

nowadays) at just the moment when Mr Vorster and some of his supposedly more enlightened colleagues are trying to convince this same world that the Government is beginning to become a little reasonable.

The fact is, of course, that at the same time as Mr Vorster and Co. are taking pains to persuade the world at large that they are becoming more liberal, they are taking equally intense pains to persuade the right wing of their own party that, for all the malicious distortions of the local and overseas press, they are certainly not lapsing into the frightful heresy of liberalism. There is perhaps some small significance in the fact that, a week or so after the disabling of the Christian Institute, there came the proclamation that apartheid was soon to be dismantled in Namibia/South-West Africa. Not that we wish to accuse Mr Vorster of downright machiavellianism: we believe that Nationalists are not really capable of machiavellianism, a procedure which—

evil though it is—requires considerable intelligence and finesse.

All successful politicians, alas, seem to have to learn the art of saying slightly different things to different groups of people. But it isn't often that one has the spectacle of a public figure making pronouncements which contradict one another completely. Mr Vorster is sometimes pictured, by some of the sillier South African journalists, as an impressive and triumphant figure, bestriding the narrow world of Southern African politics like some sort of colossus. But perhaps a truer picture of him is this: he is standing on a patch of ground which is steadily being washed away by the currents of powerful feeling that he and his predecessors have by their foolishness brought into being. So far from being mighty and triumphant, Mr Vorster is a small man, uncertain, confused, and rather pathetic. □

THE “LEGALISATION” OF ABORTION IN SOUTH AFRICA

by Marjorie Dyer

In the face of a world tendency to make legal abortion freely available to women, South Africa's Abortion & Sterilization Bill of 1975 is starkly reactionary.

While the first Roman Catholic country, France, has legalised abortion in 1974, and while even in Italy, under the direct domination of the Vatican, there is a demand for a liberal law, and while legal abortion is now available to half the world's women, South Africa's legislators have produced a bill which is inhumanitarian and cumbersome, prescribes heavy penalties for abuse, and is bound to perpetuate the problems created by over-fertility and unplanned procreation.

In 1973 a draft bill was read in Parliament; this was then referred to an all-male Parliamentary Select Committee which heard evidence for a year before producing the Abortion & Sterilization Bill of 1974. There were protests about the all-male committee. At the time of its constitution there were two women in the House, neither of whom was invited to serve on the committee; cf. the Lane Committee which deliberated in England for three years on the working of the British Abortion Act, under the chairmanship of a woman—

Mrs Justice Lane—and consisted of 10 women out of 16 members. In replying this year in the House to repeated protests about the all-male Select Committee, a Member stated that there was no need to have a woman on the Committee for “if one wanted to abolish capital punishment today surely one would not appoint a bunch of murderers to go into the matter”!

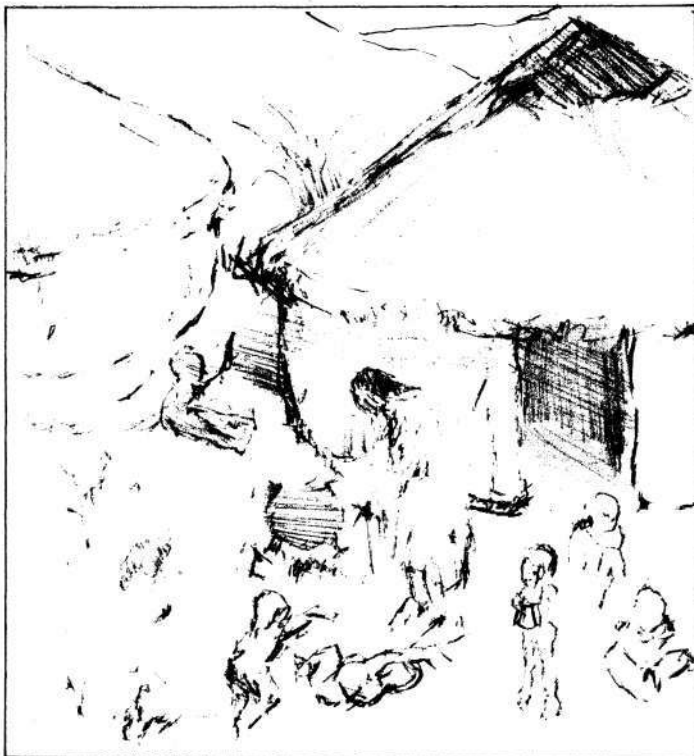
As a result of its deliberations the Select Committee produced a Bill which differed significantly from the original draft bill of 1973. The original bill contained a clause which stated that a medical practitioner could procure an abortion “where the continued pregnancy may endanger the life of the woman concerned or may constitute a serious threat to her physical or mental health”. This clause was similar to one in the British Abortion Act which has been widely interpreted there, virtually to authorise abortion on request. Approximately 80% of abortions done in Britain today are done for psychological reasons.

But in our 1974 bill the physical and mental indications for abortion have been separated. As far as the physical indication is concerned, the doctor has to certify that

“the continued pregnancy endangers the life of the woman concerned, or so constitutes a serious threat to her physical health that abortion is necessary to ensure the life or physical health of the woman”; in other words this clause limits abortion to a small number of women suffering from e.g. very severe heart or kidney disease.

The mental health clause now reads as follows: “where the continued pregnancy constitutes a serious threat to the mental health of the woman concerned and the continued pregnancy creates the danger of permanent damage to the woman’s mental health”. This clause virtually excludes abortion on psychological grounds, as psychiatric illnesses are notoriously unpredictable and it is almost impossible to prognose that a psychological or psychiatric condition will be permanent.

In the original draft bill of 1973 provision was made for abortion for girls of under 16 years; in the 1975 bill they are excluded unless they are idiots or imbeciles. Can it seriously be argued that some purpose is served by forcing these girls, children themselves, either to go through with a pregnancy or to seek unskilled help? In the first alternative, this age-group is exposed to greater complications of pregnancy and delivery and of course usually to the psychological trauma of giving their babies up for adoption, if such adoption opportunities exist. As far as the African and Coloured girls are concerned it is virtually impossible to arrange successful adoptions, and the babies are frequently handed over to poor foster parents or grandparents who, by virtue of age and socio-economic conditions, are not suited to the rôle of guardians of young babies. It is pertinent that the Medical Officer of Health of Cape Town reported in 1973 that 75% of Coloured teenage births were illegitimate and that the greatest increase in illegitimacy occurred amongst 13 year-olds.



Rural Responsibility for the unwanted



‘Backstreet’ Abortions

The alternative to unwillingly going to term, and one to which many girls already resort, is a back-street abortion, with its attendant death-rate of one in 250, and permanent sterility rate of 1 in 3. There has been a great deal of argument about the numbers of back-street abortions occurring annually in South Africa, and this is obviously a very difficult figure to estimate. Many women who undergo abortions are fortunate and suffer no ill effects, or are subsequently attended to by private practitioners so that they never “become statistics”. Statistics are based on deaths from abortion and on septic abortions. (It appears that over 90% of septic abortions follow interference with the pregnancies, either by the women themselves or by abortionists.) What we do know is that about 25% of all bed space in our gynaecological wards is filled with women seriously ill as a result of interference with pregnancy; that a special septic abortion unit created at Groote Schuur Hospital has the highest bed occupancy and patient turnover of all the wards in the hospital; that Baragwanath Hospital treats 7 000 and King Edward VIII 4 000 septic cases annually. It is therefore obvious that, whereas it has often been argued that if abortion were legalised the wrong people would avail themselves of it, the whole spectrum of our population groups is currently availing itself of illegal abortion and would surely be candidates for legal abortion. On the basis of the argument that the “wrong” people would have the abortions, it could be contended that we should abolish our family planning services, as only the “wrong” people, the reasonably educated, intelligent, motivated and responsible, are using them. But we realise that, on the contrary, we must redouble our efforts and increase expenditure to educate and persuade people in their use, as we would have to do if abortion services were available.

It is also contended that medical and hospital facilities would be over-strained to deal with all the abortions that would be requested; it must be obvious that legalised abortion lightens the burden of the ante-natal clinics, the obstetric wards, the gynaecological wards currently dealing with septic abortions, the pediatric wards and out-patients’ departments, etc., etc.

and in the end provides a great saving of medical services and woman-hours of work. It is not necessary for beds to be available for most early abortions, as these patients are treated as out-patients.

In countries in which abortion is legal, educational campaigns include encouraging women to seek advice and help as early as possible, as abortions done in the first eight weeks of pregnancy are easier, quicker and have a very low complication rate. They can in fact in the majority of cases be done as out-patients, i.e. without any bed occupancy at all. And, perhaps most significant of all, it has become clear from countries in which ideally abortion is combined with counselling about contraception and sterilisation such as in America, that to over 95% of women abortion is a once-only experience. Thereafter they are much more amenable to contraceptive advice or to the acceptance of sterilisation. It has also been found that the small percentage of women who come for repeated abortions tend to be women of lower morals—in fact often prostitutes—hardly candidates for responsible parenthood.

It must be obvious by now that whereas the South African Abortion Bill theoretically legalises abortion on certain very narrowly laid-down grounds, its whole intention is to prevent and not facilitate abortion. The Chairman of the Select Committee stated to the press (18.8.74) that "there are no loop-holes in the Abortion Bill". And his attitude had the support of the S.A. Medical Council when it ruled that in terms of existing and proposed legislation medical practitioners could not refer patients elsewhere for abortions. One can envisage an interesting test case—surely a doctor can refer a case to a colleague anywhere in the world for an opinion—and treatment!

or in the case of the mental health clause one of them must be a state-employed psychiatrist, or in the case of rape or incest one of them must be a district surgeon. The abortion may be performed only at a state-controlled institution and with the written authority of the superintendent (possibly Dr. No. 4). To complete the welter of paper-work involved and as a final onslaught on the privacy of the patient, and to prevent doctors from being tempted to use their judgement when they are consulted by desperate women, a detailed report on every abortion has to be sent to the Secretary of Health within 21 days.



In many country towns there may be only one doctor, or all the doctors may be in partnership, thus forcing the unfortunate woman to travel around for her various certificates. To the under-privileged these complicated provisions will represent an insurmountable stumbling-block; on the other hand the local abortionist is apparently easily available judging from the results of the handiwork, and as in other countries (e.g. many Roman Catholic countries) where prohibitive legislation exists, the abortionist will flourish.

A request for abortion is also surely the one which, above all, requires to be dealt with with a maximum of privacy; this has been brutally denied to the South African woman who is to be shunted from doctor to doctor. Particularly in the case of rape it is accepted in civilized countries that the evil psychological effects of the experience can be minimised by gentle and considerate attention by nursing and medical personnel; but the South African woman will have to recount her experience to three doctors, one of them a district surgeon, to the police and to a magistrate.

It therefore appears to me that our Abortion Bill is a very bad piece of legislation; firstly, as already mentioned, in every other country in which such a law exists, back-street abortion with its attendant complications of ill-health, sterility and death flourishes; alternatively, women are to be forced



In order thus to prevent easy abortion the method by which the abortion is to be obtained has been made as complicated and combersome as possible. On the narrow grounds already specified, a practitioner (let's call him Dr. 1) may perform an abortion if 2 other practitioners (Drs. 2 and 3) have certified in writing that the patient falls into the stated categories; Drs. 2 or 3 may not do the abortion, may not be partners, and one of them must have been registered for 4 years;

to give birth to unwanted children. Some of these will be adopted (in fact one member of Parliament stated that the long list of people awaiting adoptive babies justifies his anti-abortion attitude—one presumes that he seriously implies that accidentally pregnant women must accept the rôle of human incubators for others who are infertile). The babies, very often Coloured and African babies who are not adopted, or who are handed over to irresponsible foster-parents, are the problem children. The anti-abortion faction which rejects termination of pregnancy on the grounds of respect for the sanctity of life seems to limit their respect for these lives until the moment of birth. The pro-abortionists on the other hand are deeply concerned about the poor quality of life forced on the unwanted. One has too often seen these children at out-patients departments, emaciated, dirty, battered and dull-witted as a result of chronic neglect, poverty, indifference or outright cruelty. These are the mothers who need sympathetic help to limit their families by every possible means, and while the perfect easy-to-use contraceptive is not yet available, these means must include legal abortion.

In this age of the parent-teachers associations when the middle-class and the well-to-do parent recognises that involvement, concern and discipline are some of the prerequisites for the development of well-adjusted and useful members of society, these same concerned parents must realise that an opposite set of conditions often breeds maladjustment. We do not really need NICRO to point out that certain specific factors have a direct influence on criminality, viz. adverse social, economic and educational conditions involving poverty, broken homes, over-crowding, poor educational qualifications and slum conditions. All these are built-in for so many of these unwanted babies and could be diminished by helping families to limit their numbers.

Leading on from this, and perhaps at this moment in time most important of all, our Abortion Bill could have been a most significant and constructive weapon against our over-

whelmingly high population growth. Our growth rate of 2.8% (cf. India 2.2%) is amongst the highest in the world, and our population will double in the next 25 years. Already areas like the Western Cape cannot provide adequate facilities for huge squatter populations; it is estimated that there already exists a shortage of 45 000 housing units, with a back-log of educational, medical and recreational facilities to match. The Deputy Minister of Bantu Education has just revealed that if compulsory education for Blacks from the age of 7 years were to be introduced immediately, it would require 97 000 teachers and cost R 436 million for teachers and classrooms. The preservation of our environment in the face of an exploding population is rapidly becoming a pipe-dream. Have our legislators, one wonders, read the words of Mr Robert McNamara, President of the World Bank in 1969, viz. "The problem (of population explosion) will not disappear. What may disappear is the opportunity to find a solution that is rational and humane. If we wait too long, that option will be overtaken by events. We cannot afford that. For if there is anything certain about the population explosion, it is that if it is not dealt with reasonably it will in fact explode in suffering, explode in violence, explode in inhumanity".

No country has successfully controlled population growth without abortion—to try to do so, says Dr. Malcolm Potts of the International Planned Parenthood Federation, is to try to boil a kettle with a match. Conversely many countries have used abortion in conjunction with other methods most successfully to limit population growth. Japan has halved her growth rate, China has reduced hers from 40 per 1 000 to 10.4 per 1 000. And in many of the Latin-American countries abortion laws are simply not enforced, as illegal abortion is recognised as the only significant method of population control (also ignored by the authorities is that it is the most important single cause of maternal death in Latin-America and that the treatment of its complications takes up a considerable part of the usually low budgets of their health services). If we do not take effective population control measures now we may envisage a future situation like that existing in Singapore at the moment where harsh disincentives have had to be introduced for families which already have three children, viz. no maternity leave for the women, high ante-natal delivery fee, no tax relief on the child, a lower priority on placement for the child in primary school and the bottom of the queue for state-subsidized flats.

Why then has South Africa taken this giant step backwards for her womenkind? There are obviously many factors involved. The first is the official line of the all-powerful Dutch Reformed Church viz. "thou shalt not kill". This has a false ring in a country in which the death penalty operates; and the members of the Church are inconsistent in their attitude—they support a bill which provides for the destruction of the foetus under certain circumstances e.g. congenital abnormality or rape. Take the first case: the Bill allows abortion "where there exists a serious risk that the child to be born will suffer from a physical or mental defect of such a nature that he will be irreparably seriously handicapped". What is a serious risk? If a woman has German measles in the first 12 weeks of pregnancy she has a 20% chance of giving birth to a congenitally abnormal baby and abortion is the generally accepted alternative; therefore in these cases four out of every five fetuses destroyed would have been normal.





The second factor militating against more liberal attitudes is that the whole concept of legal abortion is a new one, one which requires deep study and re-orientation, particularly in a very conservative society. The fact that the Parliamentary Select Committee deliberated for one year only did not allow the detailed investigation into the problem, the unbiased review of the pros and cons which was essential before various ill-informed bodies made their representations to the Committee. We have apparently taken no cognisance of the experience of other countries in which legal abortion is working successfully. Can half the world be wrong and South Africa right?

But the main obstacle in the path of a realistic attitude to abortion has been the apathy and ignorance of South African women. We live in a paternalistic society; the majority of women are content to devote their "non-domestic" time to social and charitable work, in fact to tea-making and fund-raising. Although they comprise the majority of the voters in this country they are pathetically poorly represented in governing bodies. They have no conception of their potential strength, much less the motivation to utilize it. They are in fact only just beginning to protest against man's inhumanity to woman.

For let us make no mistake, when all is said and done the whole problem of abortion is a humanitarian one. Concerned as we are about the population explosion with its attendant evils of pollution and shortages of facilities and basic resources, the problem of unwanted pregnancy is the problem of each individual woman. It is the humanitarian personal problem of a woman who realises that her pregnancy is a potential threat to her already existing children, to her marriage, to her career, to her very life. It is the problem of a woman turned away by the law from the skilled medical help she should be able to rely on, either to the fear and danger of unskilled help or to the devastating alternative of giving away her child, or to the often unsuccessful adaptation of being mother to an unwanted human being.

In reviewing the report of the Lane Committee in England, the Editor of the British Medical Journal stated last year: "running through the 700 pages of the report is a humanitarian approach to the problem". In reviewing the various restrictive and punitive clauses of the South African Abortion Bill one can say, in contrast, that not one spark of humanitarianism has been allowed to filter through. □

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