

Justifying the decision to terminate pregnancies: Comparisons of women's narratives from South Africa and Zimbabwe.

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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 (Lie, Robson & May, 2008). Recently, Coast, Norris, Moore and Freeman (2014) have tried to document the abortion decision-making process by using data from different countries and coming up with a framework that tries to cover the different aspects of abortion decision-making. While research by Coast et al (2014), and similar research, will help towards greater understanding of what abortion decision-making entails, the approach used within this kind of work is not without limitations.

Research on abortion decision-making (including Coast et al.'s 2014 study) has tended to employ a health determinants approach where factors or influences that are seen to affect abortion decision-making are explored (Harvey-Knowles, 2012; Mdleleni-Bookholane, 2007, Schuster, 2005). For example, among a sample of women who attended Umtata General Hospital in the Eastern Cape, South Africa, to terminate a pregnancy, Mdleleni-Bookholane (2007) identified the following as factors that led to the abortion decision: the extent to which the pregnancy was intended, willingness or ability on the part of the woman to make the adjustments necessary to include a child in her future life, and awareness of the availability of abortion. In Harvey-Knowles's (2012) study conducted in America, the decision to have an abortion was influenced by persuasive messages from significant others. Schuster (2005), in a study in Cameroon found that young women terminated pregnancy because of a variety of considerations including fear of losing educational opportunities and the unreliability of the partner. Although the health determinants approach is able to look at micro and macro 'factors', the way in which these are intertwined is under theorised. Other than indicating that the one influences the other, there is little indication of how social and cultural issues are

imbedded in women's decision-making with regard to abortion. In this paper we use a narrative-discursive method as we are interested in unpicking the complexity and multi-faceted nature of the abortion decision-making process in South Africa and Zimbabwe.

Contextualising abortion in South Africa and Zimbabwe

The Choice on Termination of Pregnancy Act (No. 92 of 1996) in South Africa is the most liberal piece of abortion legislation in Africa, and one of the most liberal in the world (Mhlanga, 2003). The Act legalises abortion on request until 12 weeks of gestation and thereafter under specified conditions (Harries, Stinson & Orner, 2009). Importantly, it is the only law in Africa where abortion can be given for social and economic reasons. The CTOP Act is not without limitations. Mavuso (2014) has problematized the Act in that the language used employs a reproductive rights approach and positions women as reproductive citizens endowed with the right and thus having the 'choice' to terminate pregnancies or not. This language, as shown by Macleod (2012), ignores the larger economic, religious, social, political, and cultural aspects in which abortion occurs.

In comparison to the CTOP Act of South Africa, Zimbabwean legislation on abortion is restrictive. The new constitution (approved in 2013) has largely kept the status quo in that abortion is only allowed in certain situations which are still to be determined. The old law, the Termination of Pregnancy Act of 1977, allowed abortion only when the continuation of a pregnancy endangered the life of the woman or posed a serious threat of permanent impairment to her physical health, and in cases where the foetus had been conceived as a result of unlawful intercourse, including rape, incest or intercourse with a 'mentally handicapped' woman. An interesting, restrictive development is that the new law has protected the right of an 'unborn child'.

That Zimbabwe and South Africa have two different legal and socio-political contexts might explain the differences (in quantity and issues researched) in research when it comes to abortion. In a recent critical literature review, Macleod, Chiweshe and Mavuso (under review) noted that 11 of the 39 articles in their review were from South Africa with none from Zimbabwe. South African studies on abortion have varied with issues researched including the role of family in abortion decision-making (Harries, Orner, Gabriel & Mitchell, 2007; Orner, Cooper, Harries & De Bruyn, 2010) attitudes towards abortion (Patel &

Kooverjee, 2009; Patel & Myeni, 2008), HIV-positive women's reproductive decision-making (Cooper, Harries, Myer, Orner & Bracken, 2007; Orner, De Bruyn & Cooper, 2011), public discourses on abortion (Bowes, 2009; Macleod & Hansjee, 2011; Macleod, Sigcau & Luwaca, 2011; Sigcau, 2009), and healthcare workers views on abortion (Gresh & Maharaj, 2011; Jewkes et al., 2005).

Focusing briefly on the research investigating public discourses on abortion in South Africa, the research has largely used narrative/discursive methods and can thus be located within research that attempts to socially and discursively situate abortion practices, much like our own work discussed in this paper. Such research shows that public discourses seem to have remained negative despite the progressive laws (Bowes, 2009; Macleod & Hansjee, 2011; Macleod, Sigcau & Luwaca, 2011; Sigcau, 2009). As the analysis of these studies suggest, the negativity stems from constructions of abortion as immoral and uncultural located in discourses around foetal rights and protection of the family (Sigcau, 2009). As Macleod et al. (2011) explain, protecting the family was seen as important as the family represented the institution where culture and traditions are maintained. Within such a discourse, abortion is therefore constructed as 'killing' which is an act that goes against and erodes cultural values and traditions. These negative discourses might be one reason why despite having liberal laws unsafe abortion still occurs in South Africa (Haddad & Nour, 2009), as discourses form an important part of the context in which abortion practices occur.

In contrast to the issues researched discussed above, the few available Zimbabwean studies on abortion have focused on post-abortion complications due to unsafe abortions, (Fawcus, Mbizvo, Lindmark & Nystrom, 1996; Rutgers, 2001), surgical and medical abortion methods (Maternowska, Mashu, Moyo, Withers & Chipato, 2014), gender dynamics and men's perspectives on abortion (Chikovore, Lindmark, Nystrom, Mbizvo & Ahlberg, 2002); Chikovore, 2004), and women's reasons for choosing to terminate a pregnancy (Ndarukwa, 2012). Most of these studies are framed in a public health approach where researchers are interested in population effects of abortion, including such issues as the incidence of abortion and of mortality and morbidity associated with abortion, the provision of abortion or post abortion services, and factors associated with abortion. To our knowledge Chikovore's (2004) and Chikovore's et al. (2002) studies are the only ones we have identified as moving away from a public health approach. The focus in these studies is the issue of power dynamics

regarding abortion. In these studies (Chikovore, 2004; Chikovore's et al., 2002), abortion was viewed by men as a way for women to hide their unfaithfulness. The men in the study also reported feeling powerless to control abortion and contraception as these practices were said to be conducted in silence and secrecy.

Adopting a reproductive justice framework

Framing abortion using a reproductive rights framework alone is problematic as it ignores important aspects and conditions in women's lives which shape abortion decision-making practices and experiences. For example, despite South Africa's progressive legislation, access to abortion services has not translated on the ground. South Africa still has many cases of unsafe abortions (although in decline) (Jewkes, Brown, Dickson-Tetteh, Levin & Rees 2002) as well various structural problems which deny women access (Albas, 2008; Dickson et al., 2003; Harries et al., 2007; Mendes, Basu & Basu, 2010). The silence around abortion as well as experiences of ostracisation among women who have terminated suggest that stigma is still very high and that it still plays a role in abortion practices and experiences, as well as reproductive decision-making. The role of contextual, social and cultural issues need to be considered when looking at abortion as these form part of the conditions of women's lives which may shape reproductive decision-making. For this reason we have adopted the reproductive justice framework as a way of understanding abortion decision-making for women in Zimbabwe and South Africa.

Reproductive justice has been 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).

Reproductive justice allows for an analysis that goes beyond legal access (the concept of rights) and enables a focus on the context of social, economic, gender, and colonial inequalities (Ross, 2006; Roth, 2012). In exploring how women in South Africa and Zimbabwe narrate the abortion decision-making process in ways which justify their abortion decisions, we locate their narratives within their social, economic, political contexts. The

focus here moves away from the presumption of individual women making a ‘choice’ with regard to abortion, towards an understanding of how a pregnancy may become (un)supportable due to personal, structural, socio-political and economic conditions of women’s lives as well as the gendered power relations that shape them (Macleod, 2011; 2015). Thus, following Macleod (2015), we use the signifier ‘unsupportable/unsupported’ as opposed to unwanted as the “former denotes a pregnancy that is difficult for a variety of reasons while the latter suggests a liberal subjectivity in which a range of desires and choices are possible” (p.1) and does not take into account the interaction of micro- and macro-level power relations in which pregnancies occur.

A Foucauldian post-structural/post-colonial theoretical framework

In the two studies discussed in this paper, Foucault’s conceptualisations around power and its relationship to knowledge and discourse were used as the guiding theoretical framework to analyse the discourses drawn upon and the subject positionings taken up by women when constructing narratives of processes of abortion decision-making. Drawing on Foucault’s elaboration on power, we speak to the power relations referred to by the women in their narratives and how they shaped the decision-making processes. To supplement and extend the analysis, we interwove in our analysis feminist post-structural and post-colonial work which focuses specifically on the ways in which power relations are patterned in gendered ways.

Feminism, discourse and power

Feminists’ engagement with power, particularly as it is constructed by Foucault, has been to highlight the importance and implications that particular power relations have for not only constituting women’s subjectivities, but also for shaping women’s varying, socially located or situated experiences (Amigot & Pujal, 2009). Thus, Ali (2007, p.192) states that “[f]eminist theorists, teachers and activists have long been concerned with the relationships between power and language as they shape and condition women’s lives”.

In what may be termed (Foucauldian) post-structural feminism, feminist research and theorising has moved away from viewing the universalisation of women’s experiences as central to achieving feminisms’ emancipatory goals. This has been coupled with a shift towards an approach which recognises that the various positions women occupy in terms of racial identity, class or socio-economic status, geographical location, religion, sexuality, age,

and disability may shape their experiences (Blackburn & Smith, 2010; McCall, 2005; Sawicki, 1988). This recognition, that women may be differentially unequal, has extended to conversations around reproductive justice where women's social locations, in addition to their legal contexts, are seen to shape access to reproductive health rights and care (such as abortion) (Macleod & Vincent, 2014; Price, 2010). Once the possibility of difference, and how it is produced, has been allowed for, a focus on language and power becomes a useful way to explore the commonalities and differences in women's oppressions and resistances (Macleod & Vincent, 2014). Feminist post-structuralism thus draws on Foucault's conceptualisation of a power that is exercised through discourse/knowledge; a power that is anonymous and therefore not tied to an individual or any one group or class, a power that acts upon action and so regulates behaviour, manifesting itself in the form of daily practices and routines and focusing on the body as the site of subjugation, a power which produces particular subjects (Foucault, 1980, 2000, 2003).

Postcolonial feminism shares feminist post-structuralism a focus on language and power, and the inter-relatedness of gender, women's oppression, race, ethnicity, poverty and class (Mama, 2005; Njambi, 2004; Tamale, 2004). It differs from post-structural feminism in that it emanates from a standpoint where theorists view the position of women in many societies as being relegated to the position of the 'other', similar to that which colonised subjects used to hold; that is, experiencing the politics of oppression and repression (Azim, Menon & Siddiqi, 2009; Mohanty, 1988). Post-colonial feminism draws particular attention to the geographical, historical, and cultural specificity of women's experiences and the discursive practices and relations of power through which they are constituted, seen in its critiques of the tendency of Western feminist thought to apply its claims to all women around the world (Shital & Mahavidyalaya, 2012).

The uniform application of western feminism has had two consequences. The first is that Western feminists' writing about third world women produces a composite, singular construction that is arbitrary and limiting. The second is a dynamic wherein Western feminism functions as the norm against which the experiences of women in the 'developing world' are evaluated (Mohanty, 1988). In efforts to be geographically, historically and culturally specific, this has led to useful theorisation, among post-colonial African feminists, around the ways in which womanhood in Africa continues to be framed by narratives of

domesticity (McFadden, 2000; Tamale, 2002, 2008, 2011) which entails that women should stay in the private sector. One of the ways these narratives are reinforced is through proverbs as Horn (2006, p. 11) shows. Horn states that the proverbs in most African cultures, along with contemporary cultural norms and laws, reinforce the idea that the ‘proper’ or ‘real’ African woman is a woman, “who is heterosexual, married, bears children, and more often than not, pleases her husband sexually.”

Our Study

The data for our study comes from two separate projects carried out in South Africa and Zimbabwe between 2013 and 2015. In South Africa, the 25 women who participated in the study were had requested a termination of pregnancy at one of three sites. Site 1 is a non-governmental abortion provider in an urban environment in a city. Sites 2 and 3 are both government hospitals. The former is located in a small town situated in a predominantly rural area and services clinics in a former homeland area. The latter is situated in a township area within another city and is in close proximity to both rural and urban environments. In Zimbabwe data was collected from three sites in Harare. Site A is a government hospital servicing an urban population. Site B is a working class suburb in Harare and made up of families from poor socio-economic backgrounds. Site C is located in an area just outside Harare, made up primarily of informal settlements where many families live under the poverty datum line. The rationale of having three sites in the two contexts was to allow for diversity as the sites differ in socio-economic status which we thought might shape women’s decision-making processes.

Sampling and interviewing

In both contexts purposive and convenience sampling was used owing to the requirement of a particular type of participant. The inclusion criteria for the women in South Africa was that women had to be older than 18 years (for reasons related to the ability to give consent to participate in the research), who had decided on abortion and had undergone pre-abortion counselling prior to participating in the research interview, and were willing to narrate their decision-making processes in the context of a research interview. This was different for the Zimbabwean sites where participants had to be women who had terminated a pregnancy in the past year, were over the age of 18 (for reasons related to the ability to give consent to participate in the research) and were willing to narrate their decision-making processes in a

research interview context. The reason for the different criteria between the two contexts was that in Zimbabwe, unlike South Africa, there are no facilities where women who have decided or are in the process of deciding to have an abortion can be accessed, due to restrictive laws.

The 18 women in the Zimbabwean study ranged in age from 19 to 43. Regarding (un)employment status, ten of the women were unemployed, two were students, two were employed as domestic workers, one worked as a sex worker, one was a church counsellor and one was a vendor. Relationship status at the time of data collection varied: ten of the women were single, six were married, one was divorced and one was separated. The average educational attainment was Form 2 and educational attainment ranged from Grade 5 to Form 6. Concerning the number of children nine women had no children at the time of TOP, four had two children, two women had four children, another two women had one child and one woman had three children.

In South Africa a total of 25 participants were recruited. 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. With regard to (un)employment status, 13 of the women were unemployed, 7 were students, 3 were employed and 2 did not disclose their status. Most participants were in a relationship either with the male partner who co-conceived the pregnancy with another partner. Two women were divorced, one had separated from her husband and none were married. Regarding the number of children, of the women in the study eight had no children, nine had one child, seven had two children and one woman had three children.

For both studies data was collected using versions of narrative interviewing to elicit narratives of abortion decision-making processes. 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).

Analytic method

Both sets of data were analysed using Taylor and Littleton's (2006) narrative-discursive method. A narrative-discursive approach is based on the social constructionist premise that talk is constitutive of social reality. Although Taylor and colleagues were primarily interested in identities, their narrative-discursive analysis was used for abortion decision-making and has been used in other studies not focused on the analysis of identity construction (see Graham, 2014; Morison, 2011). In narrating their abortion decision-making, women used discursive resources (what we refer to specifically as discourses in our data) - the prevailing meanings and assumptions that are made available within their societies and cultures (Mishler, 1999). While in our studies were interested in the narrative construction of abortion decision-making processes more generally, in this paper our analysis focuses specifically on a particular kind of narrative construction; the discursive resources drawn upon by the women from the two contexts in *justifying* the abortion decision. Discursive resources have been defined as accumulated ideas, images and associations that are drawn from the wider social and cultural contexts of people's lives and are available to speakers when they narrate stories (Taylor, 2007).

The narrative-discursive analysis we undertook was an iterative process that focused on two tasks. Task 1 involved exploring the micro level which entailed identifying discursive resources within and across individual accounts. During the second task our focus was on attending to the macro level and this entailed exploring the operation and negotiation of the discursive resources within the particular constraints available meanings. This task also involved exploring the various power relations spoken to by the women in their narratives.

Discussion

What follows is a discussion of the ways in which women interviewed in Zimbabwe and South Africa justified the abortion decision in (what was supposed to be) their narratives of the abortion decision-making process. In our discussion we alternate between contexts so as to compare the labour done by the women in justifying the decision to have an abortion. Due to space limitations, we have selected particular micro-narratives for discussion.

In constructing the over-arching narrative, South African women constructed and drew upon a narrative of ‘I am thinking of my potential/existing child(ren)’. In doing so, women used ‘child-centred’, ‘motherhood’ and ‘family planning’ discourses as discursive resources. 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. Through a ‘child-centred’ discourse, women focused on the needs of the potential child and/or existing children as opposed to their own. This entailed anticipating the kind of childhood the child/children would have, as well as how their development would be affected by continuing the pregnancy. 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 mothering practices that cohere around intensive caring. Both the ‘child-centred’ and ‘motherhood’ discourses converged with a ‘family planning’ discourse in which planning the spacing and number of children beforehand is constructed as being in the best interests of child development and is thus constructed as responsible and good parenting/mothering.

Extract 1

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 1 (above), all three discourses converge in Zukiswa's narrative. 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 much-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 given more time. Thus, once again, abortion is framed as the only responsible action to take; not doing so would breach the norm of planned reproduction, which in turn would constitute bad mothering/parenting.

Extract 2

Rose: I was afraid that I had nothing to give to the children. I already had four children and what would I give the fifth one? The ones that are there I am already struggling to feed them. These are children from my first marriage. The life is difficult especially when it comes to support. You would have seen that your problems are bigger than any risk that might come from terminating the pregnancy.

In extract 2 above, a similar kind of labour is done around justifying the abortion decision. Similar to Zukiswa, Rose's micro-narrative centres on her existing child as well as the potential child. Just as other women had done in the Zimbabwean study, Rose's narrative draws on a discourse of 'responsible motherhood'. The lack of money and resources to feed the already-existing children is thus spoken to by Rose. She shows how the presence of four children, whom they were already struggling to take care of, necessitated an abortion so that resources, that were already stretched, would not be further stretched by the addition of another child. The pregnancy is thus seen as a burden which could be resolved through abortion. Similarly, studies in South Africa and Gabon have shown that the issue of resources plays an important role in abortion decision-making (Harries et al., 2007; Hess, 2007).

As stated previously, most of the women in the South African study were between the ages of 21 and 35 and lived with their parents. In justifying the abortion decision, a micro-narrative of “my parents would disapprove/be disappointed” was constructed by participants. Within this micro-narrative, participants’ decision to terminate the 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 dyad, where parents are entrusted with the task of ensuring that their children meet societal norms regarding appropriate and acceptable behaviour, narrowed participants’ options so that termination of pregnancy was the only option.

Extract 3

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 (.)

In extract 3 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 obey 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 dual enforcers of the cultural practice of moving away from home before having children and of the injunction to marry before having children.

In the Zimbabwean study, women drew upon various discourses which normalise reproduction within the family, particularly within marriage. However, compared to South African women's deployment of the 'conjugalisation of reproduction' discourse seen in narratives like Zukiswa's above (extract 3), the notion of shame figured again and again. Within their narratives, Zimbabwean women spoke to the shame of having a child without a father, of having children outside of the heterosexual parenting dyad.

Extract 4

Ruth: It just happened; I was in a tight spot. I had no one to tell. Imagine telling my brothers that I have a pregnancy without a father. I had to be tough. Ah it was hard for me. I think I spent a lot of time thinking. Now let's say I had not terminated. What would I give to the child?

Extract 5

Eli: I go to church and I did not want to have a child without a father. It is a shameful (.) thing and I was so ashamed of it. All my friends at church have their families and I did not want to be the only one with a child without a father. No I did not want so I decided to terminate.

The women in the above extracts show how life circumstances can lead to a pregnancy being unsupportable, leaving the women no other option but to have a TOP. In Ruth's story (extract 4), there is a recognition that even though abortion is a socially undesirable act, having a TOP was the only reasonable thing to do. Failure to have the TOP would have led to worse suffering, as shown by Ruth, who would have brought shame to her brothers and would have had to have supported the pregnancy, and later the child, alone.

Drawing on the notion of shame more explicitly, Eli (extract 5) deploys a religious understanding of marriage as the correct place for reproduction. For her, having a child without a father is shameful especially since she goes to church. The church in this context serves as a place where certain values and practices are brought forward and enforced. A child out of wedlock is not permitted and she states that all her friends have families which is condoned by the church as being the correct place in which to have children (particularly within marriage). In this way, she also draws upon the idea of the nuclear family and how families are expected to be constituted within the church. Here she draws from a 'moralistic

religious discourse' where marriage is seen as the most appropriate place for childbearing. For Eli having a TOP only becomes an option upon the realisation that she has to 'hide' the 'shameful' pregnancy. Both Ruth and Eli's narratives point to the existence of gendered expectations of what it means to be a woman. A woman is expected to have sexual relations only in a heterosexual marital relationship and failure to adhere to this leads to sanction and censure from other societal members. Such expectations do not extend to men, as both the Zimbabwean and South African datasets demonstrated. The extracts below speak to this.

Extract 6

Rose: [...] it did not take too much time [to decide to have the abortion] because when I saw that I was two months' pregnant and that guy was nowhere to be found, I could not see him and even calling him he was not picking up, that is when I starting planning on what to do. It took me about two weeks to decide.

Extract 7

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] [...]

An interesting and common feature of both the Zimbabwean and South African datasets was women's references to gendered power relations which, in the form of unstable heterosexual relationships characterised by male partner abandonment, shaped the decision-making process in a way that precluded options other than abortion. Rose (extract 6), a Zimbabwean woman, demonstrates this by stating that the disappearance of the man responsible for the pregnancy led to her decide to terminate her pregnancy. That is, in her narrative, the unreliability of the partner is what precipitated her abortion decision. Rose shows how women in this context are dependent upon males. While in Rose's narrative it is implied that the consequences of being abandoned affect her capabilities (usually no employment or insufficient finances) to take care of the child, this is made explicit in Andiswa's narrative (extract 7 above). Employing a discourse of 'unfair/unstable gender relations', Andiswa

explains that she is not employed, and is dependent upon her male partner without the support of whom she will “struggle”. In constructing relations with the male partner as unstable and unjust (leading as they do to an unsupportable pregnancy, and consequently abortion) both women position their partners as unreliable and unpredictable. The women’s dependence on their male partners’ support, we argue, is part of the domesticity divide where women have been consigned to the private sphere while remaining economically dependent on their male partners who work and mostly go about their social activities in the public sphere.

A notable difference in the kind of labour done by Rose and Andiswa is that Andiswa begins her justification by explaining that she has a small child to look after and is unemployed and thereafter goes on to speak about her partner’s lack of interest in the pregnancy and future child. What Andiswa does is employ ‘child-centred’ and ‘motherhood’ discourses in her narrative, discourses which are powerful in being able to afford her positive subject positions: the ‘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.

Another common feature of the narratives constructed by women in South Africa and Zimbabwe the emergence of a picture in which the process of deciding on abortion was constructed as an internal struggle. Within these narratives, the women speak to the emotional difficulty associated with making a decision about abortion. Notably, among Zimbabwean women abortion was also constructed as risky due to the absence of safe, legal abortion services in Zimbabwe. The abortion decision as one that is not easy to make is demonstrated in the extracts below.

Extract 8

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 9

Tanya: I was in pain, (.) pain, my sister, but it's not easy to terminate a pregnancy [sobbing]. But as I said the troubles (.) against me were many. I had to remove the pregnancy at whatever (.) cost. The pregnancy could not be kept.

In extract 8 above, Phumeza explains that her religious background means that for her, abortion is immoral: it amounts to killing. In doing so, Phumeza draws on a 'religious/moral' discourse to construct abortion as a sin, and was the only woman in the South African study to do so. Within this discourse, however, Phumeza is positioned as someone who has sinned; as the person responsible for killing her (potential) child. Thus, foetal personhood is simultaneously invoked. Importantly, Phumeza explains that she does not have a choice in the matter. This serves to mitigate the socially undesirable way in which she has been positioned and 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, Tanya (extract 9) draws on the notion of risk. Here Tanya indicates the importance of having a TOP which requires one to negate any risks associated with the TOP. The toughness of having a TOP, although acknowledged, is seen as better than carrying on with a pregnancy that is unsupportable. As Tanya demonstrates, resilience and bravado come from the realisation that the pregnancy is unsupportable. The resilience and bravado are made all the more significant by the fact that the women are resisting societal norms surrounding abortion by carrying out an unacceptable act. In the above extracts, Tanya, and Phumeza, point to the fact that they were the ones faced with an unviable situation and they were the ones who had to make a decision and that decision was theirs alone.

In the extracts above, common to both Phumeza's and Tanya's narratives is that the language used to describe the difficult experience of abortion acts to generalise this experience. The result is that this negative emotional response is constructed as normal.

Conclusion

As the sample of narratives we have used in this papers shows, when discussing the process of deciding on abortion, there are limited discursive resources for conceptualising and justifying abortion in ways which positively position women. Even more importantly, the narratives speak to the absence of discourses which can be deployed to narrate the decision-making process *without* having to *defend* oneself for having made the decision. The

construction, among South African and Zimbabwean women, of narratives that served to justify the decision to have an abortion is particularly notable given the different politico-legal contexts of the two countries. That abortion is largely illegal in Zimbabwe accounts for, in part, Zimbabwean women's adherence to the injunction to defend themselves for having terminated a pregnancy. That narratives were similarly constructed among South African women is striking given the legalisation of abortion. From the extracts used in this paper it is clear then that the call for the women to justify themselves must be read in light of the conditions, discursive and gendered power relations, of both contexts. These conditions not only problematise the pregnancies referred to in the narratives but also create unsupported pregnancies.

When justifying their reasons for abortion, women drew on discourses which normalised reproduction within marriage and the family. As such, while South African women employed a discourse of the 'conjugalisation of reproduction', Zimbabwean women deployed a 'moralistic religious' discourse as well as the notion of 'shame' in relation to having breached normative constructions around reproduction. In doing so, women in the two studies problematised their pregnancy which occurred outside of marriage, or outside of the heterosexual dyad thus removing continuation of the pregnancy from the field of possibilities. Consequently, women subscribed to a motherhood that is situated within marriage or, at the very least, within a heterosexual parenting dyad. In both studies, and as shown here, women relied on constructions of womanhood which not only normalise mothering practices that centre on intensive caring and attention 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.

The power inherent in these discourses is demonstrated by the fact that 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'. Thus, the picture that emerged was one in which abortion was the only, responsible, course of action as a means to correct a transgression (such as reproduction outside of marriage and the family or the absence of rational planning regarding when to have children and how many to have).

Regarding gendered power relations referred to by the women in the studies discussed here, 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. In the South African study, generational power relations also figured in women's narratives where parents were positioned as enforcers/guardians of the normative expectation to reproduce within the family, particularly within marriage.

It is important to note that a discourse of reproductive health rights was not used in either study when justifying the decision to have an abortion. Whether this could reflect the illegality of abortion in Zimbabwe or a lack of (sufficient) knowledge of legislation that legalises abortion in South Africa, the absence of this discourse is notable and indicates that reproductive rights is a framework that is not particularly useful or applicable when analysing women's narratives of abortion decision-making, at least in Zimbabwe and South Africa. In this paper we have instead approached women's narratives from a reproductive justice framework.

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. The framework further allows us to "emphasize women's agency to make decisions while at the same time recognizing that individual women live their lives as members of communities that have distinct histories of oppression" (Roth, 2012, p. 2). Reproductive justice also helps in addressing the social reality of inequality, specifically, the inequality of opportunities that control one's reproductive destiny (Gaard, 2010). This allows one to move to a realisation that abortion is not separate from other social justice issues in Zimbabwe and South Africa, such as issues of economic justice, the environment and discrimination based on sex, to name a few. Reproductive justice allows for the empowerment of women as one starts realising that 'reproductive choice' does not occur in a vacuum, but in the context of all other facets of a woman's life. 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 undermine reproductive justice.

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