

# Conflicting Socio-Cultural Attitudes and Community Factors Resulting in Backstreet Abortion in Cato Manor, KwaZulu-Natal

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## ABSTRACT

Abortion in South Africa is a complex topic, rife with augmenting and limiting political, social, religious, and cultural factors. This study explores multiple age groups within Cato Manor and whether the attitudes towards abortion and factors impacting the choice of where and whether to receive an abortion differ. The study employs a general qualitative approach with inserted narratives highlighting individual perspectives and stories. The sample cohort was identified using purposive sampling of women, obtained via convenience through the gatekeeper in the community. The participants are from two generations, and two expert interviews were conducted to gain various perspectives. The sample population is from the greater Cato Manor community, and the interviews were conducted in a semi-structured format. The main goal of this study is to understand how socio-cultural factors impact abortion attitudes within each generation in Cato Manor and if community attitudes impact women's decisions on how and where to obtain medical abortions. The findings show that negative attitudes towards abortion persist in Cato Manor due to religious and cultural rationale. Greater acceptance occurs among younger generations following abortion legalization in South Africa, yet prejudice remains. The research reveals a range of factors that may pressure women to obtain illegal abortion options to avoid community shame.

## KEYWORDS

Abortion; Pregnancy Termination; South Africa; KwaZulu-Natal; Cato Manor; Backstreet Abortions; Abortion Attitudes; Illegal Abortion

## INTRODUCTION

This study gathered perspectives on how attitudes towards abortion may have shifted over the last few generations in Cato Manor and attempted to determine the main cultural and societal factors influencing choice when considering an abortion. The study was situated in apartheid history, traditional history, and abortion legislation to explore the juxtaposition between government legislation and societal expectations. The aim of this study was to understand the primary considerations and struggles of women looking to terminate their pregnancy medically and why women may choose backstreet abortions when there are legal options in South Africa.

The following four research questions formed the framework guiding this study.

1. How do socio-cultural factors impact abortion attitudes among two generations within the community?
2. What are the reasons women choose to terminate a pregnancy?
3. How do women decide where and how to obtain an abortion?
4. Why do women still seek backstreet abortions when legal options are available in South Africa?

The researcher aimed to understand the role of abortion in South Africa and connect the findings gathered from these four overarching questions. Abortion is a relevant topic specifically in South Africa because it is one of few countries in Africa where abortion has been legalized, within a continent where maternal deaths due to illegal abortion are the highest in the world.<sup>1</sup> However, even after legalization, women are dying at high rates due to backstreet abortions. The Constitution is unparalleled in its abortion liberalism, yet it is not representative of the conservatism that is rampant in the Zulu and Christian ideology of the majority of its citizens. Limited research has been done on why women seek out illegal abortions when safe, legal options are available. As a result, it raises the question of the impact of legalization and why negative attitudes towards abortion remain.

This study was conducted in Cato Manor because the population is primarily black South African and of Zulu origin. It represents many typical Zulu townships in KwaZulu-Natal. It is a peri-urban area with access to the larger city of eThekweni while retaining a

strong sense of community. Families often live in intergenerational housing, and Zulu customs are passed down through families and remain widely practiced. Abortion is a relevant topic within the population, and little research on abortion attitudes has been done among Zulu populations in South African townships. The overarching goal of this study was to contribute to a body of research to understand why rates of unsafe abortion are high in South Africa, as this will provide evidence in the national mission to lower maternal mortality rates.

### *Context*

Pregnancy termination is a morally and politically contentious issue debated in many regions globally. Nations around the world have differing and uncertain laws surrounding abortion. As of September 2022, abortion is prohibited in 23 countries and can be obtained in the first 12 weeks at the woman's request in 76 nations.<sup>2</sup> The remaining countries fall within these two political extremes. Therefore, there is a tremendous variety regarding the status and experience of abortion in each nation. A further complication is that legally promulgated termination rights are not always offered or easily accessible. Legislation is not the only factor impacting abortion access. Worldwide one in five pregnancies end in abortion.<sup>3</sup> This shows the massive scope of abortion worldwide and its relevance in academic health studies. The UN Human Rights Council has designated abortion as a Human Right and designated women's health as central to global health rights.<sup>4</sup>

Despite the geographical proximity, even within the continent of Africa, there is a spectrum of abortion legislation and community opinions. Only three countries, Cape Verde, South Africa, and Tunisia, permit abortion without situational restriction. Abortion is completely banned in 10 countries in Africa.<sup>1</sup> The scope of the unsafe abortion problem in Africa is exemplified by statistics showing that 1.6 million women in the region need medical treatment following unsafe abortions, and abortion deaths are higher in Africa than in any other continent.<sup>1</sup> However, Africa is not a homogenous geographical region, and each nation has different conditions impacting abortion access. Abortion must be more directly studied in individual communities rather than creating generalized assumptions.

The population sampled for this project was from KwaZulu-Natal on the eastern coast of South Africa, encompassing historical Zululand, the home of the ancestral Zulu people. The specific community of interest was greater Cato Manor. Cato Manor, an urban township in the heart of Durban, has a population of 37,622, and 87% were born in KwaZulu-Natal. Cato Manor has a median age of 25, which shows the population is primarily young, and many females are within a fertile age range.<sup>5</sup> Therefore, abortion is a topic relevant to the population.

The context of modern South Africa must be situated in its history of colonialism and apartheid legislation. However, Eurocentric historians often leave out the rich cultural history that predates European contact. In South Africa, abortion did not originate with Europeans, as many believe. Many herbal remedies were used among indigenous Africans to induce abortion. Zulus depended on an herbal remedy called *uhlunguhlungu* to terminate pregnancies. Abortion has been performed for centuries; however, medically safe abortions were developed and spread around the globe in the 1950s.<sup>3</sup>

Abortion is politically and religiously charged due to the ambiguous moral question of when and if a fetus has the right to life. Before 1975, abortion was strictly illegal in South Africa. However, the crime of termination of pregnancy was not strictly enforced, primarily because, in Roman-Dutch law, personhood begins at birth.<sup>6</sup> After colonization and under the apartheid government, white European moral standards took precedence in South Africa, irrespective of the cultural and moral norms of the indigenous population. In 1975 the Abortion and Sterilization Act 1975 was passed under the apartheid government, making abortion acceptable in specific situations, yet it was not equally available. As with most apartheid-era policies, racial and economic lines divided access. Mostly urban-dwelling, wealthy white women had access to legal abortion services. As a result, many black, poorer women turned to dangerous backstreet options.<sup>6</sup> The historical inequity of abortion access has implications that have carried forward to the modern day. Furthermore, apartheid ideology entered the abortion field by framing legalizing abortion as a form of population control among black populations.<sup>3</sup> These types of historical connotations associated with abortion may be a contributing factor to abortion opinions among black South Africans.

The Choice on Termination of Pregnancy Act (CTOPA) was enacted in South Africa in 1996 and inscribed in the Constitution with the rise of a democratic, post-apartheid government. Under 13 weeks, a woman may obtain an abortion under any circumstances, and from 13 to 20 weeks, a pregnancy may be terminated for specific reasons.<sup>7</sup> Abortion was fully legalized due to a three-pronged argument: The lack of access among poor women, high levels of backstreet abortions and maternal mortality, and the constitutional right to body integrity.<sup>6</sup> According to Johnston's statistics, a leading expert globally on abortion statistics compiled from various sources, less than 1,600 abortions were legally performed each year before the CTOPA was passed.<sup>9</sup> After abortion was fully legalized, legal abortions jumped into the thousands. In 2020, 108,301 legal abortions were recorded.<sup>9</sup>

South Africa is one of the few African countries where abortion is legal; however, the rate of illegal abortion remains high. In South Africa 25% of the deaths due to miscarriage result from unsafe abortion practices.<sup>10</sup> Abortion options fall into three sectors: public, private, and informal. While abortions are technically free in South Africa, only one in ten public clinics offer abortion services. 20% of abortions are conducted in the public sector, 26% are completed illegally, and 54% are performed in the private sector. Therefore, the least utilized option to terminate pregnancies is governmentally provided abortion. Why do women seek expensive and illegal abortions when free, legal, and safe options are available? There are likely determinants outside the legal system impacting abortion availability and choice.

#### *Previous studies on abortion attitudes in South Africa*

Despite the vast amount of literature on Zulu culture, the studies on abortion and culture are limited. One exception, “Is there room for religious ethics in South African Abortion Law,” states that traditional Africans maintain that a person is made at conception, and abortion should be treated as the murder of a fetus.<sup>11</sup> However, Jooee describes abortion in the context of Traditional African Religions, which contributes to but is not equivalent to Zulu culture as it encompasses Zulu beliefs as well as other cultural traditions. Jarvis and Mthiyane (2018) included a short line regarding pregnancy termination summarizing the rituals and cleansing ceremony necessary to prevent negative consequences after an abortion.<sup>12</sup> No further research regarding Zulu practices and attitudes towards abortion exists in current literature within the public domain.

The relationship between religion and abortion has been further studied, as religious sects often have strict views on abortion. Christianity is well researched, as it is the dominant religion within the country and is central to the lives of most South Africans.<sup>13</sup> According to Jooee,<sup>11</sup> 86% of South Africans identify with a Christian sect. The study by Mosley, Anderson, et al. found that more religious South Africans report more negative attitudes towards abortion than less religious ones.<sup>13</sup> Furthermore, Albertyn explains how the pro-life argument in South Africa has historically been dominated by religious groups condemning women who get abortions as murderers. However, in recent years the pro-life movement has moved away from a singularly religious agenda and instead focuses on the physical and mental risk of abortions to women. Church groups still morally denounce women who get abortions, especially illegal abortions to.<sup>14</sup> The continue to label women who obtain abortions as “murders” of unborn children.<sup>14</sup> Christian attitudes against abortion have remained staunch even after abortion legalization. Mosely, et al. (2017) further confirms that religious individuals are more likely to have negative attitudes toward abortion. They state that in the specific case of ‘poverty leading to abortion,’ Christians and all religious individuals were more likely to display negative perceptions towards pregnancy termination. They were more likely to report that abortion is always wrong independent of context.<sup>15</sup>

Much has changed since almost 30 years ago when abortion was legalized after the passage of the CTOP Act. A new generation has grown up never knowing their nation without abortion promised as a constitutional right. Before abortion was legalized, a national survey conducted in 1994 showed that 68% of South Africans opposed abortion legalization, while a similar study in 1995 found that only 21% of the population supported a woman’s autonomous choice.<sup>14</sup> However, after abortion was legalized, recent studies support that the younger generation is more open to accepting abortion. Mosley, King, et al. split their participants into two age groups, 16-45 and 45+. They found that respondents 45+ were more likely to report abortion is “always wrong.” They concluded that there is a difference in abortion attitudes between the two generations.<sup>15</sup> Nilsson, et al. (2020) focused not on abortion but on intergenerational differences regarding sexual expectations set in a rural setting provides some context for intergenerational differences. It states that the older generation usually adheres to traditional beliefs where sexual activity is not practiced until after marriage. However, the younger generation is more modern and open to sexual expression.<sup>16</sup> The study further revealed discomfort among parents discussing sexual matters due to the sensitivity of the topics and how children often turn to their friends for discussions instead of with adults.<sup>16</sup> Lastly, the differences among generations have been viewed as a result of different moral expectations and ideas of sexuality between age groups.<sup>16</sup> Abortion can be a product of premarital sexual activity, and it is likely that the lack of open conversation regarding sexuality among generations includes avoidance discussing about abortion. Ramiyad and Patel (2016) looked at adolescent knowledge and attitudes about abortion. It used a sample population of 150 secondary school students in urban KwaZulu-Natal. Results from this study show that despite LO classes on reproductive health, only 80% of learners knew abortion was legal, and they had even less information regarding the specific terms of the Act. In addition, 20% of the young generation reported that abortion is acceptable. The study concluded that secondary school students have limited knowledge about abortion despite increasing education.<sup>17</sup>

Many factors contribute to high abortion rates. One significant factor in South Africa identified in the literature is the high unintended and teen pregnancy rates. Masanabo, et al. (2020) studied the reasons women legally terminate their pregnancies used a sample of pregnant women in a rural area in the province of Gauteng in South Africa. The results of this study show that 24% of participants cited ‘wanting to focus on studies’ and 23% cited ‘not being ready to be a parent’ as the top reasons for seeking abortions among the twelve options. ‘Experiencing financial difficulties followed closely behind.<sup>18</sup> This study occurred in a rural environment, so the data may differ in an urban setting. Frederico, et al. researched ‘Factors Influencing Decision-Making Processes among Young Women’ in Maputo, Mozambique, just across the border from South Africa. They identified four main

factors influencing the abortion decision process. They are “(1) women’s lack of autonomy to make their own decisions regarding the termination of the pregnancy, (2) their general lack of knowledge, (3) the poor availability of local abortion services, and (4) the overpowering influence of providers on the decisions made.”<sup>19</sup> They state that in specific cases others can make the abortion decision for the woman using power and pressure, often the partner. Furthermore, they include familial pressure within this category as well. They identify that safe abortions are only available to fortunate individuals and are not equally distributed amongst the population due to educational opportunities and resources.<sup>19,20</sup>

The role of men in abortion decisions was studied in low and middle-income countries in a review article published in 2022 by Strong. After aggregating data from 37 sources, the author concluded that men impact women’s abortion choices both directly and indirectly. Strong noted that men were most frequently involved in abortion decisions due to controlling finances and resources. They create the conditions that allow women to access abortions. The father’s reaction also impacted the women’s choices of whether to seek an abortion.<sup>21</sup> Of these factors, sources disagree on the most important, as all interact in complex mechanisms to impact the often-difficult choice to terminate a pregnancy.

History, social factors, and stigma all contribute to how women choose to obtain an abortion. Although abortions are legal in South Africa, many women still obtain illegal backstreet abortions despite legal risks. According to Chemlal and Russo, women take two paths to get illegal abortions. The first is attempting to obtain a legal abortion and running into difficulties, and the second is just going straight to a street abortion provider.<sup>22</sup> The legal and illegal abortion sectors have overlap, they influence and impact each other. Research shows that the main factors that affect a woman’s choice to get an illegal abortion are lack of education about abortion rights, access, community stigma, and mistrust of healthcare workers, which result in numbers of unlawful abortions comparable to before abortion was legalized in 1996.<sup>3</sup> Furthermore, Kaswa states in a case study that women’s lack of knowledge about CTOPA legal rights and the community perspective of a negative hospital experience are significant barriers to abortion access. This results in frequent backstreet abortions, especially in rural areas.<sup>23</sup> Meel (2022) in the Transkei region of South Africa within a hospital setting states that confidentiality breaches, staff behavior, and long waiting periods contribute to women choosing backstreet options rather than legal ones. Women are willing to risk complications and death in exchange for privacy and moral treatment.<sup>24</sup> Women even receive inhumane treatment by medical staff when attempting to access post-abortive care. Nurses and doctors mocked patients’ pain as something they deserved after having an abortion. Patients delayed their care due to fear of stigma and judgment. Women are even less likely to seek post-abortion care if they previously attempted an illegal abortion, despite being the group most in need of medical intervention.<sup>25</sup> Finally, a qualitative study published in 2021 conducted in Cape Town found that 11 out of the 15 women who had abortions used aloe vera, traditional remedies, or purgatives to induce pregnancy termination. Furthermore, four accessed an unlicensed provider and took unprescribed medication. Harries, *et al.* also found that most women turned to friends who had informal/illegal abortions for advice and information about options. It was also stated that women contacted numbers on abortion advertisements to obtain abortions.

Three methods of informal abortions were identified “drinking a mixture prepared by a traditional healer; contacting a non-licensed provider who provided oral abortifacients; and preparing or buying a mixture for a self-managed abortion.” Participants stated their reasonings for seeking informal abortions were privacy and time effectiveness. Furthermore, the study found little research has been done on why women choose illegal abortion options.<sup>26</sup> Overall, there is limited information regarding why women prefer backstreet abortions over their legal counterparts, especially in KwaZulu-Natal.

## METHODS AND PROCEDURE

The project employed a generic qualitative approach, best utilized for a general study such as this one.<sup>27</sup> The researcher conducted semi-structured interviews, which are often used for qualitative data collection,<sup>27</sup> to create interview transcripts on the generational attitudes toward abortion and the options to obtain an abortion. Interviews were compiled and analyzed by a single researcher, Chloe Sachs. Thematic analysis was utilized by constructing thematic divisions to develop a research framework before interviewing. The acquired data was analyzed using these preliminary categories, but the categories shifted after the interviews were transcribed and coded.<sup>27</sup> The final three themes that emerged were: Socio-cultural Factors, Factors Driving Abortion, and Historical to Modern Backstreet Abortion. Theories were constructed after data was collected, analyzed, and situated within the literature and expert sources. Finally, the research paper used perspectives and quotations from private abortion organizations, community members, and historical data to understand how perceptions of abortions have developed over generations to influence the abortion choices available to women.

### *Sampling*

Convenience, purposive, and snowball sampling, as indicated below, were used to interview community members and ascertain their perspectives on abortion. A community liaison recruited participants within the predetermined age ranges. She thoughtfully recruited participants by informing them of the research topic and by preliminarily confirming their comfort in discussing abortion. After conducting interviews with individuals known to her, the researcher asked them for additional contacts willing to

be interviewed. This was a limitation of the study, as only individuals in the community known the liaison and her participants were included in the research. Lengthy interviews with many participants provided various ideas regarding community views on abortion in Cato Manor. The researcher obtained a spectrum of perspectives and information to analyze. Interviews with experts were also conducted. A representative from Marie Stopes, a private abortion clinic in Durban, shared information on the private legal options for abortion in South Africa and anecdotes about common abortion cases. A second interview was conducted with an expert on family planning. She shared invaluable information about options for women after an unexpected pregnancy and stories of misinformation regarding abortion options among women. Due to the sensitive nature of her work, the second expert asked to be identified solely as an expert in family planning to maintain anonymity.

The researcher initially planned to interview 5-6 members from each of the 18-30, 45-60, and 60+ generations. These age groups were chosen, respectively, to represent a generation after abortion was legalized in 1997, a generation for whom abortion was legalized during their childbearing years, and women who experienced pregnancy before abortion was legalized.<sup>8</sup> However, once the interview process started the liaison shared the opinion that interviewing two generations would be more possible within the time constraints. Therefore, the investigator elected to change the sample population to two generations, women ages 20-30 and 50+.

Because the research method was qualitative, the researcher focused on in-depth interviews with a limited number of individuals rather than gathering a magnitude of data. The project focused on understanding the factors influencing abortion options and the socio-cultural pressures facing women when terminating a pregnancy. The answers to these questions differed between individuals, but 15-16 interviews from each generation were sufficient to identify patterns and themes. The aim was 30 total interviews to add further validity to the research. Because many themes were studied, the total number of participants was raised to reach data saturation. The final sample population included 31 women, 16 members of the younger generation, and 15 older than 50. The youngest participant was 20, while the oldest was 73. The mean age of participants in the younger generation was 24.3 years, while the mean age of participants in the older generation was 60.3 years.

A systematic review study conducted in 2022 states that data saturation occurs around 12-13 interviews.<sup>28</sup> 15-16 conversations within each age group were sufficient for data saturation. Data saturation was reached, as during the final ten interviews, no new information or themes were generated beyond additional personal stories. The ratio of different opinions and frequency of themes referenced remained consistent after the first 20 interviews.

The data collection site was Cato Manor, specifically KwaMasxha and Chesterville, and only Zulu women were included. There were no criteria regarding religion or disability. English-speaking participants were preferred; however, Zulu-speaking members were not excluded. Nine interviews among the 50+ participants were translated or partially translated by the community liaison. No conversations in the 20-30 generation required translation. Interviewees were identified through the community liaison and contacted by the liaison in-person and via WhatsApp.

#### *Data collection instruments and methods*

Data was collected through one-on-one semi-structured interviews with participants. An interview guide with seven topics was used to initiate a dialogue between the participant and researcher on abortion. The first five topics were conversational, and the final two were direct questions because they were less personal. The conversational prompts allowed the participant to avoid topics they were uncomfortable with, and the interviewee led to the hoped-for conversation without direct questioning by the researcher. Many prompt questions were pre-written to allow for flexibility. The questions were not asked in order, and some were skipped depending on the direction of the conversation. Many of the questions were not asked during the interviews because they were addressed without prompting. The researcher let the participant control the interview's direction, as Anderson and Kirkpatrick suggest.<sup>29</sup> The interviewer's primary role was to keep the conversation flowing and allow the participant to speak about any topics they wanted about abortion. Some interviews were prolonged due to time spent discussing non-abortion-related issues. The regular flow of conversation established trust between the interviewer and participant. However, the conversational style prevented any participant from feeling interrogated or forced to answer questions that made them uncomfortable. Additionally, the participants shared more information in a semi-informal conversational structure rather than a structured interrogatory. The interviews were conducted at participants' homes in KwaMasxha and Chesterville, except for two interviews at Coweys Corner due to inclement weather. Interviews ranged from 15 minutes to 1.5 hours. The community liaison organized transport and the School for International Training provided funds to cover the cost of transportation and to compensate interviewees for their time.

Since abortion is a sensitive topic among some participants, before beginning the interview, each participant was asked, in their preferred language, if they were comfortable discussing abortion. The researcher made every effort to prevent significant discomfort from being evoked in the participant during a discussion on abortion. A conversation was had between the interviewer

and participant to determine the interviewee's comfort in discussing abortion. If discomfort was expressed or suspected, a general alternative interview was offered to maintain confidentiality. The alternate interview consisted of general questions about Cato Manor and the individual's experience living in the community. Throughout the interview, the interviewer remained aware of body language and cues of discomfort, and verbal checks on comfort in continuing the discussion were conducted at regular intervals.

#### *Data analysis*

The researcher recorded all conversations and responses to draw out themes and compare respondents' views with those noted in the existing literature. Current perspectives were juxtaposed against older participants' historical views and recorded academic histories. Where appropriate, short narratives that highlight issues were inserted into the analysis. The researcher's main objective was to maintain the integrity and structure of participants' narratives regarding abortion. It was essential to avoid misrepresenting the interviewees and preserve the stories' personalities during analysis.<sup>29</sup> The study was created by situating the quotes and perspectives of participants within the framework of their generation and South African history. Attitudes and biases towards abortion were connected back to historical and generational causes when possible. Specific themes were chosen as a framework to contain and analyze community perspectives without changing important wording or meaning.

The interviews were recorded via Voice Memo and Otter AI, an automated transcribing online platform, with participants' verbal consent. All audio recordings were stored on a password-protected device and were deleted immediately after the project concluded. Stories and quotes were directly transcribed based on relevance to abortion. Sections pertaining to topics other than abortion were not transcribed. The researcher then coded the data by counting the number of times specific phrases or ideas were mentioned and pulled useful quotes. The coded topics were 'abortion is a sin,' 'I don't judge,' 'Zulu rituals,' 'bad luck,' 'young girls are drunk and reckless,' 'consequences of unsafe sex,' 'forced by baby daddies,' 'a child if a gift from God,' 'abortion shouldn't be legal,' 'it's an embarrassment/disgrace,' 'parents never mentioned abortion,' 'learned about abortion in Life Orientation,' and 'killer/murderer.' Coding was then used to consolidate the final themes from the preliminary framework. Participants only met coding criteria if they directly stated the code topic and did not contradict their initial opinion later in the conversation. When presenting findings, direct quotations were intermixed with the interview response summary. Narratives were purposely included to remain faithful to the nuanced information provided by the informants. Stories were kept in their original wording and format to allow the participants' voices to shine through.

Thematic analysis was used to address the project's question and aims. Themes were developed top-down before the commencement of interviews using current literature but were flexible to change, and new themes emerged after interviews were conducted.<sup>29</sup> Analysis was completed by extrapolating a more significant meaning from the findings, combining the results of multiple themes, and connecting primary data back to the literature. Literature was purposefully only sought out from low and middle-income countries, mainly within South Africa, to compare and contrast with similar contexts. Three final themes were decided upon, the first with three major subheadings. The themes are organized to show how religion and culture result in negative attitudes towards abortion, and despite education and acceptance among some youth, moral standards take precedence. As a result, the range of social issues that pressure women to get abortions force them to turn to illegal options to avoid community judgment.

#### *Limitations*

Limitations of this study included age range. It only constituted women from 20-30 and 50+, so this research did not consider women under 20 or between 30-50. The participants were sampled using convenience, snowball, and purposeful sampling. Only individuals known to the liaison or her acquaintances were included in the study. Therefore, the sample population is not entirely random and may not accurately represent the Cato Manor population. Furthermore, despite the researcher's best intention to separate participants during interviews, some interviews were held within the hearing range of other participants. There may be some bias among participants who overheard others' answers before the interview. Another study limitation may be loss of accuracy and wording during the translation process that was required for some of the older generation participants. The translator did not provide a perfect word for word translation, despite her best attempts. The major limitation of this study was that no participants revealed firsthand experiences seeking abortion services or facing community judgment following an abortion. This may have been due to fear of reprisal. As a result, the researcher focused on secondhand narratives and beliefs among individuals regarding pregnancy termination.

#### *Ethics*

Carefully designed, this research ensured that all members were not harmed. Discussing abortion may be a vulnerable topic for some individuals who have personal experiences with abortion. Therefore, before each interview, the researcher asked if the participant was comfortable discussing abortion. If not, an alternate interview on a different topic was offered. In addition, participants were invited to discuss personal issues that may cause discomfort through a conversational approach rather than

questions that directly elicit responses. The participants were invited into conversations through a copy of an illegal abortion advertisement as a prompt. Less personal questions were asked through direct questions.

When starting each interview, it was made clear that the questions regarding abortion did not need to be asked or answered. Individual questions could be skipped and the interview could be called off at any point. Interviewees were allowed to redact or refuse publication of any provided information. In addition, all participants received total financial compensation even if the interview was unfinished.

There was a small financial incentive, and participants were invited to ask the same interview questions of the researcher to facilitate equivalent cultural exchange. In addition, the study aimed to give individuals some information about where abortion stigma originates and knowledge about safe and legal abortion. Some information was shared with participants after the interview about the dangers of illegal abortions for the health of the mother. For example, Participant 18 believed the adverts offered the safest possible abortions. Following the interview, the interviewer shared research about unsafe abortion and that the adverts are usually scams by illegal abortionists.

Since all participants were asked before the interview whether they were comfortable discussing abortion and would be free to stop the discussion at any point, there was no risk of harm to the participants. The interviewer did regular verbal and observational checks to confirm participant comfort. Participant 9 consented to discuss abortion and confirmed she felt comfortable. However, throughout the interview, she gave one-word answers, and her body language was tense. As a result, despite a second follow-up when she again said she wanted to continue, the researcher skipped the final few topics of discussion and instead asked non-abortion related questions about childrearing and family dynamics. The interview was continued to avoid embarrassment by pointing out her discomfort, while moving the topic away from abortion. The participant never verbally stated she was uncomfortable, but the interviewer wanted to err on the side of ensuring that no emotional harm or discomfort resulted from the study.

Oral consent was obtained through a verbal explanation of the interview process, participant rights, and study details. Physical forms requiring written signatures were signed by each participant as well. For non-English speakers oral and written consent was obtained via direct translation by the community liaison. Elderly populations, the 50+ age group, can be characterized as vulnerable; however, the research design ensured all participants fully understood and had all the information to consent in their preferred language.

All informants were asked not to share what they did not want others to know during the introduction. It was made clear that any information could be redacted from the right to publication. The participants were informed they could withdraw consent even after the interview concluded. Furthermore, the participants received an immediate verbal summary during the interview, and the ISP is available on the SIT website and accessible to anyone with internet access.

All participants are anonymous. Since personal information about abortion and shared opinions on abortion were collected, the participants must remain anonymous. Therefore, no names were used or collected, and no unique identifiers such as family names, addresses, physical identifiers, or defining characteristics are included.

All data is on password-protected devices, and voice recordings were deleted on June 1<sup>st</sup>, 2023. If data is used in the future, the individuals will be recontacted for renewed consent. The data will be available online, but only information consented to by participants.

## RESULTS

### *Socio-Cultural Factors*

This section compiles the critical data and quotations found in this study relating to socio-cultural factors. After presentation of the major findings, analysis is organized into three sections. The first section is ‘Get rid of the bad luck’ focuses on Zulu cultural norms and looks at historical Zulu culture and the modern implications on abortion attitudes today. The cultural norms surrounding virginity and womanhood are combined with primary accounts of contemporary cultural practices surrounding abortion. The second subheading ‘Is talking about abortion condoning it?’ focuses on the impact of Christian beliefs, and religion is analyzed within its historical context in South Africa and among Zulu populations. Additionally, the intersection between culture and Christianity is closely looked at. The final subtheme ‘The promiscuous youngsters’ examines intergenerational differences and observes and analyzes the differences and similarities between the two age groups.

Throughout the interview process, the topic of Zulu culture’s impact on abortion attitudes was passionately discussed by participants. All participants were black South Africans of Zulu origin, as indicated by the vast majority of Cato Manor being of Zulu descent, and participants mentioned their culture as Zulu throughout the interview process. A majority of the participants

noted that abortion is unacceptable in Zulu culture. Participant 17 explained the lack of acceptance for abortion in their culture by stating, "In the Zulu culture, we believe the fetus then is regarded as a spirit already, and already a child. In our culture, it already has a spirit."

Additionally, participants provided detailed knowledge regarding the cultural ceremonies required to remove the bad luck after an abortion. More participants may have known more about Zulu abortion traditions but did not share them during the interview because no question was asked to describe the rituals in detail. A 20-year-old woman stated, "I'm a black person. We do traditional things. Yeah. So after abortion, they say you must go to cleanse and do *iladi*, Like a small ceremony for the baby. You can't just do abortion and stay. You going to be followed by ghosts." Participants described *iladi* as having a birthday party for the unborn child, including slaughtering animals, buying presents, and naming the child. Then the woman must apologize to the ancestors and ask for forgiveness for the bad luck to dissipate. Participant 17 further expanded on the impact of abortion within the family. She shared, "It then becomes a generational curse. When your kids have grown, and they want to have kids, and they can't have kids. And when they look into it, it's because you had a couple of abortions." Abortion imbibes bad luck upon the woman, her family, and even the man with whom she conceived the child.

Furthermore, stories are shared within the community by parents and friends about the negative consequences of an abortion. Participant 4 explained that she learned about the effects of abortions in Zulu culture from a story passed down by her mother. "My mother used to tell this story over and over again. I don't know if it's true or not. But she used to tell us, her friend who went and assisted her friend for abortion. And when she got married she didn't have kids...they were asking for help going to hospital, and they said there's nothing wrong with you. You're fertile, you can have kids, but she was not conceiving. Then the sangoma told her. She had to go back to her mother and said Ma, we must apologize to the ancestors. So they slaughtered a goat, apologized, did the rituals. And then she fell pregnant." A similar story was shared by Participant 14 of a friend with a sick child who lost her job. By consulting with a traditional healer, Participant 14's friend learned that a past abortion was the cause of her misfortunes. While participants questioned their validity, these folk tales are regularly passed between generations and friends.

Eight individuals directly stated that they identified as Christian, despite no question directly asking about their religious affiliation. Five were older than 50, while three were in the 20-30 age group. No participant verbalized any association with a religion besides Christianity. Additional participants referenced Christianity but did not unequivocally state that they identified with a religious denomination. Five individuals said abortion is a sin. Three were older than 50, and two were within the 20-30 age range.

Religious participants made statements such as, "Christianity tells us not to kill. You know the 10 Commandments? It's one of those things." A powerful statement from a translated interview depicting the conviction of religiosity was, "From her perspective and her beliefs, she thinks abortion is a bad thing because God gives life and who are you to take life. God Almighty is everything to her. Whether it's legal in your country or any other country, she still doesn't approve of it." Participants, especially within the older age group, shared sentiments that even if abortion is legal, it does not mean it should be allowed due to their religious value system. Three participants stated that because they were Christian, they knew nothing about abortion and found it a distasteful subject to discuss. Participant 31 said, "I'm a Christian. I don't know nothing about this." These participants were willing to share how abortion was wrong, but the conversations with Christian individuals rarely led to additional information outside the religious sphere.

Finally, when discussing the main factors impacting abortion, participants addressed the overlap between Christianity and Zulu culture. Five participants used Christianity/religiously/spiritually in conjunction with culture/tradition to describe what caused the community to denounce abortion. No participants mentioned additional factors that led to judgment on abortion besides, "It is something that is unacceptable. I just don't know how to explain it." No participants discussed the linkage between religion and culture, yet many referenced the two together to explain why abortion is wrong.

The participants were split into two age categories, 20-30 and above 50. Sixteen participants were within the 20-30 age range (52%), and fifteen were over 50 (48%), resulting in a total sample size of 31. A higher number of the 50+ participants portrayed anti-abortion attitudes. Seven participants stated that abortion is a disgrace or embarrassment for the woman having the procedure or for her family. Three were young and four were older. Furthermore, eight participants shared that young women are drunk and reckless or girls are to blame and must accept the consequences of unsafe sex. Only two of these eight were within the 20-30 range (25%). All others were over 50 (75%). Blaming young women usually came from the older generation. A 59-year-old woman explained, "It's because the younger people drink a lot, and they sleep around, and they don't want to face the consequences of their actions. That's why they promote it or like it." To some older women, abortion was only a problem of the reckless younger generation.



The younger generation was more understanding of why women need abortions. Interviewees in the 20-30 age range shared that they would not judge if a woman had an abortion. Participant 11 shared that her reason to refrain from judgment was, "Maybe someday it's going to be me doing an abortion after judging someone." Younger participants showed a higher level of acceptance for women who must get an abortion and the factors forcing them towards that decision.

The most valuable story showing a shift within the younger generation regarding abortion and a capacity for forgiveness came from Participant 14. She offered a rare perspective on abortion situations. She was a baby whose mother tried to abort her then proceeded to commit suicide.

*"So wherever she left me, she thought I was dead, and then she went to commit suicide... So I would say that abortion has a reason. A person would just not do it because they want to do it. My mom did it because at that time, she was struggling. She already had a kid. She was pregnant with me. So for her, I thought that it was gonna be hard raising two kids, and she was unemployed. She had two baby daddies. It wasn't easy for her"*

*"Instead, I forgave her. For her to be okay eventually, for me to be okay as well. Because I feel like she wouldn't kill me because I'm her daughter. I don't think a mother would kill. She just ran out of options and choices... Until you wear the same shoes, and then you reason down and introspect why the person does this. You understand not to judge."*

The voice of acceptance for women who get abortions were mainly from the 20-30 age range. Some women 50+ showed some degree of understanding towards women who get abortions but were more contemptuous.

Another significant intergenerational difference was in how information was disseminated. Three individuals in the 20-30 generation stated that their parents discussed abortion with them, while elderly participants often laughed when asked if their adults mentioned abortion to them as children. No participants 50+ recalled ever discussing abortion with their parents. They learned about abortion through peers or older members of their community. One young woman's mother spoke to her about abortion growing up and said, "She always tells me whenever it happens that I get pregnant, I must talk to her and not to do an abortion behind her back. Because I'll be faced with problems." Furthermore, two participants, aged 20-30, mentioned without prompting that they plan to talk to their children about abortion. One interviewee shared, "I would. I would. Now, to be honest, I'll speak to my child, especially if it's a girl. I'll speak about everything."

The younger generation also learned about abortion in school. Six participants shared that abortion was mentioned in their Life Orientation classes in high school. All of these participants were in the 20-30 age group. When describing Life Orientation, LO class, Participant 6 stated, "At high school, we were more educated about it because that's where we had certain classes like life orientation, LO class, where they speak about abuse, HIV, and abortion." Despite the word abortion mentioned in class, the older generation of teachers were perceived as giving little information to students. Another participant said LO teachers explained abortion as, "We're just teaching you something because it's in the book. But it's not something that you can go out there and practice." Four participants shared that many teachers were against abortion and shared this perspective with the class rather than providing an objective description of family planning options. No members of the older generation mentioned learning about abortion in school. The sources of information about abortion differed between ages, with younger generations learning from school and parents and older generations from peers and external sources. This suggests that the older women learned from the silence of their mothers and wanted to open a dialogue with their daughters.

*"Get rid of the bad luck"*

The findings showed the influence of Zulu culture on abortion went beyond what exists in the limited literature. During the interviews, the participants were eager to discuss Zulu culture. Almost all participants mentioned Zulu culture as a significant factor influencing abortion attitudes. Abortion is acknowledged within Zulu culture to be wholly unacceptable and equivalent to murder. Culturally a fetus is a child from conception, creating a decidedly hostile attitude towards abortion within the traditional community. Jorjee backs up these statements reported by participants in his account of personhood originating from birth in Zulu traditional religions and culture.<sup>11</sup> Zulu ideology starkly contrasts with the Afrikaner perspective on abortion, in which personhood begins at birth.<sup>6</sup> White colonialist moral and legal standards marginalized Zulu cultural norms for centuries. As such, the firm adherence of Zulu South Africans to their traditional beliefs regarding abortion may be a way of resisting their oppressors. Zulu individuals may be less open to accepting abortion, as it concedes to the morals of their prior colonizers and oppressors. While culture was not cited as the sole factor impacting abortion attitudes, it was a significant contributor.

Brief comments by Jarvis and Mthiyane state that a cleansing ceremony is traditionally performed following an abortion to "get rid of bad luck."<sup>12</sup> However, the current study gained more insight into the specific components of an *iladi* cleansing ceremony. The process includes having a birthday party for the child, apologizing to the ancestors, naming the child, and slaughtering an animal.

“And because you are a Zulu girl there are Zulu customs that need to be followed if you have a child. So this child is going to be a blockage for you when you grow up. Because now you have to do a ceremony for this child, you need to bathe and take out the bad luck.”

Despite Zulu culture condemning abortion, it is acknowledged and discussed, and the specifically defined rituals show that abortion has been present in Zulu communities for a long time. The study found that the fear of bad luck in Zulu culture significantly leads to community judgment about abortion. Abortion is characterized as an affront to the ancestors who will bring bad luck to the woman, her family, and her partner. The transmission of bad luck to individuals connected to the woman is not discussed in current literature. Zulus believe that bad luck from angering the ancestors prevents individuals from being successful. If the baby is not acknowledged, it will haunt the woman. The cultural concept of bad luck is essential to understanding abortion in a Zulu context.

There is a clear overlap between modern medicine and traditional healers when considering abortion. Women have medical procedures to obtain abortions, which are legal and accepted within South Africa, then consult with a *sangoma* who blames their misfortune on the past abortion. There is discord between the legal status of abortion as a safe medical procedure and the negative spiritual results of abortion in Zulu culture. While medically, there may be no complications from a legal abortion, spiritually, Zulu women fear for the well-being of themselves and their families. For Zulu women, unlike women of other cultures, there are additional cultural considerations when getting an abortion. Historical context in South Africa states that Zulus used *ublungughlungu* to terminate pregnancies;<sup>3</sup> however, no women within this sample population mentioned using traditional medicines or going to a *sangoma* for an abortion.

Finally, stories passed within the community impact community perceptions of abortion. The story passed down to Participant 4 by her mother exemplifies intergenerational passage of abortion perceptions as cautionary tales. Generations of colonialism and apartheid have oppressed Zulu culture, and as a result, storytelling is a meaningful way of passing culture between generations. Rather than strictly telling her daughter that abortions will lead to bad luck and an inability to produce future children, stories were used as a powerful tool to share cultural expectations and messages for Participant 4. Furthermore, the story from Participant 14 of a friend who attributed her hardships to her abortion after consulting with a *sangoma* proves how stories also pass within age groups. Negative cultural attitudes surrounding abortion are made credible by personal accounts of a ‘friend.’ Culture is a powerful tool of community control. In the case of abortion, the cultural assertion of bad luck compounded by anecdotes within the community has led to a widespread belief that abortion results in misfortune and disgrace.

*“Is talking about abortion condoning it?”*

The data demonstrates that Cato Manor residents considered religious identity, specifically Christianity, when discussing abortion. The importance of religion is directly supported by Mosley, et al., who state that Christianity is a pillar in the lives of most South Africans.<sup>15</sup> As a result, faith plays a role in women’s decisions about whether or not to get abortions. Religious participants in this study shared strong perspectives that abortion is undeniably wrong, no matter its legal status. Data from this research suggests that the Constitution is out of touch with the nation’s majority religion regarding pregnancy termination legislation. As such, women will continue to die in record numbers due to illegal abortions because they will reject the safe practices available to them, as a consequence of Zulu and Christian social stigma related to abortion. Jooze bolsters this perspective by stating that although South Africa’s constitution is liberal, this often does not represent the sentiments of its people.<sup>11</sup> Furthermore, this study shows that many Christians view abortion as murder or are not willing to discuss abortion. Abortion is a taboo subject among religious individuals, a topic so incompatible with their value system it cannot be talked about. Having an open conversation about abortion can be equated to condoning it. Among the sample population, avoiding discussions on abortion was the best way of displaying distaste for the practice among religious individuals.

The older generation was slightly more likely to bring up religion more often in combination with abortion than the younger generation, and is suggestive of the Christian reaction to abortion has shifted over time. As stated by Albertyn, the pro-life argument has changed within South Africa. Religious groups are no longer leading the campaign against abortion, and the momentum has changed to physical and mental concerns for women. However, the Christian agenda remains a significant pillar of pro-life movements, albeit with less influence.<sup>14</sup> In this study, young participants were less likely to use religion to explain why abortion was wrong than older participants, validating Albertyn’s argument.

Finally, research often disaggregates data by religious and cultural groups. However, identity must be considered from the perspective of intersectionality. While this pioneer of antiracism focused on race and sex, in this study intersectionality brings into contact race, sex, religion, culture, and age. This sample population comprised a range of individuals with unique and overlapping aspects of their identity. Abortion judgment was frequently described as stemming from both religion and culture. For some participants, it was not just one moral standard that contributed to negative perceptions of termination but the combination of

Christianity and Zulu norms. For others, the reasons abortion was wrong were unexplainable, not a consequence of culture or religion, nor definable to any other source. The reason abortion judgment is challenging to identify is because of the range of cultural, religious, and social factors that contribute to one's moral compass and ideas of personhood. It is not easy to parse out these individual values within the time of short interviews.

*"The promiscuous youngsters"*

The two age groups within this study represent women raised before abortion legalization and women growing up in an environment where abortion has always been an unalienable right. Participants displayed a range of opinions on abortion across age groups. As found in the literature, 68% of the population opposed abortion before legalization,<sup>14</sup> and this percentage has changed minimally even after the legalization. An almost equal number of participants stated that abortion is an embarrassment or disgrace across age groups. Both young and older women displayed internalized bias against abortion as a shameful action. As seen in the Zulu Cultural Norms and Christianity data among the sample population, cultural and religious beliefs still impact abortion beliefs today. As long as negative cultural and religious attitudes towards abortion are passed down intergenerationally, shame will not decrease.

Most women blaming abortions on young, reckless girls were over 50. Rather than seeking to understand the complexity of reasons women obtain abortions, the older generation saw it as an easy out for careless and promiscuous youngsters. Abortion was legalized after the older generation was of childbearing age. Therefore, there may be a degree of resentment that the modern era is utilizing government-sponsored abortion to solve unplanned pregnancies when older women never had the option. During apartheid, abortion was a privilege for only the white and wealthy.<sup>7</sup> The older generation likely still has internalized bias towards the practice.

The younger generation seemed better at understanding their generation's and peers' plight and was more likely to avoid judgment. Instead of trivializing abortion as something that happens among careless girls, they had a better perspective on the many reasons women may seek an abortion. The literature supports this argument as in a similar study, respondents over 45 were more likely to state that abortion was 'always wrong.'<sup>12</sup> Younger generations are more likely to understand the nuance of reasons women get abortions. The story shared by Participant 14 best highlights the ways change has occurred. This was a woman who, despite her mother's attempt to abort, forgave her mother and tried to understand the difficulties she was facing. She understood how hard it must have been in her mother's shoes. The forces of poverty, multiple children, and a lack of a support system were struggles she understood and could empathize with. No similar willingness to understand why women get abortions was found among the older generation.

After determining that attitudes towards abortion differed among the two generations, the question is why? Cultural and religious attitudes have remained constant, so what has changed?

The major shift was abortion education in the home and school. Older women stated that their mothers never discussed abortion with them, it was even laughable to imagine conversing sexual activity in the home, but some said they discussed abortion with their own daughters. Furthermore, members of the younger generation explained that their mothers spoke about abortion and that they would teach their future children. Over the last few generations, a significant shift has occurred. This is further explained by studies showing that older women retain traditional views of sexuality and morality and, therefore, would be uncomfortable discussing abortion with their children.<sup>16</sup> Culturally and religiously Zulu and Christian women are supposed to maintain their virginity until marriage. However, this current study and others show some of these values have lessened among the younger generation in favor of openly discussing sexual relations. From this data, it can be concluded that the younger generation, while maintaining their adherence to faith and culture, has been influenced by biomedical sexual education in Life Orientation classes. Young women know they are more educated than their mothers about abortion because they learn about it at school and in their home.

However, not all younger generation members were less judgmental and more empathetic about abortion. Many made derogatory and condemnatory statements toward women who get abortions. The method in which abortion is taught in schools gives a clue as to why. This study's primary data and Ramiyad and Patel's study show that although abortion is part of the LO curriculum, the information disseminated about abortion is often biased. Participants shared that LO teachers were often Zulu and held negative views of abortion which they shared with their class. They made it clear they were teaching abortion because they were forced to, not because they condoned the practice. As a result, earlier studies show that only 80% of learners knew abortion was legal, and 20% believed it was acceptable.<sup>17</sup> School-age students are in the formative years of their moral code and belief system. If teachers are supposed to provide unbiased and accurate information and inject personal opinions into abortion education, it will likely affect children's perspectives.

The increase in abortion education in schools has caused intergenerational changes in the perception of abortion, and the younger generation is more open to abortion. However, retained stigma among mothers and teachers has been passed down to learners and has limited intergenerational changes in abortion attitudes.

### ***Historical to Modern Backstreet Abortions***

The following section, 'Historical to modern backstreet abortion,' used participant stories to explain the progression of backstreet abortions and the role of illegal abortion among modern-day women. It uses historical documents and past studies along with modern day narratives to understand the changing role of abortion in South Africa and specifically Cato Manor.

Each interview began by showing the participant an image of posters advertising illegal abortions found regularly on stoplights and walls around eThekweni, the central city neighboring Cato Manor. 29 participants (94%), all but two, confirmed that they had seen the posters before. Two participants confirmed that they began seeing the signs in the early 2000s after abortion had been legalized. However, illegal or 'backdoor' abortions occurred far earlier than when the CTOPA was passed. A participant in their late 50s explained, "Abortions are very old. They were done before. Because before, it wasn't legal; that's how the Mamas started abortions. That's how the backdoor started about. Since then, they're popular and still do it." According to interview sources, there have been women in the community who have been abortionists for as long as they can remember. Three stories were shared of illegal abortionists who worked and advertised their services within Cato Manor. A 58-year-old woman stated that when she was 16, "My neighbor, she was doing abortions. She was a family friend." further shared, "They were well known in this township. They were well known. People come from Umlazi and other townships to Chesterville... One passed away in town because she came here. One had the process done in Chesterville and got in a taxi. But as she was approaching the taxi rank, when she got off the taxi, that's when the process started aborting. And she was found in the toilet with the baby." Before abortion was legal, women got illegal abortions in Chesterville, a subarea of Cato Manor. This story also depicts that women doing abortions were generally known within the community and well utilized.

In addition, an understanding of the dangers of illegal abortion was gained during interviews. Eight women mentioned that backstreet abortions are dangerous, and women died, especially before legalization. The expert from Marie Stopes shared an experience of a woman who was cajoled by an illegal abortionist in the lobby of Marie Stopes. The patient was waiting for her appointment when a man approached her and offered her the same procedure for a lower price at an 'abortion clinic' next door. She followed the man and was brought into an unsanitary room where she was told to squat on a dirty mattress. She quickly realized she had been bought into a backstreet abortion scam and returned to Marie Stopes. Furthermore, the expert shared that many women come to Marie Stopes after a failed illegal abortion. This results in excessive bleeding during the procedure and complications that can send a woman to the hospital and endanger her life. Illegal abortionists are easily accessible and spread out through the Cato Manor community and the city of eThekweni, but provide unsafe and unsanitary services.

Illegal abortions are still sought in Cato Manor, despite legal procedures offered at public hospitals and private clinics. Secrecy and cost were the main reasons brought up by participants to explain why women would choose an unsafe abortion option. Private legal clinics are outside of most women's price range, and one participant with knowledge about the private sector stated, "they are costing more than R2,000 for a procedure." In contrast, the posters in town offer abortions for 'cheap,' which appeals to many women desperate to get an abortion but without the funds. The expert from Marie Stopes explained that many women come to the clinic without the required funds for a procedure, and while the clinic can occasionally subsidize operations, they often have to turn women away.

Furthermore, other participants mentioned that public hospitals, the only free abortion option, have long waiting periods, and clinical staff often mistreat women. Women can visit public clinics up to three times without getting a procedure and panic as their pregnancy progresses. Participants stated that women choose backstreet options over hospitals due to mistreatment or a lack of privacy. An older participant shared, "It's an embarrassment; it's a shame. In our hospitals, if you have a sickness, it's not private. 'These ones are going to have an abortion on this side, the ones who have HIV.' Why would I go to a hospital if this is how I would be treated... The way these nurses treat us, I'd rather go to these people." This quote shows the lack of privacy afforded to women in clinics and the fear of being outed for having an abortion. The 66-year-old woman stated she would instead go to a backstreet abortionist and risk her life than be subject to the humiliation of going to a hospital and being mistreated by the staff.

Abortion is legal in South Africa, yet almost every participant was intimately familiar with illegal abortion options in eThekweni. Most participants had seen the illegal abortion advertisements and had a friend or heard a story of someone who had obtained a backstreet abortion. Backdoor abortions are a remnant of pre-legalization in South Africa, yet their popularity endures. Participant 17 confirmed the existence of backstreet abortionists in Cato Manor for at least the last 40 years, as she was 16 when she learned her neighbor was a backstreet abortionist and was 58 during the interview. Furthermore, participants validated the 1996 justification for abortion legalization by sharing horrific stories of women dying from illegal abortions. Women were found in

toilets at the taxi rank or placed into the ground as the illegal abortionist cried over the coffin. The question remains of why backstreet abortions are still widespread post-legalization.

*“What if I don’t have R2000?”*

The number of modern stories shared about backdoor abortions corroborates the data claiming that 26% of abortions in South Africa are still performed illegally.<sup>10</sup> Chemlal and Russo state there are two paths that women take to illegal abortions, yet this study’s research differed from this study by only revealing one path.<sup>22</sup> Within Cato Manor, from the interview data, women do not go to the hospital first. Rather it is the opposite. At Marie Stopes, patients come in after an illegal abortion failed to terminate their pregnancy. Throughout the research, no participant shared a story of a woman first attempting a legal abortion, then turning to a backdoor option. The only exception was the story of the woman at Marie Stopes tricked by an illegal abortionist, and she returned in horror to the certified clinic. However, in this study, those seeking an abortion immediately choose whether to use a backstreet or legitimate provider.

Much of the choice comes down to cost and privacy. When choosing between public, private, and illegal abortions, women must decide whether to give up privacy, money, or safety. Some women risk their lives for privacy and a low price. The reason for this is the embarrassment associated with abortion created by the cultural and religious shame previously analyzed. Young girls often don’t have access to the R2000 necessary for a private abortion, and privacy protects them from familial judgment. Though not well supported by the literature, other findings contextualize the need for a cheap and secret abortion.

Three previous studies on reasons women get illegal abortions overlap with the theme of hospital mistreatment. Hodes, Kaswa, and Meel agree that mistrust of healthcare workers and negative hospital experiences result in women avoiding government-sponsored abortions.<sup>3</sup> The Cato Manor research demonstrates that hospitals, in general, are mistrusted. Privacy is nonexistent, and ill treatment is rampant. Therefore, when getting an abortion, internalized mistrust of the public healthcare system prevents women from attending the hospital. Obtaining an abortion is already shameful in Zulu culture and among Christian individuals. Fear of shame at the hospital adds additional embarrassment to an already traumatic experience. As a result, women would rather go to a backstreet option.

An impressive study in Cape Town was conducted by Harries, *et al.* among women who received illegal abortions. Although the Cato Manor study did not have access to participants who had personal experiences of getting abortions, the second-hand stories in this study resulted in very similar findings. Participants turned to friends for advice, corroborated in this study by children not discussing abortion with parental figures, to find illegal abortionists or other abortion remedies. Similar to this Cato Manor study, women found names of illegal abortionists in advertisements. One difference was women in the Cape Town study reported three ways of obtaining abortions: traditional medicines, illegal abortionists, and self-prepared mixtures.<sup>26</sup> While illegal abortionists were discussed frequently and self-prepared mixtures brought up on occasion, no women mentioned traditional medicines. This may be due to the different demographics or the small sample sizes of both studies. The women of Harries, *et al.*’s study were mostly involved in transactional sex and had all had an illegal abortion. In contrast, this study in Cato Manor compiled community views, which resulted in differences in abortion knowledge. Furthermore, the communities were in entirely different regions of South Africa, and Cato Manor is a peri-urban township while Cape Town is an urban city center. Therefore, the Cato Manor participants’ experiences versus those from the Cape Town study unsurprisingly vary, as women likely seek different sources for abortion depending on their geography and community. However, both studies agree that women turn to illegal abortions frequently and for various complex reasons.

### ***Community Factors***

The final theme investigates the prominent factors driving abortion within the township of Cato Manor. It brings together the forces leading women to get abortions from primary sources and links them to other studies and societal explanations. The three main factors driving abortions cited by the participants were teenage and school-age pregnancy, the lack of an adequate support system, especially from male partners, and fear of a negative familial response. Other causes were mentioned, but these three were the most repeated throughout the interview, regardless of generation or personal beliefs about abortion. Eleven participants stated those getting abortions are young, teenagers, or still in school. Older participants said, “It’s a dumb teenage thing. You can always prevent yourself from getting pregnant. She doesn’t understand why kids do it.” Others stated that schooling plays a role stating, “It’s mostly students. Most of the time. They are youngsters. They are careless. They think, ‘What are my parents going to say, they sent me to school, and I’m pregnant now.’” Younger participants also stated that teen pregnancy leads to abortion, and 4 out of the 11 interviewees stating teenage pregnancy leads to abortion were in the 20-30 age group. In addition, the expert from Marie Stopes, a private women’s health clinic providing abortion services, corroborated this point by saying that girls as young as nine have come in for abortions.

Women shared that while some men were against abortion, others forced their girlfriends to get abortions. Six participants stated that the biological fathers or 'baby daddies' often pressure their girlfriends to terminate their pregnancies. Interviewees shared that men without the money to raise a baby or in multiple secret relationships would usually pay or pressure women to get abortions. A 28-year-old participant stated, "I know one of my friends, he was giving her money to go and do an abortion. She couldn't do it. Instead, she 'went' and did a scan." Despite the woman choosing not to go through with the abortion, she was under immense pressure to terminate the pregnancy against her wishes. Similarly, Participant 20 shared a story about a 23-year-old woman who aborted a baby at 7-8 months. The community found out and made statements like, "She did what? Abortion? How could she kill an innocent child. She should be jailed." However, the participant gathered further information, "At that time, I was friends with her sister. She told me no, the boyfriend did not want to have the child. The boyfriend was putting pressure on her. He will do something, or he will kill her and the child. So she didn't have a choice. But most people didn't know that...No at first she didn't want to do it. The baby daddy was putting too much pressure. And the boyfriend was married." The community's judgment was directed towards the woman; however, they did not know the whole story. She would never have gotten an abortion had her boyfriend not forced her into the decision.

Finally, fear of familial judgment was the final driving factor of abortions described by the women in the Cato Manor sample. Eight participants stated that fear of parents drove women to get abortions. Participant 23 stated that women mostly get abortions because they're scared of their parents and families. Another participant further explained, "Obviously, you break your virginity, fine, you can still hide that. But then, when you get pregnant. What will my parents think? My parents will disown me. And with us, if for say my parents disown me. It's not like maybe with you guys where as your mom is maybe not going to talk to you. The whole family." Other participants also stated they could be disowned or kicked out of their childhood homes. The fear of family was further exemplified by a translated story shared by Participant 31, a 65-year-old woman, regarding a woman who died from an illegal abortion due to fear of the community's reaction in the late 1990s. She shared,

*"There's a lady that she knew from the Mblungo family, and she fell pregnant. During that time, she was scared of her parents. Because back then, it was such a shame. It was not popular. You did it secretly. It wasn't legal at that time. She went and had this abortion. Another lady did it, and she didn't have the proper equipment. And her uterus got an infection. And it was eating her and eating her. It was spreading and spreading until she died...she never told the baby daddy. And the baby daddy was like, my mom is a nurse, and we were never not going to take responsibility for the child. If only she had told me, she wouldn't be dead."*

Women have died even after abortion was legalized due to fear of parental reactions. While countless additional factors contribute to a woman's choice to abort, these three factors were most frequently mentioned within the sample population.

#### *"The families and the baby daddies"*

The factors inducing women to get abortions directly conflict with the negative cultural and religious shame women who openly access abortion services face. Women are culturally and religiously expected to disapprove of abortion, yet many need to have an abortion for various reasons. Therefore, they struggle deciding whether to follow their cultural and religious moral compass or abort a baby they do not have the means or support to raise. However, in cases of teenage pregnancy, pressure from baby daddies, and familial fear, the need to get an abortion often outweighs the socio-cultural drawbacks ingrained in the community. As seen earlier, the older generation is judgmental of the younger for having "careless" and unprotected sex resulting in abortions, while the younger generation is more forgiving. Regardless of judgment, both generations agree that teenage pregnancy is a problem in the community. As cited in one study, the two main factors leading to abortion are 'wanting to focus on studies' and 'not being ready to be a parent.'<sup>17</sup> The desire to continue education and the sense of unpreparedness for parenthood can be associated with teenage or early pregnancy. Being young and unable to provide for oneself, let alone a family is a significant inducement to terminate a pregnancy. Many teenagers and young adults are still in school, and the responsibility of concurrently raising a child is too much. Despite their community's cultural and religious beliefs, the need to finish an education outweighs the potential shame of abortion.

A similar study was conducted in urban Mozambique by Frederico, Mónica, *et al.*, a country with less liberal but similar abortion laws to South Africa. However, the factors they identified as driving abortion differed significantly from this study. They cited that lack of autonomy, knowledge, poor availability of facilities, and provider influence led to abortions.<sup>19</sup> Only lack of autonomy was relevant among this study's sample population, as participants mentioned no others. Lack of autonomy was described as pressure from family or baby daddies, two of the main factors described by these participants. The context of South Africa and the unique socio-cultural attitudes in Cato Manor must differ from Maputo, Mozambique. Abortion was legalized in Mozambique before 12 weeks in 2014.<sup>20</sup> Women in Cato Manor have access to abortion education and facilities due to the more liberal South African Constitution and earlier legalization date. Despite being just across the border, Mozambican women face different challenges than South African women. However, hierarchies of power and the struggle of a patriarchal society exist within all modern societies. Therefore, it is unsurprising that lack of autonomy was an overlapping factor within both studies.

Participants described 'baby daddies' as forcing their partners to get abortions. Abortion can be a result of unequal power dynamics in relationships. Men are described as giving money or threatening their partners to get an abortion. A surprising story was shared by Participant 20 in the findings above. The impact of partner pressure resulted in a late-term abortion against the woman's will. She did not want to abort her baby, yet she worried for her life. Fear as a motivator to get an abortion outweighed any potential worry of community shame or commitment to personal attitudes towards abortion. Literature within low and middle-income countries, such as Strong, supports participant testimonies of experiencing pressure from the biological father. Strong states that men use money and resources to control women's access to abortions. This data shows that women are shamed for abortions due to cultural and religious beliefs seen in earlier sections, while men are often equally, if not more, to blame.

Pregnancy cannot be hidden from one's parents and shows that the woman has broken traditional norms of delayed sexual debut. Therefore, rather than admit to premarital sex, some women will get an abortion out of fear of their parents' response. Fear connects many factors resulting in abortion, as it dominates cultural and religious expectations. Familial pressure is not often cited in literature; however, in the dense and close-knit community in Cato Manor, children may live with parents into adulthood. As a result, pregnancy is difficult to hide, and abortion may be viewed as a solution.

## CONCLUSIONS

The research revealed the complex and dissonant factors pushing and pulling women from terminating a pregnancy. Zulu culture persists in Cato Manor, with strict spiritual views about abortion. Women fear bad luck and disastrous repercussions from their ancestors after an abortion. Many revealed that Zulu rituals are still practiced and passed down among community members if abortion ever occurs. As a result, abortion is not accepted in Zulu culture and remains a significant factor in women's choice of whether to receive an abortion. Religious judgment further contributes to the negative attitude towards abortion in Cato Manor by overlapping and augmenting cultural judgment. Most religious participants labeled abortion as 'murder' and 'a sin' and found it so abominable they disliked discussing it. Participants agreed that the combination of religion and culture were the two most significant factors resulting in abortion shame and negative attitudes. However, intergenerational change due to modernization and education has changed perceptions of pregnancy termination in the community. Younger participants were more educated about abortion and open to understanding the struggles of their peers seeking abortions. In contrast to the religious and cultural barriers to abortion, young and unplanned pregnancy, partner compulsion, and familial pressure have left women with no choice but pregnancy termination. Clear in the Cato Manor community were the conflicting issues of shame and reasons abortions were needed. Women were informed by cultural and religious expectations that abortion was morally reprehensible. However, life within their society and community often left them with no choice but to terminate their pregnancy. This internal conflict forces women to turn to unsafe abortion, despite easily accessible legal options. Rather than face community judgment, women opt for the private backstreet option. Socio-cultural pressures have a tremendous effect on the health of women who are dying due to unnecessary, illegal abortions. Related to this problem is socio-economic and gender-based discrimination resulting from a patriarchal and post-colonial society. To prevent women from needlessly dying from backstreet abortions the hierarchical social fabric of South Africa must be interrupted. Abortion is legal in South Africa, yet it will not be utilized by the population most in need unless socio-cultural expectations change to accommodate legal pregnancy termination.

Recommendations for further study include digging into the relationship between culture and religion and its impact on abortion. These participants were never directly asked how Zulu culture and Christianity overlap to create negative perceptions of abortion. More research should be done in this area to understand where judgment arises. In addition, research should be done among a generation younger than 20-30 regarding abortion attitudes. Much has changed in the last 20 years, and it would be helpful to understand teenagers' perspectives on abortion and if they continue the trend of acceptance seen among the younger generation. Lastly, this research reveals why women get backstreet abortions, yet more could be done on the first-hand experience of getting an illegal abortion. The context of this community research would be helpful to build off when analyzing personal stories of unlawful abortions. It would be interesting to determine whether the community is correct in its assumptions for the reasons women get illegal abortions. Finally, and most critically, research is necessary on how to lower rates of unsafe abortion in South Africa. The critical problem of backstreet abortions and why women get them has been identified in this study, yet no solution currently exists to prevent further maternal mortality. Legalization was the first step, yet research must be done to get women to utilize their rights to safe abortion.

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Chloe Sachs will graduate in 2024 from Washington University in St. Louis with a bachelor's degree in History and Biology. After graduation she will go on to attend medical school to prepare for a career as a pediatric surgeon. Chloe has completed additional published research on Mental Health in Korean History and is currently working on a Senior Honors Thesis on the role of female medical practitioners in the Chosen dynasty. She primarily conducts research within the realm of history and healthcare among marginalized groups. This study was conducted for the Community Health and Social Policy program in South Africa through the School for International Training.

#### PRESS SUMMARY

Abortion is legal in South Africa, yet maternal mortality remains high due to unsafe abortion. In post-Apartheid South Africa, a history of oppression, differing cultural norms, and varied religious beliefs all impact access to legal pregnancy termination. This study looks at the reasons why women still seek out backstreet abortions when legal options are available in the township of Cato Manor in KwaZulu-Natal. Through one-on-one personal interviews, narratives and trends were explored to understand how community beliefs and societal norms impact abortion attitudes and choice. Beliefs towards abortion remain negative in Cato Manor, resulting in women seeking out illegal abortions to maintain privacy and avoid judgment.