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**The views of Pentecostal pastors in the Border regions of the Eastern Cape with regard to choices on termination of pregnancies: a Practical Theological study**

**BY**

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**Submitted in fulfillment of the requirements for the degree of**

**MASTER OF THEOLOGY**

**FACULTY: SOCIAL SCIENCES AND HUMANITIES**

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## DECLARATION

I, NOMTHANDAZO MANDISA PUTU, STUDENT No.: 200807380 of the Centre for Theology and Religion, in the Faculty of Social Science and Humanities, at the University of Fort Hare, declare that this dissertation on “***AN ANALYSIS OF THE PASTORS’ UNDERSTANDING OF THE CHOICE ON TERMINATION OF PREGNANCY ACT (NO. 92 OF 1996) IN THE BORDER REGION OF THE EASTERN CAPE***” is my own work.

It is the result of my own investigation through the professional guidance of my supervisor. It has never been submitted before for any degree or examination in any other university, and all the sources that I have used or quoted have been indicated and acknowledged by complete references.

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## ACKNOWLEDGEMENTS

I would like to acknowledge my Father, God Almighty, without whom I would not have accomplished this research. For that I will always be grateful, all glory and honor belongs to Him.

I would also like to thank GMRDC for the funding and Prof. Chetty for organizing the Supervisor-Linked Bursary to enable me to carry out the research.

I would like to acknowledge my Supervisor, Mr. Bookholane, L. J., who came just at the right time, to do the right thing. He saw my plight and stretched out his hand to help me. He took interest in my study, and he saw a potential in me to accomplish the task in the limited time that we had.

Ntate Moruti, I truly appreciate your patience with me, you really encouraged and inspired me to push, sometimes beyond my ability to endure, but it was worth every pain. I really felt the stretching and personal growth in dimensions that I would never have thought possible. You always challenged me to look beyond myself; self-pity was not part of your vocabulary. Ke a leboha, Moruti.

I would also like to thank the following Pastors for providing me with their database for the Pastors in the Border Region of the Eastern Cape, Bishop M. Makhubalo, Apostle M. Matshobane and Ps. K. Maphinda. You were truly my brothers in all respects; I greatly appreciate your co-operation, and your assistance in whatever form. Your rewards are waiting for you in heaven.

To all the Pastors that participated in my study, I know it was not the best of times; your December / January holidays were interfered with, but it was as if you were doing your own studies. Thank you so much for your time, your understanding and your co-operation. May God richly bless your Ministries and your families.

To my colleagues and friends, you have been a tremendous support to me all the time. You gave me a reason to go forward in spite of the challenges that I was facing. Bellita, my editor, you are such a star, and Fortunate from Teaching and Learning Centre, keep up the good work. Thank you so much!

Last but not least, my family, especially my kids; I could not spend quality time with you during these holidays, my sincere apologies. I will make up for this time; I greatly appreciate your understanding, allowing me space to do my work at a very wrong time for you. I will always love you for that.

## DEDICATION

This work is dedicated to my God given son, my Hero, and my friend, who, by the grace of God, survived the Termination of Pregnancy by his biological mother, and survived being thrown into the rubbish-bin by his biological mother in the year 2000, June 30.

It was alleged that the mother was Terminating the Pregnancy, and the termination failed. When the mother discovered that the baby was still alive, she threw the baby in the rubbish-bin hoping that he would die there. The newborn was spotted by somebody who was going pass the rubbish-bin, got him out, and rushed him to the Johannesburg General Hospital.

On examination, the doctors discovered that the baby was HIV Positive and that he had Cerebral Palsy. He was a gross Pre-mature neonate; so they kept the baby in the Incubator for about three weeks, because his lungs were not fully developed yet. Later, they transferred the baby to an Orphanage / HIV/AIDS Hospice, south of Johannesburg.

The year 2000 was my last year in the Nursing Profession, and co-incidentally I was doing voluntary work in that Hospice during my Days off. God commanded me on the 20 September 2000 to take the baby, raise him, and give him a new name. That was the most difficult and challenging decision I had to make in my life.

Firstly, I was not ready to raise a baby in a number of ways, financially, emotionally, and otherwise. Secondly, the baby was not my choice, but obviously it was God's choice for me. After a long period of emotional turmoil and resistance, I eventually gave in and legally adopted the baby as my own on the 07 February 2003, and I gave him the names Joshua, Tumelo (which means Faith).

In the course of time, God healed the baby from both HIV and Cerebral Palsy. He is now a tall thirteen year old boy, healthy and strong, a vibrant sprinter and a soccer player. He started worshipping God as early as the age of four and has never stopped worshipping since, a real blessing in deed.

I really thank God for His grace upon my life and for considering me worthy to do such a noble task, that of loving the unloved, embracing the rejected, picking up the down-trodden babies of our country, and raise them up to be what God had created and intended them to be, before the world began. To Him alone belongs the glory.

Long live Joshua Tumelo Putu, long live!

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# CHAPTER ONE

## 1. ORIENTATION TO THE STUDY

### 1.1 Background to the Study

The focus of this study is on the Choice on Termination of Pregnancy Act 1996 (Act No. 92 of 1996), which states the circumstances and the conditions under which pregnancy may be terminated, amongst others, upon request of a woman during the first twelve weeks of the gestation period of her pregnancy.

The study is motivated by the researcher's personal experiences with people and circumstances surrounding the termination of pregnancy. The researcher had an opportunity to raise, at God's command, a new born baby due to failed termination of pregnancy while she was working as a professional nurse at the Bedford Gardens Private Hospital in the Gauteng Province.

The allegations were that the woman attempted to terminate the pregnancy at 24 weeks of pregnancy, but the baby came out alive, and the woman threw the baby into the rubbish bin hoping the baby would die there. The baby was allegedly picked up from the rubbish bin and rushed to the Johannesburg General Hospital where it was discovered he was a gross pre-mature neonate, approximately 24 week gestational period.

On examination, the baby was found to be HIV positive and had Cerebral Palsy. He was kept in the Neonatal Intensive Care Unit of this provincial hospital until he was able to breathe properly on his own. He was later transferred to the hospice for HIV/AIDS and

abandoned babies situated in Rosettenville, South of Johannesburg in August 2000. That is where the researcher met the baby whilst she was offering voluntary services during her off days.

Coincidentally, the day that the researcher started doing voluntary work at the hospice, is the same day that the baby was transferred in from the hospital. The researcher was so shocked and disgusted that the baby was so tiny and looked like a kitten, wrapped in swaddling blankets. She actually verbalized out of frustration that “the baby should have been left there to die on his own; people expect too much from God if they think this baby is going to make it.” Little did the researcher know that within a few months of bonding with the baby in the hospice, God would command her to “take this child, raise him and give him a new name.”

The researcher was so shocked at this command that she refused bluntly to obey it; because at the time, the mere mention of the word HIV/AIDS was enough to scare one to death, including the stigma that it carried. The researcher’s colleagues were already questioning the move to offer voluntary services at the HIV/AIDS hospice instead of just an ordinary orphanage.

However, after much wrestling with God, the researcher eventually obeyed, for she thought; God would not command her to take the baby from the hospice just for the researcher to bury the baby at her home. Somehow the researcher knew that God had something else in mind about this baby, a bigger and a better plan and purpose even though she did not know at the time what it was.

That was enough motivation and enough courage for the researcher to adopt the baby in the midst of discouragement and harassment, despite being scared to do it. Moreover, the researcher also thought, if the baby could survive the surgery of termination of pregnancy and still survives the cold in the rubbish bin as a premature baby, he could survive anything.

However, things got even worse when the whole family turned against the researcher, rejecting the baby in the strongest possible terms, even threatening to disown the researcher because the claims were that the baby was going to infect everyone in the family, especially their children. In addition, they also feared that everyone in the family was going to die of HIV/AIDS because of this baby. By that time, God had done an enormous amount of work in the researcher's life. As a result, the researcher boldly told the family that "If this child represents God in her own life, she would rather stick with the baby and the family can disown her."

After eighteen months of intense suffering from family rejection and strife, the baby was miraculously healed from both HIV/AIDS and Cerebral Palsy without taking any medication. Interestingly, to everyone's surprise and shock, including the researcher, the baby started walking and talking when he was eighteen months old. He is now a fourteen year old tall and healthy boy; a keyboard player, an athlete (a sprinter) and a soccer player, to God only be the glory. Everyone in the family loves him now, and his testimony has brought everyone in the family to the knowledge and acceptance of Jesus Christ as the Lord and Saviour.

The researcher cannot help to wonder how many more children are out there that could be rescued from this merciless Act, the Choice on Termination of Pregnancy Act 1996 (Act No. 92 of 1996). How many more children are there who would add value to their communities and fulfil the plan and purpose of God for their lives, but have gone down the drains of public hospital ablutions with no one even noticing? Does the Choice on Termination of Pregnancy Act 1996 (Act No. 92 of 1996) bring glory to God?

The researcher sometimes wonder, how would the mother feel if she would one day meet the researcher's son in some corridors of life, and come to know that this is the same baby that she failed to kill whilst still in her womb, and still failed to kill him outside her womb when she threw him into the rubbish bin, because God had already declared that the baby should live and not die and to proclaim what the Lord has done? (Psalm118:17).

In furtherance to the foregoing, another incident in the researcher's family, a woman got married to a relative and they were battling to have babies for a number of years and she was blaming the husband. They had been to every medical doctor in the province and even to traditional doctors but to no avail. In their search for help, they visited another Gynecologist in Johannesburg General Hospital in Gauteng. After many tests and scans; it was revealed that she had scars inside the uterus and this was preventing her from conceiving. Meanwhile the husband was having babies from other women, which led to the couple divorcing.

It was later alleged by her cousin sister whom she grew up with, that whilst she was still a student at the university she had recurrent, unlawful terminations of a number of

pregnancies because her mother was a professional nurse; to which she refused to admit. It is unfortunate that even today, though she is now a born again Christian and a Pentecostal pastor in the Border region of the Eastern Cape, she is now suffering major emotional / psychological effects of those terminations, she goes into depression on and off and is emotionally unstable.

In addition, another Pentecostal pastor and the researcher's relative, related a story of his daughter who got pregnant, and how this was a shock to the whole family. His daughter was doing Matriculation and was studying with a group of boys and girls in their own home but before he knew it, the young girl was pregnant. The pastor expressed his anger and disappointment with her daughter, because he had taught her Christian principles of holy living, and was convinced that his daughter would lead by example.

The pastor was so angry and devastated that it took another pastor friend of his to convince him that it was not him that was pregnant but his daughter, and that he had not done anything wrong, and therefore should not crucify himself for the sin he had not committed. The pastor had done what he was supposed to do, he had taught the young girl the Christian principles, and it was up to her to apply them into her own life.

Considering the father's anger, the researcher cannot help asking the question, "Could it be that the pastor was angry because he felt like he created an environment that is conducive for the young ones to fall into temptation by allowing them in and out of their home, or that he lacked oversight to the whole situation." Could he be asking himself

questions like, “Why did I not see it coming? Why did I not think about it?” When did the whole thing start? For how long has this been going on?

Consequently, the young girl was so devastated to see her father in that condition, and confessed to her mother that she had never seen her father like that. Besides, if this pregnancy was causing her father to be so devastated, she was going to terminate the pregnancy because she cannot stand to see her father in such a miserable state. The mother in turn told the father, and the father was so shocked and confessed that termination of pregnancy was the worst sin than the actual sin of sex before marriage.

The pastor called his daughter and told her that he still loved her though what she had done had made him angry, and the last thing that he would like to see happening is for her to terminate the pregnancy. The daughter was reconciled to her father, and she gave birth to a baby boy.

After so much disappointment, the pastor now laughs over the matter as he explains how the baby had brought so much joy, and had become such a blessing to the whole family, saying, “He is everybody’s favourite.” One cannot help to ask, where would the blessing be if the young girl did not fall pregnant? Not that the researcher is condoning sex before marriage.

An interesting incident was reported in the Daily Dispatch on the illegal abortion clinic which was selling medicine for R1250 (one thousand two hundred and fifty) rand to illegally terminate the pregnancy (Makuba 2008:1). Apparently the reporter disguised as a six-week pregnant woman, and she managed to get all the inside information. For the

researcher, that accounts for the high percentage of termination of pregnancies within the Province of the Eastern Cape, both legal and illegal.

There is also another Pro-Life Centre situated in the city of East London called the Breath of Life. The researcher had visited the Pro-Life Centre two years before the study, for interest' sake, and had offered her voluntary services there. The researcher was appalled at the number of young students from nearby Universities and colleges that were coming in for counselling and wanted to terminate their pregnancies.

That is where the researcher discovered that some young girls use the termination of pregnancy as a form of contraceptives. There were cases where you would have one girl doing two or three terminations within one year, a very serious state of affairs. The most impressive and challenging thing for the researcher was the attitude of these counsellors in this Pro-Life Centre. During counselling, they advise their clients against the termination of pregnancy making use of Scriptures. They give them options for adoption, they don't impose their values on them, and they don't judge or condemn them.

If the client is determined to terminate the pregnancy even after the counselling, these counsellors go all the way to the abortion clinic with the client, and be there for their clients until the procedure is finished, giving continuous support and love all the way. Even if they come again for another termination, they would still go through the same process, with love and support, without judging and condemning their clients. For the researcher that was too impressive, and very interesting and challenging

What motivated the researcher to do the study is the impact and the consequences that the Choice on Termination of Pregnancy Act 1996 (Act No. 92 of 1996) may have on the people of South Africa in different sectors of life, especially the young people. The researcher also wanted to check the attitudes of different church groupings, particularly Pentecostal Churches in the Border region of the Eastern Cape towards the Choice on termination of pregnancy Act 1996 (Act No. 92 of 1996). The researcher also is not aware if people have been sensitized enough and are knowledgeable to these issues that surround the termination of pregnancy.

## **1.2 Cultural Values With Regard To Incest in the Border Region of the Eastern Cape**

In the Border region of the Eastern Cape the dominant culture is ama Xhosa. The question of incest and relatives is viewed with seriousness; and the relative does not just include the same clan. For example, in my case, my clan is Letha, Khwangeshe, Amantakwende, and my mother's clan is Rhadebe, Mthimkhulu. My Paternal grandmother's clan is Jola, Mpondomise, and my maternal grandmother's clan is Mamkhwemte.

As a result, for ama Xhosa, all these clans, including their children, their brothers, their sisters, cousins, uncles and Dadobawo (father's sisters) are relatives. Even if you have never met, the mere mention of these clans holds one accountable to another. To such an extent that it becomes an issue if it accidentally happens that one falls in love without checking on the clan names and the relationship gets so strong that both parties feel they are not ready break the relationship. The custom is that, the elders of both clans

are called, and a bull is slaughtered to appease the ancestors, so that the offspring do not fall under a curse.

In the Border region of the Eastern Cape, pregnancy can never be terminated on the basis of 'incest', instead the baby is embraced by all; after all, the baby will be a blood relative. Instead, old people "sweep it under the carpet" and treat it as a family secret. Sometimes the offspring can reach old age without ever knowing about it, especially if the people concerned have passed on and there is no one else who knows the family secret.

### **1.3 Statistical Information**

Statistics South Africa shows that the rate of termination of pregnancy in the province of the Eastern Cape is the fifth highest in all the provinces with 7,6%, while Gauteng is the highest with 10,5% and Kwa Zulu Natal is the lowest with 2,3% (Statistics South Africa 2012). However, the above statistics do not indicate at which level the termination of pregnancy is procured. But, according to the Department of Health, Epidemiology & Surveillance Directorate, these statistics reveal 22% of the pregnancies are terminated below 13 weeks, 13% above 13 weeks of gestation and 72% was unspecified (Statistical Notes 2009).

The researcher is of the opinion that these statistics reveal the dire straits that the Border region of the Province of the Eastern Cape is facing. This also shows that the population may not be well sensitized about complications of termination of pregnancy.

#### **1.4 The Choice on Termination of Pregnancy Act 1996 (Act No. 92 Of 1996)**

The Choice on Termination of Pregnancy Act 1996 (Act No. 92 of 1996) defines Termination of Pregnancy as “the separation and expulsion, by medical or surgical means, of the contents of the uterus of a pregnant woman (x); and ‘woman’ means any female person of any age (xi). The Act further states that the circumstances in which and the conditions under which pregnancy may be terminated as follows:

- (a) Upon request of a woman during the first 12 weeks of the gestation period of her pregnancy;
- (b) From the 13th up to and including the 20th week of the gestation period, if the medical practitioner’s opinion is that the pregnancy would pose a risk to the woman’s physical or mental health, or the foetus may suffer severe physical or mental abnormality, or the pregnancy resulted from rape or incest, or if the social economic circumstances of the woman may be significantly affected.
- (c) After the 20th week of the gestation period if the medical practitioner, after consultation with another medical practitioner or a registered midwife’s opinion is that the continued pregnancy would endanger the woman’s life; would result in a severe malformation of the foetus or would pose a risk of injury to the foetus(2).(1).

The challenge with the Choice on Termination of Pregnancy Act 1996 (Act No. 92 of 1996), is that it allows a woman of any age 1(vi), which could be a teenager, who has

no right to vote, to take such major decisions that involve termination of pregnancy (5.(2),(3) without the parent's consent. And yet, if anything adverse happens to the teenager in the course of termination of pregnancy, like complications or death for that matter, it becomes the responsibility of the same parent that was not consulted to take care of the ailing teenager or even bury her for that matter.

## **1.5 People's Reactions**

The South African Act: Choice on Termination of Pregnancy Act 1996 (Act No. 92 of 1996) has received mixed reactions. These reactions are not only from different political parties, traditional organizations and non-government organizations, but also from the different church groupings as well. Even these church groupings themselves, hold different views with regards to the Choice on Termination of Pregnancy Act 1996 (Act No. 92 of 1996).

Some Christian groups, like the Doctors for Life and Christian Lawyers Association strongly oppose the Act as being unethical, morally unacceptable and against the Biblical teachings which say "Thou shall not kill" (Exodus 20:13). Whereas, some Christian groups welcome the Act as a human right issue, like Pro-choice groups (Trueman & Magwentshu 2013:398).

This strong opposition to the termination of pregnancy is consistent with what happened to the researcher's colleague, who always expressed his strong opposition to the termination of pregnancy. He even confessed that he even tells his congregation that he prays for anyone who terminates the pregnancy should die whilst she is busy with the

procedure. It is sad to confess that his own daughter became the victim of that prayer. As a result, the colleague agonizes as he relates the sad story of his daughter who landed in an Intensive Care Unit (ICU) following the termination of pregnancy.

Apparently, the colleague was urgently called in by the ICU staff where his favourite daughter was gasping on a death bed following termination of pregnancy. The colleague explained how angry he was to find his daughter in that situation, with the full knowledge of her mother and not the father. He refused to pray for her, and told the young girl to pray for herself and repent before God who will forgive her and cleanse her from all unrighteousness (1John 1:8-10), and ask God to heal her. Whether the colleague really did not pray for his daughter in his heart, the researcher is not sure, but the daughter survived by what the colleague described as God's miracle.

## **1.6 Media Reports on People's Reactions**

There has been an outcry in the whole country, including different newspapers reporting on both the controversy on the part of the Act, and the reactions from different church groups. These church groups, like Presbyterian, Ned Geref Kerk, Roman Catholic Church, Methodist and Pentecostal churches stated their views in the strongest possible terms that they are opposed to termination of pregnancy, at whatever stage of pregnancy.

Rosenthal, the director of Christian View Network, challenged the Parliamentary Committee on Health to debate the Choice on Termination of Pregnancy Act 1996 (Act No. 92 of 1996) in any public forum, newspaper or radio station. He argued that women

are not being counselled as to the health risks of abortion and the development of the foetus as promoted by the law. Statistics on injuries and deaths of mothers resulting from failed legal abortions are not being kept (Cape Times 04 Aug. 2004).

Literature indicates that even thirty years ago there was an upheaval, when different church groups (The Star 21 Jan. 1984) had taken to the streets to protest against the Abortion Act (Act No.2 of 1975). This Act was later replaced by the choice on Termination of pregnancy Act 1996 (Act No. 92 of 1996). These church groups marched to the High Court (Citizen 29 May 1998) in an attempt to put more pressure on the government to review the Act. Though the High Court ruled against these churches, the Pentecostal churches have not changed their opinions against the Act, basing their argument on Scripture (Exodus 20:13) "Thou shall not kill". On the other hand, those who welcome the Act base their argument on the Bill of Right's Charter.

## **1.7 Eastern Cape Provincial Prayer of Repentance**

During the course of the study, whilst in the process of collecting the data, the researcher was invited to a Provincial Prayer meeting on the 15 March 2014, which was addressing this issue of the Choice on Termination of Pregnancy Act 1996 (Act No. 92 of 1996). The prayer meeting was organized by the Pentecostal Pastors in the Bisho / King William's Town area, with intensions to repent as a Province for both sins of omission and sins of commission.

The Pentecostal Pastors felt that though they did not agree in principle with the provisions of the Act, but they had given tacit support by keeping quiet and not voicing

their opinions and standing up against what they believed in. A number of people shared valuable information that was beneficial for the study, and they voluntarily offered to share with the researcher whatever information that the researcher would like to hear or get from them.

Some of the information is from a Medical doctor (Gynecologist) and the Professional Nurse that were repenting on behalf of all their colleagues for taking active participation in the murdering of innocent babies, as they call it, whereas they are Christians. The departments that took active participation in this prayer of repentance were, Justice, Education (Teachers), Health (Doctors and Nurses), Parents (Mothers and Fathers) separately, and young people (males and females).

#### **1.7.1 Medical Doctor's Repentance**

This particular doctor was repenting on behalf of all the doctors in the Eastern Cape Province, and this is how she stated her case: She is a female Gynecologist, who works in a public hospital in the Border region of the Eastern Cape Province. She expressed her opposition stance against the Choice on Termination of Pregnancy Act 1996 (Act No. 92 of 1996). She asserted that she was still a medical student doctor when the Act was promulgated and a born again Christian. She made up her mind at that time that she was still a student doctor that she was not going to be part of the murdering of innocent babies. Even when she started practicing as a doctor she still held on to her own convictions.

The doctor further alluded that she recalled a time when, as a new employee, she was requested by a Professional Nurse to sign for this particular drug that was used for the termination of pregnancy. She signed for it without giving a thought to it, and she later realized that what she had done was wrong and had acted against her own convictions. She then decided that she was not going to do it again.

In addition, she related how the health authorities in the Eastern Cape make it difficult for the employees to draw the line between rendering the services to the communities and refusing to act against your own convictions, that is conscientious objection, if the services that you render clash with your convictions. In this case, she posited the Termination of Pregnancy, which is against her Christian Principles.

Furthermore, the doctor revealed that if one is allocated to work in that particular ward where pregnancies are terminated, it is your responsibility as a doctor to find someone else to swap places with you, who do not mind doing the terminations. Otherwise the patients get stuck in the queues waiting for the doctor to assist with the Termination of Pregnancy, and the nurses get frustrated because they want to get done with the job.

She explained how some babies come out alive, with the drug having failed, for whatever reason; but interestingly, and ironically, the same Act does not allow the babies to be killed. Instead they are taken to a Pediatric Ward for adoption. The researcher finds it ironic that when the babies come out alive; the Choice on Termination of Pregnancy Act 1996 (Act No. 92 of 1996) protects the baby from being killed outside the uterus, whilst a few minutes ago the same Act was giving permission to kill the same baby inside the uterus.

When asked about the duration that the drug takes before it can take effect, the doctor stated that it differs with individuals; with some it takes hours, with others it takes days, still with some it takes the whole week. She recalls a young girl that came in for the Termination of Pregnancy, she was given the drug, and it did not work for the whole week. The girl got tired of waiting for the drug to take effect for the whole week as a result; she changed her mind against the Termination of pregnancy.

Also when asked about the side effects of the drug upon the unborn baby, in cases when the woman decides to change her mind after the drug has been administered. The doctor asserts that there are serious side effects, like heart abnormalities. She adds that they warn their clients that if the drug has been administered, one cannot change their minds and decide against the termination of pregnancy, but they still do it anyway.

She commented on how hard their hearts are when these women have made up their minds about the Termination of Pregnancy. When asked if these women are educated about the complications that follow the Termination of Pregnancy, she was not sure, because she had never been part of the team that does the Termination of Pregnancies.

### **1.7.2 Professional Nurse's Repentance**

There was also a Professional nurse, who was repenting on behalf of all the nurses in the Eastern Cape Province, and this is her account:

She contrasts the Abortion Act 1975 (Act No. 2 of 1975) with the Choice on Termination of Pregnancy Act 1996 (Act No. 92 of 1996). The former was to be performed by a

physician with the permission of the Medical Superintendent. The Abortion Act 1975 (Act No. 2 of 1975) required the approval of two independent physicians besides the physician performing the abortion. She also reiterated that there were few legal abortions performed at the time.

Whereas this new Choice on Termination of Pregnancy Act 1996 (Act No. 92 of 1996) is slightly different from the legislation initially proposed, in that much of it is based on time-frame model, which is the first twelve weeks of gestation. As long as the woman is mentally competent, no parental or spousal consent is required, even in the case of a minor. The Nurse postulated that according to the new Act, the Choice on Termination of Pregnancy Act 1996 (Act No. 92 of 1996) it is a crime to prevent legal abortion or obstruct access to an abortion facility.

The same Act was amended again as the Choice on Termination of Pregnancy Act 2004 (Act No. 38 of 2004), to expand access to abortions. The amended Act allowed Registered Nurses and Midwives to perform the abortions. It also introduced the provision exempting facilities with a 24 hour Maternity service from needing the MEC's approval to perform abortions in the first twelve weeks of gestation.

For instance, the nurse postulated that Values clarification workshops were conducted for the nurses, to intensify the issue of not imposing one's personal values onto the clients; one would be committing an offense for saying out what the heart of God is regarding the matter. At the facilities not rendering the service, one is expected to give clients information, and to refer the clients to where they will get the service.

“I personally feel that Abortion Act was better, as there were valid reasons for the termination of pregnancy, especially when life would be endangered; but as for the Choice on Termination of Pregnancy Act 1996 (Act No. 92 of 1996), I am totally against it,” declares the professional nurse.

The professional nurse also indicated that she is a born again Christian, and she still feels bad even now, because at some stage she had referred some clients for the termination of pregnancy. There is one that she remembers so clearly, the woman in her neighborhood who was pregnant from a married man for the second time. The first baby had been taken by the man’s wife because she could not have babies, and the couple had agreed to do so.

Apparently the extra-marital affair continued after this transaction, and the second pregnancy came up; this time the woman desperately wanted to terminate this pregnancy even though she was advanced in months. The woman became more desperate when she was told in the Public Hospital that she is too advanced for the procedure to be carried out by Midwives.

The woman apparently approached the professional nurse because she knew her personally; the professional nurse admits that she advised the woman to go to Marie Stopes for the termination of pregnancy. The woman came back very excited; because the pregnancy was terminated, but the Professional Nurse was not happy. She felt guilty that she had taken part in killing an innocent unborn baby.

The professional nurse showed that she is still in agony as she relates how this woman haunts her each time she sees her, wondering how old would be the child had she not

advised the woman to go to Marie Stopes. She added that she also wonders what could have been the gender of the baby. Moreover, she alluded that she even feels guiltier when she sees the wife of the adulterous husband battling to have kids whilst there was her husband's baby that she took part in murdering; which she could have adopted, like she did with the first one. The researcher had to offer some counselling to the professional nurse, as she started getting emotionally disturbed as she was relating this painful story.

The professional nurse recalls another incident of termination of pregnancy in her own family; she said that the pregnancy that was terminated was a baby girl. The woman is now married and is having boys only, and she is so desperate for a baby girl, though she keeps trying and each time she gets pregnant she gives birth to a baby boy. She already has six boys and she is frustrated because she cannot tell the husband the secret. She is scared that maybe the husband will leave her because she never told him about the termination of pregnancy in the beginning.

The woman is also frustrated because she realizes that the baby girl that God had given her, probably was the one and only; and she herself killed her whilst she was still in the uterus, a very serious state of affairs. The woman is suffering psychological effects due to her own decision-making. Unfortunately, when decisions like these are made, the researcher postulates, though they have serious complications, they are irreversible, so are the consequences.

The researcher again is asking herself, if this professional nurse is troubled by just this one encounter, how other perpetrators feel with the number of pregnancies that they

have terminated. The researcher adds, or could it be that their consciences have been seared with a hot iron as well, like those apostates that the Apostle Paul talks about in his Epistle to Timothy (1 Timothy 4:1-2 NKJV). It is also interesting to note, the researcher concedes, that at least the South African government knows the heart of God concerning this matter, hence the statement, *“One would be committing an offence for saying out what the heart of God is, regarding the matter,”* as stated by the professional nurse in her account.

### **1.7.3 The Mothers’ Repentance**

A really touching moment for the researcher was the turn of the mothers who were repenting on behalf of all the mothers. They admitted that they had not done enough in terms of caring for their young girls; not only teaching them about Christian values, but even modelling those values before their young girls. Various examples were cited such as covering the sin of their daughter’s fornication which had resulted in pregnancy. Because as a mother you are holding an office in the church, and therefore don’t want the pastor and the fellow congregants to know about the behavior of your young girl.

Another touching moment for the researcher was when the mothers opened their arms in tears, begging their children not to terminate pregnancies again, but to bring those babies to them, offering themselves to look after those unwanted babies. For the researcher this resembled a **“Kairos moment.”**

#### **1.7.4 The Fathers' Repentance**

The most interesting group for the researcher was the males, young and old who were repenting on behalf of all the fathers in the Eastern Cape. They admitted that they are the ones who push these women to terminate pregnancies because they run away as soon as the pregnancy is announced or even suspected. These men stated that, they tell the women, "we just want sex not babies," but still they refuse to use condoms even when women offer them the condoms. They threaten to leave the woman if they persist in using the condom, but when the fruit shows up, they disappear and go and look for another woman who is still in good shape.

They also admitted that they are even prepared to pay for the termination of pregnancies, especially if it happens to be a married man, in order to save their marriages. They do not care about what happens to the woman afterwards, as long as their marriages remain intact. Unfortunately, the researcher concedes, these married men target young girls and offer them huge amounts of money that their parents cannot afford.

The researcher could not help agonizing, when thinking about the moral fiber of our communities that has gone so low, and wondering what is going to happen to these young girls when they eventually get married to their own husbands. Will they be honest enough to tell their husbands about these terminations when they struggle to get their own babies? Or will they also die in silence like the researcher's relative, or the woman the professional nurse was talking about?

### **1.7.5 The Young Peoples' Repentance**

At this stage, all the young people, males and females were on their knees crying confessing that they have been rebellious to their own parents, to their pastors and most importantly to God. They admitted that they had been warned against the sin of sex before marriage, but they would not listen; with the consequences of pregnancies that they were not ready for, which had led to the terminations of pregnancies.

Some of the participants stated it clearly that though some of them had been failed by their own parents, but they did not want to justify themselves; they had all the knowledge that they needed. Besides, they had their pastors telling them how to conduct themselves as young people who are born again, but they would not listen. After repenting, they all rededicated their lives to serving the Lord and honoring God with their bodies (1 Cor. 6:18-20).

### **1.7.6 The Pastors' Repentance**

The last group to repent was the Pastors; they admitted that they had not been vigilant enough in this area of termination of pregnancy. They had failed to teach their congregants what the Bible is saying about holy living and that sex outside of marriage is sin. They had failed to teach their congregants about the sin of termination of pregnancy, which is equivalent to killing, and the dangers thereof.

Furthermore, they added that they had failed to teach them that the sin of sexual immorality begets another sin, that of termination of pregnancy; and that the more you cover up sin, the deeper you get into more sin. The same happened, when King David

had sexual intercourse with the wife of Uriah the Hittite. When he discovered that the woman was pregnant, he plotted the murder of the husband, to cover up his sin (2 Samuel 11:1-27). To this God reacted very badly, by rebuking the King sharply through the Prophet Nathan, and killing the baby that was conceived in sin.

They also acknowledged that they had been too quiet and gullible to the government, by allowing them to pass these ungodly Acts and laws that govern our country. Even when they feel uncomfortable about a particular issue, they just grumble among themselves, instead of confronting the government head-on and airing out their views. They confessed that they had failed as a church in their mandate; that of raising a prophetic voice against the injustices, against humanity and ungodly governance. They had compromised Christian values and standards at the expense of their own children.

For the first time the Pentecostal pastors in the Border region of the Eastern Cape came together in unity for a significant cause, to address and share their concerns with regard to the Choice on Termination of Pregnancy Act 1996 (Act No. 92 of 1996). This signified a turning point in the Border region of the Eastern Cape, and that there was sign for hope in the future of our children and not just in the Province of the Eastern Cape, but for South Africa as a whole. The researcher was also encouraged by the timing, in which this change took place, that it coincided with the time that the researcher was addressing the same challenge.

In this study the researcher first wants to establish the Pentecostal pastors' level of awareness concerning the Choice on Termination of Pregnancy Act 1996 (Act No. 92 of 1996), to investigate their experiences while counselling women who contemplate

terminating the pregnancy and those who have already done so. The researcher also wants to establish if there are any strategies in place that the Pentecostal churches use to inform its members with regards to the Choice on Termination of Pregnancy Act 1996 (Act No. 92 of 1996).

## **1.8 Pentecostal Churches in the Border Region of the Eastern Cape**

### **1.8.1 Definition**

Pentecostal churches in the Border region of the Eastern Cape, as understood by the researcher, are a group of churches that believe in salvation by faith in Christ Jesus (Ephesians 2:8-9); the Baptism of the Holy Spirit with the evidence of speaking in other tongues (Acts 2:1-4), and the continued activity of the Holy Spirit (Romans 8:5-14) in the lives of the individuals who are born again and within the Christian community. These churches have always been characterized by their strong doctrinal stand (Bosman & Theron 2006:3) on the availability of physical health for the believers (divine healing).

It is, amongst other things, this strong belief in divine healing that persuaded the researcher to adopt an abandoned baby that was diagnosed HIV Positive and Cerebral Palsy, when God gave that command. The baby just needed somebody who could stand and believe God for his divine healing, and God knew who that was. Indeed the child got miraculously healed from both HIV and Cerebral Palsy.

This form of Christianity begins at conversion, when a person receives Jesus Christ by faith (Ephesians 2:8-9) as the Lord and Saviour in their lives. Following the conversion experience, the believer is baptized with the Holy Spirit (Acts 8:14-20), at this, the gifts of the Holy Spirit, together with the fruit of the Holy Spirit in the form of a seed, are deposited into the lives of the believers. The kind of experience that some are not able to explain in human terms, but it is ecstatic, in that the personal experiences are not the same, some burst out laughing and crying, others burst into songs of praise and worship whilst some receive the gift of speaking in other tongues (Acts 2:1-4).

Some of the examples of these churches are the Assemblies of God, Community Church, Good News Christian Centre, Burning Bush Ministries, Divine Life Faith Ministries, His Grace Tabernacle, Jesus The Answer Ministries, Apostolic Faith Mission, Full Gospel Church, New Covenant Ministries, Christ the Rock Ministries, Triumphant Church of Jesus Christ, and Good Hope Revival Centre, to mention but just a few. They are all scattered within the Border Region of the Eastern Cape, others in the urban and others in the rural areas of the province.

## **1.9 The Gifts of the Holy Spirit**

The gifts of the Holy Spirit are special abilities that are to be used to minister to the needs of the body of believers; their purpose is to build up the church (Ephesians 4:11-15), and no gift is more superior to the other.

The Pentecostal churches in the Border region of the Eastern Cape believe that the gifts of the Holy Spirit are imparted or deposited by the Holy Spirit during baptism when the

pastor lays hands on the believer (Acts 8:14-17) and prays for the gifts to flow into the believer. These gifts of the Holy Spirit are speaking in other tongues; the ability to interpret the tongues; ability to prophesy; discerning of spirits; the word of wisdom; the word of knowledge; the gift of healing; the gift of faith and the ability to work out miracles (1Corinthians 12:8-11).

These gifts are given as the Spirit wills (1Corinthians12:11), they have nothing to do with one's spiritual maturity, and they operate with the backing of the Holy Spirit (1Cor.14:24-25). They are just given to assist the body of believers (1Cor.14:1-3; Ephesians 4:11-16), and not for individual use, and are not to be used for personal gain. No one can receive or possess all the gifts at any given time (1Cor. 7-11); one can only receive one, two or three of the gifts.

### **1.10 The Fruit of the Holy Spirit**

The fruit of the Spirit is the spontaneous work of the Holy Spirit in the life of a believer, producing an attitude and character traits that are found in the nature of Christ (Philippians 2:1-11). They are the by-products of Christ's control; we cannot obtain them by trying to get them without his help (John 15:4-6).

The Pentecostal churches in the Border region of the Eastern Cape believe that the fruit of the Holy Spirit, also deposited during conversion are love, joy, peace, kindness, patience, humility, goodness, faithfulness, and self- control (Galatians 5:22-23). The fruit, unlike the gifts, are all deposited in the believer's life in the form of a seed. It is the responsibility of the believer to cultivate, nurture, exercise and develop the seeds so

that they can mature and be evident in the life of a believer. When these are mature and evident in the life of a believer, it is a sign of spiritual maturity, or at least, that the believer is growing and maturing spiritually. Therefore, the fruit of the Spirit shape the character of a believer (Gal. 5:24-25).

### **1.11 The Difference between the Gifts and the Fruit of the Holy Spirit**

There is a vast difference between the gifts and the fruit of the Holy Spirit, most believers confuse the possession of spiritual gifts with spiritual maturity, and that is where most Pentecostals in the Border region of the Eastern Cape fail and fall flat in their Christian walk. The Spiritual gifts are given immediately after conversion, and this has nothing to do with the chronological age. At whatever stage of one's life that the individual receives Jesus into their lives, whether twelve or fifty years old, the Spiritual gifts are deposited.

Unfortunately, human nature likes praises, prestige and fame, because the gifts put one in a position to operate in the supernatural, this leads the immature believer to take advantage of that and parades with the Spiritual gifts and also draw attention to themselves. Informally, some members of these Pentecostal churches in the Border region of the Eastern Cape have alluded to the fact that there are individuals who abuse their spiritual gifts for their personal gain by exploiting other believers.

The Bible states it clearly that the gifts of God and the calling are without repentance (Romans 11:29), which means, when God has called or given someone Spiritual gifts,

God cannot withdraw the gifts or the calling because of the believer's misconduct. God can only take away His anointing (presence) from the gift, and it will continue to operate but without God's anointing (presence), which most of the time, leads to the destruction of the person abusing the gift. For instance: the story of Samson in the Bible who paraded with his gift before the Philistines, to his own destruction (Judges 16:1-30).

On the other hand, the fruit of the Spirit, when given the opportunity to develop and mature can sustain a believer, keeping the believer standing firm in the hour of trial, temptation and persecution. When the character of the believer is without flaw, that evidence alone is big enough for the working of the Holy Spirit in the believer's life, and a witness of the Christian character. The Christian character has the ability to draw people to their savior Jesus Christ.

It has come to the researcher's observation that many of our Pentecostals in the Border region of the Eastern Cape have been deceived by the spiritual gifts that were operating in their lives; they measured their spiritual maturity by the amount of gifts that were operating in their lives. They did not allow the word to transform their lives first, and see that the fruit (**seed**) that was deposited in their lives at conversion had actually developed.

They climbed the spiritual ladder so fast and so high because of the spectacular gifts that were operating in their lives. For instance, it may be implied, the higher you go the stronger the temptations, they found themselves unable to resist the temptations, because not much work has been done in the area of character formation. As a result, their fall becomes so evident that they become a mockery.

However, other Pentecostals in the Border region of the Eastern Cape who have a teachable spirit and are able to correct their mistakes bounce back. Thus, those Pentecostals go through counselling and after considerable time they are restored to their rightful places. When they are restored, they continue with the work of ministry, because if truth be told, nobody is perfect. The spiritual gifts won't keep you standing when your character fails you.

On the other hand, other Pentecostals in the Border region of the Eastern Cape get so prideful, they won't listen to anyone, and they continue as if nothing happened, as a result they shipwreck their own lives, and sometimes even the lives of some believers who had confidence in them. It's unfortunate because there is nothing much that can be done in such a case unless God Himself intervenes. Sometimes He does, sometimes He does not, for reasons best known to Him.

## **1.12 The Emphases of the Pentecostal Churches in the Border Region of the Eastern Cape**

### **(i) Conversion**

Pentecostal churches in the Border region of the Eastern Cape believe that one must be born again spiritually (salvation), that is, to receive Jesus Christ as the Lord and Saviour (John 3:16; Acts16:31)), because they believe, as Jesus had said it, it is the only way to get to heaven (John 14:6). To them that is the beginning of one's spiritual walk or journey. At that moment, all previous sins are forgiven (1John 1:8-10), cleansed by the blood of Jesus that flowed on Calvary's cross, and put right with God by the process

called **Justification**: in which case the believer is treated as if one has never sinned (Romans 5:1-2; Romans 8:30).

Pentecostals in the Border region of the Eastern Cape are eternity conscious, they realize that things of this world are passing by, and death is not the end of life (1Thessalonians 4:14-17). There is life beyond the grave where Christians will live forever with the Lord, and the preparations thereof should be made now, by choosing the right way - JESUS - the way (John 14:6).

### **(ii) Water Baptism**

Pentecostal churches in the Border region of the Eastern Cape believe in adult water baptism by emersion (Acts 8:36-39; 16:33). *Adult*, because they believe one must be able to recognize their sinfulness and the need to confess their sins before they are immersed in the water. By *Immersion*, they believe, when one is immersed into the water, the old self is buried under the water with Christ, and as one comes up out of the water, the new being is resurrecting (Luke 4:21-22; Mathew 3:13-17).

### **(iii) Holy Spirit Baptism**

Holy Spirit baptism follows conversion, which is through the laying on of hands and sometimes with just intense prayer (Acts 5:31). For the Pentecostals in the Border region of the Eastern Cape there is no strict order on which one starts first, whether water or the Spirit, but both must happen. This is sometimes referred to as the second blessing, which is characterized by the evidence of speaking in tongues (Acts 2:1-4). Be that as it may, not everybody receives the gift of speaking in tongues when baptized by the Holy Spirit; they might receive another gift or gifts (1 Cor. 12:7-11).

#### **(iv) The Word Of God**

Believers in the Border region of the Eastern Cape are taught about the supremacy of the Word of God above all else (Psalm 119:105-106), and that it is the standard by which the believer should measure their lives and live by it (Psalm 119:9-11; 129-130; 133). The believers are taught, not only to study the word of God, but to actually do what the word says and not just be the hearers (James 1:21-22). They are also taught about the ability of the word to transform people's lives if they continue studying it diligently (Joshua1:8; 2Timothy2: 15-16).

#### **(v) Holy Communion**

Holy Communion, often referred to as the Lord's Supper or Passover meal, the last meal that Jesus had with his disciples before he died (Mathew 26:26-29; Mark 14:22-25; Luke 22:14-20). For the Pentecostals in the Border region of the Eastern Cape is a form of thanksgiving ceremony celebrating all that Christ did on the Cross of Calvary, by partaking of the body and the blood of Jesus.

Pentecostals in the Border region of the Eastern Cape believe that the Holy Communion is a means of grace. Therefore everyone should partake of it, for we all need grace, irrespective of the age, as long as one is going to repent before God (1 Corinthians 11:27-31) for all the sins committed before taking the Holy Communion.

## **1.13 Teachings of the Pentecostal Churches in the Border Region of the Eastern Cape**

### **(i) Morality**

The question of morality is viewed with seriousness by the Pentecostals in the Border region of the Eastern Cape, putting more emphasis on abstinence. For the unmarried, no sex before marriage, for the married, no adultery, that is, to have one spouse only, for the widows, no sexual relation, or at least get married if burning with passion (1Corinthians 7:8; 6:18-20).

There is a notion that Pentecostals in the Border region of the Eastern Cape spend more time on preaching than they do on teaching their congregants on how to live holy as expected. And that most of their preaching consists of judging and condemning those that are still battling in some areas of their lives. As a result, when they fall from grace and get involved in sin; they disappear, never to be seen gain, or they join another congregation where nobody knows them.

There is actually no moral teaching concerning the widows, the researcher feels like the subject is evaded; they are not empowered with regard to the way they should conduct themselves especially when confronted with issues of temptation and how not to fall into temptation.

As a result, most of the widows in the Border region of the Eastern Cape fall victims of abuse to men who take advantage of their vulnerability, especially those widows who are left with huge amounts of money by their deceased husbands. These men marry

them for wrong reasons, and the children suffer in the process; because the step-father does not have the step-children's best interests at heart.

## **(ii) Dress Code**

Pentecostals in the Border region of the Eastern Cape do not put on uniform as compared to other denominations. People are at liberty to dress as they wish as long as they are decent in their liberty and not causing another believer to stumble. There are some groups who have prescriptions, like no jewelry no trousers for ladies, unmarried women are to wear long dresses or at least the length is to be below the knee, women to cover their heads if married, and no shorts for males in the church. This kind of dress code is linked to their concept of morality, yet young girls still fall pregnant in spite of their long dresses.

One of the pastors that the researcher had a conversation with recently who belongs to this group of churches told the researcher that, as a young pastor he had engaged the older pastors on the question of dress code. He was arguing that God looks not on the outside but on the heart, therefore, people should first be taught how to dress decently, and then be given an option to choose what they want to wear. He further argues that if they continue in what used to work with their grandparents and apply it to today's youth, even if it does not work, they are going to lose the youth to the more liberal Pentecostal churches. The debate is still on and the researcher has asked the pastor to give feedback on the final verdict.

### **(iii) Worship Services**

The services are vibrant and spontaneous, there is no rigid program that cannot be altered, and there is always an allowance for the Holy Spirit to take over if the Holy Spirit so wishes. There is no Hymn book and no robes for the worship team, they just lead the whole congregation in choruses that are divided into Praise for those with quick step and Worship for those with slow tempo. There is a participative form of worship.

The prayer is done corporately and individually, people are allowed to burst out in prayer when touched by the Holy Spirit to do so. When somebody has a word of knowledge or a prophecy, they are allowed to come up and share with the congregation, but must first consult with the elders who are responsible for that. The prayer for the sick and the laying on of hands is done when necessary, but most of the time it is usually at the end of the service, sometimes it takes the form of deliverance service and exorcism.

Preaching is not confined only to the Pastors, even the elders and the young people do the preaching. Women are allowed to participate in all the church activities, even the preaching. Moreover, women are ordained as pastors in the Pentecostal churches except in the Assemblies of God. The researcher asked her pastor friend from this particular church about the ordination of women, he confirmed that they do not ordain women.

When asked the reason for not ordaining women, he said this has been the tradition of their church not to ordain women since time immemorial; but recently they had considered reviewing their tradition. However, the woman they were about to ordain

failed the character test, so they decided to stick to their tradition and not to ordain women at all.

He also confirmed that a lot of women do evangelism because of the spiritual gifts that operate in their lives; others even break fallow grounds and plant churches where no man has ever been, with good success. When the church is established, they send a male pastor to take over, and the woman is sent elsewhere to plant another church. To an extent, it may be argued that they recognize the spiritual gifts in women, but they still feel that they are not good enough to be ordained as pastors, maybe with time, as the pastor argued, things are going to change.

#### **(iv) The Use Of Scripture**

Pentecostal preachers use a number of scriptures, they believe in one scripture interpreting another scripture. The sermons are balanced by using scriptures from both the New and the Old Testament. These scriptures are applied into the present context. After each preaching they do an altar call, which is inviting and giving people an opportunity to publicly accept Jesus as the Lord and Savior.

After the service all the new converts are taken into another room for Counselling. Further, an arrangement is made for them to start the beginners' classes where they are taught about salvation, how to live the Christian life, and what is expected of them. They are put into a group with other believers under a mentor who will follow them up and be responsible for their spiritual growth. To facilitate their spiritual growth, they are encouraged to be involved in the life of the church that is to participate in all the programs or activities of the church.

### 1.13.1 Orientation

There is a strong American influence among these churches. As a result, some congregations tend to be more Western than African. Some Pentecostal pastors in the Border region of the Eastern Cape even preach in English when everybody in the church is African, and isiXhosa speaking for that matter. Even their worship songs are westernized, and there is sometimes no African beat, but other churches have done a lot of modifications both in preaching and in worship.

This Western orientation has even influenced others to abandon their culture and adopt the foreign cultures. They use Christianity and the Bible as an excuse, thus, quoting scriptures out of context. Other Pentecostals have adopted the attitudes of the missionaries that came from England and Britain that looked down upon the African culture and said it is pagan. That same attitude still prevails in some congregations, such that even (isiko lokwaluka) circumcision is not celebrated like it used to be.

They have cut down on a number of activities because they claim that they are pagan practices, others take their sons to the hospital, and others celebrate (umgidi) welcoming home ceremony with a spiritual service instead of traditional ceremony as it used to be a long time ago. As a result, some members who feel that they are still African even though Christians, do their celebrations in secret so that the Pastor should not know or hear about it in case they get excommunicated. This has caused a lot of division among the Pentecostal pastors in the Border region, because everyone thinks they are right.

### **1.13.2 Politics**

Pentecostal pastors in the Border region of the Eastern Cape are generally politically inactive, but of late some have begun to show some interest. But the question about their motives is still unclear, whether they are attracted by the gravy train or they really want to make a contribution and bring about change in our country is really not up to us to judge, but there appears to be that paradigm shift. Pentecostals emphasize spiritual rather than social and political transformation.

### **1.13.3 Age**

The ages of the Pentecostal pastors in the Border region of the Eastern Cape vary from 25-75, thus, age does not determine spiritual maturity; even the time of conversion does not determine spiritual maturity. What determines spiritual maturity is the process of **sanctification**, whether the believer has allowed the Holy Spirit (Ephesians 1:13-14) to transform the “old self “into a new one or not. One can be born again for fifty years, but if there has been no transformation and character formation, one remains a baby Christian for all those years (1Peter 2:2-3).

### **1.13.4 Education**

It has also been observed that most Pentecostal pastors in the Border region of the Eastern Cape are highly educated, others are still pursuing their studies, yet others are not so educated, and have no intentions of going to school. It has also been informally

observed that there is always a tension between those who are educated and those who are not so educated, and have no intentions of going to school.

The ones with no intention of going to school claim that they are taught everything by the Holy Spirit, and therefore there is no need for any Theological training, they are just led by the Holy Spirit. Unfortunately they tend to have a negative attitude towards any form of education, whether inferiority complex is the issue or not is still unclear.

#### **1.13.5 Employment**

Most Pentecostal pastors in the Border region of the Eastern Cape, like Paul, are involved in Tent- making, that is, they are employed somewhere either part-time or full-time. Most of them were involved in some kind of profession before they were called into Ministry and they had abandoned all for the sake of the gospel of Jesus Christ. There is a new trend now, some retire from their previous employment at the age of sixty five, and want to start their own ministry. Even here the motive is not clear, whether they have been called by God into ministry at old age or they want to continue having a salary beyond pensionable age is not for anyone to judge.

#### **1.14 Statement of the Problem**

The research problem which has been identified is that the Pentecostal pastors in the Border region of the Eastern Cape had never come together speaking in one voice on the issue of the Choice on Termination of Pregnancy Act. As a result, different people hold different opinions about it. Thus, this raises a question of whether they know

enough about the Act or not and how do they handle cases of their congregants who are affected by the Act in one way or the other; those who contemplate terminating the pregnancy and those who have already done so.

In their treatment of this issue, some Pentecostal pastors in the Border region of the Eastern Cape do not look at the time-frame period; hence they outright reject termination of pregnancy at all costs. The Pentecostal pastors argue that terminating pregnancy is morally and ethically wrong because it is tantamount to killing, which is against Christian values, and against Scripture. Moreover, church members do not think in terms of foetus or embryo but in terms of a baby.

In spite of their strong emphasis on morality and teachings on Christian values, mothers do not seem able to handle the shame of their daughters falling pregnant, especially when they hold an office in the church due to the fear of the pastor and fellow congregants. They would rather cover their daughter's sin of fornication which will have resulted in pregnancy by secretly taking their daughters for the termination of pregnancy. Most of the time, this is done without the father's knowledge, causing tension and strain in the family relations. It seems like it is easy to apply Scripture for other people, and not so easy at home.

In addition, the father is excluded in the affairs of their daughters; the father is unable to reach out to his daughter for counselling as her pastor. It is possible that even the mother may also need counselling, which makes it even more difficult for the husband

who has been lied to or at least betrayed. The mother might therefore, go for psychological counselling with her daughter, which is totally different from pastoral counselling, which is what they both need and not psychological counselling

Whether Pentecostal churches in the Border region of the Eastern have strategies in place to deal with these issues, and inform their members on the Choice on Termination of Pregnancy Act 1996 (Act No. 92 of 1996) is an issue which the researcher still needed to establish.

In the light of the available literature, a lot has been written about the views of other Christian groupings, but not much has been written about the Pentecostal views on the issue of Termination of Pregnancy in the Border Region of the Eastern Cape. It is against this background that the researcher sees a gap in the literature that needs to be filled.

### **1.15 The Research Questions**

There are three questions that are going to guide this research:

- (i) What is the Respondents' level of awareness about the Choice on Termination of Pregnancy Act 1996 (Act No. 92 of 1996)?
- (ii) What are the experiences of the Respondents when counselling women who are contemplating termination of pregnancy and those who have already done it?
- (iii) What are the existing strategies of the Respondents to inform their members on the Choice on Termination of Pregnancy Act 1996 (Act No. 92 of 1996)?

### **1.15.1 Research Aims and Objectives**

- (i) To determine the level of awareness amongst the Respondents on the Choice on Termination of Pregnancy Act 1996 (Act No. 92 of 1996).
- (ii) To investigate the experiences of the Respondents when counselling women who are contemplating termination of pregnancy and those who have already done it.
- (iii) To find out about the existing strategies the Respondents use to inform their members on the Choice on Termination of Pregnancy Act 1996 (Act No. 92 of 1996)

### **1.16 Significance of the Study**

The research is going to gather evidence of the Pentecostal church pastors' level of awareness about the Choice on Termination of Pregnancy Act 1996 (Act No. 92 of 1996). It is hoped the study may reveal the experiences they encounter during counselling of women who contemplate terminating pregnancy and those who have already done it. The study may also help investigate the existing strategies that they use in educating their members and improve awareness with regards to the Choice on Termination of Pregnancy Act 1996 (Act No. 92 of 1996).

The study might also establish Pentecostal churches' position on the issue of termination of pregnancy in the Border Region of the Eastern Cape. The study might

also help those who have terminated the pregnancy and the society at large. Lastly, this study is going to encourage further research on the subject.

### **1.17 Summary**

In this chapter an overview of the study was presented. This included the background to the Study, the Problem Statement, the Research Aims and Objectives, and the Significance of the study. In the next chapter, an in-depth Literature review on the Choice on Termination of Pregnancy Act 1996 (Act No. 92 of 1996) will be presented.

## **CHAPTER TWO**

### **2. LITERATURE REVIEW**

#### **2.1 Introduction**

This chapter provides a rationale for the theoretical background of this study, as it considers the literature that helped to inform the researcher's approach which has implications for the findings of the study. The Literature is arranged under the headings of the Research Questions: (i) Level of Awareness with regards to the Choice on Termination of Pregnancy Act 1996 (Act No. 92 of 1996), (ii) Experiences encountered during the counselling of women contemplating termination of pregnancy and those who have already done it; (iii) Existing strategies to inform congregants on the Choice on termination of Pregnancy Act 1996 (Act No. 92 of 1996).

The literature review that is presented in this chapter focuses on the International studies on the Termination of pregnancy and the Choice on Termination of Pregnancy Act 1996 (Act No. 92 of 1996) in South Africa. It covers some discourses and qualitative studies around the Termination of Pregnancy; the general state of the debate concerning the Termination of Pregnancy internationally, regionally and locally.

## **2.2 International Studies on the Termination of Pregnancy**

Sigcau (2009) reporting on the research by Dolgin (2004), notes that the debate on termination of pregnancy internationally has shifted focus from the preservation of family life to the expressions of the sanctity of foetal life. The researcher further reports on the generalized social trend within western societies to forsake the traditional family structures in favour of families constructed through negotiation of choice.

In another study conducted by Jelen (1984) in the United States, as cited by Sigcau (2009), the findings were that termination of pregnancy is opposed because its easy availability is viewed as encouraging promiscuity by removing some of the serious consequences of premarital and extramarital activities. On the other hand, the women's movement in Hopkins, Reicher and Saleem's study (1996), as cited by Sigcau, argued that by focusing on the foetus, women are ignored (Sigcau 2009).

Furthermore, the findings in another study by Greene (2006) in Sigcau's work suggested that women's decisions were influenced by the dominant discourse of responsibility, which suggests that termination of pregnancy is an irresponsible way of dealing with an unplanned pregnancy. He highlighted the teenagers' responses where they claimed that they were responsible for getting pregnant and therefore feel were also responsible for finding solutions to the problem (Sigcau 2009). The researcher therefore noted that termination of pregnancy in the United States of America was more tolerated in circumstances that are beyond the mother's control, like rape and foetal abnormalities.

### **2.3 The South African Choice on Termination of Pregnancy Act 1996 (Act No. 92 Of 1996)**

There is a fair amount of literature that is written about abortion and the Choice on the Termination of pregnancy Act 1996 (Act No. 92 of 1996), from different fields, ranging from Law (Luker 1984), Philosophy, Psychology (Macleod, Sigcau & Luwaca 2010), Theology (Dolgin 2004) and Ethics (Vorster 2007). Because the debate captured the public attention in the whole country of South Africa, such that the then Health Minister, Dr. Nkosazana Zuma was confronted with harsh criticisms from those who were against the termination of pregnancy (Lenya, 1999:7).

When the African National Congress (ANC) came into power in 1994, the government endorsed the Choice on Termination of Pregnancy Act 1996 (Act No. 92 of 1996), making it possible for women to choose to terminate the pregnancy if they so wish. The Choice on Termination of Pregnancy Act 1996 (Act No. 92 of 1996), the researcher postulates, allows the termination of life in its primary stages, before the unborn baby is given a chance to display their capabilities, in fact before their potential is even explored.

The irony about the Choice on Termination of Pregnancy Act 1996 (Act No. 92 of 1996) is that whilst the Constitution of South Africa is firm on the basis of law and order which involves the preservation of life (2.11) "Everyone has a right to life". The Choice on Termination of Pregnancy Act 1996 (Act No. 92 of 1996) allows a woman to end life in its developmental stages without question. The woman is given power to dictate the value of the life that is growing inside her womb (Mbayiwa, 2009:1). There is neither

logic nor legal consistency in terminating human life whose potential has not been explored.

Hall (2013:36) also is making a call for an internal logical consistency in two moral standpoints, as expressed in the South Africa's Choice on Termination of Pregnancy Act 1996 (Act No. 92 of 1996). These standpoints are that the pre-natal detection of foetal abnormalities can justify selective abortion. On the other hand, the Constitution states that it is morally wrong to discriminate against persons with disabilities as cited below:

- (i) The pre-natal detection of foetal abnormality is an exceptional case which justifies selective abortion, even at a stage when abortion is in general morally prohibited.
- (ii) According to the South African Constitution 1996: the lives of the persons, with or without disability are, after birth, equally valuable and equally worthy of protection; and discrimination against those with disabilities is morally wrong.

Hall therefore, charges all those who express both these incompatible attitudes simultaneously with guilt of logical inconsistency. In fact, her call is that we subject our widely accepted moral views to examination, to ensure that their underlying motivations meet their standard (Hall 2013:36).

The researcher concurs with Hall, in that these inconsistencies and contradictions keep surfacing out of the mouths of our respected leaders like Tutu (1999) and Mabandla (2007), as cited by Patel & Kooverjee (2009) and Mbayiwa (2009) respectively. One time they want to protect everyone's lives and their right to life, but they find themselves

contradicting themselves when it comes to the life of the unborn baby. With one hand they want to uplift the concept of Ubuntu, with the other hand they drop the very same concept.

In South Africa, as in other countries, not all citizens support Termination of Pregnancy, and the criticisms range from religious organizations representing the Christian and Moslem churches, to professional groups such as Doctors for Life and the Christian Lawyers Association. This is the reason why the debate has been going on for so long without reaching any compromise, or obtaining any unified position, because people are so diverse in their make-up and in their beliefs (Sigcau 2009:28).

Three Christian groups, Christian Lawyers of South Africa, Christians for Truth in South Africa, and United Christian Action, contended that the unborn child has a right to life in terms of the South African Constitution. However, the Choice on Termination of Pregnancy Act 1996 (Act No 92 of 1996) is in conflict with the foetus' right to life. They argued that a foetus was a persona (Trueman & Magwentshu 2013) and was a bearer of rights in terms of the Constitution (1996).

Christian bodies and other Pro-Life groups have made several attempts to ammend the Choice on Termination of Pregnancy Act 1996 (Act No. 92 of 1996) or have it overturned. For instance, Doctors for Life , and Christian Lawyers Association in 1997, who challenged the Act on the right to life of the foetus. The Constitutional Court ruling at that time, according to these researchers, determined that the life of the woman supersedes that of a fetus because the foetus was not yet a jurisdiction person, as suggested by these Christian bodies (Trueman & Magwentshu, 2013:398)

The court's ruling was that the South African common law does not recognize the foetus' right to life. "We don't know of any legal system in the common law which protects the lives of the foetus", declared Advocate Win Trengrove, who acted on behalf of Health Minister Dr. Nkosazana Zuma, the Gauteng Premier, and the Gauteng Health MEC (The Citizen, 28 May 1998).

Human rights on the other hand seek to preserve life in all its stages, declares Mbayiwa (2009), the right to abortion and the rights to life are opposites; and therefore they cannot exist side by side because the protection of the latter is the security against the former. Mbayiwa also asserts that one's right ends where the right of another begins (2009:33)

## **2.4 The Level of Awareness with Regards to the Choice on Termination of Pregnancy Act 1996 (Act No. 92 1996)**

### **2.4.1 Values Clarification Workshops**

In a study to determine the midwives' attitudes to the implementation of the Choice on Termination of Pregnancy Act 1996 (Act No. 92 of 1996), conducted by (Harrison, Montgomery, Lurie and Wilkinson (2004) in one of the rural hospitals in KwaZulu-Natal (Nohaji 2012). The findings were that the midwives had a negative attitude towards this implementation. They suggested that values clarification workshops should be conducted in order to provide information regarding the legislation and nurses'

professional codes. These workshops would also assist in resolving dilemmas involving distinguishing professional responsibilities and personal beliefs (Nohaji 2012:11).

These workshops were aimed at educating the health care workers about the provisions of the new Act, and also encouraging the health care workers to approach the Choice on Termination of Pregnancy in a non-judgmental attitude. Despite these workshops, very few midwives were willing to carry out the termination of pregnancy, declares Harrison, et al. (2004), the investigators in Nohaji (2012).

#### **2.4.2 Studies on the Choice on Termination of Pregnancy Act 1996 (Act No. 92 of 1996) in South Africa**

In a Research study conducted by Mayers & Parkes (2005), as cited by Nohaji, in the Western Cape Provincial hospital. This study was conducted among midwives doing undergraduate training who participated in caring for women undergoing the termination of pregnancy. Some midwives felt that even the patients themselves were not adequately informed and prepared for the procedure Nohaji (2012).

This is the concern that has always bothered the researcher that most of these women do not know what they get into only until afterwards; by that time nothing can be reversed, hence these psychological challenges that they encounter in the long run. It becomes even more serious when the “nursing staff” does not know what to expect, what hope is there for the poor patients?

Pentecostals in the Border region of the Eastern Cape refer to the foetus as a baby in the womb (umntwana osesuswini). It is therefore important that in our discourses we

take into considerations the terms that are being used, and the community that is being addressed, together with its culture.

Theron (1999:60) stresses the importance of terminological issues as he sheds light on the theory of healing ministry in the Pentecostal churches, because he asserts that they reflect our underlying theology. The researcher concurs with Theron, because the same goes for the man who addresses a woman who has terminated the pregnancy of their unborn baby, he says, “You have killed my baby (umbulele umntwanam)”

### **2.4.3 Dehumanizing a Foetus into a Clot**

Another study was conducted by Mojapelo-Batka and Schoeman in 2003 to describe black adolescent women’s concerns and emotional reactions to the voluntary termination of pregnancy. Their findings of their study were that some patients confessed that they did not know that the foetus would be fully developed by the time it came out; they thought it was just a clot, declares the midwives (Sigcau 2009).

This is consistent with the notion of dehumanizing the foetus into a clot, justifying the termination of pregnancy before the end of the first trimester as the removal of a clot, or a menstrual blood in order to ease the moral tension about termination of pregnancy. This notion indicates that the foetus is still a clot and therefore can be removed, and that is not the same as killing a child because it is not yet developed into a child (Sigcau 2009). The researcher does not support the foregoing statement and argues that this explanation is just a means to justify termination of pregnancy and minimizing the guilt which is associated with the termination of pregnancy.

Papilla & Olds (1992:3) disagree with this notion of dehumanizing the foetus into a clot, indicating that during the first month; already blood is flowing through the tiny veins and arteries of the embryo, with a heartbeat of 65 beats per minute. According to Dreyer (2011:1105), (Coll 1994) suggests that in order for human beings to create a 'humane' society; critical theologians find it important to remain suspicious of a dehumanizing status quo.

When the systems operate in a culture that is demeaning and dehumanizing, due to termination of pregnancies, a vicious circle is set in motion, in which women and men are prevented from developing into full humanity to which they are called. This vicious circle most of the time only affects those with less power and those with more power. .At the same time fractured humanity is incapable of creating a society that is truly human (Dreyer 2011:1105).

The researcher postulates that this dehumanizing status quo also applies to the notion of dehumanizing the foetus into a clot. It prevents the developing zygote, embryo, and the foetus from developing into a full human being, which in this case is a full-term baby.

Mbayiwa (2009:29) sheds more light on this issue of dehumanizing the foetus into a clot, and she declares that an unborn child or a foetus is referred to as a child because it is a human being at a vulnerable developmental stage. She further states that if therefore there is any objective application of the right to life, equality and dignity, as spelt out in the South African Constitution (Act no. 108 of 1996), the unborn child must also be legally protected.

The researcher concedes therefore, that there is no stage in the life of an unborn baby that is insignificant enough to be destroyed, because we all know, growth is a process. Besides, all of us were at some stage an embryo and a foetus and nobody wished to have us terminated. Even if they did, by God's grace they did not succeed in destroying us, like the researcher's son. Because God had a purpose and a plan for our lives and that we should live for such a time as this, in order to address this issue of termination of pregnancy.

#### **2.4.4 The Effects of the Choice on Termination of Pregnancy Act 1996 (Act No. 92 of 1996) on Cultural Values in the Eastern Cape Province**

In a survey conducted in the rural area of the Eastern Cape on the termination of pregnancy, the findings were that; the participants equated termination of pregnancy with colonialist intervention. They urged that this is something that should be opposed in the strongest possible terms, in order to preserve their XHOSA culture. The participants asserted that termination of pregnancy leads to the destruction of their cultural values and the erosion of the established gender and generational relationships; in the process, killing the nation as well (Macleod, Sigcau & Luwaca 2011:237).

The participants in this survey perceive termination of pregnancy as "killing", which is opposed to their cultural values, which are implicitly for life preservation. Others claim that it does not belong to the 'black people'; it belongs to the 'white people' because it came with them. They see it as a colonial tool, along with other colonial interventions, which are aimed at destroying African traditions and customs (Macleod, Sigcau & Luwaca 2011:241).

African culture, the participants in the above study claim, still holds the sanctity of marriage in a very high esteem. For a wife to abort her husband's child raises suspicion on who the real father of the child is, which is undermining the trust within a marriage relationship, on the other hand, keeping the pregnancy to term will expose the real truth (Macleod, Sigcau & Luwaca 2011:241).

One parent confessed, "It is so sad when you think your child is still a virgin, and yet later discover that she had committed a number of abortions without you knowing about it; because the government is standing on their side". Government policies do not allow 'virginity tests' anymore, they say it is abuse, they teach children about rights and not about responsibility, as a result children do not respect their parents anymore. Discipline is labeled as abuse in the Democratic government of South Africa, they add, and this kind of life is new to them, it lowers the dignity of their families and undermines parental authority (Macleod, Sigcau, & Luwaca 2011:242).

There is also a perception that a child who is conceived through rape and incest leads to the birth of unwanted babies, which may sometimes cause the victim to terminate the pregnancy. Another perception is that children conceived under such circumstances do not bring joy to the mother, and the consequences are that such children end up roaming the streets, like the street kids that are roaming the streets of South Africa (Mlengana, 1999).

The researcher disagrees with this perception because there are many cases that the researcher is aware of, who are products of rape and incest, and are living normal and productive lives. For instance, one well known South African gospel musician comes to

mind, Solly Mahlangu; who confesses publicly that his mother was raped and he was born as a result of that rape. He states it clearly that he is glad that his mother did not abort him as was suggested by many in her midst in that time. He is a blessing to so many in South Africa, and especially to his own family.

Furthermore, the cultural and religious beliefs of the African people, especially in the Border region of the Eastern Cape, include respect for the sacredness of life. African people affirm the value of community belonging, and respect for the role and authority of the father and the Supreme Being. The sacredness of life is a fundamental value shared by African people, and any behaviour against life is considered sinful in the social and moral sense (Sigcau 2009).

## **2.5 Discourses on the Termination of Pregnancy Act 1996 (Act No. 92 of 1996)**

The most common discourses on the issue of Termination of Pregnancy include the Pro-Life and the Pro- Choice discourses. The Pro-Life discourse is deeply rooted in religious teachings, whilst on the other hand the Pro-Choice discourse is based on the idea of individual autonomy and the right of the woman to choose what they want to do with their bodies. These discourses are rooted and advocated by various movements such as, religious movements, women's movements, anti-abortionist movements, and feminist movements (Sigcau 2009).

### **2.5.1 Termination of Pregnancy and Pro-Life Movement**

According to Sigcau (2009) the Pro-Life Movement claims to be concerned about the foetus as a human being, claiming that because the cerebral cortex only develops after twenty weeks. Before this time, the foetus is unable to respond to any stimuli, to feel or fear pain or to move its body deliberately. Furthermore, as it cannot survive outside the woman's body it cannot be regarded as an independent human being.

Arguing from the Pro-Life perspective, Sigcau (2009) cites Luker (1984) asserting that human life begins at the time of conception and termination of pregnancy amounts to murder. Their argument is based on the concept of sanctity of life and this is deeply rooted in the longstanding and on-going religious beliefs. Because of their support on the claims about sanctity of the embryonic and foetal life, they oppose claims grounded in a woman's right to autonomous choice.

The researcher concurs with Luker (1984) in Sigcau (2009) that human life begins at conception, and any termination of pregnancy, at any stage is the destruction of human life which is still in the process of developing into a mature adult.

Luker (1984) also notes that Pro-Life activists argue that construction of abortion issues as a woman's choice facilely ignores the existence, values and rights of the unborn child. Central to the values of Pro-Life is a belief that a woman's proper role is to nurture children and take care of the home, and family is viewed as a private arena free from state regulations (Sigcau 2009).

In South Africa there is a link between religion and the Pro-Life discourse in their view that life begins at conception. According to the Christian ethical perspective, termination

of pregnancy is clearly wrong because it interferes with God's creation and rejects the divine origin of humanity (Sigcau 2009). In South Africa, as in other countries, not all citizens support Termination of Pregnancy.

### **2.5.2 Termination of Pregnancy and Pro-Choice Movement**

By contrast, Pro-Choice women's groups insist that women must be given a right to choice in fertility issues and not be coerced into accepting religious doctrine that forces them to preserve pregnancies they do not want, only to give up the infant for adoption (Sigcau 2009).

On the other hand, (Macleod, Sigcau & Luwaca 2010) cite Chang (2005) in the United States declaring that an individual rights framework has dominated the debate, which proposes that the restrictions for the termination of pregnancy are an unwarranted interference in people's lives (Macleod, Sigcau & Luwaca 2010).

Pro-Choice supporters emphasize the capacity of women to decide about their fertility, insisting that women must have access to abortion and that any restrictions to this access violate their human rights. The Pro-Choice framework seeks to take away the responsibility and power from men on the matter of termination of pregnancy and put it in the hands of women (Sigcau 2009).

The right to choose remains the woman's prerogative and not the broader society or the family, and by this the woman is liberated. They believe that the restrictions on the termination of pregnancy not only deny women the right to save their lives, but endanger lives by forcing them to seek illegal termination of pregnancy.

### **2.5.3 Termination of Pregnancy and the Religious Movements**

Theological discourse, according to Sigcau (2009:17) sees termination of pregnancy as a sinful act, which is against God's will and His word. Christian belief, she asserts, is an important source of opposition to the termination of pregnancy and represents the view that it violates the sanctity of life. Therefore, it is morally wrong because it is a rebellion against God's design. This belief continues to shape Christian ideology and greatly influences public opinion. The new Christian Right is concerned not only about the sanctity of life, but also about the consequences of termination of pregnancy which include promiscuity and the break-up of families.

Manxaile (2000:141) has written about the perceptions of the Lutheran, Anglican, Methodist churches, and the Uniting Presbyterian Church of South Africa, as being sympathetic to women terminating pregnancy under certain circumstances; like rape, incest, severe foetal abnormalities and saving the life of the woman. He also cited the South African Council of Churches (SACC), which is the representative of the broad Christian body as condoning the termination of pregnancy under the same conditions cited above.

The African Initiated Churches (AIC's), on the other hand seem to be taking the position of the African perception of reality while they use the biblical terms. Their argument, Manxaile says, is that life is a gift from God and from ancestors. It is therefore the duty for all of humanity to live in such a way that does not upset the ancestors because they are alive and their dreams and ambitions are fulfilled through humanity. Termination of

pregnancy therefore frustrates the plans our ancestors have about the future of Africans through the gift of a child (Manxaile2000:142).

Lenya (1999:2) reporting on the Conference that was held by the Methodist Church of Southern Africa; asserted that the sacredness and the value for human life was of paramount importance. The Conference recognized the deep challenge that the issue of termination of pregnancy was presenting to the Christian conscience. The belief is that, the issue of termination of pregnancy denies the individuals the opportunity to choose between a clear right and wrong, but instead, people are confronted with the choice between imperfect options, each less than ideal.

Given this backdrop, the researcher opines that Christian communities are battling to come up with a solution with regard the Choice on Termination of Pregnancy Act 1996 (Act No. 92 of 1996).

According to Lenya (1999:3), the Methodist Church of Southern Africa affirmed the sacredness of human life and the purpose of God in Jesus Christ, that we may have life, and have it in its fullness (John 10:10). They argued that termination of pregnancy at any stage of pregnancy is undesirable and not in harmony with the will of God.

In furtherance to the foregoing views, the Catholics, Sigcau (2009:19) asserts, publicized its new position about the moral status of the foetus as a child with the backing of scientific claims that proposes that life begins at conception. Later, this position was appropriated as the central claim of Pro-Life discourse. On the contrary, according to Islamic law, ensoulment (that is, a foetus gains a soul and becomes a full person) happens after 120 days, at which point the foetus becomes a person with rights

and benefits. At this stage of ensoulment, termination of pregnancy becomes a crime. Catholic doctrine teaches that the termination of pregnancy is always the intentional taking of someone's life and should not be allowed.

Sigcau (2009:19) asserts that the Christian groups, media sources and social conservatives center their discussions on termination of pregnancy within larger historical narratives of the downward spiral of youth into moral depravity due to moral laxity. There is also stigmatization of sexual activity among young people. These groups consider the right to life to be an inalienable right that forms the core element of all other rights

#### **2.5.4 Termination of Pregnancy and the Women's Movement**

Women's movement discourses seek a more complex and diversified approach to the issues of foetal life; they noted that religious considerations should not be used as the basis on which the law on termination of pregnancy is implemented (Sigcau 2009). Furthermore, they argue that there has never been any agreement among Catholics concerning the ensoulment of the foetus, thus refuting the official stance of the Catholic Church on ensoulment.

This division of the Catholic Church on the aspect of ensoulment, which they place between 40 and 140 days, raised problems for their condemnation of termination of pregnancy. Catholic Church considers termination of pregnancy as first-degree murder of an innocent defenseless person and violates the sanctity of human life (Sigcau 2009:18).

### **2.5.5 Termination of Pregnancy and the Traditional Anti-Abortionists**

Even traditional anti-abortionists stress the right of the foetus and the community's right to enforce a particular morality. Drawing on a religious discourse, they strongly associate sex with creating families and having children, fulfilling the Biblical principle that says, "Be fruitful and multiply; fill the earth and subdue it; have dominion over the fish of the sea, over the birds of the air, and over every living creature that moves on the earth" (Genesis 1:28).

### **2.5.6 Termination of Pregnancy and Feminist Theology**

Dreyer, a feminist theologian, shedding light on the relationship between the form of marriage and the economic and environmental factors prevailing in a given society, uses Polyandry as an example. Polyandry is when one woman is married to two or more men at the same time, which only happens in a severe subsistence economy. The society finds it necessary to get rid of the female babies by using female infanticides, to keep the birth rate down and to reduce the number of people to be fed (Dreyer 2008:506).

However, the early Church Fathers, especially Tertullian, were critical of the societies, especially the Roman society which tolerated such practices, as concubinage, incest, polygamy, abortion, infanticide and child abuse, emphasizing that procreation is the main purpose of marriage. In the same vein, the late Church Fathers steadily moved to a point where celibacy, virginity and chastity were much preferred to any form of intercourse, including within the marital union (Dreyer 2008:512).

As a result, Visser & Dreyer (2013:10) are proposing a critical theological reflection, which is a deliberate process aiming at enabling us to discern the wisdom of God in the scriptures for faithful living in the present. They cite Gergen (2006:13) asserting that social constructionism's reflections on core traditions do not mean that they may be discarded, but that they can, and should, be reflected on, re-evaluated, reconsidered, and given a new meaning, if necessary, negotiated and agreed upon .

Citing Ballard (2012:169) taking the argument further, Visser & Dreyer (2013), add that this kind of 'Bible wisdom' only comes from letting the Bible in all its diversity and strangeness, become a companion on the way, and from allowing it, however perverse it may seem. Ballard adds that there appears to be a challenge to our current assumptions –constructions (Dreyer 2013:10).

Feminist theology envisions a future where all human beings are valued equally and have the equal opportunity of leading healthy lives, being who God made them to be, living authentic lives in the presence of God (Dreyer 2011:5).

### **2.5.7 Termination of Pregnancy and Human Rights**

According to Mbayiwa (2009:27), human rights seeks to preserve life in all its stages, and the right to abortion and the right to life are opposites; and therefore these cannot exist side by side, because the protection of the latter is the security against the former. The South African law, Mbayiwa declares, is one classic example that all human life is valuable and deserves legal recognition and protection. Brigitte Mabandla, former South

African Minister of Justice and Constitutional Development, quoted by Mbayiwa (2009), speaking in a Feast of Tascanya Celebration in November 2007 said the following:

“The reason we have a Bill of Rights in our Constitution, which needs special majority to be amended, is to protect the rights of all South Africans including the marginalized minorities who cannot protect their rights adequately.”

The researcher cannot think of any category of persons that is as vulnerable, marginalized, helpless, weakest, and innocent as the unborn baby. In her statement, Mabandla asserted that the reason the Constitution 1996 exists is to safeguard the rights of all, and particularly the vulnerable, which includes the unborn baby.

The researcher finds it ironic and almost contradictory, that the South African government Minister would utter such bold statements publicly, as uttered by Mabandla, as cited by Mbayiwa (2009), and then turn around and do the very opposite. The Choice on Termination of Pregnancy Act 1996 (Act No. 92 of 1996) does not protect the rights of the marginalized minorities, which is unborn babies, who cannot protect their rights adequately, as declared by Mabandla.

All the above authors who have written on the Choice on Termination of Pregnancy Act 1996 (Act No. 92 of 1996) stress the opposition of various groupings against the Act. However, there are some groupings that are sympathetic under certain circumstances like rape, incest, severe foetal abnormalities and saving the life of the woman, yet, none of the authors is addressing the question of awareness.

Therefore, it may be implied that from the extant literature that it is taken for granted that everyone knows about the Choice on Termination of Pregnancy Act 1996 (Act No. 92 of 1996), and yet not necessarily so; as some have indicated during the interviews. Some have confessed that they have heard about it but do not know what it entails. Others confessed that they had never thought about its implications until its implications showed up in their own families.

## **2.6 Experiences Encountered Whilst Counselling Women Contemplating Termination of Pregnancy and Those Who Have Already Done It**

In another study whose aim was to explore the midwives' experiences as they assist with the termination of pregnancy; the findings were that these midwives experienced a number of obstacles not only in giving the quality care to these women, but also in coping with the situations they faced (Nohaji 2012:10). The midwives felt overwhelmed by these experiences because they were not prepared emotionally; one of them verbalized that "Nobody actually tells you what is actually involved in the whole situation."

Other midwives experienced the termination of pregnancy as a heavy burden, as they felt they were expected to inform these women and also provide an emotional support for them, yet they did not see this as part of their job description. "It's not my job to go around and ask them how they feel about what they had done, and I think that is what they need," declares another midwife. Thus, this study revealed that these midwives say they saw the patient counselling as a major necessity for all women going for the

termination of pregnancy, in order to prepare them for the procedure and psychological effects that would follow (Nohaji 2012:10).

It is to that effect that in 2010, the African Christian Democratic Party (ACDP) attempted to amend the Choice on Termination of Pregnancy Act 1996 (Act No. 92 of 1996). Their amendment required that women should undergo counselling and to get pre-abortion ultrasound, and then view the results of that ultrasound, and still be given a waiting period to reconsider the decision to terminate the pregnancy. The party (ACDP) was convinced that an average woman after looking at the ultrasound, seeing their own baby moving and breathing would definitely change their minds and not kill their unborn babies. Unfortunately these measures were defeated (Trueman & Magwentshu 2013:398).

According to Baloyi (2012), people who terminate pregnancy have a special need for help in order to cope with life thereafter, which seems to be inadequate. Even the counselling that they receive is not satisfactory to their individual needs. The researcher concurs with Baloyi in that even with counselling, when and if they do get counselling, it should be adjusted to their individual needs, because individuals are unique, the same applies to their circumstances.

For instance, the researcher's relative who is suffering from depression on and off following termination of pregnancies, has been to counselling several times, but with little or no effect at all. This suggests that maybe there is still an area in her life that has not been addressed properly. If this is allowed to carry on like it is it may be inferred that

then sooner or later we are going to have a sick society that is not even aware of it, declares the researcher.

Interestingly, Nohaji (2012) also notes that the fact that these patients after the procedure showed lack of emotions and feelings makes things even worse for the midwives, they assert. These midwives suffered heavy emotional burden and experienced ethical conflict and ambivalence, especially when dealing with teenagers. They were not sure whether to treat these teenagers as children or as adults. The midwives did not perceive teenagers to be old enough to have sexual intercourse in the first place, conceive a baby and still make decisions to terminate their pregnancies without the parents' knowledge.

Some midwives expressed anger towards women who decided to terminate their pregnancies, when considering their own personal experiences with infertility as married women. One of the midwives said, "I felt very angry because I've got two friends who are married and are battling to get pregnant, and here is this sixteen year old wanting to terminate pregnancy; for her it is no big deal to fall pregnant again after this termination" (Nohaji 2012:12).

Another abortion advocate said, she asked herself, "Why abortion was such a 'psychological trauma' for a woman, and such a difficult decision to make if it was a natural thing to do. If it was so right, why is it so difficult?" She relates how she had counselled so many women, and they were so sure of their decisions but would come back months and years later showing psychological complications. Countless women

damaged by abortion have said, “I had no idea this could happen to me, no one warned me about the risks” (Alcon 2004:68)

Therefore, one may conclude that the lack of awareness with regard to termination of pregnancy is causing more harm than good. Furthermore, the researcher opines that some of these women when they are being counselled pretend to understand what is in store for them, because during that time they may be viewing abortion as the only way out, only to regret it afterwards.

The latest attempt to challenge the Choice on Termination of Pregnancy Act 1996 (Act No. 92 of 1996) was in 2010, just before the World Cup, through a process called the Private Members Portfolio. The African Christian Democratic Party (ACDP) attempted to add regulations to the Choice on Termination of Pregnancy Act 1996 (Act No. 92 of 1996) that would make counselling, pre-abortion ultrasound (and viewing of the ultrasound by the woman prior to the abortion), and a waiting period to reconsider the decision to have an abortion mandatory (Trueman & Magwentshu 2013).

The party’s submission made references to various studies that showed a connection between abortion and breast cancer, and long term depression which is the result of post abortion trauma. The researcher concurs with this statement, referring to her relative’s case already discussed in the previous chapter. Unfortunately because of the timing, the National Department of Health ensured that the submissions could not be adopted for that time, as the country was focusing on the international event (World Cup-2010) that was soon to take place (Trueman & Magwentshu 2013).

With this action it may be implied, it appears as if the whole issue was just swept underneath the carpet as it was not shown the importance and support that people hoped it would get.

The researcher concedes therefore that as much as people are aware that termination of pregnancy is not the only and not the best option, somehow, when confronted with the situation, women feel like there is no way out. The researcher opines that some women make uninformed decisions, under pressure, and desperate to get rid of the pregnancy. Afterwards, when the complications show up, and suffer all these negative consequences; they regret what they did, they feel guilty, and some even go into depression, like the case in the researcher's own family.

Based on the above findings, the recommendations were that the training should include post-abortion counselling, giving an opportunity to inform women about the dual protection from unwanted pregnancies and sexually transmitted infections (Nohaji 2012).

The researcher is concerned that the only counselling that was deemed to be necessary as reported in this study was after the procedure and nothing before the procedure, and that there is no mention of the Informed Consent before the procedure is undertaken. One cannot help to wonder how many of those women knew what they were getting themselves into. Moreover, if these women got the pre-termination counselling how

many of them would change their minds, based on the new information that they would receive to add to what they already had.

The researcher also concurs with an earlier study done by Lenya (1999:4) in that maybe sensitivity and compassion should be the guiding principle when it comes to counselling people for decision-making, as suggested by Nouwen in Dreyer's work (2003). Maybe we should follow after the example of Jesus Christ, adds the researcher, and be more compassionate about the unborn baby, before we think of our own comfort and inconvenience.

## **2.7 Existing Strategies That the Respondents Use To Educate Their Members With Regards To the Choice on Termination of Pregnancy Act 1996 (Act No. 92 of 1996)**

According to Dreyer (2003), Nouwen (1988) proposes a theory for pastoral care which aims at healing, sustaining and guiding the suffering person. Throughout his work, Nouwen points out the limits of psychology for spirituality, and that psychology should therefore not "have the last, or the only word on interpreting religious experiences." For the pastoral caregiver to be able to explain and enhance spirituality, they should therefore move beyond psychology, declares Nouwen (1988).

Dreyer (2003) also cites Heidegger (2001), touching on the need for a new spirituality, a new way of being in the world without being of it. The researcher concurs with both (Nouwen (1988) and Heidegger (2001) in Dreyer (2003), in that most of the challenges that people go through are more spiritual than psychological in nature. This is easy to

determine when the pastoral caregiver is trained in both Psychology and Pastoral Counselling.

Psychology only deals with the realm of the soul, which consists of emotions, intellect, feelings and reasoning. It does not touch the realm of the spirit, and unfortunately some psychologists don't have a clue with spiritual matters, concedes the researcher. Whilst on the other hand, the Pastoral Counselling deals with the realm of the spirit; interpreting religious experiences, as suggested by Nouwen (1988).

The researcher suggests that it should be emphasized therefore, that these two disciplines should be engaged together, for the benefit of the suffering person, or the caregiver should be trained in both Psychology and Pastoral Counselling.

Theron (2006) emphasizes the need for Pentecostal theologians to be involved in developing a practical theological theory for the ministry of deliverance from evil spirits. The researcher concurs with the above author, and even believes that this is the kind of ministry that the researcher's relative needs. The researcher opines that for a born again believer, a pastor for that matter, to go into a depression on and off, because of the pregnancies that she terminated before she got born again, and be unable to resolve the issue and forgive herself; may be inferred that she opened a door to some evil spirits into her life.

This observation is unfortunate, concedes the researcher, because when evil spirits enter someone's life, there is demonic activity that takes place in the believer's life. This manifests in a number of ways, sometimes by visual and auditory hallucinations and

depression, which warrants that the person goes through the ministry of deliverance from evil spirits.

The aim of the pastoral care and counselling should be to create conditions which are conducive to healing and integration, according to Nouwen's Spirituality; and integrated people function as a whole in order to deal effectively with all life situations (Dreyer 2003).

In furtherance to the foregoing views, the researcher opines that this kind of healing and integration has not happened to her relative yet, judging from the way she is still battling emotionally, and probably many more in the Border region of the Eastern Cape.

The researcher concurs with Theron's (2011) convictions that Pentecostals in Africa have some serious practical theological thinking to attend to, in order to address a number of issues, like the one previously mentioned, especially in the Border region of the Eastern Cape. Theron (2011) also cites Miller and Yamamori (2007) in their concession that some of the Pentecostal preachers can even give sound advice regarding lifestyle changes, and family planning.

Dreyer (2003:721) again cites Heitink (1993), also speaking of the guiding function of pastoral care as supporting people to make their choices in life on account of their own convictions so as to develop their independence. Hence, because of an ethical or religious aspect to the life's choices people have to make, there is a need for advice and guidance which fully respects their own responsibilities. According to Dreyer (2003), Nouwen & Heitink (2000) urge that both the psychologist and the pastoral caregiver as professionals should not be directive in a coercive way.

## **2.8 Theoretical Framework**

The researcher has employed two theories to anchor this study. The first one is the Individual Decision-Making theory, as appropriated, amongst others by Nathanson and Hopkins (1983), and Hershberger, et al (2013).The second theory is Social Support theory, as appropriated, amongst others, by Major, et al. (1990), where the author was focusing on termination of pregnancy during the first trimester.

## **2.9 Individual Decision-Making Theory**

Hershberger (2013:39-40), the proponent of the theory, identifies four major phases of the decision–making process, namely:

- (i) Identity - marks the onset of the decision making process, recounting multiple consultations. At this stage the woman acquire knowledge about the present diagnosis, in this case is the pregnancy. There is a sense of being overwhelmed.
- (ii) Contemplate - the woman is actively engaged with the process of formulating a decision.
- (iii) The woman is able to decide, but the action to carry out the decision had not yet occurred.
- (iv) Engage-the woman has reached a decision whether or not to terminate the pregnancy or to carry the pregnancy to term.

The woman may decide alone not to terminate the pregnancy based on her individual belief or convictions, such an individual decision making may be in compliance with the

provision of the Choice on Termination of Pregnancy Act 1996 (Act No. 92 of 1996). However, when the woman shares her story with the significant others, the woman may get persuaded otherwise. Significant others may include, most importantly, the Pastoral Counsellor the partner, the parents, friends, and other believers.

Some of the Pentecostal churches in the Border region of the Eastern Cape emphasize the individual approach, where they stress that the relationship with Jesus is personal and individual, the same applies to the calling. Meanwhile, others put more emphasis on the group and fellowship of all believers; and either of these two opposite extremes may be emphasized at the expense of the other.

In a study by Sigcau & Macleod (2009), Varga (2002) noted that when males get involved in the decision-making, they tend to advise the termination of pregnancy, especially to teenagers. To the young girl, the support becomes more important, and fear that the boyfriend will run away overwhelms her. In most cases, the decision is imposed on the young, because at the time she is vulnerable and unstable emotionally, she then becomes the victim of someone else's decision.

The disadvantage is that, it encourages individualism, which is not part of Ubuntu, this concept says, "umntu ngumntu ngabantu", which means, you are a person because of other people. One of the strengths of this theory is that, the woman remains true to herself, if the decision is carried out as desired by the woman with no external pressures.

## 2.10 Decision-Making Process

The researcher is concerned, and has also observed that in our country South Africa, the role of parenting is compromised in that the parents have no say in deciding whether their own daughters (the teenager) should terminate her pregnancy or not. The teenager has a right, if she so chooses, to terminate her pregnancy without parental consent. The researcher is of the view that what saddens the whole issue is that, if anything goes wrong during the termination procedure, the same parent that was not considered in the decision-making process, must now take full responsibility for the teenager's ill-health or burry her if she dies.

This is inconsistent with Varga's observation, as cited by Sigcau (2009) that decision-making about termination of pregnancy often involves the teenager's parents or their sexual partners. He seems to suggest that their involvement most of the time acts as a deterrent to the termination of pregnancy because they are gatekeepers. Furthermore, these authors argue that the paternal decision is important in determining the fate of the pregnancy, as male partners often act as gatekeepers in the decision-making process concerning the termination of pregnancy.

Yet, Sigcau (2009:800) reflects on Suffla's different perspective (1997), where he thinks the commitment and the involvement of the male partner in decision-making is associated with good emotional adjustment for a woman following the termination of pregnancy. The male partner helps the woman in coping with negative emotional upheavals, in the process securing a sound future relationship together.

According to Nohaji (2012), Suffla (1997) asserts that the decision-making process is diverse and has a number of influences including the socio-cultural climate; which is against the termination of pregnancy, involvement of a male partner, the family and the religious doctrine. These factors influence the woman's right to choose and value conflict is reported among women who believe that it is a woman's right to choose.

Furthermore, the researcher adds, the Choice on Termination of Pregnancy Act 1996 (Act No. 92 of 1996) also allows a teenager who does not have a right to vote, to make crucial decisions that involve killing another human being alone without the parent's involvement. The researcher opines, this Act takes away the role of parenting in as far as instilling discipline to their own children, opines the researcher.

Moreover, this is also against Scripture that instructs the parent to "Train up the child in the way that he should go, and when he is old he will not depart from it" (Proverbs 22:6). It also reverses God's commandment that says, "Honor your father and your mother (Exodus 20:12), that your days may be long upon the land which the Lord your God is giving you."

This theory – Individual Decision-Making, will help to explain the understanding of the Pentecostal pastors of the Border Region of the Eastern Cape with regards to the Choice on Termination of Pregnancy Act 1996 (Act No. 92 of 1996). It will help to investigate the role they play as Pastoral Counsellors, especially in dealing with their congregants that contemplate the termination of pregnancy and those who have already done so. And further investigate the strategies they have in place, when counselling

women that contemplate terminating the pregnancy and those who have already done it.

## **2.11 Social Support Theory**

The second theory is Social Support theory, as appropriated, amongst others, by Major, et al. (1990), where the author was focusing on termination of pregnancy during the first trimester. This theory is relevant to this study because it highlights the importance and the need for the support in all spheres of life of the individual (physical, emotional, spiritual). This support is essential in all the stages of human development, inside and outside the uterus.

In most cases the woman decides to terminate pregnancy for personal reasons, ranging from the partner's rejection, fear of the parents, to un-readiness of becoming a mother, in the case of a teenager, and the fear of the unknown.

However, when the woman perceives her fears to be unfounded, instead she realizes how much support she is getting from the significant others, with the Pastoral Counsellor being the most significant; most women have decided otherwise, that is to keep the baby. On the other hand, if the woman perceives a lack of support from these significant others, they may decide to carry on with the decision to terminate the pregnancy.

The strength of this theory, the Social Support, is that it helps the woman to cope with stressful life events, unplanned pregnancy being one of them. Most researchers equate

Social Support with a balanced total well-being of the individual, that is, physical, emotional, psychological and spiritual well-being.

This theory will assist in determining whether the cases that the Pentecostal pastors deal with have the support or not at the time of decision-making. It will also assist in investigating the Pentecostal pastors' experiences when counselling women who are contemplating Termination of Pregnancy, and those who have already done it.

The limitations of the theory and the disadvantages are that it encourages dependency syndrome, in that, if the support is perceived to be insufficient, the equilibrium of the woman is altered. Consequently, when pressures mount, and the coping skills diminish, suicidal thoughts might overwhelm the woman.

These theories, the researcher opines, assisted in answering the Research Questions and to achieve the Aims and the Objectives of the study.

## **2.12 Conclusion**

In the light of the above literature, the researcher therefore concludes that the literature on level of awareness of the Pentecostal pastors in the Border region of the Eastern Cape with regard to the Termination of Pregnancy Act 1996 (Act No. 92 of 1996) is very scanty and has received little attention, especially in the South African context. The literature written on the experiences of the Pentecostal pastors in the Border region of the Eastern Cape when counselling women who are contemplating termination of pregnancy is also scanty.

Lastly, literature on the existing strategies within the Border region of the Eastern Cape, to inform the congregants on the Choice on Termination of Pregnancy Act 1996 (Act No. 92 of 1996) has received very little attention. It is against this background that the researcher sees a gap in literature to be filled.

### **2.13 Summary**

In this chapter the researcher has discussed the findings of previous investigators on the Choice on Termination of Pregnancy Act 1996 (Act No. 92 of 1996) in South Africa with the support of the existing literature. The views of other groups were also highlighted, like the Religious groups; Pro-Life; Pro-Choice; women's movements and Feminist movements. The next chapter focuses on the methods that were used in conducting the current study.

## **CHAPTER THREE**

### **3 RESEARCH METHODOLOGY**

#### **3.1 Introduction**

In the previous chapter the researcher presented a review of the literature on the Choice on Termination of Pregnancy Act 1996 (Act No. 92 of 1996). In this chapter, the researcher discusses the research methods used to conduct the study; the discussion involves the research design, population, sample, research instruments, ethical considerations, and the instruments used for the collection of data.

The methods used in the study have been designed to determine the level of awareness of the Pentecostal pastors in the Border region of the Eastern Cape, with regards to the Choice on Termination of Pregnancy Act 1996 (Act No. 92 of 1996). The methods have also been designed to establish their experiences when counselling of women who contemplate terminating the pregnancy and those who have already done so, and to discover the existing strategies that they have in educating their members concerning the Choice on Termination of Pregnancy Act 1996 (Act No. 92 of 1996).

Data were collected via Focus group Interviews, and via the Questionnaires. Participants for Interviews were made to feel comfortable in an environment conducive to relaxed sharing. Informed consent forms were issued prior to the interviews to ensure ethical criteria were met. These were handed over before the interview and before handing out the Questionnaires, and were discussed before they were signed. No incentives to participate were given except for the fact that the participants knew they

were contributing to research and possible future interventions in addressing the challenges posed by the Choice on Termination of Pregnancy Act 1996 (Act No. 92 of 1996).

### **3.2 Research Design**

The research study followed a case study design, which is defined by Yin (2009:26) as a blueprint containing the steps identifying the questions to ask, the relevant data to collect, and the manner of analyzing that data. Its objective (Cohen 2006:15), is to create interpretations of experiences that are so close, that the uniqueness, context and reality are richly described to the point that “a sense of witness account is felt.” Yin (2009) further argues that research design deals with a logical problem, working out what kind of data is needed to address the research questions most directly and provide an answer that can be defended by reference to the evidence collected.

The case study employed both qualitative and quantitative approaches. The quantitative approach used the survey method to collect data. The surveys contained questionnaires with closed information, which was less personal. Even though some pastors were not willing to furnish their personal details, for a number of reasons, especially those that required educational status and concerning their callings. They claimed that the information regarding their callings is personal, that is between them and their God.

However, the researcher allowed them the liberty to skip those areas that make them uncomfortable, to prevent the researcher from losing valuable information.

Questionnaires were used to find out the moral beliefs and opinions of the respondents, and they were preferred for this study mainly for their ability to produce factual data. It was necessary for the researcher to make use of both questionnaires and the interviews because the two complement each other.

Another approach that was used was the qualitative approach, with the use of questions in semi-structured interviews. Questions in Semi-structured interviews are structured in such a way that a list of pertinent issues for investigation is drawn up prior to the interview. Questions in semi-structured interviews help to clarify concepts and problems and help to establish a list of possible answers or solutions, which in turn, facilitate the construction of more highly structured interviews (Denzin & Lincoln 2000:649)

These interviews exposed the moral beliefs and opinions of the Pentecostal pastors in the Border region of the Eastern Cape. Moreover, interviews allowed the researcher to interact with the pastors, allowing the pastors to share valuable information that the researcher would not have asked, because of their sensitive nature.

The questions were closed and required specific answers from the pastors, this was necessary to obtain definite data to avoid the researcher making assumptions on behalf of the respondents. The questions posed were very direct to avoid indecisiveness from the respondents, and also stopping the researcher from making assumptions.

These questions in the semi-structured interviews, which allow probing, are suited for a limited number, which is a miniature of a bigger picture. In this case the researcher implemented this approach in focus group interviews. These consisted of three groups;

each group consisting of four participants with three males and one female. This arrangement was due to the ratio of male to female Pentecostal pastors in the Border region of the Eastern Cape.

One of the advantages of using the focus groups, according to Kelly (2002) is that it allows one to gain access to intersubjective experiences that are shared by a community, in this case, Pentecostal pastors in the Border region of the Eastern Cape. It also assists in identifying commonalities and differences amongst the people in a group. Most importantly, it provides a useful space where people may get together and create meaning rather than using opinions of individuals in isolation (Terre Blanche & Durrheim 1999).

A background and introduction to the study was provided, together with an invitation letter to participate in the study was given to all the participants, so that they can understand the importance of the study and their contribution. Informed Consent was provided for the participants to sign, so that they understand that their participation was voluntary and that they can stop the interview at any stage should they desire to do so, without fear of being intimidated or discriminated against.

The invitation letter, the Informed consent form, ethical clearance certificate, and the questionnaire together with the Interview schedule are all included in the Appendix section of the dissertation.

### **3.3 Population**

The population refers to the entire group of persons or objects that are of interest to the researcher or meet the criteria for inclusion in the study that the researcher is interested to pursue (O'Leary 2004: 103). Mouton defines population as a collection of objects, events or individuals having some common characteristics that the researcher is interested in studying. Mouton adds that population is the aggregate of all the cases that conform to some designated set of specifications (2012:134).

The population of this study in the quantitative approach consisted of all the Pentecostal pastors of the Border region of the Eastern Cape, from both the rural and the urban settings, which is a total of two hundred and fifty. The researcher wanted to establish different world views, rural and urban world view. The tendency with the rural community is that they hold fast to the rules and they attach value to high moral standards. Whereas in the urban areas the community tends to be more liberal and some moral issues tend to be more generalized.

### **3.4 Sampling**

A sample is the part or fraction of a whole, or a subject of a large set, selected by the researcher to participate in a research project (Brink 2003:132). Mason defines sampling as principles and procedures used to identify, choose and gain access to relevant data, sources which generate data using chosen methods (2002:120).

The researcher preferred purposive sampling for this study in order to include both the old and the new generation, so that the data received may be balanced. Also, the

Pentecostal pastors were from both the rural and urban settings to establish their different world views, because their setups are different.

The researcher visited the regional offices of these different areas (Bisho / King William's Town area, East London and Mdantsane), whose leaders are gatekeepers in these areas, to obtain lists of pastors in these different areas. The researcher was also advised by the gatekeepers about the relevant senior pastors and Bishops in these areas who are custodians of church policy documents. The leaders helped the researcher to randomly select the respondents to cover all age categories, so as to obtain balanced and factual data.

For Quantitative approach, the researcher did a survey and issued questionnaires to about 100 (One hundred), selected from their entire population of the Pentecostal Pastors in the Border Region of the Eastern Cape, 60% from the urban and 40% from the rural settings.

For the qualitative approach the Focus group in-depth interviews were conducted. The total sample of twelve Pastors: 6 senior pastors and Bishops from different Pentecostal churches in rural areas and 6 senior pastors from the urban areas of the Border region of the Eastern Cape. The motivation was based on the test of time; that is, their years of experience in ministry, and the fact that they are the custodians of policies and church doctrines in their respective congregations.

These focus groups were divided into three small groups, with each group consisting of three males and one female. The division was not based on whether they oppose or welcome the Act, for that could only be determined after the interviews.

Moreover, the researcher did not want to make the junior and associate Pastors uncomfortable, by asking those questions that they might not be able to answer, because of their status in their particular congregations, and for the fear of their senior pastors.

### **3.5 Research Sample**

The practical aspect of the research was carried out in the Border region of the Eastern Cape, targeting the following areas, East London (City), Mdantsane (Township), Bisho (Township) and King William's Town (City). Each of these areas has rural villages around them. The researcher maintained an equal distribution of urban and rural representation. This region is the home of the Xhosa speaking people; though amongst them is a reasonable number of Cape Coloureds, White Afrikaaners, and foreign groups from all over the African continent residing amongst the Xhosa people.

A wide range of reasons such as education, employment, marriage and asylum seeking has made the Border region of the Eastern Cape the home of these people. The Xhosa people are responsible for producing a number of prominent leaders within South Africa such as Nelson Mandela, Walter Sisulu, Oliver Tambo, Chris Hani, Steve Biko, to mention but a few.

The Border region of the Eastern Cape was chosen for the study because it is convenient to travel between these areas. Moreover, the researcher's home is situated

in one of the villages around King William's Town, which made travelling for research purposes much easier

Furthermore, there is a diversity of people and cultures within this area, though the dominant culture is that of ama Xhosa. It also consists of people that come from modern and traditional communities, rural and urban areas; which are relevant for producing a balanced view and a work that is not one sided. The pastors who were interviewed ranged from Xhosa, English, and Afrikaans speaking groups. Amongst the English speaking groups were pastors from Nigeria, Zimbabwe, and Kenya, who had their own ministries within the Border region of the Eastern Cape.

Within the Border region of the Eastern Cape there is a renowned abortion clinic, Marie Stopes, which is in East London, two public hospitals that carry out the termination of pregnancies; Cecilia Makiwane Hospital in Mdantsane Township and Frere Hospitals in East London. Moreover, there are still other advertisements all over the place, like on the city light poles and bus stops for "Safe and Pain-free Abortions." The researcher presumed these to be illegal, because they have no proper addresses, only the telephone numbers are provided.

Still, others are listed in the Telephone directory, but maintain different addresses from those listed in the directory as a cover up. They make arrangements with the clients to pick them up at the convenient and suitable places before taking them to the place

where they are actually located, by that time they have already established if it is the right client for them or not.

## **3.6 Research Instruments**

### **3.6.1 Pilot Study**

A pilot study, according to Bell, is a small-scale study which is conducted before the main study (2006:117). A pilot study was conducted using few of the pastors within the Border Region of the Eastern Cape. Participants in the pilot study did not form part of the main study. The pilot study was conducted to ensure that all the questions were clear, to determine the amount of time the recipients would take to complete the questionnaire, and to determine whether there were any items that did not yield usable data. There were no problems encountered with the use of the questionnaire, and therefore there was no need for any adjustments to be made.

### **3.6.2 Instrument**

An instrument, according to Brink, (2006:53) is a tool that is used to gather the data in order to yield reliable and valid information. The data was collected using both a Questionnaire and an Interview Schedule for different categories of pastors. The Interview Schedule was open-ended, and included probes for potential additional issues that could emerge as important concerns, and was used for Bishops and Senior pastors. The Questionnaire was used for junior and associate pastors.

In-depth focus group interviews were conducted by the researcher using both English and IsiXhosa, the latter being the language spoken by the majority of the respondents, conducted in private settings, which are their church offices. All interviews were approximately one hour in duration and were digitally recorded and transcribed verbatim by the researcher.

The Questionnaire used in order to determine the level of awareness of the respondents with regards to the Choice on Termination of Pregnancy Act 1996 (Act No.92 of 1996) is found in Appendices D & E. The respondents were also informed that the information would be accessible to the researcher, supervisor, and the research committee concerned. All the questionnaires, accompanied by a cover letter were delivered by hand directly to the respondents, who were requested, after reading the letter, to complete the forms by answering the questions.

The respondents were given at least between two to three days to answer questions, and the researcher's telephone number was given in case they needed clarity on some questions. On the fourth day the researcher would go and collect the completed questionnaire.

### **3.7 Limitations of this Research**

The limitations experienced in the collection of the data were varied. To start with, for most participants this has been a very sensitive subject that they were not comfortable talking about, though they felt there was a need for it to be addressed. Other

participants refused to furnish the researcher with their personal details for fear of publicity, even though the procedure was explained in detail, that the information will be confidential.

There was for some, a fear that they are being trapped, and would later be put on air waves (Radio) and expected to say whatever they had written in the questionnaire. Sometimes, the participants would delay to return the questionnaires, others would say they have lost it somewhere between home and work. For others the use of a tape recorder was a challenge and raised some concerns, though the researcher had explained in detail all these issues, they kept coming up. The researcher had to keep allaying their anxieties, reassuring them of their safety and the researcher's confidentiality.

The most challenging of all was the financial crisis that the researcher got into, which made it impossible for the researcher to travel and to make calls to secure the appointments.

However, the purpose of determining the level of awareness of the Pentecostal pastors in the Border region of the Eastern Cape, concerning the Choice on Termination of Pregnancy Act 1996 (Act No. 92 of 1996) was achieved.

### **3.8 Validity and Reliability**

Validity, according to Joubert and Ehrlich refers to the extent to which a measuring instrument actually measures what it is meant to measure (2007:117). In the same vein, Neuman (1997) describes it as the degree to which the research conclusions are sound. The researcher has ensured the validity of this study by listening repeatedly and closely to the recordings and comparing with the notes that were taken during the interviews. The recordings were audible, and so there were no difficulties experienced in terms of transcribing. Both translation and transcription were done simultaneously by the researcher. The researcher continually looked for discrepancies in the evidence of the hypotheses that are developed, for the production of a rich and credible account (Terre Blanche & Durrheim 1999).

Reliability, according to Joubert & Ehrlich (2007) refers to a degree of similarity of the results obtained when the measurement is repeated on the same subject or with a similar group (2007:117). The researcher achieved the reliability by ensuring that similar questions are asked, which yielded similar responses from the different participants.

However, social constructionists reject this notion of reliability, stating that the meaning of the data will change over time and therefore it should not be expected to find the same results repeatedly (Terre blanche & Durrheim 1999). They expect that due to changes in contexts, people and individuals will behave differently and express their opinions differently. They therefore suggest that the findings must be dependable, (that is believable to self, the subjects and other researchers) which refers to the degree to which the reader can be convinced that the findings did occur as the researcher claims.

The researcher has also achieved this by presenting dependable findings through rich and detailed descriptions that show how certain actions and opinions are rooted in and developed out of contextual interaction. The items on both the Questionnaires and the Interview Schedules were designed in such a way that they met the objectives of the researcher.

### **3.9 Ethical Considerations**

The nature of the topic presented several ethical challenges that some pastors had been battling with for a while, but never had courage to address them. After the research proposal was approved, an ethical clearance certificate was issued by Govan Mbeki Research and Development Centre (GMRDC) of the University Of Fort Hare, the researcher approached the pastors who were to participate voluntarily in the research.

The researcher observed the code of ethics as stipulated by the University of Fort Hare (2009), and observed the participants' right to privacy, protection from harm, strict confidentiality, and the right to withdraw at any stage of the research. The respondents were urged to be as open and truthful as possible so that meaningful results could be obtained. An informed consent form was signed by the respondents for the free participation in the study. The Researcher also observed all the intellectual Property Rights protocols.

### **3.10 Summary**

In this chapter the methods of achieving the research objectives, instruments and methods used for collecting data from the respondents were discussed, together with the limitations of the study. The following chapter will focus on the results of the study and data presentation and analysis.

## **CHAPTER FOUR**

### **SECTION 1**

#### **4 QUALITATIVE DATA PRESENTATION AND ANALYSIS**

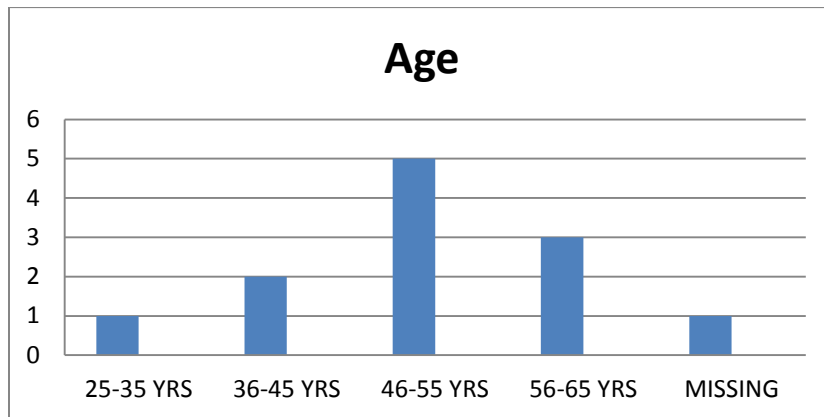
##### **4.1 Introduction**

The results that are presented in this chapter are based on the responses of the participants on the questions that were asked in the Focus Groups Interviews. Section A of the Interview Schedule contains the biographical information of the respondents from the focus groups. These focus groups consisted of three groups with four respondents in each group; with three males and one female in each group. Some of the respondents were not keen to give their personal information, as indicated by the missing data. The researcher opted for more valuable information for the research than personal data, and therefore gave them the liberty to leave out what makes them uncomfortable to share.

##### **4.2 Demographic Characteristics of the Respondents**

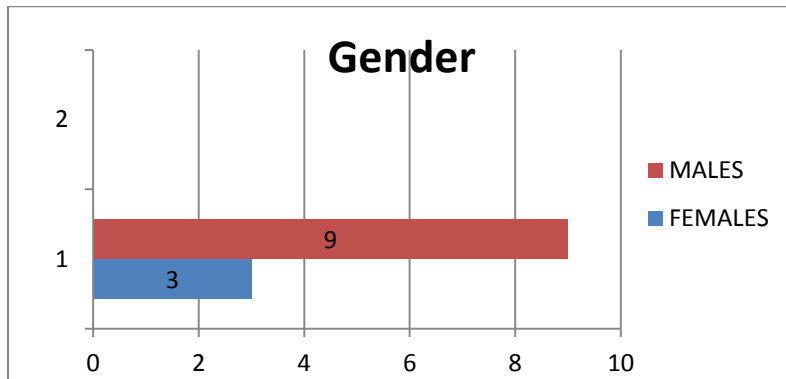
The ages of the respondents ranged from 25 to 65 years, the gender distribution is the male majority of 9 and only 3 females. The educational qualifications show that the majority of the senior pastors in the Border region of the Eastern Cape have post-graduate qualifications, followed by Diplomas. Those who obtained degrees are equal in ratio to those with only a Matriculation certificate. The geographical distribution is equal

for both the urban=6 and the rural area =6. The details are presented in Figures 4.2.1; 4.2.2; 4.2.3; 4.2.4 below.



**Figure 4-1: Age Profile of the Respondents**

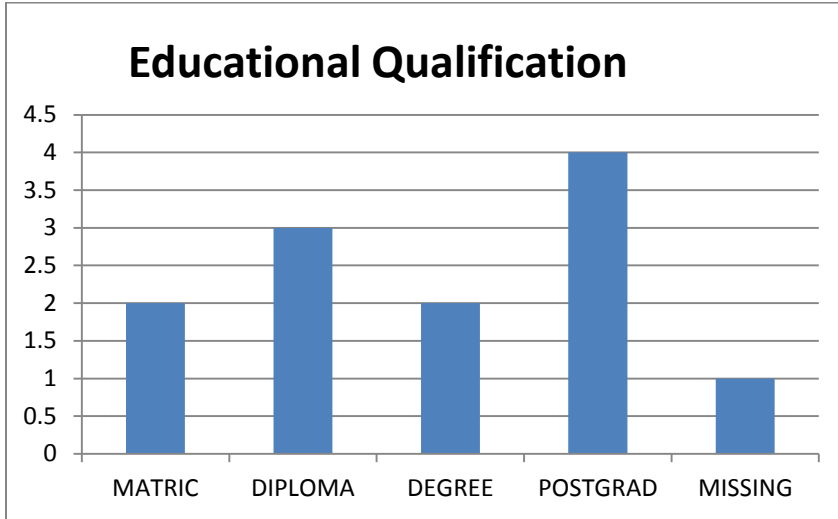
The age of the pastors in the Border region of the Eastern Cape ranges between 25 and 65 years. The majority fall in the bracket between 46-65 years, this is the mature age. Most of the pastors in this bracket are totally against termination of pregnancy irrespective of the circumstances. On the other hand, the younger pastors are more lenient and sympathetic towards certain circumstances, like rape, foetal abnormalities and woman's choice.



**Figure 4-2: Gender Profile of the Respondents**

The gender distribution of the Pentecostal pastors in the Border region of the Eastern Cape still show disparity between male and female; with male pastors being two thirds majority. Even in the twenty first century there are still more male pastors as compared to female pastors. Even those female pastors, some of them are not ordained but are doing the same functions that the male pastors are doing.

Almost all the female pastors are totally against termination of pregnancy. They claim that women are by nature caring and loving, even in adverse circumstances. The only case they see as a valid reason for allowing termination of pregnancy is ectopic pregnancy, where the fertilized ovum lodges in the Fallopian tube, instead of the uterus, which may cause the rupture of the tube and the eventual death of both the mother and the unborn baby.

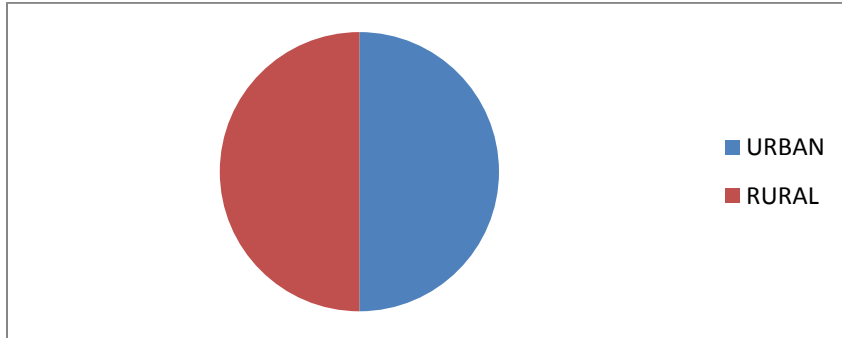


**Figure 4-3: Educational Qualifications of the Respondents**

The majority of the senior Pentecostal pastors in the Border region of the Eastern Cape have a Post-Graduate qualification, and most of them had qualified in another field before they got into ministry. Those who obtained degrees are equal in ratio to those with only a Matriculation certificate.

It may be implied therefore, that Pentecostal pastors in the Border region of the Eastern Cape are professionals; some of them are even qualified Medical doctors, who are also theologically trained. Their worldview is therefore not limited to theological influence, and thus their argument is balanced. As stated by (Jelen & Wilcox, 2003) in Feltham-King (2010), even religious leaders who oppose termination of pregnancy are increasingly likely to invoke scientific arguments rather than theological ones. This is probably because in many countries the religious

discourse has lost power because the numbers of people who subscribe to religious values have declined (Feltham-King 2010).



**Figure 4-4: Geographical Distribution**

The geographical distribution of the respondents is also balanced, with both rural and urban representation equal. The Pentecostal pastors in the rural are more rigid than those in the urban settings in as far as moral teachings are concerned. They do not accept any justification for the termination of pregnancy. On the other hand, those Pentecostal pastors in the urban setting are more liberal in their approach, and the high percentage of Post-Graduates comes from this group. It is this group that wants to give the Medical field its place to lead in the decision-making, especially if the health status of the woman is to be affected.

### **4.3 Level of Awareness of the Respondents With Regard To the Choice on Termination of Pregnancy Act 1996 (Act No. 92 Of 1996)**

#### **(i) Have you heard about the Choice on Termination of Pregnancy Act 1996 (Act No. 92 of 1996)?**

All the respondents have heard about the Choice on Termination of Pregnancy Act 1996 (Act No. 92 of 1996). Some of the pastors confessed that they have heard about it, but they do not know what it entails. While others admit that they had rejected the Choice on Termination of pregnancy Act 1996 (Act No. 92 of 1996) from the onset without giving any thought about it, and just associated it with non-Christians. They did not realize that it was going to pose such a challenge for the Christian community as it does now.

#### **(ii) What do you understand about the Choice on Termination of Pregnancy Act 1996 (Act No. 92 of 1996)?**

Most of the respondents, especially those who are not so highly educated, showed that they understood the Act as destruction of human species, which is against God's will and his word. God gave a command in (Genesis 1:28) (NKJV) after the creation of human species, that we should "Be fruitful and multiply; fill the earth and subdue it; have dominion over the fish of the sea, over the birds of the air, and over every living thing that moves on the earth." That dominion is only to be exercised over *things*, and not over other human beings, who are created after God's likeness and image (Gen. 1:26).

God only is the author of life and therefore God alone has the right to take it away, and no one else.

Others asserted that it is a form of selfishness that allows people to believe that they are better than other people, in that they have a right to live and others do not. Even worse than that is when people decide who must live and who must not; and yet God has allowed even us to live in spite of ourselves. Who knows if the pregnancy that is being terminated is another great leader like the late President Nelson Mandela or another great man of God like John G. Lake or Nicholas Bengu, the founder of the Assemblies of God?

What kind of a country is it that is unable to protect its vulnerable population: the innocent, helpless unborn babies? A country that teaches its young people that it is okay to kill another person if you don't want them to live, or if you believe they are not worthy to live. The courts will find you not guilty; the government will protect you; not only from being arrested by police, but from parental discipline as well.

Those who understand it as sin and violation of human rights find it ironic, that South Africa, with its impressive campaigns against violation of human rights, is able to endorse ***violation of other human rights by other human beings***. When one's human rights impinge on another's human rights, they are no longer "Human Rights."

On the other hand other participants claim that they were concerned when the Act was promulgated, and were wondering how this was going to happen, since Christians in this country are in the majority. To their own disappointment, it appeared that women

had started killing babies in alarming numbers as if they had never heard about Christian values and Christian principles, and nobody was saying anything about it.

One of the respondents quoted Edmund Burke, in a speech in parliament, saying, "...all that it requires for evil to prevail is for good and honest people to say or do nothing..."

This is exactly what has happened in our country; the Christian community has kept quiet for so long and allowed ungodly principles, laws and Acts to be passed in our country whilst they watch, only to wake up when the after effects are showing up, probably in their own families.

Even if the woman succeeds in doing what the Act claims to be her right, adds another respondent, the woman herself dies inwardly a silent death because of the guilty feeling that she carries for the rest of her life, unless and until God himself through His grace, intervenes through his servants, the pastors and Pastoral counsellors. Otherwise most of these women become psychological wrecks for the rest of their lives.

**(iii) Is the Choice on Termination of Pregnancy Act (Act No. 92 of 1996) permitted in your church under any circumstances?**

All the Pentecostal pastors in the Border region of the Eastern Cape confirmed that in their churches the Choice on Termination of Pregnancy Act 1996 (Act No. 92 of 1996) cannot be permissible under any circumstances. Others said it had no place in their teachings on morality, yet others postulated that it should not be tolerated by anyone whether Christian or not.

**(iv) How is the Choice on Termination of Pregnancy Act (Act No.92 of 1996) regarded in your church? (Please elaborate).**

All the pastors in the Border region of the Eastern Cape regard the Choice on Termination of Pregnancy Act (Act No. 92 of 1996) as murder. These are different responses from different respondents: the destruction of human species, which is against God and his word. Whilst others claim that it is regarded as sin and double-killing, in that it does not only kill the innocent unborn child, it kills the woman as well emotionally and psychologically. Yet, still others declared that the foetus is regarded as a human being (umntwana osesuswini) that is a baby inside the tummy, in our culture, and is therefore regarded as devil's weapon to destroy God's creation

**(v) In your opinion, for what purpose do women use the Choice on Termination of Pregnancy Act 1996 (Act No. 92 of 1996)?**

Pentecostal pastors in the Border region of the Eastern Cape hold different views in this regard. These are the responses from different respondents:

One respondent asserted, "We should consider the context in which the Choice on Termination of Pregnancy Act (Act No. 92 of 1996) was promulgated in 1996; it was never meant to be abused or used as a form of contraceptives. It was responding to circumstances around pregnancy, like high mortality rate, which was a result of backstreet abortions that were taking place in every township and village within South Africa. However, every law and every Act lacks its own protection against its own abuse." Some admitted that there are people, who use the Act as a form of

contraception, others are not sure if there are people who might use the termination of pregnancy as a form of contraceptives.

#### 4.4 Experiences of the Respondents When Counselling Women Who Contemplate Termination of Pregnancy and Those Who Have Already Done It

##### (i) Have you had any training in Pastoral Counselling?

The majority of the respondents (N=9/75%) have been trained in Pastoral Counselling whilst (N=2/16.7%) did not receive any training, and one respondent (N=1/8.3%) refused to give his personal details. Details are presented in Figure 4.5 below.

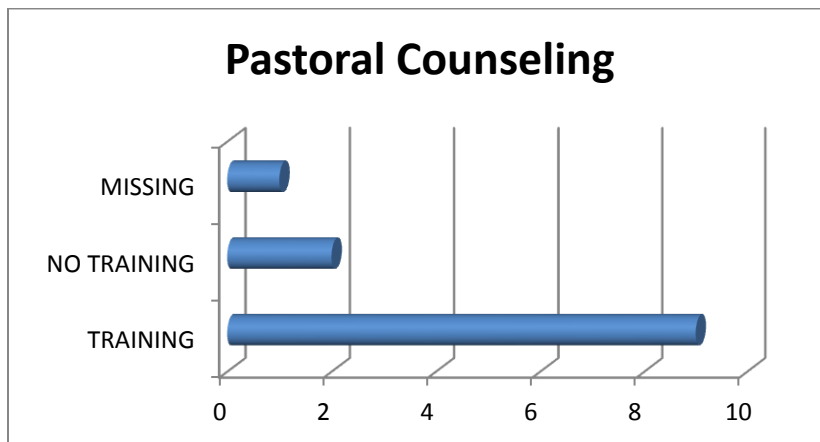


Figure 4-5: Respondents who have been trained on Pastoral Counselling

Most of the pastors who have been trained in Pastoral Counselling are more sympathetic towards some of the issues that confront our communities, like rape, health of the woman, foetal abnormalities and the choice of the woman. On the other hand, those who had no training refuse to allow termination of pregnancy under any circumstances. It may, therefore, be inferred that training in Pastoral Counseling has an influence on the perception about termination of pregnancy.

**(ii) What are the measures that your church takes in cases of a woman who is contemplating to terminate pregnancy?**

All the respondents held similar views in this regard; these are responses from different respondents. They all advised counselling against the termination, and asking challenging questions, like, what if they do not get this gender of the baby again ? What if this is the only baby you were going to have? Some respondents advised against making rash decisions that are motivated by circumstances, because circumstances do change. Others stress education about the sanctity of life; saying, before the man and a woman come together to have sex; God has already determined that a child is going to be born out of that particular union (Jeremiah 1:5); whether the two parties know it or not, and whether it is out of consent or out of violence (rape), or sin (sexual immorality).

On the other hand other respondents stressed the issue of bonding that takes place between the mother and the unborn baby immediately after conception; and that it is that bonding that causes women to suffer psychological effects after the termination of pregnancy.

Others proclaimed the word of God in Exodus 20:13 which declares, "Thou shall not kill". Moreover, one cannot cover sin with another sin, and hope to get things right. The sin of terminating the pregnancy involves taking another innocent life. King David tried it in his adultery with Bathsheba; and covered the consequent pregnancy by killing her husband Uriah the Hittite who was in the battle, unlike the King who was having a good time at home, sleeping with other men's wives (2Samuel 11:1-27). God dealt with the King very harshly, rebuking him through the prophet Nathan, and killing the baby that was conceived in sin (NKJV).

Others still admonished that if the woman has fallen from grace and then discover that she is pregnant; that is the consequence of the sexual sin committed; two wrongs do not make a right. Even Science has proved that for every action there is always an equal and opposite reaction. When someone gets involved in unprotected sexual relations, the results is most of the time, amongst other things is pregnancy. "We cannot therefore be angry at the pregnancy and not angry at what caused the pregnancy in the first place. If we really do not want to get pregnant, we should not want to be sexually involved. Some of us only get wise after the event".

The baby is innocent, others asserted, and therefore should not be the victim of circumstances; suffering for the sin the baby never committed. Besides, termination of pregnancy hurts the person who has done it over a long period of time. Women are by nature compassionate and nurturing creatures, and the decision to terminate pregnancy actually tempers with that inborn element.

Besides, the word of God condemns sex outside of marriage, if we would all heed to that, we would not have all these problems. One respondent emphasized that we should advise them about other options like adoption, but leave the decision upon them to make.” If you prescribe to them what they should do, they will run away and never come back; and still do the termination. Yet if you give them the advice, even if they do not take your advice, they come back and confess when they are confronted with the emotional kick-backs.”

Counselling and teaching about the reverential fear of God and abstinence till the right time, when one gets a committed spouse, because most of the reasons for terminating the pregnancy stems from the shaky relationship after discovering the pregnancy, especially the young people, partners usually run away.

The choice on termination of pregnancy is unable to determine the bond that takes place between the mother and the foetus, declared another respondent; and apparently the emotional trauma that follows the termination of pregnancy stems from that bond. The woman lives with the guilt for the rest of her life, unless God intervenes with his grace, forgiveness, deliverance, healing and restoration, otherwise the woman becomes an emotional wreck.

According to Jeremiah, God does not discover the baby in the woman’s uterus like the mother does, another respondent claimed. He determines the presence of the baby inside the mother’s womb before the parents come together to have sexual intercourse, and actually determine the baby’s gender and destiny. “...Before I formed you in your

mother's womb I knew you; before you were born I sanctified you; I ordained you a prophet to the nations" (Jer. 1:4-5).

**(iii) What is the support the church gives to women who have terminated pregnancy?**

These are responses from different respondents: one respondent said the following, "We take them through counselling sessions which involve confession, repentance, prayer of deliverance and restoration. The most difficult part of this journey is when the woman is unable to forgive herself, even though you convince her through the Scriptures that God forgives all sins (1John 1: 8-10)."

Most women suffer from condemnation, added another respondent, especially those who were active members participating in various ministries within the congregation. They feel ashamed of themselves and what other people might think about them, forgetting that there is somebody bigger than all of us put together, the creator of the universe, who is able to see not only what we do, but even before we do it (Psalm 139:1-6).

Still another one suggested that, as you take them through counselling sessions, lead them to a place where they recognize what caused them to stumble on the way. Because we believe that unless and until they locate themselves and know where they are at a particular time, and where they have fallen; the chances of falling again are very high if they do not recognize where they have fallen. Continue with counselling and the teachings on holy living.

The other respondents further added that they realize that they are dealing with someone who is in an emotional turmoil, who cannot rest emotionally even if she wants to. She has been trying to hide something that no one else knows about except the woman herself, but she does not believe that; she thinks somehow people know about it, that is why they are battling to hide it. Much patience and understanding is necessary, much love and acceptance is crucial, because they already fear rejection because of what they have done.

Another respondent said, sometimes you deal with people that have nightmares; others hear the screams of the baby, and others hear voices telling them “you have committed an unpardonable sin.” Some try to hide these manifestations, but the manifestations show up in their behaviour unconsciously. Gentleness and sensitivity is essential, adds another respondent, because they are sitting at the edge; very fragile and broken, most importantly, God’s guidance is of utmost importance because each case is unique.

Also advise them on the importance of having someone to talk to when overwhelmed by temptations, urged another respondent. “The power of sin is in its secrecy,” the more you hide sin, the more power you give to it to overpower you; yet when you confess your shortfalls, the better for you. Scripture admonishes us to confess our sins to one another so that we can pray for one another and be healed (James 5:16).

Some of the respondents further stated that it was important to continue with counselling until fully restored. This can only be accomplished by allowing the woman to confess before God all the sins she has committed and to recall the circumstances that led her to take the decision to terminate the pregnancy. Try to establish what the

response would be when confronted with the similar circumstances again after these sessions.

The response to this question, the respondent argued, will give you a clear indication of whether the woman is fully restored or not. Give them the assurance of God's love and His ability to forgive even the worst perceived sin. Let her know that before God there is no sin that is greater than another sin. Make sure that she does not stay in condemnation for what she has done. Shower them with lots of love, and make them feel accepted in the beloved (Christian community).

The issue of prayers, counselling, confession of sins and reconciliation is of paramount importance because most of them feel rejected. If possible let them meet some of those who have recovered from the same predicament within the congregation. That will make them more comfortable to relate than to those that do not understand what they go through.

In addition, the respondents stated that they group them together and give them some responsibility within the church so that they realize that their contribution is still valuable. That will also help them to get over it quicker when their accountability is demanded like it is with the rest of the congregants. That will also boost their confidence and enhance their healing.

Offer ministry of deliverance. Immerse them into the word of God so that they keep meditating on Scriptures that speak of God's love and forgiveness. Get them to forgive themselves first, because most of the time they battle in this area. Unless they master

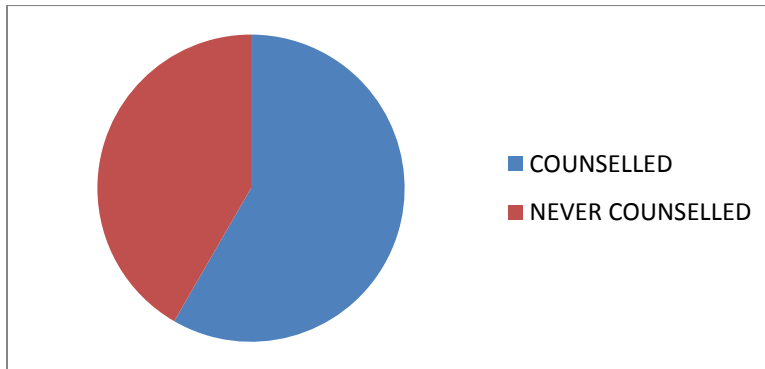
this, they will not be able to accept God's forgiveness, and they just continue in a downward spiral until they hurt themselves even further.

Others get so overwhelmed by the psychological effects that they drown themselves in alcohol, trying to escape from the reality; because the flash-backs haunt them and keep them awake at night. But when they sober up, everything comes back again, and this becomes a vicious cycle. In cases of alcohol dependency, do referrals for rehabilitation to places like Alcoholics Anonymous, whilst continuing with counselling.

The inability of most women to forgive themselves seems to be the major problem after terminating the pregnancy; especially those who know the truth of the Scriptures and have been active members within the congregation. They are worried about what the rest of the congregants are thinking about them; with that they remain in condemnation for the rest of their lives, and running away from people.

Sometimes they will confess that they know God and the Pastor will forgive them, but are not sure if their fellow-congregants will really forgive them. They are scared if their fellow-congregants pass remarks they might not be able to take them too well. Get them to understand that everyone is battling somehow with some issues that other people do not know about. It might not be the termination of pregnancy, but we all need God's grace to fix our lives that may be in a mess. The most important relationship that must be established is the vertical one, which is between God and man; when this relationship is in order, it will assist us to get the rest (horizontal) of the relationships in order.

**(iv) Have you ever counselled somebody who was contemplating to terminate pregnancy? If yes, what were your experiences?**



**Figure 4-6: Responses from different respondents' experiences**

The majority (7= 58.3%) of the Pentecostal Pastors in the Border region of the Eastern Cape had counselled one or more women who were contemplating the termination of pregnancy, whilst (5=41.7%) had never counselled anyone. Those Pentecostal pastors who had never done any counselling on these women are aware that this is not the indication that they do not have these categories of women in their congregations. Other pastors testify that some women, because they feel ashamed, they run away upon discovering their pregnancy, and go and join another church where nobody knows about them.

These are the responses from different respondents' experiences within the different focus groups:

One respondent shared about one couple who had decided before-hand that they would not have babies immediately; they needed to enjoy themselves and sort out some

things first, like buying a new home, a car and so on. In the course of time, contraceptives failed, and the woman fell pregnant, to which the husband reacted negatively and demanded that the pregnancy be terminated immediately, because the baby was not part of their plans. He was so angry that the wife and her pregnancy would thwart their plans which they had both agreed upon.

On the other hand, the wife was bound by her own beliefs, convictions and Christian ethics, and was refusing to terminate the pregnancy. She was grieving and saying, "I love what I'm carrying; I won't be able to live with myself if I kill this baby." This disagreement put a tremendous strain on the relationship, threatening the stability of the marriage. They went to him for counselling.

The respondent explained to them that if they terminate this pregnancy, they might not have this particular gender of this baby again, and what if this was their only child that they were going to have. "Moreover, the wife did not trick you into this pregnancy, it is the contraceptives that have failed; besides, this is your own baby not somebody else's, you can always review the plans." At last, the husband gave in, the pregnancy was preserved, and the baby boy was born, and shortly afterwards they had a baby girl. The husband will ever be so grateful for the respondent's counselling and advice, because it happened to be the only son that they would ever have.

Another respondent told a story of a young girl who confessed that she went to a party with her friends, a group of young girls and got drunk, with another group of young boys. They all had sex with one another, with each boy jumping from one girl to the next in the same room for the whole night, just for the fun of it.

Two months down the line she discovered that she was pregnant, and she became very angry at the very thought of that night; to think that she did not even know who the father of the baby might be. She had no other option but to terminate the pregnancy, for she thought, each time she looked at the baby she would be reminded of that stupid night.

The respondent together with the young girl's mother begged her to give the baby to her mother after birth, who was offering to raise the baby up for herself. The girl insisted that she did not want to see the baby or know where the baby is. She added that it was going to be worse for her seeing her mother raising the baby in the same house where they all stay. She further stated that the way she hated that baby, she cannot share the same room with, and breathe the same air with that baby in one room.

Even if she gives the baby up for adoption, as suggested by the respondent; the girl asked what if one day she bumps into the baby at the mall, having been raised by somebody else whom she does not know. She said she would rather be sure that the baby is dead and not be surprised by the sudden appearance of the baby before her face in the long run. They both gave up, and the young girl went ahead with the termination with the mother grieving for the unborn baby. The respondent never saw the young girl again.

Another respondent did counselling to the young girl who was raped and wanted to terminate the pregnancy. The respondent called the parents of the young girl in and included them in the counselling sessions. He advised the family to preserve the

pregnancy and trust God for healing the scars of rape, and to provide for the needs of the family when the baby is born.

The respondent also stated that he reminded them about a South African gospel musician, Solly Mahlangu, whom they happened to know; who is a product of rape, and whom God is using to advance the gospel of Jesus Christ through his Gospel music; and how he is prospering because God intended for him to live and not die. The pregnancy was preserved, and the respondent continued to be a support structure to the rest of the family, for which they are all so grateful.

In the same wavelength, one of the respondents also articulated that he had done a lot of counselling with women that are contemplating terminating the pregnancy for various reasons, ranging from being dumped by the partner, to just lack of readiness for motherhood. At some stage he felt impressed by God to take up these children and adopt them, which he did with much fulfilment. He and his wife have already adopted two of these rejected babies from different race groups.

He also asserts how they have admonished their adoptive children to forgive their biological parents for not raising them up; and that it was them (respondent and his wife), not their parents, who were chosen by God to raise them up. The couple obeyed God because they revered Him, and that they trust God to have their best interests at heart, both the adoptive parents and the adopted children. Most importantly, the couple chose to adopt them because they love them.

Furthermore, the results of the study indicated that, the Pentecostal pastors had played a role of counselling people in their churches. This is evidenced by the statement below:

the respondent articulated another experience of a young girl who was raped and wanted to terminate the pregnancy, because she thought the bad memories would cause her to hate the baby, and that the baby will be a constant reminder of that painful rape experience.

The young girl was even threatening to commit suicide if she was forced to keep that baby whom she does not want. The respondent advised the girl's parents to be part of the counselling sessions, though the parents were not Christians and did not want anything to do with the church.

The pastor first counselled them for the rape ordeal, and that they should forgive the perpetrator, which was very difficult for both the young girl and her parents; so that God may intervene and bring about healing and restoration in their own lives. Eventually the girl admitted that she was ready to forgive the rapist, and that she was going to mother her child. The parents were so happy to hear their daughter forgiving and releasing the perpetrator, and they also joined her and pledged to give her full support in raising her baby.

The baby was born, and the respondent committed the whole congregation to the full support of that entire family for all their basic needs. That gesture won the whole family to the fellowship of believers; the whole family got born again and is serving God faithfully, to the respondent's fulfilment.

The research study also showed that at times the pastors do not only counsel people from their congregations but their own families too. This is indicated by what one of the respondents said: the respondent did counselling to his own daughter whom he loved

so much but she disappointed him by falling pregnant and refusing to tell him who made her pregnant. He begged his daughter not to terminate the pregnancy, and that if she hates the unborn baby so much, she must give the baby to him after birth, he will raise the baby up for himself. The young girl was adamant that she wanted to get rid of the pregnancy with the mother's support.

He was later called to the hospital where his daughter was nearly dying in the Intensive Care Unit, following the termination of pregnancy with the full knowledge of her mother, and not the father. He told her that she needs to repent before God, and ask for forgiveness, God would hear from heaven, forgive her, and cleanse her from all unrighteousness (1John 1:9-10), and heal her body.

The pastor agonized as he relates that up to now he does not know who made her daughter pregnant, and that she and his wife are refusing to tell him. By God's grace the young girl survived by what he calls "God's miracle." Unfortunately, after this ordeal, the couple divorced.

**(v) What would be your advice to a woman who has been raped and discovered that she was pregnant?**

Pentecostal Pastors in the Border region of the Eastern Cape hold similar views in this regard. These are their responses: they stated that they would advise to do counselling for emotional trauma, make it clear that pregnancy itself is not sinful, neither is the unborn baby. The unborn baby cannot, and should not suffer the consequences that should have been suffered by the offender, that is the rapist. The rapist must pay the penalty for his sin; must be sent to jail for rehabilitation, his behaviour needs to be

corrected. Pray for emotional healing and deliverance; continue with counselling even beyond pregnancy.

On the other hand, the other respondents insisted that the baby must be born and given an opportunity to display her/ his capabilities. The pain of rape is externally induced, but the pain of abortion is self-induced, which might just compound the pain, making the situation even more severe for the woman, let alone the complications that will follow afterwards.

They added that it is their duty to convince the woman that it is not her fault that she was raped, and that God is able to turn what the devil meant for evil and produce something good (Genesis 50: 20). God has a plan and a purpose for every life that is created, whether through consent or violence, which in this case is rape. We can only submit our pain and hurt to God; He will take care of that, whilst we are raising the baby. The baby should be dedicated to God even before birth, and that through the pain of rape, God's name should be glorified in the child's life.

Furthermore, another respondent added, before the man and a woman come together for sexual intercourse, God had already determined that a child is going to be born out of that union (Jeremiah 1:4-5), whether the two parties know it or not. If God has determined a life to exist, who then has a right to destroy that life?

The baby must be born and the woman must go for counselling, pray for the woman to forgive the rapist, and commit her life and that of the baby to the Lord. The hand of the Lord is not too short (Isaiah 59:1) to reach even the deepest pain, healing is our portion; we can only receive it by faith.

Another respondent advised to let the woman know that God is not the author of evil, the devil is; but when God allows evil to happen to us, He always has a greater purpose than the pain itself. There are various men and women of God who have gone through painful experiences in life, but God has been faithful enough to use the pain in their lives as a testimony of God's goodness in other people's lives. He uses them to minister to those who are going through similar circumstances with good effect, because they minister from their hearts and not from their heads.

In the same vein, another respondent articulated that it is vital that the hurting women are immersed in the word of God so that their shattered confidence and self-esteem should be restored. Shower them with lots of love so that they feel secure and cared for. Let them know that God still loves them in spite of what has happened to them, and is ready to minister His love and healing to them, if they can open their hearts to him and receive what he has to offer.

This respondent further added that these women must not be subjected to any form of judgment or condemnation, because already they feel condemned because of what had happened to them. Let the baby be born and given lots of love, and most importantly, be dedicated to God for the rest of their lives.

**(vi) What would be your advice to the woman who is pregnant from her relative?**

All the Pastors in the Border region of the Eastern Cape held similar views with regard to the advice they would give to a woman who has been impregnated by a relative. These are the responses from different respondents: Rape and incest belong to the

same category of sin, but the pregnancy and the unborn the baby are not sin; the baby must be born and the perpetrator sent to jail for rehabilitation. Give counselling and emotional support. There is an emotional aspect of our lives that we tend to forget when we make decisions, adds another respondent, and it is this area in our lives that suffers most, and unfortunately most ignored.

All life comes from God, adds another respondent, whether it is conceived through sin (rape and incest) or in love relationship by consent. During sexual intercourse a man provides a seed, and then God gives the spirit; by that time the plan of God about a human being starts to unfold. Who then has a right to cancel or stop what God has ordained to exist, or the plan of God? The baby must be protected and be born, cared for and loved because he/she did not apply for the circumstances that he/she found her/himself in. All children have a right to be loved and cared for according to the South African Constitution of 1996, asserted another respondent.

In addition, pregnancy in itself is not sinful, neither is the unborn baby, so the baby should not suffer the consequences that should be suffered by the offender, that is the rapist or the child molester; both must go to prison for rehabilitation. Offer counselling, prayer and emotional support to the woman, the relative should be punished by law for taking advantage of the innocent young girl. By the way God does not make any mistakes, argued another respondent; that which we think it is a mistake, could just turn out to be the perfect will of God. God has a plan and a purpose for each and every life that is conceived. Who then has the right to destroy or kill what God Himself has intended for it to live.

Another respondent articulated that if the young girl has been raped by the relative, he must take full responsibility for the baby after birth, but if there was mutual agreement, then the two of them should raise the child together. If people do not obey God's laws, get involved in sexual immorality then fall pregnant, they must suffer the consequences of their sins, two wrongs do not make right, and you cannot cover one sin with another sin. The baby is innocent and therefore should be born, the mother should be taken for counselling; the relative, if there was no consent between the two, must be sent to jail.

What kind of a country is our country? Asked another respondent; "A country that teaches its young people that it's okay to kill other people if they do not want them to live. A country that cannot protect its vulnerable population: the innocent, helpless, unborn baby." The government will protect them, not only from the police, but from their own parents as well, in cases of young girls who want to terminate their pregnancies against their parents' approval.

Another respondent also said, "With this high incident of rape and child molestation in our country, do you mean all these innocent babies must be killed?" What if God wants them to live for his own purposes, like the blind man in (John 9:2-3); where the disciples asked Jesus, "Who sinned, this man or his parents that this man was born blind? Jesus answered, "Neither this man nor his parents sinned, but that the works of God may be revealed in him." What if God wants to reveal His goodness and His purposes through these innocent children that were born in sin, that of rape and incest?

**(vii) What would you advise a woman who has seen on the scan that her baby has deformities?**

All the Pastors in the Border region of the Eastern Cape held similar views in this regard. These are the responses from different respondents: they argued that deformities do not reduce a human being into a level lower than other human beings. God still breathed into the nostrils of that individual and he became a living being; that means all of us are equally hopeless and useless without God, even though our scans showed no deformities.

There is fair amount of evidence where the scan showed abnormalities, but when the baby was born there were none; whether the mother prayed for the abnormalities to disappear or the scan was faulty, leaves a room for more research to be done. So let the baby be born, and the rest should be committed into God's hands, argued another respondent.

What if there was no scan? Asked another respondent, would you not carry your pregnancy to full term and love your baby? Why bother with the scan in the first place because pregnancy is a natural phenomenon, why do we not allow nature to take care of itself? Just give birth to the baby, and we will cross the river when we get there, added the respondent. After all, our country caters for disabled people in numerous ways. There are special homes that cater for babies with severe foetal abnormalities, where trained personnel offer their services. Every human being is entitled to love, respect and fair treatment with dignity, whether disabled or not.

Some respondents added that, some of the disabled persons do things that we cannot do with all our normal selves; they partake in various sports that other well-bodied individuals cannot even try. They might not have hands and feet like we do, but they can preach and worship God better than all of us put together. Give them a chance to prove their worth and make a contribution in this life and in the world.

It was further added that Health issues should be dealt with as the Spirit leads; Medical Science should be given its place, but God is bigger than the doctors, He has the final say, not the doctors. God can still perform a miracle in the midst of the doctors' helplessness and hopelessness, and in the face of severe foetal abnormalities.

Who said God has no plan for cripples? We even have a Paralympics team in South Africa for the disabled people called (Amakrokokroko), but you are not in any team, yet you have no disability, but you want to get rid of them even before they show up, argued another respondent. Can you imagine if your own mother would have terminated your life because she felt you were not worth living, how would you feel? Asked another respondent, can you imagine if Pastor Bengu, the founder of Assemblies of God, had his scan miss-read by the doctor to say that he had multiple foetal abnormalities and his mother advised to terminate her pregnancy on that basis?

All these questions asked above by these different respondents are an indication that the Pentecostal pastors in the Border region of the Eastern Cape view life as something sacred that only God should have a final say in anybody's life irrespective of the circumstances, reiterated another respondent. Anything that is man-made is not perfect, scan is man-made, added another respondent. If the baby has foetal abnormalities, let

the baby die a natural death, and not be killed. Death cannot be controlled by man that did not give life to anyone, let God, and God alone decide who should live and who should die because God alone is the giver of life.

There is a natural bonding that takes place between the mother and the unborn baby immediately after conception, and that is the thing that no man can kill, asserted another respondent. It is actually that bonding that makes women suffer emotional and psychological effects after the termination of pregnancy. The scan and the doctor can advise you to terminate the pregnancy for whatever 'so-called' valid reason they claim, but it is the woman and the woman only that suffers these after effects of termination of pregnancy.

**(viii) What would you advise a woman whose pregnancy poses a threat to her health?**

Pentecostal Pastors in the Border region of the Eastern Cape also held similar views with regard to a pregnancy that poses a threat to a woman's life. These are the responses from different respondents:

One of the female respondents was talking from personal experience. She had an ectopic pregnancy, and the Gynecologist advised her to terminate the pregnancy, which was against her personal and Christian convictions. In cases of ectopic pregnancy, the fertilized ovum lodges not inside the uterus, but instead, on the walls of the Fallopian tube, resulting in an excruciating pain. The more the foetus grows, the more it stretches the tube, and this may cause the tube to eventually burst; thus killing both the mother and the baby.

This is what she said: *I battled to make the decision for termination of pregnancy even though they made it clear to me that there is no other alternative. And even though my husband is a Medical doctor and had convinced me about the complications, and assured me of his full support, it was not an easy decision to make.*

*I decided to see my Pastor eventually for advice, and his response was, "I would rather have you healed and fully operational than losing you to save the baby that I might never see, who will still be looking for a mother to breastfeed if you die." Eventually I gave in and have my pregnancy terminated because of ectopic pregnancy. Be that as it may, I still suffered the emotional effects afterwards, trying to wonder what could have been the gender of my child.*

*The participant added, sometimes wondering, if I had kept the pregnancy a little longer, would I really die with all these doctors around me, including my husband, even though they already know my situation, could they not rather keep a watchful eye on me? In this case I would have no option but to advise the woman to go for it, but give full support and counselling till the woman is fully restored.* The respondent admits that the emotional pain was unbearable, and for her this is the only valid reason for the termination of pregnancy.

Most respondents asserted that the doctors should be given a hearing, especially if the woman has already made the decision, in conjunction with the partner of course. They all advised to offer counselling and prayer for more strength to try again for another child. Remember, we are now left with only one tube. Oh! We all need God's grace and wisdom on this issue.

Whilst others still maintain that if we can trust God for provision, we can still trust Him for healing, we would continue praying for God's intervention; get the mother under constant supervision of the capable doctors. Try to preserve the pregnancy but with much caution, the doctors must do their job. You know, I still believe in miracles; besides, what guarantee do you have that if you terminate the pregnancy the woman would survive? Do counselling anyway but continue trusting God, added another respondent.

Still others claim that those are human limitations, God has no limitations. Doctors can only report what they see, but God can see beyond the physical. We can only trust that God will do what only He can do, that no man can do. Doctors, no matter how educated they are and how sophisticated their machinery, they still remain human. Preserve the pregnancy for as long as possible.

#### **4.5 Existing Strategies That The Respondents Use To Inform Its Members On The Choice On Termination Of Pregnancy Act 1996 ( Act No. 92 Of 1996)**

- (i) **What strategies is your church using to educate congregants about the Choice on Termination of Pregnancy Act?**

All the Pentecostal Pastors in the Border region of the Eastern Cape hold similar views in this regard. None of the respondents had any strategies in place to educate their members on the Choice on Termination of Pregnancy Act. These are the responses from different respondents:

“We do workshops and teach our members on Godly principles of holy living basing our teaching on the word of God.” Others admit that they have never thought about developing strategies, one of the respondents had a very interesting remark on this question, and he said:

*The church is a living organism; it receives people as they come, as victims of different circumstances. The Law lays down procedures based on previous experiences; and the procedures lack insight to deal with certain problems that it will deal with in the future. Yet, the Bible contains all the answers for all the problems of humanity, past, present and the future. Moreover, society is not fixed to any particular context, circumstances change with time.*

*He added that he does not see any need for the strategies to be laid down, because you might not have any challenges that require the strategies that are laid down; instead, continue to receive new challenges that you have never read about in any book, or encountered in any experience. We should rely on the guidance of the Holy Spirit, who is all-knowing and all-powerful.*

*Biblically, the law has proven to be a failure in bringing stability to the social and economic lives of the people, argued the respondent. The law tells you what not to do, “thou shall not kill,” but it does not tell you how not to do it. It does not give you power not to do it. Grace on the other hand, gives you the power to do things you are not supposed to do, and not able to do, like forgiveness.*

*This is the reason God sent Jesus on earth, to usher in the dispensation of grace. Grace does not repeal the law, Jesus came not to do away with the law, but to fulfil*

*the law (Mathew 5:17). Grace gives you power not to do the things you are not supposed to do; and it gives you power to do the things you would not be able to do on your own, like forgiveness and reconciliation. It grants you favour to withstand the things that on your own you would not stand.*

**(ii) As a Pastor, what strategies would you use in your own family to educate your family with regards to the Choice on Termination of Pregnancy Act?**

All the Pentecostal Pastors in the Border region of the Eastern Cape held similar views in this regard. These are the responses from different respondents: All the respondents use the same principles in their families as they use in their churches. They say that truth is truth inside the church as well as outside the church, the word of God does not change and they base all their teachings on the Scriptures.

**(iii) What are the challenges that women encounter in the church strategies that educate them about the Choice on Termination of Pregnancy Act?**

All the Pentecostal Pastors in the Border region of the Eastern Cape also held the same views in this regard. All the respondents declare that there are no challenges, since there are no strategies, but all their congregants are happy with the way they conduct their teachings, and they welcome them.

**(iv) Do you have a doctrine or teaching in your church on the Choice on Termination of Pregnancy Act 1996 (Act No. 92 of 1996)?**

All the Pentecostal Pastors of the Border region of the Eastern Cape hold similar views in this regard. None of the respondents had any doctrine or teaching on the Choice on Termination of Pregnancy Act.

## **SECTION 2**

### **4.6 RESULTS OF THE QUANTITATIVE STUDY**

#### **4.6.1 Introduction**

The results that are presented in this chapter are based on the responses of the participants on the questions that were asked in the Questionnaires which were given the respondents to answer. The whole procedure was explained beforehand in detail to the respondents concerning the questionnaires and the consent was obtained. The respondents were also advised that they have a right to stop at any time of the research without any fear of being penalized or victimized by the researcher or anyone for that matter.

The Questionnaires were in both English and isiXhosa versions, and they were a total of 100 Questionnaires. Some of the questions were not answered because some of the Pastors were not conversant with the Choice on Termination of Pregnancy Act 1996

(Act No. 92 of 1996); which is characterized by the missing data. Still others were omitted because the Pastors felt that the questions were too personal, requiring them to speak about their callings, which they claimed it is between them and their God.

#### **4.6.2 Demographic Characteristics of the Respondents**

The respondents in the quantitative approach are junior or associate pastors, as against the respondents in the qualitative approach, which consisted of Bishops and senior pastors. The researcher wants to testify that all the pastors who refused to fill in their personal data were males and two females. The missing data in this section (Section 2) does not affect the validity and the reliability of the study. The details are presented in Figures 4.7; 4.8 and 4.9 below.

Approximately 67% of the participants range between ages 30 and 60 years of age, as shown in the figure below.

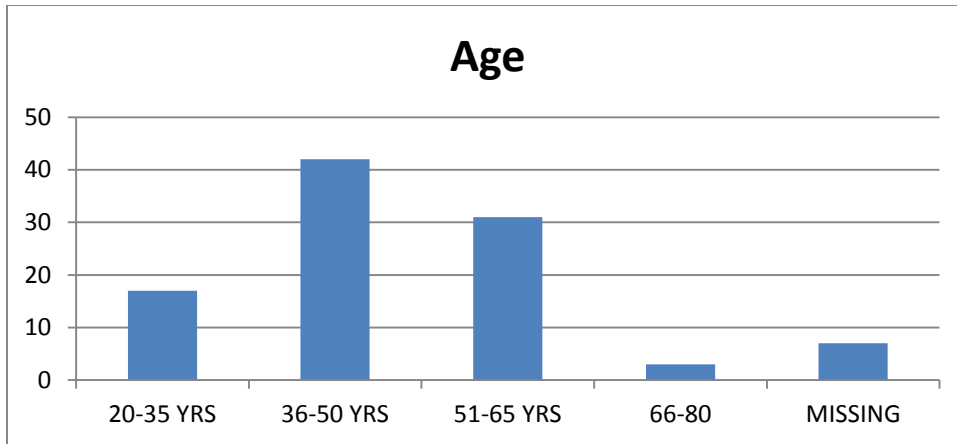
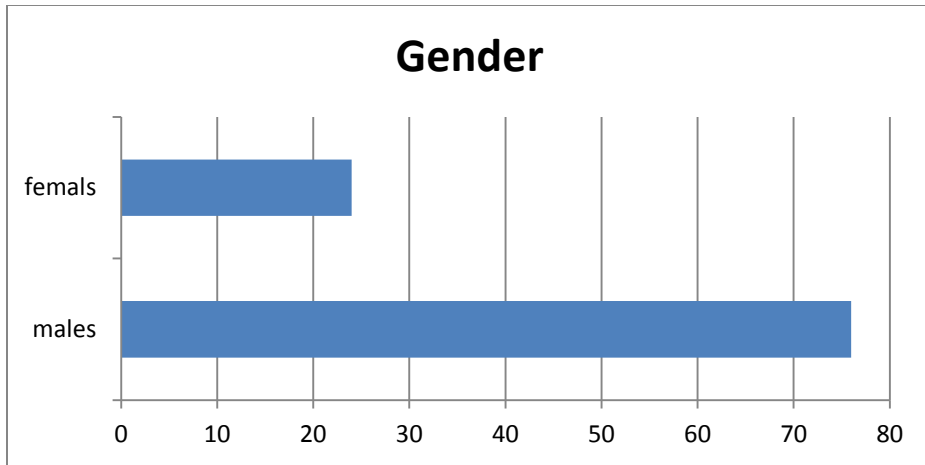


Figure 4-7: Age Profile

of the Respondents

The majority of the pastors are in the bracket 36-50 years, and these are mostly those who are totally against termination of pregnancy irrespective of the circumstances. The younger pastors are sympathetic to the cases which have circumstances that are beyond the woman's control, like rape, incest and the foetal abnormalities.

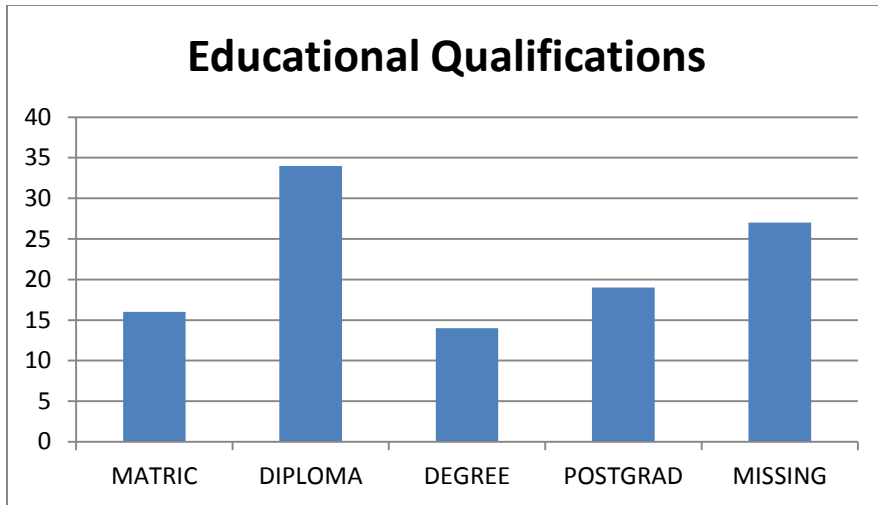
This study revealed a high percentage of male pastors in the Border region of the Eastern Cape, constituting 76%, as against 24% of female pastors, as shown in the figure below.



**Figure 4-8: Gender of the Respondents**

One of the female respondents alluded to the fact that the reason they have not come up with a solution with regard to the Choice on Termination of Pregnancy in the province is because males are dominating in all spheres of our lives, even in the church and especially in matters pertaining to women.

Approximately 33% of the respondents possess one or two degrees, whilst 34% possess diplomas and approximately 16% possess a Matriculation certificate, as shown in the figure below.



**Figure 4-9: Educational Qualifications of the Respondents**

Quite interesting to note is that, pastors with post-graduate qualification, most of their junior degrees are not ministry related, that is they have no theological base; instead, most of the respondents have added to their respective degrees a Theological Qualification or training. Their input is balanced, because it is not only theologically based, but also scientific in approach. Most of the Diplomas are Theological Qualifications, whilst most of those respondents with a Matriculation certificate confess that they did not receive any theological training, but received on-the-job training from their senior pastors and being guided by the Holy Spirit.

#### 4.6.3 Description and Analysis of Pentecostal Pastors' Level of Awareness with Regard to the Choice on Termination of Pregnancy Act 1996 (Act No 92 Of 1996)

##### Statement 1: The Choice on Termination of Pregnancy empowers women.

The missing data represented by not sure indicates that the respondent's level of awareness concerning the Choice on Termination of Pregnancy Act 1996 (Act No. 92 of 1996) is minimal. The majority of the respondents (N= 82/82%) do not agree that the Choice on Termination of Pregnancy Act empowers women, only sixteen (16/16%) agree, the rest (2/2%) are not sure. Details are presented in Figure 4.10 below.

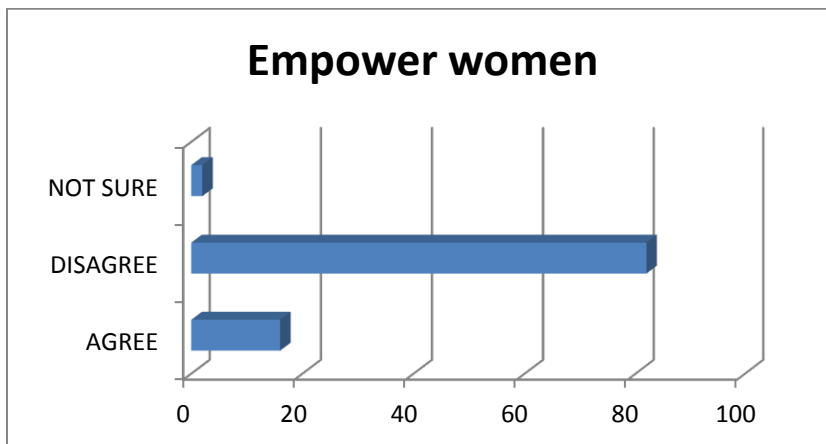


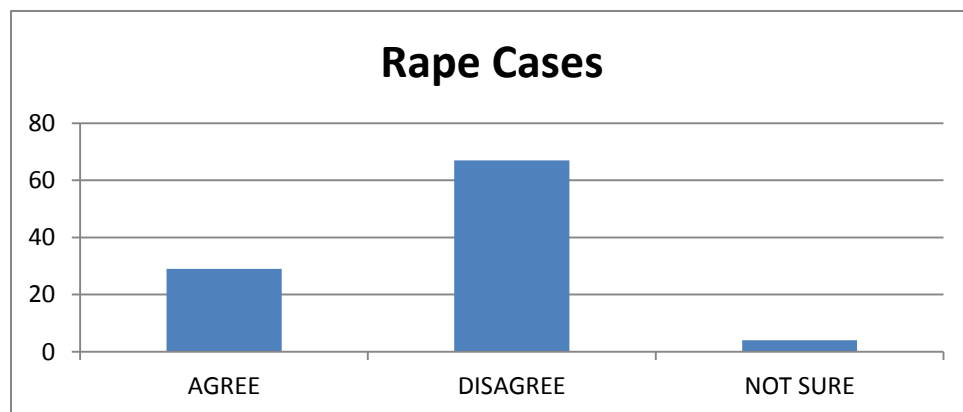
Figure 4-10: The Choice on Termination of Pregnancy empowers women

The majority of the respondents does not welcome the Choice on Termination of pregnancy and therefore do not consider it as empowering to women more than causing harm to them. Besides, others claim that, this insinuates that women can lead irresponsible or careless sexual lives knowing that they will terminate their pregnancy. Moreover, those who agree (that termination of pregnancy empowers women have this

to say, “Having a choice is better than not having it at all, the choice assumes that women are intelligent, reasoning, and capable of exercising judgment on matters that will affect them and also others around them.”

**Statement 2: The Choice on Termination of Pregnancy may be considered in cases of rape.**

The majority of the respondents (N=67/67%) did not agree that the Termination of Pregnancy may be considered in cases of rape, whilst (29=29%) agree, and the rest (4/4%) are not sure. Details are presented in Figure 4.11 below.

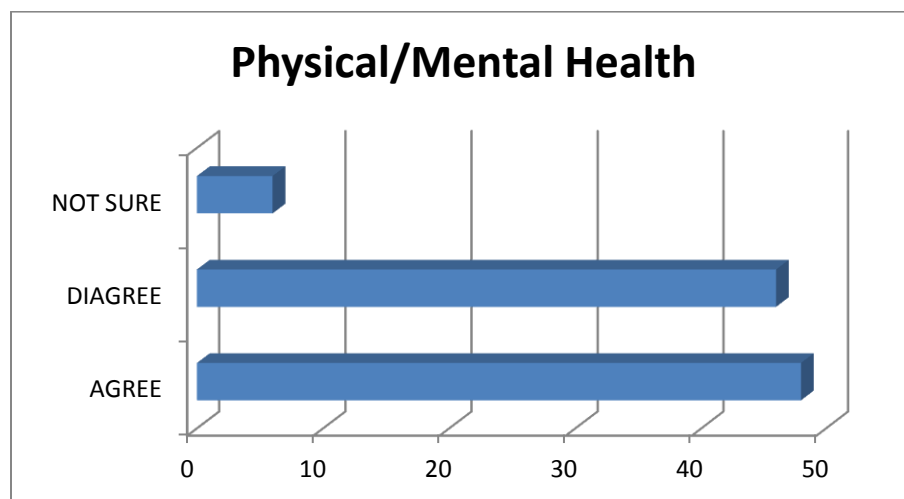


**Figure 4-11: The Choice on Termination of Pregnancy may be considered in cases of rape**

The majority of respondents believed in the sanctity of life, and therefore to them termination of pregnancy for whatever reason is tantamount to murder. They believe that even in rape God has ordained a life to exist, and therefore that life should not be tempered with. Those who agree say that the choice gives the woman a sense of control of the situation, which can serve as a means of restoring the dignity that has been violently stripped away during the rape ordeal.

**Statement 3: The Choice on Termination of pregnancy is permitted if the physical or mental health of the woman is at risk.**

The majority of the respondents (N=48/48%) did not agree that the Choice on Termination of Pregnancy is permitted if the physical or mental health of the woman is at risk. Details are presented in Figure 4.12 below.

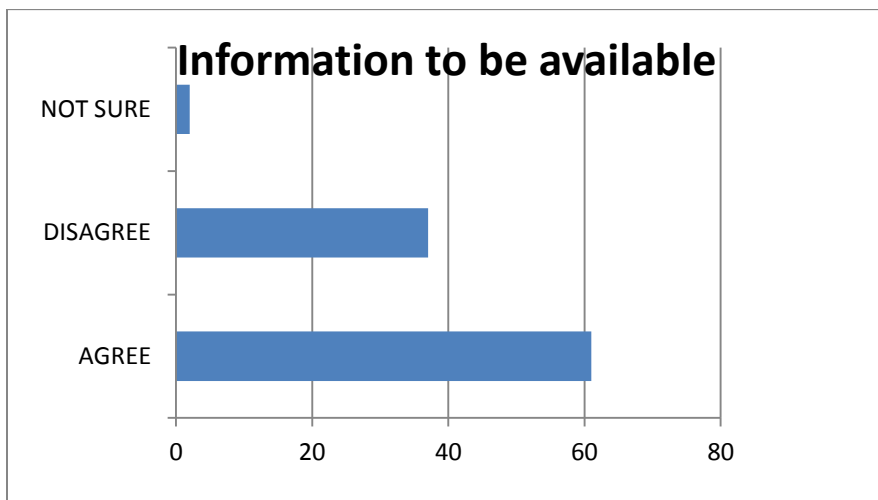


**Figure 4-12: The Choice on Termination of pregnancy is permitted if the physical or mental health of the woman is at risk**

The majority of the respondents would like to consider the well-being of the woman. One of the respondents even said, "The life of my wife is more important than the child." Those who disagree with the statement (46/46%) are concerned with the sanctity of life, and they suggest that we put our trust in God and trust God for a miracle, the rest (6/6%) are not sure.

**Statement 4: Information about the Termination of Pregnancy should be readily available to everybody.**

The majority of the respondents (N=61/61%) agree that the information about the Choice on Termination of Pregnancy Act should be available to everybody. However, (37/37%) disagree and the rest (2/2%) are not sure. Details are presented in Figure 4.13 below.



**Figure 4-13: Information about the Termination of Pregnancy should be readily available to everybody**

Those who agree that information should be readily available to everybody believe that knowledge is power; the more people know about any particular subject, the better it is for them to make informed decisions concerning it, and for their own protection. However, those who do not agree with this statement think that the more people are exposed to some knowledge, the more they would like to explore, to their own disadvantage, especially for the young girls.

**Statement 5: The choice on Termination of Pregnancy is permissible if pregnancy resulted from incest.**

The majority of the respondents (N= 69/69%) do not agree that the Termination of Pregnancy is permissible if pregnancy resulted from incest, while (22/22%) agree and the rest (9/9%) are not sure. Details are presented in Figure 4.14 below.

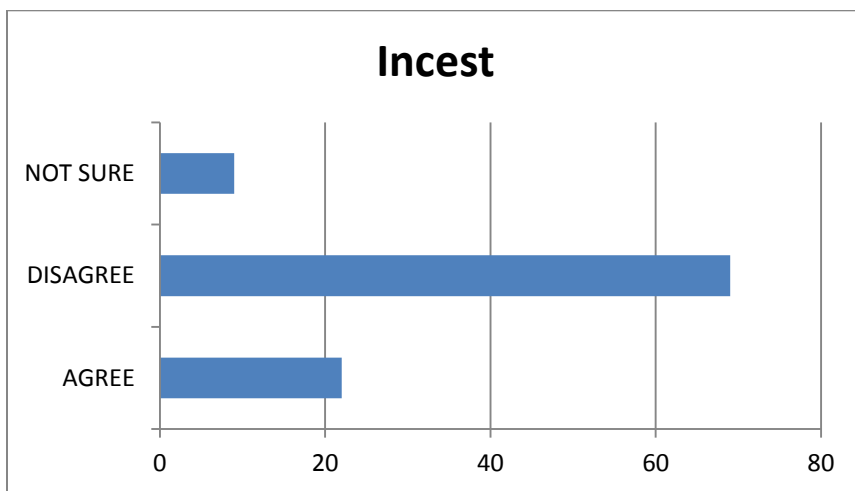


Figure 4-14: The choice on Termination of Pregnancy is permissible if pregnancy resulted from incest

Those who disagree with the statement claim that there has always been incest in previous generations, they claim; even Lot in the Bible had children from his two own daughters (Genesis 19:30-38). Moreover, elderly people had a way of concealing it and allow the baby to live; after all, it's a family affair, but the perpetrator only, and not the unborn baby, should be dealt with. However, those who agree claim that the mother may not be able to explain to her child as to what happened. Sometimes this may give rise to family feuds, which make life difficult for the child concerned; so for the child's protection against family feuds that make the child uncomfortable, termination is the best option.

**Statement 6: Women have a right to exercise their Choice on Termination of Pregnancy if they so wish.**

The majority of the respondents (N=57/57%) do not agree that women have a right to exercise their Choice on Termination of Pregnancy if they so wish, with (39/39%) who agree with the statement and the rest (4/4%) are not sure. Details are presented in Figure 4.15 below.

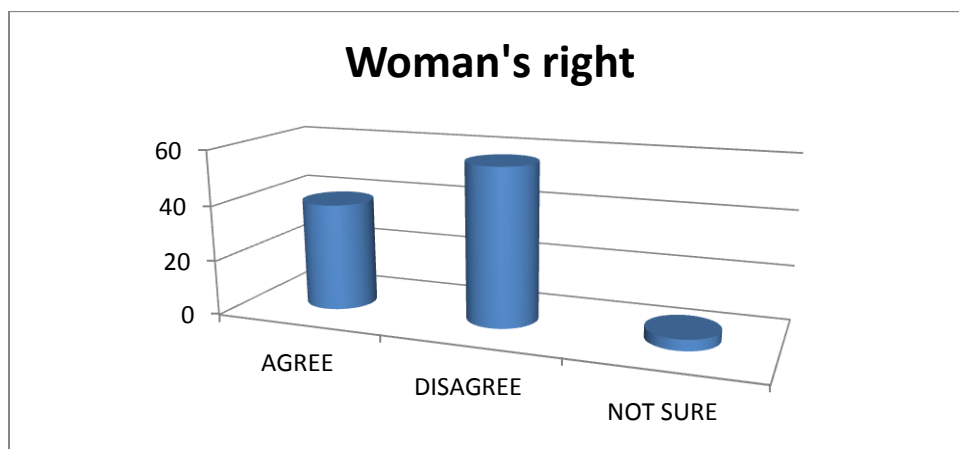


Figure 4-15: Women have a right to exercise their Choice on Termination of Pregnancy if they so wish

Those respondents who disagree with the statement feel that when one's rights impinge on another's rights, are no longer human rights. However, those who agree with the statement claim that this is a democratic country; and everyone has to exercise their own rights, and has a right and a choice on what is happening to her body and life.

**Statement 7: Choice on Termination of Pregnancy is permissible under individual beliefs.**

The majority of the respondents (N=58/58%) do not agree that the Choice on Termination of Pregnancy is permissible under individual beliefs, while (33/33%) agree and the rest (9/9%) are not sure. Details are presented in Figure 4.16 below.

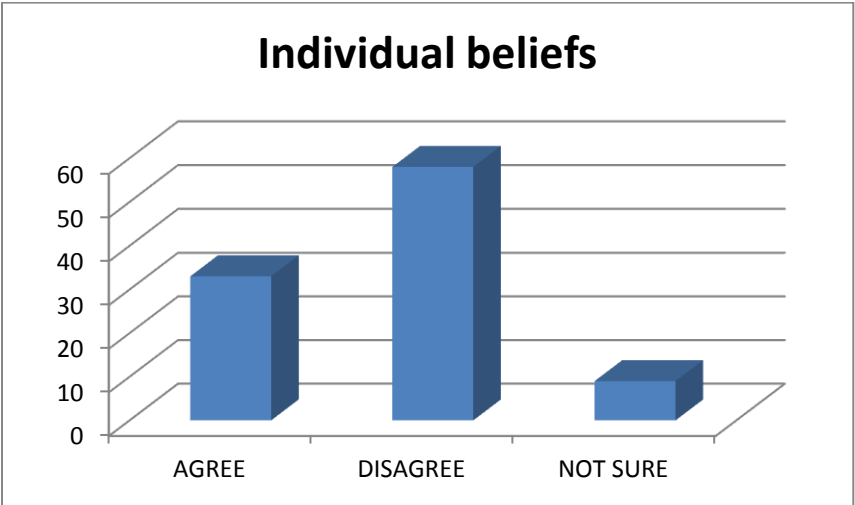


Figure 4-16: Choice on Termination of Pregnancy is permissible under individual beliefs

The respondents who disagree with the statement asserted that individual beliefs should be based on Scriptures, and Christian values should guide individual beliefs. Those who agree, claim that everyone has a right to exercise freedom of religion and beliefs.

**Statement 8: The Choice on Termination of Pregnancy may be considered in cases of foetal abnormalities.**

The majority of the respondents (N= 54/54%) do not agree that the Choice on Termination of Pregnancy may be considered in cases of foetal abnormalities, while (35/35%) agree and the rest (11/11%) are not sure. Details are presented in Figure 4.17 below.

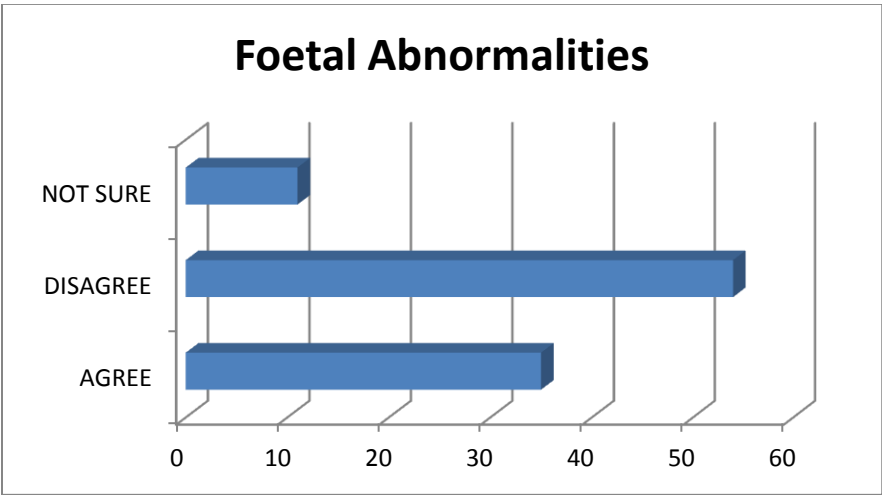
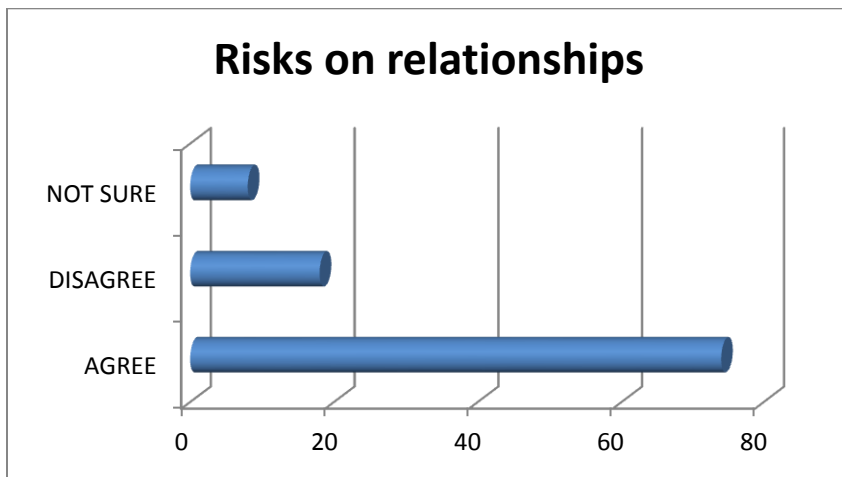


Figure 4-17: The Choice on Termination of Pregnancy may be considered in cases of foetal abnormalities

Those respondents who disagree with the statement feel that foetal abnormalities do not reduce the humanity of the unborn baby, and as such can be dealt with when the baby is born. However, those who agree asserted that if it is the doctor’s advice in consultation with both parents of the baby, then, let it be.

**Statement 9: Woman's Choice on Termination of Pregnancy puts relationships at risk.**

The majority of the respondents (N=74/74%) agree that the Woman's Choice on Termination of Pregnancy puts relationships at risk, while (18/18%) disagree and the rest (8/8%) are not sure. Details are presented in Figure 4.18 below.

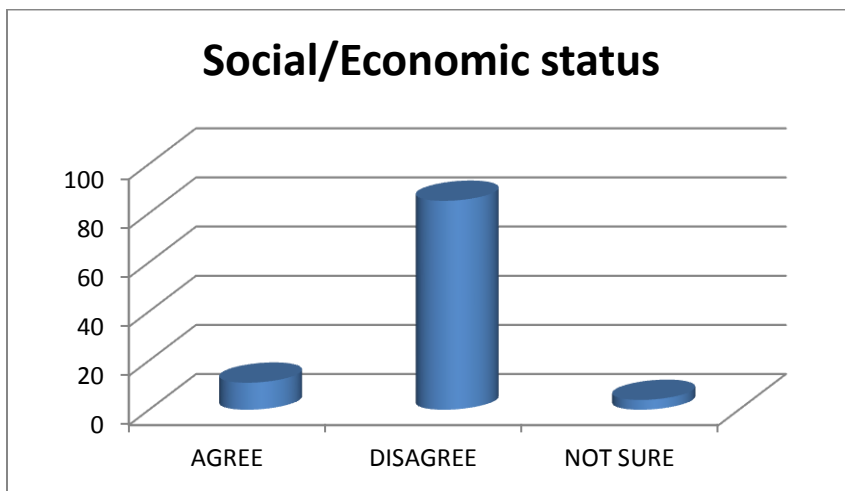


**Figure 4-18: Woman's Choice on Termination of Pregnancy puts relationships at risk**

Those who agree articulate that, firstly the relationship between God and men gets affected, and the relationship between fellow human beings; especially if the father is not taken into consideration in the decision making process. However, those who disagree claim that as long as people concerned agree, if they are taken for counselling, there should be no problem.

**Statement 10: The Choice on Termination of Pregnancy may be permitted if the continued pregnancy would significantly affect the social or economic circumstances of the woman.**

The majority of respondents (N= 85/85%) do not agree that the Choice on Termination of Pregnancy may be permitted if the continued pregnancy would significantly affect the social or economic circumstances of the woman, while (11/11%) agree and the rest (4/4%) are not sure. Details are presented in Figure 4.19 below.



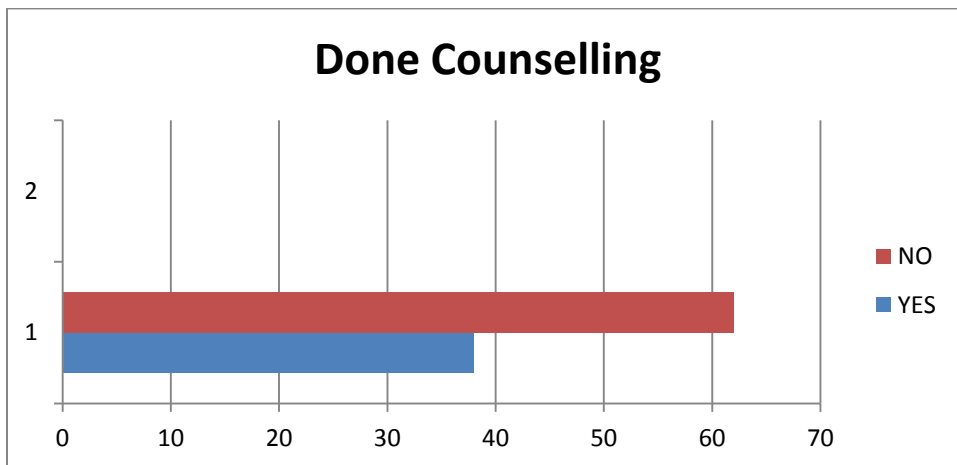
**Figure 4-19: The Choice on Termination of Pregnancy may be permitted if the continued pregnancy would significantly affect the social or economic circumstances of the woman**

Those respondents who disagree with the statement asserted that circumstances, which are less valuable than life, do change, but the consequences of termination of pregnancy are irreversible. Besides, there are government grants that cater for such circumstances. However, those who agree stated that if the mother cannot manage her children, they will end up roaming the streets and join gangsters, adding to more crime which is already prevalent in the Border region of the Eastern Cape.

#### 4.7 Experiences Of The Respondents When Counselling Women Who Contemplate Termination Of Pregnancy And Those Who Have Already Done It

**Statement 1: Have you ever counselled someone contemplating terminating the pregnancy or who has already done so?**

The majority of the respondents (N= 62/62%) have never counselled anyone contemplating terminating the pregnancy or anyone who had already done so, while (38/38%) had done counselling to a number of women with very interesting experiences. Details are presented in Figure 4.20 below.



**Figure 4-20: Results on counselling**

As much as the majority of the Pentecostal pastors admit that they had never counselled anyone contemplating termination of pregnancy or who had already done so, the respondents are not convinced that this is an indication that these clients do not exist within their congregants. They think that probably their doctrines on morality chase them away when confronted with these decisions.

Those who have done counselling have interesting experiences. These experiences range from being not ready for motherhood, partner's rejection, fear of the parents, parent's shame over their daughter's fornication and fear of the pastor, as reasons for terminating the pregnancies.

**Statement 2: What would be your advice/counsel in the following circumstances?**

**(i) Risk of injury to the woman's health**

Pentecostal Pastors in the Border region of the Eastern Cape held different views in this regard and their responses are shown below:

The majority of the respondents agree that the pregnancy should be terminated to save the life of the woman. This should be done in consultation with the partner, and provided that the doctor has declared that there is no other option. The woman must go through sessions of counselling, because it is not her choice, but the circumstances that warrant such a decision. However, those with different views believe that God can still work something out from the most desperate situation.

**(ii) Risk that the foetus might suffer a severe physical or mental abnormality**

Pentecostal Pastors in the Border region of the Eastern Cape hold different views in this regard. These are their responses as indicated below:

The majority concurs that the baby should be given birth to and then deal with abnormalities when faced with them. Others feel that we should trust God to bring about the best even in the most hopeless situations. Still others suggested that there are

health care centers that can cater for such babies if the parents feel overwhelmed by the abnormalities.

Yet others still asserted that there are many disabled persons in our communities that are involved in different sectors of life especially in sport. Disabled people can still do something worthwhile in the world; we have seen a lot of them partaking in Athletic Sports like Oscar Pistorius, running better and faster than other well-bodied persons.

**(iii) Pregnancy that resulted from rape or incest**

Pentecostal Pastors in the Border region of the Eastern Cape held different views in this regard. These are their responses: the majority of the respondents insisted that the baby should be born and be given an opportunity to live and display their capabilities. Rape and incest are both sin, but the pregnancy and the unborn baby are not, and therefore the unborn baby should not suffer the consequences of the sins they never committed. The offenders only, should be sent to jail to serve their sentence and for rehabilitation, and the baby protected and taken care of. Others still think the baby would be an embarrassment to the family, and a subject of scorn among other children, and therefore the pregnancy should be terminated.

**(iv) Extra-marital affairs**

All the respondents insist that sin should be exposed, and the sinner should confess their sins and repent before God who is able to forgive and cleanse from all unrighteousness (1John 1:8-10). The power of sin is in its secrecy, they asserted that, the more you hide sin, the more power you give to it so that it can trip you over, overpower you and eventual downfall. As ministers of reconciliation ( 2Corinthians 5:

17-20), we should bring about reconciliation to the grieved or offended parties, offer counselling, because both parties need help, the sinner and the one sinned against.

**(v) Teenage pregnancy**

All the respondents agree that the baby should be born, and the young girl should learn to take responsibility for her actions. Otherwise, others felt that it will be a recurring decimal, where the young girl will have more than one termination in a year as we have seen in our country. If they do not want babies they should not get involved in sexual practices; abstinence is the safest zone for every young person, or if that is even too much for them to handle, then they must use contraceptives. One year of school wasted raising a baby is better than the complications that follow termination of pregnancy, especially at a very young age.

**(vi) Choice of the woman**

Pentecostal Pastors in the Border region of the Eastern Cape hold different views in this regard. These are their responses: the majority asserted that the choice of the woman is not enough without the partner. The partner's choice should be considered too, because as a father, they might just want to raise their own baby by themselves if the woman does not want to have the baby.

Continue teaching about Christian values and about the sanctity of life, and that every human being has a right to live as stated by the South African Constitution 1996, including the unborn baby, they did not specify which clause they were referring to.

However, others claim that even God has given humankind a choice to sin or choose life, if they want to. "I call heaven and earth as witnesses today against you, that I have set before you, life and death, blessing and cursing; therefore choose life, that both you and your descendants may live . . . (Deuteronomy 30:19). They asserted that the choice of the woman should be respected.

**(vii) Any other circumstances or conditions**

None of the respondents answered this question.

**4.7.1 Existing Strategies That the Respondents Use To Inform Its Members on the Choice on Termination of Pregnancy Act 1996 (No. 92 Of 1996)**

**Statement 1: What are the strategies that your church has to inform the members about the Choice on Termination of Pregnancy Act?**

None of the Pastors had any existing strategies for their churches, they gave a variety of responses ranging from the fact that they never thought about it. Others articulated that they did not see the need because they teach their congregants what the Scriptures say about holy living. Still others claimed that they teach their congregants high moral standards, whilst one of them testified to the fact that the society is not fixed to any particular context, circumstances change with times.

The Pastors in the Border region of the Eastern Cape therefore do not see any need for the strategies to be laid down, because one might not have any challenges that require the strategies that are laid down. Instead, they stated that as pastors they may continue to receive new challenges that one have never read about in any book, or encountered

in any experience. They therefore advise that the Pastors should rely on the guidance of the Holy Spirit who is all-knowing and all-powerful.

**Statement 2: What has been the reaction of your church to the strategies?**

All the Pastors testified that their congregants are happy with the way they conduct things, hence they reported that there are no existing strategies.

**Statement 3: Does your church have a doctrine or teaching on the Choice on Termination of Pregnancy Act (Act No. 92 of 1996)?**

All the Pastors testified that they do not have any doctrine or teaching on the Choice on Termination of Pregnancy Act.

**4.7.2 SUMMARY**

In this Chapter the data was presented and analyzed from both Focus Groups in the Qualitative, and Questionnaires from the Quantitative research. During the analysis of data, special attention was given as to whether it presents a coherent and an ordered argument, and whether the interpretations made are warranted by the data presented. The researcher was satisfied that the data was useful in answering the questions under exploration and therefore adequate in terms of its comprehensiveness, dependability and credibility; most importantly, fruitful in contributing to the existing body of knowledge. The following chapter will deal with discussions, summary, conclusion and recommendations.

## **CHAPTER FIVE**

### **5 DISCUSSIONS, SUMMARY, CONCLUSION AND RECOMMENDATIONS**

#### **5.1 Introduction**

In the previous chapter, the researcher presented the results and the analysis of the research study. In this chapter a discussion of the current study is presented, followed by the conclusion of the study, the summary and the recommendations for further studies.

#### **5.2 Discussions**

##### **A. LEVEL OF AWARENESS OF THE RESPONDENTS WITH REGARDS TO THE CHOICE ON TERMINATION OF PREGNANCY ACT 1996 (ACT NO. 92 OF 1996)**

##### **5.2.1 Parental Duties**

Parental duties, Mbayiwa (2009:65) declares, begin at the conception of the baby and continue up until such time that the child is emancipated from childhood. This inevitably means that the mother of the unborn baby has a responsibility and the duty to ensure that her unborn infant's right to life is protected regardless of the consequences in which the child was conceived.

This responsibility requires the mother of the unborn child to carry her child within the womb for at least nine months, and thereafter to continue caring for her child. Parental duty also requires that the parents be directly involved in matters concerning the welfare and the health of their child.

It is unfortunate that the South African government is stripping the parents of those duties, concedes the researcher, by its implementation of the Choice on Termination of Pregnancy Act 1996 (Act No. 92 of 1996). The Act renders the parents helpless and powerless, taking away their duties and their involvement in matters concerning the welfare and the health of their children.

### **5.2.2 The Foetus' S Right to Life and Human Rights**

In this study there is a very high tension between these two rights; the foetus' right to life and women's rights. Those who advocate for the rights of the foetus to life seem to take a keen interest in the life of the woman as well. They claim that even if the termination of pregnancy is successful, it robs the woman of the opportunity to admit and accept the death of their baby and the subsequent grieving process for her own child.

The concept of Post Abortion Syndrome (Hopkins et al 1996), which is a collection of various symptoms that the woman presents with following termination of pregnancy such as depression, anxiety, guilt, and regret, contradicts women's interests (Sigcau 2009). It may therefore be implied that if women experience grief following the termination of pregnancy, this supports the fact that the foetus is a person, the researcher concedes.

The right to life, according to Mbayiwa (2009:63), does not subscribe to the competition of the significance between two different human lives. It rather calls for the dignified and equal protection of each human life. If the unborn child's right to life was recognized, there would be no contest between the rights of the unborn child and the mother, because the rights of the two individuals would be equal.

The nature of the right to life is that it is innate to all human beings by virtue of their physical and vibrant existence, regardless of whether this existence is within the mother's womb or otherwise. A human right is an entitlement or legal claim one has, by virtue of being Human, against the state (Mbayiwa 2009:64). The study conducted by Sigcau (2009:89) revealed the cultural resistance to the expression of alternate views other than the rights of the foetus, based on religious and cultural discourses.

Another study by Mbayiwa (2009:117) also highlights the violation of the rights of the unborn child's father because he is excluded in the decision-making process. One of the respondents made a startling comment with regard to the question of human rights saying, "When one's **Human Rights** impinge on another's **Human Rights**, they are no longer **Human Rights**." He was expressing the irony about South Africa's impressive campaigns against violation of human rights, and its ability on the other hand, to endorse violation of others' human rights, in this case the rights of the unborn baby.

According to Pickles (2012), South Africa is in the process of successfully balancing the opposing notions of female reproductive rights and foetal interests. There are indications that the balancing method is in place, because these two extremes are avoided; that is, pregnant women may not terminate late pregnancies on demand or for

socio-economic reasons, and the state does not completely prohibit the termination of pregnancies (2012:404).

### **5.2.3 Conscientious Objection**

Conscientious objection as it relates to the law in South Africa, according to Harries & Cooper et al. (2014), raises issues of competing constitutional rights in relation to a woman's right to exercise reproductive autonomy and a health worker's right to freedom of conscience, belief, thought and religion.

Few studies have explored how health care providers in South Africa make sense of, or understand, conscientious objection in terms of refusing to provide abortion care services and the consequent impact on abortion access. The results were that in most public sector facilities there was a general lack of understanding concerning the circumstances in which health care providers were entitled to invoke their rights to refuse to provide, or even assist in abortion services (Harries & Cooper et al 2014).

This is consistent with what the doctor (Gynecologist) that the researcher had a conversation with, stated, where she asserted that the health authorities in the Border region of the Eastern Cape make it difficult for the employees to draw a line between invoking your right to refuse to provide or even assist in the termination of pregnancy based on personal convictions and rendering services to the communities.

Human Rights Watch, according to Pickles (2012), recently finalized a report that focused on the public health care system in the Eastern Cape Province, highlighting the

rather appalling conditions that pregnant women are left to endure, especially when resorting to public health care facilities while in labor (2012:410).

This is in line with the attitudes of the midwives in the study by Nohaji (2012), where they verbalized negative experiences and obstacles in giving quality care to pregnant women, and their inability to cope with the overwhelming situations that they faced, because they were not emotionally prepared. The researcher attributes this to the fact that some of the midwives were carrying out duties that were against their personal convictions; those who saw termination of pregnancy as murder which is against the Scripture (Exodus 20:13)

#### **5.2.4 The Concept of Ubuntu – The African Philosophy**

These acts of killing an innocent unborn baby, the researcher concedes, on the basis of their inability to defend themselves, and the right of the woman to choose is inconsistent with the African philosophy and the concept of “Ubuntu.” In the review of the related literature it was raised by some authors that some of the attributes of Ubuntu are caring, unselfishness, compassion, sharing, sympathy, hospitality, respect to mention but a few.

And this is also in line with the findings of the study that also showed that African people are by nature caring. To them children conceived through rape and incest are absorbed into the family and treated as one of them; because they believe that the baby is not responsible for the circumstances that surround their conception and therefore should not be the victim of those circumstances. The findings of the studies have also showed

that the failure to protect human rights would be the failure to provide security for human life.

In the same vein, Janse van Vuuren (2001:31) cites Govender (1998) quoting Tutu stating that he believes that women have a right to choose whether they want to terminate pregnancy or not. On the other hand this is how Tutu (1999) defines Ubuntu:

“It is an essence of being human, with one’s humanity caught up and inextricably bound up in another’s. . . They know that they are diminished when others are humiliated, diminished when others are oppressed, diminished when others are treated as if they were less than who they are. The quality of *Ubuntu* gives people resilience, enabling them to survive and emerge still human despite all efforts to dehumanize them.”

In the same vein, Stanlake (1980:17) highlights three maxims of Ubuntu which shape this philosophy:

- (i) ‘To be human is to affirm one’s humanity by recognising the humanity of others, on that basis, establish respectful human relations with them.
- (ii) If and when one is faced with a decisive choice between wealth and the preservation of the life of another human being, then one should opt for the preservation of life.
- (iii) The king owed his status, including all the powers associated with it, to the will of the people under him.’

All these attributes, the researcher postulates, contradict with what is contained in the Choice on Termination of Pregnancy Act 1996 (Act No. 92 of 1996).

“Ubuntu gives us validation for our mission to accept responsibility, lead courageously, have empathy, enact justice on behalf of others, and work for a transcendent cause” declares Stanlake.

The researcher finds Tutu contradicting himself too like Mabandla, because all the attributes that Tutu is citing above and the three maxims of *Ubuntu* by Stanlake (1980) are inconsistent with the Choice on Termination of Pregnancy Act 1996 (Act No.92 of 1996). This is in line with what was elucidated by other respondents; that termination of pregnancy is not part of the African culture, which upholds the sacredness of human life.

## **B. EXPERIENCES THAT THE RESPONDENTS HAVE WHEN COUNSELLING WOMEN WHO CONTEMPLATE TERMINATION OF PREGNANCY AND THOSE WHO HAVE ALREADY DONE SO**

### **5.3 Choice between Motherhood and Life Plans**

Some of the respondents have highlighted the fact that some young girls use termination of pregnancy as a form of emergency contraceptives to prevent dropping out from school. The researcher also supports this view because of what she saw whilst offering her voluntary services in the Breath of Life Centre in East London three years ago. This view is also supported by Patel & Kooverjee (2009:560), citing Ehlers (2003)

stating common reasons for not using contraceptives including the following: ignorance, mother's disapproval, fear of weight gain, fear of never having children after using contraceptives and resistance from the partner (Patel & Kooverjee, 2009).

The researcher has also noted that during the years of her study at the university, mostly, young girls come from home innocently, being away from home for the first time, and not sexually active yet. When they get to the university, with peer pressure, they find themselves entangled in sexual relationships with no experience at all, and before they know it, they discover that they are pregnant.

Firstly, because they are not ready for being a mother, let alone that they did not expect it to happen to them. Secondly, when they consider their home circumstances, their parents, and all the hardship that they left at home, together with the sacrifices that the parents made to put the student at the university. With all these put together, and confronted with conflict of having to choose between motherhood and life plans, leaves the young girl with no other option but to terminate the pregnancy.

These findings also align with what was raised in the literature review by Varga (2002) in a study by Sigcau & Macleod (2009), that when males get involved in the decision-making, they tend to advise their partners to terminate their pregnancies, especially teenagers. The teenager, because she is vulnerable and emotionally unstable, the social support is of paramount importance; the teenager fears that the boyfriend will run away, and therefore she becomes the victim of someone else's decision. The young girl sometimes terminates the pregnancy against her own will.

This is also in line with the individual decision-making theory, and also in line with the case where the pastor's daughter got pregnant; and because of the father's anger; she decided to terminate her pregnancy. When the pastor changed his attitude, the young girl got persuaded otherwise and changed her mind because of her father's support, and the pregnancy was preserved. At the end when the baby was born, everybody was happy and blessed, as the pastor confessed.

Several researchers, (Cook & Wilcox (1999); Jelen & Lamatsch 2001; Stets & Leik (2002) have highlighted the complexity of the abortion issue, and recognize that it can no longer be conceptualized as a simple Pro-Life and Pro-Choice issue. Instead, it should be seen as an attitudinal structure with a multidimensional nature that encompasses social and physical reasons for committing abortion, the status of the foetus, moral and religious factors, a woman's autonomy and the father's role in decision making, and the gendered nature of these perspectives (Patel & Kooverjee 2009:560).

#### **5.4 Rape and Incest**

In cases of rape and incest, the researcher understands that the woman has been sinned against. The emotional pain that accompanies the violation of human right and invasion of privacy is enormous. However, that kind of pain can be dealt with through counselling which involves prayers and forgiveness. Inflicting another physical pain of

termination of pregnancy to the already traumatized victim might just compound the pain, making the situation even worse for the woman.

Janse van Vuuren (2001), shares a personal story by one of the counsellors in a Pro-Life Clinic who had lost two babies; one during birth and the other one during the tenth week of pregnancy. “The pain, loss and emptiness I experienced made me wonder if and how one could dissociate oneself from such an experience and not influence the client in her decision for termination of pregnancy during counselling.”

This kind of pain, the researcher opines, might take longer to heal because it carries with it; guilt, condemnation, regret, and most importantly, inability to forgive oneself, even though God might have forgiven the woman or the victim (1John 1:8-10). The researcher believes that God is able to turn around any painful circumstances and produce something good that will at the end bring glory to His name.

The young girls are yearning for the father’s love, concedes the researcher, which is why they become victims of “sugar daddies.” These ‘sugar daddies’ impregnate them and advise them to terminate the pregnancy to keep their marriages intact; giving them huge amounts of money that their parents cannot afford. Still others dump these young girls and find themselves in a ditch with no one to turn to; scared of the parents, they opt for termination of pregnancy, adds the researcher.

## 5.5 The Option to Adopt

The option to adopt, though it is the less advertised option, is the best option, the researcher postulates. This option allows the biological mother the opportunity to heal from the ordeal; whether rape or incest, without usurping the rights of the unborn child. Moreover, it does not only give the baby an opportunity to live, but also it allows people who are unable to have their own children, for whatever reason, an opportunity to raise and love a child who is not their own.

Talking from personal experience, the researcher admits that it is the greatest blessing that anyone can experience. Besides the fulfilment that it brings to one's soul; it helps one not only to discover one's self and one's own capabilities, but it helps one to look outside one's self and see the needs from other people. It stretches one to levels one never thought possible. Besides exposing you to yourself, whilst you make the necessary adjustments in your own life, it brings about a certain level of spiritual maturity.

Adoption teaches you to handle children as unique individuals, by allowing them to be who God created them to be, and not try to mold them into your own image. It also teaches you to observe unique gifts and talents early in their lives, probably because you do not know what to expect since the baby is not your own flesh and blood. Most importantly, it makes you live with constant expectation of what God's plan is for the child's life. Thus, it keeps you vigilant so as not to miss or fail God in whatever assignment He has for you about the life of the child.

The researcher was impressed to discover during the interviews that, most of the respondents had at least one child adopted, for various reasons, with their children emerging from various circumstances. One of the respondents admitted that he and his wife have two adopted children from different racial groups, whom the couple adopted as new-born babies. In fact, the second one was adopted whilst she was still in her mother's womb; they gave the baby's name before she was even born, asserted one of the respondents.

Since therefore we were also adopted by God into His family, the 'familia Dei', the researcher adds. We should also be able to adopt those who need adoption, whether physically, as in the case of orphans; or spiritually in cases where there is a spiritual need for such, as is the case with some young girls within our congregations, and within our own church communities. All Christians have been adopted as children of God and freed from the law, as the Apostle Paul puts it in Galatians (4:4-7), so, to adopt a child is to follow a lead of God who has adopted so many.

God has adopted us into His own family through His Son Jesus Christ (Romans 8:14-17; Ephesians 1:5; John 1:12; Galatians 4:4-7), to be this one big family, the body of Christ, the one that loves and cares for one another. There is no better way of welcoming a child in than adopting him or her into your own family.

The researcher opines that some Pentecostal Pastors in the Border region of the Eastern Cape can become the solution to the problems in our province and in our country. They are initiating the change that they want to see: making their significant

contributions and adding value to their communities; thus making a difference in other people's lives, and not always blame the government for everything.

**C. STRATEGIES THAT THE RESPONDENTS HAVE IN PLACE TO EDUCATE THEIR MEMBERS WITH REGARDS TO THE CHOICE ON TERMINATION OF PREGNANCY ACT 1996 (ACT NO. 92 OF 1996).**

## **5.6 Social Responsibility**

One of the respondents was making an appeal to all the Pentecostal Pastors in the Border region of the Eastern Cape, not only to be leaders to their congregants, but to be fathers as well; to be there for their fatherless congregants. He asserted that he had observed in his own congregation that most young girls are raised by single parents, even those who are raised by both parents, they have absent fathers. Their fathers are not there to meet their emotional needs.

The young girls are yearning for the father's love, concedes the researcher, which is why they become victims of "sugar daddies." These 'sugar daddies' impregnate them and advise them to terminate the pregnancy to keep their marriages intact; giving them huge amounts of money that their parents cannot afford. Still others dump these young girls and find themselves in a ditch with no one to turn to; scared of the parents, they opt for termination of pregnancy, adds the researcher.

It is for this reason that the researcher used the social support theory as an anchor for the study, because the support that the young girls need is not just from their own parents and their families only, but from their pastors as well, and the whole body of the Christian family.

Joynt & Dreyer (2013) again cite Fichter (2001) also shedding some light on this idea of the clergy functioning as specialists and generalists, using the term 'duality of vocation. Fichter speaks of Pastors operating as specialists in performing specific functions within a specific type of organization (the church), and as generalists in meeting the members' needs as they arise, in this case, the adoption of physical and spiritual orphans.

Maqoko & Dreyer (2007:730) also cite Gerkin (1997), indicating that, to be a good pastor is to seek to understand the deepest longings, the secret sins and fears of the people. This understanding may bring healing and show the afflicted how the God we serve, cares deeply and intimately for them. The researcher concurs with Fichter (2001), Gerkin (1997), and the respondent's sentiments.

Taking the argument even further, the researcher cites Paul exhorting the Ephesian Elders, "So guard yourselves and God's people. Feed and shepherd God's flock-his church, purchased with his blood-over which the Holy Spirit has appointed you as elders" (Acts 20:28) (New Living Translation). The researcher asserts that, as Pentecostal Pastors they have a responsibility and an obligation; to do what Jesus would do in the lives of the flock that he has entrusted into our care.

## **5.7 Comprehensive Pastoral Care**

Dreyer (2003) also cites Nouwen (2003), urging the church to provide a caring ministry of comprehensive pastoral care, which calls more for compassion than judging and condemning others. Compassion, according to Nouwen (2003), is the human response to suffering, and it cannot be separated from community, because it reveals itself in

community. Compassion, adds Nouwen (2003), can never co-exist with judgment; because judgment creates distance, the distinction, which prevents us from really being with the other (Dreyer 2003).

This call to be compassionate, declares Nouwen (2003), represents the essence of Christian life. It is, however, not easy to respond to this call because it goes against human nature. To be compassionate requires a “total conversion of heart and mind.” Compassionate care requires an “inner disposition to go with others to the place where they are weak, vulnerable, lonely, and broken.” As spiritual leaders they themselves are able to forgive and also point others to forgiveness which can be liberating and healing (Dreyer 2003:727).

According to Susanto & Theron (2003:121), Deere rightly puts the qualities of divine compassion and mercy toward the sick at the top of the list. He describes mercy as the manifested divine love with regard to sin and its destructive effects. This mercy is clearly manifested in Jesus Christ when dealing with the sick, since miraculous healing is intended to be connected to the willingness to forgive their sins.

This is the kind of compassion and mercy that the researcher is referring to when dealing with women who have terminated pregnancy, and not to judge, condemn or ridicule them, because they already feel condemned. Therefore, it may be implied that the Pentecostal Pastors in the Border region of the Eastern Cape must display the compassion of Jesus to those who are perceived to be sinners, adds the researcher.

Just like Jesus did to all of us at some stage in our lives, so should Pentecostal Pastors do in the Border region of the Eastern Cape. To the degree that one can enter into his

compassion for the sick and for the hurting, especially women who have terminated pregnancy, one can be the vessel through whom the healing power of Jesus can flow Susanto & Theron (2008).

## **5.8 Feminist Theological Perspective**

Dreyer (2011), arguing from a Feminist Theological perspective, describes Feminism as a way that provides language for articulating the past and present experiences of women in this world. She asserts that this helps women to see where they are now and how to envision the future. However, Dreyer (2011) asserts that (cf. eds. Chopp & Greeve Davaney (1997) and Schulenburg (1993) suggest that in a male-dominated patriarchal world this never used to be possible for women, though somehow possible today, there is still a plethora of restrictions, which give rise to a reduced identity.

Dreyer contrasts Christianity with the Islamic practice which has contributed to the restriction of women rather than helping them to develop, teaching them to sacrifice themselves for the sake of others and in doing so they disappear into the background (Dreyer 2011).

Dreyer (2011) also cites Conn (1986) suggesting that, for women, this is going to require them to mature: that is moving away from conformity and prescribed role expectations, towards a greater measure of autonomy. This means that individual women must choose their own direction in life, make their own decisions, accept and affirm themselves as valuable persons and provide for themselves.

The researcher concurs with Dreyer (2011), in that women issues should not be debated publicly in Parliament by a group of men who have no clue about how women feel about some issues. Instead, women should be empowered by giving them a sense of emancipation, responsibility and accountability, granting them opportunity to make decisions about their own personal (women) issues. However, true emancipation does not bring about negative physical and emotional consequences. True emancipation brings about rediscovery and self-development which leads to fulfilment (Mbayiwa 2009:113).

The researcher also agrees with the core values of Pro-Life, that a woman's proper role is to nurture children and take care of the home, and that the family is viewed as a private arena free from state regulations. This requires a higher level of maturity as suggested by Conn 1986); that is moving towards a greater measure of autonomy. Women need to rise into newness of life, the researcher adds, and be women that God had called them to be. Women should not be intimidated by the patriarchal society, which sets up standards for them that they themselves are not able to maintain.

However, Dreyer (2011:2) concedes that (cf. Osiek & Theissen 1997) assert that Jesus redefined traditional family values by affirming women and restoring their dignity. He made them equal recipients of God's love, by treating them as equal participants with males in the Kingdom of God. The researcher has seen a shift in the Pentecostal churches in the Border region of the Eastern Cape. Women are recognized as equal recipients of God's grace and God's love, and therefore equal participants with males in the Kingdom of God, hence the ordination of women in all categories of ministry.

According to Dreyer (2011:3), Brooten (2003), in his definition of marriage as a sacrament, asserts that, marriage serves as 'medication' and remedy against the 'deadly disease' of fleshly lust, which is sex that does not intend procreation. The researcher is concerned with Brooten's definition of marriage, because in the Border region of the Eastern Cape, we have Pentecostals that are married but are involved in extra-marital relationships.

The evidence for this is from some of those who were repenting in that Provincial Prayer meeting that was held on the 15 March 2014 in the Bisho / King William's Town area. They confessed to making young girls pregnant and give them money to go and terminate the pregnancy in order to save their marriages. Therefore, the researcher is asking the question "Has this 'medication' and 'remedy' against the 'deadly disease' of fleshly lust, lost its effect on these Pentecostals in the Border region of the Eastern Cape?"

## **5.9 The Pentecostal Church's Mandate**

The church cannot be placed under one blanket with the government, declares the researcher, and hope to make an impact and be effective in their struggle for righteousness, justice and morality. The church needs to do introspection, wake up from its slumber, and be the church of Jesus Christ upon which he declared that "the gates of hell shall not prevail against" (Mathew 16:18).

This is consistent with the remark made by one of the respondents that the researcher interviewed, that if the church was true to its mandate, that of raising a prophetic voice

against the evil and social injustices in our country, we would not be where we are now in terms of moral degeneration. The researcher opines that the church has been quiet for too long, only to wake up when things are out of control and their voice cannot be heard anymore.

According to Alcon (2004:17), Franks (2004) states that no nation in the world can build on principles and practices that destroy human lives. Alcon believes that the issue of abortion is not about the church needing to speak to the world, but about the church needing to speak to itself first and then to the world. According to Dreyer (2003:721) Nouwen (1998) is concerned that Christian leadership has become secularized, identifying two enemies of spiritual life as anger and greed.

According to Dreyer (2004:922) Dingemans (1991) postulates that the Christian faith can no longer answer life's deeper questions; and the church has lost its authority and influence. To such an extent that young people no longer accept the values advocated by the institutionalized church as unquestionably relevant to their lives. People are confronted with overwhelming issues today, declares Dingemans, and there are no ready answers. People live according to their own insights and strength because they are educated and free to make their own decisions (Dreyer 2004:922).

Could this be the indication, asks the researcher, that the populace, even religious leaders, do not know what to say when it comes to the issues of termination of pregnancy, hence the controversy?

## **5.10 Summary**

In this chapter, the findings of the research were discussed, in line with literature review and the theories that are used to anchor the study. The level of awareness of the Pentecostal pastors in the Border region of the Eastern Cape was established. Experiences that the pastors encounter during their counselling were spelt out, with some pastors sharing even their personal and sensitive stories. It was also discovered that none of the Pentecostal pastors had any existing strategies in place to educate their congregants with regard to the Choice on Termination of pregnancy Act 1996 (Act No. 92 of 1996).

## **5.11 Conclusion**

All the Pentecostal pastors in the Border region of the Eastern Cape agree that the young girls should learn to take responsibility for their sins. Otherwise it is going to be a vicious cycle, with one girl terminating more than one pregnancy in one year, as seen and expressed by Dr. A. Motsoaledi, Health Minister of South Africa. All the pastors strongly condemn extra-marital affairs, and that it is sin that should be exposed because it contributes to the high rate of divorce in the Border region of the Eastern Cape.

As much as the Pentecostal pastors in the Border region of the Eastern Cape are strongly opposed to the Termination of Pregnancy, there are incidents where the decision to terminate the Pregnancy, the pastors feels, will most likely be challenging. The cases where the health of the mother is at stake, for example, in an ectopic

pregnancy, where the fertilized ovum attaches itself on the walls of the Fallopian tubes instead of moving down into the uterus where it is supposed to be.

This is a very serious state of affairs, because the more the embryo grows, the more the Fallopian tube stretches, with an excruciating pain accompanying it. The more the Fallopian tube stretches, the more the danger of bursting of the Fallopian tube, which may lead to possible death of the pregnant woman, and the eventual death of the unborn baby. In this case, they feel there is no choice that is undermined and no rights that are violated; neither the mother's nor the unborn baby's rights.

## **5.12 Recommendations**

Based on the findings of this study, the researcher would like to make the following recommendations for practice and further research:-

## **5.13 Public Practical Theology**

- ❖ The researcher appeals to the Pentecostal churches in the Border region of the Eastern Cape, to embark on Public Practical Theology, as suggested by Dreyer (2004). This means a theology which critically reflects on both the Christian tradition as well as social and political issues. This approach will benefit both theology and society because the aim will be to bring theology into dialogue with contemporary culture, with the inclusion of the public as one of its audiences.

- ❖ We all need to get to that point, concedes the researcher, where we enter into Jesus' compassion for the sick and the hurting, and be God's vessels to bring about healing, deliverance and restoration to the hurting and abused communities, especially those who contemplate terminating the pregnancy and those who have already terminated pregnancies.
- ❖ As Pentecostal Pastors in the Border region of the Eastern Cape, church management also should reflect not only their special nature, but must simultaneously be able to deal with the secular world ethically as suggested by Mellody & Theron (2006) and with Christ as the standard. The decisions that they take should be informed by practical theology and ethics as well as management science.
- ❖ The church should take a leading role and not to wait for the government to dictate terms to the people. In the meantime the Pentecostal churches should conduct awareness campaigns on the issues around the Choice on Termination of Pregnancy Act (Act No. 92 of 1996).
- ❖ The Pentecostal community should teach men and women of all ages about issues surrounding the termination of pregnancy; making full use of every opportunity they get, to teach them about morality and bring back the whole issue of holiness in our communities.
- ❖ The Pentecostals in the Border region of the Eastern Cape, in their quest for holiness, caution must be maintained not to drive our children away from the church, so much so that they prefer to confide to strangers than to their own parents.

- ❖ Pentecostal churches in the Border region of the Eastern Cape should be homes for their children where they can feel safe and not vulnerable. Even if they have sinned they should have confidence that they will be disciplined in love, not be judged or condemned, just like God does with us.
- ❖ The leadership of the Pentecostal pastors in the Border region of the Eastern Cape requires understanding and what is understood should be shared, as suggested by Nouwen (1989) in Dreyer (2003). “The great illusion of leadership is to think that [people] can be led out of the desert by someone who has never been there.” Nouwen emphasises that people will follow a leader if they experience the leader as a wounded healer who truly cares for them in a spiritual way, in other words who enhances their *Dasein* (a new way of being in the world without being of it)

#### **5.14 The Government’s Responsibility**

- ❖ Another alternative, the researcher feels, could be the government incentives to provide shelter and protection of the orphans and abandoned children. The government has a vertical relationship with the people under its jurisdiction, which places a demand on the government to protect all the people of South Africa without discrimination of any kind
- ❖ The study also recommends that parents should care for their children regardless of the High Court being considered the upper guardian. The plight of the unborn

child requires impartiality and objectivity, they add, just like the days of slavery ended, the day for the unborn child to be acknowledged as humans, must come.

### **5.15 Critical Analysis and Investigation of Existing Theories and Practices**

- ❖ Pentecostals in the Border region of the Eastern Cape should be urged to critically investigate their own theories and practices with regards to the way they institute their teachings on the moral issues.
- ❖ The Pentecostal pastors in the Border region of the Eastern Cape need to apply more grace and mercy; as opposed to law when dealing with sensitive issues like sexuality and termination of pregnancy, so that women in general do not feel condemned even after the woman has been forgiven.
- ❖ The Bible should not be used in a way that deepens the schism, but rather in a way that build bridges. Even though the Bible itself is not a body of harmonious writings, it is tragic when it serves as the foundation for bitter human conflict.
- ❖ Some aspects of Christianity should be reformulated for the modern world, as suggested by Dreyer & Zeindler et al. (2013); though other aspects may be rejected, still some should be retained, especially in a multi-faith context like we have in South Africa, the Scriptures of other religions may also be relevant. They inform and enrich people (including Christians) and open up new horizons for understanding reality and the revelation of God.
- ❖ Nonetheless, the researcher is convinced that these recommendations are the best towards raising the level of awareness of the Pentecostal pastors in the

Border region of the Eastern Cape with regards to the Choice on Termination of Pregnancy Act 1996 (Act No. 92 of 1996).

- ❖ It should also be recommended that pastors should be trained on how to counsel women who contemplate termination of pregnancy and those who have already done it.
- ❖ There should be an establishment of strategies to educate the congregants with regards to the termination of pregnancy.
- ❖ It is also recommended that more research is necessary in order to better understand the impact of new trends within our communities.

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## APPENDICES

### APPENDIX A:COVER LETTER

Dear Colleague,

I am conducting a survey sponsored by the University Of Fort Hare assisted by Govan Mbeki Research and Development Center (GMRDC). The purpose is to find out about the following: your awareness on the Choice on Termination of Pregnancy Act (Act No. 92 of 1996); the experiences you have had when counseling your members and your existing strategies to inform your members about the Act. You have been randomly selected to participate in this survey- thus your opinions will represent the opinions of thousands of people like yourself.

Enclosed please find a copy of Questionnaire. While it is a bit lengthy it will require about 60 minutes to complete it. The information you provide will contribute to, amongst other things, on- going review of the Choice on Termination of Pregnancy Act (Act No. 92 of 1996) and the review of the doctrine of the Pentecostal churches.

I promise you confidentiality under the academic standards of the University of Fort Hare. Your name will not be revealed or associated with your response nor will anyone outside of the project staff of University of Fort Hare will be allowed to see your response. Whilst the GMRDC may be interested in the policy implications of our study, they will not be furnished with any information which in any way identifies you as an individual.

Please note the number on the upper right hand corner of the Questionnaire, this number allows us to temporarily identify you. By referring to this number we will know that you have responded to the Questionnaire.

I appreciate your willingness to help us in our research effort. If you would like a copy of our complete study please indicate this on the last page of the Questionnaire. We will make sure that you receive a copy of our results. I believe that you will find the Questionnaire both interesting and provocative.

Once more, I would like to take this opportunity to thank you in anticipation for taking the time to fill in the Questionnaire.

Yours faithfully

Researcher

PUTU N.M.

Supervisor

Mr. L.J. Bookholane

## APPENDIX B: CONSENT FORM



University of Fort Hare  
*Together in Excellence*

### Ethics Research Confidentiality and Informed Consent Form

**Please note:**

**This form is to be completed by the researcher(s) as well as by the interviewee before the commencement of the research. Copies of the signed form must be filed and kept on record**

Our University of Fort Hare / Department is asking people from your community / sample / group to answer some questions, which we hope will benefit your community and possibly other communities in the future.

The University of Fort Hare / Center For Theology and Religion is conducting research regarding the Choice on Termination of Pregnancy Act 1996 (Act No. 92 of 1996) We are interested in finding out more about the Pastors' Understanding, Experiences they encountered whilst counseling women who contemplate terminating pregnancy and those that have already done it, and the existing strategies they use to inform their members with regards to the Choice on Termination of pregnancy Act 1996 (Act No. 92 of 1996). We are carrying out this research to help establish Pentecostal churches' unified position on the issue of Termination of Pregnancy.

Please understand that you are not being forced to take part in this study and the choice whether to participate or not is yours alone. However, we would really appreciate it if you do

share your thoughts with us. If you choose not take part in answering these questions, you will not be affected in any way. If you agree to participate, you may stop me at any time and tell me that you don't want to go on with the interview. If you do this there will also be no penalties and you will NOT be prejudiced in ANY way. Confidentiality will be observed professionally.

I will not be recording your name anywhere on the questionnaire and no one will be able to link you to the answers you give. Only the researchers will have access to the unlinked information. The information will remain confidential and there will be no "come-backs" from the answers you give.

The interview will last around (60) minutes I will be asking you a questions and ask that you are as open and honest as possible in answering these questions. Some questions may be of a personal and/or sensitive nature. I will be asking some questions that you may not have thought about before, and which also involve thinking about the past or the future. We know that you cannot be absolutely certain about the answers to these questions but we ask that you try to think about these questions. When it comes to answering questions there are no right and wrong answers. When we ask questions about the future we are not interested in what you think the best thing would be to do, but what you think would actually happen.

If possible, our organization would like to come back to this area once we have completed our study to inform you and your community of what the results are and discuss our findings and proposals around the research and what this means for people in this area.

### **INFORMED CONSENT**

I hereby agree to participate in research regarding the **Choice on Termination of Pregnancy Act (Act No. 92 of 1996)** I understand that I am participating freely and without being forced in any way to do so. I also understand that I can stop this interview at any point should I not want to continue and that this decision will not in any way affect me negatively.

I understand that this is a research project whose purpose is not necessarily to benefit me personally.

I have received the telephone number of a person to contact should I need to speak about any issues which may arise in this interview.

I understand that this consent form will not be linked to the questionnaire, and that my answers will remain confidential.

I understand that if at all possible, feedback will be given to my community on the results of the completed research.

.....

**Signature of participant**

**Date:**.....

I hereby agree to the tape recording of my participation in the study

.....

**Signature of participant**

**Date:**.....

# APPENDIX C : ETHICAL CLEARANCE CERTIFICATE



University of Fort Hare  
Together in Excellence

## ETHICAL CLEARANCE CERTIFICATE

Certificate Reference Number: BOK011SPUT01

Project title: An analysis of the pastors' understanding of the Choice of Termination of Pregnancy Act (Act No. 92 of 1996): Case study of Pentecostal pastors in the Border Region of the Eastern Cape

Nature of Project: Masters

Principal Researcher: Northandazo Mandisa Putu

Supervisor: Rev LJ Bookholane

Co-supervisor:

On behalf of the University of Fort Hare's Research Ethics Committee (UREC) I hereby give ethical approval in respect of the undertakings contained in the above-mentioned project and research instrument(s). Should any other instruments be used, these require separate authorization. The Researcher may therefore commence with the research as from the date of this certificate, using the reference number indicated above.

Please note that the UREC must be informed immediately of

- Any material change in the conditions or undertakings mentioned in the document
- Any material breaches of ethical undertakings or events that impact upon the ethical conduct of the research

## **APPENDIX D.1**

### **INTERVIEW SCHEDULE DERIVED FROM THE RESEARCH QUESTIONS IN THE PROPOSAL**

#### **SECTION A**

1. AGE:
2. GENDER:
3. LEVEL OF EDUCATION:
4. POSITION IN THE CHURCH:
5. FULL / PART TIME IN MINISTRY:
6. WHEN WERE YOU CALLED INTO MINISTRY?
7. HOW WERE YOU CALLED INTO MINISTRY?
  
8. DID YOU OBTAIN ANY TRAINING ON PASTORAL COUNSELING?
  - (i) WHEN?
  - (ii) WHERE?
  
9. WHAT IS THE ESTIMATION OF YOUR MEMBERSHIP?
10. WHAT IS THE GENDER DISTRIBUTION (MALES/ FEMALES)?
11. WHAT IS THE ESTIMATION OF YOUNG PEOPLE?
12. WHAT IS THE GENDER DISTRIBUTION (MALES/FEMALES)?
13. WHAT IS YOUR GEOGRAPHICAL LOCATION?

## **SECTION B**

### **LEVEL OF AWARENESS OF THE RESPONDENTS WITH REGARDS TO THE CHOICE ON TERMINATION OF PREGNANCY ACT (ACT NO. 92 OF 1996)**

- (i) Have you heard about the Choice on Termination of Pregnancy Act (Act No. 92 of 1996)?
- (iii) What do you understand about the Choice on Termination of Pregnancy Act (Act No. 92 of 1996)?
- (iv) Is the Choice on Termination of Pregnancy Act (Act No. 92 of 1996) permitted in your church under certain circumstances?
- (v) How is choice on termination of pregnancy regarded in your church? (Please elaborate).
- (vi) In your opinion, for what purpose do women use the Choice on Termination of Pregnancy?

### **EXPERIENCES OF THE RESPONDENTS WHEN COUNSELLING WOMEN WHO CONTEMPLATE TERMINATION OF PREGNANCY AND THOSE THAT HAVE ALREADY DONE IT**

- (i) Have you had any training in Pastoral Counselling?
- (ii) What are the measures that your church takes in cases of a woman who is contemplating to terminate pregnancy?
- (iii) What is the support the Church gives to women who have terminated pregnancy?
- (iv) Have you ever counselled somebody who was contemplating to terminate pregnancy? If yes, what were your experiences?
- (v) What would be your advice to a woman who has been raped and discovered that she was pregnant?
- (vi) What would be your advice to a woman who is pregnant from her relative?
- (vii) What would you advise a woman who has seen on the scan that her baby has deformities?
- (viii) What would you advise a woman whose pregnancy poses a threat to her health?

**EXISTING STRATEGIES THAT THE RESPONDENTS USE TO INFORM ITS MEMBERS ON THE CHOICE ON TERMINATION OF PREGNANCY ACT (ACT NO. 92 OF 1996)**

- (i) What strategies is your church using to educate congregants about the Choice on Termination of Pregnancy Act?
- (ii) As a Pastor, what strategies would you use in your own family to educate your family with regards to the Choice on Termination of Pregnancy?
- (iii) What are the challenges that women encounter in the Church strategies to educate them about the Choice on Termination of Pregnancy Act?
- (iv) Do you have a doctrine or teaching in your church on the Choice on Termination of Pregnancy?

Let me take this time to sincerely thank you for your time and your participation in this study. God bless you.

Rev N.M. Putu

Triumphant Church of Jesus Christ

Centre for Theology and Religion

University of Fort Hare

## APPENDIX D. 2 ISIXHOSA VERSION

### ICANDELO A

1. UBUDALA:
2. ISINI:
3. UMGANGATHO WEMFUNDO:
4. ISIHLALO ENKONZWENI:
5. USISIGXINA/ AMATHUBA ATHILE EBUFUNDISINI?
6. WABIZELWA NINI EBUFUNDISINI?
7. LWAFIKA NJANI UBIZO LWAKHO?
8. INGABA UKHE WALUFUMANA UQEQESHO LWENGCEBISO ZABEFUNDISI?
  - (i) NINI?
  - (ii) PHI?
9. UTHELEKELELO LWAMALUNGU AKHO?
10. UKWAHLULWA HLULWA KOBUNI: (UBUDUNA/ UBUKHOMOKAZI)?
11. UTHELEKELELO LWABANTU ABATSHA?
12. UKWAHLULWA-HLULWA KOBUNI: (UBUDUNA/ UBUKHOMOKAZI)?
13. INDAWO OHLALA KUYO?

## ICANDELO B

### **IZINGA LOKUQONDA LABAPHENDULI NGOKUPHATHELELE KWISOLOTYA LELUNGELO LOKUZIKHETHELA UKUQHOMFA (Isoloty No. 92 of 1996)**

- (i). Ukhe weva ngesoloty lelungelo lokuzikhethela ukuqhomfa (Isoloty No. 92 Of 1996)?
- (ii) Wazi ntoni ngesoloty lelungelo lokuzikhethela ukuqhomfa (Isoloty No. 92 of 1996)?
- (iii) ingaba ke isoloty lelungelo lokuzikhethela (Isoloty No. 92 of 1996) linganakho ukwamkeleka enkonzweni yakho phantsi kwemeko ezithile?
- (iv) Ingaba ilungelo lokuzikhethela ukuqhomfa niluthatha njani enkonzweni yakho? (zathuza)
- (v) Kwezakho imbono njengomfundisi, ucinga uba amalungu enkonzo yakho alisebenzisa njani ilungelo lokuzikhethela ukuqhomfa?

### **AMAVA ABAPHENDULI KUMATHUBA ODLIWANO-NDLEBE NABAFAZI ABACAMNGCA NGOKUQHOMFA KWANABO SEBEQHOMFILE KAKADE**

- (i) (i).Ukhe walufumana uqeqesho lwengcebiso zabefundisi?
- (ii) Ithini imimiselo eninayo enkonzweni yenu xa ubani ethe wacamngca ngokuqhomfa kwanabo sebeqhomfile kakade?
- (iii) Ithini inkxaso yenkonzo eniyinika obhinqileyo xa athe wazikhethel aukuqhomfa?
- (iv) Wakha wagagana nemeko yokucebisa obecamngca ngokuqhomfa? Ukuba ewe, athini amava akho?
- (v) Ingathini ingcebiso yakho kobhinqileyo ozunyiweyo waza wamitha?
- (vi) Ingathini ingcebiso yakho kobhinqileyo omithiswe sisizalwana sakhe?
- (vii) Ungamcebisa njani obhinqileyo obone komatshini wokuxilonga ukuba usana aluthwelwyo lusingidalwa?
- (viii) Ungamcebisa njani obhinqileyo omitho lwakhe luchaphazela impilo yakhe?

**UBUCHULE OBUKHOYO OBUSETYENZIWA NGABAPHENDULI UKWAZISA AMALUNGU MALUNGA  
NESOLOTYA LOKUQHOMFA (Isoloty NO. 92 OF 1996)**

(I). Bobuphi ubuchule obusetyenziswa yinkonzo yakho ukufundisa abakhonzi malunga nelungelo lokuzikhethela ukuqhomfa?

(ii) Ngokunokwakho, ubungasebenzisa buchule buni njengo Mfundisi ukufundisa usapho ngokubhekisele kwilungelo lokuzikhethela ukuqhomfa?

(iii) Yeyiphi imingeni enithe nagagana nayo xa benicweya ubuchule bokufundisa ibandla ngelungelo lokuzikhethela ukuqhomfa?

(iv) Yeyiphi imigqalisela eniyithabathayo enkonzweni xa inkazana ithe yaqhomfa okanye icinga ngako?

(v) Ninaso isiqendwana esibhaliweyo esithetha ngale miba sesithethe ngayo?

Mandithathe eli thuba ndibulele kakhulu kuwe ngexesha lakho nentsebenziswano yakho, ungadinwa nangomso, uThixo akusikelele.

Mfundisi N.M. Putu

Triumphant Church of Jesus Christ

Center for Theology and Religion

University of Fort Hare

## **APPENDIX E. 1: ISIXHOSA VERSION**

### **ICANDELO A**

1. UBUDALA:
2. ISINI:
3. UMGANGATHO WEMFUNDO:
4. ISIHLALO ENKONZWENI:
5. USISIGXINA/ AMATHUBA ATHILE EBUFUNDISINI:
6. WABIZELWA NINI EBUFUNDISINI?
7. LWAFIKA NJANI UBIZO LWAKHO?
8. INDAWONI ICAWA YAKHO?
9. INGABA UNALO NA UQEQESHO LWENGCEBISO ZABEFUNDISI?
  - (i) WAQEQESHWA NINI?
  - (ii) WAQEQESHWA PHI?
10. UTHELEKELELO LWAMALUNGU ENKONZO YAKHO?
11. UKWAHLULWA HLULWA KOBUNI: (UBUDUNA/ UBUKHOMOKAZI)
12. UTHELEKELELO LENANI LABANTU ABATSHA?
13. UKWAHLULWA-HLULWA KOBUNI: (UBUDUNA/ UBUKHOMOKAZI)

**ICANDELO B**

**PHENDULA LEMIBUZO ILANDELAYO UXHASE IZIMVO ZAKHO**

**IZINGA LOKUQONDA LABAPHENDULI NGOKUPHATHELELE KWISOLOTYA LELUNGELO LOKUZIKHETHELA UKUQHOMFA (Isoloty No. 92 of 1996)**

1. Ilungelo lokuzikhethela ukuqhomfa liyabaxhobisa ababhinqileyo.

EWE	HAYI
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1. Ilungelo lokuzikhethela ukuqhomfa linokwamkeleka xa ubani ezunyiwe.

EWE	HAYI
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2. Ilungelo lokuzikhethela ukuqhomfa linokuvumeleka xa impilo yomzimba nengqondo yobhonqileyo isemngciphekweni.

EWE	HAYI
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3. Ulwazi malunga nelungelo lokuzikhethela ukuqhomfa lufanele lwaziwe ngumntu wonke.

EWE	HAYI
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4. Ilungelo lokuzikhethela ukuqhomfa linokuvumeleka xa ubani emithiswe sisizalwana

EWE	HAYI
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5. Obhinqileyo unalo ilungelo lokuzikhethela ukuqhomfa xa ebona /efuna njalo.

EWE	HAYI
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6. Ilungelo lokuzikhethela ukuqhomfa linokuvumeleka ngenxa yeenkolo ezithile.

EWE	HAYI
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7. Ilungelo lokuzikhethela ukuqhomfa linokuvumeleka xa kurhaneleka ukuba umntwana ungathi uzakuba sisislima

EWE	HAYI
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8. Ilungelo lokuzikhethela ukuqhomfa libeka ubudlelwana emngciphekweni

EWE	HAYI
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9. Ilungelo lokuzikhethela ukuqhomfa livumelekile xa ukuqhubeka nokumitha kuchaphazela ngamandla imeko yobhonqileyo yezokuphila neyezimali.

EWE	HAYI
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**AMAVA ABAPHENDULI KUMATHUBA ODLIWANO-NDLEBE NABAFAZI  
ABACAMNGCA NGOKUQHOMFA KWANABO SEBEQHOMFILE KAKADE**

1. Wakha wacebisa obhinqileyo owayecamngca ngokuqhomfa isisu okanye nowayeselekwenzile oko?

EWE	HAYI
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Ukuba kunjalo, zazinjani imeko zoko, waza wamcebisa njani?  
Ukuba akunjalo, ungamcebisa uthini?

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2. Ingathini ingcebiso yakho kwezi meko zilandelayo:

(i) Umngcipheko wokulimala kwempilo yomzimba nengqondo kobhinqileyo.

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(ii) Kumngcipheko wokungathi othwelweyo angaba sisidalwa emzimbeni nasengqondweni.

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(iii) Xa isisu sivele ngokulalana nesizalwana okanye uzunywe

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(iv) Imeko yokrexezo emtshwatweni

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(v) Umitho kulutsha

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(vi) Ilungelo lobhinqileyo

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(vii) Ezinye iimeko jikelele

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3. Yeyiphi inkxaso icawa yakho eniyinika ababhinqileyo abaqhomfe izisu?

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**UBUCHULE OBUKHOYO OBUSETYENZIWA NGABAPHENDULI UKWAZISA AMALUNGU MALUNGA  
NESOLOTYA LOKUQHOMFA (Isoloty NO. 92 OF 1996)**

1. Buthini ubuchule eninabo enkonzweni yakho ukufundisa amalungu ngesoloty lokuzikhethela ukuqhomfa?

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2. Ithini inkcaso/nkxaso yamalungu kobo buchule?

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3. Ingaba inkonzo yakho inayo imfundiso malunga noqhomfo lwezisu?  
Xhasa uluvo lwakho.

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Mandithathe eli thuba ndibulele kakhulu ngexesha lakho nentsebenziswano yakho kwezi zifundo, uThixo akusikelele.

Mfundisi N.M. Putu

Triumphant Church of Jesus Christ

Center for Theology and Religion

University of Fort Hare

## **APPENDIX E. 2 QUESTIONNAIRE**

### **SECTION A**

#### **BIOGRAPHICAL INFORMATION**

1. AGE:
2. GENDER:
3. LEVEL OF EDUCATION:
4. POSITION IN THE CHURCH:
5. FULL / PART TIME IN MINISTRY:
6. WHEN WERE YOU CALLED INTO MINISTRY?
7. HOW DID YOU RECEIVE YOUR CALLING INTO MINISTRY?
8. WHERE IS YOUR CHURCH LOCATED?
9. DID YOU OBTAIN ANY TRAINING ON PASTORAL COUNSELLING?
  - (i) WHEN?
  - (ii) WHERE?
10. WHAT IS THE ESTIMATION OF THE MEMBERSHIP IN YOUR CHURCH?
11. WHAT IS THE GENDER DISTRIBUTION OF MALES/ FEMALES)?
12. WHAT IS THE ESTIMATION OF YOUNG PEOPLE?
13. WHAT IS THE GENDER DISTRIBUTION OF MALES/FEMALES?

**SECTION B**

**PLEASE ANSWER THE FOLLOWING QUESTIONS AND MOTIVATE YOUR RESPONSES.**

**LEVEL OF AWARENESS OF THE RESPONDENTS WITH REGARDS TO THE CHOICE ON TERMINATION OF PREGNANCY ACT (ACT NO. 92 OF 1996).**

1. The Choice on Termination of Pregnancy empowers women.

YES	NO
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MOTIVATE YOUR RESPONSES

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2. The Choice on Termination of Pregnancy may be considered in cases of rape.

YES	NO
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MOTIVATE YOUR RESPONSES

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3. The Choice on Termination of Pregnancy is permitted if the physical or mental health of the woman is at risk.

YES	NO
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MOTIVATE YOUR RESPONSES

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4. Information about the Choice on Termination of Pregnancy should be readily available to everybody.

YES	NO
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MOTIVATE YOUR RESPONES

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5. The Choice on Termination of Pregnancy is permissible if pregnancy resulted from incest.

YES	NO
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MOTIVATE YOUR RESPONSES

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6. Women have a right to exercise their Choice on Termination of Pregnancy if they so wish.

YES	NO
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MOTIVATE YOUR RESPONSES

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7. Choice on Termination of pregnancy is permissible under individual beliefs.

YES	NO
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MOTIVATE YOUR RESPONSES

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8. The Choice on Termination of Pregnancy may be considered in cases of foetal abnormalities.

YES	NO
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MOTIVATE YOUR RESPONSES

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9. Woman's Choice on Termination of Pregnancy puts the relationships at risk.

YES	NO
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MOTIVATE YOUR RESPONSES

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10. The Choice on Termination of Pregnancy may be permitted if the continued pregnancy would significantly affect the social or economic circumstances of the woman.

YES	NO
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MOTIVATE YOUR RESPONSES

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**EXPERIENCES OF THE RESPONDENTS WHEN COUNSELLING WOMEN WHO CONTEMPLATE TERMINATION OF PREGNANCY AND THOSE WHO HAVE ALREADY DONE IT**

1. Have you ever counselled someone contemplating terminating the pregnancy or who has already done so?

YES	NO
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If yes, what were the circumstances and conditions? If no, what would be your advice/counsel?

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2. What would be your advice/ counsel in the following circumstances:

(i) risk of injury to the woman's physical or mental health

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(ii) risk that the foetus might suffer from a severe physical or mental abnormality

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(iii) pregnancy that resulted from rape or incest

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(iv) extra-marital relations

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(v) teenage pregnancy

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(vi) Choice of the woman

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(vii) ANY OTHER circumstances and conditions

3. What is the support that your church gives to women who have terminated pregnancy?  
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**EXISTING STRATEGIES THAT THE RESPONDENTS USE TO INFORM ITS MEMBERS ON THE CHOICE ON  
TERMINATION OF PREGNANCY ACT (ACT NO. 92 OF 1996)**

1. What are the strategies that your church has to inform the members about the choice on termination of pregnancy act?

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2. What has been the reaction of your church to the strategies?

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3. Does your church have a doctrine or teaching on the termination of pregnancy?  
YES      NO

Motivate your answer.

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Let me take this time to sincerely thank you for your time and your participation in this study. God bless you.

Rev. N.M. Putu

Triumphant Church of Jesus Christ

Center for Theology and Religion

University of Fort Hare

## **APPENDIX F: THE ACT**

### **Choice on Termination of Pregnancy Act, 1996 (Act No. 92 of 1996)**

It is hereby notified that the President has assented to the following Act which is hereby published for general information:-

#### **ACT**

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

(Afrikaans text signed by the President.)

(Assented to 12 November 1996.)

#### **PREAMBLE**

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

Recognizing that the Constitution protects the right of persons to make decisions concerning reproduction and to security in and control over their bodies; Recognizing that both women and men have the right to be informed of and to have access to safe, effective, affordable and acceptable methods of fertility regulation of their choice, and that women have the right of access to appropriate health care services to ensure safe pregnancy and childbirth;

Recognizing that the decision to have children is fundamental to women's physical, psychological and social health and that universal access to reproductive health care services includes family planning and contraception, termination of pregnancy, as well as sexuality education and counselling programs and services; Recognizing that the State has the responsibility to provide reproductive health to all, and also to provide safe conditions under which the right of choice can be exercised without fear or harm;

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

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

have an early, safe and legal termination of pregnancy according to her individual beliefs.

BE IT ENACTED by the Parliament of the Republic of South Africa, as follows:-

#### Definitions

1. In this Act, unless the context otherwise indicates-

- (i) "Director-General" means the Director-General of Health; (iii)
- (ii) "Gestation period" means the period of pregnancy of a woman calculated from the first day of the menstrual period which in relation to the pregnancy is the last; (iv)
- (iii) "Incest" means sexual intercourse between two persons who are related to each other in a degree which precludes a lawful marriage between them; (ii)
- (iv) "Medical practitioner" means a person registered as such under the Medical, Dental and Supplementary Health Service Professions Act, 1974 (Act No. 56 of 1974); (v)
- (v) "Minister" means the Minister of Health; (viii)
- (vi) "Minor" means any female person under the age of 18 years; (vii)
- (vii) "Prescribe" means prescribe by regulation under section 9; (x)
- (viii) "Rape" also includes statutory rape as referred to in sections 14 and 15 of the Sexual Offences Act, 1957 (Act No. 23 of 1957); (ix)(ix) "registered midwife" means a person registered as such under the Nursing Act, 1978 (Act No. 50 of 1978); (vi)(x) "termination of a pregnancy" means the separation and expulsion, by medical or surgical means, of the contents of the uterus of a pregnant woman; (i)(xi) "woman" means any female person of any age. (xi)Circumstances in which and conditions under which pregnancy may be terminated

2. (1) A pregnancy may be terminated-

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

(b) From the 13th up to and including the 20th week of the gestation period if a

Medical practitioner, after consultation with the pregnant woman, is of the opinion that-

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

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

(iii) The pregnancy resulted from rape or incest; or

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

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

(i) Would endanger the woman's life;

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

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

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

Place where surgical termination of pregnancy may take place

3. (1) The surgical termination of a pregnancy may take place only at a facility designated by the Minister by notice in the Gazette for that purpose under subsection (2).

(2) The Minister may designate any facility for the purpose contemplated in subsection

(1), subject to such conditions and requirements as he or she may consider necessary or expedient for achieving the objects of this Act,

(3) The Minister may withdraw any designation under this section after giving 14 days' prior notice of such withdrawal in the Gazette.

Counselling

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

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

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

(3) In the case of a pregnant minor, a medical practitioner or a registered midwife, as the case may be, shall advise such minor to consult with her parents, guardian, family members or friends before the pregnancy is terminated: Provided that the termination of the pregnancy shall not be denied because such minor chooses not to consult them.

(4) Subject to the provisions of subsection (5), in the case where a woman is-(a) severely mentally disabled to such an extent that she is completely incapable of understanding and appreciating the nature or consequences of a termination of her pregnancy; or

(b) in a state of continuous unconsciousness and there is no reasonable prospect that she will regain consciousness in time to request and to consent to the termination of her pregnancy in terms of section 2, her pregnancy may be terminated during the first 12 weeks of the gestation period, or from the 13th up to and including the 20th week of the gestation period on the grounds set out in section 2(1)(b)-

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

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

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

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

(a) During the period up to and including the 20th week of the gestation period of a pregnant woman referred to in subsection (4)(a) or (b)-

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

(ii) there exists a substantial risk that the fetus would suffer from a severe physical or mental abnormality; or (b) after the 20th week of the gestation period of a pregnant woman referred to in subsection (4)(a) or (b), the continued pregnancy-

(i) Would endanger the woman's life;

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

(iii) would pose a risk of injury to the fetus, they may consent to the termination of the pregnancy of such woman after consulting her natural guardian, spouse, legal guardian or curator personae, as the case may be: Provided that the termination of the pregnancy shall not be denied if the natural guardian, spouse, legal guardian or curator personae, as the case may be, refuses to consent thereto.

#### Information concerning termination of pregnancy

6. A woman who in terms of section 2(1) requests a termination of pregnancy from a medical practitioner or a registered midwife, as the case may be, shall be informed of her rights under this Act by the person concerned.

#### Notification and keeping of records

7. (1) Any medical practitioner, or a registered midwife who has completed the prescribed training course, who terminates a pregnancy in terms of section 2(1)(a) or (b), shall record the prescribed information in the prescribed manner and give notice thereof to the person referred to in subsection (2).

(2) The person in charge of a facility referred to in section 3 or a person designated for such purpose, shall be notified as prescribed of every termination of a pregnancy carried out in that facility.

(3) The person in charge of a facility referred to in section 3, shall, within one month of the termination of a pregnancy at such facility, collate the prescribed information and forward it by registered post confidentially to the Director-General: Provided that the name and address of a woman who has requested or obtained a termination of pregnancy, shall not be included in the prescribed information.

(4) The Director-General shall keep record of the prescribed information which he or she receives in terms of subsection (3).

(5) The identity of a woman who has requested or obtained a termination of pregnancy shall remain confidential at all times unless she herself chooses to disclose that information.

8. (1) Delegation. The Minister may, on such conditions as he or she may determine, in writing delegate to the Director-General or any other officer in the service of the State, any power conferred upon the Minister by or under this Act, except the power referred to in section 9.

(2) The Director-General may, on such conditions as he or she may determine, in writing delegate to an officer in the service of the State, any power conferred upon the Director-General by or under this Act or delegated to him or her under subsection (1).(3)

The Minister or Director-General shall not be divested of any power delegated by him or her, and may amend or set aside any decision taken by a person in the exercise of any such power delegated to him or her.

9. The Minister may make regulations relating to any matter which he or she may consider necessary or expedient to prescribe for achieving the objects of this Act.

#### Offences and penalties

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

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

(c) prevents the lawful termination of a pregnancy or obstructs access to a facility for the termination of a pregnancy, shall be guilty of an offence and liable on conviction to a fine or to imprisonment for a period not exceeding 10 years.

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

#### Application of Act

11. (1) This Act shall apply to the whole of the national territory of the Republic.

(2) This Act shall repeal-

(a) the Act mentioned in columns one and two of the Schedule to the extent set out in the third column of the Schedule; and (b) any law relating to the termination of pregnancy which applied in the territory of any entity which prior to the commencement of the Constitution of the Republic of South Africa, 1993 (Act No. 200 of 1993), possessed legislative authority with regard to the termination of a pregnancy.