

Reasons for Abortion: Religion, Religiosity/Spirituality and Attitudes of Male Secondary School Youth in South Africa

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Abstract This study focused on the relationship between religion, religiosity/spirituality (R/S), and attitudes of a sample of South African male secondary school youth toward women's rights to legal abortion in different situations. We distributed 400 self-administered questionnaires assessing the main variables (attitudes toward reasons for abortion and R/S) to the target sample in six different secondary schools in KwaZulu-Natal, South Africa. The responses of a final sample of 327 learners were then analyzed using the Statistical Package for the Social Sciences (SPSS) software. The findings revealed that religion and R/S play a role in the youths' attitudes toward abortion. While the Hindu subsample indicated higher overall support across the different scenarios, the Muslim subsample reported greater disapproval than the other groups on 'Elective reasons' and in instances of 'Objection by significant others.' The Christian youth had the most negative attitudes to abortion for 'Traumatic reasons' and 'When women's health/life' was threatened. Across the sample, higher R/S levels were linked with more negative attitudes toward reasons for abortion.

Keywords Abortion attitudes · Male youth · Religion · Religiosity/spirituality · South Africa

Introduction

The Choice on Termination of Pregnancy Act, 1996 (CTOP, 92 of 1996), was passed on October 31, 1996, allowing South African women the legal right to terminate pregnancies. Jacobs and Hornsby (2014) describe both structural and social reasons that have made it difficult for women to exercise this right. These include limited access and availability of

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services, long waiting lists, gender power imbalances in a patriarchal South African society, stigma associated with abortion and in particular, health-care professionals' refusal to offer legal abortion for religious or moral reasons. Panday et al. (2009) also report that stigma from important decision-makers in the lives of women (mothers, partners, seniors in the family) often results in young women choosing illegal abortions while Macleod et al. (2014) cite studies which indicate that lack of knowledge about abortion rights is yet another reason.

The South African Social Attitudes Survey (SASAS) revealed that public attitudes to abortion vary by race with Black South Africans showing greatest disapproval and White South Africans indicating highest levels of support. Education and church/service attendance have also been found to be significant predictors of abortion attitudes with higher levels of education linked to more positive attitudes, and higher frequency of church or service attendance associated with more negative attitudes (Mncwango and Rule 2008). The relationship between religiosity and negative abortion attitudes has been a consistent finding in the literature (Adamczyk 2013; Jelen and Wilcox 2003).

Youth and Abortion

Although abortion is by no means limited to young people, a report of the South African Demographic and Health Survey (1998) cites studies which have shown that as compared to adults, young people are most likely to be faced with decisions around abortion due to the fact that they may not be ready, in many different aspects of their lives, to have children. Reasons such as poverty, financial instability, physical and mental immaturity, fear of parents' reaction to pre-marital pregnancy, social stigma and education disruption put young people in the position of having to terminate pregnancies (Varga 2002). In a sample of 758 women, aged 14–45 years, 96% cited socioeconomic factors as the main reason for their decision to terminate their pregnancies (Ngene et al. 2013). The finding that support for legal abortion depends on the circumstances of the unwanted pregnancy has been consistent (Patel and Kooverjee 2009) in that there appears to be greater support for 'hard' or 'traumatic' reasons (like rape, incest) and lower support for 'soft' or 'elective' reasons (like not wanting more children).

More than a decade has passed since Varga's (2002) suggestion that greater focus on issues concerning abortion among South African young people was particularly relevant and timely. However, there still remains limited knowledge of the attitudes of young people. From the early 1990s to the last decade and a half, there have been attempts to examine adolescent attitudes in Italy and Sweden (Agostino and Wahlberg 1991), in the USA (Bruckner et al. 2004; Misra and Hohman 2000; Stone and Waszak 1992) in Mexico (Becker et al. 2002), in the Czech Republic and Armenia (Agadjanian 2002) and in Nigeria (Adesola 2013). Studies focusing exclusively on male adolescents include those by Boggess and Bradner (2000) and Marsiglio and Shehan (1993) in the USA; Lohan et al. (2010) in the Republic of Ireland, Sharp et al. (2015) and Corkindale et al. (2009) in Australia.

Research in South Africa has tended to focus exclusively on women (Gmeiner et al. 2002; Gresh and Maharaj 2014; Morroni et al. 2006; Patel and Myeni 2008), the role of medical professionals with the objective of highlighting problems associated with abortion, (Harries et al. 2009; Varkey 2000) or to examine gender differences (Mwaba and Naidoo 2006; Patel and Johns 2009; Patel and Kooverjee 2009). The recent systematic review of research on health-care workers' perceptions of induced abortion in Sub-Saharan Africa and Southeast Asia by Loi et al. (2015) shows that most of the studies were done in South

Africa and that moral and religious objections to abortion by this workforce are a consistent finding in the literature.

In her article on pregnancy termination among South African adolescents, Varga (2002) makes the point that while it is important to understand both male and female perspectives on abortion, very little is known about young male attitudes toward abortion. A recent national survey shows that sexual debut before the age of 15 continues to increase among South Africans with boys starting younger than girls (Shisana et al. 2014). Failure to use contraceptives (reported in several studies) means that there are realistic chances of unwanted pregnancies arising out of these encounters.

Youth and Religion

Since South African youth claim that spirituality and religion play a significant role in their lives (South African youth are optimistic about our future 2005; Zantsi et al. 2004), this component of their belief systems cannot be neglected in our understanding of their attitudes to women's legal right to abortion.

Traditional attitudes and religious beliefs are likely to represent specific challenges to sexual and reproductive health education. Therefore, there is a need to describe current knowledge and attitudes and to examine the extent to which religion and religiosity are related to attitudes to abortion. Very few local studies have focused exclusively on young male perspectives and how their attitudes may vary by the extent of their religiosity and/or whether these attitudes may be related to underlying moral or religious tendencies. Cochran et al. (1996) use a reference group-socialization theory to explain how religious affiliation shapes behaviors and attitudes with specific reference to abortion. From the socialization perspective, the authors maintain that individuals develop '... attitudes at relatively young ages because of their family, peer, religious, school...' (p. 295).

It is generally recognized that understanding opposition to abortion from the different religious perspectives is fraught with challenges, especially in the context of the growing diversity of traditional religious groups (Berry et al. 2011). Research from the West has tended to treat religious affiliation as the different strands of Christianity—with Roman Catholics and Protestants being the popular denominations studied (Bartowski et al. 2012; Clements 2014; Cochran et al. 1996; Ellison et al. 2005; Hess and Rueb 2005). Although commentaries on the world's major religions perspectives are available (Jelen 2014; Maguire 2006; Zaidi et al. 2009), actual empirical studies seem more limited. In recent years, there has been a noticeable attempt to address Islamic viewpoints on abortion (Hedayat et al. 2006; Hessini 2007; Riddell 2005), but research on Hindu perspectives appears to be more uncommon in the empirical literature. Maguire (2006) says that although in Hinduism abortion is regarded as one of the *mahapatakas* (atrocious acts), because of the fluidity of Hindu moral law, abortion is permitted for a range of reasons. He notes furthermore that abortion has been legal in India since 1971 and that objections from religious leaders have been almost nonexistent. Jelen (2014), however, reports that commentaries on Hinduism imply that abortion is unacceptable for both moral and social reasons.

Panday et al. (2009) emphasize the need to involve both men and boys in their support of the prevention of, and in their responses, to pregnancies. One way in which this may be achieved is to examine their knowledge and attitudes toward the rights of women to legal abortion under different circumstances. This information will hopefully contribute toward laying the ground work for future interventions and program aimed at raising awareness and transforming attitudes and reducing stigma. Corkindale et al. (2009) point out that

understanding the attitudes of young males in this decision-making process is important for practitioners attempting to offer them guidance. Boys in their teens represent the men of the future, and if they demonstrate poor awareness of women's reproductive rights at this stage, then there is still an opportunity to raise levels of awareness and address negative perceptions and stigma. Traditional beliefs about women's roles, moral and religious belief systems may influence their understanding of women's rights. Thus, their levels of awareness of the legal status of abortion, their attitudes and how these differ by religion and R/S need to be assessed.

Over 80% of the population in the province of KwaZulu-Natal, South Africa, is Black African, about 8.5% is Indian, 5% White and 2% Coloured. In terms of religious affiliation, Christianity is practiced by the majority of the people, while most of the rest belong to either the Hindu or Islamic faiths (Rule 2002).

The present study attempts to examine the following in a sample of secondary school youth from different religious and socioeconomic backgrounds in KwaZulu-Natal:

- their levels of awareness of the CTOP law
- their attitudes toward reasons for abortion
- their levels of R/S
- religious differences in attitudes toward reasons for abortion
- the relationship between R/S and attitudes to abortion

Methods

We used a survey design to examine the attitudes of young male school goers from varying religious backgrounds toward abortion.

Participants

A non-probability convenience sampling method was used. In convenience sampling, the researcher takes samples from large groups of an accessible population (Neuman 2011) such as students in a large lecture class.

The male participants, with different cultural and socioeconomic backgrounds, were from six different secondary schools in Durban, KwaZulu-Natal, South Africa: One school was from the inner city, two were from middle class suburbs, and three were from the townships*.

Although 400 questionnaires were distributed, 353 secondary school males, ranging in age from 15 to 20 years, participated in the study. (91% were in the 15–18 age group.) In order to satisfy statistical requirements for appropriate analysis, those religious groups comprising just a few individuals were excluded. The final sample (of completed questionnaires) consisted of 145 Black (African), 153 Indian and 29 White secondary school males ($N = 327$). Over 61% ($n = 201$) of the sample was Christian, 27.52% ($n = 90$) was Muslim, and the rest (11.01%) ($n = 36$) belonged to the Hindu faith.

**(In South Africa) a suburb or city of predominantly black occupation, formerly officially designated for black occupation by apartheid legislation: (Oxford online)*

Materials

We approached the data collection process through a supervised self-administered questionnaire schedule which covered:

Demographic Information

The first part of the questionnaire asked for the following: age, race, present grade and religion of the participants.

Knowledge of Abortion

- Knowledge of CTOP was measured by two questions:
 1. What is the current state of abortion in South Africa? Respondents were required to choose from ‘Legal’ or ‘Illegal’
 2. What does CTOP stand for?

Attitudes toward abortion

- Using the scale (hereafter referred to as ATRAS) devised by Bryan and Freed (1993), attitudes toward reasons behind abortion were assessed. Wheeler et al. (2012) cite past researchers who maintain that in the study of abortion attitudes there should be as many specific questions as possible in order to gain a ‘more nuanced assessment’ (p. 155) of attitudes and feelings. Bryan and Freed (1993) developed a scale which presents 43 scenarios that a woman could be faced with where abortion may be considered an option in an unwanted pregnancy. The scale assesses the extent to which individuals approve of the decision to terminate when faced with one of a range of different reasons. The items ranged from ‘The woman was raped’ to ‘Choosing the sex of the child’ In the Bryan and Freed study, the response format offered was ‘Yes’ or ‘No.’ In the present study, the response format was extended to a 5-point scale ranging from ‘Strongly Agree’ (1) to ‘Strongly Disagree’ (5). High scores indicate negative attitudes to the reason for abortion.

Religiosity/Spirituality (R/S)

- As a result of the challenges associated with using a religiosity scale that incorporates specific practices like church attendance and frequency of prayer (issues raised in Patel et al. 2009), careful consideration was given to the choice of a suitable instrument for this study. Religiosity/Spirituality levels were measured using the Daily Spiritual Experiences Scale (DSES) (Underwood and Teresi 2002). This scale was developed with the aim of measuring ‘every day ordinary experiences rather than particular beliefs or behaviors’ (p. 22). Although the scale is referred to as a ‘spiritual experiences’ scale, the author maintains that ‘It was constructed to reflect an overlapping circle model of spirituality/religiousness and contains items that are more specifically theistic in nature...’ (p. 29). Einolf (2013) cites a number of studies that demonstrate the usefulness of this measure. Since all three religions represented in this study are theistic in nature, it was deemed appropriate for the purpose of the study. The response options (6-point

scale) range from ‘Many times a day’ (1) to ‘Never or almost never’ (6): The lower the score, the higher the stated influence of religion and spirituality on everyday life.

- In addition, the short form of the Values scale (a measure of ‘...the influence of faith on everyday life’ (p 25)) described by Idler (2003) was used. It is made up of three items, ‘My faith helps me know right from wrong,’ ‘My whole approach to life is based on my religion’ and ‘Although I believe in my religion, many other things are more important in my life.’ A 5-point rating from ‘Strongly agree’ (1) to ‘Strongly disagree’ (5) is used. With reverse coding of the second item, low scores indicate a strong influence of faith in a person’s life.

Procedure

Consent to carry out this research was obtained from the University of KwaZulu-Natal’s Higher Degrees Committee. Furthermore, with full information regarding the study purpose and process, written consent for administering the questionnaire to the secondary school sample was sought from the schools, the participants, as well as parents/guardians. Parental consent was specifically sought in cases where participants were minors. Since abortion is a sensitive issue that can elicit thoughts and emotions that may need therapeutic considerations, the participants were made aware that their schools’ counseling services were available if the need arose.

Questionnaires were administered during the Life Orientation classes.

Analysis

Using SPSS software, descriptive statistics like the means, standard deviations were computed. Analysis of variance (ANOVA), factor analysis and the Pearson r were used to analyze the data.

Results

Knowledge of CTOP

About three-quarters of the respondents indicated knowledge of the legal status of CTOP in South Africa. Only nine of the respondents provided a correct answer regarding knowledge on what CTOP stood for, while the rest (97.43%) responded incorrectly, did not know or did not respond to the question.

Religion, R/S and Attitudes to Abortion

One of our main aims was to measure the attitudes of a young male sample toward abortion. Preliminary analysis included an exploratory factor analysis of the 43 abortion items. From this analysis, nine significant factors emerged: Elective reasons (8 items), (2) Woman’s/family vulnerability (10 items), (3) Objection by significant others (5 items), (4) Woman’s health/life endangered (3 items), (5) Woman’s marital status (3 items), (6) Choice on sex of the child and/or spacing children, (7) Traumatic reasons (4 items), (8) Father’s health and (9) Promiscuity (See Table 1). Due to the low alphas and the low number of items (2 items and below) making up the components of Factors 6, 8 and 9,

Table 1 Factor loadings on ATRAS (attitude toward reasons for abortion scale) items

Item	Loading
Factor 1: Elective reasons	
29. To give more psychological attention to children already born	.629
30. To give more economic advantages to children already born	.543
37. Woman wants to return to school	.637
38. Woman wants to work for financial reasons	.712
39. Woman wants to work for self-fulfillment	.650
40. Woman feels she already has enough children	.679
41. Woman feels she is too old to raise any more children	.641
43. Any other reason a woman might have	.609
Factor 2: Woman's/family vulnerability	
8. Woman is a minor	.468
9. Woman has AIDS	.442
10. Woman is addicted to drugs or alcohol	.577
11. Woman is a prostitute	.415
14. Woman is homeless	.705
15. Woman abuses the children she already has	.722
16. Woman is living in poverty on welfare	.709
24. Man abuses the children they already have	.583
25. Man refuses to allow any contraception	.466
31. Family cannot afford any more children	.438
Factor 3: Objection by significant others	
32. Unmarried woman wants abortion, but parent(s) or guardian object	.631
33. Unmarried woman wants abortion, but man objects	.799
34. Married woman wants abortion, but husband objects	.777
35. Married woman wants abortion, but lover objects	.799
36. Woman wants abortion, but artificial inseminator objects	.504
Factor 4: Woman's health/life endangered	
5. Woman's physical health endangered	.769
6. Woman's mental health endangered	.801
7. Woman's life endangered	.775
Factor 5: Woman's marital status	
17. Woman is unmarried and does not want to marry the man	.744
18. Woman is unmarried, and the man does not want to marry her	.713
19. Woman is separated or divorced from the man	.467
Factor 7: Traumatic reasons	
1. Pregnancy caused by rape	.668
2. Pregnancy caused by date rape	.713
3. Pregnancy caused by incest	.692
4. Damaged or defective fetus	.493

these were excluded from further analysis and therefore excluded from the discussion. The three race groups (Black African, White and Indian) used in the study were compared on their overall attitudes to abortion, and no significant differences were found ($F(2, 234) = 2.75; p > .05$).

Based on the results of an exploratory factor analysis of the DSES items, one factor ‘Relationship with God’ comprising of 13 items was used in the analysis. Hereafter, it is referred to as DSES (Table 2).

The internal consistency values for the DSES and the ATRAS subscales ranged from adequate (.69) to very good (.92) (Table 3).

Religious differences in R/S and attitudes toward reasoning about abortion

Table 4 contains the results of the tests of difference (by religious group) on levels of religiosity and attitudes toward abortion.

There were significant religious differences on the R/S measures. Post hoc analysis using the Scheffé test indicated that Muslims differed significantly from both the Christian and Hindu samples on all the religiosity measures (DSES and the Values items).

Overall the Hindu sample recorded highest support for a woman’s right to abortion in the different scenarios. On ‘Elective reasons,’ the Muslim sample was significantly more opposed than the Christian and Hindu samples. They also displayed more negative attitudes than the Hindu group on a woman’s right to abortion when ‘significant others’ objected.

The Christian sample was more disapproving of abortion than the Muslim sample in instances where a ‘woman’s health or life’ was threatened by the pregnancy as well as where ‘Traumatic reasons’ were involved. Both the Christian and Muslim samples

Table 2 Factor loadings on Daily Spiritual Experiences Scale (DSES) items

Item	Loading
Factor 1: Relationship with God	
1. I feel God’s presence	.753
3. During worship, or at other times when connecting to God	
I feel joy which lifts me out of my daily concerns	.707
4. I find strength and comfort in my religion	.727
5. I find comfort in my religion or spirituality	.675
6. I feel deeper peace and harmony	.644
7. I ask for God’s help in the midst of daily activities	.776
8. I feel guided by God in the midst of daily activities	.807
9. I feel God’s love for me, directly	.787
10. I feel God’s love for me, directly or through others	.645
11. I am spiritually touched by the beauty of creation	.570
12. I feel thankful for my blessings	.622
15. I desire to be closer to or in union with God	– .656
16. In general, how close do you feel to God?	– .623
Factor 2: Compassionate relationship with people	
13. I feel a selfless caring for others	.812
14. I accept others even when they do things I think are wrong	.745

Table 3 Descriptive statistics for ATRAS, DSES, and VS items for total sample ($N = 327$)

Scale/subscale	No. of items	HPS	M (SD)	α
ATRAS subscales				
Elective reasons	8	40	28.78 (9.24)	.82
Woman's/family vulnerability	10	50	34.03 (11.18)	.85
Objection by significant others	5	25	18.11 (6.14)	.81
Woman's health/life endangered	3	15	8.10 (4.29)	.79
Woman's marital status	3	15	12.45 (3.38)	.74
Traumatic reasons	4	20	11.05 (4.88)	.69
DSES				
Relationship with God	13	74	32.80 (11.31)	.92
Values scale				
My whole approach to life is based on my religion.	1	5	2.03 (1.51)	na
Although I believe in my religion, many other things are more important in life.	1	5	3.40 (1.81)	na
My faith helps me know right from wrong.	1	5	1.57 (1.23)	na

ATRAS Attitudes Toward Reasons For Abortion Scale, DSES Daily Spiritual Experiences Scale, HPS highest possible score

Table 4 ANOVA results: ATRAS subscales, DSES and VS by religion

	Religion			F
	Christian ($n = 201$) M (SD)	Hindu ($n = 36$) M (SD)	Muslim ($n = 90$) M (SD)	
ATRAS subscales				
Elective reasons	27.89 (9.18)	24.72 (7.58)	32.40 (9.07)	11.88***
Woman's/family vulnerability	34.52 (10.69)	29.68 (9.87)	34.14 (12.02)	2.60
Objection by significant others	17.90 (6.10)	15.23 (6.45)	19.47 (5.79)	6.33**
Woman's health/life endangered	8.65 (4.26)	7.51 (3.54)	7.16 (4.48)	4.24*
Woman's marital status	12.70 (3.09)	10.50 (4.26)	12.40 (3.5)	6.59**
Traumatic reasons	11.90 (4.83)	9.94 (4.44)	9.78 (4.70)	7.35***
DSES	36.63 (12.09)	34.33 (15.63)	26.16 (11.97)	22.51***
Values scale				
VS1	2.33 (1.59)	2.00 (1.47)	1.25 (.93)	18.89***
VS2	3.77 (1.66)	3.78 (1.74)	2.31 (1.75)	25.54***
VS3	1.60 (1.26)	1.97 (1.49)	1.17 (.63)	7.61***

ATRAS Attitudes Toward Reasons For Abortion Scale, DSES Daily Spiritual Experiences scale, VS1 my whole approach to life is based on my religion, VS2 although I believe in my religion, many other things are important in my life, VS3 my faith helps me know right from wrong

* $p < .05$; ** $p < .01$; *** $p < .001$

Table 5 Correlations between religiosity scales and ATRAS subscales

	Religiosity			
	DSES	VS1	VS2	VS3
ATRAS subscales				
Elective reasons	− .08	− .03	− 0.18***	− .09
Woman's vulnerability	− .15**	− .05	− .01	− .06
Objection—significant others	− .11*	− .16**	− .20***	− .18***
Woman's health and life	.08	.04	.06	.09
Woman's marital status	.00	.05	− .08	− .10
Traumatic reasons	− .04	− .05	.06	.05

ATRAS Attitudes Toward Reasons For Abortion Scale, DSES Daily Spiritual Experiences scale, VS1 my whole approach to life is based on my religion, VS2 although I believe in my religion, many other things are important in my life, VS3 my faith helps me know right from wrong

* $p < .05$; ** $p < .01$; *** $p < .001$

appeared to concur in their high levels of opposition to abortion (compared to the Hindu sample) in cases where the woman was not married (Table 5).

Apart from the relationship between DSES and 'Women's/family vulnerability' and the Values item 'Other things are more important in life than religion' and 'Elective reasons,' the subscale 'Objection by significant others' was significantly correlated across all religiosity/spirituality measures.

As expected, most of the ATRAS subscales were significantly correlated with each other. The inter-correlations among the religiosity measures (not reflected in the table) ranged from .188 ($p < 0.05$) to .537 ($p < 0.01$) suggesting adequate convergent validity for these scales.

Discussion

Over the years, there have been worldwide appeals to pay greater attention to youth in reproductive health research (Agadjanian 2002; Corkindale et al. 2009; Lohan et al. 2010; Sawyer et al. 2012; Stone and Waszak 1992). It is interesting to note how researchers' experiences with youth on the issue of abortion have changed: Marsiglio and Shehan's (1993) caution that since some of their respondents may not have considered the abortion issue before, the consistency of their views should be questioned, while Stone and Waszak (1992) observed that their adolescent focus group participants welcomed the opportunity to talk about abortion and gave thoughtful views, but that these appeared to form as the groups progressed. More recently, however, Vekelmans (2007) and Clyde et al. (2013) made the point that initiatives aimed at improving reproductive health need to recognize the 'evolving capacity' of youth to deal with the realities of reproductive decision-making. However, the lack of knowledge about legal rights relating to sexual health, particularly concerning termination of pregnancy and emergency contraception, was identified as one of the challenges to progress in the field of sexual and reproductive health (National Adolescent Sexual and Reproductive Health and Rights (ASRH & R) Framework Strategy 2015). In Macleod et al.'s (2014) South African study of a secondary school sample, none of the students were able to give the correct answer when they were asked to name 'the

legislation dealing with abortion in South Africa' (p. 10). Although nearly three-quarters of the 15–20-year-olds in the present study of secondary school students indicated awareness of the legal status of abortion in South Africa, more than 97% of them did not know the abbreviation CTOP. The finding of high levels of R/S reported in the Muslim subsample (compared to the Hindu and Christian) correspond with the results of previous studies by Patel et al. (2009), using a sample of university students and Patel et al. (2013), which used a combination of secondary school and university students. In the aforementioned studies, concerns were raised about the religiosity measure used. Since it includes items that tap religious practices which are known to vary in frequency and type across the religions, it is not entirely suitable for cross-religious comparisons. The problem was resolved in the present study by using the DSES which 'is intended to transcend the boundaries of particular religions' (Underwood and Teresi 2002, p. 22).

While previous research has consistently shown that support for abortion in the case of Traumatic reasons is strong (Becker et al. 2002; Clements 2014; Harris and Mills 1985; Patel and Johns 2009), the findings of this study suggest that religious differences could be a factor in further differentiating abortion reasoning structures.

Several sources (Hedayat et al. 2006; Hessini 2007) indicate that according to Islam abortion may be considered if the pregnancy is less than 120 days (and only for 'good' reason, for example, to save the mother's life) and not after this period. Hessini (2007) also adds that reforms in abortion law in Muslim countries include greater support in cases where the pregnancy is the result of rape and is a threat to the health of the mother. Although Islam is practiced by a minority in South Africa, it was interesting to note that these were the issues ('Traumatic reasons' and 'Woman's health/life endangered') on which the Muslim sample indicated greater acceptance than the Christian sample.

The importance of marriage as a more acceptable scenario in which abortion may be considered is implied in both the Muslim and Christian samples' objection to termination for unmarried/separated/divorced women. In both traditions, the institution of marriage is respected and encouraged (Zaidi et al. 2009) and pregnancy outside these confines are probably viewed through a moral lens. Jelen's (2014) point about the significance Islam attaches to chastity is relevant in understanding the moral implications of abortion in this context. The findings of the present study offer support for the reference group-socialization theories proposed by Cochran et al. (1996). According to this explanation, the high levels of religiosity reported by the Muslim group serve as the means through which a person's religion or faith influences their response to social issues, in this case abortion.

In the conclusion of their (US) national survey of adolescent males' attitudes to abortion, Marsiglio and Shehan (1993) suggest that those who rate their religion as important are more likely to object to their partner having an abortion. This was borne out in the present study with the Muslim sample (who also had the highest R/S levels) showing strongest disapproval of abortion for 'Elective reasons' and 'Objection by significant others.' This finding suggests an underlying resistance to woman's autonomy in the abortion decision.

Extending the link of gender role attitudes (which was not directly assessed in this study but worthy of mention) and religiosity to abortion attitudes appears to yield mixed results. On the one hand, Wall et al.'s (1999) study using samples from four different countries found that religiosity and gender role attitudes are reasonable predictors of abortion attitudes, and on the other, Jelen's (2014) comparison of religious traditions (in the USA) found the predictive potential of gender roles to be 'weak and inconsistent' (p. 563). In the case of the latter, the author offers a possible reason for this non-finding suggesting that their measure, which examined women's participation in the labor workforce, was not an

adequate measure of gender role attitudes. Based on World Values Survey data (1999–2004), Seguino (2011) found that no one religion was ‘consistently more gender inequitable’ than the others (p. 1317). A stable finding, however, was that once religion was controlled for, religious intensity/religiosity and frequency of religious participation correlated negatively with gender attitudes. Also using data from the World Values Survey, but covering a wider time range (1989–2008), Adamczyk (2013) found that compared to most of the other religious groups surveyed, Muslims had lower support for abortion and gender equality.

Several studies have indicated that men want to be more involved in the abortion decision. However, the nature of this involvement needs further investigation. MacLeod and Hansjee’s (2013) South African study using a focus group sheds light on Nelson and Coleman’s (1997) observations that men want to be involved in the abortion decision and that they say they have a responsibility in the decision-making process. Their analysis of men’s talk about legal abortion shows how the participants undermine women’s reproductive rights by subverting the debate to focus on their roles and rights in the decision-making process.

In the present study the consistent relationship between the ‘objections by significant others’ and all religiosity measures deserves comment. This finding can be linked to the patriarchal nature of most major religions which purport to advocate equal status between males and females but are resistant to the idea of accepting a woman’s reproductive right to choose termination as her autonomous decision. While the issue of women’s reproductive health has always been framed within a woman’s rights perspective in South Africa, references to the issue of male rights in the decision-making process, which do not necessarily emanate from religious beliefs, are becoming more noticeable. The authors warn that gender, class and race considerations—especially in the South African context—should not be overlooked in the women’s rights discourse.

Seeing that the study was restricted to secondary school males in a specific geographical area in South Africa, the results cannot be generalized to all youth in the country. It does, however, represent one of the few efforts to target young South African males, and it serves to support past findings that religious affiliation and levels of religiosity play a definite role in the complex pattern of abortion attitudes.

Conclusion

Those that have taken on the responsibility of addressing the sexual and reproductive health needs of the youth of our nation—like school-based and peer education program, adolescent friendly clinics, mass media and community interventions (Panday et al. 2009)—face a unique set of challenges. While South Africa is one of the most progressive countries in terms of sexual and reproductive rights (Cooper et al. 2004), public opposition to abortion has remained consistently high (Mncwango and Rule 2008). Getting youth to view abortion as a women’s rights issue (and away from the rights of the fetus) may be threatened by an apparently growing tendency for men to add their (resistant) voices to the debate on the rights of the partner. Handling religious differences in perspectives on abortion adds yet another dimension to an already contentious issue. Initiatives to reduce stigmatizing attitudes emanating from religious beliefs may be a step in the right direction. Life Orientation, a subject covered at the secondary level in South African schools, presents the ideal opportunity through which these issues may be addressed. Using

information sessions, debates, class discussions, role playing activities and so on, learners at this level could be exposed to the various religious perspectives and gender dynamics involved in reproductive decision-making. Future research in the form of focus group discussions has the potential to offer a more nuanced understanding of the ways in which young people think about and make decisions relating to their sexual and reproductive health.

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