficult but it is a thing (that must be done) (.) that is all

Some of the women who constructed the decision as a difficult one to make implied that they were not having abortion because they wanted to. Instead, they stated that they were having the abortion out of a sense of compulsion and that abortion was therefore unavoidable. Thus, Andiswa, (extract 23) states that although the decision “is very difficult” to make, “it is a thing that must be done”. In one interview, one woman spoke about how the decision to have an abortion was a difficult one to make. When asked for more information during the follow-up sub-session of the interview, she explained that having an abortion was in direct conflict with her religious beliefs. The extract (extract 24) appears below.

Extract 24

CR: [...]we ask (.) that you explain to us why (1) [...] this decision was difficult (3) tell us about this (2)

Phumeza: It's because I was raised in a family that went to church (.) /ok/ so the Bible says you should not kill (.) /ok/ then I have to kill just because I have no option (.) /ok/ yes (1)

Extract 25

Sesethu: [...] it wasn't an easy decision *ne?* /mm/ (.) 'Cause u::m (5) um I wasn't (.) at first *ne* before I fell pregnant I was against abortion (.) *ne* (.) but then um (.) when it came to the situation (.)

In extract 24, Phumeza explains that her religious background means that for her, abortion is immoral: abortion is killing. In doing so, Phumeza draws on a 'religious/moral' discourse to construct abortion as a sin. In turn she positions herself as someone who has sinned. That she does not have a choice in the matter, however, mitigates this negative positioning and serves to absolve her from blame. Both she and the potential child are therefore victims: "I have to kill just because I have no option".

In contrast, Sesethu (extract 25) explains that the decision to terminate her pregnancy was a difficult one to make because she had been anti-abortion before her pregnancy. The reason for her previous stance on abortion constitutes a silence in her narrative. Within the narrative she constructs, however, this silence on her part is not important. What is important is that she positively positions herself as someone who is not *in favour* of abortion *per se*. Owing to her circumstances though, abortion not only had to be considered but was in fact the only option. Thus, Sesethu, like Phumeza (extract 24), attempts to alleviate the stigma that comes with having an abortion.

Aviwe is similar to women in a study by Kimport et al. (2011) whose negative emotional outcomes post-abortion were found to be as a result of having felt that the decision to have an abortion had not been their own. Similar to Hoggart's (2012) study, the difficulty women in this study faced regarding the decision to have a termination of pregnancy was mostly due to a conflict between the woman's desire on the one hand, and the action demanded of her by her circumstances on the other. Despite the conflict, the women express a kind of "pragmatic acceptance" (Hoggart, 2012, p.540): for them, abortion is "a thing that must be done".

11. 'I don't want a baby/another child'

A notable feature of the narratives produced by the women in this study was a silence around desire. Hence, for most of the women in this study the decision to have an abortion was not about whether or not they *wanted* to have an abortion. Nor was it about whether or not they wanted to have the potential child. Interestingly, where desire was explicitly brought into the

narrative, the women generally (except for Aviwe above) did not state that they had wanted to continue with the pregnancy, which would have made a positive subject position available to them. Instead, some women brought desire into their narratives by stating unequivocally that they did not want to have a baby. Sometimes, the women included in their main narrative reasons for not wanting the potential child and at other times the interviewer had to use follow-up questions to get this information. Women's reasons for not wanting to have a child were varied and drew on different discursive resources.

Extract 26

Lilly: [...] I have three kids /ok / so after after (.) I saw that I am positive /mm/ and this time I realised that (.) do I really want kids yes or no =/mm/ at this point in time /mm/ I mean I'm I'm I'm (.) I'm a divorcee /mm/ so do I really want to have kids or no or not? Not

Extract 27

Zusakhe: As soon as I saw that (2) I had missed my periods /ok/=/mm/ and I saw that (.) there is something wrong (1) I bought a pregnancy test /ok/ I tested myself /mhm/ it came back positive /ok/ the::n I told myself that I will never /ok/ (3) /ok/ I do not want another child because I have two kids already /mhm/ I got out of a marriage (.) all of that [...]

Lilly (extract 26) describes how she thought through the decision to have an abortion. After finding out that she was pregnant she asked herself whether or not she actually wanted children and the answer was “no”. Significantly, Lilly implies that although she has three children, this pregnancy was the first time that she considered whether or not she *wanted* the potential child. She implies, therefore, that child-bearing had previously been automatic. In rationalising her decision, she contextualises her process of introspection in the following manner: “this time I realised that (.) do I really want kids yes or no =/mm/ at this point in time /mm/ I mean I'm I'm I'm (.) I'm a divorcee”. By focusing on her identity as a “divorcee”, Lilly is drawing on ‘the conjugalisation of reproduction’ discourse as a discursive resource. This would account for her not having questioned, previously, whether or not she wanted to have children as not only is reproduction legitimised within marriage, but it is assumed to follow naturally on from it. By drawing on this discourse then, Lilly's desire to not have children now that she is divorced becomes acceptable as child-bearing would occur outside the legitimating space of marriage, making the pregnancy an unsupportable one.

Like Lilly, Zusakhe's (extract 27) main narration begins from the moment she suspected that she was pregnant and the use of a pregnancy test to confirm her suspicions. Once the pregnancy had been confirmed, Zusakhe told herself that having another child was not an option. Thus she explains: “I do not want another child because I have two kids already /mhm/ I got out of a marriage (.) all of that”. In justifying the abortion decision in this way,

Zusakhe like Lilly draws on a discourse of the ‘conjugalisation of reproduction’ by contextualising the abortion within a pregnancy that has occurred *after* marriage. She goes on to add that she will not be able to continue with the pregnancy due to the fact that the due date for the pregnancy will coincide with her exams. Once again, there is a requirement to choose between having children and taking necessary steps to achieve an economic self. That she has two children already means that the need to be economically productive is even more pressing. By bringing her children into her narrative, Zusakhe employs a ‘child-centred’ discourse as a discursive resource, thus positioning herself as a ‘good’ mother.

In constructing a micro-narrative of ‘I don’t want a baby/another child’, participants risked positioning themselves as ‘abnormal’ women. As demonstrated above, participants attempted to avert the potential trouble inherent in constructing this particular micro-narrative by, somewhat contradictorily, drawing on dominant constructions of womanhood and sexuality. Occasionally, however, participants resisted these dominant constructions. Extract 28 below is one example.

Extract 28

Qaqamba: (2) [...] I am raising two children /mm/ I am being raised by my mother /mm/ so again I will be with another child the third one /mm/ I do not want this third child /mm/ because (1) I do not (.) I do not have money to just do this again [have another child] /mm/ I am saying I (.) I was distressed a lot after raising my two children /mm/ so I do not (.) I do not think I will again on my own be able to raise another one /mm/ so I took this decision =/mm/ I am removing (.) my stomach [terminating the pregnancy] (2) /ok/ mm (2)

In extract 28, Qaqamba uses a ‘motherhood’ discourse as a discursive resource in constructing a narrative around not wanting to have another child. In this particular narrative, motherhood is constructed as demanding and psychologically taxing. In doing so, Qaqamba goes against normative constructions of motherhood (referred and adhered to by several participants in this study) which demand intense mothering practices regarding the kind of care and attention seen as integral to children’s development. This is seen when Qaqamba states the following: “I was distressed a lot after raising my two children /mm/ so I do not (.) I do not think I will again on my own be able to raise another one”. As Qaqamba explains, her distress over raising her children, alone, with very little in the way of financial resources means that raising another child will not be possible. Significantly, in stating that she does not have the financial resources to “just do this again”, Qaqamba seems to imply that to have another child would be irresponsible and in doing so positions herself as responsible.

Extract 29

Anelisa: Ok /mm/ the thing is I always knew that I do not want a child /mhm/ (1) and so it happened (.) when I found out (.) and since I already knew for a long time that I do not want a child (.) and this one is a mistake so /yes/ I have to get rid of it /mm/ because I do not want it
mos

It is interesting that in extract 29, Anelisa not only states that she does not want a child, but also that she has known this “for a long time”. This is a marked change from the narratives constructed by other participants in which abortion becomes a means to delay or disrupt ongoing motherhood as opposed to foregoing it entirely. In contrast, eschewing motherhood seems to be precisely what Anelisa is implying. The initial brief silence after Anelisa confesses to having always known that she does not want a child indicates this micro-narrative’s limited capacity for positive self-positioning. Thus, Anelisa simultaneously constructs a micro-narrative of ‘I have to have an abortion’. Hence she states: “this one is a mistake so /yes/ I have to get rid of it /mm/ because I do not want it”. By constructing her pregnancy as a mistake, Anelisa invokes a ‘family planning/family size’ script and risks positioning herself as irresponsible. Constructing the abortion decision as arising out of a sense of compulsion offers up a more positive (in this instance) subject position of victim.

12. Conclusion

When constructing a narrative, and particularly in an interview setting, multiple, small, interrelated micro-narratives are often produced (Blommaert, 2006; Fok, 2011). Out of simplicity, however, I chose to discuss each of the micro-narratives separately whilst flagging instances where participants used more than one micro-narrative in producing their narratives. I argued that the narrative of ‘I have to have an abortion’ was a dominant, overarching one that surfaced again and again in participants’ micro-narratives. As such, the picture that emerged was that abortion was something that the women felt forced into as opposed to being a ‘choice’ that was exercised. Most of the micro-narratives, therefore, were justifications (for the abortion decision) that assumed this pattern. By simultaneously constructing micro-narratives of ‘I am thinking of my potential/existing child(ren)’, ‘I’m not ready to have a/another baby’ and ‘I’m unemployed/still studying’, the women constructed abortion as something that is necessary in enabling them to adequately care for existing children and to avoid compromising the kind of mothering required to ensure optimal child development. As a result, the women resisted a subject position of the ‘aberrant woman’ who delays, disrupts or refuses motherhood entirely. By constructing these micro-narratives and drawing on various discourses, the women positively positioned themselves in different ways, but above all as responsible.

As reflected in the micro-narratives discussed in this chapter, the ‘forces’ pushing the women in this study into having an abortion were: unreadiness to have a(nother) child; a consideration of the impact that another child would have on the intensive mothering practices constructed as necessary for childhood development; the imperative to complete education and training in efforts to become economically productive; parental disapproval of early reproduction and reproduction outside of marriage; and unstable male partner relations characterised by the threat of abandonment by the male partner, and the relegating of child-rearing responsibilities to women. Importantly, in constructing their narratives women referred to generational power relations (located along the parent-child axis) and gendered power relations which structured the women’s possibilities for action such that continuation of the pregnancy and subsequent child-bearing were removed from the realm of possibilities.

In the final chapter, I pull these findings together and discuss the implications of these ‘forces’ for reproductive justice.

Chapter 7: Conclusion

1. Introduction

Owing to politically and emotionally charged debates around the topic of abortion (particularly in the United States of America), abortion research has a history of focusing on the psychological and emotional outcomes experienced by women post-abortion (Biggs et al., 2013). This history sits alongside a neglect of research into abortion decision-making as an individual and interpersonal process that is shaped by the social, cultural, political and economic contexts in which pregnancies occur. As such, this study sought to explore the ways in which women construct narratives on how the decision to have an abortion was made. The study also sought to determine whether power relations were implicated in the creation of unsupported and unsupportable pregnancies, and the implication this has for women's reproductive justice. Before addressing the findings of the present study, I will briefly outline the research process of this study.

2. Overview of the research process

Recognising that politics concerning abortion shapes decisions around whether or not to continue with a pregnancy, in the introductory chapter I discussed past and present legislation on abortion in South Africa, outlining the circumstances under which abortion could be legally obtained and the process required in procuring the service in each case. Drawing on public health and human rights discourses, the consequences (to the individual and the larger society) of high rates of illegal, unsafe abortion formed the impetus for abortion reform with regard to both the Abortion and Sterilization Act of 1975 and the Choice on Termination of Pregnancy Act of 1996. The CTOP Act is certainly an exemplary piece of legislation as under the Act abortion may be requested by any woman (including minors who do not need the consent of a guardian/parent) on demand during the first trimester of pregnancy. Despite this, several barriers to access to (legal) termination of pregnancy services result in the continued reliance on unsafe abortion practices. These barriers, which include a general lack of abortion service providers and negative attitudes of health service providers, form part of the (health service) context in which abortion decisions take place.

Having contextualised the study, I turned to the theory chapter in which I laid down the foundations for how the available literature on abortion would be understood. Thus, I started

off by looking at social constructionism. Thereafter, I turned to Foucauldian post-structuralism, looking specifically at Foucault's (1978, 1980, 1984, 2000) power/knowledge nexus in the account of the production of sexuality along the husband-wife and parent-child axes of the family which comes to be seen as a site for a legitimated sexuality. Turning to feminist post-structuralism, I looked at the two main contributions of this theoretical approach. The first is a politics of difference in which women's experiences are understood as shaped by the lines of age, racial identity, sexuality, religion, (dis)ability, socio-economic status and geographic location along which these experiences occur. The second contribution relates to a recognition of practices of resistance in women's experiences as an equally important area of research inquiry. To conclude the chapter, I acknowledged the criticisms launched against feminist post-structuralism while maintaining its usefulness to this particular study.

In the following chapter I reviewed relevant literature on abortion. Using a funnel approach, I began by discussing the various discourses that form the discursive context which shapes abortion decision-making processes. To conclude the discussion, I engaged with the research that has been conducted on decision-making with regard to abortion and suggested that my research filled a gap in the research conducted in this area.

Through purposive sampling I managed to recruit 25 women to participate in the study. With the assistance of co-researchers, I conducted narrative interviews (in English, isiXhosa or both) with each of the women. These interviews were translated and transcribed by me, with the translations checked by an independent, bilingual person. Thereafter, I followed Taylor and Littleton's (2006) two-step approach to data analysis, whilst drawing on positioning theory, Foucault's (1978) account of power, and feminist post-structuralism's attention to difference and similarity, oppression and resistance.

Lastly, I presented a discussion of my analysis and interpretation in the two previous chapters. In the remainder of this chapter, I pull the two analytic chapters together and discuss the implications of my findings.

3. Unsupported and unsupportable pregnancies: the denial of reproductive justice

As stated in the introductory chapter, the language of the CTOP Act positions women as agents who may exercise their reproductive health rights and freely decide for themselves whether or not to continue or terminate a pregnancy. However, the figure of the 'agentic reproductive citizen' was contradicted in this study as the women frequently positioned

themselves as victims of their circumstances. As I argued in the last chapter, ‘I have to have an abortion’ was a particularly powerful and useful over-arching narrative as it allowed the women who made use of it to position themselves as “victims of circumstance” (Fegan, 1999, p.255). The pay-off of such a subject position is that in using various discourses to construct such a narrative, the women are not held accountable or seen as blameworthy for having an abortion as the decision to have an abortion was not necessarily made out of desire or the women’s own will, occurring as it does within the context of a lack of a viable alternative to abortion. By constructing their narratives in this way, the decision to have an abortion is portrayed as having been passively made by the women, what Fennell (2006) describes as ‘going with flow’. It is significant, however, that most women simultaneously claimed the decision to have an abortion as being their own. That is, while constructing their set of circumstances as ‘forces’ pushing them into abortion, the women simultaneously stated that they had *decided* to have an abortion. That the women occupied both the ‘victim’ and ‘agent’ subject position must, I argue, be interpreted in terms of Fegan’s (1999) concept of subversive conformity, which refers to practices in which conformity with dominant constructions of sexuality results in benefits that would otherwise be inaccessible. In this study, women conformed to a dominant discourse around abortion which positions women as victims in order to escape judgment and the stigma that comes with transgressing a heterosexual reproductive sexuality in which motherhood is an imperative. It is significant, however, that the power and usefulness of an ‘I have to have an abortion’ micro-narrative lies in the non-disclosure of whether or not abortion was actually *desired* by the women (I will return to this later).

In constructing micro-narratives which largely conformed to a storyline in which abortion was the only option for women in this study, participants drew upon various discourses. According to Foucault (1980), knowledge and power are inextricably linked as it is through discourse, which normalises certain practices and not others, that individuals’ actions are structured toward those practices deemed as normal and therefore acceptable as well as desirable. The discourses used by the women in this study had precisely this effect.

When justifying their reasons for abortion, women drew on discourses which normalised practices within the husband-wife and parent-child axes. As such, women employed a discourse of the ‘conjugalisation of reproduction’ in which marriage is considered as the proper place for reproduction and must therefore precede reproduction. In doing so, women in this study problematised their pregnancy which occurred outside of, or, in the case of

divorce, after marriage, thus removing continuation of the pregnancy from the field of possibilities and thus reinforcing the husband-wife axis of the family. This reinforcement of the husband-wife axis in turn strengthens the parent-child axis as the parent-child axis is necessarily dependent on the husband-wife axis. Thus, women subscribed to a motherhood that is situated *within* marriage.

Using a 'child-centred' discourse, women relied on constructions of womanhood which not only normalise mothering practices that centre on intensive caring and attention, described by Gilligan (1986, 1995) as an ethic of care, but also valorise them and construct them as integral to ensuring that children's needs are met. An inability to provide this level of care meant that for the women in this study abortion was the only course of action. Importantly, some women also drew on Gilligan's (1986, 1995) ethic of justice by suggesting that children are *owed* the kind of intensive caring that mothers are expected to provide. Drawing on a 'family planning' discourse, women justified abortion by suggesting that abortion was necessary in order to ensure the correct timing and spacing of children which is viewed as having a significant bearing on child development. Thus, women were able to position themselves as motherly/the 'good' mother and therefore as acceptable women, thereby mitigating the stigma that comes with abortion as a result of the challenge it represents to the idea that the essence of 'woman' lies in her biological capacity and duty to be a mother.

In most discourses, women were able to position themselves as responsible, for example by putting the needs of their potential and existing children first, and by deciding to terminate a pregnancy that has occurred outside of or after marriage and is therefore 'deviant' and 'unacceptable'. Through a 'production of an economic self' discourse, women also positioned themselves as responsible citizens committed to completing their education and training in order to gain employment, thereby becoming economically productive citizens who make their own contributions to economic growth. By positioning themselves in this way, the women in this study adhered to the injunction to act responsibly, which Kelly (2001) identifies as a specific feature of the structuring of actions through individual prevention and management of risky, undesirable behaviours and the attendant consequences borne out by individuals and society. Thus, the picture that emerged was one in which abortion was the only, *responsible*, course of action, whether as a means to correct a transgression (such as marriage outside of the husband-wife axis, the absence of rational planning regarding when to have children and how many to have) or as a means to ensure adherence to desirable practices (such as the production of an economic self).

Within their micro-narratives, women referred to both gendered and generational power relations. Regarding gendered power relations referred to by the women in this study, the possibility of abandonment was a characteristic feature of unstable, non-marital, gendered relations. As a result of the unreliability of male partners with regard to providing support during the pregnancy and with regard to sharing child-rearing responsibilities, for some women carrying the pregnancy to term was not an option as they would struggle, financially (and in other ways), on their own without this support. Coerced unprotected sex was also a feature of unjust and unequal gendered relations of power referred to by the women. Thus, three women in this study constructed a micro-narrative in which they had become pregnant because of having been coerced or pressured into having unprotected sex. Significantly, in narrating the decision-making process, most of the women who involved their partner drew on a 'choice' discourse to construct a micro-narrative in which the decision to have an abortion was their own. While for most women in this study this was acceptable, the practice of women in heterosexual relationships making abortion decisions was problematised and constructed by some women as indicative of unequal and unfair gendered relations. For some women, however, a discourse of 'unfair/unstable gender relations' was used to construct the abortion decision as having been made by the partner.

When reflecting on the data, it is important to consider the larger context of the study; the context within which the co-produced narratives must be understood. In some ways, the gendered relations of power described in the women's narratives reflect what has been reported in the South African gender and sexualities literature. For example, references within the narratives to sexual coercion, male partner abandonment and male-dominated decision-making have been described in the literature as characteristic of heterosexual gendered relations (Jewkes & Morrell, 2010). In other ways the gendered power relations referenced by the women diverge in significant ways from those reported in the literature. That the majority of women in this study who involved their partner in the abortion decision-making process constructed a narrative in which the decision to have an abortion was theirs is significant given that in South Africa, constructions of gender normalise male-dominated decision-making (financial, sexual, reproductive and so forth) (Jewkes & Morrell, 2010). This might suggest that traditional gendered power relations that tend to structure heterosexual relationships are in the process of changing.

On the subject of generational power relations which govern the parent-child axis, a significant micro-narrative revolved around expectations of parents' disapproval of a

continuation of the pregnancy as result of the pregnancy occurring outside of the marital relationship. Consequently, several participants stated this as a reason for why the pregnancy *had* to be terminated. For two of the women in this study, economic dependency on their parents regarding education meant that abortion was the only option. Of the two, one woman revealed that she had in fact wanted to continue the pregnancy but could not do so due to knowing that her mother would disapprove. Gendered and generational power relations thus contributed to the creation of unsupported and unsupportable pregnancies.

As Chrisler (2013) explains, reproductive justice goes beyond a recognition of reproductive health rights. It extends to the recognition that one's structural and socio-cultural circumstances shape access to the resources (financial, for example) that enable women to exercise their reproductive health rights, that is to continue with a pregnancy or undergo abortion. In light of this, the discourses used by participants and the gendered and generational power relations referred to within the women's micro-narratives meant that women's options regarding what to do about the pregnancy were structured in such a way as to make abortion the only option. This served to obstruct reproductive justice. On the other hand, it must be recognised that despite research on the inaccessibility of abortion services in South Africa, that women in this study managed to access abortion services without difficulty (barring one participant who was referred twice due to a shortage of facilities that perform second trimester abortion) means that reproductive justice was enabled as safe abortion *was* an option, albeit the only one. For women elsewhere unsafe abortion would be the only recourse, for example, in contexts where abortion has not yet been legalised (or even where abortion legislation is severely restrictive) and the only discourses available are those which are contradictory in nature: limiting reproduction to the marital relationship and in doing so calling upon unmarried (young) women to have an abortion on the one hand, while on the other stigmatising abortion because it goes against the idea that women *should* have children. Thus the significance of the availability of safe abortion must not be overlooked.

The findings of this study suggest that a rights-based approach to abortion decision-making masks the various circumstances and aspects (economic, social, interpersonal/relational) of women's lives that structure reproductive decision-making towards a particular course of action. Most importantly, what is masked by a strictly rights-based approach is the significant role played by discourse in structuring women's decision-making towards abortion. That dominant constructions around what is considered responsible and desirable behaviour took on, with few exceptions, a taken-for-granted quality in the women's narratives might reflect

the fact that when deciding on abortion, and (certainly in this study) when discussing the process of deciding on abortion, there are limited discursive resources for conceptualising and justifying abortion in ways which positively position women. It is significant, then, that the discursive milieu in which abortion decisions are made in contexts such as South Africa (where there is liberal abortion legislation but where the presence of abortion stigma means that women must concern themselves with how to justify and account for this decision) contributes significantly to the creation of unsupported and unsupportable pregnancies and thus obstructs reproductive justice. The implication of this finding is that while reproductive sexuality is still legitimised within the husband-wife axis, and guarded as well as ensured within the parent-child axis (whereas other family formations are marginalised), and while there is still a valorisation of a responsibility that often demands of women to choose between employment and motherhood, continuation of pregnancy may for some women not be a viable option. For this reason, it is important that access to termination of pregnancy is increased.

4. Narratives of silence

Mazzei (2004) speaks about how silences that occur within data may be just as significant as what is spoken. As Mazzei (2004) explains, in some instances silence may be attributed to the fact that participants respond to a different question than the one asked. In this study, despite being asked to produce a narrative on *how* the decision to have an abortion was made, participants (with few exceptions) constructed narratives on *why* they had decided on abortion. Morison (2011) reported a similar finding in her study: participants were asked to speak to the question of how the decision to become parents was made. In a paper which reflects on this finding by Morison (2011), Morison and Macleod (2013) suggest that this kind of silence may result from the demand placed on participants to account for a practice that has been normalised and is thus taken-for-granted. In South Africa, abortion is a stigmatised practice as a result of constructions of womanhood which essentialise motherhood. For the women participating in this research, this may have had the effect of creating an expectation to justify the decision to have an abortion.

Importantly, in the women's micro-narratives of their reasons for abortion, the absence of desire constituted a kind of silence. Thus, on the one hand, women seldom stated that abortion was something that they *wanted* to do. Instead, women framed the abortion decision as one that *had* to be made. On the other hand, few women constructed a micro-narrative of 'I

don't want a/another baby'. That this micro-narrative was uncommon in this study is expected as it goes against dominant discourses of womanhood, some of which found expression in the women's narratives where abortion was used to delay and not eschew motherhood. Thus it is not a particularly useful micro-narrative in terms of offering up positive subject positions for the women who construct it. This may be explained by the absence of discourses in which abortion is normalised, as the discourses available to the women in this study were generally in line with a production of sexuality which, occurring along the husband-wife and parent-child axes, normalises reproduction. Therefore, those who constructed this micro-narrative went on to say that not wanting a child meant that the women had no choice but to terminate the pregnancy, thus simultaneously constructing a micro-narrative of 'I have to have an abortion' which proved far more useful.

As I have already suggested in the previous two chapters, another important silence in the women's narratives was a discourse of 'reproductive/human rights'. As discussed, women used a 'choice' discourse to construct the abortion decision as one which a woman *should* make. This was done without recourse to a language of rights in which it is argued that women should make the abortion decision because they have the reproductive/human right to do so. This is particularly interesting in a country such as South Africa where this reproductive right is enshrined in the CTOP Act. The implication of this may be that women may not realise that the right to decide, for themselves, whether to have an abortion or continue with a pregnancy is guaranteed by the CTOP Act. That this may well be the case is evidenced in research conducted in South Africa around women's knowledge of the CTOP Act which reveals that a majority of women are unaware of their reproductive rights regarding abortion (see Macleod et al., 2014). Despite this, that women are narrating the decision, firstly as theirs, and secondly, as a choice *women* should make is certainly promising.

Despite research conducted in South Africa (and elsewhere) on health service providers' moralising and judgemental attitudes, in the few instances where the decision-making process was discussed, health service providers did not figure in women's narratives of the decision-making process. This can be explained by the fact that for all of the women who participated in this study, a decision to have an abortion had already been reached. Thus, the women may not have needed the guidance of health service providers in making the decision.

Finally, a silence that also deserves mention was the relative absence of a ‘religious/moral/ discourse in which abortion is constructed as an act of murder and therefore as sinful and immoral. As I discussed in the analysis chapters, this was only used by one participant in the construction of a micro-narrative of ‘I have to have an abortion’. This finding was surprising considering that almost all of the women in this study referred to the foetus as a “child” or “baby” (less frequently). However, a ‘religious/moral’ discourse on abortion leaves little room for positive subject positioning, except perhaps by way of positioning the woman who confesses to having decided on abortion as the amenable sinner who has learnt the error of her ways.

5. Limitations of the study

The limitations of this study revolve around the data that were collected. Firstly, the study is limited regarding the diversity of participants. Initially, the aim had been to obtain a greater level of diversity by having more participants with different racial and cultural identities, as well as ages. However, as aforementioned in the methodology chapter, the time constraints of the study made this extremely difficult to achieve. Secondly, as I stated previously, the way in which some of the interviews were conducted by the co-researchers affected the quality of some of the data. This resulted in the removal of some rich but unusable data from the corpus. Thirdly, language differences between myself and some of the participants and the subsequent reliance on a research assistant to conduct some of the interviews meant that some opportunities for following up on interesting and important parts of participants’ narratives were missed.

6. Suggestions for future research

Firstly, in addition to expanding diversity with regard to age and racial identity, an important and interesting area of focus for future research could be to specifically include (or even to restrict the sample to) married women, given that none of the women in this study were married at the time of data collection and a dominant discourse used by the women in this study was the ‘conjugalisation of reproduction’. Thus, it might be interesting to see what discourses are available to married women when constructing narratives of the abortion decision-making process. A study that includes married women would shed some light on the (un)availability of discursive resources for women who are not only allowed but are expected to have children. The largely homogenous sample with regard to marital status meant that the voices of married women were excluded (an unforeseen consequence) from this study.

Secondly, as I stated above, conducting the interviews at the abortion facilities may have shaped the data in the sense that women may have justified the decision to have an abortion as a result of the frequent reports of judgemental attitudes by health service staff. Therefore, it might be useful to interview women about their abortion decision-making narratives in a different setting as this might contribute to the production of different narratives. Furthermore, future research could make improvements, based on the weaknesses described above, to the way in which data is collected and in doing so increase the richness of the data.

References

- Abortion and Sterilization Act. (1975). Act 2. Cape Town: *South African Government Gazette* 478.
- Agger, B. (1991). Critical theory, poststructuralism, postmodernism: Their sociological relevance. *Annual Review of Sociology*, 17, 105-131.
- Alberts, M. (2010). National Language and Terminology Policies — A South African Perspective. *Lexikos*, 20, 599-620.
- Alblas, M. (2008). A Week in the Life of an Abortion Doctor, Western Cape Province, South Africa [Supplement]. *Reproductive Health Matters*, 16(31), 69-73.
- Alex, L., & Hammarstrom, A. (2004). Women's experiences in connection with induced abortion – a feminist perspective. *Scandinavian Journal of Caring Sciences*, 18(1), 160-168.
- Amigot, P., & Pujal, M. (2009). On power, freedom and gender: A fruitful tension between Foucault and feminism. *Theory & Psychology*, 19(5), 646-669.
- Annandale, E., & Clark, J. (1996). What is gender? Feminist theory and the sociology of human reproduction. *Sociology of Health & Illness*, 18(1), 17-44.
- Atuyambe, L., Mirembe, F., Johansson, A., Kirumira, E. K., & Faxelid, E. (2005). Experiences of pregnant adolescents: Voices from Wakiso district, Uganda. *Journal of African Health Sciences*, 5(4), 304-309.
- Avalos, L. (1999). Hindsight and the abortion experience: What abortion means to women years later. *Gender Issues*, 35-57.
- Baker, A., & De Robertis, C. (2006). Pro-voice: A vision for the future. *Off Our Backs*, 36(4), 33-36.
- Barbour, R. S. (2001). Checklists for improving rigour in qualitative research: A case of the tail wagging the dog? *British Medical Journal*, 322(7294), 1115-1117.
- Barry, P. (1995). *Beginning theory: An introduction to literary and cultural theory*. Manchester: Manchester University Press.

- Bateman, C. (2011). Abortion practices undermining reformist laws. *South African Medical Journal*, 101(5), 302-304.
- Baxter, J. (2002). A juggling act: A feminist post-structuralist analysis of girls' and boys' talk in the secondary classroom. *Gender and Education*, 14(1), 5-19.
- Bell, J. S. (2002). Narrative inquiry: More than just telling stories. *TESOL Quarterly*, 36(2), 207-213.
- Biggs, M. A., Gould, H., & Foster, D. G. (2013). Understanding why women seek abortions in the US. *BMC Women's Health*, 13, 29-41.
- Blackburn, M. V., & Smith, J. M. (2010). Moving beyond the inclusion of LGBT-themed literature in English language arts classrooms: Interrogating heteronormativity and exploring intersectionality. *Journal of Adolescent & Adult Literacy*, 53(8), 625-634.
- Blommaert, J. (2006). Applied ethnopoetics. *Narrative Inquiry*, 16(1), 181-190.
- Bowes, T. (2009). *Discourses around abortion in a low-income community in the Western Cape* (Unpublished master's thesis). Rhodes University, Grahamstown, South Africa.
- Braam, T., & Hessini, L. (2004). The power dynamics perpetuating unsafe abortion in Africa: A feminist perspective. *African Journal of Reproductive Health*, 8(4), 43-51.
- Bruner, J. (1991). The narrative construction of reality. *Critical Inquiry*, 18(1), 1-21.
- Bucholtz, M. (2007). Variation in transcription. *Discourse Studies*, 9(6), 784-808.
- Burr, V. (1995). *An introduction to social constructionism*. London: Routledge.
- Butler, A. C., & Bailey, D. (2008). The maturity and competence of girls obtaining abortions: Are parental involvement laws needed? *Journal of Policy Practice*, 7(1), 58-92.
- Choice on Termination of Pregnancy Act. (1996). Act 92. Cape Town: *South African Government Gazette* 377(17602).
- Chrisler, J. C. (2013). Introduction: A global approach to reproductive justice- psychosocial and legal aspects and implications. *William & Mary Journal of Women and the Law*, 20, 1-24.

- Cleeve, A., Phrasisombath, K., Sychareun, V., & Faxelid, E. (2014). Attitudes and experiences regarding induced abortion among female sex workers, Savannakhet Province, Laos. *Sexual & Reproductive Healthcare*, 5, 137–141.
- Coleman, P. K., Reardon, D. C., Strahan, T., & Cogle, J. R. (2005). The psychology of abortion: A review and suggestions for future research. *Psychology and Health*, 20(2), 237-271.
- Collins, P. H. (1986). Learning from the outsider within: The sociological significance of black feminist thought. *Social Problems*, 33(6), S14-S32.
- Combs, M. W., & Welch, S. (1982). Blacks, whites and attitudes to abortion. *Public Opinion Quarterly*, 46(1), 510-520.
- Cope, J. (1993). *A matter of choice: Abortion law reform in apartheid South Africa*. Pietermaritzburg: Haded Books.
- da Costa, P. C., & Donald, F. (2003). The experience of person-role conflict in doctors expected to terminate pregnancies in the South African public sector. *South African Journal of Psychology*, 33(1), 10-18.
- Davies, B., & Gannon, S. (2005). Feminism/poststructuralism. In B. Someth & C. Lewin (Eds), *Research methods in the social sciences* (pp.318-323). London: Sage.
- Davies, B., & Harré, R. (2001). Positioning: The discursive position of selves. *Discourse, Theory & Practice: A Reader*, 20, 261-288.
- de Bruyn, M. (2004). Living with HIV: Challenges in Reproductive Health Care in South Africa. *African Journal of Reproductive Health*, 8(1), 92-98.
- Degler, C. N. (1990). Darwinians confront gender; or, there is more to it than history. In D. L. Rhode (Ed.), *Theoretical perspectives on sexual difference* (pp.33-47). New Haven: Yale University Press.
- DeLamater, J D., & Hyde, J. S. (1998). Essentialism vs. social constructionism in the study of human sexuality. *Journal of Sex Research*, 35(1), 10-18.
- Deveaux, M. (1994). Feminism and Foucault: A critical reading of Foucault. *Feminist Studies*, 20(2), 223-247.

- Dickson, K. E., Jewkes, R. K., Brown, H., Levin, J., Rees, H., & Mavuya, L. (2003). Abortion service provision in South Africa three years after liberalization of the law. *Studies in Family Planning*, 34(4), 277-284.
- Doevenspeck, M. (2011). Constructing the border from below: Narratives from the Congolese-Rwandan state boundary. *Political Geography*, 30, 129-140.
- Drower, S. J., & Nash, E. S. (1978). Therapeutic abortion on psychiatric grounds. *South African Medical Journal*, 54, 604-608.
- Edley, N. (2001). Unravelling social constructionism. *Theory & Psychology*, 11(3), 433-441.
- Ekstrand, M., Tyden, T., Darj, E., & Larsson, M. (2009). An illusion of power: Qualitative perspectives on abortion decision-making among teenage women in Sweden. *Perspectives on Sexual and Reproductive Health*, 41(3), 173-180.
- Fawcett, B. (1998). Disability and social work: Applications from poststructuralism, postmodernism and feminism. *British Journal of Social Work*, 28, 263-277.
- Fegan, E. V. (1999). 'Subjects' of regulation/resistance? Postmodern feminism and agency in abortion-decision-making. *Feminist Legal Studies*, 7(1), 241-273.
- Fennell, J. (2006). "It happened one night": The sexual context of fertility decision-making. Presented at the Population Association of America, 2006 Annual Meeting, Los Angeles, California, March 30 – April 1, 2006. Retrieved June 2014 from <http://www.ponline.org/node/188425>
- Flannagan, O., & Jackson, K. (1987). Justice, care, and gender: The Kohlberg-Gilligan debate revisited. *Ethics*, 97(3), 622-637.
- Fok, S. (2011). Micro-narratives in contemporary Chinese art: A case study of Cao Fei's pearl river delta anti-heroes. *Asian Studies Review*, 35(4), 499-520.
- Font-Ribera, L., Pérez, G., Salvador, J., & Borrell, C. (2007). Socioeconomic inequalities in unintended pregnancy and abortion decision. *Journal of Urban Health: Bulletin of the New York Academy of Medicine*, 85(1), 125-135.
- Foucault, M. (1972). *The archaeology of knowledge & the discourse on language* (A. M. S. Smith, Trans.). New York: Pantheon Books.

- Foucault, M. (1978). *The history of sexuality: An introduction* (Vol. 1) (R. Hurley, Trans.). New York: Pantheon Books.
- Foucault, M. (1980). Power and strategies. In C. Gordon (Ed.), *Power/knowledge: Selected interviews and other writings 1972-1977* (pp.134-145). Sussex: The Harvester Press.
- Foucault, M. (1980). The eye of power. In C. Gordon (Ed.), *Power/knowledge: Selected interviews and other writings 1972-1977* (pp.146-165). Sussex: The Harvester Press.
- Foucault, M. (1984). Docile bodies. In P. Rabinow (Ed.), *The Foucault reader* (pp.179-187). London: Penguin Books.
- Foucault, M. (1984). The means of correct training. In P. Rabinow (Ed.), *The Foucault reader* (pp.188-205). London: Penguin Books.
- Foucault, M. (2000). The subject and power. In J. D. Faubion (Ed.), *Power* (Vol. 3) (R. Hurley, Trans.) (pp.326-348). New York: The New Press.
- Foucault, M. (2000). Truth and power. In J. D. Faubion (Ed.), *Power* (Vol. 3) (R. Hurley, Trans.) (pp.111-133). New York: The New Press.
- Francome, C., & Freeman, E. (2000). British general practitioners' attitudes toward abortion. *Family Planning Perspectives*, 32(4), 189-191.
- Frederiksen, B. F. (2000). Popular culture, gender relations and the democratization of everyday life in Kenya. *Journal of Southern African Studies*, 26(2), 209-222.
- Gavey, N. (1989). Feminist poststructuralism and discourse analysis. *Psychology of Women Quarterly*, 13, 459-475.
- Gavey, N. (2011). Feminist poststructuralism and discourse analysis revisited. *Psychology of Women Quarterly*, 35(1), 183-188.
- Gergen, K. J. (1985). The social constructionist movement in modern psychology. *American Psychologist*, 40(3), 266-275.
- Gibson, J. D., & Hindin, M. J. (2008). "Having another child would be a life or death situation for her": Understanding pregnancy termination among couples in rural Bangladesh. *American Journal of Public Health*, 98, 1827-1832.
- Gilligan, C. (1986). Reply by Carol Gilligan. *Signs*, 11(2), 324-333.

- Gilligan, C. (1995). Hearing the difference: Theorizing connection. *Hypatia*, 10(2), 1202-127.
- Goodwin, P., & Ogden, J. (2007). Women's reflections upon their past abortions: An exploration of how and why emotional reactions change over time. *Psychology & Health*, 22(2), 231-248.
- Graham, S. J. (2014). *Resisting responsabilisation: A narrative-discursive analysis of young peoples' talk about high school sexualities and school sexuality education*. (Unpublished masters thesis). Rhodes University, Grahamstown, South Africa.
- Guillemin, M., & Gillam, L. (2004). Ethics, reflexivity, and "Ethically important moments" in research. *Qualitative Inquiry*, 10(2), 261-280.
- Hallden, B., Christensson, K., & Olsson, P. (2009). Early abortion as narrated by young Swedish women. *Scandinavian Journal of Caring Sciences*, 23(1), 243-250.
- Hansjee, J. (2011). *Abortion as disruption: Discourses surrounding abortion in the talk of men* (Unpublished master's thesis). Rhodes University, Grahamstown, South Africa.
- Hardacre, H. (1997). *Marketing the menacing foetus in Japan*. Berkeley: University of California Press.
- Haroz, A. E. (1997). South Africa's 1996 choice on termination of pregnancy act: Expanding choice and international human rights to black South African women. *Vanderbilt Journal of Transnational Law*, 862-903.
- Harré, R., Moghaddam, F. M., Cairnie, T. P., Rothbart, D., & Sabat, S. R. (2009). Recent advances in positioning theory. *Theory Psychology*, 19(1), 5-31.
- Harries, J. (2009). Termination of pregnancy services in South Africa: Implications for health service providers. *Continuing Medical Education*, 27(10), 463-464.
- Harries, J., Orner, P., Gabriel, M., & Mitchell, E. (2007). Delays in seeking an abortion until the second trimester: A qualitative study in South Africa. *Reproductive Health*, 47, 1-8.
- Harries, J., Stinson, K., & Orner, P. (2009). Health care providers' attitudes towards termination of pregnancy: A qualitative study in South Africa. *BMC Public Health*, 9, 296-306.

- Harvey-Knowles, J. A. (2012). An examination of women's decision-making processes during unplanned pregnancy. *Qualitative Research Reports in Communication*, 13(1), 80-87.
- Henwood, K., & Pidgeon, N. F. (1992). Qualitative research and psychological theorising. *British Journal of Psychology*, 83(1), 97-112.
- Hess, R. F. (2007). Women's stories of abortion in southern Gabon, Africa. *Journal of Transcultural Nursing*, 18(1), 41-48.
- Hiles, D., & Cermak, I. (2008). Narrative psychology. In C. Willig & W. Stainton-Rogers (Eds), *The Sage handbook of qualitative research in psychology* (pp.147-165). London: Sage Publications Ltd.
- Hoffman, J. P., & Johnson, S. M. (2005). Attitudes toward abortion among religious traditions in the United States: Change or continuity? *Sociology of Religion*, 66(2), 161-182.
- Hoggart, L. (2012). 'I'm pregnant...what am I going to do?' An examination of value judgements and moral frameworks in teenage pregnancy decision making. *Health, Risk & Society*, 14(6), 533-549.
- Irvine, J. M. (2003). "The Sociologist as Voyeur": Social theory and sexuality research, 1910-1978. *Qualitative Sociology*, 26(4), 429-456.
- Jewkes, R., Brown, H., Dickson-Tetteh, K., Levin, J., & Rees, H. (2002). Prevalence of morbidity associated with abortion before and after legislation in South Africa. *British Medical Journal*, 324(7348), 1252-1253.
- Jewkes, R. K., Fawcus, S., Rees, H., Lombard, C. J., & Katzenellenbogen. (1997). Methodological issues in the South African incomplete abortion study. *Studies in Family Planning*, 28(3), 228-234.
- Jewkes, R. K., Gumedde, T., Westaway, M. S., Dickson, K., Brown, H., & Rees, H. (2005). Why are women still aborting outside designated facilities in metropolitan South Africa? *BJOG: An International Journal of Obstetrics and Gynaecology*, 112, 1236-1242.

- Jewkes, R., & Morrell, R. (2010). Gender and sexuality: emerging perspectives from the heterosexual epidemic in South Africa and implications for HIV risk and prevention. *Journal of the International AIDS Society*, 13(6), 1-11.
- Jones, R. J., Frohwirth, L. F., & Moore, A. M. (2008). "I would want to give my child, like, everything in the world": How issues of motherhood influence women who have abortions. *Journal of Family Issues*, 29(1), 79-99.
- Jovchelovitch, S., & Bauer, M. W. (2000). Narrative interviewing. In M. W. Bauer & G. Gaskell (Eds.), *Qualitative researching with text, image and sound: A practical handbook* (pp.57-74). London: Sage Publications.
- Kade, K., Kumar, D., Polis, C., & Schaffer, K. (2004). Effect of nurses' attitudes on hospital-based abortion procedures in Massachusetts. *Contraception*, 69, 59-62.
- Kavanaugh, M. L., Moore, A. M., Akinyemi, O., & Adewole, I. Dzekedzeke, K., Awolude, O., & Arulogun, O. (2013). Community attitudes towards childbearing and abortion among HIV-positive women in Nigeria and Zambia. *Culture, Health & Sexuality: An International Journal for Research, Intervention and Care*, 15(2), 160-174.
- Kaye, D. K. (2006). Community perceptions and experiences of domestic violence and induced abortion in Wakiso district, Uganda. *Qualitative Health Research*, 16(8), 1120-1128.
- Kelly, K. (2006). From encounter to text: Collecting data in qualitative research. In M. Terre Blanche, K. Durrheim, & D. Painter (Eds.), *Research in practice: Applied methods for the social sciences* (pp.285-319). Cape Town: University of Cape Town Press.
- Kelly, P. (2001). The post-welfare state and the government of youth at-risk. *Social Justice*, 28(4), 96-113.
- Kimport, K., Foster, T., & Weitz, T. A. (2011). Social sources of women's emotional difficulty after abortion: Lessons from women's abortion narratives. *Perspectives on Sexual and Reproductive Health*, 43(2), 103-109.
- Kirkman, M., Rowe, H., Hardiman, A., Mallet, S., & Rosenthal, D. (2009). Reasons women give for abortion: A review of the literature. *Archive of Women's Mental Health*, 12, 365-378.

- Kjelsvik, M., & Gjengedal, E. (2011). First time pregnant women's experience of the decision-making process related to completing or terminating a pregnancy- a phenomenological study. *Scandinavian Journal of Caring Sciences*, 25, 169-175.
- Klugman, B., & Varkey, S. J. (2001). From policy development to policy implementation: The South African Choice on Termination of Pregnancy Act. In B. Klugman, & D. Budlender, *Advocating for abortion access: Eleven country studies* (pp.251-283). Johannesburg: The Women's Health Project.
- Kumar, A., Hessini, L., & Mitchell, E. M. H. (2009). Conceptualising abortion stigma. *Culture, Health & Sexuality: An International Journal for Research, Intervention and Care*, 11(6), 625-639.
- Learman, L. A., Drey, E. A., Gates, E. A., Kang, M., Washington, A. E., & Kuppermann, M. (2005). Abortion attitudes of pregnant women in prenatal care. *American Journal of Obstetrics and Gynecology*, 192, 1939-1945.
- Leshabari, M. T., Mpangile, G. S., Kaaya, S. F., & Kihwele, D. J. (1994). From teenage unwanted pregnancy to induced abortion: Who facilitates links? *International Journal of Adolescence and Youth*, 4(3-4), 195-210.
- Lie, M. L. S., Robson, S. C., & May, C. R. (2008). Experiences of abortion: A narrative review of qualitative studies. *BMC Health Services Research*, 8(1), 150-159.
- Macleod, C. (2002a). Deconstructive discourse analysis: Extending the methodological conversation. *South African Journal of Psychology*, 32(1), 17-25.
- Macleod, C. (2002b). Economic security and the social science literature on teenage pregnancy in South Africa. *Gender and Society*, 16(5), 647-664.
- Macleod, C. (2003). The conjugalisation of reproduction in South African teenage pregnancy literature. *PINS*, 20(1), 23-37.
- Macleod, C. (2006). Radical plural feminisms and emancipatory practice in post-Apartheid South Africa'. *Theory & Psychology*, 16, 367-89.
- Macleod, C. (2009). Why we should avoid the use of the term "Post-Abortion Syndrome": Commentary on Boulind and Edwards (2008). *Journal of Psychology in Africa*, 19(3), 423-427.

- Macleod, C. (2012). Feminist Health Psychology and abortion: towards a politics of transversal relations of commonality. In C. Horrocks and S. Johnson (Eds.), *Advances in Health Psychology* (pp. 153-168). Basingstoke: Palgrave Macmillan.
- Macleod, C., & Durrheim, K. (2002). Foucauldian feminism: The implications for governmentality. *Journal for the Theory of Social Behaviour*, 32(1), 41-60.
- Macleod, C., Seutlwadi, L., & Steele, G. (2014). Cracks in reproductive health rights: Buffalo City learners' knowledge of abortion legislation. *Health SA Geseonheid*, 19(1), 1-10.
- Macleod, C., Sigcau, N., & Luwaca, P. (2011). Culture as a discursive resource opposing legal abortion. *Critical Public Health*, 21(2), 237-245.
- Macleod, C., & Vincent, L. (2014). Introducing a critical pedagogy of sexual and reproductive citizenship: Extending the framework of the 'Framework of Thick Desire'. In L. Allen, M. L. Rasmussen & K. Quinlivan (Eds), *The politics of pleasure in sexuality education: Pleasure bound* (pp.115-136). New York: Routledge.
- Major, B., Appelbaum, M., Beckman, L., Dutton, M. A., Russo, N. F., & West, C. (2009). Abortion and mental health: Evaluating the evidence. *American Psychologist*, 64(9), 863-890.
- Manabolo, L. R. C., Tjallinks, J. E. (2010). Experiences of registered nurses at one community health centre near Pretoria providing termination of pregnancy services. *Africa Journal of Nursing and Midwifery*, 12 (1),73-86
- Mann, S. A., & Huffman, D. J. (2005). The decentering of second wave feminism and the rise of the third wave. *Science & Society*, 69(1), 56-91.
- Mash, R., Mash, B., & de Villiers, P. (2010). "Why don't you just use a condom?": Understanding the motivational tensions in the minds of South African women. *African Journal of Primary Health Care & Family Medicine*, 2(1).
- Mays, N., & Pope, C. (2000). Qualitative research in health care: Assessing quality in qualitative research. *British Medical Journal*, 320(7226), 50-52.
- Mazzei, L. A. (2004). Silent listenings: Deconstructive practices in discourse-based research. *Educational Researcher*, 33(2), 26-34.
- McCall, L. (2005). The complexity of intersectionality. *Signs*, 30(3), 1771-1800.

- McGill, J. (2006). Abortion in South Africa: How we got here, the consequences, and what is needed. *Journal for Christian Scholarship*, 195-222.
- Mdleleni-Bookholane, T. (2007). Factors related to and the consequences of the termination of pregnancy at the Umtata General Hospital, Eastern Cape. *South African Journal of Psychology*, 37(2), 245-259.
- Mendes, J. F., Basu, D., & Basu, J. K. (2010). Addressing the demand for termination of pregnancy services in district health facilities in Johannesburg. *South African Medical Journal*, 100(10), 614.
- Meyers, D. T. (2001). The rush to motherhood: Pronatalist discourse and women's autonomy. *Signs*, 26(3), 735-773.
- Mhlanga, R. E. (2003). Abortion: developments and impact in South Africa. *British Medical Bulletin*, 67, 115-126.
- Mitchell, E. M. H., Halpern, C. T., Kamathi, E. M., & Owino, S. (2006). Social scripts and stark realities: Kenyan adolescents' abortion discourse. *Culture, Health & Sexuality*, 8(6), 515-528.
- Mokgethi, N. E., Ehlers, V. J., & van der Merwe, M. M. (2006). Professional nurses' attitudes towards providing termination of pregnancy services in a tertiary hospital in the North West province of South Africa. *Curationis*, 29(1), 32-39.
- Moore, A. N., Jagwe-Wadda, G., & Bankole, A. (2011). Men's attitudes about abortion in Uganda. *Journal of Biosocial Science*, 43, 31-45.
- Morison, T. (2011). *"But what story?": A narrative-discursive analysis of "white" afrikaners' accounts of male involvement in parenthood decision-making* (Unpublished doctoral dissertation). Rhodes University, Grahamstown, South Africa.
- Morison, T., & Macleod, C. (2013). A performative-performance analytical approach: Infusing Butlerian theory into the narrative-discursive method. *Qualitative Research*, 0(0), 1-18.
- Morrison, C., & Moodley, J. (2006). Characteristics of women booking for first and second trimester abortions at public sector clinics in Cape Town. *SAJOG*, 12(2), 81-82.

- Morrone, C., Myer, L., & Tibazarwa, K. (2006). Knowledge of the abortion legislation among South African women: A cross-sectional study. *Reproductive Health*, 3(1), 7-11.
- Ngwena, C. (2003). Conscientious objection and legal abortion in South Africa: Delineating the parameters. *Journal for Juridical Science*, 28(1), 1-18.
- Ngwena, C. (2004a). Access to legal abortion: Developments in Africa. *South African Public Law*, 19(2), 328-350.
- Ngwena, C. (2004b). An appraisal of abortion laws in Southern Africa from a reproductive health rights perspectives. *Journal of Law, Medicine & Ethics*, 708-717.
- O'Donovan, D. (2006). Moving away from "Falling boys" and "Passive girls": Gender meta-narratives in gender equity policies for Australian schools and why micro-narratives provide a better policy model. *Discourse: Studies in the Cultural Politics of Education*, 27(4), 475-495.
- O'Sullivan, L. F., Harrison, A., Morrell, R., Monroe-Wise, A., & Kubeka, M. (2006). Gender Dynamics in the Primary Sexual Relationships of Young Rural South African Women and Men. *Culture, Health & Sexuality*, 8(2), 99-113.
- Orb, A., Eisenhauer, L., & Wynaden, D. (2000). Ethics in qualitative research. *Journal of Nursing Scholarship*, 33(1), 93-96.
- Orner, P., de Bruyn, M., & Cooper, D. (2011). 'It hurts, but I don't have a choice, I'm not working and I'm sick': Decisions and experiences regarding abortion of women living with HIV in Cape Town, South Africa. *Culture, Health & Sexuality: An International Journal for Research, Intervention and Care*, 13(7), 781-795.
- Parker, I. (2005). *Qualitative psychology: Introducing radical research*. Berkshire: Open University Press.
- Parker, R. (2009). Sexuality, culture and society: Shifting paradigms in sexuality research. *Culture, Health & Sexuality*, 11(3), 251-266.
- Patel, C. J., & Johns, L. (2009). Gender role attitudes and attitudes to abortion: Are there gender differences? *The Social Science Journal*, 46, 493-505.
- Patel, C. J., & Myeni, M. C. (2008). Attitudes toward abortion in a sample of South African female university students. *Journal of Applied Social Psychology*, 38(3), 736-750.

- Phelan, S. (1990). Foucault and feminism. *American Journal of Political Science*, 34(2), 421-440.
- Plummer, K. (2003). Queers, bodies and postmodern sexualities: A note on revisiting the “sexual” in symbolic interactionism. *Qualitative Sociology*, 26(4), 515-530.
- Potter, J., & Whetherell, M. (1987). *Discourse and social psychology: Beyond attitudes and behaviour*. London: Sage.
- Price, K. (2010). What is reproductive justice?: How women of color activists are redefining the pro-choice paradigm. *Meridians*, 10(2), 42-65.
- Rabindranathan, S. (2003). Women's decision to undergo abortion: A study based on Delhi clinics. *Indian Journal of Gender Studies*, 10, 457-473.
- Ramcharan, P., & Cutcliffe, J. R. (2001). Judging the ethics of qualitative research: Considering the ‘ethics as process’ model. *Health and Social Care in the Community*, 9(6), 358–366.
- Rees, H., Katzenellenbogen, J., Shabodien, R., Jewkes, R., Fawcus, S., McIntyre, J...National Incomplete Reference Abortion Group. (1997). The epidemiology of incomplete abortion. *South African Medical Journal*, 87(4), 432-437.
- Rossouw, J. P. H., & du Plessis, G. E. (1994). Unwanted fertility, contraception and induced abortion in South Africa. *South African Journal of Demography*, 4(1), 12-28.
- Rousset, C., Brulfert, C., Séjourné, N., Goutaudier, N., & Chabrol, H. (2011). Posttraumatic Stress Disorder and psychological distress following medical and surgical abortion. *Journal of Reproductive and Infant Psychology*, 29(5), 506-517.
- Rowlands, S. (2011). Misinformation on abortion. *The European Journal of Contraception and Reproductive Health Care*, 16, 233–240.
- Sahar, G., Karasawa, K. (2005). Is the personal always political? A cross-cultural analysis of abortion attitudes. *Basic and Applied Social Psychology*, 27(4), 285-296.
- Sastre, M. T. M., Peccarisi, C., Legrain, E., Mullet, E., & Sorum, P. (2007) Acceptability in France of induced abortion for adolescents. *The American Journal of Bioethics*, 7(8), 26-32.

- Sathiparsad, R. (2010). Young rural males in South Africa speak on teenage pregnancy: "It's really her problem". *Journal of Psychology in Africa*, 20(4), 537-546.
- Sawicki, J. (1986). Foucault and feminism: Toward a politics of difference. *Hypatia*, 1(2), 23-36.
- Schiffrin, D. (1994). *Approaches to discourse*. Oxford: Blackwell Publishers.
- Schwandt, T. A., Lincoln, Y. S., & Guba, E. G. (2007). Judging interpretations: But is it rigorous? Trustworthiness and authenticity in naturalistic evaluation. *New Directions for Evaluation*, 11-25.
- Sevón, E. (2005). Timing motherhood: Experiencing and narrating the choice to become a mother. *Feminism & Psychology*, 15(4), 461-482
- Shaw, I. (2008). Ethics and the practice of qualitative research. *Qualitative Social Work*, 7(4), 400-414.
- Shotorbani, S., Zimmerman, F. J., Bell, J. F., Ward, D., & Assefi, N. (2004). Attitudes and intentions of future health care providers toward abortion provision. *Perspectives on Sexual and Reproductive Health*, 36(2), 58-63.
- Sibuyi, M. C. (2004). Provision of Abortion Services by Midwives in Limpopo Province of South Africa. *African Journal of Reproductive Health*, 8(1)- 75-78.
- Stanley, S., & Billig, M. (2004). Dilemmas of story-telling and identity. In C. Daiute & C. Lightfoot (Eds), *Narrative analysis: Studying the development of individuals in society* (pp.159-177). London: Sage.
- Stevenson, C. (2004). Theoretical and methodological approaches in discourse analysis. *Nurse Researcher*, 12(2), 17-29.
- Taylor, S. (2005). Self-narration as rehearsal: A discursive approach to the narrative formation of identity. *Narrative Inquiry*, 15(1), 45-50.
- Taylor, S. (2006). Narrative as construction and discursive resource. *Narrative Inquiry*, 16(1), 94-102.
- Taylor, S., & Littleton, K. (2006). Biographies in talk: A narrative-discursive research approach. *Qualitative Sociology Review*, 2(1), 22-38.

- Teddlie, C., & Yu, F. (2007). Mixed methods sampling: A typology with examples. *Journal of Mixed Methods Research*, 1(1), 77-100.
- Temple, B., & Young, A. (2004). Qualitative research and translation dilemmas. *Qualitative Research*, 4(2), 161-176.
- Terre Blanche, M., & Durrheim, K. (1999). Social constructionist methods. In M. Terre Blanche & K. Durrheim (Eds.), *Research in practice: Applied methods for the social sciences* (pp.147-178). Cape Town: University of Cape Town Press.
- Tracy, S. J. (2010). Qualitative quality: Eight "big-tent" criteria for excellent qualitative research. *Qualitative Inquiry*, 16(10), 837-851.
- Trumpy, A. J. (2014) Woman vs. fetus: Frame transformation and intramovement dynamics in the pro-life movement. *Sociological Spectrum: Mid-South Sociological Association*, 34(2), 163-184.
- Tsui, A. O., Casterline, J., Singh, S., Bankole, A., Moore, A. M., Omideyi, A. K...Shellenberg, A. M. (2011). Managing unplanned pregnancies in five countries: Perspectives on contraception and abortion decisions [Supplemental material]. *Global Public Health: An International Journal for Research, Policy and Practice*, 6, S1-S24.
- Turner, K. L., Hymen, A. G., & Gabriel, M. C. (2008). Clarifying values and transforming attitudes to improve access to second trimester abortion. *Reproductive Health Matters*, 16(31), 108-116.
- Twin, S. (1997). An exploratory study examining the influence of translation on the validity and reliability of qualitative data in nursing research. *Journal of Advanced Nursing*, 26, 418-423.
- Varga, C. (2002). Pregnancy termination among South African adolescents. *Studies in Family Planning*, 13(4), 283-296.
- Watts, J. (2006). 'The outsider within': dilemmas of qualitative feminist research within a culture of resistance. *Qualitative Research*, 6(3), 385-402.
- Wengraf, T. (2001). *Qualitative research interviewing: Biographic narrative and semi-structured methods*. London: Sage.

- Wheeler, S. B., Zullig, L. L., Reeve, B. B., Buga, G. A., & Morroni, C. (2012). Attitudes and intentions regarding abortion provision among medical school students in South Africa. *International Perspectives on Sexual and Reproductive Health*, 38(3), 154-163.
- Whittaker, A. (2002). 'The truth of our day by day lives': Abortion decision making in rural Thailand. *Culture, Health & Sexuality: An International Journal for Research, Intervention and Care*, 4(1), 1-20.
- Williams, C. M., Larsen, U., & McCloskey, L. A. (2008). Intimate partner violence and women's contraceptive use. *Violence Against Women*, 14(12), 1382-1396.
- Willig, C. (2008). *Introducing qualitative research in psychology: Adventures in theory and method*. Berkshire: Open University Press.
- Zechmeister, I. (2001). Foetal images: The power of visual technology in antenatal care and the implications for women's reproductive freedom. *Health Care Analysis*, 9, 387-400.

Ian Parker's (1992) transcription conventions

1. Where doubts arise about the accuracy of material, put this in round brackets (like this);
2. When material is omitted from the transcript, use a pair of empty square brackets eg. [];
3. When clarifying something, use square brackets like this [to help the reader];

4. When there are noises, words of assents and others, put this in slashes eg. /hmm/,like this/yes/;
5. Indicate the absence of a gap between one speaker and another with = at the end of one and beginning of the next utterance;
6. Indicate pauses in speech with seconds in round brackets, eg. (2) for two seconds, and a full stop for pauses less than a second (.)
7. Indicate an extended sound with colon marks, ye::s;
8. Indicate emphasis in speech by underlining those parts of the text.



RHODES UNIVERSITY
Grahamstown • 6100 • South Africa

Cover letter for consent form

Dear Participant

My name is Jabulile Mavuso. I am a Master's-by-Thesis student in the Department of Psychology at Rhodes University. As part of my degree, I am conducting research around women's stories of abortion decision-making. As part of this research, I am interviewing women attending abortion facilities and asking them to tell me about **how** the decision to abort was made: what were the circumstances surrounding the pregnancy, what kinds of things were taken into consideration during the decision-making process, who was involved when deciding to have an abortion and anything else about how the decision was made. It is important to know that there is no right answer: I want to hear **your** individual story.

If you agree to participate, you will only be asked to take part in one interview which will take 45mins to 90mins (an hour and a half). There will be two people present during the interview: the interviewer and a co-researcher who will take notes and help the interviewer come up with questions to ask you. The co-researcher is a social worker and will be there to give support.

The interview will be tape-recorded (only your voice will be recorded) with your permission so that I can use what you say in my research report. It is important to know that I will not be using your name in the report so no one will be able to identify you. The recordings will be stored on my computer only and once I have finished using them, they will be destroyed.

Participation is voluntary: taking part in the interview is up to you and you may withdraw from the interview at any time if you feel uncomfortable or wish to stop. If you decide you do not want to participate, you will still be able to have the abortion as well any other service. If you do participate, what you have to say is very important as it will help others understand better about abortion and the decision-making that is involved.

Yours sincerely,

Jabulile Mary-Jane Jace Mavuso

RHODES UNIVERSITY
DEPARTMENT OF PSYCHOLOGY AGREEMENT BETWEEN STUDENT
RESEARCHER AND RESEARCH PARTICIPANT

I (participant's name)_____ agree to participate in the research project of Jabulile Mavuso on women's narratives of decision-making concerning abortion.

I understand that:

1. The researcher is a student conducting the research as part of the requirements for a Master's degree at Rhodes University. The researcher may be contacted on: 076 377 0297 (cell phone) or g09m2652@campus.ru.ac.za (email).

The research project has been approved by the relevant ethics committee(s), and is under the supervision of Professor Catriona Macleod in the Psychology Department at Rhodes University, who may be contacted on: 046 603 7328 (office) or C.Macleod@ru.ac.za (email).

2. The researcher is interested in women's narratives of abortion decision-making.

3. My participation will involve taking part in an interview which will last from 45 minutes to an hour and a half.

4. I will be asked to answer questions of a personal nature, but I can choose not to answer any questions about aspects of my life which I am not willing to disclose.

5. I am invited to voice to the researcher any concerns I have about my participation in the study, or consequences I may experience as a result of my participation, and to have these addressed to my satisfaction. Someone with psychological training/experience in counselling will be present during the interview to provide support/assistance if and as required.

6. I am free to withdraw from the study at any time – however I commit myself to full participation unless some unusual circumstances occur, or I have concerns about my participation which I did not originally anticipate.

7. The report on the project may contain information about my personal experiences, attitudes and behaviours, but that the report will be designed in such a way that it will not be possible to be identified by the general reader.

8. I am invited, if I so wish, to request for feedback about the report from the researcher who can be contacted through the details provided above.

Signed on (Date):

Participant: _____

Researcher: _____