
POPULATION - VITAL STATISTICS

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Social crisis ahead for SA — Shisana

(237)

ANEEZ SALIE

SA CT 18/11/96

A SOCIAL crisis faced South Africa, where the teenage pregnancy rate was the highest in the world and two million people were infected with HIV, Dr Olive Shisana, director-general of health, said last night.

She was speaking at the opening of a national conference at the University of the Western Cape on Health Promoting Schools in South Africa — Challenges for the 21st Century, organised by the Medical Research Council.

Dr Shisana revealed that in 1990 four out of every 10 births were to teenagers, and in 1993 about 4,6% of all babies born with Aids had teenage mothers.

"The best family-planning method is to keep the girl child in school, because with education she is in a better position to make choices," she said.

Teenage pregnancies, Aids infecting SA

(237)

Star 19/1/96

New role planned for schools in health promotion as teenage pregnancies and HIV transmission continue to soar

OWN CORRESPONDENT
Cape Town

A huge social crisis lay ahead for South Africa, which has the highest teenage pregnancy rate in the world and two million people now infected with the HIV virus, says Dr Olive Shisana, Director-General of Health.

She was speaking this week at the opening of a national conference at the University of the Western Cape on Health Promoting Schools in South Africa - Challenges for the 21st Century, which was organised by the Medical Research Council

Dr Shisana revealed that in

1990, four out of every 10 births were to teenagers, and in 1993 about 4,6% of all babies born with Aids had teenage mothers

"The best family planning method is to keep the girl in school, because with education she is in a better position to make choices," said Dr Shisana.

She called for school children to be supplied with condoms, and for them to be taught how to use them, even though she advocated abstinence as the most desirable method of birth control

She listed teenage pregnancies as the top of five priorities for her department, aids being next, followed by alcohol, drugs and smoking

The deputy minister of Welfare, Ms Geraldine Fraser-Moleketi, who also spoke at the conference, said South Africa had arrived at a critical moment.

"This is a year of great expectation," she declared, but warned against quick-fixes

"We should choose the harder developmental option, which results in real empowerment of communities"

The conference runs until today and will be addressed by a wide spectrum of local and international education and health experts. The aim is to ensure that schools become centres for promoting health and for the provision of health services

Census will be bigger project than elections

Star 24/1/96 (304A)

Head count to cost R365-m, and info

gathered under extraordinary (237)

deadlines will be confidential

BY KARIN SCHIMKE
Political Staff

South Africa's first post-apartheid census, scheduled to take place in October, will cost around R365-million to conduct, with R6,3-million being used on external publicity alone, a spokesman for the Central Statistical Service (CSS) said yesterday.

More than half of the R365-million will be used during the three-week enumeration period (when enumerators are in the field helping people to fill in their census questionnaires), starting from October 10.

The money will be used mostly to pay the estimated 70 000 enumerators and 7 000 chief enumerators.

Some of the money is being used for the preparation of the census, which includes demarcating the country and preparing and printing questionnaires. The rest will be absorbed by the counting and publication process that will follow the actual census.

The last census took place in 1991. This year's head count was scheduled to take place in March but had to be postponed so that thorough planning and preparation could be done.

CSS chief director Pali Lehohla said it usually took three years to plan a census, but this one will have to be executed in 18 months.

"We will be working under extraordinary deadlines. We will be going from door to door canvassing around 44 million people to get exact information. This exercise is the biggest national activity ever undertaken, even bigger than the elections," he said.

It will be the first census in 25 years to attempt to count all the people in South Africa, including those from the former TBVC states, squatters and illegal immigrants.

"We are investigating a process which should cut down the processing time by 40%, allowing us to release the statistics within seven to nine months," Lehohla said.

Statistics gained from the census will be used by the Government and the private sector for various purposes, including meeting basic needs such as the provision of hospitals, housing, water, sanitation and electricity.

It also creates a framework of information useful for growing the economy and infrastructure, and for demarcating the country by providing "building blocks" for electoral wards.

The census will attempt to count each person in South Africa on October 10.

Information gleaned from the questionnaires is confidential and cannot be published or used to compromise the respondents.

Getting a clear view

ONE OF THE BIGGEST CHALLENGES confronting policy makers and development planners in the new South Africa is a gross lack of adequate, accurate statistics

Decades of apartheid have meant separate data for separate race groups, the worst-researched and analysed sectors being black people in the former homelands

Nevertheless, a picture is beginning to emerge of the real nature of the crisis confronting the Government, notes Minister Without Portfolio Jay Naidoo

After a national census scheduled for October, he says, the Government will for the first time know the exact magnitude of the problems it has on hand

Naidoo was speaking at the launch of a report entitled *Key Indicators Of Poverty In South Africa*, which was released this week

The report, the first comprehensive one on the nature of poverty in South Africa, shows that compared with countries with similar levels of income, the country's scores are the worst for all social indicators except infant mortality rates and access to safe water

With a per capita gross national product of about R9 000 (1992), South Africa is a middle-income country, which puts it in the same bracket as nations like Thailand, Poland, Chile, Brazil, Malaysia and Venezuela, with which the report compared it

In this group, South Africa has the lowest life expectancy (63 years), while the highest is Chile, with 72 years

South Africa also has the highest rate of adult illiteracy - 39 percent - the lowest being Chile's seven percent (1990 figures)

But none of the group matches South Africa's 4,1 fertility rate Poland's, for example is 1,9

The survey was carried out in 1993 on 9 000 households. It shows that nearly all of the poor are Africans "Their poverty share is 95 percent. About five percent of the poor are coloureds, while Indians and whites make up a negligible share of the total number of poor"

The percentage of South Africans who are poor ranges from 35 to 55, the report notes. The economic disparities are huge. 53 percent of the population account for only 10 percent of total consumption, while only 5,8 percent of the population consumes 40 percent

The report, part of a comprehensive information-gathering exercise that will form the basis for Government spending, was done by Naidoo's Ministry, which is responsible for the Reconstruction and Development Programme, with assistance from the World Bank

Now, the focus is on establishing exactly

A national census this year will for the first time show the Government the magnitude of the problems it faces. **Gumisal Mutume** discusses the importance of information derived in this way...

Sametaw 25/1/96 Zetta (237)



Minister Jay Naidoo ... Information-gathering will form the basis of Government spending.

how many people there are in South Africa. A start will be made in October, when the census kicks off

"The census itself restores human dignity," notes Naidoo. "For the first time, every house is going to get an address"

"We take this for granted, but there are millions of people in this country who do not have a physical address. (The census) is part of a huge nation-building exercise"

Knowing where people live, how many of them live there and what their needs are cannot be over-emphasised in the distribution of resources, according to Naidoo

South Africa's population is currently estimated at about 41 million, based on figures collected in the last census in 1990, which was aerial - taking pictures of shacks, for example, and estimating how many people lived in them. Independent household surveys have also been

conducted since then

"It is very difficult to present population-related data on South Africa because there is no efficient method of data collection yet," notes a population policy paper produced by the Welfare Ministry

"Many figures do not include previous homelands, other figures are the result of research methods which were not accurate, such as the last census"

Because there were no official statistics to work on, South Africa was not included in certain indicators in the 1995 United Nations Human Development Report

"The census will be critically important in

answering a few very basic questions such as how many people are there in this country, where do they live, what kind of conditions they live in," notes World Bank economist Stephan Klasen

He says, however, that in line with the latest figures emerging from the report on poverty, the World Bank is working on recommendations regarding areas the Government should emphasise in its development thrust

"We are working on recommendations like how can one move from general principles (that) focus on labour-intensive economic growth, investment in human resources and so on, to the specifics that will achieve such goals," says Klasen

For example, he says, the indicators in the poverty report show that job creation has to be a major priority area if the Government is to deal with an unemployment rate estimated at about 50 percent -Sapa-IPS

Anti-abortion lobby blocks IFP plans 237

M+G 9-15/2/96 ~~(237)~~

A one percent party has taught the Inkatha Freedom Party a lesson of biblical proportions, writes **Ann Eveleth**

WHEN push finally came to shove it took a political David to bring Goliath to his knees and turn KwaZulu-Natal's interminable constitutional process on its head

Holding out for a controversial clause prohibiting abortion, the minuscule (0,7%) African Christian Democratic Party (ACDP) quashed the Inkatha Freedom Party's hopes of rail-roading minority parties into a constitutional settlement which would bypass the African National Congress

The ACDP says its demand for an anti-abortion clause in the constitution is "bottom line" and the party will not vote for a constitution that excludes it: "Abortion [prohibition] is a cardinal principal of the ACDP. If we give up on this demand, we might as well not exist," declared the party's lone MP, Alex Fakude

The ACDP's stand was the final spoke in the wheel of the IFP's erstwhile strategy to secure minority party support for its constitution. The fragile political balance in the province is such that a single minority party opposition vote would require the IFP to seek ANC support

Unable to support the ACDP's controversial clause, the IFP realised in the 11th hour that its chances of pleasing the five disparate minority parties were fading fast, and was forced to turn the other cheek to seek agreement with its nemesis, the ANC

One of many lessons IFP hardliner Walter Felgate learned in his failed bid to entrench the party's original confederal demands in the provincial constitution, the ACDP's unwavering demand has also dramatically shown up the folly of the IFP's Constitutional

Assembly boycott. The ACDP's one percent party packed a heavy punch despite its complaints of early "trivialisation" of its issues by the leading parties.

In contrast, the IFP decided early in the national constitutional talks that its 10% party would gain little from participation in the Constitutional Assembly. Sceptical of a potential anti-ANC alliance with the National Party and Democratic Party, the IFP deserted its backbench colleagues for greener pastures. Putting all of its eggs in the provincial basket, the party abandoned the Constitutional Assembly and set its sights on guaranteeing greater provincial powers through the backdoor.

If KwaZulu-Natal could adopt a provincial constitution in advance of the national constitution, the Constitutional Assembly would face enormous political pressure to incorporate IFP demands into the final national document — or at the very least, to agree to international mediation on a formal list of "outstanding issues".

Although the interim constitution does not bind the Constitutional Assembly to respond to provincial constitutions, the fact that the ANC understood the political implication of the strategy is borne out by its instruction to the seven ANC-controlled provinces to delay their constitutions until after adoption of the final national constitution

The ANC's apparent stalling tactics in KwaZulu-Natal — easily sustained with legitimate demands occasioned by IFP bluster and steamrolling strategies — also suggests the ANC understood the impact of the IFP strategy. The strategy rested, however, on two pillars: the speedy conclusion of the KwaZulu-Natal process and a two-thirds approval for wide-ranging provincial powers, neither of which was attained

IFP's two-thirds majority at risk over abortion clause

20 9/2/96

(257)

Farouk Chothia

DURBAN — The African Christian Democratic Party has vowed to deny the IFP a two-thirds majority for a constitution for KwaZulu-Natal if an anti-abortion clause is excluded from the province's supreme law

At the same time, the DP has warned it will vote down the constitution if an anti-abortion clause is included. The IFP needs the support of both minority parties if it is to get a two-thirds majority for the constitution in the legislature without striking a deal with its archenemy, the ANC.

An IFP insider said the ACDP's demand was a setback to IFP hopes of obtaining that party's support. As a fallback measure, the IFP would make a concerted effort to strike a constitutional deal with the ANC.

The IFP's strategy initially hinged on obtaining a two-thirds majority for the constitution with the support of the ACDP, PAC, Minority Front (all of whom have one MP each) and the NP and DP. A deal with the ANC would not be

necessary in such a case.

Addressing a news briefing arranged by the KwaZulu-Natal constitutional committee yesterday, ACDP MP Rev Alex Fakude said that his party's anti-abortion stance was non-negotiable.

"If the constitution is to be aborted because we are defending Christian principles, so be it," Fakude said.

IFP secretary-general Ziba Jiyane said anti-abortion was a "difficult" issue that had to be overcome. One option was to include it in the constitution as a "positive principle" to be drafted in such a manner that it did not become a make-or-break issue for parties.

The KwaZulu-Natal legislature published a draft constitutional Bill earlier this week, which the IFP hopes will be adopted in the legislature on February 26.

IFP negotiator Mike Tarr said the IFP wanted the provincial constitution to be certified by the Constitutional Court before the national constitution was finalised.

The provincial constitution would reflect IFP demands for inclusion in the national constitu-

tion, due to be adopted on May 9.

ANC negotiator John Jeffery said the IFP had probably "missed the boat". He doubted the court would be able to certify the provincial constitution in two months. The national parliament had referred education Bills to the court about three months ago, and no ruling had yet been made.

Jeffery said the ANC believed that February 26 was too early to adopt a provincial constitution. The draft Bill had still not been published in Zulu, and this denied a large number of people the opportunity to study it.

DP KwaZulu-Natal leader Roger Burrows said an "extremely difficult" two weeks lay ahead, with major differences between the parties unresolved.

These include the form of the executive — the NP insists that a council of state be formed to entrench power sharing — and the Bill of Rights.

Local government is also hotly disputed. IFP demands that it be a provincial competence, and the ANC wants it be a concurrent power with central government.



Health N the recru

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CT 16/2/96 (237)

1 in four pregnancies terminated, UN finds

NEW YORK: About 45 million abortions take place worldwide every year, or about one abortion for every three live births, a UN report said yesterday

Of those, about 20 million are performed under unsafe conditions, said the report by the UN Population Fund. It said "more than 70 000 women die annually as a result of complications arising from unsafe abortions"

"In countries where abortion is legal and widely available, abortions little threat to a woman's reproductive health," the report said

"Where abortion is illegal, however, it is usually performed in medically sub-standard and unsanitary condi-

tions, leading to a high incidence of complications and resulting in chronic morbidity and often death"

Abortion laws are less restrictive in northern Europe and North America than in Africa and Latin America. Most nations allow abortions to save the pregnant woman's life, but relatively few countries (29%) permit it for economic and social reasons

UN officials are calling on nations to improve education and health services to women and their families

It believes the best way to safeguard against abortion is to provide quality reproductive health and family planning services — Sapa-AP

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One in every four babies aborted, says UN report

REUTERS
United Nations

At least 45 million abortions are believed to be performed annually throughout the world, or nearly one for every three live births, according to a UN report. It said approximately 25 million legal abortions were carried out around 1990, or one for every six live births.

The World Health Organisation (WHO) had estimated some 20 million unsafe abortions were performed annually.

The report, on reproductive rights and reproductive health,

(237) Star 20/2/96
dated January 15, was made available last week.

Public concern had been expressed in some cases primarily because of alarmingly high rates of maternal mortality and morbidity. In others the issue attained high visibility more from public debate over the moral and legal status of abortion and the role the state should play in permitting or denying access to induced abortion.

"In countries where abortion is legal and widely available, abortions generally pose a relatively small threat to women's reproductive health," it said. "Where abortion

is illegal, however, it is usually performed in medically substandard conditions, leading to a high incidence of complications and resulting in morbidity and often death."

The report said the WHO estimated more than 70 000 women died annually as a result of complications arising from unsafe abortion.

The incidence of unsafe abortions varied from 30 or more per 1 000 women aged 15 to 49 in eastern and western Africa, Latin America and the Caribbean and the former Soviet Union, to fewer than two per 1 000 in that age group in northern Europe and north America.

IFP seeks referendum on abortion in KwaZulu-Natal

(237) BB 11/3/96

Farouk Chothia

DURBAN — The IFP national council decided on Saturday that a referendum would be held in KwaZulu-Natal on whether abortion should be declared illegal.

The proposal signals a breakthrough with the African Christian Democratic Party in negotiations over a provincial constitution. It will be the second referendum being considered in the province.

Parties had already indicated support for a referendum on a provincial capital after failing to reach agreement on the issue.

NP KwaZulu-Natal caucus chairman Tino Volker said while referendums were costly, they were the only way to break deadlocks.

The council said in a resolution its negotiators and parliamentarians had been given a mandate to "enter into a commitment to hold a referendum in the province as soon as is feasible"

The IFP bowed to pressure to include such a clause in the provincial constitution after the ACDP threatened to deny it a two-thirds majority for a constitution. A provincial constitution is scheduled to be finalised today, before being put to the vote in the legislature on Thursday.

ACDP MP Alex Fakude said he wanted to see the final wording of the referendum clause before commenting. However, the chances were that he would now vote in favour of the constitution. There was "mass support" against abortion and the ACDP was certain of having it outlawed.

IFP chief negotiator Walter Felgate said the council had "empowered" IFP negotiators to reach a settlement with the ACDP. However, support of other parties still had to be obtained. Talks also had to take place with the ACDP over the wording of such a clause.

Volker said he understood that the

Continued on Page 2

Referendum

Continued from Page 1

constitution would not automatically guarantee a referendum on abortion. A referendum would be called only if one third of MPs, or 100 000 members of the public, asked for one.

IFP secretary-general Ziba Jiyane said recently that the majority in the IFP were against abortion.

The ANC does not believe that

KwaZulu-Natal has the competence to make a decision on abortion, but says the Constitutional Court should interpret the national Bill of Rights to see whether abortion is allowed.

Volker said the NP supported the clause in order to see progress in efforts to pass a constitution.

DP KwaZulu-Natal leader Roger Burrows — whose support the IFP needs for a constitution — said the DP was against KwaZulu-Natal taking a stance on abortion different from the rest of SA.

QUESTIONS

†Indicates translated version

For written reply

Department of Labour: appointment

12 Mr J A JORDAAN asked the Minister of Labour

Whether a certain person, whose name has been furnished to his Department for the purpose of his reply, is employed by his Department, if so, (a) when was he employed, (b) in what position is he employed and (c) what (i) salary is he receiving at present, (ii) is his age, (iii) are his qualifications, (iv) was his occupation immediately prior to his appointment to the Department and (v) experience relevant to his current position does he have?

N57E

The MINISTER OF LABOUR

The filling of posts in the management echelon of the Department of Labour was transparent, participatory and vigorous. In this particular case I personally presided over the interviewing proceedings which included the Director-General of the Department, the two Deputy Directors-General as well as representatives of our social partners. Against this background I would like to furnish you with the required information.

(a) Mr M P Makwana was appointed on 17 July 1995

(b) Mr Makwana was appointed as Director Equal Opportunities in the Chief Directorate Labour Relations

(c) (i) At present Mr Makwana receives a salary of R131 478 pa (fixed) (This is the salary as prescribed by the Public Service Commission for a Director)

(ii) Mr Makwana is 25 years of age

(iii) Mr Makwana possess a B Admin (Hons) Public Administration degree

(iv) See item (v) hereunder
Experience relevant to his current position

(v) 31 January 1991 Department of Posts and Telecommunication as Personnel Officer

26 June 1991, Mr Makwana was translated to the rank of Human Resources Officer (Functional Training)

7 February 1992 Public Administration Technikon Northern Transvaal Part-time lecturer

7 October 1992 SA Post Office Ltd Labour Relations Officer

South African Motor Corporation (SAMCOR) Senior Personnel Representative

1 March 1994 Black Management Forum Organisational Transformation Consultant

1 October 1994 Promoted to full Head of Division

Therapists: conditions of service

15 Mr M J ELLIS asked the Minister of Education

(1) What is the current status of therapists employed in schools under his control,

(2) whether therapists receive the same conditions of service package as CS educators, if not, (a) why not and (b) how do the packages differ, if so, what package do they receive,

(3) whether the same conditions of service for therapists are offered throughout the Republic, if so, what are the relevant details, if not, in what respect do they differ between the provinces,

(4) whether this situation is to be rectified in future, if not, why not, if so, when,

(5) whether he will make a statement on the matter?

N60E

The MINISTER OF EDUCATION

(1) The Educators' Employment Act, 1994, defines persons who provide professional therapy at any school as educators

(2) No

(a) The Educators' Employment Act, 1994 determines that the Minister of Education determines the conditions of service of educators subject to the provisions of the Education Labour Relations Act, 1993, (Act No 146 of 1993)

This implies that the conditions of service of educators have to be negotiated and agreed to in the Education Labour Relation Council (ELRC) before they can be determined by the Minister. The position of therapists is currently on the agenda of the ELRC and no agreement has as yet been reached in this regard. In view of this position, the conditions of service of therapists, as arranged by the Public Service Act, are still in force.

(b) The post structure and conditions of service of the occupational class Health therapist are set out in a Personnel Administration Standard (PAS) provided by the Public Service Commission for the occupational family Nursing and related personnel. This complex post structure and accompanying salary scales are totally different from the similarly complex structures of educators and therefore difficult to compare. Copies of documents setting out the relevant details are attached.

(3) Yes, the conditions of service of therapists as prescribed in the PAS apply to all therapists in the employment of educational institutions

(4) The position of therapists is currently being dealt with by the ELRC. The outcome of negotiations can, however, not be predicted.

(5) No

Illegal abortions

53 Ms K W NQWEMESHA asked the Minister for Health

(a) How many cases of illegal abortion were reported in each month in (i) 1994 and (ii) 1995, (b) how many of these abortions were performed by or on women (i) between the ages of (aa) 12 to 14, (bb) 14 to 16, (cc) 16 to 18 and (dd) 18 to 20 and (ii) above the age of 20 and (c) how many prosecutions were instituted in respect of illegal abortions in (i) 1994 and (ii) 1995?

N99E

The MINISTER FOR HEALTH

(a) The total number of incomplete abortions reported by hospitals — residues surgically removed — were 36 238 in 1993 and 41 875 in 1995 — see attached schedule (Annexure A). It is unknown how many of these were spontaneous or induced abortions.

(b) The Department of Health has no record of illegal abortions of or by whom they are performed.

(c) Prosecutions are done by the Department of Justice not the Department of Health. The attached information as kept by the Department may be of assistance (Annexure B).

ANNEXURE A
The annual number of operations connected with an abortion or the removal of the residue of a pregnancy in terms of section 8(c) of 1984/5 to 1995

Reason for operation	1986/7	1987/8	1988/9	1989/90	1990	1991	1992	17/93 to 30/6/94	17/93 to 30/6/95
Inevitable miscarriage	2 088	2 398	2 179	2 140	2 260	1 688	2 298	3 219	5 317
Incomplete miscarriage	32 488	31 739	31 554	34 956	33 407	18 939	23 814	32 127	35 581
Septic miscarriage	1 291	1 398	1 280	912	1 072	566	550	840	898
Signs of foreign material	15	17	25	19	19	14	13	52	79
Total	35 882	35 551	35 038	38 027	36 758	21 207	26 675	36 238	41 875

Notes

- 1 Source
1986 to 1989 Annual Reports of the Department of National Health and Population Development, 1989 to 1990 Subdirectorate
Data Coordination of the Department of
- 2 Reporting period
1 July to 30 June 1986 to 1991, 1 January to 31 December for 1990 to 1992 (Note Data referable to 1 January to 30 June 1990 are included in 1989/90 and 1990)

ANNEXURE B

Legal abortions 1994
Total = 2 180

Age Group	Abortions	Total %	Reason	Abortions	Total %
10-14	56	2,6	1	116	5,3
15-19	320	14,7	2	1 655	75,9
20-24	607	27,8	3	290	13,3
25-29	482	22,1	4	116	5,3
30-34	374	17,2	5	3	0,1
>34	341	15,6			

Population Group	Abortions	Total %	Marital Status	Abortions	Total %
White	1 337	61,3	Married	551	25,3
Coloured	396	18,2	Never married	1 376	63,1
Asian	62	3,3	Divorced	223	10,2
Black	375	17,2	Widow	30	1,4

	Age group							
	White		Coloured		Asian		Black	
	Number	Total %	Number	Total %	Number	Total %	Number	Total %
10-14	9	0,7	21	5,3	1	1,4	25	6,7
15-19	180	13,5	58	14,6	11	15,3	71	18,9
20-24	412	30,8	97	24,5	25	34,7	73	19,5
25-29	314	23,5	75	18,9	15	20,8	78	20,8
30-34	217	16,2	77	19,4	13	18,1	67	17,9
>34	205	15,3	68	17,2	7	9,7	61	16,3

	Marital status							
	White		Coloured		Asian		Black	
	Number	Total %	Number	Total %	Number	Total %	Number	Total %
Married	357	26,7	97	24,5	27	37,5	70	18,7
Never married	804	60,1	241	60,9	42	58,3	289	77,1
Divorced	158	11,8	51	12,9	3	4,2	11	2,9
Widow	18	1,3	7	1,8	0	0,0	5	1,3

	Reason							
	White		Coloured		Asian		Black	
	Number	Total %	Number	Total %	Number	Total %	Number	Total %
1	54	4,0	23	5,8	2	2,8	37	9,9
2	1 093	81,8	296	74,7	55	76,4	211	56,3
3	174	13,0	37	9,3	11	15,3	68	18,1
4	16	1,2	38	9,6	4	5,6	58	15,5
5	0	0,0	2	0,5	0	0,0	1	0,3

Service charges: amounts written off

92 Mr J A JORDAAN asked the Minister for Provincial Affairs and Constitutional Development

What total amount owing to local authorities was written off in 1995 in respect of service charges in each (a) province and (b) municipal area?

N172E

THE MINISTER FOR PROVINCIAL AFFAIRS AND CONSTITUTIONAL DEVELOPMENT

The information is currently not available in the Department

The Department is presently liaising with the provinces and the Institute of Municipal Treasurers and Accountants to obtain this and other financial information from the more than 800 local authorities in the country. This process is expected to take a number of months.

Service charges: debt

93 Mr J A JORDAAN asked the Minister for Provincial Affairs and Constitutional Development

What total amount was owing to local authorities in respect of service charges in each (a) province and (b) municipal area as at the latest specified date for which information is available?

N173E

THE MINISTER FOR PROVINCIAL AFFAIRS AND CONSTITUTIONAL DEVELOPMENT

The information is currently not readily available in the Department

The Department is presently liaising with the provinces and the Institute of Municipal Treasurers and Accountants to obtain this and other

financial information from the more than 800 local authorities in the country. This process is expected to take a number of months.

SAPS: posts in highest ranks

99 Mr H A SMIT asked the Minister for Safety and Security †

(a) How many posts (i) currently exist and (ii) existed on (aa) 1 January 1995 and (bb) 31 December 1995 in each of the highest three ranks in the South African Police Service and (b)(i) how many persons in these ranks were promoted to a higher rank in 1995 and (ii) what experience did each of these persons acquire in the SAPS prior to their promotion?

N208E

THE MINISTER FOR SAFETY AND SECURITY

(a) (i) 19

(ii) None

The South African Police Service was only established on 1 December 1995

(ii) (bb) 19

(b) (i) None

Nobody was promoted. They were all appointed in their present ranks.

(ii) Not applicable

None of them were promoted. They were all serving members of the South African Police or the Police Agencies of the former TBVC and self-governing states, who were appointed in their present ranks and who had the experience required up until then.

More incomplete abortions.

ARG 15/3/96

TYRONE SEALE Political Staff
HOSPITALS reported 41 875
incomplete abortions, where
residues were surgically
removed, during the year
that ended on June 30 last
year (237)

In the previous 12 months
the number was 36 238,
according to Health Minis-
ter Nkosazana Zuma, reply-
ing to questions tabled in
parliament.

She said that in the year
up to June 30 1995, hospitals
dealt with 5 317 inevitable
miscarriages, 35 581 incom-
plete miscarriages, 898 sep-
tic miscarriages and 79
instances where there were
signs of foreign material in
the womb.

Dr Zuma said it was not
known how many of these
had been spontaneous or
induced abortions.

She also disclosed that 2
180 legal abortions had been
performed in 1994, includ-
ing 56 on girls aged 10 to 14,
and 607 on women 20 to 24.

Abortion debate to be a 'bun-fight'

A new draft Bill will reopen the abortion debate, reports **Gaye Davis**

DRAFT legislation giving women the right to have their pregnancies terminated on request is expected to go before Cabinet in April

Minister of Health Dr Nkosazana Zuma this week confirmed a draft Bill was being finalised by her department but said she could not comment further as it had not yet reached her desk

It is understood that the draft Bill is based largely on the recommendations of an ad hoc parliamentary committee which last year heard thousands of submissions from pro-choice and anti-abortion lobbyists countrywide

While the report was adopted by Parliament, this did not mean parties supported its recommendations to liberalise abortion law.

Zuma should have little trouble getting the draft Bill approved by Cabinet, where there is no consensus on an issue it is put to the vote, and the African National Congress holds the majority of Cabinet seats

The real battle is expected in Parliament, when the legislation comes before the portfolio committee on health, and up against widely differing party positions

The Democratic Party's spokesman on health, Mike Ellis, this week predicted "an absolute bun-fight"

In terms of a national congress decision last year, DP MPs would be bound to support legislation allowing women freedom of choice to have an abortion within the first trimester of pregnancy, Ellis said. However, the party was opposed to allowing abortions as late as 24 weeks and would "scrutinise the draft Bill's wording very closely"

National Party MPs will be allowed a free vote,

meaning they can vote according to their individual consciences NP MP Sheila Camerer said while the party supported amending the law to improve women's access to legal abortions, the party was opposed, on moral and religious grounds, to "abortion on demand for family planning purposes"

Camerer said she believed the ANC was trying to "constitutionalise" the right to abortion on demand by bringing a new version of the clause relating to the security of the person, which deals with reproductive rights

ANC MP Naledi Pandor denied this, saying the ANC's constitutional proposal went "far beyond the single sub-clause dealing with reproductive matters", which reflected a position taken at the Carro conference on women and which had been supported by all parties, including the NP.

While ANC MPs are known to be divided on the issue of abortion, the ANC's official position is that women should have the right to choose. The question of a free vote thus did not apply, Pandor said. But she added it was a matter "which requires discussion by the NEC and the caucus".

The Inkatha Freedom Party is split on the issue and MPs are under intense pressure from traditional and religious groupings in KwaZulu-Natal to take an anti-abortion stand. IFP MP

Sue Vos said party leader Chief Mangosuthu Buthelezi had given his backing to a free vote on the issue

The Freedom Front and the African Christian Democratic Party are opposed to abortion on request, while the PAC supports freedom of choice "within a regulatory framework", according to MP Patricia de Lille.

In its report, the ad hoc parliamentary committee recommended that the Abortion and Sterilisation Act of 1975, which allows abortion only under strict circumstances, be repealed, and that

● a new act provide for abortion, on request, up to 14 weeks and up to 24 weeks under certain specified conditions. It is understood that these conditions, which included a woman's socio-economic circumstances, have been tightened up in the draft Bill;

● procedures for getting an abortion be simplified; that health workers other than doctors be trained to carry them out and that health facilities be provided or upgraded to improve access to abortions for women in areas poorly served by doctors,

● pre and post-abortion counselling be offered and that it be mandatory for minors seeking abortions;

● a partner's consent, not be required and that a minor be advised to consult her family but not be denied an abortion if she chose not to, and

● that health workers with conscientious objections to taking part in abortions be allowed to excuse themselves, but be bound to refer a woman to others willing to help her

During the committee's investigations, it emerged that most legal abortions (about 1 000 a year) were performed on white women with the resources and know-how to work their way through the bureaucratic red-tape. The present act thus discriminated against poorer, less educated and rural women.

The nuts and bolts of contraception

M+G 19-25/4/96

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Family planners who still believe in the slogan 'development is the best contraceptive' are nuts, argues **Ann Cluver Weinberg**

'BECAUSE it feels right" is no way to run a country. In the United States presidential campaign of Senator Barry Goldwater in the early 1960s, the slogan was coined "In your heart you know he's right." This was merrily doing the rounds in the US until an elderly pensioner rephrased it "In your heart you know he's right, in your guts you know he's nuts."

Practical family planners know that the heart-warming slogan behind the Cairo document and the South African population Green Paper — "Development is the best contraceptive" — is nuts. Dr Karan Singh, who coined the phrase for the 1974 population conference in Budapest, now very much regrets having said it, and recommends that the worldwide need for family planning be met with utmost speed.

If I go into a village where family planning is not well understood, and I explain it in a friendly way and I help with transport, then it is I who have "limited the population", not "development". All over South Africa developmental schemes have been started with no accompanying emphasis on family planning, schemes such as food gardens, irrigation schemes, brick-making, literacy, etc. There is no automatic drop in the population because of these schemes.

If they mean "development" in the urban/industrial sense, then how are we going to do it? Wave a magic wand over Gazankulu and turn it into Switzerland?

Treating this slogan as a scientific truth is hastening what Richard Leakey, Kenyan palaeontologist and conservationist, calls "The Sixth Extinction". In the history of the planet there have been five major extinctions, of which the famous dinosaur is only one example. The first five were natural disasters. The sixth will be caused by us.

It will be caused as much by what we are doing on the planet as by our growth in numbers, but blaming the rich for pollution as an alternative to reaching the poor with family-planning services is a cop-out. It is the poorest of the poor who will suffer first and worst if we don't get this right.

Another wacky phrase is "At the Cairo conference we made a paradigm shift towards the individual." Really? There are



more people alive today than have ever died. Millions of these are environmental refugees in Africa. Think of them as "individuals", if you can.

We want the development of individuals, but we will not get it if we neglect the most obvious remedy: family-planning understanding and support absolutely everywhere in Southern Africa.

While we mumble about "development" and leave the Health Department to take care of family planning, we are leaving out all sorts of things which could be done.

The Sapler Population Trust did a survey for the World Wide Fund for Nature on the unmet need for family planning in South Africa. Everywhere we found gaps.

"We go into the villages and throw information at them and leave them totally muddled," said a harassed family-planning nurse in Kangwane. A few hospitals offer good family-planning education and follow-up to their antenatal patients. Most do not. An over-

worked sister at Elum Hospital said "I try, but I lose them when they go for their babies."

In Walkerville, half-way between Johannesburg and Vereeniging, surely a "peri-urban" area, we found that the women who lived a 20-minute walk on level ground away from the mobile clinic which came on Mondays used family planning. Over the mountain we spoke to 60 women who lived a

rough hour's walk (or two taxi rides) away from the clinic, who vaguely knew about family planning, but who didn't understand the side effects and had easily given up on the whole thing. Five women wanted sterilisations, but had no

idea how to go about it. We were able to take them to Sebokeng Hospital for their sterilisations.

On the other hand, there are successful schemes which could be multiplied and which could reach every Southern African. At the Ithuseng clinic, founded by Dr Mamphele Ramphela, Mankuba Ramalepe told us that she had long ago taught lay women in

distant villages to hand out contraceptive pills. This was illegal. Mankuba's penalty? The Mandela Health prize.

Health Minister Nkosazana Zuma plans to take primary health care to everyone. The intention is to provide family planning at all clinics. But we found over and over again that when curative needs escalate, good family planning is left out. Family-planning nurses get roped into crisis medicine. Even if this were not to happen, the outreach element would be missing.

Worldwide, the "hard-to-reach" syndrome is well understood. Those women who are uncertain about starting contraception, who are afraid of the men's disapproval, or who live far from the clinic are left out.

In Winterveld, where Sapler runs a grass-roots family-planning education scheme, the nurses at the clinics, at first suspicious of us, now say "Please can't you come and explain to the people in the queues. We don't have time." There is already an epidemic of sexually transmitted diseases (STDs) in the area. What will happen in the country as a whole when more than one million HIV-positive people start to have AIDS symptoms?

The best is for every community to have its own "family planner" — a person who would also be well informed about STDs. These lay planners should be allowed to do any family planning themselves that they possibly can do. This would be seen as an essential thread of "development" throughout Southern Africa.

There is nothing as cost-effective, as life-saving and as encouraging as getting this right. There is nothing as nutty as getting it wrong. It is an avoidance game of mammoth consequences.

What about the men? In Zimbabwe in the 1970s, where the lay planner idea was tried, it was found that most men soon got used to having these planners around. In Zimbabwe today they are finding that rural men are very responsive to an approach based on environmental and economic issues.

There is nothing unethical or against the spirit of the new South Africa in all this. Luckily, if you empower a woman, you are also empowering the nation. Suit one, suit all. Let's make it a priority, both for ourselves and in co-operation with our neighbours.

Ann Cluver Weinberg is the founder of the Sapler Population Trust. Sapler stands for "Splendidly alive people within limited environmental resources."

Shock stats on Gauteng teenage school births

By **KARIN SCHIMKE**

Gauteng Reporter

Star 3/5/96

Combating teenage pregnancy could go a long way in furthering the status of women in Gauteng, the petitions and public participation standing committee at the provincial legislature heard on Tuesday

This came out of a report on the status of women which was drawn up by the Gender Research Project at the Centre of Applied Legal Studies.

The report showed it had been established in 1992-93 that more than half of all women aged between 16 and 30 in Gauteng had had children.

As many as 59% of the women in Gauteng had given birth to their first child before they reached the age of 20

The statistics come from research by Community Agency for Social Enquiry (Case) which also established that 69% of all pregnancies among

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Gauteng women were unplanned.

Cathu Albertyn, who presented the report to the standing committee said the statistics had serious implications for education and life opportunities for these women, as well as potentially serious health risks

"The Case report found that half of all young women who gave birth in Gauteng were at school when their first child was born"

Albertyn said more than three-quarters of the young pregnant women who had been at school had to leave because of the birth of their child

"This is a serious barrier to the advancement of women and requires urgent attention by Gauteng health and education departments. Strategies to be considered include life-skills and sex education classes and a careful audit and eradication of policies and practices which may exclude pregnant girls from returning to school," Albertyn said

NP will fight abortion on demand

Star 14/5/96
decisions concerning reproduction and to "security and control" over their body

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By **KARIN SCHIMKE**
Political Staff

South Africa's new constitution broadly supports the right of women to exercise a choice for abortion, legal sources have revealed, but abortion on demand still hangs in the balance pending the introduction of an amended abortion act later this year.

The sources say three clauses in the Bill of Rights appear to support women's rights to make their own decisions.

The first is equality, which states that no one may be discriminated against directly or indirectly because of their race, gender, sex, pregnancy, marital status, ethnic or social origin, colour, sexual orientation, age, disability, religion, conscience, belief, culture, language or birth.

The freedom and security of the person clause states that everyone has the right to make

In the section under health care it is stated that everyone has the right of access to health care services, "including reproductive health care".

None of these explicitly support the right to abortion, but they do "provide a regulatory framework for procreative autonomy, which should include any woman's right to choose early, safe and legal abortion, or alternatively to choose to continue a pregnancy to term", Michelle O'Sullivan of the Reproductive Rights Alliance said.

The Health Ministry was still busy drafting legislation based on recommendations by a select committee on abortion, she said.

Dr Marj Dyer, national president of the Abortion Right Action Group, said the constitution could be interpreted to mean that

women would soon have a good chance of access to legal and safe abortions.

Cathu Albertyn, head of the Gender Research Project, said the apparent constitutional support for freedom of choice was "good in terms of our socio-economic circumstances and the very high rate of unplanned pregnancies".

However, the abortion issue had caused friction between the NP and ANC during the writing of the constitution.

NP leader FW de Klerk had said although broad agreement had been reached there were still some fundamental differences over right to life issues.

NP MP Sheila Camerer said if the new act did provide for abortion on demand, her party would first fight it in Parliament and then possibly further in the Constitutional Court. She added, however, there was "no talk of that at all yet".

Abortion demand ⁽²³⁷⁾ grows

GLYNIS UNDERHILL

State Reporter

■ While the law on abortion has not changed, an increasing number of women are seeking a termination of pregnancy.

THE number of requests for abortions at Cape Town provincial hospitals is on a dramatic increase and staff cannot cope.

Susan Fawcus a Groote Schuur hospital consultant in the obstetrics and gynaecological department, said there was certainly a huge demand for abortions.

Dr Fawcus said she believed people knew change was 'around the corner' while others mistakenly believed the law had already been changed to allow abortion on request.

"The law hasn't changed and we abide by the law Groote Schuur has always done far more abortions on psychiatric grounds," she said.

Private hospitals were also carrying out abor-

tions within the legal framework said Dr Fawcus.

The report by the ad hoc parliamentary on abortion and sterilisation proposes legal abortion on request at up to 14 weeks prenatally and abortion on between 14 and 24 weeks only under certain conditions. A bill on abortion will be debated later during this parliamentary session.

An official Groote Schuur hospital spokesman, who declined to be named said terminations were being performed strictly in accordance with the Abortion and Sterilisation Act of 1975.

"This varies according to the number of patients referred and facilities available at the time. A large

number of patients approximately 20 a week are admitted with incomplete abortions and we perform approximately 10 terminations of pregnancy a week," he said.

The risk of performing terminations of pregnancy increases after 12 weeks and the hospital preferred to do only early terminations unless there were "exceptional reasons," said the spokesman.

The vast majority of terminations of pregnancy requested by patients were requested on psychiatric grounds, he said.

Due to the requirements of the present legislation that a state-employed psychiatrist be involved in the

Abortion demand grows

(237)

AR 18/5/96

DERHILL

While the law on abortion has not changed, an increasing number of women are seeking a termination of pregnancy.

of requests for abortions at Cape hospitals is on a dramatic increase. Dr Fawcus, a Grootte Schuur hospital consultant in the gynaecological department, said the demand for abortions had already been changed to allow

While the law on abortion has not changed, an increasing number of women are seeking a termination of pregnancy. The report by the ad hoc parliamentary on abortion and sterilisation proposes legal abortion on request at up to 14 weeks pregnancy and abortion on between 14 and 24 weeks only under certain conditions. A bill on abortion will be debated later during this parliamentary session.

number of patients approximately 20 a week are admitted with incomplete abortions and we perform approximately 10 terminations of pregnancy a week he said. The risk of performing terminations of pregnancy increases after 12 weeks and the hospital preferred to do only early terminations unless there were exceptional reasons, said the spokesman.

assessment of the patient there were only a limited number of facilities in the Western Cape able to assess patients for termination of pregnancy, said the spokesman. Grootte Schuur could perform terminations of pregnancy only according to its resource constraints said the spokesman. It is therefore inevitable as with any service where demand exceeds resources that certain patients cannot be accommodated by Grootte Schuur's service, he said. Four reasons have to be considered before the state will grant an abortion. An abortion will be carried out only if a pregnancy will cause a severe risk to life or major psychological problem or if the pregnancy has been brought about by rape or there is the risk of the baby being deformed.

TWO THIRDS IN WESTERN CAPE OPPOSE ABORTION

Most favour death penalty

THE DEATH PENALTY has greatest support among women and NP voters, while most who favour choice on abortion are likely to vote DP, a survey has found. **BARRY STREEK** reports.

THE people of the Western Cape are strongly in favour of the death penalty and more than two thirds do not believe abortions should be allowed

According to the findings of a public opinion survey, released yesterday by Marketing and Media Research, a division of Independent Newspapers, 81% of those ques-

tioned supported the death penalty, while 18% did not. More women (84%) than men (78%) were in favour of the death penalty. Whites (89%) and coloureds (83%) were more likely to support the death penalty than blacks, while Afrikaners (88%) were more likely than English (77%) and Xhosa speakers (61%) to support it

National Party supporters (almost 80%) were more likely than ANC (70%) or Democratic Party supporters (65%) to believe South Africa should have the death penalty

The survey also found that only the DP had a majority of supporters, 60%, who favoured free choice on abortion, while 34% of NP supporters and only 26% of ANC supporters were pro-choice

On the other hand, 73% of ANC supporters, 64% of NP supporters and 36% of DP supporters were opposed to abortion

CT 28/5/96

Overall, 67% of those polled did not agree that women should be allowed abortions, 32% agreed that women should be allowed abortions and 1% said they did not know. Whites (52%) were far more likely than blacks (18%) to support abortion. Blacks (82%) and coloureds (72%) were clearly opposed to it

POINTS TO REMEMBER

- You can vote from 7am tomorrow to 10pm, when the stations close.
- Those who arrive at the stations just before closing will still be able to vote after 10pm.
- Remember to take your ID

1 600 women a day are

are dying in childbirth star 11/6/96

Figures 20% higher than expected, and
'to world's shame, most are preventable'

SAPA-AP
Paris

Third World women are dying in childbirth at a rate far higher than estimated - nearly 600 000 a year, or roughly 1 600 a day, according to a new study.

A report released today by the United Nations Children's Fund (Unicef) says the new figures are 20% higher than earlier estimates and that millions more women are painfully and often permanently injured for want of basic obstetric care

One in 13 women in sub-Saharan Africa, and one in 35 women in southern Asia, die of complications while by contrast, the maternal death rate is one in 3 200 in Western Europe, one in 3 300 in the United States and one in 7 300 in Canada.

The official policy in South Africa is that maternal and child health is a priority, Janine Simon reports. According to official SA statistics, 32 per 100 000 women die in childbirth here on average but the Ministry of Health's maternal child and women's health committee say the rate is as high as 200 per 100 000 in the former independent homelands.

According to the Unicef report, experts say a solution is not as difficult as it might seem.

"It is in fact one of the simpler problems. Women get complications and they need treatment," according to Deborah Maine, an expert on maternal health.

"You don't need five-star hospitals. There are thousands of hospitals that, with minimum up-

grading, could provide adequate obstetric care," she says.

The report contends that a doctor who can perform a caesarean section, or the contribution of a few hundred dollars' worth of hospital improvements, would save lives.

"Many deaths and much of the suffering, to the world's shame, are preventable," says Carol Bellamy, Unicef's executive director. "It is no exaggeration to say that this is one of the most neglected tragedies of our times."

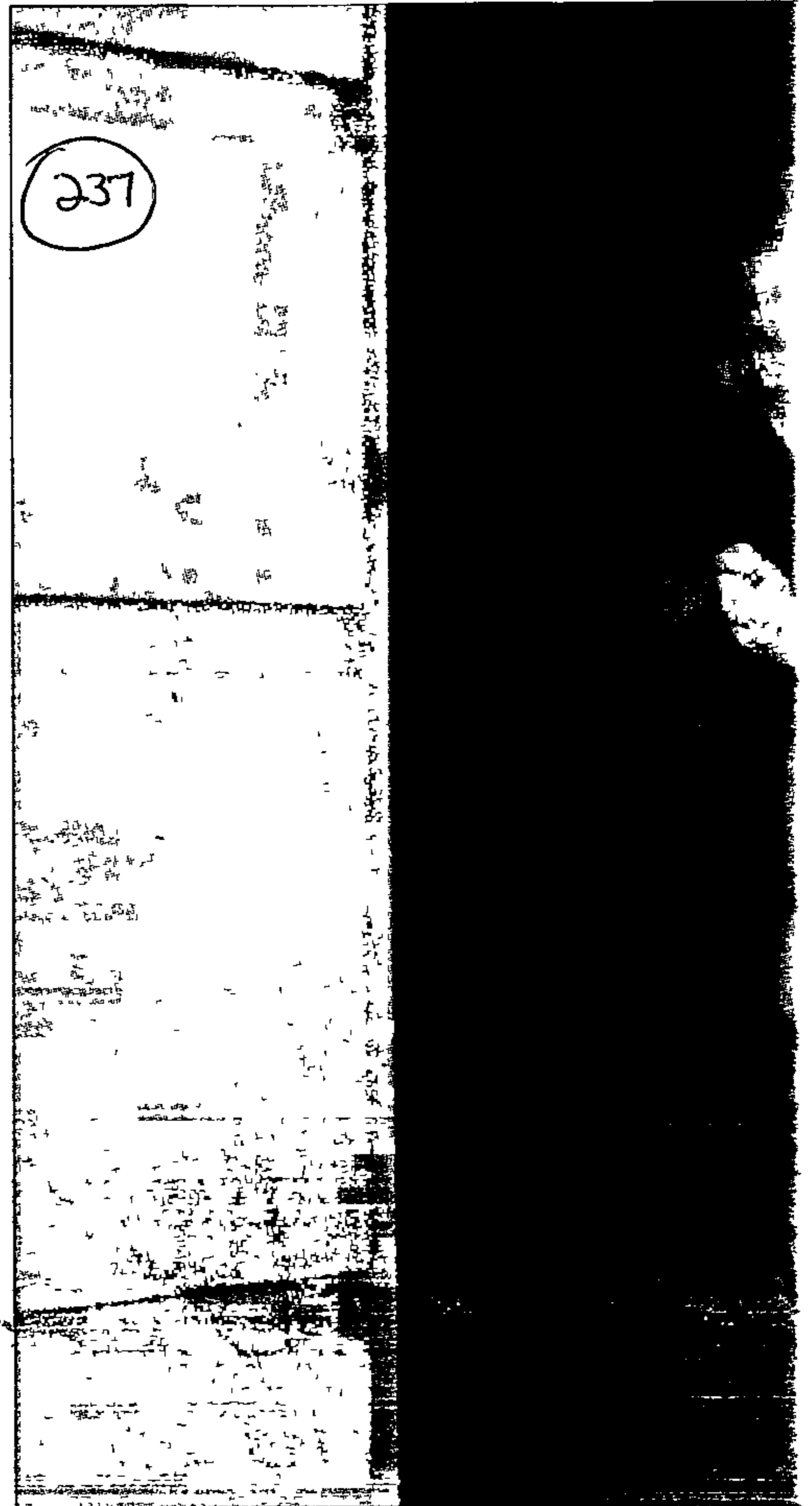
Unicef's annual Progress of Nations report usually focuses on the plight of the world's children but this year, it shifted the spotlight to their mothers.

"It is time to amplify the screams," said Peter Adamson, the report's author. "These are the deaths not of the ill, or of the very old, or of the very young, but of healthy women in the prime of their lives upon whom both young and old may depend."

"They die, these hundreds of thousands of women, whose lives come to an end in their teens and 20s and 30s, in ways that set them apart from the normal run of human experience," he said.

More than 140 000 women a year die from haemorrhaging, another 100 000 die of sepsis, the poisoning of the bloodstream by infection, an estimated 75 000 more die from self-inflicted abortions while about 75 000 die from pregnancy-related brain and kidney damage.

► UN on children's plight around the world



A cigarette after the trial ... Neeltjie Smith outside the Johannesburg

Abortion rights

Sowetan 10/6/96 (237) 237

By Khangale Makhado

It's been a 25-year struggle to give women the right to make a choice

WO CAPE TOWN women have for 25 years stood up without shame in their fight for the right of individual mothers to decide whether they can terminate pregnancies or not.

In 1971 Dr Mary Dyer and Mrs Dolly Maister established an Abortion Reform Action Group (since changed to Abortion Rights Action Group) whose main aim is to inform and educate people about abortion laws in South Africa and elsewhere.

In the same year Dyer and Maister were elected national president and national secretary, respectively, and since lobbied for an equitable, democratic and humane law for all South African women

Women's rights

Summing up the struggles then Dyer said: "During the years of autocratic National Party rule, the struggle for recognition of women's rights to health and decision-making was lonely and tough"

Faced with the non-cooperation of the government ARAG felt the best approach would be to concentrate on raising awareness of the "victims without a say"

ARAG is also geared to change people's opinions about abortion

more so because "unlike the situation today, people have for years remained silent and were afraid to speak up".

"Veteran politician and human rights fighter in the apartheid parliament, Mrs Helen Suzman, was the only soul who tried to change the laws for the better.

"We have worked and held the honorary positions for a record 25 years and, God willing, we will continue because unless the women are granted rights in the constitution, there will not be justice," said Maister.

ARAG strongly believes it is a woman's right to have an abortion

If a woman who has, say, five children and feels she has had enough, the final decision should rest with her she says

It does not even matter, whether the woman in question has a child or not

Maister maintains that their struggle is about poor people who cannot afford to fly abroad to countries where abortion is legal

"These poor people are then forced to do it in back streets where they are even exposed to greater life-threatening dangers because of lack of proper health control and one need only visit a hospital in the township

to know about the high numbers"

What rights does a married woman have in relation to the termination of a pregnancy?

Maister concedes that in a situation where a happy marriage exists, it would be normal for the couple to reach a joint decision.

The problem emerges when the marriage is on the rocks. Then the woman would have to decide what would be best for her.

Reproductive freedom

ARAG founded the new Johannesburg-based Reproductive Rights Alliance, a network of about 20 affiliated organisations committed to achieving true reproductive freedom, including early safe legal abortion

"While celebrating the success so far and the now overt support from many other organisations, ARAG recognises the need for a concerted effort of all democratic people to ensure the entrenchment of the essential right of women to make their own choices in cases of accidental pregnancies," Dyer summed up

The ad hoc select parliamentary committee on abortion has produced a report giving fresh hope to women.

MPs under pressure (237)

MTG 21-27/6/96

■ From PAGE 13

"There can be no doubt that the rights of women cannot be denied or voted against by ANC representatives; there can also be no doubt that Roman Catholics as well as believers of some other traditions cannot vote for abortion without denying their faith and its moral demands. They want to support gender equality and rights, but not in this way. So in all conscience, they are duty bound to dissent. It is precisely on such boundary issues that an open vote becomes necessary."

Allowing a free vote would be "a clear sign that the ANC recognises the higher loyalty which people of all faiths acknowledge". "Instead of alienating sections of the population which are generally supportive of ANC policy, they will strengthen their commitment to the party," the paper says.

MPs facing this dilemma find it compounded by the fact their votes become part of the public record.

Said a Muslim ANC MP: "We have already been denounced by religious leaders for not speaking out against abortion during constitutional negotiations. We are members of the ANC and the country is governed by a Constitution guaranteeing women's equality, but ultimately we are bound by the Qu'ran."

In response, the Reproductive Rights Alliance has urged the ANC to reaffirm its position on abortion. "The fact that abortion is a moral issue should not mean the ANC need feel obliged to abandon party discipline."

As things stand, the African Christian Democratic Party is opposed to liberalising abortion laws. So is the National Party, which will use the whip to ensure its members toe the party line in voting against the new bill — unless sufficient NP women supporters who feel differently can make their voices heard.

The Democratic Party will allow its MPs to vote according to their consciences. After a debate in the Inkatha Freedom Party parliamentary caucus last year, IFP leader Mangosuthu Buthelezi allowed MPs to do the same.

"There are different views within the IFP and they are irreconcilable," said an MP. "The one is that abortion is a crime, the other that it's a crime that women can't have them. But it seems the majority of caucus is opposed."

The big question is which way the ANC will jump.

2022/06/27 10:00 AM

Gaye Davis reports on the political and personal tensions surrounding abortion reform

Bill may sweep away the red tape

THE draft Termination of Pregnancy Bill aims at sweeping away the red tape governing current abortion policy which sees the vast majority of South African women discriminated against in terms of access to safe, legal abortions

The draft follows the recommendations of the ad hoc Parliamentary Committee on Abortion, which, after it heard more than 450 submissions from groups for and against abortion on request, reported to Parliament last year that the Abortion and Sterilisation Act of 1975 should be repealed

The draft Bill provides for abortions on request within the first 12 weeks of pregnancy, and then, under certain conditions, from 13 to 20 weeks and 21 weeks upwards — but again,

only under specific conditions

The main thrust is to provide abortions within a health-care framework that will see the service provided across the country — at primary and secondary health-care facilities rather than just state hospitals

This will end the present system which discriminates particularly against poor and rural women who lack access to doctors and facilities. It will also involve the upgrading of clinics and day-hospitals and the training of health workers

In terms of the draft, women and girls will be able to have abortions on request without first having to get the consent of their husbands, partners or parents. Minors will be advised to tell their parents, but will not be

denied terminations should they decide against doing so

Sello Ramasala, head of the Department of Health's legal section, said the question of whether minors should first have to obtain the consent of their parents before being given an abortion was one of the "most difficult" faced by drafters. "We were asked the question, 'What if a father rapes a minor and his consent is mandatory?'" he said

Another key provision is that doctors or health workers, who object on grounds of conscience to taking part, will be free to recuse themselves. However, they will be bound to refer the woman to others who can assist

Ramasala said the Bill was submitted to Health Minister Nkosazana

Zuma last month, who "raised no objections that I am aware of"

Once approved by Cabinet, the Bill must go to the state law advisers for certification, after which it will be introduced in Parliament and will come before the Portfolio Committee on Health

A hefty debate can be expected once the Bill comes before the committee. Christian groupings and pro-life organisations have made submissions to the Constitutional Court, arguing that the new constitution not be certified because it allows for abortion on demand

The groups — which include the Dutch Reformed Church, Pro-Life and United Christian Action — argue that because the Constitution guarantees

women the right to reproductive health and to make decisions about reproduction, the constitutional principles of democracy, privacy and right to life are denied the unborn child

Cathu Albertyn of the Reproductive Rights Alliance, a network of organisations, has argued in response that they are universally accepted fundamental rights. "The process of certification is to ensure the text of the new Constitution adheres to the foundation outlined by the constitutional principles [it] is a judicial process and not a venue for interest groups to lobby for amendments

"The test is only whether the inclusion of the rights in question are, on their face, prohibited by the constitutional principles. The task of the court is only to determine whether the protection of reproductive decision-making and access to reproductive health care services in the new Constitution conflicts with the principles"

Costs of stalling abortion law

DRAFT legislation liberalising the country's abortion law was due before a Cabinet committee on May 29. But Health Minister Nkosazana Zuma withdrew it at the last minute, fuelling suspicions that political considerations — not the least pending KwaZulu-Natal local government elections — has seen it pushed to the backburner

The *Mail & Guardian* established this week that the draft Termination of Pregnancy Bill was submitted by the Department of Health drafters on May 22 and scheduled to go before the Cabinet Committee on Social Affairs and Administration on May 29. The matter was left in abeyance at the request of the minister

Department of Health legal section head Sello Ramasala said this week he was not aware of any problems with the Bill — ruling out the possibility of it being withdrawn for technical reasons

Speculation is now focused on whether the political sensitivity of the legislation — which provides for abortion on request — is not the issue. There was also concern this week that the delay would prevent the Bill from being introduced to Parliament before it rises at the end of the year

Zuma said she did not want to discuss Cabinet issues with the press. "On principle, members of Cabinet do not go to the press on Cabinet issues until approval has been reached, because it is a collective," said director general Dr Olive Shisana.

"If I recall we in the department had not worked out the financial implications and had to do that on the Cabinet memo to be sure the minister was properly advised in terms of the implications of the policy

"The department did not withdraw the Cabinet memo. But the routine is that if there are financial implications it's required to consult the Department of State Expenditure. That could not be done because while the provinces said they had the money, we had to have it in writing — we couldn't rely on verbal consultations," said Shisana. "We felt it was important to take that step"

There was "no way" she could give dates when the Bill would come before Cabinet. The ball is rolling

Indications are that the African National Congress is wary about floating the issue ahead of the KwaZulu-Natal elections for fear it will become a political football. The Inkatha Freedom Party is also divided on the issue

"It would appear to me the matter is deliberately being put on the back-



Frozen in time: A foetus used in an anti-abortion protest. PHOTO ERIC MILLER

burner until after the KwaZulu-Natal elections," said IFP MP Suzanne Vos

There is also speculation that Zuma — who strongly backs abortion reform — may be less than keen on engaging in a hefty political battle so soon after the Sarafina 2 debacle

But for health care providers the issue is critical. Hospitals are battling to cope with the demand for legal terminations in terms of the existing law and they have to plan to provide the infrastructure and training necessary to cope with demand once the law is changed

The judicial process has also been affected in some magisterial districts, cases involving medical practitioners charged with providing illegal abortions have been stayed pending changes in the law

Dr Marj Dyer, president of the Abortion Reform Action Group, said she was receiving up to four calls a day from women "across the spectrum of population groups, income level and religious affiliation" seeking terminations

Hospitals are not coping with the demand for legal terminations under

the current law. The new Bill, if passed, would provide for women to be treated at primary and secondary health-care facilities — taking the strain off the major hospitals and giving women more equal access to help

In the Western Cape, a provincial task group has been set up to deal with problems being encountered in implementing the existing law. "There's this sense of limbo because we don't know what's happening with

the legislation. There is a need for government to take a lead and say these are the services we will need to provide," said a task group source. Groote Schuur Hospital (GSH), one of three hospitals

allowed to carry out legal terminations, handles the majority of cases and cannot meet the demand

Head of GSH's obstetrics and gynaecological department Professor JB Dommissie has said in an internal Medical Association of South Africa newsletter that the high demand was a result of many women thinking abortion on demand was available. Limited resources and other de-

mands on the department forced GSH to put in place two years ago a quota system limiting the number of women who can be given legal terminations

But this quota system is giving rise to its own problems. Gynaecological and out-patients department staff find themselves subjected to harassment from referring doctors and patients when told the quota is full

Women, told they can't be seen in a given week, try again and again, creating a bottleneck which sees women presenting at more advanced stages of pregnancy

A GSH representative said "The bottleneck phenomenon is a logical consequence of any quota system where demand exceeds the ability of resources to cope." Women who could not be seen were referred back to their doctors

They can go to a private hospital — which would exclude, on grounds of cost, the majority of women, or another state hospital licensed to do terminations. However, the increase in demand at GSH is understood to reflect the difficulty women have in getting terminations at the only other hospitals licensed to do them, Tygerberg and Somerset Hospitals

In addition implementing the abortion law is costing the country millions of rands a year and effectively sentencing women who resort to backstreet abortionists to illness, sterility or death

In a recent study, the Medical Research Council estimated that 44 686 women a year, ranging in age from 14 to 49, presented to hospitals with incomplete abortions. The vast majority (84%) were African women, followed by coloured (11%), Asian (4%) and white (1%)

During 1994, 2 180 legal abortions were performed — 61,3% on white women from the urban middle class

The study found that 425 women each year could die in hospital from septic abortions, that each year countrywide 6 961 women were "moderately sick" and 5 886 "very ill" after abortions usually carried out on the backstreets. The total costs of treating incomplete abortion cases in one year was R18,6-million. This amount could fund more than 88 000 safe abortions using existing technology

"The health costs and consequences of unsafe abortion to South African women are a serious public health issue," said Michelle O'Sullivan of the Reproductive Rights Alliance, a network of organisations formed to lobby for and promote comprehensive reproductive health care services

Pressure mounts on MPs

WHEN new legislation liberalising South Africa's abortion laws reaches Parliament, much will depend on whether African National Congress MPs vote *en bloc* or according to their consciences. While the debate has yet to rage in the ANC caucus, MPs are already under pressure

ANC policy has been unequivocally in favour of women's right to safe, legal abortions — and usual practice is for caucus to guide voting on related legislation. But Christian and Muslim MPs and others who oppose abortion on moral grounds face a dilemma — spelt out in a document circulating among MPs which urges the ANC to oppose an open vote.

It carries the name of Deputy President Thabo Mbeki's adviser, Reverend Frank Chikane, and is a position paper issued by the Research Institute on Christianity in South Africa at the University of Cape Town's Department of Religious Studies.

Co-authored by Professor John de Gruchy and Reverend Barney Pityana, the paper, entitled *The Dilemma of Some Christian MPs and the Proposed Abortion Policy*, does not argue for or against abortion, but for the right of MPs to dissent on party policy on religious or moral grounds, while remaining loyal party members.

They argue that because MPs cannot cross the floor to another party without losing their seats, coupled to the fact they are not elected by constituencies, an open vote is necessary on religious or moral principle.

"Many members of the ANC honestly believe the pro-abortion policy which has been proposed is an expression of the commitment to gender rights and equality [and] also regard it as the best way to deal with a highly complex moral and medical issue," they write. "But there are also those who disagree on the basis of a different interpretation of human rights.

"The question of abortion is a particularly difficult one for maintaining party discipline because it is on the boundary between what the ANC might expect from its members who support its stand on gender issues and yet who, on religious or moral grounds, cannot support legalised abortion or the proposed legislation.

'Legalised abortion could reduce maternal deaths'

ARG 25/6/96 (237)

JENNY VIALI
Health Reporter

THE right to choose abortion, vasectomies for men, and training midwives are some of the ways to reduce the high number of maternal deaths in South Africa, according to a top health official

Eddie Mhlanga, Director of Maternal, Child and Women's Health in the Department of Health, expanding on remarks made at the Planned Parenthood Association's annual meeting, said priorities for his directorate were awareness and education about reproductive health, especially for men, recording every maternal death and its reasons, and making available safe termination of pregnancy

Dr Mhlanga said data for maternal deaths in South Africa was scant and was largely teaching-institution based

"One study suggests that 800 women for every 100 000 die from pregnancy-related causes," he said "Many more die, of course, and it's not recorded"

Dr Mhlanga said he supported safe termination of pregnancy on compassionate grounds

"As a gynaecologist and obstetrician I have seen many women die from septic abortions My feeling is that legal abortion should be made available, especially since contra-

ceptive services do not reach those who need it most

"I support the right of women to choose I am a Christian, and am active both as a student and practitioner Compassion is the keyword here and it is on this that I base my response to abortion

"Many women who fall pregnant do so against their will because men do not accept responsibility for contraception

Dr Mhlanga said he was not urging women to terminate pregnancies, but he believed that if they felt they had no other choice, a safe place should be available where they could have it done

"As a Christian, I see this as an opportunity to talk to the person and say, you do not have to go through this again When a woman is dead from a septic abortion, the opportunity is lost"

Dr Mhlanga said the greatest challenge for his directorate was public awareness and education about reproductive health, particularly for men

He strongly advocates vasectomy, or male sterilisation, and has himself had one

"I am willing to talk to anyone about it You don't lose your manhood, if that's how you judge it," he said "If a woman has no problem talking about a tubal ligation (sterilisation), why should a man?"

To identify areas for action,

his directorate was setting in place regulations that would require every maternal death to be notifiable

"We must also look at each pregnant mother who dies and say she should not be dying because of a natural process We must record every death and its reasons to inform us where we have gone wrong Is it a failure of contraception services? Is it our health facilities, or the training of health workers, or our referral system?"

Dr Mhlanga, speaking from his experience at Tintswalo Hospital at Acornhoek in Mpumalanga, said training and using midwives reduced maternal deaths, as did improving reproductive health services

"We'll never have enough doctors to attend to every birth, and their training is inappropriate At the hospital we saw a cyclical pattern of maternal deaths - every year they were high in January, February and March, as interns joined us

"As these young doctors became more experienced the figures would drop"

Figures to indicate the impact of free health care for children under six and pregnant women were not yet available, said Dr Mhlanga

However, attendance at antenatal clinics had increased, and if nothing else, those women at high risk of dying were being identified

Abortion bill too much for some, too little for others

(237) Star 29/8/96

Windhoek - Amid intense debate, Namibian health authorities have extended the deadline for submissions on legislation aimed at decriminalising abortion until the end of July.

Public debate started as soon as the draft legislation was introduced for comment earlier this month.

The draft bill makes provision for abortion on request during the first 12 weeks of pregnancy, without the consent of the woman's partner.

On Thursday the United Churches of Namibia presented petitions to Health and Social Services Minister Dr Nickey Iyambo. The Rev Johann van der Bijl from the Church of England in Namibia told the minister that the bill was "undemocratic, ungodly and unconstitutional"

and called for a referendum.

A petition handed to Iyambo had an estimated 10 000 signatures, and letters from churches were said to represent the views of between 50 and 60% of the nation. Although a secular state, about 90% of the Namibian population is Christian.

Iyambo said he had been told by some that the bill did not go far enough and by others that it went too far.

"My position is to take a middle way complemented by written submissions," he said. Once these were received he would take legal advice on whether the bill was unconstitutional.

"The ministry of health and social services would like to reiterate that the proposed act aims at decriminalising abortion," Iyambo stressed.

Abortion to be available on demand

From Page 1

is not provided alone. It goes together with the improvement of access and quality of contraceptive services which are the major cause of unwanted pregnancies."

He said termination of pregnancy would be accompanied by counselling by health workers.

"There is a high degree of ambivalence around the termination of a pregnancy and counselling is very important to make sure that women are sure they have made the correct decision," said Mhlanga.

The announcement was welcomed by pro-choice groups last night. Rape Crisis researcher Ms Margot Lochrenberg pronounced it an "absolute victory for women".

"We know from experiences around the world that when women are allowed to decide when to have children, and how many children to have, their ability to make other choices — including educational and career decisions — improves dramatically. Without this freedom all talk of women's empowerment is meaningless."

But Dr Claude Newbury of the Pro-Life organisation greeted the decision with disgust.

Newbury, a vocal opponent of all forms of abortion, said abortion was always the murder of pre-born children. He said the fact that the government was sanctioning the introduction of legal abortion meant that the government had instituted a policy of the "slaughter of children".

He said this would force doctors to become abortionists because they would be obliged to refer women to "abortionists" even if they were not prepared to carry out terminations.

His organisation would continue to fight against abortion. But, asked if they would obstruct and picket abortion clinics, Newbury said that under the proposed legislation this could result in a penalty of R100 000 and or 10 years in prison.

Abortion on demand set to become law

(237)

CT 4/7/96

THE CABINET yesterday approved legislation to allow abortion on demand up to 14 weeks of pregnancy. The law is expected to be approved by Parliament and will become valid within a few months, reports **HENRY LUDSKI**.

LEGAL abortions — performed in under 10 minutes by health care workers — are expected to be available by October

Department of Health director-general Dr Olive Shisana told the Cape Times last night the department was already preparing to cope with the expected flood of requests for abortions after the passing of the Termination of Pregnancy Bill

The legislation was approved by the cabinet yesterday. The bill needs a simple majority in Parliament's two houses to become law

It is expected to follow the recommendations of a parliamentary committee which last year recommended abortion on demand to avoid the estimated 120 000 backstreet abortions performed in South Africa each year

The committee said abortions should be available on demand up to 14 weeks into a pregnancy, and up to 24 weeks under "certain broadly specified conditions"

The committee's chairperson, Dr Abe Nkomo, said last night he was sure the bill would be passed

"The ANC has committed itself on this issue," he said

Dr Eddie Mhlanga, director of the Maternal Child and Women's Health, said that health workers were already undergoing training in the new procedure

The new inexpensive manual vacuum aspirator technology, widely used throughout the world, will allow abortion procedures to be completed quickly and without a general anaesthetic

"Termination of pregnancy
□ Turn to Page 2

RADICAL NEW DEAL

- Termination of Pregnancy Bill expected to be enacted in October
- Abortions on demand available immediately afterwards.
- Abortions can be performed by general health workers and not only doctors.
- Health workers are already undergoing training.
- Minister of Health to designate hospitals and health centres for abortions.
- Specialised counselling to be provided.
- Special unit to monitor demand and provision of services.
- New quick termination of pregnancy procedure.
- New abortion method can be performed without general anaesthetic.

500 doctors will refuse to perform abortions

(237)

ARLJ 4/7/96

JOHANNESBURG - Five hundred doctors gave notice today that they would not perform any abortions or refer women seeking pregnancy termination to doctors who would

The organisation Doctors for Life, representing 500 doctors, specialists and professors, said in a statement that it "strongly disapproved" of yesterday's cabinet decision to approve draft legislation on abortion on demand

The Termination of Pregnancy Bill will be tabled in parliament when the next sitting gets underway next month and needs only a simple majority to be passed

Doctors for Life said in a statement the medical profession had the noble calling of healing and saving lives, not killing human beings

"The cabinet's decision ignores sound science, which has proved beyond doubt the humanity of the unborn child. If we are called upon to kill human beings to solve our social problems, what is to stop the cabinet from asking us to kill the aged?"

The Termination of Pregnancy Bill has the emphatic backing of the African National Congress majority in parliament

The bill, which has yet to be released to the public, is likely to follow the recommendations of a parliamentary committee which last year recommended abortion on demand to avoid the estimated 120 000 backstreet abortions performed in South Africa each year

The report said abortions should be available up to 14 weeks into a pregnancy and up to 24 weeks under "certain broadly specified conditions". It was adopted amid strong objections from the National Party

The committee's chairman, Abe Nkomo, said last night he was "glad to hear" that the cabinet had approved the bill

Dr Nkomo, who is also chairman of the parliamentary portfolio committee on health, which will have to vet the measure before it is tabled in the national assembly and the senate, said he foresaw few problems with its passage

An attempt by several leading church figures, among them Frank Chikane and Barney Pitso, to persuade the ANC caucus to allow a free vote on the issue was unlikely to succeed, he said

The two-member African Christian Democratic Party and the NP will almost certainly oppose the bill, but the Pan Africanist Congress and some Inkatha Freedom Party members are in favour of the pro-choice position

ANC stands alone in supporting Cabinet's approval of abortion on demand

By Justice MALALA
Political Staff

Political parties yesterday lashed out at the Cabinet's approval of the termination of pregnancy Bill which will allow abortion on demand, saying they would organise and rally like-minded groups to fight the proposed law.

But the ANC said the Cabinet's decision was "a bold and positive measure and gives credence to the solemn injunctions of the constitution of our new democracy, which is sworn to substantive equality for all of our citizens".

African Christian Democratic Party MP Louis Green said his party would lobby all groups opposed to the bill to mount campaigns outside, and launch a Constitutional Court action against it.

"The bill goes against section 11 of the constitution, which guarantees everyone's right to life. It also discriminates against the unborn child on the basis of age, which is outlawed by our constitution".

Green added that the bill put the right of the mother to choose above the right of the child to life.

"It is interesting that parties that are opposed to the death penalty for the worst criminals can support such a bill," he said.

National Party spokesman Sheila Camerer said the NP would oppose the bill's abortion provisions. It would consider provoking the Constitutional Court on the basis that the legislation infringed the right to life.

The ANC said "The constitution recognises and affirms the right of the women of our nation to make choices in dignity, in

keeping with their right to privacy and personal security.

"In line with advanced nations of the world, we say do not criminalise their democratic right to make choices. It is an insult to suggest that the exercise of such rights will lead to licence".

It said experience the world over had shown that where reproductive health facilities such as sex education and comprehensive

contraceptive services had been made accessible to ordinary people, the number of women seeking abortions had plunged.

PAC MP Patricia de Lille said her party had always maintained that abortion should not be used as a method of birth control.

"In the constitutional negotiations we said abortion need not be in the constitution, but in legislation," she said.

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Stewart 5/2/96

Abortion Bill stirs argument

(237) Sowetan 5/7/96

WITH elections over until 1999, battle lines were again drawn yesterday over the controversial abortion Bill

If it is passed by a simple majority in Parliament it will allow South African women abortion on demand for the first time in history

Pro-life organisations, the National Party, the Southern African Catholic Bishops' Conference, the African Christian Democratic Party and the Rhema Church were among organisations who said they were outraged by the Cabinet approving the Bill

The ANC and pro-choice organisations such as the Women's Health Project and the Reproductive Rights alliance welcomed Wednesday's Cabinet approval of the Termination of Pregnancy Bill and said liberalised abortion legislation was an essential component of reproductive health

Both the NP and Pro-life South Africa said they would take the draft legislation to the Constitutional Court, while at least 500 doctors under the banner of Doctors for Life said they would not perform abortions, nor would they refer women to doctors who would

In a statement released yesterday afternoon, the Department of Health said health workers who conscientiously objected to abortion would not be forced to perform the operation but they would be obliged to refer women to someone who would terminate a pregnancy

Notification of termination of pregnancy and what constituted an offence, and the associated fines, were spelt out in the draft legislation. It would also be a criminal offence to block access to facilities which provided abortions

The Bill - drafted by the Department of Health and based on the recommendations of a special parliamentary committee on abortion and sterilisation - is expected to be tabled during Parliament's last session of the year, probably in October

Health workers would be trained to provide pregnancy terminations services as well as after-care, counselling and family planning - Sapa

Legal abortions 'will save lives'

CT 5/7/96

(237)



ANEEZ SALIE
HEALTH WRITER

LEGAL abortions would save the lives of at least 425 women a year, protect the health of about 13 000 and save R18,7 million in treating incomplete terminations, says the Medical Research Council (MRC)

These were among the conclusions of a study conducted by the council's research group on incomplete abortion

The council presented its findings to the Parliamentary Select Committee on Abortion, which advised the cabinet. The cabinet approved the Termination of Pregnancy Bill on Wednesday

Parliament is expected to adopt the legislation next month despite strong resistance from opposition

parties, religious organisations and lobby groups, which yesterday denounced the cabinet's historic decision

The Southern African Catholic Bishops' Conference said it was a sad day which would be regretted for many years "It was shameful to say the least"

The cabinet has been commended by a number of groups, however, including the umbrella National Progressive Primary Health Care Network, which hailed its decision as a tremendous victory for women

The network's research indicated that more than 200 000 women have back street abortions every year

"Women should be able to exercise their right to make decisions about their bodies, their lives, the number of children they want and whether they want children at all," it stated

The statistics are based on a

nationwide study of women who were hospitalised with incomplete abortions (which included spontaneous miscarriage and illegally induced abortion) during a two-week period in September 1994

Forms were returned on 803 women, and from that the MRC estimated that 44 686 women a year reported to hospitals with incomplete abortions

They suspect this figure to be an under-estimation because not all those who attempt abortion attend hospital

The ages of the women ranged from 14 to 49 years, with an average of 28. The majority of the women were African (84%), and 11% were coloured, 4% Asian and 12% white

Most commonly, the women had already had one child, with some having had as many as eight. Nearly half (42%) said they had never used contraception

Three deaths were reported during the two-week study period

From that the MRC estimated that 425 women each year could die in hospital from septic abortion

One of the deaths recorded in the study was that of a teenager aged 15, another a 27-year-old mother of two children

"In this last case we know that she died after trying to induce abortion with a combination of Dettol, blue soap and Super Rose lotion," said the study

The ANC meanwhile called on all South Africans, including health professionals, to avoid the temptation of turning the abortion matter into a political football, but rather to give their support to the transformation of the health system

National Party spokesperson on women's affairs Mrs Sheila Camerer, said the NP would fight the bill on every occasion, and would consider approaching the Constitutional Court because the legislation clashed with the fundamental right to life

● See Page 8

Bans on abortion ineffective - UN

Health Reporter

(237)

ARG 5/7/96

LAWS banning abortions are ineffective and countries with the most restrictive laws have the highest abortion rates

This is stated in a report from the United Nations Population Division, which estimates there are 4.6 million unsafe abortions each year in Latin America,

the area with the world's highest abortion rate

The report, World Population Monitoring 1996, says there are 41 unsafe abortions for every 1 000 women of child-bearing age in Latin America and the Caribbean compared with two in Europe, 12 in Asia, 26 in Africa and 30 in the former

Soviet Union.

Eight of the 33 countries in Latin America and the Caribbean permit abortion only to save a mother's life. But, notes the report, the law is no bar. In Argentina - although abortion is prohibited - women undergo one abortion for every two live births. Chile has a similar rate

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Court yesterday where members of the traditional leaders' group submitted oral objections to provisions in the new constitution. See Page 4 Picture GARTHLUMLEY

Reaction to abortion Bill is deeply divided

Kathryn Strachan
and Nomavenda Mathiane

THE announcement that the Cabinet has approved legislation to introduce legal abortion on demand for up to 14 weeks has provoked a deeply divided response, with health and women's groups applauding the decision and churches decrying it as "a sad day in the history of our country".

NP MP Sheila Camerer said yesterday her party would take the Termination of Pregnancy Bill to the Constitutional Court on the basis that it infringed the right to life under the present interim constitution.

However, the National Progressive Primary Healthcare Network said that with 200 000 women having unsafe "backstreet abortions" every year, the Cabinet's endorsement of legal abortion illustrated a commitment to improving women's health and wellbeing.

Network spokesman Judi Fortun said SA was now honouring its commitment to the international conventions on reproductive rights and the rights of women.

In a clarifying statement the health department stressed that the Bill stipulated counselling before and after an

BO 5/6/96 (237)

abortion. Health workers who objected on conscientious grounds did not have to participate, but were obliged to refer the case to someone who would terminate the pregnancy.

It would be a criminal offence to block access to facilities.

But churches said they would fight the move. The SA Catholic Bishop's Conference said the sanctity of human life from the moment of conception to natural death should be upheld absolutely. Archbishop Temba Ntongana, president of the Council of African Instituted Churches, said that in terms of The Bible, Christianity and human values, abortion was murder.

Rev Freek Swanepoel, head of the Dutch Reformed Church, said his church would continue to spread the view that life, even of an unborn child, must be protected. However, he said his church had a pastoral responsibility to all.

The Azanian People's Organisation supported the Bill, describing it as "a step in the right direction".

The ANC called on people not to turn the debate into a political football match.

Comment: Page 8

UNIVERSITY OF CAPE

Nurses concerned about who will be allowed to perform abortions

(237)

The South African Nursing Association is concerned about the Termination of Pregnancy Bill's loose definition of who may perform abortions

In a statement yesterday, Sana said it had "grave concerns" about the use of the term "health worker" as it could include anyone from a general worker to a gynaecologist

Sana insisted that it be consulted on the education and training of health workers who would be involved in the termination of pregnancies

It was also concerned about the added pressure and workload abortions would put on nurses, especially as medical facilities were already understaffed, the statement said

Sana said it would take no

specific stand on the abortion issue because it respected the diverse opinions of its members. However, nurses who objected to performing abortions on grounds of conscience should be protected

Other reaction to the Cabinet's approval of the bill, which will allow women in South Africa abortion on demand for the first time in history, continued to pour in yesterday

Lawyers for Human Rights urged parliamentarians not to be swayed by the emotional arguments of those who opposed abortion on demand

The Conservative Party said it was ironic that the ANC opposed the death penalty but sanctioned the murder of unborn children - Sapa

Star 6/7/96

Nurses' grave concern over who will carry out abortion

JOHANNESBURG - The South African Nursing Association is concerned about the Termination of Pregnancy Bill's loose definition of who may perform abortions

In a statement yesterday Sana said it had "grave concerns" regarding the loose use of the term "health worker" as its everyday definition could include anyone from a general worker to a gynaecologist

As the major representative of nurses in South Africa, Sana said it insisted that it be consulted on the education and training of health workers who would be involved in the termination of pregnancies

It was also concerned about the added pressure and workload legal abortions would put on nurses, especially because medical facilities were already understaffed

Sana said it would take no

specific stand on the abortion issue because it respected the diverse opinions of its members regarding abortion in general and abortion on demand in particular

However, nurses who conscientiously objected to performing abortions should be protected and a provision similar to the "conscience clause" in the Abortion and Sterilisation Act of 1975 should be included in the new Bill, Sana said

Other reaction to Cabinet's approval of the Bill, which will allow women in South Africa abortion on demand for the first time in history, continued to pour in on yesterday

Lawyers for Human Rights urged parliamentarians not to be swayed by the emotionally charged arguments of those who opposed abortion on demand

The lawyers' body, in a statement, said it welcomed cabi-

net's approval of the Bill as a first step towards achieving substantial equality for women by decriminalising abortion and finally giving them freedom of choice

The Conservative Party found it ironic that the ANC believed the death penalty was a violation of human rights, but at the same time could sanction the murder of unborn children

Cabinet's approval of the draft legislation was "diabolical" and contradicted the Bible, the CP said in a statement

In its reaction, pro-life group Action Moral Standards said those who gave abortionists the legal right to murder unborn children were accomplices to the crime

While murder was the intentional killing of a human after birth, abortion was the killing of a human life before birth, it said in a statement - Sapa

(237) ARG 6/7/96

Nurses on the front line say no to abortion

(237)
ST 7 | 7 | 96

By CAS ST LEGER

SISTER Janet Britz has been a nurse for eight years. Throughout her career she has worked in labour and maternity wards. She and her colleagues see as many as five legal abortions a month.

But she is shocked at the prospect of doing abortions on demand.

"Has anybody grasped the enormity of it? A termination is not a nice thing to do. It is an unhappy event, not emotionally easy on nurses or parents."

Her views are echoed by all of the 14 matrons and nursing sisters at the H.F. Verwoerd Hospital in Pretoria, who were interviewed at random by the Sunday Times in those sections of the hospital where abortions are carried out.

Of the 14, not one said they would assist in abortion-on-demand cases should the Termination of Pregnancy Bill be passed by Parliament.

The Bill allowing abortion on demand at up to 14 weeks of pregnancy — and up to 24 weeks under exceptional circumstances and with the recommendation of a social worker, a doctor or midwife — was approved by the cabinet on July 3.

In terms of the Bill, health workers who object will not be forced to participate in the procedure.

The nurses at the hospital, one of many where pregnant women will seek abortions, come from a wide range of nursing backgrounds.

But every nurse agreed she would assist in abortions involving rape, AIDS, abnormal babies and a threat to the health of the mother. But none would participate in abortion on demand. All believed it would have little or no effect on backstreet abortions and that abortion would come to be seen as an alternative to contraception.

Britz, 29, is particularly worried about the extension to 24 weeks. "At this age, babies gasp and have a heartbeat. Still, we let them die with dignity. Some live up to three hours."

Her colleague, Sister Grace Ramatsoa, 34, said she could only come to terms with medical reasons for abortion. "They are going to use it as a contraceptive. Family planning is going to close. Those seeking abortion on demand should be sterilised afterwards," she said.

Even legal termination bothers Sister Rina Warden, the unit's head. "You can't just terminate a pregnancy whenever you like, I would refuse to do it. We have an infertility clinic upstairs and a long waiting list for adoption," she said.

Matron Magdel Kruger, who runs five theatre complexes for the hospital, admitted she would have problems.

The hospital's main theatre has a staff of 47 nurses — and Kruger said at least three-quarters had said they would not attend an abortion carried out for non-medical reasons.

In all, Kruger's theatres deal with an average of four "evacuations" of pregnancies daily — and, though no distinctions are made, about a quarter of these are the result of backstreet abortions.

In the neo-natal unit, Sister Mary Mehlape, 34, said she would decline to help. "If an abortion is done once, the woman must be sterilised."

In the hospital's main theatre complex, Sister Mina Kau, 36, said economic reasons for an abortion highlighted the failure of the pregnancy prevention programme. "It is wrong, even for a mother of six. Isn't it better to spread the message of no sex before marriage?"



NO Geraldine Snodgrass and Mary Mehlape, who say they will not assist in abortion-on-demand cases. Picture JON HRUSA

Doctor's Bill seeks to take tragedy off the backstreets

By CAROL PATON

THE man behind the Termination of Pregnancy Bill, Dr Abe Nkomo, has defended the proposed legislation, saying it is abhorrent that young lives should be runned through "one little mistake".

Nkomo, an Ateridgeville doctor for 24 years and now the chairman of the parliamentary portfolio committee on health, says he has seen the worst effects of backstreet abortions.

"I have seen hundreds of women with severe complications which could have been avoided if abortion had been accessible," he said.

The Bill, approved by the cabinet this week and due to be tabled in Parliament in the fourth quarter, was drawn up on the basis of a report compiled by Nkomo in his capacity as chairman of the ad hoc committee on abortion and sterilisation.

The Bill proposes giving all women access to free abortion at up to 14 weeks of gestation. Counselling is recommend-

ed but not mandatory. In the case of minors, counselling is mandatory but they do not have to seek permission from their parents to be granted an abortion. This was designed to protect victims of abuse and incest, said Nkomo.

The Bill also gives women the sole responsibility to decide to terminate pregnancy.

"Certainly, in a healthy family setting, there is no doubt that a woman would seek the consent of her spouse. But the Bill recognises that women have the sole prerogative to make the decision.

"If you have to have an operation that improves your health, you are not obliged to discuss it with anyone else."

The Bill seeks to eliminate discrimination against poorer women, whose access to abortion was blocked in the past by financial and bureaucratic problems.

Nkomo said the Bill envisaged that registered and trained midwives and doctors would be allowed to do abortions.

The minister of health would be given the authority to grant medical institutions permission to perform abortions. However, it was envisaged that they would be done mostly at primary health care clinics and secondary hospitals rather than at the large academic or teaching hospitals. Private clinics would also probably be given permission.

Nkomo is a harsh critic of the pro-life lobby, who, he says, want to impose their religious and moral beliefs on everyone.

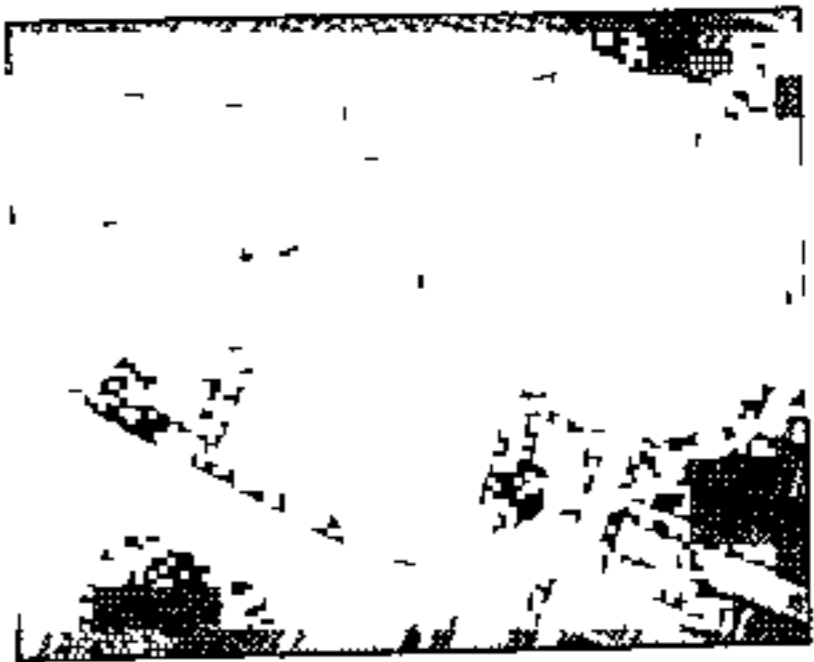
"This is presumptuous to the point of selfishness. When we saw the worst forms of depravity during the days of apartheid, where were they?" he asked.

It insulted women to suppose, as the pro-life lobby did, that access to abortion would be a licence for permissive and immoral behaviour, Nkomo said.

The Bill gives health workers the right to conscientious objection, but this is still up for debate. "Human rights activists may take issue with this because doctors are obliged to perform other operations. Why should this one be any different?"



DR YES Abe Nkomo, father of the abortion Bill.



Abortion will improve our quality of life in SA

Pregnancy termination really about the right to choose, writes Allister Sparks

(237)

Sparks 11/2/96

The Cabinet's endorsement of a bill giving women the right to abortion, following our constitutional prohibition of capital punishment and a Bill of Rights which embraces gays, establishes South Africa as a world leader in human rights law

We are far ahead of other members of the Third World, and of many in the First World - including the US, which used to be the global pacesetter but is now undergoing a kind of reactivism under pressure from its religious Right

Our position is remarkable since only a few years ago we were as far behind the global norm as we are now ahead of it, hanging more people than any other nation on earth and being heavily chauvinistic on women's rights

The transformation has not been easy. These are emotion-charged issues that most politicians would prefer to avoid, and in

tackling them the Government has had to contend with vocal opposition from white conservatives as well as deep-rooted chauvinist traditions in its own electoral heartland. This has required political courage and strong leadership - qualities not widely evident in the world today

The important thing about the steps being taken is that they are an attempt to establish a new set of social values. The old South Africa bequeathed us a macho culture system one characterised by a macho culture which was bigoted, exploitative, greedy and violent. It was enormously self-centred and regarded life - particularly black life - as cheap

Now the attempt is to create a more caring society, one which places a value on life. The advocates of capital punishment argue that it is a deterrent to violent crime. But if that is so, then we should extract full value from the taking of a human life and

do the hanging in public - at Ellis Park on a Sunday afternoon, televised in prime time

If the very thought is horrifying, then surely that tells us capital punishment is indeed a barbaric ritual which can only have a brutalising effect on the society that sanctions and performs it

As for the right to abortion, the anti-abortionists argue that it is they who sanctify life by opposing the killing of "innocent infants"

The morality of this issue is less clear cut, I admit, and seems to me to turn on when life begins. Is a sperm an "innocent infant", or a potential innocent infant? Some religious faiths would argue so. Does life begin at the moment of fertilisation? If so, what about the morning-after contraceptive pill?

Governments which have legalised abortion usually take the view, based on medical experience, that life begins when the foetus is capable of sustaining itself independently of the mother - some 12 weeks after conception

That is why the cut-off date for permitting abortion is around then.

Even governments opposed to abortion on demand have violated the strict tenets of the anti-abortion lobbies. Thus the National Party, which opposes the new bill, permitted abortion while it was in government in cases of pregnancy after rape, or if the mother's health was endangered

Is a rapist's child not an "innocent infant"? Does it bear the fatal stigma of its father's crime? And does the infant lose its innocence and its right to life because its birth might endanger its mother?

Simply to pose these questions is to make the point that the real issue is not one of moralistic arguments. It is about real human suffering in the real world

Women in poverty-stricken communities are sexually abused, through violence or ignorance, and their unwanted babies die of starvation, neglect and disease. The more

unwanted babies there are, the more the entire society is degraded by mass starvation, neglect and disease
The suffering in our own country is immense. If we are to raise the quality of life of our people, we must reduce the number of unwanted births - through education, contraception and abortion
Legal prohibition in any case cannot stop abortion. It simply drives it underground, where innocent mothers as well as their infants die
A quarter of a million South African women land up in hospitals every year because of medical complications arising from backstreet abortions.
God knows how many more never make it to the clinic
It is the poor, mostly black, who do the suffering and the dying when medically competent abortions are illegal
The rich, mostly white, can always fly to London and have their abortions there
What kind of morality is that?

Unplanned pregnancies 'place obstacles on women's equality'

(237)

By PATRICK BULGER
AND HELEN GRANGE

Straw 11/7/96

Women would be unable to meet their full potential if they did not enjoy the right to make their own decisions over their reproductive capacity, the Reproductive Rights Alliance (RRA) argued in the Constitutional Court yesterday.

Submitting argument on the Bill of Rights, Cathu Albertyn, for the RRA, said unplanned pregnancies placed "severe obstacles" on women's equality. The constitution recognised that women had been discriminated against in the past and it was intended to correct this discrimination.

The Cabinet last week approved a bill allowing abortion on demand which will almost certainly be subjected to court scrutiny.

Pro-lifers gave a hint of the arguments they can be expected to raise when that debate gets under way.

Opposing the clause which gives women control over their reproductive capacity and which has been in-

terpreted as allowing abortion on demand, Jan van der Vyver for Pro-Life said the right to life, while it could be limited, could not be suspended.

The limitations clause in the proposed text detracted from the rights offered by the interim constitution. Where the interim constitution placed limits on the right to life, it did so "without negating from the essential content of the right".

The omission of this condition meant life now enjoyed less protection.

Mr Justice Ismail Mahomed asked whether there was a tension between the

right to control one's reproductive capacity and the right to life. The question was not answered.

Win Trengove, for the Constitutional Assembly, submitted that the exclusion of the phrase "without negating from the essential content of the right" made no difference to the limitations clause. He did, however, concede to CC president, Mr Justice Arthur Chaskalson, that the omission provided a less strict test for the limitation.

**Pro-lifers give
hint on issues
expected to
be raised**

Abortion right 'key to equality'

(237)

Political Staff

ARG 11/7/96
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New court debates its power over politicians

(252)
ARG 11/7/96
PATRICK BULGER and HELEN GRANGE
Political Staff

CONSTITUTIONAL Court judges have been wrestling with the powers they enjoy, questioning to what extent they can order parliament and the executive to follow their rulings and directives

The debate arose yesterday during argument on the certification of the new constitutional text presented by the South African Institute of Race Relations (SAIRR)

The institute argued that the horizontal application of the Bill of Rights could not be adjudicated by a court and therefore contravened the constitutional principle which demanded that all rights be "justiciable"

The Constitutional Assembly had included in the Bill of Rights the right of access to housing, health care, "sufficient food and water" and social security

The new text orders parliament to introduce horizontal application of the Bill of Rights by means of legislation within three years. Until it does so, only relationships between the individual and the state are subject to the Bill of Rights - the horizontal application will enforce the rights in relationships between individuals and other juristic persons

Christopher Loxton SC, for the SAIRR, argued that if the court was approached to adjudicate whether a person's lack of housing violated the Bill of Rights, it would have to stray on to political territory in its ruling. This had implications for the separation of powers

between judiciary and executive

"That will inevitably involve the court in making political assessments," Mr Loxton said

Mr Justice Albie Sachs earlier made a similar point, saying the court had to be careful to avoid "rule by judges" The court could propose remedies that parliament could only change by adopting constitutional amendments

Court president Mr Justice Arthur Chaskalson said the court would recognise when the separation of powers doctrine was at stake and would not answer political questions. Instead it would defer to the legislature

Mr Justice John Didcott said the court was never going to tell government where it should build its dams and Mr Justice Ismail Mohamed said there was a political element to each judgment

Judge Chaskalson argued that courts routinely ordered governments to spend money and to re-order their budgets if that was necessary

Judge Mohamed said the political consequences of parliament ignoring a directive from the court had to be considered, saying one should not underestimate the "moral power of such a declaration"

In a later argument on access to information, Wim Trengove, for the Constitutional Assembly, said the intention was not to mean that "any person or busybody is entitled to information" The principle demanded only that information be available to those who needed it to protect their rights and in the interest of accountable government

Reproductive rights take centre stage

BD 11/7/96 (237)

Susan Russell

THE reproductive rights included in the new constitution could have no relevance other than to pave the way for legalisation of abortion, it was submitted on behalf of the Pro-Life group in the Constitutional Court yesterday. Pro-Life, which believes life begins at conception, and has long lobbied to keep abortion illegal in SA, was one of a number of objectors to a variety of provisions in the new constitution who made submissions yesterday.

The hearing was the eighth day set aside by the court to hear final objections to clauses in the constitution from political parties, lobby groups and other organisations.

It is the constitutional court's task to approve the new constitution once it has ensured it complies with all 34 of the constitutional principles agreed to by negotiating parties at Kempton Park. If any of the provisions do not comply, the text will be referred back to the Constitutional Assembly.

Pro-Life counsel Prof J van der Vyver said the new text did not comply with the constitutional principles because provisions of the limitations clause, which can be used to limit rights in the constitution such as the right to life, was narrower in scope than the interim constitution ones.

In the interim constitution a right entrenched in the Bill of Rights could

be limited provided it "shall not negate the essential content of the right in question". This clause has been omitted from the new constitution.

Van der Vyver said inclusion of this clause had afforded more protection for the right to life than did the limitation clause in the new constitution.

At present there is no provision in the constitution or in current legislation for abortion on demand, which would give women the right to decide for themselves. Van der Vyver conceded that it was for the courts in future to decide whether future abortion legislation was protected by the constitution or not.

He did submit, however, that inclusion of the clause on reproductive rights in the new constitution paved the way for legalised abortion.

Representatives of the Reproductive Rights Alliance argued in favour of the inclusion of the provision. Attorney Kathi Albertyn said the issue was not whether section 12 included the right to abortion or not, or to what extent the limitation clause applied to the right to life, but whether the section complied with the constitutional principles. She submitted they did.

Her colleague Michelle O'Sullivan said the Constitutional Assembly had chosen to recognise reproductive rights which were a necessary requisite to achieve substantial equality between men and women.

Pro-life lobby vows to quash abortion legislation

BY GUMISAI MUTUMI

South Africa's pro-life lobby is determined to fight the bill legalising abortion on demand, likely to be passed by Parliament next month.

They say abortion is murder and can never be justified. Says Claude Newbury of the Pro-Life Association: "Is it ever morally permissible to take the life of that totally innocent human being? That is the moral question we do not make it a developed country by killing people"

The association is part of a vocal lobby opposed to the Termination of Pregnancy Bill, which seeks to allow abortion on demand up to 14 weeks into pregnancy if recommended by a social worker, doctor or midwife. Approved by the Cabinet, the bill has been criticised by 69% of respondents in three recent surveys. Members of the pro-life coalition have submitted to Parliament about 45 000 signatures opposing it and have threatened stayaways if it becomes law.

Suffering

In addition, the 500 members of Doctors for Life have vowed never to perform abortions or refer women to doctors willing to carry out such operations.

The NP has indicated it will challenge the bill in the Constitutional Court.

Abe Nkomo, chairman of the parliamentary portfolio committee on health, which drafted the bill, says it is needed to curb the suffering often caused by illegal abortions.

In 1994, contraceptive use by women was put at 66% among blacks, 74% among coloureds, 77% for Indians and 80% among whites, yet some 250 000 women had illegal abortions, with about 45 000 needing medical attention to deal with incomplete termination.

Says single mother Martha Ndhlela: "It is hypocritical for conservative, white males - who do not know how it feels to be pregnant and rejected - to stand up and oppose the right to abortion. They will never be confronted by a situation in which they have to abort."

Sapa-IPS
13/7/96

VASECTOMIES POPULAR IN CAPE

City men favour the snip

CT 12/7/96 (237)

THE DEMAND for vasectomies is almost zero elsewhere in the country, but men in the Western Cape are queuing up for the little snip that will relieve them of the fear of causing unwanted pregnancies, writes **ANEEZ SALIE**.

MALE Capetonians are apparently a special and brave bunch, with few hang-ups about that little snip to the crown jewels.

Nowhere else in the country does this attitude prevail. Many local men may even be better lovers because of the load that's taken off their minds, while everyone else is worrying about babes — and not the Playboy variety either.

Men here are queuing up to tie the knot — in the tubes that carry their sperm.

Vasectomies are on the increase here, but virtually non-existent elsewhere in the country, according to Dr Margaret Moss, chairwoman of the Association for Voluntary Sterilisation of South Africa.

"We are not sure why it is so, but we are grateful to Cape Town's men for showing the way," she said yesterday in an interview to mark World Population Day.

The private sector has experienced a similar surge in interest, although reliable figures are not available.

In 1994 there were 1 218 vasectomies performed at public facilities. This increased to 1 250 last year.

"In other parts of the country it

is virtually zero," said Moss.

Women, on the other hand, showed a drop from 12 593 sterilisations in 1994 to 11 898 in 1995.

Moss said health professionals feared the increased primary health care duties of family planning health workers were interfering with the provision of quality contraception and sterilisation services.

She believed the present emphasis on Aids, sexually transmitted diseases and free health care for pregnant women and young children would result in fertility regulations being sidelined.

Moss said there was a widely held belief that men were not interested in taking their reproductive responsibilities seriously.

"They have proved us wrong. Whenever we have a vasectomy promotion, we are overwhelmed by calls. It is clear that men genuinely want to play their part."

Apart from a trend towards shared family responsibilities, many males choose vasectomies because "their wives bring them along and blockade the door, rolling pin in hand," according to Moss.

She said it was instructive that when women came to be sterilised they came alone, whereas most

men come with their partners.

"In the past, men have been excluded from reproductive health services, and we have a whole backlog of men who will get involved if given the opportunity."

Moss said the main worry most men had when they first inquired about the procedure was the possible effect on virility.

"We want to assure them that sexually they will be no different afterwards. The sex drive and desire is as strong as it was beforehand, and the organs function as well as they always did."

"In fact, many men have been ecstatic to report that their sex lives have improved dramatically."

"I suppose it is a big worry off your mind when there is no chance of a pregnancy, or no hassle of condoms that leak or break, or other contraceptives that could malfunction."

"You are free to do your thing." Moss warned, though, that vasectomies should be regarded as permanent. "It is not a little tap that you can turn on and off."

It was possible to attempt a reversal, but there was no guarantee it would work, or that the sperm would have sufficient strength to fertilise an egg.

"Anyway, after seven or eight years, you can kiss any hope of reversal goodbye," she said.

The increase in male interest is also because of the no-scalpel service which became available in

August 1994 at Woodstock Hospital.

Within three days it was fully booked for two months and the demand has continued and spread to other facilities.

The Chinese are to be thanked for pioneering the new technique.

Previously a vasectomy was a major operation for which the patient was anaesthetised. Two cuts, about two centimetres long, were made to get to the two tubes that carry the sperm. The tubes were tied and cut, and there was considerable pain and discomfort during the recovery period, said Moss.

Now local surgeons, who have been to China to learn how to do it, simply make a little hole, through which they "fish" for the two tubes.

After they are tied, the small hole is plugged, leaving little evidence, pain or discomfort.

The patient does not need to have a general anaesthetic, as a local anaesthetic is sufficient.

How long does it take and what does it cost?

At state facilities a vasectomy costs nothing, and a skilled doctor can snip and have you on your way in about three to eight minutes, Moss said.

She invited anyone with queries to contact her association on 5311665 (fax and telephone) or at P O Box 232, Rondebosch, 7701.

A mischievous ceoate

(237)

ARU12/2/96

DAVID RUSSEL, Bishop of Grahamstown, gives an Anglican view of the new law on abortion and argues that to structure the debate as one between "pro-life" and "pro-abortion" is mischievous and unhelpful.

WE are all pro-life. We all want to enhance life, to uphold and encourage the respect for human life. How could we be otherwise than pro-life? So, to structure the debate on abortion in terms of "pro-life" versus "pro-abortion" is mischievous, misleading and unhelpful. We are dealing here with a vital and complex ethical issue, and we want to hear and respond to god's leading. We are not looking for any other leading. But God wants us to look at people, and to care for them. We are all pro-life. Abortion can never be good in itself. It is always regrettable, to say the least.

On what grounds can our Southern African Anglican Theological Commission justify the widening of the conditions for allowing legal abortion, thus leaving women with a greater freedom of conscience in making decisions on this agonising matter?

It may be helpful to begin by looking first at another difficult "grey area" of moral and ethical dilemma, namely the rights and wrongs of participating in war.

We would wish to uphold the Christian integrity of two of our former archbishops who fought in the war against Hitler.

In the circumstances of a fallen world, when faced with agonising and "impossible" choices, they among many others felt it right to go to war, as "the lesser of two evils". We would never say that because of this decision they were somehow anti-life, and pro-war, because they went to war.

In other words, it is mischievous, misleading and unhelpful to accuse them of participation in killing and murder because they felt it right, in conscience, to participate in the war against Hitler.

In exactly the same way it might be argued that under certain circumstances abortion can be justified, even though it would never be suggested that it is good in itself.

The Bible, and our faith, teach and uphold reverence for life, and we have to apply this biblical teaching to the complex circumstances of people's actual lives circumstances in which people are confronted with cruel choices (eg participation in war).

The Roman Catholic Church, known for its uncompromising ethical teaching, nevertheless holds to the clear biblical distinction between murder (wrongful and unjustified killing), and taking life under certain condi-

tions and circumstances. Abortion comes into this "grey area" of real and painful ethical dilemma, and it helps no-one to pretend that the answers from Scripture are easy and obvious. They are not.

There are many moral issues which we continue to debate, and struggle with, without being able to claim any absolute certainty from Scripture for example allowing remarriage after divorce.

The Roman Catholic Church, by far the largest group in the Christian family, is emphatic in disallowing divorce, and would claim the authority of Scripture for this position.

We as Anglicans have wrestled with this issue, and have come to the conclusion, also basing ourselves on the Scriptures, that given certain situations of tragic breakdown, it is permissible for reasons of compassion and pastoral care to allow for remarriage after divorce. On this issue of abortion we are dealing with agonisingly overlapping ethical demands and responsibilities.

One is the care of the foetus - the human being in embryo unfolding in due course into personhood (like an acorn on the way to becoming the oak tree).

Another is the care of the mother, her capacity to cope, to survive, to care. Her life.

A third is care of the other children, and their life. We are pro-life of all these involved.

Thus in the SAATC report (paragraph 4.2) we read as follows:

We have a responsibility under God to the embryo-foetus, once we are aware of its existence, but we also have a responsibility to any other children in the family, to the family unit, to the mother herself and the whole community. Balancing individual rights against one another, and against community rights, is always difficult.

So the very first recommendation of the report reads as follows:

"In view of our belief that the embryo is at least potentially human, we consider that abortion should only be resorted to as a lesser of evils, ie when carrying the pregnancy to term infringes the rights and endangers the legitimate needs of others.

Abortion may sometimes be the correct moral decision, but it is always to be regretted. Abortion should not be adopted as a regular

means of birth control. Indeed the church cannot be pro-abortion, although in certain circumstances specified in this report, it may be pro-choice.

Should Christian moral teaching be enforced by law?

There is a very important clarification that needs to be made here. We are dealing with the degree to which it is right and proper to attempt to impose and enforce Christian moral norms on others - to enforce them by legal requirement.

There are of course issues which would indeed warrant such legal enforcement for example laws against torture and child abuse. But there are other areas where we would not think it wise to enforce Christian morality by means of law.

This is why at the Beijing Women's Conference it was agreed that countries which punish women for having illegal abortion should review those punishments.

We might believe that it is wrong and immoral for people to have an abortion, but that does not mean that we necessarily think that they should be criminalised for doing this.

It is interesting and significant to note that Cardinal Hume, head of the Catholic Church in England, is supportive of the legislation which decriminalised homosexual activity among consenting adults.

There is no way in which as a representative of the Roman Catholic Church he would condone, morally, such activity. The teaching of his Church is very clear about this, but he does not believe it would be right to impose this teaching through law, and through criminalising such practices.

He regards this as an instance where Christian doctrine ought not to be imposed by law, particularly in a secular society where many people differ in convictions and in conscience on this issue.

It is significant that the Methodist Church of Southern Africa, at their recent conference, also took a similar position with regard to the abortion issue.

They argued, in their statement, that abortion is more a matter of conscience than of law. This is because of the absence of consensus in South African society as to what is in fact moral or immoral.

The law should indeed place limits, but we should allow for a greater freedom of conscience. It is a decision which indeed places a grave responsibility upon individuals a



The Right Reverend David Russel, Anglican Bishop of Grahamstown.

responsibility to inform their consciences as fully as possible.

We nevertheless regard this as one of those "grey areas" where the church cannot take an absolute position, and that the law should give greater freedom of choice and conscience.

The church's role is to provide moral guidance, together with caring, counselling.

Nurses and medical staff working among the poor, particularly in the urban areas, have come across horrendous examples and increasing numbers of persons who have attempted illegal abortions.

It would seem that no amount of criminal prosecution is going to stem this phenomenon.

Criminalising these women is not the way to deal with this moral and human problem. The church must guide and care for such people and not ask the state to punish them, even if there may be an occasion of sin!

We need to reiterate that we are not "pro-abortion". We are "pro-life", but it would seem that for reasons of pastoral compassion we need to be less dogmatic, and allow for a greater freedom of conscience for women as they struggle personally with these deep and painful issues.

The answer is not to criminalise such women, but to be there alongside, to encourage and lead them into the way of Christ, with the love of Christ.

No abortions at Catholic-aided health facilities, church insists

The Southern African Catholic Bishops' Conference said yesterday it would ask the Government to exclude health facilities of the Catholic Church from institutions carrying out abortions

It said the draft bill on abortion stated that any facility to be used for surgical termination of pregnancy had to be designated for that purpose by the health minister

The SACBC would accordingly approach the minister for an under-

taking that Catholic health facilities be excluded

Failure to do this could result in a review of the future of hospitals and clinics subsidised by the Catholic Church

In light of the Catholic Church's position against abortion - which saw the proposed legislation as contrary to the culture of life - Catholic institutions had no option but to decline to make their facilities available for abortion, the SACBC said - Sapa

(237)

Star 16/7/96

Catholics act on abortion

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(237)

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Abortion: Catholics threaten to close church hospitals

ANEEZ SALIE
HEALTH WRITER

(237)

ET 16/7/96

THE SA Catholic Bishops' Conference (SACBC) has threatened the government with closure of the church's hospitals and clinics if it is forced to allow abortions to be performed at those premises

It took this stand yesterday in spite of a government undertaking that no one would be compelled to conduct the controversial procedures

The SACBC proposed that a meeting be requested with Health Minister Dr Nkosazana Zuma, at which these demands for exclusion would be presented, and that the shut-down should follow in the event of her refusal

The SACBC's tough stance comes in the wake of the historic cabinet decision to approve legislation which would allow abortion on demand for submission to Parliament

In a statement from its Pretoria headquarters yesterday the church, known for its fundamental opposition to contraception and abortion, said it was not free to make its health facilities available for abortion.

It referred to provisions of the Termination of Pregnancy Bill which required the health minister to designate a facility as one where abortions could take place before it was so utilised, and said it would approach Zuma to exclude Catholic centres.

The SACBC warned: "Should this not be forthcoming, the Catholic Church might have to reconsider the future of subsidised Catholic hospitals and clinics. The church would have no option but to decline to make its facilities available for abortions."

A spokesman for Zuma said he was unaware of any request by the SACBC to meet her, but said she would be agreeable to such a meeting as that was her policy. "We can't comment until this happens," he said

Clinics may close if abortions forced

(237)
The Argus Correspondent

ARG 16/7/96

PRETORIA - The future of state-subsidised Catholic hospitals and clinics is in the balance as church officials battle with the government against pending abortion laws

Catholic health care institutions which are subsidised by the state could be forced to undertake abortions if designated to do so by the Department of Health

Father Emil Blaser, the Southern African Catholic Bishops' Conference's associate secretary-general, said yesterday that the church intended asking Minister of Health Dr Nkosazana Zuma for an undertaking that Catholic hospitals and clinics would not be designated for abortions

He said the church would rather close down its hospitals and clinics than go against religious beliefs

The refusal to perform abortions was in accordance with the church's teachings, he said

Abortion Bill firestorm

CONTINUING its move towards a far-reaching liberalism in this once insular state, South Africa is poised to adopt one of the most permissive abortion-on-demand laws of any country

President Nelson Mandela's Cabinet this month gave preliminary approval to a measure that guarantees an abortion to any woman who requests it - no questions asked - setting off a firestorm of protest from religious groups and other opponents of abortion

Under the proposed law which is virtually certain to be approved when introduced in Parliament by September women seeking an abortion need not notify parents or spouses or obtain their consent. No woman or girl however young may be denied an abortion

Apparently with an eye on the aggressive tactics adopted by some abortion opponents in the United States the law makes it a criminal offence punishable by fines or a jail sentence to block access to facilities where abortions are performed

The law also would permit in addition to doctors other trained health care workers such as nurses to perform abortions

The only notable restriction contained in the law is that abortion on demand be performed only until the 20th week of pregnancy in most cases

Right of refusal

Doctors and nurses who object to carrying out abortions on grounds of conscience also are granted the right of refusal, although they will be obliged to refer patients elsewhere

"The termination of pregnancy service is intended to be part of reproductive health services," the Department of Health said in a statement "There will be no separate facilities for termination of pregnancy"

Opponents of the measure, though aware that legalisation of abortion is a stated policy of the ruling African National Congress, reacted with outrage

Catholic bishops in the Southern African region issued a statement that, in effect, declared the proposal a heresy. Pro-Life South Africa, another group that opposes abortion, said the move was worse than apartheid itself

"This must surely be the worst Cabinet decision in the history of South Africa, including all the decisions in the apartheid era," the group said

Despite the denunciations, the proposed law is practically guaranteed passage when introduced in Parliament

The legislature is dominated by the ANC, and the party has the declared support of the liberal Democratic Party, whose primary constituency of affluent whites is the only known

This controversial measure, opposed by many people in South Africa, is likely to be adopted by Parliament in September. **Dele Olojede** discusses the background to the issue....

(237) Sowetan 18/9/96



MP Carl Niehaus ... the ANC's leadership is committed to progressive decisions.

segment of the population that significantly supports abortion rights

The proposed law would sweep away South Africa's current restrictive law, which bars abortion under almost any circumstances, except rape, incest and extreme medical reasons

At least two doctors, under current law, are required to sign for an abortion and parental and spousal notification and consent is required.

Abortion rights advocates say this has each year driven thousands of women, particularly young black women, to back-door abortions, often resulting in injury and even death. No one precisely knows the extent of the problem

The author of the proposed law is a doctor who practised in Atteridgeville, near Pretoria, before he became an ANC Member of Parliament

Dr Abe Nkomo says a lot of young women, some near death, invariably ended up at his door after yet another botched abortion, an experience that he says exposed him to the horrors of illegal abortions

"One came away demoralised and extremely pained by the experience of seeing valuable lives lost," he has said in an interview "In the final analysis, abortion should be the woman's decision"

But in pushing for far-reaching abortion rights legislation, the ANC is acting against the sentiments of many of even its own supporters

Several recent polls show upward of 70 per-

cent of South Africans, black and white, opposed to abortion on demand

According to a poll by the government-funded Human Sciences Research Council in Pretoria, about 78 percent of ANC supporters oppose easy access to abortion.

Similar numbers were recorded for almost every group, except the relatively small numbers of affluent English-speaking whites who support the DP

"These results sound a warning to the architects of our new democratic South Africa to be wary of changing present legislation," says Willem Schurink of the HRSC, who helped conduct the poll

ANC leaders admit the policy is probably widely unpopular. But they seem to have calculated - rightly, according to political analysts - that South Africa's impoverished black masses are still too preoccupied with bread-and-butter issues to punish the party for excessive zeal

"I am not sure legal abortion is an issue that the grassroots is going to rebel against," says Steven Friedman, director of the Centre for Policy Studies, a Johannesburg think-tank

Self-evident truths

The ANC has seemed almost self-conscious in its crafting of a whole raft of rights for citizens, so far without any notable opposition from the rest of the country

Policies that would prove indigestible to the most democratic of societies, and that continue to divide societies like the US, are being turned into fundamental law as if they are self-evident truths

Capital punishment has been declared unconstitutional. Gender equality has been elevated to the status of an inalienable right. And gay rights, on a continent more publicly hostile than most to homosexuality, are included in virtually any reference to fundamental rights

"It is easier to make these kinds of changes while you are in the middle of a transition," says Carl Niehaus, an ANC spokesman "There is strong commitment in the leadership to take progressive decisions, which do not necessarily reflect the opinions of the masses of the people

"But they trust the leadership, and at this time they have other pressing issues to worry about, like houses and jobs" - *Newsday*

W Cape gets the female condom, but is it sexy?

(237) ARL 20/7/96

GLYNNIS UNDERHILL
Staff Reporter

Picture ANDREW INGRAM, Staff Photographer

SELLING LIKE HOT CAKES:

Gail White, Cape regional manager of the Society for Family Health, which is distributing the female condom in the Western Cape, displays the product

FEMALE condoms, which are now being sold at a cut price for a trial period by a marketing firm in the Western Cape, are selling like hot cakes

While some users have dubbed the large female condom a passion killer, others are snapping them up

Students have been first in line to buy them and a big order for female condoms has been placed by a group working with sex workers in the Peninsula, according to distributors

Demand is currently outstripping supply in the Western Cape, according to Gail White, Cape regional manager of the Society for Family Health, which is distributing the condom

A popular brand of female condom is being sold at R2 for a pack of three and being distributed through the non-governmental Planned Parenthood Association

Government plans to distribute the female condoms backfired after more than 90 000 female condoms brought by the Department of National Health at a cost of R500 000 passed their expiry date before reaching the clinics

While department officials claimed the Food and Drug Administration, which regulates medicines in the United States, had extended the shelf life of the expired condoms, medical workers were not convinced

"I was told the Food and Drug Administration had said the condoms could be distributed, but I was not interested in having them as they had expired. Something they educate us to look at is the expiry dates. This would have gone against the teachings," said Barbara Karpakis, the Cape Town Municipality's principal medical officer for the northern zone

■ While the female condom has drawn a mixed reaction, sales are rocketing in the Western Cape.

While health workers had been trained to use the female condoms, they were not yet being distributed at the community health clinics in the Western Cape, she said

"They are not difficult to use - just different," said Dr Karpakis

A local government clinic spokesman said they were still waiting to receive the female condom

"We know how to tell people to use it, but we still haven't been offered it," she said

Tozi Lindie, health adviser at the Cape Town City Council, said she taught "clients" how to use all the various condoms, including the female condom, during lectures she delivered at clinics and in the townships

"At the moment, it is not available. They say it is very expensive," she said

Nikki Schaay, provincial co-ordinator for the National Aids Council in the Western Cape, said the female condoms had received a mixed reaction

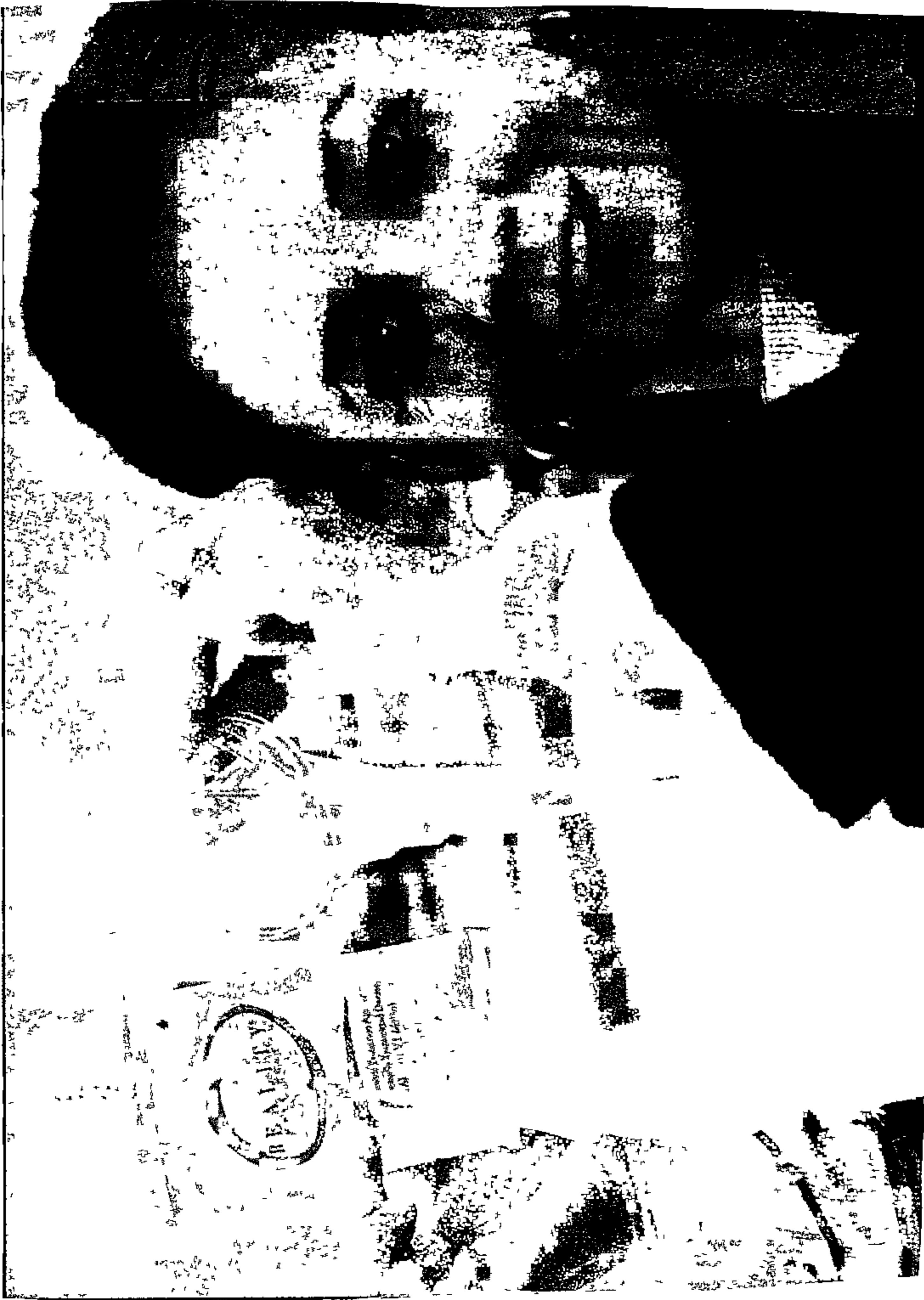
"You still have to go through the process of negotiating with your partner to use the condom," she said

The female condom was not "discreet", she pointed out

"Some people who have tried it say it is like having a plastic bag between two people," said Ms Schaay

Ms Schaay said the department of national health had been right to take the expired female condoms off the shelves.

"The department even said it was okay to use the expired condoms. But it is not okay," she said



Legal abortion is about freedom

ABORTION is not simply a moral issue and those ANC MPs who cannot bring themselves to support party policy should quit, argues Contributing Editor **FARID ESACK**.

A NUMBER of entries, including this newspaper, have argued the case for the ANC allowing an "open" or "conscience" vote on the proposed Termination of Pregnancy Bill which would allow unhindered abortion on request for up to 14 weeks of gestation.

In line with a practice quite common in a number of parliamentary democracies, this would enable ANC members to vote against the official party position reflected in its election manifesto and the Women's Charter adopted by the ANC Women's League.

In a position paper which, although drafted in September 1995, has only recently acquired wide circulation, Professor John de Gruchy, Frank Chikane (former general secretary of the SA Council of Churches) and Barney Pityana (chairman of the Human Rights Commission) — all then based at UCT — supported this argument on the undefined grounds of "political prudence" and "moral wisdom". The alternative to this, they argue, is "forcing some members into a situation where they have to either be disloyal to the ANC or else to deny their own religious or moral integrity".

While acknowledging the necessity of compromises in daily political life, they go on to say that "this does not mean that one must compromise on matters of 'high principle'". On the contrary, politics degenerates into demagoguery when it silences these

voices which challenge the moral conscience or when people of conscience withdraw."

Describing abortion as a "boundary ethical issue", they suggest that those who do oppose it in the ANC "do so for the good of the party and its commitment to governing on the basis of justice, human rights and dignity. If dissent is not permitted in political parties or society more generally, then we are on the slippery slope to totalitarianism."

The focus on abortion as an essentially moral issue is problematic, particularly when morality seems to be viewed as an amorphous airy fairy quality disjointed from the socio-economic realities of life. While virtually every woman contemplating an abortion does so under enormous moral strain and tension, the decision is inevitably taken in the light of her personal reality, more often than not, one of poverty, fear of rejection, ignorance or spousal abuse.

That these pressures are sufficient to drive more than a half-a-million South African women annually to risk their lives in backstreet abortions is sufficient testimony to the uselessness of insisting upon the issue as essentially a (very narrowly defined) "moral" one.

The Department of Health, which has to deal with the reality of criminalising abortion, according to Medical Research Council figures, has to deal with the more than 200 000 women who undergo abortion each year in SA, the consequences of dealing with

44 686 women who are known to suffer from incomplete backstreet abortions and the reported 425 deaths per year resulting from such abortions. This is not a "boundary issue" but one of actual life and death.

(And when I talk of "life" I do not wish to succumb to the glib absolutist discourse of "all life is sacred" suggested in a recent letter from a bishop to this paper. Many of those opposed to abortion eat murdered animals while abstaining from eating orange seeds because, although the seeds have the potential to become oranges, one actually requires a massive leap of the imagination to think of them as such. They also consume tablets to kill living germs in their own bodies in order to prolong their own lives. For impoverished

women, particularly in the rural areas, the right to safe, cheap and unhindered abortion facilities is an issue of justice. Why should only the poor be compelled to be saddled with the consequence of "moral burdens" when the rich can march into any clinic in SA or nip across the border, put down their R2 500 and return a few hours later?

It is not surprising that while the right-wing anti-abortion polemic is being orchestrated by mostly white and privileged males — who one can safely say will never fall pregnant nor are they likely to be raped — countless impoverished women furtively go in search of the local figures who will perform an abortion for a small fee in the most unhygienic of conditions.

For many women the right to abortion is

also one of the right to control their own lives and their own freedom to live out their senses of morality as they value it. As for those who insist on any one of the different forms of moral absolutism "But the Bible says . . .", "The only thing that matters is the shar'ah", "According to the Pope" without understanding anything about the relationship between texts and contexts — they may want to consider the option of migrating to Iran or to the Vatican.

No one is asking ANC MPs or others to vote on their own pregnancies. To support the right of unhindered access to cheap abortion does not mean that one necessarily supports abortion, it only means that you refuse to arrogate to yourself the right to regulate the personal morality of another person whose experience of an unwanted pregnancy and emotional trauma you are unlikely to ever experience.

"There can be no doubt," said Chikane, Pityana and De Gruchy, "that the rights of women cannot be denied or voted against by ANC representatives, there can also be no doubt Roman Catholics as well as believers of some other traditions cannot vote for abortion without denying their faith."

There is a desperate need to avoid this fundamentalist essentialising of religions and thus — even if unintended — lay the ground for excommunications and the blanket rubbing of those deeply religious people who oppose the oppressive and patriarchal expressions of their religious traditions



FRANK CHIKANE: Abortion is a moral issue, says the former general secretary of the SA Council of Churches

The great strength of the struggle, including Chikane and Pityana, was that while the Nats spoke about morality, as pornography, abortion, sex across the colour bar, we insisted on viewing it as intrinsically connected to the struggle to destroy an exploitative socio-economic and racially divisive system.

Now, when women are to be liberated from a male-imposed sex-obsessed view of morality, they require the ongoing solidarity of all of us who have been part of a struggle for a comprehensive justice. Yes, abortion is a moral issue, but one which needs to be freed from the moralism of yesterday which saw the apartheid state setting up homelands where frustrated white males could nip across the border to release all their sexual energy while "our country" remained "Christian" and "pure".

Abortion is as much a moral issue as the laws on affirmative action, the Bill of Rights, the right to drinking water, housing and education, and the abolition of the death penalty; nothing more and nothing less. All of these are and have for long been a part of ANC policy. MPs are free to voice their opposition at caucus meetings and congresses.

This is, however, the ticket on which they stood and on which they were elected. No one is forcing them to remain on board. If, on this issue, anyone of them feels closer to the Vatican or the Bible-thumping right-wing, let them be led by their consciences to the door.

POPULATION - VITAL STATISTICS

1996

AUGUST — DEC.

Abortion to be hot issue when House reconvenes

27/8/96 (237)

BARRY STREEK
POLITICAL WRITER

THE most controversial issue to be debated when Parliament reconvenes on Monday will be the cabinet approved bill to allow abortion

Despite opinion poll evidence that most South Africans do not believe women should be allowed to decide for themselves whether to have an abortion and despite religious opposition, the cabinet has approved the Termination of Pregnancy Bill and it will come before Parliament later this year

This followed evidence before a parliamentary ad hoc committee and its recommendation that, within defined circumstances, women should be allowed to choose whether to have an abortion

The evidence regarding abortion was overwhelming. The Medical Research Council estimated that 44,686 women a year presented themselves to South Africa's hospitals with incomplete abortions which were either spontaneous miscarriages or were illegally induced

"We suspect this is an underestimate of the number of women who have abortions. Not all women attend hospital. Some stay at home, some go to private gynaecologists, general practitioners

or clinics; others die without attending hospital." The ages of these women ranged from 14 to 49 years, with an average of 28

"The vast majority of the women were African (84%), 11% were coloured, 4% Asian and 1% was white. Most commonly the women already had had one child, with some having had as many as eight. Nearly half (42%) of the women said they had never used contraception."

Perhaps the saddest aspect of the MRC evidence was the finding in a two-week study that "most of the women interviewed felt unable to talk to anyone, even their closest friends and family".

The Abortion Rights Action Group said five million women in South Africa had illegal abortions over 20 years, based on about 250,000 backstreet abortions a year, which some groups believe may be too low

"Some of the women lost their lives and many more their health in their desperate effort to end unwanted pregnancies," the group said

There have been vociferous representations by Pro-Life groups, including demonstrations outside Parliament, and plenty of discussion about the length of pregnancy during which an abortion can take place

Abortion can happen to all of us — study

As South African politicians prepare to consider new — and very liberal — abortion laws, a study in the United States is likely to affect the debate over an issue that inspires raw passions around the world. DENA BUNIS of Newsday reports.

ART 12/8/96

(237)

WITH the Republican Party poised to reaffirm its position that abortion should be banned, an abortion-rights institute is to release a study revealing that thousands of women who have had the procedure are affiliated with religions that crusade against abortion.

The study of nearly 10 000 women nationwide who had abortions in 1994 and early 1995 found that in spite of the Catholic Church's strong opposition to abortion, 31.3 percent of the abortion patients surveyed were Catholic. And 18.1 percent of the 10 000 patients identified themselves as born-again or Evangelical Christians.

reproductive health care
"The importance of this kind of study is to finally get it into people's minds that it happens to a lot of good, conscientious people, to religious people," said Jeanne Rosoff, president of the Guttmacher Institute, which is supported by major foundations and government grants.

The Guttmacher Institute is the only non-government group that tracks the demographic and socioeconomic characteristics of women who have abortions. The institute began analysing abortion trends after the 1974 US Supreme Court decision which legalised abortion and did its last major study in 1987.

While most trends since 1987 have remained constant, researchers concluded that teenage abortions were decreasing and that the percentage of women having abortions who used a contraceptive during the month they became pregnant increased by 12 percent.

Stanley Henshaw, co-author of the study, said that in 1987 the teenage abortion rate was about 15 percent higher than the overall rate and in the new study it is about equal to it. The teenage rate may be dropping because the Aids scare had prompted more condom use, he said.

Ms Rosoff and other Guttmacher Institute officials insist that release of the study was not timed to coincide with the Republican convention's abortion debate.

But the institute doesn't mind the coincidence. "The news release is written capitalising on that timing," said Susan Tew, spokeswoman for the institute. "It's important as we go into this convention that abortion is not seen as something that only happens to liberal women and feminists. It's among all of us."

The survey also showed that single women who live with their partner or have no religious affiliation are about four times as likely as other women their age to have an abortion and that non-whites and women with low incomes are twice as likely as women generally to have the procedure.

Supporters of Republican presidential candidate Bob Dole and anti-abortion activists say the survey shows nothing new.

"I don't think any survey that was done of 10 000 women who

have had abortions is likely to affect the platform committee whatsoever," said Mr Dole's pollster, Linda Divall.

Republicans who have been fighting unsuccessfully in San Diego to soften the anti-abortion plank also don't believe this survey will make a difference.

"We've seen data that show that two of every three Republicans is opposed to the platform and it doesn't seem to make a difference at all," said Joe Bisette, political director of Republicans for Choice.

But a professor who specialises in the politics of abortion said the survey could have an impact on average voters. "What it establishes is that the person who's getting an abortion is not some strange other," said Debra Dodson, of Rutgers University.

Public gets say on abortion Bill

Wyndham Hartley

237

BD 13/8/96

CAPE TOWN — Parliament's health committee has moved to reassure the nation that it will not take any decisions on the controversial Termination of Pregnancy Bill before it has heard representations from the public.

Committee chairman Abe Nkomo said yesterday: "The proposed legislation is of interest to all South Africans and the committee takes very seriously its duty to consult widely and to ensure that its proceedings reflect all opinions on this sensitive matter."

The Cabinet caused an uproar early last month when it approved the Bill, which will allow abortion on demand for all women within the first 12 weeks of pregnancy. If approved in its present form it will also allow women to have abortions without consulting their partners, or in the case of minors, their parents.

Nkomo said the Bill was at present with state law advisors for consideration of the Bill's technicalities. This would take about six weeks, meaning the Bill is only likely to be presented to Parliament in October. Only then, he said, will the committee hold hearings.

Anti-abortion lobby in 'rally for life'

CT 14/8/96 (237)

ANEZ SALIE

CHRISTIANS opposed to abortion are to launch mass action today to stop Parliament approving the Termination of Pregnancy Bill

They will start with a "rally for life" at 12 30pm at the Civic Centre in central Cape Town, organised by Christian Voice, an inter-denominational movement

A series of night-to-life prayer vigils outside Parliament and placard demonstrations are planned. A human chain will be formed around

the building, and in all streets leading to it, while the bill is before it

In May last year Christian Voice staged its first march, which attracted 20 000 people, according to its chairman, Dominee Soon Zevenster

Members of Parliament are to be vigorously lobbied by his organisation, said Zevenster, who is also head of Radio Tygerberg

"There is mass grassroots opposition to abortion, and our task is to bring the different Christian groups together in one movement to stop the bill from becoming law," he said.

Although mainstream churches have not affiliated, individual congregations have, Zevenster said. The Apostolic Faith Mission was the exception, and had joined en masse, he said

Among the organisations which organised today's rally are the Evangelical Reformed Church, United Christian Action, Light House Christian Fellowship, Pro-Life and the African Christian Democratic Party (ACDP)

He stressed that their mass action would be peaceful

Anti-abortionists kick off campaign

CT 15/8/96 (237)

ANEEZ SALIE
HEALTH WRITER

SCENES of bloodied and mangled foetuses were screened yesterday at an anti-abortion rally at the Cape Town Civic Centre attended by about 300 people

Yesterday's rally was advertised as the start of a mass action campaign to force the government to rethink the Termination of Pregnancy Bill.

The proposed legislation allows abortion on request, irrespective of age and without compulsory counselling. Minors need not obtain permission from their parents nor are they required to inform them.

The audience watched in audible discomfort as an American-made videotape was played by the organisers, the Christian Voice, an umbrella body of Christian organisations opposed to abortion, and to the perceived lack of morality in the government.

In the weeks ahead the Christian Voice aims to organise prayer vigils and placard demonstrations outside Parliament, as well as marches and plans to form a human chain around Parliament when it considers the abortion legislation in October.

The Christian Voice was formed in February last year to offer a

home to conservative Christians concerned about the government's approach to abortion, the death penalty, pornography, homosexuality and a secular state among other issues.

Although its chairman, the Rev Soon Zevenster, was at pains to deny that they had a political agenda, and denied any links with the conservative African Christian Democratic Party, its leader and member of Parliament, Mr Kenneth Meshoe, addressed the gathering together with the party's only other MP, Mr Louis Green.

No other party was formally represented, nor other faiths.

The only warning of the graphic detail in the video was advice from a narrator for viewers to look away if they could not take it.

Several examples of foetuses in various stages of development which had not made it to full term, were shown without commentary but were accompanied by a sombre and evocative score.

No evidence was presented that any of the foetuses were terminated by legal or illegal abortion. They may well have been the result of miscarriages.

The shocking scenes were followed by a prayer and a collection. The video and other anti-abortion material were on sale at the rally.

Abortion: doctors in pain

By MARGARETTE DRISCOLL
and LOIS ROGERS

London - New medical research shows that the human foetus, once thought to be insensate, does feel pain. Other recent stories, notably that of a baby mistakenly diagnosed as suffering from severe abnormalities which was born alive during an abortion and lived for 45 minutes, have added to the "yuk" factor inherent in termination.

Yet, sensational and revolting as these stories often are, their impact may be greatest among doctors, rather than the public. "What worries us is the drip, drip effect of these discussions", says Ann Furedi, director of Britain's Birth Control Trust and a leading pro-choice campaigner.

Reluctant

"The more we hear about foetal pain and about the foetus as patient, separate to the mother, the more likely there is to be an effect on the medical profession. We are afraid that doctors may become more reluctant to carry out abortions."

In theory, no pressure is put on "conscientious objectors", but aborting healthy foetuses at one clinic and trying to save others at the next is regarded in

(237) *Star 17/8/96*
a busy obstetric unit as a daily fact of life.

"A lot of staff would like to object but they can't because of the pressures of the system," says John Wyatt, senior lecturer in neonatal paediatrics at University College, London. "Doctors realise that if they had been appointed to the job and then refuse to do abortions, their colleagues are burdened with more. In a democratic society it is not reasonable to expect abortion to be banned, but I am worried about the fundamental inconsistency of a system which sees a sophisticated procedure for saving life going on in one operating theatre and a similar procedure being used to destroy a foetus in the one next door."

Wyatt sees the splitting of medical services as the only logical resolution. "Hospitals may specialise and there will be pro-choice and pro-life hospitals."

In some areas, this has already effectively happened. At the Northwick Park and St Mark's Hospital Trust in Harrow, "social" abortions are contracted out to a private clinic, and only those for foetal abnormality or where there is real medical risk to the woman are performed by the unit. This drastically reduces ethical problems for the doctors.

"In terms of getting staff, it means that I can hire people purely on ability, without regard to whether they are Roman Catholics or otherwise opposed to abortion," says Harry Gordon, consultant obstetrician and editor of the Journal of Obstetrics and Gynaecology.

Given the advances in medical technology and knowledge, Gordon believes it is time for a fresh debate. "The problem is that the debate is so polarised I worry that we may not progress any further than those who feel abortion is always wrong versus those who feel it is always a woman's right to choose."

Brutalised

Most obstetricians do carry out terminations, arguing that although it may be an unpleasant procedure, it serves a greater good. "It is an ongoing thing. You don't decide to do it and feel happy for ever and a day, but you do become brutalised by what you do," says John Parsons, head of the assisted conception unit at King's College Hospital, London. But "it comes down to doing the best for each individual patient."

Most doctors take a similar stance, justifying it by arguing that while the rest of society is free to mull over the issue in the

abstract, they are faced with the reality of abortion day by day.

The future may hold a change, a leading academic says. He is surprised at the number of his students who are anti-abortion. It may simply be that they have never been faced with a tearful woman saying "If you won't help me I've got nowhere else to turn", or it may herald a substantive change.

Out of all the confusion, disputes, claims and counter-claims comes the stark reality of the state-of-the-art technology which now enables doctors to terminate life in such a matter-of-fact way.

The frontiers of medical science are constantly being stretched. The wondrous techniques developed for intra-uterine blood transfusions and surgery in order to save babies, and now also used to kill them, can have seemed barely imaginable in 1967 when the abortion act was passed in Britain.

"Social" abortion has long been a fact of life, but the recent case, with its air of nonchalance over which twin would live and which would die, exercised the nation's conscience. Even normally stalwart supporters of a woman's right to choose began to wonder if this was an abortion too far - London Sunday Times

Loyalty or conviction - abortion becoming a watershed issue for ANC

Ruling party, containing liberal and conservative elements, has been urged to hold an open vote, writes **JOHN FLEMING**

Parliament is likely to approve a bill that will turn a conservative abortion law passed in 1975 into one of the most liberal in the world, political observers, lobbyists and theologians predict.

The Termination of Pregnancy Bill, if passed, as expedited, in the October sitting of Parliament, will allow virtual universal access to abortion on demand up to 12 weeks into a pregnancy. Under certain conditions, an abortion may be carried out between 13 and 21 weeks.

It provides that women and girls may get abortions without permission from their husbands, partners or parents. Minors would be advised, but not required, to inform their parents of their decision.

Although the fight over the bill features the usual pro-life and pro-choice sides, it is also a struggle between the forces of the deeply conservative and religious establishment spawned by the apartheid era, and the new South Africa led by a liberal government committed to racial and gender equality.

It has proved a paradoxical situation for many who find themselves trying to balance moral beliefs rooted in the past with their support for a new, popular government.

Although the debate has split the religious community and the general public, nowhere is the division more stark than in the ANC which came into power promising to ensure that women enjoy the right to have control over their bodies.

The bill stands a good chance of passage precisely because the ANC supports it. With a majority of seats in Parliament, the issue should be academic at this point.

Moral dilemma
But the ANC also includes a number of devout Christians and Muslims who have stated openly their desire to differ with the party on the bill.

"All the ANC is doing is trying to live up to a promise of gender equality," says Father Albert Nolan, a Roman Catholic theologian with the Johannesburg-based Institute for Contextual Theology. "But now that the vote is coming up, many of the ANC members realise that they are facing a big moral dilemma."

The answer, many argue, is to allow for an open vote on the issue, where parliamentarians are allowed to vote against the party, as is often the case with Democrats and Republicans in the United States.

But in this parliamentary democracy, voters choose a party, not individual members, so the party argues that members must vote with the party and not as individuals, as the party represents the wishes of the people.

The Rev Frank Chikane, of the Apostolic Faith Mission and former general secretary of the South African Council of Churches, has been a leader in pushing for an open vote

Chikane, who is also an adviser to Deputy President Thabo Mbeki, recently co-authored a paper supporting the idea.

The paper, entitled Freedom of Conscience and Party Discipline, argues that the ANC should allow an open vote on the issue. The authors say that to require members to vote with the party on this issue would force "some members into a situation where they have to either be disloyal to the ANC, or else deny their own religious or moral integrity."

John de Gruchy, of the Research Institute on Christianity in South Africa, at the University of Cape Town, and co-author of the report, says, "We don't try to put forth a position on the abortion issue, we simply think

members of Parliament should be able to make their own decision on an issue of such huge moral proportions."

De Gruchy, who says he supports the new bill, nevertheless argues that there are a number of devout Christians in the ANC, as well as several devout Muslims, who should be able to vote according to their conscience.

Simple majority
Methodist Bishop of Johannesburg Peter Storey has also argued vehemently for an open vote in Parliament, although he supports the new bill. "In broad outlines"

Many people predict that the open vote will probably not be enough to defeat the bill, which requires just a simple majority. The ANC has 252 seats in Parli-

ment while the opposition parties total only 148. A defection of 53 from the ANC on the issue seems unlikely, observers, including Storey, Nolan and De Gruchy say.

But some pro-choice advocates disagree, not wanting to risk the slight chance of defeat and arguing that the ANC promised to pass a liberal abortion bill before the 1994 election and should ensure that it will carry through on that promise by not allowing an open vote.

Furthermore, they argue, every ANC candidate for Parliament was aware of the party promise and should now be held to the party position.

"The present bill discriminates against the poor, who are mostly black in this country and the ANC has an obligation to re-

ally that," says Cathi Albertyn, head of gender research at the Centre for Applied Legal Studies.

Statistics published in a recent study conducted by the South African Medical Research Council seem to support Albertyn and other pro-choice advocates.

The study showed that 61.3% of the 2 180 legal abortions in South Africa in 1994 were performed on white, urban, middle-class women, although whites make up only 16% of the population. In contrast, of the more than 44 000 women who went to hospitals with incomplete abortions in 1994, some 84% were black, 11% were coloured, 4% Asian and 1% white, the survey showed - Sapa/PS

See Page 10

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Parliament set to approve controversial Abortion Bill

(237)

Kowen 20/8/96

New law – if passed – will be one of the most liberal in the world

By John Flemming

SOUTH AFRICA'S LAWMAKERS are likely to approve a Bill that will turn a conservative abortion law passed in 1975 into one of the most liberal in the world, political observers, lobbyists and theologians predict.

Parliament is expected to vote during the current session on the Termination of Pregnancy Bill.

The Bill will allow virtual universal access to abortion on demand up to 12 weeks into a pregnancy. Under certain conditions, an abortion may be carried out between 13 and 21 weeks.

It provides that women and girls may get abortions without prior permission from their husbands, partners or parents. Minors will be advised, but not required, to inform their parents of their decision.

Although the fight over the Bill features the usual pro-life and pro-choice sides, it is also a struggle between the forces of the deeply conservative and religious establishment spawned by the apartheid era, and the new South Africa led by a Government committed to racial and gender equality.

Paradoxical situation

It has proven a paradoxical situation for many, who find themselves trying to balance moral beliefs rooted in the past with their support for a new popular Government.

Although the debate has split the religious community and the general public, nowhere is the division more stark than in the African National Congress, which came into power promising to ensure women enjoy the right to have control over their bodies.

The Bill stands a good chance of passage precisely because the ANC supports it. With a majority of seats in Parliament, the issue should be academic at this point.

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ber of devout Christians and Muslims who have stated openly their desire to differ with the party on the Bill.

“All the ANC is doing is trying to live up to a promise of gender equality,” said Father Albert Nolan, a Roman Catholic theologian with the Johannesburg-based Institute for Contextual Theology.

“But now that the vote is coming up, many of the ANC members realise that they are facing a big moral dilemma.”

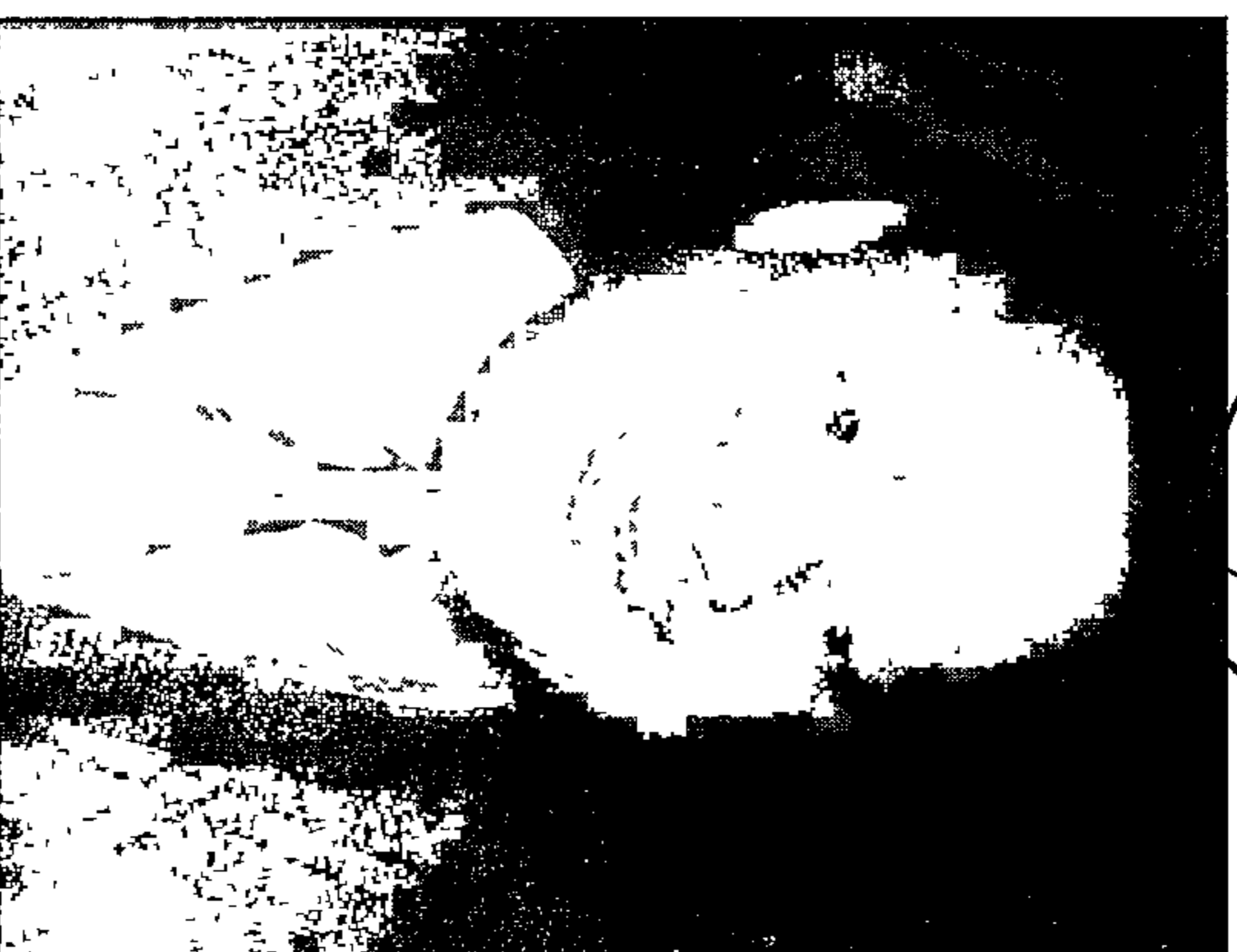
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But in South Africa’s parliamentary democracy, voters choose a party, not individual members, so the party argues that members must vote with the party and not as individuals, as the party represents people’s wishes.

The Reverend Frank Chikane, a minister with the Apostolic Faith Mission and former general secretary of the South African Council of Churches, has been a leader in pushing for an open vote.

Chikane, who is also a top adviser to Deputy President Thabo Mbeki, recently co-authored a paper supporting the idea. The paper, entitled *Freedom of Conscience and Party Discipline*, argues that the ANC should allow an open vote on the issue.

The authors said to require members to vote with the party on this issue would force “some members into a sit-



The Reverend Frank Chikane ... argues that the ANC should allow an open vote on abortion.

uation where they have to either be disloyal to the ANC, or else deny their own religious or moral integrity.”

Mr John de Gruchy, of the Research Institute on Christianity in South Africa at the University of Cape Town and co-author of the report, said “We don’t try to put forth a position on the abortion issue, we simply think Members of Parliament should be able to make their own decision on an issue of such huge moral proportions.”

An open vote

De Gruchy, who says he supports the new Bill, nevertheless argues that there are a number of devout Christians in the ANC as well as several devout Muslims who should be able to vote according to their conscience.

Methodist Bishop of Johannesburg Peter Storey has also argued vehemently for an open vote in Parliament, although he supports the



Bishop Peter Storey supports the abortion Bill but also calls for an open vote.

new Bill “in broad outline”. Most say the open vote will probably not be enough to defeat the Bill, which requires just a simple majority. The ANC has 252 seats in Parliament, while the opposition parties total 148.

A defection of 53 from the ANC on the issue seems unlikely, say observers, including Storey, Nolan and De Gruchy.

But some pro-choice advocates disagree, not wanting to risk the slight chance of defeat and arguing that the ANC promised to pass a liberal abortion Bill before the 1994 election and should ensure that it will carry through on that promise by not allowing an open vote.

Furthermore, they argue, every ANC candidate for Parliament was aware of the party promise and now should be held to the party position. “The present Bill discriminates

against the poor, who are mostly black in this country, and the ANC has an obligation to rectify that,” said Dr Cathi Albertyn, head of gender research at the Centre for Applied Legal Studies in Johannesburg.

Statistics published in a recent study conducted by the South African Medical Research Council seem to support Albertyn and other pro-choice advocates.

The study showed that 61,3 percent of the 2 180 legal abortions in South Africa in 1994 were performed on white, urban middle-class women, although whites make up only 16 percent of the population.

In contrast, of the over 44 000 women who went to hospitals with incomplete abortions in 1994, some 84 percent were black, 11 percent were coloured, four percent Indian and one percent white, according to the survey.

— Sapa-IPS



Abortion: there's no grey

(237) Star 20/8/96

Society must be built on respect for human life, writes Bishop Reginald Ormond

and suffering women endure once they have chosen to terminate a pregnancy. Many are psychologically scarred for life.

A very special task is entrusted to women, who are particularly close to the mystery of life and who are called to be its guardians. Pope John Paul II has affirmed that we are dealing with a question of bringing about a true transformation of culture - a culture of life.

The church affirms the moral evil of every procured abortion. The sanctity of human life from the moment of conception to natural death is to be upheld absolutely. At a time when crime, rape and murder is escalating, it is sad indeed that our long-awaited democratic government is in danger of succumbing to pressures and could accept recommendations that abortion be legalised. If taken, the country will deeply regret the decision.

For years South Africa has struggled for recognition of basic human rights, including the right to life. People have spent years in jail or given their lives struggling for the recognition of human dignity. It is incomprehensible how stalwarts who have stood for these principles should be ready to give their placet (approval) to the continued taking of innocent life. This is shameful to say the least.

Society can only be built on respect for human life. Anything less takes us back into the oppressive years of apartheid.

The church has the God-given responsibility of informing conscience through the Word of God. She guards and respects the informed conscience of people who, through their baptism and commitment to Christ, are obliged to follow her teachings. Furthermore, the church also teaches that formal co-operation in an abortion constitutes a grave offence.

The right to life of every innocent human individual is inalienable and a constitutive element of civil society and its legislation. Life is sacred and must be upheld at all costs. We pray that good will triumph. Abortion is not a private choice but a public crime. God bless you all.

■ The Right Rev Reginald Ormond is the Roman Catholic Bishop of Johannesburg.

of dealing with the problem of so-called "unwanted" babies. At the centre of attention must be the family, the sanctuary of life. Moral values must be nurtured. Thus, in any case, has become increasingly apparent with the escalation of crime in South Africa. Our communities need the discipline of a structured society where right and wrong is acknowledged and understood. Abortion will certainly not offer them this but will instead contribute to the ongoing breakdown of moral values.

It is the responsibility of society to make every effort to assist, spiritually and materially, all expectant mothers who have difficulty in coming to terms with their pregnancy. This applies equally to married or unmarried mothers, for the proposed legislation will make abortion available to any woman.

Expectant mothers who want to be rid of an unwanted baby invariably take the decision at a highly emotional time in their lives. Often their judgment is clouded. Many spend a lifetime regretting their "choice".

Those who say women have "the right to choose" often have no idea of the anguish

or she will be developing within the mother's womb for nine months, he (or she) is a separate human being whose heart starts beating within three weeks of fertilisation.

One might ask: if the embryo is not human life, what life is it? The real question is not when human life begins but "What is the value of human life?"

Contrary to certain beliefs, society is concerned with the rights of the unborn. In some countries legislation is in place protecting these rights and, for instance, makes it possible for an unborn child to inherit should his father die before his birth.

There is no question that abortion is wrong at any time during a mother's pregnancy and totally unacceptable for whatever reason.

It is all the more appalling, therefore, that the state should be considering its legalisation and even thinking of allowing "abortion on demand" for women viewing a pregnancy as inconvenient.

The church has always taught that we need to search together for alternative ways

In the debate that has ensued since the Cabinet announced it would recommend the legalisation of abortion, little discussion has centred on the morality of such an erroneous step.

Instead, the argument has gone round in circles, with the pro-abortionists asserting that "women have the right to choose" and the pro-lifers doggedly (and rightly) insisting that the unborn baby has a right to life.

Unfortunately, few of the arguments have focused on the vital moral issue. It is a simple one: abortion is evil. There is no grey area.

Just as simple is the answer to the oft-asked question: when does life begin? Again, there is only one answer: at the beginning. A minute before he or she comes into being at the moment of conception. The embryonic child is unique. No other human will again be identical to this one. The unborn baby (let us not dismiss the tiny infant as just as a "foetus") is a complex, dynamic, rapidly growing individual, and though he

area

Abortion, like an unwanted baby, won't just go away

□ Abortion is the most difficult and important issue facing advanced societies today. It is the most difficult because the arguments on both sides are immensely strong and, at the heart of them, is an unresolved emotional and moral dilemma: should we listen to the pleas of a desperate, distraught woman or the unarticulated cries for mercy of an unborn, living creature, asks **PAUL JOHNSON**.

ARG 24/8/96 (237)
ABORTION is important for two reasons. First, there is the sheer scale of the killing, from which we try to avert our gaze, and the communal heartlessness it represents. The modern abortion culture is a frontal assault on the sacredness of human life. It is no accident that the first country to adopt it was Stalin's Soviet Union, where 30 million adults were also done to death in horrific circumstances. Doctors in the West, operating under the laws legalising abortion, have now killed more living creatures than Hitler, Stalin and Mao Tse-tung put together. One West Midlands abortionist, using a particularly brutal suction method, is said to have polished off more human creatures than did Eichmann.

This last tale may be folklore. No one knows. In Britain, abortion is the least explored major activity today. "Investigative reporters" are not allowed to touch it. Television, which gets its cameras into every other intimate secret, refuses to take them into the abortion clinics and the refuse bins and incinerators where the bodies of once-living creatures are disposed of. Walls of euphemism surround the subject. Just as dispatching a Jew to a Nazi death-camp was officially termed "sending east", so today the house rules of some publishing houses do not allow authors to refer to an "unborn child" - the term "foetus" must be used. So we are ignorant of modern abortion and meant to be ignorant and perhaps want to be ignorant. But in our hearts we know, just as ordinary Germans knew in the early 1940s, that something horrible is going on among us, on a colossal scale.

The second reason why abortion is the most important issue facing us is that it is a test case for all the moral problems which will arise in the 21st century as the new scientific revolution enables us, for the first time, to manipulate life. If we do not put the unborn child into a protective envelope which is morally sound and legally workable, then it seems to me unlikely that we will solve any of the far more complex dilemmas which advancing medical technology will shortly thrust upon us. The life principle is too fundamental to be left to the medical profession. What doctors in Nazi Germany and psychiatrists in Soviet Russia were prepared to do, as a matter of routine, makes us realise that doctors, as a profession, cannot necessarily be trusted to do right.

When the story about the aborted twin broke last week, I was shaken by the comments of some of the doctors who seemed astonished at the fuss and did not appear to grasp that a moral issue had arisen. The whole subject of medical ethics, and especially the philosophical principles which underlie them, is marginalised at universities. It is either not studied at all or tends to fall into the hands of lawyers and sociologists, who are as confused as the doctors about the deeper moral issues.

Yet abortion is essentially a moral issue, just as slavery was. Both revolve around the value we attach to human life. Entire civilisations lived with slavery for centuries, but ultimately its inescapable immorality had to be recognised and the political consequences accepted, whatever the cost.

It is no accident that abortion is now the biggest single issue in American politics and will remain so until it is dealt with. For the US, which is at bottom a highly moral and idealistic society, went through the same experience with slavery in the 19th century. A powerful case for slavery could be, and was, made, and enforced by the huge special interest which had grown up around it. Time and again the subject bubbled up angrily and broke the political surface, and then subsided again as yet another compromise was thrown over it. It seemed in everyone's interest to avoid a showdown. But the issue was morally too important for that. It would not go away, and in the end it involved the US in a war which killed a million people and destroyed a society and way of life for ever.

The price America had to pay was enormous, but Americans decided it had to be paid. Today it is hard to find any American, even in the South, who would not agree that slavery had to be ended even at the cost of civil war.

The Americans will eventually prohibit abortion just as they once prohibited slavery, and for the same reasons. Slavery was tolerable only when it was shrouded in ignorance, euphemism and deception. The more you knew about its realities, the more its ugly facts were uncovered, the higher the gorge rose. The decisive moment in America came when Harriet Beecher Stowe, in *Uncle Tom's Cabin*, brought the horrible essence of slavery home to millions of readers in an emotional form they found irresistible. They had to read her novel, and they did. After that, everyone knew. They could no longer plead ignorance and sooner or later they were bound to act.

The case against abortions has yet to find its Harriet Beecher Stowe. But it will. Then the people will force politicians to move, whatever the lobbies say.

The first thing we need to do is to break the habit (I do not say the conspiracy) of silence in the media. We need to learn in print, and experience on our television screens, exactly what goes on in the abortion industry and what its "products" look like, in life as well as in death. We also need doctors, nurses and other people involved to confess frankly what they feel about their work and how they reconcile what they do with their consciences. None of this will happen unless individual men and women in the media show persistence and determination.

Abortion law leaves Govt in a dilemma

(237)

Sowetan 30/8/96

By Tag William

ABORTION reform in South Africa has put the Government in a major dilemma. While the new constitution guarantees women the right to reproductive health, political, traditional and religious leaders are against the notion of abortion on demand.

The draft Termination of Pregnancy Bill to replace the 1975 law will soon be presented to Parliament.

It seeks to allow abortion within the first 12 weeks of pregnancy, and under special circumstances – from 13 weeks upwards.

Clinics and small health centres will be allowed to perform abortions, thus ending a system where the poor were denied access to such facilities. Women and girls will be able to abort on request without consent of their parents, partners or husbands.

This has enraged traditional communities dominated by men. "We cannot have a situation like that. How can my daughter who is a minor, or my wife suddenly decide against the pregnancy without my knowledge or approval," says Mr Mabutho Dlamini, a traditional leader in KwaZulu-Natal.

Both Christians and Muslims say they are going to fight such provisions.

"It is inconceivable to even debate such issues," says Imam Habib Quam of Johannesburg. "How can you expect our children to undertake such a drastic, diabolic step without help?"

"Our teaching has not been altered," says the Rev Mdumo Motse of the Methodist Church in Pretoria. "We can't be expected to bend over backwards on sex, immorality and abortion. Who benefits?"

Right to life

Religious groups and pro-life lobbies have argued before the Constitutional Court that the privacy and right to life of unborn babies is being denied by the proposed new measures.

Health workers say abortion reform is long overdue as they battle to meet the rising demand for abortions and to save lives.

The Medical Research Council (MRC) says that 45 000 women – aged between 14 and 49 – appear at hospitals with incomplete abortions every year. The cost of treating such cases has risen to R18,6 million – money that could be spent on carrying out 88 000 safe abortions annually.

A huge number of women have backstreet abortions.

"At least 84 percent of black women, 11 percent coloureds, four percent Asian and one percent white women abort outside a hospital

because of the existing law," says Ms Liza Joggy of the Reproductive Rights Alliance (RRA), a pressure group.

The RRA argues that it is better to make abortion legal than to assume that all is well.

"The health costs and consequences of unsafe abortions to South African women are a serious public health issue," says Ms Michelle O'Sullivan, an activist with the RRA.

The MRC found that 425 women die in hospitals from septic abortions every year, 6 961 others are "moderately sick" and 5 886 are "very ill".

The Dutch Reformed Church, Pro-Life and the United Christian Action say they are trying to block the repeal of the 1975 Act. Mr Sello Ramasela, a lawyer who helped draft the proposed changes, says the Bill was one of the most difficult to work on.

Mandatory consent?

"We were asked the question, 'what if a father rapes a minor' and his consent is mandatory?"

The African National Congress (ANC) is reported to be deeply divided on the issue.

"The question of abortion is a particularly difficult one for maintaining party discipline because it is on the boundary between what the ANC might expect from its members who support its stand on gender issues, and yet who, on religious or moral grounds, cannot support legalised abortion or the proposed legislation," says the Rev Barney Pitso, head of the South African Human Rights Commission.

For the Muslim members of parliament, the Bill puts them in a very difficult position, whether they belong to the ANC or not.

Said one: "We have already been denounced by religious leaders for not speaking out against abortion during the constitutional negotiations. We are members of the ANC and the country is governed by a constitution guaranteeing women's equality, but ultimately we are bound by the Quran."

Other parties say they expect their members to take individual decisions on the Bill. Inkatha Freedom Party (IFP) leader Chief Mangosuthu Buthelezi says there are mixed views in the party.

What makes the outcome of the wrangling that much more difficult to predict is that health minister Dr Nkosazana Zuma, a known abortion reform supporter, has carefully avoided public debate on the issue.

It would seem that the politicians are not taking sides until they know which way the tide of public opinion is flowing – *Africa Information Afrique*

Urgent call for 'abortion on demand' law to be

speeded up

Star 7/19/96

By ADELE BALETA

Cape Town - The Government has been asked to pass urgently the much-awaited "abortion on demand" legislation to cope with the increased number of women streaming to state hospitals for termination of pregnancies.

There are fears that women who are being turned away at the overstretched hospital services are resorting to dangerous backstreet abortions.

Abortion Rights Action Group president Dr Marj Dyer said her pro-choice organisation had virtually been transformed into a pregnancy advisory service because of the increase in requests for help by women who are looking for safe legal abortions.

She said there was confusion because many women thought they were already entitled to abortion on demand in the first 12 weeks of pregnancy.

Groote Schuur Hospital confirmed there had been an increase in the number of pregnancy terminations, which had risen from 71 in 1990 to 475 last year.

Chief medical superintendent Peter Mitchell said about 10 women were terminating their pregnancy each week.

"I can confirm that the demand on the service has increased steadily and it is possible that word-of-mouth spread has been a factor," Mitchell said.

According to a specialist at the hospital, 32 patients were booked for terminations in the first two weeks of June and 55 could not be accommodated.

The controversial legislation entitled the Termination of Pregnancy Bill, if passed as expected in the October session of Parliament, would allow access to abortion on demand up to 12 weeks into a pregnancy.

Under certain conditions, an abortion may be carried out between 13 and 21 weeks.

It was to have been debated during the current session of Parliament but the draft has been delayed while parliamentary legal advisers check out various technical problems.

Startling number of teenage mums due to ignorance

(237) Star 7/9/96

By ADELE BALETA

A staggering 40% of all South Africans who fall pregnant are teenagers below the age of 19, which is a cause for great concern for young people, parents and health workers.

In addition, the most recent rates for HIV prevalence are highest among 15- to 29-year-olds, with young women at most risk. According to a recent report, young South Africans are sitting on an Aids time-bomb, with predictions that by the year 2000, a total of 3,7 million people will be HIV positive and in that year about 200 000 people will die of Aids-related illnesses.

People aged between 16 and 30 will be the worst affected by the epidemic, representing 72% of all infections. Health workers say that with this grim prospect in mind, sexuality education - which is essential to help reduce teenage pregnancies, to give the real facts on HIV infection and Aids, and to demystify contraception - is dependent largely on the goodwill of the principal or teacher.

Although it is part of the draft education bill, it is still not yet part of the national curriculum and many schools do not have HIV awareness content in their youth preparedness, life skills or guidance curriculum.

This was the case even at exclusive private schools. Health workers fear that with current teacher retrenchments, the little sexuality education that is taught, most often by guidance teachers (in schools that are fortunate enough to have them), may dry up in favour of sought-after maths and science instruction.

A recent report into teenage sexuality highlighted the plight of young people who are told not to have sex and not to fall pregnant without being given information and skills to equip them for the reality of their lives.

The study, conducted by the National Progressive Primary Health Care Network (NPPHCN)

and entitled "Youth Speak out for a Healthy Future", found that teenagers are constantly bombarded with contradictory messages about being sexually active from their parents, religious leaders, the media and their peers.

Positive self-esteem was impeded and young people often had to make decisions about sex in the absence of accurate information and without being able to discuss their concerns and feelings. The study found that 330 to 400 of every 1 000 births in South Africa were to young women and girls under 19.

The HIV prevalence rate in South Africa was about 7,57% - about 1,2 million people - with KwaZulu Natal having the highest rate at 14,35%. The estimated doubling period (the time it takes for the prevalence in the population to double) was 12 months. The rate of infection for 15- to 19-year-olds was 6,47%.

The study investigated the

Young South Africans are sitting on an Aids time-bomb, with predictions that by the year 2000 there will be 3,7 million HIV-positive people

experiences, perceptions and attitudes to sexuality issues of young South Africans between the ages of 10 and 20 of both genders and all population groups. The first comprehensive national report on youth sexuality to be conducted in South Africa, it confirmed that many young people across population groups are sexually active from an early age.

The participants in the study felt there was enormous pressure from peers and the media to engage in sexual activity.

It noted that teenage mothers mostly end up unable to finish school, unemployable, and locked into a situation of unwanted motherhood, poverty and the lack of opportunity to achieve their full potential.

The maternal mortality rate is almost double for women under 20, and young pregnant women encounter specific

health risks such as hypertension and difficult labours.

The children of teenage mothers face a high risk of death during infancy, abandonment or unstable care, and failure to thrive.

The report stated "that one in every five adolescent mothers giving birth had not been seen even by one health professional during her pregnancy, hence infectious and pregnancy-related problems go untreated."

About 200 000 illegal abortions were performed annually in South Africa in unacceptable conditions.

They lead to illness, infertility, depression and even death, the report said. In a survey of 55 hospitals in 1994, the Medical Research Council reported that an estimated 44 686 women presented themselves to hospitals with incomplete abortions every year, the vast majority of them caused by illegal abortions.

According to the NPPHCN, in 1993 a total of 1 479 legal abortions took place, of which 67% were performed on white women. Of the total, 21% were performed on girls aged between 10 and 19.

Researchers found that although knowledge of HIV/Aids among young people was very high, few regarded themselves at risk of contracting the virus and therefore did not feel the need for safer sex.

This was in spite of a "lethal combination" of factors including that "many young people engaged in regular sexual activity, often with multiple partners, had limited knowledge about the actual physiology of sexual intercourse and reproduction, and although they knew about HIV/Aids, they knew little about sexually transmitted diseases."

Access to condoms was restricted and when they were available, myths and unwillingness of male partners to wear them made them unpopular.

The report said myths about sex were rife and reinforced negative attitudes towards safer sex and contraceptive usage.

Bill to permit abortion on demand goes to House ⁽²³⁷⁾

CLIVE SAWYER
POLITICAL CORRESPONDENT

ARG 18/9/96

A bill which will legalise abortion on demand until the 12th week of pregnancy has been tabled in Parliament.

The Termination of Pregnancy Bill will also allow later abortion under certain circumstances

A medical practitioner or a registered midwife trained for such procedures will be allowed to perform an abortion in the first 12 weeks of pregnancy. After that only a doctor will be allowed to do the abortion, because of the complicated procedures involved.

The bill provides that a pregnancy may be terminated up to the first 20 weeks if a doctor, in consultation with another medical practitioner or a midwife, decides that the continued pregnancy would be a risk to the woman's physical or mental health or if there is

a substantial risk that the foetus would have a severe physical or mental disability.

A pregnancy may also be terminated during the first 20 weeks if a social worker advises that the pregnancy resulted from unlawful sexual intercourse or an act of sexual abuse, or if the continued pregnancy would severely affect the social or economic circumstances of the woman.

An abortion may be done after the 20th week if a medical practitioner in consultation with another doctor or midwife decides the continued pregnancy would endanger the woman's life or severely malform the foetus.

The consent only of the pregnant woman would be required.

A minor would be advised to consult her parents, guardian or family members before pregnancy was terminated. But an abortion would not be denied if she chose not to do so.

BILL TABLED IN PARLIAMENT

Abortion: Free choice for women

(237) CT 18/9/96

THE Termination of Pregnancy Bill proposes to exclude husbands and lovers from any rights regarding abortions and empowers women under 21 to request an abortion without any obligation to consult with their parents or guardian. **BARRY STREEK** reports.

THE controversial legislation to give pregnant women the right to choose whether they want an abortion was tabled in Parliament yesterday, proposing the removal of all restrictions on women up to 12 weeks pregnant

The Termination of Pregnancy Bill also gives women under the age of 21 the right to request an abortion without being legally obliged to consult their parents or guardians

Abortions will also be able to be performed by trained midwives on women up to the 12th week of pregnancy

The move to give women the right to choose whether or not to have an abortion led to an unprecedented flood of objections by religious groups to parliamentarians and to the Portfolio Committee on Health. There were also frequent placard demonstrations outside Parliament

But the ANC, backed by some MPs from other parties, is determined to push ahead with the measure because it is convinced that the right to have an abortion should be a matter of individual conscience

A number of women's groups have also supported the move to drastically change South Africa's highly restrictive abortion law

Yesterday, the Gender Research Project at the Centre for Applied Legal Studies at the University of the Witwatersrand welcomed the tabling of the bill and congratulated the ANC "on living up to its election promise to women as set out in the Reconstruction and Development Programme and the ANC Health Plan"

"We believe that the right of a woman to decide whether or not to terminate her pregnancy is a fundamental right, crucial to woman's dignity, her freedom and security of her person and her equality," it said

The Centre for Health Policy said it was relieved to see the tabling of the bill and said "the health and well-being of South African women is deeply undermined by the absence of access to safe abortions for those who chose them

"This step acknowledges the volume of women who have no choice but to resort to backstreet abortions, thereby threatening their lives and their families' well-being"

The Reproductive Rights Alliance also welcomed the move and said the bill would result in women having a wider range of choice in reproductive healthcare and would not be forced onto the backstreets for abortions

The termination of pregnancy can only be done with the consent of the pregnant woman "unless she is incapable of giving consent"

No provision has been made for a husband or a lover to have any rights in this regard and the bill proposes "Notwithstanding any other law or the common law, no consent other than that of the pregnant woman, unless she is incapable of giving consent, shall be required for the termination of a pregnancy

In regard to minors — women under

Key proposals in abortion bill

THE key provisions of the abortion bill are:

- Any woman up to 12 weeks' pregnant will have the right to decide whether to have an abortion.

- She need not consult with anyone, not even her husband or her lover

- The state will provide counselling before and after the termination of pregnancy.

- Minor women under the age of 21 will be advised to consult parents, family and friends but can refuse to do so.

- Abortions can take place in defined circumstances after 12 weeks.

- Doctors and midwives cannot be forced to participate in abortions if this is against their conscience

the age of 21 — the bill states a medical practitioner or a registered midwife will have to advise her to consult with her parents, guardian, family members or friends before the pregnancy is terminated, "provided that the termination of the pregnancy shall not be denied because such minor chooses not to consult them"

The surgical termination of pregnancies may only take place at facilities designated by the Minister of Health and may only be carried out by a medical practitioner or in the case of women up to 12 weeks pregnant, by a registered midwife who has had the prescribed training

The bill also provides that no one shall be under any legal duty, by contract, law or any other legal requirement, to participate in the termination of a pregnancy "if he or she has a conscientious objection to the termination of the pregnancy"

In the cases of women between 13 and 20 weeks pregnant, abortion will only be possible when the doctor or midwife believes the continued pregnancy would be a risk to the woman's physical or mental health or a substantial risk that the foetus would suffer from a severe physical or mental abnormality, and the doctor is advised by a social worker that the pregnancy resulted from unlawful carnal intercourse or an act of sexual abuse or the continued pregnancy would severely effect the social or economic circumstances of the women

After 20 weeks, a medical practitioner in consultation with another medical practitioner or a midwife would only be permitted to perform an abortion if the continued pregnancy would endanger the woman's life and would result in a severe malformation of the foetus

The bill says prescribed counselling will be provided or facilitated by the state before and after the abortion

The bill also lays down heavy penalties for illegal abortions and offenders will be liable to a fine or up to 10 years in jail

Suction abortion the likely choice

(237)

18/9/96
ANEEZ SALIE

SUCTION abortion is likely to be the preferred method of terminating pregnancies in public health facilities although a technical committee has yet to finalise proposals to Health Minister Dr Nkosazana Zuma.

The advisory body's final report is expected soon, said Dr Eddie Mhlanga, Director of Maternal, Child and Women's Health in the national Department of Health.

Equipment such as manual vacuum aspirators, currently used to treat incomplete abortions, would initially be used if the health ministry agreed. More modern versions of the aspirators would thereafter have to be purchased, he said.

Abortions are legally performed only at tertiary hospitals at present.

The vacuum method is cheaper and less expensive than other techniques and does not require anaesthetics or specialist training.

Most significantly, it is far less traumatic for the mother-to-be.

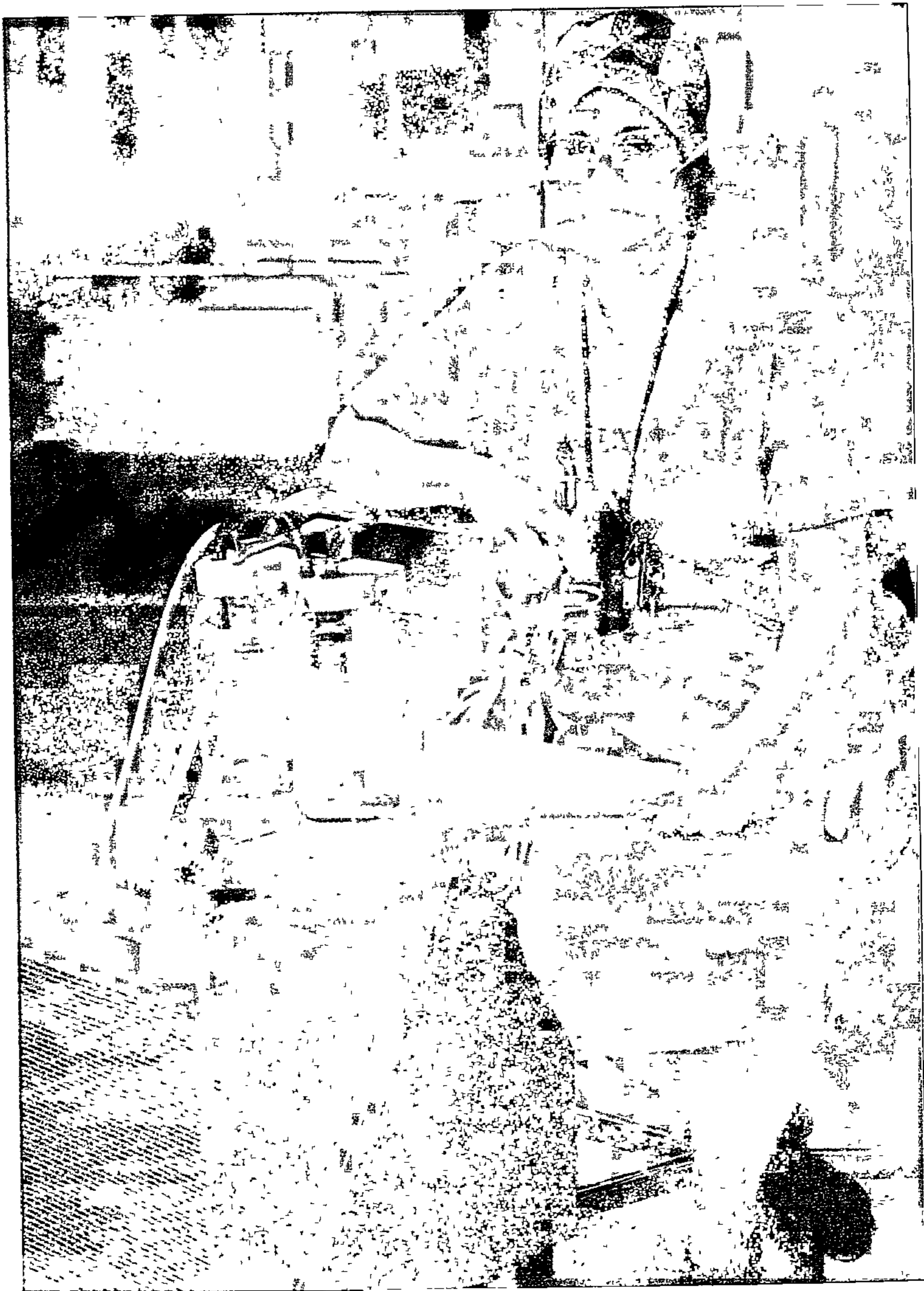
The training of additional staff to handle an expected upsurge in demand was awaiting the final provisions of the Termination of Pregnancy Bill, Mhlanga said.

However, in view of chronic staff shortages and budget cuts, the implementation of the department's plans are sure to be difficult.

The Grootes Schuur and Tygerberg tertiary hospitals would not be able to cope with increased demand because it was critically understaffed and under equipped, according to Dr Willem Vorster, a Tygerberg medical superintendent.

He said vacuum abortions could safely and easily be done at any primary healthcare clinic.

● See Page 7



ASPIRATOR: A Grootes Schuur nursing sister in the gynaecological section with a manual vacuum aspirator — the type of equipment most likely to be used for abortions if the Termination of Pregnancy Bill is passed by Parliament

PICTURE BENNY GOOL

Legislation allowing abortion on request tabled in Parliament

Star 18/9/96

(237)

By PATRICK BULGER
Parliamentary Correspondent

Cape Town - Legislation to introduce abortion on request during the first 12 weeks of pregnancy was tabled in Parliament yesterday

The Termination of Pregnancy Bill is intended to replace existing legislation which provides for abortion in cases of rape, incest and where the mother's health is in danger. It is based on the recommendations of a report by a

parliamentary committee on abortion and sterilisation which heard evidence from a wide range of stakeholders last year.

It sparked heated debate between pro-life and pro-choice groups which will now have an opportunity to restate their positions when the bill comes before Parliament's committees prior to its being passed, probably later this year.

The hearings heard from the Medical Research Council that

upwards of 40 000 women presented themselves at South African hospitals each year with incomplete abortions. More than 400 women died each year as a result of septic abortions.

The proposed legislation provides for abortions during the first 12 weeks of pregnancy at the request of the pregnant women.

From the 13th to the 20th week, an abortion can be performed in two sets of circumstances. The first is if two medical practitioners

are of the opinion that a continued pregnancy would risk the woman's physical or mental health or if there is a "substantial risk" that the foetus would suffer from a "severe physical or mental abnormality".

The second is if a social worker advises that the pregnancy resulted from rape, from an act of sexual abuse or if "the continued pregnancy would severely affect

► To Page 2

Abortion on request bill tabled

► From Page 1

the social or economic circumstances of the woman".

An abortion may also be performed after the 20th week of pregnancy if the woman's life is in danger or if the foetus is severely malformed.

An abortion may take place only with the consent of the pregnant woman and may only be carried out by a medical practitioner.

In the case of an abortion before the 12th week of a pregnancy, a registered midwife who has completed a prescribed training course may carry out the operation.

The bill provides for the cost of abortions to be on the same scale of benefits as other surgical procedures.

Counselling must be provided before and after the abortion.

Only the pregnant woman need give her consent for the abortion to take place and, in the case of a pregnant minor, the medical practitioner must consult her parents, guardian and her family members, but they will not be in a position to deny the request.

The bill allows for medical practitioners to refuse to perform an abortion on the basis of conscientious objection but they may not do so when the life of the pregnant woman is threatened.

ACADEMIC D.

NP will oppose abortion legislation

(237)

Star 19/9/96

BY PATRICK BULGER

Parliamentary Correspondent

Cape Town - The National Party would oppose new legislation to allow abortion on demand and would take it to the Constitutional Court if necessary, NP spokesman on women's affairs Sheila Camerer said yesterday.

Her statement is the first salvo in what is likely to be a bitter political conflict over the Termination of Pregnancy Bill tabled in Parliament earlier this week.

The bill provides for abortion on request for the first 12 weeks of pregnancy.

In certain exceptional circumstances, abortions will be granted up to 20 weeks.

A particularly controversial proposal is one that allows minors to undergo abortions without informing their parents.

"The bill is also unsatisfactory as far as reporting procedures and counselling in connection with the decision to perform an abortion is concerned," Camerer said.

Health committee chairman Dr Abe Nkomo said the bill would come before the committee next week, when the process for its adoption would be discussed.

Abortion bill reopened for discussion

Conscience vote debate

(237)

ARG 20/9/96

TYRONE SEALE
POLITICAL STAFF

The African National Congress is still undecided over whether to allow MPs to vote according to conscience on the Termination of Pregnancy Bill.

At the same time, the parliamentary committee charting the course of draft legislation that will legalise abortion on demand until the 12th week of pregnancy has reopened public discussion on the bill.

ANC MP Abe Nkomo, who chairs the committee, announced yesterday his committee and its senate counterpart were inviting oral and written evidence on the bill, which was tabled for first reading in the National Assembly on Monday.

Applications for oral submissions must reach the secretary of the National Assembly portfolio committee on health by October 7. The cut-off date for written submissions is October 16.

Asked why public opinion was being sought before the second reading of the bill,

Dr Nkomo said his committee was committed to the highest level of inclusivity and legislation had to be based on "the highest consultation of our people within reasonable limits"

He responded hesitantly to a suggestion that such comment might entail the very principle of whether abortion should be legalised.

He said that to exclude such discussion would negate the principle of public participation in law-making.

Pan Africanist Congress MP Patricia de Lille said while public opinion was important, this was subject to the constitution.

The part of the constitution that allows for abortion legislation has recently been approved by the Constitutional Court.

Ms De Lille indicated the PAC would allow members to vote on conscience.

The National and African Christian Democratic parties indicated their members would be free to do the same.

Dr Nkomo said the ANC was dealing sensitively with the question of a free vote.

BRIEFS

NP to allow free vote on abortion

(237)

DESPITE its official anti-abortion policy, the National Party has joined the Democratic Party in allowing its members a free vote on the abortion bill

The ANC, which has a pro-choice policy, has yet to decide whether to allow members a free vote

CT 20/9/96

Catholic bishops ready to fight abortion law in highest court

(237) M+G 20-26/9/96

The Bill allowing abortion was tabled in Parliament this week. But Catholic bishops have instructed their lawyers to oppose it in the Constitutional Court. **Gaye Davis reports**

SOUTH AFRICA'S Catholic bishops intend challenging the liberalisation of the country's abortion laws in the Constitutional Court.

The Southern African Catholic Bishops' Conference (SACBC) has instructed Durban advocate Noel Pistorius to prepare its case and will launch its challenge should the Termination of Pregnancy Bill be passed into law.

Lobbying by the Catholic Church is understood to have included President Nelson Mandela himself who was visited informally recently by Archbishop Wilfrid Napier of Durban, Archbishop Lawrence Henry of Cape Town and Bishop Louis Ndlovu of Swaziland — the president and two vice-presidents of the SACBC.

And on Monday the day before the Bill was tabled in Parliament, a six-member SACBC delegation led by Napier met African National Congress national executive committee members, including Deputy President Thabo Mbeki.

Other ANC members present were Health Minister Nkosazana Zuma, ANC Deputy Secretary General Cheryl Carolus, Deputy Finance Minister Gill Marcus and Mpumalanga Premier Matthew Phosa.

The SACBC delegation asked the ANC to allow its members in Parliament to vote according to their consciences on the Bill, in a free vote. ANC policy, however — spelt out in its election manifesto — unequivocally backs women's right to safe legal abortions, and the ANC's national executive committee (NEC) recently took the position that its members must vote in line with policy.

For Christian and Muslim ANC MPs and others who oppose abortion on moral grounds, this presents a dilemma. When it comes to the vote, there could be many empty seats as MPs find themselves having to attend to urgent constituency business.

The ANC's parliamentary caucus has yet to discuss the issue. "If the NEC has taken a position the caucus must follow the line," said Mbeki's parliamentary counsellor, Mavivi Manzini. "If there are problems the matter must be referred back to the NEC."

"We know there are ANC MPs with differing views," said the SACBC's associate secretary general, Father Emil Blaser. "It is such an important issue of conscience — we feel there should not be a whipped vote."

He was unhappy that ANC officials at the meeting had not informed the SACBC delegation that the Bill was to be tabled the next day. "They would surely have known yet they did not say a word."

If the Bill was passed, the SACBC would go to the Constitutional Court and argue against it in terms of the Constitution's guarantee of the right to life, Blaser said. "As far as the church is concerned, life begins at conception and ends with natural death."

He said the church, which ranked as the largest Christian denomination in South Africa with between 3.5-million and four million members, might consider a joint Constitutional Court challenge with the

National Party.

The NP this week said it would oppose provisions in the Bill that allow for abortion on demand in the first 12 weeks of pregnancy. Sheila Camerer, NP representative on women's issues, said the party would take the issue to the Constitutional Court "if necessary."

Blaser said "even the status quo" was preferable to what the new Bill was proposing. At present, abortions are allowed under certain conditions. But red tape and lack of access to doctors means the current law is discriminatory against the majority of women. Many end up resorting to unsafe backstreet abortions.

Many die, while treating women who have had illegal procedures costs the state millions.

These are among the reasons why the Bill has been welcomed by abortion-reform campaigners. It provides for abortions within a health-care framework that will see the service provided across the country, at primary and secondary health-care facilities, not just state hospitals as is the case at present.

The Bill will be gazetted for public comment and the National Assembly's Health Portfolio Committee must hold hearings before it goes to Parliament for approval.

Efforts were this week under way to arrange for the Bill to be dealt with during the last session of Parliament this year. However, a brace of criminal justice Bills has been marked top priority by the Cabinet and Parliament must deal with them first in what will be a very short session.



Archbishop Wilfrid Napier. Conscience should rule.

PHOTO: RAFA MAYER

Abortion bill: battle expected

BY PATRICK BULGER

Cape Town

Political parties are preparing for a bruising battle in Parliament over the Termination of Pregnancy Bill which will introduce abortion on request

The National Party, which gave notice this week it would oppose the bill, will allow its MPs a free vote although party speakers during the debate would oppose the measure

NP women's affairs spokesman Sheila Camerer, who has said the NP would contest the bill in the Constitutional Court, said this step would be taken only if the legislation were passed by the Assembly and Senate

Camerer said the NP was particularly opposed to the provisions which allow abortion on request for minors, who would not

have to have the permission of their parents or guardian

The ANC supports the bill ANC chief whip Arnold Stofile acknowledged that some members had conscientious objections and would use the spring recess to explain it to their constituents

A decision would then be taken on whether to allow a free vote

One possible option being explored is to allow ANC MPs to recuse themselves from voting if their consciences do not allow them to support the measure.

The Inkatha Freedom Party will also decide after the spring recess whether to allow a free vote

The bill seems set to be the subject of another round of public debate Health committee chairperson Dr Abe Nkomo will today announce a programme for the timing and format of the public consultation process

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Star 20/9/96

Abortion bill 'could be law by December'

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Star 21/9/96

By ADELE BALETA

The Termination of Pregnancy Bill tabled earlier this week would not be steamrollered through Parliament, but could well be passed before the end of the November session, health portfolio committee chairman Dr Abè Nkomo said yesterday.

Oral and written submissions would be taken on the bill which, if passed, would give pregnant women the right to abortion on demand up to 12 weeks into pregnancy and, under certain conditions, up to 20 weeks. Abortion after 20 weeks would be considered only in cases where pregnancy endangered women's lives or would result in severe malformation of foetuses.

The proposed thresholds for abortion were more conservative than those approved by the Government earlier in the year.

Nkomo said although the bill had already been debated and

submissions made, another opportunity would be given to revisit the issue as "we are committed to the highest level of inclusiveness in the discussion in

Parliament. Legislation must entail broad consensus within reasonable limits"

Although the principle of whether to legalise abortion could be discussed, this had to be weighed against a constitution that essentially permitted abortion.

The committee expects intensive hearings during the week from October 14 and that the bill will be processed by the National Assembly and the Senate by November 8. Applications for oral submissions must reach the portfolio committee by October 7 and written submissions by October 16.

Catholic bishops have instructed lawyers to oppose the bill in the Constitutional Court.

Although the bill had already been debated and submissions made, legislation must entail broad consensus'

The Christian Medical Fellowship of SA described the bill yesterday as "alarming" as it did not consider concerns about clauses denying husbands marital rights and parents' rights regarding their daughters.

The pro-choice lobby wants the legislation passed as quickly as possible, saying women are streaming to hospitals in the

expectation of getting early, legal and safe abortions.

However, members of the lobby are concerned about the "somewhat complicated" second trimester clause, which involves a second doctor, midwife or social worker.

Abortion rights activist Mary Dyer wanted to know whether women would have to prove that their pregnancies were the result of rape, incest or abuse, as mentioned in the second trimester clause.

The Department of Health's maternal-child health director Eddie Mhlanga gave his assurance that women would not have to do this. "The pregnant woman would merely have to note this to the medical practitioner, but would not have to go to police or court to prove that she had been raped or incest had occurred."

Mhlanga said the new draft of the bill tightened up timeframes for legal abortions on the

advice of the department's technical task team, which included managers and academics from teaching institutions. "We

felt that 14 weeks would be too far advanced for termination to take place in primary health care facilities," he said.

If the bill is passed, registered midwives and doctors will be permitted to perform abortions in the first trimester, only doctors will be able to perform terminations in the second and third trimesters.

Of concerns that the department had not seen a final draft of the bill before it was tabled, Mhlanga said "We were in touch with the parliamentary legal advisers up to the point when the bill was sent to the government printers."

The department wanted the bill passed as soon as possible, he said.

If the bill were passed, there would be an initial rush on tertiary institutions for abortions, but as more nurses were trained, the pressure on tertiary hospitals would decrease.

"We are hoping they will see terminations as their responsibility rather than sentencing women to die after botched backstreet abortions," he said.

ANMC still in freefall over abortion vote

(237)

Star 28/9/96

of conscience

By ADELE BALETA

Fierce political wars will be waged in Parliament next month as opposition parties do battle over women's rights to abortion.

The Termination of Pregnancy Bill tabled in Parliament recently which allows women, including minors under the age of 18, the right to have safe, legal abortions on request, will be dissected in debate in Parliament next month.

The ANC said it was still deciding whether to allow MPs a free vote on the bill. At a press conference, parliamentary portfolio committee on health chair-

man Dr Abe Nkomo said the ANC was dealing sensitively with the question of a vote of conscience for its members, adding that this was being discussed throughout the party structures.

But according to Deputy President Thabo Mbeki's parliamentary counsellor, Mavivi Manzini, ANC policy, as laid down in its election manifesto, "unequivocally backs women's rights to safe, legal abortions, and the ANC's national executive in August took the position that its members must vote in line with the policy."

Manzini said the ANC caucus still had to make a decision,



SHEILA CAMERER: NP wants the old act retained

but added that once the national executive had taken a position, the caucus would have to



TONY LEON: DP members will have to toe the line

abide by it. She suggested that MPs who were not in favour of the bill



PATRICIA DE LILLE: PAC is pro-choice and in favour of free vote

could abstain from voting as a way of conscientious objection. The National Party, which

will be allowing its members a free vote, said it would do everything in its power to reverse the move towards legal abortion on demand.

NP women's affairs spokesman Sheila Camerer said the party would contest the bill in the Constitutional Court if it were passed by the National Assembly and the Senate.

She said the party was particularly opposed to the provisions which allow for abortion on request for minors who do not have to have the consent of their parents or guardian.

Camerer said that besides wanting the retention of the

current act, the party felt abortion on demand should be introduced for cases of statutory rape - where a girl under the age of 16 falls pregnant.

Democratic Party leader Tony Leon said the DP fully supported abortion on demand in the first trimester of pregnancy and that members would not be allowed a free vote on the issue.

The party would question the details of the bill in terms of the second trimester of pregnancy.

The IFP's Suzanne Vos said there was a variety of positions in the party on the issue and she believed a free vote would

be allowed.

The African Christian Democratic Party, which opposes abortion, called on all parties to allow their members a free vote.

It said "The bill is a flagrant rejection of family values and it is a holocaust threat to the traditional family unit."

The ACDP complained that South Africa could become known as the "killing fields of the unborn child."

The PAC's Patricia de Lille said that although her party was pro-choice, she would recommend that its parliamentarians also be allowed a free vote.

ANC MPs refused conscience vote on new abortion bill

By **PATRICK BULGER**
Parliamentary Correspondent

Cape Town - ANC MPs will not be allowed a "conscience vote" on new abortion-on-request legislation due to come before Parliament later this year.

The decision yesterday by the ANC's national executive com-

mittee means all of the ANC's 252 members in the National Assembly will vote in favour of the Termination of Pregnancy Bill, which will be the subject of public hearings on October 14.

At its last caucus meeting, the ANC indicated it had not come to a final decision on whether to follow the lead of the NP in allowing

MPs a free or conscience vote

The ANC said "The NEC reaffirmed ANC policy on the right to choice for women, and its support for the Termination of Pregnancy Bill. We believe this bill will greatly extend the scope for the exercise of women's rights in our country, and definitely deepen the emancipation of women

Star 11/10/96 (237)

"We do not accept that there should be any mandate for a vote of conscience for ANC MPs. We are, however, aware that there are sensitivities, and we are confident that these can be handled sympathetically."

The NP opposes the bill and has threatened to go to the Constitutional Court to have the law de-

clared unconstitutional. The party would, however, allow its members a free vote according to their consciences. The Freedom Front and the African Christian Democratic Party are also opposed to the bill.

The Democratic Party, the PAC and the IFP have expressed reservations about certain parts

ANC, DP not rigid on abortion bill voting

(237) CT 1/10/96

BARRY STREEK

THE ANC yesterday rejected a free vote for its parliamentarians on the abortion bill and reaffirmed its support for women to have the right to choose

But its national executive committee said it was "aware that there are sensitivities, and we are confi-

dent that these can be handled sympathetically"

This means that the ANC, the Democratic Party and the PAC will support the Termination of Pregnancy Bill when it is debated in Parliament, probably later this month

As the right to choose is official ANC and DP policy, neither will allow a free vote on the issue

But the DP's executive director, Senator James Selfe, said that if its public representatives applied "on grounds of deeply held moral, ethical or religious convictions, they can abstain or vote against the bill"

The ANC statement about "sensitivities" indicates that some accommodation will be made for

Catholic MPs, such as Father Smangaliso Mkhathshwa and Sister Bernard Ncube, and Muslim MPs

The NP will allow a free vote, and between five and 15 of its MPs are expected to support the bill, but it is officially opposed to it

The PAC has said it will allow a free vote although as a movement it will support the bill

2105
11/10/96

Abortion bill 'aims to kill Boers'

(237) ARG 11/10/96
Johannesburg - The Termination of Pregnancy Bill was aimed at the murder of Boers, the Boerestaat Party said today.

In a statement from Randburg, BSP deputy leader Coen Vermaak said "The proposed legislation is an attack on the Boer people by the black English regime.

"It is calculated to curb our numbers. As such it is nothing but ethnic cleansing.

"The BSP considers doctors who perform abortions on Boer women as murderers and they will have to bear the consequences. All parties that vote for this legislation are implicated in this attack on our people" - Sapa

ANC rejects free vote for MPs on abortion

Tim Cohen

CAPE TOWN—The ANC's national executive committee yesterday rejected an NP challenge to allow its MPs a free vote on the controversial "Abortion Bill" but indicated it would seek to accommodate members who opposed it

In response to a decision by the NP to allow its members a free vote on the legislation, which significantly relaxes SA's strict abortion laws, the ANC said it would "greatly extend the scope for the exercise of women's rights"

"We are aware that there are sensitivities and we are confident that these can be handled sympathetically," the ANC said

BD 1/10/96 (237)
One senior ANC member conceded that some Catholic and Muslim MPs did feel uncomfortable about the Bill. These members might be allowed to simply not attend the debate.

The committee did not propose this possibility explicitly, but suggested that MPs who did not wish to vote for the legislation and those strongly in favour of it would have to discuss what possibilities were available.

MPs might be excused from attending the vote but they would have to "motivate and explain" why they were adopting a position contrary to long-standing ANC policy.

The ANC felt the issue encapsulated in the Bill involved creating a lib-

erated society and liberated women. Consequently the party did not need a "vote of conscience" and special voting procedures.

NP secretary-general Roelf Meyer said last week the Termination of Pregnancy Bill would be opposed by the NP but its members would be allowed to vote according to their consciences.

NP deputy secretary-general Marthinus van Schalkwyk said a free vote would give the nation an accurate picture of who supported the measure.

Other parties have not formally decided on the issue although the DP and IFP have indicated that they would not object to members voting contrary to official party policy.

Trust Feed convict applies for amnesty

CAPE TOWN

The truth commission is to hear an amnesty application from former policeman Brian Mitchell, who is serving a 30-year sentence for his part in the 1988 Trust Feed massacre, in Maritzburg next month, it was announced yesterday.

The commission said it had also set aside November 5 to 8 to hear amnesty applications from former Vlakplaas operatives Dirk Coetzee and Almond Nofomela in Durban.

This follows an earlier decision by the commission to ensure that their applications were heard before any possible criminal trial.

Mitchell, a former commander of New Hanover police station in KwaZulu-Natal, is due to appear before the commission's amnesty committee in Maritzburg on October 15 and 16

Ed 1/10/96

He was sentenced to death 11 times in the Maritzburg Supreme Court for the murder of 11 men, women and children but later reprieved.

Four former SA Police special constables involved in the massacre received long jail terms.

In passing sentence on Mitchell, Judge Andrew Wilson said the police captain had abused his position as the "guardian of safety" by

planning an operation to kill people whose "sole fault was that they supported a legitimate organisation to which he was personally opposed".

Wilson, who is a member of the amnesty committee, told Sapa yesterday no decision had been taken on whether he should recuse himself.

"It depends entirely on the attitude of Mitchell's counsel, but I don't see any need to,"

Wilson said.

□ The truth commission and the SA National Defence Force have agreed on methods for the commission's investigative unit to gain access to military information.

Advocate Glenn Goosen and Maj-Gen Jan Klopper had been appointed to oversee the process, the SANDF and truth commission said in a joint statement yesterday. — Sapa.

SA residence deadline extended

THE home affairs department said yesterday it had extended indefinitely the deadline for applications by aliens from neighbouring states for permanent SA residence.

The number of applications had doubled over the past two weeks — 84 815 had been received to date from citizens of SADC member states, the department said.

"It would appear that it has not been possible to accommodate all applications between July 1 and September 30, the period initially announced. In view of this, the operations for the

submission and processing of the applications are to continue until further notice," it said.

Department spokesman Hennie Meyer said people were queuing for Cabinet decision, citizens from Angola, Botswana, Lesotho, Malawi, Mauritius, Mozambique, Namibia, Swaziland, Tanzania, Zambia and Zimbabwe could qualify for permanent residence if they met certain criteria.

Meyer said there were an estimated 2.5- to 4.1-million illegal aliens, many from SADC countries. — Sapa.

Fight

Ed 1/10/96

SA NATIONAL DEFENCE FORCE

IN BRIEF

Abortion legislation a plot to 'exterminate Afrikaners'

(237)
The proposed abortion legislation is a plot to exterminate Afrikaners.

The proposed legislation is a plot to exterminate Afrikaners.

The proposed legislation is a plot to exterminate Afrikaners.

BN 2/10/96

SA each year

It's also possible that free abortions will be available. The Health Department wants abortion to be offered at primary health-care facilities, and Deputy DG Ayanda Ntsaluba says it would be inconsistent not to provide it for free along with other primary health-care services. Though he does not believe this would "promote a reckless resort to abortion," he says the department has steered away from taking a decision because it wants to hear the public's views.

The Termination of Pregnancy Bill allows abortion on demand up to the 12th week. Abortions will be granted up to the 20th week if the continued pregnancy would severely affect the woman's socio-economic circumstances, be a risk to her physical or mental health, if there's a substantial risk to the foetus of severe physical or mental deformity or if the pregnancy resulted from rape, incest or sexual abuse. The ad hoc committee on abortion and sterilisation originally proposed 14 and 27 weeks respectively.

The Bill stipulates that the State must provide or facilitate counselling before and after every abortion.

Only the consent of the woman, whether under 18 or an adult, is required for an abortion. No spouse, lover or parent has any legal say in whether an abortion is granted. A minor should be advised to consult her parents, guardian, family or friends. However, an abortion cannot be denied if the minor refuses.

Medical personnel with conscientious objections may refuse to perform or help in abortions, though it will be an offence for them not to refer a patient to someone willing.

Fearing that staff will refuse outright to perform abortions, the department will hold workshops this month to enable them to work through any moral qualms they may have.

A Cape Town tertiary hospital pregnancy advisory service psychiatrist says "I think initially that we're going to be overwhelmed. Already the pressure is rising. Our biggest headache will be the termination of late pregnancies of between 14-20 weeks. But the pressure will fall on the secondary hospitals for earlier terminations."

No designated abortion facilities will be built by the State, but NGOs are gearing up to fill the gap. At least 10 new private reproductive health clinics to give abortions are in the pipeline.

Parliament's portfolio health commit-

50 CURRENT AFFAIRS

tee wants the Bill finalised by the end of the parliamentary year — November 8. This allows four weeks for public hearings, starting on October 14. Despite the time constraints, committee chairman Abe Nkomo says he will not restrict debate to the conditions under which abortion should be legalised but whether it should be allowed at all.

He says the Bill will not be steam-rolled through parliament. "What comes out will be well informed and tailored by the opinions of all South Africans." The extent to which he canvassed opinion on Health Minister Nkosazana Zuma's plans to restrict dispensing doctors and enforce a two-year vocational training stint on graduate doctors — before referring both proposals back for further investigation — shows that Nkomo's no ANC lackey.

Though the FF, ACDP and NP will oppose the Bill as it stands, the NP and DP will allow members to vote according to their conscience. The PAC and IFP have not yet decided how they will vote. The ANC, which is pro-choice, decided on Monday not to allow its members a free vote, thereby raising the likelihood of the Bill being passed.

□ Should the Bill be passed into law, the Southern African Bishops' Conference has announced that it will challenge it in the Constitutional Court. ■

ABORTION ~~(235)~~ (237)

MORAL QUALMS

Fm 4/10/96
Draft abortion legislation, which allows abortion on demand up to the third month of pregnancy and up to five months under broad conditions, could see the State buckling under the pressure of having to perform about 45 000 terminations that otherwise occur illegally in

X

Abortion bill praised - but it could go further

'Law caused suffering, loss of health'
ARL 5/10/96 (237)

ADELE BALETA
STAFF REPORTER

The abortion bill tabled recently in Parliament is a "profound" and "commendable" change in legislation affecting women but does not go far enough in some areas.

That will be the submission to Parliament by the Abortion Rights Action Group (Arag) which has fought vociferously for the rights of all women to have access to legal abortions.

Arag's comment is one of several sent to the National Assembly Portfolio Committee on Health in time for the Monday deadline for oral submissions and the D-day for written submissions, which is on October 16.

Recently, committee chairman Abe Nkomo said Parliament would be particularly keen to hear the views of as many women as possible on the implementation of the proposed legislation.

In its written submission, Arag says passing the bill will mean the end of the "unfortunate" 1975 Abortion and Sterilisation Act which has caused "much suffering, loss of life and health".

The new legislation would be a "huge step forward" for women, who would be able to have abortion on request in the first

trimester up to 12 weeks gestational age.

"In spite of the strictures of the old act, some five million women are believed to have had abortions during the 21 years of its implementation - illegally and often dangerously," Arag says.

But while the group "enthusiastically"

'Some five million women are believed to have had abortions during the last 21 years, illegally and often dangerously'

supports abortion on request, it proposes that this should be available for up to 14 weeks gestational age. Gestational age is worked out from the first day of the last menstrual period. "However, in reality fertilisation only occurred 10 to 14 days later."

Arag contends that the clause therefore, only allows abortion on request for up to 10 weeks of actual pregnancy and not 12 weeks as most people believe.

The organisation says it receives as many as five requests for help a day from women of all races who are more than 10

weeks pregnant. Arag has "serious reservations" about the second trimester clause which allows abortions from 13 weeks up to 20 weeks gestational age under certain conditions.

This could only be performed by a doctor (not a midwife) after consultation with another doctor or a registered midwife or social worker.

"It places too much decision-making emphasis in the hands of extra doctors, midwives and social workers."

Arag questions the qualifications of social workers to pass judgment on a woman's socio-economic conditions.

It says the decision in the second trimester should only involve the woman and her doctor and says the ceiling should be increased to 22 weeks from 20. The clause could also create problems if it is interpreted as requiring women to have to prove unlawful carnal intercourse or sexual abuse where this has occurred.

Arag said it has been shown that forcing women to prove rape causes secondary victimisation.

Arag says the bill should specify that counselling will be non-directive and non-mandatory.

It says women need information rather than counselling which could be provided by their doctors.

Women in study 'relieved' after terminating pregnancies

STAFF REPORTER

Most women experienced an overwhelming sense of relief following abortions for unwanted pregnancies, according to current research.

In a qualitative study conducted by a clinical psychologist at the University of the Western Cape into the psychological effects of women who had had abortions, it was found that most women did not regret their decision but instead were relieved

Ms Shahnaaz Suffla, who works at the centre for student counselling at UWC, said that other research has had similar findings.

Ms Suffla's study involved five black women after she noted that research on the psychological aspects of illegal abortion among black South African women had received minimal attention.

The five women in the study had all had illegal abortions within the last three months. They were aged between 20 and 31

and none were married.

Two of the terminations were completed by gynaecologists while three were performed by non-medical practitioners and entailed the insertion of a rubber catheter to induce bleeding.

Two of the women fell pregnant although they were using contraception at the time.

One of the women said "I just felt so relieved that it was all over and that I could get on with my life."

THE Termination of Pregnancy Bill was tabled for the first reading in the National Assembly on September 16. The heated debate about abortion is coming to a head and pressure is mounting on political parties and on MPs to reach a decision on the issue. This may be true of the ANC more than any other political party, for there is sustained pressure from within the ANC to allow its MPs to vote according to conscience.

This pressure appears to stem from a concern to protect those MPs whose religious convictions lead them to oppose abortion and was most clearly articulated in September last year in a paper entitled 'The Dilemma of Some Christian MPs and the Proposed Abortion Policy.'

The paper was authored by Professor John de Gruchy, the Rev Barney Pitso and the Rev Frank Chikane who, at that time, were all affiliated to the University of Cape Town's department of religious studies. Their report argues that abortion is a "boundary issue" on which an open vote becomes necessary so that ANC MPs can vote, not according to party policy, but according to their individual consciences. Their concern is to protect "Roman Catholics as well as believers of some other traditions (who) cannot vote for abortion without denying their faith and its moral demands".

The authors of the report each have an impeccable history of resistance to injustice and oppression in South Africa. Motivated by a theological commitment to eradicate all forms of human suffering, they employed considerable theological and moral resources to elevate resistance to apartheid to the status of what was called "prophetic Christianity" which branded the religious justification of apartheid as a heresy with absolute conviction.

My primary objection to the report is that, in their analysis of abortion, the authors have abandoned the very methodology they helped pioneer in their theological and sociological analysis of apartheid — a methodology which places human suffering at the centre of theological reflection. Albert Nolan, a leading Catholic theologian and close friend of Chikane, succinctly articulates this methodology when he argues that "sin is about suffering, about making people suffer, allowing them to suffer, or ignoring their sufferings".

In this instance, theology's first task involves the identification and the uncovering of the causes of suffering. If this is theology's true departure point, as this methodology claims, then the cumulative agony of the 44 686 women



Important theological principles have been dropped in favour of supporting MPs' rights over those of women, writes PAUL GERMOND

(237)

Abortion ST 6/10/96 debaters throw out the baby

who resort to hospitals suffering from incomplete abortions each year must be considered. Then the deaths of at least 425 women annually as a result of septic abortions must become a theological imperative which drives the search to identify and eradicate the system which causes this suffering.

Such suffering cannot be dismissed as a "boundary issue", it is as much a question of justice as the issue of apartheid was. Any justification of a system that promotes the culture of death in South Africa on theological grounds must be called a heresy.

The analytical imperative explicit in this methodology must ask: what vested interests are the authors protecting? It seems to me that they are propping up a patriarchal system in which the right of women to choose their own destiny is denied.

Instead of protecting the rights of MPs to vote against the party line, the authors, as well as the Christian MPs they are so concerned about, should be protecting the rights of women to act according to their own moral and religious convictions.

This is the central issue.

To vote "yes" to allow a woman to choose for herself whether she wants a

safe and legal abortion, is not to vote for abortion, but for the right of a human being to decide for herself how to deal with her body in the first 12 weeks of pregnancy.

That, in my opinion, is a more fundamental right than that of an MP's to dissent on party policy, for surely the logic that would allow the right of dissent of an MP would necessarily allow the right of a woman to determine her own choices unless, with typical patriarchal logic, the authors would want to strip women of a capacity to make moral choices in their own right.

Only women can get pregnant, yet men, almost exclusively, interpret the morality and theology of, and make laws about, abortion. Sensitivities to Catholics and members of other traditions cannot be allowed to mask the hugely destructive impact that a theological legitimisation of the patriarchal control of women and denial of human rights to women has wreaked.

Both De Gruchy and Chikane were signatories to the Kairos Document. This highly influential document asserted that South Africa faced a fundamental crisis in 1985, which was a crisis not only for society at large but also for the Church. I would submit that the abortion issue constitutes just such a moment of truth, not only for South Africa but also for the Church, for it will show just how deep the commitment of the Church is to its ideals of justice and equality for all persons.

The Anglican church recently released a report on abortion for discussion. It states that: "Few moral decisions can be called absolute. Most have to be made in a context of conflicting demands and relative considerations, often in an agonising and pressing moment, weighing one concern against another. The question then becomes under what situations may the perceived good of the mother be given greater weight than the perceived good of the fetus, and who will make this decision?"

In this light the Christian MPs should vote for the right of fellow Christians (and the public at large) to make their own informed decision according to their own conscience before God. The responsible position of a Christian MP is not to impose her or his own religious view on the rest of the population, but to allow the maximum possible flexibility in each case. God is not so much concerned to reward the righteous or condemn the sinner, as to enter into distressing situations, to heal and to redeem them. Absolute strident rejections of abortion under all circumstances do not serve this purpose.

● The Rev Germond is with the department of religious studies at the University of the Witwatersrand

Countrywide protests over new abortion bill

(237) LAW 7/10/96

Cape Town - Anti-abortion activists protested across South Africa yesterday against a draft law that would change the country's abortion law from one of the world's toughest to one of the most liberal.

More than 3 000 people overflowed the Durban city hall to oppose passage of the Termination of Pregnancy Bill currently before Parliament in Cape Town.

"This is the most permissive piece of abortion legislation in the world and we are deeply angry about that," said Albie van Eeden, president of Doctors for Life.

In Cape Town, anti-abortion protesters lined the entrance to the popular Waterfront tourist district with posters saying "Abortion kills babies".

At a mass demonstration by at least 2 000 Christians on the lawns outside President Nelson Mandela's Union Building offices in Pretoria, organiser Ed Can appealed to Mandela to scrap the abortion bill or allow a public vote.

Parliament will this month debate Health Minister Nkosazana

Zuma's proposal for state-financed abortion on demand during the first 12 weeks of pregnancy, and for a further eight weeks if physical or emotional risk, rape, sexual abuse and severe social or economic consequences are involved.

Aligned to the Government's pro-choice approach are women's rights groups which have campaigned for over 20 years for the abortion laws to be relaxed.

"It is something that is the lesser of two evils. For many women it's a last resort," said Michelle O'Sullivan of the Reproductive Rights Alliance.

Only about 1 000 women a year qualify for legal abortions under current law.

South Africa's Medical Research Council says close to 50 000 women report to hospitals every year after botched backstreet abortions, from which over 400 die.

Unofficial estimates are that 120 000 women procure illegal abortions every year.

Public hearings on the issue are to start on October 14 - Reuters

LEGISLATION 'HANDLED UNDEMOCRATICALLY'

Scrap pro-abortion bill, say protesters

ANTI-ABORTIONISTS nationwide took to the streets at the weekend to demand the scrapping of the Termination of Pregnancy Bill which has been approved by the cabinet for presentation to Parliament. Health Writer **ANEEZ SALIE** reports.

ANTI-ABORTIONISTS staged a series of protests in most major cities at the weekend, including a cross-planting ceremony on the lawns of the Union Buildings, to demand the scrapping of the Termination of Pregnancy Bill

In Cape Town, about 300 Christians converged on the entrance to the Waterfront at the busy intersection of Butengracht and Coen Steyler streets for a placard demonstration

They were denied permission to enter the Waterfront because it was private property, according to Ms Miriam Cain, spokeswoman for the organisers, the National Alliance for Life (NAL), an umbrella body of most pro-life groups and churches. It was formed specifically to oppose the bill

In central Pretoria, about 500 pro-

testers gathered at Church Square on Saturday, from which they marched to the Union Buildings to plant crosses in holes dug in the lawn the previous night.

In Durban, the city hall overflowed at a protest meeting and in Port Elizabeth two anti-abortion events were staged — one a placard demonstration in the city centre in the morning and the other a Catholic Church protest prayer meeting in the afternoon

Outside the Waterfront, Cain maintained that the bill was handled undemocratically because the government had ignored overwhelming public opinion against abortion. The ruling party, the ANC, had refused a conscience vote for its members of Parliament, she complained

Also, the public hearings were only

being held in Cape Town

The protest action was part of the International Life Chain weekend, she said, which afforded Christians an opportunity to make their voices heard around the world on the issue

Local participants were supplied copies of the same placard in bold red letters: Abortion Kills Babies

Some motorists hooted in support, while others waited for leaflets

According to Cain, the wide range of Christian organisations affiliated to NAL objected on four main points to the proposed Termination of Pregnancy Bill, which allows abortion on request up to 12 weeks of pregnancy

● Abortion on request up to 12 weeks without a waiting period (clause 2 1 a) A Supreme Court judge could not sentence a convicted murderer to life imprisonment without careful consideration and (without evaluating) evidence presented by the defence, said Cain

● However, during the first 12 weeks of pregnancy a mother can request an

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abortion to terminate the life of her baby for any reason whatsoever, without even a waiting period to think over her decision. The rights of the unborn baby are not even considered

● Young pregnant girls will not need their parents' consent (clause 7 2) In terms of current medical practise, operations or any other invasive procedures may not be done on any child under 18 without the parents' permission — this included something as minor as a vaccination, said Cain

● However, according to the proposed law, a girl may have an abortion, including a general anaesthetic without her parents' knowledge — much less their consent. The irony is that if complications arise due to the abortion (such as excessive bleeding) the doctors would need her parents' consent to operate further

● "Even married" women will not need the consent of the father of their baby (clause 7 1) "A father's child could be aborted without his knowledge, and he has no way to protect his

child if he opposes the abortion. How inconsistent as in this country there are plans to recognise the rights of unmarried fathers — once their babies are born — but the rights of married fathers are being removed if their babies are unborn"

● In terms of clauses 8 3 and 12 d, doctors who believe in the sanctity of human life will be forced by the proposed law to refer a woman seeking an abortion to a doctor or midwife who will carry out the abortion, according to Cain. "This will force pro-life medical practitioners to become accessories to murder. If they refuse to refer a patient, in terms of the law, they would be guilty of an offence and liable for conviction and a fine or imprisonment of up to 10 years"

On July 3 the cabinet approved the bill for presentation to Parliament, where it was tabled on September 17, followed by a call by the health committee of its two chambers for public comment. Joint hearings are to be held next week



NO ABORTION: Anti-abortion protester, Mr William Butler, from the Apostleship of the Sea Church, demonstrates at the Waterfront yesterday PICTURE: GARTH STEAD

Cosatu backs termination law

ET 7/10/96 (237)

THE Congress of South African Trade Unions (Cosatu) came out in strong support yesterday of the Termination of Pregnancy Bill

It believes: "Every woman must have the right to choose whether or not to have an early termination of pregnancy according to her own beliefs," Cosatu said

The union umbrella body said it represented working women; most of whom

were poor and black, and who were the ones who had resorted to back-street abortions

If the law did not change, poor working-class women would continue to die, suffer permanent damage or risk infertility

"As a society which is committed to creating gender equality, we need to ensure that women are in a position to take decisions over their lives" — Health Writer

Appeal to voters to 'make voices heard' on abortion bill

(237) CT 8/10/96

CHRIS BATEMAN

RESEARCH showed that most of the 44 500 incomplete abortions dealt with in South African hospitals each year involved younger women — all of whom acted out of desperation rather than out of "a wilful choice", Health and Welfare MEC Mr Ebrahim Rasool said yesterday

Speaking on an anti-abortion motion by the Freedom Front's Mrs Eleanor Lombard in the provincial legislature, Rasool appealed to people to make their voices heard when the national health portfolio committee began its public hearings next week

The abortion bill is expected to be passed in the current session of the national assembly

Rasool said evidence of the young women's desperation included knitting needles or pens still in place, the swallowing of disinfectants and throwing themselves from rooftops

The government needed to provide a safety net for these people and to educate them on their rights.

He emphasised that social workers needed to be "mobilised" so that the women would make their choices "relatively free of desperation and then only as a last resort"

The government had a responsibility to be non-judgmental and to put clinical services in place

Lombard had proposed that the provincial legislature express itself against abortion on request

She said the argument that abor-

tion should be legalised because it "happened anyway" and led to backstreet complications was the same as saying the 221 522 annual house-breakings should be legalised because they took place anyway.

If the impending law had come in decades ago "many of us wouldn't be in this house today"

Ms Mampie Ramotsamai (ANC) said that of the 4 187 abortions recorded nationally in June last year 85% involved black women, 11% coloured, four percent Asian and one percent white

Some 425 women died every year through septic abortions "How can the law be so unkind as to disallow these women the right to choose what's fit for themselves?" she asked

New abortion bill 'will end much suffering'

(237)
BARRY STREEK

CT 9/10/96

THE Termination of Pregnancy Bill would end the effects of the unfortunate 1975 Abortion and Sterilisation Act which had caused much suffering, loss of life and health, the Abortion Rights Action Group (Arag) said.

However, although the bill was "a huge step forward for women", it did not go far enough in certain respects, the group said yesterday.

Arag said that in spite of the strictures of the old 1975 act, some five million women were believed to have had abortions during the 21 years of its implementation, illegally and often dangerously.

"The new legislation will benefit the whole fabric of our society"

The group also said it supported the provision of abortion on request of the women during the early stages of pregnancy, but would have preferred a longer gestational age limit of 14 weeks or 12 weeks of pregnancy instead of the current provision for 10 weeks.

New great trek faces red tape and rain

Tim Cohen

80 9/10/96 (236)
CAPE TOWN — The first 20 "new great trek" farmers would be settled in Mozambique by the end of the month, despite obstacles both current and ancient in the form of bureaucracy and the weather, Freedom Front Senator Dries Bruwer said yesterday.

Bruwer said the mission was racing against time to settle the first group of farmers because the oncoming rainy season was likely to make transporting equipment difficult. The "pioneer group" would have to hurry if it was to get to the proposed areas in the north-west before the rains came.

The first region where the farmers would settle would be Lichinga, about 4 000km from Pretoria and close to the eastern shores of Lake Malawi.

The "pioneer group" is expected to lead hundreds of other farmers in what has been dubbed a "new great trek". The idea has the support of the SA and Mozambican presidents.

The pioneer group would be partially supported by a R15m "seed fund" promised by the SA government in support of the effort. Bruwer said dealing with this "seed fund" was a difficult task, conceding that bureaucratic problems both with the Mozambican and SA government had caused delays.

THURSDAY
OCTOBER 10, 1996 ★

EXTREMIST GROUPS TARGET SA

Abortion terror threat

CT 10/10/96 (237)

THERE ARE FEARS that extremist right-wing American anti-abortion groups — some of which have been linked to violent attacks against individuals and organisations — are bankrolling South African organisations. Political Writer **HENRY LUDSKI** reports.

EXTREMIST anti-abortion groups have resorted to shock tactics by sending "horrendous" pictures of foetuses to a number of members of the parliamentary committee dealing with the Termination of Pregnancy Bill

In another disturbing development, a local organisation linked to an American group responsible for acts of terror against pro-choice organisations and individuals has sent MPs letters warning that "there will never be peace in South Africa until there is peace in the womb"

The passage through Parliament of arguably the most controversial piece of legislation ever to come before it has been marked by the intensification of protest action against the legalisation of abortion. There will be three days of public hearings on the issue next week

Yesterday, as submissions on the Termination of Pregnancy Bill continued to

stream into the offices of the Health Portfolio committee — the closing date is October 16 — its chairman, Dr Abe Nkomo, began to voice fears that certain right-wing South African church groups were being bankrolled by American extremist anti-abortion groups known to be behind violent attacks on organisations and individuals in that country

He said any unnecessary delays in the processing of the bill would be like "inviting hell" from these groups

Nkomo's concern about the matter — which he said might possibly warrant the monitoring of these groups by the National Intelligence Agency — was yesterday shared by pro-choice activists

Ms Marion Stevens, policy analyst at the University of the Witwatersrand's Women's Health Project, said it was evident that powerful right-wing American anti-abortion coalitions were pump-

ing resources and money into local organisations

She said many of the SA groups now "using abortion as a target for right-wing Christian activism" included many of the same people who, in the 1980s, opposed liberation theology, vocal anti-apartheid church leaders such as Archbishop Desmond Tutu and the Rev Frank Chikane, and the South African Communist Party

"They are also the same people forming coalitions opposing abortion, pornography and homosexuality and supporting the death penalty. Clearly the issue they are the most vocal on is abortion," said Stevens

About 90 organisations representing a broad cross-section of interest groups and parties either supporting or opposing the legalisation of abortion will give evidence to the committee next week before the bill is revised and sent back to state law advisers

The bill goes before the National Assembly on October 29 and to the Senate on November 5 before being passed into law

Disputed Abortion Bill provokes scrutiny and soul-searching

Heralded as a significant victory for organisations such as the Reproductive Rights Alliance, Pro-Life South Africa says most citizens are against its passing and fear that it will ram a law down their throats. Ufieda Ho reports

Women could soon gain more power to make vital decisions about their own bodies, if the controversial Abortion Bill goes through. But the bill, which comes up for parliamentary hearings next week, may contain hidden hurdles for women who need its help the most.

The bill has been heralded as a significant victory for organisations such as the Reproductive Rights Alliance, although Dr Claude Newbury, president of Pro-Life South Africa, says its passing will make South Africa "the country with the worst abortion laws outside of China".

"The more liberal the killing the more evil the law becomes," Newbury says. Alliance spokeswoman Michelle O'Sullivan says the bill is an improvement on the existing legislation governing abortion, yet warns that there are still loopholes in the current draft.

"This bill raises so many public health issues. Abortion rights have been discriminatory. Previously over 61% of legal abortions were granted to white women because they had the means. With the new bill all women, regardless of race or creed, will have equal access to these services," O'Sullivan says.

The bill also signals the first time in 21 years that government is seriously looking at abortion. According to statistics from the Medical Research Council of South Africa, an estimated 44 686 women are admitted to hospitals annually suffering from complications due to incomplete backstreet abortions.

The bill now makes abortion on request possible within the first 10 weeks of pregnancy. From the 11th week to the 18th week, a woman can be granted an

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abortion in the case of rape or incest or if continuance of the pregnancy will cause her mental or physical injury, or if the pregnancy will result in severe malformation of the foetus.

The women will also have to consult a medical practitioner, a midwife or second practitioner and a social worker.

From the 19th week, a woman may terminate the pregnancy only if her life is severely endangered or if the foetus will be severely malformed. The woman will also be required to consult a medical practitioner in consultation with a midwife or second medical practitioner.

The conditions within the 11th week to 18th week of pregnancy have, however, come under fire from such people as Dr Cathy Albertyn of the Centre for Applied Legal Studies' gender research

Counselling will be provided before and after all terminations

"While the bill is clearly a breakthrough, the process in the second trimester is still far too stringent. A woman should only need to see one doctor," Albertyn says.

O'Sullivan adds that these conditions are too prescriptive and create obstacles for many women who are unaware that they are pregnant within the first 10 weeks of pregnancy. In rural areas this problem is aggravated by the inadequate health services.

However, O'Sullivan believes the inclusion of an additional clause covering

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this trimester, which gives women the right to terminate a pregnancy on the grounds of adverse social or economic consequences, is also a vital coup.

But Newbury believes that the majority of South Africans do not want the bill passed. He says that at least five independent surveys conducted in the last 18 months have shown that the majority of South Africans are opposed to the passing of the abortion bill.

"They are just ramming this down the throats of South Africans who don't want it," he says. "The bill will make doctors accessories to the murder of children and train midwives to kill, and taxpayers who have a conscientious objection to abortion will also be coerced into paying for abortions."

Under conditions in the new bill, doctors who refuse to perform an abortion are required to refer patients to other doctors who will. Doctors who do not comply could face up to 10 years imprisonment or be fined. Newbury adds that there should be a focus on finding alternatives to abortions such as adoption, shelters for pregnant women who may be poverty-stricken and facilities to help mothers in the workplace.

O'Sullivan says doctors have the right to conscientiously object to performing an abortion but they have an ethical responsibility to refer a woman to a practitioner who will help her.

Minors will not be denied a legal abortion if they choose not to consult their parents and counselling will be provided before and after all abortions.

Linda Shange from the Young Women's Network says they will call for a provision in the bill to override a clause in the Child Care Act of 1976 which prohibits anyone under the age of 16 under-



JIGNASA DIAR

going a surgical procedure without parental consent.

O'Sullivan is confident that the bill will be passed. "We as South African citizens should be holding the ANC to their RDP and election promises," O'Sullivan says.

Newbury has also predicted that the bill will be passed. "The ANC and the DP will not allow free voting and members will have to toe the party line," Newbury says.

O'Sullivan believes if the bill is passed infant mortality will decrease and so will maternal mortality. "If women have access to appropriate health services and broad reproductive services, abortions will actually decrease because more pregnancies will be properly planned," she says.

Newbury disputes this and says that before abortion on request was legalised in the United States, about 100 000 legal abortions were being performed annually. When they became legal, more than 2 million abortions were performed a

year. Currently 1.6 million abortions are performed in the United States every year.

Newbury dismisses reports in the British Medical Journal which claim that a foetus feels no pain as it has not reached a developmental level where it has a conscious appreciation of pain. But one of the researchers of the article, Stuart Derbyshire of the University of Pittsburgh in the US, says "Foetal pain is a misnomer at any stage of foetal development."

Adrian Lloyd-Thomas, a consultant in paediatric anaesthesia at London's Great Ormond Street Hospital for Children, adds that although babies show reflexes to painful stimuli, they do not have sufficient brain development to consciously register the pain.

But regardless of the sway in the debate the imminent legislation creates new avenues in which individual women can take responsibility for their own lives without becoming victims of any group-mentality dictates.

Traditional medicines do well in West

Traditional medicines used for centuries in Asia and Africa are experiencing a boom in the industrialised countries of the West, according to the World Health Organisation (WHO).

Acupuncture, herbal medicines and traditional healers and midwives are also resisting the pressure of Western science in their countries of origin, with some 80% of the world's population having recourse to such methods.

In the past two decades they have found favour in the countries of Europe and North America despite ever more sophisticated modern treatments and the power of the pharmaceutical lobbies.

A third of adult Americans has used alternative methods, while in Britain the Consumers' Association found that one in four of its members had consulted non-conventional practitioners in 1991, compared with one in seven in 1985.

In Germany the market share of herbal medicines progressed from 7.7% in 1985 to 10% in 1989, whereas in Japan, Western treatment seems to be fighting a losing battle against traditional Chinese medicines, known as kampo, whose sales between 1974 and 1989 increased 15-fold against 2.6 times for Western products.

Dr Zhang Xiaoru of the WHO's traditional medicine programme said people were not necessarily disappointed by Western methods, which are quicker and more effective in the case of acute illnesses. "Traditional medicines were preferred for discomfort rather than chronic pain, including back and stomach ache, nausea and problems requiring treatment without the side-effects of some chemical products."

One other great advantage is the relative cheapness of traditional medicines in the industrialised as well as in the developing world, said Xiaoru. But she warned that Westerners may not be making the best use of the Asian and African treatments. "One problem is that they ignore the philosophy that accompanies it in China and India," she said - Sapa-AFP

Girl to tell MPs of her abortion ordeal

How 11/10/96

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13-year-old from Soweto, invited by pro-choice groups, to appear before committee which will hear public submissions on controversial Termination of Pregnancy Bill

By TROYE LUND

A 13-year-old girl, made pregnant by one of two 40-year-old men who abused her for five years, had to endure the abortion of her five-month-old foetus alone and will advise Parliament on ways to address the trauma of sexual abuse and abortion.

The girl, from Soweto, was invited by abortion groups to accompany them to Cape Town to address the parliamentary ad hoc committee on abortion on Monday.

Following the controversy over the Termination of Pregnancy Bill, the committee has set aside three days for public submissions on the issue before finalising the bill into law.

Abortion and child abuse groups claim politicians need to realise, on the eve of making abortion legal on demand, how ill-equipped the country is to meet the present, let alone increased, demands on health and welfare services.

"After my mother left me at the hospital, I was taken to the ward.

"No one told me anything about what they were going to do. They just told me to open my legs," Zodwa (not her real name) told The Star in an interview yesterday.

Zodwa's guidance teacher at Matvern High School, Tinka Labuschagne, became aware of her pupil's pregnancy in its fifth month. Because the pregnancy was so advanced, Zodwa had to have an induced birth.

Zodwa had been in labour for 12 hours before Labuschagne contacted Johannesburg Hospital and found out her pupil had been induced and did not have her

mother or a social worker with her.

Labuschagne went to the hospital and was allowed a few hours with Zodwa.

"The child was crying in pain. She kept asking me questions about what was happening to her.

"I was told to leave the room and told that not even mothers are allowed to stay with the child as they cause problems," Labuschagne said in her report to the

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No one told me anything, they just told me to open my legs

Health and Welfare Departments. Zodwa said, "Nurses came in and out of the room.

"They shouted at me when I screamed because other patients were sleeping. But the pain made me scream. When the baby came out, nurses asked me who was going to bury it and they made me sign a form.

"They gave me pills and my mother fetched me the next day," she said.

Zodwa said she was receiving counselling from Labuschagne at school. The school was also sending her to Yeoville's Pol-Clinic for therapy.

"It is one thing increasing awareness and getting children to talk, but that's where it stops,"

Labuschagne said. "There are absolutely no support structures to rely on."

Judi Furtain of the National Progressive Primary Health Care Network, the umbrella body for various community-based development organisations, said Zodwa's case reflected a need for "major attitudinal change" amongst health-care workers and the transformation of reproductive health-care units.

"Woman having abortions can no longer be treated as the garbage of the earth.

"Our society is opening up. Public health services must improve the quality and ethos of clinical care, and innovative ways must be found to fill staff gaps as demands for social services increase.

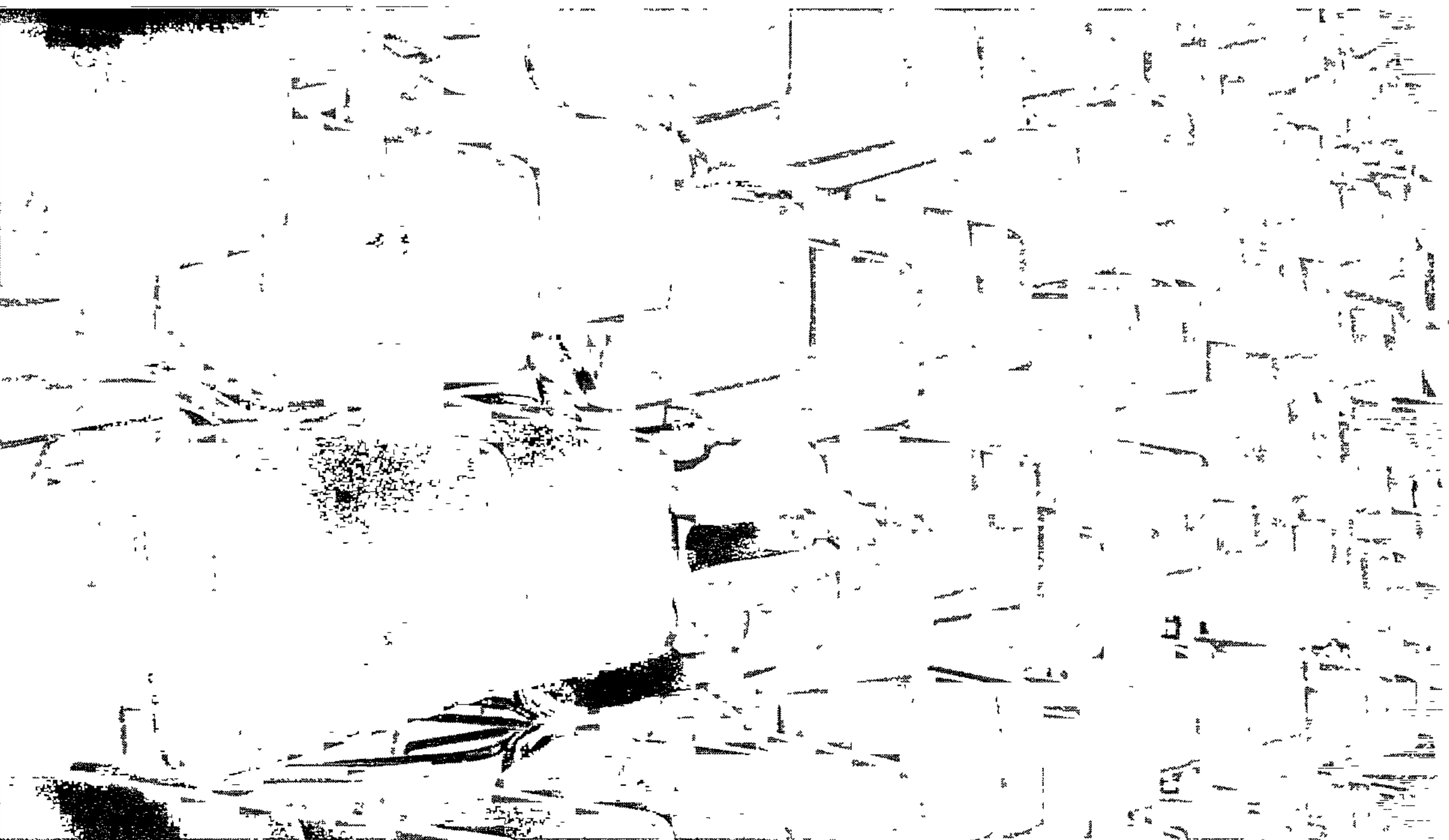
"South Africa is on shaky ground already and faces a crisis," Furtain said.

Education departments should provide schools with counsellors specially trained in abuse and sexuality issues, she added.

The Child Abuse Alliance's Merry Kantor said that all government departments had to collaborate and set up back-up systems for disclosure and reporting, and provide safe houses as well as long-term treatment.

She added that thorough investigations into each case were essential and that "the system's procedures and processes" had to become less bureaucratic and better equipped to deal with the circumstances of each individual. Johannesburg Hospital said Zodwa's experience was being investigated.

► Soul-searching



Back at school after her abortion 13-year-old Zodwa still cries when she speaks about her ordeal but says she is determined to tell her story so no-one else has to go through what she did

ANC to enforce party line on abortion

Wyndham Hartley

CAPE TOWN — The ANC will rigidly enforce the party line on the controversial "abortion bill" and its MPs will have to vote for the measure regardless of whether they have conscientious objections.

ANC chief whip Arnold Stoffie told a news briefing yesterday that the party's caucus had supported the view of the national executive committee and excluded the possibility of a "conscience" vote on the measure. The NP has already challenged other parties to follow its example and allow a free vote.

The Termination of Pregnancy Bill is of great importance within the ANC in terms of its commitment to women's rights and laws governing them. Sources said there was concern that a free vote might see the legislation defeated in Parliament.

An enforced vote on the Bill may spell trouble for the ANC, particularly with its

Catholic and Muslim members who cannot vote for the measure and remain faithful to their religious convictions.

Asked about ANC members avoiding the vote on the Bill, Stoffie said attendance in Parliament on October 29, when the Bill was expected to be tabled in the National Assembly, would be strictly enforced and members would have to vote for it. He said if Catholics and Muslims had problems with the legislation, they had not yet articulated them within the party.

He said that unless those in the party with a problem came forward, it would not be possible to address the issues they raised. He said the Parliamentary leadership of the party was willing to listen to objections and to discuss the issue with Muslim and Catholic members. The ANC's religious commission had also been asked to engage any members who had objections to the Bill, he said.

At its caucus yesterday, the DP reaffirmed its support for the right of women to choose legal termination of pregnancy.

DP health spokesman Mike Ellis said this meant that the DP would also not have a free vote on the Bill. He said certain problems with the legislation in its present form had been identified, and the party would take a position on the legislation after public hearings and committee deliberations had produced a final draft.

Parliament's health committee is expected to hold public hearings on the Bill soon. It is expected that the entire right-to-life and pro-choice battle will be fiercely rejoined at these hearings.

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Tax breaks 'to boost competitiveness'

The government hopes to develop certain areas and industries with its new tax incentives, reports **Max**

(232) M+G 11-17/10/96 (Bm)

Applications will be evaluated by the Regional Industrial Development Board, and for each incentive approved and certified, the qualifying company will enjoy tax-holiday status for two consecutive years, starting as soon as the company makes a taxable profit. New companies will also qualify for accelerated depreciation. The benefit must be claimed within 10 years.

Chief director of the regional industrial development programme, Johan Reinhardt, said the scheme must be seen within the broader context of the government's supply-side initiatives.

These include an accelerated depreciation tax allowance, enabling existing manufacturers to expand in response to the challenge of globalisation. Both schemes are part of the Revenue Amendments Bill.

"We have already seen considerable interest in the scheme from investors," says Reinhardt.

Deputy Finance Minister Gill Marcus told Parliament last month that a key component of the strategy was to move from demand-side intervention to supply-side support.

The tax holiday programme should be seen as a key element within a broad and coherent set of industrial development programmes aimed at growth, employment and redistribution, she said.



Gill Marcus: A key component of the strategy was to move to supply-side support
PHOTOGRAPH RODGER BOSCH

abuse. The administration could be open to abuse. If the government needs to, then a couple of years down the line it could retract the whole scheme, which would lead to another round of uncertainty." The tax holiday system has been discussed with the Katz Commission, which is not, in principle, opposed to its implementation. It did, however, insist on two critical conditions and that the list of priority industries and regional corridors to qualify be clearly established at the outset and not changed during the course of the implementation of the programme.

Second, that the tax holiday should not be open-ended, but have a pre-determined cut-off point. Reinhardt didn't feel there should be any cause for concern that the scheme could affect the current tax base. The spin-off effects created by new capacity, will be more positive than any concern about the loss of a tax base.

Not an opinion shared by the Congress of South African Trade Unions (Cosatu). It feels the introduction of tax holidays incorrectly relies on tax incentives to channel private sector investment, at the same time undermining the state's tax base. It voiced concern that the tax holiday will result in a declining contribution to state revenue by business, shifting the tax burden on to the poor. Cosatu feels the assumption that concessionary taxation will lead to increased levels of private sector investment is misplaced.

This assumption has not been proved in practice, particularly as other factors are likely to predetermine investment decisions — such as shortage of skilled management or labour, the lack of infrastructure or increased costs of imported equipment owing to the currency depreciation.

B en van Rensburg, director of economic affairs at the South African Chamber of Business, said the tax holiday was being viewed very positively by local business. He feels it should achieve its aims of providing for investment and job creation. The only concern that he feels needs to be addressed is the potential for

Public hearings on abortion Bill

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By **Waghied Misbach**
Political Reporter

Several anti-abortion groups will
make presentations over three days

HEATED DEBATE on new legislation on abortion takes centre stage in Parliament today at the start of public hearings on the controversial Termination of Pregnancy Bill

The Bill will come under the spotlight as 90 delegates – representing labour, religious and political groups – give the portfolio committee their views on the proposed legislation over the next three days

The Bill gives women the right to abort on demand up to the 12th week of pregnancy, and can be extended to 24 weeks under special circumstances

Abortion will also be allowed in the last three months of pregnancy if the mother's life is under threat, or if the baby is likely to be seriously deformed

Under current law, about 1 000 women have abortions each year, while a staggering 120 000 have "back street" terminations

An estimated 45 000 women are hospitalised as a result, while 400 die from septic abortions

Among the organisations which will give evidence before the health committee chaired by Dr Abe Nkomo are the World Federation of Doctors who Respect Human Life, the Planned Parenthood Association of South Africa, Christians for Truth and the South African Catholic Bishop's Conference

The Bill is supported by the African National Congress leadership, although a recent survey by the Human

Sciences Research Council has revealed that the ANC's rank-and-file members are opposed to abortion on demand

The ANC, however, will not allow its MPs to vote against the proposed legislation

The Democratic Party has already come out in support of the proposed new law

Free vote

The National Party on the other hand will allow its members to take a "free vote" on the issue. The Bill is opposed by the Freedom Front and the African Christian Democratic Party

Voting on the Bill will take place in the National Assembly on October 29

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4.4	4.6	10.2	43.5	13.5	6.9	
4.4	4.6	10.2	43.5	13.5	6.9	

COMMITTEE HEARINGS START TODAY

Tough fight to change abortion bill

ET 14/10/96 (237)

THE PRO-LIFE and pro-choice lobbies enter their final battle over abortion today as the portfolio committee on health begins hearings on the Termination of Pregnancy Bill, which has excited interest in neighbouring countries. **CAROL CAMPBELL, WILLEM STEENKAMP** and **DAN SIMON** report.

TODAY sees the start of three days of tough hearings on the controversial Termination of Pregnancy Bill during which opposing lobbyists will put their views to the parliamentary portfolio committee.

The ANC has ordered its MPs to vote in favour of abortion on demand. As ANC members account for 15 of the 26 members of the portfolio committee, many believe the committee is simply going through the motions to satisfy those who want public participation in the Democratic Party, among the parties represented on the committee, is also in favour of abortion on demand. The National Party is opposed to it, but will allow its MPs to vote according to conscience.

Committee chairman Dr Abe Nkomo has described as "cynical" suggestions that the committee is going through the motions. He said that although the ANC had ordered its MPs to vote in favour of the bill, the committee would hear all submissions by pro-life and pro-choice lobbies before dealing with any amendments to the bill.

The bill, approved by the cabinet in July, was drawn up on the basis of a report compiled by Nkomo in his capacity as chairman of the ad hoc committee on abortion and sterilisation.

Nkomo, who practised medicine in Atteridgeville for 24 years, has strong pro-choice views. Earlier this year, defending the proposed change in abortion legislation, he said it was abhorrent that young lives should be ruined by "one little mistake".

"I have seen hundreds of women with severe complications that could have been avoided if abortion had been accessible," he said.

If the abortion bill becomes law — as is expected during the current session of Parliament — an underage girl will be able to have an abortion without her parents' permission.

Mr Paul Tuson, chairman of the pro-life People for Life, noted that if complications set in and an underage girl needed a blood transfusion, her parents would have to give their consent for the transfusion.

"One of the intentions of the bill is to prevent 'unwanted' children," Tuson said. "What about 'unwanted' children after birth? Should doctors and midwives be allowed to kill these children as well?"

The pro-choice lobby is to make its submission to the committee at lunchtime today.

The president of the Abortion Rights Action Group, Dr Marge Dyer, said approving the bill would allow women an option they had been denied and enable them to procure abortions safely and "with dignity". Before, women who wanted to procure abortions legally had had to prove they had been raped or were mentally unwell, Dyer said.

Ms Michelle O'Sullivan, co-ordinator of the Reproductive Rights Alliance, which is to make its submission tomorrow, said the right to choose complied with the constitutional rights to freedom, security, equality and access to health-care services.

She believed the bill would lead eventually to fewer abortions.

Accessibility would be a key aspect of the new legislation, O'Sullivan said.

Dyer said the stipulation that unwanted pregnancies be terminated by the 12th week would ensure safer procedures.

O'Sullivan noted that the bill recognised socio-economic realities as it provided for women to seek abortions between the 13th and 20th weeks on the grounds of poverty.

The counselling of women before or after an abortion was an important consideration for which the bill provided, Dyer said.

The Termination of Pregnancy Bill had generated great interest among women in neighbouring states, particularly Namibia, who wanted to know how to obtain abortion.

He is concerned that legalised abortion will be a recourse not only for unmarried mothers but for any woman who views pregnancy as inconvenient. He believes the law would lead to a decline in moral values.

"The real question is not when life begins, but what is the value of human life?"

Most Christian churches are opposed to abortion — as are Muslims.

Sheikh Mujahid Hendriks of the Azza-via Mosque in Walmer Estate said yesterday that although an abortion could be allowed in "extreme circumstances at the recommendation of a doctor", Muslims did not believe it was right.

● The Medical Research Council has found that 61% of abortions in 1994 were sought by white women, most of whom were between 20 and 24 years of age.

She was in South Africa, Dyer said. She was in favour of foreigners coming to South Africa for abortions if they were prepared to pay.

Dyer and O'Sullivan agreed that the impression that abortion was "sinful" had to be dispelled.

O'Sullivan believed the bill would "destigmatised" abortion.

The pro-life lobby has distributed a publication in the United States describing how an injection of saline solution into the amniotic fluid is used to abort a foetus of four months and older.

"It may take as long as two hours for the baby to die," it claims.

An outspoken critic of abortion, the Right Reverend Reginald Ormond, Catholic bishop of Johannesburg, said it was unfortunate that few of the arguments on abortion focused on the moral issue.

"Abortion is evil. There is no grey area," he said.

Groups present cases on abortion bill

By **PATRICK BULGER**
Parliamentary Correspondent

Cape Town - The South African Council of Churches asked yesterday for proposed new abortion legislation to be tightened up as lobby groups began argument in Parliament for and against the Termination of Pregnancy Bill.

The portfolio committee's hearings pitted religious groups against women's rights and medical groups in debate on the bill, which will replace 1975 legislation that gives the right to abortion in circumstances like rape and incest.

Most church groups argued in unison that the proposed legislation violated the right to life clause in the constitution and was fundamentally against God's law.

Barbara Muna of the African Christian Democratic Party likened abortion to a death penalty for the unborn.

SACC public policy liaison coordinator Malcolm Damon said the bill should include a preamble which recognised that "a termina-

tion of pregnancy is always a tragedy fraught with moral ambiguity".

The SACC asked that abortions beyond the 13th week of pregnancy be allowed only where there was a "serious risk of injury" to pregnant women rather than a mere "risk". This would get around objections that the bill allowed a pregnancy to be terminated for "trivial" reasons.

The SACC said the bill did not go far enough in encouraging institutions other than those run by the state to take up the task of counselling.

In its submission, the Medical Research Council said its surveys showed that 45 000 women presented themselves to public hospitals every year with incomplete abortions. Most of these women were black (84%), while 11% were coloured, 4% Asian and only 1% white. It said 425 women died each year as a result of septic abortions. The total cost to the public health sector of treating incomplete abortions was R19-million a year.

Star 15/10/96 (237)

Abortion Rights Action Group president Marge Dyer said the legislation would have a "liberating effect on South African women whose only crime will be to have become accidentally pregnant".

The pro-choice Reproductive Rights Alliance produced figures which showed that of the 1 188 legal abortions carried out in private clinics, 954 were white. It argued that the process of receiving a legal abortion, especially in a public hospital, was traumatic.

There appeared to be an element of luck attached to whether a woman was granted a legal abortion. It said present legislation discriminated against women.

The alliance proposed that abortion be allowed in the first 12 weeks and up to the 22nd week if advised by a medical practitioner that the continued pregnancy would damage a woman's health, if the foetus were in danger and if "the continued pregnancy will affect the social and/or economic circumstances of the woman, including the circumstances of her children".

Debate, like visiting hour in a natal ward, draws all types

(237) CT 15/10/96

DIANE GASSERE

It was a strange day in Parliament as mothers with babies, nursing sisters, people of all denominations and persuasions and, later, schoolchildren, filed into the old assembly chamber to address the portfolio committee on health.

On the agenda was the Termination of Pregnancy Bill. Many misunderstood the brief, to fine-tune the bill, and argued passionately for or against abortion. As the bill stands, counselling is

to be mandatory before and after an abortion and much of the argument centred around this.

Dr Marge Dyer, of the Abortion Rights Action Group, was firmly against compulsory counselling. "The suggestion is that a woman must be slightly mad to want an abortion."

The Christian Medical Fellowship of SA suggested that when women asked for an abortion, all they really needed was sympathetic counselling. It rejected any suggestion that a young woman could make the choice freely and without

the approval of her parents or husband.

In the wake of this, the spokesman for the South African Council of Churches brought a smile of relief to women's faces when he said that he did not think the voice of women had always been prevalent in the debate on abortion.

A hot topic, as is always the case in abortion debates, was the specific stage at which a foetus was considered viable. Most of the Christian groups said it was from the moment of conception. Dyer

argued that before 24 weeks, foetal lungs were too immature to be considered viable. The truth appeared to be that no one was absolutely sure.

The Baptist Union Assembly said the bill would encourage irresponsible sexual behaviour. In the case of rape, kill the rapist, not the baby, a spokesman argued. Dyer shot back with the question: Is it sexually irresponsible to have sex with your husband and suffer failed contraception?

"The bill will have a liberating effect on South African women,

whose only crime has been to have failed contraception," she said.

Proceedings in the afternoon became emotional when Ms Judy Fortum of the National Progressive Primary Health Care Network asked a 14-year-old rape and abuse victim to speak. Committee chairman Dr Abe Nkomo asked the media not to identify the child or the teacher who had accompanied her from Johannesburg.

The girl began to describe a cycle of abuse by a friend's father and his friend that had begun when she was eight — and broke

down. Her teacher took up the story: the girl's pregnancy was discovered when she was five months' pregnant.

Her mother did not believe her story and the girl, then 13, finally had a "legal abortion" in which birth was induced and during which no one she knew was with her.

She did not understand what was happening to her. When the foetus was delivered, she was asked if she wanted to have it buried or would prefer the hospital to take care of it.

During the hearing, there were moments of confusion, one of them when the Rev Michael Green of the African Christian Democratic Party asked if, in considering the rights of women, the rights of unborn women were also being considered.

Mr John Gogotya of the National Party argued that it was no good looking to African culture for answers. "If an anthropologist were to look back, then we would see that African culture would go one step further and expose the child for selection after birth."

COMMITTEE HEARINGS START

Tighten abortion bill, SACC urges

THE PROPOSED abortion legislation violated the right to life clause in the constitution, religious groups said yesterday when they were pitted against medical and women's rights groups at the start of the portfolio committee hearings.

THE South African Council of Churches (SACC) asked yesterday for the proposed new abortion-on-request legislation to be tightened up as lobby groups began argument in Parliament for and against the Termination of Pregnancy Bill.

The portfolio committee's hearings pitted religious groups against women's rights and medical groups in debate on the bill which will replace 1975 legislation that gives the right to abortion in circumstances such as rape and incest.

Most church groups argued in unison that the proposed legislation violated the right to life clause in the constitution and was fundamentally against God's law.

Ms Barbara Muma of the African Christian Democratic Party likened abortion to a death penalty for the unborn.

SACC public policy liaison coordinator Mr Malcolm Damon said the bill should include a preamble that recognised that "a termination

of pregnancy is always a tragedy fraught with moral ambiguity."

The SACC asked that abortions beyond the 13th week of pregnancy only be allowed where there was a "serious risk of injury" to pregnant women rather than a mere "risk". This would get around objections that the bill allowed pregnancy to be terminated for "trivial" reasons.

The bill did not go far enough to encourage institutions other than those run by the state to take up the task of counselling, the SACC said.

"Here is one of the places where the necessary partnership between state, non-governmental organisations and religious institutions could be encouraged in law, and not just in sentiment."

In its submission, the Medical Research Council (MRC) said its surveys showed that 45 000 women presented themselves to public hospitals every year with incomplete abortions. The vast

majority of these women were African (84%) and 11% were coloured, four percent Asian and only one percent white.

The MRC said 425 women died each year as a result of septic abortions. The total cost to the public health sector of treating incomplete abortions every year was R19 million.

"Unsafe abortions cost in the region of four times more to treat than safe abortions," the MRC said. Abortion Rights Action Group president Dr Marge Dyer said the legislation would have a "liberating effect on South African women whose only crime will be to have become accidentally pregnant."

The pro-choice Reproductive Rights Alliance produced figures which showed that of the 1 188 legal abortions carried out in private clinics, 954 were white. It argued that the process of receiving a legal abortion, especially in a public hospital, was traumatic.

There appeared to be an element of hack attached to whether a woman was granted a legal abortion or not. It said present legislation discriminated against women. It argued that many women were not aware up to their 12th



WAR OF WORDS: National Party MP Mr John Gogotya is confronted by anti-abortionists in the Old Assembly Chamber where emotional debates raged yesterday on the Termination of Pregnancy Bill.

PICTURE: BENNY GOOL

week of pregnancy that they were pregnant. At Johannesburg General Hospital, many women only presented themselves for abortion after 15 weeks of gestation.

The alliance said the proposed legislation erred in placing women

in categories, such as those who had been raped, as the requirements were onerous and sometimes difficult to prove.

It proposed that abortion be allowed in the first 12 weeks and up to the 22nd week if advised by a

medical practitioner that the continued pregnancy would damage a woman's health, if the foetus is in danger and if "the continued pregnancy will affect the social and/or economic circumstances of the woman, including the circum-

stances of her children."

If the woman's life was in danger after the 22nd week or if the foetus is liable to suffer congenital abnormalities, an abortion should be given, the alliance said — Political Staff

Backstreet abortions 'cost SA millions'

Wyndham Hartley

CAPE TOWN — The Medical Research Council told Parliament yesterday that almost 50 000 SA women had backstreet abortions every year which cost the country millions in post-abortion treatment, while "pro-lifers" challenged the ANC to hold a national referendum on the issue.

The council kicked off public hearings by the parliamentary health committees on the Termination of Pregnancy Bill with dramatic statistics of abortion research conducted in state hospitals across SA. The council said 45 000 women presented themselves to state hospitals with incomplete abortions as a result of either inducement or backstreet abortions each year. This

cost taxpayers R19m in post-abortion treatment. It estimated many more women probably had illegal abortions.

The Bill will allow abortion on demand even to minors without parental consent.

The council said the expensive complications resulting from unsafe abortions would be avoidable with access to safe abortions. Research showed women reporting to hospital after incomplete abortions ranged in age from 14 to 49 with an average age of 28. Most were black (84%) with 11% coloured, 4% Indian and 1% white.

Fideha Maforah of the council said neither the law nor religion stopped abortions. Even women from denominations which outlawed abortion, including Catholics and Muslims, under-

went illegal abortions. If abortion was not legally available women would turn to backstreet abortionists. The main reasons for seeking abortions were fear of rejection by partners or poor socioeconomic circumstances.

On a day when 27 organisations made submissions to committees, the ANC came under pressure to allow members a free vote when the Bill comes before the National Assembly and Senate. Mainly pro-life and religious groups, including Christians for Truth and Doctors for Life, challenged the ANC to allow a conscience vote and called for a national referendum.

Sapa reports the SA Council of Churches said it accepted that the Bill aimed to alleviate suffering as much as possible.

BD 15/10/96 (237)

Submissions on abortion

(237)

Southam 15/10/96

THE national assembly's health committee expects to hear evidence from more than 50 people at next week's public hearings on the Termination of Pregnancy Bill. The committee's spokesman Edzi Romane

The committee has set aside three days for the hearings on Monday, Tuesday and Wednesday, and a further four days to deliberate the measures which allow abortion on request up to 12 weeks of pregnancy.

The committee will also hear from church organisations.

The committee will also receive a total of 100 written submissions.

The committee will also receive 100 written submissions had already been received.

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The committee will also receive 100 written submissions had already been received.

About 300 people gathered at the entrance to the Water Front in Cape Town, while crosses were planted on the

Union Building lawns in Pretoria

Demonstrations were also held in Durban and Port Elizabeth

Last week, leaders of 14 Christian organisations met to discuss the Bill, which would "allow for the murder of hundreds of thousands of innocent South African citizens"

In a joint statement the organisations said four clauses in the bill were particularly objectionable

- Women can request up to 12 weeks of pregnancy without a waiting period for the mother to think over her decision.

- Young pregnant girls would not need the consent of their parents to abort.

- Married women would not need the consent of their husbands, and

- Doctors on religious or conscientious grounds had to refer patients to someone willing to carry out the abortion - Sapa

Abortion debate hots up as proposals pour in

Sowetan 15/10/96 (237)

By Rafiq Rohan
Political Correspondent

PUBLIC submissions are being made to Parliament on the controversial Termination of Pregnancy Bill. On the first day of the hearings yesterday, it became clear that this is one issue that might get too hot for the Government to handle.

The Bill provides for abortion on demand and makes the choice the woman's only.

Yesterday, in the Old Assembly Chamber, calls were made for a national referendum on the issue.

The main argument put forward to the portfolio committee on health by

the anti-abortionists is that the Bill contradicts the Constitution's Clause 11, which states that "Everyone has the right to life".

"The Bill is an anti-human rights Bill because it denies the right to life," Christians for Truth (CFT) said.

Arguing that human life begins at conception, the CFT said abortion constitutes murder.

"The constitution states that every child under the age of 18 has the right to be protected from maltreatment, neglect, abuse or degradation. We believe this protection extends to the unborn child," the CFT said.

It demanded that the Government tests "the will of the people" by way of

a referendum.

However, the pro-choice lobby, spearheaded by the powerful Medical Research Council, based its input on its concerns about the number of backstreet abortions that are on the increase. It conducted research which revealed that about 45 000 women a year were treated in hospitals for incomplete abortions.

Another controversy that has been added to the debate is the announcement made by the African National Congress last week that all its members had to vote in favour of the Bill.

The Democratic Party supports abortion on demand while the National Party has left it to the individual conscience of its members.

Bishops oppose new abortion bill as women's rights group gives it support

By **PATRICK BULGER**
Cape Town

The South African Catholic Bishops' Conference yesterday asked Parliament's health portfolio committee to withdraw proposed abortion legislation and a women's rights lobbyist urged strict penalties for fanatics who tried to prevent doctors performing legal abortions.

They were giving evidence on the second day of public hearings on the Termination of Pregnancy Bill, which proposes abortion on request in the first 12 weeks of pregnancy and in special circumstances up to 22 weeks.

The hearings are taking place in Parliament's Good Hope Chamber, where members of the public mingled with MPs and representatives of interest and lobby groups.

The SACBC, one of several church groups that gave evidence, said it opposed abortion on religious grounds. If the bill went ahead, it said, the bill should ensure that midwives be compelled to carry out special training courses

The test which laid down that a woman could have an abortion if there was risk of injury should be made more specific, it warned. The proposed law should specify what an act of sexual abuse was

The bishops said the need for counselling was "gravely important". They said the bill, as it stood, required only the consent of the woman.

"It ignores the rights and interests of the husband and the father of the child, and the parents and the family of the woman. These provisions are totally contrary to all principles of decency and the civilised standards of society."

It would have a negative impact on families. Doctors who objected to performing abortions should be protected against discrimination, the SACBC contended.

In other countries where abortion had been legalised, doctors had been threatened.

The Congress of South African Trade Unions came out in wholehearted support of the bill. It said the right of the woman to choose was a fundamental right.

(237)

CATHOLIC POSITION CHASTISED

Bishops in walk-out over stand on abortion

237
CT 16/10/96

CATHOLIC bishops walked out of a hearing on the Termination of Pregnancy Bill yesterday after they were criticised as unqualified to "interpret moral laws on women's reproduction choices" Political Writer **HENRY LUDSKI** reports.

A CATHOLIC feminist and liberation theology student caused a stir at yesterday's parliamentary hearings on the Termination of Pregnancy Bill when she castigated bishops for their "idealistic and oppressive" position on abortion

The second day of the hearing began with the South African Catholic Bishops' Conference (SACBC) giving the official position of the church as being that abortion by "surgical and medical means was an infringement of the inalienable right to life and was consequently gravely immoral"

By the time Ms Mary Armour had completed her submission, in which she attacked the official Catholic position as being both hypocritical and devoid of any theological foundation, the bishops had walked out of the hearings

"It's a pity they didn't stay to hear me finish what I had to say," said Armour afterwards

What the bishops would have heard, had they stayed, was Armour saying "it is unacceptable for a group of celibate men in a church, in which women are barred from policy making and the

priesthood, to both make and interpret moral laws on women's reproduction choices"

She continued, saying that the official position of the church has more to do with controlling women's sexuality than the continued refusal of human rights to women "It indicates the extent to which the Catholic church seems determined to operate as an unrepresentative institution"

However, she said that she continues to be a member of the Catholic faith in the hope that a fundamental transformation of the church was still possible

Dr Helen Moffett in her submission argued that the Catholic church and other pro-life groups had failed to take into account the realities of the South African situation

It was "sad that so few Catholics were prepared to stand up" against the church She accused the church of lagging behind the impact scientific and medical developments are having on social realities

Towards the end of yesterday's proceedings, Dr Abe Nkomo and members of his portfolio committee on health showed their complete disdain for the racist views of

Victims of Choice pro-lifer Mrs Glynnis Newbury when she intimated that MPs supported the "genocidal attack on our black population"

Newbury refused to withdraw her remarks after an angry Nkomo accused her of having impaired the dignity of MPs with her derogatory statements

The SACBC in their submission yesterday asked Parliament's health portfolio committee to withdraw proposed abortion legislation

The SACBC said it opposed abortion on religious grounds If the bill went ahead it should ensure that midwives be compelled to carry out special training courses

The text that laid down that a woman could have an abortion if there was risk of injury should be made more specific, the SACBC said The proposed law should specify what an act of sexual abuse was

Doctors who objected to performing abortions should be protected against discrimination, the bishops said

They said the bill "ignores the rights of the father of the child and the parents and the family of the woman, contrary to all principles of decency and the civilised standards of society" The Congress of South African Trade Unions fully supported the bill, saying the right of the woman to choose was a fundamental right

Ungaqokelela futhi
usebenzise:

Imvuthu yamaphapha

Izicucu zecardboard

Izidwedwe (kodwa
hayi i-nylon)

amathini ambalwa

imvuthu yamapulangwe

umlotha wezinkuni,
kanye

nomquba wezinkukhu,
wamahashi, wezimvu,
wezimbuzi nowezinkomc

Buthelezi 'reconciled' with Zulu king

Business Day Reporter

DURBAN — IFF leader Mangosuthu Buthelezi yesterday hailed his reconciliation-seeking meeting with Zulu King Goodwill Zwelithini as a success after the two held day-long discussions at the monarch's palace in Nongoma.

Buthelezi said at a news conference the meeting succeeded in bringing about reconciliation, but he wanted to stress that he had never "quarrelled" with Zwelithini.

Zwelithini said there should be no finger pointing about the past as efforts were made to forge reconciliation.

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KwaZulu-Natal premier Frank Mdlalose quoted Zwelithini as saying that he could not "remove the blood of Buthelezi that is flowing in him."

A source at the meeting said the contentious issue of whether Buthelezi was Zwelithini's traditional prime minister remained unresolved. It was unlikely that Zwelithini would agree to Buthelezi holding the title.

About 1 000 people, mainly chiefs and royal family members, attended ANC provincial chairman Jacob Zuma, a key figure in encouraging Zwelithini to distance himself from the IFF, was among the speakers.

Bishops scorned on abortion

Wyndham Hartley

CAPE TOWN — Members of the SA Catholic Bishops' Conference (SACBC) were lambasted by a Catholic woman yesterday who told them during hearings on the abortion Bill that they were idealistic and oppressed women.

Mary Armour told parliamentary hearings on the Termination of Pregnancy Bill that it was unacceptable for celibate men to make rules that governed reproductive choices of women.

She told the health committee and assembled interest parties, including a delegation from the SACBC, that it was not true that all Catholics were opposed to abortion. She challenged that denying women the right to use contraception and to undergo abortions was inhumane.

16/10/96 (237)
Armour said that many married Catholics in SA and overseas used contraception in direct contradiction to the official Catholic position. She said Catholic opposition to abortion was a way of controlling women's sexuality. Earlier the SACBC said the Termination of Pregnancy Bill, which will allow abortion on demand in the first 12 weeks, would not result in greater rights for women. The submission said abortion was destructive and probably increased the vulnerability of women because it freed men of responsibility. It insisted that there was a limit to the amount of responsibility which women, particularly those who believed in God, could exercise over their own bodies.

Comment: Page 11

Abortion measure must go - bishops

ARG 16/10/96

PATRICK BULGER

POLITICAL STAFF

(237)

The South African Catholic Bishops Conference (SACBC) has asked Parliament's health portfolio committee to withdraw proposed abortion legislation and a women's rights lobbyist urged strict penalties for fanatics who tried to prevent doctors performing legal abortions.

They were giving evidence on the second day of public hearings on the Termination of Pregnancy Bill, which proposes abortion on request in the first 12 weeks of pregnancy and in special circumstances up to 22 weeks.

The SACBC was one of several church groups that gave evidence. It said that if the bill went ahead, it should ensure that midwives took special training courses.

Fran Cleaton-Jones of the Women's Lobby said it was essential to have effective sanction against those who sought to impede access to abortion. In countries where abortion had been legalised, doctors had been threatened.

The Medical Association of South Africa warned that doctors who were not prepared to perform abortions could not be compelled to refer the patient to another doctor. It said this clause in the bill should be dropped.

Land reform first as court overthrows forced removal

Elandsbloof community gets farm back

ARd 16/10/96 (231)

ESTELLE RAMOU
SAP-REPORTER

A new chapter in land restitution was ushered in at Citrusdal when the Land Claims Court ordered, for the first time, restoration of land lost through forced removals under apartheid.

The land is at Elandsbloof, near Citrusdal, from which residents were forcibly removed 34 years ago when the Ned Geret Kerk sold what had been mission land to farmers. The community will take back the farm on December 15.

For 77-year-old Daniel Dirks, the Land Claims Court order yesterday came not a day too soon. He can now look forward to living at peace in the home for which he has never stopped longing. The court ordered implementation of the claim settlement, agreed between the claimants, the

Department of Land Affairs and owner Johannes Smit who inherited the farm from his father in 1991.

In terms of the agreement, the government will acquire the two farms comprising Elandsbloof and return them to the community and their descendants. The community in turn agreed to sell 51,2ha of the 3 100ha of Elandsbloof to Mr. Smit for R30 000. Mr. Smit agreed to accept R3 950 000 as compensation from the government for the land which will go to the community for independent valuation of the land. R4,5 million and improvements since the Smit's acquired it are understood to be worth R2,7 million.

Elandsbloof residents are the first to own restored land in a Communal Property Association, formed in terms of the Communal Property Association Act. The Act established simple procedures for groups

to form legal entities to own and control land. The court ordered the government to give the community priority access to state grants and loans for housing and infrastructure.

Samuel Carolus, chairman of the Elandsbloof Association, said about 100 of the 308 families wanted to go back almost immediately. He said he was still bitter even though the struggle was over. "We tried our utmost to stop the sale of the farm and our removal from it," he said.

The NGK bought Elandsbloof in 1962 to set up a mission station. But in 1960 the church asked the National Party government to cancel the mission-related condition so it could sell Elandsbloof. The community offered to buy it for R30 000, but the church sold it to the Smit family for R34 000. The community was forcibly removed in 1962.



Home at last: Daniel Dirks, 77, surveys the land at Elandsbloof to which he will return in December. His family was forcibly removed in 1962.

PHOTO BY BRETON GEAUGH



Church paid for me to abort priest's child, Catholic woman tells MPs

Cape Town - A Catholic woman told a parliamentary hearing yesterday a Catholic priest had made her pregnant - and the church paid for her abortion.

She was testifying on the last day of hearings on the proposed Termination of Pregnancy Bill.

The woman said she felt compelled to speak out against what she called the church's hypocrisy for calling abortion a sin, but pay-

ing her medical bills

The woman, who called on MPs to adopt the new law, said she had an "intimate, emotional and sexual relationship" with a Catholic priest in 1994.

It ended a year later, but by then she was pregnant.

She said she did not have the money to raise a child on her own and had unsuccessfully sought help from the church.

"At no point did any member of the Catholic hierarchy who was aware of my special circumstances intervene or offer to help me so that it could prevent me having an abortion.

"After my abortion, a member of the hierarchy wrote me a cheque which covered my hospital and doctors' bills," she said.

Cape Town Auxiliary Bishop Reginald Cawcutt denied all the

allegations, saying: "There is no truth in her claims that we paid for her to have an abortion.

"It's an utter lie."

Cawcutt said the woman had arrived at the chancery in an hysterical state after the abortion.

"I asked her how I could help and she produced some accounts," Cawcutt said.

"I gave her about R300 or R400 to pay for a psychiatrist she saw

after the abortion," he said

Cawcutt said he had suggested that she continue going for counselling and the church paid for this for a further six months

Disciplinary steps had been taken against the priest, he said.

Two other Catholic women broke ranks with the church's official abortion line, urging Parliament to adopt the new law.

Mary Armour, who testified at

an earlier hearing, said her pro-abortion stance was not unusual, but was silenced in the church by the unmarried priests who ran it.

The Catholic church opposes abortion for any reason.

Catholic Church representative Noel Pistorius said any surgical or medical ending of pregnancy was an "infringement of an inalienable right to life and consequently gravely immoral". - Sapa.

APPEAL / UZON / ORGE

'The Catholic church paid for my abortion'

(237)

CT 17/10/96

A CATHOLIC woman who fell pregnant during a love affair with a priest told Parliament yesterday that a senior churchman paid for her abortion

The woman, whose identity is being kept secret, said she felt compelled to speak out against what she called the church's "hypocrisy" for calling abortion a sin but paying her medical bills. She called on MPs to adopt proposed new abortion legislation.

The witness said she had an "intimate emotional and sexual relationship" with a Catholic priest in 1994. It ended a year later, but by then she was pregnant.

She did not have the money to raise a child on her own and unsuccessfully sought help from the church.

"At no point did any member of the Catholic hierarchy who were aware of my special circumstances intervene or offer to help me.

"After my abortion, a member of the hierarchy wrote me a cheque which covered my hospital and doctor's bills," she said, adding she would have kept the child if she had been given financial support.

Friends of the woman, who was accompanied by a bodyguard, said she had received anonymous death threats from people trying to stop her from testifying.

Later in an interview Bishop Reginald Cawcutt, the assistant to Cape Town's archbishop, denied the church had footed the abortion bill.

Cawcutt said the woman — who had worked for the church — had approached him about the matter after she had terminated her pregnancy.

Cawcutt said after the woman had told

him her story he had felt "compassionate" towards her.

She had also presented him with a few accounts. Although he was not able to recall the exact amount involved, Cawcutt said it was between R300 and R400 which covered a psychologist's fee and "some medication".

"It definitely was not for an abortion."

Cawcutt said he had also referred her to the church's psychologist, now in private practice, and for a few months after that the church had paid the counselling fees.

He said the decision to pay her counselling costs had been made after consultation with other bishops. "We felt a priest had got her into trouble and we should do what we could to help her."

The priest — who had independently informed his superiors about the matter — had received counselling and had been transferred.

"She wrote to the Pope and the apostolic nuncio (in South Africa) and threatened all kinds of things. She wanted him punished.

"I think she's done this to wreak vengeance. She threatened to go to the press and we sent her a letter threatening to sue her," Cawcutt said.

The woman's claims — although false — had done irreparable damage to the Catholic church.

Cawcutt said he agreed with the view expressed over the radio that "because this has happened to a priest, it should make the church more aware of how easy it is to fall pregnant".

The church should be more compassionate, he said — Sapa, Reuter

'Catholic Church paid for my abortion'

BD 17/10/96

(237)

Wyndham Hartley

CAPE TOWN — The Catholic Church was charged with hypocrisy in Parliament yesterday when a young woman claimed she had fallen pregnant after an affair with a priest and the church paid for the abortion.

The woman's testimony on the Termination of Pregnancy Bill, before Parliament's health committee, caused a furore when chairman Abe Nkomo ruled that none of the evidence could be reported in the media.

This ruling was reversed later when Nkomo asked that names and places mentioned in the testimony not be reported. Members of the public were in the hearings at all times.

A friend of the woman said the request for the evidence not to be reported had been made because she had received death threats.

The woman told the hearings that while on a religious retreat she had been assigned a priest to take her confession. Later this priest approached her socially and an intimate sexual relationship resulted. She accidentally fell pregnant and the father failed to accept responsibility. In desperation she approached a bishop.

After the abortion, which she felt forced to have and which she claimed the "Catholic hierarchy" never tried to discourage, someone in the Catholic hierarchy "wrote out a cheque".

Arguing for the Bill to be approved

by Parliament, allowing abortion on demand up to 12 weeks into pregnancy, the woman claimed there was a distinct contradiction in the "pro-life" policy of the Catholic Church and reality.

In later testimony the Medical Association of SA said it could not accept the provision in the legislation which would force doctors who refused to perform abortions for reasons of conscience to refer the patient to a doctor who would do so. Masa said compulsory referral was contrary to the principles of conscientious objection and should be scrapped. Concern was also expressed about the ability of state health facilities to cope with abortions on demand and the ability of midwives to cope with surgical procedures.

NEWS

Church denies it paid for abortion

(237) ARG 17/10/96

'Counselling fee settled'

A Catholic Church spokesman in Cape Town has rejected a woman's claim that the church paid for an illegal abortion after a priest made her pregnant.

The woman, who said she was a practising Catholic, was appearing at a National Assembly health committee hearing into the Termination of Pregnancy Bill this week.

But in an interview, Bishop Reginald Cawcutt, the assistant to Cape Town's archbishop, denied the church had footed the bill and said he thought the woman was seeking revenge.

The Catholic Church is opposed to abortion, and earlier this week its Catholic Bishops' Conference told the committee abortion was a "negative approach to life", freed the man from all responsibility, and could increase women's vulnerability to exploitation.

Bishop Cawcutt said the woman - who had worked for the church - had approached him about the matter after she had terminated her pregnancy.

The woman, who said she was a practising Catholic, told the committee she had sought help from senior church leaders to find a solution to her problem, but to no avail.

She claimed that after she met the priest in 1993, an emotional and sexual relationship had developed.

She had discovered early last year that she had "accidentally" fallen pregnant. The priest had indicated that he wanted to end their relationship and refused to accept responsibility for his child, she said.

She had been unsuccessful in

attempts to discuss the matter with him or with senior church leaders.

After counselling, she said, it had become clear that her only option was an illegal abortion.

No church leader had intervened to stop her, and all her medical and hospital bills had been paid by the church.

Bishop Cawcutt said that after the woman had told him her story he had felt "compassionate" towards her.

She had also presented him with a few accounts. Although he was not able to recall the exact amount involved, he said it was between R300 and R400, which covered a psychologist's fee and "some medication".

"It definitely was not for an abortion," he said. He had referred her to the church's own psychologist and for a few months after that the church had paid the counselling fees.

Bishop Cawcutt said the decision to pay her counselling costs had been made after consultation with other bishops. "We felt a priest had got her into trouble and we should do what we could to help her."

The priest - who had independently informed his superiors about the matter - had received counselling and had been transferred to another parish.

"She wrote to the Pope and the papal Nuncio (in South Africa) and threatened all kinds of things. She wanted him punished."

"I think she's done this to wreak vengeance. She threatened to go to the press and we sent her a letter threatening to sue her," said Bishop Cawcutt - Sapa



Urbane Dr Abe Nkomo and Dr S C Cwele were pictures of calm civility. Yet this member of parliament (MP) and senator respectively had the unenviable task of presiding over one of the most important debates ever heard in our new democracy, whether sane, healthy women who are neither victims of rape or incest should be allowed to have abortions.

At present, abortion is legal in South Africa. But only those who are mentally unstable, whose health is endangered by their pregnancy, or who have been raped or are incest victims, may apply.

This week's public parliamentary hearings on the Termination of Pregnancy Bill went much deeper than whether all women should be allowed abortions. In many ways the debate represents a collision between our modern democratic state and religious organisations, the traditional custodians of morality.

The ANC Government wants individuals to decide for themselves whether to have an abortion or not, whereas most

religious organisations, with the notable exception of the SA Council of Churches, want abortion outlawed.

"Empowering women" and "infant genocide" were some of the conflicting phrases that rang out during the three-day hearings. But as the rights of the individual were weighed up against the rights of the foetus and society's morality, cracks appeared in arguments.

Contradictions surfaced. Tension grew. The SA Catholic Bishops' Conference sent three wise men - an archbishop, lawyer and priest - to present its view. Delegates were sombre. Presenter Noel Pistorius spoke in measured tones. The bishops didn't want the bill at all, but in case they had to accept it, they wanted a number of changes.

These included ensuring that women had the consent of their partners or, in the case of children, their parents, before abortions were performed.

Pistorius also protested against the clause in the bill which says that if doctors or midwives have moral qualms about per-

the rapist should be killed, not the baby that resulted from the rape. So much for the sanctity of life!

Other parts of the hearing were technical or informative, rather than based on morality. Sobering statistics, such as the 45 000 women presenting themselves to hospitals with incomplete abortions and the 435 women dying each year from septic abortions, indicate a serious problem in need of a solution.

forming abortions, they are obliged to refer women to practitioners who will help them.

Here the Catholics exposed a contradiction in the state's case. If the state (in this case the health ministry and the state law advisers who drafted the bill) is pro-choice, and the constitution allows freedom of belief, surely doctors and midwives' freedom of choice must be respected too.

They can't be allowed to be "conscientious objectors", as the bill labels them, and at the same time compelled to be accessories to what they believe is a crime.

Pistorius also said that the Catholic Church believed that "the equality of women is, like the right to life, an unalienable right". However, hardly had he finished his presentation when Mary Armour, who described herself as a "Catholic layperson", presented a very different view.

"It is unacceptable," said Armour, "for a group of celibate men in a church in which women are barred from policymaking to both make and interpret moral laws on women's reproductive choices. To refuse women access to contraception as well as abortion is inhuman."

But statistics such as three doctors to 100 000 patients in the Northern Province also indicates that if abortions are to be legalised for all women, overworked health practitioners may face even greater workloads.

If we want a healthy nation, more attention must be paid to ensuring women are economically independent, promoting contraception and sex education and preventing rape and incest. If this is done, abortion will be a last resort. And many women will be spared the trauma of making a choice which, while it may be legal, is still painful.

Kerry Cullinan writes for *Idasa's Democracy in Action* magazine.

Abortion: it's church v

The parliamentary hearings on the controversial bill raised considerable bitterness

state

(237) Mar 18/10/96

writes Kerry Cullinan

"The official Catholic position on abortion has to do with controlling women's sexuality," she continued.

It has less to do with protecting the lives of unborn children than the continued refusal of human rights to women and indicates the extent to which the Catholic Church seems determined to operate as an unrepresentative and undemocratic institution in a democratic society.

Amour added that she had the support of many other Catholics, including priests. Thus the Catholic monolith was shattered.

The African Christian Democratic Party (ACDP) sees abortion as "tantamount to genocide", said its spokesperson, Barbara Muna. But as anti-choice as the ACDP was, it appealed to all the political parties to "cast off the mantle of hypocrisy" and allow its members free choice when voting on the bill. Obviously, the ACDP is not above a little hypocrisy itself by using the pro-choice argument when it suits.

Then there was the Baptist Union Assembly, which said that in the case of rape,

Qualified support for abortion from NP, DP

(237)

Both parties propose changes to the Termination of Pregnancy

Bill as ANC confirms abortion on demand is party policy

APR 18/10/96

By **PATRICK BULGER**
Cape Town

The National Party and the Democratic Party yesterday offered their conditional support for the Termination of Pregnancy Bill but they indicated they may not be able to support the bill in its present form

In statements issued after their respective weekly caucus meetings, the NP and the DP proposed changes to the bill, which was the subject of three days of emotional public hearings earlier this week

In the ANC's caucus, the issue of a free or conscience vote was once again shot down as ANC MPs again confirmed that support for abortion on demand was party policy

The DP caucus said in a statement that the DP's policy as confirmed by its annual congresses in 1994 and last year was to support "the right of every woman to choose or reject a safe, legal termination of her pregnancy, preferably within the first 12 weeks, by a willing, qualified practitioner"

The NP, which is split on the issue, said it would "support a provision that an abortion can be

performed by a registered midwife during the first 12 weeks of pregnancy, under the supervision of a doctor"

"The NP believes it is important to do everything possible to prevent backstreet abortions and improve access to a legal abortion for all South African women"

NP spokesman on women's issues Sheila Camerer warned that "the NP is taking advice on the possibility of taking the legislation to the Constitutional Court if the ANC insists on forcing it through Parliament in its present form"

The NP remained opposed to abortion on demand on constitutional grounds in that it infringed on the right to life "Rather than abortion on demand, better family planning and sex education should be stressed"

Camerer said the NP opposed the provision that compelled doctors who refuse to perform an abortion to refer the patient to another doctor. It also opposed the provision which allowed a medical practitioner to perform an abortion on a minor without informing her parents

The current law should extend the grounds for a legal abortion

"to include the case of a pregnancy resulting from statutory rape where the minor concerned is unable to take full responsibility for her acts or the child resulting from her pregnancy" Counselling should be extended

The DP wants the health committee to amend the bill to disallow abortion on demand between the 13th and 20th weeks of pregnancy. More work needed to be put into the provisions which call for training for medical practitioners, counselling should be "an essential prerequisite" and should be mandatory. Counselling must be obligatory for minors

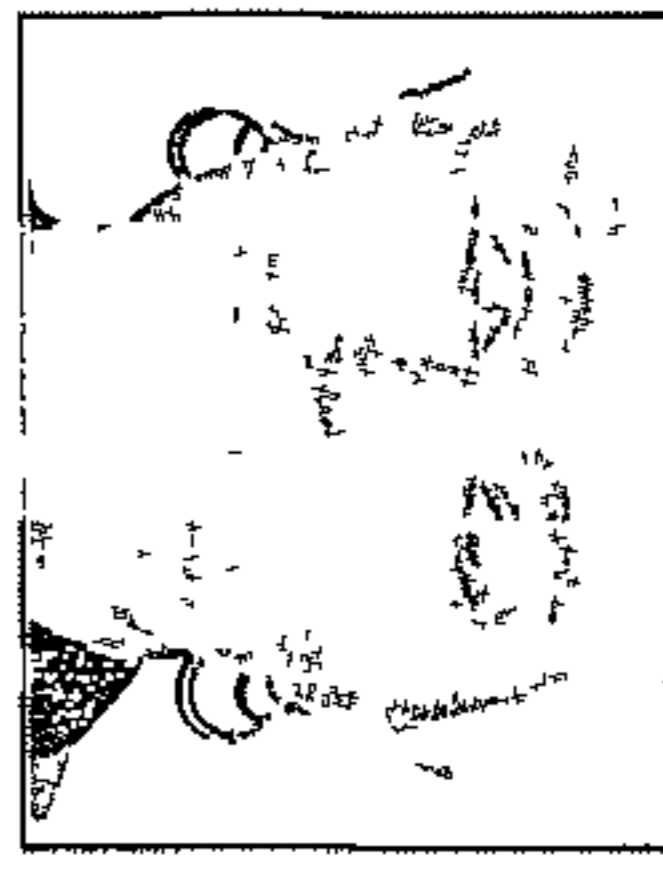
In certain circumstances it could be justified that a minor could undergo an abortion without parental consent, but these circumstances should be specified. The provision on obligatory referral ran counter to the nature of conscientious objection and would be resisted by the medical profession and outlawed by the courts, the DP warned

The Department of Health should advertise abortion facilities widely to avoid having to compel non-performing doctors to refer the patient

(237) CT 18/10/96

Girls' harrowing tale shows need for pro-choice stand on abortion

WOMAN'S LIP



ASTONISHING array of people came out this week to tell Parliament what they felt about the Termination of Pregnancy Bill — everyone from Christians for Truth and Students for Life to Rape Crisis and the Abortion Rights Action Group. And let us not forget the Catholic bishops.

The fact of the matter is that South Africa has to join the civilised world in being pro-choice. Please note that the Termination of Pregnancy Bill is for choice. It does not in any way indicate that every woman will have to have at least one abortion to be politically cor-

rect as some of the churches seem to believe.

Nor does it suggest that it would be used as a form of contraception. The Termination of Pregnancy Bill, to anyone who has read it, means that in future the women of South Africa, many of whom in the past have died from illegal and botched abortions, will have the choice over whether they will give birth to an unwanted child or not.

The choice that women make will continue to be dictated by their conscience, their health, their circumstances and their religious and moral beliefs. The only differ-

ence is that they will be able to have an abortion in a medical environment with counselling if they need it. What is still being tossed around is whether the counselling should be mandatory. As Dr Marge Dyer of the Abortion Rights Action Group asked, is a woman slightly mad to ask for an abortion? Yes, say the pro-lifers. All she needs is a little counselling and she will see that she never intended to have an abortion in the first place.

Dyer also thanked the ANC for following through on its pre-election promise to women and said we would be joining the 40% of the world's women who have the termination of pregnancy facility and another 25% whose laws are interpreted to allow for termination on request.

Never was the point driven home harder to Parliament that the bill should go through than when a young girl of 14 gave evidence on Monday of her treatment under current legislation.

You could have heard a pin drop in that dignified old assembly room and she had our undivided attention, but soon it became too much for her and her teacher, a religious and committed woman, had to take over.

Neither could be identified, to protect the girl's identity as a minor, but I have seldom heard a more harrowing story. From the age of eight she was abused by an uncle and later his friend. At 13, she became pregnant but had no idea what was happening to her. She was five months' pregnant before it was discovered.

The girl's mother could not cope with it and did not believe the child's story, so it was up to a sympathetic teacher to help her.

They went through the legal loops currently required by legislation and eventually a psychiatrist and doctor agreed that termination

was the only option. The teacher promised the child that she would stay with her when the time came, but because she herself had had to have emergency surgery she only reached the girl when induction of the foetus was well under way and she was already in full labour. And to further complicate the issue, the teacher was told she could not stay with her because she was not her mother.

Throughout, the 13-year-old was treated with disdain and not a drop of compassion. She was nothing more than a promiscuous child who deserved what was happening

to her and should be lucky that she was one of the privileged few who would have a legal abortion.

At the end of it all, hysterical and disoriented, she was asked how she would like them to dispose of the foetus, which they referred to as "your baby".

As one raised as a Catholic, I have absolutely no doubt that at any moment a bolt of lightning, by the intervention of the Pope himself, will descend on my head, but I must speak as my conscience dictates. Women have a right to choose and children have the right to be wanted.

THIS is the full statement made by one woman to the National Assembly health committee hearing on the Termination of Pregnancy Bill.

THE choice to go public with very private intimate details of one's life is never an easy choice. As a practising Catholic I do however feel obliged to speak out within the spirit of Vatican II's freedom of conscience.

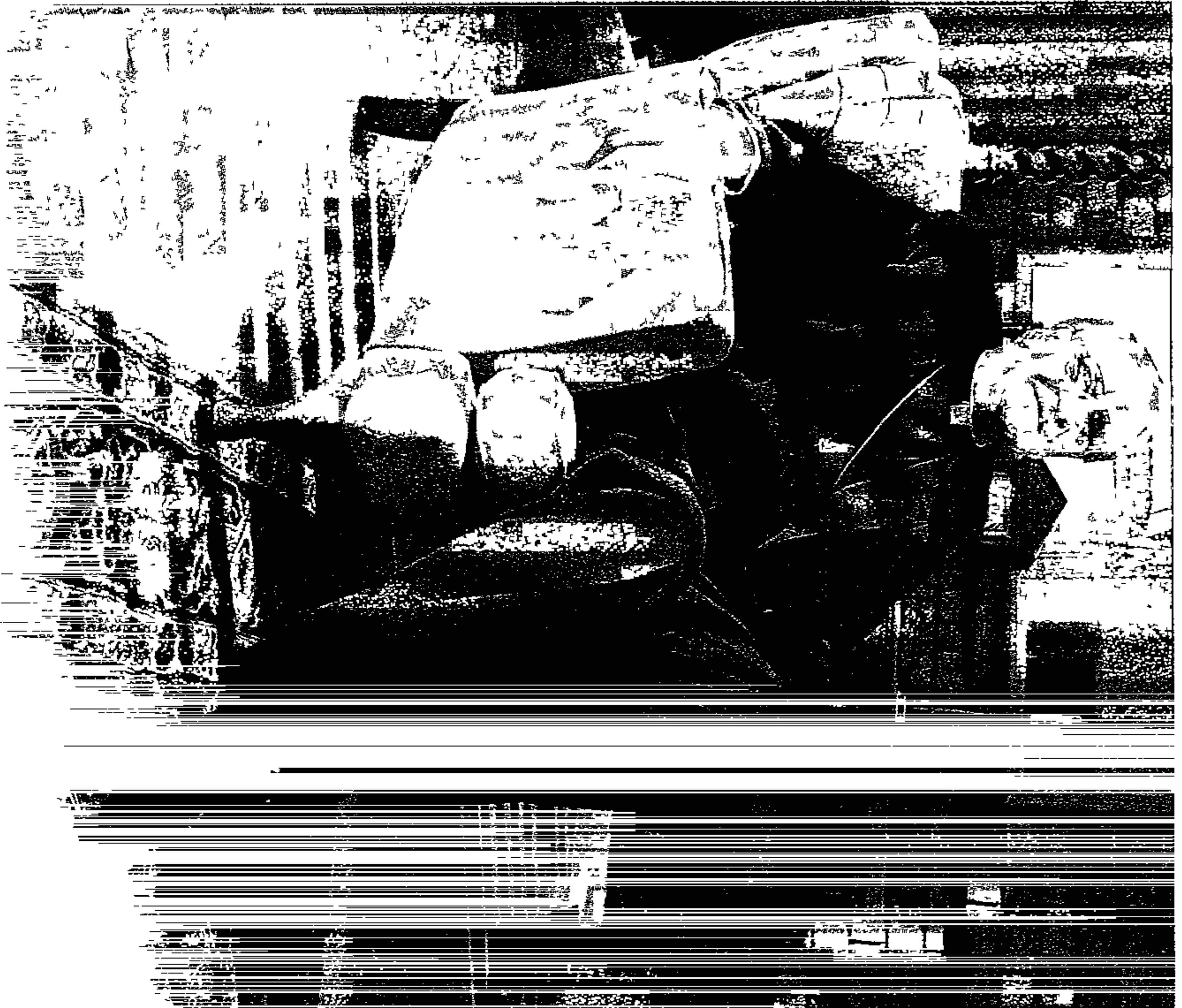
At the end of 1993, while on a retreat, my spiritual director introduced me to Fr. and suggested it would be appropriate for him to hear my confession. He subsequently in his official capacity heard my confession.

During the following year Fr. initiated social contact with me. At this time he was teaching at Seminary in

This seminary trains seminarians in their first year of studying for the priesthood. During the course of 1994 an intimate emotional and sexual relationship developed between Fr. and myself.

He indicated that while he felt called to be a Catholic priest he did not feel able to operate from within a celibate priesthood. He spoke about a desire to leave the active ministry to enable us to marry under civil law.

In early 1995 I accidentally fell pregnant. At the time, Fr. was teaching at the seminary. I informed him of my pregnancy. He expressed shock at my pregnancy. I found a note in my postbox informing me that he wanted to end the relationship. Upon phoning



CATHOLIC CHURCH THREATENS TO SUE

Money to woman not for abortion — bishop

THE CATHOLIC CHURCH will take legal action against a woman who was made pregnant by a priest if she continues with her allegations that the church paid for her to have an abortion, a local bishop said. **CAROL CAMPBELL** reports.

THE Catholic bishop who paid some of the medical expenses of a woman who was made pregnant by a priest said yesterday the money he gave her was not for an abortion.

The woman made the allegations in Parliament on Wednesday during public hearings on the Termination of Pregnancy Bill, which is expected to become law this year.

Bishop Reginald Cawcutt, the assistant to Archbishop Lawrence Henry, said he had "felt sorry" for the woman after hearing her story and gave her a cash cheque to pay for psychiatric treatment and other medical expenses.

The money came from the archbishop's discretionary fund because he felt the matter was "confidential" and should not be scrutinised by church accountants.

"I also referred her to a clinical psychologist, who is a Catholic, and the church paid these bills for

some time. When I heard she was blaming the church for paying for an abortion, I felt betrayed because I had tried to help her."

He said the woman had taken two hours to tell him how badly she had been treated by the priest, his bishop (in another province) and the rector of the seminary where he was working.

"I thought she could have been more sensitively treated, which is why I agreed to pay some medical bills she had with her."

Cawcutt said he did not see a bill for an abortion because it would immediately have attracted his attention. "I would not have paid a bill for an abortion."

He said the priest who was accused of fathering the child had admitted having intercourse with the woman and the matter was being handled by the church.

"This woman's testimony had nothing to do with the abortion

DP, NP give conditional backing to bill

POLITICAL STAFF

THE National Party and the Democratic Party yesterday offered their conditional support for the Termination of Pregnancy Bill, but they indicated they may not be able to support the bill in its present form, according to statements issued after their respective caucus meetings.

The DP caucus said the DP's policy as confirmed by its annual congresses in 1994 and last year was to support "the right of every woman to choose or reject a safe, legal termination of her pregnancy, preferably within the first 12 weeks, by a willing qualified practitioner".

The NP, which is split on the issue, said it would "support a provision that an abortion can be performed by a registered midwife during the first 12 weeks of pregnancy, under the supervision of a doctor".

"The NP believes it is important to prevent backstreet abortions and improve access to a legal abortion."

NP spokesperson on women's issues, Mrs Sheila Camerer, warned that "The NP is seeking advice on taking the legislation to the Constitutional Court if the ANC insists on forcing it through Parliament in its present form. The NP believes that better family planning and sex education should be stressed."

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CT 18/10/92

had left for four weeks
Upon his return to all attempts on my part to discuss the pregnancy with Fr failed I tried to seek couples counselling with him but he refused to attend counselling with a psychiatrist or psychologist

I persuaded him to attend joint counselling with an Anglican priest Joint counselling however failed Fr basically refused to accept any responsibility for his child, insisting that I should carry the child to full term and then be forced to give up the child for adoption

The option of looking after the child on my own without assistance from Fr was beyond my financial means

After all counselling and all attempts at talking to Fr failed, I decided to approach his bishop, in an attempt to get some form of assistance Bishop was nervous



"FALSE CLAIMS": Bishop Reginald Cawcutt, assistant to Cape Town's archbishop, has denied the church foot-
ed the bill for a woman's abortion.

PICTURE GARTH STEAD

and indicated that he did not want to speak to me His only request was that I should be discreet about the whole matter While discussing my options, he indicated it would be understandable should I opt for an abortion

In yet another attempt to gain assistance regarding my pregnancy I approached Fr I informed him about the situation, Fr indicated that (he) need no longer speak to me (He) also said that (he) need not feel responsible for this child From this point on it was impossible for me to gain access to Fr as he was being protected by the rector of the seminary

At this point I approached the

psychiatry department of .. Hospital After counselling it became clear to me that the only remaining option was for me to have a legal abortion I informed both Fr and (the rector) of my intention

I indicated that if it were at all possible I would choose to have the child rather than an abortion At no point however, did any member of the Catholic hierarchy who was aware of my personal circumstances intervene or offer to help me so as to prevent me from having an abortion

After my abortion a member of the Catholic Church hierarchy wrote me a cheque which paid my hospital and doctor's bills

The fact that became blatantly obvious to me as a result of this experience is that there is a distinct contradiction in the way the Catholic Church operates when dealing with the issue of abortion

In public the Church will battle for the so-called life of the unborn, professing to be consistently pro-life In private, within her own walls, however, the Church will not support women

Some of the money to be spent by the Church on taking this matter to the Constitutional Court could have been spent on helping me to raise my child, thereby offering me an option other than abortion

ANC to propose easing terms of abortion Bill

BD 18/10/96 (237)

Wyndham Hartley

CAPE TOWN — The ANC is poised to table amendments to the abortion Bill which will ease the terms under which abortion on request can be granted.

In another development the Catholic Church denied yesterday that it had paid for an abortion for a member of the church who claimed to have become pregnant after an affair with a priest. It said it had paid for psychological counselling and medication, but not an abortion. The woman claimed a bishop had paid for the abortion.

As opposition parties formally expressed their objections to the Termination of Pregnancy Bill for the first time yesterday, it was learned that the ANC would also table amendments which could see the initial 12-week cut-off for abortion on demand "technically" extended.

After three days of public hearings, the parliamentary health committee began deliberations on the Bill with opposition parties identifying problem areas in the legislation.

It emerged yesterday that in spite of the hearings, the health department had not been influenced in any way and no changes were suggested.

DP MP Mike Ellis said while the DP

supported the right of every woman to choose, there were aspects of the legislation that, if they remained unchanged, would make it difficult for the DP to support the Bill.

He said that abortion to women between the 13th and 20th week for "socioeconomic reasons" was too vague and the clause should be deleted.

The issue of parental consent was also raised by the DP. Ellis said while under certain conditions it might be impossible for a minor to consult her parents on the issue of abortion, the blanket allowance of abortion on demand to children "prejudiced the rights of parents". He said the circumstances under which a minor could have an abortion without the knowledge or consent of her parents had to be specified in the legislation.

Ellis said children who were pregnant might not be in a position to fully understand the implications and the risks of an abortion.

The DP also objected to clauses which would criminalise doctors who, after refusing to perform an abortion for reasons of conscience, fail to refer the woman to a doctor who would perform an abortion.

Comment: Page 9

Truth commission to appeal for amnesty period extension

BD 18/10/96 (238)

Stephen Laufer

THE truth commission is to ask Parliament to extend the period for amnesty from December 1993 to May 10 1994, the day President Nelson Mandela was inaugurated.

The decision, taken at a meeting of the commission in Cape Town yesterday and to be officially announced by chairman and former archbishop Desmond Tutu today, will require an amendment to the Promotion of National Unity and Reconciliation Act.

It comes largely in response to submissions by the Freedom Front and the PAC. Both parties want members or sympathisers who perpetrated politically motivated violent crimes in the immediate pre-election period to benefit from the Act's amnesty provisions.

On extending the cut-off date for amnesty applications beyond December 15 this year, the commissioners are understood to have postponed a final decision at a meeting yesterday.

Meanwhile, a commission investi-

gator said yesterday the commission's amnesty committee intended to decide on applications by four former policemen before December 15.

By deciding timeously, the judges hearing applications by convicted Trust Feeds killer Brian Mitchell and former Vlakplaas operatives Dirk Coetzee, Almond Nofemela and David Tshikalanga hoped to offer greater legal clarity to security force perpetrators considering applying for amnesty.

The hearings involving the Vlakplaas three would begin on November 5 in Durban, moving to Mpumalanga and to Pretoria if necessary. The decision to move the hearings — scheduled for nine days — was to accommodate victims and their families.

The commission said yesterday it had served a subpoena on a fourth apartheid era police general on Wednesday.

Former SAP commissioner and special branch head Johan Coetzee had been ordered to appear before an inquiry on October 30.

Abortion: NP threatens court fight to change bill

DP wavers, but law guaranteed passage

ARG 18/10/96 (236)

CLIVE SAWYER
POLITICAL CORRESPONDENT

The National Party has proposed amendments to the Termination of Pregnancy Bill and says it may take the bill to the Constitutional Court unless the African National Congress agrees to the changes.

The Democratic Party, while bound by party congress resolutions to a pro-choice position, says key sections of the abortion bill make it "highly problematic". Debate on amendments follows three days of hearing this week by pro-choice and anti-abortion lobby groups and individuals.

The ANC has bound its members to vote in favour of the bill, guaranteeing passage. Sheila Camerer, NP spokeswoman on women's issues, said the party had found some of the arguments of anti-abortionists

"overwhelmingly convincing". The NP agreed with churches and other organisations opposed to abortion on demand, because this infringed on the constitutional right to life.

The party opposed the provision requiring doctors and nurses with conscientious objections to refer people wanting abortions to other practitioners, with the bill providing for punishment if they refused.

Many believed this made them an accessory to killing, Mrs Camerer said. The party also opposed the provision allowing an abortion to be performed on a minor without her parents being told.

"While the NP is against abortion on demand, we believe that the grounds for a legal abortion should be extended to pregnancy from statutory rape, where the minor is unable fully to take responsibility for her acts or the child," she said.

The DP said clauses of concern included one providing for termination of a pregnancy up to the 20th week where the continued pregnancy would severely affect the social or economic circumstances of the woman. The DP wanted this clause withdrawn, believing it too vague and opening the door to abortion on demand in the second trimester.

The DP said the clause exempting a minor from getting her parents' consent should be changed so that the circumstances under which this would be allowed were clearly spelt out. The party supported the SA Medical Association statement that this clause ran counter to existing consent principles for minors.

The DP said it opposed the bill's provisions on conscientious objection, and that abortions should be performed only by willing medical practitioners.

JALIE DE JONK

Abortion bill faces (237) revamp Nov 19/10/96 after heated discussions

By ADELE BALETA

Major changes are expected to be made to the abortion bill, making it more flexible and allowing easier access to termination of pregnancies. The ANC-dominated portfolio health committee is locked in deliberations on amendments which will be put to the vote on Tuesday.

These discussions follow three days of intense and dramatic public hearings.

The bill will legalise abortion on demand for up to 12 weeks of gestational age and a further eight weeks under special circumstances, effectively thwarting anti-abortion lobbyists.

Once the committee has passed the amendments, the rest will be a formality, with the bill coming up before the National Assembly on October 29 and the Senate on November 5.

The ANC refused members a conscience vote on the bill, thus securing its safe passage into the statute books.

Health Director-General Olive Shisana said this meant women and minors would be allowed safe, legal abortions free of charge at state facilities, or medical aids would pay for the procedure.

Changes to the bill proposed by the ANC, which are expected to be carried by the committee, include the most contentious and hotly debated clauses during the hearings and are likely to make abortion more accessible, especially in rural areas. Changes include the role of social workers, counselling and conscientious objection.

Committee chairman Abe Nkomo said processing of the bill had been a "serious exercise". The hearings had raised a melting pot of issues, "not only about women's reproductive health but also about women's and human rights, justice, religious tolerance, power relationship issues and disempowerment".

ANC and NP propose amendments to abortion bill - for different reasons

Cape Town - The ANC and NP went through the Termination of Pregnancy Bill clause by clause yesterday, with the ANC proposing a number of amendments to simplify the language

The NP, restating its opposition to abortion on demand, proposed a number of amendments to tighten control over legal abortions

It wants counselling of pregnant women considering abortion to be mandatory. The ANC has argued that this would

restrict access to abortions

The NP also wants abortions to be performed under doctors' supervision, while the ANC wants midwives to have the right to conduct them without such supervision

The ANC argues that if a doctor's supervision is mandatory, access to abortions - particularly in rural areas - will be limited

Similarly, the ANC said the mandatory involvement of social workers in the abortion procedure could limit access.

(237) **STW 19/10/96**
The two parties' deliberations amounted largely to an informal meeting, with the other parties scheduled to join proceedings on Monday and Tuesday, when the bill will be put to the vote

The committee, which held three days of public hearings on the issue this week, is scheduled to come before both Houses before Parliament adjourns in November. - Sapa

SEE PAGE 7

critical condition in two Pretoria hospitals Four officers

Access to abortions made easier

Major changes to bill

ARL 19/10/96 (237)

ADELE BALETA
STAFF REPORTER

Significant changes are expected to be made to the abortion bill, making it more flexible and allowing easier access to termination of pregnancies.

The ANC-dominated health portfolio committee is in crucial deliberations on the amendments, which are to be voted on on Tuesday. These discussions follow three days of intense and dramatic public hearings.

The bill will legalise abortion on demand for up to 12 weeks of gestational age and a further 8 weeks under special circumstances, effectively thwarting anti-abortion lobbyists.

Once the committee has passed the amendments the rest is merely a formality, with the bill coming up before the National Assembly on October 29 and the Senate on November 5. The ANC has decided not to allow members a conscience vote, thus securing the bill's safe passage into the statute books.

This means that women and minors will be allowed safe, legal abortions free of charge at state facilities, or medical aids would pay for the procedure, said Department of Health director general Olive Shisano.

Changes to the bill proposed by the ANC, which are expected to be carried by the committee, include the most contentious and hotly-debated clauses and are likely to make abortion more accessible, especially in the rural areas.

These changes include the role of social workers, counselling, consent and conscientious objection.

Committee chairman Abe Nkomo said processing of the bill had been a "serious exercise".

"It was not only about women's reproductive health, but it also encompasses human rights, justice, religious tolerance, power relationship issues and how severely disempowered people can become," he said.

The submissions were characterised by poignant accounts of the physical and mental trauma women endured following abortions that were self-induced, procured in the backstreets, or forced on them by their husbands, partners and in one case doctors. Some women had been convicted for abortion and concealment of birth.

The Catholic church, which is anti-abortion, was dealt a major blow when a practising Catholic alleged that the church had paid for her abortion after an affair with a priest. The church has denied these claims.

During breaks, pro-choice and anti-

abortion lobbyists engaged in verbal warfare - with tempers flaring and opponents almost coming to blows as they refused to budge from their respective viewpoints.

A glaring reality, obvious after the South African Catholic Bishops Conference input, was that there was no homogeneity on the issue of abortion in the Catholic church, with Catholics publicly disagreeing with their church's position.

Lay Catholic Mary Amour said "At the end of the day it is unacceptable for a group of celibate men, in a church in which women are barred from policy making and the priesthood, to both make and interpret moral laws on women's reproductive choices - to refuse women access to contraception as well as abortion is inhumane."

She said the official Catholic position on abortion had to do with controlling women's sexuality.

Anglican priest Father Paul Germond of the University of the Witwatersrand religious studies department said there was no consensus in the Christian church about abortion.

He said those who allowed, justified or ignored the suffering of women were truly sinners, adding that no abortion was desirable, but "we do not live in an ideal world".

Christian anti-abortion campaigners repeatedly clashed with members of Parliament over the proposed law, which they say ignores majority opinion. The Reverend Rob Bertrand said if the bill became law it would be referred to the Constitutional Court, since he believed it violated the rights of the unborn baby.

Glenys Newbury of Victims of Choice and wife of Dr Claude Newbury, head of the South African chapter of the Pro-Life Movement, said abortion was a "genocidal attack on our black population", a "deliberate" attack on women and the meaning of human life. She believed that some financial or political power was putting pressure on political leaders and coercing them into eliminating black people. There was no easier way to do this than by "inducing them to kill their own babies".

Her comment that Planned Parenthood founder Margaret Sanger's strategy was one of "finding traitorous black leaders to sell out their own people", drew the anger of Dr Nkomo. Mrs Newbury was allowed to continue her submission only after she made it clear that the remark did not refer to sitting MPs.

The ANC is still believed to be grappling with what has emerged as the biggest issue - the proviso that doctors with a conscientious objection to abortion are obliged to refer patients to another practitioner. The Medical Association of SA has asked for this clause to be scrapped.

WHEN the ANC was voted into power in April 1994, I was swept along by the wave of enthusiasm which electrified the country.

Finally, the country was free from the oppression of apartheid. The formerly oppressed had now voted in the party of their choice, and a representative government was embarking on the long road to putting an end to the equalities of the past. Oppression was over. At least politically.

I am now wondering if my enthusiasm was misplaced.

The present proposed Termination of Pregnancy Bill – which will allow for abortion on demand – was introduced by Health Minister Dr Nkosazana Zuma on September 17 this year.

The Bill is currently being hotly debated, and it is ironic that the parties which are the staunchest supporters of “free choice” – the ANC and the NP – are now allowing their own members none at all. MPs who feel that they will violate their consciences if they vote positively for the Bill are being told that they have to put their consciences aside and vote along party lines. The party comes before conscience.

Not that this surprises me, particularly in the case of the ANC. In the recent Holomisa debacle, the ANC NEC showed that they would brook no dissent. The party was very quick to say that Holomisa had not been fired for speaking to the Truth Commission, but for bringing the party into disrepute. I fail to see how his “revelations” to the truth body can be separated from the idea of his bringing the party into disrepute.

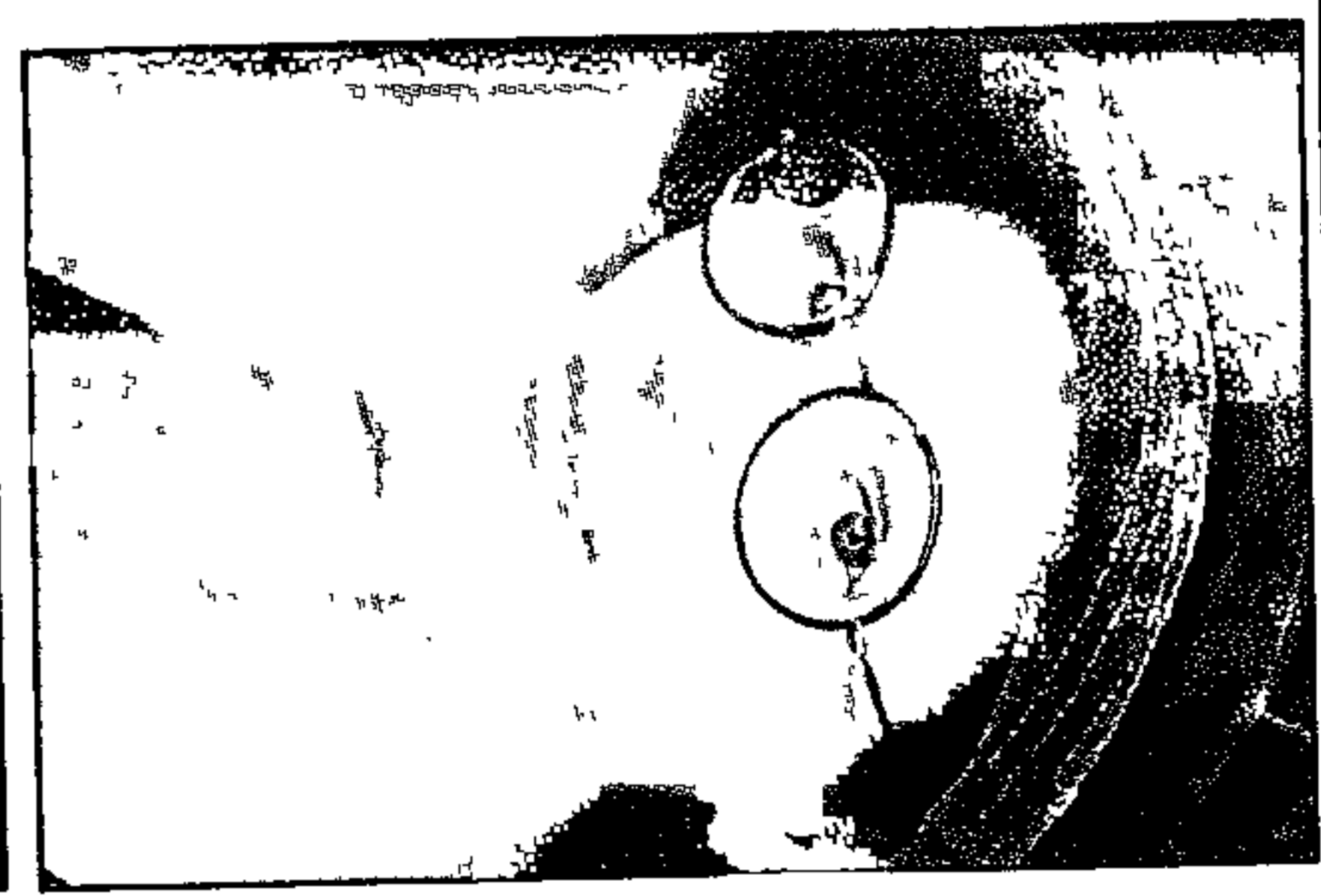
The whole thing smacks of rationalisation. One is reminded of how the former apartheid government rationalised apartheid. “Separate development” – “each cultural/ethnic group should have the right to develop in its own unique way etc etc etc”. Many suckers bought it. I wonder how many will buy the ANC’s rationalisation of the abortion bill. Their favourite slogan is that

Has the ANC aborted freedom of choice?

No real help for women, no say for MPs

(237) CP 20/10/96

THE ANC NEC has decided not to allow ANC MPs a free vote on the controversial abortion Bill. It seems members are allowed only one choice – to agree with the leadership’s decision to support the legalisation of abortion on demand. Is this the meaning of liberation? Or have ANC members finally been subjected to the dictatorship of a politburo? asks MICHELLE COETZEE.



“women should have the right to do as they like with their own bodies”.

The most important fact that they keep presenting is that thousands of women suffer as a result of seeking out backstreet abortions every year. But those who are speaking up for the most oppressed “member of society” – the unwanted foetus which cannot speak for itself – are being ignored and, in the case of MPs, effectively silenced by our “liberators”, the ANC.

The pro-life lobby has presented its own mountain of facts. These were booted by the pro-choice lobby at the recent public hearings. One of their most important facts – that backstreet abortions proliferate even in countries where the law

please with their bodies”, make mistakes – and are unable to deal with the consequences.

It is an understandable mistake, and we should find ways to deal with the dilemma of women who experience the resultant “problems” with compassion – for both the mother and the unborn child. Here we need to recognise our collective responsibility.

We should acknowledge the possibility that the culture of emphasising our individual rights, instead of emphasising our social responsibility, is partly to blame for the proliferation of unwanted pregnancies and backstreet abortions in our society.

Society at large should take responsibility for these attitudes, and find solutions for dealing with the resultant unwanted pregnancies in a humane way – one which caters for the needs of the mother and the unborn child.

The government is already doing what it can to address the problem of poverty in this country – one of the genuine reasons for women feeling that they cannot bring a child into the world. One understands that turning an economy around which is based on cheap labour is a slow, difficult task. But some beginnings are being made.

In the meantime, I cannot help but feel that if we, the taxpayers, can be expected to support convicted murderers with life sentences, then we can also find ways to support emotionally and materially – mothers with children they are unable to take care of. Solutions can be found for dealing with this problem other than bring-



HOT ISSUE The abortion Bill, tabled in parliament by Health Minister Dr Nkosazana Zuma, is still hotly debated.

While one can understand that many members of the ANC are too caught up in a mindset to be able or willing to take heed of the arguments presented by pro-lifers, it is baffling that they can be the loudest advocates of free choice and at the same time not allow their own party members the same right.

Quite frankly, this smacks of hypocrisy of the highest order. What is the point of having a vote if MPs are not allowed to choose what to vote for or against?

The very idea of “freedom of choice” – the slogan so loudly shouted by this “liberating party” – is being perverted, along with the idea of the responsibility that goes along with having freedom of choice. Or is it simply the case that freedom of choice only applies when one happens to agree with the ANC NEC?

Is the ANC NEC turning into a South African version of the politburo? The warning bells are ringing very loudly.

Let's get back to abortion's basics

(237) ep 20/10/196

THE TWO major protagonists in the ongoing abortion debate do not listen to each other I am speaking about the so-called pro-life and pro-choice groups More often than not, they caricature each other's positions to ludicrous lengths. Admittedly the issue they are handling is a highly emotive one, and as a result each group, in the heat of the death and life argument, fails to make the necessary distinctions And it is this failure which leads to further confusion about a difficult problem

I strongly believe that taking time off to make the necessary ethical distinctions would clear the air and level the playing fields for both groups to bring greater rationality to their arguments

In making these ethical distinctions I might as well start with the very term "abortion"

Morally or ethically speaking the term "abortion" is like the word "murder"

Both terms are ethically judgmental, that is, they already carry a certain negative judgment within them They are not value-free terms. Nearly everybody intuitively understands that "murder" is by definition the taking of an innocent person's life without any ethically acceptable justification or reason. That is why ethicists readily agree that "murder" is always reprehensible "Murder" is by definition bad - always bad.

But, and this is important, the "killing of a person" is not, by definition, always and under all circumstances morally wrong

"Abortion", like "murder", falls under the same category of ethical terms that are already laden with negative value judgments

This is so because "abortion" is by definition "the termination of intra-uterine or foetal life without acceptable justification or reason"

Once this critical distinction is grasped, it is possible that, in the presence of ethically acceptable reasons, intra-uterine life can be terminated. The operative word here is "reasons", ethically acceptable reasons.

I am aware that the difficulty with this view will be: How does one know what counts as an ethically acceptable reason to end foetal life?

It would need another article to respond to this question. However, suffice it to say that nobody is allowed to terminate intra-uterine life without well considered reasons.

Traditionally, ethicists called these reasons "indications" And they fought and wrangled with one another about the validity of the four broad categories of reasons that could be given to justify terminating intra-uterine life. The first was the eugenic indication, brought about by the presence of serious physical defects or deformity of the unborn life. The second was the ethical indication, which referred to a situation in which the pregnancy was brought about by rape or incest. The third was the social indication, which referred to the economic undesirability of having to feed an extra mouth. And finally, the fourth was called the therapeutic indication, which referred to the need to save the pregnant mother's life or any

IF YOU define abortion as murder, it can never be morally acceptable. But 'murder' and 'killing' are not the same thing, and there may be justifiable reasons to end an unborn life in some circumstances, argues **LEBAMANG J SEBIDI**. He says the debate should focus on when, not whether, terminating foetal life can be justified ethically.



serious aspect of her physical or mental health They, at least, argued about the reasons or grounds to justify terminating foetal life They assumed that foetal life could be ended in a way that could be justified ethically

The crucial question in the abortion debate boils down to this what circumstances would permit the termination of intra-uterine life?

The question is, therefore, not whether intra-uterine life may be terminated, but when and under what circumstances it may be done ethically I know of no church doctrine which has an absolute ban on this issue

The above distinction should allow us to see why phrases like "abortion on demand" or "abortion on request" are highly dangerous and misleading. What does "abortion on demand" mean?

When one listens to the pro-choice people argue, one is left with a distinct impression that they mean any pregnant woman can for any reason ethically decide to terminate the life she is carrying, and at any stage of the development of that unborn life The choice is hers.

My view is that if anybody chooses to terminate the intra-uterine life she is carrying for any flimsy reason she would certainly be committing abortion in the true ethical sense. And abortion is always ethically bad and unacceptable. Abortion is murder and should be distinguished from the termination of intra-uterine or foetal life for ethically acceptable reasons. Remember the fifth commandment? It does not say "thou shalt not kill", it says "thou shalt not murder".

Abortion is the murder of intra-uterine life Abortion on demand is, therefore, ethically speaking, an extremely strange phrase to use in this sensitive debate

My earnest appeal to both the pro-choice lobby and the pro-life camp is let us refocus the debate solidly on the reasons for or against the termination of intra-uterine life.

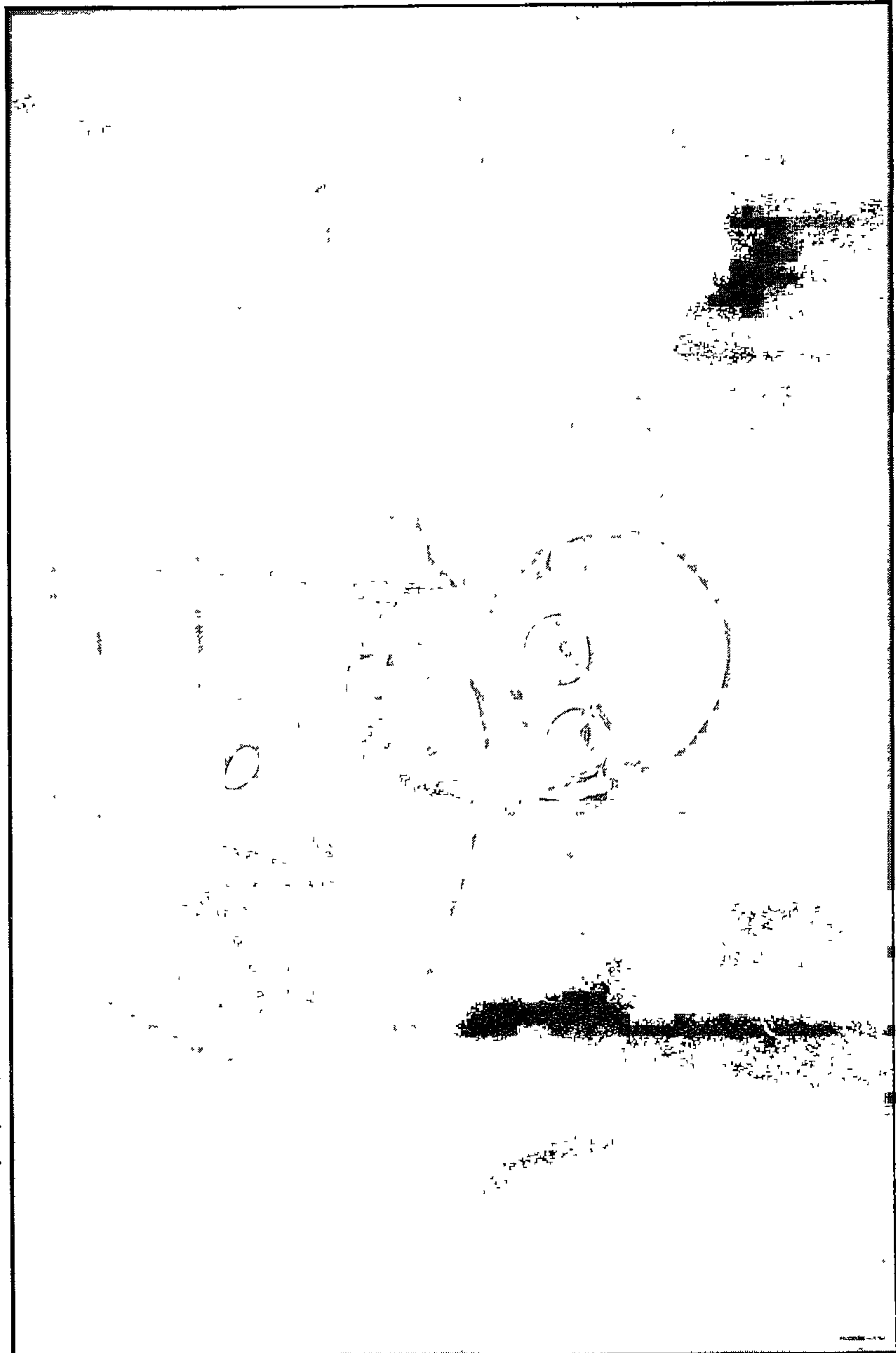
CYRIL MADLALA reports on the bitter debate that has divided South Africans

A COUNTRY RENT BY ABORTION



NO UNIVERSAL ANSWER: Anglican priest and academic Paul Germond, right, says there is no consensus in the church on foetuses' rights. Odenda van der Merwe will always regret the legal abortion she had 15 years ago

Pictures: TERRY SHEAN



THE debate about abortion on demand has weighed the nation's collective conscience but failed to heal the schisms that cut across South Africa's political, religious and social segments

For three days this week, Parliament's portfolio committee on health listened to submissions on the Termination of Pregnancy Bill

This proposed law provides for abortion on request up to the 12th week of pregnancy, and thereafter in certain circumstances

The debate pitted Catholic against Catholic, academic against academic, and medical practitioner against medical practitioner

In the end, it was the testimonies of women who had had an abortion themselves that drew into even sharper focus the dilemma facing politicians as they deliberate on this contentious matter

Helen (not her real name) was a minor when she fell pregnant after an affair with

a much older teacher at her school in a rural area in the Northern Province

The teacher took her to a back-street abortionist who injected a black liquid into her and gave her laxatives to take every day

Later she collapsed and the foetus came out

Her parents called the police who arrested her

She was given no medical attention

For two days, she was kept at the police station where policemen came to her cell and called her a murderer

When she got weaker, she was handcuffed and taken to hospital where a policeman guarded her

The teacher and the abortionist hired lawyers for themselves, and the cases against them were dismissed

After several court appearances, Helen was convicted of illegally procuring an abortion and was given a suspended sentence

Her plea to the committee this week was that women should have access to safe

abortions, and that these should be done in private

She did not want anybody to have to go through what she had suffered

Helen is black

Odenda van der Merwe is white

She had a safe, legal abortion in a provincial hospital 15 years ago

"I was 21 years of age and very vulnerable and scared

I was told that an abortion was the best thing to do in my circumstances

My doctor told me I had had German measles within my first two months, and that my baby would be deaf and dumb

Van der Merwe was referred to a social worker who asked her about her ability to raise a deaf and dumb child

"They confused me and did not give me another choice, (such as that) there are homes for the deaf and dumb

Whether it is back-street or legal, the procedure is still horrific

You are still killing a human being

Abortion is no quick fix

"You never, never ever recover physically or mentally from an abortion

I became depressed and I became suicidal

That was a decision I will regret for the rest of my life

It was an emotional debate

TEMPERS sometimes flared

Angry fingers were pointed

Statistics and counter-statistics were exchanged, and conflicting evidence of medical research was presented

Biblical verses were quoted to suit arguments, and for three days constitutional contentions of questionable validity were pronounced

Tolerance of opposing views was minimal, and the delegation of the Southern African Catholic Bishops Conference walked out of the hearings

When a lay Catholic woman, "speaking within an established tradition of loyal dissent within the Roman Catholic Church", opposed the bishops' stand and supported women's right to choose

Mary Armour was forthright

"The bishops' position on abortion is idealistic, oppressive of women and falsely absolutising in that it is simply untrue that all Catholic nurses, doctors or lay people oppose abortion

At the end of the day, it is unacceptable for a group of celibate men in a church in which women are barred from policy making and the priesthood to both make and interpret moral laws on women's reproductive choice

To refuse access to contraception as well as abortion is inhumane

Most devastating for the religious lobby, and for the Catholic church in particular, was the submission of a woman who told the portfolio committee that after a Catholic priest had made her pregnant, she had had an abortion and the expenses were covered by the church

The priest had promised to marry her, but when she had fallen pregnant last year 'he expressed shock at my pregnancy

I found a note in my post box informing me that he wanted to end the relationship, she said

"I tried to seek couples counselling with him, but he refused to attend counselling with a psychiatrist or psychologist

I persuaded him to attend joint counselling with an Anglican priest

Joint counselling, however, failed (He) basically refused to accept any responsibility for his child, insisting I should carry the child to full term and then be forced to give up the child for adoption

The option of looking after the child on my own without assistance from (him) was beyond my financial means

She said she had then visited the priest's bishop "He was very nervous and indicated that he did not want to speak to me

His only request was that I should be discreet about the whole matter

While discussing my options, he indicated it would be understandable should I opt for an abortion

She said some of the money the church would spend challenging the Bill in the Constitutional Court could have been spent on helping her to raise her child thereby offering me an option other than abortion

"genocidal attack on our black population", adding "I can only guess that some political or financial power is putting pressure on our political leaders and coercing them into doing something they must surely realise is an attempt to eliminate black people — and there is no easier way of doing this than by inducing them to kill their own babies"

Some religious groups even suggested a holocaust was imminent if the Bill was passed and that indeed God's wrath would be unleashed on the nation

As politicians think about this Bill before debating it in the National Assembly on October 29 and in the Senate on November 5, one thing is clear: strident absolutists in this debate have shed no light on what the nation's collective conscience dictates should be done about abortion on demand

If anything, we remain as divided as ever

(237) 97 20/10/96



The Termination of Pregnancy Bill due before Parliament has raised moral and religious dilemmas for several people, as is shown by the flood of letters to newspapers and parliamentarians throughout the country.

The issues are not necessarily easily resolved, and the emotional tone of many of the arguments, particularly those of the anti-abortion lobby, do not lend themselves to rational discussion of the matter.

However, there are a few points that people should be aware of, and consider very seriously, before opposing this Bill.

Many of the arguments against abortion are based on religious imperatives. Father Albert Nolan, a leading Catholic theologian, said that "sin is about suffering, about making people suffer, or ignoring their sufferings". The suffering of the 45 000 women brought to hospital each year as a result of incomplete or septic abortions must be considered. The deaths of close to 500 women annually must be added to the account. Thus the real religious imperative is to recognise this suffering and alleviate it as far as possible.

Allowing abortion as a matter of responsible individual choice will not adversely af-

fect the individual, to make her own decision according to her own conscience and religious belief, and in the company of and with the loving advice of those closest to her.

We have come out of a brutalising and violent period, one in which the dignity of the individual was severely eroded. This Bill goes some way to restoring that dignity. No one is compelled to have an abortion.

Women must decide their fates

The new Bill removes the racial and class discrimination of the previous Act, writes Kader Asmal

(237) *Star* 21/10/196

fect the morals of our country. On the contrary, the Termination of Pregnancy Bill is a great step towards recognising the rights of women to make decisions about their own lives, in dignity and safety.

It is a move away from the violence and oppression of the past where women were condemned to septic abortions, exploitation and severe physical and emotional damage by a patriarchal and authoritarian society. It is in fact, a move towards a moral and just society, as envisaged in our constitution and our Bill of Rights.

Some of the most appalling deaths that happen with disturbing regularity in this country are the deaths of women from septicæmia following illegal back-street abortions.

It is one of life's more tragic mockeries that the so-called "pro-life" lobby ignores is the appalling deaths of women caused by lack of access to legal abortions.

The irony of the situation is that there are currently five grounds under which abortion is, and has been for some time, legal in South Africa. The constraints of the previous Act, however, ensured that it was mainly white, middle-class women who were able to access the legal process in their

favour, not to mention the option of travelling abroad for the purpose. Black, poor, and working class women were, by contrast, condemned to the route of unhygienic and dangerous backstreet abortions, or increased penury and misery caused by children they could not afford financially or emotionally.

The Termination of Pregnancy Bill merely serves to remove the racial and class discrimination that the previous Act unintentionally allowed for, and extends an already existing right to more women with a greater range of conditions. It allows women to take control of their own lives and to live and make decisions regarding their own bodies with dignity.

All too often men have tried to legislate for and control women's decisions about their own bodies. It is time for this to change. It is time for women to be given the power to make their own decisions.

The Termination of Pregnancy Bill is not a justification for murder. There is a substantial difference, recognised in many legal systems throughout the world, between the rights of a person, and the rights of an as yet unborn foetus not capable of an independent life. This Bill is a recognition of the rights of women, and, in line with our new constitution, a guarantee of their right to

According to the spirit of our constitution, of the new South Africa, and our commitment as a Government to the rights of women, the Termination of Pregnancy Bill is a great step forward in the liberation of South African women, and of our society as a whole.

Those who have moral or religious principles that conflict with the idea can make their own choices against such an option, either in terms of having an abortion, or performing one, or doing neither.

Their personal positions should be deeply respected. But that should not prevent the right of other women or doctors to make a different choice in this situation.

dignity, and to appropriate health care. The new South Africa has not said yes to murder.

On the contrary, the new South Africa has removed the death penalty, which is much closer to legalised murder than abortion. The government of the new South Africa is firmly committed to establishing a society that is based on respect for human life, on justice and equality for all, on the dignity of the individual, and on a commitment to peace.

The Termination of Pregnancy Bill is part of the development of this society. It is about choice, not compulsion.

The recently released report on abortion from the Anglican Church states that "few moral decisions can be called absolute. Most have to be made in a context of conflicting demands and relative considerations, often in an agonising and pressing moment, weighing one concern against another".

The question then becomes under what situations may the perceived good of the mother be given greater weight than the perceived good of the foetus, and who will make this decision?

This decision should be left to the indi-

Let it speedily progress to the statute book, and usher in a new era for the women of our country.

■ Professor Kader Asmal is the Minister of Water Affairs and Forestry. This article has been shortened.

It's about choice, not compulsion

CT 21/10/96 (237)

THE TERMINATION OF PREGNANCY BILL is not a justification of murder, but is rather a great step forward in the liberation of South African women, and the nation as a whole, argues **KADER ASMAL**, Minister of Water Affairs and Forestry.

THE Termination of Pregnancy Bill, which is in the process of being considered by Parliament, has raised moral and religious dilemmas for several people, as is shown by the flood of letters to newspapers and parliamentarians throughout the country.

The issues are not necessarily easily resolved and the emotional tone of many of the arguments, particularly those of the anti-abortion lobby, do not lend themselves to rational discussion.

However, there are a few points people should be aware of and consider very seriously, before opposing this bill.

Many of the arguments against abortion are based on religious imperatives. Father Albert Nolan, a leading Catholic theologian, said: "Sin is about suffering, about making people suffer, or ignoring their sufferings".

In this instance, the suffering of the

45 000 women who are brought to hospital each year as a result of incomplete or septic abortions must be considered. The deaths of close to 500 women annually must be added to the account. Thus the real religious imperative is to recognise this suffering and to alleviate it as much as possible.

The allowing of abortion as a matter of responsible individual choice will not adversely affect the morals of our country. On the contrary, the Termination of Pregnancy Bill is a great step towards recognising the rights of women to make decisions about their own lives, in dignity and in safety.

It is a move away from the violence and oppression of the past, where women were condemned to septic abortions, exploitation and severe physical and emotional damage by a patriarchal and authoritarian society. It is a move towards a moral and just society, as envisaged in our constitution and Bill of Rights.

We, as South Africans, have seen death inflicted on fellow human beings in ways that do not even bear thinking of. In ways that the hygienic and effective removal of a not yet fully developed foetus cannot be compared to.

One of the most appalling deaths — occurring with disturbing regularity in this country — is the death of women from septi-

caemia following illegal backstreet abortions. I have not seen photographs of these appalling deaths in the rogues' gallery of post which the so-called "pro-life" lobbyists dispatch around the world with great fervour. It is one of life's more tragic ironies that the "pro-life" lobby ignores the appalling deaths of women caused by lack of access to legal abortions.

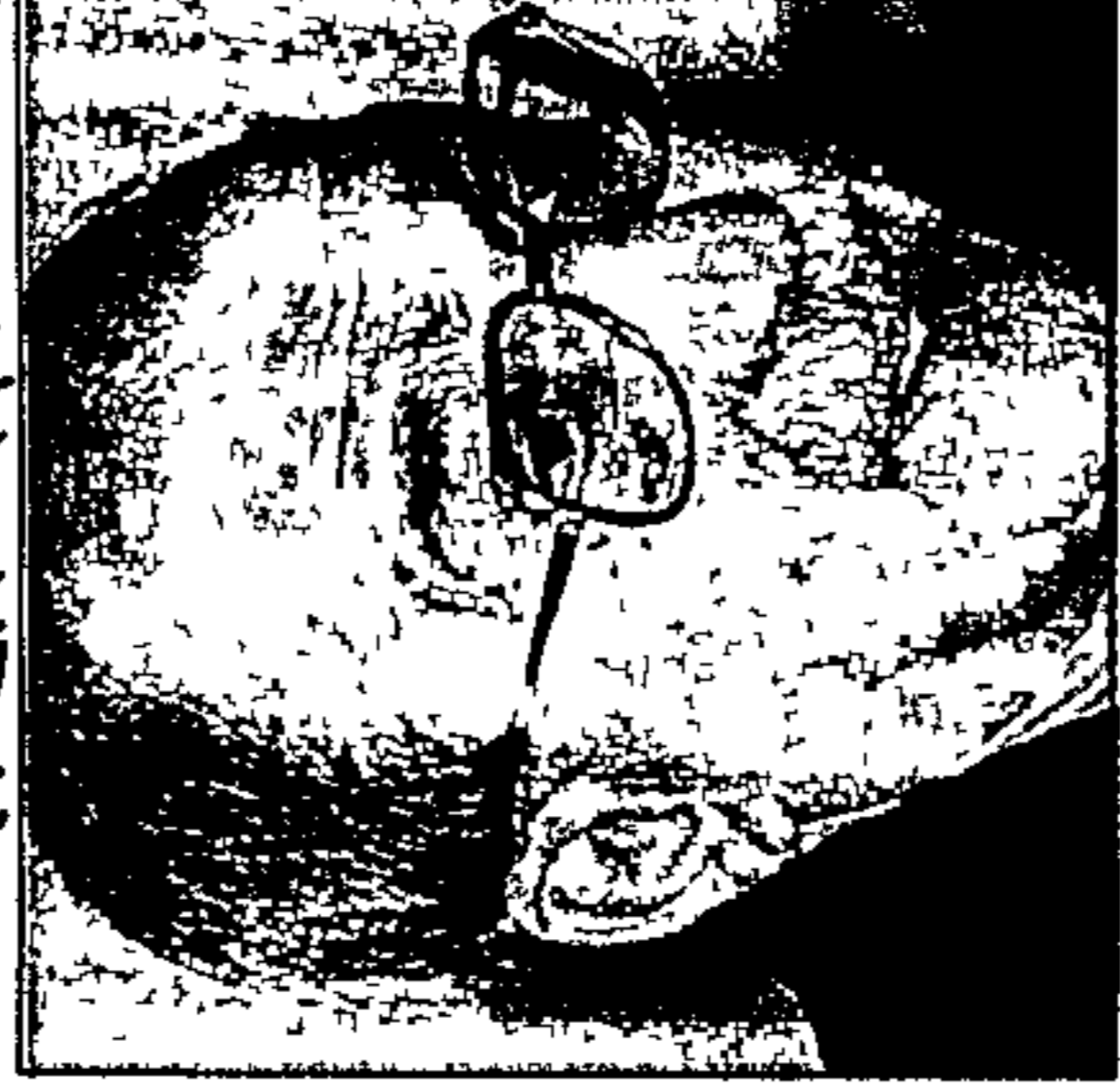
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The constraints of the previous Act, however, ensured that it was mainly white, middle-class women who were able to access the legal process in their favour, not to mention the option of travelling abroad for the purpose. Black, poor and working-class women were, by contrast, condemned to the route of dangerous backstreet abortions, or increased penury and misery caused by children they could not afford, financially or emotionally.

The Termination of Pregnancy Bill merely serves to remove the racial and class discrimination that the previous Act unintentionally allowed for, and extends an already existing right to more women in a greater range of conditions. It allows women to take control of their lives and to make decisions regarding their own bodies with dignity.

All too often men have tried to legislate for, and control women's decisions about, their own bodies. It is time for this to change. It is time for women to be given the power to make their own decisions.

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KADER ASMAL: Abortion on demand "will not adversely affect" the country's morals

rights of a person and the rights of a foetus that is not capable of independent life.

This bill is a recognition of the rights of women and in line with our new constitution, a guarantee of their right to dignity and to appropriate health care.

The new SA has not said yes to murder. To the contrary, the new SA has removed the death penalty, which is much closer to legalised murder than abortion. The government of the new South Africa is firmly committed to establishing a society based on respect for human life, on justice and equality for all, on the dignity of the individual and on a commitment to peace.

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We have come out of a brutalising and violent period, one in which the dignity of the individual was severely eroded. This bill goes some way to restoring that dignity. No one is compelled to have an abortion. Those who have moral or religious principles that speak out against it can make their own choices against such an option, either in terms of having an abortion, or performing one, or doing neither.

Their personal position should be deeply respected. But that should not prevent the right of other women, or doctors, to make a different choice.

According to the spirit of our constitution and of the new South Africa and our commitment as a government to the rights of women, the Termination of Pregnancy Bill is a great step forward in the liberation of South African women, and of our society as a whole.

Let it speedily progress to the statute book and usher in a new era for the women of our country.

It's about choice, not compulsion

CT 21/10/96

(237)

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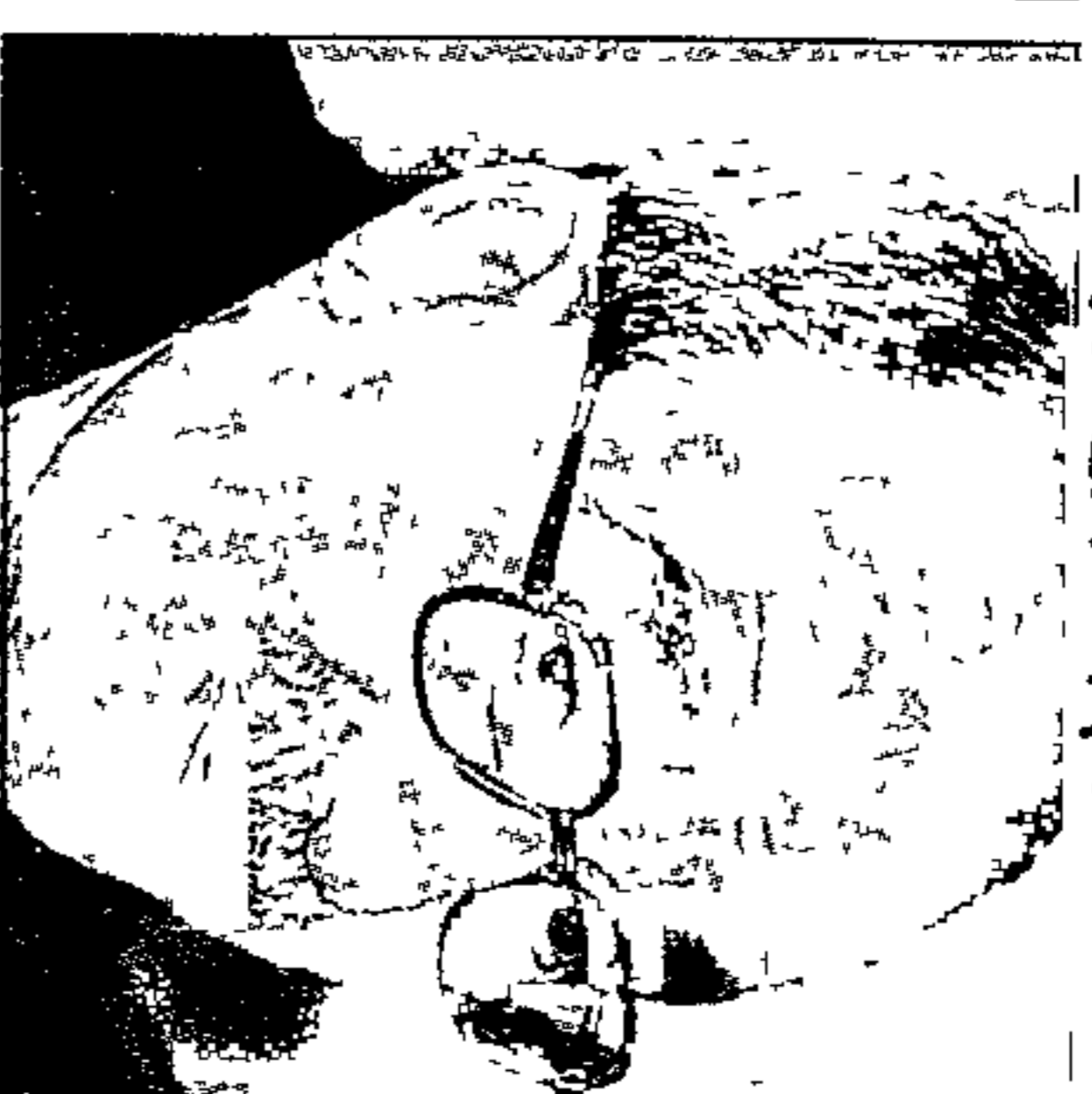
The irony of the situation is that there are currently five grounds under which abortion is, and has been for some time, legal in SA.

The constraints of the previous Act, however, ensured that it was mainly white, middle-class women who were able to access the legal process in their favour, not to mention the option of travelling abroad for the purpose. Black, poor and working-class women were, by contrast, condemned to the route of dangerous backstreet abortions, or increased penalty and misery caused by children they could not afford, financially or emotionally.

The Termination of Pregnancy Bill merely serves to remove the racial and class distinction that the previous Act unintentionally allowed for, and extends an already existing right to more women in a greater range of conditions. It allows women to take control of their lives and to make decisions regarding their own bodies with dignity.

All too often men have tried to legislate for, and control women's decisions about, their own bodies. It is time for this to change. It is time for women to be given the power to make their own decisions.

The Termination of Pregnancy Bill is not a justification of murder. There is a substantial difference, recognised in many legal systems throughout the world, between the



KADER ASMAL: Abortion on demand "will not adversely affect" the country's morals

rights of a person and the rights of a foetus that is not capable of independent life.

This bill is a recognition of the rights of women and in line with our new constitution, a guarantee of their right to dignity and to appropriate health care.

The new SA has not said yes to murder. To the contrary, the new SA has removed the death penalty, which is much closer to legalised murder than abortion. The government of the new South Africa is firmly committed to establishing a society based on respect for human life, on justice and equality for all, on the dignity of the individual and on a commitment to peace.

The Termination of Pregnancy Bill is part of the development of this society. It is about choice, not compulsion.

The recently released report on abortion

from the Anglican Church states "few moral decisions can be called absolute. Most have to be made in a context of conflicting demands and relative considerations, often in an agonising and pressing moment, weighing one concern against another. The question then becomes: under what situations may the perceived good of the mother be given greater weight than the perceived good of the foetus, and who will make this decision?" This decision should be left to the individual, to make her own decision according to her own conscience and religious belief and in the company of and with the loving advice of those closest to her.

We have come out of a brutalising and violent period, one in which the dignity of the individual was severely eroded. This bill goes some way to restoring that dignity. No one is compelled to have an abortion. Those who have moral or religious principles that speak out against it can make their own choices against such an option, either in terms of having an abortion, or performing one, or doing neither.

Their personal position should be deeply respected. But that should not prevent the right of other women, or doctors, to make a different choice.

According to the spirit of our constitution and of the new South Africa and our commitment as a government to the rights of women, the Termination of Pregnancy Bill is a great step forward in the liberation of South African women, and of our society as a whole.

Let it speedily progress to the statute book and usher in a new era for the women of our country.

New democracy could be undermined

PEOPLE who are the objects of particular policies do not share the assumptions underlying them, these policies become dysfunctional and morally unsustainable. The failure of apartheid attests to this. Attempts to sustain it resulted in a burgeoning — and sometimes corrupt — bureaucracy, the squandering of state resources, increasing coercion and human rights abuses, the delegitimation of the state and general social, political and economic instability.

Current immigration policies, dubbed "the new apartheid" by some people, are producing similar results.

Immigration policy is informed by understandings of the concepts of territorial state sovereignty; boundaries, citizenship and rights. It is assumed that a consensus exists on the meanings of these concepts. However, recent findings from research conducted among African immigrants in SA, and supported by evidence from other African countries, reveal that this assumption is incorrect. Meanings attributed to these concepts are contingent on historical and contemporary realities.

Migration in Africa is multi-causal, and relates to complex "push" and "pull" factors. But it is often a function of peculiar types of social, political and economic organisations and relations which do not subscribe to, and cannot be explained in terms of, universal concepts. Sometimes it is nothing more than movement by people who either have no commitment to or confidence in their particular state, or in the very concept of the modern state.

Given the alien personality of the colonial state, its centralised and bureaucratic structure, and the authoritarian and illegitimate operations of the post-colonial state in much of Africa, people have refined the art of living without a state at all.

Many African states have failed to capture or create citizens. Much of their populations live in remote rural areas, largely cut off from any form of communication. This is exacerbated by low levels of formal education and high

SA's immigration policies do not take into account African realities, and the concept of state boundaries might well be inappropriate, writes **Maxine Reitzes**

The farther levels of illiteracy, the more people are removed territorially from the centres of authority, the less likely they are to engage with or recognise it.

Furthermore, the more geographically marginalised people are from the centre of the state, which is a site of accumulation, the more disadvantaged they are likely to be materially. Thus the legitimacy which the state requires to enforce its sovereignty and have it recognised domestically is undermined by the unequal distribution of resources. Unconstructed and uncaptured "citizens" who either have not been, or choose not to be, inducted into state-citizen relationships remain disengaged from the formal political and economic spheres in various ways.

Some resort to alternative economic activities, such as domestic subsistence or informal economies and banditry. The ultimate expression of their alienation is to move away.

In countries such as Angola and Mozambique, the state itself has disintegrated, and populations retreat, often across national boundaries.

In SA, there is a category of people who perceive of themselves as migrants *per se*. Owing to allegiance to any particular state, they constitute transnational communities. They wish to continually commute across state borders. Many have at least two partners' one in SA and one in their country of origin, often with children from both. The long-term challenge which they present to governments is how to induct them into citizenship.

SA's policies are inappropriate for this category of people, and often have unintended consequences. If migrants remain "illegal", they are likely to be arrested, imprisoned or deported. These

procedures are a drain on state resources. Deportation also has a negative impact on migrants' dependency networks. The strategic response is often to replace them with a number of other migrants, thus increasing the population influx to SA.

Alternatively, if migrants can prove that they qualify, they can be granted amnesty. This will afford them and their immediate dependants permanent residence. Fears that this will result in an additional population influx could be realised. Although migrants do not necessarily want permanent residence, they may be forced to take advantage of this option. It is

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preferable to remaining illegal.

Trans-boundary migration is often an expression of rural-urban migration, rather than of state-migration. The controversial SADC Protocol on the Free Movement of Peoples has been shelved, amid fears that it would encourage immigration. This may not necessarily be the case. Similar fears of urban areas being swamped by rural migrants after the lifting of influx control proved to be unfounded. Rural South Africans proved to be reluctant urbanisers.

In the African context, state boundaries also have multiple meanings.

Many "illegal immigrants" in SA use the term "double up" to describe the process of taking the most direct route from their home country to their destination. They avoid passing through gazetted entry points, because it would take them too far out of their way. This implies that borders do not necessarily signify legal exclusion from state territory.

The concept of human rights, however, seems to be universally shared, and to transcend the limits of state boundaries.

Many "illegal immigrants" perceive of rights as portable. They understand that they are bearers of the same rights regardless of

which side of the border they are on. They expect their negative freedoms, including that of economic activity, to be protected. But few admit to expecting social entitlements such as housing, health or education from the SA state.

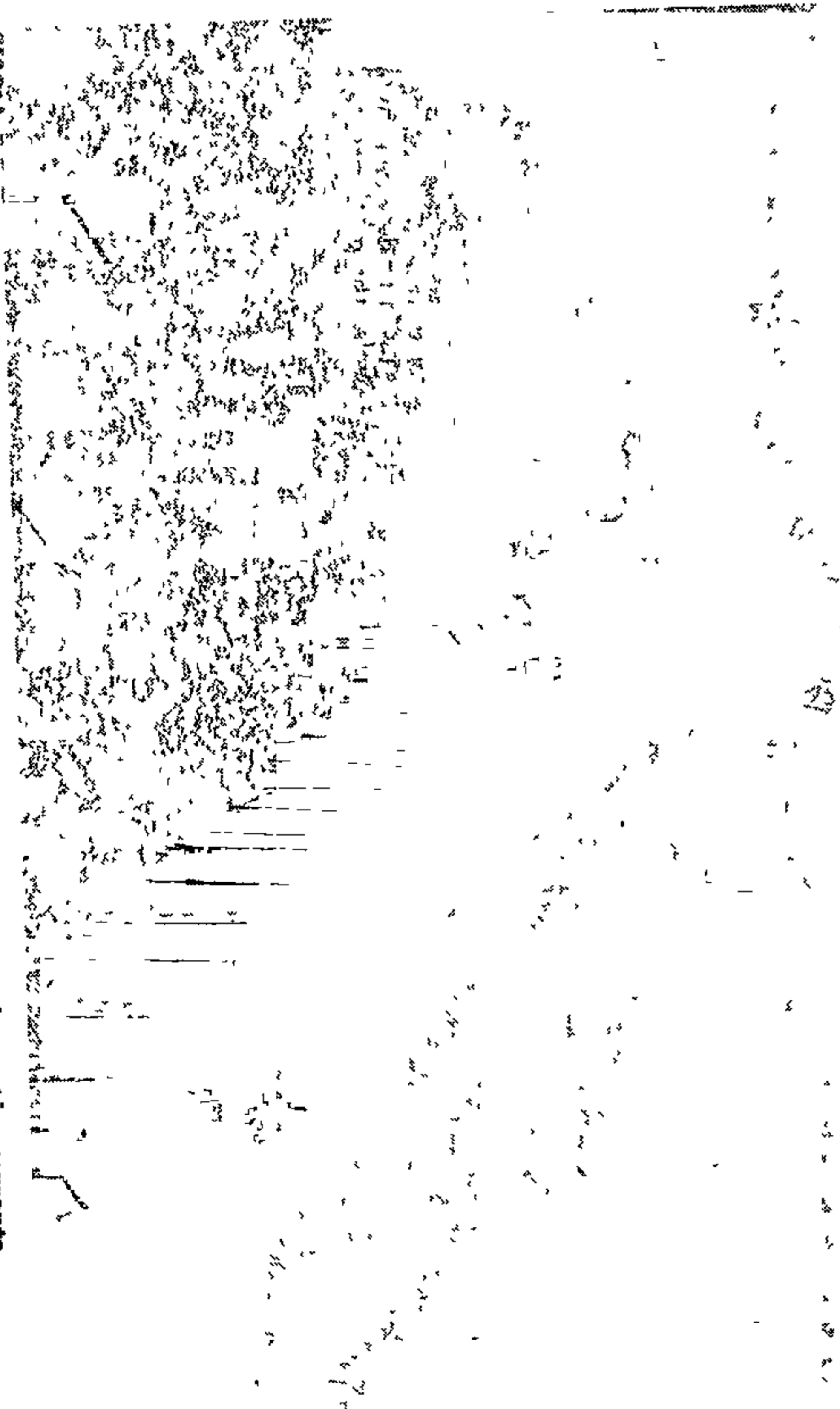
Some African immigrants propose a racial limitation on the universality of human rights. They do not perceive any differences between their rights claims and those of black South Africans. This contrasts with some black South Africans' perceptions, and an emerging politics of racial identity. When asked why Zulus and Shangaans had mistakenly been targets of anti-foreigner attacks in Alexandra last year, one answer was that it was thought that they were "too black to be South African".

Many immigrants do not recognise borders as politically legitimate. Some claim ancestral links with SA. A Zambawean claims that his relationship to SA is analogous with that of the Jewish people to Israel. He argues that as he is an Nabele from Zimbabwe, and his ancestors were from KwaZulu, SAs has homeland.

Another Zambawean asserts that most of the Khumalo people in SA originated in Zimbabwe. When they attempted to return, borders had been introduced, inhibiting the free movement of people with the same historical ties. For others, borders do not signify discontinuity, but bridges between members of the same community.

If decision makers do not acknowledge the contested interpretations of the concepts on which immigration policy is based, it is likely that the policy will have to be increasingly coercively enforced. This will undermine SA's new democracy and the principle of human rights on which it is based. Conversely, acknowledgment of these diverse interpretations could result in a policy which is legitimate, enforceable, cost-effective and morally sustainable.

□ *Maxine Reitzes is a senior researcher at the Centre for Policy Studies*



State boundaries are expensive to patrol and inefficient in keeping out immigrants

Legal terminations cost only R136, says Department of Health

Star 22/10/96 (237)

By PATRICK BULGER
Parliamentary Correspondent

Cape Town - Legal abortions could be performed for as little as R136, according to the Department of Health.

The figures were released yesterday, on the eve of voting today on the Termination of Pregnancy Bill in Parliament's portfolio committee on health.

The outcome of the vote in the ANC-dominated committee is a foregone conclusion, with ANC MPs indicating in the committee yesterday that they are in favour of the bill with certain amendments, most of which are minor.

Department of Health director of maternal and child health Eddie Mhlhanga provided

the figure of R136

It contrasted with an estimated total cost of R13 150 594 to treat women who had undergone unsafe illegal abortions and who then had to be treated in public hospitals.

He estimated that a second-trimester abortion, that is after 12 weeks but before 24 weeks, would cost the state R417.

He listed the "economic effects" of the new legislation as decreased direct costs of a termination, decreased costs as a result of complications, decreased costs of unwanted pregnancies, decreased mortality and an "increased ability to become economically empowered in society".

Mhlhanga's presentation preceded the attempts by political



PROLIFERATION

THE STAR'S ABORTION DEBATE

parties to use one of the last opportunities to introduce amendments to the bill in the National Assembly stage.

Before the bill comes before

the Senate, there will be a second chance for amendments.

The most prominent of the amendments came from the ANC, which indicated it wanted to drop the clause in terms of which doctors who refuse to carry out an abortion are compelled to refer the woman to another doctor.

MPs have been warned by among others, the Medical Association of South Africa that the clause compelling doctors to refer women would be unconstitutional because it attempted to compromise freedom of conscience.

ANC MP Andries Nel told the committee the clause "has a number of loopholes which make it unenforceable". The deletion did not suggest doctors could now be compelled to perform termina-

tions against their will.

The Democratic Party's Mike Ellis urged the committee to think carefully on the issue after an official of the State Law Advisers warned that it would introduce "uncertainty" into the bill.

The ANC's Mavivi Myakayaka Manzim argued that the clause was not necessary because the right it gave to doctors who objected to performing abortions was in any case contained in the freedom of conscience clause in the Bill of Rights.

From the committee stage, the bill goes forward to the National Assembly on October 29 and the Senate on November 5. Both these bodies will have little hesitation in rubber-stamping South Africa's first abortion-on-request law.

Doctors clause may be aborted

(237)

POLITICAL CORRESPONDENT

at 22/10/96

THE abortion bill clause compelling doctors opposed to abortions to refer patients to other practitioners is likely to be dropped.

That is the chief amendment that ANC member of Parliament's portfolio committee on health would like made to the Termination of Pregnancy Bill.

The committee is to vote on the bill today.

ANC member — in the majority on the committee — said yesterday they were in favour of the bill, with certain amendments. Most of these are minor.

MPs have been warned that the clause is unconstitutional as it compromises freedom of conscience.

Mr Andries Nel (ANC) told the committee yesterday the clause has a number of loopholes which make it unenforceable.

An official representing the State Law Advisors warned that it would introduce 'uncertainty' into the bill. Mr Mike Ellis of the Democratic Party urged the committee to think carefully about the law.

Mr Eddie Mhlambi, the Department of Health director of maternal, child and women's health, said that if a 20-week abortion could cost the state a little a R136. This figure would rise to R117 for an abortion between the 12th and 24th weeks of pregnancy.

Abortion 'overrides right to life'

(237)CT 22/10/96

WITH THE day that parliamentarians will have to vote on the Termination of Pregnancy Bill fast approaching, the Southern African Catholic Bishops' Conference responds to some of the arguments marshalled in favour of abortion.

WE AGREE that the equality of women is, like the right to life, an inalienable right and where such a quality does not prevail, such a quality should be pursued and promoted by all lawful and moral means until it is attained.

To build the rights of women, we need to be promoting the equality of women before the law, with equal access to opportunities, to build up social and community and church cultures and a mutual co-responsibility between men and women for their sexuality, so that women can truly develop the right to choose to say no, where that is their choice.

Abortion, however, will not bring about the rights of women and will most assuredly fail to promote such an objective. This is so because choosing an abortion is a negative approach to life, destructive of relationships, choosing the abortion of life rather than the building up of life.

It frees the man from all responsibility and in many cases may well increase the vulnerability of women to exploitation.

Perceived as a solution to an unwanted pregnancy, the facility of abortion on demand is likely to encourage sexual activity and free-up the use of contraception, so lead-

ing to an increased exposure to the HIV virus for both parties.

In discussions about the termination of pregnancy, pro-abortionists tend to evade the argument about the reality of human life in the unborn child. Instead, they insist on a woman's right over her own body. Sometimes this insistence sounds like a claim to absolute control and unlimited responsibility, which is patently absurd, because there are more limitations to what a woman may do with her body, particularly one who believes in God.

For example, a woman may not abuse her body by alcohol, drugs, prostitution, mutilation, suicide. She may be driven by circumstances to some of these abuses. We feel compassion for her, but we hold at the same time that the abuses remain in themselves morally reprehensible.

When it comes to the consideration of abortion, a woman must face up to the question — is there a human life in my womb?

Given that there is, has a woman any greater right to have it killed than to have any other human being killed? She may claim that she has, maintaining that the child she has conceived is just part of her body, over which she has full responsibility.

But all the indications are that the conceived child has a life of its own, with all the hallmarks of its own individual life, a life distinct from that of the mother, though dependent on her. Is she morally entitled to have that life extinguished?

She may maintain that she is, on the grounds that the child in her womb may be born deficient, or may be a threat to her physical or mental health, or her life, or her



CONFLICTING VIEWS: National Party MP Mr John Gogoyva is challenged by the anti-abortion lobby during Portfolio Committee on Health hearings at the Old Assembly last week

convenience, or the economic situation of herself or of her family.

This amounts to a claim that the unborn child has not an inalienable right to life, that the considerations mentioned override the unborn child's right to life; that, like an aggressor or (in countries with capital punishment) like a criminal, the unborn child has forfeited its right to life.

None of the reasons given for termination of pregnancy under the heading of a "woman's right over her body" would justify the killing of another human being, because

that human being's right to life is inalienable, basic, primary and overrides all such considerations. We maintain that the inalienable right to life is the same before birth, as after birth.

Another pressing argument in favour of legalised abortion is drawn from the prevalence of backstreet abortions and the consequences for the women involved.

The backstreet abortion argument amounts to contending that one abuse should be removed by another. A far more sensible and morally acceptable way of tack-

ling the problem would be to promote an education, counselling and welfare programme, mobilising the help of churches and other organisations willing to cooperate.

This would be a far better way of using the resources of human energy, skill and finance than having them squandered on the elimination of unborn life.

We accept that in the matter of education, counselling and material assistance, the church should be doing far more than it is doing. We realise the debate on abortion has brought us face to face with this obligation and we intend to honour it.

In conclusion, we submit that abortion is against the will of people.

The government holds its position by virtue of the will of the people. Through four recent, independent surveys — conducted firstly by Research Surveys, a consumer research company carrying on activities throughout SA; Omnichek, an organisation that conducts omnibus surveys, and a Konrad Adenauer Research Survey by the University of Stellenbosch — it has been clearly demonstrated that abortion on demand is contrary to the will of the majority of people.

We appeal to the government to recognise the seriousness of this and to give recognition to the will of the majority, even to the extent of a referendum on this issue, the importance of which would fully justify such a measure. It is strongly urged that by virtue of the overwhelming value of life, in preference to the other objectives and in view of the lack of foundation of those other objectives, the Termination of Pregnancy Bill should be withdrawn.

Taxpayers may have to fund abortions

ED 22/10/96

(237)

Wyndham Hartley

CAPE TOWN — The taxpayer will fund all legal abortions performed in state institutions in terms of the new legislation before Parliament if amendments are accepted by the parliamentary health committee

This emerged when the committee discussed party amendments to the Termination of Pregnancy Bill yesterday. The ANC amendments suggest the scrapping of a clause that puts a legal abortion on a par with other surgical procedures in terms of the medical aid scale of benefits.

Committee chairman Abe Nkomo pointed out that the present position was that all pregnant women received

free treatment at state hospitals and clinics. This meant that abortions at state institutions would also be free.

Removal of the scale of benefits clause could also mean medical aid schemes would not cover abortions done in private institutions.

The ANC also called for the removal of a clause which compels conscientiously objecting doctors to refer women to others prepared to perform abortions. If the ANC amendment is accepted it will not be an offence for doctors to refuse to refer women. Obstructing women from obtaining an abortion would, however, remain an offence.

There was considerable debate about the provisions which will allow an abortion to be performed between

the 13th and 20th weeks of pregnancy for socioeconomic reasons. The DP and the PAC said the clause was too vague, but ANC amendments made it easier for abortion to be performed under these circumstances.

The ANC said a section requiring the doctor to consult another practitioner on the case should be amended to require the doctor to consult only the woman requesting the abortion.

The ANC sought to prevent change to a clause that grants pregnant minors abortion on demand without the consent of their parents. The clause says minors should be advised to consult their parents before having an abortion, but parents cannot refuse to allow the abortion.

AFRICA

SA tightens visa restrictions for Zimbabweans

Michael Hartnack

HARARE — The SA High Commission has been forced to tighten the issue of visas after more than 90 000 Zimbabweans violated the terms of six-month permits to cross the border in 18 months.

Many market "shoppers" who earn a living buying goods in SA for resale on the informal market now find their livelihoods in jeopardy. The 90 000 visa violators are in

addition to unknown tens of thousands who crossed the border illegally, joining an estimated 500 000 Zimbabweans putting additional strain on SA's already inadequate urban housing, health and policing infrastructure

Zimbabweans who are unemployed, unable to prove family ties, or lack funds to cover subsistence while in SA, will no longer be granted visas, a spokesman for the High Commission said.

"What do these people at the SA High Commission want us to do, become thieves or border jumpers?" a young man who was refused a visa told the semi-official Herald

Those whose applications are rejected have their passports stamped "They are just being cruel for nothing," said disappointed applicants, claiming white Zimbabweans were given preference

This was strongly denied by the High Commission spokesman who

said no records of race were kept He said only 2,7% of visa applications were being rejected, but the influx of illegal aliens was putting a burden on SA's economy "taking into account the unemployment problem SA was facing"

More than 500 000 Zimbabweans travelled to SA last year, some making several trips and in the same period 63 000 Zimbabweans violated the time limit on visas to enter SA, while in the first

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seven months of this year another 27 846 failed to return.

After independence in 1980 the 400m queue for visas outside the SA High Commission became a regular sight in central Harare until a system of six-month, multiple-entry visas was introduced

SA is understood to have more than 2-million illegal migrants, up to 70% of them from Mozambique Last year SA spent R70m trying to control the problem

New abortion on request bill nears approval

(237)
By PATRICK BULGER

Parliamentary Correspondent

Star 23/10/96

Cape Town - New abortion on request legislation inched towards reality yesterday when Parliament's portfolio committee on health gave the nod to the Termination of Pregnancy Bill.

The ANC and the Pan Africanist Congress voted in favour of the bill to defeat the National Party, the Inkatha Freedom Party and the African Christian Democratic Party. The Freedom Front voted against the bill at the start of proceedings yesterday.

Voting took place at the end of the second day of committee deliberations on the bill which will replace the Abortion and Sterilisation Act of 1975. The bill will go on to the National Assembly on Tuesday and to the Senate on November 5, where it will certainly be approved.

All that remains then is for President Nelson Mandela to append his signature and to set a date for the act to come into effect.

Among the most prominent of the amendments was one that removed the compulsion on doctors who had a conscientious objection to abortion to refer the patient to a doctor who was prepared to perform abortions.

Instead, doctors will now not have to refer but they will not be allowed to mislead their patients into believing abortion on request is illegal.

Foetuses may feel pain at six weeks, report claims

(237) Mar 23/10/96

London - A foetus should be given painkillers and adequate anaesthesia if surgery is performed on it while it is still in the womb, according to a report which says a foetus may feel pain as early as six weeks

It says doctors should "err on the side of caution" and protect a foetus from potentially painful procedures at the earliest stages of development, including abortion

The report raises the possibility of painkillers being administered specifically for the foetus, especially during late abortions

The report, which recommends that all pregnant women be informed of the most up-to-date scientific data on foetal sentience and calls for new laws to protect the unborn child, has been attacked by pro-choice groups as being 'fundamentally anti-abortion and designed to make women considering a termination feel guilty

However, New Scientist magazine described the report as "generally well-balanced"

The Commission of Inquiry into Foetal Sentience, which published the report yesterday, was set up by CARE, a Christian education charity, in the face of growing public concern about the capability of the foetus to experience pain or suffering

It used evidence from internationally renowned scientists, neurologists and doctors, and reviewed more than 70 scientific papers and reports

Its main finding is that while it is not possible to say exactly when a foetus may feel pain, sensory receptors are present over almost the entire the body surface by 14 weeks of gestation

All the structures necessary to feel pain are in place by 26 weeks, it says

The commission says that some experts say the ability to feel pain may occur from 13 weeks

while others say a foetus may feel pain from as early as six weeks

Kypros Nicolaides, Professor of Foetal Medicine at King's College Hospital, London, and the doctor who cared for Mandy Allwood who was pregnant with eight babies, told the commission that because of uncertainty the foetus should be treated as if it felt pain from the first trimester of pregnancy

Dr John Wyatt, a consulting paediatrician at University College London Hospitals and a member of the commission, said that there had been a "conspiracy of silence" over the issue of foetal sentience. Scientists were concerned that their views would be misused by pro- and anti-abortionists, he said

Wyatt said it was the duty of scientists to emphasise what they did not know and the duty of doctors to err on the side of caution

"This kind of paranoia and impugning of the motives of people who want to ask honest questions must stop," he said

Newborn babies were, until a decade ago, believed incapable of feeling pain and were subjected to painful medical interventions without analgesia

After it was discovered that neonates experienced a surge of stress hormones during the procedures, doctors started using painkillers routinely

Wyatt said foetal surgery, such as intra-uterine transfusions, draining of blocked kidneys and removal of fluid on the brain, were currently carried out without analgesia, although there was evidence that the foetus suffered stress

The CARE report follows statements by the all-party parliamentary Pro-Life Group that concluded that a human foetus experiences pain from the 10th week of its existence - The Independent, London

When does a foetus have rights?

(237) CT 23 10 196

THE ACQUISITION of value and of moral status of foetal life is like baldness — it is a gradual matter, argues **DENISE MEYERSON**.

THERE are two extreme views about abortion which almost no one holds. At the one extreme, there is the view that abortion is impermissible, no matter what the circumstances. In this view, abortion is impermissible even if continuation of the pregnancy would threaten the mother's life, or even if the pregnancy was the result of rape.

Those who hold this view do so for two reasons. First, they point out that we do not countenance the killing of a *baby* in any circumstances, even if its continued existence threatens its mother's life, or even if it owes its existence to an act of rape.

Second, they point out that if we trace the development of a baby back to the point of conception, there is no definite point at which we can say that *now* the foetus has acquired a baby's rights. And so, they conclude, a foetus must have the same moral status as a baby from the moment of conception and we should not allow abortion in any circumstances.

But most of the opponents of more liberal abortion laws do not hold this extreme view. This is evident from the fact that most of them defend the current law — a law which allows abortion for reasons which would never justify the killing of a baby.

The current law permits abortion, *inter alia*, where the pregnancy poses a serious threat to the mother's life or health, or a seri-

ous threat of permanent damage to her mental health, where a serious risk exists that the child will be seriously and irreparably handicapped, and where the pregnancy is the result of rape or incest.

The other extreme view, which once again almost no one holds, is that a foetus, at any rate in the early stages of development, is just a part of the woman's body, its destruction being of no moral significance whatsoever. In this view abortion, in at least the early stages of pregnancy, is a trivial matter comparable to something like choosing to cut one's hair.

But most of those in favour of more liberal abortion laws do not believe that abortion is a matter of no moral significance. They accept that the foetus is a human being, quite unlike other bits of human tissue and therefore that its destruction is always a matter for regret.

I believe that the majority of people are right to reject both of the extreme views. They are right to hold that the destruction of human life is always a matter for regret. If this were not so, it would be impossible to explain why women grieve over early miscarriages. And the majority are also right to think that, though early foetal life has value, the early foetus does not have the rights of a baby.

Of course, it is true that there is no way to distinguish an embryo of one day from an embryo of two days and an embryo of two days from one of three days and so on.

However, it does not follow that there is no difference in moral status between a one-day-old embryo and a foetus of six months. Compare baldness. We cannot state the exact moment at which a man becomes bald, but it does not follow that there is no difference between a bald man and one with a full head of hair.

Acquiring moral status is like going bald

The fact that the acquisition of moral status is gradual also explains why it is reasonable for the law to stipulate a time after which abortions should not be allowed — standardly after the second trimester.

it is a gradual matter. It depends on certain developments in the foetal brain, these developments being a precondition for the experience of pain. Medical opinion holds that a foetus cannot be aware of pain until at least midway through pregnancy. Only once it begins to be capable of such awareness does it become plausible to regard the foetus as having rights comparable to those enjoyed by a baby.

The fact that the acquisition of moral status is gradual also explains why it is reasonable for the law to stipulate a time after which abortions should not in general be allowed — standardly, after the second trimester.

Once again, although it is true that there is no important moral difference between a foetus of 24 weeks and one of 24 weeks and

one day, there is an important moral difference between a foetus of 30 weeks and one of 23 weeks. This justifies the law in stipulating a cut-off point — a point which, imperfect though it is, at least respects that difference.

The fact that almost no one holds either of the extreme views I have described is very important.

Consider the implications of accepting, as almost everyone does, that though foetal life has value, abortion can be allowed in at least some circumstances in which the killing of a baby could not be allowed. The implication is that the value of early foetal life is less than the value of developed human life, and that foetal life can be sacrificed for other considerations.

Of course it would not be a private choice if a foetus had rights from the moment of conception. But... most opponents of abortion law reform do not think a foetus has such rights. They are asking the state to interfere with choices.

The only real point of dispute, then, at least for most of the parties to this debate, is about the nature of the considerations which are important enough to justify the destruction of foetal life. This is what actually divides the pro-life camp from the pro-choice camp — but this is not, at the end of the day, such a significant division.

Some think that foetal life can be destroyed if it threatens the mother's life, or came into existence as a result of rape, others believe that it can be destroyed to secure the mother's well-being. They merely differ on the weight to be assigned to foetal life in

competition with other considerations. Not only is the disagreement between the pro-life and the pro-choice camp much less large than it has been made to seem, once we understand the nature of the disagreement, it becomes very hard to see why people should not be allowed to act on their own beliefs about how much weight to assign to the value of foetal life. This is the theme of Life's Dominion, a work by eminent American legal scholar Ronald Dworkin. He argues that what we have here is a quintessential example of a private choice.

Of course, it would not be a private choice if a foetus had rights from the moment of conception. But, as we have seen, most opponents of abortion law reform do not think a foetus has such rights. They are asking the state to interfere with women's choices, not on the grounds that those who ask for abortion on demand propose to violate anyone's rights, but merely on the grounds that they are assigning too little value

to foetal life. Since this is a claim which is more like a religious conviction than a thesis to which all reasonable people must assent, it is a most implausible and probably unconstitutional rationale for restrictive abortion laws.

□ Denise Meyerson is an Associate Professor in the Philosophy Department of UCT

Committee approves abortion Bill

Wyndham Hartley
and Kathryn Strachan

THE abortion Bill was approved by Parliament's health committee yesterday with clauses allowing abortion because of "socioeconomic hardship".

Measures forcing doctors who are unwilling to perform abortions to refer patients to other doctors were scrapped but provisions allowing minors abortion on demand without parent consent were approved.

Opposition parties slammed the vote. The NP disgusted by the "bulldozing through" of the Bill, said it would take up abortion as an election issue in 1999. NP MP Sheila Cameron said the party was considering referring the Bill to the Constitutional

Court

Meanwhile Medscheme director Reg Magennis said medical schemes were under no statutory obligation to pay for abortion. Medscheme had advised the 55 medical schemes it administered that the decision to cover abortions should be made by each scheme's management committee. The decision would not be influenced by whether abortions were free at state institutions.

Medscheme had advised medical aid that covering the procedure could lead to a further escalation in medical aid costs. Magennis said he imagined in the wake of the new Bill there would be pressure from members for abortion to be included, and this would be an important factor.

Costs mount at 'coffee train'

caravan park

BISHO — The Eastern Cape had added a "coffee train" to its gravy train, NP provincial MP Sakke Louw told the Eastern Cape Legislature yesterday.

Louw had asked about the financial situation of Coffee Bay's caravan park, a coastal resort less than an hour's drive from Umtata.

Provincial economic affairs and tourism MEC Smuts Nkonyama said the quiet 35-site caravan park needed 27 employees to keep it in shape.

However, while the staff cost R38 475 a month, monthly income from visitors to the caravan park averaged between R240 and R2 181.

Louw suggested that the only way to get tourism off the ground was for resorts such as the Coffee Bay caravan park to be sold to joint ventures between local communities and the public sector.

Sole DP provincial MP Eddie Trent supported the suggestion, and advised that the department step up its promotion of such resorts, particularly as Coffee Bay was easily accessible via an excellent tarred road.

Nkonyama said that he had already referred the glaring discrepancy between income and costs at Coffee Bay to the East Cape Development Agency.

Further development there would also be announced soon as part of a strategic development initiative for the entire Wild Coast, in which Coffee Bay was an important node. — Ecna.

Cabinet to be asked to approve fuel levy and national roads plan

Robyn Chalmers

THE transport ministry would seek approval from the Cabinet next week for the establishment of a national roads agency financed by a dedicated fuel levy, transport director-general Ketso Gordhan said yesterday.

The agency, to be funded by a dedicated fuel levy of 6c/l, would be responsible for operating the national road network, including overseeing toll roads and managing the build-operate-and-transfer system.

"We have proposed a tightly focused board of directors which will be made up of 30% government representatives and 70% private sector representatives," he said.

Gordhan said SA's road network was severely underfunded.

It was estimated that at least R782m a year was needed to maintain the condition of the non-toll road national network.

Ideally, about R1bn a year over 10 years would be needed to address backlog and new needs.

As a result, Gordhan said, government was concentrating on the build-operate-and-transfer method of financ-

ing roads whereby they were fully funded by the private sector.

Traditionally, toll roads involved a state subsidy of up to 50% of the cost of the road.

Gordhan said the current toll road strategy was working well and a number of new toll roads were being considered.

These included the extension of the N2 south of Durban from Port Edward to Port St Johns at an estimated cost of about R900m.

Expect outcry

The road would reduce the travel distance between Durban and Port Elizabeth by up to 80km as well as open up the Transkei Wild Coast area to agriculture and tourism.

"We are expecting an outcry from environmentalists, and we will not be insensitive to these concerns," Gordhan said.

Other roads included the N3, where three consortiums had already pre-qualified and tenders should go out by January, the N4 west of Pretoria and a road north of Hluhluwe in northern KwaZulu-Natal.

Abortion bill takes women's rights and needs into account

Star 24/10/96 (237)

By **PATRICK BULGER**
Parliamentary
Correspondent

Cape Town - The constitutional right women may exercise over reproduction and their own bodies comprises the legal platform upon which the Termination of Pregnancy Bill has been erected.

The bill provides for three time-related categories of abortion on request.

During the first 12 weeks, a pregnancy may be terminated at the pregnant woman's request. No conditions are attached.

Between the 13th and 20th week, a doctor may, at the request of the woman, terminate a pregnancy if one of four conditions are met - if the pregnancy constitutes "a risk of injury to the woman's physical or mental health", if there is a "substantial risk that the foetus would suffer from a severe physical or mental abnormality", if the pregnancy is the product of rape, and if the pregnancy "would significantly affect the social or economic circumstances of the woman".

After the 20th week, a pregnancy may be terminated only if a doctor, after consultation with another doctor or midwife, is of the opinion that the pregnancy would endanger the woman's life or result in a severe malformation of the foetus.

In all cases, a pregnancy may be terminated only at the request of the woman, unless she is incapable of giving consent.

Abortions may be carried out only at facilities designated by the minister for this purpose. The minister may designate any health facility for this purpose and may withdraw

the designation.

The bill does not make counselling before or after the termination obligatory but it calls for the state to "promote the provision of non-mandatory and non-directive counselling".

Terminations are also available to pregnant minors who will be advised to consult their parents, guardian, family members or friends "provided the termination of pregnancy shall not be denied because such minor chooses not to consult them".

During the course of the public hearings and the committee deliberations on the bill, the clause allowing doctors who have a conscientious objection to performing abortions to refuse to perform abortions was dropped.

Also dropped was that section which intended to compel objecting doctors to refer the pregnant woman to another doctor.

In its stead is a new clause which simply says that a woman who requests an abortion "shall be informed of her rights under this act by the person concerned".

Whether a doctor can be compelled to inform a patient in a non-life-threatening situation of a law he may not agree with (or even know too much about) remains to be seen.

A confidentiality clause will keep the name and address of the woman confidential at all times.

Finally, the bill introduces a penalty of a fine or imprisonment of up to six months for contraventions of the law.

People who are not doctors may not perform abortions and people may not prevent a lawful abortion or "obstruct access to a facility for the termination of pregnancy".

ANC, NP in row over abortion bill

(237) Star 24/10/96

By **PATRICK BULGER**
Parliamentary Correspondent

Cape Town - A political row over proposed abortion on request legislation broke out yesterday, with the National Party accusing the ANC of "bulldozing" the legislation through Parliament's health committee

ANC health committee chairman Dr Abe Nkomo hit back at the claims as "cheap politics and utterly hypocritical coming from the party which first introduced abortion to South Africa"

This week the health committee approved the Termination of Pregnancy Bill in the face of heated opposition from the NP, the Inkatha Freedom Party and the Freedom Front. Nkomo repeatedly ruled the NP's women's affairs spokesman, Sheila Camerer, out of order as she tried to

seek clarity on the bewildering flow of amendments being proposed and voted upon

Camerer and NP health spokesman Willem Odendaal labelled the bill "a smokescreen for an immoral state programme of birth control" and said the NP was considering referring it to the Constitutional Court. They said the bill "will lead to the serious erosion of moral standards"

Nkomo rejected the claims. He said the NP's Abortion and Sterilisation Act of 1975 "provided termination of pregnancy services only to women from privileged communities who had the means and the money to negotiate the bureaucratic obstacles which the NP placed in the way of access"

"Submissions to the portfolio committee hearings stressed again and again the need for improved ac-

cess and true freedom of choice for all South African women. That is what the ANC has delivered. We apologise to no one - least of all the party which was prepared to let thousands of women die with no freedom and no hope

"The suggestion that the democratic process has somehow been subverted is both scurrilous and ridiculous," Nkomo said

He suggested that the NP "should concentrate more on improving the lives of impoverished and oppressed women and less on fabricating stories in the hope of scoring cheap political points"

The bill is due to be passed into law this month

► **Abortion bill takes rights of women into account**

Page 6

Abortion bill steamrollered through — NP

ANEEZ SALIE
HEALTH WRITER

(237)
CT 24/10/96

THE Nationalist Party claimed yesterday that the Parliamentary Health Portfolio committee had steamrollered the Termination of Pregnancy Bill through Parliament.

But its chairperson, Dr Abe Nkomo, said in rejecting the claims that the committee had been transformed from an uncritical conveyor belt to a democratic and transparent institution.

Yesterday the NP expressed its disgust and said the ANC knew it would lose a referendum on the issue. The party would make abortion a major issue in the 1999 general election, the NP said.

Nkomo reacted sharply and said "This is cheap politics and utterly hypocritical, coming from a party which first introduced abortion to South Africa. The Abortion and Sterilisation Act was introduced by the NP in 1975 (but) it has provided termination of pregnancy services only to women from privileged communities who have had the means and the money to negotiate the bureaucratic obstacles which the NP placed in the way of access.

"Submissions to the Portfolio Committee hearings (last week) stressed again and again the need for improved access and the true freedom of choice for all South African women. This is what the ANC has delivered, in line with its election promise. We apologise to no one — least of all the party which was prepared to let thousands of women die with no freedom and no hope."

Nkomo said the allegation that the democratic process had been subverted was scurrilous and ridiculous. The Termination of Pregnancy Bill was the result of the widest possible period of consultation, which began in 1994.

Because of the sensitivity of the issue, an ad-hoc committee had been established. Its report was considered for a year before the cabinet had approved the tabling of the bill in Parliament, Nkomo said.

On Tuesday the health committee approved the Choice on Termination of Pregnancy Bill in the face of heated opposition from the NP, the IFP and the Freedom Front. Nkomo repeatedly ruled the NP's women's affairs spokesperson, Ms Sheila Camerer, out of order as she tried to seek clarity on the bewildering flow of amendments being proposed and voted upon.

Camerer and NP health spokesman Dr Willem Odenaal labelled the bill "a smoke-screen for an immoral state programme of birth control" and said the party was considering referring it to the Constitutional Court.

Lekota to face ANC hearing

BD 24/10/96

Stephen Laufer

THE Free State ANC leadership is to institute formal disciplinary charges against provincial premier Terror Lekota today, provincial secretary-general Anna Buthelezi confirmed last night, as national secretary-general Cyril Ramaphosa appealed for calm.

News of the move against Lekota — the latest in a long-simmering conflict between the premier and the provincial party leadership — prompted Ramaphosa to say the situation in the province gave cause for serious concern.

He appealed to the provincial executive to refrain from actions which could harm the ANC.

Sources said the renewed conflict between Lekota and the provincial leadership would also feature prominently on the ANC national working committee meeting agenda next Monday. The committee — the ANC's high-

est governing body between the national congresses held every two years — could be forced to consider deploying Lekota somewhere outside the province, sources said.

Buthelezi said the provincial executive mandated her office last Sunday to draw up charges which would be handed to the provincial party's disciplinary committee head Tate Makgoe this afternoon.

She refused to be drawn on the specifics of the charges, but it is understood they will accuse Lekota of bringing the ANC into disrepute during a recent interview on Radio Sotho.

Sapa reported earlier that the provincial ANC committee had noted problems in regard to allegations of corruption, Lekota's conduct on the radio programme and allegations of his violation of an accord to resolve hostilities in the Free State.

Lekota would be given time to

respond to the charges, and he had the option of appealing to the ANC's national disciplinary committee, which is headed by Water Affairs and Forestry Minister Kader Asmal.

But senior ANC officials said they had the impression Lekota was "in trouble".

The national working committee would have little option but to remove him from the province in the near future.

Possible options were for him to return to the ANC's Shell House headquarters, to go to Parliament, or to take an ambassadorship.

The SA embassy in Tokyo, among the country's most senior diplomatic postings, is understood to be vacant. Lekota has previously been mentioned as a possible future ANC deputy president, but his failure to reconcile the divided Free State party is understood to have begun to cast doubts on his standing at national level.



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Holdings Limited)

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of Matador Refrigeration er cautionary announcement

inter alia, the acquisition by CorpGro of the entire
stment Bank is authorised to announce that:

shareholders of Matador ("the vendors"), the num-
acquisition has been finalised at 86 576 923 shares
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uction of Matador's borrowings of approximately

Report cites border chaos

Wyndham Hartley

236
BD 24/10/96

CAPE TOWN — A national agency should be cre-
ated to oversee control of SA's borders, stemming
the flood of illegal immigrants and the escalating
cross-border crime, an SAPS report recommends.

The report, which parliament's safety and se-
curity committee will debate next week, tells a
story of "vast" smuggling of drugs, firearms,
stolen vehicles and contraband and growing num-
bers of illegal immigrants "streaming across our
borders" and fragmented and ineffective control of
borders by a group of government departments.

It says that there is a lack of personnel and
resources in the SAPS, which is responsible for
protecting the thousands of kilometres of border.
Equipment is outdated and infrastructure inad-
equate at the 96 official ports of entry to SA.

"The fragmentation of policy and the lack of
uniform procedures results in many departments
being involved in either regulating or safeguard-
ing our borders," the report says, also citing the
fragmented division of functions and assignment
of responsibilities, a lack of co-ordination, ineffec-
tive communication and poor resource allocation.

The main reason for the fragmentation was the
inflexible line function approach used to control
the border during the apartheid era when they
were policed by counter-insurgency units.

Home affairs, the SA Revenue Service, trade
and industry, environment, affairs, health and
agriculture, as well as safety and security and de-
fence, were all involved in matters involving con-
trol of borders, the report says.



THE STAR'S

AMERICAN

DEBATE

No Catholic 'ban' on

(237) Shaw

Church's standpoint is not quite cast in stone, according to the Rev Lebamang Sebedi

abortion

25/10/96

While I am not an official spokesperson of the Roman Catholic Church on the question of "abortion", I would like to correct a viewpoint that has been bandied about as the Catholic stance on this issue

For instance, in The Star of October 12, under the headline "Church paid for me to abort priest's child, Catholic woman tells MP's", a bold but erroneous statement appears, which reads "The Catholic Church opposes abortion for any reason"

On October 10, the Sowetan also carried an article under the headline "Cleric Freedom of choice vital" In that article the Anglican priest, Father Paul Germond, quotes the Catholic Bishop of Johannesburg, Reginald Ormond, as saying "Abortion is evil. There is no grey area there is no question that abortion is wrong at any time"

Frankly, I do not believe that Bishop Ormond said that because the above statements are an unfair caricature of the Catholic position on the question of "abor-

tion" The official Catholic doctrine on this issue is much more nuanced than what the public is given to understand

First of all, Catholic Moral Theologians or Ethicists make the necessary distinction between "abortion" and the "termination of intra-uterine or foetal life"

The distinction is not unlike the distinction between "murder" and the "killing of a human being" "Murder" and "abortion" will always, everywhere and under all circumstances, be morally wrong and sinful. This is so because "murder" is by definition the killing of an innocent human being by another without any ethically justifiable reasons. So is "abortion" It is the termination of an unborn human being or a human being in the process of humanisation without any ethically justifiable reasons

Thus the Catholic standpoint is: innocent human life is sacred and inviolable. It cannot be used as a means to an end or taken away directly. Traditionally, moral philosophers and theologians have debated four broad categories of reasons that could

be brought forward to ethically justify the termination of intra-uterine or foetal life

Very briefly, these reasons were called indications. The first one was the eugenic indication or reason, which seemed to say the presence of very serious physical defects or deformity of the unborn life may render the termination of its life ethically permissible, the second was the ethical indication, which referred to a situation in which the pregnancy was brought about by rape or incest, the third was the social indication, which referred to the financial indigence of the pregnant mother, the fourth was the therapeutic indication, which pointed to the urgent need to save the pregnant mother's life or any serious aspect of her physical or mental health.

The official Catholic position rejects the first three broad categories of reasons for the termination of intra-uterine life

But what many non-Catholics do not know is that the Catholic Church accepts the fourth indication as providing an ethically justifiable cause for the indirect (not direct) termination of intra-uterine life. Many outside the Catholic fold regard

the difference between "direct" and "indirect" as down-right quibbling or quantifying distinction

However, be that as it may, the Catholic church takes the view that innocent life cannot be taken directly, that is, no moral agent can have as his/her direct and explicit intention to terminate innocent human life in order to attain a good end, like the saving of the pregnant mother's life

Catholics still adhere to the moral principle which says "the end does not justify the means" It is this principle among other things which makes them take the unpopular view that even in a situation where the therapeutic indication is present, the termination of foetal life can only be allowed to come as a by-product or as an indirect result of the surgical operation to save the mother's life. In other words, the death of the unborn child can only be accepted as a by-product and not as an intended goal of the therapeutic operation

For example, in cases of ectopic pregnancy or a cancerous womb, surgical opera-

tion to remove the ailing organ would be ethically correct even if the by-product of that operation was the termination of foetal life. The crucial point here is that the killing of the foetus would not be the direct, intended goal of the moral agent

The difference here is not physical. Morality is not physical - it is the non-material, imperceptible quality of human acts

This phrase gives the frightening impression that a pregnant woman can decide to terminate the unborn life she is carrying for any reason whatsoever. Official Catholic doctrine says "no" to that laissez faire attitude to innocent life

■ *Father Sebedi is a Roman Catholic theologian and ethicist*

So it is not true that Catholics have put an absolute ban on the termination of intra-uterine life. There are, after all, grey areas even within Roman Catholic moral theology. There are grave circumstances which would make the indirect termination of foetal life morally justifiable

It is because of this tight reasoning that most Catholic Ethicists will have problems with phrases like "abortion on demand"

Abortion on request set to become legal

237

ANC, DP and PAC MPs to support legislation while NP and IFP will allow free vote

Star 25/10/96

By **PATRICK BULGER**
Cape Town

Parliament yesterday completed its preparations of the Choice on Termination of Pregnancy Bill, clearing the way for the bill's passage through the National Assembly next Tuesday

A week later, the bill will come before the Senate. Both houses are poised to pass the bill, which will introduce abortion on request up to the 12th week of pregnancy and in certain circumstances beyond that period.

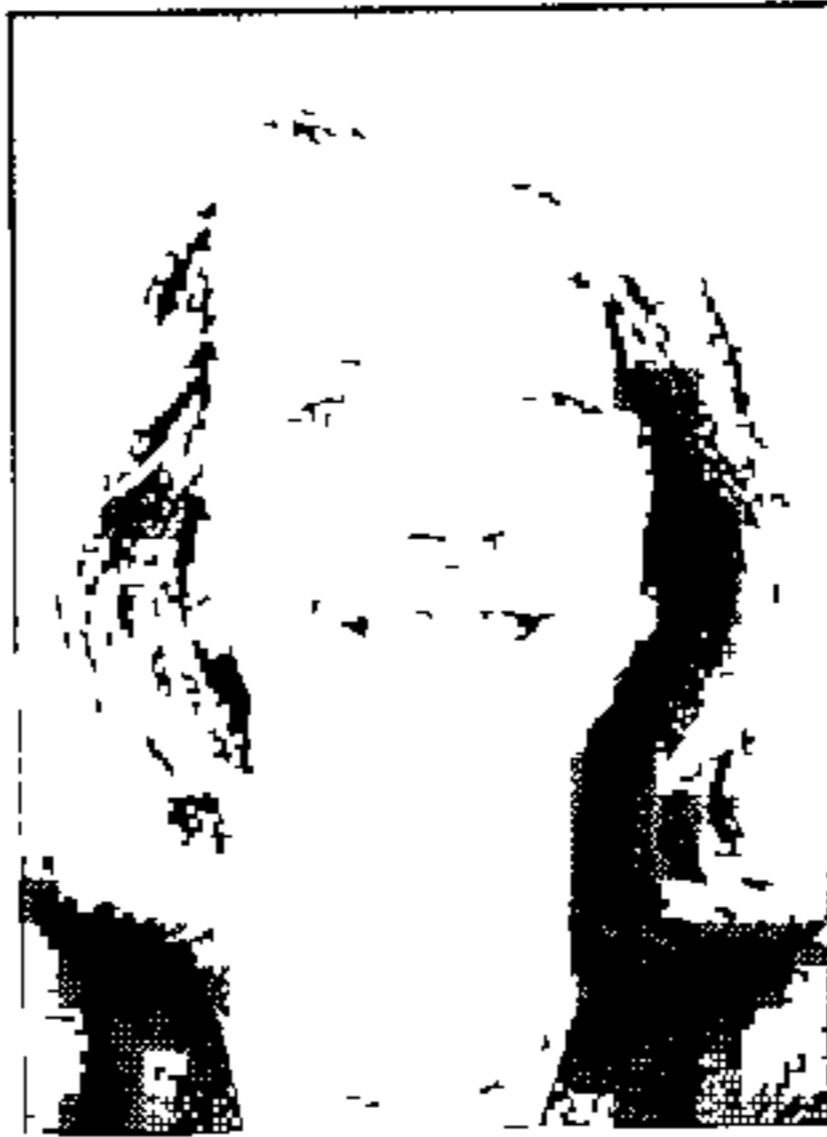
ANC MPs are under party orders to vote in favour of the bill. They alone will give it the required simple majority. The National Party is allowing a free vote. Most NP members are expected to vote against the legislation which will replace the Abortion and Sterilisation Act passed by the NP-dominated parliament in 1975 and which first gave abortion legal recognition.

During proceedings of the health committee yesterday, NP spokesman on women's affairs Sheila Camerer expressed support for late amendments

which tightened up the section on consent to abortion. Earlier, Camerer had accused committee chairman Dr Abe Nkomo of "steamrolling" the bill through the committee.

The Pan Africanist Congress will join the ANC in voting for the bill while the Inkatha Freedom Party intends allowing a free vote. The Freedom Front and the African Christian Democratic Party's two MPs are implacably opposed to the legislation.

The Democratic Party, which has already disallowed a free vote, decided at its weekly caucus meeting yesterday to support the bill. The DP said its decision had been "heavily influenced by the impact of



Sheila Camerer ... supports late amendments.

the current restrictive abortion laws"

"These laws have impacted on hundreds of thousands of women, particularly in rural areas, 45 000 of whom are hospitalised annually due to complications from illegal abortions."

However, the DP said it remained concerned that "minors are not sufficiently protected or assisted in exercising a proper choice"

NO sudden changes, but bill stirs hope

(237) Mar 25 10 196

The introduction of abortions on demand will be integrated with related services that are already in place

The Termination of Pregnancy Bill will soon pass into our statute books as legislation. Does this

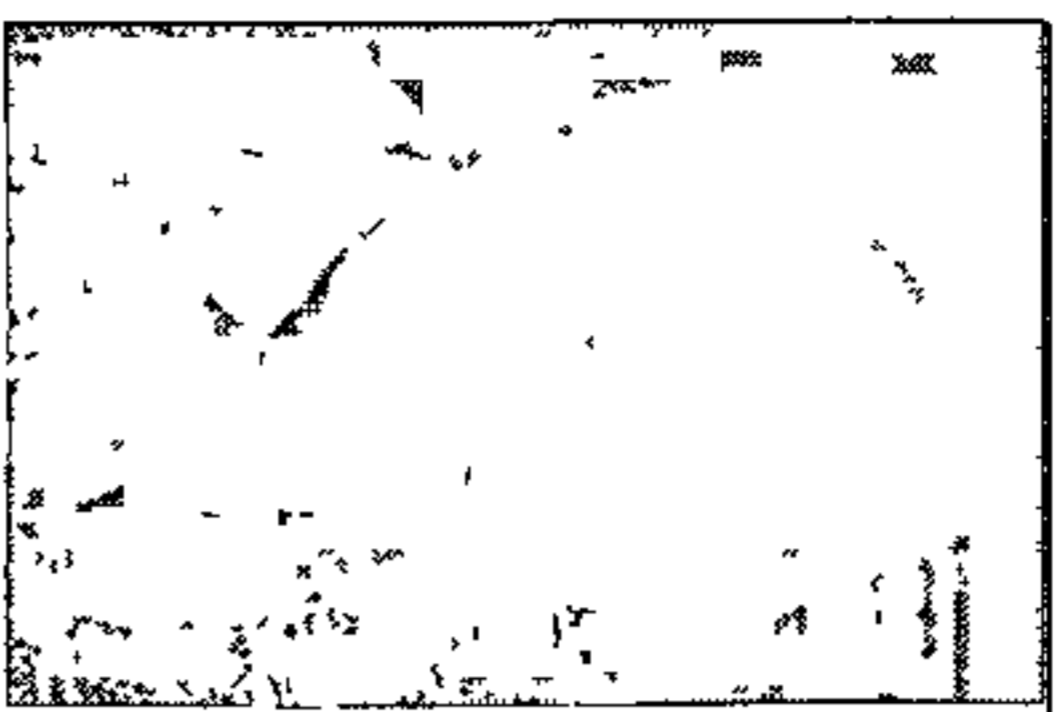
mean that the ethical debates will now cease? On the contrary, we can expect them to intensify. But there'll be a new focus as well.

Just how is this new legislation to be put into practice? How is the abortion service going to work? Are state health facilities adequately prepared to take on the 200 000 abortions which (according to Health Department estimates in 1990) probably take place in South Africa each year?

To get reasonable answers to these questions - and thereby to begin to gain an inkling of the shape of things to come - it's necessary to understand the main principles of the new law, and how it differs from the old.

The old law dates from 1975 and allows abortions when, in the opinion of state doctors, pregnancy presents a danger to mother or foetus, in cases of mental disorder, or when the pregnancy results from either rape or incest. The new law allows abortion on request in the first trimester, under certain medical and socio-economic circumstances in the second, and to avert life-threatening situations in the third.

The delivery problems confronting state services now are definitely being exacerbated by the fact that the 1975 legislation was never really implemented," says Marion Stevens, a policy ana-



By David Robbins

Health Writer

lyst with the Wits-based Women's Health Project (WHP). "Termination of pregnancy centres exist only in a few large hospitals in the major centres, not enough to cater for a sudden large demand."

Yet the official attitude appears confident enough. Dr Eddie Mhlanga, the Department of Health's director of mother and child health, says planning has been channelled in three main directions: staff training, information dissemination, and the identification of suitable facilities. "But clearly it would

have been improper of us to have assumed that the bill would be passed," Mhlanga adds. "Therefore, our response to the proposed new legislation has taken the form of planning only."

This is what has been done so far. ■ The content of a training course has been worked out with various medical schools and provincial health departments. Training can begin by the end of November, according to Mhlanga.

■ Doctors and nurses have been identified for training. Mhlanga says training will include counselling and communications skills. ■ A major communications drive will start immediately the bill is passed. This will include understandable translations of the Act itself which will be circulated.

■ At the same time, provinces will identify facilities which meet the safety criteria surrounding abortion procedures. Mhlanga estimates this process will be under way by the end of this month.

"By the time the president announces the passing of the legislation (which could be later this year or early next), our plans should be in place," Mhlanga says. But the WHP's Stevens is more cautious. "I believe the department has to emphasise that this is a major new service, therefore im-

plementation must be incremental over the next few years. In such a situation, the communications strategy is going to be all important."

Stevens has two problems with the probable final wording of the legislation which could have wide-ranging implications for successful implementation. "My first concern is with the specific inclusion of 12 weeks' gestational period as defining the first trimester. Because of the initial two-week discretionary peri-

od, this in practice means only 10 weeks of pregnancy. The legislation should have allowed for a full 12 weeks of pregnancy by defining the first trimester as 14 weeks gestational period. In a country where 30% of pregnancies are among teenagers who probably don't understand the workings of their own bodies and their menstrual cycles are commonly irregular, and where many women are using depopovera as a contraceptive which interferes with normal

menstrual activity, women need as much time as possible to detect unwanted pregnancies." Stevens' second concern relates to the dropping of an original clause which made it necessary for dissenting doctors to refer. "In practice this will mean a limiting of access to the service. It could also mean, of course, that certain elements within the private sector could find themselves a lucrative market."

In addition to these reservations, Stevens believes that the state has left the training of health workers in the appropriate technology (notably the use of purely medical interventions and manual vacuum aspirators) "very late in the day." But this may well be offset by research and training already undertaken by the WHP.

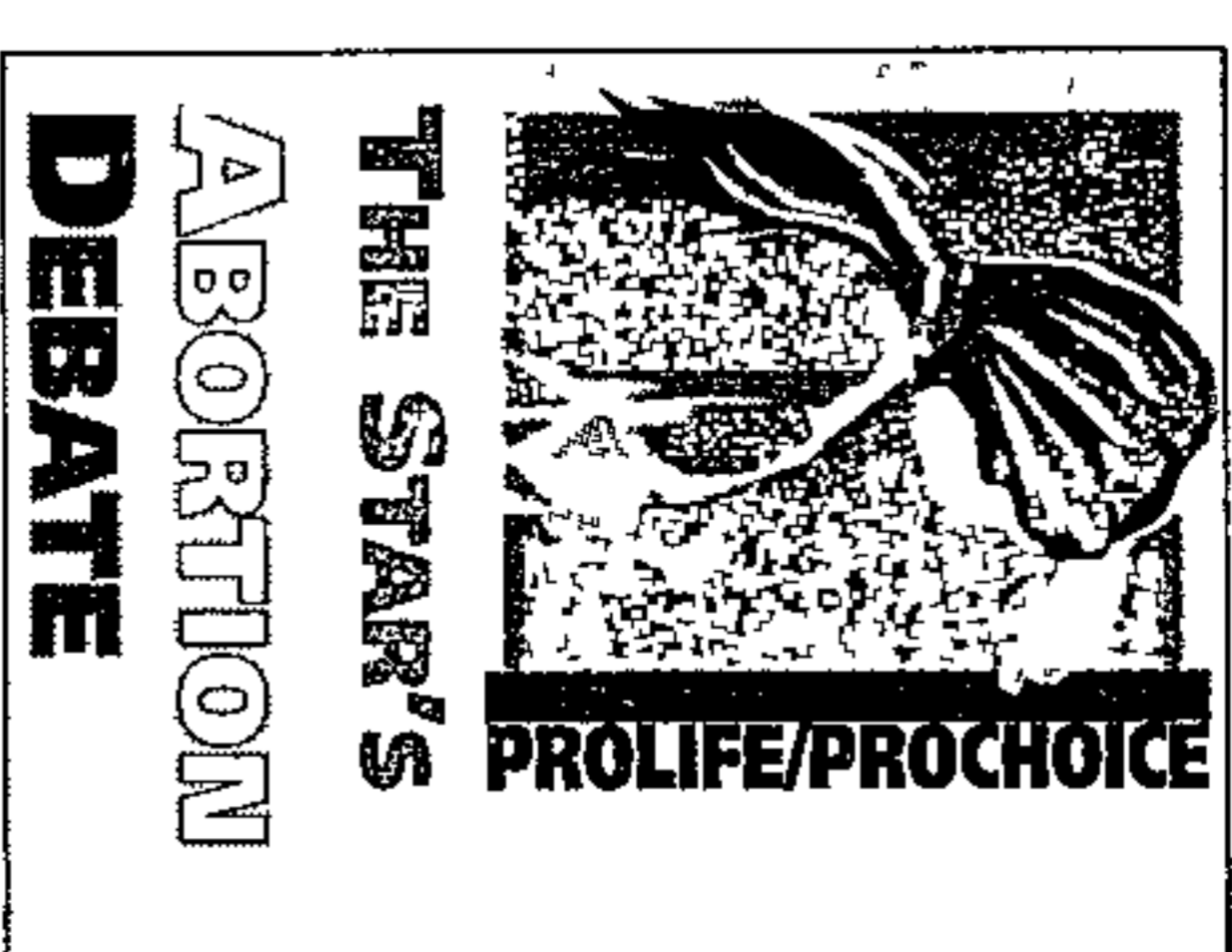
Using British and United Nations funding, the WHP has launched projects with three provinces (North West, Northern Province, Northern Cape) to transform the old so-called state family planning clinics (in practice, more often than not, where little more than depopovera injections have been available) into reproductive clinics where a group of integrated services will be on offer: cervical cancer testing, contraception, counselling on a range of women's sexual health issues, the management of sexually transmitted diseases, and (now) abortion.

"What we've been doing is implementing the recommendations to come out of the 1994 Cairo conference on population and development, as well as the 1995 Beijing conference on women," Stevens says. "South Africa is definitely headed in the direction of these integrated services. We don't want abortion clinics as they have them in America. We're working towards a situa-

Where to now if you need an abortion?

Gauteng health officials talk with some concern about the immediate implementation of the Termination of Pregnancy Bill. Some of the problems are:

- manual vacuum aspiration requires a separate room and a recovery room, and a large percentage of existing community health facilities are too small
- details on medical interventions (which will form the initial treatment for first trimester terminations) need to be finalised, and clarity on drugs registration and prescribing must be achieved before training can start
- the adequate training of sufficient staff may not be complete until mid-1997
- In spite of these implementation problems, however, officials were able to provide the following guidelines to women in need of advice regarding a possible unwanted pregnancy. After full implementation of the required services (About six months after the law is signed):
- Go to a family planning clinic (the vast majority of Gauteng's 250 primary health-care clinics have one). The first step will be to diagnose pregnancy and assess gestational age. Initial counselling will take place



tion where prevention in the form of contraception and counselling will begin to offset the demand for the cure of abortion. But it's right that within this context abortion administered at the primary health care level should be an available option."

What becomes reasonably clear from all this is that there'll be no new specialty abortion clinics opening for termination business on a given date. There'll really be no discernible change at clinics and hospitals at all.

The introduction of abortions on request will be integrated with related services, and will be brought into full effect over an extended period of time. As Stevens remarks: "The development of the new integrated approach, imperfectly developed as it is at this stage, offers far more hope to South African women than the old system."

Aborting the legislation won't stop the

(237)

ARG 25/10/96

Imagine a pregnant mother of two visiting her doctor for a routine check-up. Her physician asks her how she is doing.

She replies that she thinks she is doing fine, particularly because the baby is kicking more than her previous two.

The doctor examines her, and breaks devastating news her baby is afflicted with fatal defects.

The kicking is caused by seizures because two-thirds of its brain is out of its skull. It is not likely to live until birth.

Furthermore, if she carries the pregnancy to term, there is a good chance her uterus could rupture, resulting in permanent infertility or death.

The physician advises her to terminate her seven-month pregnancy to save her over-life. She agrees.

Should she be labelled a criminal? Should the government make a choice for her, or should she, in consultation with her husband, physician and priest, make the decision?

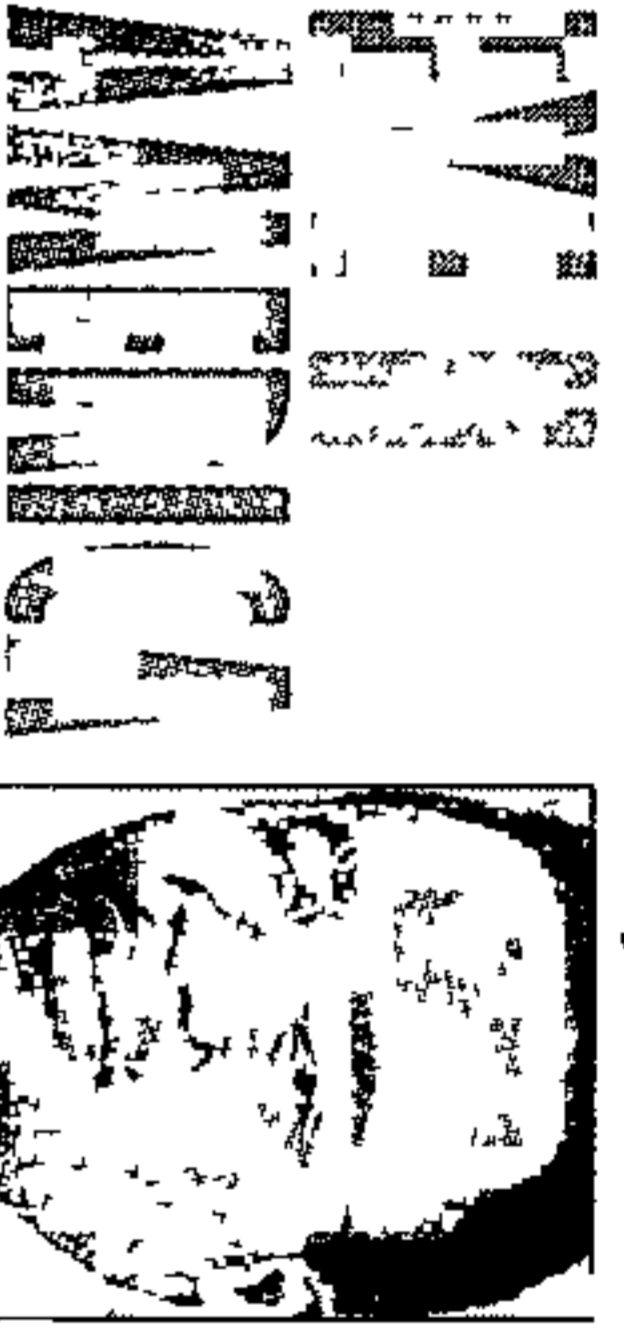
Imagine another scenario your daughter is raped and you and your family resolve to seek an abortion. Is your deci-

sion right or wrong? Should the government determine that right for you?

There are many other scenarios, including unplanned pregnancies. Just like the death penalty which continues to haunt some states in America and led to its reintroduction in New York State, the legality or illegality, morality and immorality of abortion still summons Americans' deepest emotions and moral arguments 23 years after the Supreme Court declared it legal.

South Africans might have other priorities such as education, housing and job creation, but if the US experience is anything to judge by, they should brace themselves for similar debates for years to come, no matter what the outcome of the Termination of Pregnancy Bill due before the South African Parliament. Even though Americans have legalised abortion, they remain irreconcilably divided, sometimes violently, killing doctors and storming clinics where abortions are being performed.

The first scenario I painted at the beginning of this column leads to what is called



RICH MKHONDO

"partial birth abortion". It is rare and happens late in the pregnancy when a mother suddenly discovers her unborn baby is deformed, putting her health and life in danger.

The procedure involves partial delivery of an unborn child feet first up to its neck. To prevent normal birth, the doctor stabs it in the head with scissors, suction out the brain and collapses the skull, to save the mother's life.

Pro-life advocates complained the procedure was gruesome infanticide and lobbied legislators to ban it. President Bill Clinton vetoed the ban, saying he wanted

the mother's right's to life recognised. Congress overrode the veto and the senate failed to get the two-thirds majority, meaning partial birth abortion can still be performed.

Pro-choice advocates have vowed to fight the law, saying any future ban will be the first step in a campaign to outlaw abortion again. So, for both forces, the struggle continues.

Another controversy here these days involves the US Food and Drug Administration's decision to approve an abortion pill called RU-486 which is available to women in Europe.

From next year, doctors will be able to prescribe a pill which induces a miscarriage. To abortion rights supporters, this news is welcome. For anti-abortionists the battle would be lost, as the pill would dramatically change the dynamics of abortion, making it more accessible through family doctors.

With President Bill Clinton being pro-choice, this has been one reason for the gender gap that gives his party more women supporters than Bob Dole who is

anti-abortion
So the question is, when there are sharp divisions between religious groups, political parties and the society at large, is it wise for legislators to step in?
Yes. However, legislation like the Bill before Parliament should provide guidelines, including who is going to pay for the abortion in clinics or hospitals? Or is it going to be available to the rich who can afford private clinics? Are Medical Aid companies going to be involved?
As pro-abortionists confront the pro-lifeers the lesson to be drawn is that South Africans need to avoid oversimplifying the issue. They should not treat abortion in isolation from many other socio-economic issues such as education, sex-education and birth-control measures, housing and economic growth.
Another question is compulsory sex-education going to be introduced as part of the curriculum in schools? If so, when?
As with the death penalty, no legislation in South Africa is likely to diminish the heated emotions which infuse the politics of abortion.

DP to vote for abortion Bill

(237)

Wyndham Hartley

BD 25/10/96

CAPE TOWN — The DP has joined the ANC in supporting the abortion Bill and announced that it will vote for the controversial measure when it comes before the National Assembly next week.

The DP caucus yesterday said that it had reaffirmed the right of women "to choose or not to choose a safe legal termination of pregnancy".

The effect of restrictive legislation had played a significant role in the DP's decision to support the Termination of Pregnancy Bill. The present laws had affected hundreds of thousands of women, and about 45 000 were sent to hospital each year due to complications from illegal abortions.

The DP caucus said it still had concerns about the fact that minors — who will be entitled to legal abortions without the consent of their parents — were not sufficiently "protected or assisted in exercising a proper choice on the question of the termination of pregnancy".

"Notwithstanding the reservations the DP believes that the Bill furthers its policy of the woman's right to choose and as a result has decided to support the legislation," the party said.

In a surprise move yesterday health committee chairman Abe Nkomo recalled the committee over lunch time to consider a number of additional amendments. These, mainly of a linguistic and technical nature, were approved.

Muslims 'must vote No' (237)

Muslim MPs who vote in favour of the Termination of Pregnancy Bill will be reported to international Muslim religious leaders in Cairo, Medina and Pakistan for a ruling on whether they could still be considered to be in the fold of Islam, the Islamic Unity Convention said yesterday IUC spokesman Ganief Hendricks said Muslim MPs had to vote against the bill. Before the election many had given an undertaking to do so on conscientious grounds. He said the Islamic Medical Association of SA and Islamic religious leaders had come out strongly against abortion. "The community is already outraged at press statements by Muslim MPs that they are politicians first before they are Muslims, and this will be the last straw." - Sapa

Hijack bid foiled

Pain of the unborn – it's more than a question of conception

(237) ARG 26/10/96
LIZ CLARKE
FOREIGN SERVICE

London – South Africa's proposed abortion reform law, the subject of some of the most heated public debates since the African National Congress took over power in 1994, has been given extensive coverage in the British media.

Some say it is a brave new step that should be supported and applauded while others believe South Africa is opting for the "callous" approach adopted by other pro-abortion countries like Britain.

But, whichever viewpoint swings the balance, recent medical investigations into the welfare of the foetus make for chilling reading.

According to a British-based report released this week by the Commission of Inquiry into Foetal Sentience, unborn babies may be able to experience pain

when they are as young as six weeks.

The report recommended that guidelines on the control and prevention of foetal pain from the earliest weeks of gestation should be developed and implemented as a matter of urgency.

Expectant mothers should also be informed of any pain that their unborn child might suffer as a result of an abortion or medical tests.

One of the most compelling factors in favour of new guidelines was the fact that leading experts in the field of obstetrics could not agree before the commission, on when perceptions of pain began.

Some argued that pain was experienced between six and 10 weeks, while others were adamant that a foetus has no real sense of pain until 26 weeks.

However, it was generally agreed a foetus should be treated as if it felt pain, regardless, even before the cut-off period of 13 weeks.

Medics' anti-abortion stance revealed

STAFF REPORTER

Over 90 percent of medical staff would refuse to perform abortions on request, a recent study revealed.

The independent survey, conducted by a senior consultant in obstetrics and gynaecology, J V Larsen, indicated that 93,9 percent of doctors and midwives were not prepared to do abortions on request, even if they were given the correct training. The study also found that 90,1 percent did not consider that abortion on request

should be part of the health service in their district.

Dr Larsen conducted the survey in 10 rural hospitals in KwaZulu Natal with a total of 341 respondents, 90 percent of whom were women.

Johan Smit, Western Cape Chairperson of Doctors for Life, said the study confirmed their own voluntary survey, conducted through the SA Medical Journal, which found that 82,49 percent of doctors would not be willing to perform abortions on request.

Limit doctors' migration - Mbeki

Influx of foreign surgeons - for richer or poorer?

JENNY VALL

HEALTH REPORTER

Aug 26/10/1996

Deputy President Thabo Mbeki has challenged the World Medical Association to take a stand on the migration of doctors from poorer to richer countries.

Opening the WMA's 48th General Assembly in Somerset West, he said South Africa had placed a moratorium on registering doctors with foreign qualifications unless they were political refugees or there was a formal agreement between governments.

Seven hundred doctors with foreign qualifications, many from neighbouring countries, had sought registration in South Africa in the six months after the 1994 election.

"We believe it is not appropriate to deprive our neighbours of their doctors," said Mr Mbeki.

He said doctors were a valuable resource in any country and South Africa had suffered from the aggressive recruiting campaigns by organisations in wealthy countries. These countries found it much cheaper to buy individual doctors from South Africa than to train their own citizens.

At the opening ceremony South Africa's Bernard Mandell was installed as the new president of the WMA's council.

The WMA is a confederation of medical associations from 63 countries.



Medical matters: the newly installed president of the World Medical Association, Bernard Mandell, and Deputy President Thabo Mbeki

BRENTON SEACH

The new South Africa faces 'illegal immigrant' qe vaar

(236)

ART 26/10/96

Almost three years on in the new South Africa a simmering discontent is evident in the rainbow nation; not directed at the low rate of resource distribution, nor at the sluggish pace of economic growth, nor even at the bickerings of political groups which obstruct the progress of constitutional democracy. It is a discontent directed instead at the growing presence of foreigners in the country, writes **Marion Ryan Sinclair**

In a brief three years South Africans have developed a common and largely hostile attitude to immigrants, structured around a social exclusivity that is ironically at odds with the principles of brotherhood and reconciliation that hold us together as a nation.

Anti-foreigner sentiment is not limited to our own regions. It is growing in many Western societies round the world, largely in response to the immigration trends of the 80s and 90s and the social and economic changes that have swept over the globe.

But it is a new phenomenon in South Africa, as migration is largely a post-apartheid development.

From an ethical point of view it is difficult to reconcile international precedents of increased restrictiveness with the pressures to respect human rights and to assume joint responsibility for the development of the South African region - important underlying principles of the new South Africa itself.

From a practical point of view it is clear, however, that the migration does need to occur within a framework which protects the South African public, but which does not compromise the human rights, livelihood, development options and international relations of the Southern African Development Community (SADC) region.

How can this be achieved? We need to begin by assessing the shortfalls of existing policy. Apart from obvious and critical issues of respect for human rights, conformity with international conventions and



in place at the moment is incompetent to deal with conflicting calls for protection from locals, newly arrived migrants, established migrant communities and asylum seekers or refugees

It is not flexible enough to be able to provide appropriately for the needs of affected groups, and tends to ignore the broader consideration of South Africa's policy on intentional relations. Frankly, the legislation that we have at present reflects a policy that it is piecemeal, arbitrarily applied, increasingly restrictive and seemingly unrelated to the notion of South Africa as a lead player in the SADC

Further, the migration management procedures and internal security initiatives in place at present are unable to deal with the problems of clandestine immigration and the issue of migration-linked crime. The growing clamour for policy and action from the South African public demands that government attention be focused urgently on these issues

Unfortunately this public pressure presents considerable potential for populist knee-jerk reactions from officialdom, in much the same way that the "public" call for a reconsideration of the death penalty has been picked up - with little critical or moral consideration - by politicians

Where the potential stakes of policy are this high in human cost, there needs to be careful, weighted consideration of the long and short term dimensions of all facets of such policy. It appears, from Home Affairs actions and statements over the past few months, that the "problem" of migration is to be addressed by tighter restrictions closer border vigilance, increased immigration policing on the periphery and, internally, higher rates of deportation. Is this the blueprint for formal immigra-

Homeless: these Mozambican women are making the best of a bad job

231
26/10/94
Many believe so. Yet looking realistically at the prospects of success for such a policy, one can only be struck by the futility and expense of this approach. Also, ironically, by the aggression to non-South Africans that it represents

In the new era of post-apartheid regional relations such an attitude to "others" is anathema to the values of reconciliation and integration that we, as new South Africans, apparently hold so dear

In many respects the questions regarding migration control facing South Africa today are paralleled around the globe. How to restrict immigration without resorting to big-brother attitudes or tactics?

Who - and how many - to admit as "refugees" when resources for locals are already stretched thin on the ground? What to do with integrated refugees after the threats in their home countries have been removed?

How to concede the needs and the rights of those fleeing economic hardships, and of those refusing to return to their home countries because of inevitable hardship and likely starvation?

How to satisfy the needs of foreign migrants when internal forced migration continues to generate huge needs in the local context?

And, possibly the most sensitive issue from an international relations point of view, how to promote regional economic integration and equitable development without encouraging the influx of a surge of job-seekers from the wider region?

The call for migration policy in this country necessitates tackling such questions head-on, wrestling with questions of ethics and human rights as much as poli-

tics and economics. For policy to be effective, it is clear that a number of preconditions must be met

Firstly, such a policy must emerge from a process of consultation between the South African government and those of the SADC, between the government and the South African people, between the government and foreign communities already established with the wider population and between South African and non-South African communities themselves

Secondly, policy needs to be embedded in a clearer understanding of priorities between the Departments of Home and Foreign Affairs. Immigration is a child of both departments, yet has historically been seen as the almost exclusive domain of Home Affairs. Our relations with the wider SADC region need clear representation in our official attitude to immigration

Thirdly, careful distinctions need to be drawn between types of immigration. From a human rights perspective, we must be sensitive to the distinctions between forced migrants, refugees, displaced persons, environmental and economic refugees and voluntary migrants

Besides being a popular destination for voluntary migrants, South Africa is also an incidental destination for refugees and other forced migrants

The two categories are often used synonymously by the South African public - a practice that denies rights of assistance to those who deserve it, and which diminishes our national capacity for compassion

This differentiation is gaining recognition at some level, with a Refugee Bill currently being written by government officials who finally acknowledge the need for

specific treatment for involuntary migrants

Yet indications are that the refugee definition to be adopted by the bill limits refugee assistance and status to those fleeing political trouble, ignoring the claim for protection from people fleeing serious economic or environmental disaster

Fourthly, immigration policy needs to take into consideration the issue of naturalisation. Legislation in South Africa that facilitates the naturalisation of tolerated foreigners after an extended period of residence has long been peculiarly selective, facilitating naturalisation for European migrant workers after a period of residency, but denying the same rights to African migrant workers and refugees

Ugandan refugee law, only recently passed, provides a naturalisation clause which is a legal first in African international legislation. Naturalisation in Uganda for refugees is now permitted after a 20-year residency, when it becomes an automatic earned right

If naturalisation is indeed accepted as something desirable or viable in the South African context of refugee assistance, the length-of-stay clause must obviously be defined specifically for this context

Fifthly, policy must be built on a far stronger commitment to transparency and accountability. The Aliens Control Act of 1991 has been, in the words of Desmond Lockey, Home Affairs committee chairman, "open to wide administrative discretion and interpretation" by a highly secretive selection board

The Aliens Control Amendment Act of 1995 does not, however, address the very real need for open and transparent deci-

sion-making processes

Policy must be built on a far clearer understanding of the trends and numerics of immigration than is currently available

The current census may contribute some way to a better estimation of the size of foreign populations, though the illegality of many of the individuals making up these communities suggests that official census data will probably exclude them altogether

Government officials and the public should solicit information from the growing number of academics, human rights activists and NGOs working in the migration field

Finally, energies directed at understanding, explaining and managing migration patterns should not overlook the significant level of internal migration - both forced and voluntary - that persists within South Africa's own borders

The apartheid legacy of uprooted communities remains an issue that will require addressing for years, even generations to come.

Above and beyond an inherited picture of internal forced migration is the continuing trend of forced migration in areas of ethnic conflict. KwaZulu Natal is an obvious case in point where thousands of people have been forced to abandon their homes because of ongoing violence

Our capacity for concern with refugees must embrace those people who are forcibly uprooted within South Africa itself

Marion Ryan Sinclair is research fellow at the Centre for Southern African Studies at the University of the Western Cape

Abortion bill may divide⁽²³⁷⁾

Muslims

ST(CM)27/10/96

MUSLIM MPs who vote in favour of the Termination of Pregnancy Bill have been warned that they will be reported to international Muslim religious leaders in Cairo, Medina and Pakistan, the Islamic Unity Convention says

The leaders would decide if they could continue to be accepted as members of Islam

Convention spokesman Gamief Hendricks said on Friday that Muslim MPs had to vote against the Bill

Many had given an undertaking to do so on conscientious grounds, he said

The Islamic Medical Association of SA and Islamic religious leaders had come out strongly against abortion, he added

The Termination of Pregnancy Bill, which liberalises the country's abortion laws, is to be debated in the National Assembly next week and in the Senate thereafter

However, its enactment could be delayed if it is tested in the Constitutional Court

Yesterday morning, about 300 anti-abortionists, under the banner of the Islamic Unity Convention, marched on Parliament to express "vehement opposition" to the controversial draft legislation, which would allow abortion on demand — Sapa

Church to keep fighting

CP 27/10/96

(237)

By **BENISON MAKELE**

THE BATTLE lines are drawn between the State and the Roman Catholic church over the Termination of Pregnancy Bill

In a last-minute effort to persuade the State to change its mind over the Bill soon to be debated in the National Assembly and the Senate, the church will next week launch the nationwide "right to life campaign", as had been decided by the Southern African Bishops Conference plenary meeting in August

Each of the country's 26 dioceses will publicly demonstrate the church's rejection of the Bill by holding a rally of prayer and mass action next Saturday, November 2

National Mass Action Planning Group media officer Laurel Masinga said the choice of the day was providential because Roman Catholics traditionally observe November 2 as All Souls Day when the dead - including those innocents who lost

their lives through abortion - are remembered in prayer

The rallies will culminate in the handing over of petitions to government officials "to immediately scrap the Bill" and the recitation of a common prayer in 11 official languages

The Bill comes before the National Assembly on October 29 and the Senate on November 5

Asked if the church was not fighting a losing battle in view of the State's determination to push ahead with the Bill, Masinga said they could see how strong the government's resolution was but wanted "to let the world know that Catholics are opposed to the Bill"

Masinga however added that the campaign received a morale booster last week when it received a letter of encouragement from Nobel Peace Prize laureate Mother Teresa in Calcutta, India

"I am offering my prayers for your country, that as a nation, you will always choose to respect and

love the gift of life in every individual," Mother Teresa wrote.

Masinga said they expected a similar response from the head of the Church, Pope John Paul II, who recently visited this country

The Pontiff's 18-year pontificate has been characterised by his insistent proclamation of the Gospel of life to oppose what he termed "the culture of death"

Masinga charged that there was little consultation of all relevant stakeholders by the government on the Bill.

She added that the government was contradicting itself by supporting the Bill while being vociferous about banishing the death penalty from our statute books forever

She felt that the government should have focused on educational measures as she feared for young girls' morals in the aftermath of the Bill's passing.

In the event that the Bill is passed, it will cost only R136,00 to get an abortion

MONDAY
OCTOBER 28, 1996

'Heed Islam' call to MPs (237)

STAFF WRITER

CT 28/10/96

A NATIONAL Muslim group has called on Muslim MPs — especially those in the ANC — to vote against the abortion bill when it goes before Parliament.

Mr Ganief Hendriks, a spokesman for the Islamic Unity Convention (IUC), said yesterday Muslims "admired" the stand taken by Catholics against abortion and believed Muslim MPs were not doing enough to support them.

The ANC has instructed its members to vote in favour of the Termination of Pregnancy Bill, even if abortion on demand is contrary to their beliefs.

It is not known yet what Deputy Minister of Education Father Smangaliso Mkhathshwa and MP Sister Bernard Ncube — both Catholics and ANC members — intend to do.

Mkhathshwa's secretary said yesterday he was not available for comment, but might make a statement this week.

The IUC comprises 300 member organisations around the country. The Muslim Judicial Council is not a member.

The IUC would report MPs to international religious leaders in the Middle East if they supported the new legislation, Hendriks said.

"The community is unhappy with MPs who have quietly voted for legislation abolishing the death penalty, legalising gambling and recognising gay rights — we want them to stand up for their beliefs."

MPs were highly regarded in the community and expected to lead by example, Hendriks said.

● About 300 IUC members marched through the city on Saturday in protest against the abortion bill and handed a petition to an official of the Department of Health outside Parliament.

Why we will vote for abortion

Theologians Niehaus and Verwoerd state their case

(237)

ARG 28/10/96

TWO ANC MEMBERS OF PARLIAMENT WITH DEGREES IN THEOLOGY, CARL NIEHAUS AND MELANIE VERWOERD, EXPLAIN WHY THEY WILL BE VOTING FOR THE NEW BILL ON ABORTION

When we discussed writing this article, we had to ask ourselves if it was worthwhile doing so, considering the kind of attacks to which we were likely to expose ourselves from some fellow Christians and believers of various faiths in our country

That we had to ask this is an indication of the intolerance and almost fanatical dogmatism with which some "pro-life" groups have approached the Termination of Pregnancy Bill

What was astonishing was the lack of compassion - and the lack of simple love and understanding - which many of them displayed in the kind of comments they made before the portfolio committee on health

One has come to expect this from the wild-eyed, teeth-clenching brigades of some fundamentalist evangelical groups. They increasingly seem to speak in the drawl of far-right religious groups from the south of the USA, and have no lack of dollars to finance their efforts to condemn those who disagree with them

What we did not expect was the behaviour of the Catholic Bishop's Conference. It was clear, right from the beginning, that they wouldn't support the legislation, but the manner in which they opposed it came as a dreadful reminder that any unbending dogma dehumanises and becomes the enemy of compassion and love - even from an organisation which has much to be proud of about the manner in which it fought the evil of apartheid

We do not know whether the claim by the woman who was made pregnant by a Catholic priest - that the Catholic Church paid for her to have an abortion - is true or false. If it is true, it will reflect an astonishing degree of hypocrisy. However, what is not being disputed by the Catholic Church, is that the priest did have sexual relations with the woman

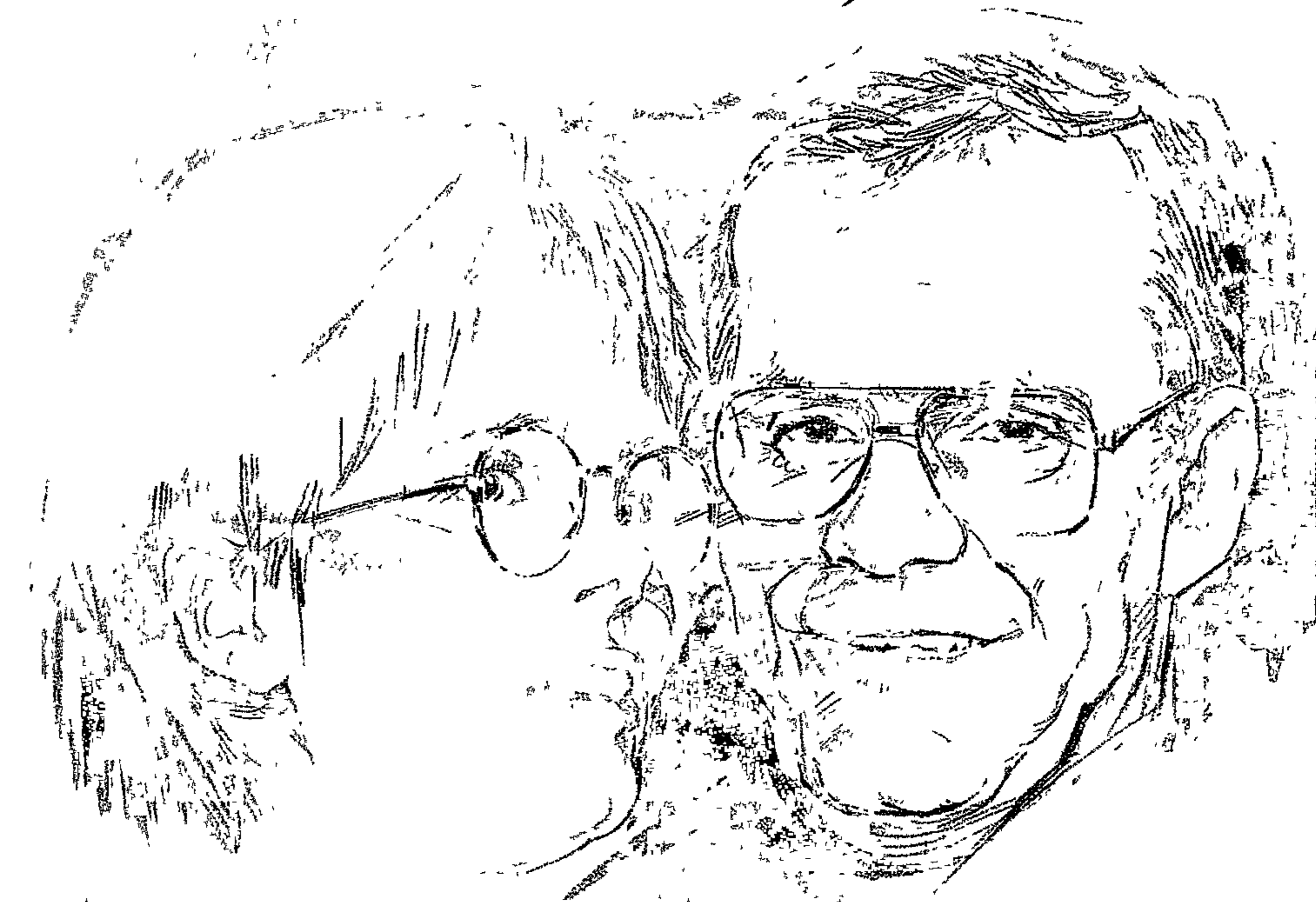
Obviously, because of the doctrines of the Catholic Church, this must be a problem for them. Coming from a different strand of the Christian faith we have no moral problem with ministers of religion having sexual relations

What we do have a problem with is when any of the partners in such a relationship are dehumanised and do not receive recognition as a full human being

We were deeply shocked by the remarks made by Archbishop of Eshowe Mansuet de la Biyase about the woman to the effect that she was "neurotic," "unstable," and the kind that wears "gaudy red lipstick"

In the mind of Bishop De la Biyase, the woman seems to be some temptress who is responsible for the poor priest straying from the "straight and narrow"

She was roundly condemned, while the bishops did not want to sit in judgment on the priest, whom they described as a "good priest". It is rather difficult to understand why the woman should be condemned,



Theological views: Carl Niehaus and Melanie Verwoerd ANC Members of Parliament with degrees in theology

COLIN DANIEL

and not the priest. It was, after all, he who took the vows of the priesthood and committed himself to a life of celibacy

There is very little difference between such arguments and the kind of warped thinking that leads people to claim in rape cases that the rape victim is responsible because of the clothes she wore

It reveals a very particular - and we think this must be said unequivocally - sexist attitude towards women

It reduces them to objects, rather than full human beings, objects of lust and

desire who are responsible for whatever sexual responses they apparently "solicit" from men. Freedom of choice - for the priest, or any other man, and especially freedom of choice for women - is not respected

Crude as this may appear when one writes it down, having followed the evidence being led by many of the pro-life lobby, we have become convinced that this attitude lies at the heart of much of their unbending and prescriptive patriarchal arguments

We are fully aware that the moral questions surrounding abortion are complex ones that will not easily, if ever, be resolved. In being critical of the approach of the pro-life lobby, we are not trying to pretend that there is an easy answer to the

question of abortion. Any abortion is a moral tragedy. But the terrible tragedy of the death or injury of thousands of women must be faced squarely

As the Rev Paul Germond so convincingly argued in his submission to the portfolio committee on health, strident absolutes in this debate are both inappropriate and insensitive responses to the complexity of unwanted pregnancies that are the result of rape, incest, failed contraception and impoverished reproductive health services

Those who support the right to choose, do not necessarily support abortion. Being pro-choice does not necessarily equate to being pro-abortionist, neither does it equate to being anti-life. Being pro-choice is to recognise that

when women are faced with these painful decisions in which there is no absolutely correct answer, they might choose to act differently from others

We come from the tradition of liberation theology, which takes the experience of people, especially the experience of suffering, as the primary point of departure. In the liberation struggle against apartheid, the point of departure for liberation theologians was the experience of the majority of oppressed black South Africans

In this instance, theology must start from the experiences of women with unwanted pregnancies. In the context in which South African women find themselves, and the many back street abortions that result from this context, it is the antithesis of liberation theology to prescribe to them that there is no option ever, but to carry the pregnancy to term

We are very aware that as believers we have the obligation to create a just and equitable society. The basic tenets of all the major faiths in South Africa contain this obligation

Ultimately it is the individual who must decide what to do. A just society is one that provides the widest and most inclusive possible access to safe legal options, which empowers individuals to be full moral agents in their own right, able to follow their conscience

We fully agree with Mr Germond that denying a woman the right to choose whether to have an abortion or not, is similar to denying black South Africans the right to vote under apartheid

The same theological logic that brought us in direct conflict with apartheid now expects us to vote for the Termination of Pregnancy Bill. The women of South Africa must be empowered as full citizens with the right and dignity to have control over their own bodies

They have the right to demand that they be granted responsibility to take moral decisions based on their own experiences, consciences and convictions

'We are very aware that as believers we have the obligation to create a just and equitable society'

HEALTH MINISTER 'MUST BEAR MORAL RESPONSIBILITY'

Church's harsh warnings on abortion

(237) CT 29/10/96



THE Roman Catholic Church has promised tough action against Catholics involved in abortions Health Writer **ANEEZ SALIE** writes.

THE Roman Catholic Church has warned that it will excommunicate anyone involved in abortions — although it will exempt Minister of Health Dr Nkosazana Zuma, a professed Catholic, who is piloting through Parliament legislation that would allow abortion on demand.

None of Zuma's fellow Catholic MPs who vote in favour of the Termination of Pregnancy Bill today face the ultimate penalty by the church, but anyone in any health facility involved in abortions will

Asked if this was not contradictory, Archbishop Wilfred Napier, spokesman for the Southern African Catholic Bishops' Conference (SACBC), said, "I cannot really answer that. We have to stick to the letter of the church's law (Canon Law) which to us means that only those directly involved in abortions are guilty."

The National Assembly's vote on the Termination of Pregnancy Bill is scheduled for tomorrow.

Napier said yesterday that Canon 1398 stated, among other things, that all Catholics involved in a deliberate and successful attempt to bring about an abortion were to be excommunicated automatically.

Pope John Paul II, in a papal letter entitled *The Gospel of Life*, said "responsibility falls on legislators who have promoted and approved abortion laws and, to the extent that they have a say in the matter, on the administrators of the health care centres where abortions are performed."

"A general and no less serious responsibility lies with those who have encouraged the spread of an attitude of sexual permissiveness and a lack of esteem for motherhood and with those who should have ensured — but did not — effective family and social policies in support of families, especially larger families and to those with particular financial and educational needs."

In an SACBC statement, Napier said Catholics in Parliament would do well to heed the teachings of the church as outlined by the Pope.

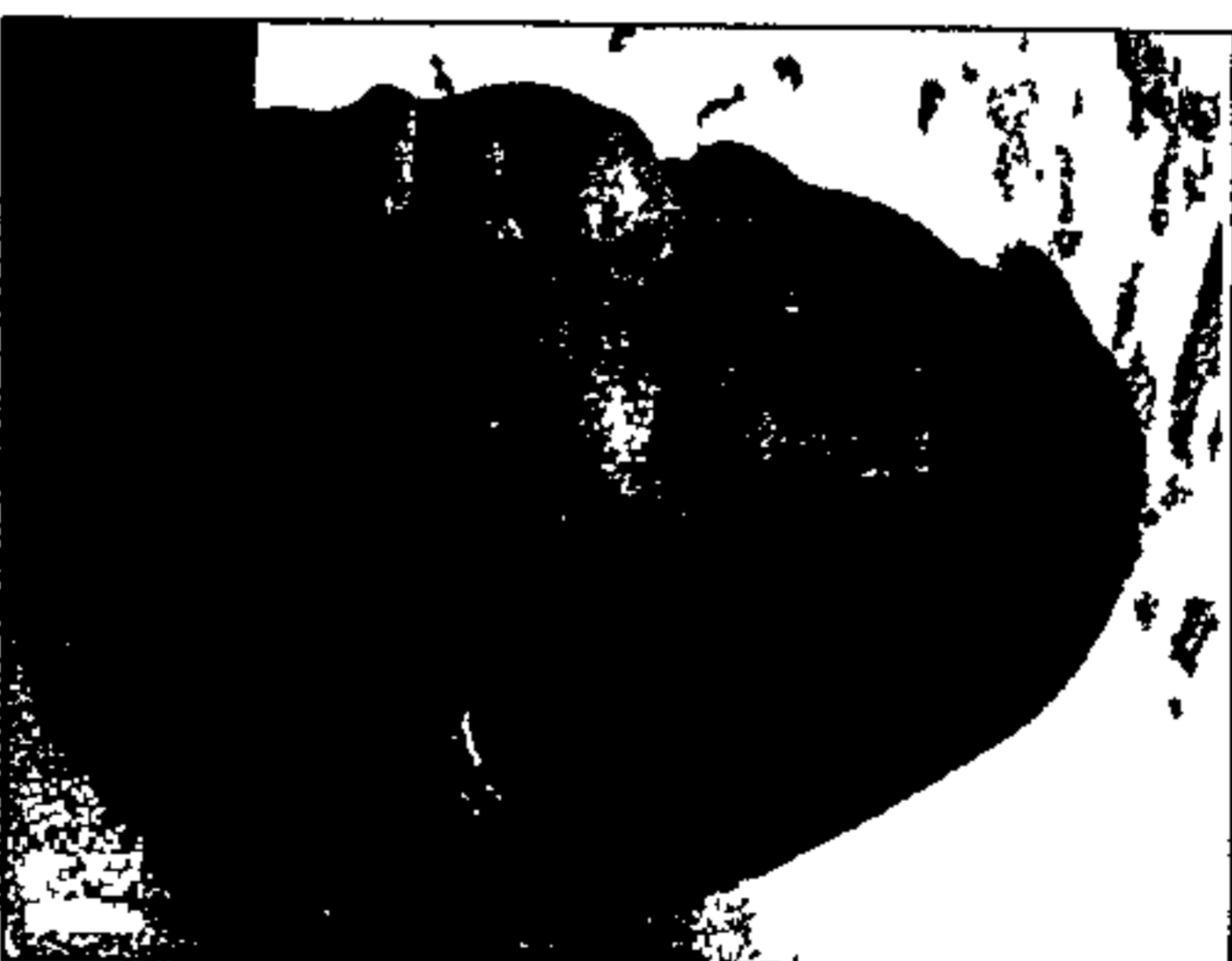
"Catholic MPs who vote for the Termination of Pregnancy Bill will have to assume responsibility for their part in an action which will result in the successful attempt to bring about not one, but millions of abortions," Napier said.

"These persons will also have to consider their moral responsibility for the creation of a situation which will lead to many of their brothers and sisters being excommunicated for availing of this iniquitous law."

Asked again if the church was not being inconsistent in punishing only those who carried out abortions, Napier said, "A Canonical penalty applies only to an act by someone when a crime is committed."

When pressed, Napier said of Zuma "I really don't know if such a person can call herself a Catholic. Has she, and others like her in Parliament, not cut herself off from the church?"

Zuma was locked in a meeting last night and could not be reached for comment.



DILEMMA Catholic and Muslim members of Parliament face a religious dilemma during the abortion vote. Prominent Catholic and Muslim parliamentarians are (from left) Dr Nkosazana Zuma, Father Smanqalisso Mkhatsiwa, Sister Bernard Ncube and Imam Hassan Solomon

Agonising decision for priest in ANC government

BARRY STREEK AND HENRY LUDSKI

JUST hours before today's abortion debate, the most prominent Catholic in parliament, Father Smanqalisso Mkhatsiwa remained locked in agonising indecision about his stand on the most divisive piece of legislation to come before South Africa's new democratic Parliament.

"I need to give myself more time," the former secretary of the Southern African Catholic Bishops' Conference and Deputy Minister of Education told the Cape Times last night.

Mkhatsiwa, who was repeatedly detained and tortured for his religious convictions during the apartheid era, said last night that he was still in the process of consultation before finally making up his mind.

Speaking after the Catholic church issued a warning that members who aided any abortion would be excommunicated Mkhatsiwa said "I have been consulting as broadly as possible and I'm just waiting on two or three people to call me before I make my final decision."

"I will be participating in tomorrow's debate and will make my decision known after that," he said.

Mkhatsiwa said that among those who he was consulting was another prominent Catholic, Sister Bernard Ncube and Health Minister Dr Nkosazana Zuma, whose department is responsible for piloting the abortion legislation through Parliament.

When asked for comment last night, Sister Ncube said "I'll comment after I've voted."

Meanwhile, pro-choice Muslim ANC parliamentarians yesterday refused to be named out of fear that their children and families might be victimised.

It is understood that about 12 ANC parliamentarians, including some Roman Catholic MPs, have indicated that they cannot vote for the Termination of Pregnancy Bill on conscientious grounds.

ANC Muslim parliamentarians are also incensed at the Islamic Unity Convention threat to report pro-choice Muslims to religious leaders in the Middle East.

One said Muslims were only three percent of the population but the IUC was trying to impose its views on the population, even though it was not even representative of the Muslim community.

Another Muslim parliamentarian said, "I want to vote for the bill but we are concerned about the consequences in the community."

He pointed out there was no single Muslim position on abortion, with some groups adopting a pro-choice position and others supported a pro-life position.

He said it was significant that those opposed to abortion were from middle-class groups who could afford abortions, while those from poorer communities where they could not afford large families, were silent.

● How political parties will vote — Page 6

● The choice is one of compassion — Page 8

The choice is one of compassion

THE CHOICE on Termination of Pregnancy Bill that will be debated in Parliament today does not impose a particular set of morals on our society, says **DR ABE NKOMO**, chairperson of the National Assembly Portfolio Committee on Health. Rather, it respects the right of all citizens to make choices about their own lives.

FOR many millions of South African women, this is an historic day. Today all women — from those who have been mutilated at the hands of backstreet abortionists to those who are profoundly morally opposed to abortion — are given the respect and the freedom of choice they deserve.

The Choice on Termination of Pregnancy Bill has yet to pass through the Senate, but it will be debated today in the National Assembly as a remarkable step towards equity and tolerance in our society.

The ANC inherited a situation of widespread suffering and misery, caused by the National Party's Abortion and Sterilisation Act, which first legalised abortion in this country in 1975.

That Act largely restricts access to safe abortion services to women from privileged communities. About 70% of legal abortions done currently are performed on white women. Like so much legislation from our past, it is steeped in racism and misogyny. Incomplete and septic abortions — most of them the handiwork of barbaric back-

(237)

street practitioners — kill more than 425 women in our country every year. A further 13 000 women are maimed or become ill. These figures reflect only those who make it to hospital, yet the total cost to the state is an estimated R18,5-million.

The ANC-led government is morally obliged to address this situation and to protect the lives of South African women. It is further bound by its promise at the time of the general election in 1994, by the constitutional rights of women to freedom of choice over their own reproductive health and by a series of international agreements.

On this mandate, a detailed and rigorous process of public consultation has taken place, starting in 1994 with the ad hoc parliamentary committee and concluding this month with extensive hearings of two permanent parliamentary health committees.

Thousands of public submissions have been considered. From Clifton to Khayelitsha, people have come forward to ensure that their views are heard in the political process. Many concerns have been raised.

Some groups have suggested that removing the obligation for a woman to consult her partner or parents before terminating a pregnancy diminishes family values. In fact, the bill recognises that in most healthy rela-

ET 29/10/96

tionships there will be consultation and support and that this is not an area for government interference.

Where the government does have a duty is in protecting the most vulnerable. As the public hearings made all too clear, many women who survive rape and incest are in no position to seek the consent of partners or parents.

A further key area of debate has been that of religious and moral belief. To begin with, we must fully respect the religious and personal convictions that lead many individuals to oppose abortion.

In recognising the religious plurality that exists in our country, Parliament has followed the only rational path available — that of enshrining freedom of conscience and of choice.

Concurrently we must not be pushed

into a crude categorisation of peoples' beliefs. Many theologians have stressed that to view the provision of safe abortion services as inherently anti-religious is to ignore the fact that the essence of religion is the alleviation of suffering.

In recognising the religious plurality that exists in our country, Parliament has followed the only rational path available — that of enshrining freedom of conscience

and of choice. Thus, for example, Muslim women who are opposed to abortion remain free to live their lives in the manner they choose. Others, whose reading of Islamic law sees abortion as an *ifthah* issue (one subject to juristic discretion) and who may require an abortion

to protect their own health can now access legal services in a safe environment.

Concerns have been expressed about healthcare workers who refuse to participate in abortion procedures. As the Minister of Health has made clear, the constitutional right to freedom of conscience means that no doctor or midwife will be forced to participate in a procedure to which they are morally opposed.

At the same time, the rights of women with unwanted pregnancies cannot be cast aside. For most such women, the decision to terminate a pregnancy will involve considerable soul-searching, yet it is essentially a health procedure that women have every right to expect access to. Freely available information on where and how to access services is essential.

For these reasons, the portfolio committee has removed specific reference to conscientious objection from the bill, preferring to emphasise the constitutional rights of all South Africans.

These and other difficult issues have been considered in great detail. The health committee has insisted that the Department of Health provide full details of how the bill fits into its broader policy framework.

From this, we have learnt of the many other initiatives that are alongside abortion services in the drive to improve reproductive health — these include life skills and sex education for boys and girls, freely available contraception, sterilisation and programmes to combat the spread of sexually transmitted disease.

The committee has obtained a detailed cost-saving analysis from the department. In

addition to direct savings resulting from fewer septic abortions, the benefit to public health and to the economy of protecting women of child-bearing age will be considerable. Not only are these women economically active, but many are the breadwinners for hundreds of thousands of South African families.

An additional query during the passage of the bill concerned training and implementation. The committee called for — and has received — details of programmes already in place to ensure that the necessary services and trained staff are available.

Parliament must ultimately be guided by reality. Nobody is pro-abortion, but the reality is one in which more than 200 000 abortions are done annually in our country.

Against horrific levels of rape, incest, violent sexual abuse and ignorance of sexual behaviour, many women are further abused by being forced to turn to back-street abortionists.

The reality is that banning abortion is simply ineffective. In countries such as Argentina and Chile, where abortion is outlawed, women undergo one abortion for every two live births.

The choice is not between abortion and no abortion, it is between safe and accessible services that protect women's lives and the carnage of the back streets and the deprivation of yet more unwanted children.

Unlike the existing abortion laws, the new bill confronts reality head on. It does so not by imposing a particular set of morals on our society but by respecting the right of all citizens to make their own choices about their own lives.

Abortion: How they'll vote

(237)

HENRY LUDSKI

ET 27/10/96

The position political parties will take on the termination of Pregnancy Bill to be voted on in the National Assembly tomorrow are listed below - number of party MPs in brackets.

African National Congress - Pro-choice and will not allow a free vote. However it has made a concession by allowing MPs who are opposed to the right to choose not to participate in the vote. Supports the bill saying it gives credence to the new constitution in that it recognises and affirms the right of women to make choices in keeping with their right to privacy and personal security. (252)

National Party - Opposes the bill on the ground that it believes that abortion is morally wrong and unconstitutional. It instead stresses better family planning and sex education. It

will allow a free vote. (82)

Inkatha Freedom Party - Opposes the bill but will allow a free vote. (14)

Freedom Front - Opposed to the bill saying it does not guarantee the right to life. Parties have rejected the argument that poverty and socio-economic factors could be used to justify abortion. (9)

Democratic Party - Supports the right of every woman to choose or reject a safe, legal abortion. In terms of a resolution of its federal congress, supports a pro-choice position and has stated that all MPs will be bound by that campaign position. (7)

Pan African Congress - Will abstain from the vote. The organisation resolved at the weekend that the bill needed much more debate before the PAC could commit itself to any position. (5)

52. Could we drop the Indian household? Same

Zuma slams those against abortion

By Rafiq Rohan
Political Correspondent

Sowetan 30/10/96 (237)
Health Minister sees Termination of
Pregnancy Bill as 'way to better life'

How many women in South Africa are being crucified in backstreet abortions? The emotive question was clearly aimed at the religious lobby opposing abortion on demand

In a heated and sometimes stormy debate in Parliament yesterday, Health Minister Dr Nkosazana Zuma had the opportunity to fire the first salvo at those against the passing of the Termination of Pregnancy Bill

She pulled out a letter from a Christian woman priest in Maritzburg, the Reverend Renate Cochrane, who raised the question of women being crucified through backstreet abortions and who said that, sadly, she had to support abortion.

While Zuma praised the Bill as a way to a "better life" by restoring the dignity of women, there were others in

Parliament who were opposed to it. The Freedom Front slammed the Bill as the "murder of innocent children", the Inkatha Freedom Party said the Bill was not balanced and humane, while the National Party's Mrs Sheila Camerer described the Bill as morally and religiously "objectionable"

She said the NP was looking to challenge the Bill in the Constitutional Court on the grounds that it infringed the principle of the right to life

Strongest attack

The strongest attack on the Bill came from Mr Pieter Grobbelaar (FF) who emphasised, what he termed, its murderous implications

"If a mother can kill her child, what stops us from killing each other. It

means you are no longer safe from your own mother," he said emotionally

Dr Abe Nkomo, chairman of the portfolio committee on health, said the African National Congress was committed to choice "Not one particular set of morals. Just freedom of choice for the women of this country"

He said the Bill would free women from the backstreet abortionist. He was satisfied that "we have listened to the people"

The Reverend Kenneth Meshoe of the African Christian Democratic Party described the Bill as "the murder of innocent, defenceless children"

The Pan Africanist Congress' Mr Richard Sizani said his party was in favour of the Bill as did the Democratic Party's Mr Mike Ellis.

Abortion to get nod after delay, bitter debates

Star 30/10/96 (237)

Parliament to say yes by overwhelming majority: bill goes to Senate next week and once signed by Mandela becomes law

By **PATRICK BULGER**
Cape Town

Parliament will vote abortion-on-request legislation into law today after the National Party forced a one-day delay and threatened a Constitutional Court challenge

The outcome of the vote on the Choice on Termination of Pregnancy Bill is a formality. The ANC's 246 MPs are set to sweep aside the combined NP-Freedom Front-African Christian Democratic Party total vote from 93 MPs.

The bill will go to the Senate next week and, once signed by President Mandela, becomes law.

Yesterday, after the National Assembly witnessed animated debate on the bill, Parliament's portfolio committee on health rejected proposed NP amendments.

Earlier, Health Minister Dr Nkosazana Zuma faced a chorus of gibes as she stood up to address MPs on the legislation.

She pointed out that abortion was legalised in 1975, although the vast majority of poor and mainly black women resorted to backstreet terminations because

the present law was accessible only to the affluent.

"A legal termination is more humane and cost-effective. It will save lives and resources and the intensive care units can then be free for other emergencies."

The bill allowed women freedom of choice and to uphold religious beliefs and cultural and moral values. "Every woman has a right to exercise her choice but is not allowed to impose it on others," Zuma said.

Health committee chairman, the ANC's Dr Abe Nkomo, said the ANC's philosophy behind the bill was choice, not abortion or one particular set of morals. He launched a scathing attack on NP women's affairs spokesman Sheila Camerer, who should "come back to reality".

Camerer clashed repeatedly with Nkomo during the committee sessions held to consider the bill and its amendments. She said the NP opposed abortion on demand in principle. She alleged that the ANC wanted an abortion law to use it for family planning.

The legislation was badly drafted, impractical and unconsti-

tutional. Health services would not be able to cope with demand, no prescribed training had taken place and the training course had not been finalised. The bill also created legal uncertainty for medical personnel who opposed abortion as a matter of conscience.

Some of the Inkatha Freedom Party's 43 MPs will exercise the free vote given to them by their party to vote against the bill. IFP MP Ruth Rabinowitz, who voted against the bill on behalf of the party at the committee stage, said she would abstain.

The Freedom Front's Pieter Grobbelaar said the FF would vote against. He likened abortion to "murder of innocent, unprotected and unborn children". A 14-year-old girl now had the right to decide whether to end a life when a judge could not decide whether to hand down a death penalty to a murderer.

The PAC's Patricia de Lille said the PAC had consistently supported the rights of women to control their own reproductive capacity. The old law favoured whites and the wealthy, she said. The PAC supported the bill.

Horror of the backstreet terminations

By **JANINE SIMON**
Medical Correspondent

As the National Assembly debated the Choice on Termination of Pregnancy Bill yesterday afternoon, Natalspruit

Hospital was treating its daily stream of women with incomplete terminations

On average, about 10 women a day are diagnosed with "incomplete evacuation of the products of conception" and spend at least two days in the hospital, which runs one of the busiest obstetric and gynaecology units in Gauteng.

They are some of the estimated 45 000 women who annually visit local hospitals with spontaneous miscarriages or illegally induced abortions. Natalspruit superintendent Dr Ashley Memela says the figure of "incompletes" can reach 20 a day.

Principal medical officer Dr George Hadjipavlou said patients had no access to sterile termination facilities, and didn't know or were too scared, or too far in the pregnancy to consider the legal route.

"So they find someone to terminate the pregnancy without even knowing they are putting their lives at risk," he said.

■ A snap poll of Radio 702 listeners yesterday had 6 348 of 9 633 listeners against legal abortions on demand.

■ Marie Stopes, a non-profit family planning agency, said it had been lobbying for the liberalisation of abortion legislation for two years and was opening clinics in Cape Town, Durban, and Soweto next month in anticipation of the change.



THE STAR'S
DEBATE

FIERCE OPPOSITION FROM NP

Vote on abortion bill 'a formality'

(237) CT 30/10/96

VOTING on the Termination of Pregnancy Bill today will be a formality as the ANC, who support the bill, far outnumber the parties opposed to it.

PARLIAMENT today will vote into law abortion on request legislation after the National Party yesterday forced a one-day delay in voting and threatened a Constitutional Court challenge.

The outcome of today's voting on the Termination of Pregnancy Bill is a mere formality. The ANC's 246 MPs are set to sweep aside the combined NP, Freedom Front, African Christian Democratic Party total of 93 MPs.

After the National Assembly witnessed a pitched debate on the bill yesterday, Parliament's portfolio Committee on Health rejected proposed NP amendments.

Earlier, Health Minister Dr Nkosazana Zuma faced a chorus of jibes as she stood up to address MPs on one of the most controversial pieces of legislation to emerge from the democratic Parliament.

Although abortion was legalised in 1975, most "poor and mainly black women resort to backstreet terminations because the present law is accessed by the affluent".

Hundreds of women died each year from unsafe and illegal abortions, she said.

"A legal termination is more humane and cost-effective. It will save lives, resources and the intensive care units can then be free for emergencies which cannot be prevented."

The bill allowed women the freedom of choice and allowed them to uphold their religious beliefs, cultural and moral values.

"Every woman has a right to exercise her choice but is not allowed to impose it on others," Zuma said.

The Health Committee chairman, the ANC's Dr Abe Nkomo, said the ANC's philosophy on the bill was choice, not abortion or one particular set of morals.

He launched a scathing attack on NP women's affairs spokesperson, Ms Sheila Camerer, who he said should "come back to reality".

Camerer had clashed repeatedly with Nkomo during the committee sessions held to consider the bill and its amendments. She said the NP opposed abortion on demand in principle.

"However, the ANC has insisted in bulldozing (abortion on demand) through and voting our amendments down despite evidence in all the major opinion polls to the effect that a large majority of South Africans, including ANC supporters, are against this," Camerer said.

She alleged that the ANC wanted an abortion law "to use it for family planning".

The legislation was "badly drafted, impractical and unconstitutional", she said. Health services would not be able to cope with demand, no "prescribed training" had taken place and the training course had not been finalised.

The bill also created legal uncertainty for medical personnel who opposed abortion as a matter of conscience.

Some of the Inkatha Freedom Party's 43 MPs will exercise the free vote given to them by their party to vote against the bill.

IFP MP Dr Ruth Rabinowitz, who voted against the bill on behalf of the party at the committee stage, said she would abstain from voting.

The Freedom Front's Mr Pieter Grobelaar said the FF would vote against the bill. He likened abortion to "murder of innocent, unprotected and unborn children".

A 14-year-old girl would now have the right to decide whether to end a life when a judge could not decide whether to hand down a death penalty to a murderer.

The PAC's Ms Patricia de Lille said the PAC had consistently supported the right of women to control their own reproductive capacity. The old law favoured whites and the wealthy only, she said. The PAC supported the bill. — Political Writer

'Unfortunate,' says Zuma about Catholic warning

DAN SIMON

IT WAS unfortunate that the Roman Catholic Church had issued a warning that it would excommunicate Catholics involved in carrying out abortions, Health Minister Dr Nkosazana Zuma said yesterday.

The Termination of Pregnancy Bill, she said, did "not quarrel" with religious beliefs. The new legislation, which would permit abortion on demand, was intended to save lives, she said.

Zuma made the comments yesterday while touring the Red Cross Children's Hospital with visiting Cuban Health Minister, Dr Carlos Dotres.

Dotres is on a week-long visit to the country during which he will visit Cuban

doctors working in the Northern Province, Western Cape, Mpumalanga and Gauteng.

Because of his tight schedule, he will not be visiting the Northern Cape, where six Cuban doctors have been accused of 25 instances of alleged malpractice involving 13 patients. The allegations are being investigated by the South African Medical and Dental Council.

The two ministers are expected to sign an agreement today for further medical assistance between South Africa and Cuba.

Commenting on the Catholic Church's threat of excommunicating Catholics who perform abortions, Zuma said "They (medical staff) will never be forced to terminate pregnancies if their religions do not allow it. But all women will be able to exercise their right to terminate pregnancies."

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CT 30/10/96



-D IN: Girls listen attentively to the debate in Parliament about the Termination of Pregnancy Bill yesterday. Legislators will vote today on the which will allow women to have an abortion on demand.
PICTURE: BENNY GOO.

Cheers as abortion bill gets the nod

(237)

ANC women MPs show their approval
by applauding and ululating in House

Star 31/10/96

BY PATRICK BULGER
Cape Town

The National Assembly yesterday formally accepted the Choice on Termination of Pregnancy Bill, opening the way for legal abortion practices described as among the most liberal in the world.

ANC women in the benches of the Assembly and in the gallery applauded widely and ululated when the bill was accepted by 209 votes with 87 votes against. Five MPs abstained from voting.

Earlier the ANC, the Pan Africanist Congress and the Democratic Party indicated they would vote in favour of the bill while the National Party, the Inkatha Freedom Party, the Freedom Front and the African Christian Democratic Party were against.

The voting was to have taken place on Tuesday but was held over so that last-minute amendments proposed by the NP could be considered and rejected by Parliament's portfolio committee on health.

The new legislation introduces

abortion on request to all women, including minors, during the first 12 weeks of a pregnancy and up to 20 weeks under certain conditions.

The bill will next week come before the Senate, where the ANC majority will once again assure its passage. It will then be signed by President Nelson Mandela and become law.

Yesterday Health Minister Dr Nkosazana Zuma could not say when the new law would become operative. She said it would happen "within a few months".

She told a media briefing at Parliament that the Department of Health was already carrying out between 800 and 1 200 legal abortions a year in terms of the Abortion and Sterilisation Act of 1975 which first introduced abortion in certain circumstances.

The new legislation only meant that facilities would now have to be extended.

The training for midwives envisaged in the bill would take a number of months and had not started because the law was not in operation.

Wide majority for abortion bill

HENRY LUDSKI
POLITICAL WRITER

THE ANC-led campaign for free-choice abortions succeeded by a convincing majority in the National Assembly yesterday

But behind the scenes of joy and ululation that greeted the passing of the Choice on Termination of Pregnancy Bill in the National Assembly were the many MPs who will continue to agonise and possibly face the consequences of their final decision

The Bill was passed by 209 votes to 89, with five abstentions

The dilemma MPs faced when they had to make their decision public — they were required to vote in a division in Parliament, or simply stay away as 99 MPs did — was starkly illustrated by those either conspicuously absent or present at the critical moment

Deputy Minister of Education Father Smangaliso Mkhathshwa, the most prominent Roman Catholic in Parliament, did not arrive to cast his vote — the day after he spoke about the emotional turmoil about his

decision on the issue

However, in spite of the Catholic Church's having threatened to excommunicate members who aided any abortion, another prominent Catholic MP, the ANC's Sister Bernard Ncube, voted in favour of the bill that gives South Africa one of the most liberal laws on abortion in the world

Health Minister Dr Nkosazana Zuma was one of a number of Catholic MPs to make the same choice

Muslim MPs faced a similar dilemma, they had been threatened by the Islamic Unity Convention who warned that pro-choice Muslims would be reported to religious leaders in the Middle East

In the end many Muslim MPs simply chose to stay away. However, many others chose to show their support for the bill, which will be voted on in the Senate next week

Singer and ANC MP Ms Jennifer Ferguson, the mother of a newborn baby, was the most notable of the five abstentions

The public gallery was packed by a divided crowd that jeered or cheered each speaker

ET 31/10/96 (237)

The bill was opposed by the NP, IFP, the Freedom Front and the ACDP, although the NP and IFP allowed their members a free vote on the sensitive issue

Support came from the ANC, the Democratic Party and the Pan Africanist Congress

Zuma said the bill, which provides for state-funded abortion on demand up to the end of the 12th week of pregnancy, would treat women with dignity and compassion

While doctors and midwives would have to encourage consultation and counselling, neither married women nor minors would need to consult anyone before terminating a pregnancy, she said

Abortions may also be performed between the 13th and 20th weeks and beyond under conditions including rape and the likely influence of childbirth on the socio-economic circumstances of the woman. About 1 000, mainly white, women have had abortions under the existing law every year, but about 400 women, mostly black, die every year as a result of botched backstreet abortions

● More Pictures, Reports, See Page 3

Abortion — what you need to know

CT 3/10/96 (237)

THE Choice on Termination of Pregnancy Bill, which was carried by a majority vote in the National Assembly yesterday, will be voted on in the Senate early next week. It will come into operation on a date fixed by the President. However, Health Minister Dr Nkosazana Zuma said yesterday that it would be a few months before abortion on request is finally available.

CRITERIA.

The bill provides for three time-related categories of abortion on request:

- During the first 12 weeks. At the pregnant woman's request. No conditions are attached.
- Between 13 and 20 weeks. At the request of the pregnant woman and if one of four conditions are met — if the pregnancy constitutes a risk to the woman's physical or mental health, if there is a risk that the foetus would suffer from a mental or physical abnormality, if the pregnancy is the product of rape, and if the pregnancy would affect the social and economic circumstances of the woman.

- After the 20th week. The pregnancy may be terminated only if a doctor — after consultation with another doctor or midwife — believes that the pregnancy would endanger the woman's life, or result in a severe foetus malfunction.

In all cases, a pregnancy may be terminated only at the request of a woman, unless she is incapable of giving consent.

MINORS.

Terminations are available to pregnant minors who will be advised to consult their

because minors choose not to consult"

SERVICES.

Abortions may be carried out only at facilities designated by the minister for this purpose.

The bill does not make counselling obligatory but it calls on the state to "promote the provision of non-mandatory and non-directive counselling".

DOCTORS.

Health workers who have a conscientious objection to performing abortions can refuse to do so. However, a woman who requests an abortion from a medical practitioner or a registered midwife "shall be informed of her rights under this act by the person concerned".

CONFIDENTIALITY.

A confidentiality clause will keep the name and address of the woman confidential.

CONTRAVENTIONS.

Contraventions of the law relating to the notification and keeping of records of abortions carries a fine or imprisonment up to six months.

It is an offence for people who are not doctors or registered midwives to perform abortions, carrying a maximum of 10 years' imprisonment.

COST.

Under the government's policy to provide free health care to pregnant women no cost will be involved if they use elementary state facilities and about R500 at pr-



Those who weren't there

Among the prominent MPs who were not in the National Assembly for yesterday's Choice on Termination of Pregnancy vote were:

- Mangosuthu Buthelezi
- F W de Klerk
- Alec Erwin
- Douglas Gibson
- Frene Ginwala
- Pravin Gordhan
- Barbara Hogan
- Pallo Jordan
- Ronnie Kasrils
- Brigitte Mabandla
- Winnie Madikizela-Mandela
- Patrick McKenzie
- Smangalisso Mkhatsiswa
- Peter Mokaba
- Lionel Mtshali
- Sipo Mzimela
- Alfred Nzo
- Dullah Omar
- Naledi Pandor
- Cyril Ramaphosa
- Gregory Rockman
- Eileen Shandu
- Max Sisulu
- Dene Smuts
- Hassan Solomon
- Leon Wessels
- Tony Yengeni

Altogether 40 MPs were absent, some of them without permission. Those who

ELATED: ANC members Ms Gertrude Shope (left), Ms N Gxowa, a member of the Health Portfolio Committee, and Mrs Albertina Sisulu show their elation when the vote on the Choice on Termination of Pregnancy Bill was announced

PICTURE: BENWY GOOL

ANC MP tells why she didn't vote on abortion

HENRY LUDSKI

IN heart-rending verse and prose ANC MP, and musician, Jennifer Ferguson tells why she could not get herself to vote for the Choice on Termination of Pregnancy Bill

The ANC, in an obvious attempt to ensure the smooth passage of the bill through Parliament gave specific instructions to MPs to toe the party line and refused to allow a free vote on the crucial issue

But in the end Ferguson, a mother of two sons — five-year-old Ralph Black and 16-month-old Gabriel Simon — “followed the dictates of my heart”

Although not in principle opposed to abortion on demand, she believes abortion should not be allowed after 12 weeks

The bill, passed in the National Assembly yesterday allows for abortion between 13 and 20 weeks under certain conditions

Ferguson, who at 21 faced the “humiliation and desperation” of having a backstreet abortion, said “I was a single woman and afraid.”

However, she eventually had Ralph Black Now she cannot believe she even considered aborting him

She said in moments of meditation she “heard the voice” of her unborn child “It is a voice that is so often silenced”

Ferguson, who a year ago was nearly appointed to the committee to consider abortion, never made it after she was refused permission to sing one of her compositions in Parliament

Now when she performs she sings the heart-wrenching song Bertolt Brecht’s Infanticide of Marie Ferrera, the tale of a young girl trying to have an abortion and eventually, in desperation, killing the newborn child

Ferguson speaks of the emotional turmoil hours after the law was enacted



BLESSED: ANC MP Jennifer Ferguson with her sons Ralph Black and Gabriel Simon Nyberg

Ferguson ‘at peace with decision’

*“I am cradled so safe between mountain and sea
 So protected yet floating so flawlessly free
 I am wave I am particle
 I’m child I’m of God
 I’m the fish, I’m the star
 I’m the dream come true
 I am you”*

WHEN I was 21 I found myself pregnant afraid and very alone I sought the aid of a Mitchell’s Plain woman, who filled my womb with a lethal mixture of detergents I too know the backstreets I am at peace with my decision, knowing I was not ready to be a mother

My son, now five, could have also been an abortion I conceived at the end of a failed love affair and knew I would be raising a child, alone I was very afraid

And then, somewhere by a lakeside in Krystna, the angels opened my eyes to the perfect plan behind all the seeming suffering I experienced an extraordinary expansion of self into the lake, the reeds, the bird in the tree, the blossoms, the sky, the child growing within me The connectedness of all when we choose to say “yes” The loneliness and fear when we choose to say “no” No right or wrong, just a choice in the way we see

I conceived a child in July last year, this time in the loving circle of a man whom I love and who loves me

We were blessed with some extraordinary messages of love that came from the voice of the unborn child during our prayer and meditation “The little ones will speak, if the big ones would listen”

As one of the poignant truths uttered As are the words I began with, which we have put to song Anders Mikael and I want to share these words with the world

sometime soon — so we can understand better the profound mystery and miracle of life that is within all of us”

How all the MP's voted for the bill

209 YES

- | | | | | | |
|---------------|-------------------|------------------|-----------------|----------------|-----------------|
| Abrahams L A | Finla N B | Mame M S | Nash J H | Shope N G | Bakker D M |
| Andrew K M | Fraser Moleketi G | Manuel T A | Noirane Z I | Shope N R | Beesheim A K |
| Arendse J D | Gandhi E | Mapisa Ngakula N | Ncube N Z | Sigcau S | Bester B C |
| Asmal A K | Gcabeshe S J | Marcus G | Ndlovu M C | Sikakane M R | Beyers A S |
| Baloy S F | Gcina C I | Marsh D W | Ndlovu M C | Singh L | Bikitha P I |
| Bam N J | George M E | Marshoff F B | Ngou J A | Sisulu L | Byela B P |
| Bekker H J | Golding M J | Marthus B A D | Ngou R S | Sisulu N A | Blas A |
| Bekker J F P | Gonwe T M | Masamba H J | Neerahoo H M | Sizani R K | Botha W A |
| Bengu S M E | Gonwen A D | Mathebe P | Ngwenya L B | Skosana W M | Botha W J |
| Bhegula N T | Gumede D M | Matthews V J | Ngwenya M L | Skweyga Z S T | Carnerer S M |
| Byela N T | Gumede D M | Mauriye M M | Nhlanhla J M | Smith P F | Carrese G M E |
| Booi M S | Hangeana N E | Mayimale H W | Niehaus C G | Sonjica B P | Choi J |
| Burning B P | Hani L | Mbeki T M | Nkomo S A | Stofle M A | Chuenyane L D |
| Carrim Y I | Hendrickse P | Mblowenti T T | Nkomo S A | Sutther R S | Coetzer P W |
| Cassim M F | Hangwana N L | Mdiadlana M S | Nkomo S A | Tambo A F | Cupido P W |
| Chabmers T J | Hartzenberg W A | Mientz J H W | Nkomo S A | Thabathe E | De Beer S J |
| Chakula P | Holomisa S P | Mfabe H M W | Ntshongane T E | Thomson B | De Villiers D J |
| Chibhal | Jana D P | Mkhize B R | Nwedanulswu M J | Tsenoli S L | Dowry J J |
| Chikane M M | Kekana N N | Mlambo Ngcuta P | Nyamulo S D | Tshabalala M E | Ferreira E T |
| Chobhan F | Khasu M J | Mlangeni A | Nyembe N D | Tshabalala M E | Ferreira E T |
| Coetzee M P | Kondlo N | Mngomezulu G P | Nzimande B E | Tshayeste T | Foune W L |
| Cronj P C | Kota Z A | Mnguni L L A | Olliphant D A A | Tshayeste S V | Gous W L |
| Dalling D J | Kuzwayo N E K | Modise T R | Olliphant G G | Tshayeste S V | Georges C M |
| Danhana M K D | Landers L T | Moer S E | Olliphant R | Tshayeste S V | Gous S J |
| Davies R H | Lekgoro M K | Mohamed I J | Pahad A G H | Tshayeste S V | Green L M |
| De Lange J H | Leon A G | Mochlamoynane G | Pahad E G | Tshayeste S V | Grobelaar P W |
| De Lille P | Ligege M G | Mokoena M L | Peters E D | Tshayeste S V | Groenewald R H |
| Dexter P D | Lockey D | Molekane R S | Phakathi N E | Tshayeste S V | Janse van Rens- |
| Ditza A T | Loots H G | Molewa B G | Phohlale S | Tshayeste S V | burg A P |
| Dingani Z A | Louw S K | Momborg J H | Radebe J T | Tshayeste S V | Khoza T S |
| Dlanini B O | Love J Y | Montsisi S D | Ramabulana V E | Tshayeste S V | Viljoen V |
| Dlanini C | Mabuna M C | Mposa M V | Rangobin M | Tshayeste S V | Vos S C |
| Dodgess G Q | Maduna P M | Mphahwa M B | Rantso M M | Tshayeste S V | Woods G G |
| Du Toit D C | Maitlo M T | Mphenle M | Ratshlanga R | Tshayeste S V | Zitha D A |
| Duma M W | Mahlalela A F | Mthembu-Nkondo S | Riponga S S | Tshayeste S V | Zondo P |
| Dyani M M Z | Mahlangu G L | Mtsheni N S | Routledge N C | Tshayeste S V | Zulu M I |
| Eglin C W | Mahlangu N J | Mufatani F S | Schreiner J A | Tshayeste S V | Zuma N C D |
| Ellis M J | Mahlele S S | Mushwana G M | Scott M I | Tshayeste S V | |
| Fani L M | Makwella S P | Myakayaka Manzi | Sepoepene M S | Tshayeste S V | |
| Fansani T S | Malebo S M | Maloney L | Serote M W | Tshayeste S V | |
| Fazze E | Malumise M M | Naidoo J | Sinabangu S | Tshayeste S V | |
| Fazze H M | | Nair B | Shilubana T P | Tshayeste S V | |

5 ABSTAIN

- Chant E J
 Ferguson J
 Graaff D d V
 Mars I
 Seaton S A

ANC MPs let off the hook on abortion vote

BD 31/10/96 (237)

Wyndham Hartley

CAPE TOWN — A last minute softening of the ANC's attitude to voting on the "abortion Bill" allowed party members, including Justice Minister Dullah Omar and Deputy Education Minister S Mangoliswa Mkatshwa, to absent themselves from yesterday's vote.

There were about 50 seats in the ANC benches that were unoccupied during the vote and prominent Muslim members were among those missing.

The controversial Bill, which has been vigorously debated, was resoundingly approved by 209 votes to 87 with five abstentions. ANC Catholic nun Bernard Ncube was among those who voted for the Bill.

Once the Bill has been signed into law by President Nelson Mandela, it will allow abortion on demand for up to 12 weeks of pregnancy. The NP, however, is awaiting a legal opinion on its plan to challenge the legislation in the Constitutional Court.

Contrary to a ruling by house chairman Aubrey Mokoena that one more than half of all elected members needed to vote for the measure — 201 of the 400 — all that was needed was a simple majority of those present. With 209 of the 301 members present voting for the measure it was apparent that it enjoyed substantial support.

ANC sources said that the tough ANC position that all members should be in the house and should vote accord-

ing to the party line was softened earlier this week on the basis of "we can force you to vote for the measure, but we cannot force you into the house".

Omar can be excused on grounds that he had justice Bills in the Senate to attend to but Mkatshwa had no such responsibilities.

When the Bill was put to the vote the NP called a division, meaning that the votes of all members would be recorded. The NP and the IFP allowed a free vote while the DP supported the Bill. The final tally followed party lines with the exception of the NP's David Graaf and several IFP members who exercised their free vote and abstained.

Comment: Page 17

The MINISTER OF HEALTH Mr Chairperson, this is a longish answer Will you allow me to Table it?

The DEPUTY CHAIRPERSON OF COMMITTEES Order! Yes, you may Table the answer

Dr R RABINOWITZ Mr Chairperson, we had considered asking a supplementary question which was likely to arise out of the Minister's reply Can one ask a supplementary question, or must one wait for the Minister's reply? [Interjections] It is a question likely to arise out of the Minister's reply

The DEPUTY CHAIRPERSON OF COMMITTEES Order! Hon member, we will wait until the Minister replies You may then read the reply and ask her the question directly in writing [Interjections]

(Reply laid upon Table with leave of House)

The MINISTER OF HEALTH

(1) Recognising the seriousness of the problem, the Department of Health is in a process of implementing a new country-wide control strategy called Directly Observed Treatment—Short Course (DOTS) The DOTS strategy focuses on patient-centred care, cost-effective diagnosis through smear microscopy, effective standardised treatment regimens, supporting patients through directly observed treatment and monitoring treatment outcomes through cohort analysis using the tuberculosis register

- A task group of 40 international and national tuberculosis experts reviewed the implementation of the new strategy in all nine provinces The plans, which include the TB review recommendations, are in the process of being implemented at present
- Goal 85% cure rate for new smear positive (infectious) cases by the year 2000 Curing these cases is the best way of preventing the spread of TB
- The objectives of the plans are as follows
- High-level commitment and awareness of the TB epidemic
 - Improving TB management at all levels
 - Ensuring adequate TB laboratory services

A Laboratory Task Group has been formed to upgrade and extend laboratory services and establish a peripheral microscopy network Fifty new microscopy centres will be established in the next year to diagnose and monitor the cure of TB patients

Improving the monitoring of cure

A recording and reporting system (the TB patient register) was initially implemented in January 1995 to monitor case finding and cure rates

An intensive training programme in the utilisation of the register and the implementation of the DOTS strategy is conducted throughout the country

• A TB Operational Centre has been established to monitor the progress of the implementation of the recommendations of the review Feedback from the provinces according to specific indicators is being collected so that the centre can rapidly evaluate progress in order to provide the support needed

*The National TB Control Programme is working with SADC countries to combat the TB epidemic by participating in the Southern African TB Control Initiative (SATCI) SATCI is attempting to standardise TB Control throughout the Southern African region in order to improve cure rates through consistent care

(2) During the above mentioned period 119 405 new TB cases were notified

(3) It is estimated that 1% of the new cases are due to MDR

(4) (a) Provincial budgets will be targeted to implementing directly observed therapy (DOT) Actual amounts dedicated to DOT cannot be determined as it includes staff time and collaboration with non-governmental organisations (NGOs) and volunteers who are also involved in DOT

(b) It is not the policy of the Tuberculosis Control Programme to test school-children and workers routinely for the disease as that is not economically justifiable Schoolchildren and work-

ers are only tested when they develop symptoms or are household contacts of TB patients coughing up TB bacilli in their sputum This is in line with World Health Organisation recommendations, since the only people who present a threat to the health of the public are those who are spreading the disease to others

Abortions: nurses compelled to assist doctors

*2 Mrs P W CUPIDO asked the Minister of Health †

(1) Whether she or her Department will compel nurses to assist doctors when abortions are carried out, if not, what is the position in this regard, if so,

(2) whether any action will be taken against nurses who refuse to assist doctors during such abortions, if not, what is the position in this regard, if so, what action,

(3) whether she will make a statement on the matter? N2185E

The MINISTER OF HEALTH

(1) Abortions are performed and will be performed within the framework of the law

(2) Falls away

(3) No

Macro-economic plan

*3 Mr J W MARREE asked the Minister of Finance

(1) Whether he or his Department intends proceeding with the Government's macro-economic plan, particularly in regard to privatisation, if not, what is the position in this regard, if so, what are the relevant details,

(2) whether he or his Department has consulted with and/or obtained the co-operation in this regard of a certain trade union, the name of which has been furnished to his Department for the purpose of his reply, if not, what is the position in this regard, if so, what are the relevant details? N2186E

The MINISTER OF FINANCE Chairperson, I think that we need to teach the hon Dr Odendaal some manners in this House

(1) Yes My Department is proceeding with the implementation of the macro-economic plan, both directly and indirectly directly in the areas where my Department has the primary responsibility for the implementation of certain elements of the plan, particularly in the area of fiscal policy, and indirectly in collaboration with the Deputy President and my Cabinet colleagues In the process Government is also proceeding with the process of restructuring of State assets, which will include certain privatisation options

The restructuring of State assets is being undertaken within the context of the National Framework agreement, which was concluded between Government and labour earlier this year The implementation of the restructuring initiatives, within the framework of the agreement, is overseen by my colleague, the Minister for Public Enterprises

HSBC has recently been appointed in the Ministry for Public Enterprises to advise Government on issues pertaining to the restructuring of State assets An Oversight Committee has been appointed to direct the work of the advisers My Department has been appointed to direct the work of the advisers My Department is actively participating in the work of the Oversight Committee, which reports directly to an Inter-ministerial Cabinet committee, of which both the Deputy Minister of Finance and I are members

(2) No Neither my Department nor I have directly consulted with any specific trade union in regard to the issue of privatisation Labour has, however, been party to the discussions since the start of the process involving the restructuring of State assets, through the various fora that have been created for this purpose The Office for Public Enterprises has also made funds available on its budget to labour, for the appointment of its own advisers, to assist it in its participation in the restructuring process

Mr K M ANDREW Chairperson, arising out of the hon the Minister's reply, may I ask him, since the economic action six-pack announced by the Executive Deputy President in 1994, and the privatisation plans also announced by the Execu-

five Deputy President in November 1995, which enterprises, if any, have been privatised by this Government since 27 April 1994?

The MINISTER Chairperson, I am not aware that privatisation was included, even as a word, in the restructuring or belt-tightening exercise known as the six-pack, nor am I aware of a privatisation plan announced by the Deputy President in November last year. I am, however, aware of a process of restructuring of State assets which is under way. Certain restructuring activities are taking place in a number of institutions, and I think that the hon Andrew is well aware of processes, in respect of Telkom, which include the selection of a strategic equity partner, to be effected, hopefully, within this fiscal year still.

Mr K M ANDREW Chairperson, further arising out of the hon the Minister's reply, may I then ask him this, if he would like me to use the euphemism of "restructuring of State assets." Since this Government came to power and those various announcements were made in terms of the restructuring of State assets plan, which was supposed to have some priority, which State assets of any consequence, if any, have been sold by the State?

The MINISTER Mr Chairperson, restructuring has one legal definition, and selling and alienation another. They are not the same, and they should not be conflated. There is a process that takes place, and if the hon Andrew would care to visit us sometime, we would give him some literature on processes of restructuring around the world. In the UK, where restructuring processes started in 1979, that is still ongoing. In New Zealand, where it started in the early 1980s, it is still ongoing. The countries that have been most cerebral about the processes of restructuring have done it best. We have said before that we are not going to have a bargain-basement sale in this country, because generally we, as taxpayers, will all be the losers if that is the route pursued. I think that I am hearing the hon Andrew requesting that we have a bargain-basement sale now. It is an ill-advised route.

Mr K M ANDREW Chairperson, I thank the hon the Minister for the lecture [Interjections.] Further arising out of his reply, I understand that not all restructuring of State assets is privatisation or sales, but I think that he would agree that one of the options within restructuring of State assets is the sale of some State assets. So I would like to ask him directly whether I should interpret his answer as being that since this Government came

into power, no State assets of any significance have been disposed of, ie sold, until now?

The MINISTER Mr Chairperson, the hon Andrew pretends that he was not sitting in this House before the election. The answer is clearly no. I wish he had shown the same nerve when he was sitting here with the NP in Government [Interjections.]

Business interrupted in accordance with Rule 199(3) of the Standing Rules for the National Assembly.

*4 Mr J CHOLÉ—Safety and Security † [Withdrawn.]

Farmers murdered on farms

*5 Mr J W MAREE asked the Minister for Safety and Security †

(1) How many farmers were murdered on their farms during the latest specified period of 12 months for which information is available,

(2) whether he or the South African Police Service has taken or intends taking any steps to protect farmers on their farms, if not, why not, is so, what steps?

N2188E

The MINISTER FOR SAFETY AND SECURITY

(1) A total number of 121 farmers were murdered on their farms during the period January to December 1995.

A total number of 46 farmers were murdered on their farms during the period January to June 1996.

(2) Yes

Though various measures have been implemented at regional and even station level to safeguard the residents of these abodes, statistics still remain disturbingly high. The following measures were taken by the South African Police Service to enhance the security of people on farms and small holdings:

— Regular farm patrols are being carried out, especially to farms inhabited by elderly farmers.

— Regular meetings are being held with farmers to emphasise the importance of safety measures.

— Manuals/pamphlets focusing on measures to improve security on farms and smallholdings are being distributed and farmers as well as residents of smallholdings are kept informed of crime prevention strategies.

— All Agricultural Unions, farmers' associations and farm watch systems are being involved in Police Community Forums.

— A large number of farms are in regular radio contact with the SAPS.

SAPS: investigation by gold and diamond branch

*6 Mr D H M GIBSON asked the Minister for Safety and Security

(1) Whether a certain person, whose name has been furnished to the South African Police Service for the purpose of his reply, is currently under investigation by the gold and diamond branch of the SAPS, if so, (a) in connection with what activities is the said person being investigated, (b) what progress has been made with the investigation, (c) when is it envisaged that the investigation will be completed and (d) when was the investigation initiated,

(2) whether extradition proceedings against the said person are being considered, if not, why not, if so, what are the relevant details?

N2189E

The MINISTER FOR SAFETY AND SECURITY

(1) Yes

(a) Illegal possession of unwrought gold

(b) The investigation, which involves R4,8 million is still ongoing and at the moment relevant documents are outstanding from Switzerland.

(c) It will be completed when all the relevant documents have been received from Switzerland.

(d) January 1995

(2) The steps regarding extradition proceedings will depend on the outcome of the investigation.

Fuel bought with forged note

*7 Dr W A ODENDAAL asked the Minister for Safety and Security †

(1) Whether the South African Police Service has received a complaint in respect of a person who recently bought fuel in Table View with a forged R100 note, if so, what are the relevant details,

(2) whether he will make a statement on the matter?

N2190E

The MINISTER FOR SAFETY AND SECURITY

(1) Yes

On Sunday, 15 September 1996, Mr J Naidoo, Minister for Posts and Broadcasting Telecommunication bought fuel at the Sandown Service Station, BP, 1 Sandown Road, Table View. He paid for the petrol with a R100 note. After he left it was established that the note was false.

Minister Naidoo only became aware of the fact that, unbeknown to him, he had paid with a false R100 note, when his attention was drawn to an Afrikaans newspaper article on 18 September 1996. He contacted the investigating officer, made a statement, and personally contacted the petrol station manager to apologise for any inconvenience caused. He also issued a cheque to the petrol station for R100.

According to the investigating officer, the matter was investigated by the police and a docket was placed before the Senior Public Prosecutor of Cape Town. On 4 November 1996 the Senior Public Prosecutor declined to prosecute and it could not be established that Minister Naidoo knowingly used a falsified note.

(2) No

THE MINISTER OF HEALTH

with more than 200 applications for acquisition of land in terms of this Act

(d) Forced removals are being addressed in terms of the Restitution of Land Rights Act, 1994. Approximately 11 130 claims have so far been lodged with the Commission on the Restitution of Land Rights. Five of these cases have been referred to the Land Claims Court and the first claim has recently been approved by the Court—the Elandsloof community in the Western Cape. A large number of claims which had commenced before the implementation of the above-mentioned Act, have already been processed by the Department. Twenty-eight communities have been resettled on their land.

(e) The Department provides a limited service for legal assistance to communities. The planning grant, made available in terms of the Land Reform Programme provides land reform beneficiaries with resources to obtain legal assistance during land transactions and the formation of legal entities. Both the Restitution of Land Rights Act, 1994, and the Land Reform (Labour Tenants) Act, 1996, have been designed in such a way as to make it possible for all South Africans to submit and support their applications without, or with limited, legal representation. Where appropriate the Department will advise landless communities on how to access legal services, and actively promotes the assistance offered by the Legal Aid Board.

HIV/Aids: abortions free of charge

*40 Ms S C VOS asked the Minister of Health

- (1) Whether pregnant women who have tested positive for HIV/Aids and request abortions are or are to be allowed to undergo abortions free of charge at all State facilities capable of performing abortions, if not, why not, if so,
- (2) whether she or her Department has instructed any such facilities to provide this service, if not, what is the position in this regard, if so, what are the relevant details,
- (3) whether she will make a statement on the matter?

N2117E

THE MINISTER OF HEALTH

(1) Patients who are HIV positive or who have Aids and are pregnant, are treated as any other patient who is pregnant. If a mother requests a termination it is examined under the provisions of the present Act and if she does not have medical aid she is treated free.

(2) The institutions manage HIV/Aids patients as they manage other pregnant women. The position is that pregnant women, whatever their health status, are treated free at state facilities. The facilities have thus not been specifically instructed.

(3) No

Reply in substitution of reply to Question *26 on 30 October 1996

Sale of arms to Rwanda

*26 Mr J A MARAIS asked the Minister of Defence

(1) Whether the Government is considering the sale of arms to Rwanda, if not, what is the position in this regard, if so, (a) what arms and (b) what will be the total cost involved in this transaction,

(2) whether any of Rwanda's neighbouring countries have been consulted on this matter, if not, why not, if so, what countries,

(3) whether he will make a statement on the matter?

N2095E

THE MINISTER OF DEFENCE

Yes. The Government through the National Conventional Arms Control Committee has authorised the sale of certain defensive materials to the Rwandan Government.

(a) It is not the custom of Government to disclose full details of contracts with foreign countries.

(b) The value of possible contracts is R68 884 287.

(2) Yes. East African countries (Great Lakes Region) were consulted. It is not the custom of Government to disclose the

names of countries with which it has held discussions on sensitive matters

(3) Yes. I refer the hon member to a press release made by the Office of the Chairperson of the National Conventional Arms Control Committee on 26 September 1996 which reads

"In the light of changed circumstances, the Cabinet Committee on Arms Transfers has decided to authorise the sale of certain defensive materials to the Rwandan Government.

The decision was taken in Pretoria today (26 September 1996) by the National Conventional Arms Control Committee chaired by Cabinet Minister Prof Kader Asmal, MP. It accords with a United Nations Security Council statement lifting the arms embargo against the Rwandan Government—but not against non-government forces—from 1 September.

Neighbouring Central African States were consulted and indicated that they supported the supply of arms to the Government of Rwanda to enable it to address the security threat to the legitimate government of the country."

For written reply

Home Affairs: advisers employed

823 Mr W A HOFMEYER asked the Minister of Home Affairs

(1) In respect of all advisers employed by his Department since 1994, (a) what are their (i) names, (ii) rates of pay and (iii) job descriptions and (b) at which offices are they based,

(2) whether he will furnish a schedule in respect of each adviser, (a) indicating for each business day whether or not such adviser was in his or her office where he or she was based and (b) indicating for each business day on which such adviser was not in his or her office, (i) where he or she was, (ii) the reasons for his or her absence, (iii) whether such adviser was on official business or not, (iv) whether he or she had permission to be absent, (v) the cost of his or her absence and (vi) the steps that were taken in cases of unauthorised absence to

(aa) discipline him or her and (bb) recover the appropriate amounts from his or her salary?

N1460E

THE MINISTER OF HOME AFFAIRS

(1) (a) Dr M G R Orani-Ambrosini

(ii) R28 800 per month

(iii) Dr Orani-Ambrosini performs a specific advisory service in respect of the following

(a) To follow legislative, constitutional and institutional activities and processes at national or provincial level and to report and/or advise on any matter which may be related to my functions, tasks and responsibilities

(b) To participate in conventions, seminars and other forums where policy, legislative or constitutional issues are being discussed and report and/or advise on any matter related to my functions, tasks and responsibilities

(c) To organise a service of research, documentation and analysis on policy, legislative and constitutional issues in connection with any matters which may be taken into account by myself in the performance of my functions, tasks and responsibilities

(d) To liaise with domestic and foreign entities and individuals with respect to any matter falling within his responsibilities and tasks and to report and/or advise thereon

(e) To assist with any other matter or task which I may instruct him to perform from time to time

(b) For accounting purposes, Dr Orani-Ambrosini's headquarters is regarded

Central African refugees pour into Cape Town

(236)

ANDREW SMITH
STAFF REPORTER

ARC 14/11/96

Hundreds of refugees from war-torn central Africa are in Cape Town and the city is bracing itself for an influx of thousands more fleeing the conflict in Zaire, Rwanda and Burundi.

Immigration officials say there are already 548 registered refugees from the area in Cape Town, many of them trading on the streets.

The Department of Home Affairs expects many more.

Initiatives have begun to send an international peacekeeping force to the region and South Africa has agreed to take part in the operation.

Head of the police illegal immigration department in Cape Town, Naudé Hopper, said there could be thousands of refugees in the city by the end of the year. Inspector Hopper said the refugees were coming by road from Johannesburg and Namibia.

Jaco Duckett, Department of Home Affairs head of refugee affairs in Cape Town, said the refugees registered at the department's office in Customs House on the Foreshore and were accepted if they claimed to be under threat of persecution in their home countries because of race, political belief, nationality or association with any social group.

The refugees from Zaire, Rwanda and Burundi were issued with permits.

Mr Duckett said it was then up to a Home Affairs review board in Pretoria to decide if the refugees were allowed to stay or were shipped back to their countries.

'Census is on track'

MtG 15-21/11/96

(236)

Stuart Hess

SOUTH AFRICA'S first census since the establishment of a fully democratic government looks like it will be a success, say census organisers. An undercount of only 2% is foreseen.

With the counting of the nation nearing completion, the preliminary results are expected late in January.

The census has not, however, always gone smoothly and major problems were experienced, especially in farming communities where farmers in areas such as Mpumalanga and the North-West refused to let their labourers take part.

According to Walter Ndlovu, a census representative for Mpumalanga, some farmers blocked enumerators from entering their farms. "The reason is purely political — many of them are racist," he said.

In the North-West, farmers claimed to be busy ploughing and thus unable to allow enumerators on to farms. Census officials in the region believed this was only an excuse to deny them access. "Farmers don't want to let people know under what trying conditions labourers work," one official said.

The enumeration period ended on October 31 but regional offices contacted this week said they needed more time to get to inaccessible areas. They expected to complete the count by the end of November. Most provinces said they had already counted more than 90% of their people.

In the Western Cape more than 92% of the population has been counted. "The slowest area so far is the Boland due to the huge distances between farms and all the rain," said Shahueda Hendricks, a Cape census representative.

Hendricks said people in Khayalitsha had refused to fill in the Xhosa questionnaire because it was badly translated. "We then had to get more English questionnaires,



We've got your number
A census official takes down the details of a Joubert Park resident

PHOTO
SIDDIQUE
DAVIDS

which they were happy to answer."

Counting has been especially slow in Gauteng and KwaZulu-Natal. In Gauteng, there were too few enumerators. Difficulties were also experienced gaining access to property with security fences and aggressive dogs.

A random sample shows, too, that census officials have not always been quick to collect completed forms. A resident of Parkview, Johannesburg, said his form had not been collected despite numerous calls to the local census office. "I was told to leave it in the let-

ter box after I had filled it in," he said. When the form was still not collected a census official told him "We are not here to sort out problems of collection."

Enumerators in KwaZulu-Natal said fighting had created difficulties. "In many areas where there was faction-fighting we were accompanied by the police. We had to count the people and once we were finished they could continue fighting," said KwaZulu-Natal census representative Agrippa Ngcobo.



Home Affairs: One step forward ...

After top-level intervention, the Department of Home Affairs has taken a new look at work permits for foreigners, writes **Marion Edmunds**

I took the Irish ambassador to jog the South African government into realising it needed to ease up on its immigration rules to allow foreign investors, and foreign government-sponsored consultants into the country.

After top-level intervention, the Department of Home Affairs has taken a new look at work permits for foreigners, writes Marion Edmunds. I took the Irish ambassador to jog the South African government into realising it needed to ease up on its immigration rules to allow foreign investors, and foreign government-sponsored consultants into the country.

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M + G 15/11/96

izens who wished to work in South Africa.

O'Toole said he had responded to a call for help from an Irish citizen who was battling to get a work permit to work in a company in Cape Town, which is a subsidiary of an Irish firm and employs about 13 South Africans

"I discussed this with my European colleagues and found that the problem was quite widespread. Then I discussed it with everybody I could find, including the Deputy Minister of Foreign Affairs, Aziz Pahad. I wrote a letter to the Minister of Home Affairs, Mangosuthu Buthelezi

"It seems that things have improved because of these discussions. South Africa has its own rules, I understand, but you need foreign investment for employment."

Thanks to the ambassador's intervention, Home Affairs now automati-

cally gives two-year work permits to Europeans who are coming to South Africa to work in European-based subsidiary companies. Their spouses and children automatically get permits as well.

And while that may be a giant leap forward for Home Affairs, South Africa's image abroad was tarnished this week by media reports that a high-level consultant, appointed by the German government's Credit Institute for Reconstruction, had had difficulties getting the right papers to stay in South Africa.

Home Affairs originally did not want to provide the consultant, James Hokens, with a work permit because he did not have a German service passport. The German embassy could not give him either because he was an American national.

"The matter is being resolved," said

Hokens from Johannesburg this week. "The Department of Housing has been negotiating with the minister of home affairs to sort this out and I have now got an exemption. It was just a pain because I could not open a bank account and had no legal standing when I arrived. It also hampered the development of the project."

Hokens is the chief technical advisor to the Rural Housing Loan Fund through which a sum of 50-million Deutschmarks is being channelled for housing. He said negotiations between the two governments were reaching a conclusion, and "great progress had been made", despite the negative reports from Bonn.

Hokens, who worked in Namibia after independence, said South Africa would eventually realise the need to co-ordinate the departments of Foreign Affairs, Finance and Home Affairs

in order to facilitate investment. "It took Namibia four years to realise the need for co-ordination across ministries and eventually they set up a planning commission in the Finance Ministry to work this out. Once South Africa does the same people will find it easy to invest. The problems encountered now are a reflection of a country just emerging into the global economy. There is a need for some flexibility and understanding by government ministries, otherwise people can be very legalistic and unconstructive."

According to the German embassy's Jutte Wolke, things improved after the Irish ambassador made representations to the South African government.

"We were able to bring in a brass band earlier this year without them having to have work permits so we are seeing an improvement in our cultural exchanges."

Mozambique welcomes SA farmers

(237)

Sowetan 28/11/96

By Russel Molefe

THE South African Chamber of Agricultural Development in Africa believes that South Africans who are to farm in Mozambique will play a major role in uplifting the economy of that country

Sacada project manager Mr Jan Pelsler said a group of 14 farmers are

already in Mozambique and have met with Mr Aires Aly, governor of Niassa Province where the farmers have been allocated pieces of land

Their arrival was in accordance with the Mosagruius Agreement between Mozambique and South Africa. More than 100 farmers will also be settled there within the next three years

Although there were accusations that Mozambican authorities were selling "the land bit by bit to foreigners", Pelsler said the local population fully supported the farmers

"The farmers will not buy the land. They are going to work with the local population as agreed with the Mozambican authorities," Pelsler said

New moves to rescue SA's refugees

(236)

Star 16/11/96

By NEWTON KANHEMA

National and Gauteng officials are reassessing government policy in a bid to find ways to help desperate asylum-seekers and refugees who have been living in "inhumane conditions" in the province.

Following the *Saturday Star's* report on the poor conditions in which Somali refugees were living on the East Rand, the South African Red Cross Society has instituted an investigation into the activities of its regional offices responsible for assisting refugees and asylum-seekers.

"We will be looking at how much we have spent on refugees and we would like to identify the people who benefited. And I can assure you that we do not accept incompetence in our organisation. This is embarrassing to our organisation," said Red Cross spokesman Jon Hands. "Action will be taken, you can rest assured."

Since 1994, the Department of Home Affairs has received 20 000 applications for refugee status. Of these, 9 600 have been processed, 3 000 have been granted, while 4 700 have been rejected. There are still 10 300 unprocessed applications.

After publicising the plight of refugees in the *Saturday Star*, this newspaper has since discovered hundreds of refugees in the same appalling living conditions as those in Boksburg.

"The Boksburg situation which you reported on is just a window into a crisis that the refugees are facing in South Africa. The crisis has grown so big that it is no longer possible for non-governmental organisations to contain," said a spokesman for the African Muslim Agency (AMG), which spends R30 000 a month helping Muslim refugees.

The agency says it is helping Muslim refugees mainly because it is a non-profit organisation which receives donations from the South

African Muslim community. "We have distributed bales of blankets and food among refugees but the situation is getting desperate because our agency cannot cope with the ever-increasing problem."

Officials of the Department of Home Affairs have since started discussions with the Gauteng government to locate accommodation for refugees which will be paid for by the department. This will be in contradiction of the South African Government's policy on refugees.

"We want to help refugees live like other human beings," said home affairs spokesman Claude Schraevensande.

Land allocation

In poor countries like Swaziland, the government allocates land for cultivation to the refugees to try to promote self-sufficiency.

European and North American governments assist with the essentials of life and pay for schooling of adults and their children. South Africa, however, has no policy of spending money on refugees.

The Red Cross receives a vote on its budget from the UN High Commissioner for Refugees (UNHCR) to assist refugees.

Schraevensande said the Government did not support refugees materially, but a green paper on migration to be tabled next year would look into the matter.

"We have not been excited yet and since the publication of your article we have all received mattresses, food and clothes from Muslims from Morocco and a Christian woman by the name of Diana," said one of the Boksburg-based Somali refugees.

At a shelter in Doornfontein, Johannesburg, 60 more refugees from Rwanda, Ethiopia, Sudan and Burundi live huddled together.

Blind Ethiopian refugee Berhanu Deboch (28) said he had gone to the Red Cross for assistance.



IN DARKNESS: A blind Ethiopian refugee in a Doornfontein city shelter

PHOTOGRAPH ANTON HAMMERL

"They told me that they don't help blind people and they asked me to leave. I then went to the police and asked them to take me to the Roman Catholics, who in turn brought me to this place - 'Welcome Home Shelter'."

"It is tough here but it is better than living on the street," said Deboch.

Rwandan Ali Makengo Ruchimira has been at the shelter for two years. He has managed to survive on the food supplied by the shelter. "Some days we go begging but some of us have received assistance from

the African Muslim Agency." UNHCR spokesman Yussuf Hassan said his organisation was appalled by the conditions in which they found the refugees.

"I was shocked and outraged by those conditions. I was not ready to see such conditions. I was surprised that there are such places in this country," said Hassan.

The chairman of the Red Cross Society, Keith Gower, said that if the situation was like that, it was "totally unacceptable".

"We will also provide the essen-

tials of life to asylum-seekers and those with refugee status."

The refugees, who have been living in these conditions for two years, allege that Red Cross officials had told them that they would not get accommodation because they were Muslims.

"We feel the statement is completely insensitive and untrue. Neither religion nor country of origin are taken into consideration when dealing with our clients," said Red Cross representative Mosadi Rutelelenaiso Machaba.

10 months to get here, but Clara could be sent back

From page 1

(236)

ARG 19/11/96

status. She was sent to the Department of Home Affairs where she received a Section 41 permit allowing her to stay and work until the department decided whether to give her and her family official residence status.

If the Government denies her application, she will be sent home.

"It was a long and exhausting trip but we had to keep going to get away, far away," she said.

Mrs Lhota, who lives with her family in Muizenberg, said she would love to be able to go home where "all the people are warm and friendly, unlike here where you can't make any friends".

Naimaat Gamildien, chairman of the Cape Town refugee forum and co-ordinator of the refugee project at the trauma centre, warned that there were only 3 800 refugees in Cape Town, a minute number in relation to the police estimate of nearly 9 million illegal immigrants in the country.

"People must realise that there is a big difference between refugees and illegal immigrants. Refugees have to pass a strict screening test by the Department of Home Affairs and have to prove they have been persecuted. If they fail the test they are sent home," she said.

She added that in many cases it was safer for illegal immigrants to stay unknown than to fail the refugee test and be sent home.

Once refugees have registered with the department, the centre helps to find them work and places to live and gives them information about services such as medical and social help.

It also offers educational support for children and adult training.

The Catholic Welfare and Development Centre also offers help in finding accommodation and the Red Cross Society offers food and material assistance.

The Cape Town Refugee Forum was formed in 1993 to formalise a network of groups supporting the refugees.

According to police sources, most of the refugees in Cape Town are street vendors like Mrs Lhota. She sells wooden curios which she buys from people bringing them here from southern African states.

Africa's flood of misery pours into Cape Town

From page 1

they are ineffective at night," Major-General Pool said

He was aware of refugee camps run by the United Nations in Namibia but the number of people said to be in them was not an accurate reflection of the flood of aliens pouring into South Africa

"Most definitely don't apply for refugee status in Namibia or in South Africa because they prefer to remain incognito when they finally get there," he said

Namaqualand's acting police commander, Gert van Wyk Esterhuyze, confirmed the seriousness of the border problem.

"The only means at our disposal are roadblocks and still the area is too vast to apprehend most of the illegal aliens. There

is an area of nearly 100km where people can choose to cross," he said

There was hardly a country in Africa from which people had not illegally entered South Africa. People from as far north as Nigeria and Somalia had been caught.

According to a report by the police Internal Tracing Unit, there are only six police in Cape Town available to arrest illegal immigrants.

The report says by the end of last year only 167 000 of an estimated 8,2-million illegal immigrants had been repatriated.

Illegals are costing about R210-million a year.

"Such costs raise fears that the additional demands made on the Reconstruction and Development Programme by illegals may well lead to its failure," the report says

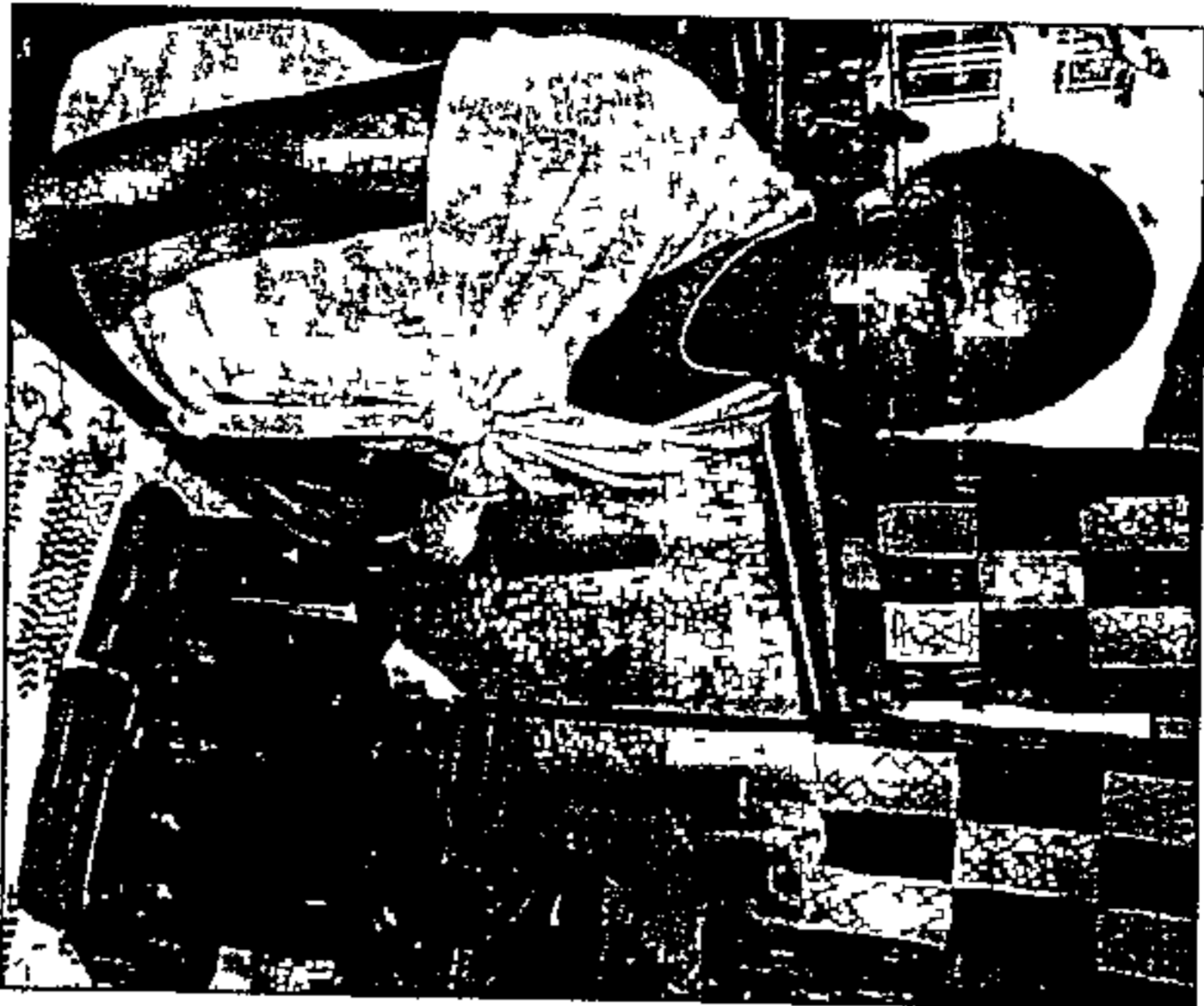
ARU 19/11/96

(236)

Africa floods into Cape Town

War refugees, job-seekers changing the face of city

(23b) ART 19/11/96



Zairian refugee Clara Lhota took 10 months to reach Cape Town

ANDREW SMITH
STAFF REPORTER

A human flood is heading for Cape Town from strife-torn Central Africa as thousands flee war, political persecution and economic hardship for a better life in South Africa.

There are said to be a staggering 8.2 million illegal immigrants from Africa in the country already, aggravating crime and costing authorities hundreds of millions of rand a year.

Police say illegal immigrants are streaming through Namibia, which has an



Trader Abdullah Kar from Senegal ekes out a living in the city

uncontrolled border with Angola. They then risk their lives crossing into South Africa by swimming the Orange River or bribing drivers to seal them in the back of long-haul trucks.

Police say they have found several bodies along the river, apparently people who drowned when a load of books on his back became waterlogged, dragging him under.

Most of the drownings go undetected because they happen at night and often when the river is in flood.

Among those smuggled across the border in the back of trucks were 28 people

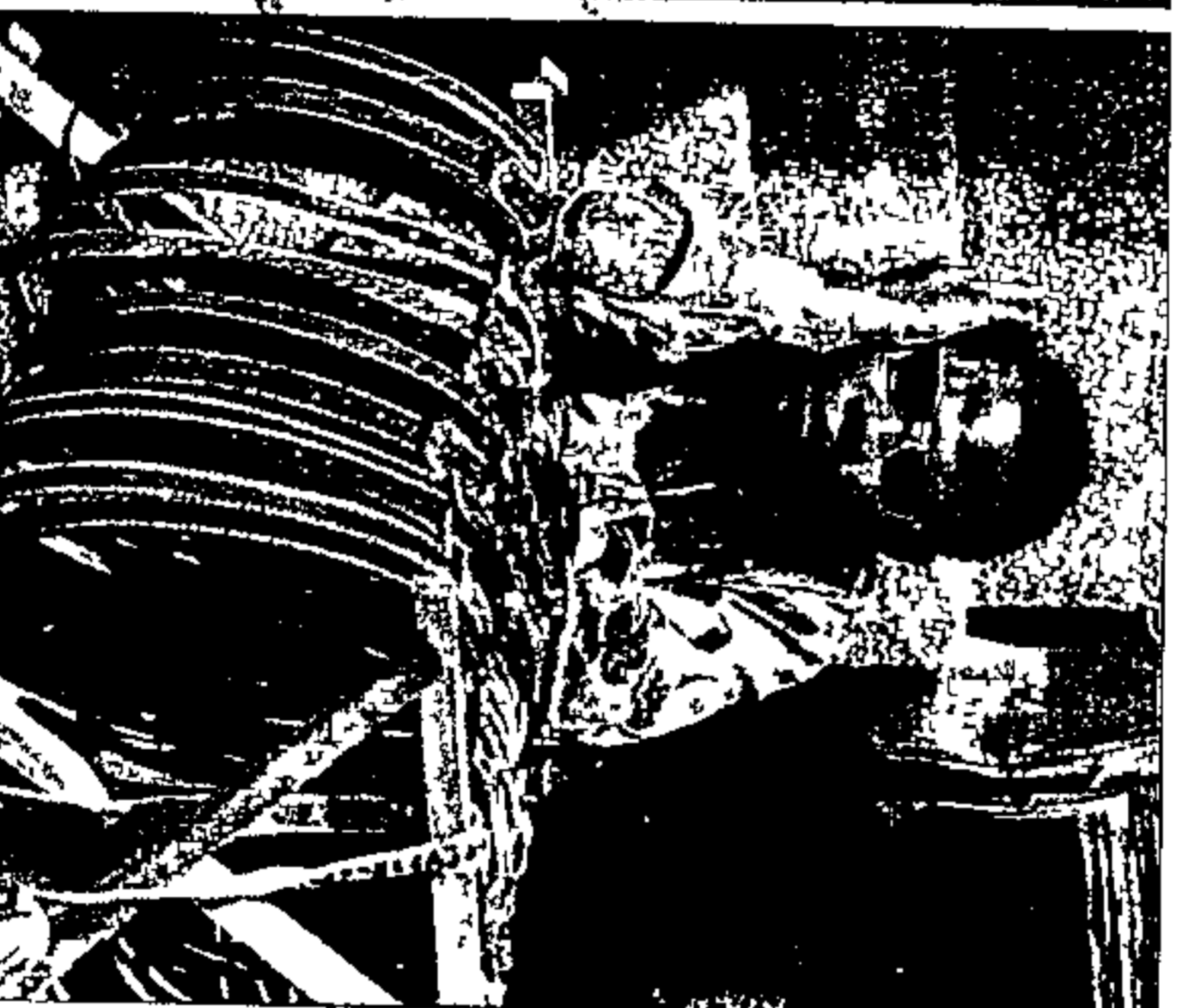
hiding in a refrigerated lorry. Police discovered them at a border post. If they had continued their journey they could have frozen to death.

Those who make it over the border head for Cape Town along the N7 national road.

Namibian and South African police say borders in northern Namibia and the South African-Namibian border at Vlooi-drif are impossible to control.

Martin Pool, Namibia's deputy inspector-general of police, said it was impossible to estimate how many illegal border crossers went undetected every day.

People from all over Africa were choos-



Buckling under Abubakar Traimi from Senegal sells leather goods

ing the area around Vlooi-drif as an entry point into South Africa because they knew it was easy to get into Namibia from Angola under an open border agreement between the two countries.

The post on the Namibia-Angola border on the Kunene River was ineffective in keeping people out of Namibia as it was in the wrong spot.

The Orange River boundary between Namibia and South Africa was difficult to patrol because of its great length.

"We have foot and helicopter patrols but

To page 3



Legal papers: Mohamad Deoer from Senegal shows his permit to stay and work in South Africa

Clara's 10-month trek from the war

ANDREW SMITH
STAFF REPORTER

Clara Lhota is a 19-year-old immigrant who reached Cape Town at a refugee camp in Zaire.

She is one of 300 refugees living here and eagerly awaiting peace in her country so she can take her family home.

Her worst fear is that the South African Government will send her home before the

bombing is over. She said the majority of her people living in her home town of Kassins were butchered by government forces during what she called a political struggle.

When her home and her shop were burnt to the ground, she, her husband and their two children began a 10-month trip by lorry which ended at the Yvonne Centre for Victims of Violence in Cape Town, where she was advised to seek refugee status.

To page 3

Task team to look into immigration

sewetan 21/11/96
(236)
It has been highlighted that illegal immigrants were not protected by law

By Pamela Dube

WITH THE INFLUX of illegal immigrants in South Africa increasing alarmingly, proper legislation was needed to arrest the situation, it was said yesterday.

This emotive issue falls within the brief of the task team appointed by Home Affairs Minister Mangosuthu Buthelezi to formulate a Green Paper on immigration.

At its first sitting in Pretoria yesterday, task team chairman Professor Wilmot James said the immigration policy constituted "one of the more difficult and complex issues to be dealt with in the democratic South Africa".

While refusing to identify problem areas in the current legislation, James pointed out that there were shortcomings.

The task team's legal advisor Advocate Anton Katz said the amended Aliens Control Act of 1991 was in many respects unconstitutional.

He said the Act did not give any

form of protection to illegal immigrants. If caught inside the country they were harassed, imprisoned and deported without any hearing. Such actions contravened the constitutional clause dealing with the administration of justice.

"The Constitution recognises that every person within the borders of South Africa, legally or illegally, is to be protected by the Government," Katz said.

James said the Aliens Control Act was one of the contentious areas the task team "will definitely look into".

Katz also noted that despite having rectified and acceded to the Conventions on the Rights of Refugees in both the United Nations and the Organisation of African Unity charters, South Africa had no legislation specifically addressing the issue.

Other members of the team include Mrs Zanele Mbeki, Professor Michael Hough, Dr Ellen Kornegay, Professor Kobus Oosthuizen, Mr Molefe Molefe, Mr J Sindane, Dr Gordon Sibuya and Mr Julian Pokroy.

Aliens act 'must be reworked'

Stephané Bothma

PRETORIA — Apartheid's so-called last act, the Aliens Control Act of 1991, would have to be completely reworked to satisfy constitutional demands, international law expert Anton Katz said yesterday.

Katz was addressing a government-appointed task group preparing a green paper on SA's immigration policy which is to be released in May next year.

Task group chairman Idasa executive director Wilmot James said after the group's first meeting that he foresaw a major overhaul of government's immigration policy. James said the group's brief to research the country's immigration and emigration policies came at a time when the perception

existed that a mass migration from neighbouring states to SA was taking place. There was resistance to this taking place.

He said all aspects of movements across SA's borders would be considered, ranging from crime to the education of foreign students and mine workers' migration.

"Whether or not the notion of open borders within the southern African region was a viable option will also be investigated," James said.

"I will be surprised if we do not come up with a fairly major overhaul of policy."

He said new legislation could see the deportation hearings and other measures that would give illegal immigrants certain legal rights. Katz said the existing act contradicted

the constitution's administration of justice clause in many ways.

"For example, right now, home affairs can deport a person or take other action without supplying the affected person with reasons for their actions," he said.

The country had no legislation governing refugees.

The task group consists of people from universities, trade unions, business and non-governmental organisations who would look at the entire spectrum of immigration and emigration from international law to health issues, James said.

Submissions from interested parties would be invited and the policy paper would be released at the end of May next year for public opinion.

Health officials report Ebola virus checks on two more possible victims

BD 21/11/96

SA HEALTH officials said yesterday doctors were monitoring two more people with symptoms possibly indicating the Ebola virus.

Reuter reports the Gauteng health department said "At present two contacts are under observation by Rietfontein Hospital as they have symptoms which might indicate Ebola."

Cautioning that their conditions had not been confirmed, the health department said "They have not been admitted, and the symptoms could well be unrelated to the Ebola virus."

A nurse became the first person to contract the disease inside the country last week.

Kathryn Strachan reports there was still no change in the critical condition of Ebola victim Marilyn Lahana yesterday as health authorities contin-

ued their checks on all who had been in contact with her.

More than 200 people Lahana had been in contact with are being monitored, and two of her colleagues were kept in hospital yesterday for routine examination. Gauteng health department spokesman Popo Maya said that since the Ebola virus was discovered on Saturday, nine people had been kept under observation at Rietfontein Hospital, but all had been discharged within 24 hours.

Lahana is still on a ventilator and a dialysis machine in Johannesburg.

As National Institute of Virology expert Bob Swanepoel continued his investigations, health authorities were looking at ways of tightening the system and monitoring highly infectious patients coming into SA for treatment.

Zulu 'attacks' Sutcliffe

Farouk Chothia

DURBAN — Kwazulu-Natal Inkatha Freedom Party education MEC Vincent Zulu allegedly launched a "virulent racist attack" on African National Congress provincial MP Mike Sutcliffe at a function for German government officials and businessmen on Tuesday evening.

Sutcliffe said yesterday he encountered Zulu when he arrived at the function. Zulu accused him of criticising the education department because "I was a white who did not like the fact that blacks were now in charge". Sutcliffe claimed "Zulu said on at least three occasions he would 'get me'."

Sutcliffe said he joined advocate Louis Skweyaya, former finance MEC Senzele Mhlungu and truth commission spokesman Mdu Lembede. Zulu again launched a racist attack on him, Sutcliffe said. "All three initially thought he was simply making such comments in jest."

Sutcliffe said his appeals to a "shouting" Zulu to act in a "dignified way" fell on deaf ears.

'Harassed' refugee hawkers in Germiston turn to UN agency for assistance

By HOPWELL RADEBE
City Desk

About 120 refugees in Germiston, who claim to haven been without food for three weeks, have called for assistance from the United Nations High Commissioner for Refugees and the South African Red Cross

Representative for the exiles, Ahmed Ebrahim, said they were part of a group of refugees from eastern and central African states who

were granted refugee status by the Government. He said they had also obtained work and residence permits

Ebrahim said their problems had begun three weeks ago when a group of hawkers in the Germiston CBD went on the rampage, scattering commodities they were selling in the streets and chanting slogans like "Foreigners go home" and "Away with foreigners taking our jobs". The refugees have taken to hawk-

ing goods on Germiston's streets because of a lack of job opportunities, said Ebrahim. The fighting, he said, had resulted in the refugees losing their means of survival because their stock was stolen, mostly by locals.

They have since asked the Germiston council for assistance and have gathered with their families at the council offices several times. Greater Germiston mayor Kaitas Sambo met representatives of the refugees and local hawkers this

week. A task team, composed of the stakeholders, two SAPS members and two traffic officers, was also formed to look into the problem

The committee would seek to have the constitution of the Association of Germiston Hawkers reviewed to accommodate the foreigners, especially those with legal refugee status, and to promote a healthy relationship among the parties in the city centre, said Ebrahim. "We hoped that South Africans

would treat us like their African brothers, and allow us to live and work among them, but it seems they want us to starve on their streets," he said

However, refugees said hunger and lack of accommodation were the as most local hawkers had not been informed yet of the outcome of the meeting and were still chasing them away. Many of the refugees claimed they were being harassed by local hawkers continually

First SA farmers settle in Niassa

(23)

The first South African farmers to settle in Mozambique's remote Niassa province arrived last week, organisers said yesterday.

The initial 14 farmers will settle on a government farm near the provincial capital Lchunga to produce seed for SA farmers due to move to Mozambique in May.

The organisers, the Mozambique Chamber for Agricultural Development in Africa (Sacada), said the farmers had been promised the support of Mozambican authorities and the local inhabitants.

"Sacada plans to settle a few hundred farmers during the following three years. Through this, the socio-economic and economic potential of Mozambique can be uplifted," it said in a statement.

The farmers' move to Mozambique follows an agreement signed in May by Mozambican President Joaquim Chussano and President Nelson Mandela.

Under the agreement, land farmed by the South Africans will remain the property of the Mozambican government while control of it will be vested in a joint company, Mosagnus.

The 10-year renewable agreement gives the farmers the possibility of settling in areas with few land disputes - mainly in northern Mozambique.

Sacada said the farmers would initially settle on the government farm because they would not be able to clear permanent land of trees before the start of the rainy season.

Following this, economic farming units will be measured out for permanent settling of these farmers," it said.

Many SA farmers, facing reduced government subsidies and higher interest rates, have expressed interest in the Mozambique resettlement scheme and similar ones in Angola, Zaire and Zambia - Reuters

Brain drain continues as professionals emigrate

BD 26/11/96 (236)

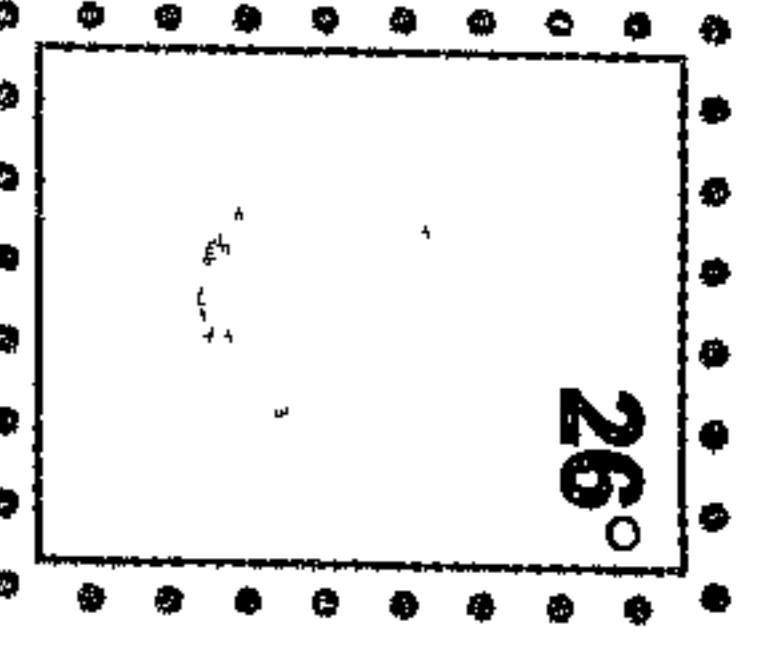
THE brain drain from SA continued apace in August when a total of 778 people emigrated — 6,1% more than in the same month last year — latest Central Statistical Service figures show. At the same time, the number of immigrants rose 70% compared with the same month a year ago.

Of the 778 people who emigrated, 410 were economically active. This brought the number of economically

active people who emigrated between January and August to 3 826.

Total emigrant numbers reached 7 237. The majority of those who left worked in professional, semi-professional or technical fields.

Of the total number of emigrants, 296 were destined for European countries, mostly the UK, while 180 left for North America and 157 went to Australia and New Zealand — Reuter.



GRAPPLING WITH CHANGE
Face to face with affirmative action

P20

F3



PRAGD'S WATERFRONT FRUGAS
Why I'm dropping all charges - Kahn

P3



KRIEL QUILTS
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P30

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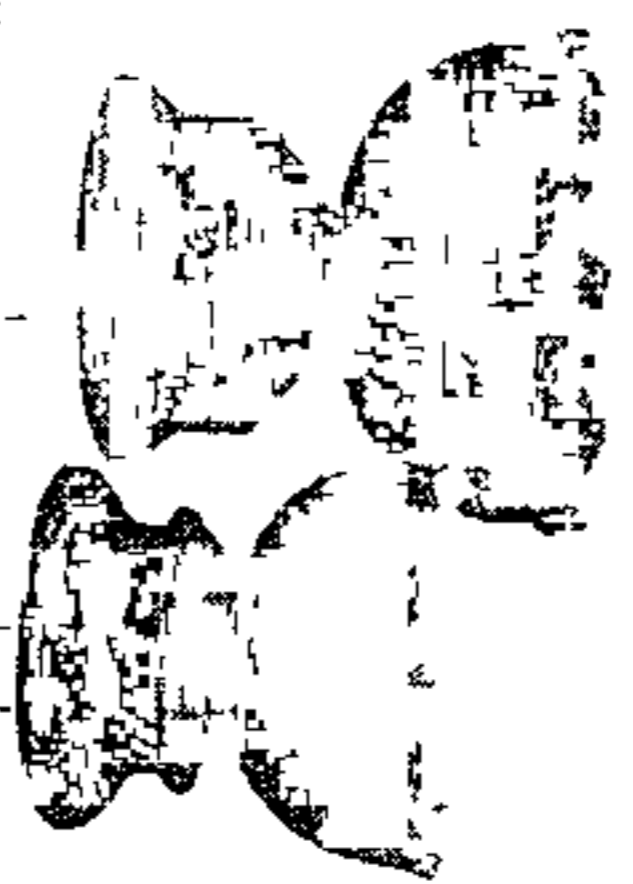
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Why we are

leaving SA

- Economists

CT 27/11/96

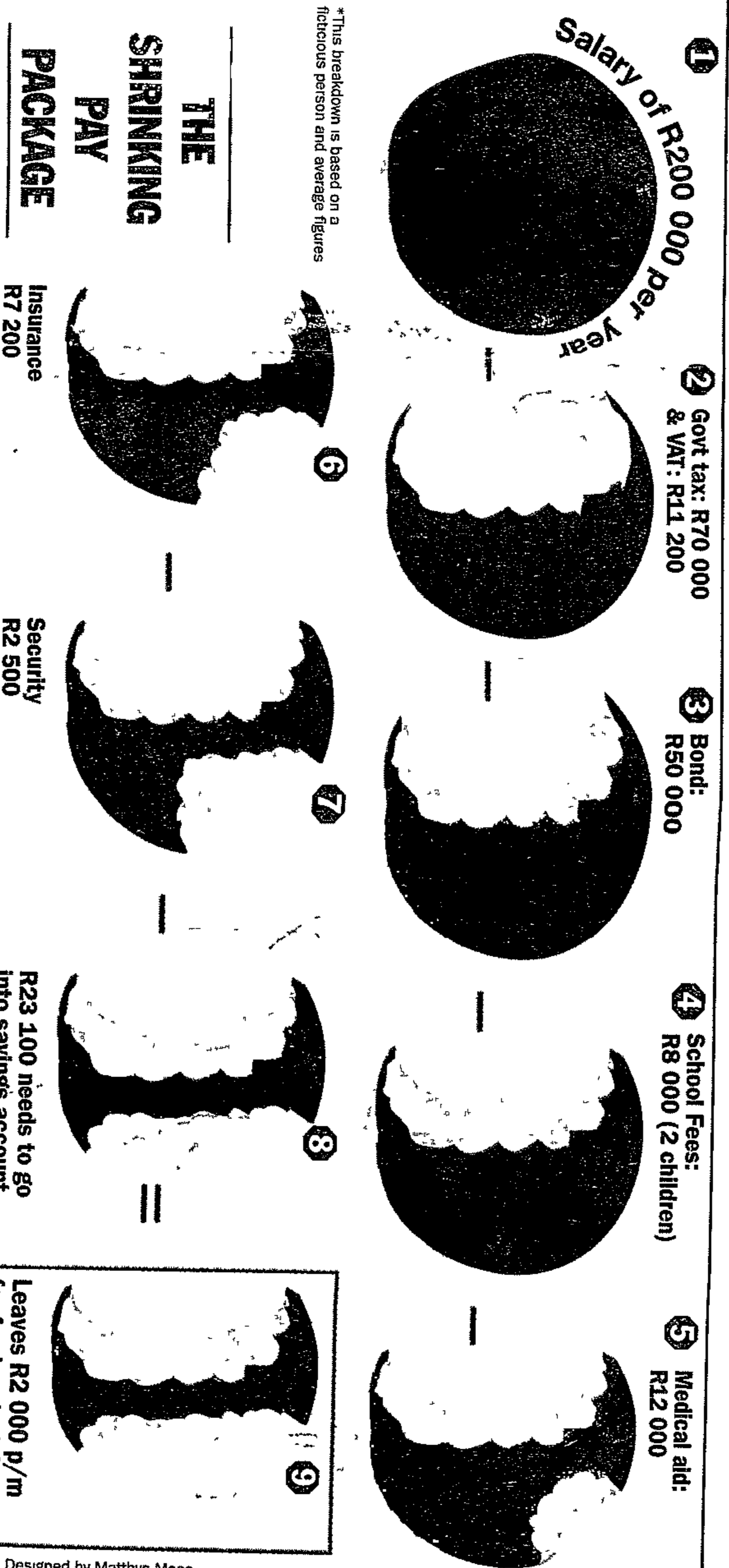
ECONOMISTS are among the professionals who see their prospects in South Africa as grim and are leaving the country. **JACKIE CAMERON** reports on this disturbing development as emigration figures soar to new levels.

MIGRATION has increased by 20% since last year, who are expected to make their moves in time for business



(236)

*This breakdown is based on a fictitious person and average figures



Job prospects bleak, taxes too high

CAPE Town economist Mr Rob Lee, a 42-year-old father of four, spent the few months with his feet up, thinking about his future. "I've decided to leave the country," he says.

• The high personal income tax rate in South Africa, "Taxes are very high here, not only on income but on capital gains, and VAT is 15%," says Lee. "I'm not the only one. The forward cover market — where the Bank gives importers a guaranteed rate of exchange — is a good indicator of the future. It's not good."

Statistics Services — and economists are among the droves of professionals who are picking their bags for greener pastures.

At least 7,237 people had left the country by August, including more than 500 people who had held managerial and executive positions.

At least 200 engineers, 267 education professionals and 200 accountants are among the skilled people who have emigrated. The figures exclude those who have not notified the government of their intention not to return.

The number of South Africans who went abroad in August this year for a temporary stay was 22.8% higher than in the same month last year. Tourism was also up, with a whopping 98,934 holidaymakers — 14% more than in August last year — visiting this country during August alone.

Cape Town economist Mr Rob Lee and political economist Dr Ben Vosloo are among the top-notch professionals

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CAPE TOWN

in the grip of rising unemployment and crime and political inertia in the face of economic and social problems.

Other economists, however, were more optimistic and believed the government was "committed" to economic reforms that would reap rewards in the long term.

Mr Tony Twine, of Econometrix in Johannesburg, said "A rosy future for South Africa might be asking too much, but there is a worthwhile future here. There are things to be done here. You can make a difference. It's not going to be a cakewalk for anyone."

"I can understand anyone with a young family not being enamoured with the prospects for education and personal safety, but I think many of our educated people slightly underestimate the level of competition out there."

Twine said the government was "moving a lot faster than" its predecessor to improve the economy. Ms Sandra Gordon, of Syrets, said "Emigration has crossed my mind when I've got depressed, but it hasn't seriously been an option."

"We do have a high tax rate and have to spend on things we would rather not have to. But there is a shift in the government focus on how it's spending our money. It's the same amount of tax for a broader base of people compared with the past. We're living in a Third World or developing economy. Next year will be tough, with the interest rate hike and consumer spending under pressure. I don't get too negative. There is single-digit inflation, so we've made progress."

One economist, who declined to be named, said "It is unlikely that economists who are trying with the idea of emigrating would ever go on the record with their personal views while they are still employed here."

BUSINESS REPORT

INDICATORS

Gold (Ldn) (close)	\$373,60
(gm fix)	\$373,50
Gold (NY) (spot)	\$373,50
Dollar	R4,587,50
Sterling	R7,657,4
DeutscheMark	R3,003,9
Yen	R0,040,7
JSE Overall Index	6 721,30
FT 100	4 068,40
Nikkei	21 418,25
Dow Jones	6 515,00

JCI SLICE FOR AFRICAN MINING:

The African Mining Group consortium won the bidding yesterday to buy 34,9% of JCI from Anglo American for an amount of R2,8 billion.

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Y O U R W O R L D O N E

Lekota in land deal claim

BLOEMFONTEIN. Ousted Free State premier Mr Patrick Lekota yesterday refuted claims that he was involved in a R3 million land deal from which a friend of his allegedly gained a portion of land.

The allegations were published in a new Free State newspaper. Lekota said it was sad that some journalists failed to double-check their facts before printing what he called "slandorous statements", and added he was planning legal action.

Casinos: Teachers to lose

VITAL casino taxation for the Western Cape — estimated at about R100m a year — will come too late to save thousands of teachers' jobs because it will take up to six years to achieve such income.

Boks win 36-20

LYONS. The Springboks beat a French Selection side 36-20 here last night. They led 7-3 at half-time. Hurter, Oosthuizen, Swart, Otto and Paulse scored tries for SA and Smith put over four conversions and one penalty.

Back Page

whit it doctors' light was a heart attack. It turned out to be a stress-related chest spasm.

"The doctor explained that your body just gives in, tells you to slow down," said Lee, who has often tackled the government in public on economic policy.

"I took a three-month sabbatical. I was able to sit down and think longer term. This has been a tough decision."

"You're uprooting a lot of things and it will take a lot for us to adjust to life on the other side. We'll struggle. We know that."

Lee is moving to a "rural village" in England where he will work as an economic consultant for Bot Asset Management, and advise international investors on managing their assets in South Africa.

Here are his reasons for leaving this country:

- The quality of education is declining. Lee believes his children will benefit more from state education, which is free, in Britain.
- Job prospects for his children are bleak. Lee says the economy is not growing fast enough and affirmative action policies will make it difficult for young whites to enter the job market.
- State medical facilities have deteriorated, and private medical fees are escalating. Lee has a disabled son who requires medical care, which is "virtually free" in Britain.

LEAVING FOR THE GREENER GRASS OF AUSTRALIA

PAGE TWO

private education and medical care. In Britain, you get something in exchange for paying tax."

● High local inflation and mortgage rates. "Here the mortgage rate is more than 20%. In Britain it is about 7%. Their inflation rate is around two to three percent."

"I don't see the government moving quickly enough. I'm acting on my own advice to clients."

● High unemployment and the accompanying crime rate. "These matters won't easily be resolved as long as the economy does not grow quickly."

● A large number of Aids-related deaths, in the long term. "In the early part of the next century there will be a large number of Aids-related deaths and I think the impact on society will be traumatic. People prefer not to think about this."

"These problems could be resolved."

"The government has aimed policy in the right direction, but I don't get a sufficient sense of urgency on the part of policy-makers," he said.

A cut in government borrowing, the acceleration of privatisation, the abolition of exchange controls and a slashing of import tariffs in line with international standards are needed to boost the economy, Lee said.

The Reserve Bank would have to withdraw from

West's brother up for rape

BRISTOL. Mr John West, the brother of British serial killer Frederick West, appeared in court here yesterday, charged with raping his brother's daughter Anne-Marie between 1975 and 1981.

It's a dog's life

SEOUL. Cheju Island, South Korea's best-known tourist island, is to allow two dog slaughter houses to be opened early next year to meet a rising demand for dog meat for human consumption, officials said here yesterday.

On a lighter note . . .

PARIS. A rare gold-plated solid silver Zippo lighter, hand-engraved in the Art Deco style, has been sold for a record 70 000 francs (about R61 600) at an auction of 400 models of the venerated lighters.

... and a sadder one

CARACAS. Cultured thieves have stolen an 18th-century violin and two bows valued at \$540 000 (about R2,5 million) from the hotel room of visiting Spanish soloist Felix Ayo.

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CRACK OF DAWN



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'RELOCATION IS A BETTER TERM'

Leaving for the greener grass of OZ

CT 27/11/96 (23b)

SMALL BUSINESS Development Corporation founder Dr Ben Vosloo is taking his multitude of talents to Australia. He told **JACKIE CAMERON** the reasons behind the move.

DR Ben Vosloo has an impressive curriculum vitae. He is the founding managing director of the Small Business Development Corporation which has been pivotal in providing more than 440 000 job opportunities and launching about 50 000 businesses.

The Making Man of the Year (1986), Man of the Year (1996), Emeritus Citation for Business Leaders (1990), and Personnel Man of the Year awards and a PhD in business and public management from Cornell University in the United States represent only a handful of the achievements he has notched up during his career as a businessman.

Now he is taking his skills to Australia, where he says he will be launching his next career.

"Relocation is a better term. Emigration is a formal legal procedure, and it's final. I won't be formally ending my citizenship here," Vosloo, 62, said.

"I'll spend about eight months per annum in Australia and for the remainder of the year I'll be living here.

"I'm trying to set up a base camp in Australia," said Vosloo, who expressed hope that his chil-

dren would also relocate in the future.

Vosloo is "excited" by the prospect of "expanding my business interests and you cannot do it on a tourist visa."

The Australian authorities snatched up Vosloo by granting him a "distinguished talent" residence status "which focuses on people who can contribute to the development of Australia."

It is incredibly difficult for people to emigrate to Australia unless they have a professional skill or academic qualification, plus the relevant experience, and are under 35 years of age.

Vosloo explains why he's leaving. "There are pull factors. The wonderful business opportunities in Australia, law and order, a growing economy, low inflation and a high quality of life are among them.

"The push factors include the criminality, the violence, the quality of schools and the public services in South Africa. My whole life savings have shrunk by about 30% as a result of the erosion of the value of the rand.

"I'm just leaving because the grass is greener," said Vosloo, who has visited Australia several times

Joining the exodus



GREENER PASTURES: City economist Mr Rob Lee with his two-year-old daughter, Elizabeth, outside his Edgemead home yesterday where the family were packing up their belongings. They are emigrating to England, where they believe a brighter future awaits them.

Woman leaves SA after being stalked

JACKIE CAMERON

A CITY professional woman has joined the mass of South African emigrants to Europe after an ordeal at the hands of a stalker.

She survived a murder attempt, but finally gave up on the crime situation in this country when police bungled the investigation into the case — and the magistrate had to set her attacker free.

The man gutted her cat and terrorised her family. The woman does not want to be identified

(23b)

CT 27/11/96

Migration

800

600

9p/11

Violence and

crime causing

'brain-drain'

(23b)

BARRY STREEK

POLITICAL WRITER

CT 27/11/96

CRIME and violence were among the most common reasons for emigration and investors' fear, National Party leader Mr F W de Klerk said yesterday.

Not only is crime killing people and traumatising families, it is also causing a brain-drain. Young people who are desperately needed are leaving the country," he said in an address to the Security Association of South Africa.

De Klerk also said there was too little respect "for authority and the law in the new South Africa.

"Our society displays a general lack of discipline and lawlessness. This is perhaps the unavoidable result of earlier policies of the ANC/SACP/Cosatu alliance, for instance, liberation before education, the boycott of rent and taxes that had to contributed toward making the country ungovernable, illegal strikes and rolling mass action to realise political objectives."

However, the "struggle" was now something of the past, and "we must all join in opposing this psychosis resulting in the deterioration of discipline in hospitals, schools and campuses, the workplace and even Parliament."

De Klerk said South Africans had to join in fighting corruption

PICTURE GARTH STEAD

NOT SINCE COODESA LAS SOMUJCH PEN DONEFOR FREE SPEECH.

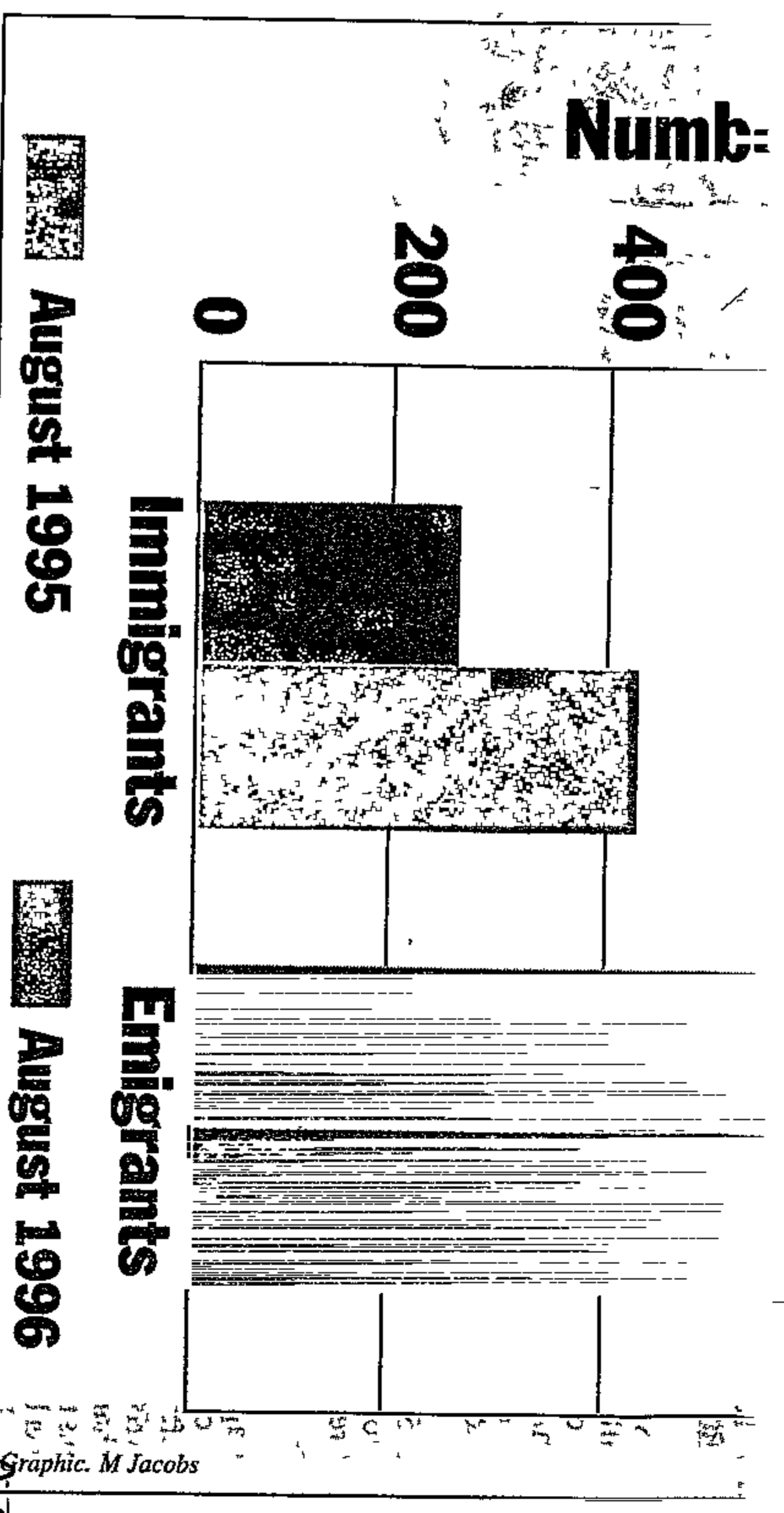
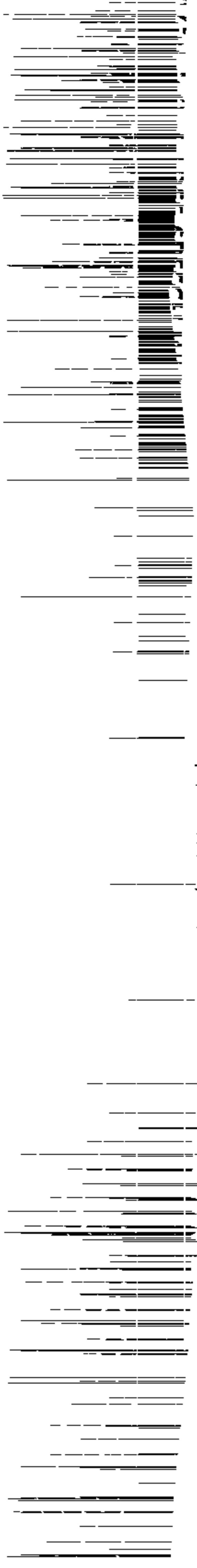


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Census 'missed parts of Guguletu'

CYNTHIA YONGAI

A SNAP survey by the Cape Times yesterday revealed that pockets of people in Hanover Park and sections of Guguletu claimed that they had not been counted in the recent Census '96.

Of the 100 people interviewed by the Cape Times, 19 had not been counted. Eight of these were either from Guguletu or Hanover Park.

Western Cape provincial census manager Mr Eddie Thlman said yesterday that Guguletu was one of the areas in which "enumerators faced problems".

A Guguletu resident claimed that his family and most of his neighbours had not been counted by enumerators during the recent census.

Thlman responded that "One part of Guguletu, Section Two, experienced problems. Some individuals were not counted although the enumerators did their best, but it is not likely that whole streets were not counted."

A similar survey by the Cape Times' sister paper in Johannesburg, The Star, revealed that out of 300 individuals interviewed by the newspaper last Friday — the final day of Census '96 — "only 199 households had been included in the first all-inclusive post-apartheid census".

The Star's survey reported that there was an undercount of 25% in Census '96.

This was rejected, however, by the head of the Central Statistical Services, Dr Mark Orkin, who said the undercount was not as high as 25%.

27/11/96

25

Graphic: M Jacobs

Lawyers defy pregnancy bill

(237)
Deborah Fine

BD 11/12/96
THE Christian Lawyers Association, which has a membership of 160 legal professionals country-wide, including judges, magistrates and public prosecutors, is to lodge papers with the Constitutional Court early next year challenging the validity of the new Termination of Pregnancy Bill.

The bill, which allows for abortion on demand, was approved by the Senate last month and is expected to come into effect next month.

Association executive director, Johannesburg advocate Reg Joubert, said the association believed the bill was unconstitutional because it violated the fundamental right to life guaranteed in SA's newly adopted constitutional text.

The association believed rights to life began at the moment of conception, not at birth.

"I think we have good grounds for our argument," he said.

Joubert said the association was in the process of preparing its legal documentation, which would probably be filed with the Constitutional Court next month.

The association is headed by Pretoria University public law professor Henning Viljoen.

Gauteng speaker praises 'well organised' elections in Ghana

Ingrid Salgado

GHANA's presidential and parliamentary elections over the weekend had been overwhelmingly well organised, Gauteng legislature speaker Trevor Fowler — who led an international delegation to observe the elections — said yesterday.

Despite tension between rival parties and incidents of violence in the run-up to elections, voting was smooth and produced a high voter turnout of between 70% and 80%, a preliminary assessment found.

Meanwhile, Reuter reports President Jerry Rawlings was within sight of a victory yesterday. With 139 of 200 constituencies counted, Rawlings led the race at 54%. The parliamentary ballot showed Rawlings' National Democratic Congress had 88 of the 200 parliamentary seats. The combined opposition held 51 seats.

Fowler, who met Rawlings and the opposition late last week, was confident all parties would accept the out-

come of elections. An assurance that Rawlings would accept the results was important due to his history — he seized power in 1979 but went on to win presidential elections in 1992.

Fowler's delegation, sponsored by the US-based National Democratic Institute for International Affairs, was concerned about inequalities in the state-owned media's coverage of campaign activities which initially tended to favour Rawlings. However, this had improved in the run-up to elections.

Opposition parties had worried that elections could be rigged and Rawlings would enjoy an unfair advantage.

Fowler said Ghana's elections were better organised than SA's 1994 national elections, primarily due to the existence of voters' lists. Long queues were avoided as most polling booths served between 500 and 1 000 people.

Ballot boxes were counted at each voting station, creating the impression that elections were free and fair. However, the process led to delays in compiling results.

Crime-ridden community shuns Pagad

PORT ELIZABETH — In an ironic twist, a community that anti-drug organisation People Against Gangsterism and Drugs (Pagad) vowed to protect from gangsters has shunned the group and warned it to stop entering the area.

In an open letter to Pagad, residents of gang-infested Helenvale said the organisation's raids on drug posts in the area were "short-sighted and counter-productive". It urged Pagad to rethink its strategy and, "when they have finally seen the light", to join the community's anti-crime drive.

In the letter, signed by six Helenvale community organisations including the Helenvale Sports Council, consisting of "peace-seeking gangsters", it said Pagad members raided the area at the end of last month, allegedly assaulting a number of people.

At the weekend anti-drug and gang forces formed a national umbrella body known as Pagad United. The body consists of Pagad (Cape Town), People Against Drugs and Violence (Padav) and the Gauteng-based People Against Crime and Drugs (Pacad). All would be known as Pagad — Ecna.

BD 11/12/96

Mandela signs Bill for abortion⁽²³⁷⁾ on demand

Star 12/12/96

Under new legislation, girls of any age have the right to end an unwanted pregnancy

President Mandela has signed the new abortion Bill, clearing the way for one of the world's toughest abortion laws to be replaced with one of the most liberal, a health official said yesterday.

Despite protests from opposition parties and anti-abortion groups, the law gives girls of any age the right to decide whether to have an abortion.

Doctors and midwives have to advise a child to consult her parents, but the law states that the abortion will not be denied if the girl refuses to inform her parents.

The law sets no age limit, so girls of any age will in future qualify for a legal abortion.

"The Choice on Termination of Pregnancy Bill has been signed by the president.

"It is now an Act of Parliament," Department of Health official Eddie Mhlanga said yesterday.

The Act, the most controversial moral question tackled by South Africa's new Parliament, passed its final legislative hurdle on November 5 when it was approved by 49 votes to 21 in the Senate.

Mhlanga said the health department would begin to implement the provisions of the new law from February 1.

Hospitals would be able to cope by then and would ensure that enough health workers were trained to perform the procedure.

Pointing to medical statistics which showed at least 425 women died each year from botched backstreet abortions, Mhlanga said the department would also go ahead with nationwide campaigns to persuade women to use contraception.

Mandela must still issue a proclamation to put the Act into operation.

Until then, the old abortion law dating back to 1975 is still operational.

This allows abortion only in the case of rape or incest or if there is an immediate danger to the mental or physical health of the mother.

Under the new law, women and girls will be entitled to a state-funded abortion on demand during the first 12 weeks of pregnancy if they have no private medical aid, and, subject to widely defined conditions, for a further eight weeks - Reuters.

Abortion law takes effect from February

Kathryn Strachan

WITH President Nelson Mandela's signature inscribed on it yesterday, the Termination of Pregnancy Bill is now finally an act of Parliament

The act would be phased in from February 1 next year, the health department said yesterday

Facilities which were able to provide the service would do so, on condition they met the minimum criteria set down by the health ministry

These minimum criteria included trained personnel, the presence of an operating theatre, appropriate surgical equipment and drugs, as well as appropriate infection control measures

Facilities where the legal termination of

pregnancy could take place would be announced in the Government Gazette. The department said termination of pregnancy services would be provided within comprehensive reproductive health services

The training of health workers had already begun. Two workshops were held in the past month to equip trainers who would train other health workers

As more health workers were trained and facilities designated, the implementation process would be accelerated throughout SA. The department would ensure availability of services in most areas in five years time

The department emphasised that the act was not a solution to unwanted pregnancies, and would continue to promote the use of contraceptives

~~236~~ (237) BD 12/12/96
A hospital-based study by the Medical Research Council in 1995 estimated that 44 686 women had illegal abortions. Of these, 425 women died

Most of the women who opted for this desperate measure were poor, with limited access to family planning and inadequate support systems for unwanted children

On the other hand, in the same period, 2 436 women had safe and legal abortions

The women in this group were mostly white, from higher socioeconomic classes and had access to this service under the current Abortion and Sterilisation Act (act No 2 of 1975)

The department said it had a moral obligation to ensure that the termination of pregnancy did not endanger the lives of women, hence the move to draft legislation

Sandton body to take legal action

Over valuations

BY ANNA COX
Sandton Bureau

The Eastern Metro Council faces another court action early next year from the Sandton Federation of Ratepayers over the valuation of properties in the substructure

Sandton spokesman Brian Stolzenberg said the task team set by Gauteng MEC for Local Government Sicele Shuceka had found that there were inconsistencies in the valuations of properties but had recommended that the Valuations Board be used to rectify this

Sandton however, would not accept this and was insisting that a whole new supplementary valuation take place, said Stolzenberg

"Our investigations revealed many anomalies and inconsistencies. The valuations were supposed to have been done equally throughout greater Johannesburg but we have proof that they were not.

"The basis of the budget was that all valuations were done in the same manner. We will exercise our constitutional rights to enforce a supplementary valuation," he said.

Sandton chairman Peter Hammisen also said the proposals tabled by Sandton had not been given serious consideration and that the task group had not made progress on the substantive matters.

Gauteng's medical staff get ready to deal with abortions

MEDICAL CORRESPONDENT

The Christmas holidays are proving a headache for Gauteng health officials

rushing to have clinic nurses and doctors at about 20 hospitals, ready to implement the Choice on Termination of Pregnancy Act in just eight weeks' time

The Department of Health announced on Wednesday that President Mandela had signed the abortion Bill, considered one of the most liberal in the world, into law. It will come into effect on February 1

"The time line is very short. But we can't say to women in need that we

aren't ready, so go and have your baby," said Gauteng's Chief Director of Health Programmes Dr Carol Marshall.

Women will be asked to go to their local primary health care clinic for diagnosis, information and counselling on contraception, but the termination will be performed by the doctors in hospitals, she said.

The list of hospitals performing the abortions would be finalised on Wednesday

Meetings have been held with primary care nurses and further discussions will take place with hospital superintendents

next week.

Marshall said there was no clear estimate of what the demand would be.

The department would be producing leaflets for the clinics, which explain the patient's rights, the procedure and list hospitals which would perform the abortion.

Terminations up to 12 weeks would be carried out by a dual therapy: women would first be given a tablet to start the process, and would return as an outpatient the following day for a 10-minute manual vacuum aspiration (MVA), under light sedation and anaesthetic by a doctor, with an attendant to support the

patient.

MVA involved inserting a catheter attached to a special syringe into the cervix.

The syringe creates a vacuum as the plunger is pulled back causing the foetus to be sucked out.

Termination from 12 to 20 weeks was a more significant in-patient procedure under anaesthetic. Patients would again be given medication to start the process and doctors would then do a surgical curettage, Marshall said.

Doctors needed updating, not training, about termination procedures, and detailed guidelines had been laid down, she said.

University staff have been recruited to help acquaint doctors with these procedures.

"We see terminations as an unnecessary, unfortunate and sad part of comprehensive health care," Marshall said.

"Terminations are a failure on our part to reach women with information on contraception."

Marshall said the Act stated that pre-and post-procedure counselling had to be non-directive, but health workers had to inform a woman about the procedure.

men with information about contraception."

Reaction from health workers had been very mixed. "We don't want or like terminations, but neither do we want illegal abortions and unwanted children," she said.

Gauteng was also hoping to have staff go through a "Value Clarification Workshop" to help health workers think through the issues surrounding terminations.

Under the new law, doctors and midwives are obliged to advise a child to consult her parents, but the abortion will not be denied if the girl refuses to inform her parents.

No holidays again for Johannesburg's fire, ambulance, police and traffic officials

Johannesburgers not leaving the city this festive season should note that on four public holidays, services will not be performed.

On the Day of Reconciliation (December 16), Christmas Day (December 25), the Day of Goodwill (December 26) and New Year's Day (January 1) administrative and non-emergency services will not be available

The fire, police, ambulance and traffic departments will be operating around the clock.

Buses will run according to the weekend timetable

Handy holiday numbers:

- Greater Johannesburg Metro Council Emergency Numbers 24-hour complaints hotline 403-2626 or 403-3226; Ambulance 10177 (24 hours a day) or

484-1616/7, Fire 624-2800

- Sandton/Alexandra Crisis Control Centre 883-2800, Ambulance/Traffic department 882-8914/33 or Alexandra 440-1231
- Rodepoort Ambulance /Fire/Rescue 999/672-6605/472-3570
- Randburg Ambulance and Fire 999/789-1111/2.
- The Khayalami Metro Council

area: Kempton Park/Tembisa Council Fire Brigade/Ambulance 999 or 975-1111, Traffic/Security/Police 394-2233

- Greater Midrand Council Complaints hotline (General enquiries number) 313-7783, Emergency Control Centre 805-3121
- Edenvale Council: Emergency crisis centre 999/452-1111, General enquiries 609-8700.



The Madam & Eve competition grid supplied to The Star by the organisers and published on Wednesday was incorrect. They apologise to readers for the inconvenience. The correct grid appears today on Page 10.

(237) Star 13/12/96

Desperate bid to stop the first legal abortion

By CARMEL RICKARD

CHRISTIAN and other anti-abortion groups are scrambling to complete legal papers challenging the new abortion laws, and hope to have them filed before the legislation takes effect on February 1.

The Christian Lawyers Association and the Southern African Catholic Bishops' Conference, among others, want the Constitutional Court to rule that the abortion law is unconstitutional.

The law was signed by President Nelson Mandela this week, and is to become operative in two months.

The executive president of the Christian Lawyers Association, Reg Joubert, said that he hoped the legal team acting

for the association would be able to file their papers by the end of January.

In view of the controversial nature of the law and the public interest in the matter, they would ask the Constitutional Court to hear the matter directly, rather than wait for the case to work its way through the normal channels, he said.

Joubert said that a number of organisations were working independently on similar applications.

Once the first group had obtained permission to bring the case directly to the court and had been given a date for a hearing, the others would apply to appear as *amici curiae* (friends of the court) and add the weight of their arguments.

A strategy meeting between the parties challenging the law was likely to be held

towards the end of January, Joubert said. His association is to be represented by Etienne du Toit SC of Johannesburg with Fanus Louw and Kerth Matthee of Grahamstown.

The national president of the association, Henning Viljoen, who is also professor of public law at Pretoria University, said that members of the association had unanimously decided at a conference in Bloemfontein last month to contest the law.

According to Viljoen, members of the organisation come from a number of denominations, and do not have a uniform position on abortion.

"We were unanimous, however, that the law goes too far and that it cannot be left to the will of the mother to end life," he

said. "We object to it from a Christian perspective and we want to use the Constitution to oppose it. We say that it derogates from the right-to-life clause in the Bill of Rights."

The organisation has about 160 members, including academics, lawyers, magistrates, prosecutors and judges. Mr Justice Mark Krambeben, who has effectively retired from the Appeal Court, is a member. Viljoen said he would disclose the names of other judges in the organisation only after obtaining their permission.

Asked whether these judges would refuse themselves should a relevant case come before them, Viljoen said this was probable. However, he said, "judges are used to judging such matters objectively, they are trained to do so."

(237) ST 15/12/96

Abortion Act offers rights previously denied to masses



PATRICK BULGER'S STATUTE WATCH

Star 16/12/96

(237)

The Choice on Termination of Pregnancy Act has been described as one of the most liberal pieces of reproductive-rights legislation in the world. Thus, and the fact that South Africans have expressed themselves in overwhelming moral opposition to the practice of abortion, ensured that the Bill would have a stormy passage through the National Assembly and the Senate.

First, to clear up a few misconceptions about the law. It does not introduce abortion *per se* - the practice has long been on the statute books in the form of the Abortion and Sterilisation Act of 1975. That law allowed for abortion in the instance where the foetus was the product of rape or incest or where the health and life of the mother was endangered by the continuation of pregnancy.

What the new law does is introduce so-called abortion on request. This is no arbitrary gesture on the part of the country's legislators. Indeed, the Act is intended to satisfy two specific goals: namely bringing South African legislation on reproductive rights in line with that provision of the constitution that provides that "everyone has the right to bodily and psychological integrity, which includes the right to make decisions concerning reproduction" and, secondly, to address the public-health issue posed by thousands of backstreet abortions, many of which cause death and great harm to pregnant women and pose an undue burden on the country's health care services.

In other words, the previous legislation was both unconstitutional and injurious to public and personal health.

The fact that the constitution also guarantees the right to life offers a glimmer of hope to anti-abortion activists, especially as the South African courts have yet to pronounce themselves on the issue of when human life can be said to have begun.

What does the Act, which is due to come into force in February, say?

The Act gives women the right to undergo an abortion during the first 12 weeks of a pregnancy "upon request". The right is untrammelled.

After the 12th week, a woman may undergo an abortion up to the 20th week of a pregnancy in circumstances where "a medical practitioner, after consultation with the pregnant woman, is of the opinion that the continued pregnancy would pose a risk of injury to the woman's physical or mental health or there exists a substantial risk that the foetus would suffer from a severe physical or mental abnormality or the pregnancy resulted from rape or incest or the continued pregnancy would significantly affect the social or economic circumstances of the woman".

The so-called socio-economic clause was among the most controversial to be debated in Parliament because it allowed critics of the law to argue that South Africa is sailing close to the wind in that its abortion legislation may be in-

terpreted as using abortion as a method of population control, which is strictly against international protocols.

An abortion may also be carried after the 20th week of pregnancy if a medical practitioner, after consultation with another medical practitioner, feels the continued pregnancy would endanger the woman's life, result in a malformation of the foetus or pose a risk of injury to the foetus.

The Act provides for the minister to designate certain clinics as facilities where abortions may be carried out. The intention is to make the practice part of the existing health-care system, so the spectre of dozens of so-called "abortion clinics" being erected across the country is not a realistic one.

The Act provides for the promotion of "non-mandatory and non-directive counselling before and after the termination of pregnancy". Crucially, a woman may refuse counselling and no advice to her to continue or discontinue a pregnancy is binding. The choice is the woman's alone.

In the case of minors, they will be advised to consult parents, guardians, family members and friends, "provided that the termination of the pregnancy shall not be denied because such minor chooses not to consult them".

In the instance of a woman who is "severely mentally disabled" or in an irreversible coma, her pregnancy may be terminated up to the 12th week if it resulted from rape or incest or if the woman's socio-economic are such that the pregnancy may be termi-

nated.

Another controversial part of the law was that relating to the role of doctors. At first the legislators intended that doctors would be given the right of conscientious objection, that is they could refuse to administer an abortion.

When it was pointed out that this right is already contained in the constitution and that doctors could not be compelled one way or the other, the legislators substituted the original clause with one that says that a woman who requests an abortion from a doctor "shall be informed of her rights".

Whether the law can compel an objecting doctor to inform somebody of a right with which he or she disagrees is a question which may well be left to the Constitutional Court to decide.

Finally, the Act provides for penalties of a six-month prison sentence and a fine for people who contravene the strong guarantees of confidentiality or for people who try to prevent a termination in the manner of the American anti-abortion fanatics who have taken to employing violence against so-called abortionists.

Much of the Act will be tested in the court in the years and months ahead.

The previous legislation was deemed to favour those who could afford to leave the country for an abortion. The new legislation is intended to bring the rights of the great mass of poorer women in line with their more fortunate sisters.

POPULATION - VITAL STATISTICS

1997

Framework being put in place

By JANINE SIMON
Medical Correspondent

(237)

Star 16/1/97

The framework for legal abortion on request at private hospitals is slowly being put in place, ahead of the expected promulgation of the Choice on Termination of Pregnancy Act early next month.

In terms of the act, which was gazetted on November 22 1996, private institutions have to apply to the minister of health to be designated to provide termination services.

Designations will be ongoing, and are necessary to enable the national department to track the number of terminations, national director for maternal and child and women's health, Dr Eddie Mhlanga, said yesterday.

At least two Johannesburg clinics - the Sandton Medi-Clinic and the Park Lane - are registered to provide terminations under the Abortion and Sterilisation Act of 1975. They will retain that status.

Thirty Gauteng institutions have applied for designation, according to the province's director for maternal, child and women's health Dr Carol Marshall.

Mhlanga said this included the Marie Stopes Clinics, a non-profit organisation offering a full range of reproductive health services, and the Medi-Clinic group, which has hospitals in Sandton, Vereeniging and Kempton Park.

"We're following the legislation and keeping up with the times," Medi-Clinic group marketing director Robbie Blair said.

Clinic Holdings chairman Barney Hurwitz said the Park Lane was the only hospital in the group licensed to perform terminations. "We don't preclude abortions, but we don't encourage it," he said.

Added Selwyn Lichtenstein, general manager of the Park Lane, where about 35 gynaecologists



PROLIFE/PROCHOICE

THE STAR'S

A VECOURT FLOWN

DEBATE

practise "We will respond to, and be guided by, the needs of our doctors and patients"

Criteria for designation are "fairly reasonable", Mhlanga said. They include that the hospital have medical and nursing facilities, theatres, appropriate transport, safe waste disposal, and access to a referral centre or resources in case of an emergency.

Dr Anette van der Merwe, executive director of the Hospital Association of South Africa, said the new act had the potential to impact on the private sector, depending on how well the public sector coped with patient volume.

Excluding doctors' fees, hospital accounts for an early termination could average between R1 200 and R1 600, depending on length of stay or if there were complications.

Medical aids are engaged in delicate negotiations over funding of terminations.

"There is a structured procedure," says Representative Association of Medical Aids policy director Dr Aslam Dasoo. "An in-principle decision has been made that is in keeping with the letter and spirit of the law, which is to empower women."

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THE STAR'S

ABORTION

DEBATE

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Medical aids not likely to freely fund abortions

(237) Star 21/1/97

By JANINE SIMON
Medical Correspondent

Traditionally conservative medical aids are unlikely to freely fund abortions when the Choice on Termination of Pregnancy Act comes into effect next month.

However, at least one health insurer says they will cover the procedure. And the Representative Association for Medical Schemes (RAMS), which represents 180 schemes, says it is grappling with ways to make funding available, and to bring the R20-billion medical aid sector in line with the letter and the spirit of the new legislation.

Health insurers Momentum Health will cover terminations, because, says chief executive Adrian Gori, "financially it's the smarter thing to do".

But Cape Town-based administrator D & E Health Benefits, which administers 24 schemes with more than 120 000 members, says medical aid society rules exclude elective treatment, and in most cases termination of pregnancy is elective surgery.

D & E would pay in individual cases where termination was required on medical grounds, said managing director Robin Melville.

Medical schemes paid for terminations under the Abortion and Sterilisation Act of 1975, as abortion was legal only under prescribed medical conditions.

"In principle, the decision remains: medical schemes will pay for abortions made legal by the new law," says RAMS director policy, Dr Aslam Dasoo.

But because the strictly defined medical reasons no longer apply, terminations are now considered to be legal "on request". Schemes don't pay for treatment on demand and there are vast areas where they use their discretion to decide on funding.

One way out, says Dasoo, is to

realise that every woman who chooses abortion does it not for frivolous reasons, but because she is deeply anxious. Anxiety is a bona fide medical condition and should give schemes the medical reason they need to provide cover.

However, he adds, there is a broader debate.

It is cheaper for a medical aid to fund a termination than antenatal, delivery, post natal and paediatric medical costs, or the costs of treating complications of a botched back-street abortion.

RAMS, as the centre of economic power in the private health sector, also has a growing awareness of its power as a guardian of funds.

"The funds we control exceed the health department's annual budget. We have a responsibility

The market will dictate support for schemes

to follow the spirit of the law, which is to empower women," says Dasoo.

Pregnancy is a prohibited ground of discrimination under the final constitution, and that will apply to corporations and private companies as well as the state, said Michelle O'Sullivan, coordinator of the Reproductive Rights Alliance.

If legislation allows medical aid schemes to discriminate against women on the basis of pregnancy by, for example, paying for pregnancy related costs and not for contraceptive services or termination services, it is likely that the legislation will be challenged.

But, she said, the market will regulate the private industry, and women will choose schemes that will pay for terminations.

Rape a symptom of transitional turmoil

(237) Star 23/1/97

Media coverage of cases has mystified and distorted the problem by not showing that this violent crime knows no boundaries of race, class or politics

BY GRAEME SIMPSON,
MARY ROBERTSON AND
BRANDON HAMBER

Since the recent high profile rapes in the Johannesburg suburbs of Malvern and Observatory, the phones at the Trauma Clinic of the Centre for the Study of Violence and Reconciliation (CSVr) have been ringing off the hook. In itself, this is not unusual.

Nor has the already high proportion of callers, seeking counselling because they have been raped, gang-raped or victimised through domestic sexual violence, changed significantly. However, in the past two weeks an unusually large number of the callers have been journalists whose primary questions have been "Can you give statistics on the upsurge in the number of rapes in the last two months? What is causing this rape epidemic?" To us, it appeared as if South Africa had suddenly discovered rape.

It is not disputed that South Africa has a very high incidence of rape. Nor is there any doubt that for the survivors, rape is one of the most devastating personal traumas – not least because of the stigma and the "shame" often endured by victims as a result of the popular misconceptions and mythology associated with this kind of crime. For all these reasons, media attention and civic education with respect to rape is clearly to be welcomed.

But sensationalist and emotional media responses have arguably done more to mystify and distort the problem of rape than they have done to elucidate it. Any observer of the media coverage given to the Observatory and Malvern rape cases could be forgiven for making at least two assumptions which are intrinsic to the mythology associated with rape in South Africa.

Firstly, they may well assume that most rape cases are across racial lines – that most rapists are young black men and their preferred victims are young white women. Secondly, readers may also assume that rape is mostly

committed by sexually motivated strangers.

It is ironic that these are the very myths about rape that so many women's organisations, NGOs and rape counsellors have for years been trying to redress.

Rape as a crime – and the trauma it causes – knows no boundaries of race, class or political persuasion. Although available information is sketchy, it is nonetheless apparent that rape occurs considerably more frequently within racial groups than it does across the "colour" line.

In South Africa, the majority of rape victims are impoverished black women who can least afford the medical and psychological attention which they so badly require.

Furthermore, despite receiving considerable media attention, the majority of rapes do not occur between strangers. More often than not the perpetrators are not unknown intruders, but rather are known to the victims. "Date rape", rape by neighbours, husbands, fathers and relatives are the most common types of rape. Rather than being a product of rampant sexual desire, rape is an assertion of power and a violent crime of aggression.

Finally, far from being "new", the magnitude of the problems of rape and gang rape have been enduring manifestations of the turmoil and social conflict of violent transition from apartheid South Africa.

For at least the last decade, the political and criminal violence rooted in apartheid – which has dominated the front pages of the commercial press – has been matched by incremental increases in the more "private" phenomena of rape, marital battery and child abuse. This has been an ongoing symptomatic manifestation of the growing powerlessness and perceived emasculation of men in this violence-ridden and traditionally male-dominated society.

There are some clear illustrations of this. It is no coincidence that the phenomenon of "jack-

rolling" – a colloquial term given to gang rape – emerged in Soweto during township conflicts in the mid- and late 1980s. The term has its origins in the name of a youth gang, the "Jack-Rollers", whose modus operandi was primarily the gang rape of young girls, rather than other more "traditional" forms of acquisitive crime.

Rape and violence against women or children represents a "displacement of aggression" which is rooted in violent social conflict. In this manner, men of all races symbolically reassert their power and masculinity within the last social arenas in which they still traditionally hold sway – over women and children in the family and the home.

Child rape, too, has continued unabated. On any one day, clinical psychologists at the CSVr's trauma clinic may see as many as 15 cases of child rape. Yet even with a welcome recent upsurge in public awareness of child abuse, such crimes have routinely gone under-reported or under-analysed in the commercial press.

The actions of gang rapists cannot be divorced from the decayed social fabric bequeathed by apartheid, including the "bastardisation" of the family and the destruction of benevolent parental authority. Nor can it be detached from the deficits in our criminal justice system, the failures of our education system, entrenched sexism, or the history of institutionalised violence in South African society.

However, the media have often failed by not reporting on these issues and the complexities of the social phenomenon of rape. Instead they have tended to focus on the "drama" of serial rape or have chosen to report on – and have frequently sensationalised – the human dramas of the victims.

This has often involved painting doomsday scenarios of victims who are irreparably damaged and for whom there appears to be no solution and no future.

These are precisely the wrong messages to convey to the 20 or so

other women whose rapes go unreported for every reported rape case. These scenarios deny the experiences of the women and children who have survived the ordeal of rape and have embarked on a process of healing.

Perhaps most striking is the lack of public and media attention given to the ordeal that survivors of rape have to endure in the form of "secondary victimisation" which they experience at the hands of the criminal justice system in South Africa once they have reported their cases.

It is positive that the Observatory and Malvern cases have cast the public spotlight on such issues as the application of bail regulations. However, much of this has been shaped by punitive obsession with alleged perpetrators, rather than being viewed through the perspectives of the victims themselves.

It is not a tightening of bail regulations that secures successful prosecutions or that will rebuild the popular credibility of our criminal justice system. Until we deal with the investigative incompetence and the grave difficulties of transforming police investigations into successful prosecutions, our criminal justice system will continue to re-victimise rape survivors by failing to apprehend the rapists.

In his stated intention to amend the constitution to limit the right to presumption of innocence until proven guilty, the minister of justice substitutes our collective human rights for failures of the criminal justice system as the major source of impunity for rapists. It is arguable that it is in fact the "politics of impunity" which is more responsible.

■ *Tomorrow's Crime, Politics and Impunity*. Graeme Simpson is the director of the Centre for the Study of Violence and Reconciliation (CSVr), Mary Robertson is co-ordinator of the Trauma Clinic and Brandon Hamber heads the Truth and Reconciliation Department. The CSVr's Trauma Clinic can be contacted at 403-5102/3.

Gauteng prepares for flood of women seeking abortions

Star 23/1/92

(237)

Basic network in place, but province still grappling with ethical and practical issues

By JANINE SIMON
Medical Correspondent

Gauteng health officials frankly preparing to implement the Chokoyon Termination of Pregnancy Act early next month expect a flood of women from surrounding provinces to arrive in Gauteng for the procedure.

This will further compound the biggest question mark about the implementation demand.

"Our best estimate is between 200 and 400 per 1 000 live births," says Dr Carol Marshall, chief director health programmes, "but there is no way of predicting."

The province has a basic network in place and hopes to provide women access to the new

service in each of its five regions, but it is still grappling with ethical and practical issues of what is considered to be among the most liberal abortion laws in the world.

Termination of pregnancy co-ordinators are debating, for example, the merits of setting up a labelled channel in clinics and hospitals to smooth passage through the system, knowing this will strip women of their right to privacy and expose them to anti-abortion sentiments.

And, at the recommendation of the national department, the province is considering how to deal with staff who exercise their constitutional right not to administer an abortion, Marshall says.

The legislation initially allowed for doctors to refuse to ad-

minister an abortion, but this was withdrawn on the basis that doctors have a constitutional right not to be involved.

Gauteng is also still waiting for the final regulations on the act and the official designation of hospitals to do the procedure.

A list of 30 facilities have been submitted for designation, and a list of clinics is being compiled, Marshall says.

Co-ordinators have been assigned for hospital and district services in each of the regions.

The Cape Town Planned Parenthood Association has held 20 "value clarification" seminars to help Gauteng hospital staff work through the issues surrounding abortion, and it is hoped at least one staffer in every clinic will

have attended the seminar by next month.

Hospital superintendents and matrons have had technical and legal briefings and site visits to the Marie Stopes Clinic and Kalafong Hospital, which is registered to perform abortions under the existing regulations and also has the new technology for manual vacuum aspiration.

Superintendents and matrons are to attend a seminar on counselling, contraception and technology this week, and gynaecology/obstetric and family-practice departments are to be briefed on technology.

Patient pamphlets are nearing completion but are unlikely to be widely distributed by February 1, Marshall said.

Abortion on request will be available this weekend

(237)

Women wanting to terminate their pregnancies may approach listed public or private health facilities for help

By JANINE SIMON
Medical Correspondent

Abortion on request will be legally available at designated state and private hospitals from Saturday, the Health Department has announced

The new Choice on Termination of Pregnancy law allows women to make a choice on termination, and replaces the Abortion and Sterilisation Act, which required that only doctors could recommend a termination.

Women who are forced to terminate their pregnancies may approach any public or private health facility and request help

They are not required to have the consent of their partners, parents or guardians, although they will be advised to discuss the matter first. Health workers are required to treat the request confidentially, but are not obliged to participate in the termination unless in an emergency to save a life or prevent further problems.

Specially trained nurses may

carry out the procedure, provided the pregnancy is under 12 weeks

Each province has identified hospitals for this service, and a list will be published before the end of the week, said Dr Eddie Mhlanga of the Health Department.

Private hospitals will also render services, and facilities, including health centres, will be identified to access services for both rural and urban communities

Gauteng has identified 30 state hospitals for designation. In addition, the Park Lane Clinic and the entire Medi Clinic group – which includes the Sandton and Morningside Medi Clinics – have applied for designation

According to Mhlanga, a woman can ask for the termination of her pregnancy if:

- She is less than 12 weeks pregnant
- She is between 13 and 20 weeks pregnant and her physical or mental health will be harmed if the pregnancy continues
- If her baby will have severe abnormalities

■ If she was made pregnant by rape or incest

■ If she, because of an economic or social situation, believes she will not be able to continue with the pregnancy

Only when a pregnant woman is severely mentally affected or unconscious for a long time is the consent of the male partner, guardian or parent required, Mhlanga said

Women under 18 will be advised to discuss the matter with their parents, guardian, family members or friends

A married woman will be encouraged to discuss the matter with her partner, but the law does not require his consent

Every woman is entitled to counselling before and after the termination, and this can be obtained from "various organisations and groups" and from public services as the capacity is developed

"Health workers will always be available to give advice concerning contraceptives," Mhlanga said.

STON 29/1/97

Cape geared up as abortion on request begins

ART 30/1/97 (237)

Saturday starts new era

JENNY VIALI
HEALTH REPORTER

South Africa women will be allowed to have abortions on request in the first 12 weeks of pregnancy from Saturday, when the Termination of Pregnancy Act comes into effect.

Abortions fulfilling certain criteria set out in the act will be performed at public and private health facilities.

The deputy director of reproductive health in the Western Cape, Marie Adamo, said the province was on track with plans to implement the procedure at state hospitals.

She said women wanting abortions should go to their nearest clinics, which would refer them to hospitals. A list of private hospitals performing abortions would be listed in the Government Gazette.

"We don't know what the demand for termination of pregnancy will be at this stage, but we have spread availability of the procedure across the public health service," said Mrs Adamo.

Women should go to their clinics as soon as possible once they knew they were

pregnant and had decided on an abortion, she said. The earlier the procedure was done, the less traumatic for all involved.

Termination is available for all women, including minors, up to 12 weeks of pregnancy and also from the 13th to the 20th week under certain circumstances.

Minors will, however, be counselled to consult parents, relatives or friends.

All women would be counselled and nurses and social workers had already been trained for this, Mrs Adamo said.

Doctors and midwives would be trained from next week although some were able to perform the procedure already.

Mrs Adamo said the state spent R19-million a year on incomplete abortions, and once the system was up and running, costs for the province would probably even out.

Women will not have to pay for abortions at public health centres as the procedure falls under the free maternal health programme. Private clinics can charge what they deem suitable.

Don't miss The Big Story in your Monday Cape Argus, when Jenny Viali will tell you all you need to know about what the new law will mean

Sowetan 30/1/97 (237)

Abortion legal from midnight

CONTROVERSIAL abortion legislation approved by Parliament last year will come into force at midnight tomorrow, allowing any woman less than 12 weeks pregnant to terminate the pregnancy

The Health Ministry this week said a list of hospitals and health centres offering abortions would be published in the Press

Spokeswoman Ms Nogolide Nojozi said several private hospitals will be included in the list. She could not say how many facilities would be listed, but said it would be 'quite a large number'

In the Northern Province, for example, almost all hospitals would be offering abortion on demand

She did not expect any difficulties, except perhaps if large numbers of women flocked to hospitals. There might also be women beyond the 12-week cut-off who still wanted to terminate their pregnancies

"This will be a problem," Nojozi said, "but we need to be firm. This is an Act. I don't think there can be any favours or considerations made"

The Choice on Termination of Pregnancy Act also allows abortion for a woman pregnant for between 13 and 20 weeks if

- The pregnancy threatens her physical or mental health,
- The child will be born with severe abnormalities,
- She was impregnated through incest or rape, or if
- She believes that because of her economic or social situation she will be unable to continue the pregnancy

After 20 weeks, a pregnancy may be terminated only if the life of the woman or child is in danger

Director of maternal and child health Dr Eddie Mhlanga said in a statement a woman younger than 18 could request an abortion but would be advised to discuss the issue first with parents, relatives or friends

If she decided against such a discussion, her request for termination would still be honoured

A married woman would be encouraged to discuss termination with her husband before any decision was made, but the law does not generally require a male partner's consent. Every woman is entitled to counselling before and after the abortion

Prevent problems

Mhlanga said health workers were not obliged to participate actively in an abortion. "However, in the case of an emergency, health workers must participate in order to save the patient or prevent further problems"

Nurses who had received special training are allowed to perform abortions in cases where the foetus is less than 12 weeks old

United Christian Action, one of the pressure groups that opposed the passage of the Act, said this week the measure legalised the worst form of child abuse. It and other pro-life groups would continue to oppose the law by every peaceful means possible

"This Government must not be under the illusion that having passed the law, opposition to it will fade," said UCA director Mr Peter Hammond. "Christians will continue to speak for those who cannot speak for themselves, and to defend the rights of the oppressed" - Sapa

Sowetem

30/1/97

237



Dr Nkosazana Zuma (centre) health Ministry was responsible for piloting the abortion legislation through Parliament last year. The new legislation will come into effect from midnight tomorrow.

Women lining up for legalised abortions

Star 30/1/97

(237)

Termination on request will be a right from Saturday but hospitals are said to be unprepared for the expected rush; private clinics will charge up to R1 600

By JAMINE SIMON
Medical Correspondent

With just a few days before women can get legal abortions on request, several Gauteng state hospitals and clinics are being inundated with queries about the service, staff said yesterday.

Termination on request will become a woman's legal right on Saturday, but as it is not usually an emergency procedure, hospitals will start carrying out terminations only from Monday.

Women approaching hospitals and clinics now were being told to "come back next week", said Johanna More, Vaal regional coordinator for implementing the new Choice on Termination of Pregnancy Act.

The terminations will be free of charge at all state hospitals and for non-medical-aid patients, Gauteng health department spokesman Jo-Anne Collinge said yesterday.

A private clinic is expected to charge between R1 200 and R1 600 for hospital fees only.

State hospitals are under severe pressure to overcome staff resistance and prepare to provide the service.

Health authorities, who have had little more than two months to plan, admit that not all hospitals are ready.

The rights of all concerned

Regulations on the Choice on Termination of Pregnancy Act are expected to be gazetted tomorrow. This means that from Saturday it will be a woman's legal right to request a termination if she is less than 12 weeks pregnant.

A health worker may not refuse to do it if the woman is under 18 and her parents forbid it, or if her husband/partner does not know, and she refuses to consult with him, or if she has had previous terminations.

The health worker must treat the matter confidentially. If he, he chooses not to be involved in the termination, he, he has to inform the woman of her right to consult another health worker.

Termination can be requested once the pregnancy is between 13 and 20 weeks, if there will be physical or mental harm if the pregnancy continues; if the baby will have abnormalities; if the woman has been raped, or made pregnant by incest; and if she believes she will not be able to continue with the pregnancy because of her economic and social situation.

A medical practitioner has to determine whether any of these conditions apply. No second opinion is needed.

Termination after 20 weeks is legal only if the life of the woman or child is in danger. Every woman is entitled to counselling before and after the procedure.

Sebokeng Hospital is one of the least prepared.

Vaal regional co-ordinating staff have managed to set up screening, referral and treatment procedures at the two other hospitals and two clinics in the area, but say they had little response from Sebokeng management in organising for staff to attend briefing seminars.

In a meeting between Sebo-

keng staff and Gauteng's chief director of programmes, Dr Carol Marshall, yesterday, it emerged that few nurses and no doctors had attended value clarification seminars, and no equipment or technical guidelines on the procedure had been received.

"I didn't even know implementation was on Monday," said intern Dr Therna Rademann.

One worried senior nurse

added: "The doctors won't say they won't do terminations, they just give excuses."

According to Marshall, Gauteng's head of health has approved the use of sessional GPs and agency nursing staff to help short-staffed hospitals cope with the initial high demand.

"But we want you to write down what you can manage, and where you need help," she told the Sebokeng meeting.

Terminations have to be carried out at an institution designated by the national Department of Health.

Gauteng has submitted that all 30 state hospitals in the province which offer gynaecology services be designated. This is likely to include Johannesburg, Baragwanath, Coronation, H F Verwoerd, Kalafong, Natalspruit, Sebokeng and Leratong hospitals. The final list would probably be released only once the regulations of the new act are gazetted tomorrow, said Collinge.

It is planned that early terminations also be offered at clinics and health centres once their staff have been trained and equipment acquired.

Park Lane Clinic will remain an approved centre for private terminations and the Medi-Clinic Group, which has hospitals in Sandton and Kempton Park, has applied for designation.

Abortion legalised from tomorrow

(237)

CT 31/1/97



THE NEW Choice on Termination of Pregnancy Act legalising abortion is aimed specifically at allowing poor women control over their health and their bodies. **ANEEZ SALIE** reports.

THE empowerment of women takes a giant leap forward at midnight tonight with the enactment of the Choice on Termination of Pregnancy Act — and it's going to take a tiny pill to do the job.

Health Minister Dr Nkosazana Zuma has repeatedly argued that the legislation she piloted through the stormiest of waters had more to do with helping women shake off the societal shackles that bind them than with abortion per se.

Tomorrow marks a turning point for her department's long term goal of empowering especially poor women to take charge of their own bodies and their own health.

There is a large reservoir of dissent among health workers, but the facilities, equipment and staff are in place to deal with the expected 125 requests for legal, safe abortions a week in the Cape Metropole. The figure is derived from the percentage of current legal and backstreet abortions to the birthrate.

And although the anti abortion lobby has

been vociferous in its opposition, resorting to horrific visuals, the actual clinical procedure to terminate a pregnancy is nowhere near what they have propagated.

After counselling and agreement that a termination should take place, the woman is administered an abortifacient — a tiny pill named Miso-

proston — either orally or vaginally, which helps induce a spontaneous abortion, says the provincial deputy director in charge of reproductive health, Dr Saadiq Kariem.

The woman returns the next day to be given a pain-killer orally or by injection, depending on her condition, before a 16-gauge canula

(tubing) of a manual vacuum aspirator is inserted into the cervix and the products removed by suction.

By the time this procedure is started, the Misoprostol tablet taken earlier would have moistened and softened the cervix. Coupled with tranquillisers, the entire clinical procedure should be minimally traumatic, says Kariem.

The psychological side remains the main concern, says Western Cape Health MEC Mr Ebrahim Rasool.

"For this reason we have driven very hard to put counselling facilities in place so that the choices that are made are not out of extreme desperation but are worked through thoroughly," says Rasool.

"We have also ensured that a 'morning after pill' is made available, to be taken after intercourse, which prevents conception.

"We want to stress that abortion is the last resort, and is not a means of contraception, and is intended for extreme cases only."

Rasool says "It is no secret that abortion has been available for years under NP rule. However, it has been out of reach of the poor and the ordinary woman. It has been the preserve of privileged white woman. What the act does is to level the playing fields."

Rasool says his administration recognised that there were people who grappled with their ability to implement the act.

"In the Western Cape our approach has not been heavy on the side of coercion. All we are asking from our staff is not to block access. We are busy with programmes to help staff work through what they believe in, as opposed to what their clinical duties are."

"In any event, the job of the vast majority of staff will simply be to refer patients to appropriate facilities."

Yesterday the superintendents of all state hospitals and community health centres met top health department officials to check on preparedness.

Afterwards Kariem said "We are not completely up and running, but are 60% prepared, due to resistance from staff, and to drastic budget cuts which have led to closure of beds and services and to a staff shortages. Our

Any child born after August 7 will be born to a mother who has a choice to keep or lose her child.



ABORTION PILL. Provincial deputy director Dr Saadiq Kariem displays the Misoprostol tablets.

West Cape hospitals that could be allowed to perform the operation

(237) CT 31/1/97

HEALTH Minister Dr Nkosazana Zuma's department has to decide which facilities in the private and public sectors would be allowed to perform abortions in terms of the Choice on Termination of Pregnancy Act of 1996.

Today the minister publishes a list of these in a special Government Gazette. It has been recommended to her that a number of Western Cape tertiary and secondary public health facilities be so designated once the system is up and running, including the tertiary Groote Schuur and Tygerberg hospitals.

These will be for the referral of complicated cases and for terminations after the 12-week gestational period.

Regional and district hospitals recommended are:

- Somerset, Green Point

- Kari Bremer, Bellville
 - G F Jooste, Manenberg
 - Conradie, Pinelands
 - Victoria, Wynberg
 - False Bay, Fish Hoek
 - Hottentots Holland, Somerset West
 - Wesfleur, Atlantis
 - Paarl Hospital
 - Paarl East Hospital
 - Stellenbosch Hospital
 - Swartland Hospital, Malmesbury
 - Porterville Hospital
 - Citrusdal Hospital
 - Eben Dönges, Worcester
 - Ceres Hospital
 - Swellendam Hospital
 - Hermanus Hospital
- Consensus is awaited from hospitals in the southern Cape/Karoo region.

Infrastructure has been badly affected, but between us and the private sector we should cope."

Staff resistance is on two levels, he revealed. There are those who object on purely religious grounds, and others who do not fully understand the clinical or technical side.

To help health workers understand the issues 21 "master trainers" have been deployed from staff of all three regions in the province. This trained staff will in turn counsel and train their fellows. Training in the technical and counselling procedures starts on Monday.

"We want to applaud the people in the public sector for taking on these additional duties, given the constraints we are experiencing through overcrowding and understaffing," Kariem said.

Mrs Marie Adamo, a deputy director with the provincial reproductive health service, said she

wanted to emphasise two major points:

- Women should approach termination of pregnancy services only through the primary, or community level, from where they will be referred to secondary and tertiary hospitals such as Groote Schuur and Tygerberg.

- Those who want the procedure should present themselves as soon as possible after conception. In the longer term, the strategic thinking of the health authorities is to map where the greatest demand is and to locate where the greatest resistance from staff is. This will determine where permanent abortion services will be offered.

Today is the last day that Groote Schuur and other academic hospitals are conducting abortions under the old act, and once appropriate community health centres have been identified this service will be devolved down to the community, especially the poorer sectors.

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PICTURE: GARTH STEAD

Deputy director Dr Saadiq Kariem displays the Misoprostol tablets to be used in terminating pregnancies

Public hospitals that could be used to perform the operation

(237) 2731/197

President Nkosazana Zuma's side which facilities in public sectors would be mentioned in terms of the new Act of Pregnancy Act of

The government publishes a list of public hospitals in the Government Gazette. It has also identified a number of primary and secondary public hospitals designated once the new Act is implemented, including the tertiary Tygerberg hospitals. The referral of complications after the 12-week period.

Strict hospitals recommended

- Karl Bremer, Bellville
- G F Jooste, Manenberg
- Conradie, Pinelands
- Victoria, Wynberg
- False Bay, Fish Hoek
- Hottentots Holland, Somerset West
- Wesfleur, Atlantis
- Paarl Hospital
- Paarl East Hospital
- Stellenbosch Hospital
- Swartland Hospital, Malmesbury
- Porterville Hospital
- Citrusdal Hospital
- Eben Dönges, Worcester
- Ceres Hospital
- Swellendam Hospital
- Hermanus Hospital

Consensus is awaited from hospitals in the southern Cape/Karoo region.

When badly affected, but in the private sector we should

On two levels, he revealed the subject on purely religious grounds who do not fully understand the clinical side. He said that doctors have been deployed from other parts of the province. This is to train their technical and counselling staff on Monday and to help the people in the public sector with these additional duties, as we are experiencing a shortage of staff and understaffing.

A deputy director with the public health service, said she

wanted to emphasise two major points

• Women should approach termination of pregnancy services only through the primary, or community level, from where they will be referred to secondary and tertiary hospitals such as Groote Schuur and Tygerberg

• Those who want the procedure should present themselves as soon as possible after conception. In the longer term, the strategic thinking of the health authorities is to map where the greatest demand is and to locate where the greatest resistance from staff is. This will determine where permanent abortion services will be offered

Today is the last day that Groote Schuur and other academic hospitals are conducting abortions under the old act, and once appropriate community health centres have been identified, this service will be devolved down to the community, especially the poorer sectors

Who qualifies for what in terms of the new Act

(237) 2731/197

FROM midnight tonight pregnant women have the legal right to choose to terminate pregnancies

terminations will be published in the Government Gazette today

Who qualifies for termination of pregnancy?

- Any woman less than 12 weeks pregnant,
- Any woman between 13 and 20 weeks pregnant whose
 - physical or mental health will be harmed if pregnancy continues,
 - unborn child will have severe abnormalities (physical or mental),
 - pregnancy was the result of rape or incest,
 - pregnancy would severely affect her social or economic status
- Any woman more than 20 weeks pregnant can only abort if her life is in danger or the fetus is severely malformed

What about women under 18 years old?

A woman under 18 is entitled to terminate a pregnancy without the consent of a parent or guardian

She will, however, be advised to discuss the matter with her parents, guardian, family members or friends

Ideal timing?

The earlier the termination procedure is performed, the less traumatic it is for all

A termination within the first 12 weeks is a day procedure and clients 13 to 20 weeks pregnant will be hospitalised

Where should pregnant women seeking abortion go?

To a primary health care clinic or community health centre, where they will be referred to the appropriate facilities

A list of private hospitals licensed to perform

After hour care?

Should there be complications after a termination the client can attend any 24-hour clinic

The costs?

Women will not have to pay for terminations at public health centres, where it falls under the maternal health programme

Private clinics will charge whatever they feel appropriate

Medical Aid coverage?

Medical aid schemes have a scale of benefits in place for this service

Does a woman need her partner's consent to terminate a pregnancy?

She does not need the consent of her partner but will be encouraged to discuss the matter with him

The consent of the male partner, parent or legal guardian is only required when the pregnant woman is severely mentally affected, or unconscious for a long time

What about counselling?

Every woman is entitled to counselling before and after termination of her pregnancy

Where does a woman go for counselling?

Counselling will be available at the facilities where the service is provided

Effective contraception?

In countries where contraception became more effectively used, the demand for termination of pregnancy dropped

Hospitals ready to perform abortions

Sowetan 31/1/97

237

GAUTENG HOSPITALS are ready for an expected flood of women seeking free abortions after the Choice on Termination of Pregnancy Act comes into effect tomorrow, provincial chief director of health programmes Dr Carol Marshall said yesterday.

She told a media briefing in Johannesburg that initially, primary health-care clinics would refer patients to about 30 provincial hospitals for abortions.

Later abortions would also be performed at certain clinics, even in rural areas, provided the women are less than 12 weeks pregnant, Marshall said. Consultant Dr Helen Rees told the briefing that terminations would require neither a general anaesthetic nor hospitalisation, and would cost the department very little.

However, termination of foetuses 13 to 20 weeks old would require general anaesthesia and hospitalisation for

From tomorrow women can have abortion procedures at 30 hospitals

one to two nights. Marshall said the health benefits of the Act would be significant as 44 000 incomplete abortions were carried out in South Africa annually, many the result of "backstreet" operations. She said staff had already been trained in termination procedures and patient counselling.

Marshall said terminations were not meant to replace or divert resources from family planning. The message to women is:

- That prevention is better than cure. Family planning is always preferable to terminating a pregnancy.
- Contraceptive methods, including the 'morning after' pill, are freely available at our clinics.
- That legal and medically safe ter-

mination is now readily available. The service is free and available at public health institutions. There is no reason to risk the "backstreet" route.

● That the legality of termination depends on its being done at a designated institution.

● That termination is safer and easier all round when it is done early, and

● That a woman who is supplied with abortifacient medication for home use preceeding the surgical phase carries the responsibility of returning to the institution, as directed, to complete the procedure.

Between 200 to 520 terminations for every 1 000 live births are expected to be performed in Soweto, this could mean 100 to 250 abortions a week, or 5 200 to 13 000 annually. — Sapa

Abortion met with resistance

TWO Pretoria state hospitals, yesterday said they would not be able to carry out abortions when the Choice on Termination of Pregnancy Act comes into effect tomorrow.

The Pretoria West and Pretoria Academic hospitals said most of their medical staff had religious, moral and ethical objections to abortion on demand. Kalafong Hospital said it was ready to fulfil this task.

Pretoria West Hospital superintendent Dr Wim Klooster said only one of his more than 100 staff qualified to perform abortions, was willing to do so.

In terms of the Act, medical personnel could not be compelled to perform abortions, but had to refer patients to hospitals or personnel who would.

Pretoria Academic Hospital superintendent Dr André van der Walt said most doctors and nursing staff at his hospital would refuse to perform abortions.

A Kalafong Hospital spokeswoman said although many of the hospital's staff objected to abortion, the hospital would be able to perform the operation.

Asked if the department would deploy extra personnel to hospitals experiencing a shortage of staff willing to perform abortions, Gauteng health department spokesman Popo Maja said "I don't foresee a situation where we will have to employ people from the private sector to do that."

Maja stressed an abortion was not an emergency operation. — Sapa

First abortions will be given to priority cases

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Hospitals unlikely to cope immediately with large number of requests as legislation comes into force

BY JANINE SIMON
Medical Correspondent

All larger hospitals with gynaecological facilities will be able to offer abortions when the landmark Choice on Termination of Pregnancy Act is implemented on Monday, Gauteng's Health Department said yesterday.

However, not every abortion seeker will have her termination on that particular day.

Many will be given a date on which the procedure will be performed, with priority going to those nearing the 12 or 20-week cut-off points, said Dr Carol Marshall, chief director of health programmes.

The department has warned that an abortion must be carried out at a designated state or private facility for it to be legal.

"Going to just any doctor could mean a woman lands up with a backstreet abortionist," according to health department spokesman Jo-Anne Collinge.

Abortion on request becomes a woman's legal right tomorrow, but, as it is not considered an emergency service, hospitals will only start conducting the procedure on Monday.

Although drugs and equipment for early terminations and contraceptives will be in place by today, not all hospitals will cope equally with the number of requests.

A tracking system has been put in place to ascertain which ones would need additional capacity, Marshall said.

The department expects that in the early stages of implementing the law, many women requesting terminations will be over the 13-week period, and will require one or two nights in hospital - a prospect which has concerned already overworked hospital staff.

Despite this, there appears to be a significant shift in the attitudes of health workers, who have the right to refuse to participate in the procedure.

It was probable that less than a quarter of staff would refuse to participate in terminations, Marshall said.

The state's estimated cost of termination procedures is between R100 and R150 for early terminations, and R300 to R400 for later procedures.

But women who are not on medical aid and who have their terminations at state hospitals will not have to pay anything.

Observers expect to see broad trends in the demand and costs of services within three to six months.

They do not expect an immediate drop in the number of incomplete abortions, for example, but a slowing down of the number of seriously ill women admitted after backstreet abortions, said Dr Helen Rees, adviser on reproductive health to the national Health Department.

Hospitals currently treat an estimated 44 000 incomplete abortions a year, at a cost of R18,5-million.

All provinces to implement new abortion legislation today

By Robert Botha

(237)

Kathryn Strachan

WHILE some provinces were battling to provide basic health care, all planned to implement the abortion legislation which would come into effect tomorrow, national reproductive health consultant Helen Rees said yesterday.

"All provinces, even the poorest, have a plan to do something on day one. Even if their plan is not perfect, it is a commitment to moving out to rural areas," she said.

However, Sapa reports the Pretoria West and Pretoria Academic hospitals said they would not be able to carry out abortions as most of their medical staff had religious, moral and ethical objections to abortion on demand. Both were expected to be among institutions designated to carry out abortions.

Pretoria West Hospital superintendent Dr Wim Klooster said only one of his more than 100 staff qualified to perform abortions was willing to do so. "We will not be able to deliver an adequate service unless the health department gives us personnel prepared to do abortions," he said.

Pretoria Academic Hospital superintendent Dr Andre van der Walt said most staff at his hospi-

tal would refuse to perform abortions. The hospital would also have to buy equipment to enable it to perform such operations. "This creates a problem for us. It is not really a hospital matter, but one for primary health services."

Klooster and Van der Walt said they were in constant contact with the health department, which was "well aware of our problem", Klooster said.

This was denied by Gauteng health department spokesman Popo Maja, who said. "They never told us anything. We are not aware of a situation where the entire hospital is unwilling to perform abortions."

In any event, abortion was not an emergency operation, so "women can always go to other places where it is available", he said.

Up to 12 weeks into pregnancy, terminations could be performed at primary health care clinics. After 12 weeks, the risk to women increased greatly and termination had to be carried out in hospital.

Meanwhile, Eena reports that East London's Cecilia Makwane Hospital would be able to perform about 20 legal abortions a week for women less than 12 weeks pregnant. Only a limited service was possible, "otherwise we would

have to stop work and do nothing else", gynaecology unit head Dr Max Bennun said. Three other Eastern Cape hospitals would soon be ready to share the load.

In Gauteng, health programmes chief director Dr Carol Marshall said 30 hospitals had been designated as referral centres. In two weeks' time abortions would also be performed at outlying clinics.

The province had "no real idea" of how many requests to expect, but an estimate put the figure at between 200 and 500 for every 1 000 live births. In Soweto, this meant 100 to 250 requests a week.

Rees said that while many nurses across the country initially had concerns, a series of workshops that allowed them to work through problems had markedly changed their views.

The message of the workshops was that nurses could hold their own views on abortion, while accepting that the patient held another view. Most nurses were now supportive of the change. However, those who were not could choose not to perform abortions.

About 44 000 women who arrived at hospitals with complications from "backstreet" abortions cost the state R18,5m a year



Reproductive health consultant Dr Helen Rees, left, and Gauteng director of health programmes Dr Carol Marshall face tough questions on whether SA's health services are able to implement new abortion legislation which comes into effect tomorrow.

Pictures ROBERT BOTHA

MPs unhappy about Steyn proposal to cut their income

By Robert Botha

(237)

WYNDHAM HARTLEY

CAPE TOWN — Members of Parliament will have R1 000 less each month to spend if the Steyn commission proposals on their remuneration are accepted, but the measure was cancelled at the

Steyn recommended for MPs. MPs' salaries are about R160 000 a year now, with a car allowance of R32 000.

A Steyn commission representative was scheduled to brief the committee on the reasoning behind the proposals, but the measure was cancelled at the

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level hospitals in the Western Cape, except at the Princess Alice hospital and Community Health Services Organisations (former day hospitals) and primary health care clinics.

If a health worker (doctor or nurse) refused, for reasons of conscientious objection, to assist a client with a termination of pregnancy, they were required by law to refer the client to another health worker, who would assist them.

"If the client - who has the right to information - is not referred by the health worker, she may report that health worker to the relevant health service, the nursing council or the Interim Medical and Dental Council," Ms Adamo said.

If the woman continued her pregnancy and had a child as a result of having been obstructed by a health worker, she could have grounds to sue the individual health worker or the service provider for damages, Ms Adamo said.

This could involve costs associated with pregnancy, child birth and child rearing.

"The standards applied to the health worker will be that of the reasonable worker under the circumstances," Ms Adamo said. "The bottom line is that under our new constitution health workers have the right to conscientious objection, but in terms of the same constitution a client has a right to information," she said.

legal abortions were now readily available and that it was no longer necessary to risk backstreet abortions

Education about rights would take time, especially in the rural areas where women may not know how to handle health workers who break the law. But there were moves to change this.

The Abortion Rights Activist Group were in the process of compiling a pamphlet to be translated into four languages - English, Afrikaans, Xhosa and Zulu - to inform women of their rights.

Aslam Dasoo, the policy director of the Representative Association of Medical Societies, a body which advises the 180 medical aid schemes in the country, said every scheme was at liberty to make a decision on whether to finance termination of pregnancies.

The association, however, had no fixed policy decision on the matter and it was an issue that was likely to be divisive in the industry.

"We want to stay within the letter and the spirit of the new act and it is important to consider the wishes of the various members," Dr Dasoo emphasised.

He said some schemes had decided to fund the procedure and some had indicated they would not.

The majority were, however, still considering the matter.

Clinic stresses importance of counselling

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ADELE BALETA
STAFF REPORTER

Room 908 at a Cape Town medical centre on the Foreshore looks like any other room in the building which houses medical practitioners and dentists, but there is a difference.

Here, behind these plain cream-coloured walls, abortions on demand will soon become a daily reality.

The Marie Stopes family planning clinic, which has operated from this room since December, is to feel the effects of the Choice on Termination of Pregnancy Act, which comes into effect from today.

The private clinic will be offering, on demand, termination of pregnancies up to 12 weeks as part of an array of services already offered to women and girls there. The procedure will cost R600 and can take as little as 10 minutes to complete. The private clinic is expected to perform 20 terminations a week in the near future.

When Saturday Argus visited the clinic this week three rooms were in the pro-

cess of being prepared for the new service. One will be used as a reception and waiting room, the other for the procedure and the third for recovery. Counselling services will be offered in another room.

The clinic offers counselling and advice, contraception, STD treatment and pap smears.

Family planning is an integral part of the service and women will be advised to take precautions rather than to have to deal with terminations.

Marie Stopes clinical services coordinator Glenda Bateman said private clinics would be set up in all the major centres in the next three months.

There were already clinics in Soweto, Durban, Port Elizabeth, Pretoria, Bloemfontein and another clinic is in the pipeline for Randburg in Gauteng. The Durban clinic was targeted by anti-abortion protesters last year. The protesters sang hymns and carried posters.

She said there had been inquiries from women about terminations. One woman, who was very distressed, admitted to hav-

ing been an anti-abortion protester outside parliament during public hearings on the abortion bill.

Ms Bateman said: "We (Marie Stopes) are the group that falls between the private practitioners, who charge anything up to R3 000 to terminate a pregnancy, and the state, where the service will be free for people who cannot afford it."

Tygerberg Hospital had referred patients to the private clinic.

An abortion was R600 on a cost-recovery basis, which meant that in certain circumstances a payment plan could be worked out. "We will not turn anyone away from our clinics," she said.

"In 1993 we were inundated by calls for people who had heard about the Marie Stopes clinic in London. South African women who could afford it went to London to have the procedure done there."

The South African clinics are only able to perform terminations up to 12 weeks of pregnancy. The clinic uses the manual vacuum aspiration technique, which is the most popular method worldwide.

The clinic's practice is to ensure that women make an informed decision about terminating pregnancies. Staff discuss the procedure, the after effects and the risks involved.

"Many of our staff have had abortions and our approach is to have an attitude of understanding and not condemnation for the lifestyle or predicament the woman or girl has found herself in. We offer as much counselling as the client wants."

"The more informed the client is the more in control and the less anxious she will feel. We hope this will enable her to talk about her fears," Ms Bateman said.

"We have to normalise grief. Many women have not grieved the loss involved in having a termination of pregnancy, which would be a very normal thing to do. They suppressed their emotions often because what they had done was illegal. Liberalising the law will help women to work these issues out."

Partners who felt guilty about their part in a joint decision to terminate a pregnancy could ask for counselling at the clinic.

Pro-lifers stage demo against abortion law

(237)

ADELE BALETA
STAFF REPORTER

ARG 1/2/97

Pro-life lobbyists staged a placard demonstration outside the Fountain Medical Centre to protest against the setting up of the private Marie Stopes Family Planning Clinic which will offer legal abortion on demand from next week.

The Choice on Termination of Pregnancy Act legalising abortion on demand for up to 12 weeks, and under special circumstances eight weeks after that, comes into effect today.

Pro life groups have stated their intention to continue their protest action next week.

The African Christians Action group which organised yesterday's protest said the Government "effectively had legalised the worst form of child abuse - abortion."

Director of Marie Stopes South Africa Anne Halsted said "Abortion legislation has taken into account the fact that every individual has a constitutional right to freedom of choice."

"If people want to demonstrate, that is their right, and if women want an abortion, that is their legal right."

Earlier, Pro-Life president Claude Newbury said "We will continue with our campaign to defend and uphold the sanctity of life."

"One doesn't want to target women seeking abortions, but to put full responsibility on the State and the medical profession, which has become the most skillful assassination force the country has seen - real hitmen."

Abortion rush fear, page 5

The law that lets SA women choose

Abortion Act welcomed as clinics and hospitals stand at the ready

ARC 3/2/97

(237)

SOUTH AFRICA'S NEW TERMINATION OF PREGNANCY LAW IS NOW IN PLACE, GIVING WOMEN EASY AND AFFORDABLE ACCESS TO ABORTION WITHOUT FEAR OF REPRISAL. HEALTH REPORTER JENNY WALL LOOKS AT WHAT THE NEW LAW ENTAILS

When the Choice of Termination of Pregnancy Bill was passed in Parliament last year, women ululated and cheered, expressing the collective relief and joy felt by many South African women.

For many it marked the end of a law that prevented women from making choices about their own reproductive health and resulted in many dying from botched backstreet abortions and suffering emotional and physical trauma.

The passage of the abortion law was a stormy one, marked by religious, cultural and moral arguments as the pro-choice and anti-choice activists made themselves heard.

Now, three months later, the new laws being implemented and women can go to a clinic and ask to have their pregnancy terminated in sterile conditions without fear.

Mary Dwyer of the Abortion Rights Action Group, who fields about six calls a day from women around South Africa, said "I've already noticed a change in attitudes around abortion. Women are not so nervous and frightened any more."

The new abortion law, which replaces the old Abortion and Sterilisation Act of 1975, came into effect on Saturday.

It is one of the most progressive abor-

authorities have little idea of what the demand for abortion will be.

However, estimates are that one in 10 pregnancies in the Western Cape will be terminated, which is about 125 a week. There are between 750 000 and 800 000 births a year in the province.

When abortion was in the news last year, Groote Schuur Hospital - where abortions were done under the old Act - was swamped with about 57 requests a week for terminations.

With wider availability and more people being informed about their choices, that number is bound to increase.

Can our health services meet the demand?

Marie Adamo, deputy director of reproductive health in the Western Cape, said the province was on track with plans to implement the procedure at State hospitals.

Planning for implementation of the law started in May last year and Mrs Adamo said she was confident that health services would be able to cope with demand.

"Our strategy is that women must go to community health centres or clinics for a check-up and to confirm pregnancy and then they will be booked in at a hospital."

This was important, said Mrs Adamo, because women would be able to have a comprehensive check-up, including pap smears treatment for sexually transmitted diseases, as well as looking at contraception options.

Mrs Adamo said that while the availability of the procedure would be spread across the public health service and many hospitals would do TOP, not all of them



Medical termination using misoprostol has been given the go-ahead by the Medicines Control Council for use in trials at Groote Schuur and Tygerberg hospitals.

The pill, administered either orally or vaginally, softens the cervix and, in some cases, causes complete abortion. It will not be used widely until the drug can be made locally.

Misoprostol is registered as an ulcer drug and the pharmaceutical company that makes it does not want it to be associated with abortion. However, the patent expires soon and then a generic drug can be made.

Once the cervix is softened, which takes a few hours, a plastic tube is inserted through the cervix and the contents of the uterus are sucked out. The procedure itself takes a few minutes but women will be required to spend the day at the clinic.

Termination using the French drug RU 486, which causes abortion, is not available here as the company has not registered the drug. Dr Dwyer said she hoped it would become available by the end of the year.

The cost of TOP to the health department has not yet been determined and will depend on demand. It is still not known if all medical aids will pay for abortions which will cost about R3 000 at private clinics. Marie Stopes clinics around South Africa charge a lot less, about R600 although they say they will not turn away anyone who can't pay. TOP will be free at public health centres as it falls under the free maternal health programme.

Once training of staff is completed and the system is up and running, costs will even out as the R19-million

nation of pregnancy ('TOP) until 12 weeks of pregnancy on request. At this stage, TOP may be done by midwives at clinics.

Between 13 and 20 weeks a woman can have a termination if her physical or mental health is at risk, if the unborn baby will have severe abnormalities, in cases of incest or rape or if she cannot continue with her pregnancy because of her economic or social circumstances.

After 20 weeks, a medical practitioner in consultation with another doctor or a midwife will be able to perform an abortion only if continued pregnancy will endanger the woman's life or result in a severe malformation of the foetus.

Under the old Act, legal abortions were allowed only under special circumstances - such as incest, rape or danger to the mother's life - and only after consultations with a minimum of four doctors.

Those performing abortions under the old Act could be fined up to R5 000 or imprisoned for up to five years for procuring an abortion.

The new legislation requires that health workers inform women of their option to have an abortion.

Anyone trying to prevent an abortion will face a fine or imprisonment of up to 10 years.

The law also says that minors may have an abortion but must be advised to consult with parents, a guardian, family members or friends.

However, they will not be denied an abortion if they do not do this.

Two days after the implementation of the Termination of Pregnancy law, health

workers usually, TOP in the first 12 weeks of pregnancy will be done at primary level clinics.

"We ask that women come in early, as it is less traumatic for everyone concerned," said Mrs Adamo.

"We emphasise that prevention is better than cure, and women should know that emergency contraception is available up to 72 hours after unprotected sex."

The procedure can be done only at private and public clinics designated by the Minister of Health and these must fulfil certain criteria such as access to an operating theatre, infection control measures and qualified medical and nursing personnel. This means doctors in private practice wanting to do the procedure will have to apply for registration.

A spokesman for Tygerberg Hospital said he had no idea what the demand for TOP would be, but already women were booked in for the procedure.

"We're ready to go," he said. "Our big problem is our workload. We've had to close a gynaecological ward and we've lost staff."

"Now we have a new load on our shoulders. We are prepared to help, but the Government must provide more staff so that we can render the new service."

Abortion is an emotional and moral issue for many people and doctors and nurses find themselves in a difficult position. The dilemma for some is that many women die from botched abortions.

Mrs Adamo said "As health professionals we are there to save lives. Estimates are that there are between 300 000

out in protest women, men and children go to their campaign against abortion on demand. **AG 3/2/97 237**

and 400 000 backstreet abortions a year in South Africa.

"The health department feels obliged to offer the service, to put out a safety net for women. We feel that women have the right to make their own choices."

No health worker will be forced to perform abortions against his or her will, but they are obliged to refer women to those that will. Part of reproductive health

rights, said Mrs Adamo, was the right to information and there would be posters at clinics telling women of their options and where to go.

Although it's difficult to know for sure, estimates from the Abortion Rights Action Group (Arag) are that 60 percent of medical personnel are available to do abortions.

Mrs Adamo won't be drawn on how many staff in the Western Cape have refused to do abortions. "People are coming forward for training. But it will take time."

To help health workers decide on their own feelings about abortion, non-government organisations Planned Parenthood has been running "value clarification workshops" since the law was passed at the end of last year. These will continue to

'We have one of the best laws in the world. It's an enormous step for women in South Africa'

be run. The workshops had been useful, said Mrs Adamo, in helping some staff to separate their personal and professional roles.

Arag spokeswoman Mary Dwyer said South Africa was not unique in finding that there was a lot of negative reaction at the time abortion was introduced.

The new law provides counselling for women both before and after TOP. While it is important to have this in place for those who need it, Dr Dwyer said this aspect had been overemphasised.

"Women want information on abortion - how it's done, when to resume their sex lives, how not to fall pregnant again. In the European Union over 80 percent of women going for abortions have already made up their mind."

"They don't want counselling, they want information. It's good to have it for those who need it, but those who need it are in the minority. And the feeling women usually express is relief, not regret."

Surgical termination using the Manual Vacuum Aspiration (MVA) method will be used in most health centres in the Western Cape. Protocols differ for different stages of pregnancy.

year the state spends on income and other taxes is reduced.

Another important aspect of the law is monitoring TOP, and a national body, the Maternal Research Forum, has been formed to do this.

Dr Dwyer said this was important. "We want to know how, where and when women have abortions to be able to refute the myths. For instance, that women use abortion as a contraceptive method. They don't."

"We've got to be able to protect the law and to do this we have to know what is happening."

As implementation of TOP gets under way, do health services fear violent reprisals from groups opposed to abortion? The answer from most people is we just don't know.

Dr Dwyer said she believed there would be an attempt by people to make it difficult for those seeking abortions.

"We know from the experience of other countries that there will be people who try to undo the good that's been done. The prosecutors say they will challenge the law in the constitutional court. We'll be there."

It's certainly not time for ARAAG members to put their feet up and rest.

"There will be some who battle to find help. We have to give them information."

"We have just finalised a pamphlet which gives out the right information because there will be wrong information given out," said Dr Dwyer.

"We have one of the best laws in the world. It's an enormous step for women. After all these years, it's wonderful."

Christian lawyers challenge abortion

Kathryn Strachan (237)

20 3 1977

THE Christian Lawyers Association is planning to take the health ministry to the Supreme Court in a bid to have abortion declared unconstitutional

The association said it would issue summons in the next few days in the Transvaal Supreme Court, and ask for a declaratory order to have the abortion act declared unconstitutional

Oral medical evidence was essential, the association said, and this would be led on questions such as when

life commenced and what life was.

While the abortion service is available only from today, the legislation came into effect from Saturday, and hospitals were expecting patients to begin streaming in from Saturday. However, Johannesburg Hospital did not have a single request at the weekend, and Baragwanath Hospital had 11 requests. These cases were referred back to clinics where they could go through the proper channel of counselling and information before being referred on to the hospital.

Women stream for abortion

AT LEAST 43 women requested abortions at Johannesburg Hospital alone yesterday and scores of women flocked to other Gauteng state hospitals which now, according to the Choice on Termination Pregnancy Act, perform legal abortions

According to Gauteng health officials, several of the hospitals will perform their first legal abortions today
Gauteng Health Department

spokesman Jo-Anne Collinge said that only 17 of the women who requested terminations at Johannesburg Hospital were eligible to do so under the new laws

Twenty-six had passed the 20-week cut-off date and had to be turned away, she said

Hospital public relations officer Trudi Schutte said all casualty officers and receiving officers knew where to

direct patients and carefully-worded noticeboards would soon be put up

"Most patients were assessed and counselled yesterday and given a date for their procedure should they choose to go ahead," she said

Women seeking advice should phone the Gauteng Health helpline at (011) 355-3230 between 8am and 4pm, Monday to Friday - Sowetan

Correspondent

Sowetan 4/2/97

First abortions scheduled for today

(237)
Mar 4/2/97

By PRISCILLA SINGH
AND JANINE SIMON

Gauteng state hospitals reported a steady stream of women yesterday applying for legalised abortions. The first operations are being performed today.

Provincial health department spokesman Jo-Anne Collinge said only 17 of the 43 women requesting terminations at Johannesburg Hospital were eligible. The other 26 had passed the 20-week cutoff date and were turned away.

Hospital public relations officer Trudi Schutte said all staff knew where to direct patients, and carefully worded noticeboards would soon be put up. "Most patients were assessed and counselled today and given a date for their procedures."

By yesterday afternoon, staff at hospitals, including Johannesburg Hospital, were still organising the final procedures.

Collinge said that, although there had been a few problems, most hospitals had coped very well. The West Rand was the only area which had major difficulties with resources and staff.

She said it was difficult to ascertain exact numbers at the various hospitals. Baragwanath had seen 10 women by mid-morning, Ntatspruit 21 and GaRankuwa 13. Medium and smaller hospitals saw on average between two and 10 women.

At Coronation Hospital, the small waiting room outside the social worker's office was filled with women awaiting counselling.

The women, although tense and concerned that their identities should remain secret, were prepared to talk.

A quietly-spoken 20-year-old said "My brother made me pregnant. If he finds out he will come back and kill me. If my school finds out, I will lose my place and I'll never find another school committee who will accept me."

Another woman said she had a 5-month-old baby and was pregnant with her second child. "If I wasn't able to come to the hospital today I would have just made another plan," she said.

■ Women having difficulty in accessing termination services can phone the Gauteng health helpline on (011) 355-3230, 8am-4pm, Monday-Friday.

MORNING AFTER SEX PILL URGED

No rush for abortions under new law

SINCE THE LAW on pregnancy terminations was changed, Groote Schuur Hospital has received 68 requests for abortions this week — only slightly up on the average of 60. **ANEEZ SALLIE** reports.

WESTERN Cape hospitals have not been inundated with requests for abortions, three days after they were legally entitled to perform them.

There was none of the pandemonium the anti-abortion lobby predicted. Instead, hospitals already permitted to terminate pregnancies under the former legislation have experienced their normal "busyness" since midnight on Friday, when the Choice on Termination of Pregnancy Act came into force.

The new legislation makes it possible for any pregnant woman to demand an abortion without strings attached. Most significantly, she has the power to decide for herself on matters affecting

her body and health.

Regardless of her age or marital status she does not need the permission of a partner or a parent to have a safe, legal abortion, nor does she have to inform them.

Groote Schuur Hospital has received 68 requests for terminations this week, only slightly up on the average of 60, and Tygerberg is already fully booked at 16, although the number is limited by drastic budget cuts. Five women have called at Manenberg's G F Jooste Hospital, and two each have called at Westfleur in Atlantis and a facility in George. "There has been no rush, and none of the expected pandemonium — just the normal busyness," said Ms Maureen

McCrae of the Western Cape health promotion services.

"We have had one heart-breaking case, though. A mother approached us today to say her young daughter had recently been raped, and was now pregnant."

"Even though the young girl had been seen by a district surgeon immediately after the rape she was not given a tablet to prevent the pregnancy."

She said the medication, dubbed the morning-after pill, was a contraceptive that made it difficult for a fertilised egg to take hold and to grow in the uterus, and could be effective up to three days after intercourse. After five days an IUD (intra-uterine device) could be inserted into the uterus to serve the same purpose.

"This emergency contraceptive is 95% safe, and the girl should have been given it. It is not fair that she and many others like her have to suffer the

double trauma of being raped and of having to terminate a pregnancy," said McCrae.

"We want to urge women to demand this pill if ever they are in the horrific situation of having been raped."

This post-coital contraception was generally available, and was used also in instances where safe sex had been practised but where the condom might have burst, said McCrae.

Anti-abortion organisations have denounced the enactment of the legislation. Unlike their counterparts abroad, however, they have pledged not to resort to violent opposition and have threatened litigation instead.

Ms Miriam Cain, an American director of Africa Christian Action, said "We want to categorically state that we do not believe in countering violence — which abortion is — with further vio-

lence. Through prayer, educating the public, lobbying parliamentarians and peaceful demonstrations, we will seek to have the present law changed to protect innocent human life."

The National Alliance for Life and associated organisations would contest the abortion law in court, "and will not leave any stone unturned to save the lives of innocent babies and ignorant mothers", said spokesman Mr M de Souza.

Doctors For Life's Dr Albertus van Eeden said they would continue to lobby fellow doctors and hospitals to publicly take an official stand against abortion.

They would also help medical and nursing students who had conscientious objections to take legal advice. Van Eeden said they intended challenging the act in the Constitutional Court.

(237) ET 4/2/97

CT 7/2/97

No rush for abortions

(237)
ABORTION on demand is now legal, but there has been no rush for terminations at Western Cape hospitals.

Groote Schuur Hospital said yesterday it had received 68 requests for ter-

minations this week, only eight more than its usual weekly average of 60.

Tygerberg Hospital has already booked 16 and is fully booked for the procedure due to budget cuts

● See Page 5

Nearly 100 seek abortions in Cape

JENNY VIALI
HEALTH REPORTER

(237)

APR 4/2/97

A steady flow of women have sought to end their pregnancies since abortion was legalised on Saturday.

Marie Adamo, head of reproductive health services in the Western Cape, yesterday said there had been nearly 100 requests for abortions at hospitals since Friday.

"It's not a flood but it is a substantial number. We must expect more initially."

The 100 terminations booked so far exceeds the weekly number of abortions expected by authorities. Since Friday, Groote Schuur Hospital has had 68 inquiries, G F Jooste five and Tygerberg 20. Other centres have had one or two requests.

Mrs Adamo said that when hospital quotas were full, women would be referred to other centres. She urged those wanting terminations to go to their clinics and not directly to hospitals.

A spokesman for the Marie Stopes Clinic said there had been no great demand.

Hospitals get stream of requests for abortions

BD 4/2/97 (237)

Kathryn Strachan

THE stream of women seeking legal abortions at hospitals began today as the new termination of pregnancy legislation was introduced.

At Johannesburg Hospital, 17 women requested terminations today, while another 26 who had passed the 20-week cutoff date also presented themselves at the hospital.

Natalspruit saw 21 women, Baragwanath had seen 10 by midmorning and GaRankuwa 13.

Smaller institutions typically saw between two and 10 women. But a few had no demand at all on day one.

In the past few days, 150 pregnancy termination kits were delivered to hospitals and further kits are to be delivered this week.

The Gauteng health department said its investigations had shown that all five regions were characterised by hospitals that were well prepared to offer the pregnancy termination service and at the same time, those that were lagging behind.

Some were organised enough only to refer women to other institutions.

"We are pleased with the state of preparation on the first day. Initially, we pledged to have one properly functioning centre for each region and we have been able to achieve that and more," said Carol Marshall, chief director for health programmes in Gauteng.

"We feel sure that we can guarantee

to all women who are nearing the 12-week and 20-week cutoff dates for legal termination that our services will not let them down."

The shortage of staff willing to perform terminations had proved more of a limiting factor than facilities or equipment, the department said.

In general, the larger hospitals had a better capacity for the service. However, there were exceptions to this and at least one of the smaller hospitals would actually be performing a number of terminations today.

Yesterday most of the women seen were counselled and their stage of pregnancy determined. They were then given dates to return for termination to be carried out.

Hospitals are giving priority to women nearing the 12-week and 20-week cutoff dates laid down in the law for termination.

One hitch which affected institutions across the province was the fact that the registration of the drug misoprostil for use in terminations did not come through on time.

Although this is the drug of choice, Gauteng will not be using it for the purpose of terminations until registration is cleared.

Guidelines issued by the national health department include alternative drugs to misoprostil. Although these are slightly more expensive, they are in stock at hospitals and will be used in the interim.

First legal abortions at many hospitals, hiccups at others

By PRISCILLA SINGH

At least 20 women wanting abortions went to Johannesburg Hospital yesterday but met with no immediate luck

However, state hospitals in several other parts of the country, including Kimberley, parts of the Eastern Cape and the Free State, conducted their first legal abortions yesterday

The Choice on Termination of

Pregnancy Act became law on Saturday

Johannesburg Hospital public relations officer Trudi Schutte said the women who came for abortions were counselled and screened and given blood tests

They were then given dates to return for the terminations

"The problem is the absence of the drug Misoprostil because the alternative drugs prescribed by the Health Department are

very expensive," Schutte said

Medical staff at the hospital have decided to do four abortions a day - three scheduled and one emergency operation

Gauteng health department spokesman Jo-Anne Collinge said that, because of the staff's anti-abortion stance, Pretoria Academic Hospital (formerly HF Verwoerd) was not yet in a position to do terminations

She said there were also

problems on the West Rand, where unco-operative staff and a lack of resources at Leratong Hospital were limiting the number of women requesting terminations

Baragwanath Hospital in Soweto has performed eight legal abortions since Monday but made a ruling to do only three abortions a day from today because Misoprostil was not yet registered

Star 5/2/97

(237)

Medical units ill-prepared for abortions

Amid continuing controversy, abortion this week becomes legal, but many units will be unable to offer the service

Jim Day reports

MANY provincial health departments have been caught ill-prepared for the introduction this week of legalised abortion

The new Choice on Termination of Pregnancy Law comes into force on Saturday, and the health ministry on Tuesday listed hospitals designated to offer abortions

But inquiries by the *Mail & Guardian* show that lack of resources and resistance among staff will prevent many designated units from immediately offering the service. The number of designated hospitals in some provinces is also limited

In most provinces, abortions will only be available at major hospitals. Many provinces expect the roll-out to community level to take months, if not years

Officials also have no clear picture on likely numbers. Figures range from 200 to 500 for every 1 000 live births a year, based on international experience — "but that's just a thumb-suck," says Carol Marshall, Gauteng's chief director, health programmes

A string of designated facilities contacted by the *M&G* refused to comment on their preparations, and did not even want their names mentioned, fearing they would be swamped by abortion-seekers

Provinces such as Gauteng, Northern Province and the Western Cape have dozens of hospitals listed as abortion providers. Officials at some, however, said they were still waiting for guidelines

The service will be less accessible in other provinces. Only four public hospitals in the Eastern Cape will offer abortions. The province said this week it had yet to secure support among the hospitals' various stakeholders, let alone finalise preparations. Only two hospitals in the Northern Cape — Kimberley and Gordonia — will offer the service

Preparations in the Northern Cape have been slowed because many health workers do not want to be involved, said Carvie Madikane, the province's deputy director for maternal, child and women's health

"We're not sure people are going to accept termination of pregnancies. I'm talking in terms of health workers," she said. "There was definitely strong resistance."

Nevertheless, she expects six facilities throughout the province to be offering abortions by the end of the year

In the meantime, a woman in an outlying area can receive a pregnancy test at a local clinic, the provincial health department will then provide an ambulance to transport her to one of the two hospitals to terminate the pregnancy, said Madikane

The two Northern Cape hospitals should be able to meet the demand, although it may be difficult, as she expects "quite a number of patients." Health workers will have to decide who receives abortions first, with more advanced pregnancies getting priority

In the Free State, abortions will only be available in Bloemfontein for the time being, Dr Crag Househam, the provincial health department's deputy director general, said. He expects it to take a couple of years before abortions are available in all 14 health districts in the province

Helen Rees, a consultant with the national department's directorate on maternal child and women's health, said estimates range from 208



Unwelcome law: Demonstrators protest outside the Marie Stopes clinic PHOTO COURTESY DAILY NEWS

to 520 abortion requests per 1 000 live births. She estimates women in Soweto, where she works at Baragwanath Hospital, will have 120 to 250 abortions a week

Marie Adamo, the deputy director for reproductive health in the Western Cape, estimates there will be one abortion request per 10 live births. At that rate, her province will see 7 000 to 8 500 abortions a year

The new law states that any woman less than 12 weeks pregnant may end the pregnancy, and women up to 20 weeks pregnant may get an abortion for a number of reasons, including knowledge that the baby would have severe abnormalities or the woman's belief that her economic or social situation makes an abortion necessary

One health consultant estimated an abortion in the first 12 weeks of pregnancy in a clinic would cost R100 to R200. Later abortions, which are more complicated and must be done in a hospital, will cost far more

The new law also allows nurses and some

other medical professionals to perform abortions, provided the woman is less than 12 weeks pregnant. That non-doctors will be performing the procedure is one of many arguments pro-life activists raise to resist the legalisation of abortion

They're bringing the back-street abortionists right into the hospitals," said Dr Claude Newbury, a former general practice doctor who now serves as president of Pro-Life South Africa. He cited the Hippocratic oath, religious scripture, rulings made at the Nuremberg trials against Nazis and doctors' training in embryology as reasons against abortion

He said hundreds of doctors have pledged not to take part in abortions. He was also trying to persuade doctors to ignore the section of law that demands they inform women of where they can get an abortion, lest the doctors become "accomplices to murder"

Hospitals mum because they fear swamping

Jim Day

IN Johannesburg General Hospital's maternity section, posters advertise "couples' classes" on childbirth, an "active birth discussion", the benefits of breast feeding and tastefully coloured photographs showing the stages of development of a foetus

Absent from the displays, however, is any mention that the facility, along with others throughout South Africa, will begin offering abortions within the next few days

For such a major change in South Africa's health-care policy, several Gauteng hospitals were surprisingly reluctant to offer any information on what they had done to prepare to offer women the service

Officials at some hospitals did not want to talk to reporters for fear that their facilities would be swamped by so many abortion requests they would not be able to handle them

Three days before legalisation was to go into effect, other officials, such as one at Hillbrow's maternity section, said they could provide no information because they were "still waiting for guidelines" from central health administrators. An official at Baragwanath Hospital in Soweto said the issue had created such hot controversy among staff that it wanted to say nothing that might inflame the issue.

Baragwanath and Johannesburg General originally thought it would be fine if a reporter and photographer came to the facility. But after executive meetings, both decided to avoid drawing unnecessary attention to themselves.

General inquiries drew a similar response. A receptionist at Johannesburg General's social services section said terminations would be available from next month, but had little idea of when appointments could be made

Asked for information on its new termination facilities and service, Hillbrow refused to discuss the matter. Instead it offered the phone number of a social worker

The abortion controversy peaked this month in Durban, where dozens of Christian fundamentalist demonstrators forced a family-planning clinic to shut its doors temporarily during a protest over alleged "early abortions" two weeks ago

The anti-abortion group Christians for Truth picketed outside the recently opened central Durban premises of the Marie Stopes clinic before attempting to lay charges against it

Durban South African Police Services communications director Bala Naidoo said the group had asked for charges to be laid against the clinic for allegedly providing abortions in the final weeks before the service was made legal

Marie Stopes Durban Clinic manager Luise Gnsdale said she regretted that patients had been unable to access contraceptive and other services during the demonstration. "We had to lock our doors due to the protest," she said, adding this was the first time the organisation had had to close its doors, despite operating clinics in Johannesburg, Soweto and Cape Town

ABORTION 237

TESTING THE STATE

FM 7/2/97
The legalisation of abortion on February 1 has not unleashed a flood of demand, but steadily mounting numbers will be a burden on the beleaguered health system. The Health Department does not know what the demand for abortions will be or what percentage of staff are willing to perform them.

Over 300 private and public facilities are allowed to provide abortions. Primary health-care facilities will not be designated initially.

Health Department director Eddie Mhlanga says "Facilities in some areas will be swamped. People should present themselves early in their pregnancies so institutions can spread the load."

The department has accepted the Medical Research Council's estimate that about 60 000 abortions are likely to be performed at State institutions each year, though demand could range from 26 000-175 000 a year.

Medical Association of SA has found resistance among its members to performing abortions. H F Verwoerd Hospital's department of family medicine is refusing to conduct abortions on moral

grounds, while at the Pretoria West hospital only one person is willing to do so.

The Western Cape reproductive health department estimates one in 10 pregnancies in the Cape Metropole will be terminated — 125 abortions a week — but says only five extra personnel have been trained for the job.

Mhlanga says a "relatively small" number of staff have been trained nationwide in the simple manual vacuum aspirator abortion technique. Practical training in more sophisticated methods could not be conducted while patients were legally prohibited from seeking abortions.

The Western Cape's reproductive health deputy director Marie Adamo admits "there are not enough trained and willing people and there are manpower and financial constraints."

Groote Schuur, Baragwanath and Johannesburg hospitals have fielded more than 100 abortion requests in the past three days. At least 26 were from women past the 20-week cut-off date.

The Choice on Termination of Pregnancy Act provides for abortion on demand up to and including the 12th week of pregnancy and up to and including the 20th week if continued pregnancy poses a risk to the woman's health, if there is risk of deformity to the foetus, if pregnancy resulted from rape or incest, or if it would significantly affect the woman's social or economic circumstances.

□ The anti-abortion lobby is intent on pursuing its cause by peaceful means. The Christian Lawyers' Association and

the National Alliance for Life aim to have abortion declared unconstitutional, as does the NP which is awaiting the opinion of senior counsel. If it gets the go-ahead it will hold discussions with the Catholic Bishops' Conference and Doctors & Nurses for Life. *Claire Bisseker*

Matter of life and death: Days after abortion is legalised, an M&G reporter tries to get one

It's not easy getting an abortion

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M+G 7-13/2/97

Maria McCloy

'HY sister! Can you help these ladies find out about abortion?" shouted a nurse at Johannesburg General Hospital. This was after I had been sent to several different floors and wards. No one knew where I should actually go, judging by all the places I was sent to.

I was hoping for sensitivity. I was supposed to be 16 years old, and five weeks gone. But what I got was a nurse screeching out my request for all to hear. From others whose help I sought, I got shocked glances.

On the walls were safe sex and child-immunisation posters, but nowhere did I see any posters or pamphlets to do with abortion advice. Neither did I see any signs directing me to where abortions would be performed.

In one ward I approached a nurse behind a desk. As I left I heard them laughing, who knows at what. But it didn't leave me reassured — just scared and worried.

Finally I got to someone who seemed to know something. She broke off briefly from her phone conversation and, without asking what sort of treatment I wanted, said "O batla [Do you want] termination?"

She too referred me to another floor but I pleaded that I'd already been sent up and down.

She said the people in the abortion unit probably weren't around because they'd also been moved from floor to floor. "You know I don't blame them if they've gone home, they've been moved up and down so much."

I got the feeling I wouldn't be getting my abortion in a hurry. She said they were testing people, and they were booked for two weeks. She said something about not having the right medicines. I was told to come in the next morning because the staff left at 4pm. It was 3:30 in the afternoon.

At Baragwanath Hospital, the woman at the gynaecological unit said I couldn't just come and ask for an abortion, but would have to get a referral from a clinic.

'Hello, I want to get an abortion.' 'Yo!' she exclaimed before handing the phone to someone

So I went to the Meadowlands Clinic, nearby. The man behind the counter said they weren't carrying out "the top", because even though the law had

been passed there was no equipment or medicines. He said he knew this because he had heard it on the news. "Oh no, I just want a referral," I said, waiting to find out what procedure I was to have. One nurse said



Where to go? M&G reporter Maria McCloy finds the process takes patience and perseverance

PHOTO RUTH MOTAU

they'd just had a meeting to decide which department would take responsibility for abortion. She added that though abortion was legal, training still needed to be done.

The matrons at the clinic were sympathetic. They told me what steps I'd need to take to get an abortion. Because doctors at the main hospitals were busy, I was to be tested and counselled at a clinic, which would then refer me to a hospital with my details. If I was under 12 weeks pregnant I'd be given some sort of termination pill, but if I was over 16 weeks a doctor could still perform an abortion.

I was struck by their non-judgmental attitude and genuine concern. "Don't worry, we can see you're anxious. Just come and we'll do the test," one said. They encouraged me to relax and have some tea, not to panic if I was pregnant, and told me

not to rush my decision.

"But are abortions definitely happening at Baragwanath?" I asked. "Do they have all the equipment and medicines there?"

"Yes, of course they do," the matron said. "You will come for the test tomorrow, then you can be referred to Bara straight away."

One of the matrons told me they had had a couple of women coming for abortions. They seemed to recognise the trauma of having to make the choice. One said "Don't worry, it's legal now. We are all for it here, you know."

At JG Strydom Hospital, the matron in charge was also sensitive. Although the hospital is not performing abortions, she is involved in counselling women seeking abortions. These patients, she said, were HIV-positive and sought abortions

before it was legalised. She had referred them to Coronation and Hillbrow hospitals.

She asked how many months pregnant I was. "About a month," I said. At more than 16 weeks, she said, there would be complications, but she seemed to think I could get help at Hillbrow or Coronation.

"Hello," I said to the woman at the other end of the phone at Coronation. "I want to get an abortion."

"Yo!" exclaimed the woman, before handing the phone to someone who said I should come on Thursday morning. Abortions would be starting then.

I called Hillbrow Hospital, and was told to come on Monday. "How long till I can get one done?" I asked. "It'll depend on your condition," she said. She seemed in a rush to get rid of me. "Ok 'bye," she said. And she hung up.

'The taking of life is a devilish thing'

(237)

M+G 7-13/2/97

Jim Day

DOCTOR Eva Ngwenya-Seobi points to the tiny male genitals, the little feet and the thumb inserted contentedly in the mouth of the 12-week-old human foetus she keeps in a jar of formaldehyde.

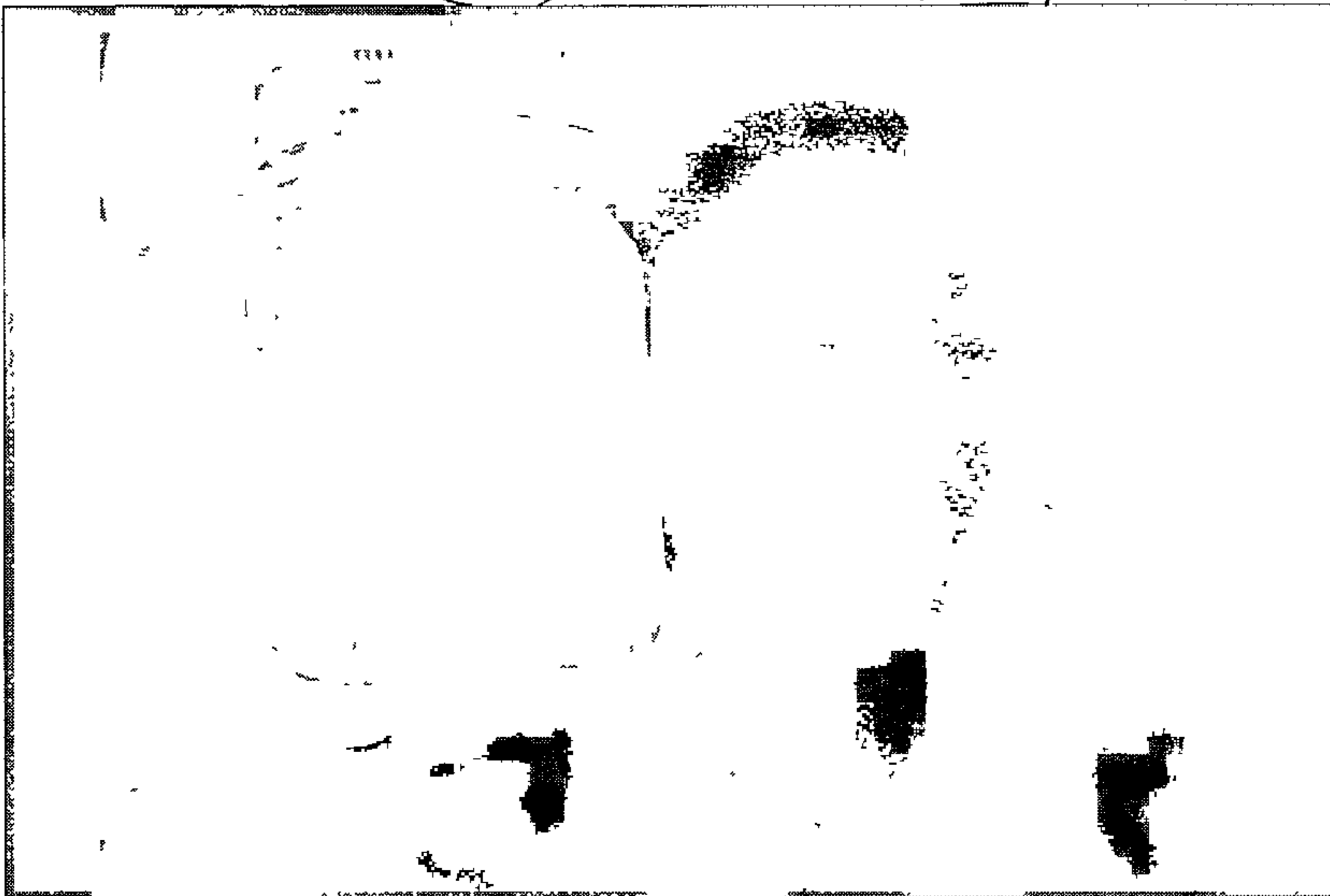
It is obvious, she says, that this thumb-sized boy floating in his amniotic sac was a living, kicking person before he was removed from his mother's womb in an illegal Soweto abortion 12 years ago.

Her belief that the foetus was once as much a living person as anyone else is why she, along with many other medical professionals around the country, are refusing to perform abortions upon request.

Health officials say resistance among medical staff is the main reason why many hospitals have yet to begin offering abortions. According to the Termination of Pregnancy Act, no medical professionals opposed to abortion can be forced to be involved in the procedures.

"I pray there should be more resistance, until they close down and stop doing them," says Ngwenya-Seobi, a general practitioner in Duduza, a township on the East Rand.

She recognises a medical need to



Dr Eva Ngwenya-Seobi believes the 12-week-old foetus was once a living person

PHOTO SIDDIQUE DAVIDS

perform abortions in cases where the mother's life is in danger. There were times during her training at Baragwanath Hospital when she removed

dead fetuses from women who had undergone backstreet abortions. It was at Baragwanath that she obtained the preserved foetus.

Terminating a pregnancy for non-medical reasons, however, goes against her Christian beliefs and the respect for life that she says is

basic to her profession.

"The taking of life, as far as I'm concerned, is the most devilish thing a doctor can do. We go in to save lives, and here we are taking them."

When patients come to her asking about ending their pregnancy, she tries to convince them they can keep and support the child with the help of their extended families. If they insist they cannot, she tells them adoption is an option. Out of every 10 patients who come to her to discuss abortion, Ngwenya-Seobi says she persuades seven to carry the baby to term.

The determination of the other three to abort, however, does not mean society must descend to a lower moral standard, Ngwenya-Seobi says.

Now that abortion upon request is legal in this country, Ngwenya-Seobi, a mother of three, does not relish the prospect of telling patients where they can have the procedure done. If pressed, she will, but she will also try to convince them the procedure is wrong.

And to cut down on inquiries, she plans to hang a big sign in her office stating simply, and for all her patients to see, "No abortions are done here."

and we ask health workers how they feel about performing the procedure

M+C 7-13/2/97

(237)

A nightmare week for hospitals

Jim Day

HOSPITALS around the country are having trouble meeting the demand for abortions, largely due to reluctance on the part of staff to take part in the procedure.

No one knows the exact number of medical professionals who have declined outright to help with abortions, but Helen Rees, respected director of the Reproductive Health Research Unit at Baragwanath Hospital, has estimated that as many as 50% of health workers nationwide

are resisting getting involved.

Due to its staff constraints, Johannesburg General Hospital is able to perform only four abortions a day, and is booked until at least February 19.

The hospital has received anywhere from 15 to 44 requests a day, including many from women who were ineligible because their pregnancies were too advanced. Many patients have been referred from other hospitals which are not performing the procedure.

"We don't know if we'll ever catch up," said hospital spokesman Trudy

Schutte.

At Coronation Hospital, in Coronationville on the West Rand, only about 20% of operating theatre assistants said they would be willing to assist in abortions, hospital superintendent Dr A Manning said. So far, the hospital has been able to meet the demand for abortions, but its staff has been stretched thin.

"They are unhappy it is being done at the hospital," Manning said. "If they had a choice, I don't think we'd be doing abortions at all."

Rees and others said they had expected to have problems with

staff, given the controversial nature of the procedure.

Rees said most hospital administrators and doctors would have liked to have had six months to prepare, not just the two they were given.

Hospitals were also stymied by more unexpected difficulties, such as not having the proper equipment on hand and a delay in the registration of misoprostil, a drug commonly used in abortions.

Misoprostil has been approved for use, but because of bureaucratic bungling it wasn't properly registered. Gauteng officials hope the drug will be available for use within the next few days.

"It has been a nightmare week,"

said Rees, though she added that she is confident things will smooth out soon.

Staff-training programmes have focused mainly on informing health workers about abortion and about the laws that regulate it.

The goal is not to convert people who oppose the procedure, but to educate them so they feel comfortable taking part, said Xhosi Xaba, deputy director of the Women's Health Project, which has been running training sessions in three provinces.

"There is a middle ground of people who just need certain information," she explained. "Then they need to understand that abortion is an issue of women's control of their bodies."

participation in local government. Also there
is a southern council Exco member Parks Tau

Pictures ROBERT BOTHA

on legislation intended to devolve
some policing functions to local gov-
ernment, he said

Anti-abortion doctors replaced in Port Elizabeth

EAST LONDON — Port Elizabeth hos-
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Head of a provincial task team im-
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BD 18/2/97

~~29~~ (237)
Doctors who did not want to carry
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The objecting doctors were a "very
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Bennun said claims by national pro-
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RRA warning to nurses, doctors

Sowetan 19/2/97

(237)

By Sonti Maseko

THE Reproductive Rights Alliance has issued a warning to health workers and doctors opposed to performing terminations of pregnancies that their rights to conscientious objection should not violate the constitutional rights of women to reproductive health

The warning this week followed media reports of health workers not only objecting to performing the service on women seeking to end their pregnancies, but also refusing to refer them to other health workers who would provide the service as required by the Choice on Termination of Pregnancy Act

The RRA said the right to object was not absolute but limited

Refusal to refer violates women's rights to make own choices

"While we recognise that every person has the right to exercise a conscientious objection to performing a termination of pregnancy, we assert that the right to conscientious objection is limited in its scope to the performance of termination procedures," the RRA said

Violation of rights

It said the refusal to refer women constituted a decision on behalf of women requiring the service and therefore was a violation of their rights

The RRA urged health workers grappling with the issues of termina-

tion of pregnancy which "is not an easy one for individual women or society at large" to make use of workshops prepared by the Planned Parenthood Association of SA, which were intended to support health workers experiencing difficulties

"The RRA encourages health workers to explore the training at their specific hospital or clinic and irrespective of their specific individual belief system not to extend their conscientious objection in ways that infringe the rights of all women to make decisions and choices about their bodies, health and lives," the organisation said

RRA warning to *Sowetan 19/12/97* nurses, doctors (237)

By Sonti Maseko

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644 women have abortions in Gauteng hospitals

Star 28/2/97 (237)

By PRISCILLA SINGH

At least 644 women have had abortions in Gauteng state hospitals since the Termination of Pregnancy Act came into effect on February 1

The province has coped with a substantial number of requests which, according to the Gauteng Department of Health, currently total 1 240

Of these, at least 100 women were referred for ante-natal care as they were close to the end of their pregnancies

But the process has not been without problems, such as staff refusing to perform terminations, suppliers not delivering equip-

ment timeously, and the Medicines Control Council's delayed registration of the drug Misoprostil which is used in terminations.

Although this is the drug of first choice, Gauteng will not use it until the MCC clears it. Guidelines set out by the national Department of Health offer alternative drugs and, although more expensive, hospitals have complied

There are 10 state hospitals in Gauteng currently doing terminations and the department hopes to extend the service to smaller hospitals once the resources are finalised

The department said there had also been an increase in the number of women who came to hospi-

tals with incomplete abortions as a result of backstreet operations, but could not give reasons for the increase

Abortions will be performed on patients who are up to 12 weeks pregnant. After 12 weeks and up to 20 weeks, an abortion may still be performed if the doctor recommends it because of health, social or financial problems

After 20 weeks, a termination will be considered only if the mother's life is endangered or the baby will be severely deformed

Gauteng chief director of health programmes Dr Carol Marshall said staff at the Pretoria Academic and Leratong hospitals had

refused to conduct terminations and, as a result, these units were not operational

Marshall said Baragwanath Hospital in Soweto was a pressure point because of the delay in the MCC's decision on Misoprostil

So far, Bara has had 400 requests, performed 70 abortions and attended to 171 women with incomplete terminations

Gauteng health spokesman Jo-Anne Collinge said the helpline which the department had set up provided a good indication of the problems women were experiencing at different hospitals

The helpline number is (011) 355-3230 and is in operation between 8am and 4pm

High Court abortion challenge

SD 17/3/97

(237)

Deborah Fine

THREE Christian associations and anti-abortion organisation Pro-Life are expected to file preliminary papers in the Pretoria High Court this week attacking the constitutionality of the Termination of Pregnancy Act which allows for legal abortions

Christian Lawyers' Association national president Henning Viljoen said on Friday that his organisation, to-

gether with Christians for Truth, the United Christian Action group and Pro-Life intended serving summonses during the course of this week informing the national health ministry, the Gauteng premier's office and the Gauteng health ministry of their impending court action

He said after consultations with their legal team, they had brought the matter before the High Court rather than the Constitutional Court

as they intended leading "intricate evidence on life from conception" as part of their case

The High Court, which now had the jurisdiction to overturn acts of Parliament in terms of the new constitution, was a more suitable forum for the leading of such evidence, they said.

Any decision by the High Court to invalidate the 1996 abortion act, however, would have to be ratified by the Constitutional Court

Viljoen said his legal team intended challenging "this horrendous Act" on the basis that it violated the fundamental right to life guaranteed by the constitution

They would also attack certain of the Act's provisions

Among the provisions challenged would be that in terms of which the consent of the unborn child's father was not needed to terminate a pregnancy

They would oppose clauses which imposed a fine or up to 10 years' imprisonment on any person who attempted to prevent a lawful abortion or obstructed a pregnant woman's access to an abortion facility

Both the national and provincial health ministries, and the premier's office are expected to oppose the action.

Anti-abortion groups delay their attack on law's constitutionality

By 20/3/97

(237)

THREE Christian associations and anti-abortion lobby Pro-Life are to withhold the summonses they were expected to serve on government this week after receiving legal advice that an attack on abortions in terms of the rights of the unborn child was unlikely to succeed.

Valjoen said last week his organisation, together with Christians for Truth, the United Christian Action Group and Pro-Life were poised to inform the national and Gauteng health ministries of their intention to attack the constitutionality of the Termination of Pregnancy Act in the Pretoria High Court.

He said yesterday, however, that "very experienced Constitutional Court counsel" had informed the associations that an attack centred on the rights to life of the unborn child was "a bit of a nonstarter" because fetuses were not considered "persons in law".

Moreover, the attack would also face difficulties in view of Section 12 (2) of the constitution which guaranteed women the right to bodily and psychological integrity, control over their bodies and the right to make decisions regarding reproduction.

Valjoen said he had been advised these rights could include the decision to terminate a pregnancy. "So we're up against terrible odds. But we refuse to give up and will continue to explore other means of attacking the act," he said.

These included challenging the act's provisions whereby it was not necessary to obtain the consent of the unborn child's father to perform an abortion, and clauses which im-

posed up to ten years' jail on any person who attempted to prevent an abortion or obstructed a woman's access to an abortion facility.

Valjoen said his association had also received reports of the victimisation of doctors who refused to perform abortions at state hospitals.

"The victimisation violates their rights to freedom of conscience and religion and we will certainly be talking up their cause as well," he said.

Deborah Fine

Christian Lawyers' Association national president Prof Henning

SA can't cope with abortions

(237) Sowetan 25/3/97

SOUTH Africa's legalisation of abortion last month has opened a floodgate of patients from within the country as well as from neighbouring states, where abortion is illegal.

This has resulted in additional strain on the already overstretched medical facilities in South Africa.

This lack of resources, inadequately trained staff and finance from some health staff have thrown many centres into a dilemma.

Some centres say they are unable to offer the service, while others, especially those run by religious organisations, are unwilling.

Abortion is illegal in most neighbouring countries and people are coming here, says Annette Gonçalves of Mozambique who accompanied a friend having an abortion in Johannesburg.

In Mozambique it is difficult for a woman to get an abortion. She has to have a good reason, and this is why South Africa offers a progressive solution.

Pretoria-based diplomats of the Southern African Development Community countries in response to their comments.

"Every country has its own way of doing things," says a Botswana diplomat. "If people find it easy to access abortion in South Africa, then that is their choice. No one can stop them."

The new law which allows abortion

on demand up to the 12th week of pregnancy, and up to the 20th week with the sanction of a doctor, has been a source of controversy since it was approved by Cabinet in July last year.

It also permits minors to terminate pregnancies without the approval of their parents, although some form of consultation is recommended.

Officials say the training of doctors and nurses to handle abortions have been hampered by the reluctance of staff to get involved. This has created serious delays and many patients have been turned away.

Public interest

While citizens of neighbouring countries may feel free to get abortions here, the debate still rages on whether the law is in the public interest.

The health department says 45 000 backstreet abortions are performed in South Africa every year.

In many parts of the country Muslims, Jews, Christians, traditional and pro-life lobby groups have organised demonstrations and protests.

Reports of the closure of a family planning clinic, disruption of other contraceptive services.

At Soweto's Baragwanath, the world's largest hospital, between 120 and 250 abortions are reportedly performed every week. — Africa Information Africa

Whether any action will be taken to ensure that there will not be a further reduction in subsidies to universities in future, if not, why not, if so, what action?
N248E

The MINISTER OF EDUCATION

The Department of Education presents its budget proposals to the Budget Committee on an annual basis. At this meeting, the Department of Education sensitises the Budget Committee to the increase in the number of students, as well as financial needs at universities and technikons. In the final instance Cabinet decides on the funds available for the tertiary sector.

In paragraph 5.1 on page 52 of the Green Paper on Higher Education Transformation it is stated that:

"In the context of its broader public administration reforms the Government will be moving to publish three-year forward estimates of budget outlays by programme each fiscal year. The Minister of Education accordingly will issue an annual statement in the Budget context that provides the estimated level of block grant funding to each higher education institution for each of the next three academic years."

Should the proposed three-year budget be accepted, it would ensure a more stable environment for financial planning at each higher education institution.

Matriculation examination: marks adjusted

*18 Mr L LOUW asked Minister of Education †

Whether the marks of matriculation pupils in any subjects in any of the provinces were adjusted by 10% or more after the 1996 matriculation examination, if so, (a) in what subjects, (b) in what provinces and (c) what (i) percentage and (ii) category of pupils' marks were adjusted in each case?
N249E

The MINISTER OF EDUCATION

(1) Summary of mark adjustments

It needs to be emphasised that figures provided are not 100% accurate as they are based on notes made during the standardisation meetings. They do, however, make it possible to identify tendencies and to draw certain conclusions.

Adjustments of up to 10% were effected in most subjects in most provinces.

1.1 Upward adjustment in excess of 10%

Eastern Cape

Accounting HG on raw marks from 10% to 35% with an incremental increase to a maximum of 15% at 20%

Accounting SG on raw marks from 21% to 45% with an incremental increase to a maximum of 13% from 30% to 33%

Gauteng

Mathematics SG on raw marks from 11% to 54% with an incremental increase to a maximum of 12% from 25% to 40%

KwaZulu-Natal

Biology HG on raw marks from 7% to 50% with an incremental increase to a maximum of 20% from 14% to 19%

Mathematics HG on raw marks from 5% to 39% with an incremental increase to a maximum of 16% from 18% to 24%

North West

Biology HG on raw marks from 6% to 44% with an incremental increase to a maximum of 17% at 23%

History HG on raw marks from 10% to 86% with an incremental increase to a maximum of 18% from 18% to 75%

Northern Province

Biology HG on raw marks from 7% to 51% with an incremental increase to a maximum of 17% from 20% to 28%

Accounting HG on raw marks from 21% to 47% with an incremental increase to a maximum of 13% from 29% to 37%

Accounting SG on raw marks from 4% to 55% with an incremental increase to a maximum of 17% from 30% to 39%

1.2 Downward adjustment in excess of 10%

Free State

History HG on raw marks from 73% to 97% with an incremental decrease to a maximum of 18% at 95%

*19 M S C VOS - Posts Telecommunications and Broadcasting [Question standing over]

*20 Dr R RABINOWITZ - Health [Question standing over]

Health workers' conscientious objections to abortion

*21 Ms M SMUTS asked the Minister of Health

(1) Whether her Department is advising the public that health workers who have conscientious objections to abortion are required to refer patients to health workers who will assist them and that failure to do so renders objecting health workers liable for damages and subject to being reported to the relevant health services if so (a) in which provinces and (b) what are the further relevant details

(2) whether she will make a statement on the matter?
N255E

The MINISTER OF HEALTH

(1) No. The Choice on Termination of Pregnancy Act No 92 of 1996 does not provide for such damages nor for reporting conscientious objectors to relevant health services.

(a) and (b) not applicable.

The Department informs the public about their rights under the Act. Section 6 of the Act provides that a pregnant woman who requests termination of her pregnancy from a medical practitioner or a registered midwife shall be informed of her rights under the Act. This includes her right to know which facilities have been designated by the Minister of Health to provide surgical termination of pregnancy. Section 10(c) declares it an offence and provides for penalties if any person prevents the lawful termination of a pregnancy or obstructs access to a facility for the termination of a pregnancy.

(2) No

SA rugby: commission of enquiry

*22 Mr A J LEON asked the Minister of Sport and Recreation

(1) Whether he has received any requests to take steps towards the appointment of a commission of enquiry into South African rugby, if so when

(2) whether he has acceded to the request if not, why not if so what are the relevant details

(3) what is the brief or terms of reference to be given to the task group to investigate the South African Rugby Football Union

(4) whether the members of the task group have been appointed if not when will they be appointed, if so, what are their names

(5) whether he has communicated with SARFU in regard to its co-operation with the task group during the course of the task group's investigation if not what is the position in this regard if so what are the relevant details?
N256E

The MINISTER OF SPORT AND RECREATION

(1) Yes 6 December 1996

(2) Yes we have constituted a task team that would investigate the matters raised in addition to any other pertinent issues.

(3) The brief centres around the broad categories which have been identified as administration, representativity, development, financial matters and ownership of stadia.

(4) No. The Department has appointed Mr Ivan King, Michael Katz, Advocate Gribbert Marcus and Gema Malindi. The investigating team will be under the leadership of Mr Mthobeni Tyamzashu, Director-General of the Department of Sport and Recreation.

(5) Yes. SARFU had initially agreed to co-operate and confirmed their satisfaction with the appointment of the Director-General of Sport and

Abortion babies 'should be left to die'

(237) MFG 27/3-314/97

Angella Johnson

BABIES who survive abortion attempts should be left to die even as they gasp for breath, according to new guidelines for the termination of pregnancy laid out by the Department of Health, and sent to all major hospitals last week.

Medical practitioners across the country have been told that in cases where gestation is in advance of 12 weeks, "if an infant is born who gasps for breath, it is advised that the foetus does not receive any resuscitation measures".

But some doctors and nurses have expressed horror at the news that they are being expected to do nothing

to save a child who is struggling to live.

"It is inhuman and against all my principles," said a woman doctor in KwaZulu-Natal, who did not want to be named.

She said that under certain circumstances the new abortion Act allowed for terminations up to nine months if there is a danger to the mother's life or in the case of malformation. "No way will I stand by and do nothing to resuscitate a child. It is impossible and we should not be put in such a position."

The release of the document comes just weeks after abortion on request for pregnancies up to 12 weeks formally came into play, following last year's legislation.

Health workers have already warned that up to 50% of their members across the country are refusing to take part, while hospitals that are offering the service have been hampered by a lack of staff, training and equipment.

Other points of concern raised by the document are repeated references to the use of drugs to induce abortions, self-administered by the mother in her home. Yet medical experts point out that incomplete abortions at home carry the risk of severe pain, bleeding and even death.

"This is the ultimate in back street abortions, and the women who will benefit from this advice are mainly your rural black women and chil-

dren. What if some woman starts bleeding and is unable to get to a clinic or hospital quickly enough?" said the female doctor.

She said that this procedure will force pro-life doctors to take part in terminations as they will have to act to save the life of any woman who is haemorrhaging as a result of this kind of do-it-yourself abortion.

Another section of the guidelines allows for counselling when the unborn child is judged to be less than 12 weeks old to be done by any health care provider—even if they do not have special training.

Some health workers argue that the panel of expert advisers who sat

on a special committee that drew up the proposals are putting doctors and nurses in a position of harming rather than helping their patients. They are demanding a rethink in the guidelines.

The row is likely to intensify resistance by health workers to offering abortion services.

Professor Ronald Green-Thompson, KwaZulu-Natal's health secretary, says: "This document is not the Act per se and is certainly not cast in stone, [these are] guidelines. People at institutions are welcome to query any areas of concern."

He said that regarding "do-it-yourself abortions at home, these guidelines have now been altered and will be circulated shortly."

3

Over 200 sites for legal abortions

(237) Star 24/4/97

A total of 205 clinics and hospitals countrywide were available to people who wanted to have an abortion, Health Minister Dr Nkosazana Zuma said in Parliament yesterday.

In reply to a question from National Party MP Sheila Camerer, Zuma said most abortions were performed in public hospitals.

Gauteng had 28 hospitals and 37 clinics and health centres where women could go for legal abortions under the Choice on Termination of Pregnancy Act, which came into effect recently.

There were 32 such hospitals in the Western Cape, 17 in the North West, 42 in the Northern Province, two in the Northern Cape, 10 in Mpumalanga, 25 in KwaZulu Natal, eight in the Free State and four in Eastern Cape.

■ A total of 314 people were being accommodated under the Government's witness protection programme at a cost of R6,3-million, Justice Minister Dullah Omar revealed in Parliament yesterday.

In a reply to a question from Democratic Party leader Tony Leon, Omar said that at the end of legal proceedings involving a witness, the threat to his or her safety would be reassessed. "Should there exist a continued threat towards the safety of the witness, further protection may be provided," he said. — Political Correspondent.

Abortion rush overwhelms

city hospitals

Budget cuts blamed

ARG 10/5/97

SHELLEE-KIM GOLD

STAFF REPORTER

Just three months after the passing of the Termination of Pregnancy Act, demand for abortions at city hospitals has exceeded their capacity to handle these operations tenfold.

During April, Tygerberg Hospital had 93 requests for terminations, while Groote Schuur received 350 applications. Most city hospitals can, however, only handle between 16 and 20 cases per week.

Shortages of resources, such as money and beds, complicate the issue further.

"Hospitals can only cope with so much. Staff and budgets have been cut," said Marie Adamo, deputy director of reproductive health for the Western Cape, who is overseeing implementation of the new law.

But there are other medical teams around the province who are going out of their way to meet the demand.

"As far as I know, in hospitals at Mossel Bay and George dedicated teams are doing terminations on weekends," said Ms Adamo.

"An obstetrician in Pretoria is prepared to stand there all day doing terminations," said Carol Thomas, a gynaecologist at a private hospital.

"His aim is to prevent patients from moving into the second trimester (which starts from 13 weeks)."

Another issue is that currently there are no nurses able to perform abortions in the second trimester. Legislation empowers them to handle requests only during the first trimester.

A gynaecologist at Groote Schuur who wished to remain anonymous said: "There is resistance by nursing staff because it's a new service. Also, there are no nurses currently available because they have to be trained and registered first."

Ms Adamo admitted that there was a problem among nurses.

"You cannot force anyone to do an abortion. The law says conscientious objectors

can object and not do it. The silent majority are saying they don't want to do it. They are pro-lifers," says Dr Thomas.

Although government terminations cost between R186-R300 against R1 600-R3 200 for a private termination, there are other options.

Abortion requests at the Marie Stopes Clinic, charging an affordable R600, have numbered around 100 per month. The clinic manages to get through them all with a staff of just four.

"We only do terminations during the first trimester. A lot of people come to us after having gone the hospital route, but a lot also come to us too late," said a spokesman for the clinic.

Even though teething problems are inevitable during the first phase of development, this is another aspect of health care that may be destined to failure as long as budgetary constraints exist and hospital facilities are limited.

"It's like the housing situation, it's not going to happen overnight. And prior to the law it was far worse", said Dr Thomas. "It's a catch 22 situation for women and health providers."

"People who do it overseas are burnt out in six months because of psychological stress. Here, people cannot cope with the stress after only about a month."

But there is no crisis, according to Mike Wright, a gynaecologist at Groote Schuur. He says that each month more health services are able to provide termination of pregnancy services.

The decreased health budget for the Western Cape, however, will hamper the speed of service provisions regarding terminations.

Ms Adamo was satisfied that, even though there were teething problems, things were going fairly well and according to plan.

"It took five years to get off the ground in Britain. In comparison with other provinces, we are doing well here after only three months."

Use of cheap labour criticised

BD 23/5/97

Patrick Wadula

KELVINATOR SA's new MD, Simon Koch, criticised neighbouring states for employing cheap labour in the refrigeration industry and called on the SA government and labour to look at collective bargaining for the southern African region.

Speaking at the official launch of Kelvinator SA, Koch said those countries that did not fall within the collective bargaining process should have duties levied against them.

Koch said the firm found it easier to compete with Italians, Turks and the Americans than it did with its neighbouring countries where labour rates were a quarter of SA's — R2,50 an hour against R10,51 in SA.

"Today, 40% of the SA fridge market is controlled by a company that produces in a neighbouring state

"We thus ask the unions for stan-

~~(237)~~ (237)
dardisation of wages via collective bargaining within the industry so that everyone is playing on the same playing field," he said.

He argued that it was difficult for a labourer earning R2,50 an hour in another country to buy SA goods, let alone buy goods at all. These workers were doing nothing to stimulate the SA economy.

"We do not ask for our labour rates to be reduced. We want the rates in the neighbouring countries to be increased effectively to the same level as ours by way of collective bargaining"

The government had to start taxing countries paying less for labour. It also had to push for equal labour standards among SA's trading partners

Kelvinator SA was officially launched as a separate company on Tuesday after a buyout from Barlows by management and a labour-based empowerment group.

Clause removed in new twist in abortion saga

BD 23/5/97 (237)

Kathryn Strachan

A NEW twist was introduced to the abortion saga yesterday when Kwa-Zulu-Natal health MEC Zweh Mkhize agreed to remove a clause in a national health directive which states that if after an abortion procedure "an infant is born who gasps for breath, it is advised that the foetus does not receive any resuscitation measures"

Mkhize's announcement came in a

provincial legislature debate this week after pressure from the anti-abortion group, Doctors for Life, to withdraw the clause. The organisation now intends to push government to include a clause which forces medical personnel to do everything in their power to resuscitate a child accidentally born alive. In cases where viability is uncertain, every effort should be made to keep such an infant alive until viability has been ascertained, it states

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Gauteng top of abortion list since introduction of act

(237)

Star 26/5/97

By PRISCILLA SINGH
Health Reporter

Gauteng has performed the most abortions in the country since the inception of the Termination of Pregnancy Act nearly four months ago

There are now 22 hospitals in the province conducting pregnancy terminations compared to the 10 which did initially, and at least 2 274 abortions have been performed from February to the end of April, according to statistics from the Gauteng department of health

Dr Carol Marshall, the department's chief director of health programmes, said 4 998 terminations had been performed countrywide since abortions were legalised, and it was a tremendous feat for Gauteng to have contributed to nearly half this figure

She said the initial demand for abortions had begun to slack off, particularly in the bigger institutions, and hospitals which initially refused to perform the procedure were now doing so willingly

In February there were 2 300 requests and only 1 014 terminations performed, while in March there were 1 700 requests and only 790 terminations performed, she said.

These figures dropped drastically again last month, when Gauteng hospitals received 1 200 requests and performed 470 terminations.

Johannesburg Hospital started off doing an average of 70 abor-

tions a month, but this figure now varies between 40 and 50 a month.

Chris Hanu Baragwanath Hospital, which received most of the requests for terminations in the province, had to refer some of its patients to the Chiawelo and Meadowlands primary health care clinics to reduce the bottleneck

Hillbrow Hospital, which is one of the institutions to be down-scaled according to the department's transformation plan, currently does about 70 abortions a month and will probably perform only first trimester abortions once the restructuring is completed

Hospitals were advised, in line with the Termination of Pregnancy Act, to give priority to women nearing the 12-week and 20-week cutoff dates laid down in the law for the legal performance of various forms of termination

Doreen Senokoanyane, the department's new director for reproductive health, has just been appointed to oversee the progress of terminations in the province and to boost family-planning programmes.

Marshall said the long-term plan was to decentralise first trimester abortions to primary health centres and continue training staff

"We also want to ensure that we offer a comprehensive family planning service in the province and focus on providing a better quality of service across the board," she said

Countless women are dying needlessly

Denial of sexual and reproductive rights the cause of death, illness and disability, reports says

By **JAMINE SIMON**
Medical Correspondent

Gaps in reproductive health care and widespread discrimination and violence against women amount to a massive violation of human rights, according to the United Nations Population Fund's 1997 State of the World Population Report.

The report, released yesterday, says denial of a core set of recognised sexual and reproductive rights - including free choice with regard to pregnancy and child-bearing - is causing millions of deaths every year and illness and disability to many more.

Violence against women may be the world's most pervasive yet least

recognised human rights abuse, it adds.

A woman dies every minute of the year from pregnancy-related causes, and nearly all are in developing countries, the report says.

An estimated 585 000 women die of birth complications and many more are disabled as a result of childbirth. Much of this suffering could be averted by low-cost improvements to health-care systems.

Lack of failure of contraceptive services kills 200 000 women a year, and up to 150 million women who want to space their pregnancies are still without the means to do so effectively.

About 350 million couples lack information and access to a

range of contraceptive services.

According to the report:

At least 75 million out of 175 million pregnancies each year are unwanted and they result in 45 million abortions.

Some 20 million of these are unsafe, leading to 70 000 deaths a year.

In Latin America, one in five clandestine abortions results in hospital treatment.

A total of 120 million women have undergone some form of female genital mutilation, with a horrific impact on health, and another 2 million are at risk each year. It remains widespread in 28 nations.

At least 60 million girls who would otherwise be expected to be alive are missing from

AMR 29/5/97

various populations as a result of sex-selective abortions (by people who want only sons) or neglect.

Sexual exploitation and trafficking in children affects tens of millions of children, and about 2 million girls aged between 5 and 15 are introduced into the commercial sex market every year.

The sex industry draws girls from poor rural families to cities, and from developing to developed countries.

According to the report, which calls for an increase in women's access to credit and economic resources and stresses the value of sexual education, women carry a heavy, avoidable burden of poor health related to reproduction

and sexuality.

Sexually transmitted diseases, for example, affect a disproportionate number of women, particularly young women.

About 42% of the 22.6 million adults infected with HIV are women. The proportion is growing, and men's concern with contracting HIV is increasing.

Violence against girls, the report says

Violence against women is linked to male socialisation and peer pressure, it says, and should be fought by legal reforms, better enforcement of existing laws, and new procedures to document violations.

Rape is rampant, and common in times of war. It is even used as a systematic instrument of

toriture in ethnic domination. Most sexual assault victims are young, and all face health risks such as injury, mental illness, STD and pregnancy.

The report says many countries increased allocations to population programmes in the past three years, and have population and development strategies - such as South Africa's white paper released in October 1996 - focused on individuals' reproductive health needs and not on reducing fertility.

But annual global expenditure is still well under half the R76-billion annual estimated cost of providing basic reproductive health packages. The world spends double that each week on armaments.

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Denial of women's rights 'spells death for millions'

BD 28/5/97 (237)

Kathryn Strachan

DENYING women free choice on pregnancy and childbearing causes millions of deaths every year and impedes progress towards equality and development, according to the United Nations (UN) State of the World Population report released today

Failures in reproductive health services, combined with widespread discrimination and violence against women, amount to a massive violation of human rights, it says. These violations, and efforts to end them, form the focus of the report

At an international conference on population three years ago, 180 countries pledged to make quality reproductive health services available to all by 2015. The conference estimated that providing better reproductive health care worldwide would cost \$17bn a year by 2000 — less than the world currently spends each week on armaments. But while many countries have increased their allocations for population programmes since 1994, annual global expenditures are still well below half the \$17bn mark.

The conference identified a

core set of rights for women: the right to voluntary choice in marriage, the right to have the information and means to determine the number and timing of their children, the right to reproductive and sexual health services, and freedom from sexual violence and coercion.

The report documents the effects of denying women these rights:

- A total of 585 000 women — one every minute — dies each year from pregnancy-related causes, nearly all in developing countries. Many times this number are disabled as a result of childbirth. Much of this suffering could be averted with relatively low-cost improvements in health care;
- About 200 000 maternal deaths a year result from the lack of contraceptive services;
- Up to 350-million couples lack information about contraceptives and access to contraceptives;
- At least 75-million pregnancies each year (out of 175-million) are unwanted. They result in 45-million abortions, 20-million of which are unsafe;
- Each year 70 000 women die as a result of unsafe abortion. Many of these could be avoided if con-

traception was freely available;

□ Last year 3,1-million people were infected by HIV, 1,5-million died from AIDS last year, 22,6-million people are living with HIV/AIDS;

□ Each year 1-million people die of other sexual diseases,

□ About 120-million women have undergone female genital mutilation; another 2-million are at risk in 28 countries each year;

□ At least 60-million girls who would otherwise be expected to be alive are "missing" from various populations as a result of sex-selective abortions or neglect;

□ Each year 2-million girls between five and 15 are forced into the commercial sex market; and

□ Violence against women and rape are the most pervasive yet least recognised human rights abuse in the world. With women reluctant to report these attacks, no reliable data is available.

The report emphasised that sexual and reproductive rights are key to women's empowerment, and are critical to the economic and social life of the world.

The report advocates increasing women's access to credit and economic resources so that they can exercise their rights

Many sugar growers look set to overcome their 'legacy of debt'

STEWART

BD 28/5/97

Louise Cook

AN EXPECTED record sugar crop of 2,5-million tons this year, coupled with good management and continuing favourable weather, would enable growers to overcome a "legacy of debt", SA Cane Growers' Association chairman Rodger Stewart said yesterday.

He told the annual general meeting of the association in KwaZulu-Natal the availability of additional sugar enabled the industry to take advantage of broader overseas marketing opportunities that existed for SA producers. New export destinations included Africa, the Middle East and Asia.

"In addition, the Southern African Development Community trade protocol provides a framework for reducing and eventually

doing away with barriers to trade between the SADC countries. It is aimed also at creating greater co-operation and integration of the region, especially mutually beneficial sectional co-operation," Stewart said

Bruce Galloway, association vice-chairman, supported the view growers were on the way to economic recovery, but said support services to the small-scale growers had to be boosted

"The efforts of the industry through the Sugar Association, millers, growers and the Small Grower Development Trust to improve yields through training and support must continue. Attention must be directed also towards the development of an efficient and reliable cane contracting sector which can service the needs of

small-scale growers.

Stewart said the sugar industry continued to strive for improved international competitiveness, but problems around small-scale production still remained. "The cane yields of small growers and general economic inefficiency of the contractors that serve them, seriously threaten the viability of many growers."

He said: "The improvement of this state of affairs will require a major effort from the small grower communities, with support from millers, cane growers, the Development Trust, the association as well as government."

Last year 1-million tons of sugar was exported. Earlier the association said exports this year could generate about R1,4bn in foreign exchange earnings

Malaysia My state of health at the time required that a doctor of the SA Medical Service accompany me My personal secretary also accompanied me The cost of R45 923,82 incurred was made up as follows

(a) Daily allowance for myself, wife, doctor and secretary	R11 444,93
(b) Air tickets for my doctor and secretary	R23 130,00
(c) Hotel accommodation for my doctor and secretary	R11 348,89
Total	R45 923,82

Border control posts along borders/at seaports/airports reduced/improved

*2 Mr J SELFFE asked the Minister of Home Affairs

Whether there are any plans to (a) reduce the number of border control posts along the Republic's borders and at seaports and airports and/or (b) improve facilities and infra-structures at border control posts in order to curb illegal immigration and cross-border activities, if not, why not, if so, (i) what are the relevant details concerning these plans and (ii) what progress is being made with the implementation of these plans? C220E

The MINISTER OF HOME AFFAIRS

(a) No

(b) Yes

(1) Ports of entry are being upgraded by the Public Works Department on a priority list basis Implementation of the upgrading of the first of eight border posts on the priority list is expected to start during this year

Criteria to ensure that international airports should be in compliance with the legislation of all the relevant departments are being formulated, and in the near future all present and envisaged international airports will have to meet with these criteria in order to obtain or retain such status

adequate if not, (a) why not (b) what are the consequences of such inadequacies on the monitoring of pollution levels and (c) what steps will be necessary in order to upgrade such resources and equipment to an acceptable level.

(2) whether his Department or any other relevant body intends adopting any of these measures, if so, what are the relevant details? C222E

The MINISTER OF DEFENCE (for the Minister of Environmental Affairs and Tourism)

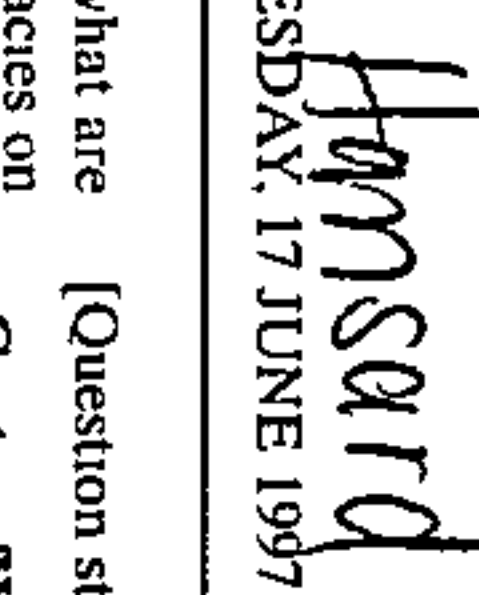
(1) The limited capacity of the national Department in terms of monitoring pollution in the marine environment is largely due to the constraints imposed by the available human and financial resources rather than to the adequacy of equipment Although a wide range of sophisticated techniques and equipment are available, it is possible to obtain sufficient information without always using the most sophisticated and up-to-date techniques Nevertheless, officials of the Department do attend international conferences and meetings, thereby staying abreast of international developments

In order to try and address the problem of human resources, a work study has been undertaken into the possible establishment of a Marine Pollution Unit under the Chief Directorate Pollution Control of the Department as a separate entity from the research division currently under Sea Fisheries In the longer term, if this unit is to be able to perform the required functions this will require the establishment of additional posts

(2) The Pollution Division at Sea Fisheries is undertaking research in this field, and has recently brought in equipment from Australia for this purpose Research is also being undertaken at the University of Pretoria into techniques for the measurement of pathogens (bacteria and viruses) in marine waters and shellfish

*5 Mr W F MNISI - Sport and Recreation [Question standing over]

*6 Mr E K MOORCROFT - Safety and Security

[Question standing over] 
Gauteng/Western Cape: caring for patients from other provinces

*7 Dr G W KOORNHOF asked the Minister of Health

(1) Whether the provinces pay (a) Gauteng and/or (b) the Western Cape for caring for patients from other provinces without receiving any compensation, if so,

(2) whether she or her Department intends taking any steps in respect of financial allocations to the departments of health of (a) Gauteng and (b) the Western Cape, if not, why not, if so, what steps? C225E

The MINISTER OF HEALTH

(1) An agreement has been reached among the provinces that when a patient has been referred for secondary hospital care the referring province will be responsible for the payment of the cost of that referral This also applies to Gauteng and the Western Cape Highly specialised services are funded by the province where the hospital is located There are no inter-provincial payments for primary health care This also applies to Gauteng and the Western Cape

I do not have the exact figures for the individual provinces and this question should be referred to the Provinces themselves

(2) Yes, the plan is to change the funding arrangement so that Academic Health Services will be funded from the budget of the national Department of Health This will address the problem of costs for patients referred between provinces

*8 Dr G W KOORNHOF - Education + [Question standing over]

Questions transferred for oral reply in terms of Preliminary Rule 187

New legislation: abortions (237)
*1 Mr R J MOKOTJO asked the Minister of Health + [Written Question No 50]

(1) (a) How many women's pregnancies have been terminated in each specified hospital in each province since the commencement

2

of the Choice on Termination of Pregnancy Act, 1996 (Act No 92 of 1996), up to the latest specified date for which information is available and (b) what is the average age of the women whose pregnancy was so terminated.

(2) whether she or her Department is envisaging any action against physicians who refuse to perform abortions, if not, what is the position in this regard, if so, what are the relevant details? C56E

THE MINISTER OF HEALTH

(1)(a) The information requested cannot be released because we do not think it fair to release information about each individual hospital. However, the total number of terminations till the end of April is 5 242

(b) Under and up to 18 years 1 468
Above 18 years 3 774
Total 5 242

(2) No
Doctors/pharmacists/nursing staff/dentists/psychologists registered

*2 Mr R J MOKOTJO asked the Minister of Health † [Written Question No 51]

How many (a) doctors, (b) pharmacists, (c) nursing staff, (d) dentists and (e) psychologists were registered with the Interim South African Medical and Dental Council as at 31 January 1997? C57E

THE MINISTER OF HEALTH

(a) 28 381
(b) The Interim South African Medical and Dental Council does not register pharmacists, so the answer is 0*

(c) The Interim South African Medical and Dental Council does not register nurses, so the answer is 0**

(d) 4 235
(e) 4 050

Provinces: shortage of social workers

*3 Mr R J MOKOTJO asked the Minister for Welfare and Population Development † [Written Question No 79]

Hansard.

(1) Whether there is a shortage of social workers in any province, if so, what is the extent of the shortage in each province.

(2) whether steps have been or are to be taken in this regard with a view to eliminate this shortage, if not, why not, if so, what steps.

(3) (a) what is the average salary in each category currently being paid to social workers in the service of the State and (b) when last were such workers' salary structures reviewed? C83E

THE MINISTER FOR WELFARE AND POPULATION DEVELOPMENT

(1) In view of the absence of reliable data and the fact that the Department is in the process of developing a new welfare financing strategy it would be impossible to determine a shortage of social workers in provinces at this point in time. Social workers in the provinces comprise not only those in State service. The projected figure for the Northern Province for 1994 was one social worker to 20 000 people.

(2) The new welfare financing strategy will determine minimum norms and standards for service delivery and personnel, including social workers, needed to implement the envisaged welfare programmes. In view of these developments this question cannot be answered at this stage.

(3) (a) The average salary per rank for social workers in the service of the State is as follows

- Social Worker	R 43 344
- Chief Social Workers	R53 487
- Assistant Director	R83 949
- Deputy Director	R123 386*

(b) The salaries of social workers have been reviewed in July 1996 as part of the personnel structure of the Government.

Mr W F MINISI Chairperson, arising out of the hon the Minister's reply, seeing that we are experiencing a shortage of social workers in South Africa, is the department in the process of training so-called community workers to assist with problems?

THE MINISTER FOR WELFARE AND POPULATION DEVELOPMENT

Chairperson, this is indeed a new question, and since the hon Mr Minisi and I have a special relationship, I would appreciate it [Laughter]. I was talking about our relationship as Minister and member of the NCOP. I would appreciate it if he would put the question in writing.

However, I can just say that auxiliary workers are currently being trained and there are also development workers that are involved in community development work.

However, as I have indicated, we would like to respond in a more holistic manner to this question, because it deals with the human resources component required for welfare and welfare services.

THE CHAIRPERSON OF THE NCOP Order!
The Minister does not appear to be here. Mr Makgothi, what is the position? If there has been no communication from the office of any Minister who is supposed to answer questions, I must insist that we get in touch with that Minister's office and get a response. It is a provision that questions must be answered.

THE MINISTER FOR WELFARE AND POPULATION DEVELOPMENT Mr Chairperson, I am sorry, I am actually the acting Minister for Posts, Telecommunications and Broadcasting. Because of all the bantering in the House, I was thrown off course. It seems as though Premier Kriel feels a bit envious that I might want to be an eleventh wife to one of the NCOP members, and not second wife to him! [Laughter]

With reference to the question, I would just like to ask that this question be allowed to stand over.

THE CHAIRPERSON OF THE NCOP Order!
This question will then stand over.

Mr A E VAN NIEKERK Mr Chairperson, this question was a written question that was not answered. It stood over, according to the Rules, to be answered today. I just want to bring that to your attention. This situation is unsatisfactory.

THE MINISTER FOR WELFARE AND POPULATION DEVELOPMENT Mr Chairperson, the point is taken.

Hansard.

THE CHAIRPERSON OF THE NCOP Order!
Other than bringing that situation to my attention, does the hon member have any suggestion to make with regard to this matter?

Mr A E VAN NIEKERK Mr Chairperson, I do have a suggestion. It would be appreciated, if the answer to the question could be tabled before the winter recess.

THE CHAIRPERSON OF THE NCOP Order!
May we be honoured with a written response before the recess, please?

THE MINISTER FOR WELFARE AND POPULATION DEVELOPMENT Mr Chairperson, I will definitely facilitate that.

THE CHAIRPERSON OF THE NCOP Order! It is the only reasonable thing to do.
[Question replied to as Question No 84 on 17 June 1997]

Provincial/academic hospitals: bed occupancy rate
*5 Mr R J MOKOTJO asked the Minister of Health † [Written Question No 96]

(1) What was the average bed occupancy rate in each specified (a) provincial and (b) academic hospital under the control of her Department in (i) the Free State, (ii) the Western Cape and (iii) the Northern Cape during the period 1 March 1996 to 1 March 1997.

(2) whether the bed occupancy rate in respect of any of these hospitals does not correspond with the capacity of such hospitals if so, why, in each case? C101E

THE MINISTER OF HEALTH

The National Department of Health does not control any hospitals, at the moment they are all controlled by the Provincial Governments. The information should come from the Provinces and I urge the member to table the question in the appropriate Provincial legislatures.

Cuban doctor: contract terminated
*6 Mr R J MOKOTJO asked the Minister of Health † [Written Question No 97]

(1) Whether the contract of a certain Cuban doctor in the Northern Province was

SAs population policy 'can transform society'

SAW 2/6/97

(237)

By Trove Lund

South Africa's new human rights laws and the country's significant policy advancements in the fields of population development are an example to developing countries, says United Nations Population Fund (UNFPA) representative Jay Parsons.

He was speaking at the launch of the 1997 State of the World Population Report in Alexandra, Johannesburg this week. The theme of this year's report is "The Right to Choose, Reproductive Rights and Health".

"At issue are the rights of all people to enjoy the best possible sexual and reproductive health, and to make their own free decisions about sexuality, marriage and childbearing," Parsons said.

The 1997 UNFPA report notes South Africa's advancements since the present Government was elected and since the 1994 International Con-

ference on Population and Development in Cairo, Egypt.

South Africa is one of the first countries to have drafted a new policy on population, and development in accordance with the Cairo recommendations.

Aside from the new constitution and the Bill of Rights, Parsons commended policies to give free medical services to children under the age of five and to pregnant women.

Despite the country having adopted one of the most liberal abortion laws in the world, deep-rooted societal traditions and attitudes regarding abortion would make the law difficult to implement in South Africa, Parson said.

Other hurdles facing South Africa included the transformation of

health care to primary health care that benefited all of society, instead of a white majority, noted the UNFPA report.

Access to family-planning information as well as adolescent reproductive health were further challenges.

Most of the 3 000 South African entrants in a recent adolescent essay competition about reproductive health identified a lack of parental guidance, lack of sex education in schools, and too few services for adolescent concerns.

The UNFPA report also found that in South Africa violence against women was rarely reported, with the estimate being that only 3% of rapes in SA are reported.

Parsons said it was crucial for the

Abortion law difficult to implement

empowerment of women that thus be changed.

But Parsons was confident that through SA's new population policy, in a partnership of government, enterprise and civil society, society would be "completely transformed".

South Africa's Welfare Department director-general Leila Patel said that instead of aiming to reduce fertility, the new policy makes population and development mutually exclusive.

It links population concerns like high infant mortality, teenage pregnancy and consumption patterns, to developmental issues such as poverty, rural underdevelopment, infrastructure and gender equality.

The policy is still in the draft stages where public input is being considered and included.

But, given its complex and revolutionary nature, Patel anticipated that its implementations would not be "unproblematic".

Union celebrates 60 years of serving the community

When the Union of Jewish Women meets next month for its 25th national conference under the theme "The paradigm shift: Accepting the need for change" - it will also mark more than 60 years of serving the Jewish and broader communities of South Africa.

With large executive branches in major cities and small groups and branches in the regions, the UJW boasts about 5000 members.

"The past 10 years have brought about a shift in concept and emphasis in our work," says national vice-president Ray Wolder.

"We have progressed from a hand-out service to one of help-up."

In 1986 the union began implementing the Home Instruction Programme for Pre-school Youngsters (HIPPY) in areas of Soweto, with Orlando East and Rivervalley chosen as pilot schemes. Today, despite struggles for funding, the programme is still thriving in areas such as Diepkloof, Jabavu and Winterfeld.

"The programme are now, by and large, being administered by the relevant communities," says Wolder.

Research findings show that HIPPY children perform better at school than those without any pre-school training.

Apart from community based programmes, the union has also lobbied Parliament. It recently made a submission to the Gender Commission on the position of Jewish women in accordance with Jewish laws and customs.

"The Union of Jewish Women's important submission to Parliament gave added impetus to the passing of the latest Divorce Act," says Wolder.

"The new Act not only benefits Jewish women bound by religious law but also Muslim women. It compels relevant parties to obtain a civil divorce before a religious divorce can be granted," says Wolder.

The union also has an anti-crime initiative which includes a Rape Victim Support Project.

As an umbrella body of all Jewish women's organisations in South Africa, the union also keeps in contact with sister organisations such as the National Women's Coalition, Women Against Women Abuse, and other bodies concerned with the welfare of women.

Giving women right to choose

ARG 8/8/97

(237)

The Choice of Termination of Pregnancy Act, implemented in February this year following months of debate and public outcry from religious and human rights movements, has vastly improved reproductive health for women in this country, say health activists.

In fact, many women, activists and organisations would go so far as to say that it was a victory for the empowerment of women by giving them a choice over their lives and futures.

Reproductive health, especially for black women, has gone from being a virtual

backstreet abortions, with the risk of sepsis, pelvic infection, toxic shock syndrome, injuries to the cervix - which could have led to infertility - or in many instances, death," Ms Braam said.

Ms Braam said with the Act in place, many women were deterred from backstreet abortions, or even having the baby and abandoning it.

"The Act has saved many lives and prevented long-term health problems for women," Ms Braam said.

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"The Act has saved many lives and prevented long-term health problems for women," Ms Braam said.

Crimes against women now 'a national priority'

Crimes against women and children have been made a national priority this year and have gained the attention they deserve because women have been brave enough to stand up and be counted in the fight to change outdated attitudes.

A working document to be presented to Parliament soon after National Women's Day sets out uniform national guidelines regarding the handling of female crime victims.

Sharon Schutte, communications officer for the national detective service, has spearheaded a number of initiatives aimed at changing attitudes surrounding women and violence.

"Rape, in particular, is an issue which affects everyone, yet has been branded a women's issue in the past."

Senior Superintendent Schutte has been a detective since 1980, specialising in rape since 1988.

Senior Superintendent Schutte has been a detective since 1980, specialising in rape since 1988.

She describes herself as one of a number of women who "made a lot of noise", and helped establish the first all-woman unit assigned to rape cases by the Pretoria murder and robbery unit.

In 1993, Senior Superintendent Schutte was sent to the Metro Detective Training Schools in London where she was trained in the handling of sexual offences. She used what she learnt to initiate courses for South African police in February 1995.

"When I was in London I realised they had only started specialised training in the early 90s, so we are not far behind world leaders," she says.

Senior Superintendent Schutte says the main problems she faced was having to change attitudes, training and conditions. Rape, she says, is a

societal problem. Victims are not all the badly battered women with ripped clothing that people imagine.

"We had to resort to shock tactics to change this view and encourage a non-judgmental acceptance of victims. No policeman has the right to play judge, jury and executioner."

Rape training for policemen is now started off with a video in which a "tough, tough American cop" is confronted by two characters who force him to have oral sex with them.

"This tactic has worked as it shows a large, confident man as the victim rather than the usual stereotype," Senior Superintendent Schutte explained.

Specialised gender sensitivity and rape training has been incorporated into standard police training as well as the promotion courses.

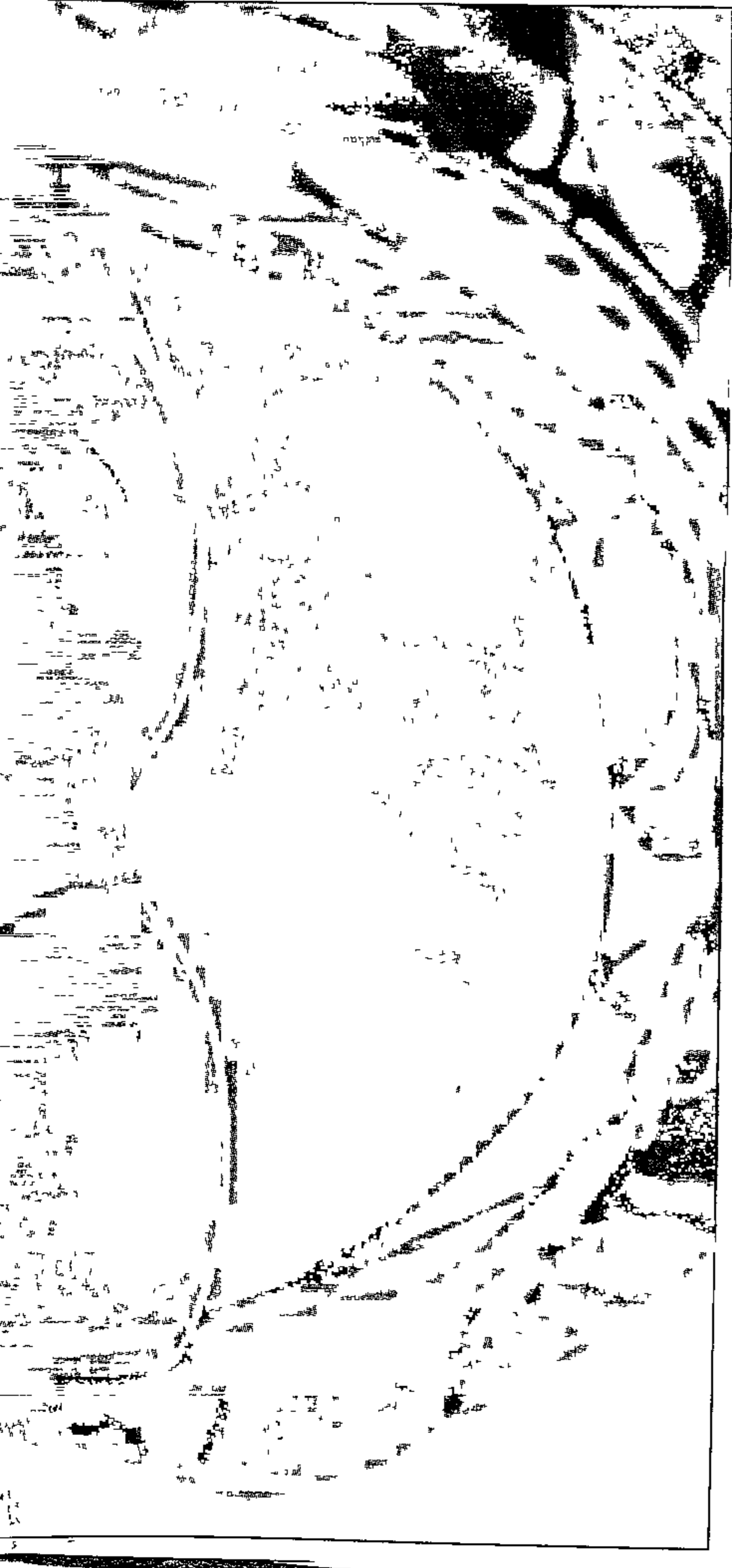
The 35 child protection units across the country are to be expanded into FCS units - facilities equipped to handle family violence, child protection and sexual offences.

"We have approached the Law Commission to broaden the definition of rape as it currently excludes the possibility of male victims or the fact that knives, guns, bottles or other objects can be used for the penetration," says Senior Superintendent Schutte.

The victim care package, a pilot project, has been given the green light and will soon be a service offered by all police stations once tenders have been granted. The rape victims, which will be given to all rape victims, will contain a set of clean underwear, a comb, a facecloth and a toothbrush.

"Women need to know they can now report violence perpetrated against them," Senior Superintendent Schutte says.

Ms Braam said with the Act in place, many women were deterred from backstreet abortions, or even having the baby and abandoning it.



'The Act was a bold step in saying that women could and should make

problems for women," Ms Braam said.

Since the introduction of the Act, the National Progressive

Senior Superintendent Schutte has been a detective since 1980, specialising in rape since 1988.

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10 pregnancies terminated daily

ET 22/7/97

(237)

ELISSA GOOTMAN
STAFF WRITER

TEN abortions a day have been performed on average in the Western Cape in the first five months since legalisation — and 81 a day nationally in three months.

After extensive consultation by the health ministry and by a special cabinet committee, as well as public hearings by the Portfolio Committee on Health in Parliament, abortion on demand was legalised in terms of the Choice on Termination of Pregnancy Act on February 1.

Since then there were 1 593 abortions locally at the end of June at a rate of about 300 a month.

Nationwide, 7 296 were recorded for three months from May 1.

Deputy Director of Reproductive Health in the Western Cape, Ms Marie Adamo said just over two-thirds of provincial terminations were at public institutions, where there was no charge for non-medical aid patients who qualified for free primary healthcare.

Adamo said that of the 32 public facilities in the province designated to perform abortions, only 16 were on-line.

Adamo said the majority of the Western Cape's private sector abortions were carried out at the private Marie Stopes clinic, a non-profit facility.

Mr Paul Cornelissen, programme director for Marie Stopes SA, said its Cape Town branch, one

of seven nationally, had terminated 360 pregnancies since opening in December last year.

Cornelissen said "We aim to fall between the over subscribed public sector and high cost private sector."

There are Marie Stopes clinics in 27 countries.

Local newspapers have carried advertisements for the group, offering "Safe abortions same-day service".

Within weeks the clinic will launch an all-out advertising campaign, plastering its name and number at shopping centres, on dustbins and at busy bus stops throughout the city and suburbs.

Ms Anne Holstead, director of Marie Stopes SA, said they had a moral obligation to advertise that termination of pregnancy was a readily available service.

"Family planning is a marketing problem, not a medical problem," said Holstead.

"Our mission is to educate people that abortion is now legal, and to help them access it."

Ms Tamara Braam, national coordinator of the Reproductive Rights Alliance — a network of organisations the Marie Stopes clinic is affiliated to — said many were unaware that abortion was legal.

Dr Carol Thomas of Vincent Pillotti Hospital in Pinelands said private gynaecologists charge about R2 000 for an abortion. Marie Stopes charges R600.

Howard

Howard

Neither Attorneys-General nor prosecutors need my permission to become involved in monitoring investigations

My view is that in the current situation there should be closer co-operation though unfortunately the prosecutors cannot do the work of the police

There are also certain specialist areas in which public prosecutors need to be more closely involved through active monitoring, for example in commercial (white collar) crime, organised transnational (syndicate) crime and special investigations. Active monitoring, however places a huge additional burden on the prosecution services and the current lack of resources and human power hamper implementation in all cases. In the same way that a new court management system is being developed, Attorneys-General are re-organising the prosecution system to fit in the new cluster system. In addition and as part of the restructuring process, additional resources including resources to employ more prosecutors are required and being sought

informed of this decision, if not, what is the position in this regard, if so, when,

(3) whether she or her Department has devised a plan to ensure that students are sent to hospitals that have adequate facilities, if not, why not, if so, what is this plan,

(4) whether negotiations with hospitals in respect of the allocation of such students have taken place, if not, what is the position in this regard, if so, what were the results of these negotiations,

(5) whether such students will be receiving any guidance or be supervised during the additional years of postgraduate vocational training, if not, why not, if so, from or by whom? N1841E

THE MINISTER OF HEALTH

- (1) No
- (2) Not applicable
- (3) Not applicable
- (4) Not applicable
- (5) Not applicable

Brain-drain of doctors

*8 Rev K R MESHOE asked the Minister of Health

(1) Whether her Department is currently experiencing a brain-drain owing to the proposed requirement that doctors undergo an extra year of training, if not, what is the position in this regard, if so, what are the relevant details,

(2) whether an investigation has been undertaken so as to determine whether this requirement will not accelerate this process, if not, why not, if so, what are the relevant details

(3) whether doctors who undergo such extra training will be granted any incentives in this regard, if not, why not, if so, what incentives? N1846E

THE MINISTER OF HEALTH

(1) No information is available to indicate that the Department of Health is experiencing a brain-drain

(2) whether such students have been officially

Medical interns: postgraduate vocational training

*4 Mr M J ELLIS asked the Minister of Health

(1) Whether medical students currently registered as interns with the Interim National Medical and Dental Council of South Africa have to undergo any additional years of postgraduate vocational training with effect from 1998 if so what are the relevant details,

(2) whether such students have been officially

(2) Not applicable

(3) Doctors working in many rural hospitals already qualify for a special area allowance. The way in which this system works is being reviewed

Questions standing over from Wednesday, 3 September 1997 (transferred for oral reply in accordance with Rule 202)

Schoolchildren: malnutrition

*7 Mrs E J CHAIT asked the Minister of Health [Written Question No 913]

(1) (a) How many schoolchildren in South Africa suffered from malnutrition in 1996 and (b) how many of these schoolchildren were between the ages of (i) 5 and 9, (ii) 9 and 13 and (iii) 13 and 18 years,

(2) whether the figure furnished in respect of paragraph (1) (a) represents an increase as compared to 1995, if not, what is the position in this regard, if so, what was the extent of this increase,

(3) whether she or her Department intends taking any steps to improve the situation in this regard, if not, why not, if so, what steps? N1606E

THE MINISTER OF HEALTH

(1) (a) Unknown

(b) (i), (ii) and (iii) fall away

(2) Falls away

(3) Yes, the Department of Health is currently developing a National Nutrition Surveillance System which will enable it to better manage nutrition information. This system is developed through pilots and will be phased in over a period of time

Infant mortality rate

*8 Mrs P W CUPIDO asked the Minister of Health [Written Question No 914]

(a) What was the infant mortality rate in (i) South Africa and (ii) the (aa) rural and (bb) metropolitan areas in (aaa) 1994, (bbb) 1995 and (ccc) 1996 and (b) what is the estimated

average infant mortality rate in South Africa for (i) 1997, (ii) 1998, (iii) 1999 and (iv) 2000? N1607E

THE MINISTER OF HEALTH

(a)

Areas	in 1994	in 1995	in 1996
South Africa	49	46	43.9
Rural areas	86**	*	*
Metropolitan areas	12	*	*

**This figure excludes Infant mortality in former TBVC states

(b) Information is not available

* Information concerning rural and metropolitan parts of the population is not available as the latest mortality study in South Africa was conducted in 1993 by the CSS (Central Statistical Studies)

Hospitals: corruption/discrimination/victimisation

*9 Dr W A ODENDAAL asked the Minister of Health [Written Question No 915]

Whether any hospitals in South Africa were (a) reported in connection with and/or (b) under investigation following allegations of (i) corruption, (ii) discrimination and/or (iii) victimisation (aa) in (aaa) 1995 and/or (bbb) 1996 and/or (bb) during the period 1 January 1997 up to the latest specified date for which information is available, if so, (aaaa) how many and (bbbb) what was the outcome in each case? N1609E

THE MINISTER OF HEALTH

The hon member is advised to table this question in the different Provincial Legislatures for a reliable answer

New questions

SAPS: case concluded

*1 Mr A J LEON asked the Minister for Safety and Security

They were of the opinion that access to police dockets should be dealt with in accordance with the principles and guidelines laid down in the case of *Shabalala & Others vs Attorney-General of Transvaal and Another*

(2) As indicated, I share the views of the Attorneys-General that the right to information guaranteed by the Constitution does not mean unlimited access. Therefore when the Open Democracy Bill is tabled in Parliament, I expect the Parliamentary Committees concerned to subject the Bill to very careful scrutiny, so as to ensure that a proper balance is struck. I have no doubt that there will be adequate opportunity for all role players and interested parties to consider the Bill and to make submissions. Hopefully the passage of the Bill through Parliament will enable us to arrive at a formula which will be generally acceptable.

(3) A statement is not necessary
 State hospitals' facilities/resources for termination of pregnancies (237)

*7 Mr M J ELLIS asked the Minister of Health

(1) Whether facilities and resources for carrying out the surgical termination of pregnancies at all state hospitals have been found to be adequate, if not, what is the (a) nature and (b) extent of the inadequacies

(2) whether hospitals have taken any precautions against being sued in the event of a pregnancy being carried to term as a result of a hospital's failure to provide facilities for the termination of the pregnancy, if not, what is the position in this regard, if so what precautions? N19599E

The MINISTER OF HEALTH

(1) Facilities and resources in all state hospitals are adequate to carry out general termination of pregnancy. However, human resources are limited to provide termination of pregnancy under twenty weeks gestation as specified in the Choice on Termination of Pregnancy Act, 1996 (Act No 92 of 1996). There is still some resistance at some facilities from health

Howeard

workers to perform pregnancy terminations. However, value clarification workshops are being conducted to help overcome this.

(2) The only precaution a hospital takes if it cannot provide facilities for termination of pregnancies is to refer the client to a facility that will undertake termination of the pregnancy.

Terminations of pregnancy: guidelines for priority

*8 Mr M J ELLIS asked the Minister of Health

(1) Whether she has issued any directives, guidelines or other communications to health care workers at state hospitals as to the priority to be given to patients, requiring terminations of pregnancy over other patients, if not, why not, if so, what directives, guidelines or other communications,

(2) whether she will furnish corroborating information on how health care workers are currently prioritising termination of pregnancy cases,

(3) whether health care workers are subject to any other directives, guidelines or other communications in this regard, if so, what are the relevant details? N1960E

The MINISTER OF HEALTH

(1) No specific directives, guidelines or other communications to health care workers at state hospitals have been given as to the priority to be given to patients requiring termination of pregnancy over other patients. Termination of pregnancy services are an integral part of the reproductive health services, and therefore require the same kind of consideration and priority as other conditions.

(2) Health care workers address each case individually, given the circumstances around each case, as well as the overall workload of the facility.

(3) Health care workers are subject to guidelines on the technical termination of a pregnancy, which have been issued by the Department of Health. However, they are not subject to any

other directives, guidelines or other communications regarding the prioritising of termination of pregnancy cases

Stock-theft/violence in Kwebung/Pontseng investigated

*9 Mr G Q M DOIDGE asked the Minister for Safety and Security

(1) Whether the recent cases of stock-theft and violence in and around Kwebung and Pontseng Locations, in the magisterial district of Mount Fletcher in the Eastern Cape, are being investigated, if not, why not, if so, what progress has been made in this regard,

(2) whether any persons were injured or killed during incidents of cross-border stock-thefts during the period 1 January 1997 up to the latest specified date for which information is available, if so, how many in each case,

(3) whether any citizens of Lesotho or the Republic and/or members of the South African Police Service or the South African National Defence Force were amongst the deceased or injured, if so, what are the relevant details,

(4) whether these cross-border raids were planned, if not, what is the position in this regard, if so, by whom,

(5) whether members of Eastern Cape units of the SAPS and SANDF have access to helicopters if and when required, if not, why not, if so, what are the relevant details? N1961E

The MINISTER FOR SAFETY AND SECURITY

(1) Yes, the ballistic report and one statement are outstanding

(2) and (3) Yes

[Latest specified date 9 September 1997]

On 1997-02-15 Majora Hansi went looking for five (5) stolen horses. At the Lesotho border at Charlie stockpost shots were fired and he was killed

On 1997-05-10 five (5) men from Lesotho attacked the Madlangala Locality. Shots were fired and one (1) herdboys was killed

On 1997-05-11 men from Lesotho attacked the Makomoreng area. One (1) South African man was shot and killed

On 1997-04-30, at Kwebung, approximately 60 men on horseback from within South Africa attacked the security forces and shots were fired. One (1) member, Sgt Ngcinwane, was stabbed in his right side with a sharp instrument

(4) Yes, some of the cross-border raids appear to be planned. The South African Police Service has information which indicates that a South African Organisation called "Lekgotla Lathaba" has been involved in the planning of illegal cross-border raids

(5) Yes, helicopters are stationed at Durban, Umhata and Port Elizabeth. Before a helicopter can be used, authority has to be obtained from the Commander, Airwing, Port Elizabeth Helicopters are, however, not always available. This hampers immediate follow-up operations

Banning of sale of toy guns: possibility:

*10 Mr C W EGLIN asked the Minister for Safety and Security

Whether the Government is considering banning the sale of toy guns, if not, why not, if so, what are the relevant details? N1962E

The MINISTER FOR SAFETY AND SECURITY

No. The Government is not considering banning the sale of toy guns at the moment as they do not constitute a problem or threat to society. However, as part of the Government's policy of discouraging the private possession of firearms, the Government does not encourage the sale of toy guns

SAPS: funds from foreign donors

*11 Mr A FOURIE asked the Minister for Safety and Security †

THE MINISTER OF HEALTH

Cabinet approved that the 47th Session of the WHO Regional Committee for Africa be held in South Africa. Tenders were invited by the Department of Health for the said conference and the tender was subsequently awarded to Sun International, trading as Sun City, as the lowest tenderer.

(a) The WHO Regional Committee for Africa is held at its head office in Brazzaville every other year which is budget year. That meeting tends to be longer. During the alternate years which are not budget years the meeting is hosted by one of the member states.

In 1994, it was held in Brazzaville, 1995 in Gabon, 1996 in Brazzaville, 1997 in RSA. In 1998 it will be held in Senegal (because of the war in Brazzaville), and in 1999 it will be held in Namibia.

(b)(i) as the meeting closed on 5 September 1997, the actual cost of proceedings, per item, is not yet available. The estimated expenses could amount to R2.9 million.

(ii) R125 000,00

(c) Vote 15 Health R268 000,00 was from sponsors

For written reply

Provincial hospitals out-patients treated

684 Mr M J ELLIS asked the Minister of Health

(a) How many (i) out-patients were treated at and (ii) persons were treated in the casualty section of each provincial hospital in (aa) 1995 and (bb) 1996 and (b) what amounts did the (i) out-patient and (ii) casualty section of each provincial hospital spend in (aa) 1995 and (bb) 1996?

THE MINISTER OF HEALTH

The information requested is not readily available at the National Department of Health. Since this matter is administered by the Provincial Departments, it is advisable to refer the hon member to the Provincial Legislatures for a complete and

adequate reply

Teenage pregnancies in Western Cape

995 Mrs P W CUPIDO asked the Minister of Health

How many teenage pregnancies were recorded in the districts of (a) Paarl, (b) Worcester, (c) Ceres, (d) Stellenbosch, (e) Cape Town, (f) Calvanra, (g) Malmesbury, (h) Vredenburg, (i) Clanwilliam, (j) Vredendal, (k) Wellington, (l) Somerset West and (m) George (i) in (aa) 1994, (bb) 1995 and (cc) 1996 and (ii) during the period 1 January to 30 June 1997?

THE MINISTER OF HEALTH

I would like to urge the hon member to table this question in the relevant Provincial Legislature.

Nursing colleges in SA

1006 Mr T C NTSIZI asked the Minister of Health

(a)(i) How many nursing colleges are there currently in South Africa, (ii) what is currently the cost of training each nurse and (iii) in respect of what date is this information furnished and (b) how many nurses were trained at each such college during the period 1 May 1994 up to the latest specified date for which information is available?

THE MINISTER OF HEALTH

(a) (i) 27

(ii) The cost of training a student nurse through a four-year course leading to registration as a nurse and midwife is more than R193 629. This excludes the costs of subsidized accommodation, ward's staff supervision, medical examinations, uniform and transport. (See the attached Annexure as an example for how the costing was worked out)

(iii) 1 May 1994 to 30 May 1997

(b) The table below reflects the situation in this regard

College	Number of nurses trained (During 1 May 1994 to 30 May 1997)
Ann Lasky	1 004
Chris Han Baragwanath	1 567
B G Alexandra	1 932
Bonalesch	754
Bophuthatswana	319
Cannus	493
Csiker	81
Coronation	407
Eastern Cape	784
Edendale	374
Excelinus	664
Free State	1 701
Free	300
Ga Rankwa	624
Henrietta Stockdale	751
Kangwane	100
Lebone	535
Mangung	359
Natal	1 352
Ngwelerana	243
Nico Malan	387
Northern Province	413
Otto de Plessis	719
Sarah Dollie	345
S G Laurens	1 361
South African Medical Services (SAMS)	280
Tanisel	140
Total Number of Colleges 27	Total number of nurses trained 17 989

Luhewini locality: applications for clinic facilities

1045 Mr J Z KATI asked the Minister of Health

- Whether she or her Department has received any applications for clinic facilities in the Luhewini locality in the Engcobo magisterial district, if so,
- whether she or her Department has taken any action in response to such applications, if so, what action, if not, how does she or her Department intend assisting the community in the area in this regard,
- whether she or her Department intends taking any steps to improve the situation in this regard in this area, if not, what is the position in this regard, if so, what steps,

(4) what health services are currently rendered in the above-mentioned area? N17561E

THE MINISTER OF HEALTH

(1) Yes, the Regional Office in Umtata has received an application from Luhewini

(2) The application is being investigated by the Regional Office in Umtata and once this has been completed it will be prioritised in consideration with all other applications received

(3) This will depend on the Eastern Cape's overall assessment after the investigation is completed. This department remains fully committed to providing equitable access to comprehensive PHC services in the shortest possible time to all our citizens

(4) The community consists of 8 schools and 4 locations with a total population of 11 258. At present a mobile clinic visits the area every fortnight. Statistics of the services provided by the mobile clinic are as follows -

Service	January to August 1997
Minor ailments	685
Ante-natal	2
Child health	322
TB	10
Chronic ailments	25
Family planning	58
Psychiatry	67

Immunisation

Service	1 year	2 years	3 years
Polio	28	26	19
DPT	30	14	19
HBV	20	12	8
Measles	9	-	-
BCG	4	-	-
DT	2	-	-

THE MINISTER OF HEALTH

Cabinet approved that the 47th Session of the WHO Regional Committee for Africa be held in South Africa. Tenders were invited by the Department of Health for the said conference and the tender was subsequently awarded to Sun International, trading as Sun City, as the lowest tenderer.

(a) The WHO Regional Committee for Africa is held at its head office in Brazzaville every other year which is budget year. That meeting tends to be longer. During the alternate years which are not budget years the meeting is hosted by one of the member states.

In 1994, it was held in Brazzaville, 1995 in Gabon, 1996 in Brazzaville, 1997 in RSA. In 1998 it will be held in Senegal (because of the war in Brazzaville), and in 1999 it will be held in Namibia.

(b)(i) as the meeting closed on 5 September 1997, the actual cost of proceedings, per item, is not yet available. The estimated expenses could amount to R2.9 million.

(ii) R125 000,00

(c) Vote 15 Health R268 000,00 was from sponsors

For written reply

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Zuma looking at plan for travelling abortion teams (237)

Star 11/9/97
Significant strides have been made in controlling communicable diseases and making primary health services available, Health Minister Dr Nkosazana Zuma said this week.

Despite initial resistance by health workers to the setting up of abortion facilities, 7 069 terminations had been performed by the end of June.

The department was considering travelling teams for the Northern Province, Eastern Cape and North West, where health workers refused to perform terminations, Zuma said.

About 7,8 million of a targeted 8,6 million people had been vaccinated against measles, and two rounds of polio vaccinations had reached 8,4 million children.

Despite criticism, the recruitment of doctors from Cuba had brought significant benefits.

The department had also begun recruiting doctors from Germany, and 13 had arrived. Doctors from the United Nations volunteer programme were expected soon. — Medical Correspondent and Sapa

► Demands of change

'Family planning terms should be defined'

(237)

IN THE Winterveld, where the Sapler Population Trust has young people in their twenties working with teenagers, we present T-shirts to volunteers who have proven themselves

One of these T-shirts says: "Smaller families have bigger dreams". This is not a Sapler slogan — the teenagers themselves chose it because they had already heard it from the bad old population department of SA's previous government

An eight-year-old child asked what it meant. At home she lived with her mother and baby brother. Her father had deserted them, and now her mother was seeing a new boyfriend.

Views

The child said to her mother. "Please, please Mommy, go to the clinic. You can't even feed us two properly." The mother listened to her and began to use family planning. Let us honour that child.

Sapler workers facilitate discussion, and they do not preach. During such a discussion, girls between 16 and 19 were discussing their sex lives. The discussion was started by a 16-year-old who said: "You must

As Parliament prepares to discuss the population White Paper for SA, family planning campaigner Ann Cluver Weinberg argues against the policy trends that are taking place

always have sex with the light on"

The discussion went around the class, with various views being expressed. Then facilitator Edward Mabunda asked the girl who spoke first why she had said what she did.

"You must always have sex with the light on so that you can see whether the boy is putting on a condom," the girl replied. Let us honour such a teenager.

Prevention is boring. Prevention does not sell. But prevention can save us.

In Gwaqwa a group of very poor women have decided to escape the poverty trap by not having children at all. They support each other.

All over the world, poor and "underdeveloped" people use family planning if they hear about it, if they live near a clinic, or if there is an outreach which goes to the village they live in.

Yet, SA's white paper on population — about to be debated in Parliament — has as one of its suggestions the idea that the population

department ought to have a representative in every government level to remind people of the connection between "development" and "population limitation"

People who are "developed" are supposed to "want" family planning.

Thus is laid down as if it is a natural law. But what about rich peoples of the world who have had a high birth rate? What about the US after the Second World War, the richest country the world had ever known? It had a baby boom.

What about Kenya, the most successful African nation after independence? Rich, educated women liked to have large families — and had an average of eight children, all of whom tended to survive.

What about Rwanda, where the Catholic Belgians condemned birth control, and so perpetuated the traditional idea of large families? What about Rwanda now, where people are having "revenge babies"?

The world has got into an impossible muddle by changing the mean-

ing of "population" to "the people" — as in the white paper. "Through the new population policy the government acknowledges the current international development paradigm which places the population at the centre of development as its driving force and ultimate beneficiary."

Two places were lucky enough to be at the beginning of their development plans when the word "population" meant "population growth".

Coercion

Kerala province in the south of India and Mauritius were very poor indeed and both now thrive, in spite of different political philosophies.

There was no coercion. The two-child family was well explained, and family planning made universally available.

The drop in population size happened while other types of development were taking hold. SA's white paper is based on the

Cairo document from a world population conference there in 1994. Of that, Joel E. Cohen in his book, *How Many People Can the Earth Support?*, says: "By one count the final (Cairo) programme of action offered more than 1 000 recommendations ... it urged governments to improve almost every aspect of human well-being, but specified no priorities. There was something for almost everybody in the final report's mix of dream and sermon, of wish and prayer."

My organisation, Sapler, believes that there really is something we ought to be debating. However, our point of view has been ignored in the summary of replies to the green paper" on population and in subsequent documents.

The debate really should be. Should SA have a department of population development which talks about "development" without even defining it? Or should we be spending the department's money very specifically on furnishing every South African with the means to plan a family?

□ Cluver Weinberg is chairman and founder of the Sapler Population Trust.

Childbirth deaths shock

Sowetan 25/9/97
By Sello Seripe (237)

MORE women have died at childbirth in Eshowe, KwaZulu-Natal, than in any other city or town in South Africa, says Professor Bob Pattinson of the National Committee on Confidential Enquiries on Maternal Deaths (NCCEMD)

The NCCEMD was set up by the Ministry of Health to study maternal deaths and to make recommendations to help lower the rate of maternal deaths

Speaking at the Johannesburg Hospital during the launch of the Maternal Death Notification Programme (MDNP) aimed at record-

ing childbirth-related deaths, Pattinson, who is based at the Kalafong Hospital, said research results released in 1992 indicated that 550 out of 100 000 women died in Eshowe due to birth-related illnesses

During the same period, he said, a racial breakdown of maternal deaths read as follows

- Whites – eight out of 100 000,
- Asians – five out of 100 000,
- Blacks – 32 out of 100 000,
- Coloureds – 22 out of 100 000

He said research had uncovered that these deaths had been caused by hypertension, haemorrhages, protracted labour, abortion and sepsis

Zuma rejects prolife doctors

BD 20/10/97 (237) (S)

PROLIFE doctors seeking assurance from Health Minister Nkosazana Zuma that doctors with conscientious objection to performing abortions on demand would not be discriminated against, were told they should have selected another discipline

Doctors for Life said yesterday they viewed Zuma's stance as an infringement of the constitutional rights of health professionals and offered to assist prolife doctors in obtaining legal representation in the matter

Zuma in her reply to the organisation said "Maybe doctors who do not want to do terminations of pregnancy should not choose obstetrics and gynaecology (O&G) as a speciality" Doctors for Life spokesman A van Eeden said Zuma's statement did not appear to have been well thought out

"Does Dr Zuma realise that only 6% of doctors who specialise in O&G in

America still do abortions on demand? In other words, in the honourable minister's opinion, 94% of American registrars in O&G should rather not specialise in this discipline," he said

Van Eeden said it was too old a discipline for Zuma to determine what it should and should not include

Zuma's letter said that while the application form for employment in the public sector did not contain any statement on termination of pregnancy, the interviewing panel may ask questions related to the matter, if the position required such expertise

Van Eeden said Doctors For Life felt the question was relevant if the post was for an abortionist only or for an abortion clinic "If the post is for a medical officer in the department of O&G, or a specialist in O&G, the applicant's convictions about abortion on demand should not play a role" — Sapa

Legal abortion up and running at 500 a week

(237)

Star 22/10/97

Nearly half the terminations performed in Gauteng:

three Christian organisations to challenge new law

By **JANINE SIMON**
Medical Correspondent

Almost 13 000 safe legal abortions - about 500 a week - were performed by public health institutions in the first six months since abortion was legalised in February.

"The new laws mean nearly 13 000 women have not died, nor become infertile, nor been subject to the extraordinary humiliation, indignity and pain, which go with a backstreet abortion," says Barbara Klugman, director of the Women's Health Project. "They've also come into contact with family planning services to avoid future terminations."

Figures published by the Reproductive Rights Alliance show almost half (6 332) the 12 887 abortions were conducted in Gauteng, compared with 1 991 in the Western Cape, 109 in North West, 215 in Northern Cape, 295 in Northern Province, 548 in KwaZulu Natal and 870 in Mpumalanga, in spite of resistance and logistical obstacles.

Most women (82,6%) requesting the service were over 18 and most terminations (64,5%) were conducted within the first 12 weeks of pregnancy, the alliance said.

Before February 1, an estimated 44 686 incomplete abortions were treated in state hospitals costing an estimated R8,6-million per annum. At least 425 women died every year from botched backstreet abortions.

Yesterday the WHP, which helped to formulate the health policies behind the Choice on Termination of Pregnancy Act, was awarded a Commonwealth Prize for Excellence for its innovative work.

Access to services must still improve. "Women, if they try hard, can access the service, but not in every province as was hoped, and we need to improve counselling and expand choices of contraception.

"Between 50% and 70% of women use contraception in Gauteng, but improperly," says Mags Beksinska, research director at the Reproductive

Health Research Unit.

Gauteng's state hospitals performed the majority of abortions because the province had a network of NGO movements and established hospitals to support services, and its facilities still attracted women from other provinces.

Gauteng is facing the first legal challenge to the act which is being launched in the Pretoria High Court by three Christian organisations. The Christian Lawyers' Association, United Christian Action and Christians for Truth in South Africa who argue that the act is contrary to the right to life.

The matter is expected to eventually proceed to the Constitutional Court

According to the alliance, there is still resistance to abortion among many staff in the state health system. It claimed that in one KwaZulu Natal hospital conscientious objection was considerable, but was being ignored by the authorities.

► More reports, pictures

DE

Pro-choice lessons from abroad

Star 22/10/97

(237)

More than 12 000 legal abortions have been performed in SA recently. A training project based on Dutch successes could lower this figure, reports Glenda Daniels

In February this year, South African women were given the choice to legally terminate a pregnancy. When the law was implemented six months ago, hospitals and clinics were flooded with requests, and struggled to cope with demand.

Hundreds were turned away.

Today the situation differs from province to province depending on facilities available and the level of women's awareness of their reproductive choices, says Tamara Braam, national co-ordinator of the Reproductive Rights Alliance (RRA).

"I feel optimistic that access to services will improve as word on reproductive health spreads," she says.

While there are still teething problems with overloaded facilities in some provinces, she says the challenges are to make abortion services part of primary health care and for midwives to be trained in first-trimester terminations.

There has also been a trend, Braam says, towards a decrease in second trimester terminations as women begin to understand the need to attend to termination early.

Still, she feels more education is needed, so all women, especially those from rural areas, learn about reproductive health care and their rights to continue or terminate their pregnancies, as 12 000 have done, since they became legal.

It is within this context that

the RRA, together with the National Progressive Primary Health Care Network, will launch a new training project next month on reproductive choices and terminations.

The project aims to have three trainers per province.

The whole campaign would fit into a broader strategy of providing information and an understanding of the pro-choice perspective.

"Being pro-choice is critical to building democracy. It ensures that all South Africans can take active control over their bodies and lives. It's about women deciding whether they want to have sex or not, when and whether they want to have children, and what method of contraception they want to use."

"It's about empowering women to make choices, starting with their own bodies," says Braam.

Some of the most recent

facts and figures that the RRA has collated over the past six months include the following:

- Of all terminations over the past six months, 49% have been in Gauteng. This could be due to the fact that in some provinces, such as Northern Province, women have found access difficult and Gauteng has the largest number of facilities.

- Most women seeking terminations were aged 20 to 29.

- A substantial proportion of terminations of pregnancy are done because of problems relating to contraceptive usage or non-usage.

- The majority of women took less than one week to get their appointment from the start of seeking a termination.

- Most women cited social, economic or socio-economic reasons for the abortions.

According to Braam, for South Africa to reduce the number of unwanted pregnan-

cies, it needs to learn from the Netherlands.

A member organisation of RRA, Reproductive Choices, conducted a field visit to the Netherlands and came up with the following facts:

- Abortions have been done in the Netherlands on a large, organised scale since the early 70s, yet the incidence is the lowest in the world. Only five out of every 1 000 pregnancies are terminated. The main reasons for this is the successful National Family Planning Programme launched by the Dutch government at the same time as the legalisation of abortions.

- The government's idea was to prevent unwanted pregnancies from occurring rather than terminating them. The Dutch are sexually well informed and comfortable with their sexuality. This makes them conscientious contraceptive users and it keeps abortion figures low.

- They established small primary care clinics specialising in abortions. People felt the procedures should eventually be done by the hospitals, but because the clinics worked well, were inexpensive and had a low complication rate, they continued. Most of the clinics working in the Netherlands today are the same ones established 25 years ago.

- Many of the doctors working in the clinics today have been involved in the service since 1970 and training of new doctors is very strict.

Covering all the bases

What is covered in the counselling process prior to a safe legal abortion in South Africa:

- Background of the client.
- Emotional support.
- Reasons for requesting termination and attitudes towards it.
- Alternatives eg adoption, substitute care, keeping the child, termination and

clients' rights under the act.

- Medical procedure and possible complications.
- Addressing fears, myths and misconceptions about termination.
- Discussion of future planning methods.
- The motivation for post-abortion counselling and the discussion of post-abortion trauma and stress.

STAR 22/10/97

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PHOTOGRAPH BY GARY BERNARD

GARY BERNARD



Pressing need ... grim socio-economic conditions and long-term unemployment are the main reasons cited by the majority of this country's women when requesting an abortion.

Demand for abortions grows

(237) BD 0410 23/10/97

SOUTH Africans were having abortions at the rate of about three an hour and doctors were struggling to keep up with the demand for the procedure after it was legalised in February.

In the first six months since SA adopted one of the world's most liberal abortion laws, nearly 13 000 terminations had been performed, said the Reproductive Rights Alliance, which monitors the law's implementation.

Although the Choice on Termination of Pregnancy Act allowed pregnancy terminations for all women over 16 in the first 12 weeks of pregnancy, and in the first 20 weeks in certain cases, the state's medical facilities were strapped and many doctors refused to perform the procedure.

In Gauteng the 6 332 abortions performed from February to August represented half of all requests, said alliance administrator Judi Merckel.

Those who were not able to get legal

abortions continued to support the illegal backstreet abortion industry. Before abortions on request were legalised, up to 300 000 backstreet abortions had been performed each year.

Adding to SA's overburdened health system, women from neighbouring countries like Botswana, Zimbabwe and Zambia — where the procedure is either not easily available or illegal — have begun making the long journey to have the procedure carried out here.

Many medical personnel in SA have resisted performing abortions, and the low rate of terminations in rural areas had also been attributed to scarce medical facilities, Merckel said. In North West there were 109 terminations, in Northern Cape 215, Northern Province 295, and Mpumalanga 870.

Merckel said the legal abortion rate was expected to increase further in the short term, but would eventually subside. — Sapa-AFP.

Local govt conference prefers megacity model

BD 27/10/97

Deborah Fine (237)

THE single city, or megacity, was the preferred future local government model of the majority of the 357 delegates who attended the Gauteng provincial conference on local government transformation last week, Gauteng local government MEC Sicele Shiceka said on Friday.

He stressed, however, that the process of choosing new models for local authorities was not yet completed, and that the megacity and other local government models would still be extensively debated at six separate regional conferences throughout the province later this year.

The other model most favoured by conference delegates was the two-tier metropolitan model with emphasis on a powerful umbrella metropolitan council with sufficient "teeth" to effectively redistribute municipal resources from more affluent to underprivileged areas and override any bylaws passed by local substructures conflicting with the broader interests of the metropolitan region, he said.

In line with this, the metropolitan council would control regional functions such as land use, transport and economic planning, financial manage-

ment and municipal borrowings.

Both models have been a source of concern to the Democratic, National and Inkatha Freedom Parties, who have rejected highly centralised models in favour of decentralisation and more powers and functions for localised municipal substructures.

The African National Congress has yet to formally support a particular model, although various voices within the party, including Gauteng premier-designate Mathole Motshekga, have come out strongly in favour of a megacity. The party is expected to express its preference after its national conference in December.

Shiceka said an important aspect that still had to be debated was the cost implications of the implementation of each of the various models proposed by the different parties. It was commonly agreed that the present system of local government was not cost-effective as there was substantial duplication of functions resulting in wasted resources and man hours.

Another resolution adopted was support for the establishment of a new "national equalisation fund" to assist smaller local authorities unable to borrow through normal market channels because of their size.

Doctor may be charged for abortions

BD 27/10/97

Taryn Lamberti (237)

A JOHANNESBURG doctor will hear this week if he will face prosecution on 19 counts of performing illegal abortions under the old Abortions and Sterilisation Act between 1987 and 1992.

Counsel for Dr Phillip Nourse, of Johannesburg, requested magistrate CJ van Heerden to discharge the case against his client which has been on the Johannesburg Regional Court's roll since his arrest in March 1992.

Advocate B Farman said that the case against Nourse had been postponed 45 times.

Farman requested the case be discharged on the grounds that abortion was no longer illegal under the new constitution.

"Dr Nourse showed women compassion and saved lives by giving them an alternative to back-street abortions," Farman said.

Van Heerden will hand down judgment in the matter on Thursday.

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ABORTION

Abortions were legalised in February, but the debate is as heated as ever, with many doctors and nurses refusing to perform the procedure on ethical grounds. Despite this, thousands of abortions have already been done, and a new 'abortion drug' is adding another dimension to the battle between pro-life and pro-choice activists

The doctors who won't bow to the law

(237) ST 19|10|97

THE medical superintendent of a state hospital in KwaZulu Natal is so opposed to abortion that he keeps two foetuses in jars in his office, believing they act as a deterrent. Although South Africa has one of the most liberal abortion laws in the world, primary health workers continue to condemn the termination of pregnancies. They believe Health Minister Dr Nkosazana Zuma's Choice on Termination of Pregnancy Act, implemented in February, is "a licence to murder innocent babies".

The medical superintendent admits he would rather advise women to carry the baby to term and give it up for adoption as the "little guys" in their wombs feel the pain of "forced removal". While all medical staff have the right to refuse to perform or assist with abortions, studies by the Medical Research Council show that many health workers actively hinder women in getting to termination facilities. The council found that staff sent pregnant women to state

hospitals hundreds of kilometres away. Although it has been eight months since the implementation of the new law, only 50 percent of state hospitals have provided termination facilities. In KwaZulu Natal, only four of 15 state hospitals have termination facilities. It took a foreign doctor to set up a termination facility at northern KwaZulu Natal's Empangeni Hospital. Dutch doctor Charles Schlebaun offered his services and instruments to

provide abortion on demand. The law provides that "until 12 weeks of gestation, a medical doctor or registered nurse, trained for the procedure, can end a pregnancy on the request of the woman. Between 13 and 20 weeks of gestation only a medical doctor, after consultation with the woman, can perform the procedure."

According to statistics from the council, 12 378 abortions were performed between February and July. And, while KwaZulu Natal has the largest female population in the country at 4,1 million, it has the third-lowest abortion figure. Schlebaun found that none of the 40 qualified nursing staff would assist him. Dr Leon van den Berg, Empangeni's medical superintendent, says "I find that nurses, doctors and the population here are generally against abortion."

"I am anti-abortion," he says. "I can sympathise with the women, but they don't take preventative care. We find, like with the AIDS epidemic, that pregnancy happens because of a lack of sexual control. Everyone runs around."

Dr Rachel Jewkes, head of the Medical Research Council's women's health research division, says, "Many matrons have an attitude of 'my nurses won't be used to perform abortions', even though health workers have an obligation not to judge their patients."

Tender

To buy Wastepaper



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Sealed tenders, endorsed with the corresponding tender number and closing date must be placed in the tender box in the main entrance to the Marks Building, Parliament Street. Tenders can also be posted to: The Secretary to Parliament, PO Box 15, Cape Town, 8000.

Tenders should reach Parliament by not later than 11:00 on 11 November 1997 and will be opened in public on the same



Fighting their quiet battle for the right to choose

(237) ST 19|10|97
CELEAN JACOBSON

THE soft suction sounds coming from ward 22 of the Tambo Memorial Hospital on the East Rand catch some visitors off guard, but the handful of women awaiting abortions there are determined to go ahead with the procedure.

The women, from poor to middle-class suburbs, all believe they should have the right to decide whether to continue with a pregnancy. This is despite the fact that, while the future over abortions has died down, opposition to the procedure — and the staff who perform them — is alive and well.

Pregnancy terminations have been performed here, formerly the Boksburg-Benoni Hospital, since February. But a few months ago they were delayed by a visit from an African Christian Democratic Party parliamentarian — also a reverend — who demanded that the ward be shut down.

Dr Chantania Herz, the head of obstetrics and gynaecology, feels that until the law is changed, the 10 women crowded into the waiting room have a right to a service he carries out safely. Said one of the waiting women of the politician's demand: "No man has the right to tell us what to do. It is better to terminate a pregnancy than have more kids on the street."

Four of the patients were in their late teens and still at school. One 19-year-old said she could not tell her sick mother she was pregnant. "I wanted to kill myself," she said.

An 18-year-old said she was grateful she could be there. "I want to be able to plan. I don't want my children to grow up with the pain of not having proper parents."

Her 19-year-old friend said she was there as she had not used contraception. All the women had gone through the obligatory counselling sessions on previous visits and Herz takes a personal interest in his patients. "Women come from all over the area because

as well as tenders received late or by fax will not be considered. The Secretary to Parliament is under no obligation to accept the lowest or any tender. Further information may be obtained from Mr DJ McCabe at Parliament, tel (021) 403 3466.

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refused to work with abortions. "We have done about 25 terminations each week since February. We don't just do abortions, but offer a comprehensive service, including counselling before and after the termination." According to the Medical Research Council, 6 332 legal abortions were performed in Gauteng between February and July, 1 991 in the Western Cape, and 1 319 in the Free State.

The council said "Gauteng has performed the highest number of terminations with a greater number of facilities providing the service. Institutions have long waiting lists, and the province is able to meet only half the requests." In Northern Province, where there were 295 terminations between February and July, Jewkes said staff had been reluctant to assist "Someone described it as 'sabotage from top to bottom'. But meetings have taken place with religious leaders, and youth workshops on how to prevent unwanted pregnancies have been held.

She said the North-West, with 109 terminations, had experienced "major problems as there are no private clinics, and matrons think they own the nurses. Women with unwanted pregnancies have to travel to Pretoria and Garankuwa." According to the council, "deterrent notices are posted at some institutions, and insinuations are made towards health care providers who are willing to perform terminations."

Jewkes said family planning services were collapsing in the Northern Cape, where 215 abortions were performed. She said that while research showed that one in every three teenagers are at risk of falling pregnant before they reach 20, few teenagers were using legal abortion services.

"Teenagers are treated very badly at family planning clinics, and they might not know about the new law. Some teenagers believe they must have a baby before going on contraception."



Row over drug that's 'better than a coat hanger'

BOBBY JORDAN

THE health ministry is heading for a courtroom battle over a controversial drug which is being widely used to induce abortions, but is only registered to treat stomach ulcers, health officials said this week.

The Health Department issued a circular earlier this year authorising the use of Misoprostol in clinics and hospitals to terminate pregnancies.

The widespread use of the drug has incensed many pro-life health workers, who feel they are being "conned" into terminating pregnancies against their will.

Health workers also claim the government has blundered by allowing doctors and nursing staff to prescribe the pill for patients to self-administer at home.

Mike Serchell, the managing director of pharmaceutical company GD Searle, which manufactures the drug, said this week "We have discussed the issue with the Medicines Control Council. Any doctor can use any product for whatever purpose he wants, but he carries the liability." The national director of maternal, child and women's health, Dr Eddie Mh-

Before long, he had got down to business. The suction sounds audible above the general noise were not out of place in a hospital, but they were clear evidence of the medical procedure being performed behind the partition. Inside the ward were two small rooms. In the first a woman was putting her clothes back on, still groggy from a sedative. In the other room, the theatre, Hertz prepared a patient on a table. Nearby, another lay on a hospital trolley next to tables of instruments and basins. The nurses worked professionally. Afterwards the women were given painkillers and a few hours to recover before they headed home. Ward 22 may be a little cramped and minimally furnished, but it is in rooms like this that the effects of South Africa's new laws are being felt by the very people at whom they are aimed.

langa, said the government had never officially recommended Misoprostol be used at home.

"The bleeding can be quite shocking, and it is up to the doctors to see that the drug's use is properly monitored. The doctor who uses that drug has to be aware of all the possible side effects."

Medicines Control Council chairman Professor Peter Foltz this week confirmed that Misoprostol had never been registered to induce abortions. "It is

clear that the use of this drug requires meticulous monitoring," he said. However, the drug is hardly being monitored at all, according to many health workers contacted by the Sunday Times this week.

A Bloemfontein-based nurse, who chose to remain anonymous, said a woman was recently admitted to the Kroonstad provincial hospital where she received two units of blood after severe haemorrhaging caused by the drug. Another woman had to be resuscitated after she went into cardiovascular shock due to an overdose. But many health workers believe Misoprostol is a major step forward for South African women, many of whom have been forced to endure dangerous illegal abortions.

"The drug is better than a coat hanger," said Judge Fortuin, a spokesman for the National Progressive Primary Health Care Network.

VENTURE OUT THERE

Venture Out There will be screened tonight on SABC 3 at 18h00. Watch the show for a clue to the question linked to the Kingsley Holgate African Odyssey Expedition.

A lucky winner and their partner will enjoy a two-week trip courtesy of Starlight Cruises. Land arrangements include accommodation - sharing a double room for two nights in Bangkok, three nights in Singapore and two nights in Phuket, including breakfast. Sea arrangements include a seven-night

cruise on board the luxury *Star Flyer* from Singapore to Phuket, including all meals on board, in a double cabin. Flights on Thai International between Phuket and Bangkok will also be included.



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Send your entry to: Venture Out There Starlight Cruises Competition, PO Box 1741, Saxonwold 2132, to reach us before October 31, 1997.

Rules of the competition: 1 The judges' decision is final and no correspondence will be entered into. 2 Readers may send in as many entries as they wish, but no photocopies or fax entries will be accepted. 3 Complete the entry form or a reasonable hand drawn facsimile and send it to the address provided. 4 The winners will be notified telephonically and their names will appear in the February 1998 issue of Out There. 5 The winner must be prepared to be photographed for Out There. 6 The prize is not transferable. 7 Staff members of Out There, James Media Limited and their advertising agencies and their immediate families may not enter. 8 The prize is not transferable. 9 Times Media Limited and the sponsors of this prize are indemnified from any injuries sustained by the winners while taking up their prize. 10 Not included in the prize are costs for passport and visa, airport taxes, meals other than breakfast, when on land, gratuities on the Star Flyer, cost of shore excursions, drinks, laundry and other items of a personal nature. The costs of travel between other centres in South Africa and Johannesburg.

Maternal mortality rate to be collated and studied

Josey Ballenger

(237)

SA WOULD be able to generate statistics on maternal mortality for the first time due to a requirement from the beginning of December that medical authorities report all pregnancy-related deaths, the health department announced yesterday.

Health director-general Olive Shisana told a briefing at the Chris Ham Baragwanath Nursing College in Soweto that it was impossible to determine "(to what extent) our society is failing women, what is causing maternity-related deaths, or what is preventable. We don't even know in whose hands these people are dying."

Maternal death will join the ranks of tuberculosis and measles — and shortly AIDS — as a "notifiable" condition in cases where a woman is known or suspected to have been pregnant and in which death takes place within 42 days of the termination of the pregnancy.

The requirement applies to pregnancies which result in either delivery or abortion, so

that the health department may identify causes and preventative methods.

Shisana said medical teams would be required to discuss the deaths, their causes, whether they were preventable and how similar cases might be avoided in the future, as well send a report within seven days to the provincial health department.

Government was also distributing guidelines to communities to encourage churches, families and chiefs to report cases where women died away from medical facilities. Government would collate the data annually and revise guidelines when necessary, she said.

Historically, SA maternal deaths have been categorised as natural and not studied. No comprehensive official data exists and estimates vary vastly.

The World Bank estimates SA's maternal death rate at about 250 for every 100 000 live births, while some community research has suggested a figure of 400. Health officials said some SA institutions quoted 83 deaths for every 100 000 births.

New centre to study population and reproductive health

Nicola Jenvey

DURBAN — KwaZulu-Natal will form the focal point for studies by a new research centre for population studies and reproductive health in Africa, due to begin its work at the end of the month

The research will be conducted by the Medical Research Council and the Universities of Natal and Durban-Westville using a £5m grant from the UK's Wellcome Trust.

The grant, known as The Wellcome Trust International Research Centre for Population Studies and Reproductive Health, is the largest health research grant in SA, excluding the research programmes of private drug companies

Announcing the grant yesterday, the University of Natal said the partnership was an attempt to establish a team of world-recognised scientists from several disciplines to undertake research.

The venture also represented a large investment in rural KwaZulu-Natal as the centre's work was to be conducted at Hlabisa, about 300km from Durban

The centre would focus on research, training and policy in the fields of population studies and reproductive health. The research would include the tracking of demographic, social, economic and health transitions in SA and studying their relationship to similar trends in sub-Saharan Africa.

Reproductive health issues, including sexually transmitted diseases, HIV infection and high fertility and poor pregnancy outcomes were the most significant health problems in the Hlabisa district. The research was therefore aimed at contributing towards a decrease in the rate of perinatal and maternal deaths and increasing the consistent use of contraceptives.

The centre also hoped to achieve a reduction in sexually transmitted disease in the area, and to curtail the spread of the HIV epidemic among adults and children.

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BD 7/10/97

Improving quality of life is at the heart of the population issue

IF APARTHEID economic and political systems have taught South Africans some hard lessons, one of them must be that the population growth rate can be reduced while the population is kept relatively poor or subjected to structurally sustainable poverty and/or underdevelopment.

Most South Africans have had their aspirations for a better quality of life and rapid socioeconomic development suppressed by a system that accumulated productive resources, skills and wealth in the hands of a few. This was done when the black fertility rate was apparently significantly declining. It has been reported that for the period 1945-1950 coloured and black women had on average about seven live births. By the 1985-1990 period, the black fertility rate had dropped to 4,6 and by 1990-95 it dropped to about 3,9 and is expected to decline further to 3,3 during the 1995-2000 period.

Accordingly, it makes little sense to suggest rapid population growth has caused or is causing poverty among blacks.

There have been calls to have a population policy that focuses on reducing fertility rates and thus the rate of population growth. This is a simplistic approach which ignores the real issue of population and development — the improvement of quality of life among the majority of blacks who have been deprived for so long.

Government believes in the freedom of choice, as agreed to at the 1994 International Conference on Population and Development. This means government will not control childbearing doing so will mean taking a coercive approach to reproduction that violates basic human rights. Instead, government believes individuals should have freedom of choice and be empowered to decide responsibly on how many children they want.

This freedom of choice must be in both reproduction and production. The power of individuals over their own lives should enable them to meet their reproductive goals.

As government's new population policy is discussed in Parliament today, Welfare and Population Development Minister **Geraldine Fraser-Moleketi** explains the thinking behind it.

In such a way as to prevent unwanted pregnancies. The determination of government to empower women in reproductive activities is demonstrated by the Termination of Pregnancy Act which became effective early this year.

However, this empowerment of women calls for a holistic, multisectoral approach, with a range of interventions designed and implemented by relevant role players. It should not just focus on the "womb" but more on releasing and effectively using the productive potentials of women and men.

The immediate fight against poverty and underdevelopment is not in the fertility field, although at strategic stages of development this may become one of the important factors. The basis for an effective solution to population problems is, above all, socioeconomic transformation.

In most of the countries in which economic growth has actually narrowed the income gap between the poor and the rich, governments have invested heavily in health, education, credit for low-income entrepreneurs and the advancement of women. The promotion of development and improvement of quality of life require coordinated action in all major socioeconomic fields, including population.

Population problems cannot be reduced to the analysis of population — or fertility — trends only. It must also be borne in mind that the present situation of SA originates in the global unequal processes of socioeconomic development.

We know it was not because blacks were reproducing rapidly that they found themselves excluded from ownership of productive resources, forcefully removed from their arable lands and denied good education for acquisition of appropriate skills for development. The political, economic and

sociocultural hardships imposed on them made childbearing and rearing difficult. One of the spin-offs from those hardships is the high growth rate in the number of street children and crime.

It is not surprising researchers have found a preference for a low family size among black women. For example, 1987-88

estimates of the mean number of children desired in SA was 3,6 — blacks 3,7, coloureds 3,2, Asians 3,0 and whites 2,8. Preliminary results of last year's census confirmed the achievement of a much lower fertility rate among black women in line with their preference for low family size. We have to admit that subjecting people to

hardships, as was experienced under apartheid, will reduce their chances, ability and desire to bear and rear children. However, that is not a developmentally progressive reduction in fertility: those who have fewer children, like those who do not, still remain poor.

Poverty in SA is the greatest burden confronting development initiatives in all sectors. If the 1996 Media and Products Survey research findings are anything to go by, 31% of black households earned an average of about R6 000 a year, compared with only 3% of coloured, Indian, and white households. On the other hand, while one in five combined coloured, Indian and white households earned about R108 000 a year, only one in 100 black households earned that much.

The apartheid system is not the only factor causing inequality in SA. Blaming poverty on apartheid wrongly implies that if that system had not existed, we would have experienced uniform development, or at least a development whose beneficiaries were a racially balanced majority. However, in many third world countries development remains limited to urban areas, certain sectors, ethnic groups, social groups. It has been noted that 81% of the poorest households in SA are rural.

We can argue that there was restriction of movements during apartheid era that confined all poor blacks to rural homelands. However, a similar situation prevails in other southern African countries with even higher proportions of the poorest households being rural. Accordingly, minus apartheid, we can deduce that poverty among the majority will increasingly become attributable to sectoral development strategies or investment and wealth-creation drives that are not people-centred.

and insensitive to the overall national well-being. It is at this juncture that the role of the national population policy is strategic in facilitating and guiding multisectoral integration of population issues into development policies.

The increasingly defunct way of thinking about population and development is anchored in relating population growth rate to gross domestic product (GDP). The debates that have ensued around this relationship essentially emanate from political economy of population and development theory. There are many developing countries that have demonstrated that while GDP soared, rates of poverty did the same with a widening gap between rich and poor, and, in addition, such growth has often been unsustainable. Nevertheless, it is a fact that any country which has a population growth rate higher than that of economic growth will have a problem enhancing human development.

The challenge is to set in motion sustainable improvement in the quality of the life of the poor and create a progressive balance between population growth and economic growth and redistribution. This is at the heart of the new population policy. The real issue has to do with mechanisms that transfer wealth created at the macroeconomic level to the individual. A mere focus on reducing the population growth rate so it is at least equal to, or less than, the rate of economic growth ignores the crucial element of redistribution of the economic returns.

The challenge that the population policy presents to us all is the multisectoral collaboration between government departments and civil society to deal with population development issues.

For example, the infant mortality rate, which is unacceptably high, can be reduced by a combined effort in the provision of good quality water, accessible and affordable health systems, housing, education of parents, food, clothing, and sustained sufficient income.

Government is determined to 'empower women in reproductive activities', says Welfare and Population Development Minister **Geraldine Fraser-Moleketi**.



(237) BD 13/10/97

Pregnancy-related death figures

A "STAGGERING" 58 out of every 100 000 black SA women die of complications during pregnancy or after childbirth, a health official said yesterday.

This number declined to 18 for every 100 000 mixed-race women and to between seven and eight for Indian women, the health department's maternal health director Eddie Mhlanga said. The rate for whites, who received top-quality care during apartheid, was three per 100 000.

He said the high rate of pregnancy-related deaths was simply unacceptable. The deaths stemmed from ectopic pregnancies, abortions, birth deliveries and excessive bleeding. (237)

The long queues for freedom of choice

237

M+G 14-20/11/97

Termination of pregnancy, or abortion, is available on request from most clinics. But many of them can't cope with the numbers.

Lizeka Mda spent a day at the Soweto clinic

It is not quite 8am but the clinic is buzzing. Women have been streaming in from the moment the gates opened at 7.30am. Many walk in alone. Abortion is clearly a solitary pursuit at the only clinic in Soweto, and the central Witwatersrand region of Gauteng, to offer the service.

All the women look anxious, some, like the schoolgirl in a uniform, look embarrassed.

"I've come to clean," says one to Sister V, who is in charge of the unit.

"Clean what?"

"My womb."

"We don't clean wombs here."

"Eh, I missed my period for two months. I thought you could check and see if I'm pregnant."

"You have to go to the other side for a pregnancy test."

"I thought you could just clean out my womb."

"Why don't you say what you are here for?"

"I want an abortion."

"Okay, wait in that room."

Surely she does not have to be so

brutal? Sister V is

adamant that the staff

cannot assume that

every woman who walks

through the door wants

an abortion and that she

will not put words in

their mouths. That's be-

cause in the past she has

unwittingly offended

people who were genu-

inely lost by mention-

ing that this is the wing that does

termination of pregnancies. A mother

who had brought her daughter for a

pregnancy test even reported her.

Ever since then, the nurses are

relentless in getting the women to

talk. And many of them do not read-

ily say the "A word." All of them

whisper. One says she has come for

"topping", obviously alluding to the

fact that the termination of preg-

nanancy is referred to as Top, particu-

larly by health workers.

The clinic started terminating

pregnancies on March 17 this year,

and had terminated 1 145 by the end

of October. "It has been a madhouse

here," says the lone doctor who does

abortions at the clinic.

The majority of the women come

from Soweto, but some come from as

far afield as KwaZulu-Natal and the

Eastern Cape. No one is turned

away, even if they come from Ma-

pato or Gaborone. As this is a free

service — these women are preg-

nant, after all — there is no mecha-

nism built in to bill women who come from outside South Africa.

"They give local addresses anyway," shrugs Sister G.

The national Department of Health does not even know that it is extending a free service to foreign women. Dr Eddie Mhlanga, the director of child and maternal health, thinks "women from neighbouring and foreign countries pay for the service as they would pay for any other operative procedure."

Research conducted by the reproductive health research unit at Chris Hani Baragwanath Hospital last year put the cost of abortion at between R171 during the first 12 weeks at a primary health care facility, and R1 307 in the second trimester at a tertiary institution.

The Soweto clinic gets about 15 requests a day but on some days this number doubles. Those who have come to request an abortion wait together in a room the size of a single ward for the doctor to examine them.

The unit has a space problem. The few women who have come with

friends or partners are

quickly separated from

their friends, who are

sent out to the waiting

area near the general

wing. There is no priva-

cy at all here, and the

staff see that as a prob-

lem.

"You need someone

to hold your hand during

the operation," says Sis-

ter G. "And lately more and more

men come in with their wives or girl-

friends. Some are clearly disap-

pointed that they cannot stay and offer

support to their partners. From our

point of view it would be better

if the men could be present through-

out, even for the counselling, be-

cause they are as ignorant about con-

traception and the choices available

as the women."

Indeed, the overwhelming ma-

jority of women who come in for

abortions have not used any form of

contraception whatsoever.

Sister G says very few people are

aware of emergency contraception

like the morning-after pill, available

from local clinics.

"Instead of getting rid of the possi-

bility of pregnancy after unpro-

TECTED sex, many women wait anx-

iously for their period to come, ex-

posing themselves to something as

drastic as a surgical operation."

The doctor arrives at about 9am

and starts with the surgical opera-



Unwanted invasion: A woman prepares herself for the surgical procedure. PHOTOGRAPH: RUTH MOTAU

tions. He comes through after 11am and the first woman is called in.

He works very fast, much faster than the clerk who takes the women's details and books them for the abortion. "My patients are under a lot of stress," says Doctor D. "I work quickly so I don't add to their stress."

Of the 15 women, three who have had caesarean sections are referred to Chris Hani Baragwanath Hospital where they can have abortions. Two women are referred to the antenatal section of the clinic. One is 24 weeks pregnant, and the other 30 weeks pregnant. They are too late for legal abortions. They are going to have babies.

Only 10 are booked for abortions. The length of their pregnancies vary from eight to 11 weeks. The clinic does terminations on women who are up to 12 weeks pregnant.

While the Act makes provision for abortion up to 20 weeks, from the 13th, up to and including the 20th week, abortion is not automatic. This clinic refers the women with advanced pregnancies to the hospital as well, where a termination will be performed if the pregnancy poses a health risk to the woman, if the foetus is in risk of abnormality, if the pregnancy resulted from rape or incest, or if the continued pregnancy would significantly affect the social or economic circumstances of the woman.

The Gauteng Department of Health says the terminations performed at the province's institutions amount to 53% of total requests received. Some women change their minds. Others might try another institution with a shorter waiting period or seek terminations at private clinics.

At the Soweto clinic the waiting period is approximately two weeks. There are only nine beds in the two recovery wards, and that is what determines how many abortions the doctor performs each day. Today though, he tells the clerk to start booking 13 a day. His target is 15 per day. They will "make a plan" about the beds.

Ideally, the time that women should be counselled is after the pregnancy is confirmed. According to the Act "the state will promote the provision of non-mandatory and non-directive counselling before and after the termination of pregnancy."

This abortion centre is short-staffed, with only five staff members — who all volunteered to work in the unit. Pre-termination counselling is squeezed in only on the return visit.

Even then there is no privacy. All nine women are counselled together. Sister V talks about adoption and fostering as alternatives to termination. To blank faces. Obviously these minds are made up. She goes on to explain the abortion procedure. That tablets will be inserted in the vagina to dilate the cervix. That a couple of hours later they may bleed, and that this may be accompanied by pain, for which they can take the painkillers that are supplied. She also talks about the contraception methods available for use after the termination.

Before the pills are administered she gives them a consent form to sign. Then the women go home, to return the following day for the surgical treatment that evacuates the womb.

It is 12 o'clock now. In the recovery room all nine beds are occupied by women who have just had the surgical procedure.

Sharon is a 24-year-old student nurse from Eersterus in Pretoria. She says she is feeling dizzy and that she found the suction painful. But perhaps that's because she has a growth in her uterus. She chose to come here because of the risk of being recognised in Pretoria hospitals. She was 11 weeks pregnant.

Ever since she had her appendix removed two years ago, she has had recurring infections. It was the antibiotic she was taking for the infection that rendered the contraceptive pill ineffective.

She knew she was at risk of pregnancy — she is a nurse, after all. But her fiancé, the father of her 17-month-old son, refuses to wear a condom, and she does not insist. In fact, he was against the termination but she convinced him that her studies come first. She is going to opt for the injection before she goes home.

Dudu, who is 18, was eight weeks pregnant. She is in the middle of matric exams and plans to study physiotherapy next year. "The stress makes me study harder," she says.

Her father has no idea what is going on. Nor does her 24-year-old boyfriend, whom she has been sleeping with for three years without using any contraception. "His mother died recently," she says. "I think this would have disturbed him." She is also going to have an injection.

A 28-year-old and a 35-year-old, both unemployed, say they want sterilisation because with three and five children respectively they do not

want any more. They will be referred to their local clinics because sterilisation is not performed at this unit.

Before the women leave, they are advised again on the likely complications and offered contraceptive pills or an injection. Not all accept them, and they are within their rights.

"Some cite religious beliefs," says Sister V. "Others say contraception makes them fat."

Yet this does not make condoms any more acceptable. Sister G says a lot of the women she sees at the clinic, not just in the abortion unit, have sexually transmitted diseases. They come back for treatment over and over again because they do not take the advice to bring their partners for treatment as well.

All of this adds to the frustration of the staff who terminate pregnancies as they feel rather helpless in the face of the Act. They can give "information" but not offer "advice." The unit has no family-planning component, yet the nurses have to deal with the results of the general population's ignorance, and obstinacy, about con-

traception. They can only refer women to their local clinics for family planning. There is no regular check-up several weeks after a termination — as there is after a birth — so the nurses just hope for the best.

Often the worst happens, as Doreen Senokoanyane, deputy director for reproductive health in

Gauteng, admits. "There is very little doubt that our family-planning services still need to be made more accessible — in every sense of 'access' — to prevent unwanted pregnancies."

In the meantime, the department has to meet a huge demand for abortions, and this demand continues to outstrip the capacity.

The inadequacy of the system is further emphasised by the presence of a handful of women who have come back for repeat abortions at the clinic. One had categorically refused contraception both times. The nurses, who are directed by the Act that termination of pregnancy is not a form of contraception, have misgivings about this. But the same Act is clear that any woman who requests an abortion within 12 weeks has a right to have it performed — no questions asked.

And for women who have made this choice, the staff at the Soweto clinic are as welcoming, friendly and supportive as they can be.

'From our point of view it would be better if the men could be present throughout, even for the counselling'

Before the women leave, they are advised on the likely complications and offered contraceptives

In Aids age, female condom may become contraceptive of choice

(237)

Local research shows it may be re-usable, making it much more affordable

By JANINE SIMON

The female condom may replace the male condom as the contraceptive of choice in the age of Aids if results of promising new South African research are confirmed

The female condom is manufactured in the UK and costs 20 times more than the male condom, but early research is showing that, like the contraceptive diaphragm, the polyurethane female condom may be re-usable - and thus affordable to developing countries

"If we can show it is safe to wash and re-use the female condom up to 10 times, the cost starts to approximate that of the male condom," says Dr Helen Rees, head of the Reproduc-

tive Health Research Unit at Chris Hani Baragwanath Hospital and president of the Planned Parenthood Association of South Africa

With neither a cure nor a vaccine for the HIV virus in sight, family planning associations worldwide say effective prevention is still the key to containing the epidemic, according to the International Planned Parenthood Federation, which held its central council meeting in Midrand last week

Already laboratory tests have shown the female condom

can be washed with dishwashing liquid or diluted bleach and emerge intact from tests done to the rigorous standards of the US Food and Drug Admin-

istration

Preliminary laboratory work also indicates the washing effectively removes certain microbials from the surface of the condom

The condoms are now being tested for permeability to the HIV and Hepatitis B viruses

If the test results are positive, ethically approved trials on 100 women drawn from high-risk areas like Hillbrow will be-

gin early next year, says Audrey Pettifor, researcher at the Reproductive Health Research Unit.

Next year, each province is to make available 300 000 female condoms through two identified clinics This is part of a programme sponsored by the European Union, to strategically introduce the condom to South Africa, evaluate demand and identify long-term users, says Rees

The female condom is thinner and stronger than the male condom, and research has already shown it is widely acceptable to women

In Thailand, sex workers using both male and female condoms reported a higher total number of protected sex acts, and a decrease in the rate of STDs and HIV/Aids

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If re-usable
10 times,
they become
cheaper
”

Star 25/11/97

Pro-lifers take on Zuma

(237) ARC 18/H/98/2/97
Johannesburg - An anti-abortion medical group has threatened the Department of Health with litigation in an attempt to stop the forced involvement of medical staff in pregnancy terminations at public hospitals.

Doctors for Life (DFL) said in a statement yesterday it had instructed its lawyers to issue a letter of demand to the department. If the department failed to respond, litigation would result.

Health minister Nkosazana Zuma has directed all public hospital doctors and medical staff to assist, where necessary, with terminations.

DFL had repeatedly expressed "strong dissatisfaction" with the way the department had implemented the Termination of Pregnancy Act.

After receiving the abortive tablet Misoprostil from a doctor or hospital clinic, women haemorrhaged as part of the second part of the abortion procedure. But due to inadequate referrals, these patients came bleeding to the casualty departments of major public hospitals, and staff with "conscientious objections" to abortions were ethically forced to help them.

Nursing staff in large public hospitals were issuing abortive tablets with an internal arrangement that the women could go to that hospital's casualty department once they started bleeding. "If government hospitals and clinics start the abortion procedure by issuing Misoprostil they should also have 24-hour pro-abortion staff available to complete the abortion procedure" - Sapa