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WOMEN THROUGH THE CROSSROADS:

WOMEN'S FERTILITY AND ABORTION DECISION AMIDST RELIGIOSITY, NORMATIVE AND MORAL PROCESSES, COMPETING DISCOURSES AND STIGMA IN ADDIS ABABA

BY: ADDISU TSEGAYE

NOVEMBER, 2018

ADDIS ABABA, ETHIOPIA

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A THESIS SUBMITTED TO THE DEPARTMENT OF SOCIOLOGY IN PARTIAL FULFILLMENT OF THE REQUIREMENTS FOR THE DEGREE OF MASTER OF ARTS IN SOCIOLOGY

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NOVEMBER, 2018

ADDIS ABABA, ETHIOPIA

DECLARATION

I, the undersigned, hereby declare that this thesis titled: **Women through the Crossroads:** *Women's Fertility and Abortion Decision amidst Religiosity, Normative and Moral Processes, Competing Discourses and Stigma in the case of Addis Ababa* is my original work and to the best of my knowledge and belief this thesis contains no material previously published by any other person except where proper citation and due acknowledgement has been made. I do further affirm that this thesis has not been presented or being submitted as part of the requirements of any other academic degree or publication, in English or in any other language.

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Signature_____ Date_____

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Certification

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Approved By Boards of Examiners and Advisor

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Advisor	Signature	Date

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ACRONYMS

AAU	Addis Ababa University
AIDS	Acquired Immune Deficiency Syndrome
CSA	Central Statistical Agency
CEDAW	The Convention on the Elimination of All Forms of Discrimination Against Women
EDHS	Ethiopian Demographic and Health Survey
EEC	Ethiopian Evangelical Church
EIAC	Ethiopian Islamic Affairs Council
EOTC	Ethiopian Orthodox Tewahdo Church
EOTCDC	Ethiopian Orthodox Tewahdo Church Development Commission
EPRDF	Ethiopian People's Revolutionary Democratic Front
EWLA	Ethiopian Women Lawyer's Association
FGA	Family Guidance Association
FGD	Focus Group Discussion
HIV	Human Immunodeficiency Virus
ICNL	International Center for Not Profit Law
IUD	Intra-uterine Device
MDG	Millennium Development Goals
MoH	Ethiopian Ministry of Health
MSIE	Marie Stopes International Ethiopia
NGO	Non Governmental Organizations
SDG	Sustainable Development Goals
SRHR	Sexual Reproductive Health and Right
UN	United Nations
WHO	World Health Organization

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ABSTRACT

Fertility control and abortion are the contentious issues in discussions related to human sexuality, reproductive health and rights. Abortion is often a contending political, moral, legal and medical agenda. With its moral messages, religion promotes chastity, marriage and fertility. Hence, it objects fertility control and abortion, because they are construed as defiance against God's will. Religion sees the fetus as root of human being and abortion as a murder of an innocent. Christianity condemns abortion in all grounds, but Islamic religion allows abortion only to save the life of the mother. Due to the moral and religious bases of abortion interpretation, legalization of abortion has been challenging in many parts of the world, including Ethiopia. Though the 2005 revised abortion law of Ethiopian has broadened grounds on which abortion can be provided, maternal mortality due to unsafe abortion continues to be a serious health problem in the country. A number of studies have been conducted to explain why this could be the case, despite they employed medical model perspectives. The researcher argues this necessitates a need for adequate understanding of women's subjective experiences on how normative processes, competing discourses, stigma and religiosity influence their intents of fertility and abortion. In light of this, semi structured in-depth interview was conducted to collect qualitative information from 13 women (six Orthodox Christian, three Protestants and fours Muslims) purposively selected from among contraceptives and abortion seekers in FGA Model Clinic and the MSIE Arada Branch, Addis Ababa. To substantiate the information obtained from the in-depth interviewees about the role of religious teachings on sexual behaviors, fertility and abortion three FGDS were conducted with 21(nine Orthodox Christians, six Muslims and Six Protestants) AAU girl students selected through a snowball sampling, based on their roles in religious service. In order to understand how religions interpret girls' and women's sexuality, fertility control, abortion and the current abortion law, key informant interviews were made with five religious leaders (three Orthodox, one Muslim and one protestant). In addition three health professionals working on abortion and community awareness and one legal expert participated in the key informant interviews and provided their e insights. The data was analyzed using thematic analysis. The findings of the research indicated that women who make fertility and abortion decision are entangle in complex normative processes, stigmatizing conditions, and competing perspectives. Premarital and extramarital sex is socially stigmatized and religiously prohibited, because they are socially degrading and religiously adulterous and sinful. Abortion is condemned, because it is morally and religiously seen as a murder; not as medically justifiable procedure as medical discourses claim or as a woman's right as presented in legal discourses. Women keep their abortion experiences secret either to retreat or as a means to pass through the stigma and neglect. In addition to social stigma, most of the women said abortion decision making process involves emotional problems such as regret, shock and self-imposed stigma although there were some girls who had relief and mixed feelings. The researcher recommends that efforts to provide safe abortion in the country should address locally embedded normative processes, moral aspects and stigmatizing conditions. Also the need for further study in rural areas where there could be much stronger socio-cultural normative processes, moral grounds and stigmatizing conditions influencing women's fertility and abortion decisions.

Key Words: Abortion, Normative Process, Discourse, Religiosity, Stigma, Unsafe Abortion

CHAPTER ONE: INTRODUCTION

1.1. BACKGROUND OF THE STUDY

Fertility control and abortion as a form of fertility regulation (Kulczycki et al. 1996) take vanguard position in discussions related to women's sexuality and reproductive health and rights. Despite fertility control and abortion being the center of discussions in human sexuality, they have been marred by controversies and contentions. Contraceptive uptake is less confronted as compared to abortion, because the latter according to Ministry of Health (2016) is a moral, political, medical and legal issue. According to Ngwena (2010), the view of fertility control and abortion from a human rights approach in legal and political discourses have always faced stringent reaction from different religions, which view the issue as a moral aspect.

The role of religion in human sexuality ranges from shaping beliefs and patterned behaviors (Torres and Cernada 2003:118); to influencing policy related to fertility control (Sherwan and Haq 1998) and affecting the number of children that a couple desire (Schellekens and Eisanbach 2010). Desire of unlimited number of children is related to religious prohibition of contraception and values about the importance of children and priority of the family, but the desire for limited number of children is due to the declining influence of religion on the fertility behavior and contraceptive use (Moulasha and Rao 1996). In contrary to this, Hayford and Morgan (2008:1180) argue that, fertility differences across religions are attributed to the impact of religiosity on fertility behavior instead of the expression of a specifically pro-natalist orientation associated with a particular religion. On the other hand, strong religious principles and doctrine govern people's overt moral, sexual and cultural behavior (Kalindile

and Mbilinyi, 1991 cited in Baylies 2000). Globally, many of the top target countries for family planning initiatives—those with large populations and high fertility rates—are countries where religion is particularly important (Faiths Development Dialogue 2012).

According to Frejka and Westoff (2008), the United Sates' fertility is higher; while European fertility on average is far below the replacement, because as the former is more religious than the latter. Higher fertility in the USA in the 20th C was due to higher religiosity of Catholics in the country (Hayford& Morgan 2008), but Fu (1996) found that lower fertility among protestants in the West and North Europe and some parts of North America and Canada was due to lower religiosity.

Similar to its position regarding contraceptive, the Catholic Church strongly objects abortion. Greek's political discourse was under the influence of religious discourse and traditional values until it restored democracy in 1976 and followed by the introduction of the most liberal abortion law in European Union in 1986 (Bahr and Marcos 2003). The objection of abortion by the Catholic Church emanates from its view of the "moment of conception as a marker for the beginning of life" (Baker et al 1981: 98). With this view, the Irish Catholic Bishops recognizes equal rights to life for the unborn child and the mother (Doherty 2003:18, Kassahun n.d.). To this end, the church strongly opposed legalization of abortion including, the America's (Roe v. Wade 1973), and led repeated anti-abortion campaigns in Scotland, including the 2016 six days' march (Kangwa 2016).

Although the Catholic Church is often cited as a rigid opponent of contraceptives and abortion, Catholics in France believed that contraceptive use and decision to undergo abortion should be left to the women themselves (Tsehai 2008). The last idea depicts that despite the

religious teachings, people may have different views against the mainstream ideology. It could be due to the growing influence of liberal ideology that supersedes the traditional and conservative ideology and thereby easing the transcendence of human agency.

Studies in Asia compare fertility between Islam and Hinduism in India (Bhat 2005; Bhat & Zavier 2005; Kulkarni & Alagarajan 2005; Krishnaji & James 2005), Islamic fertility in Iran, Islam as compared to Buddhism in Thailand (Knodel et al. 1999 cited in Heaton 2011) and Confucianism in China. Islamic role in fertility and abortion is often controversial as several studies associate higher fertility among Muslim populations with traditional cultural influence than merely religious teachings. Fertility trends of Muslims is not only due to norms and beliefs of the Islamic faith, but also due to social conditions of Muslim populations in individual countries and the degree to which Muslims are assimilating over time (Westoff and Frejka 2007:794). According to Fu (1996), it is related to a lower contraceptive uptake among Muslims. Smith (1971) for example, found that some conservative Islamic leaders in Pakistan condemn birth control as un-Islamic. Although Smith (1971) and Fu (1996) related Islamic population with Islamic faith, Barbara Anderson (1986) claimed that the Islamic law allows family planning. According to Schellekens and Eisanbach (2010), this is related to people's ignorance of the religious messages.

With regards to abortion, there is a mixed view in Islamic teachings. In Iran abortion is legal if three specialist doctors prove the outcome of the pregnancy is harmful to the mother during pregnancy and after birth (Aghakhani et al. 2017, Tsehai 2008).Although Tunisia is one of the Arab nations and the stronghold of Islamic religion, it allows abortion based on request (Tsehai 2008, UN 2014). According to A.Y.al-Hibri(1994), a minority of scholars hold a very

strict view, which prohibits abortion from the very moment the semen attaches to the uterus, on the theory that it is already on its way to being *ensouled* (cited in Tsehai 2008).

In China there is a competing intersection of fertility policy and traditional religion in rural households' fertility decisions. Despite its strong population policy, fertility is higher in rural areas of China where traditional Confucian beliefs are strong (Wei 1990). Although the country has long been known for its population policy that limits fertility, this study revealed that fertility decisions in rural households are highly influenced by traditional beliefs than the policy. Normative processes have resounding influences policies initiatives in societies where traditions and cultural norms have acceptances. Therefore, women's decisions of fertility control are dominantly the reflections of these locally embedded processes.

Diverse views and tense contentions surrounding abortion have turned out to be more complex and have thence allowed competing views to crop up. Although few people choose to remain neutral, abortion views are dominantly divided into the pro-abortionists/ prochoice and anti-abortionist/ prolife categories (Hill 2004). The first view; held by abortion activists, feminists (Fried 2006) and people with weak religiosity, considers abortion as women's rights issue, while the latter view in contrast is held by highly religious people (Esposito and Basow 1995 cited in Hill 2004), who are inspired by religious motives (Kangwa 2017), and those who consider the act as a moral transgression. Religion values both the life of the mother and the fetus. Based on this interpretation, abortion for the purpose of saving the life of the mother is unacceptable. According to Kassahun(n.d), in article 40(3/3) of the constitution of Ireland and article II (12) of the constitution of Philippines, abortion to save the mother at the expense of the fetus is considered as an illegal act.

The impact of traditional religions on fertility control is a prime focus of research in developing countries, including Africa (Adongo et al. 1998; Der 1980).Across Islam/Christian and Catholic/Protestant religious difference in fertility control has also been studied (Heaton 2008). According to Adegbola (1988), traditional African religions are the most pronatalist. Lineage and descent system as important social values in Africa are legitimized by religious organizations that prohibit modern contraceptive use and fertility control (Adongo et al. 1998). As a result, there was a belief that Africa is hostile to family planning in general and modern contraception in particular. However, the practice of family planning in Africa is believed to be an old tradition and they are intended to space births to keep the mother healthy; not to limit the number of children (Yetmgeta 2003).

Abortion is highly condemned in most African countries. Africa's abortion law is one of the strictest on the globe as only three countries on the continent allow abortion on request and 18 countries allow abortion to save the life of the mother (UN 2014). Lack of liberal abortion laws in Africa can be attributable to the influence of moral aspects, contending discourses and socio-cultural normative processes. In Ghana abortion is stigmatized, because Christian and Muslim religious discourses depict abortion as an immoral, which influenced the public to highly value motherhood and put social sanctions against premarital sexual relationships (Payne et al. 2013).

Although the African economy rests on human labor which necessitates more fertility to be achieved and the traditions to be more pronatalist, it does not always mean Africans take higher fertility for granted. A qualitative study by Yetmgeta Eyayou (2003) on Suri ethnic group in Ethiopia showed that the Suri community has an old tradition of fertility control and

abortion that include post-partum sexual abstinence and prolonged breastfeeding which help limit fertility.

There is unmet need of family planning in Ethiopia (MoH 2016), albeit some changes. Since premarital sex is taboo in Ethiopia, unmarried adolescents in general and minors in particular are discouraged from using any kind of contraceptives (Fasika 2010). Among other things, people who said religion prohibits contraceptive use in Ethiopia increased from 3.5% in 2000 to 5.3% in 2011(United Nations Population Fund 2012). According to Wondimu et al. (2014), Muslim contraceptive use and trend was lower as compared to the orthodox Christians and Protestants. This might be related to the increasing religiosity of Muslims over time.

Unintended pregnancy as a major cause of abortion in Ethiopia was 38% in 2014 and abortion rate in Addis Ababa alone in 2014 was 92 per 1000 women (Guttmacher 2017). According to Moore et al. (2016) between 2008 and 2014, the proportion of abortions occurring in facilities rose from 27 percent to 53 percent, and the number of such abortions increased substantially; nonetheless, an estimated 294,100 abortions occurred outside of health facilities in 2014. Due to severe complications resulted from unsafe abortion, the proportion of women seeking post abortion care rose from 7 percent to 11 percent, while it also contributed to 6% of maternal mortality (CSA 2011).

The 2005 Ethiopian abortion law has revoked the long serving criminal law of 1957 that allowed abortion only to protect the life of the mother. Although the current law has incorporated broader concepts on which abortion could be legally provided, there is low level awareness of the law and it is interpretation is hotly debated (Muzeyin et al. 2017).The supporters of the law regard its revision as a “reform for better” (Berer 2017:19) and interpret

the law as a showcase for the country's commitment to reducing unsafe abortion; the root cause of maternal death in the country. On the other hand, the revised law has being understood as alien and degrading the moral values. The EOTC had officially condemned abortion on a synod meeting held in June 1994, just a decade earlier to the revision of the abortion law in 2005. The opposition to the legal abortion according to Scott (1989:320) emanate from the belief that abortion is morally wrong, because terminating pregnancy is considered as murder as the fetus is perceived to have its own life.

The last idea has been given due attention in this research, as the religious discourses provide competing ideas in relation to abortion. The religious discourses together with the normative processes, and stigma, influence girls' and women's decision making processes and practices of abortion in Ethiopia. A previous study by Meselu et al. (2016) concluded that, religion as a major provider of moral discourse has greatly influenced women's sexuality in Ethiopia. In addition, Antehunegn Birhanu (2017) found that, of 310 women surveyed in Woldia town, 120(38.7 percent) said religion influenced their decision about abortion.

Based on an exploratory study in Addis Ababa city, this research found that girls' and women's decision of fertility control and abortion is made within the competing discourses and stigmatizing socio-cultural environments. Since religious norms consider premarital and outside wedlock sexual activity as a taboo, contraceptive use is also prohibited. Thus the sexual activities of unmarried girls are stifled, making no room for them to discuss their sexuality in the family. When unwanted pregnancy occurs, they find it difficult to make decisions as there is stigma on one side, and the contentious discourses on the other side.

1.2. STATEMENT OF THE PROBLEM

Unwanted pregnancies and abortion have existed since time immemorial (Kumar et al. 2009) and sizable number of girls and women globally thence face severe morbidities and deaths (Shah and Ahman 2010). This is, because most of the unwanted pregnancies are terminated in an unsafe ways. Unwanted pregnancy as the major cause for unsafe abortion (Keogh et al. 2015) is related to unmet need of contraceptives. Unmet need of contraceptive use in the world and Africa in 2013 was 12 percent and 23 percent respectively (UN 2014). The United Nations (2014) estimated that, 21.6 million unsafe abortions occurred worldwide in 2008 out of which, 98 percent took place in developing countries. It contributes to 13 percent of global maternal deaths (Baggaley et al. 2010 and Bhandari and Dangal 2015). The reasons for women's avoidance of contraceptives uptake might emanate from many things, but a survey result from 52 countries across the world showed that, 26 percent was due to fear of health risks, 24 percent have sex infrequently, 23 percent was due to partner's opposition of contraception and 20 percent was due to breastfeeding (Hussein R et al. 2016). Among the reasons mentioned so far, the researcher was interested to understand the reasons for opposition of contraception uptake. The researcher therefore wanted to see if socio-cultural normative processes, religious and moral perspectives are interplayed to influence people's disapproval of contraception uptake.

In Africa, unsafe abortion contributes to 62 percent or 29,000 deaths/year of the global total (Ngawena 2013). The rate of unsafe abortion for women aged 15-44 years in sub-Saharan Africa was 31/1000 in 2008 (Shah and Ahman 2010). The region witnesses the highest maternal mortality ratios in the word with 3.9 percent, due to unsafe abortion (Khan et al. 2006 and UN 2008 cited in Bagalley et al. 2010). It is estimated that 18 percent of all maternal

mortality in East Africa is due to complications of poorly performed abortions (WHO 2011). Although the data of unsafe abortion such as the above ones are helpful in showing the magnitude of the problem in different regions, it fails sometimes to show why things happen the way they do; a point which necessitates a need to exploring women's trajectories of sexuality, fertility control and abortion decision making. The question that needs as much attention as the technical aspect of the situation should be the reason why women choose to undergo unsafe abortion. Much of the available data on fertility and unsafe abortion rarely address this situation.

Fertility control as a general and the worries resulted from unsafe abortion has widely been researched and attempts have been made to model proximate determinants of fertility (Davies and Blake 1956[1]; Bongaarts 1978, 1981&1982; Odimegwu and Zerai 1996; Indongo and Pazvakawambwa 2012; Bonnen et al. 2014). The dominant research paradigm on human fertility employ biomedical perspectives and seeks to establish relationships (Heaton 2010), show trends (Wise 2012; Yohannes et al. 2017), make comparisons (Westoff and Frejka 2007) and generalizations from the experiences of the West. Demographic theories have also treated modernity as a single factor for fertility decline in developed countries and predicted that developing countries will pass through similar experiences (Henry 1961 and 1979; Caldwell 1982 and Handwereker 1986 cited in Fu 1996). However, studies conducted elsewhere outside the West show clear differences in fertility control and abortion experiences mainly due to socio-cultural factors. These theories, like the mainstream modernization theory have employed a 'one size fits all approach' and failed to notice the importance of culture in

[1]They were the first to use the term 'intermediate fertility variables' which included eleven socio-cultural and economic variables affecting variables. Later Bongaarts develop a statistical model that shows the effect of these intermediate variables on fertility.

fertility control and abortion. This is because; it was found in this research that fertility control and abortion experiences are the reflections of locally embedded normative processes, contentious discourses and stigma that emanate from socio-cultural factors and perpetuated by religion and religiosity. Therefore, the researcher believes that demographic theories help us understand the influence of modernization on fertility decline, but it is not sufficient by its own as the fertility is highly embedded in socio-cultural and religious connotations.

As an important variable in discussions related to human fertility (Peri-Rotem 2016), studies that focus on religion show its ambivalence role. Religious discourses convey messages that either endorse or condemn fertility norms and behaviors, access to contraceptive use and abortion decisions. The fundamental religious assumption of the fetus as the beginning of human being (Baker et al. 1981, Scott 1989: 320) and abortion as a murder (Scott 1989: 320) have pervaded the contentions within normative processes and could not unleash women to control their own fertility. Bahr and Marcos (2003) employed Structural Equation Model (SEM) to reveal how religiosity and sexual liberalism influence abortion attitudes in Greece and the United States of America. This study used quantitative model to show attitudinal variations, but it did not look into the lived experiences of women regarding abortion in these countries.

Based on the conclusion drawn by Rylko-Bauer and Jenkins and Inhorn, Fasika (2010) reiterated that, despite abortion as a universal public health issue is well documented, women's opinions, perceptions and experiences of abortion are scarcely analyzed. He further noted that, even in studies that do pay attention to the context of women who have abortions, the feelings and decision-making processes experienced by women intending to abort an unwanted pregnancy are not fully explored. Therefore, this research attempted to explore the

how women undergo abortion within the context of socio-cultural norms, stigmatizing conditions and contending discourses.

Despite the national[2], regional [3]and global level initiatives [4]already put into place to avert challenges related to women's socio-economic and reproductive health and rights, locally embedded stigmatizing socio-cultural norms are the challenges that hinder women from benefiting from these initiatives. Identifying, these dynamic and locally embedded socio-cultural factors is an important endeavor for the implementation of these initiatives. Therefore, the findings of this research provide qualitative information about these local level challenges that women face with regards to fertility decision making and practice.

The subjective experiences of girls and women practicing and making decisions about fertility control and safe abortion in the face of their religious value *per se* has not been studied in Ethiopia either. Studies on fertility and abortion in Ethiopia have also been dominated by the medical model perspectives and the objectives have been mainly to generate quantitative data about the prevalence (Diriba et al. 2015), magnitude and trends (Yohannes et al. 2017 & Moore et al. 2016) and related issues both before and after the revised abortion law of 2005. Thus this research attempted to generate qualitative data on the issue and thereby contribute to the gap of knowledge in this regard.

In their study, Moore et al. (2016) estimated the incidence of induced abortion in Ethiopia and concluded that large number of abortion incidence occur outside health facilities. Despite the revised criminal law (2005) expanded grounds for abortion, women still go through illegal

[2]E.g. National Women's Policy, National Action Plan for Gender Equality and etc
[3] E.g. The Maputo Protocol to the African Charter on Human and Peoples' the Rights of Women
[4]E.g. MDGs and SDG and Convention on the Elimination of All Forms of Discriminations Against Women

ways. This finding triggers a need to understand the subjective understandings of women undergoing abortion outside health facilities, but later admitted to health facilities for complication treatments. Therefore, this research attempted to show how socio-cultural norms and stigmatizing processes that drive women to seek illegal abortion. In this regard, this research failed to include women with unsafe abortion experience.

In their exploratory qualitative study among unmarried women in Addis Ababa, Meselu et al. (2014) revealed that women's sexual experiences in Ethiopia are marred by silences that stem from condemning moral discourses. They believed that, silence is not absolute, rather is an outcome of oppressive discourse whilst also a strategy used to resist oppressive moral discourse. The researcher; however, believes that silence by itself is just a single coping strategy that women employ to negotiate with oppressive moral discourses. Therefore this researcher believes that there are unfolding stories and resilience strategies that women employ in making decisions about their reproductive health and rights, which this research endeavored to explore.

Antehunegn Birhanu (2017) found that abortion was practiced in Woldia town despite 73 percent of his respondents had negative attitude towards abortion. He also found abortion that abortion stigma is a common phenomenon that women undergoing abortion face in the community; research has not explicitly stated how they could face stigma, when they could less likely to be traced in the community. In order to understand how women experience stigma even when they undergo abortion secretly, this research intended to explore women's self stigma and self blaming as a manifestation of abortion stigma.

An institutional based qualitative study by Fasika Ferede (2010) focused on minors' abortion opinion and experience, awareness on the new abortion law and their access to safe abortion services in Addis Ababa. The major hindrances for the minors' low contraceptives uptake included socio-cultural and religious factors. The research explicitly indicated the position of religion in terms of fertility control and abortion. Religious and cultural norms prohibit and stigmatize contraceptive use, out of wedlock pregnancy and abortion by minors. The research is relevant to understand the subjective experiences of minors regarding abortion, but it does not include adolescent women who are also in the same situation. In light of this, this research intended to address how premarital and extramarital pregnancy and abortion is condemned and stigmatized in the community regardless of age.

In order to understand how women pass through the crossroads of religiosity, normative processes, contending discourses and stigma before making fertility and abortion decision, the researcher undertook an exploratory research in Addis Ababa. Unlike the previous studies conducted in the study area, this research focused on both married and unmarried contraception and abortion seeker adolescent women. The research included the experiences of church goers, who were also students in the university. This was to help validate the information provided by women with the experiences of fertility control and abortion regarding the religious messages communicated about human sexuality, fertility and abortion issues. The findings of this research will be beneficial to women themselves, policy makers and stakeholders concerned about girls' and women's fertility and unsafe abortion in Ethiopia.

1.3. OBJECTIVE OF THE STUDY

This study explored women's experiences of fertility and abortion decisions amidst religiosity, normative and moral processes, competing discourses and stigma in the case of Addis Ababa.

1.4. RESEARCH QUESTIONS

- What norms and moral messages do the Orthodox Christian, Protestant and Islamic religions communicate about women's fertility, the fetus and abortion?
- Do women experience religiosity, normative processes and competing discourses in relation to fertility control and abortion decisions?
- What local level stigmatizing socio-cultural norms and moral grounds are placed against premarital and extramarital sex, unwanted pregnancy and abortion?
- How did Ethiopia revise its abortion law in light of widely held conservative outlooks and socio-cultural construal of abortion?
- What agency do girls and women in the study area play to negotiate with the challenges related to their fertility and safe abortion decision making?

1.2. DELIMITATION OF THE STUDY

This research explored the experiences of women making decisions about fertility and abortion amidst religiosity, normative and moral processes, competing discourses and stigma in the case of Addis Ababa. The research targeted Muslims, Orthodox Christian and Protestant unmarried girls and married women, who visited MSIE and FGA Arada branch clinics for the purpose of contraception and abortion services. The research; however, did not generate any comparative results across religions.

CHAPTER TWO: LITERATURE REVIEW

In this section, conceptual definitions were made, literature pertinent to explaining fertility control, discourses about abortion, religion and religiosity in fertility control and abortion were systematically reviewed. In addition, theoretical stances of the issue understudy alongside the empirical findings conducted thus far in the study area and on the study population were reviewed.

2.1. CONCEPTS AND DEFINITIONS OF TERMS

Agency: Anthony Giddens (1984:14) defined the term agency as "The way actors purposefully act on, shape and resist the world around them in which an individual could, at any phase, in a given sequence of conduct, have acted differently."

Abortion Complication- A woman is said to have a serious abortion complication if one or more of the following signs are present: death, shock, pulse higher than 119 beats per minute, generalized peritonitis, evidence of mechanical injury or foreign body, organ or system failure, or a temperature higher than 37.9 °C(Yohannes et al. 2017).

Abortion Stigma-"A negative attribute ascribed to women who seek to terminate a pregnancy that marks them, internally or externally, as inferior to ideals of womanhood" (Kumaret al.2009).

Religiosity- can be defined in terms of church attendance, frequency of prayer, and self-rated religious salience (Baker et al. 1981and Clements 2013:369).

Unsafe Abortion- is a procedure for terminating an unintended pregnancy either by individuals without the necessary skills or in an environment that does not conform to minimum medical standards or both (WHO 1992).

Unmet need of contraception- in a simple definition unmet need of contraception is avoiding contraception uptake, but the most comprehensive definition given by Hussein R et al. (2016:5) define as: a woman of reproductive age (15-49) have unmet need if she is married or unmarried and sexually active, but not using modern or traditional contraceptive method when she is a fecund, but do not want a child within some period of time. This is generally a mismatch between a woman's fertility plan and contraceptive behavior.

Normative Processes- norms are standards used for evaluating or making judgments about behavior or outcome. Normative processes, evaluative and judgmental standards, are social processes of weighing and designating actions and outcomes of individuals and groups as good, desirable and permissible or as bad, undesirable and impermissible. In this research, normative process is a phenomena in which women's behavior and decision about their fertility, premarital and extramarital sex, contraceptive uptake and abortion are evaluated against the socially accepted standards such as the desirability of women's virginity until marriage, the reproductive role of women, loyalty to one's own marriage and the value of children. As such the normative processes ascribe premarital sex, contraceptive uptakes, pregnancy outside marriage and abortion as undesirable and prohibited making women struggle to make decisions.

Moral Processes- are the processes in which behaviors, decisions and actions are reasoned as right or wrong in a given situation. In this research, moral processes were understood to have a presence in women's fertility and abortion decisions as the former gives moral grounds for the prohibition/condemnation of fertility control and abortion

decisions by the latter. The moral processes of fertility and abortion were explored in terms of their positions as prolife or prochoice depending on certain conditions.

Fertility Control- it refers to patterns of human behavior that have as the primary objective the prevention of unwanted pregnancies and births. Individual couples adopt these patterns in accordance of with their cultural values; reinforced by formal or informal social pressures**.** The methods can be grouped into four categories: abstinence, contraception, sterilization and induced abortion **(**The International Encyclopedia of Social Sciences retrieved Dec13, 2018).

2.1. FERTILITY CONTROL

According Ryder (n.d), fertility regulation takes one of three forms: reduction of probability of intercourse; reduction of the probability of conception if intercourse occurs; reduction of the probability of birth if conception occurs. While these forms are the general *modus operandi* of fertility control, the implementation strategies are contesting, subjective to normative processes, socio-cultural and political economic situations. The strategies according

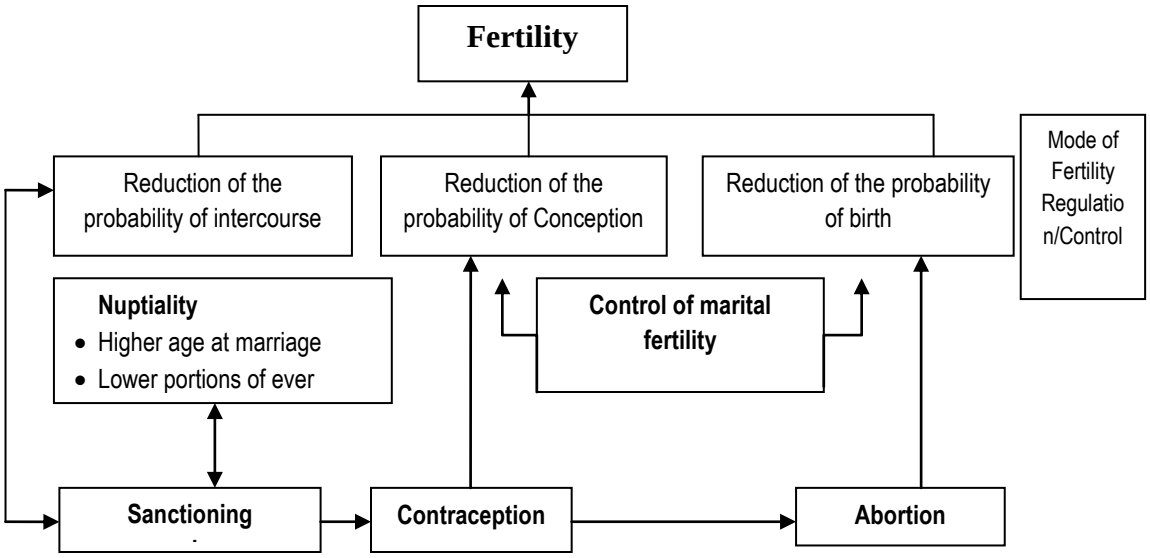

FIGURE 1: THE FRAMEWORK FERTILITY REGULATION (THE ORIGINAL IDEA WAS TAKEN FROM RRYDER (N.D) AND KULCZYCKI ET AL. (1996) AND THE DIAGRAM HAS BEEN DEVELOPED BY THE RESEARCHER

to Kulczycki et al. (1996) can include, one or combinations of: contraceptive use, negative sanctioning of marriage and sexual activity and abortion. Ryder (n.d) presented more condensed strategies that include nuptiality (higher age at marriage and lower portions of ever marriage) and control of marital fertility. Although the strategies by Ryder (n.d) and Kulczycki et al. (1996) look different, they are in fact reinforcing each other. Below (fig 1), I developed a diagram that can better illustrate the strategies by Ryder (n.d) and Kulczycki et al. (1996) in fertility control. The fertility data of different countries can be attributed to the fertility control or regulation strategies adopted by societies and member individuals. Ryder (n.d: 30) showed that, fertility rate in Europe was very high during 15th and 16th C, because of "early and widespread marriage."As has been highlighted earlier, countries, societies and individuals adopt these modes or strategies based on the prevailing normative processes and the implications of the socio-cultural, religious and political discursive landscapes. The discourses and normative processes either promote or prohibit the strategies of fertility control. Ryder, however contends that fertility decline in European countries thus far has been a result of women's own decision to control their religious influences. Women and couples in [modernized] countries; instead of being coerced by the societal structures, have their own agency to decide the strategies to adopt to control their fertilities. He further adds that, legalizing abortion is just facilitating individual intents rather than making decisions for individuals.

2.2. RELIGION, FERTILITY CONTROL AND ABORTION- THEORETICAL AND EMPIRICAL VIGNETTE

The influence of religion on individuals' decision making processes and practices has long been a point of discussion in sociology and sociology of religion. Although the tradition of

early sociological thoughts focused on how the social structure influences the behaviors of individuals, the view of individuals as having their own meaningful actions have also remained a guiding scheme in later developments in the field. Since recently, huge strides have are being made to amalgamate the individual agency with the structure as an endeavor to explain the interface between the two. The analysis of the role of religiosity in a process of making decisions and practicing fertility control by girls and women is one of these schemes that the tradition of sociological thought have passed through and continue to make use of in explaining the social behaviors. This section will present the sociological theories pertaining to the explanations of girls' and women's fertility control and abortion decision making process and practices as in the web of the structural influence and girls and women's growing interest to practice their agency in fertility.

2.2.1. CLASSICAL SOCIOLOGICAL THEORIES ON RELIGION

Theorizing religion has remained a common phenomenon in the academic field of sociology. Just from the onset of the field of sociology, the founding fathers have theorized structural factors responsible for the transformation of the western societies. Having witnessed the social transformation in Europe, founding fathers of Sociology such as Karl Marx, Max Weber, Emile Durkheim and George Simmel sought to explain how the prevailing situations arose. Among many other things that they all did in sociology, their theory of religion is of great importance in sociological research. Although their theories were apropos to their own time and originally were developed for laying down grand explanations on how human society operated and the dynamic situation shaping the society, their contributions have an enduring importance for the current developments within the discipline. In this research the works of

Karl Marx and Emile Durkheim will be reviewed and adapted to show how fertility is influenced by structural factors (i.e., religion).

Marx conceptualized religion as both a dependent and an independent variable (Davie 2007).In the former, Marx believed that the economic relations determine the socio-cultural system, while his view of religion as disguising human perception of their situation as a normal phenomenon in the latter was showcases how he treated the theological autonomy as impeding people's behavior, perceptions and practices (ibid 2007). Marx described religion as 'the opium of the masses', which has an exploitative relationship in a society through its rationalization of experiences as natural, acceptable and happening for good.

The importance of Marx's theory of religion in fertility lies within the latter point. Religious teachings make people believe that their fertility should not be controlled, because religious values and interpretations make the act a sin. Rather than making a decision which is religiously considered as a sin, people choose to grapple with their daily life conditions, because they think things; even children are born for reason. Therefore, highly religious girls and women or those who consider religion as the most salient aspect of their lives are likely to experience the influence of their religiosity while making decisions related to their own fertility.

Like Marx and other pioneering sociologists, Emile Durkheim studied religion. Unlike the previous theorists; however, Durkheim saw a functional quality of religion in a society. His study on the totemic religion in a clan based society, the Australian Aborigines showed the function of religion to increase integration within a society (Davie 2007). Concerning the prospective function of religion in a society, Durkheim asserted that religion is *Omni* present

as long as it continues to provide its function despite the spatial and temporal variation of its nature (ibid 2007:30). Another importance of Durkheim's theory of religion lies in his definition of the *profane* and *sacred* things in religion. According to (Davie 2007) the division of the world involves:

> The one containing all that is sacred, the other all that is profane, is the distinctive trait of religious thought; the beliefs, myths, dogmas and legends are either representations or systems of representations which express the nature of sacred things, the virtues and powers which are attributed to them, or their relations with each other and with profane things.[…]

Emile Durkheim treated individuals as passive agents, only constrained by the sacred beliefs and rites. The sacred norms are potent enough to compel individuals to be less capable to decide on what is desirable for them; rather what fits desirable for the sacred, may be including their fertility matters.

Combining Durkheim's idea of functional integration and the definition of sacred and profane, I found the two ideas reinforcing each other when they are adapted to the explanation of fertility control and abortion. In cases where religious teachings consider contraceptive use and abortion as a sin or profane, people who obey these religious teachings become religious communities practicing and promoting sacred things. These people as in the case of Scotland promote their unity through denouncing abortion legislations and make antiabortion campaigns. Though Durkheim found the functional integration of religion in a tribal community, today we are observing religion making a global community who develop a similar conscience on fertility control and abortion, thus integrated on the same idea. The people who understand the fetus as sacred and abortion as an act of diminishing the sacredness of the fetus have higher solidarity in opposing abortion.

Due to this growing solidarity among people with the same consciences on abortion, individuals in religious organizations will develop the same consciences which thereby influence many other individuals to be guided by these social facts. Hence, individuals' decisions and practices regarding fertility control and abortion lies in how they are integrated within the religious community having relatively the similar consciences.

An excerpt from Mark D. Regnerus's *Adolescent Delinquency* can help us understand the very relevance of Durkheimian sociology of religion in this research. According to Regnerus (2006:268), the moral community thesis developed by Durkheim influences individuals' behaviors through: the religiously inspired norms (such as the norms that promote marriage to legitimate sexual relationships and childbearing and those that restrict access to abortion) and also through the "light switch" effect-living with or near a considerable number of religious people (e.g., friendship networks), which will affect how any given religious individual will behave. Hence, the girls and women who make decisions and practices fertility control may look how their moral community operates: the religiously inspired norms and the position of the rest of the people to whom they are closer. This shows that decision making processes and practices of fertility control and abortion by religious individuals are constrained by the religious teachings, religious interpretation of the situation and etc.

2.2.2. STRUCTURATION THEORY

This theory retains an integrationist approach of the structure and agency. According to Ritzer (2011), instead of looking the structure and agency separately, Anthony Giddens; the author and the forerunner of Structuration theory, argued that agency and the structure exist in 'duality' and "neither is granted primacy over another"(Bryant and Jerry 2003:261). The structure is enabling whilst also constraining (Ritzer 2011). According to Bryant and Jerry

(2003), unlike the structuralist and voluntarist theories, the structuralist theory characterizes actors acknowledgeable and competent agents, who reflexively monitor their action while the structure is characterized as the medium and outcome of the conduct it recursively organizes.

The point that needs clarification is how structure implicates itself in the actions of actors and vice-versa. According to Giddens, structure refers to cognitive and moral rules and allocative and authoritative resources, but it is virtual, not real, in that it exists only in instantiations in action and in memory traces (Bryant and Jerry 2003).Structure is not automatic as if it is external to the actors' consciousness; rather it is activated by actors who know what they do. Giddens's explanation of how structure and agents implicate on one another received criticisms. One of his critics, Archer (1988:8 cited in Bryant and Jerry 2003) believed that the rule that Giddens talked about or what she called *cultural system* lacks inherent power of constraining, because instantiation embeds in the power of the agency, which allows agents to conform to, modify, or reject them at will. She called this "ontological diminution of cultural system."

The relevance of the theory in this research embeds in the duality of the structure and agency and how one implicates on the other. Fertility control and abortion experiences of girls are not merely all about the socio-cultural norms and discourses having the impediment role, rather they are instantiations through which girls and women practice their agency in trying to negotiate the factors that influence their decisions and practices of fertility control and abortion. Girls' and women's experience of fertility control and abortion are not mere collection of the impeding or the reflections of power dynamics, but also have their own rationalities, motivations and subjective meanings. Therefore, Structuration theory is helpful

to understand how these realities coexist to make an entwined nature of fertility control and abortion experiences of girls and women in Ethiopia.

2.2.3. FEMINIST PERSPECTIVES

There are diverse feminist theories today providing their insights in a wide range of topics. The feminists contend that the underlying cause for today's socio-cultural and political economic situation is the patriarchic power. According to Braam and Hessini (2004:43), "The central role of patriarchy in shaping the ways power plays itself out in individual relationships, and at social, economic and political levels." While the manifestation of patriarchic domination could be diverse and ubiquitous, the way patriarchic power relationship is played out on abortion is an interesting topic in feminist theories. Braam and Hessini (2004:43), explain that:

> The ideology of male superiority denies abortion as an important issue of status and frames the morality, legality and socio-cultural attitudes towards abortion. Patriarchy sculpts unequal gender power relationships and takes power away from women in making decisions about their body.

The above quotation encapsulates the power of patriarchy in influencing discourses, including the religious ones. The idea that patriarchic domination is manifested in religious discourses of abortion emanates from the widely held assumption among feminists that religion promotes male's primacy.

According to Braam and Hessini (2004), in Africa religion has played a powerful role in challenging the right of women to take control of their bodies and in molding the moral foundations for contemporary social constructions of sex and sexuality. While women's primary role is considered to be reproductive role, fathers and husbands in protestant

denomination in Africa on the other hand are regarded as possessing spiritual authority. According to Antehunegn (2017:121) "the contemporary feminist theories and public debates such as pro-life and pro-choice would address future social dynamism of abortion in the context of our society."

Therefore, this research will explore how the fertility control and abortion cases in the study area are the reflections of socio-cultural and religious norms that undermine women's agency as fertility is associated with the women's traditional role in a society. This research will try to understand if the religious understanding of the fertility control and abortion and stigma related to it has a latent effect in secluding women from making their own decision in matters that affect their lives. In this regard, the prohibition of contraceptive use by some religion has indeed influenced many girls and women from achieving their own objectives, as they are forced just to be a mother and nurturer of the children, the roles that they are traditionally assumed to play in a society.

2.3. RELIGION, RELIGIOSITY, FERTILITY CONTROL AND ABORTION

It has widely been demonstrated in several studies that religion influences decisions and practices related to fertility control and abortion. However, this leaves us huge uncertainty as it may have different meanings for different people. It is not exactly clear whether this means (a) religious affiliation as a determinant of fertility control and abortion experiences across religions or (b) religiosity of individuals as responsible for fertility experiences within religions or (c)both religious affiliation and religiosity together influencing fertility and abortion experiences within and across religions.

There are two important ideas within the discussion of the role of religion in fertility control. According to Faiths Development Dialogue (2012), there is evidence that women and couples ignore religious messages about family planning when they think the decision is their individual and family interest to practice. On the other hand, among the people who consider religion and traditions as salient in their daily lives, there is an influence of religion on their decisions about fertility. The two statements convey briefly the individual agency in decision making processes and practices of fertility control, and how the position of religious teachings regarding family planning and the messages communicated by religious teachings are experienced while making decisions related to fertility control. This is just an obvious interpretation of the above statements, but when they are explored in depth, they convey rather very vast point that help explain complex nature of fertility as entwined within the competing normative discourses.

There are basic questions here: In what prevailing moral processes and discursive landscapes do women have agency to disregard the role that religion play while they make decisions related to fertility control? Second, to what extent does religion frame what is valued, how people should behave in terms of fertility?

Strong religious principles and doctrine govern people's overt moral, sexual and cultural behavior (Kalindile and Mbilinyi, 1991 cited in Baylies 2000). Hayford and Morgan(2008:1180) contend that, despite specific religious messages on fertility controlling strategies, fertility differences across religions are attributed to the impact of religiosity on fertility behavior instead of the expression of a specifically pro-natalist orientation associated with a particular religion. Contrary to this, it seems that different religions express pro-natalist behavior as their survival is highly determined by high fertility of its members, especially

when conversion from other religions seems more unlikely (Hout, Greeley & Wilde 2001; Stark, 1996 cited in Wilcox).

Concerning abortion attitudes, Baker et al (1981) argued that attitudes on abortion are determined more by religious intensity than by mere religious affiliation. Kangwa (2017) on the other hand depicted that Christian religion regard abortion as a moral issue and challenges decisions supporting abortion, because it regards abortion as the killing of innocent person.

It is clear that religious organizations can disseminate certain norms on fertility related behaviors as has been mentioned above; however, the execution of these norms depends on how well the audiences accept them. The levels of the acceptance on the other hand depend on how important they are for the concerned people. This in fact is related to the degree of the religiosity. Effort to understand the influence of religion on fertility related decisions and practices by women and girls; therefore, is hardly possible without juxtaposing it with religiosity of the subjects of the research as they conceptualize it.

Religiosity is generally conceptualized as a degree of importance of religion for individual followers explained in different ways. A framework employed by Leege and Kellstedt (1993) to assess the relative influence of religion on micro level focused on 'beliefs, belonging and behavior'. While belongingness is affiliation to religion/ denomination, beliefs and behavior in religion are explained in terms of "attendance at services and personal salience, and more traditionalist beliefs" (Clements 2013:369). Baker et al. (1981) also employed a very similar approach of understanding religiously- a self described attachment to religion or denomination as stronger, mild or weak adherences.

According to Hayford and Morgan (2008), women who consider religion as important in their everyday life are more fertile as they have more traditional gender and family attitudes. On the other hand women, who attend religious services relatively more often are less likely bear child out of wedlock, and 50% less likely to cohabit as compared to those who never attend religious services (Bumpass & Sweet1995; Wilcox & Wolfinger 2004 cited in Wilcox 2006).

Regarding contraceptive uptake as purpose of controlling fertility, it is generally assumed that religiosity is associated with less contraceptive use (Blackstone et al. 2017), but studies in different areas show contraceptive use differences among people in different religions. A study by Bhat (2005) revealed that more Muslim women than Hindu or Christian women, in India give religious reasons for not using contraceptives, including sterilization. Although Bhat (2005) discussed fertility differentials between Muslims and Hindus in India, he shied away from considering how these religions *per se* fundamentally suggest fertility behavior. He rather chose to associate higher Muslim fertility with externally induced factors and the socio-economic positions they have in a society. Another study by Stiglier and Susuman (2016) showed that Muslim women in Mali are least users of contraceptives as compared to women from other religions. A study in Bangladesh revealed that percentage of current users of contraceptive methods among Muslims was significantly lower than their non-Muslim counterparts (30.2 percent and 36.3 percent, respectively) (Ullah and Chakraborty 1993 cited in Firew 2005).

Esposito and Basow (1995) state that, the degree of accepting abortion is negatively associated with the level of religiosity (cited in Hill 2004).Bhar and Marcos (2003) stated that abortion attitude requires considering what Harris and Mills (1985) called "the two competing values: responsibility for others and self determination." Because religion teach sacrifice and

responsibility for others; not self determination, a religious person opposes abortion, while those who value self determination support abortion.

Valuing self determination over responsibility for others by women has a clear implication on female's autonomy, which thereby impact fertility control. While the first idea is out of the topic for this matter, the latter requires little justification. Sociologist Karen O. Mason (1987) discussed female autonomy with regard to early marriage, contraceptive use, education and better job, and gender equality. Accordingly, female autonomy opposes early marriage; the main cause of higher fertility and it promotes women to adopt innovative behaviors, especially in using modern contraceptive. Further, the opportunity cost of children increases if more autonomous females are more likely to get education and well-paid jobs. Lastly, if gender equality in the society is improved, then men's concern for women's well-being is improved as well, which reduce fertility, again conditional on the demand for children differing between genders (Mason 1987).

The ideas of whether religious affiliation or religiosity matters in fertility can be conclude by the ideas of McQuillan (2004). According to him there are three conditions that produce religious effects on fertility. These are:

> First, a religion must disseminate norms about specific fertility related behaviors. In addition, the religious organization must be able to enforce conformity to these norms among its members either through social influence or through sanctions. Finally, religion is most likely to be influential when members feel a strong sense of religious solidarity, that is, when religion is a highly salient aspect of individual identity (McQuillan 2004 cited in Hayford and Morgan 2008:1163-1164).

2.4. ABORTION DISCOURSES

According to Dudova (2010:947), discourse is a social dialogue that takes place through and across societal institutions, among individuals as well as groups, organizations and political institutions. The nature and core idea within the dialogue matters most in a discourse. Thus, it is an argument based on what we can say and discuss with our knowledge.

Much of the contentions in women's reproductive health and rights are dominated by abortion. The ongoing contentions emanate from the competing discourses of moral aspects and the rights issue associated with it. As the contentions and ambiguities of abortion discourses go on, there is no clear demarcation of the normative processes to it. A public discourse analysis by Simon-Kumar (2009) concerning abortion by the Asian migrant women in the New Zealand revealed that women who undergo abortion are framed simultaneously as "naturally *promiscuous*, whilst *rational* sexual decision makers- thus have agency in making abortion public health problem and *victims* of socio-cultural change" (p.2).In this section, we will see these competing and ambiguities within the religious discourses, legal discourses, and medical discourses related to abortion and how they impact public discourse.

2.4.1. RELIGIOUS DISCOURSES

Religious positions are the main catalyst that fuels the debate of abortion (Tsehai 2008:2). This idea emanates from the religious assumption of the beginning of personhood and spiritual connotation of human's life and that of abortion. As religious interpretation of abortion is based on spiritual and moral premises and connotations, it always directly comes into conflict with legal and political discourses approving abortion. According to Marlene Fried (2006:229), abortion as a political agenda is "part of the battle over the separation of the

church and the state, as religious conservatives try to blur the line by basing policy decisions on everything from emergency contraception to stem cell research on ideology and religion rather than science." Religion has strongly been resisting the political and legal measures to liberalize abortion in many parts of the world. Religion impacts people's perceptions, attitudes and practices of abortion through the discourses it conveys and the definitions it attaches to the fetus. According to Kangwa (2017) Christian religion considers conception as a beginning of human life and abortion irrespective of any circumstance as a murder.

Religious discourses indirectly hold political and cultural power to impact public discourses of knowledge and decision about fertility and abortion (Ammerman2003 cited in Hayford and Morgan 2008; Clements 2013; LeTourneau 2016: 8; Minkenberg2002). There is also a case where religious discourses significantly influence the state in abortion policy. According to Ferree et al. (2002), "the state plays the role of moral agent with its legal instruments on abortion." The role of the state in this regard is to maintain the position of religious discourse of abortion, which is often an opposition. Jelen (2009:223-224) arguein the following quote that religious opposition to abortion is basically related to the involvement of human life in the issue:

> 'Given the relationship of the abortion issue to ultimate concerns of human life, and to questions of sexual morality, it is not surprising that much opposition to legal abortion has had a religious basis' (cited in Clements 2014:371).

Due to the fundamental assumption held by religious discourses of abortion, specifically in Christian religion, one would be at loss to assume the legal machineries are relaxed to legalize abortion. Therefore, the researcher attempted to study how the current Ethiopian abortion law has come into being within a conservative religious discourses and socio-cultural normative

processes. Also, the researcher attempted to understand girls' experiences, understandings, decisions and practices of fertility control and abortion in the face of religious discourses.

2.4.2. LEGAL DISCOURSE

According to Tsehai Wada (2008), the legal perspective of abortion is based on the criminal and the constitutional law. Although abortion African abortion policies are ambiguous (Payne et al. 2013), Tsehai (2008) believes that the criminal law determines whether abortion qualify for punishment or not before the penal code and the constitutional law determines the constitutional right of the mother to decide on the fate of her pregnancy.

The criminal law influences the legal discourse on abortion through the criminalization or decriminalization of abortion in the penal code. As it can be understood from the term, criminalization of abortion law implies the imposition of specific criminal sanctions on abortion. This may include imprisonment or fine of the person undergoing abortion, the broker and service providers. According to Berer (2017), decriminalization of abortion is a removal of specific criminal sanctions against abortion from the law and to liberalize abortion provision.

According to the UN (2014) report, only 6% of the African countries allow abortion on request between 1996 and 2013, only two countries in the continent had reduced the number of legal grounds on which abortion is permitted. Fertility rates, unsafe abortion and maternal mortality are higher in countries with restrictive abortion policies than in those with liberal abortion policies (UN 2014). That is the reason why Africa represents 65 percent of all estimated abortion deaths in the world (Say et al. 2014 cited in Polis et al. 2017). As has already been mentioned, abortion policies in Africa are also ambiguous. According to Payne

et al. (2013), in Ghana for example, the law first states that abortion is illegal followed then by a number of exceptions such that in practice, it is a liberal legal framework. However, that ambiguity has worried physicians about fines and imprisonment for providing abortion that could be argued to fall outside of those criteria.

The researcher believes that decriminalization of abortion in many countries is a result of the acknowledgement given to dire consequences of unsafe abortion. Therefore, legal discourses on abortion pay attention to the problems related to unsafe abortion and recommends on the need to liberalize the law. This in turn brings opposition from different religions and the prolife advocates. As a result of these contending discourses, the provision of safe abortion remains challenging. This idea has been given attention by the researcher in an effort to explore women's experiences of religiosity in making decisions and practices related to fertility control and abortion. Hence, drawing on the knowledge of the abortion law, the researcher attempted to understand the influence of legal discourse on research informants.

2.4.3. MEDICAL DISCOURSE OF ABORTION

Gynecologists and healthcare professionals have used the frame 'legal abortion as a way to healthier motherhood to communicate the importance of legal abortion (Dudova2010). The messages within the medical discourse connote the biomedical model of the assessment of abortion practice. It considers abortion as health problem of woman (Sherwani & Haq 1998). Medical discourses define and standardize abortion. It considers induced abortion; a deliberate termination of pregnancy before the viability of fetus (an international standard of 20th week or 500gm) either legally or illegally (Sherwan and Haq 1998) as harmful to the health of the mother. It also communicates about the health impact of abortion outcomes, including the complications resulted from unsafe abortion. These complications may include short term or

long term, physical and emotional (Shewani and Haq 1998). The emotional costs include social isolation, panic about what to do, fear of the procedure itself, and anxiety about health consequences, resentment of the sexual partner, and shame and humiliation (Kidist 2015).Through its definition and standardization of abortion practices, medical discourses serve as reference for other discourses mainly the media, the legal and the public discourses. In this case the medical discourse defines whether the fetus has a life or not and contributes how this definition influence abortion decision within the legal and socio-cultural scenarios. This is related to the objective of this research as it helps to show the pre and post abortion experiences of women seeking abortion.

2.5. ABORTION STIGMA

Stigma discredits individuals, communities and institutions and marks them as inferior (Goffman, 1963). Abortion is one of the issues that are associated with stigma for it is considered as undesirable moral transgression.

Abortion stigma is "a deeply contextual and highly dynamic social process[5]," (Norris et al 2011:2).According to Kumar et al. (2009), it is socially constructed and triggered by socio-cultural conditions found at the local levels. A focus group study in Botswana for example, showed that a man contact HIV/AIDS and other disease if he makes intercourse with a woman or a girl who has ever made abortion or miscarriage (Baylies et al. 2000:104). The community members believe that sores will be spotted on a man who has ever made intercourse with this kind of woman. This single case shows how locally situated assumptions govern the attitude of the community towards abortion.

[5] Link and Phelon(2011) identified four components that make abortion a social process: Labeling, stereotyping, separation and discrimination (Letourneau 2016).

Abortion stigma is a major contributor to social, medical and legal marginalization of abortion worldwide (LeTourneau, 2016). Abortion service providers and affiliates and supporters of the women who have had abortion (e.g., husbands, boyfriends, family members, close friends, as well as advocates and researchers) face abortion stigma (Norris et al. 2011).In Ethiopia, midwifery students report that religiously-based stigma surrounding abortion is a barrier to even becoming abortion providers (Holcombe, Berhe, & Cherie, 2015 as cited inLeTourneau 2016). Women's unequal access to power and resources as well as decisions related to sexuality perpetuates abortion stigma (Kumar et al. 2009).In addition, LeTourneau (2016) stated that women undergoing abortion associate their feelings of shame and guilt with their religious interpretation of the act. A qualitative research by Kidist Degifie (2015) shows feeling of guilt and shame of abortion by an interviewee married woman in Addis Ababa.

> "I thought about it for three months and decided to terminate my pregnancy. I can't take care of more children without the support of my husband. My husband would be disappointed if I told him. That is why I decided not to say anything to him. I feel sad and guilty of killing my baby for the benefit of myself."~26 years old, Married

Nevertheless, abortion stigma and restrictions have not been able to stop abortion from happening. At least 26% of world citizens live in countries where abortion is prohibited (Centre for Reproductive Rights 2008 cited Kumar et al. 2009).This is because women who need the service resort to clandestine service providers.

2.6. RELIGION, FERTILITY CONTROL AND ABORTION IN AFRICA

Little is known about the relationship between religion and fertility in less developed countries (Heaton 2011 and Elul 2011) where fertility is the highest (Heaton 2011).Empirical studies from Africa show dynamics of fertility control and safe abortion experiences across countries and across religions. While the dynamics across countries could be attributed to the

locally embedded socio-cultural and political and legal conditions, the role being played by religious organizations in different places can also be related to the varying degree of religiosity of followers in those spacial and temporal differences.

Based on their analysis of the impact of traditional African religions on fertility Adongo et al. (1998) concluded that religion not only reflects high fertility norms, but, more fundamentally, determines high fertility beliefs and practices. According to Caldwell and Caldwell (1987:427), traditional African religious values have sustained high fertility in two ways.

> First, they have acted directly to equate fertility with virtue and spiritual approval and to associate reproductive failure or cessation with sin. Second, they have placed both positive and negative sanctions on filial piety and material homage to the older generation so that high fertility is rarely disadvantageous (cited in Adongo et al.1998:24).

Tilahun (2005:8) also wrote that in sub Saharan Africa, high fertility (higher birth rate and lower death rate) is associated with divine approval, while low fertility is understood as evidence of sin and disapproval.

The lineage system as an important social value is endorsed by religious norms as these norms prohibit contraceptive use and other fertility regulating strategies (Adongo et al. 1998). Thus, from 2010-2015 adolescent birth rate (per 1,000 women aged 15-19) in Africa was 98 while the total fertility (births per woman) was 4.67 (UN 2014). Given that reproduction and higher fertility is an important aspect of African traditional religions, the innovative measures to control fertility are sanctioned and are regarded as sinful (Tilahun 2005).

It does not; however, mean that African traditional religious groups have loose norms in the case of premarital sex. Data from the 1993 Ghana Demographic and Health Survey indicate

that Muslims and participants in traditional groups were less likely to have initiated sexual intercourse before marriage as compared to Christian groups, whose premarital sex is higher because of their liberal attitudes towards sex (Addai 2000).

Although traditionally, religious group norms and practices have regulated sexual initiation (Addai 2000), recently these norms have become less powerful in Ghana (Heaton and Darwakh2011) and have become less important in socializing sexuality in Mozambique (Sikwibele et al. 2000).

As of 2013, abortion policies in Africa are restrictive as only South Africa, Tunisia and Cape Verde allowed abortion on request (UN 2014). Further, due to the restrictive moral processes, unsafe abortion is one of the serious issues related to women's fertility in Africa. Research shows that there is a high rate of death as a result of unsafe abortions in countries like Zambia, where Christians stigmatize women abortion experiencing (Kangwa 2017).

The Convention on the Elimination of All Forms of Discrimination Against Women (CEDAW), which came into force in 1981 is the first international treaty in which member countries assume the legal duty to eliminate all forms of discrimination against women in the civil, political, economic, social and cultural areas including health care and family planning, pregnancy, childbirth and the postnatal period. From this, it is interpreted that denying women fertility control and abortion is regarded as violation of women's human rights.

2.7. RELIGION, FERTILITY CONTROL AND SAFE ABORTION IN ETHIOPIA

According to the CSA (2016), trends in total fertility rate (calculated as the number of children born from a woman within her reproductive age range) in Ethiopia has declined over the last 16 years from 5.5 in 2000 to 4.6 in 2016.The demand of family planning among

unmarried sexually active women is 85 percent, but only 69 percent is being met (CSA 2016). There is unmet need of contraceptive use in the country and Addis Ababa (MoH 2016). Tilahun Bezabih's (2005) study in Dawro Zone, Ethiopia found that respondent women from traditional religions informed that their religion discouraged contraceptive use.Unmet need due to religion has increased, because the reason of religious prohibition increased from 4.3 percent in 2000 to 7.1 percent in 2011(Wondimu et al. 2013). Although Wondimu et al. (2013) did not discuss why religious prohibition as a reason has grown overtime; it might be because of many people are getting more religious as religious pluralism has increased and conversion across religions will likely to be impossible. As a result, religious organizations prohibit contraception uptake to increase the fertility of its followers.

More than quarter (28 percent) of a recent birth is reported as either mistimed or unwanted (Prata et al. 2013). This has pronounced effect on the rising number of women seeking abortion. As a result, an estimated 3,610 of the total women per month presented for abortion care at public hospitals in 2014(Gebrehiwot et al. 2016). According to Moore et al. (2016), the annual abortion rate in Ethiopia was highest in urban regions such as Addis Ababa, Dire Dawa and Harari. Based on an analysis of the medical records of 1,200 women seeking abortion-related services in public and private facilities in Addis Ababa from October 2008 to February, the incidence of repeated abortion was 30 percent (Prata et al. 2013).

According to the Criminal Code of Ethiopia (2005), it is legal to terminate abortion when the pregnancy results from rape or incest, to save the life of the woman, in cases of fetal impairment, for women with physical or mental disabilities, for minors who are physically or psychologically unprepared to raise a child and in cases of grave and imminent danger that can be averted only through immediate pregnancy termination. Although the law has

relatively opened ways on which abortion service can be provided, still undergo unsafe abortion. This could be related to many things, but most of the studies on the issue related it with lack of awareness of the law. Based on a survey study on north-west Ethiopian women's knowledge and attitude towards the new abortion policy, 66 percent of total respondents had knowledge about the policy, albeit their little knowledge where the services could be provided (Muzeyen et al. 2017). A study by Alemu (2010) showed that minors in Addis Ababa who undergo abortion do not know about the abortion law. Coupled with the discouraging and discriminating social milieu, lack of knowledge of the institutions providing legal and safe abortion have adverse effect on the health of girls and women. Thence, women who face unwanted pregnancy may decide to use any available methods to terminate their pregnancy.

According to Tsehai (2008:3), "Anti-abortionists in Ethiopia attempt to show that the major causes of unwanted pregnancy and thus abortion are lack of religious discipline, immorality and the influence of alien culture, or generally breakdown of cultural and religious values, etc. They also attempted to show that the phenomenon is peculiar to those who are living in cities, the educated, the 'uncultured', etc."

A study Muzeyin et al. (2017) found that of the total 774 women studied in the North-west Ethiopia, 438 (56.5 percent) hold liberal and 336 (43.5 percent) conservative attitude toward legalization of abortion. It is not; however, clear whether their attitude is related to religion or the women's rights issue. A study on health providers' perception and safe abortion service in Addis Ababa found that religious value was the highest (66.6 percent) reported reason for health workers' less comfort working in the site(Jemilla and Mulugeta 2011).

CHAPTER THREE: RESEARCH METHODOLOGY

In this section, description of the study area, sources of data, research approaches, study design, the methodology and techniques of data collection alongside the rationalities are discussed. In addition, plan of data analysis and the ethical considerations are included.

3.1. DESCRIPTION OF THE STUDY AREA

This study was conducted in Addis Ababa city administration, the political and economic capital of Ethiopia. Addis Ababa is also a seat of African Union and the United Nations Economic Commission for Africa. The city administration is now divided into ten sub cities (Kifle Ketema) and 99 Weredas. According to the 2007 population census data, the total population of Addis Ababa was 2,739,551 (CSA 2010).

The major ethnic groups in Addis Ababa are: Amhara (47 percent), Oromo (19.5 percent), (Gurage 16.34 percent) and Tigre (6.2 percent). About 56.2 percent of the females are never married and 27.9 percent are currently married. Based on religious affiliations of the Addis Ababa residents: 75 percent Orthodox Christians, 16 percent Muslims, 8 percent Protestants, and the rest Catholic and other religion followers (ibid). There are 18 hospitals, 24 health centers and 161health stations run by Ministry of Health, NGOs and other government organizations (ibid).

Addis Ababa city is currently experiencing significantly higher report of unwanted pregnancy and highest unsafe abortion related health problems in the country. As a result of unsafe abortion related complications, many girls and women are admitted to hospitals for treatment. A study conducted in Addis Ababa among youth reported that 50 percent female respondents were pregnant in the past, of which 74 percent end in illicit abortion (Ibrahim 2004 cited in

Gudina 2005). In 2008, the abortion rate in Addis Ababa was 49 per 1,000 woman aged 15-44, which was considerably higher than the national average of 23 abortions per 1,000 women aged 15–44(Kidist 2015). Due to these reasons the researcher chose Addis Ababa as an important study area for this research.

3.2. STUDY DESIGN

Since the topic of girls' and women's fertility control and abortion decision making process and practices in the face of religiosity and socio-cultural normative processes is little understood in the study area, an exploratory research was conducted cross-sectionally from March, 2010 to April, 2010 in Addis Ababa.

3.3. STUDY APPROACH

The study employed a qualitative research approach with an assumption that the approach enables the researcher "explore and understand multiple meanings the individuals or groups ascribe to a social or human problem" Creswell (2009:22).It explored the complex subjective understandings and lived experiences of girls and women in terms of their understandings of religious norms and messages while making decisions related to controlling their fertility and safe abortion. It helped the researcher uncover religious discourses; as set forth by religious leaders and from the girls' and women's own account, whether fertility control and safe abortion are endorsed or prohibited. The experiences of religious leaders in relation to how fertility issues are dealt in their respective religious teachings were therefore worth including. Thus, qualitative research approach allowed the researcher to "explore attitudes, behavior and experiences" from girls and women, religious leaders, healthcare professionals and experts (Dawson 2002).

Although women's fertility and safe abortion has widely been studied in Ethiopia and elsewhere, how religious norms *per se* frame women's decisions and practices of fertility control and safe abortion in Ethiopia, especially in Addis Ababa is less researched phenomena. Therefore, qualitative research approach according to (Creswell 2009:35) is applicable to "little researched phenomena or concept."

3.4. STUDY POPULATION

The study population for this research included: girls and women in reproductive age group (19-38), who visit health institutions seeking contraception and safe abortion services. The study group was chosen, because of their experiences of fertility control and abortion decision and practices. The selection was also made with an assumption that they help the researcher understand the lived experiences of making decisions related to fertility control and abortion. In addition, university Orthodox Christian, Protestant and Muslim girl students, who participate in religious services, were among the study groups, because the researcher believed that their insights, perceptions and understandings of the fertility control and abortion help to understand how religiosity influences the knowledge and practices of fertility control and abortion. The religious leaders form Orthodox Christian, Protestant and Islamic religions, were also included in the study to help understand how their religions influence sexual behavior, fertility and abortion related understanding and interpretation of the current abortion law. Healthcare professionals, an expert working on community mobilization on family planning were also selected from two clinics providing reproductive health and abortion related services. The health professionals provided information related to contraception choices by the clients, family planning trends, their religious positions and service provision and etc. In order to understand how the legal frameworks in Ethiopia help women access safe

abortion and what factors influence the implementation of the law, a legal expert working to advance women's rights was included in the study.

3.5. SOURCES OF INFORMATION

This research used both primary and secondary sources of information. The primary sources that the researcher used to collect firsthand data were in-depth interviews, focus group discussions and key informant interviews. Written documents obtained from the Ethiopian Orthodox Tewahdo Church Development Commission were also used to show institutional official information disseminated concerning the issue understudy. In order to substantiate and augment the data from primary sources, the researcher used secondary sources of information as well. Thus, literature sources in a form of published articles, journals, thesis reports and electronic sources were utilized.

3.6. METHODS AND INSTRUMENTS OF DATA COLLECTION

This exploratory research employed qualitative methods of data collection. The research specifically used in-depth interviews, focus group discussions and key informant interviews.

3.6.1. IN-DEPTH INTERVIEW

In-depth interview is a qualitative data collection instrument, which allows the researcher collect rich information in much more depth (Kothari2004). The researcher used semi-structured interview. Semi-structured interview according to Dawson (2002) allows the researcher to be flexible and to probe into more important information to arise. Therefore, the researcher interviewed girls and women from Orthodox Christian, Protestant and Islam religions. Based on purposive sampling technique, a total of 13 interviewees; six girls and women from Orthodox Christian, four girls and women from Islam and three girls and women

from protestant religions were selected for the interviews. The researcher himself conducted the interviews and audio recorded the responses of the participants.

3.6.2. KEY-INFORMANT INTERVIEW

The choice of the key informant interview, as a method, was due to its advantage in helping the researcher understand the issue as explained by very knowledgeable individuals on the subject matter. The key informant interviewees were chosen due to their professional experiences or their prolonged services in relations to the issue understudy. Therefore, key informant interviews were made with religious leaders from the EIAC, EOTC and EOTCDC and the EEC Addis Ababa coordinating office, healthcare professionals from the FGA and MSIE, and an expert responsible for community mobilization on contraceptive use and family planning, a legal expert from the EWLA. Accordingly, a total of nine key informants: five religious leaders from three religions, two health professionals (gynecologists); one community awareness experts (from one health institution working on family planning and contraceptive use) and one legal expert will be interviewed.

3.6.3. FOCUS GROUP DISCUSSIONS

In order to identify why people feel certain way and elucidate steps in their decision-making process (Hayden 2006) a focus group discussions is very important. Focus group discussion helps to identify various aspects of a specific issue in a limited period of time (Hardon, et al. 2001 cited in Alemu 2010). In addition, the FGDs allow more interactions among the discussants; who should be strangers, to let the data emerge (Cohen et al. 2000). According to Bhatacherjee(2012), FGD allows deeper exploration of complex issues than survey method. Due to its advantage of exploring complex issues from different people at a short time, this research employed FGD alongside other qualitative methods. Therefore, three FGDs (three

focus groups of university girl students in religious services) were conducted. Accordingly, the FGD with Orthodox Christian girl students, who participate in the *Gibi Gubae*,[6] was made with nine third year students. In addition, second year protestant girl students who participate in the fellowships participated in the FGD. The third year Muslim girl students had also made the FGD.

Since the role of the moderator is to draw out information from the participants regarding topics of importance to a given research investigation (Berg 2001), the researcher was responsible for moderating the discussion which lasted for 48 minutes. Making sure that the environment of the discussion was encouraging, promoting freedom to talk was another key task of the moderator. Thus, prior to the start of the discussion, the researcher asked the consent of the students and made clear that any information they give would not be used to threaten their privacy.

3.7. SAMPLING DESIGN

The samples of the research were selected based on purposive and snowball sampling techniques. While the other in-depth interview participants and the key informants' selection were done through purposive sampling, the recruitment of the FGD participants was made through snowball sampling. The researcher selected the samples as the data collection process went on. Hence, based on the data being generated and based on what appeared to be representative of the population, the researcher recruited the study samples. Please refer to the Methods and Instruments of data collection section for description of the number of samples

[6]This is to mean the Orthodox Christian university students' religious association. This faith based students' association has different roles including helping one another in religious, curricula and extracurricular matters. Most importantly, the association helps students spend their spare times on religious matters so that they are not exposed to unwanted behaviors.

for each method of data collection. The study groups were selected from family planning and safe abortion service seekers FGA Arada Branch Model Clinic and MSIE Arada Branch Clinic. In addition, Addis Ababa University girl students who identify themselves as active participants in religious services were included. Further, the study included health professionals who work on fertility control and safe abortion, religious leaders, experts working on awareness or community mobilization and people who have direct relevance to women's fertility rights.

3.8. DATA COLLECTION PROCEDURE

The data collection procedure was commenced by the distribution of a support letter written from the department of Sociology, Addis Ababa University. The researcher himself distributed to the letters to the concerned organizations in advance to starting data collection. Reaching the organizations was not an easy task, but the researcher chose to use Google map to find the locations of the offices. Although this could help, some organizations have had no up-to-date location on the map, for example the location of the Ethiopian Women Lawyer's Association (EWLA) is shown in Bole Road, when their current site is found around Mexico. Marie Stops International Ethiopia and Family Guidance Association received the letters and referred them to their respective clinics, where the managers of the clinics provided the researcher with how the data collection could proceed cognizant of the need for clients' privacy and ethical concerns. The researcher had shown the interview checklist and agreed with them on ethical issues. The managers provided separate classes where the interviews could take place. After finalizing the registration process, girls and women who came to the clinics for family planning and safe abortion were contacted by the researcher and registration workers if they could participate in the study. Based on their interest they were taken to the

separate classes provided for the interviews. The researcher himself conducted the interviews and the audio tape record was made based on the permission of the informants.

The key informant interviews with religious leaders likewise the in-depth interviews with abortion and family planning service seekers was commenced by the distribution of the letter. The key informant interview in the Ethiopian Islamic Affairs Council was a bit different in its kind. The researcher was referred to one religious leader in the office, but there were two other more people in the room. The person who was supposed to be interviewed rather made conversation with the other two people in Arabic before reflecting on the questions. Every question in the interview was discussed among the three people and then reflected back to the researcher. This process had its own strength and weaknesses. As strength, the involvement of the other people could be important as they could get the chance to provide broader insights on the questions; as a weakness, the result or the final information provided after the discussions among the three people might have got different shape from the information one person could have provided alone.

Other key informant interviews with other religious leaders went in a normal situation. The key informant interview with an Orthodox Christian priest was conducted inside the Arada St. George Church. Since none of the religious leaders allowed an audio tape recording, the researcher had to take a note.

The research made three FGDs with Addis Ababa university girl students who identify themselves as participants in religious services. In order to select the Orthodox girl students the researcher went to St. Marcus church near Addis Ababa University's main campus. The researcher then approached a young boy who took the researcher to the coordinator of the

Gibi Gubae or the students' church council. After a brief discussion with the coordinator, the day for the discussion was arranged. The FGD was made in the evening on the next day at 8pm local time in St Marcus Church. The researcher audio taped the discussion which lasted half an hour.

The discussion with the protestant students was facilitated by a young boy responsible for coordinating the protestant students' fellowship. The coordinator identified six second year girl students for the discussion. The discussion was made after so many rescheduling, because students had tight time for they were preparing for exams. The discussion was made inside the Addis Ababa University's main campus and the discussion was made in Afan Oromo based on the preference of the discussants. The researcher's knowledge of the language made the discussion very easy.

Focus group discussion with Muslim girl students was conducted finally. The researcher identified the first person with her clothing, who wore a hijab and asked if she had time to listen. Based on a bit lengthy discussion and explanations she agreed that she would facilitate the discussion. A day later in the afternoon, she brought five more girls to make discussion in the Sidist Kilo campus backyard around the football field. The girls were third year students. Unlike the other two FGDs, this FGD was not audio recorded for the discussants showed no interest.

3.9. METHODS OF DATA ANALYSIS

Since girls' and women's decision and practices of fertility control and abortion are experienced, constructed, defined and negotiated within the socio-cultural values and

normative processes, legal and public discourses, the ontological assumptions of the research is social constructivism.

The epistemology of socially constructed realities is interpretivism. Therefore, the research seeks to understand complex and categories of ideas as they come about in the research process. The research analysis attempted to understand the subjective meanings that people being studied attach to their experiences, and how the multiple and socially categorized realities can be understood and interpreted.

Therefore, tape recorded interview data and focus group discussion results were transcribed, coded and categorized before they were finally analyzed using thematic analysis. The research chose thematic analysis, because this method of qualitative analysis (Fernandez 2018 and Nowell et al. 2017), fits into diverse epistemological and research questions (Nowell et al. 2017) and it is also flexible (Braun and Clarke 2006 and Maguire and Delahunt 2017). In addition, since the thematic analysis does not require detailed theoretical and technological knowhow, it is more accessible especially for novice researchers (Braun & Clarke, 2006). Finally the researcher considered the advantage of this method in allowing the researcher find the essence or the theme of the research, through which the researcher interprets and makes sense of the data (Maguire and Delahunt 2017).

The analysis procedure was started with the audio tape recorded data being transcribed verbatim. Following this, the research started to undertake a thematic analysis. The themes were drawn from the research questions themselves or what is known as "deductive/theoretical/ top down thematic analysis (Braun and Clarke 2006), with a slight modification to accommodate the data driven analysis or what Braun and Clarke (2006) called

inductive/ bottom up approach. The later approach has helped the researcher understand the context or the backdrop of how a progressive abortion law can be assumed in a very conservative religious and socio-cultural condition (refer to Chapter five section 5.8).

Coming back to the analysis process, after the themes were drawn based on the aforementioned fashion; the researcher went through the data corpus to generate codes. This was simply done through finding the relevant answers to the research questions, because in deductive analysis approach the coding can be done through "capturing something interesting about the research question instead of line by line coding" (Maguire and Delahunt 2017:3355). Through a repeated writing and deleting, the researcher has come to identify the final codes for the analysis. The final decision was made with a great caution regarding if the codes could be fitted together to form any meaningful pattern or theme. (Refer to the appendix for the themes, coding and thematic mapping). The research went on to make short and long quotations to allow the reader comprehend the informants' own account on the issue understudy. Finally the researcher interpreted the phenomena being studied based on the informants' own subjective understandings and lived experiences.

3.10. ETHICAL CONSIDERATION

Researches should respect the research sites and most importantly the research participants in all processes of the research (Cresswell 2003). This research will therefore, gives due attention to ethical issues while collecting data, analyzing and interpreting as well as during the reporting phases. Since the issue related to women's sexuality are often hidden and personalized due to the normative processes related to them, this research will respect and must insure confidentiality and anonymity of the participants.

Before starting the fieldwork, the researcher obtained a permission letter from the department of Sociology, Addis Ababa University. During the field work the researcher discussed clearly with the organizations from which the interview participants were selected and the ethical concerns were resolved as a common agreement was reached with the organizations. The researcher contacted the informants based on their willingness and explained to them how the research would not put them under risks. The researcher started the interviews and the discussions with an explanation on the objectives of the research and its importance for the researcher, the women and the wider public. In order to maintain the anonymity and confidentiality of the research participants, the researcher decided to refrain from using their names during the interpretation and reporting phase of the research.

CHAPTER FOUR: DATA ANALYSIS AND INTERPRETATION

4.1. SOCIO-DEMOGRAPHIC CHARACTERISTICS OF THE INFORMANTS

The socio-demographic composition of the study participants as it is shown in the appendix includes the in-depth interviewees, key informant interviewees and the FGD participants.

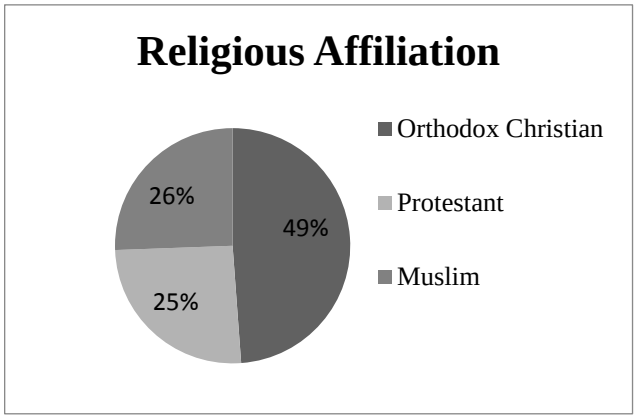

FIGURE 4: RELIGIOUS AFFILIATION OF THE INFORMANTS

Variable	Response	No
Sex	Female	37
	Male	6
	Total	43
Age	≤21	4
	22-27	24
	28-33	7
	34-39	2
	≥40	6
Marital Status	Single	27
	Married	13
	Divorced	3
Employment	On study	25
	Private	7
	Government	1
	NGO	8
	Housewife	2
Educational level	Illiterate	1
	Elementary	1
	High school	4
	Diploma	5
	Degree & above	32

FIGURE 3: INFORMANTS SOCIO-DEMOGRAPHIC PROFILE

Accordingly, 37 women were females while the remaining six informants were males. The age of the informants ranged from 19 years to 53, but the average age of the girls and women seeking family planning and abortion services was 27 years. Regarding the religious affiliation of the informants, 21 were Orthodox Christians while the number of Muslims and Protestants each was 11. The informants' level of educational ranged from illiteracy to first degree, but majority of the informants were first degree holders. This is because of the FGD participants who were selected from the University. Most of the family planning and abortion seeker girls and women had diploma level education. Based on

their marital status, 27informantsweresingle, while 13 informants were married and three of the informants reported they ended their relationship or divorced. None of the FGD participant university girls reported they were married.

4.2. WOMEN'S SELF REPORT OF RELIGIOSITY

Religiosity according to the study participants was subjectively explained in different ways. Girls and women who participated in the in-depth interviews reported their own religiosity in terms of the salience of religion in their lives, donation, and number of church or Mosque visits, prayer and fasting etc. The following excerpt gives details of a respondent's self report of religiosity as:

> I consider myself as a religious person, but not that much strong. I do not want to be affiliated to another religion other than orthodox; I do not listen to them [the preaching of other religious…]. I visit the church with the time I have either before or after work. I wish all good things for everyone as religion orders; I am not malevolent. In spite of these, I do not think I comply with all the religious teachings.
>
> 37 years old divorced Orthodox Christian woman

The informant's thinking of religiosity adds broader details to the conventional measurements of religiosity for she believed that commitment to one's own religion, wishing all good things for companions and not showing an interest to listening to the teachings of other religions are indicators of religiosity. In the bible, it is indicated that benevolence is a righteous thing. It is written in the bible as "Let love be without dissimulation Abhor that which is evil, cleave to that which is good." Romans12:9. It is due to this religious teachings may be that the informant believed she was not malevolent.

From just the self report of an informant, she has possessed the characteristics of a strongest religious person could have, but she never considered herself as a strong religious person. A

close scrutiny of why she did not call herself one of the strongest might be due to her experiences of abortion as compared to what is taught in her religion.

While trying to understand the informants' subjective account of their religiosity, the researcher also tried to understand a self reported salience of religion in their daily lives. Almost all the informants said their religion was an important aspect of their daily lives. An unmarried Muslim girl who had gone through abortion at the FGA Model Clinic explained her religion was an important aspect in her life. She gave the following reason:

> I believe my life gets meaning due to my religion; so, I consider my religion an important aspect of my life. Age, 19

According to the above informant, one's own life just without a religion could hardly have meanings. By this, it would mean that religion is a deciding factor for a life to become meaningful, and a human agency remains passive and retains the position of dependency. This widely held assumption predisposes people's understanding of this worldly and otherworldly by making them believe not their agency, but the amount of effort and the degree of their servitude to their religion guarantee their position before God. Therefore, people believe that their life worth nothing without a hands-on involvement of their religion. The key to the going meaningful for a life is maintained through discharging spiritual duties. By this, religious duties become part of worshippers' daily endeavors. In the following, the informant disclosed the activities she undertakes as part of religious duty.

> I am not like a person who is religiously very much conservative; I make *Solat* five times a day and I provide alms for the needy depending on what I have, because I am a student. My partner does the same thing. Unmarried Muslim aged, 20

Focus group discussion participant girls believed that religion was an important aspect of their lives. They mentioned that they had times for religious services (going to the church or to the

mosque) as they had times for study and times for fun. The Orthodox Christian girl students said they visited the Church both in the morning and in the late afternoon. In addition, they had a good participation in *Gibi Gubae* activities and religious educations provided by the Mahber Kidusan. So they believed these activities must be indicators of what a religious student or worshipper must do as part of his/her religious duty.

4.3. RELIGIOUS TEACHINGS SEXUAL BEHAVIORS, FERTILITY CONTROL AND ABORTION

This section presents the religious teachings concerning sexual behaviors, norms related to human sexuality, the position of religion regarding contraceptive uptakes and abortion. It also discusses how the fetus is understood and interpreted by different religions.

4.3.1. RELIGIOUS TEACHINGS OF NORMAL SEXUAL BEHAVIORS

Religion as an agent of socialization does play a leading role in human sexuality and reproductive health. With the messages it conveys regarding norms of sexual behaviors, religion influences its followers' sexual behaviors to consider these norms. The study informants from three religions stated that the religions that they are affiliated to communicate the norms of sexual behaviors and obligations of the members regarding sexual behaviors. The following informant explains that:

> I am a protestant and there is education about marriage and the family in the church. The teachings seek to protect the young worshippers from an exposure to premarital sexual activities mainly for two things: for one thing, it is a sin for a person to do so without being married and it is also considered as an obstruction against the youth's effort to achieving their religious goals. These religious teachings are moral guides of sexual behaviors and they help individuals protect themselves from facing undesirable

> things that follow premarital sex, including unwanted pregnancy and the resulting consequences. Single protestant, 21

Based on the information from the above informant, we can understand that the protestant teachings consider premarital sex as sinful act that discourage individuals from achieving the otherworldly goals. The nuance of the informant's expression of religion as a moral guide against undesirable consequences of premarital sex imply that this girl has found religious messages so important later when she herself fell into the misfortunes related to premarital sex. The informant's belief of premarital sex as engendering undesirable things and consequences is intended to point to the stigmatizing socio-cultural conditions and the felt psychological experiences thereof. While religion is responsible for the stigmatizing socio-cultural norms to crop up in a society, it is also responsible for maintaining the norms of a society through its role in socializing the young people about these norms.

Apart from the cultural normative processes related to it and the psycho-social experiences that premarital sex leaves behind, the reason d'être for premarital sex prohibition is also related to the religious interpretation of the act as a sin. The Ethiopian Orthodox Church, the Ethiopian Evangelical Church as well as the Ethiopian Islamic Affairs Council all said they are teaching the youth on proper norms of sexual behaviors. The key informant from the Ethiopian Evangelical Church Addis Ababa Coordinating Office says:

> The church teaches the youth to abstain from sexual activities until their marriage. In this regard, we provide the leaflets and brochures prepared for raising awareness on the sexual and reproductive health. In addition there were times when we invited professionals from concerned organizations to enlighten the youth and other worshippers on reproductive health and the need for them to abide by religious norms of sexual behaviors.

The Ethiopian Evangelical church employed adaptive method of instilling the norms of reproductive health and sexual matters into the youth and other worshippers. The church blends religious messages with public health education to make people develop a behavior that is religiously legitimate and also conformist to public health standards. The blend of religious education with public health education on youth reproductive health helps to relieve the challenges related to raising awareness on reproductive health and rights.

According to the key informant interviewee from the Arada St George Church, the Ethiopian Orthodox Tewahdo Church teaches its members about the norms of sexual behaviors in Orthodox Christianity both collectively and individually. According to an interviewee priest:

> On Sunday and saint's day, the church teaches the followers of the EOTC on the importance of family, holy marriage and devotion to one's own marriage. We also teach youth to remain strong in their faith so that they can overcome the obstacles related to desire for sexual activities outside wedlock. In addition to the collective teaching sessions, through independent relationships with their confessors the worshippers are taught and guided on these and other important religious obligations.

From the above informant, the EOTC considers sexual activity outside marriage as an indication of a person's weak faith and as irreligious activity. By providing negative religious sanctions on sexual activities made outside wedlock, the church regulates sexual behaviors of its worshippers. The church above all, emphasizes on the importance of family and marriage. In addition, the informant disclosed that the youth are being taught and guided through collective and independent teachings that provide the youth an opportunity to discuss a very personal sexual matter with the religious fathers, especially in a community where silence is considered as a sole negotiation mechanism when it comes to the issue of sexuality. In addition to what was depicted by the above key informant, the EOTCDC illustrated that the

EOTC has a department working on the sexual and reproductive health matters. The development commission through a financial and technical supports from different civil society organizations works on HIV/AIDS, harmful traditional practices, violence against women, early marriage and etc. According to an informant from the commission:

> The church teaches its members about a proper sexual behavior which guides their lives. The church teaches on how the young girls and boys develop a legitimate sexual behavior through abstaining from sexual activities until marriage. Premarital sex is adultery, because people can only make sex with whom they are married to.

According to the EOTCDC, the youth are taught to develop proper and legitimate sexual behavior, which discourages fornication. The growing number of youth engaging in premarital sex can only be controlled through prohibition and regulating the behaviors of youth groups. The above idea makes clear that the youth should develop a culture and religious responsibility to abstain from premarital sex until they are married.

According to the above informants, the Christian teaching of sexual and reproductive health focuses on discouraging sexual activities outside marriage: premarital sex and sex between people who are not married to each other. Although these two look different in a layman understanding, the Christian definition of these act makes the two similar; as an adulterous relationship. Based on this understanding, young people who make premarital sex and people making sex outside their marital relationship make illegitimate sex, and they are sinful. Therefore, chastity, Church marriage and loyalty to one's won marriage are the ultimate desirable sexual behaviors in a Christian teaching.

Islam also teaches worshippers to marry based on the religious and cultural norms and considers; not only practicing sexual activities, but even any sexual desire prior to this, as

adultery, an idea which is also shared by the Christian teachings. The following idea, taken from a married Muslim woman shows the cultural and religious marriage in Islam:

> When two people wish each other for marriage the boy's family should send elders to the girl's family to make the proposal. If the agreement is reached between the two families, the next steps will follow and the two couples will marry. Without this, let alone marrying as one wishes, even looking at a girl or a girl looking at a boy in the way of love affair prior to marriage is exposing oneself for the trap of sexual desire, and it is considered as "*Haram*."A married Muslim woman, 28 years

The information from the above informant disclosed that marriage is an important aspect. People cannot engage in sexual activities without being married. The sexual experiences outside wedlock are strictly forbidden in Christian and Islamic religions since they consider the experiences as adulterous and irreligious. By providing definitions of what is normal and what is not, religious organizations socialize children and youth about sexual behaviors. Based on his comparison of the Islamic and Christian religions regarding their roles in promoting chastity, Ulfat Aziz-us-Samad (2003: 64) quoted the condemnation and meanings of adultery according to the Quranic and Biblical verses as follow:

> "Ye have heard that it was said by them of old time, thou shall not commit adultery: but I say unto you that whosoever looketh on a women to lust after he hath committed adultery with her already in his heart."(Mathew 5:27, 28)

> And come not near unto adultery (totally abstain from its preliminaries and everything that is likely to lead unto it). Lo! It is an abomination and an evil way. (The Qur'an 17:32) draw not nigh to things, whether open or concealed (6:152).

He also mentioned that Islam strongly condemns 'indecent display of women', which orders the women to be covered by *hijab*. He quoted the following Quranic verse as justification for this:

> …tell the believing women to lower their gaze and be modest, and to display of their adornment only that which is apparent, and to draw their head coverings over their bosoms and not to reveal their adornment. (Quran 24:30-31)

From the above primary sources and review of pertinent literature, the researcher learned that the religious teachings of sexual behavior are not only limited to the practice of coitus. The religious norms of sexuality also include abstaining from stare between people of [opposite] sexes, refraining from sexual lust, refraining from displaying adornment and any sexual arousing activities.

According to the FGD with Orthodox Christian university girl students, the role of religion in shaping sexual behaviors and decision making processes include: the proper time to have a boy friend, choice of the right person, the proper time and way to engage in marriage. The participants stated that the decision making processes are required to be Christian way, which include the need to reach for *Akeme Hewan/ Adam (*this connotes the puberty age which is thought as the right time for a person to marry). In addition, they agreed that the marrying couples should be abstaining from sexual activities; as a result of which they are able to make church marriage.

The discussants all agreed that the participation of the girls and the youth in religious services would help them overcome the hurdles they encounter during their youth hood and in their later lives. The Orthodox Christian girl students who participated in the FGD discussed how they had managed to develop moral behaviors, responsibility and self confidence as a result of participating in the church services. They also said that if students were coming to the university students' church association, they would not be facing undesirable conditions and obstacles related to sexual behaviors.

The protestant girl students who participated in the FGD also said that they encountered a student who withdrew from her education due to her pregnancy. They believed this could less likely to happen if she were participating in religious services where she could be guided and helped on how to overcome such kinds of challenges. The fellowship program in the protestant church according to the discussants was the source of support, networking and information exchange.

The reflection of the Muslim girl students on the issue shows that they had become stronger and more attentive of the religious teachings since their joining of the university. As the girls mentioned, religious teachings directly or indirectly, promote good behaviors and a need to remain on the normal track. They remarked that the university life requires much religiosity than ever as there are impediments in the university life. They agreed that one of the biggest concerns in the university life is to overcoming the impediments, especially those targeting girl students, and trying harder to be successful in education. Remaining stronger in ones' own faith and commitment to one's own goal according the discussants are the key strategies.

4.3.2. THE POSITION OF RELIGION IN CONTRACEPTIVE USE

Fertility control through modern contraceptive use faces oppositions from different groups including in areas where there are cultural and religious blends. During an in-depth interview, girls and women believed that their religions do not allow contraceptive use. They disclosed; however, that compared to abortion, the resistance to contraceptive use is less tense. The following is how a married orthodox woman described her experience:

> I am an orthodox. My husband is a member of Maheber Kidusan. We married through the *Kurban* (Communion marriage). Regarding the position of my religion on contraceptive use, I know it does not allow. The reason I decided to use contraceptive is due to the health problem of my second child. Since he was in a serious health

> problem, I decided to space the birth. It was not easy to make this decision. So, I consulted my confessor about it. According to him, if I could raise more children, I did not have to control my fertility, because God's message to the people is to multiply the human being and replenish the earth.

The above interviewee disclosed that her decision to use contraception was not an easy one, because of her religious position. Family planning for the purpose of spacing birth, in principle, could be equated with proper care for the existing children. As a result, people think giving birth to a child they cannot properly care for is interpreted morally as not better than abortion.

Islam strongly objects contraceptive use. The interviewee Muslim girls and women, who came to the two clinics, revealed that their religion is against contraceptive use. The following informant explains that modern contraception is not allowed according to Islam.

> My religion does not allow modern contraceptives. In case a woman needs to space birth, she can only do it through breast feed. It teaches that a woman should breast feed for two years, and thereby prolong birth period naturally.
>
> A married Muslim woman Age 27

As has been mentioned above, an informant believed that breast feed for two years can control fertility. This could be a very important mechanism when the use of modern contraceptives is prohibited from religious perspectives, and especially if a male partner goes up against his wife's uptake of modern contraceptives.

A married protestant who came to the FGA for family planning believed that her religion does not allow contraception. She said she had not used contraception for a decade in a marriage, partly due to the religious teachings of the need to be fertile and multiply the human being.

> I had a belief that God wants us to multiply and replenish the earth and believed that children bring fortunes. This understanding has always been in my mind. I have four children now; three from my former husband and one from my current husband. Since recently, I have started thinking that I have contributed a lot to replenish the earth [laughing], but weakened to bring up these children with good care. So I decided to hold on and see for sometimes. Married Protestant aged 31

The researcher asked if this decision was her own or that of her husband, she said that her husband was very religious Orthodox Christian. After so many years in marriage as Orthodox, she finally divorced with her husband and married to another man, who is protestant in religion. She explained that her decision of not using came from her ex-husband and after a divorce she started using contraceptives.

According to the key informant from the EOTCDC and the Arada St. George church, the church does not teach its followers to bear children they are not capable to take good care of. He said that "They have to bear children according to their economy." On the other hand, the church does not promote people to use modern contraceptives. The followers of the Ethiopian Orthodox Church can only space the birth [if need be] through natural methods of fertility control. The natural methods he mentioned include the menstruation calendar and abstaining from sexual intercourse on weekends and saint's days.

The position of Islamic religion regarding fertility control, especially the use of contraceptives is restrictive. According to the key informant interviewee from the Ethiopian Islamic Affairs Council, it was understood that Islam does not allow contraceptive use. The key informant interviewee informed the researcher as follows:

> According to the Sheria Law, fertility control through the use of contraceptives is completely prohibited except when the pregnancy is found to risk the health of the

> mother. When repeated pregnancy of the mother is proved to endanger her health and if the mother is expected to face serious labor pain, she can use contraceptives beforehand. The Sheria Law which states that "You shall not expose yourself to the loss" is clearly meant to warn people to protect themselves from something endangering their lives. This is the only condition that allows a woman to use contraceptives to control her pregnancy. If you wonder (as it is always a case) why Islam promotes fertility; the answer accordingly is everyone has his/her own life, which Allah orders in his message "Kill not your children, on a plea of want, we provide sustenance for you and for them." Since it is only Allah who lets the life for all, there is no need for the people to worry about their fertility.

From the above informant we can understand that, in Islam contraception use is not allowed unless the pregnancy is thought to have severe impact on the health of the mother. Protecting the health of the mother according to this understanding is uncompromised decision. The informant indicated that repeated pregnancy could endanger the life of the mother, making the next pregnancy unwanted, but avoidable. The informant's intention to elaborate the reason why Islam prohibits contraception has an important message. This is because the informant took the opportunity to tell the researcher that there is a preconceived understanding among wider non Islamic populace always wondering the rising population of Islam. The informant already knew that there are certain hypothetical explanations about this, including the minority explanations.

According to a key informant interview from the Ethiopian Evangelical Church, the church does not oppose the use of the contraceptives. The church instead works to increase the exposure of its followers to family planning and contraceptive use. In spite of this, the FGD participant protestant girl students agreed their religion does not allow contraceptive use, and girls are not allowed to engage in premarital sexual activities either. Their logic rests on the

assumption that if girls are not allowed to engage in premarital sexual activities, they do not need contraception. For married couples on the other hand, they believed, the reason for their marriage is just to reproduce.

Although religious leaders, girl students and family planning seekers themselves stated religion does not allow contraceptives, the key informants from Marie Stopes International Clinic and Family Guidance Association Model clinic witnessed an increase in a number of people seeking contraceptives overtime.

> I have been working on this area for the last ten years. The trend of contraceptives uptake has improved overtime although many people do not come here (FGA Model clinic) mainly for contraceptive purpose. Girls and women from all religious groups visit our clinic for getting contraceptives, though the number of Muslims is relatively not as much as the number of Protestants and Orthodox Christians.
>
> A Midwifery Nurse in FGA Model Clinic

According to the above informant, a number of women who seek family planning have increased overtime at least in the Family Guidance Association.

4.3.3. RELIGIOUS UNDERSTANDING OF THE FETUS AND THE CRUX OF HUMAN LIFE

All the informants of the research believed that the fetus is a foundation of human being. They believed that the human being is the result of the gradual biological process that begins from the moment of conception. According to the Ethiopian Islamic Affairs Council as depicted in a statement by a key informant interview:

> The fetus starts to develop since the moment of conception until it eventually takes the human feature within 120 days of gestation period. The fetus is considered as a human being following its "*ensoulment*" on the 120th days of gestation period.

An in-depth interview participant Muslim girl had a very similar idea, but had no idea about the ensoulment. This was understood from the following excerpt:

> Is that not a fetus which develops to a human being? So, it has its own life.
>
> Muslim unmarried girl age 19

The above ideas show that the moment of conception has biological significance, but it is less relevant for making conclusion that this biological being can be considered as a person for it lacks a soul. A physical person accordingly is no more a person without a soul being added. Since the moment of conception does not mark the beginning of a soul, but physical; Islamic interpretation of the personhood only counts after 120 days of gestation period.

According to the key informant interview, the Protestant church considers the moment of conception as a beginning of human life. Contrary to this, a priest from the EOTC believed that the fetus has a human feature after three months (90 days). He noted that:

> ፅንስ በተፀነሰ በሶስተኛ ወር አርአያ ስላሴ ይፈጠራል፡፡ The fetus undergoes the development of taking human soul and human flesh three months on ward from conception.
>
> A priest at Arada St. George Church

Unlike the Islamic interpretation of the fetus, a priest from Arada St George Church believes the ensoulment process begins 90 days after conception. Therefore, despite the time variation both Christianity and Islamic religions agree that conception marks the formation of the flesh, if not a soul. There is no disagreement on the gradual fetal development on both sides, and they are not either believing that the fetus is irrelevant before the ensoulment takes place despite variations in time for the ensoulment.

4.3.4. THE POSITION OF RELIGION REGARDING ABORTION

The Islamic teaching focuses on making sure that the life of the mother and the fetus is safe. In this way, it neither allows abortion of the fetus whose age is above 120 days nor the continuation of the growth of the fetus at the expense of the life of the mother. According to the key informants from the EIAC, the following idea generalizes the position of Islamic teaching in relation to abortion:

> Abortion is allowed only within 120 days after conception if it is proved that the fetus endangers the health of the mother; otherwise, Islam considers abortion as a murder.

To understand how the women seeking abortion experience the role that their religion could play in their understanding, decision making and practicing abortion, it is clear from the following account made by women who participated in the in-depth interview:

> The fetus has a life of its own, so abortion is taking this innocent life. According to Islam, it is only allowed when pregnancy endangers the life of the mother. It is difficult to recall the conflict between what I am doing and what the religion says. The problem of mine is acceptable from religious perspective as I have a proven health problem. A Muslim married woman aged 27

Another unmarried Muslim girl shared her views of abortion from her religious orientation. She considers abortion as a murder.

> According to Islam, the fetus has its own life; thus, abortion is murder. It is my selfishness that has brought me here. As a human being we are weak creatures. I know what I felt when I decided to come here. As I speak to you right now I think of the punishment as if it could happen just now. Unmarried Muslim girl, age 20

The above quotes depict that abortion is condemned in Islam. Although the in-depth interviewees believed that termination of pregnancy *by itself* is a murder of a person, the key informant interviewee stated that the act of terminating pregnancy before ensoulment is not a

valid argument. Despite the moment of ensoulment being a determinant stage for defining a personhood, abortion prior to this is not allowed, because human life according to Islam is developmental process. Abortion is not allowed in all grounds, except if pregnancy endangers the life of the mother.

When asked about the position of the Ethiopian Evangelical Church regarding abortion, the key informant said that "Abortion is a matter of death and life. It is has divinity connotation." On the other hand, the protestant girl students who participated in the FGD informed that abortion should not be allowed, because it is a murder. Only one discussant believed certain justifications on which abortion is legally allowed should also be recognized by religion. They believed women should be respecting the religious orders.

From the above cases, we can understand that women's decision making processes and practice of abortion is marred by how they experience their religiosity. The women who went through abortion and who intended to go through abortion and the university girl students all believed abortion is a sin. As a result they believed it influenced their understanding of abortion and decision making process, though it might not hold the women practicing it back from doing it. Contrary to this, all university girl students who participated in the FGD said they would not terminate the pregnancy if it happened to them. They believed that, once it happened it has to be born, because the mistake should not be corrected by another more serious mistake.

The researcher scrutinized if the religious value of the health professionals influence their professional role. Midwifery at the MSIE Arada branch clinic explained his experience according to the following:

> I am a protestant and I consider my religion as a very important aspect in my life. Regarding the influence of religion on my professional role… (Sighs) I cannot say it has generally forced me in such a way that I can't do abortion anymore. I can't deny the fact that sometimes I feel what I do is immoral, whilst I also get relief when I realize that helping a mother who carries an abnormal fetus in her womb is morally right.

A gynecologist at FGA model clinic believed her religious role does not hold her back from providing the services. She notes:

> I am an orthodox Christian. I know abortion is not allowed by all religions, but I do not use this as a reason for refusing to provide the service. We provide legal abortion and if I refuse to provide the service, then women will go through unsafe ways to get the service risking their lives and money. So I consider myself as helping the women who need the services.

According to the above key informants, their religious positions do not hold them back from providing the abortion services.

4.4. REASONS FOR ABORTION

There were different reasons given by women as justifications for seeking abortion services. Although majority of the women interviewed said they had single most compelling reason for seeking abortion, there were few girls and women who said they had multiple reasons. The following reasons were given by women who participated in the in-depth interviews:

4.4.1. CONTRACEPTION FAILURE

Two women said they had used contraceptives, but the pregnancy happened unexpectedly. According to an unmarried Muslim girl, she was using contraception for three months, but forgot to resume during the next time. Due to this she realized she was pregnant.

Another interviewee pointed her pregnancy to the contraception failure. According to this informant, she took contraceptive from the nearby pharmacy and she remembers it was not the proper one. Due to this she had to make abortion as she was not ready to be a mother.

Midwifery at the MSIE Arada Clinic explained that the reason for the Muslim women seeking abortion is related to their lack of approval of contraception. He believed the majority of Muslim women do not use contraceptives may be due to the influence of the religion. When they know they are pregnant they come to undergo abortion. The researcher; however, did not come across abortion seeker Muslim woman, who said she was not using contraceptives because of the religion, despite all the Muslim women interviewed believed their religion is against contraception.

Regarding the choice of the contraceptives by the women, the health professionals from both clinics mentioned short term methods such as injection and pills as the most chosen contraception methods. The choices of the methods depend on many reasons including information on the side effects, cultural and spousal support and etc. The study participants believed their choice of a single contraceptive from others depended on the comfort of the contraception for their health.

4.4.2. HEALTH PROBLEM OF THE MOTHER

This has remained one of the prime reasons for abortion to have being legally and religiously (at least in Islam) allowed across many parts of the globe. Married women who sought abortion service from the FGA and MSIE raised this as a reason for their decision to claim the service.

> I gave birth to my first child through surgery and I have a big scar on my stomach now. I had also a lung problem for which I was forced to remain in hospital for two

> months without even seeing my child. Diabetes had also followed my delivery. Due to these complicated health problems I was advised by physician that giving birth to another more child at this time will seriously harm my health. I should have protected myself, unfortunately pregnancy happened. So it is a must for me to come here.
>
> Married Orthodox Christian, 32

> Actually, I came here not for abortion, I just accepted it [pregnancy] I had an allergy and when I wanted to take the medications I was told that with the pregnancy it could kill me. Therefore I was advised to terminate the pregnancy and take the medication.
>
> Married Orthodox Christian, 23

Experiences from women; such as these, who have serious health problems, but are denied by normative processes to either use contraception or to terminate pregnancy may bring to light the scale of frustrations in making decisions and practice of fertility control and abortion. The availability of legal abortion services to save the life of the mother holds water, especially for women who think they had no other options than to go for abortion. In this regard, the positive moves by Islamic religion deserves worth mentioning, as it grants women an exceptional right to have an abortion when their lives are endangered due to pregnancy.

4.4.3. DIVORCE AND BREAK UP

Three divorced women and one girl believed the reason for them to seek abortion was due to the ending of their relationships with their partners. One of the divorcee women explains her experience as follows:

> I came from Gondar before six years. I do not have permanent job. I had an affair with someone five years back and we got one child. Just from the beginning, he was not helping me raise the child. He just left me with all the burdens [sigh]…. He never showed up for years. Life in Addis as you know is very difficult to cope [pause]; then I sent the child to my family so that they can raise him. Every month I have to send them [my family] the money needed to raise the child. Meanwhile the man who left me behind with

> all the problems came back to cause another problem. I made the second, but similar mistake [got pregnant]. This time, when I told him that I was pregnant, he showed no signs of approval of the pregnancy. He left me with my pregnancy once again. This time I convinced myself that I had to make a tough decision. Then I came here.
>
> Divorced Orthodox, 29

From this informant and from the other more two girls who said their relationships with their partner had come to an end following their pregnancy, what the researcher learned was that girls and women are deceived to engage in relationships with men who are not committed to their relationships. As a result, when the girls and women become pregnant due to unsafe sex, their partners chose to run away. This time, a girl or a woman is forced to make abortion, because she cannot give birth to a child whose father is not known to the family, friends and neighbors. Therefore, abortion is used as a coping mechanism for girls and women whom their partners neglect due to pregnancy.

4.4.4. UNWANTED PREGNANCY

Girls and women who said they terminated pregnancy, because it was not wanted had multiple reasons. Among the few reasons that unmarried girls mentioned as the reason for considering their pregnancy as unwanted included: being unmarried, being student, had different religious affiliation with their partners and they did not have good job to support extra person. Apart from these reasons, stigma and neglect against unmarried girls' pregnancy was mentioned.

Case 1: Anonymous One

She is the follower of protestant religion. During the study period she was 21 years old and she was a third year college student. She came to the FGA Arada branch clinic for the removal of an implant, which used after she had undergone an abortion sometimes before.

The researcher asked her abortion experience and the reason for her decision to undergo an abortion. She explains it as follows:

> It was a very difficult incidence in my life. This is the greatest sin of all sins. On that moment, I was thinking a lot of things including killing myself. I did not know this happened to me because it was unexpected. It happened just after a moment's mistake, when I came for a break from university. Also, I was virgin. I used to love him. He used to say that he did not want me to continue my education. I was second year university student. He was saying that he wanted me to quit my study and marry him. He was a teacher. By the way, he said he used a condom at that moment (during coitus). I trusted him, but he betrayed me. I just could not accept his betrayal and left him at that moment. He switched off his phone and hid himself. I convinced myself that I can handle this problem alone. Then I decided to terminate my pregnancy and continue my education as if nothing has happened. I was in a depression and I was not performing well on my education. He let me down. My parents could only think that I was doing right on my study. I have learnt a lot from my previous mistake. To tell you honestly, I hated myself and I have never ever expected it, because I was advising my friends to protect themselves let alone falling in it myself.

Married women on the other hand considered their pregnancies as unwanted when they had relatively larger number of children or the age of the existing child is too young and they had to space birth either to maintain better health or welfare of the existing children and the mother.

Pregnancy can be unwanted when it is believed that it can endanger the health of the mother and when the mother is unable to provide a good care for the child due to economic problems or other reasons, but pregnancy of unmarried girl is the most unwanted one. From the above informant's own understanding it is very difficult to give birth to a child outside marriage especially when the parents follow different religions. The neglect and stigma are the reasons that make this pregnancy an unwanted.

4.5. THE PROCESSES OF MAKING ABORTION DECISION

All the study participants said it was not easy to make abortion decision. Some of the conditions that influence a woman's abortion decision making include: a person who has an interest in a birth and termination of the pregnancy, the financial situations, psycho-social and cultural conditions, the service providers, the existing legal conditions and awareness about the law. These conditions have influences on pre and post abortion experiences and delay in abortion as well.

4.5.1. WHO IS INVOLVED IN THE DECISION-MAKING PROCESSES?

Although separated or divorced women said they made the decision alone, majority of married and unmarried women said their male partners participated in the decision making processes. Men's participations could be in a form of opposition or support of the decisions. Male partners oppose or support girls' abortion decisions directly by forcing them either to continue the pregnancy or to terminate it, also indirectly through opting out of the relationship; leaving a woman behind to let her eventually make the decision alone. In the following quotes, the informants discuss how male participate and influence abortion decision making processes:

> I made this decision with my boy friend. I know he doesn't want the child at this moment as I do too, because we are not married and unfortunately we follow different religions. Therefore, we know what will follow [i.e., the pressure from the family and the community] if we allow the birth to happen. Therefore it is so difficult. Unmarried Muslim, 19

There were also other informants who noted the opposition of boyfriends regarding their decisions of abortion. One informant pointed the finger at her boyfriend for abortion delay.

> We discussed about it together with my boy friend and my close friends. He influenced me a lot; as a result, it wasn't until three month later that I made the final decision to have an abortion. Unmarried Orthodox Christian girl, 22

The following informant like the above informant explained the participation of her boy friend opposing her decision.

> I made the decision with him [with my boy friend]. He did not want abortion. He opposed my decision. He wanted the child to be born, but I refused; because I wanted to complete my study. Unmarried Muslim girl, 20

From the above informants' own experiences, men have roles ranging from supportive to highly opposing women's abortion decision. Like the case of married husbands, unmarried men do also provide support for their female partners when they are making decisions related to abortion, when they believe the decision is beneficial to both of them. Men who oppose their partners' decisions of abortion have the interest to use the coming of the child as a transition to marital relationships. Therefore, the researcher believes that unmarried men who oppose girls' seeking of abortion can be responsible or religious.

More serious is the influence of men who opt out of the relationship, when women disclose their pregnancy. These kinds of men deny their paternity and they live the woman alone to make whatever decision about the pregnancy.

> …he did not accept when he heard that I was pregnant. He left me in the middle of confusion…Separated protestant, 21

> It was only I myself; just alone. He was not with me [separated]. Separated Orthodox Christian woman, 29

Women whose abortion decisions were made alone said that their partners left them when they heard about their pregnancy. Women who lost their relationships as a result of disclosing their pregnancy do not only face the challenge of making the decision whether to continue the pregnancy or to terminate it, but also need to make a decision alone whilst they had to struggle with the emotions related to a break up. That is why one informant explained her experiences of post separation as 'confusion'. Unlike men who oppose women's decision to have an abortion, men who opt out of the relationship when they are informed about pregnancy of their partners can be irresponsible and who want the relationship just for temporarily basis. They believe that pregnancy is a snare that girls use to lure their partners into marriage and they consider that accepting paternity will be a precondition to this.

The researcher learned that there were women who had a full support of their partners during the decision making process and then after. Interviewee married women with abortion experiences reported that their decisions were made with their husbands. They also said their decision making processes did not always come to an end in a consensus and common interest, even if they had clear reasons to terminate the pregnancy. A married Muslim woman remembered that her husband was not happy with her decision to have an abortion despite his accompany when she visited the clinic.

> He was not happy with it…he came here with me, but he was not happy with it [abortion] at all. Married Muslim, 27

Men's participation in abortion decision is not always limited to remaining obstacles to the pregnant woman from making the decision she likes to. According to the study participants, there were cases when men provided supports during women's abortion decision making

processes. The following married women explained how their husbands helped them positively in decision making processes.

> Since a doctor advised me that I cannot give birth. My husband knows that terminating the pregnancy is the only solution. Therefore, he supported my decision and he is here in the compound waiting for me to finish the process. Married Orthodox, 32

> He accepted it [decision] and he accompanied me here. Married Orthodox, 23

From the above informants' experiences, the researcher learned that husbands provide support to their wives despite differences in the understanding and position regarding abortion. Unlike unmarried men, males in marriage support women's health seeking behaviors through their presence at the clinics when their wives are going through abortion. As a result, married women's pre and post abortion experiences are better than the unmarried girls' and divorced women's experiences.

Generally, men influence women's abortion decision in different ways for different reasons. Married men are better-off in terms of supporting their wives' decision despite there could be a disagreement due to their religious disposition. This was reported by the Muslim women. Unmarried girls are the ones with a lot of burdens to handle in relation to unwanted pregnancy. They are influenced by their partners to have an unprotected sex, and they are also influenced to make their own decision about it. In this regard, they are also forced to make the decisions that men only like, because they are dependent on their male partners or their family. Since there could be social stigma and neglect if they share their decisions with their families, they decide only to rely on their male partners. As a result, men were reported to have denied their paternity, neglected their partner and opted out of their relationship.

In addition to the involvement of male partners, women do also involve their close friends when they make the decision. This had been reported by unmarried informant who said she made the decision through an involvement of her friends, because she had no money and information needed for an abortion procedure.

Finally, health professionals were reported to have involved in women's decision making processes. According to this study, it was understood that women make abortion decisions also with healthcare professionals who can provide advices and ideas on whether the pregnant woman could continue the pregnancy or she could terminate it from a health perspective. Women's consultation of a healthcare professional is a continuation of the health seeking behavior practice, and it is commonly practiced by married women. The following informant believes her decision is completely influenced by the advices of her doctor regarding the potential health effect of continuing the pregnancy.

> I gave birth to my first child through surgery and I have a big scar on my stomach now. I had also lung problem for which I was forced to remain in hospital for two months without even seeing my child. Diabetes had also followed my delivery. Due to these complicated health problems I was advised by physician that giving birth to another more child at this time will seriously harm my health. I should have protected myself, unfortunately pregnancy happened. So it is a must for me to come here. Married Orthodox, 32

4.5.2. INFORMATION ABOUT SERVICE PROVIDERS

Information about service providers is another important aspect in decision making processes. Sources of information about service providers as reported by the informants were: friends, neighbor, referral from health stations and prior visit. The following informants reported that

they got information about service providers from neighbors and anonymous person, albeit they suspect their secret might be told to many more people:

> I got the information about this clinic from a neighbor. You know [pause]… when you are in a trouble you ask people in a secret, but it is common that they share this secret with more people. Married Orthodox woman, 23

> I got this information from someone. I do not know if she has been here for this purpose. Married Muslim woman, 27

In addition to the information from other persons, the informants' prior visit to the clinic had been source of information for their decision to come to the clinics. The following is an example for this:

> I was here another day with my mother. We came here for another purpose. I saw about abortion service by FGA on the notice board. Unmarried Muslim girl, 20

The information from the above quotes depict that women obtain information about service providers from [other] people, and this has its own problem. In areas where there are stigmatizing socio-cultural conditions, people's information seeking behavior is limited. This can hamper women's access to legal and safe abortion service providers. When women do not clearly know where to get the service, they may fall into the hands of abortion brokers. The problem of abortion brokers was mentioned by a key informant from the clinics.

The identification of abortion service providers is also influenced by the publicity of the legal abortion service. According to the key informants from the FGA and MSIE, there is no awareness creation program on abortion.

> We provide awareness about contraceptive both inside the clinic and outside the clinic. I have never taught about abortion…. we do not provide awareness about it by itself, but we teach about abortion alongside contraception. I think when we talk about

> abortion as part of an awareness creation program; it is not accepted in the community. If it is done, it helps to reduce unsafe abortion, but when it is like awareness the people do not accept it. A midwifery nurse at MSIE

From what was reported by the above informant, there is no awareness creation programs exclusively designed to raise public awareness about how safe abortion can be accessed, how illegal and unsafe abortion is taking the lives of significant number of mothers, and etc. It is clear that the respondent is occupied with the potential danger of creating awareness and providing information about service providers. She knew abortion is widely condemned, and therefore nothing can be taught about it. Nevertheless, she believes that creating awareness would have roles in reducing illegal and unsafe abortion. Although the current abortion law makes it legal on many grounds, it lacks strategies that help to address the gaps related to awareness by only focusing on the technical procedures in service giving. Therefore, as we can understand from the feelings of the above informant, it does not look normal to teach about abortion with the existing socio-cultural conditions.

4.5.3. PRE AND POST ABORTION EMOTIONAL EXPERIENCES

There was a married woman who said she never felt sense of regret for what she did, because she had no other option. The researcher asked what she felt before and after abortion. She said that:

> I just expected there could be physical pain. Since I did not know how they do it, I was worried about it. I am fine now, and what I saw was not bad. No regret, because I convinced myself. Married Orthodox, 23

The researcher constantly asked the informant's emotional feeling, but her focus was on abortion procedure and its physical pain, and was less concerned with emotional experiences. She finally explained that she never felt any sense of guilt for what she did, because she

believed that she has no other option other than this. Since her health problem was the major reason for her to make this decision, she convinced herself to make this decision and no guilty feeling.

There was another separated girl who said she does not have clear emotional experiences both before going though abortion or later. When the researcher then asked what she could if she did not have an abortion, she said:

> I [sigh) … I don't know, but I don't think I will stay alive. My family expects a lot from me, they do not expect this as a return for their support of my education. They suffered a lot to teach me and to see my objectives met, not in this way.
>
> Separated Protestant, 22

From what this informant just said, it is clear that she was frustrated by her pregnancy and its potential consequences, until later she made a decision to have an abortion. Though she earlier said she had no clear idea about her feelings, the implicit connotation of her feelings in the above quote shows that abortion has brought her a relief.

Unmarried girls, who went through abortion for the first time, said they felt relief after abortion though it is just for a brief time as they start to sense guilt and regret. The emotions of relief are related to an overcoming of the prevailing socio-cultural conditions related to their pregnancy being outside wedlock. Therefore, the emotional experiences of girls both before abortion and after abortion are completely different. Except one girl, many of the unmarried girls, who reported their feelings during post abortion, were not at ease with themselves. Women who had ever gone through abortion and later visited the clinics for counseling and contraceptives remembered their experiences with a sense of relief and shock. An unmarried Muslim woman who have gone through abortion before and came to the FGA

model clinic for post abortion contraception expressed her mixed pre and post abortion experience as:

> Feeling of guilt and regret are obvious during post abortion, but I have also been able to overcome the potential stigma and neglect of the community and the family for being pregnant outside marriage. The feeling of guilt will remain with me. Every time I remember it, I say I should rather have sacrificed myself than doing it. Unmarried Muslim, 20

Another example that portrays abortion as not always leading to sense of relief for women is:

> I feel regret. I was not happy before going through it, and I am not also happy now.
>
> Married Muslim, 27

From the above informants' narration of abortion experience, both relief and regret are inevitable emotional experiences. The former emotional experience is related to socio-culturally imposed negative sanctions against premarital sex and pregnancy, but the latter experience emanates from the moral and religious interpretation of abortion as a murder. While abortion could end the pressure likely to follow unwanted pregnancy, it does not; however, bring sense of guilt completely to an end as people's guilt of their sins lasts for long. Although it is not clear how long this feeling lasts, people who said they had confessed their sins also believed this feeling will completely come to an end after confession.

Another emotional experience reported by the informants was unclear emotional state. An interviewee from protestant religion said she did not feel anything for what she did. What rather she remembers was the betrayal of her boy friend. She notes:

> I did not and do not feel anything about it. I did what I thought was right at that moment. Whether I liked it or not, it was the only decision that I should make. Separated Protestant, 22

It does not mean this girl has completely overcome her abortion related emotional experiences so easily when she meant she has no clear feeling about it. This is because she was also speaking about her feelings when she knew she was pregnant. This was how she explained:

> It was a very difficult incidence in my life. This is the greatest sin of all sins. At that moment, I was thinking a lot of things including killing myself.

From these contradictory narrations of abortion related emotional experiences, we can understand that unmarried girls with no previous experience of pregnancy or abortion have mixed emotional experiences. Since they experience mixed emotions they fail to explain their emotional experiences clearly.

The researcher has understood women experience somber feelings as a result of their abortion experiences. This is clearly manifested by a divorced woman, who was very emotional while explaining her feelings as:

> I am very sad for this decision. I feel guilty (Crying)…. No woman would hate to be a mother … (Crying). Divorced Orthodox Christian, 37

The emotional feelings experienced during the process of making the decision to undergo abortion hold back people from making the quickest possible decision. The emotions could emanate from many things such as the above case, but Kangwa (2017) believes that, many emotions surrounding abortion are the result of people's religious and cultural worldviews. Thus people who have strong religious orientation have difficulties of making decision related to abortion on the right time. The following quote notes this:

> …, because it [abortion] is a murder. You undergo without knowledge, because you feel pain [may be psychological condition], but you regret later. Now I say to myself, why did I do it? It should have been born…. If I were spiritually strong, I wouldn't terminate it, because it is a sin.It [religion] does not allow. It does not allow [repeated].

> In Orthodox Christian, it is always said, "do not commit a sin." No any religion allows people to commit sin. And when you see it seriously, it is a murder of an innocent. Divorced Orthodox Christian, 29

As Kangwa (2017) put, the emotional experiences related to abortion emanate from the religious and cultural worldviews, because the above informant believed that being religious is being watchful of one's own activities whether they are sinful or not. Therefore, a person's emotional experiences and understanding of abortion are influenced by their religiosity.

4.6. ABORTION STIGMA

In this section, the researcher looked into the ideas that the informants believed to be showcasing stigmatizing discursive constructs and language related to unwanted pregnancy and abortion. Girls and women who participated in the in-depth interview said that the labels such as *newuregna (*depraved*), sid* and *balege (*both to mean unstrained by norms or insolent*)* are common stigmatizing words that community members use to label people who are not confirming to societal norms, including sexual behaviors. The following informant notes that:

> When you think about the pressure and gossip [which is related to mistimed pregnancy] from the community, you then make decision (to abort). It is common that they give you different labels. They say this *sid, belege, newregna* [indecent, bad mannered, not controlled] and etc. I can't remember all of them... [Laughing]. Unmarried Muslim, 20

Therefore, unmarried girls face different stigmatizing conditions with regards to sexuality and fertility control. The engagement in sexual activities before marriage is stigmatized and labelled by members of the community and this highly influences unmarried girls' abortion decision. Making an abortion is also another; indeed, the most stigmatized though is often kept secret from people if not from self imposed stigma or blaming oneself. The term *ras-*

*wedadnete (*selfishness*)* was also used by many women to describe their decision to have an abortion. They blame themselves for their decisions as the community also blames the action.

Terms such as *amenzera* (adulterous or whoremonger), and *hatiyategna/* haram [i.e., sinful], murderer and others are available in the bible and also used by the key informant religious leaders to describe people violating moral and religious principles. The terms were used by religious leaders to describe people who engage in sex outside marriage, people who use contraceptives and women undergoing an abortion. Below are excerpts taken from the key informant interviews that depict stigmatizing and labeling descriptions:

> Abortion is condemned, because it is considered as *Haram* in Islam. Key informant from the EIAC
>
> Terminating pregnancy for other simple reasons is condemned, because it is a *murderous act*. Key informant from the EEC
>
> Controlling fertility prior to pregnancy itself is a serious sin… Abortion is *murder* and in its 10 commandments, God commanded not to commit murder. Key informant from Arada St George Church
>
> … In Christian abortion is considered as a murder and a *sinful act*. Key informant from the EOTCDC

Although these are few examples of stigmatizing words used in a community and religious institutions when they describe abortion and other sexual behaviors supposed to have deviated from religious and moral principles, they have positive and negative implications. Their positive implication; as it can be understood from the ideas of the key informant interviewees, are the role of socializing and regulating behaviors through their sanctions to help maintain a wholesome public health. They are nevertheless without negative implications, as they also lead to silences, serious emotional disturbances and social problems. When people fail to

abide by the religious and social norms and are therefore unable to find a way out of the problems, they eventually make risky decisions as mechanisms to shy away from the potential consequences of the stigma.

4.7. AWARENESS AND INTERPRETATION ON THE REVISED ABORTION LAW

The researcher learned that there is lack of awareness about the newly revised abortion law among the girls and women and religious leaders. The key informant interviewee from the EIAC stated that he had no awareness of the Ethiopian abortion law. He also added that abortion should not be considered as rights issue, because taking life is involved in due course. A priest from Arada St. George church said that he had no information about the abortion law and believed that knowledge of the law does not influence the position Orthodox religion about abortion.

> The government can pass whatever law and it can also do whatsoever possible to enforce the law, but it cannot force the church to change its firm position about abortion. According to the EOTC, abortion is completely prohibited and it should not be allowed.

In the same manner, the EOTCDC mentioned that the synod passed a resolution which gives an idea about the official position of the EOTC regarding abortion. According to the key informant, the Church opposes abortion. This means the EOTC opposes the Ethiopian abortion law of the 2005.

Lack of awareness about the current Ethiopian abortion law has also been considered as a triggering factor for a growing number of women trying to get the services in unsafe ways. According to Animaw and Binyam (2014)knowledge about abortion law contributes to women's safe abortion practice. The more people know about the abortion law and how safe

abortion can be accessed, the more they seek legal and safe abortion service providers. A health professional, who is also responsible for a community awareness creation activity at a Maries Stopes International Ethiopia Arada Branch Clinic, said that:

> There is a low level awareness on the law among many segments of the population including the women. This has a lot to do with the rising number of unsafe abortion cases, as many women get misinformed about how they can access legal and safe services. One of the indications for this is the deception being made by abortion brokers, who take women to unsafe abortion often conducted in clandestine settings. We have not yet worked on public awareness raising activities specifically on abortion and the new law. We only do counseling once the women are at our clinic.

According to an in-depth interview, only a single informant said she knew the current abortion law. The informant said that she knew the law the other day she accompanied someone to the FGA Model Clinic, where she saw the information posted at the gate of the registration room.

The key informant interview with a person from the Ethiopian Evangelical Church revealed that the church has awareness on the law, but never give official recognition to it. When explaining this, the key informant said, "It does not mean that the church has officially rejected/condemned the law, but has never officially accepted it at its will."

Concerning the relevance of the law, the informants revealed mixed feelings. There were women who regarded it as an opportunity for women in need to get relief from the burdens likely to come from the community and the neglect likely follow by their partners and their families. On the other hand, girls and women who objected the law becoming more open and less restrictive believed it would rather promote more abortion seekers. They believed that if abortion was accessible on request, girls who could have taken good care of themselves in advance from unwanted pregnancy would turn out to be more reckless.

The health professionals whom the researcher interviewed all agreed the paramount role of the revised law in allowing more women get access to legal and safe abortion. Based on their observations, the health professionals who participated in the interview revealed that the number of abortion seekers has increased overtime. Therefore, they believed that the revised law has great significance in the provision of safe and legal services. If this was not the case, they remarked, many people would go through unsafe ways and many more mothers would lose their lives. A married Muslim woman when asked how the law could help girls and women realize their needs for fertility control explained her ambivalent feelings as follow:

> The law has both positive and negative roles. Sometimes if there is availability, people turn out to be more reckless. It opens way for people to think it is possible to abort if pregnancy happens. I saw minor girl students wearing their uniform and seeking abortion, which I myself had feared to decide [undergoing abortion]. On the other hand, the law helps women in difficult situations to get a relief. Tightening the legal framework may not bring a desirable result, as a number of women lose their lives in an unsafe ways. There is a youth culture in which girls are labeled as "*Fara*" (naïve and novice) if she is not doing this and that like her friends. A number of girls are engaged in an unsafe sex and thereby end up facing unwanted pregnancy. Therefore, girls should be educated well on building their self confidence and building their identity so that they can be able to look ahead. That is why we need to work on the protective measures. Married Muslim, 27

From the above informant we can understand that a mere existence or absence of the law is not sufficient. Women who face problems during pregnancy may require safe and a legal abortion, which entirely depends on the existence of the permissible legal framework. Denying the services for women of these kinds may cost life and different socio-economic and political crisis. On the other hand, it requires a concerted effort from all to work on protective measures especially on the youth to have a vision.

Based on the FGD with protestant girls in Addis Ababa University it was understood that they had no awareness of the newly revised abortion law. The facilitator made a brief explanation about the law and the justifications on which abortion could be accessed by women, to see if they could change their mind. They agreed that the existence of the law; no matter how it could benefit the girls and women, who are entitled by the law to get the service, is unacceptable as it degrades the religious values. They also said that the law should not be regarded as an opportunity for girls needing the service, because it allows the life of an innocent to be terminated and the mistake to be corrected with another mistake. One of the discussants had a mixed feeling on the importance of the law. She believed that in case the pregnancy is proved to endanger the life of the mother and if there is a fetal abnormality, consideration of the law sounds better.

An interviewee from EWLA said the law has had significant implications for the women who need the service for different reasons. He pointed that women who have different psychosocial problems such as people with disabilities and unmarried girls whom the communities stigmatize as a result of mistimed pregnancy greatly benefit from the law.

CHAPTER FIVE: DISCUSSIONS OF THE KEY FINDINGS

5.1. RELIGIOUS NORMS ON SEXUAL BEHAVIORS AND CONTRACEPTION USE

The three religions teach the need for worshippers' behavioral bridle as a mechanism to protect the youth from manners that incite what is considered as disobedience to the God's order and commandments. The finding of the research shows that, all the study religions in Ethiopia condemn sexual activities outside wedlock. It was also found that in Orthodox Christianity, marriage is formed not only to continue the generation, but also for the purpose of escaping from adultery. According to this understanding sexual activity gets legitimacy only when it is done through marriage. Therefore, heterosexual marriage is considered as an important passage in one's life as it allows individuals access legitimate sexual debut, and as it may also mark the beginning of fertility and multiplication of human being.

A document published by the EOTCDC (2010) supports the above finding. According to the document, the lord God also blesses the unity of husband and wife. The main purpose of marriage is to multiply the human being and replenish the earth. The words of God to Adam and Noah "Be fertile … (Gen., 9:1). The document which was written in Amharic reads that:

> በዓለም የሚገኘዉ የሰዉልጅ ሁሉ የዚህ [በእግዚአብሔር ፍቃድ ላይ የተመሰረተ በአዳምና በሄዋን ተምሳሌት] ጋበቻ ፍሬ ነዉ።አንድስ እንኳ ከዚህ አንድነት ዉጭ የተገኘ የለም።
>
> A human being throughout the world is the result of God's will and blessings of marriage like the way of Adam and Eve.

In this study, sexual activity outside marriage (both premarital and outside wedlock) is considered as irreligious. This is because; a sexual activity outside the wedlock is understood as adultery and a sinful. The young boys and girls are taught to remain strong in their faith so that they can overcome the snares related their premarital sexual activities. The strength in the

faith is also believed to be the regulatory of the body/flesh or what Meselu *et al*. (2014) called the '*siga'*. The researcher found that restraining oneself from a desire for *siga* or flesh/bodily satisfaction is a necessary moral requirement.

Religious interpretation of the flesh/bodily desire and spiritual strength show that the norms of sexuality, reproductive health and fertility are categorical. The religious norms of sexuality, human reproduction and fertility embed within: the *siga(* hereafter implies the body or flesh), the *nefs*(hereafter implies the soul), the *menfes*(hereafter implies the spirit and spirituality) and the *helena*(hereafter implies conscience). A person is born with the *body* and *soul*, but the *conscience* and *spirit* are instilled into an individual through socialization. They can be developed to have a good and desirable manner and can also be stained to have undesirable manner. Religious teachings target the development of the spirit which further drives the conscience to make judgments. That is the focus of the religious teachings pertaining to norms and appropriate behaviors in people's lives including, sexuality and sexual behaviors. The judgments made by the conscience either target the satisfaction of the body or to fulfill the spiritual requirements, albeit it is expected that a good conscience goes for the *spirituality* instead of the bodily. If there is too much of spiritual orientation by the conscience and less satisfaction of the body, it is construed by religion that the soul is destined to eternal happiness. It is clearly depicted in the bible (Romans 8:1-8) that the mind of the flesh or the *helena of siga is* associated with death, sin and enmity to God, whilst the spirit or *menfesawi Helena* is linked to freedom from sin and death, eternal life and peace, righteousness.

The body is passive; it is a worldly and also a means to an end. According to this understanding the body is controlled through *menfesawi tenekare (*spiritual strength). Weakness in spirit is completely undesirable though it is an inevitable. Being spiritually weak

is an indicator for a person's body to be hardly controlled. The religious norms teach to make sure the body is weak and the spirit is strong. When the body is weak and becomes controllable by the spirit, the person is restrained from seeking bodily satisfaction. The spiritual strength is also related to the conscience, as the power of the former is cascaded into the latter, which makes judgments pertaining to the bodily and non bodily matters including, the conscience of moral aspects, the conscience of contemplating religious and cultural norms and values while making decisions related to sexuality, reproductive and fertility and etc. Failure to consider these matters in making decisions makes a *helenabis* or lacking conscience. It is pretty important idea here to notice that the conscience can be rational and based on cognitive development. This conscience is not just the individual's cognitive and psychological aspect. It rather develops through socialization processes, which include the moral education and socio-cultural values. Religious teachings work to develop this Helena in such a way that it gives not only religious explanations to things, but also influence decision makings to be in favor of what is inscribed in socio-cultural and religious values.

According to an interview on the EBS television on Sunday 6/3/2018 Islamic religious leaders said if the body dominates the spirit, that person is no more a human being; it is an animal. They also emphasized that a spiritual person strives not to satisfy the bodily desires, rather for the eternity of the *ruhe* or the soul.

Religious teachings emphasize the irrelevance of the body. Irrelevance in a sense is not like a complete uselessness of the body; it rather argues that the body functions only for the worldly matters. It is not eternal like the spirit. The activities made to satisfy the body's desire; however, bring other worldly consequences. This does not mean that the body is eternal, but as has been mentioned above; what the body does is completely what the spirit allows it to do.

That is why the religious leaders who participated in the study repeatedly mentioned that the sexual intercourse outside wedlock can only bring a short-term satisfaction, but there is a horrible consequence for it after death. This is how religious teachings teach the worshippers to abstain from sexual activities without wedlock.

The religious interpretations of the contraception use, unwanted pregnancy and abortion are subject to the above ideas. The use of contraception is prohibited, because it increases the opportunity of the bodily satisfaction and gives no room for the fulfillment of the spiritual requirements. Likewise, unwanted pregnancy is interpreted as lack of spirituality, because pregnancy is an indication of fertility and fertility is a spiritual requirement. If the pregnancy happens outside wedlock, the fetus still has a spiritual connotation; but for they commit non spiritual act, the mother and the father are held accountable. They are sinful for trying to satisfy their body in an illegitimate and sinful way.

The most serious thing is abortion. In this case, whether it is legal or illegal any act of terminating the life of the fetus is considered as immoral and sinful. If a girl uses the legal opportunity to undergo abortion, she has chosen only the bodily satisfying judgment. Her decision does not help her fulfill the spiritual requirements. This is an attempt to correct a sin with another sin. The abortion law according to this theses enables individuals satisfy their bodily satisfaction at the expense of their spiritual requirements, which ultimately puts the soul in a dismal consequences. Therefore, the Orthodox Christian has an explicit objection of abortion, and the law that allows its provision.

An ideal spiritual strength promotes decency, women’s procreation role, self restraining behavior, weakness of the flesh, virginity, fertility, valuing life and otherworldly matters.

Activities such as premarital sex, sex outside marriage, contraception use and abortion are interpreted as indecency, sinful, spiritual weakness and failure to recognize the religious norms and morality. Religion is a prime; though not sole, provider of sexual norms in human sexuality. Therefore, cultural and social normative processes promote sexual norms that approved by religions. According to Meselu et al. (2014:670) normative processes call for girls' sexuality to be kept silent; otherwise failure to respect this taboo is considered as *bilgina, liq* or indecency. A similar study was found in this research where failing to obey these norms was mentioned by the study participants as the reason for a significant number of girls going indecent and pregnant these days in Ethiopia. The researcher has also found that, the rising number of girls becoming pregnant without marriage and abortion was regarded as the indications of people's going deviant in the study area. Though men are not totally exempted from the norms of sexuality and sexual behavior, women are often required to struggle with an intricate web of these norms.

Generally speaking, in terms of the approval or rejection of contraceptive use, the three religions have relatively different positions. Study participants from the Ethiopian Orthodox Tewahdo Church revealed that the church does not allow contraception. The reason they gave for this was related to the biblical verse that says "Be fertile and replenish the earth."

The research found that the EOTCDC has different position in this regard. According to the EOTCDC, there have been activities such as workshops, life skill and reproductive health trainings underway to increase the awareness about family planning among the worshippers and even among the church men. It was also understood that since modern contraceptive is not approved by the church, natural methods are promoted by the commission. This was also reflected by the key informant interview from St George Church.

Islamic religion strongly rejects the use of family planning, except when the pregnancy is assumed to threaten the welfare of the mother; a justification which is also applicable to abortion decision. According to Islam, the Quranic verse that says "You shall not put yourself to the loss" can clearly show the need for a [mother] to be protected from life threatening situations. In this case the woman can use traditional methods such as calendar and abstinence to be able to control the pregnancy from happening and breast feeding was mentioned as the most frequently used method.

Islam condemns contraception, because it is believed that there is no convincing to control fertility reason other than the Quran. An evidence of Islamic prohibition of contraception according to Fatima (2000) is related to the instruction of the Prophet to Muslims in Hadith which says "Marry, procreate, and abound in number, for I will pride myself with you amongst the nations on the day of reckoning".

The finding of this research also shows that, Islamic religion promotes fertility, but contraceptive without any worries on the means to bring up the children, because it has already been mentioned in Quran that Allah has answer for this. According to Jacobsen (2016), this anti contraception and abortion by contemporary Islamic teachings are based on the Quranic verse of "Kill not your children, on a plea of want, we provide sustenance for you and for them." Contrary to this argument, Shaikh (2003:105-28 cited in Jacobsen 2016) believed the context of this verse primarily targeted to object the pre-Islamic infanticide by Arabs not to directly reject fertility control. There is still another argument against the Quranic basis of anti contraception position of Islamic religion. According to Jefferyet al. (2008:521) "The Qur'an Sharif contains no more than implicit discussion of contraception and *hadis* do not provide a consistent view. In the pre-modern period, judgments were reached

through *ijtihad* (interpretive thinking) by religious experts, based on *ijma* (consensus) and *qiyas* (analogical reasoning)." He believes this situation has led to different understanding and conclusion about contraception. The research found this inconsistency in protestant religion than in Islamic religion.

The researcher found mixed result about the position of protestant religion on contraception. An interviewee from Protestant religion said contraception is not prohibited in Protestantism, but the result from the FGD with protestant religion found that their religion does not allow contraception, as it hinders fertility; the reason why marriage is formed. Their attempt to associate contraception with marriage and fertility was followed by an argument that asserts unmarried girls do not use contraception, because they have to abstain until marriage.

The religious role in sexual behavior and contraceptive uptake, in addition to protecting the probability of unwanted pregnancy can also protect the spread of sexually transmitted diseases. According to the EDHS (2016), no more than 28.6% of girls within the age limit of 15-24 knew about the prevention of HIV/AIDS. As a result of this, changes in sexual behavior and condom use have been recommended to combat the spread of HIV/ AIDS (Heaton and Darkwah 2011). Although the three religions forbid contraceptive use in most cases, their teachings on sexual behaviors (abstinence until marriage, sexual activities only within marital ties) have much more importance in combating HIV/AIDS. The last point of course requires further investigation.

5.2. RELIGIOUS PERSPECTIVES ON PERSONHOOD AND ABORTION

The researcher found that the fetus is considered as the foundation of human being. A human being according to this understanding is the result of gradual biological process that begins

from the moment of conception. Although there is no clear demarcation on the exact beginning of human being, all three religions acknowledge the sanctity of fetus' life.

Abortion is condemned in all the study religions. The research found that abortion is considered as a sin in both Christian and Islamic teachings. In Orthodox Christian abortion is not allowed in all grounds. Both primary and secondary sources showed that the Ethiopian Orthodox Church has officially condemned abortion. This finding is also in par with what has been found by Fasika Alemu (2010) who states "The EOTC is the only religious institution in Ethiopia to have an official declaration on the issue" (p.50).

Nevertheless, the Islamic position in this regard is different. According to the finding of this research abortion is only allowed to save the life of the mother. And it is generally condemned for non-therapeutic reasons and if the gestation period is above 120 days. This ideas is similar to what was written by Hedayat et al. (2006:656), "most Islamic laws of abortion are therapeutic and they are intended to uphold the spirit of Islam's emphasis on respect for life and not making religion a burden on people" (cited in Aghakhani et al. 2017).

Although the data from the qualitative method shows that the reason for the condemnation of abortion has religious grounds, the available literature on the issue concluded that a word 'abortion' is neither available in the Bible (Kangwa 2016; Moges 2002) nor in the Holy Quran (Jacobsen 2016).

In supporting this argument, Moges (2012), found that "It is obvious that the general concept of the scripture is resoundingly prolife, because texts supporting prochoice are not borne out by further examination of the texts in their context." Therefore, as a ground for their argument against abortion, Christian religious perspectives rely on the parable of the scripture. One of

the repeatedly mentioned scripture in the Biblical as a reason for abortion condemnation includes, the commandment of "You shall not kill." According to the interpretation of this verse a human being has no right to take away the life that God created. Several passages are available to show that God is the creator of human being, but only brief mentioning of a few of them as listed by Kangwa(2016) include, (Gn. 1–2, 26–27; Ps. 8:4–5, 139:13–16; Acts 17:25–28; Dt. 27:25; Pr. 6:16–19; Exodus 20:13, 21:12).

Like the bible, the holy Quran also has no specific text that exactly talks about abortion. That is the reason why Jacobsen (2016) believed that the source for Islamic Scholars could be the Sunnah, Hadith, and their own virtue. Also, "Popular Muslim beliefs are based still on later traditions" (The Encyclopedia Britannica2010: 23). As a result, there is no consensus on abortion for therapeutic reason when gestation period is more than 120 days. According to Shaw (2012:488), "Lack of consensus on abortion before 120 days reflects concerns to respect the potential for human life, the well-being of the fetus in relation to that of the mother, family and wider society."

The researcher found that service providers' religious positions do not hold them back from providing the abortion services. They instead consider as a helping agent. This finding is on par with the conclusion given by Gebrehiwot et al. (2009) "Unlike in the most African countries, the conscientious objection of the service providers is not the major problem in the service provision in Ethiopia" (cited Prata et al. 2013).

5.3. REASONS FOR ABORTION

The researcher found that reason for women's decision to undergo abortion ranges from unwanted pregnancy to the potential health problem of the pregnancy. While few girls gave a

single reason for their intent of undergoing an abortion, majority of the women had multiple reasons. What looks common among unmarried girls was unwanted pregnancy as a reason for them to undergo an abortion. Fasika (2010) found similar result in Addis Ababa where unwanted pregnancy was reported as a reason for minor's abortion seeking. Unwanted pregnancy was also mentioned by married women, because they already have enough number of children and the existing child is too young to give birth on.

In addition, divorce and break up as a result of disclosing pregnancy was also found to be the major reason for many women to seek abortion. This reason can be regarded as a male induced reason for abortion.

The researcher has also found that health problem was the reason for two women to seek abortion. This one, unlike the other reasons is based on justifiable evidence. In this regard, health professionals play a leading role in providing medical perspective on the potential health impact of the pregnancy.

Two unmarried girls reported contraception failure as a reason for their intent for abortion, and one of them blamed the pharmacist from whom she purchased the contraception. She believed the pharmacist sold her one piece, though it should have been two.

5.4. WOMEN'S ABORTION DECISION MAKING PROCESSES,

5.4.1. WOMEN'S EMOTIONAL EXPERIENCES AND THE FACTORS BEHIND

The researcher found that women's abortion decision is not a result of an overnight endeavor. Given that all unwanted pregnancies may not necessarily be the planned ones, women's abortion related decision making processes; therefore, take some time. According to the findings of this research women's abortion decision are made amidst of complex emotional

conditions. The research argues that exploring women's pre and post abortion experiences helps us understand the challenges that women face when they make abortion decision. And, also helps us comprehend and contemplate how women are entangled by psycho-social and cultural factors and negative externalities[7] in making abortion decision.

Although it is common for all women with abortion experiences to face emotional disturbances; women whose relation had terminated and unmarried girls, exceptionally experience the disturbances. The researcher believes that women whose relation had terminated face double emotional disturbance: emotions related to feel of guilty for abortion and emotion related to the breakup of the relationship. Also, abortion related emotional experience among unmarried girls is related to societal stigma and neglect from partners and the families, as the pregnancy could be mistimed or happened outside marriage. Cognizant of the emotional experiences that unmarried girls face, Kidist (2016:39), found that the emotions are due to financial problems and fear of societal stigma and familial/partner neglect.

Generally, the research has found that women's emotional disturbances emanate from fear of stigma and neglect from the family, community and partner, self imposed guilt and financial problems. The emotional experiences before undergoing abortion can never totally be washed-out through terminating the pregnancy, as it is common for women with the experiences of abortion to once again fall into bad emotional conditions even after going through abortion. None of the women in the study reported they forgot and would forget these emotional experiences very shortly. Abortion could bring relief to the unmarried girls who think they will face stigma if they give birth without being married, it cannot; however, make

[7] According to Johnson (2008:236), the concept refers to the negative consequences of people's behavior for the interests and goals of others, whether intentional or not, and whether they are in direct contact with one another or not. This concept asserts that people's ability to satisfy their interests and achieve their goals is heavily contingent on the actions of others.

them clinch the everlasting relief for they are unable to get rid-off emotions emanating from religion and morality. Similar to this finding, Kangwa (2017) asserted that many emotions surrounding abortion are the result of people's religious and cultural worldviews. Women's post abortion emotional experience is worsened by contending discourses about abortion. According to Meselu et al. (2012: 393), "In contemporary Ethiopia, abortion decision-making is a challenging process involving moral and/or religious dilemmas, as well as considerations of health and safety."Similarly, Esia-Donkoh et al. (2015:49) argue that, women with abortion experiences always struggle with a recurring self imposed stigma, when they are exposed to the contending presentation of abortion in medical, legal, religious and media discourses as a sin, as a crime, as a moral transgression.

5.4.2. ABORTION DECISION AND THE ISSUE OF POWER

The researcher argues that women's abortion decision is also the interplay of the pregnant women's interest and those who have power to influence the outcome of abortion decision. According to Fiske and Berdhal (2007: 680-81), the base of power for a person influencing an outcome emanates from the "kinds of resources a person might use to exercise influence." [8] Therefore, the power of the people influencing women's abortion decision emanates from their friendship, marital and familial ties, professional expertise or socio-cultural positions in the community. These sources of power are social in their nature. According to Islam (2008:3), personal power itself is "social and organizational power, because is a result of individual's interaction processes and is contingent to the person's position within society or organization."

[8] These include: *rewards* (e.g., support, benefits, favors), *coercion* (annoyance, abuse, making trouble), *legitimacy* (socially accepted obedience, duty to conform, right to order), *expertise* (reputation for knowledge, intelligence, judgment), reference (ideal, model, aspiration), and *information* (persuasion, logic).

Based on this, the researcher classified abortion decision makers as: a decision made by male partner of the pregnant woman, decision that the pregnant woman make with health professionals or religious leaders and a decision made jointly by a pregnant woman and her partner.

The finding of the research shows that, when a decision is made alone it is done by divorced/ women whose relationships had come to an end after pregnancy. Although the pregnant woman makes the decision to have an abortion alone, there is a power of the male partner, unless the woman herself decides to undergo abortion secretly. This type of abortion decision involves coercion at the expense of the woman's interest. It showcases societal and culturally embedded sources of power of male in making decisions. Women are expected to obey this power relationship. According to French and Raven (n.d:263), a woman obeys coercive power, because she expects that she will be punished if she fails conform. The punishment is obvious when the pregnancy happens outside marriage, and if it is not liked by male partners.

The researcher found that, male partners in this situation assume the position of sole decision makers on abortion for two major reasons. First, males influence girls directly to undergo abortion when they do not want the child, because they only want the woman for temporary relationship. They interpret the pregnancy as a trap that girls use to lure a man into a serious relationship. In this case, males coerce girls through intimidation or any other ways and finally persuade them to have an abortion. Males also provide money and information needed for a woman to undergo an abortion. The second reason comes about when a man's decision could coerce a woman's power of making decision indirectly- when he opts out of a relationship and influences her to change her decision of giving birth. Women who want the birth of the child may change their decision. The reasons given by the women with these

experiences included: they could not shoulder the responsibilities of upbringing the child alone, they had to complete their study and giving birth outside wedlock could cause stigma.

Furthermore the researcher found that there are also cases in which, men influence girls to undergo an abortion, when the former want the birth of the child regardless of the latter's readiness and emotional state. These kinds of males influence the decision making processes, because they believe abortion is immoral and sin, and also they take pregnancy as a bridge to establishing marital relationships. The former was found to be the case of both married and unmarried girls, while the latter was reported by unmarried girls. These kinds of men use pregnancy as a trap to own their girls. The research found that, males use different strategies such as making unprotected sex without the knowledge of their partners (especially when girls are novice) and prohibition of abortion through direct influence and through forbidding all the money required for the woman to undergo abortion. Men were reported to be the deciders, the objectors and sponsors of abortion, leaving very slim opportunity for girls to decide on matters that affect their lives. Even the religious leaders, who got the ideological domination stood against the abortion law that has given women an opportunity to enjoy the rights to abortion based on certain circumstances. This suggests that the religious perspectives on abortion indirectly hamper the sexuality and reproductive rights and fertility choices of women. They uphold the traditional reproductive role of women and the patriarchic familial and societal structure.

Feminist commentators believe that women; as is the case in other spheres, have been set aside even from making decisions whether to continue giving birth or to terminate the pregnancy. According to Braam and Hessini (2004:43),"Patriarchy sculpts unequal gender

power relationships and takes power away from women in making decisions about their bodies."

Men's role in decision making process is widely researched and theorized in different literature. One of the areas where men influence the outcome of the decisions includes fertility control and abortion. According to Freeman et al. (2017:89-90), men's role in women's abortion decision making and seeking care can be structural (influencing the legislations), individual (threatening, denying and etc.), mutual(sharing the decision)and facilitation or obstructing role (men who know the abortion process and where the service can be obtained). Based on an ethnographic study on the Mecha Woreda in West Gojjam, Guday(2005) found that, by their virtue based on ideological, socio-economic and cultural dominance, men have vetoed wives' household decisions, including reproductive matters. Another study by Antehunegn Birhanu (2016) found that 68.1% of respondents in Woldia town believed women had no rights to make abortion decision.

According to Freeman et al. (2017) public health narratives portraying unsafe abortion as a problem concerning women's choices, service access or risk exclusively fail to reflect the experiences of men who are husbands, boyfriends, family and friends, or of the women who may be influenced by them.

The third type of abortion identified in this research decision is a power held by close friends or any other person, who by the virtue of their friendship ties, professional or socio-cultural positions can provide advices, emotional supports and guidance. Friendship is a source of information and finance, and most importantly provides emotional supports both before and after going through abortion. Through the roles that friendship ties have in helping the

pregnant woman make decision about abortion, close friends play a solicitous role. A woman making abortion decision shares this very personal matter only with very close and reliable friends, who thereby provide caring and emotional supports during the pre and post emotional experiences. Friendship is also a source of information and money needed for a woman to undergo an abortion. There were only three women who said they shared their abortion experiences with their friends. While the two girls consulted their friends for information about abortion, the other one shared with her friends for financial reason.

People influence the outcomes of a decision by providing information about the possible health, economic and moral risks related to continuing the pregnancy or terminating it. In this regard, the medical professionals and religious leaders have the power to influence the decision making processes and the outcomes of the decision through their expertise and legitimacy in the community. Although the researcher did not come across a woman who consulted a religious leader before going through abortion; from what the religious teachings convey and from how church goers understand abortion, it is clear that religious leaders provide advices that make abortion morally and religiously unbearable. Four women reported they had consulted health professionals before undergoing abortion. The health professionals as providers of advices and information emphasize on the health aspects of pregnancy and abortion. Therefore, the moral and religious meanings attached to abortion on one side and the meanings that the health professional provide regarding pregnancy and abortion on the other hand, can showcase the competing discourses on abortion. A woman making abortion decision finds herself in a contending discursive landscape, which is also a cause for emotional disturbance and delay in making decision.

Finally, abortion decision making is not always made separately by the pregnant woman or her partner. It can also be made through a joint discussion and agreement between the pregnant woman and her husband or between the woman and her family. This type of abortion decision making power is not only a means to an end, but manifests the shared power in making decision and also an atmosphere, where discussion overrides silence surrounding abortion. While there are many cases of shared abortion decision making power between the woman and her husband, the prevailing socio-cultural normative processes, inhibiting discursive landscapes, stigmatizing and silencing moral grounds; on the other hand, have made it unlikely to see a family and a daughter to reach shared decision.

5.4.3. ABORTION DECISION AND THE VICIOUS CIRCLE ABORTION STIGMA

According to Kumar et al. (2009:628), "Abortion stigma is a negative attribute ascribed to women who seek to terminate a pregnancy that marks them, internally or externally, as inferior to ideals of womanhood." As we saw in the above section, it is believed that marriage and fertility are honorable both religiously and culturally and these are not sufficient without a woman playing her reproductive role[9]. It is both tradition and religious for a woman to remain fertile and to raise the children. Contraception and abortion are condemned, because they are against these norms. In this regard, both religious and cultural norms condemn the act and degrade a person who is involved in the condemned act. Abortion challenges the religious and cultural norms that endorse traditional role of women, which Kumar et al. (2009) called an "essential nature of women or cherished feminine ideals that include, perpetuating fecundity, the inevitability of motherhood and instinctive nurturing." Therefore, deciding to

[9] According to Kumar et al. (2009), womanhood is associated family sexuality solely for procreation, the inevitability of motherhood and the instinctual nurturance of the vulnerable. Women who undergo abortion therefore are challenging and attempting to cross the lines of social expectations of their roles as mothers and caregivers.

have an abortion is considered as transgression of this divinely cherished goal. Women's decision to have an abortion is also construed as deviance. These are the ethos behind abortion deviance stigma. Now let us turn to how these in turn affect women's abortion decision making process.

The researcher found that stigma was mentioned as a serious concern of women intending to undergo an abortion. Through its categorization of the women's fertility control decision as indecent, deviance, immoral and sinful, stigma perpetuates women's sexual and reproductive health problems. The researcher understood that the stigma has pervaded silence of women concerning their abortion experiences. Women who participated in the study reflected their fear of stigma from the community and friends if they share their abortion experiences. This is a universal scenario. Based on a systematic review of the literature on abortion and stigma in the United States of America in 2015, Guttmacher Institute (2016) found that fear of social and self judgment influenced women to keep their abortion experience secret.

Unmarried girls said that they do not dare to speak about their sexuality in the family. In addition, they said that they cannot even feel free to access contraception, because they are not supposed to engage in premarital sexual activities. If they are found to be sexually active, they are exposed to ridiculing and labeling from the community. This stigmatizing situation is stiffer when unmarried girls become pregnant, because it is not the right time for a girl to be a mother. Due to this complicated nature of stigma, unmarried girls decide to undergo abortion if they ever encounter unwanted pregnancy. This time it is not only unmarried girls who could face abortion stigma. Married women themselves said they did not and will never share their experiences with another person; except their husbands and their confessors, as they might face labeling and stigma. Abortion experiences like the contraception use are often kept secret

and rarely told to very close partners, because abortion discourses within the communities are discouraging and prohibitive as majority of the interviewees disclosed.

Abortion stigma is not merely a situation sensed by girls and women going through abortion, but it is also a situation hampering service providers. According to Holcombe et al (2015), "Midwifery students in Ethiopia report that religiously-based stigma surrounding abortion is a barrier to even becoming abortion providers."(Cited in LeTourneau 2016

The role of religion in perpetuating this vicious circle of stigma, according to the informants stands tall. Worshippers' failure to respect the sexual norms and behaviors is condemned by religion. Girls and women consider themselves as sinful and their act as immoral and shameful for which they later feel sense of guilt. As a result they do not share their experiences to other people, as it can incite stigma and reprehension.

Despite religion condemns abortion and serves as a source of stigma, it also serves as a source of redemption by reinstating the emotional distresses through the processes of confession. In this regard, religion does not point to individuals for their sins, but teaches its followers not to commit sins. And it also helps individuals get cleansed when they fail to abide by religious teachings.

5.5. WOMEN'S ABORTION EXPERIENCES AND THEIR AGENCY

A woman's independent decision can be the agency that she purposefully uses to negotiate with the prevailing normative processes, stigma and competing discourses influencing her capability of making decision about her own. When a woman makes fertility control and abortion decision without an involvement of an additional person, it might not indicate that the woman is inhibited by the silencing normative processes, competing discourses and

stigmatizing socio-cultural environment. A woman making abortion has already practiced her agency despite the silencing, prohibiting and condemning socio-cultural norms and moral processes, the first moment she is engaged in a willful premarital sex. When a woman employs silence as a strategy to negotiate with condemning socio-cultural influences, it can be an indication that she is looking solutions inside her agency. In this case, she starts to believe that sharing her experiences and decisions with others may not bring her an important input in her decision making processes.

According to the finding of this research, girls' and women's horizon of decisions and practices of abortion depend highly on their agency to capitalizing on socio-cultural normative processes and the context of abortion law. Meanwhile, the hurdles that they must pass through in due course to exercise their agency is not an easy endeavor. The girls and women, who were seeking abortion and contraception from the two clinics, mentioned different strategies that they used to negotiate with the hurdles related to their contraception. The decriminalization of contraception use and the growing of awareness in Ethiopia have relatively eased the hurdles related to contraception as compared to abortion. Abortion related hurdles on the other hand; however, are not in similar position with contraception. With the hurdles becoming tougher and tougher, women undergoing abortion use different strategies including: silence and confession. The researcher understood that there are also avenues for girls and women to share their experiences while making decisions and practicing fertility control and abortion.

Those who share their experiences with someone else may not totally be naïve and passive recipients of information from others. Their action could be regarded as an active agency required to negotiate with the inhibiting socio-cultural environments where sharing the very

personal information could cost a lot. Although many girls and women, who participated in the study revealed they did not share their experiences to someone else other than their partners and their confessors, those who reported to have shared their experiences with someone closer to them believed that they were not sure of their information being not passed onto someone else. They believed this uncertainty was with them when they shared their information, but never held them back from doing so. This could be a provocation made in advance to announce one's readiness to accept all reactions against their actions. I call this agency an ideal, but *superlative agency*. This agency is less common in rural areas, but has a significant structural resonance. On the other hand, it is common in urban settings, but its consequences might resonate less significantly on the structure. The superficial relationships entrenched well in urban settings allow this agency to thrive as urbanites are less active in creating socio-cultural hurdles that purposefully target personal matters. In this way, the urban settings provide a safe haven for girls and women to practice their agency in fertility control and abortion, making the socio-cultural hurdles less constraining. It may also indicate that a woman is ready to challenge the external socio-cultural factors (if any). There was one informant who said, "People will talk and talk and talk, until they are bored of talking about it (abortion)." This is a clear indication that stigma or labeling is an ephemeral fashion which allows people to be accustomed into and thereby grow their agencies. This idea resembles with how the fads, the fashions, gossip and rumors flow during the globalization era. This permissibility in urban culture could take women's agency to the higher level, and vice versa.

Finally, women going through abortion use confession as a strategy to negotiate with the emotional experiences resulted from sense of guilt as a result of committing sins and immoral conduct. Confession is a religious rite in Christianity and the worshippers do it sometime in

their life time to make sure that their sins get cleansed. In addition to the religious importance of this rite, confession provides an opportunity for the person confessing to have at least one person (confessor) near to him or her to share his/her very personal information. This process involves only two persons and the worshippers believe that their information is not shared with someone else. In this regard, the worshippers get advice from the confessor who in this regard does not only assume a religious role, but also a religious person having a companionship with the confessing individuals. In this research women who said they had already made confession believed that they got a relief as they believed their actions are no longer considered as sins.

Women's agency in abortion is subject to the analysis of Structuration theory. The researcher has realized that women's fertility control and abortion experiences are not a mere reflection of the incapacitating power of cultural normative processes, stigma and religious discourses embedding within a society. Instead, women's fertility control and abortion experiences are arenas that also hosts women's agency to thrive in response to negotiating with these social processes. Fertility control and abortion seekers continuous take actions, monitor the outcome of their actions and thereby influence the social structures. Therefore, actions they take within the competing discourses and stigmatizing situations are breeding grounds for the women's agency which later help smooth these conditions. As Bryant and Jerry (2003) said, Structuration theory characterizes actors as competent agents and the structure as a medium and outcome.

5.6. THE MAKING OF PROGRESSIVE ABORTION LAW WITHIN A CONSERVATIVE SOCIO-CULTURAL ENVIRONMENT

Ethiopia enacted one of the progressive abortion laws in Sub-Saharan Africa (Berer 2017); despite the issue have competing values and perspectives from different actors who have lined up as pro and against it. In this section, a discussion will be made on how Ethiopia made this progressive abortion law in a conservative socio-cultural environment, where religious groups and the populace uphold an equal treatment of the fetus as a human being and fertility considered as both a divinely and socio-culturally significant.

No previous and current studies have revealed that the legalization of abortion has been backed by the significant majority of the population, nor has the process of the legislation come into being without facing any objection. The Ethiopian Orthodox Tewahdo Church officially condemned the movement to legalize abortion in a press statement given by the Patriarch and reported in Ethiopian Herald and Addis Zemen newspaper in December 2003(Tsehai 2008). In addition, due to the strong presence of religion among the wider range of groups in Ethiopia, there is a widespread conservative outlook about abortion. This research has also found that significant majority of the study participants had no awareness of the law, and had also conservative outlook towards its liberalization. According to Muzeyin (2017) lack of awareness is related to the conservative outlook they have towards abortion.

Just a decade after it overthrew the Derg military government, the EPRDF came up with an idea to revise the abortion law of 1957, which only allowed abortion to save the life of the mother. Cognizant of the stringent moral connotations and religious construal likely to come about in due course of revising this longstanding law, the government stipulated a wisely

tactics to put the plans into action. These tactics among others, focused on the selection of actors and resource persons, selection of areas for public meetings, vote taking and topics to be addressed on the workshops.

The revision of the abortion law was also constitutional. Prior to the revision of the abortion law the government had already reformed the constitution, which among other things included the women's rights issue. Since the incumbent government replaced one of the dictatorship governments on the continent, there was expectation from the international community regarding its commitment to adopt the international human rights platform, including women's rights. According to Morgan (2015:135), "Women's rights are human rights" is a powerful claim in post-dictatorship politics where abortion is not yet legal and the full scope of women's rights has yet to be included in the government's human rights agenda.

Based on these government's preparations before hand to revising the abortion law, two workshops were made to kick off the discussions and the process of revision. Tsehai Wada (2008:30), one of the resource persons during the discussions on the draft abortion law in 1999 and 2003, described the process as follows:

> The organizer of the workshop, the Women's Affairs Committee and the Legal and Administration Affairs Standing Committee of the Legislature, drew resource persons only from law and medicine professions. The discussions and presentations focused on the problem and magnitude of abortion in Ethiopia, the implications of the abortion law with regards to the constitutional and international laws. The legislature's minutes of public discussion showed that the public meetings were held in 14* big cities although only the voting from five cities (Adama, Ambo, Dessie Dire Dawa and Awassa) was taken. Awassa and Dire Dawa participants voted against the revision of

*Jijiga, Awasa. Harrar, Assosa, Desse, Arba Minch, Assayita, Nekemte,Mekelle, Adama, Dire Dawa, Bahr Dar, Gambella, and Addis Ababa.

the law albeit the two cities had no culture of conservativism or a particular dominant religion. The results of the votes in three other cities were supportive of the draft law.

The draft law passed through the aforementioned processes, however, the suspicion it left behind could remain an enduring. Abortion is one the contesting issues related to sexual and reproductive health and rights for there are competing values and perspectives surrounding it. Regardless of competing values surrounding abortion, people objecting the law asserts that this law only addressed the medical, legal and political dimensions of the problem, a situation blabbing that the root cause of the problem has not been well scrutinized.

The revision of the Ethiopian abortion law as Tsehai (2008) said is "Half backed." It is clear from the revision process outlined above and the expression of the writer that the current abortion law in Ethiopia has hardly addressed socio-cultural and economic factors as grounds for legal abortion only limiting the options to six grounds. Although Tsehai (2008) argued the law should have included diverse reasons for abortion, the current grounds themselves, according the opposing group, are unacceptable from socio-cultural norms and moral grounds. A survey by Muzeyin et al. (2017) concluded that, 43.5% of the respondent women from North-west Ethiopia held conservative attitude towards the legalization of abortion law. Although over a decade had elapsed since the revision of the abortion law and people could probably some information on the law, from the above finding, the opposition of the law is seldom waning.

The research also believes that the government's decision to revise the abortion law presumably was justified by the constitutional attribution of the separation of the state and the church. This contravenes with an assumption of Minkenberg (2002) regarding the role of religion in regulatory policies (which include family relations, personal conduct, protection of

the person and religious activities) in the West and pre-modern society used to belong to the domain of the churches and religious institutions not the secular state. According to Kottak(2002) religion and culture are a "complex whole which includes knowledge, beliefs, arts, morals, law, custom, and any other capabilities and habits acquired by [a hu] man as a member of society"(cited in Kangwa 2008). This abortion law has taken away the domains of moral, normative processes and values of a society that belongs to religions and culture.

The EOTC and other religions assume the role of regulating family relations, personal conducts, and the protection of both unborn and born person and religious activities. The in-depth interviewees, the key informants from the Orthodox Church, protestant and the Islamic religions and FGD participant girl students all said their religions through their teachings and socializations on the norms of proper sexual behaviors, the importance of marriage and family etc assumes a regulatory role. These norms, values and customs are regarded as the protective measures for unwanted pregnancy not to happen. They have been regulating the behaviors of individuals in a society. The prolife groups presented this idea during their campaigns against the revision of the law. According to Tsehai (2008), the group recommended on the need to regulate behavior of individuals (prohibiting premarital and extramarital sex) instead of allowing abortion in different reasons.

The study participants believe that the revised abortion law has not fully considered socio-cultural norms, moral processes and values of a society, a problem shared by many other lawmaking processes in the country. Majority of the girls and women whom the researcher approached considered the law as 'alien' as they believed it was purposefully designed to spoil the moral and religious fundamentals of the Ethiopia society. According to the Orthodox Christian girl students:

> The law has no any significance for us. It could allow a woman or a girl to undergo abortion if she does not need a child, but the law does not help that girl or a woman overcome her emotions for committing a sin. She will never forgive herself for a manslaughter act on an innocent. Whatever the grounds of abortion can be listed, religion provides answer for. God forgives for our mistakes, so through confession it is possible to overcome the emotional experiences. People do not chose to commit because they can confess, but they can do whatever; as we can see today, and go to abortion provider clinics. The law has provided them an opportunity for going reckless and killing generation. This is completely against our culture and our religion. It is a foreign strategy designed to spoil our moral and religious values.

It is a law, as often said in the public discourse, that only the political machinery backed by foreign civil society organizations working through '*cultural compradors'* has propelled the legislature in a way that the outcome of the workshops and discussions end up producing a legal document that liberalize abortion in the broader; though not in all grounds.

In sum, revised abortion law broadened grounds for legal abortion although there a still diverse issues to be included to let people access the legal abortion. Those who oppose the law on the other hand, believe the law was made possible in the absence of due consideration being made to the norms and values of a society, which could serve as an input in the drafting of the law. It seems that in a tradition of law making process in Ethiopian the societal norms, values and un-codified customs are given less attention in earlier stage, before they eventually found to hamper the implementation of the law itself. Many prochoice advocates believe that the number of unsafe abortion cases in the country is related to lack of broader grounds that accommodate all reasons for legal abortion. The researcher, however, found that the stringent reactions against abortion still have a lot to do this situation. Thus broadening of the grounds may not end the problem, if the socio-cultural normative processes keep on posing challenges.

CHAPTER SIX: CONCLUSION AND RESEARCH IMPLICATIONS

6.1. CONCLUSION

This research attempted to understand how girls and women experience the role of their religiosity while making decisions and practicing fertility control and abortion. It specifically explored how the normative processes, competing discourses and stigmatizing socio-cultural practices all upholding the moral aspects of sexuality and reproductive health impede women's decisions of fertility control and abortion.

The research found that unmarried girls' experiences of sexuality, reproductive health and fertility issues are expected to be regulated by the prohibitive normative processes emanating from the religious and moral aspects. Sexual behaviors are regulated by normative processes that discourage premarital sexual activities, because it is adultery. This necessitates individuals to get married before engaging in sexual activities. Heterosexual marriage is regarded as an honorable and important aspect in the Christian and Islamic religions for it allows the continuation of the generation;in addition to its role in providing legitimate sexual activity. Both Islam and Christian religions recommend chastity until marriage and the latter as an important rite of passage that allows individuals practice a legitimate sexual activity.

With this connotation an unmarried girl is expected to be a virgin until she is married. Thus religious leaders consider these religious norms as preemptive measures to regulate sexual behaviors, an idea that makes fertility control (especially the modern methods) as unacceptable and irreligious. This idea generally claims that, since girls are not expected to engage in sexual activities before marriage and a married woman's primary role is reproduction, there is no need for controlling a pregnancy. This religious interpretation of

sexuality, reproductive health and fertility control has far reaching implication in discourses about fertility control and abortion. In all conditions, girls are stigmatized and labeled in their communities if they are found to be pregnant outside wedlock. Due to this, they are forced to terminate pregnancy, which is also associated with emotional disturbances, social stigma and self imposed stigma.

Like the fertility control, religious institutions condemn terminating pregnancy although Islamic perspective allows it when it is proved that the pregnancy endangers the life of the mother; the same perspective it has regarding contraception. The condemnation of abortion is basically related to the fundamental understanding of the fetus as the beginning of the life of human being. Although there is a divergence between Christian and Islamic understanding on the exact time of *ensoulment*, both religions believe that the formation of life is a gradual process. Despite the disagreement in these two religions on the formation of life, they understand abortion as a murder, and a person going through abortion as a sinner.

Through its acceptance in a society, religion provides a competing perspective about abortion and thereby influences women's decisions about abortion. The medical and legal discourses do also influence women's abortion decision through the alternative perspective they provide about abortion. Therefore, a woman who makes abortion decision is expected to negotiate with these competing discourses.

As a religious person, a woman experiences the difficulty of leaving aside religious teachings, and as a member of the community she also faces abortion stigma and neglect from those who object her decision. Thus, her pre abortion experiences are not easy. On one way she may consider abortion as a relief, but it can also be a regret which makes her think that she is committing a sin.

The abortion law in Ethiopia has been revised in 2005 and then put into effect to provide safe abortion on certain preconditions. Still significant number of girls and women are not making use of this legal framework. A number of women are dying and risking their health in an attempt to accessing abortion from unsafe and illegal ways. There is low level of awareness among girls and women about the legal and safe abortion. Given that the number of unmarried girls, who are with unwanted pregnancy is increasing overtime coupled with low level awareness of the law, it might not be surprising that a number of women end up dying due to unsafe abortion related complications.

Furthermore, university girls, who participate in religious services and those who consider themselves as strong in their faith, highly condemn contraceptive use and abortion. Their perception towards contraception and abortion may highly influence their knowledge and practices to make them not sure of what to do when they are faced with unwanted pregnancy.

6.2. IMPLICATIONS OF THE RESEARCH FINDINGS

6.2.1. THEORETICAL IMPLICATIONS

The research finding shows that fertility control and abortion decision making processes and practices bear the influences of normative processes, competing discourses and stigmatizing socio-cultural environments. The researcher has tried to link these structurally embedded situations with sociological theories including the Marxian and Durkheimian theory of religion, Structuration theory and feminist theory.

As has been discussed in chapter five, both Christian and Islamic teachings promote fertility and replenishing the earth. The Biblical verse that states the words of God to Adam and Noah "Be fertile, multiply the human being and replenish the earth (Gen., 9:1) and the Quranic

verse that reads, “Kill not your children, on a plea of want, we provide sustenance for you and for them (Q 6:151)” are the indications of the pronatalist stand of Christianity and Islam. This verses from the Bible and Quran in the general sense of Marxian understanding, has an exploitative relationships in a society. Some informants believed since children are given by God and they bring fortune, there is no need of controlling fertility and terminating pregnancy. People are laden by these religious understandings and fall under serious socio-economic problems, including poverty. Objection of the law, which is meant to provide safe and legal abortion services for people in need, including the disabled and under ages emanates from the influence of religion that interprets the law as immoral. Thus the implication of this research in Marxian understanding of religious influence in a society has been very important.

Unlike Marx’s understanding, Emile Durkheim had different position regarding the role of religion in a society. The researcher has also witnessed the importance of Durkheim’s view of religion as functional integration in understanding how religion is experienced in girls and women’s understanding and perception of fertility control and abortion. In view of this understanding, many people who have similar stand towards abortion develop a borderless conscience against abortion. This conscience opens way for division within a society into those who consider the act as a sin or profane and those who consider it differently (may be the prochoice). Therefore, the researcher believes that the Durkheimian understanding of religion has been helpful to show how it brings people with the same perception together to rise against abortion law such as in Ireland and Scotland. Although Ethiopian society may look bystander on abortion when it is seen from outside, there is a similar conscience regarding abortion among people with strong religiosity.

Structuration theory of Giddens asserts that the agency and structure exist at the same time, rather than just one affecting the other. In trying to understand how girls and women make decisions and practice fertility control and abortion, the researcher did also allow into how the individuals make sense of the normative processes, discourses and stigmatizing situations and thereby apply negotiating mechanisms. Individuals who make decisions and practice fertility control do not always comply with the structurally embedded normative processes; rather, they give their own meanings, they take actions and even react to these situations in different ways. Thus, the research findings best suit into the proposition of the Structuration theory.

Finally, the researcher found that fertility control and abortion decision and practice involve gender issues. Men like they do, in other aspects of a society do also influence fertility and abortion related decision making processes. They use the patriarchic power and influence to decision and practices. They have also legitimacy from religious organizations. Therefore, the research that intends to understand girls' and women's decision making processes and practices of fertility control and abortion without employing a feminist perspective is deficient. This research has been able to see the power interplay in relations to fertility control and abortion decision making.

6.2.2. RESEARCH IMPLICATIONS

The research has brought into light how the girls' and women's fertility control and abortion decision making processes and practices are made within the competing discourses, normative processes and stigmatizing socio-cultural conditions led by religion. Pretty much lessons have been drawn from the research findings as women themselves born witness on the situation based on their own subjective experiences. From this research it was understood that the role of men in decision making as just explained by the girls and women themselves was very

influential. As men dominate decision making processes of the households, women are less capable of deciding on matters that affect their interests and even their bodies and their lives. Thus, further research on how the interplay between patriarchy, normative processes and fertility control and abortion related decisions impact women's role in decision making process helps to highlight the problem from a wider spectrum. Further, similar researches must be undertaken in rural areas where there are relatively stiffer locally embedded normative processes and stigmatizing environment impede girls' and women's decisions and practices of fertility control and abortion.

6.2.3. POLICY IMPLICATIONS

The research has showed that girls and women lack awareness of the abortion policy and the proper use of it. This lack of awareness has been the major reason for many girls and women to seek abortion from unsafe abortion service providers when they could have accessed it from safe and legal service providers. In trying to access abortion, girls and women risk their lives. Despite the Ethiopian abortion law provided broader justifications on which safe abortion can be provided, still the number of women going through unsafe ways is still not going down. This is because normative processes, discursive contentions and stigma hamper them from going through legal and safe ways.

Although experiences from different countries show that decriminalizing abortion rescued women from dire consequences of unsafe abortion, the researcher believes that a mere existence of a law cannot guarantee access to safe abortion. Therefore, there must be open dialogue, advocacy and improving the flow of information about the issue, which is entirely dependent on the permissible policy. Although the current abortion law makes abortion legal on many grounds, it lacks strategies that help to address the gaps related to awareness by only

focusing on the technical procedural aspects in service provision. If the law is expected to bring about a desirable change, the complex normative processes and discursive conditions hampering abortion service provision must be addressed through raising information about safe and legal abortion service providers and the law governing it.

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APPENDICES

APPENDIX ONE: RESEARCH INSTRUMENTS

Dear informant/s! Thank you for your cooperation in this research. My name is Addisu Tsegaye and I am MA student at Addis Ababa University. I am here to ask you some personal questions for my study that aims to understand how girls and women make decisions and practice their fertility control and abortion in the face of the position of the religion that they are affiliated to regarding fertility control and abortion. Your participation in this study shall be based completely on your willingness and you are guaranteed to withdraw from the interview at any time or refuse to answer any questions should youfeel uncomfortable about it. The study will be conducted for academic purpose and any personal information you share with the researcherwill be kept confidential. Cognizant of this and the importance of the information that you give towards the achievements of the research objectives, you are required to give genuine and honest information.

Thank you once again!

I. Profile about the informants

Informants Name/ID	Sex	Age	Address	Religion	Educational status	Marital status	Family size	Date of interview

1. Key informant interview guide for contraceptives and abortion seekers

General information

1. Tell me a lit bit about how your life is going?
2. What are your daily worries and concerns?
3. Please tell me your religious life? How salient is your religion in your daily life? What activities do you undertake as per the requirement of religious duty?
4. Have you ever been to this or any other similar institution for the same reason?

RQ#1: What messages do religious organizations in Ethiopia communicate about girls' and women's sexuality, reproductive health, family planning and abortion?

1. What sexual behaviors are considered as normal according to your religious teaching?
2. What does your religion teach about contraceptive use and abortion?

3. What is taught in your religion concerning the beginning of human being?
4. Is abortion a murder according to what you have been taught in your religion?

RQ#2: How do girls and women in Addis Ababa experience the role of religiosity in the processes of making decisions and practices related to fertility control and abortion?

1. Do you think the religious messages and its position regarding fertility control are reflected in your understanding and experiences of contraceptive use and abortion?
2. Please tell me how your decisions and practices of fertility control are made in the face of your/ your partner's religious affiliation and religiosity?

RQ#3: How the current abortion policy in Ethiopia is construed by different groups in the country?

1. Do you know the 2005 abortion law of Ethiopia? What do you remember about it?
2. Is the law an opportunity that guarantees girls and women to practice their own right to control their fertility? Or is it the act that degrades the moral values of our society?
3. How does your religion interpret the Ethiopian abortion law?
4. Do you personally think girls and women have the right to terminate their pregnancy should they think they do not need it? Why?

RQ#4: What agency do girls and women in Addis Ababa play to negotiate the experiences and challenges related to fertility control and safe abortion?

Contraception related information

1. Why did you decide to use contraceptives?
2. Which contraceptive do you prefer? Why?
3. How do you see the view of the local community towards contraception and family planning? Why do you think it looks the way it is?

Abortion related information

1. How long have you been pregnant?
2. Why did you decide to make abortion?
3. Who involved in the decision making processes?
4. How long it took you to make this decision? If too long, why?
5. Tell me what you felt before abortion? What went inside your mind during this time?
6. How do you explain your post abortion experiences? What is the reason for this feeling? Do you feel guilt or relief of what you did?

7. Have you shared your experience with someone closer to you? With whom? If no, why?
8. How do you describe the awareness of girls and women about their right to abortion?
9. Why do girls go through unsafe ways when they could have gone to safe services?
10. What challenges do girls and women face when they try to get safe abortion?
11. What should women do to overcome the factors that hamper their decisions and practices of fertility control and abortion and to negotiate with the existing conditions?
12. Do you think abortion should be an option for girls and women who are with the problem of unwanted pregnancy? What about the stigma of unwanted pregnancy, especially when it is out of wedlock?
13. Tell me what you know about the 2005 Ethiopian abortion law? How does this influence women's sexual and reproductive health and rights?

2. Key informant interview guide for Health Professionals

I. General Question

1. What are the mandates of your organization and the activities you undertake regarding fertility control and abortion?
2. What do you want to achieve in the short term and long term period in this regard?
3. How do you see the experiences of girls and women in reproductive age groups in terms of their contraceptive use overtime?
4. Which contraceptive is most preferred by your customers? What are the reasons behind this?
5. Who are the most consumers of these contraceptives in terms of their age marital status and religious affiliation?
6. What factors do you think girls and women face in trying to access contraceptives?
7. Please tell me the group of women making most use of abortion service in your institution?
8. How do you see the abortion seekers in your institution overtime? Please give the reasons?
9. What do you think are the possible factors that influence women's decisions and practices related to safe abortion?

RQ#1: What messages do religious organizations convey concerning girls' and women's sexual behavior, reproductive health and rights, family planning and abortion?

1. Have you encountered a girl or a woman in confusion about abortion decision due to the influence of moral aspects about abortion?
2. Do you think religion has a role in girls' and women's decision to use contraceptives? How?
3. Do you think your religious value conflicts with your professional role expectations?
4. Why many girls go through unsafe ways to get abortion?

RQ#3: How the current abortion policy in Ethiopia is construed by different groups in the country?

1. Do you know about the 2005 abortion law in Ethiopia? Tell me how this has influenced the provision of safe abortion in Ethiopia?
2. What do you think should be done to allow women to access safe abortion instead of risking their lives in an unsafe abortion conducted in clandestine settings?

4. Key informant interview guide for Community Awareness Experts

General information

1. Tell me the community's awareness about family planning? What about the girls' and women's awareness and experiences of contraceptive use?
2. What activities are being done regarding community awareness on family planning?
3. Do you work on raising awareness on safe abortion? If no, please tell me why it is not included in your activities despite it has already been legalized in the criminal law?
4. What are the challenges that you face while mobilizing the community about contraceptive use?
5. How do you describe the awareness of girls and women about contraception use and the socio-cultural challenges they face?

RQ#4: What agency do girls and women in Addis Ababa play to negotiate the experiences and challenges related to their fertility control and Abortion?

1. Do you think girls' and women's access to contraceptives has something to do with religion? Please tell us your experiences with empirical evidences?
2. Does this role of religion influence women's decision on their sexual and reproductive health and rights?
3. How should these be negotiated?

RQ#3: How the current abortion policy in Ethiopia is construed by different groups in the country?

1. Do you know the 2005 Ethiopian abortion law? Tell me how this could be related to what you are currently working

4. Key informant interview guide for Legal Experts

1. Tell me how you and how your organization work to advance women's rights?
2. What activities have you undertaken so far about women's sexual, reproductive health and rights?
3. Do you think the current legal framework in Ethiopia allows girls and women to practice their agency regarding abortion?

4. Do you think the abortion law should be liberal to allow more women access safe abortion on request?
5. What do you think about the influence of moral aspects in making the abortion law liberal and its access less challenging for girls and women?
6. What do you think should be done to allow women to access safe abortion instead of risking their lives in an unsafe abortion conducted in clandestine settings?

5. Key informant interview guide for Religious Leaders

RQ#1: What messages do religious organizations covey concerning girls' and women's sexual behavior, reproductive health and rights, family planning and abortion?

1. What activities does your religion undertake in terms of fertility control?
2. What does your religion teach about the norms related to human sexual behavior, contraceptive use and family planning?
3. What is the stake of your religion in fertility control and abortion issues?
4. What is the beginning of human being? Does the fetus have equivalence to human being?
5. Is there an official religious message or /content that deals about abortion?
6. How does your religion understand abortion? Is abortion a murder?
7. In what situations can a woman make abortion?

RQ#3: How the current abortion policy in Ethiopia is construed by different groups in the country?

1. Do you know the 2005 Ethiopian abortion law? How do you see the law?

6. FGD checklist for girls and women in religious services

General information

1. Can we start our discussions with how it feels participating in religious services?
2. How do you see the current participation of the younger generation especially the girls in religious activities?
3. How could it be much more important for the youth to be active in religious activities than spending their times elsewhere?

RQ#1: What messages do religious organizations covey concerning girls' and women's sexual behavior, reproductive health and rights, family planning and abortion?

1. What sexual behaviors are considered as normal according to your religious teachings?
2. What do you think about the position of your religion regarding contraceptive use and abortion?
3. What is the beginning of human being? Is abortion a murder?
4. How does this message influence your decisions and practices related to fertility control and abortion?
5. Do you need contraceptives and abortion? If no why? If you say yes, how do you negotiate the influence of your religiosity?

RQ#3: How the current abortion policy in Ethiopia is construed by different groups in the country?

1. Do you know the 2005 abortion law of Ethiopia? What do you remember about it?
2. How does your religion interpret the Ethiopian abortion law?
3. How do you understand the law in terms of allowing women practices their fertility right?

6. FGD checklist college girl students

General information

1. How the education, the adolescence and the life are understood?
2. As a college student and as a girl what are your daily worries and concerns?
3. What are the challenges that girls of your age face?

Specific information on religious messages, religiosity and abortion law interpretation

1. What are the normal sexual behaviors and what is the right time to engage in sexual activities? Where does this belief come from?
2. Do you know what religion says about sexual behavior, fertility control and abortion?
3. Does this influence your sexual behavior, decisions and practices of fertility control and abortion?
4. What challenges do girls and women face when they try to get safe abortion?
5. How do you describe the awareness of girls and women about contraceptive use and abortion?
6. Why do girls go through unsafe ways when they could have gone to safe services?
7. Do you think abortion should be an option for girls and women who are with the problem of unwanted pregnancy? What about the stigma of unwanted pregnancy, especially when it is out of wedlock?
8. Does that influence girls' and women's freedom to control their fertility?
9. What should women do to overcome the factors that hamper their decisions and practices of fertility control and abortion and to negotiate with the existing conditions?
10. Do you know the 2005 Ethiopian abortion law? Doe the law promotes more girls to be able to access safe abortion?

APPENDIX TWO: PROFILE OF THE INFORMANTS

3. Profile of the FGD Participants (Summary)

1. Profile of the Informants						
ID	Sex	Age	Religion	Occupation	Educational status	Marital status
FGA1	F	19	Muslim	Student	11th	Single
FGA2	F	38	Orthodox	Gov't Empl	Diploma	Married
FGA3	F	20	Muslim	Student	1st Degree	Single
FGA4	F	21	Protestant	Student	1st Degree	Single/ separated
FGA5	F	31	Protestant	Private	Diploma	Married
FGA6	F	29	Orthodox	Private	Diploma	Single/Divorced
MSIE1	F	37	Orthodox	Private	Illiterate	Divorced
MSIE2	F	22	Orthodox	Private	10+2	Single
MSIE3	F	23	Orthodox	Private	10+3	Married
MSIE5	F	32	Orthodox	Housewife	1st Degree	Married
MSIE6	F	27	Muslim	Housewife	High School	Married
MSIE7	F	28	Muslim	Private	High School	Married
MSIE8	F	22	Protestant	Student	1st Degree	Single

2. Profile of the key informants

EOTCDC1	M	45	Orthodox	DC employee	1st Degree	Married
EOTCDC2	M	48	Orthodox	DC Employee	1st Degree	Married
EOTC	M	53	Orthodox	Priest	Church Education	Married
EEC	F	42	Protestant	EEC Empl	1st Degree	Married
EIAC	M	43	Muslim	EIAC Empl	High School	Married
FGA	F	33	Orthodox	Midwifery	1st Degree	Married
MSIE	F	29	Orthodox	Gynecologist	1st Degree	Single
MSIE	M	30	Protestant	Midwifery	1st Degree	Single
EWLA	M	45	Orthodox	Lawyer	1st Degree	Married

		Age Range			
		<21	21-22	>22	
ID	Religion		No		**Total**
AAUO	Orthodox	1	6	3	9
AAUP	Protestant		4	1	6
AAUM	Muslim		5	1	6
	Total	1	15	5	21