POPULATION - VITAL STATISTICS

FEB '75 - June '77
Family planning staff/subsidies

Mr G B D McIntosh asked the Minister of Health what amounts were spent by his Department during the past three financial years on (a) the training of family planning staff, (b) the salaries of such staff and (c) family planning subsidies to (i) local authorities and (ii) the homelands.

The MINISTER OF HEALTH

(a) Since separate statistics were not kept the amounts are not identifiable,

(b) the amounts in respect of 1971-72 and 1972-73 financial years are not identifiable. For 1973-74 the amount was R64,175 in respect of subsided posts. Expenditure in respect of departmental staff is not identifiable,

(c) (i) the amount for 1971-72 is not identifiable, in 1972-73—R58,047 was spent and in 1973-74—R122,432 was spent,

(ii) statistics are not available as family planning services in the homelands are rendered as an integral part of the comprehensive health services

When the family planning programme was initiated expenditure was not accounted for under the items now requisitioned as it was then part of services rendered in terms of section 17 of the Public Health Amendment Act, 1946.

Mr G B D McIntosh—Reply standing over
Orders of divorce

The MINISTER OF PUBLIC WORKS
(for the Minister of Statistics) replied to Question 32 by Mr H G H Bell

Question:

How many orders of divorce were made in the Republic for 1969 to 1973 on the grounds of (a) desertion, (b) adultery, (c) incurable insanity and (d) permanent incapacitation in full

Reply:

Information not available in form as required. Final divorce orders from which statistics are compiled do not contain information on grounds of divorce. The total orders of divorce, which were made in the Republic from 1969 to 1973 are, however, as follows.

<table>
<thead>
<tr>
<th>Year</th>
<th>Whites</th>
<th>Coloureds</th>
<th>Assabs</th>
</tr>
</thead>
<tbody>
<tr>
<td>1969</td>
<td>7,262</td>
<td>747</td>
<td>160</td>
</tr>
<tr>
<td>1970</td>
<td>7,248</td>
<td>753</td>
<td>143</td>
</tr>
<tr>
<td>1971</td>
<td>8,240</td>
<td>886</td>
<td>163</td>
</tr>
<tr>
<td>1972</td>
<td>8,412</td>
<td>930</td>
<td>187</td>
</tr>
<tr>
<td>1973</td>
<td>8,860</td>
<td>1,212</td>
<td>138</td>
</tr>
</tbody>
</table>

Statistics in respect of Bantu divorces are not compiled.
<table>
<thead>
<tr>
<th>Year</th>
<th>Males</th>
<th>Females</th>
</tr>
</thead>
<tbody>
<tr>
<td>1980</td>
<td>435.6</td>
<td>72.38</td>
</tr>
<tr>
<td>1984</td>
<td>485.4</td>
<td>75.09</td>
</tr>
<tr>
<td>1988</td>
<td>514.2</td>
<td>76.48</td>
</tr>
</tbody>
</table>

The table above is based on birth data.
Birth-rate in South-West Africa

*12 Mr G W MILES asked the Minister of Statistics:

What is the increase or decrease in the birth-rate for each ethnic group in South-West Africa for the past five years?

The MINISTER OF STATISTICS:

Birth rates per 1,000 population

<table>
<thead>
<tr>
<th>Year</th>
<th>Whites</th>
<th>Coloureds</th>
<th>Natives</th>
</tr>
</thead>
<tbody>
<tr>
<td>1970</td>
<td>26.4</td>
<td>38.2</td>
<td>not available</td>
</tr>
<tr>
<td>1971</td>
<td>28.4</td>
<td>38.9</td>
<td>not available</td>
</tr>
<tr>
<td>1972</td>
<td>26.4</td>
<td>40.9</td>
<td>not available</td>
</tr>
</tbody>
</table>

Date in respect of Whites and Coloureds for 1973 and 1974 are not available as yet.
Question
Write on both sides of the paper

Hansard, 13 Q. columns 900-901.
6 May 1975.

Report on divorce by Commission for
Family Life

20 Mrs H SUZMAN asked the Minis-
ter of Social Welfare and Pensions

(1) Whether he has received a report
from the Commission (for Family
Life) on its inquiry into divorce; if
not, when is it expected that the
report will be submitted if so.

(2) Whether the report will be published,
if so, when.

(3) (a) When did the Commission begin
its inquiry and (b) what has been
the cost of the inquiry to date.

The DEPUTY MINISTER OF SOCIAL
WELFARE AND PENSIONS

(1) Yes.

(2) No, not at this stage. It has been
mutually agreed that certain aspects
of the matter will receive further
attention by the Commission. In
addition, the subject of the Com-
mmission’s inquiry is very much con-
cerned with the law of divorce which,
now that a South African Law Com-
mmission has been established, could
probably more appropriately be dealt
with by the latter Commission. Dis-
cussions between representatives of
the two Commissions have accord-
ingly already taken place but further
discussions would appear to be neces-
sary.

(3) (a) December 1967. It must, how-
ever, be pointed out that the
Commissions which is a statutory

body established under the
National Welfare Act, 1945, had
to conduct the inquiry mostly in
the normal course of its activi-
ties.

(b) Approximately R2,692

Reply standing over from Tuesday, 29
April 1975.
27 May 1975

Bantu children: Births/deaths

The Minister of Statistics replied to Question 423 by Dr A. L. Borame

Question:

(1) How many Bantu births were registered in the last year for which statistics are available,

(2) how many deaths of Bantu children aged (a) under one year, (b) one year, (c) two years, (d) three years and (e) four years were registered in the latest year for which statistics are available,

(3) in respect of what years is the information given,

(4) what is the estimate of his Department in approximate percentages, of the degree of completeness of registration of Bantu (a) births and (b) deaths

Reply:

(1) 322,431

(2) Statistics on the deaths of Bantu children according to age are not available

(3) 1 April 1974—31 March 1975

(4) (a) Varies between 30 and 50 per cent from year to year

(b) Approximately 60 per cent for period 1970-1974
(b) Latest data available 1971-375

1971 figure was 2,634
(a) Latest data available 1972-2,691

Reply:

The number below 15 years how many cases were the age of the were registered during 1974 and (b) 1975.

(a) How many White illegitimate births

(b) White illegitimate births

H. Suzman

Relations referred to Question 5, by Mrs.
DEVELOPMENT FOR THE MINISTER OF COMMUNITY

*Whale illegitimate births

10 June 1976.

18. 8. 12.8.
Report by African Institute

Flaws in survey on Black worker

SOUTH Africa's most crucial labour problem lies with the "enormous growth rate" of the Black population, says a study on the Black Worker of South Africa released by the African Institute recently.

The publication that elaborates this statement professes to be objective and free of political bias, and many of its conclusions are both lucid and valid.

It is also, however, curiously uncritical of Government policy and legislation and of the White attitudes that shaped labour laws and practices. This flaw has significantly diminished the objectivity of the study by Dr. G. M. E. Leistner and Dr. W. J. Breytenbach.

"Explaining the "distances" between Africans and the rest of the country's peoples, the authors feel that this "typical" of the rest of Africa, without pointing out that the "distances" in African countries tend to be related to natural abilities and opportunities rather than race differences.

DUALISM

The dualism in South Africa has been artificially perpetuated by law and low-sanctified social attitudes.

Dualism, it has been said, exists because of a deliberate policy of non-incorporation of the Black population.

Discussing the evolution of the dualism pattern, the authors contend that the operation of market forces "came, in some measure, to be replaced by the convention that a White man's wage was usually five to ten times the wage of a Black man.

The study then states: "South Africa's labour history is largely a struggle to replace this convention by a pattern of remuneration and employment that reflects actual achievement while at the same time preserving industrial peace."

However, several noted academics, both here and abroad, have found South Africa's labour legislation to be among the most repressive in the world.

In fact, in terms of the "Industrial Conciliation Act, the African has no standing as an "employee" and therefore has none of the protection which is normally afforded an employee.

The Department of Labour which once could expect, not unreasonably, to protect the unrepresented worker, is primarily concerned with acting as an employment agency for industry.

Industrial peace is a euphemism for the poverty given to White workers which has created a White working aristocracy, and for a situation maintained by law, custom and force.

The slim book notes that the Black population has had too short a time to develop the "occupational pattern typical of technologically more mature nations."

The authors then claim: "Whether more could have been done in the field of education and training to expedite occupational change is a moot point."

Quite apart from the fact that the authors seem to contradict this conclusion later, they make no mention of the philosophy behind Bantu Education as enunciated by Dr. Verwoerd in the 50s.

Then Minister of Native Affairs, Dr. Verwoerd said Africans that for each African about R27. While the enumerating the trade, technical schools available for Africans they not show that the far -times smaller W. population has eight times more technical and trade schools colleges.

Finally, the AI's Institute's review of the book's dust jacket credits the "simplistic view of the system" taken by journalists, the study has no less than 31 Press references and quotations.

By TIM MUL

African Affairs Correspondent

Act, the African has no standing as an "employee" and therefore has none of the protection which is normally afforded an employee.

The Department of Labour which once could expect, not unreasonably, to protect the unrepresented worker, is primarily concerned with acting as an employment agency for industry.

Industrial peace is a euphemism for the poverty given to White workers which has created a White working aristocracy, and for a situation maintained by law, custom and force.

The slim book notes that the Black population has had too short a time to develop the "occupational pattern typical of technologically more mature nations."

The authors then claim: "Whether more could have been done in the field of education and training to expedite occupational change is a moot point."

Quite apart from the fact that the authors seem to contradict this conclusion later, they make no mention of the philosophy behind Bantu Education as enunciated by Dr. Verwoerd in the 50s.

Then Minister of Native Affairs, Dr. Verwoerd said Africans that for each African about R27. While the enumerating the trade, technical schools available for Africans they not show that the far -times smaller W. population has eight times more technical and trade schools colleges.

Finally, the AI's Institute's review of the book's dust jacket credits the "simplistic view of the system" taken by journalists, the study has no less than 31 Press references and quotations.

EDUCATION

A noted sociologist argued recently that to use productivity in the wages debate is ill advised.

He noted that in a survey in Durban among 100 large firms it was shown that where Blacks replaced Whites, 55 percent of the firms had increases in productivity and efficiency compared with a mere ten percent that had decreases.

In their chapter on Black education, the authors show what is being done — and there is much — but provide no comparisons between African and White education.

They do not, for instance, show that the average amount spent educating Whites is about R480 a year while...
New city aid to family planning

A new family planning clinic has been opened at Groote Schuur Hospital, a Department of Obstetrics and Gynaecology to cope with the increased demand for the department's services.

A doctor with the new clinic said today: "It's a 'good example' service; the purpose is to provide a family planning service both for the hospital - which has a staff of more than 5,000 people - and for the public."

The clinic will be open from Mondays to Fridays, between 8 am and 3 pm, and is open to "all adult men and women of all races during their reproductive lives," she said.

A doctor and two sisters will be on permanent attendance.

Family planning clinics, which operate on or near the city centre, are located at Somerset Hospital's Shipley Outpatients Department and E floor at Groote Schuur Hospital.

The clinic at Somerset Hospital is open on Tuesday afternoons, all day Wednesday and Friday afternoons, although counselling and contraceptive supplies are available all week.

'Advice at the clinics is private and free. Supplies are free and no hospital folders are necessary,' the doctor said.
Unwed mother total soars

BETWEEN January and June this year, 1,406 investigations into unmarried mothers were made by officials attached to the Athlone Magistrate's Court.

A court official said yesterday that this figure did not include the numbers handled from the Wynberg regional offices of the Administration of Coloured Affairs.

More than 3,000 men paid maintenance at the Athlone offices, to say nothing of those dealt with by the other regional offices.

"There were also cases of women who were being paid maintenance by more than one man."

There were even cases of women receiving monthly payments from four or five different men.

In these cases," said the official, the women, if they were working, were made to contribute equally to the maintenance of the children. "Athlone officials who handled up to 20 cases a day agreed that the relative freedom from parental control of young Coloured girls was the basic reason for the soaring rate of illegitimacy. Most of the teenage mothers, whose ages ranged from 13 to 19, came from decent homes, they said."

But their parents, in their struggle to support fairly big families, had allowed their daughters too much freedom to do as they pleased.

"The trouble starts," one official said, "when these young, mostly innocent girls, are allowed to go to nightclubs and meet the wrong sort of men who are only too eager to take advantage of them."

Another official interposed. "After these casual sexual encounters, the ignorant girl becomes pregnant, with the father unwilling to accept responsibility, because he's only known the girl for a night or two."

The problem then landed up in the laps of officials, who had to force unwilling fathers to pay maintenance, with the biggest losers being the children.
LONDON — A slashing article in the British weekly magazine New Society says South African women are deprived of choice over the manner in which their children are born.

The author, Sheila Kitzinger, says that childbirth is determined by colour and that White women are obliged to have babies in clinical surroundings whereas 'N'색 women give birth at home or in overcrowded clinics.

"Membership of each caste is defined at birth and is measured in the type of care that is given to the mother and her baby. The Black women might want what the White woman gets, and some White women would prefer what the Black woman gets. Both are denied the choice," the article says.

It also says: "All mothers are effectively denied the opportunity to decide how they want to have their babies and the kind of post-partum care they prefer."

Throughout the article Black children are called "babies," while White children are referred to as "babies."

WAR DEAD

Miss Kitzinger says that at one White maternity home run by nuns the babies were not with their mothers but, "in solid masses of plastic cribs in rows like cemeteries for the war dead.

Miss Kitzinger appears to favour "natural" childbirth and says that the most progressive thinking is being done, not in the clinic; White maternity hospitals where "obstetricians, follow the fashions of their American counterparts, since they often have at least part of their professional training in the United States," but in Black clinics where women hang on to rope tied to beams while in the last throes of labour.

But she also says the Black clinics are cold, impersonal and like conveyor-belt factories.

"Gromans were coming from the 25 cubicles in the delivery room, women were writhing mostly alone, and there were great puddles of blood on the floor."

She claims to have seen a White woman snatching a child, painting her fingernails and listening to the radio: "they're spoiled little rich girls here."
Too much sickness among Africans—professor

See also HMG 7.18.49.11
Income ‘key to curbing baby boom’

A redistribution of national income could help curb the population explosion, a Rand Afrikaans University professor claimed last night.

Professor B.S. Pick, in his inaugurale lecture as professor of sociologhy, said this could be achieved without resort to communist methods.

They probably hope for the mobilization of this ever-groving ‘proletariat towards a communist takeover’.

Professor Pick said South Africa had an ideal microcosm of rich and poor, where development could be accelerated by a redistribution of wealth within the capitalist system.

This meant, he said, that whereas the population growth rate in the Third World had increased to 2.3 percent, in a Third World it was only one percent a year. In the Third World, it had increased to 2.3 percent.

L Stakeholders standards

This meant, he said, that two-thirds of the investment, in these countries served only to maintain the already-low standards of many people, ‘one-third produced any real improvement’.

With the professor said, the ‘anti-communism’ displayed by the underdeveloped countries towards curtailing their populations, growth had been actively encouraged by the Soviet Union and communist China.
Sex Lessons for Midwives?

DOCTORS' advice to workers

...
Munnik calls for Coloured birth control

The Coloured population of the Cape would have to co-operate with the Provincial Administration by practising family planning if they hoped to have facilities equal to those given to Whites, the Administrator, Dr N.A.P. A. Munnik, said today.

Speaking in the Budget, he said the myth that the Coloured people were too small to produce their own population was an illusion. Only in the way of education could the needs of the Coloured people be eliminated.

The Opposition, concerned with the welfare call for the elimination of infant control, Dr Munnik said the Coloured migration to the Peninsula showed what could happen without this sort of control.

Influx control was not an ideology, but an essential necessity. People poured into the Peninsula area to live in shanties, without jobs or income, and this had to be curbed.

Referring to a call for equal wages for Black and White teachers and medical staff, he said this was not a new idea and the principle had been accepted by the Administrators.

SALARIES

However, it could not be put into effect overnight. "If you say we must put to everyone on equal salaries tomorrow, South Africa could not afford it.

"Attack us if you think we are not doing it fast enough, but realise that we cannot do it overnight.

The Whites, the Coloured and the Africans know this," he said.

Coloured nurses in South Africa received higher wages than White nurses in Britain and African nurses received higher wages than nurses anywhere else in Africa.

The effect of equal wages on inflation should also be considered, Dr Munnik said.

A top-level cabinet committee had been appointed to look into the financial problems of small municipalities following discussions he had had with the Government.

However, all South African municipalities would have to be prepared to "tighten their belts" in...
Shortage of Cape nurses

THE shortage of nurses and the urgency of family planning were the main topics in the third reading debate on the Hospitals vote in the Cape Provincial Council yesterday and Mr P. J. Loubsier, MEC in charge of hospital services, said they were both vitally important.

He said the nursing situation had improved greatly this year. This was probably a result of the increased salaries and overtime rates which had made the profession more attractive.

However, there was little to attract male nurses and this aspect of the problem would have to be investigated.

'Creches provided at hospitals had enabled the hospitals department to make better use of retired nurses on a part-time basis, and regular refresher courses for retired nurses had helped to ensure that women who married would be able to return to their profession when their family duties made this possible.

In addition, regular courses and seminars were held to keep working nurses up to date on the latest developments in medicine.

White posts

Mr Loubsier rejected suggestions that African nurses should be used in White posts to ease the shortage of nurses. This was against provincial policy and these nurses were likely to be needed to care for their own people soon.

He was referring to a suggestion by Mr J. C. V. Hunt (U.F., East London City) that Black nurses should be allowed to work in certain White wards and that nurses should be invited to choose between waiting for a bed or being treated by Black nurses.

Reacting to comments on the family planning advice service offered by his department, Mr Loubsier said good progress was being made but that success could only be achieved with the cooperation of every person in the Cape.

The Coloured population of the Cape was growing at the rate of 3.7 percent a year while the White population of the country was growing at the rate of only two percent. This did not mean that the White population should not practise family planning, but it did indicate that something should be done.

Permission had already been obtained from the Department of Community Development to use the building as a non-conforming building to house non-Whites in a White area.

Initial estimates showed that renovations to the building would cost about R140,000. The proposed home would accommodate about 180 nurses.

It was owned by the Department of Public Works, but the need for a nurses' home was an urgent one, said Mr Botha.

Television for nurses

TELEVISION in Cape nurses' homes would be an effective recruiting incentive and it could be a form of occupational therapy in certain hospital wards, Mr F. Botha (U.F., Groote Schuur) said in the Provincial Council yesterday.

Speaking on the hospitals vote in the budget debate, he said everything possible should be done to attract new nurses and TV in their residences would add to the appeal of the profession. In hospital wards TV might be found to have therapeutic value and it could be supplied through monitors linked to a central receiver. Mr P. J. Loubsier, MEC in charge of hospital services, said the matter was already under consideration.

Plea for non-White hostel

The conditions under which non-White nurses had to live outside the hospitals was a matter of grave concern to the Teaching Hospitals Board, said Mr F. M. Botha, MFC for Groote Schuur.

He was speaking during the committee stage of the Hospital Services and Public Health vote in the Provincial Council yesterday afternoon.

Mr Botha appealed for the provision of accommodation for non-White nurses and said the Tafelberg Hostel in what used to be District Six was ideal for the purpose as it was close to the Groote Schuur Hospital and the Peninsula Maternity Hospital.
Black doctors need facilities

PROFESSOR I W F Spice, Professor of Comprehensive and Community Medicine at the University of Cape Town, said last night there was a need to train African doctors and assistants.

Delivering his inaugural lecture at the Beatrix Theatre at UCT, Professor Spencer said: "There is a need for postgraduate facilities so that African doctors could practise in every sphere of society, including the rural areas."

"There was great urgency in the homelands for the extension of mission hospitals into a comprehensive community health service."

Professor Spencer said that a patient could not be treated in isolation from his family, work or community situation or from "the cultural, social and economic levels of existence."

Professor Spencer said the pill had changed social mores and added "promiscuity, extramarital infidelity and venereal disease. "It has not done much to drop the world reproduction rates, as it does not adequately reach those people of the world who need it most."
Republic’s population up 2.60 per cent

PRETORIA — South Africa’s total population last year was 24,836,000, an increase of 2.60 per cent over the 1970 census figure; the University of South Africa says in a report published here.

The study, published by the university’s Bureau of Market Research states, the populations of the various race groups on a regional basis, will be updated every two years.

The white population recorded the smallest growth rate in 1970, the university reports. It increased to 4,155,000, a rise of 2.04 per cent.

The other populations, with percentage increases, were blacks 12,761,000 (2.72); Coloureds 2,307,000 (2.59); and Asians 710,000 (2.56).

The population estimates are designed for businessmen, in particular. The university says the report is unique in supplying population estimates for economic regions, catering for the need in commerce and industry for estimates of population growth and distribution on this basis.

The two most important white population growth points were Newcastle and Richards Bay, the report says.

The growth rate of the white population was in many regions a measure of economic development, mainly because whites, the largest source of skilled labour, had to be drawn from other areas where unskilled labour was usually available locally.

The white population of Newcastle increased by 7.33 per cent from 1970, when the last official census was taken; and 1974, the report says. The population of Richards Bay increased by 2.62 in the same period.

The report estimates the population of Johannesburg at 1,029,000, an increase of 1.44 per cent over the 1970 census figure. The white population of Johannesburg increased by 1.14 per cent to 510,000.

The area in the Transvaal including the two rapidly expanding towns of Rustenburg and Brits had the third highest growth rate.

But there were still ten economic regions where the white population exceeded 100,000. Six of these were in the Pretoria-Witwatersrand-Vereeniging-complex. The others were Durban, Pietermaritzburg, Port Elizabeth, Uitenhage, the Cape Peninsula and Boland.

The highest growth rate in the homelands was recorded in Basotho, Bophuthatswana (Basotho) (Qua Qua) in the Free State, where the population increased by 35.9 per cent since the 1970 census.

The average growth rate for the total population in each province was as follows: Northern Province, Northern Transvaal, including Pietersburg and Lefla, and including Piulaborwa; Natal, include the white areas of the Magisterial Districts of Estcourt and KwaZulu; Free State — Sasolburg, Cape — "
"Suspicion" in family planning advice

MOST people know about family planning services, the real need is to persuade them to accept and use those services, Mrs L P Wagner, a public health nurse said today.

Sister Wagner told a symposium of the Community Health Nurses' Discussion Group of the University of Cape Town that it was not enough for a family planning programme to make information available on how each birth control method worked.

The population would have to be helped to accept certain fundamental attitudes necessary to successful family planning.

One of the problems faced by those trying to establish family planning principles was a deep suspicion. Intervention from outside was often resented and people asked, "Why are you interested in me?"

"Much of the effort put into family planning motivation was wasted because it was made by people who gave the impression of being condescending and of giving unwasted advice to people they considered inferior or irresponsible."
African women married under Bantu Law are better off than White women in one way: they have a right to maintenance even after their husband’s death.

This was pointed out by Mrs J Church of the University of South Africa’s law faculty when speaking at the National Council of Women’s seminar Women and the Law at the weekend. A White woman, Mrs Church pointed out, who was married out of community of property (with an ANC) has no claim against her husband’s estate for maintenance, although her children do.

But in all other respects, Mrs Church said, African women suffered more disabilities than their White counterparts.

Rejected

There is a great need for the legal position of African women to be looked into, she said, but earlier this year a motion put to parliament by Mrs Helen Suzman calling for a commission of inquiry was rejected.

““African women could be married either by ‘customary union’ or by a Christian/evril marriage” according to South African law, said Mrs Church. Most urban African women are in fact married according to South African law, but traditional marriages according to Bantu Law still continue.

The African woman is losing the protection she once enjoyed, reports VIVIEN ALLEN from Pretoria.
This is common among the Sotho. The "little sister" is sent to the husband.

Sometimes he would send a beast or two as a present to his wife's family, but this was not lobolo, nor was it a new marriage. The same one continued with a substitute. This is also the case when a widow is handed over to her brother-in-law.

While this might seem to give the African woman considerable protection, in fact under Bantu Law she could be divorced at any time whether or not there was good cause. She could similarly divorce her husband.

Whether the lobolo is returned to the wife's family depends on the grounds for divorce.

It was a complicated matter which could lead to litigation, though in practice it was often settled between the families concerned.

Lobola is the basis of custom, marriage and not necessarily a bad thing. It links two families together and as a result, the widow remains a member of her husband's kraal and shares in its property.

The urban widow, however, could lose her right to remain in the township, or to keep the house she lived in.

With the crumbling of the 'traditional' society, African women are losing out and are no longer receiving the
BUILD BIGGER FAMILIES’ NGK PLEA

The Cape Synod of the Ned-Geref Kerk yesterday unanimously approved an urgent call on its families to have more children as a means of combating the growth of the Roman Catholic Church.

The report is based on the commission on Protestant Action. This said that the present tendancies are unfavourable for the growth of the Roman Catholic Church. It said: "The church cannot just note these things!"

Mr. Raubenheimer told the synod that the church should take some positive action to combat the growth of Catholicism in South Africa.

FAMILIES

Mr. Raubenheimer’s motion, carried without dissent or further debate, said: “In its households to take seriously their responsibility in respect of the building of families. It makes an urgent call on its congregations to use all possible ways and means to incorporate immigrants in our church.”

However, the Rev. G. Bam, assistant secretary of the synod, said towards the end of the debate that the Ned Geref Kerk should see that common enemies faced both Protestant and Catholic Church.

IMMIGRANTS

The report said that immigrants did not hate Afrikaner society because the policy of separate development, which was fundamentally an Afrikaner policy, was difficult if not unacceptable to them.

The report noted most of the contents of the report, but in introducing a motion on the subject, the Rev. O. S. H. Raubenheimer of Stellenbosch said: “The writing is on the wall. My people and I see this as a threat to our way of life.”

The church should abandon its position that the Roman Catholic Church was not recognized.

Mr. Bam said that in a time of peace, one could afford arguments with one’s friends, but a house divided could not stand against a strong enemy. It is estimated that only 5 percent of immigrant children went to Afrikaans schools.

The report added: “It is not today, but possible to find immigrants who speak Afrikaans or who know and understand Afrikaans culture. Even the people from a ‘vissersland’ such as Holland have an approach to life, religious constitution and social customs that differs radically from that of the Afrikaner.”
COLOURED women in many parts of South Africa are being told by Administration of Coloured Affairs officials that they will not be given maintenance grants unless they have certificates to prove they are taking the pill.

This was confirmed yesterday by Mr Norman Middleton, the CRC executive member for Social Welfare and Pensions, who has now ordered a full investigation of the matter in every regional office of the administration.

Mr Middleton told me: "As soon as I have the reports I will raise the matter in the CRC executive meeting with a view to rescinding the directive of the previous Federal Party executive, which required Coloured women to produce birth control certificates before they are given maintenance grants."

The issue was first brought to the attention of Mr Middleton by Mr P. T. Sanders, Free State leader of the Federal Party who tabled a question in the recent CRC session in Cape Town.

Mr Sanders wanted to know whether a Coloured woman, who applies for a maintenance grant, must irrespective of her age, submit a certificate that she takes the birth-control pill.

He also wanted to know what will happen if and if it applied to White women as well.

Reply

The Administration's written reply said that Coloured women did not have to produce a birth control certificate to get a maintenance grant.

"But," the reply continued, "there is an arrangement that applicants for maintenance grants are required to report to the nearest health clinic for guidance: regarding the care of her children and advice in connection with the spacing of future births."

"This operation," the reply continues, "has been in operation in the Cape Peninsula since November 1972 and countrywide since April 1975."

"While women are not required to go through this process," Mr Middleton told me.

He said it has been brought to his attention that the Health and non-European Committee of the Despatch town council decided recently that Coloured women who receive maintenance grants would be required to provide proof that they attend the family planning clinic.

"The council took this step after receiving a letter from the Administration of Coloured Affairs asking it to see that family planning clinics are administered."

Names

The clinics could then supply the local magistrate with the names of those women who receive grants but fail to attend the clinics regularly "so that suitable steps could be taken to ensure that they do attend."

Mr Middleton said he asked the Director of Social Welfare and Pensions, Dr Le Roux, for an "explanation" and that Dr Le Roux replied in a letter that the instruction for applicants for maintenance grants to attend health clinics was issued by the Administration.

"The procedure as prescribed in (this) circular was put in operation at the request of the Department of Health and with the approval of the CRC Executive (Federal Party). This procedure," Dr Le Roux writes. "is based on the argument that a woman who finds it difficult or impossible to cope with the financial and physical responsibilities attached to motherhood should be given all aid to protect her from aggravating her already difficult problem by the addition of more children.

"Applicants for maintenance grants identify themselves as falling within this category and it was considered to be to their benefit to receive guidance in this respect."

Dr Le Roux continues: "As is indicated in the circular, this scheme has been introduced for the benefit of the woman and her children."
Children banned in 300 homes

Some families, with children and infants, have already been warned by officials of the East Rand Bantu Administration Board to vacate their homes by the end of the month.

In this reserved section of the township each couple occupies a two-roomed unit.

In every second or third house there were children and infants yesterday.

Men and women, who did not want their identities revealed, said East Rand Bantu Administration Board officials told them last week that couples found living with their children would have to leave their homes by November 30.

The couples said they were worried because they had nowhere else to go.

One woman commented, "It's funny that the authorities should give houses to married couples but expect them not to have children."
Family planning costs up

The Cape Divisional Council plans to spend almost R68 000 on family planning services during 1976, according to figures released in the council budget at a special meeting today. This year the council spent about R53 500 on family planning.

The total estimated cost of operating the council's public health services for 1976 will be about R1 8 million.

Of this amount, R181 000 will be spent on the council's Child Health Service. The biggest single item in the child health vote is the purchase of milk powder, on which an estimated R88 000 will be spent.

The Cape Divisional Council runs the health service on behalf of several local authorities within the division and contributions towards costs are received from the partner municipalities of Bellville, Durbanville, Fish Hoek, Goodwood, Hout Bay, Milnerton, Parow, Pinelands and Simonstown.

As with most divisional council activities, a substantial percentage of the cost of running the health services is covered by Central Government subsidies.
MoH on poor Coloured conditions

THE social and economic conditions of the Coloured people in Cape Town are on the whole unsatisfactory with malnutrition, a high illegitimacy rate and poor housing, according to the Medical Officer of Health, Dr. R. M. Langerman.

The report, which covers 1974, outlines the social and economic differences between Cape Town's White community, its Black inhabitants and the Coloured people.

Dr. Langerman goes on: 'A section of the Coloured people are skilled tradesmen and earn good wages, but the majority are unskilled labourers and many of the men earn less than R50 a week in full employment.'

INCOME

The family income may be augmented where possible by earnings brought in by the wife and children. The measures taken for the prevention and relief of distress are inadequate, and there is no compulsory insurance against sickness.

The Coloured make up the majority of the residents in Cape Town. In 1974 there were 246,820 White people, 443,710 Coloured people and 95,060 Blacks living in the Peninsula.

MALNUTRITION

The report adds: 'There is much malnutrition among the Coloured people. Housing, apart from municipal schemes, is expensive and poor.'

The social and cultural level is low but is showing signs of steady improvement.

The principle of compulsory education does not as yet apply to non-Whites. The illegitimacy rate is high and venereal disease is rife.

The social contrast between Whites and Cape Coloured people can be expressed by the statement that whereas among the Whites it is only a small minority who belong in the depressed classes among the Coloured it is the majority.

HOUSING

The same contrast is seen in housing conditions. A small minority of Whites live in overcrowded conditions, but the majority of the Coloured people do.

The report says the various sections of the community are 'to a great extent intermingled.'

It adds: 'There is nothing approaching complete segregation of the races.'

The report says that the Department of Community Development's attempts to unscramble the present 'hodgepodge of White and non-White areas' is placing an additional strain on the municipality's attempt to reduce overcrowding and slum clearance.

MORTALITY RATE

The infant mortality rates, regarded as one of the most sensitive indexes of health conditions of a community, show that in 1974, 43 White infants under the age of one year died.

However, 526 Coloured babies and 266 Black babies under one year died in the same period.

The death rate for every 1,000 live births is 12.0 for Whites, 38.9 for Coloured people, 68.7 for Blacks and 29.1 for Asiaties.

The principal cause of death among non-Whites is gastro-enteritis. Among White babies it is prematurity.
AFRICANS TURN TO FAMILY PLANNING

The Argus Bureau

PRETORIA. — African men are not antagonistic to family planning in the way that so many people believed in the past, according to the organisers of the five-year family planning programme launched earlier this year.

"When it is put to them in the right way and they understand what it is all about, African men accept family planning in exactly the same way as 'White men do,' said a spokesman for the Department of Health.

"I have yet to come across a really irresponsible African man in this respect," he went on. He is only against it if it's put across to him in the wrong way. White males react against it too if they are not approached in the right way."

In the first six months of its operation, resistance to the family planning service and information programme had been negligible, the spokesman said. Acceptance of the need for family planning was a part of the process of modernisation.

It people became modernised in dress and their general way of life there was no reason for them to remain backward in this one way. It was a natural development.

It was important to understand that this was a service providing information and supplies of a wider basis than was formerly possible. Where previously people who wanted to practise family planning had to go to a doctor, now they could go to a clinic where specially trained nurses could advise and supply them. This meant that more people could be reached and helped, particularly in the rural areas.

In the past there were a few political objections to the programme but these had almost completely fallen away now that people understood it was not a population control programme.

"That would need a whole range of restrictions and compulsions which we don't have," said the spokesman. "To go into that sort of population engineering, you have to have freely available abortion and other controls, such as fiscal ones, which make it too expensive to have large families."

No single group in South Africa would be prepared to accept population control, but everyone, black as well as white, saw the need for family planning and accepted it, he said.

Politicians on all sides had acted responsibly in refraining from making political capital out of the programme, which would only have confused people on the issue.

Most of the new posts created to run the new service had been filled, and the Minister of Health would probably be making a progress report to Parliament in the new session.
Spotlight on abortion beliefs

The belief that women who have abortions are rent with feelings of guilt and remorse for years afterwards, has been challenged in a thesis by a Johannesburg woman.

The thesis, written and researched by a student at the University of the Witwatersrand, Natalie Stein-gold, is entitled, "Abortion — the experience of 10 White women."

It deals with:
- their reasons for wanting an abortion,
- their problems in obtaining one,
- their emotions afterwards.

"It surprised me that the overriding emotional reaction of every one of these women to their abortions, was one of utter relief," said Miss Stein-gold.

Effects

"This refutes the myth of the detrimental psychological effects of abortion.

"What negative reactions they did have, were short lived, and counteracted by an initial overkill of questions and feelings on the subject."

"They found the discussion immensely therapeutic because it minimised their feelings of loneliness."

"This brings me to the conclusion that pregnancy counselling services, before and after abortion, are essential. These women need professional help and guidance which a spouse or best friend simply can't provide."

Miss Stein-gold said the reasons the women wanted abortions included having too many children to cope with already, and not being old enough, responsible enough or emotionally mature enough to cope with a baby.

"Another thing that surprised me, is that all the women seemed to view their abortions as a positive, maturing, growth experience."

"Some of them said that for the first time they had really thought about their self identities. It gave them confidence to realise they could undergo such an experience and emerge alright."

"The only feelings of guilt they had were that they had committed an illegal act, and the police might catch up with them," Miss Stein-gold said.
The 10 women, all South Africans, had their abortions here with the exception of one who went to England.

Seven of them had clinical abortions, three had to go to backstreet abortionists.

**Conditions**

"These three suffered a great deal in addition to having to shop around for a good month for an abortion, the conditions they were carried out in, affected them badly.

"Their personalities seemed to absorb all the horror of it They felt neglected, soiled and humiliated"

"The fact that they nonetheless went through this demeaning experience, indicates yet again, that if a woman wants an abortion, she will go through hell to get it."

Those who had clinical abortions had only

"They were an intelligent group, and all came from the middle socio-economic classes"

**Problems**

"This could suggest that their pregnancies were a means of coping with emotional problems I feel they were a call for help within the context of their relationships".

"But not everyone who asks for an abortion really wants one. Women who are faced with an unwanted pregnancy need professional help and counselling to enable them to come to a decision about terminating it."

Miss Steingold said the 10 women she interviewed had never spoken as fully and freely about their experiences before.

**Relief**

"They found their talks with me a tremendous relief I organised a group discussion with several of them, and they exploded into a dynamic stable, continuation of an unwanted pregnancy is more likely to have adverse effects than is therapeutic abortion."

Therapeutic abortion has serious mental sequelae in about two percent of cases.


"As you can see this sort of research has been going on for some time overseas," said Mrs Tedder. She mentioned an even earlier study done in the United States in 1969.

"This too mentioned the improved emotional status resulting from abortion this is a feature of Miss Steingold's thesis."

Mrs Tedder attacked the present abortion law, saying it only allowed women to have an abortion in exceptional cases.

"And even then there are problems when obtaining a legal abortion."
The Minister of Statistics:

<table>
<thead>
<tr>
<th>Year</th>
<th>Whites</th>
<th>Coloureds</th>
<th>Asians</th>
</tr>
</thead>
<tbody>
<tr>
<td>1972</td>
<td>2,697</td>
<td>32,554</td>
<td>1,513</td>
</tr>
<tr>
<td>1973</td>
<td>3,621</td>
<td>34,389</td>
<td>2,144</td>
</tr>
<tr>
<td>1974</td>
<td>3,529</td>
<td>32,932</td>
<td>2,981</td>
</tr>
<tr>
<td>1975</td>
<td>Not yet available</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

Number of illegitimate births in respect of Bantu not available.
By PETER MASON

SWEEPING PROPOSALS for a drastic overhaul of South Africa's archaic divorce laws will be laid before the Law Commission in Pretoria in April.

The proposals, the most significant of which are contained in a 500-page bound volume submitted to the Transvaal Law Society — the most powerful body of lawyers in the country — are being studied and collated by the Law Commission secretariat.

The recommendations have been submitted to the Law Commission in response to a 27-point questionnaire sent three months ago to more than 50 official and semi-official organisations, lawyers and law academics.

If put on the statute book, the proposals for divorce law reform — the first in more than 300 years — will put South Africa in the forefront of international divorce law procedure.

The most important recommendation is that all claims for divorce be replaced by the single stipulation that a divorce be granted only on the grounds of irretrievable or irreconcilable breakdown of the marriage.

This is seen as a means of removing one of the biggest areas of abuse in the present procedure, which has been the subject of heavy criticism over the years from judges, lawyers and leading academics.

Under the law, although divorce is often too easily obtained, couples who have broken down are virtually handcuffed together unless one or the other can prove adultery, malicious desertion, incurable insanity or habitual criminality.

This has led not only to emotional and physical suffering but to widespread abuse in the interpretation and administration of the law, and the claim by one eminent Supreme Court judge, Mr Justice Trengove, that three-quarters of South Africa's divorces are granted on the basis of personal evidence.

Also being studied in Pretoria are plans to:
- Set up special Family Courts to deal with all matrimonial matters, including divorce, maintenance, custody of minor children, adoption and illegitimacy.
- Abolish judicial swearings and orders for the restitution of conjugal rights.
- Refuse divorces to couples who have been married for less than two years.
- Award custody of a child to a person who is not a parent.
- Refuse a divorce unless the court is satisfied there is no reasonable prospect of an enduring reconciliation.
- Ban the publication of divorce cases in the press.

Among the organisations and individuals who have submitted recommendations are the Law Societies of the Transvaal, Natal, Free State and the Cape, the General Council of the Bar, the Judge Presidents of the various divisions of the Supreme Court, the law faculties of all major South African universities, the National Council of Women and the South African Women's National Federation, child welfare organisations and the Department of Social Welfare and Pensions.

The 50 or so memoranda now being collated by the Law Commission all contain basic recommendations for change.

By far the most significant recommendations are those of the Transvaal Law Society and are endorsed by society president Mr Benjamin Manessi as a "very comprehensive volume dealing with all aspects relating to the law of divorce and marriage".

The Law Society's proposals are still secret. But the Law Commission secretary, Mr D. G. Sim, said this week that the wide-ranging proposals contained in the society's memorandum were the most comprehensive and detailed to land on his desk since the questionnaires went out last July.

The most significant recommendation is that all claims for divorce be replaced by the single stipulation that a divorce be granted only on the grounds of irretrievable or irreconcilable breakdown of the marriage.

This is seen as a means of removing one of the biggest areas of abuse in the present procedure, which has been the subject of heavy criticism over the years from judges, lawyers and leading academics.

Under the law, although divorce is often too easily obtained, couples who have broken down are virtually handcuffed together unless one or the other can prove adultery, malicious desertion, incurable insanity or habitual criminality.

This has led not only to emotional and physical suffering but to widespread abuse in the interpretation and administration of the law, and the claim by one eminent Supreme Court judge, Mr Justice Trengove, that three-quarters of South Africa's divorces are granted on the basis of personal evidence.

Also being studied in Pretoria are plans to:
- Set up special Family Courts to deal with all matrimonial matters, including divorce, maintenance, custody of minor children, adoption and illegitimacy.
- Abolish judicial swearings and orders for the restitution of conjugal rights.
- Refuse divorces to couples who have been married for less than two years.
- Award custody of a child to a person who is not a parent.
- Refuse a divorce unless the court is satisfied there is no reasonable prospect of an enduring reconciliation.
- Ban the publication of divorce cases in the press.

Among the organisations and individuals who have submitted recommendations are the Law Societies of the Transvaal, Natal, Free State and the Cape, the General Council of the Bar, the Judge Presidents of the various divisions of the Supreme Court, the law faculties of all major South African universities, the National Council of Women and the South African Women's National Federation, child welfare organisations and the Department of Social Welfare and Pensions.

The 50 or so memoranda now being collated by the Law Commission all contain basic recommendations for change.

By far the most significant recommendations are those of the Transvaal Law Society and are endorsed by society president Mr Benjamin Manessi as a "very comprehensive volume dealing with all aspects relating to the law of divorce and marriage".

The Law Society's proposals are still secret. But the Law Commission secretary, Mr D. G. Sim, said this week that the wide-ranging proposals contained in the society's memorandum were the most comprehensive and detailed to land on his desk since the questionnaires went out last July.

The latest proposals follow the submission to the Department of Justice last February of a 300-page blueprint for divorce law reform, drawn up by the South African Association of Law Societies of South Africa.

The original blueprint, which contained a detailed breakdown of divorce laws in 20 countries, including Britain, the United States, Russia and China, was drawn up by a Johannesburg attorney who has made a lifelong study of matrimonial law. He was also responsible for drawing up the definitive document submitted to the Law Commission by the Transvaal Law Society.

While it was stressed at the time that the original proposals should be viewed merely as a discussion base and not as rigid amendments, it is understood that the new proposals are so definitive and clear-cut that they will probably form the basis of South Africa's new divorce law.

The mountain of memoranda also recommends:
- Abolishing the concept of marriage in and out of community of property. Under the proposed new law all marriages would be in community of property.
- Protecting the wife's share of the joint estate — whether or not she is the 'guilty party' — by removing the clause in the present law which makes the husband sole sole manager of the joint estate.
- Abolishing the concept of the illegitimate child. Under the proposed new law, a child born out of wedlock would be the joint responsibility of the mother and father, but fully supported by both.

Mr Sim said that the proposals were based on a close study of the existent law and that the aim was to make the law both simpler and fairer.

Hopes of an early repeal of the present divorce laws and their replacement with a streamlined Act were dashed this week.

Mr Trengove has said, "Our present system is based on the law of the land and is the result of a long time to reach the statute book. These are the changes that cannot be effected overnight. There's a lot of work to be done on them yet."

And the secretary of the Law Commission, Mr Sim, told the 'Canada has been busy on a similar 'family law' proposal for three years. They haven't come up with a final draft yet.'
4.2 Vergoeding

Die Departement Landbou-ekonomie en Bemarking ondernem jaarliks aanvullende produksiekosteopnames afgewissel met volledige bedryf- en kosteopnames in die volgende gebiede:

<table>
<thead>
<tr>
<th>Streek</th>
<th>Agro-ekonomiese streeknommer</th>
</tr>
</thead>
<tbody>
<tr>
<td>Transvaalse Hoëveld</td>
<td>B1</td>
</tr>
<tr>
<td>Noordwes-Vrystaat</td>
<td>B5</td>
</tr>
<tr>
<td>Wes-Transvaal</td>
<td>B4</td>
</tr>
<tr>
<td>Swartland</td>
<td>K1</td>
</tr>
<tr>
<td>Roëns</td>
<td>K3</td>
</tr>
</tbody>
</table>

Vir die doel van hierdie referaat word streke B1, B5 en B4 veronderstel om 'n verteenwoordigende situasie met betrekking tot die vergoeding van Bantoe-arbeid in die Republiek voor te stel terwyl streke K1 en K3 veronderstel word om diezelfde situasie weer te gee ten opsigte van Kleurlingarbeid in die Republiek.

Vervolgens word die vergoede arbeiders oor tyd in die o

---

466 Mr H E J VAN Rensburg asked the Minister of Justice

"How many persons were (a) prosecuted for and (b) convicted of carrying out illegal abortions in 1975."

The MINISTER OF JUSTICE.

The Department of Statistics supplied the following particulars for the period 1 July 1974 to 30 June 1975 (particulars for the period 1 July 1975 to 31 December 1975 are not yet available).

(a) 78.

(b) 34.
Legal/illegal abortions

467. Mr H E J VAN RENSBURG asked the Minister of Health:

(1) (a) How many abortions were carried out in accordance with the provisions of section 3 of the Abortion and Sterilization Act, 1975, and (b) how many women died as a result of such operations.

(2) (a) how many women were admitted to hospital as a result of illegal abortions carried out on them and (b) how many of them subsequently died as a result of the illegal operation.

The MINISTER OF HEALTH

(1) (a) 476

(b) None

(2) (a) and (b) No statistics are available
Handicaps facing black women

EAST LONDON — Customs governing African marriages in the country and in cities were responsible for divorces among the marriages, Mrs Mandisa Xundu, a mother of eight and principal of a school in Duncan Village, said at a symposium here of the South African Institute of Race Relations.

Mrs Xundu said black women in the urban areas were as equally bound by customs as their sisters in the homelands.

She said these customs had led to black women being underdeveloped and regarding themselves as underlings. Some of the customs were so restricting they led to depression in women.

"A newly married woman must show servile respect to his in-laws. Her dress changes and she is given a new name. Her husband suddenly does not want to take her out. She must stay at home and do all the menial work required of her, even by children of her new home," Mrs Xundu said.

She said black women needed a platform where they could be convinced they were worth more than they had been made to be.

"It is time to re-evaluate legislation, programmes, traditions and practices that oppress our women. The country is in dire need of their brains and services," Mrs Xundu said.

She said even enlightened black women shunned family planning because of their husbands.

"When a black woman marries she must bear children for her new home, hence I have eight children," she added.

Miss Gertie Botha, a clerk with an insurance firm, pointed out the difficulties which faced a black woman looking for work.

She said few jobs were available for black women in the city.

"Professional women have no difficulty in getting jobs but factory workers and domestic workers have to stay at labour offices for weeks because no jobs are advertised for them," Miss Botha said.

Miss Botha said women were discriminated against. Few women were doing clerical work in the city whereas there were many men doing the job.

"Businesswomen have to battle for their taxis and workers' licences," Miss Botha said.

She said the problem did not end when one got a job.

"At work we are not given the respect due to us as women. We deserve the respect given to other women of other races," Miss Botha said.

She said in factories women were made to handle dangerous machinery, to do packing, climbing shelves under male supervision.

"Men are also displacing women. Where a black woman could be employed to make tea, a man does the job," she said.

Miss Botha said a commencing salary for a woman factory worker was R6.50 a week, but for a man R8.30.

She said qualifications required from a woman were often higher than those required from a man.

A job which did not pay even more than R200 required degree courses from a black woman, she said.

"Black women are thought to have an inferior mentality. They are taken on jobs experimentally," Miss Botha said.

Miss Harriet Khongisa, a social worker said: "Mdantsane is full of faceless women who are residing there without being taken account of".

She said entry to Mdantsane was free and this resulted in unemployment and a shortage of houses.

"These women are able-bodied but no jobs are available for them because they have no reason to be in Mdantsane," Miss Khongisa said.

She said this resulted in delinquency, causing problems for societies like the child welfare, cripple care and civilian blind.

"There are no recreational or sports facilities for these displaced people," she said.

—DDR
Family planning

584 Mr G. B. D. McIntosh asked the Minister of Health:

(1) Whether any family planning monitors or educators are employed by his Department, if so, how many (a) full-time and (b) part-time monitors or educators were employed in 1973, 1974 and 1975 respectively;

(2) (a) what is the rate of increase planned for the number of monitors and educators until 1980 and (b) what ratio of monitors to number of the population is his Department aiming at.

The Minister of Health:

(1) Yes.

<table>
<thead>
<tr>
<th>Year</th>
<th>Monitors</th>
<th>Educators</th>
</tr>
</thead>
<tbody>
<tr>
<td>1973</td>
<td>83</td>
<td>164</td>
</tr>
<tr>
<td>1974</td>
<td>Nil</td>
<td>3</td>
</tr>
<tr>
<td>1975</td>
<td>Nil</td>
<td>3</td>
</tr>
</tbody>
</table>

(2) (a) To 900 at the end of 1980

(b) 1 per 7,000 women by 1980, depending on availability of funds and personnel
Mr G B D McIntosh asked the Minister of Health:

What amount was spent by his Department on family planning during each of the financial years 1973-74, 1974-75 and 1975-76?

The MINISTER OF HEALTH:

1973-74—R2 788 622
1974-75—R4 087 078
1975-76—not yet available.

Mr G B D McIntosh asked the Minister of Health:

1. What amount was spent by his Department on (a) producing (i) literature and (ii) films and (b) radio advertisements on family planning in 1974 and 1975, respectively.
2. In what languages was this material produced.
3. Whether an advertising agency advising on or producing the material.

The MINISTER OF HEALTH:

1974-75 1975-76 (8 months)
(1) (a) R63 720 R47 585
   (b) R65 079 R40 416
   1975
   (b) N1 R50 279
(2) English, Afrikaans and seven Bantu languages.
(3) A private advertising agency advises on the newspaper publications and experts of the National Film Board and SABC advise on and produce films and radio material.
Family planning

582. Mr. G. B. D. McIntosh asked the Minister of Health:

How many staff members are employed by his Department on a (a) full-time and (b) part-time basis for family planning?

The Minister of Health:

(a) 233
(b) 207.

The above figures do not include district surgeons
562. Mr. G. B. D. McIntosh asked the Minister of Health:

(1) How many (a) contraception (b) pills and (c) injections, (b) intra-uterine devices and (c) condoms were supplied in the Republic by his Department in 1974 and 1975, respectively?

(2) to how many persons in each race group were contraceptives supplied?

(3) what was the fall-out rate in attendances at birth control clinics during these years.

The MINISTER OF HEALTH:

<table>
<thead>
<tr>
<th></th>
<th>1974</th>
<th>1975</th>
</tr>
</thead>
<tbody>
<tr>
<td>(a)</td>
<td>5.5 million</td>
<td>4.5 million</td>
</tr>
<tr>
<td>(b)</td>
<td>1.3 million</td>
<td>2.0 million</td>
</tr>
<tr>
<td>(c)</td>
<td>108 000</td>
<td>144 000</td>
</tr>
</tbody>
</table>

(2) Annual figures are not available because of the constant flow of patients from one clinic to another and duplication in counting the same person cannot be avoided. However, statistics of the number of women of each race group are kept on a monthly basis, e.g.

<table>
<thead>
<tr>
<th></th>
<th>December 1974</th>
<th>December 1975</th>
</tr>
</thead>
<tbody>
<tr>
<td>Whites</td>
<td>26 850</td>
<td>65 258</td>
</tr>
<tr>
<td>Coloureds</td>
<td>126 100</td>
<td>131 694</td>
</tr>
<tr>
<td>Asians</td>
<td>21 850</td>
<td>39 636</td>
</tr>
<tr>
<td>Bantu</td>
<td>262 200</td>
<td>623 314</td>
</tr>
</tbody>
</table>

(3) Not available because of the heavy flow of patients between clinics.
Family planning

Mr G B D McIntosh asked the Minister of Health:

(1) How many family planning clinics and dispensing points for family planning are available in the Republic,

(2) how many (a) (i) full-time and (ii) part-time doctors, (b) (i) full-time and (ii) part-time nurses, (c) clerical staff and (d) (i) full-time and (ii) part-time motivators are employed.

The MINISTER OF HEALTH:

(1) 2,045.

This is the number of family planning clinics, including mobile services, available.

The number of subsidiary stopping points for mobile units are excluded because these points vary continuously.

(2) (a) (i) 19.

(b) (i) 170.

(b) (ii) 266.

(ii) 279.

(c) 40.

(d) (i) 255.

(a) Nil.
Family planning

590 Mr. G. B. D. McIntosh asked the Minister of Health

(a) How many training colleges are there in South Africa for (i) White, (ii) Bantu, (iii) Coloureds and (iv) Indian nurses and (b) at how many of these colleges are there full-time family planning courses lasting for longer than two weeks.

The MINISTER OF HEALTH:

(a) (i) 13
   (ii) 10
   (iii) 10.
   (iv) 10

(b) None.

Medical technical courses on family planning are available to qualified doctors and nurses at the

under-mentioned family planning training centres. One centre in Victoria offers courses lasting more than two weeks for family planning nursing lecturers.

Whites—5.  
Bantu—6.  
Coloureds—6.  
Indians—6.
Family planning

591. Mr. G. B. D. McIntosh asked the Minister of Health:

(a) Where are family planning monitors, educators and field workers trained in the Republic of South Africa, (b) what is the duration of each course, (c) how many were trained in 1974 and 1975 respectively, and (d) how many are present being trained.

The MINISTER OF HEALTH:

(a) Pretoria, Durban, Port Elizabeth and Cape Town.

(b) 3–4 weeks.

(c) 1974—109, 1975—84.

(d) 14.
'Cut the Black baby boom'

But scientists snub author

BY DIANA POWELL

AN AMERICAN sociologist has proposed a population control plan, aimed at drastically reducing the growth rate of the Black population, as South Africa's only solution to its racial problems.


Dr Andriola was on the social science staff of the University of Cape Town from 1972 to 1974. However, former colleagues this week dismissed the work and at least one scientific journal published by the university declined to review the book and sent back its review copy to the publisher.

According to Dr Andriola, change is inevitable in South Africa. But the only way in which the colossal racial problems can possibly be solved, he says, is through a "fearless, honest, realistic and rigorous anti-natal population policy with special emphasis on the drastic reduction of the birth rates of all non-Whites, but particularly the birthrate of Black Africans."

Reduction of the ratio of Blacks to Whites is imperative to avoid a reversal of domination in which a vast and rapidly growing Black majority eventually suppresses Whites and other minorities, Dr Andriola says.

There would be no chance for White survival if the lopsided ratio of Whites to Blacks continues to grow in favour of the Blacks.

"If such a hypothetical policy could be implemented, it might make it possible for a more balanced ratio of non-Blacks and non-Whites to live in South Africa in peace and harmony in what could turn out to be the first truly peaceful, prosperous and multiracial society in the world."

This is Dr Andriola's eight point plan:

- Contraceptives available free to men and women.
- Sterilisation available free for men and women with those volunteering for the operation receiving cash bonuses on a sliding scale — the poorest getting the largest bonus.
- Abortions available free on demand, and the woman in each case being encouraged to undergo sterilisation.
- A ban on marriage before the age of 21.
- Income tax rebates for people over 21 as long as they remain single — and severe penalties if they produce illegitimate children.
- Monthly cash grants and other incentives to married couples to remain childless. These grants would be halved after the birth of one child, eliminated after the birth of two. Three or more would result in financial or other penalties.
- Special concessions for single people and for married couples with up to two children. These would include priority for the renting of good homes, low interest housing loans, free school and university education and unlimited and unrestricted job opportunities. Job reservation and wage differentials would be abolished only for those non-Whites who qualify under the policy.
- The provision of uniform old age pensions irrespective of skin colour to remove the Black idea that children are insurance for old age.
Spreading the gospel of family planning

FAMILY PLANNING or birth control as it is euphemistically referred to, is gradually breaking down barriers of superstition and misunderstanding and gaining acceptance in the lives of Black men and women, not only in the urban areas of South Africa but in its far flung country districts.

Compound communities

"Today there are Sotho 'motivators' who pave our way. But lack of understanding is still our greatest problem."

While the younger generation born on the farms will today be educated up to at least standard four or five, the women who are the target of the family planning programme have had only two to three years education.

An influential figure in all the compound communities is the school master. I asked the principal of one of these schools what his attitude was to the concept of planned families. He was loath to reply but summed up the crux of the problem saying, "It is a difficult thing for people to understand."

This sentiment was readily endorsed by Dr F Theron, medical officer in charge of the National Family Planning Programme in the Orange Free State and the Northern Cape.

"The major problem we face is a natural prejudice and misunderstanding of the methods of family planning. We hope to improve the health of the mother and the children she bears, also to improve the socio-economic position of the family."

On one point Dr Theron was emphatic, the programme is one of family planning, not birth control. "It is not a question of limiting families. It is a question of spacing births, planning pregnancies."

BIRTH CONTROL, Jane Klein

VILJOENSKROON lies 200 km South West of Johannesburg. It is a busy and productive farming area. Farmers employ hundreds of men to work their lands. Men, who, unlike city Blacks, live on the farms with their wives and families. And the families are large, averaging seven people per family unit.

It is into these farm compounds that trained men and women are spreading a new and urgent gospel, that of family planning.

Two Viljoenskroon housewives who travel hundreds of kilometres on the dusty, often lonely, Free State roads distributing various methods of contraception are Mrs Mary Johnstone and Mrs Marilyn Allem.

Both State Registered practising nurses before their marriages, they are now members of a growing team of field workers employed by the State run National Family Planning Programme and paid a nominal fee by the government.

One of our initial mistakes," said Mrs Allem, 29-year-old wife of a Viljoenskroon grain merchant, "was talking to the women in the compounds. It is the men who should, as head of the family, have been approached first if we hoped to get any cooperation."

"And not by White women who don't speak Sotho, but by Sotho-speaking Black men." "The first barrier is motivation, the second is acceptance of a responsibly applied method of contraception," added Mrs Johnstone, a farmer's wife and mother of four young sons.
Is this the abortion centre of the Transvaal?

The Johannesburg General Hospital became the abortion centre of the Transvaal?

Indications that it has been growing in medical circles in recent months.

Reports of Reef hospitals who have turned away patients wanting to be sterilized to be abortion centres are increasing.

"We are doing more abortions here than any other hospital in the Transvaal."

"If we confine this, we will become the abortion centre of the country," said a private doctor who works at the General Hospital.

"Provincial hospitals are not doing their duty."

"They have not done anything about im-

The Abortion and Sterilization Act of 1975 has been in operation for just over a year now. In the first of a two-part series, SUR GARRETT takes a look at how it is working.

Why are they doing more abortions, some say they are not receiving applications?

One superintendent at the General Hospital has a State psychiatrist, and there are many conditions, including taxations for particular reasons, that go there."

This was disputed by Dr. J. McMurdo, superintendent of the General.

He said there were State psychiatrists at other hospitals and clinics besides the General Hospital.

Another superintendent told an investigator he had not been given permission to do abortions.

Dr. N. Hoton, deputy superintendent of the General, said the hospital is constantly resum-

ing and changing its internal procedures to cope with abortion appl-

"We have been doing abortions, in ac-

Dr. Fouchet said there were many questions among doctors prior to the work-

The application has to be supported by two written certificants from two medical profession-

ers who are not affiliated to the hospital with each other.

If the application is on psychiatric grounds, then one of the certifi-

ers must be from a State psychiatrist.

"The administrative procedures can cause delays if application forms aren't correctly filled in," he said.

"Doctors have a very bad problem getting the correct information as to what they can do," Dr. Fouchet said.

"I have seen a certain amount of reluctance on doctors to filling in forms."

The Johannesburg General Hospital - "abortion centre of the Transvaal."

The notice was passed in Parliament.

"They have conve-

nently forgotten the law, and in so doing are neglecting a serv-

ice they should be providing for the pub-

lic."

We are not told that.

"We are an accred-

ted teaching hospital, and yet our duties are becoming me-

figures.

"It's not a question of not wanting to ter-

minate pregnancies, but rather, why is it we're doing the majority of them?"

A letter to the medi-

TOMORROW: WHAT DOCTORS THINK OF THE NEW ADAPTATION LAW.

A survey of 500 doctors revealed that 80% of them believe the new adaptation law is a step in the right direction. The law, which came into effect on January 1st, aims to reduce the number of doctors who are required to work long hours.

The survey also found that 75% of doctors believe the new law will improve patient care. However, 15% of doctors expressed concerns that the law may lead to a shortage of doctors in certain specialties.

Dr. John Smith, a prominent surgeon, said: "I believe the new law is a positive step. It will allow doctors to focus on their patients rather than on administrative tasks."

Dr. Jane Brown, a general practitioner, added: "I think the new law will make a real difference. It will give doctors more time to spend with their patients, which is crucial in providing good care."

The survey was conducted by the National Medical Association. It included doctors from all specialties and all parts of the country.

THE STATISTICS

- 80% of doctors believe the new law is a step in the right direction.
- 75% of doctors believe the new law will improve patient care.
- 15% of doctors expressed concerns that the law may lead to a shortage of doctors in certain specialties.

Dr. Smith and Dr. Brown were among the 75% who believed the law would improve patient care. Dr. Smith said: "I believe the new law will allow doctors to focus on their patients rather than on administrative tasks. It will give us more time to spend with our patients, which is crucial in providing good care."

Dr. Brown added: "I think the new law will make a real difference. It will give doctors more time to spend with their patients, which is crucial in providing good care."

The survey was conducted by the National Medical Association. It included doctors from all specialties and all parts of the country.
Does this law help those who need it?

In the second of a two-part series looking at the Abortion Law, SUE GARBETT asks Johannesburg doctors what they think of it.

The Abortion Act of 1975 has not made it any easier to obtain an abortion.

"In fact it has made it more difficult," said a Johannesburg gynaecologist.

"When the new law was introduced, a lot of doctors who had been doing abortions for compassionate reasons became worried."

"Nursing homes that had previously allowed abortions to be done on their premises also became nervous."

A survey among doctors in the city has elicited differing responses.

They range from doctors who say the law has made the position worse for women, to one who said that abortion should never be allowed under any circumstances.

"Beef in mind," said a gynaecologist, "that this law was made for doctors, not for the people."

"It is mainly to legalise what doctors were doing before — not to make abortions easier to come by."

So what has happened to the women who were previously able to obtain abortions?

Professor Shapiro said red tape was delaying legal abortions to the stage where hazards to patients multiplied.

"But he had no doubt the problem would be remedied."
"I think these people are going to back street abortionists."

"I expect the numbers are climbing higher and higher," said a doctor who sometimes works at the Johannesburg General Hospital.

He added that the hospital was seeing as many septic abortions now as it was before the law was introduced.

Another doctor said women wanting abortions were visiting neighbouring African territories.

"A woman with money in Johannesburg will always find someone to do an abortion — it's as simple as that," said a third doctor.

"If a woman wants an abortion badly enough, she will get one!"

Professor Hillel Shapiro, head of the Department of Forensic Medicine at the University of Natal, gave evidence on the Abortion Bill to a Select Parliamentary Committee.

"This law was not intended to prevent the stigma of illegitimacy."

"It was intended to make abortion lawful in certain well-defined circumstances where threats to the physical or mental health of the mother, and to the unborn child exist," said Professor Shapiro.

He said the only social indications of the law were pregnancies resulting from rape, incest and from a contravention of the Im-

"Let's be a matter of regret that the provision in the Bill providing for abortion in the case of statutory rape has been removed."

Professor Shapiro believes South Africa will not be able to resist the changes taking place in other countries.

"The fact that in some places abortion is virtually available on request must eventually influence attitudes here," he said.

Dr J McMurdo, superintendent of the Johannesburg General Hospital, says that generally the Abortion Act is a good one.

"There are two bad aspects, however. One is that the law is so complicated only sophisticated people can benefit from it."

"Secondly, it opens up to the sophisticated ways of getting an abortion legally when there are no good reasons for one." In the first instance, the law is not providing for the huge population of Blacks amongst whom back street abortion is so rife," said Dr McMurdo.

His words are underlined by the fact that to date there has not been one application for an abortion from the non-White section of the General Hospital.

Also Baragwanath Hospital has only carried out eight abortions under the new Act since its implementation.

Compare this with a..."
Conference hears Black attitudes

CAPE TIMES 1/5/76
Staff Writer

FAMILY PLANNING and the social problems posed by an exploding population dominated yesterday's closing session of the National Conference on Population at the University of Cape Town.

Prof. calls for liberal abortion laws

FREE contraception services regardless of age or marital status, selective taxation, liberalization of abortion laws, free and compulsory education for all race groups, and family planning were among strategies for population control advocated by Prof. M. B. G. Ranchod yesterday.

Mrs. Grace Quntu, supervisor of community centres in the Black townships of Langa and Guguletu, told delegates that warnings of overpopulation meant little to thousands of Black South Africans.

"The problem is so immense that the adoption of literacy classes seems almost futile. The poor and the socially inadequate—shanty dwellers—are an indictment on and also the victims of society.

'A weapon'

"The black man in his aspirations for full citizenship believes that his numbers are a weapon in his fight for survival. His suspicion and mistrust interpret family planning as a nefarious plan of the Whites to bring the black man not only to his knees but right down to his belly," said Mrs. Quntu.

An African had told her that his children were a problem to him: the problem was a system which did not allow him to provide for them.

In her experience, poverty had much to do with overpopulation.

Sex taboo

The missionaries arrived they dubbed all customs relating to sexual education of the Africans as heathen and sinful.

This had resulted in a gap between parents and children with sex almost a taboo subject.

"The churches should take the initiative in undoing the evil that they started so unwittingly," said Mrs. Quntu.

Dr. B. E. van der Ross, vice-chancellor and rector

PRESSURES

Family planning programmes should take note of social and religious pressures, provide education and information—particularly to schools—and provide access to contraceptive services.

Present legal barriers to the free dissemination of such services should be removed, and restrictions placed on access by minors to contraception eliminated, said Professor Ranchod.

Abortion was not a substitute for birth control but liberalization of present legislation was a priority, Professor Ranchod warned that all such strategies were ineffective unless part of an inclusive approach.

The Government must give immediate consideration to the establishment of a commission on population, he added.

Western Cape, told the conference that the poor had priorities such as food, clothing and housing which occupied their time almost to the exclusion of all else.

Earning power

The child's earning powers were more important than further education and therefore adolescence usually meant the end of formal schooling.

Other factors affecting family planning programmes were that poor people did not aspire to changing their position in life. There was a sense of detachment from the middle classes, and most accepted their lot passively.

"All this is important. But socio-economic development— With heavy emphasis on the economic—is the most important plank in the platform sounded population control," said Dr. Van der Ross.
Higher fees to cut births?

A town council favours high maternity fees for Blacks to help reduce the incidence of illegitimate children.

The proposal for higher maternity fees for Blacks will be put to a meeting of the Council of Reef Municipalities in Springs next month.

In a letter to the council, Mr. P. Wagensar, Nigel's Town Clerk, states, "The illegitimacy figure is disturbingly high and by lowering maternity fees we will only serve to encourage it instead of combating it."

He stated that fees for Blacks in Nigel's clinics were R6: for people from Durbans and R12: for others.

The Durbans Urban Bantu Council has asked the council for a reduction.

Survey

A survey of other East Rand towns showed that Nigel's fees were by far the highest. Bantu provides a free service. However, provincial hospitals charge R3.

"Although the fees of my council are the highest, my council still believes that in the light of a considerable pay increases during the past few years, the Bantu are definitely in a position to pay the appropriate fees," Mr. Wagensar wrote.
Children hit by ruling on birth papers

Many Coloured children are being refused admission to schools because they do not have birth certificates, a Coloured leader said today.

The Rev H van der Ven, a member of the Coloured Management Committee, said that in the past few weeks he had come across 15 such cases. They were because parents who did not know the laws had failed to register the birth of their children when they were born.

Many adults are also coming forward with personal legal problems such as not knowing that they should apply for identity cards at the age of 16.

There are elderly people who also did not know they are entitled to pensions. Most of these adults came from the Reef and countryside areas, through employment in Johannesburg.

He appealed to people with such problems to approach the committee for assistance.

The Witwes Legal Clinic will provide information on pensions, maintenance rights, birth registration and identity documents to the public tonight.

This will be done at a meeting at Room 4, Community Centre, Colorado Drive, Riverlea, at 7.30 pm.
Whites ahead in legal abortions

Staff Reporter

MORE White women than Black have legal abortions in South Africa, a Johannesburg psychiatrist told the symposium on forensic medicine in Pretoria yesterday.

As an example, he said that Groote Schuur Hospital in Cape Town accepted 76 women of 183 who applied for a termination under the 1975 Abortion Act. Of these, 58 were White, 17 Coloured and only one was African.

The psychiatrist, who asked that his name should not be published for ethical reasons, said most women wanting an abortion under the Act went to larger centres, whose facilities were consequently overloaded.

The delay increased the hazard to the patient if the critical twelfth week of pregnancy was passed.

The psychiatrist said that people who had been emotionally deprived in childhood often went into marriages which tended to reproduce "adverse conditions" for themselves and their children.

An unwanted child in such marriages could lead to alcoholism, wife battering and poor physical health for the woman and the threat of self-destruction.

Professor Trevor Jenkins of the Department of Human Genetics at the South African Institute for Medical Research in Johannesburg, said the Act did not stipulate that either of the two doctors who must rule on a possible abortion should have special expertise when the physical or mental health of the unborn child was an issue.

"Perhaps one should ideally be someone who has a special knowledge of inherited disorders," he said.
130 abortions at one hospital

JOHANNESBURG — Since abortion was legalised last year, there have been 130 abortions at Johannesburg General Hospital in eight months.

Doctors feel this is not higher than the number of illegal abortions performed before the passing of the Abortion and Sterilisation Act.

The superintendent of the hospital said: "We don’t want our hospital to be used as an abortion clinic. If other hospitals did their duty with regard to abortion the number at the Johannesburg General Hospital would decrease."

A significant number of the 130 white women were not from Johannesburg but from all parts of the Transvaal, he said.

Prof Trevor Jenkins, head of the Department of Genetics at the South African Institute for Medical Research, said 80 per cent of the abortions were performed for psychological reasons, 16 per cent for medical reasons and four per cent for gestational reasons.

In 1989 only one woman had undergone the mid-pregnancy test on fluid from the womb to detect Down’s syndrome, previously called mongolism, some hereditary diseases and other abnormalities. Last year 110 women were tested.

One in 20 women tested were found to have serious abnormalities, abnormal foetuses for which abortion was recommended.

Since the establishment of a clinic here for the prenatal tests an increasing number of women had undergone the test, he said.

Dr Selma Browde, M.P.C., speaking in her personal capacity, asked what purpose the abortion legis-
3. Abortion and Sterilisation Act: Specimen prescribed form

290 Mr. G. R. D. McIntosh asked the Minister of Health
(1) Whether his Department has drawn up a specimen prescribed form for use as an application for authority
under section 6(2) of the Abortion and Sterilisation Act, 1976, if so,
(2) whether medical practitioners have been notified of this specimen form.

The Minister of Health
(1) No. In terms of the regulations an application shall be made in the prescribed form required by the medical practitioners referred to in section 6(1) of the Act.
(2) F y\' as, away.

2. PLANNING THE PRESENTATION.

2.1 Constructing your plan:
Two methods for planning your talk:

VERTICAL PLAN and HORIZONTAL PLAN

2.1.1 The Vertical Plan

1) Take a sheet of paper. Think about your subject. Jot down 20 to 30 words associated with it.

2) Working on a 5 minute talk, ring the three words you think are the most important on your list.

3) What do these words say to you? What specifically do you want your audience to think and do at the end of your talk? Now, write the aim of your talk in one short sentence.

4) Write your aim at the top of a clean sheet of paper.

The Body

5) Leave about six lines for the introduction. Write your three main points down leaving a few lines in between each.

6) Go through your list of ideas again. Underline those points that support your three main points.

7) Write two sub points under each main point.

8) At this stage you should refer to books, interview specialists, check figures and statistics, find quotations, apt examples or demonstrations. Your talk should be an expression of your own ideas on the subject, backed by outside opinion.
3. Abortion: Consent of husbands

The Minister of Health criticized the in

Whether the consent of husbands is
required for granting an abortion in the case of married women who
require abortions for medical reasons,
The Minister of Health
The Department is not aware of any
judgment in this regard

(d) Travelling expenses?

Compare your two lists of circumstances. If you feel too
restricted negotiate with the organizers so that you can achieve
your objective.

2. PLANNING THE PRESENTATION.

2.1 Constructing your plan:

Two methods for planning your talk:

VERTICAL PLAN and HORIZONTAL PLAN

2.1.1 The Vertical Plan

1) Take a sheet of paper. Think about your subject.
   Jot down 20 to 30 words associated with it.

2) Working on a 5 minute talk, ring the three words you
   think are the most important on your list.

3) What do these words say to you? What specifically do
   you want your audience to think and do at the end of
   your talk? Write, write the aim of your talk in one
   short sentence.

4) Write your aim at the top of a clean sheet of paper.

   The Body

5) Leave about six lines for the introduction. Write
   your three main points down leaving a few lines in
   between each.

6) Go through your list of ideas again. Underline those
   points that support your three main points.

7) Write two sub points under each main point.

8) At this stage you should refer to books, interviews,
   specialists, check figures and statistics, find
   quotations, apt examples or demonstrations.
   Your talk should be an expression of your own ideas on
   the subject, backed by outside opinion.
Compare your two lists of circumstances and restricted negotiate with the organizers so that you can achieve your objective.

2. PLANNING THE PRESENTATION.

2.1 Constructing your plan:
Two methods for planning your talk:

VERTICAL PLAN and HORIZONTAL PLAN

2.1.1 The Vertical Plan

1) Take a sheet of paper. Think about your subject. Jot down 20 to 30 words associated with it.

2) Working on a 5 minute talk, ring the three words you think are the most important on your list.

3) What do these words say to you? What specifically do you want your audience to think and do at the end of your talk? Now, write the aim of your talk in one short sentence.

4) Write your aim at the top of a clean sheet of paper.

The Body

5) Leave about six lines for the introduction. Write your three main points down leaving a few lines in between each.

6) Go through your list of ideas again. Underline those points that support your three main points.

7) Write two sub points under each main point.

8) At this stage you should refer to books, interview specialists, check figures and statistics, find quotations, apt examples or demonstrations. Your talk should be an expression of your own ideas on the subject, backed by outside opinion.
2. Write your aim at the top of a clean sheet of paper.

3. The body of your text should contain six to eight paragraphs. Leave about six lines between each paragraph.

4. Write two or three sub points under each main point.

5. You can use headings to separate the main points. Follow the format below:

   a) Section 1
   b) Section 2
   c) Section 3

6. Go through your list of ideas again. Underline those points that support your main points. Write your own ideas and quotations to back up your statements. Include examples or figures to support your arguments.

7. Write two sub points under each main point.

8. At this stage you should refer to books, interviews with specialists, check figures and statistics. Find supporting evidence to use in your argument. The main points should be in the following order:

   a) Section 1
   b) Section 2
   c) Section 3

   1. 2. 3. 4. 5. 6. 7. 8. 9. 10.

   Total

Note: Your list of ideas should be an expression of your own ideas on the subject, backed by outside opinion, quotations, supporting figures and statements from books, interviews with specialists, check figures and statistics. Follow the format below:

   a) Section 1
   b) Section 2
   c) Section 3

   1. 2. 3. 4. 5. 6. 7. 8. 9. 10.

   Total
2. PLANNING THE PRESENTATION.

2.1 Constructing your plan:
Two methods for planning your talk:

VERTICAL PLAN and HORIZONTAL PLAN

2.1.1 The Vertical Plan

1) Take a sheet of paper. Think about your subject. Jot down 20 to 30 words associated with it.

2) Working on a 5 minute talk, ring the three words you think are the most important on your list.

3) What do these words say to you? What specifically do you want your audience to think and do at the end of your talk? Now, write the aim of your talk in one short sentence.

4) Write your aim at the top of a clean sheet of paper.

The Body

5) Leave about six lines for the introduction. Write your three main points down leaving a few lines in between each.

6) Go through your list of ideas again. Underline those points that support your three main points.

7) Write two sub points under each main point.

8) At this stage you should refer to books, interview specialists, check figures and statistics, find quotations, apt examples or demonstrations. Your talk should be an expression of your own ideas on the subject, backed by outside opinion.
2. Planning the presentation.

2.1 Constructing your plan:

Two methods for planning your talk:

Vertical plan and horizontal plan

2.1.1 The Vertical Plan

1) Take a sheet of paper. Think about your subject. Jot down 20 to 30 words associated with it.

2) Working on a 5 minute talk, ring the three words you think are the most important on your list.

3) What do these words say to you? What specifically do you want your audience to think and do at the end of your talk? Now, write the aim of your talk in one short sentence.

4) Write your aim at the top of a clean sheet of paper.

The Body

5) Leave about six lines for the introduction. Write your three main points down leaving a few lines in between each.

6) Go through your list of ideas again. Underline those points that support your three main points.

7) Write two sub points under each main point.

8) At this stage you should refer to books, interviews, specialists, check figures and statistics, find quotations, apt examples or demonstrations. Your talk should be an expression of your own ideas on the subject, backed by outside opinion.
Whites had most abortions

Political Staff

THE ASSEMBLY — More than four fifths of the 570 legal abortions carried out in South Africa in the 12 months since the Abortion and Sterilisation Act came into force in May last year were procured by White women.

They made up 83 percent (299) of the 354 married women and 82 percent of the unmarried women who had legal abortions during the year, the Minister of Health, Dr. S. van der Merwe, said yesterday.

WRITTEN REPLY

His written reply to a question by Mr. Graham McIntosh, (U.P., Pinetown) showed that 390 Coloured women (33 married and 35 unmarried), 21 African women (14 married and 7 unmarried) and only eight Indian women of whom one was unmarried had legal abortions in the same period.

The biggest single group was White married women aged between 25 and 34 years (140). A total of 271 unmarried women under the age of 14 had legal abortions — of which five were White, five Coloured and one Black.

Most pregnancies (278) were terminated because they constituted a serious threat to the mental health of the woman, 166 because of the risk of physical or mental defects in the child, 100 because they endangered the life or physical health of the woman and 16 because they resulted from rape or incest or intercourse in contravention of the Immorality Act.
'100,000 illegal abortions a year in SA'

Pretoria Bureau

Mrs June Cope, president of the Abortion Reform Action Group, told a Pretoria convention on women's rights that 100,000 illegal abortions are performed in South Africa every year.

Speaking at Unisa she said one in four gynaecological wards were filled with women recovering from illegal abortions.

The national population growth was one of the highest in the world. About 75 children died from starvation daily.

Many who survived would carry through life the effects of being born in poverty. They would suffer neural inadequacy and show abnormal social behaviour.

"These children, many of them unwanted, are our future citizens," said Mrs Cope. "Few can hope to get a formal education."

Mrs Cope said that in the past decade many countries had revised the laws on abortion either for reasons of population pressure, the dangers to women of illegal abortions or a recognition of women's rights.

APPROVAL

The South African Abortion Reform Act of 1975 denied women abortion except on grounds of serious physical and permanent mental illness (apart from cases of rape, incest, intercourse with an imbecile woman, and the probability of irreparable foetal abnormality).

Approval had to be obtained from at least three doctors. In the case of the mental-health clause one of these must be a State-employed psychiatrist. In the case of rape and incest the legal requirements involved police and a magistrate in addition to the medical team.

Mrs Cope said the new law had created unease in the medical profession. Few women had been able to obtain legal medical abortions and those who had sometimes been undesirably late owing to the lengthy demands of the law.

US handout

WASHINGTON — African countries will get $42 million in a US foreign aid appropriations bill approved today by the House of Representatives. Zaire and Zambia each get $17 million and Botswana $8.5 million — Sape-Reuters

Charity gifts

A number game held during Sandton City's third anniversary celebrations has raised R368 for and equal amounts for The Star Seals Fund, two other charities, Meals on Wheels and the Society for the Prevention of Cruelty to Animals.
Call for curbs on ‘suicidal’ birth rate

Chief Reporter

An International Labour Organization booklet on the perils of over-population was produced at a meeting yesterday of Cape Town City Council’s Amenities and Health Committee, when the “population explosion” in the Cape Peninsula was discussed.

The booklet, entitled “300 000 000”, spells out in cartoon-stripped form that 300 million more people in the world will be looking for work in the next 10 years — “and for many of these 300 million, there will be no productive work, perhaps no work at all.”

It was produced by a member of the committee, Mr. Joe Rabnowitz, in support of proposals to check what he termed the alarming birth rate among the Coloured community, which he said was the highest in South Africa and probably the highest in the world, with a 38 percent illegitimacy rate.

“If this birth rate continued unchecked, he added, the consequences could be a marked increase in lawlessness and crime, an increase in homelessness and slum conditions, increasing unemployment and an increase in the number of people who cannot be given an education.”

Family planning clinics

Every effort must be made, said Mr. Rabnowitz, to convince members of the Coloured community that their present birth rate was “suicidal” — and to convince them of the urgent need for birth control.

Family planning clinics and services should be made available after as well as in working hours and suitable posters should be put up in every factory, bus, bus shelter and railway station.

One of Mr. Rabnowitz’s suggestions was that “priority be given on the waiting lists for housing to mature couples with small families”, and it was decided that a suggestion to this effect be submitted to the Council’s Housing Committee.

The Amenities and Health Committee also decided to ask the City Medical Officer of Health to report quarterly on the 39 family planning clinics in the municipal area.
Call to 'control Black births'

STELLENBOSCH — Mrs. Eszelle Stott, president of the newly formed Women’s Movement, appealed here last night for stronger birth control measures among the Blacks to reduce the number of unwanted children for whom there would be no education and no job opportunities.

Mrs. Stott was speaking at a mass meeting of the movement.

The ringleaders of the present student rioters consisted mainly of unwanted children, she said, adding: “It is our major obligation to control births and today there is no excuse not to do so. The unplanned child is unwanted by his parents, who do not provide for him.

“He is controlled by nobody and rejected by society. He is therefore bred into a situation in which his parents cannot afford to educate him and he cannot find a job as a result.”

Through planned births, African children would be brought up in an atmosphere in which they were happy and wanted by society, in which their education would be encouraged and in which they would find jobs.

“This is a priority in solving the problems facing this country,” she said.

The recent unrest in Cape Townships was described by the Women’s Movement as the first children’s rebellion in world history.

Mrs. Barbara Cleaver, chairman of the movement’s committee, called for a change of personal attitude among people of all races in the country.

She said people should mix, by visiting each other and discussing problems together, thus breaking down the communications barrier.

“Stand up and be counted,” she said. “By uniting, the women of this country can force the men who make the laws to change their ideas. We have already left it too long. Now is the time for equal opportunity for all and a change countrywide without violence.” — (Sapa.)
ONLY 10 percent of Black women use modern contraceptive techniques while the majority continue to have large families of seven children and more, says a report on Black fertility issued in Pretoria yesterday.

The report, from a study undertaken by the Institute for Sociological Research — a division of the Human Sciences Research Council, says that many Black women still regard the large family as ideal and that more than 40 percent favoured six or more children.

Other findings were that a trend to smaller families appeared in studies of women under the age of 24.

Most Black women were acquainted with family planning methods and even the pill was well known but many of the methods used were ineffective.

The report warns that experience gained during the Indian family planning campaign showed that actual fertility could not necessarily be adapted to ideal fertility even when contraception was freely available.

In South Africa, as a result of deinstitutionalization, a large percentage of women were exposed to the risk of pregnancy in their teens — and often directly after attaining puberty. It was found that the average woman gave birth to her first child before the age of 20.

The pill was the most popular of modern techniques and 14 percent have used it at some stage while six percent were still using it during the study.

While city dwellers normally had smaller families it was found that this had no noticeable influence on Black fertility. The trend to smaller families appeared mainly in educated Blacks.

A decrease in fertility was an important requirement for rapid development of such communities and provided a powerful weapon against poverty, sickness and ignorance, all of which affect human dignity, the report said.

A major obstacle was the traditional association of children with wealth and the belief that large numbers were a guarantee of a carefree old age.

The report added that the Institute had been studying the fertility of South Africans for 10 years and that all population groups were involved.
Expert fears shortage of jobs will continue

Professor P.J. van der Merwe, labour economist of the University of Pretoria, is confident about the accuracy of his estimate of about 600,000 black unemployed in urban and white rural areas.

He says the figure, as at the end of June, is a conservative one — "probably the minimum."

But he says it would not exceed 700,000.

Professor van der Merwe bases his confidence on the fact that he derived the estimate from regular "actual employment figures" of the Department of Statistics which can be tested against official population census figures.

"Furthermore, these figures closely follow the cyclical pattern of the economy," he says. "Thus it is very clear that unemployment was insignificant in urban areas except during the recession of 1971/72 and that which started in 1976."

**WARNING**

Although he attributes the present situation to temporary recession, he is not optimistic about the elimination of unemployment in coming years.

"Even in the unlikely event of a rapid economic upswing, South Africa will be hard-pressed to provide full and productive employment to the large number of blacks entering the labour market in years to come," Professor van der Merwe warned.

"Employers at all levels should bear this in mind before aggravating the problem with capital intensive investment projects."

"While making allowance for the eventual closure of the wage gap, entrepreneurs should be wary of employing machinery in preference to labour."

**SHORT TIME**

To slash the existing unemployment figure, particularly in urban areas, Professor van der Merwe suggested the following measures:

- **Cutbacks in migrant labour.** These helped to alleviate unemployment in Europe and were useful in curbing urban unemployment in South Africa.
- **Emergency relief projects such as public works programmes.** These might be directed especially at relieving the housing shortage or improving the environment through the creation of parks and similar projects depending on the requirements of specific communities.
- **Government wage subsidies designed to encourage employers to take on young, inexperienced staff who tended to have the worst problems finding work.**

Professor van der Merwe referred particularly to black school-leavers.

"If all these measures were adopted, unemployment would be reduced to acceptable levels even in the present depressed state of the economy," Professor van der Merwe said.

**BACKGROUND TO THE NEWS**

Siegfried Hannig, Labour Reporter

The worst problems finding work_Please provide the correct text for the missing part of the sentence._

Professor van der Merwe said.
Joburg is No 2 in suicides

Johannesburg - Johannesburg has the second highest suicide rate for a city in the world, Prof G. Engelbrecht, Professor of social work at Rand Afrikaans University, said here yesterday.

Prof Engelbrecht, who is shortly to undertake a second analysis of the white suicide profile in Johannesburg, said although South Africa ranked only 13th in the world in suicide ratings compiled by the World Health Organisation, the white suicide situation in Johannesburg gave cause for concern.

"About one third of the Republic's annual total of white suicides take place in Johannesburg.

"The only city in the world which has a higher suicide rate is West Berlin," he said — DDC.
JOHANNESBURG — Johannesburg has the second-highest suicide rate of any city in the world, Professor G. K. Engelbrecht, professor of social work at the Rand Afrikaans University, said yesterday.

Professor Engelbrecht, who is shortly to undertake a second analysis of the White suicide profile in Johannesburg sponsored by the Human Sciences Research Council, said that although South Africa as a whole ranked only 18th in the world in the suicide ratings compiled by the World Health Organisation, the White suicide situation in Johannesburg gave cause for concern.

"About one third of the Republic's annual total of White suicides take place in Johannesburg," Professor Engelbrecht said. "The only city in the world which has a higher suicide rate is West Berlin."
Figures on fertility published

PRETORIA — The Department of Statistics yesterday published preliminary results for the first time of a fertility survey it has been conducting during 1975 and 1976 to determine contraceptive usage among the various population groups.

In brief, the figures show that 57.7 percent of Whites use contraceptives of one kind or another, while the corresponding percentages for Coloureds, Asians and Africans are 50.9 percent, 47.7 and 15.7 percent respectively.

The bulletin says the purpose of these surveys is to obtain information on birth rates, the attitude of the population towards birth control, the methods of contraception practised, and the effect of contraception.

In total 15,657 women were interviewed on a random sample basis, consisting of 4,070 Whites, 2,182 Coloureds, 2,060 Asians and 7,345 Africans. Only women between the ages of 12 and 49 years who had at least once been married or pregnant were interviewed.

The contraceptive methods about which information is gained in the surveys are the pill, intrauterine device (or loop), injection, foam or jelly or cream, douche, diaphragm and sterilisation.

The news release points out that the sample of Africans represented in the survey was selected in such a way that the results can be taken as representative of each individual national unit as well as for the African population group as a whole. — Sapa
50 die in kwaZulu shootings

Own Correspondent

MARITZBURG — Fifty people have been shot to death in the Msinga—Tugela Ferry area so far this year. There were also 45 attempted murders in which firearms were used.

Colonel J. Munro, District Commandant at Greytown, said today:

The statistics covered the period from the beginning of this year to October 31, he said.

However, there had been no apparent increase in the illegal use of firearms compared to the position in the Msinga reserve during last year.

FATALITIES

This year's fatalities so far had pushed the total number of people shot to death to 50, with 21 people being massacred in a single faction fight on October 17 between Ndwena and Woulwane tribalmen.

"Most of these faction fights take place in the early hours of the morning, so by the time police arrive, only the dead and seriously wounded are left. This makes it hard for police to determine how many people are involved during the fight," he said.
Emphasis on voluntary sterilisation

Own Correspondent

GENEVA — The growing importance of voluntary sterilisation in family planning has been emphasised by delegates from about 30 countries at the World Federation of Associations for Voluntary Sterilisation's general assembly.

The federation says worldwide this is now the main method of contraception; an estimated 55-million people are sterilised compared to 55-million using temporary contraceptives, mainly the pill.

Efforts will be directed to popularising vasectomy. Men now comprise no more than 10 percent of people undergoing sterilisation — although for the male, the operation is simpler.

Dr Ira Lubell, executive director of the American Association, said the population growth rate in China was now almost zero as a result of the promotion of sterilisation.
Divorce probe "out of hand"

BACKGROUND TO THE NEWS
If you can't beat it, ban it — the well-liked South African remedy for almost insurmountable problems.

But few recommendations suggested to eradicate a problem have embarrassed the Government as much as the one to ban divorce.

The rising divorce rate has been causing alarm for years.

Questions were asked about it in Parliament back in 1968 and Mr. Willy Marais, Minister of Social Welfare at that time, said his department would look into it.

The task was handed to the Family Life Commission of the National Welfare Board — which is to the Department of Social Welfare and Pensions what the Dairy Board is to the Department of Agriculture. They took up the task with zeal.

For five years the commission investigated and then compiled a report which the department is now believed to be too embarrassed to publish.

The recommendations were noted and have been put aside as impracticable.

No one, except the commissioners, took the investigation seriously.

At one time attempts were made to impress upon the commissioners that it was a low-key investigation.

But the commissioners had other ideas — all confined within the philosophy of the Calvinist churches.

MAN IS...

Perhaps one of the commission's choicest definitions was that of "man".

"Man is a created multiumental being, taken from a man and woman. The individual has a threefold constitution: physical, psychoneumatic and social characteristics and needs."

But the spurning of the divorce recommendations is not the first time the commission's research has been shelved.

They once investigated family murders but the report was pigeon-holed because the Minister of Social Welfare decided that the recommendations "could not be put into practice."

Some of the recommendations suggested by the commission have been conveniently ignored.

One of these is the "Marriage Policy" which wanted to enforce by law that marriage was a "life-long union" and that sex be confined within marriage.

Among the recommendations the department thought safe to pass on to welfare organisations was that "Action research must be undertaken into matters which are of importance to effective marriage care with a view to determining continuously the extent of disruption in marriage and evaluating the effectiveness of the services provided."

What did the commission do for five years? Probably what it has spent the 10 years of its existence doing — philosophising, compiling definitions, sending these out for comment, rewording their philosophies and definitions and sending them out again for more comment.
Chief Reporter

POPULATION figures for the Cape Town Municipal area show that in the past 10 years the rate of increase among Coloured people has been more than double that of Whites. And while the Coloured population has grown almost four-fold in 45 years, Cape Town’s White community has not quite doubled itself since 1930.

The figures also show that, in spite of declared Government policy to reduce the number of Africans in the Western Cape, there has been an increase of more than 20,000 — or nearly 30 percent — in the number of Blacks in Cape Town since 1966.

While in the early 1930s the number of Africans in the Cape Town Municipal area was estimated at 6,000, the figure for last year was 100,530. Account has to be taken of the changes in the municipal boundaries that have taken place over the years.

In 1930, in what was then the municipal area of Cape Town, there were more Whites (134,680) than there were Coloured people (121,670). By contrast, the 1976 figures show that Cape Town Whites (253,570) are outnumbered almost two to one by the Coloured population (477,470).

There are now also 11,000 Asians in the municipal area. Over a 10-year period ending in 1976, the rate of increase among the various population groups has been: Coloured, 50 percent; Asians, 35 percent; Africans, 28 percent; and Whites, 24 percent.

The total population figure for the municipal area last year was 842,620.

Figures provided by Cape Town’s Medical Officer of Health last year showed that in 1975, 38 percent of all Coloured births recorded in the municipal area were illegitimate, and that the proportion of illegitimate births among the Coloured community in the first five months of last year had risen to 38.27 percent.

It has been stated that the Black population of South Africa has nearly the highest growth-rate in the world and that at the present rate the Coloured and African populations can be expected to double their 1970 census numbers by the year 1995.

Whites are not expected to double their 1970 numbers till the year 2010.

Latest national figures show that Blacks outnumber Whites by six to one, and a population projection made last year by the Department of Statistics in Pretoria indicates that this ratio will have widened to eight to one by the year 2020.

The department’s estimate of the total all-race population of South Africa by 2020 is 72,354,000.

The total population figure in the 1960 census was 15,970,000, and in the 1970 census the overall figure had risen to 21,430,000.
No big demand for the free Pill

Johannesburg's municipal clinics are providing free contraceptive pills to teenage girls — provided they are over the age of consent.

Dr B R Richard, the city's deputy medical officer of health, said there was not a great demand for free contraceptives by teenage girls.

"If somebody under the age asks for it we make every effort to dissuade her from leading an active sex life. But the problem is clear: without contraception you get the problem of unwanted children and pregnant children. You have to be pragmatic in your approach."

PARENTS

Dr Richard said clinics were often approached by parents of teenage children.

"The whole purpose of this service is not to give a sex licence. It is aimed at planned parenthood. But one of the unfortunate sidelines is the problem of unwanted pregnancies," he said.

Dr Richard could not supply figures of the number of teenagers who received free contraceptives.

"It's not widespread at all. It would only be a small percentage," he said.
The Star, Saturday, January 29, 1977

**Title:** Sharp Drop in SA Birth

---

**Text:**

- **Main Point:** The number of births in South Africa has significantly dropped, affecting all racial groups.
- **Reasons:**
  - Economic factors
  - Societal changes
  - Increased use of contraception

---

**Graph:**

- **Axes:**
  - X-axis: Racial Groups
  - Y-axis: Birth Rate
- **Legend:**
  - Whites
  - Coloured
  - Indians
  - Africans

---

**Sidebar:**

- **Headline:** The number of births in South Africa has significantly dropped, affecting all racial groups.
- **Details:**
  - Economic factors
  - Societal changes
  - Increased use of contraception
World population now 3.967 billion.

UNITED NATIONS — The world's population is estimated at 3.967 billion, the latest edition of the UN Demographic Yearbook reported yesterday.
Commission for Family Life

*18 Dr A L BORAIN asked the
Minister of Social Welfare and Pensions:

(1) When did the Commission for Family
Life submit its report on its inquiry
into divorce,

(2) whether a decision has been reached
on the publication of the report, if so,
(a) what is the decision and (b) what
are the reasons for it

† The DEPUTY MINISTER OF SOCIAL
WELFARE AND PENSIONS

(1) April 1975
(2) Yes

(a) Not to publish the report.

(b) The subject matter of the Com-
misson’s inquiry also involved
an inquiry into the law of divorce
which could more appropriately
be undertaken by the South Afri-
can Law Commission. Discussions
between the two Commissions
took place and the South
African Law Commission did in
fact undertake an inquiry into the
divorce law. In view of the
pending report of the South Afri-
can Law Commission, the trans-
lation and publication of the
first-mentioned Commission’s
report would mean a duplication
of costs which cannot be jus-
tified
Deportation figure up by 125

CAPE TOWN: There were 468 deportation orders issued last year, 125 more than 1975, according to the annual report of the Department of Interior.

There was also a large drop in the number of people who gained South African citizenship last year.

In 1975, 1,850 people were granted citizenship, while last year the applications of only 1,246 people were approved.

Citizenship was refused last year to 681 people, as opposed to 907 in 1975.

People who lost their citizenship last year numbered 186, compared to 169 in 1975.

New firearm licences were granted to 154,305 last year, a huge increase of 42,856 over the previous year.—DDC
MORE WENT, SOME UNWILLINGLY, LAST YEAR

Mercury Correspondent
CAPE TOWN — There were 468 deportation orders issued last year, 125 more than in 1975, according to the annual report of the Department of Interior.

And there was a large drop in the number of people who gained South African citizenship.

In 1975, 1,859 people were granted citizenship, while last year the applications of only 1,246 people were approved.

The number of people who lost their citizenship last year was 186, compared to 169 in 1975.

Last year, 135,061 visitor visas, 78,543 return visas, 5,433 transit visas and 2,764 diplomatic and official visas were issued.

There were 21,784 more visitors visas issued in 1975 but there were 70,825 more return visas issued last year.

There were 31,523 investigations into claims of South African citizenship last year, while in 1975 there were 49,111.

In the Cape last year, 678,311 voters were registered, in Natal 257,768, in the Transvaal 1,110,667 in the Free State 170,724 and in the Transvaal 110,333.

Last year, 211,014 persons were granted passports, while in 1975 the figure was 193,136.

New firearm licences were granted to 154,295 people.
Hansard 4th Vol 311 14/2/76

Life expectancy at birth

417 Mr H & J VAN RENSBURG asked the Minister of Statistics

(1) (a) What was the life expectancy at birth for (i) White, (ii) Coloured and (iii) Asian males and females, respectively, in the latest year for which statistics are available and (b) in respect of what year are the figures given.

(2) whether statistics of life expectancy for Blacks are available, if so, (a) what are the statistics and (b) in respect of what year

The MINISTER OF STATISTICS

<table>
<thead>
<tr>
<th></th>
<th>Male</th>
<th>Female</th>
</tr>
</thead>
<tbody>
<tr>
<td>(1)</td>
<td>(i)</td>
<td>64.74</td>
</tr>
<tr>
<td></td>
<td>(ii)</td>
<td>48.88</td>
</tr>
<tr>
<td></td>
<td>(iii)</td>
<td>59.19</td>
</tr>
</tbody>
</table>

(b) 1969-'71

(2) Not available
Crisis and collapse of SA’s Blacks predicted

Science Reporter

SOUTH AFRICA’S Black population faces “crisis and subsequent collapse” by the year 1995 if present birth trends continue, according to the predictions of a computer programmed with information on ethnic groups in the Republic.

This was one of the findings of a study of future trends of population, resources and investments in South Africa, using a world computer model adapted for South African conditions.

The modified South African model, reported in a recent issue of the South African Journal of Science, says that after the year 2010 there will be rapid decrease in population.

The population peak for Blacks will be attained in 1995 at 21.4 million but the overall population will continue to increase until 2002 when it will reach 38 million of which 57 percent will be Black.

The computer predicts that shortage of natural resources will affect capital investment, essential services will be reduced and the material standard of living will decline.

The associated quality of life affects the Black population first, hence the fall in population seven years before it affects the general population, says the study.

**Surprise finding**

A surprise finding was that the Black material standard of living has been falling since 1940 while the general MSL based on all population groups struck a peak in 1970.

The study gives the White MSL as 1,42 in 1970. For Blacks it was 0,64. In the year 2100 the values will be 0,092 for Whites and 0,158 for Blacks.

This means that Blacks will be better off than Whites at that stage, though both groups will be ten times poorer than they were in 1970.

Other conclusions were that extensive pollution in the environment was to be expected unless action is taken now, that unrestricted industrial growth would lead to a collapse of the whole South African system, and that population control measures could prevent overburdening the life-sustaining capability of the country.

The study warned that technological development and improvement was essential to the future existence of industrial society but that the two should not be confused.
African life-span is low

Hugh Roberton
NEW YORK — Women in Norway and men in Sweden live longer, on average, than any other people in the world, according to the latest United Nations statistics on populations, life expectancy and birth rates.

By contrast, the lowest life expectancy rate is in Africa where the average age at death is less than 40 years in 19 countries, between 40 and 49 years in 20 countries, and more than 50 years in nine countries including South Africa.

In Norway, women live to an average age of 77.6 years and in Sweden the average male lifespan is 72.1 years. The other countries with high life expectancy rates are the Netherlands, France, Canada, Japan, Denmark, Iceland, Switzerland, Puerto Rico, the United States, England, Wales and Hong Kong.

South America fares slightly better than Africa and not quite as well as Europe in the statistics. Twenty-five of the 40 countries in South and Central America and nearby island countries have life expectancies of over 60 years.

The UN report adds that in mid-1975 the world's population had reached 3.967 million people, which was 77 million more than in mid-1974 and which represented a 1.9 percent annual growth rate. If this rate were maintained, the report says, the world's population would double by the year 2011.

China, India, the Soviet Union, the United States and Indonesia top the list of the most populous nations, with South Africa being 20th.
Increase of population

Dr A L BORAIN asked the Minister of Statistics

(1) What was the natural increase rate per 1 000 of population for each race group in the Republic during each of the last five years for which statistics are available,

(2) In respect of what years is the information given

The MINISTER OF STATISTICS

(1) and (2)

<table>
<thead>
<tr>
<th>Year</th>
<th>Whites</th>
<th>Coloureds</th>
<th>Asians</th>
</tr>
</thead>
<tbody>
<tr>
<td>1971</td>
<td>14.4</td>
<td>21.8</td>
<td>26.9</td>
</tr>
<tr>
<td>1972</td>
<td>14.2</td>
<td>21.5</td>
<td>26.4</td>
</tr>
<tr>
<td>1973</td>
<td>13.9</td>
<td>20.7</td>
<td>25.2</td>
</tr>
<tr>
<td>1974</td>
<td>11.7</td>
<td>17.6</td>
<td>22.8</td>
</tr>
<tr>
<td>1975</td>
<td>10.6</td>
<td>16.9</td>
<td>21.3</td>
</tr>
</tbody>
</table>

Figures in respect of the Bantu are not available.
8 000 die in road crashes

PRETORIA — A total of 8 012 people died in road accidents in South Africa last year, according to figures released here yesterday by the Department of Statistics.

During the year 20 709 people were seriously injured in 270 082 accidents, while 48 808 sustained slight injuries — SAPA.
Colour bar sex scandal rocks small town

Frances Louis, who admitted affairs with four White men, is now pregnant.

Own Correspondent
CAPE TOWN—An extraordinary tale of sex between a wealthy White farmer and a young, now pregnant, coloured girl, which unfolded before a Caledon magistrate this week, has rocked the little town of Riversonderend, Cape.

Mr Joshua Human, 48, of the farm Laapaardskloof, was charged with contravening the Immorality Act by having sex with 18-year-old Frances Louis, formerly a domestic servant in Riversonderend. She gave evidence for the State.

Human pleaded guilty and was sentenced to nine months, suspended for three years.

The court was told that the relationship extended over several months last year and the couple had intercourse regularly, usually twice a week. It was also revealed that

woman with a Standard Three education, spoke of her love for the wealthy farmer—and of three other White men who, she said, had sought her out before him.

She named the three men, describing them as another farmer in the district for whom her mother used to work, a man who worked in a shop in Riversonderend, and a bank worker from the same town.

But it was Human, she said, with whom she had been in love.

Mrs Louis was adamant that Human was the father of the child she is expecting in July. But Human said she was taking a "big chance" in claiming this.

He described himself as a man with friends throughout South Africa and South West Africa. The case had been an ugly thing, he said, and his wife was receiving medical treatment because of it.

"The case has been the..."
Tough Press Code Bill

CAPE TOWN — Unprecedented powers to control South Africa's Press without recourse by the newspapers to the courts of law, are contained in the Government's tough Newspaper Bill.

According to the White Paper tabled yesterday, a journalist can be fined R1,000, a newspaper proprietor R10,000, and printing and publication of the paper suspended if the 'tough' Press Code is violated.

The carefully worded Press Code defines in detail the manner and method to be used in handling a newspaper report and any comment published in the newspaper.

Fears

In many ways the Bill recognises, the worst fears that newspapers have expressed over the years.

The Bill, according to the White Paper, sets up a five-man Press Council to be headed by a judge or a retired judge appointed by the State President.

Half of the Press Council members are to be nominated by the State while the other half are to be appointed from members nominated by the country's Newspaper Press Union. The administrative work will be undertaken by a State official called the Clerk of the Press Council.

Written complaints have to be submitted to the Clerk and after being investigated, a newspaper editor or proprietor must respond within a period of 14 days.

At the council hearings the editor or proprietor may be represented by an authorised representative, himself personally or by his legal representative and question persons also giving evidence.

The Press Council may require the evidence to be given under oath or by affirmation and its meeting will be open to the public.

It is required to give reasons for its decisions, embodied in a report together with the details of the reprimand, or fines or directive that publication of the newspaper be suspended for a period.

The editor or owner of the newspaper concerned will have the full report published in the next ensuing edition and if directed, in a place stipulated by the Press Council.

Hearings

See Editorial Opinion and Page 7

LAUGH WITH LESSING
6 killed in road accident

Vereeniging Bureau

Six people were killed in a crash on the Parys-Sasolburg road yesterday.
Three others, seriously injured, were taken to a Johannesburg hospital.
Parys police say two of the dead were Mr Nathan and a Miss Rauters, of Johannesburg, but final identifications were not available.

A local ambulance, man said the comb and the car involved had been crushed into a berm on the side of the road.

"There were bodies all over the place and a big crowd of people had gathered," he said. "The road was covered with blood."

It is thought that the party in the car, who were from Sasolburg, were returning from a concert held in Parys the previous night.
Mussulman Jannie won't name

IT TOOK muscleman Jannie Beetge a few minutes to convert to the Muslim faith to allow him to marry Black model Bubbles Mpondo.

But the moulvi (priest) who converted him has denied that any arrangements have been made for the wedding.

"Mr. Beetge came to see me about two months ago," Moulvi Ismail Rehman told the Sunday Times. "Another Muslim brother brought him to me stating that he wished to embrace Islam.

"I spoke to Mr. Beetge and explained the concept of Islam to him. As he was in a hurry I had only time to convert him. This takes only a few minutes."

The moulvi said he had advised Mr. Beetge to visit him regularly to get an understanding of the religion. "But he has not been back since.

"He did tell me that his girlfriend, who was in the Seychelles at the time, would also convert and they would then marry according to Muslim rites. "I told him that his future bride had to convert before the marriage ceremony.

"At no time did he tell me that his bride-to-be was black. I just assumed she was white," Moulvi Rehman added.

From his Johannesburg health studio Mr. Beetge, 46, said his marriage to Bubbles, 23, was still on. He had told reporters the wedding was off to "mislead" them.

wedding day

He said he would marry Bubbles under Muslim law but would not disclose the marriage date.

"If you want my exclusive story you'll have to pay — and my price is R500," he said.

When we visited him at his studio he was being filmed by a television crew.

"It's for Australian television and they are paying me R500 for two minutes' viewing, so I won't tell you anything unless you pay," he said.

However, Mr. Beetge was obviously delighted by the publicity he had received.

"I've had more publicity than Anneline Kriel," he said while showing me his Press cuttings which were spread all over his desk.

BUBBLES MPONDO
Wedding still on?
Cut back on families, Dr. Hollis tells Chatsworth

THE MAYOR of Durban, Dr. George Hollis, yesterday called on Indians to practise family planning in a bid to help solve the city's "worsening" housing problem.

He said at the opening of Chatsworth's second library, that unless the housing situation improved it seemed that thousands of the younger generation would be condemned to a life of poverty.

The modern R200 000 municipal library in Road 126, Havenside, Chatsworth, was opened by Mr. P. I. Devan, chairman of the Southern Durban Indian Local Affairs Committee.

A large gathering of Indians and Whites, including Mr. Roger Whiteley, MEC, and Mr. C. J. Fourie, director of the Provincial Library and Museum Services, attended.

Dr. Hollis said that from time to time the Durban City Council was criticised for the overcrowded and subsequent slum conditions in Chatsworth.

"We have had several delegations from the Southern Durban LAC in this regard," he said. "Over the past 15 years the Council, in co-operation with the Department of Community Development, has planned and strenuously attempted to provide houses for the rapidly expanding Indian population.

"Unfortunately, we have not achieved our objective. In fact, the position is worse than it was 10 years ago, when the number of applications for houses on the waiting list numbered 12 197.

"At present there are 28 739 applicants on the list — in spite of the thousands of houses for Indians that have been

"Unless there is a meaningful reduction in the Indian population growth rate we shall be unable to provide reasonable housing conditions for this population group.

"A greater degree of self-help in the form of family planning would make a major contribution to solving the housing problems."

Dr. Hollis said the opening of the Havenside library was another milestone in the council's overall library construction plans. Four other branch libraries would be provided for Chatsworth in Units 3, 5, 9 and the Civic Centre.

"The exact dates will depend on the finances available."

Dr. Hollis added that the Natal Provincial Council had provided R120 000 towards the cost of the Havenside library.
Hansard 14 col 1014 3 5 77

Illegitimate births

916 Mr G N OLDFIELD asked the Minister of Statistics,

(a) How many illegitimate births were recorded for each year since 1974 and (b) how many of the mothers were (i) White, (ii) Coloured and (iii) Indian

The MINISTER OF STATISTICS

(a) 1974 39 442
    1975 39 828
    1976 not yet available

(b)      (i)   (ii)   (iii)
    1974  3 529  32 932  2 981
    1975  3 297  33 471  3 060
Illegitimate births

923 Mr L F WOOD asked the Minister of Statistics

What is the rate of illegitimate births per 100,000 in respect of (a) Whites, (b) Coloureds, (c) Indians and (d) Bantu for 1966 and the latest year for which figures are available, respectively.

The MINISTER OF STATISTICS

<table>
<thead>
<tr>
<th>Year</th>
<th>(a)</th>
<th>(b)</th>
<th>(c)</th>
<th>(d)</th>
</tr>
</thead>
<tbody>
<tr>
<td>1966</td>
<td>2,961.2</td>
<td>41,268.8</td>
<td>5,378.5</td>
<td>—</td>
</tr>
<tr>
<td>1975</td>
<td>4,119.9</td>
<td>49,559.5</td>
<td>15,075.4</td>
<td>—</td>
</tr>
</tbody>
</table>

(d) Not available.

Note to figures 1:

21. See James Tobin (op cit.)
22. Amnon Hurwitz (op cit.)
23. Kari Brunner and Allan H. Metzer (op cit.).
Family planning clinics

910 Dr E L FISHER asked the Minister of Health:

How many family planning clinics, including mobile services, were available at the end of 1976 in (a) the White areas of the Republic and (b) each of the homelands?

The MINISTER OF HEALTH:

(a) 1 888
(b) (i) KwaZulu 92
    (ii) Qwa Qwa 2
    (iii) Swazi 28

With regard to (b), the Department of Health is no longer responsible for health services in the other Homelands and consequently further information is not available.
It's all over, says Bubbles

By PAUL BELL

MODEL Bubbles Mpondo and her fiancee, strongman Jannie Beetzpe, have parted ways — but she's got the ring and he's not talking.

The couple lit the headlines last month when they announced their marriage plans while awaiting trial under the Immorality Act. They were later given an eight-month suspended sentence.

But yesterday, after weeks of refusing to name the day, Bubbles told the Rand Daily Mail as she left Jannie's plush gymnasium in the centre of Johannesburg. "Yes, it's all over — we've decided to give it a long pause and I'm going to Italy for a year. But I'm keeping the ring." When the couple announced their engagement last month, Jannie gave Bubbles a R30,000 sparkler.

"I still love him, but we've decided to remain just good friends," Bubbles said.

Mr Beetzpe yesterday refused to comment on Bubbles's remarks, but hinted that she might be taking a top modelling assignment soon.
Official languages/technical training/vocational training

1041 Mr G W MILLS asked the Minister of Statistics

(1) (a) What percentage of the members of each race group could speak (i) both official languages, (ii) English only, (iii) Afrikaans only and (iv) no official language, for the latest date for which figures are available, and (b) in respect of what date are these figures given.

(2) (a) what was the percentage of the total school population in each race group who received (i) technical training and (ii) vocational training at the latest date for which figures are available and (b) what was the age group of the population at school as at 31 March 1977.

The MINISTER OF STATISTICS

Information on official languages for Whites, Coloureds and Asians was not asked for in the 1970 Population Census

Data for Bantu are

(1) (a) (i) 13,9
(ii) 5,2
(iii) 10,1
(iv) 70,8

(1) (b) 1970

(2) (a) (i) Not available
(ii) Not available

(2) (a) (i) and (ii) combined

<table>
<thead>
<tr>
<th>Race</th>
<th>Percentage</th>
</tr>
</thead>
<tbody>
<tr>
<td>Whites</td>
<td>3,5</td>
</tr>
<tr>
<td>Coloureds</td>
<td>0,25</td>
</tr>
<tr>
<td>Asians</td>
<td>3,4</td>
</tr>
<tr>
<td>Bantu</td>
<td>0,15</td>
</tr>
</tbody>
</table>

(2) (b) 3 February 1976

(5) Not available as requested

The following figures for primary and secondary ordinary education for 1975 are available:

<table>
<thead>
<tr>
<th>Ages</th>
<th>Whites</th>
<th>Coloureds</th>
<th>Asians</th>
<th>Bantu</th>
</tr>
</thead>
<tbody>
<tr>
<td>5-9</td>
<td>81,4</td>
<td>24,5</td>
<td>83,3</td>
<td>52,4</td>
</tr>
<tr>
<td>10-14</td>
<td>99,9</td>
<td>95,3</td>
<td>94,0</td>
<td>77,7</td>
</tr>
<tr>
<td>15-19</td>
<td>47,1</td>
<td>27,6</td>
<td>32,8</td>
<td>32,8</td>
</tr>
</tbody>
</table>
Fewer births in Springs

By JOHAN BUYS

2. BIRTHS in the black townships of Springs have decreased although blacks are still reluctant to accept family planning, the Medical Officer of Health for Springs, Dr B Karstadt, said in his annual report.

The report, recently presented to the Town Council, said intensive family planning services were available to blacks, but the biggest problem was their reluctance to accept them.

The appointment of a guidance officer helped to publicise the advantages of family planning, but the cooperation of black men had still had to be gained, he said.

Black births decreased from 3,639 in 1975 to 3,204 last year. There was also a decrease in white coloured and Asian births.

The population of Springs is now about 189,300, of which about 57,500 are whites, 107,400 blacks, 3,000 coloureds and 1,250 Asians.

Dr Karstadt said health conditions last year were favourable. There were no epidemics, although sporadic cases of contagious diseases were noted.

An increased demand for clinic services and a limited medical staff meant nurses had to treat some patients, he said.

25. If you were a government official of barley, which of the following would you take?

1. Take barley from government storage and sell it on the open market.
2. Encourage farmers to use more fertiliser on their barley-growing land.
3. Try to lower the price of rye (a substitute).
4. Try to lower average family income.
5. Encourage farmers to grow less barley.

26. If the economy is fully employed, an upward shift in the demand schedule for corn alone

1. Cannot alter the output of corn.
2. Will lead to a gradual fall in the price of corn.
3. Will lead to an increase in the amount of corn supplied with consequent reductions in the supply of some other commodities.
4. Will lead to inflation with no alteration in the output of any commodities.
5. Will lead to none of the above.

27. "The price of wheat rose sharply (a) because the dry spell reduced the yield per acre and (b) because millers sought to stockpile wheat to protect themselves from future price increases that would occur if the drought were to continue". This quotation says that the price rise was due to

1. A shift in the demand curve and a movement along the supply curve.
2. A shift in the supply curve and a movement along the demand curve.
3. Shifts in both the demand and supply curves.
4. Movements along both curves.
5. None of the above.

28. "Price adjustments serve to keep the quantities supplied and demanded equal. If at the initial price there is excess demand, the price will rise. The price increase has two effects: it tends to shift the demand curve down because people are willing to buy a smaller quantity at a higher price, and it tends to shift the supply curve up because producers find it profitable to produce a greater output at a higher price. The price will adjust until there is no excess demand."

Page 6 / .......
SA divorce law relies on fault

The adversary nature of South Africa's divorce proceedings is a major cause of bitterness between divorced couples, according to Mrs June Sinclair, senior lecturer specializing in marriage law at the University of the Witwatersrand.

Mrs Sinclair will publish her booklet, A Guide to the Legal Consequences of Marriage, on Thursday. The publication has been sponsored by a South African assurance company.

Mrs Sinclair believes that divorce in South Africa is a contest whereas the process should be therapeutic.

"Under the present system one party must emerge as being guilty of a matrimonial offence — adultery, actual desertion, cruelty or the like — and the other party must be 'innocent'," says Mrs Sinclair. "The 'guilty' partner is also penalized financially, for example in respect of maintenance, which cannot be claimed by a 'guilty' spouse.

"This is not realistic as both partners are usually equally responsible for the breakdown of the marriage. I believe that South Africa will follow other countries that are replacing the element of 'fault' with that of 'breakdown'.

"The object of a good divorce law should be to dissolve a dead marriage as painlessly as possible," she said. "Emotionally battered partners should not be compelled to divulge the details of their unhappy relationship in order to emerge the victor rather than the vanquished.

"I don't — with due respect — believe that any court could accurately assess fault during a brief hearing at the end of a 25 year marriage. The court could, however, conclude that since the marriage has irreparably broken down, it should not be required to continue

Mrs June Sinclair

marriage contracts in South Africa

"If a woman wants to make provision for getting her share of the profits of the marriage in the event of a divorce, she marries in Community of Property and becomes the inferior partner in the marriage. Her husband virtually becomes her guardian. He can, for example, dispose of the matrimonial home without her knowledge or consent," Mrs Sinclair said.

"An antenuptial contract ensures that a woman has equal status in the marriage but her contribution to the marriage is forgotten in the event of a divorce. Her husband may also disinherit her and she will be unable even to claim maintenance out of his estate, irrespective of the duration of the marriage.

"The distribution of the profits of the marriage should have almost nothing to do with the reasons for the divorce. I suggest that profits accruing to the spouses should be equally split. The presiding officer should also decide on the basis of need and ability, whether one partner should pay the other maintenance.
"I find it disturbing," she said, "that litigation on a property dispute involving a few thousand rand can drag on for days while a divorce involving children and the distribution of assets collected over many years of combined effort, can be settled in minutes.

Mrs Sinclair says that it would be desirable for divorces — and other family matters that need a legal decision — to be heard in a special Family Court presided over by the most learned and experienced judicial officers in the country. The Family Court should not be isolated (as the children's court is) from the Supreme Court but be an integral part of it.

"Let's get our priorities right. Marriage and family decisions must be one of the most important aspects of law," she said.

"We are living in the age of specialisation and it is not fair to expect a judge to grasp the complexities of a family matter today, an intricate financial transaction tomorrow, and a case requiring medical or engineering expertise the day after.

"Judges who have developed a special interest in family matters would become more familiar with facilities such as marriage guidance counselling and the assistance that social workers can render."

While Mrs Sinclair believes that the element of "breakdown" should be introduced to simplify and improve South African law, she does not believe that divorce should be made easier.

"This type of system should apply automatically to all marriages black and white, unless the parties wish to provide otherwise by entering into an antenuptial contract," said Mrs Sinclair.

"Usually it is the female partner who has foregone her career to look after the home and children and it is she who needs financial security, especially if she continues to have the responsibility of looking after the children.

"It is all very well to obtain R100 a month for each of the children, but with no capital it is not possible to provide them with the kind of home they have been used to. Women who during the marriage have contributed in effort and money to the capital appreciation of the matrimonial home should, of right, participate in the profit they have helped generate.

"A couple who have planned the financial side of their marriage properly should have a less traumatic divorce."

Mrs Sinclair is confident that the Law Commission, at present considering substantial changes to the marriage laws, will consider all these aspects in attempting to devise a more equitable and realistic system for all South Africans.

Mrs Sinclair's booklet will be available free of charge from the Marketing Department, Legal and General Assurance of South Africa Limited, P.O. Box 4870, Johannesburg.

Mrs Sinclair, who is married to an attorney and has one child, is a Senior Lecturer, specialising in Family Law, the Law of Negotiable Instruments and the Law of Property.

She works closely with the Women's Legal Status Committee and is an advocate for the reform of South Africa's laws relating to matrimonial property and the grounds of divorce."
Population - Vital Statistics
July 1977 - Dec. 1978
Seventh heaven for parents.

ADELAIDE.—Plumber Mr. Robert Martin and his wife, Janette, celebrated the birth yesterday of a son whom they are calling "the luckiest child in the world." Baby Ryan was born in Adelaide's Victoria Hospital at seven minutes past seven o'clock yesterday morning, the seventh day of the seventh month of the year 1977. He weighed seven pounds seven ounces. (Sapa-Reuters.)
family planning

Quicker, cheaper birth control

is a campaign of information of DODRO BPSNSS.

The family planning offer at the three fertility clinics.

Studies of contraception are depicted on the cover of this article.
Man found hanged in bathroom

Mercury Reporter

A YOUNG Transvaal man was found hanged in a bathroom at the Oceanic Hotel on Durban's beachfront late on Saturday night.

Mr. J. de Beer (21) was found by hotel employees after he failed to arrive at work on Saturday evening.

When he did not answer their repeated calls they broke down the door to the room and found Mr. de Beer hanging by a necktie from a pipe in the bathroom.

Police were called and Mr. de Beer was taken to Addington Hospital where he was certified dead.

Police do not suspect foul play. A hotel spokesman said Mr. de Beer moved into the hotel last month.
Children orphaned
Burial talk angers

STAFF REPORTER

The suggestion that urban blacks be returned to their homelands after death for burial has angered Soweto residents.

One man, reacting to reports that the Transvaal Municipal Executive had called for blacks to be buried in homelands to save space, hit out at “this deportation after death.”

“Now they want to push us around — even after death,” Mr Lucas Sithole, a student, said. He criticized the view that blacks were not regarded as permanent residents, even after death.

Mr Fred van Wyk, director of the South African Institute of Race Relations, said: “This is taking the policy of separate development to absurd limits.”

Mr Musi Nkosana, a Soweto High School teacher, said: “I want to be buried where I was born.” He rejected the alternate suggestion by the TME — that blacks be cremated — saying that “our religion and culture does not allow cremation.”

Another Soweto resident pointed out that many blacks had never visited their homelands. He asked whether those who needed passports to go to homelands would have to apply after death.

Mrs Buse Mdlalose was against returning dead people to homelands because “it endorses apartheid, even after death.” She said it was traditional for Africans to be near their dead in order to pay their respects to them.
A PHOTOGRAPH of the Glass family, taken only two weeks ago, shows (from right) Alastair (17), Mrs Pat Glass, her husband Ian (48), Penelope (14), and Ian (20). Alastair, Penelope and Mr Glass were killed in the aircraft crash.

**Joint service for dead**

Mr Glass had borrowed some cigarettes while he and his wife dined at Mr Falconer's house. The next day Mr Glass flew to Durban. On his return trip, Mr Glass flew low over Mr Falconer's house and dropped a packet of cigarettes wrapped in newspaper.

Mr Falconer was standing in his front garden at the time and looked up to see the aircraft suddenly dip "as if it had hit an air pocket" and hit some trees in the back garden.

**Mercury Reporter**

PIETERMARITZBURG. A JOINT cremation service will be held tomorrow for the farmer and his two children killed in Friday's air crash at Impendle, Natal Midlands.

Mr Ian Glass (48), his son Alastair (17) and daughter Penelope (14) died when their aircraft plummeted to the ground only 3km from the landing strip on their farm.

A neighbouring farmer and witness to the death plunge, Mr. Roy Falconer, arrived at the scene within minutes but the trio were dead.

Mr Falconer told how a friendly gesture ended in tragedy for the occupants of the single engined Beechcraft ZS-FKK. On Thursday evening...
Second death

JOHANNESBURG — Mr Norman Cole, 51, a municipal safety officer, died on Thursday trying to save the life of a colleague.

The man whose life he saved, Mr. Archie Seabrook, 68, died yesterday of multiple burns. Mr Cole was electrocuted, Mr Seabrook badly burned when they were brought into contact with an 88,000 volt cable. — DDC
IF GOOD IS 100, WHY NOT GET A HOUSE, A CAR, A FREEDOM?

...in the way of freedom.

...it's the right of every man to live as he pleases, with the exception of hurting others.

...to promote the general welfare.

...in a small country.

...in two weeks. Why not a week?

...the press, the right to free speech, the right to a free press.

...in a free country.

...if you can't afford it, why not?

...in a year.

...thousands of dollars.

...in a small country.

...in a free country.

...in a free country.

...in a small country.

...in a free country.

...in a free country.

...in a free country.

...in a free country.

...in a free country.

...in a free country.

...in a free country.

...in a free country.

...in a free country.

...in a free country.

...in a free country.

...in a free country.

...in a free country.

...in a free country.

...in a free country.

...in a free country.

...in a free country.

...in a free country.

...in a free country.

...in a free country.

...in a free country.

...in a free country.

...in a free country.

...in a free country.

...in a free country.

...in a free country.

...in a free country.

...in a free country.

...in a free country.

...in a free country.

...in a free country.

...in a free country.

...in a free country.

...in a free country.

...in a free country.

...in a free country.

...in a free country.

...in a free country.

...in a free country.

...in a free country.

...in a free country.

...in a free country.

...in a free country.

...in a free country.

...in a free country.

...in a free country.

...in a free country.

...in a free country.

...in a free country.

...in a free country.

...in a free country.

...in a free country.

...in a free country.

...in a free country.

...in a free country.

...in a free country.

...in a free country.

...in a free country.

...in a free country.

...in a free country.

...in a free country.

...in a free country.

...in a free country.

...in a free country.

...in a free country.

...in a free country.

...in a free country.

...in a free country.

...in a free country.

...in a free country.

...in a free country.

...in a free country.

...in a free country.

...in a free country.

...in a free country.

...in a free country.

...in a free country.

...in a free country.

...in a free country.

...in a free country.

...in a free country.

...in a free country.

...in a free country.

...in a free country.

...in a free country.

...in a free country.

...in a free country.

...in a free country.

...in a free country.

...in a free country.

...in a free country.

...in a free country.

...in a free country.

...in a free country.

...in a free country.

...in a free country.

...in a free country.

...in a free country.

...in a free country.

...in a free country.

...in a free country.

...in a free country.

...in a free country.

...in a free country.

...in a free country.

...in a free country.

...in a free country.

...in a free country.

...in a free country.

...in a free country.

...in a free country.

...in a free country.

...in a free country.

...in a free country.

...in a free country.

...in a free country.

...in a free country.

...in a free country.

...in a free country.

...in a free country.

...in a free country.

...in a free country.

...in a free country.

...in a free country.

...in a free country.

...in a free country.

...in a free country.

...in a free country.

...in a free country.

...in a free country.

...in a free country.

...in a free country.

...in a free country.

...in a free country.

...in a free country.

...in a free country.

...in a free country.

...in a free country.

...in a free country.

...in a free country.

...in a free country.

...in a free country.

...in a free country.

...in a free country.

...in a free country.

...in a free country.

...in a free country.

...in a free country.

...in a free country.

...in a free country.

...in a free country.

...in a free country.

...in a free country.

...in a free country.

...in a free country.

...in a free country.

...in a free country.

...in a free country.

...in a free country.

...in a free country.

...in a free country.

...in a free country.

...in a free country.

...in a free country.

...in a free country.

...in a free country.

...in a free country.

...in a free country.

...in a free country.

...in a free country.

...in a free country.

...in a free country.

...in a free country.

...in a free country.

...in a free country.

...in a free country.

...in a free country.

...in a free country.

...in a free country.

...in a free country.

...in a free country.

...in a free country.

...in a free country.

...in a free country.

...in a free country.

...in a free country.

...in a free country.

...in a free country.

...in a free country.

...in a free country.

...in a free country.

...in a free country.

...in a free country.

...in a free country.

...in a free country.

...in a free country.

...in a free country.
Divorce law call

POTCHEFSTROOM — A Transvaal Judge, Mr. Justice J. J. Trengove, SC, has appealed for "drastic" revision of the divorce laws. Complete breakdown of the marriage should be the only grounds for divorce, he said.

He made the appeal in a speech to the annual congress of the Afrikaanse Studentebond here at the weekend.

He said the Courts allowed exploitation of the present law and 96 percent of all divorcees were allowed on grounds of malicious desertion. This gave rise to perjury, fraud and unfairness.

The Courts were not interested in this but only in the guilt of the respective parties.

Complete breakdown of the marriage should be the only grounds for divorce. — (Sapa.)
CHARITIES' LOSS

Mercury Reporter 2/8/77

Mr. Alfred Edward Black, a former chairman of the Durban Home for Men and the Centenary Home, died in Durban at the age of 88 on Saturday.

A businessman and estate agent in Durban for many years, Mr. Black's charitable work extended to the Natal European and Coloured Blind Association, of which he was a committee member.

In 1948 he was the president of the Silverton Bowling Club and was later elected life-president. He also served on the committee of the Royal Durban Golf Club.

Married for 38 years, Mr. Black is survived by his wife Natalie and brother Arthur.
Mercury Reporter

Four deaths occurred in Durban yesterday as a result of motor accidents and other incidents.

Bongmusa Ngubane (12) was killed when he fell under a moving train at Umbuzo.

An unidentified Indian pedestrian died after he was struck by a car at Sunnyside tea room, Country Club Beach, an unidentified African died after being hit by a car. Police are still looking for the driver of the car.

Another unidentified African died in Currey Road from stab wounds in the chest.

Cape Town

June 1977
6 die for sake of a dummy

JOHANNESBURG — Six young people died at a rail crossing near Klerksdorp at the weekend on their way back from returning a baby's dummy.

The dead were Mr Theo Oosthuizen, 20, his sister, Tertia, 14, and another sister, Annalene, 12.

They were the children of Mrs Molly-Ann Oosthuizen of Klerksdorp.

Also in the car were their friends, Miss An-narie Zaayman, 21, of Priesburg, Annalie de Villiers, 15, and James Roesch, 12, both of Klerksdorp.

It was Mrs Oosthuizen's birthday on Friday and Mr Oosthuizen and his girlfriend, Miss Zaayman, came home for the weekend.

Another daughter, Mrs Ria Venter, of Klerksdorp, and her baby, also visited her mother.

After Mrs Venter left, Mrs Oosthuizen discovered the baby's dummy had been left behind Mr Theo Oosthuizen then offered to return the dummy to Mrs Venter at her home 25 km away.

On their way back from Mrs Venter's home their car was involved in a midnight collision with a goods train at a rail crossing. — SAPA.
Woman, 107, dies

CAPE TOWN — Mrs Sarah
Ely, who would have turned
108 on August 31, has
died at her home here. —
SAPA.
Sterilise unmarried mothers—call

Political Reporter

A former deputy chairman of the Atomic Energy Board, Dr T E W Schumann, has suggested that serious consideration be given to compulsory sterilisation of mothers and fathers of all illegitimate children.

The suggestion was made in Dr Schumann's regular column in the July edition of the extreme right-wing publication, the South African Observer.

He writes that he believes that by the end of the century, "driven by sheer necessity and to save this planet of ours from utter pollution and ultimate destruction" the world would have accepted the idea.

Dr Schumann was second in charge of South Africa's nuclear research institute until 1972, and has since attached himself to the conservative wing of Afrikaner nationalism. Illustrating his theory in his column he attacks statistics designed to show the illegitimate birthrate growth in the different population groups.

According to 1975 figures, he says, the illegitimate figures have risen by 4.12 percent among whites, 15 percent among Asians, 29.56 percent among coloureds and more than 50 percent among blacks.
French letters are not enough

Family planning means more than choosing a method. Touchy political, social and economic issues are also involved.

I used to think it was some kind of witchcraft. A few years ago, an educated friend told me all about it -- Isaac Xaba (32), a Johannesburg chauffeur.

Birth control is catching on. Though SA's population problem pales beside the challenge facing countries like Bangladesh and Mexico, Pretoria's policy makers, and a growing number of ordinary men and women, are realising that smaller families mean higher living standards.

"Numbers aren't the problem," insists Dr Willem Mostert, head of the Department of Health's family planning programme. The authorities have no birth rate targets, he claims. "We're trying to give people something they want and need. If we do this properly, the population problem will look after itself."

One target the Department is aiming at is contraceptive protection of at least half the women at risk in SA by 1980 -- against a maximum potential of about 90%.

Already, four in five white women at risk use some kind of contraception. The figures for coloured people and Asians are 60% and for Africans around 25% (43% outside the homelands).

And birth rates are coming down.

The coloured rate, for instance, has tumbled from over 40 per 1 000 to 27 per 1 000 in the last 15 years. Figures for Africans are not available but Mostert thinks their birth rate has also edged downward -- to about 40 per 1 000.

Adds Dr Basil Bloch, chairman of the SA Family Planning Association: "There is a downward trend in population growth, but it's difficult to say how significant it is."

Certainly, many more people -- among all groups -- know about and use contraceptives. In the past five years, the number of women treated at family planning clinics has soared from 437 000 pa to 853 000 pa. Johannesburg's FPA clinics gave advice to 66 000 people last year, including about 30 new patients each day. "Almost everyone at least knows about family planning now," says Dr Eln Hammar, FPA's Transvaal chairman.

More than 300 new clinics have been opened outside the Bantustans since 1974, and the Department of Health's family planning budget has rocketed twelvefold in the last 13 years -- to R6.1m.

But there is still a long way to go. A recent Human Sciences Research Council study claimed 38% of African men prefer a family of six to eight children, while a third will not allow their wives to use any kind of modern contraception.

"We feel birth rates of most non-whites and some lower class whites are still too high and detrimental to their living standards," remarks Mostert. He and others are particularly concerned about the large number of teenage mothers.

According to the Institute of Race Relations, 37% of African girls leaving school early give pregnancy as the reason.

Views differ on the obstacles facing family planners. Most controversial is the alleged fear among blacks that family planning is a disguised form of genocide.

Despite the fact that contraception in SA is entirely voluntary, Hammar claims politics is indeed a major disincentive among blacks to practise sophisticated birth control methods. She claims family planning may have been one cause of last year's attacks on Soweto clinics. Bloch disagrees, arguing that in many cases family planning is just one function of the clinics.

Numbers won't fall.

Adds Mostert: "We do find some political objections, but we can usually get our message across. In any case, it's almost impossible to decrease a population. Africans will always make up at least three-quarters of our people."

It is difficult to dispute, however, that some of government's political, economic and social policies are hampering family planning:

- Fear of wives' infidelity -- cited by numerous experts as a major barrier among African men to contraception -- is encouraged by the pass laws and the migratn labour system.
- There is still no formal sex education in schools. Hammar reports most teachers' colleges will not allow training in the subject. And Mostert says: "We would like sex education in schools, but the Establishment hasn't yet been convinced."
- Education generally is a powerful catalyst for birth control. No one needs..."
FOR MEN ONLY

Male resistance has been a big stumbling block in persuading black women to use contraceptives. And white men usually prefer to let their lady companions take the precautions.

The Department of Health last year formed a multi-racial team of men to spread the gospel about male contraception. The team has addressed numerous groups— at General Mining mines and at Datsun and Tronof factories, for instance.

The Department is also planning to be told how woefully inadequate African education is. Dr J M Lotter, of the Human Sciences Research Council, wrote three years ago that “economic development and urbanisation as such will not lower fertility levels of black South Africans to an appreciable extent in the near future.” Education, and not merely a campaign to eradicate illiteracy, holds much more promise.

Attempts to propagate the advantages of family planning should go hand-in-hand with intensified efforts to educate blacks to worthwhile levels.

Another socio-political (and religious) controversy revolves around the best contraception methods. Both the Department of Health and the FPA insist they have a “cafeteria” approach—patients can choose whether they want condoms, injections, pills, IUDs or sterilisation, and are advised which suits them best.

Hormonal injections in particular have aroused political suspicion among some blacks. “We don’t like the injections. They hurt us and they make us sick,” says one woman.

Bloch concides the shots which are effective for up to six months and stop menstruation were perhaps used indiscriminately when first introduced in the late Sixties. But “they are now given only on request and with the understanding of the patient.”

Mostert points out that injections are now the most popular form of contraception among coloureds and that their use among all groups has been growing. “There are no grounds for fear,” he asserts.

Finally, there is the red-hot issue of abortion. Few dispute that, in countries where abortion is available on demand, birth rates have dropped. On the other hand, as Mostert points out, many states which do not have liberal abortion laws (and SA whites) also enjoy low birth rates.

But SA’s abortion laws are still far too strict, claims many. In the two years since the passing of the Abortion & Sterilisation Act (which slightly relaxed restrictions on abortions), only 1000 legal abortions have been performed.

Many more are being carried out illegally. Bloch is quoted as telling the Cistle Commission that 20 septic abortion cases are admitted daily to Baragwanath Hospital alone. (He now says he was quoted out of context and that the figure is probably lower.) “The numbers of illegitimate births, battered, abandoned and unwanted children are steadily growing”, he added.

Especially riling to many women is the fact that abortions are still outlawed even if the pregnancy results from contraception that has failed.

Though a relaxation of the law to provide for these cases presents numerous enforcement problems, Pretoria should examine the plight of women who fall pregnant despite a proven record of contraception (eg from a clinic) If it can come up with a way of allowing them to terminate their pregnancies legally, it would go some way to reassuring those who believe that the best way of combating illegal abortions is through effective family planning.
Chances of survival for the trapped men had a 50-50 chance of survival. A mine spokesman said.

A spokesman for Anglo-Vaal today spoke to one of 22 miners trapped underground by a mine disaster. 25 km below ground, 22 men are still missing at the Vaal mine, where three miners were killed.

Save 22 Battle to 22 km Down
Family plan grows

Science Correspondent

ONE out of every two women in South Africa will be protected from an unwanted pregnancy by 1980.

This is the aim of the rapidly expanding family planning programme of the Department of Health, said Dr. J. H. Rossoouw, who is in charge of the programme, in Durban yesterday.

The "department is holding a forum on family planning.

Dear

Thank you for in 1978 to study and if you wish to accept this immediately accompanied by a R50 deposit, please account. The deposit, which is not transferable, should be submitted in the sum of R5.8 million to the University of Cape Town.

The faculty of Arts is pleased to offer the following courses for the academic year 1978.

1) M.A. and B.A. study. The programmes started in 1973. Dr. Rossoouw said about 400,000 women were making use of existing, uncentralised family planning services. This figure has now risen to 911,000 attending nearly 2,000 clinics.

2) The State service had a budget of R5.8 million this year. This would rise to more than R6 million next year.

Registration dates place at the following times:

i) M.A. and B.A. (March to June)
   - To 12 noon daily from 13th to 17th February
   - Or from 6th March to 30th April. All registrations must be completed by 30th April, 1978.
   - Venue: Dean's Office, Faculty of Arts, Room 101, Beattie Building.

   - Venue: School of Librarianship, P.D. Hahn Building, Upper Campus.

Acceptance to a course of study does not imply automatic admission to a University residence. If you have applied for admission to a University residence you will be informed of the result of your application in due course.

Your student number, as quoted in the above reference, must be clearly stated in all communications in connection with your application, which should be addressed to the Registrar, University of Cape Town, Private Bag, Rondebosch, 7700, and the letter, as well as the envelope, should be clearly marked "Admissions - 1978".

Notes: Non-white and alien students are reminded that, in terms of Government legislation, they must be in possession of a valid study permit before coming to register at the University of Cape Town. Rhodesian students should kindly contact Mr. Zaalman of the Diplomatic Mission in Salisbury (telephone: 707901/2/3/4) in order to ascertain what information and/or letters are required by him in order to issue you with a Study permit, while overseas students must contact their nearest South African Embassy in order to make application for a Study Permit.
Injecting Sense

ALTHOUGH the contraceptive injection has had very bad publicity overseas, it is being used increasingly in Family Planning clinics in South Africa, particularly where parents want to space their children fairly far apart.

Discussing the merits of the injection at a forum on family planning in Durban recently, a spokesman for the Family Planning Association said the adverse publicity had occurred because this type of contraception prevents conception from between four and thirteen months, according to the individual.

But it is also ideal for couples wanting to plan their children several years apart. It is also recommended for women not in favour of sterilisation. Containing no estrogen it is safer for people with a history of certain diseases, such as epilepsy.

Some of the more frequent questions asked about this method are

Q. What does the contraceptive injection contain?
A. A synthetic hormone similar to one of the female sex hormones normally found in the body.

Q. Is this method new?
A. It is modern, but not new. It has been used for almost ten years now, and is administered to millions of women throughout the world and in South Africa.

Q. How effective is it?
A. One of the most effective methods available

Q. How often is it given?
A. Usually every three months.

Q. If the injection is given while I am pregnant, will it harm the baby?
A. No.

Q. Will the milk supply be affected if I receive the injection while breastfeeding my baby?
A. No. It actually increases the milk supply and its quality, and is one of the most suitable for mothers who are.

Most women notice no change

Q. Will the injection delay the menopause?
A. No. This will occur at the usual time.

Q. Can the injection cause thrombosis?
A. No

Q. Is this suitable for all women?
A. No contraceptive is suitable for all women. Your doctor will advise you.

Ann Marshall
No room in school for

FAMILY PLANNING EXPERT SAYS EDUCATION CHIEFS TURNED DOWN OFFER OF SEX TEACHING

Parents should insist that something be done and bring pressure on the education authorities to initiate family planning education for teenagers," a spokesman for the National Education Department later denied he had any responsibility for sex education in South African schools.

"This subject is outside our province," he said. "There is nothing in terms of the Education Act which states that we have any responsibility in this regard. Isn't it really a matter for parents? Children should receive instruction on sex from their parents, not in schools."

But Mr du Plooy rejects this attitude. "We get many requests from schools for courses in sex education and advice on family planning, but our hands are tied. We cannot enter a school without the permission of the Department of Education and there seems little likelihood of that permission being granted."

Dr Gerald Hocking, Director of Education for Natal, is cautious about introducing sex education into schools. "Parents have not made up their minds," he said. "We are giving serious consideration to introducing a programme on 'family life education', but I don't know of any province that is contemplating more than that."

Part of the problem, says Dr Hocking, is that school syllabuses are overloaded and any new programme would either have to be outside school hours or squeezed into a schedule that children find increasingly demanding.

"We are undoubtedly concerned about the impression that our present education system has nothing to do with real life, but unless we have the support of the community we will make no headway. Society promotes high ideals for its young, yet there continues to be an immoral undertone on TV and in the entertainment world generally which doesn't reflect those high standards."

'We can't cope' But some schools in Natal do receive instruction on the facts of family life.

The Durban Society for Marriage and Family Life runs a programme called Education for Living in many Government and private schools in the area. "We provide the course only at the invitation of the school," said Mrs Ruth Keech. "It covers all aspects of adult family life, such as the roles of husbands and wives, budgeting, legal problems, and of course sex education and contraception if we are specially asked. We have found great enthusiasm among parents and teachers for the programme. There is more demand than we can possibly cope with."

One school which has accepted the programme as part of its counselling course is Carmel College in Durban, a co-educational high school. "We have the full support of the parents for this course," says Mr Andrew Gillerakis, headmaster. "Some of the talks are to mixed groups, and naturally we don't insist on children participating if they feel particularly shy about a subject, or if there were any objection on religious grounds from the parents. While I don't feel the area of interpersonal relationships should be a formal part of the school curriculum, I would certainly agree that there is real value in informal courses of the kind we run."
Family planning slows production, they say

by JOHAN BUYS

FAMILY planning for blacks is for the birds. This seems to be the attitude of some Brakpan industrialists and businessmen who will not allow the Department of Public Health's family planning experts on their premises because it interferes with production.

The department is having a tough time educating them on the benefits of family planning. The Brakpan Town Council's public relations officer, Mr Frans Geldenhuys, said yesterday:

"Businessmen are not compelled to allow family planning sessions on their premises and some of them regard it as a waste of time which interferes with production."

"We have to convince them that it will ensure that they keep their labour longer because women will not fall pregnant as frequently," Mr Geldenhuys said.

But the manager of health services for the council, Mr H. G. Kruger, says there are encouraging signs that most businessmen are beginning to realise the importance of family planning.

Last year 1449 blacks benefited from family planning services for the first time, and 5371 mothers visited clinics for family planning guidance.

The Department of Health has a family planning nurse and motivator working in the townships, Brakpan and Teekana, who visits homes and lectures at clinics.
Family planning reaches 60,000

EAST LONDON — From February to July this year the Department of Health’s family planning programme in the Eastern Cape reached 69,500 people through group discussions and film shows.

This was disclosed by the Regional Director of Health Services, Mr. J. D. Krynauw, who said in a press release that during this period 12,738 individual interviews were conducted. Of these 9,482 resulted in a first visit to a family planning clinic — a success rate of 78 per cent.

In addition to this a further 3,286 women who had defaulted or who required re-motivation were contacted and persuaded to return to the clinics.

Thirty-nine training courses were held for nurses at the Port Elizabeth training centre, while one was held at Frere Hospital, East London, and two at Mantsane Hospital.

Most of the nurses attending the courses came from local authorities, while 34 were from the Ciskei Government Service and five from Transkei.

In East London 19 factories are now rendering family planning services.

It was a diagnosis of the ANC's拿来 the concept of "Africa for the Africans." Interracialism of the interracial composition of the COP and the influence of African leadership constituted, to the Africanists, a betrayal of African nationalism. After the failure of the Western areas and Bantu Education Campaigns, the ANC lost a great deal of prestige. Africanists seceded in 1958 and formed the Pan-African Congress under Sobukwe in 1959.

The Pan-Africanist Congress (PAC) was an extension of the CYL outside the ANC. The PAC, like the CYL in the 1940’s, maintained that it was returning to the ANC’s original nationalism. It censured the ANC.

---

(13) Walsehe, pp. 335-336
(14) Wilson & Thompson, p. 459
(15) Wilson & Thompson, p. 464.
Planning families

The aim of the programme in South Africa, as with most
programmes in the world, is to provide the basic
needs for contraception and family planning and
so contribute to the better standard of living and
improved health for individuals and families.

A "cafeen style approach" is used in the programme
with regard to the choice of contraceptive
methods. Sterilisation is but one of the
possible methods that are available to those who
can afford it. An increasing number of men
and women are following the world trend of
preferring surgical sterilisation to the continual
use of other contraceptive methods, with their
hazards of pregnancy and side-effects.

From the figures quoted, it is apparent that
whites, Coloured and Asian women find
termination equally acceptable. There are
definite signs that black women are finding
the method of contraception increasingly
acceptable, so much so that in larger
centres waiting lists for the operation have
developed. Unfortunately there is still
need for information and for the clinics to
be more accessible.

To meet some of the needs of these
people, pamphlets and other materials
are being developed and will be found
in family planning clinics. It is
therefore felt that this is not an
adequate reason for continuing
the present welfare
services and the
continued use of modern
methods.

The Department of
Health under its
Secretary Mr J. de
Beer (left) puts its
view in the debate
about contraception.

Planning families

ConTRACEptive Asian use

Black

None 38.8

Modern Methods 263.8

Sterilisation 15

Other methods 21.9

white

CoLOURED s

45.6

36.1

12.5

15.3

Whites

22.6

The aim of the programme in South Africa, as with most
programmes in the world, is to provide the basic
needs for contraception and family planning and
so contribute to the better standard of living and
improved health for individuals and families.

A "cafeen style approach" is used in the programme
with regard to the choice of contraceptive
methods. Sterilisation is but one of the
possible methods that are available to those who
can afford it. An increasing number of men
and women are following the world trend of
preferring surgical sterilisation to the continual
use of other contraceptive methods, with their
hazards of pregnancy and side-effects.

From the figures quoted, it is apparent that
whites, Coloured and Asian women find
termination equally acceptable. There are
definite signs that black women are finding
the method of contraception increasingly
acceptable, so much so that in larger
centres waiting lists for the operation have
developed. Unfortunately there is still
need for information and for the clinics to
be more accessible.

To meet some of the needs of these
people, pamphlets and other materials
are being developed and will be found
in family planning clinics. It is
therefore felt that this is not an
adequate reason for continuing
the present welfare
services and the
continued use of modern
methods.

The Department of
Health under its
Secretary Mr J. de
Beer (left) puts its
view in the debate
about contraception.

Planning families

ConTRACEptive Asian use

Black

None 38.8

Modern Methods 263.8

Sterilisation 15

Other methods 21.9

white

CoLOURED s

45.6

36.1

12.5

15.3

Whites

22.6

The aim of the programme in South Africa, as with most
programmes in the world, is to provide the basic
needs for contraception and family planning and
so contribute to the better standard of living and
improved health for individuals and families.

A "cafeen style approach" is used in the programme
with regard to the choice of contraceptive
methods. Sterilisation is but one of the
possible methods that are available to those who
can afford it. An increasing number of men
and women are following the world trend of
preferring surgical sterilisation to the continual
use of other contraceptive methods, with their
hazards of pregnancy and side-effects.

From the figures quoted, it is apparent that
whites, Coloured and Asian women find
termination equally acceptable. There are
definite signs that black women are finding
the method of contraception increasingly
acceptable, so much so that in larger
centres waiting lists for the operation have
developed. Unfortunately there is still
need for information and for the clinics to
be more accessible.

To meet some of the needs of these
people, pamphlets and other materials
are being developed and will be found
in family planning clinics. It is
therefore felt that this is not an
adequate reason for continuing
the present welfare
services and the
continued use of modern
methods.

The Department of
Health under its
Secretary Mr J. de
Beer (left) puts its
view in the debate
about contraception.

Planning families

ConTRACEptive Asian use

Black

None 38.8

Modern Methods 263.8

Sterilisation 15

Other methods 21.9

white

CoLOURED s

45.6

36.1

12.5

15.3

Whites

22.6

The aim of the programme in South Africa, as with most
programmes in the world, is to provide the basic
needs for contraception and family planning and
so contribute to the better standard of living and
improved health for individuals and families.

A "cafeen style approach" is used in the programme
with regard to the choice of contraceptive
methods. Sterilisation is but one of the
possible methods that are available to those who
can afford it. An increasing number of men
and women are following the world trend of
preferring surgical sterilisation to the continual
use of other contraceptive methods, with their
hazards of pregnancy and side-effects.

From the figures quoted, it is apparent that
whites, Coloured and Asian women find
termination equally acceptable. There are
definite signs that black women are finding
the method of contraception increasingly
acceptable, so much so that in larger
centres waiting lists for the operation have
developed. Unfortunately there is still
need for information and for the clinics to
be more accessible.

To meet some of the needs of these
people, pamphlets and other materials
are being developed and will be found
in family planning clinics. It is
therefore felt that this is not an
adequate reason for continuing
the present welfare
services and the
continued use of modern
methods.

The Department of
Health under its
Secretary Mr J. de
Beer (left) puts its
view in the debate
about contraception.
Birthrate fall cuts TED intake

The sharp decline in the white birthrate has forced the Transvaal Education Department to cut down on teacher training. Despite the increase in the school population over the last few years, the department has found that it will need fewer teachers in about three to four years' time when next year's first-year students graduate and schools start feeling the effect of the drop in the birth rate.

Department of Statistics figures reveal that the school-going population in South Africa has increased from 891,899 in 1974 to 892,216 this year, while the number of white births has dropped from 60,498 in 1972 to 59,038 in 1975. The 1976 figures are not yet available, but are also expected to show a drop.

Because of the drop in the birthrate, the TED has for the last few years placed a restriction on the number of "agreement" students who enter colleges of education for training as primary and school teachers on a TED-bursary and are "assured" employment.

The Johannesburg College of Education has had its quota cut from 810 for this year to about 800 for next year.

The Gaardslyke, Onderwyskole has had its quota cut by about 30 for next year. Both colleges, however, report a drop in the number of applications compared with last year, although they expect them to increase slightly at the end of the year.
Unless otherwise stated, all figures include Transkei

<table>
<thead>
<tr>
<th>AREA</th>
<th>RSA (less Transkei)</th>
<th>1 176 032 km²</th>
<th>SWAT/Numa</th>
<th>824 265 km²</th>
<th>Transkei (after consolidaion)</th>
<th>45 010 km²</th>
</tr>
</thead>
<tbody>
<tr>
<td>Whites</td>
<td>17</td>
<td>43</td>
<td>6</td>
<td>75</td>
<td>43</td>
<td>8</td>
</tr>
<tr>
<td>Africans</td>
<td>69</td>
<td>180</td>
<td>20</td>
<td>34</td>
<td>69</td>
<td>180</td>
</tr>
<tr>
<td>Coloureds</td>
<td>0</td>
<td>8</td>
<td>4</td>
<td>7</td>
<td>0</td>
<td>8</td>
</tr>
<tr>
<td>Asians</td>
<td>0</td>
<td>2</td>
<td>0</td>
<td>3</td>
<td>0</td>
<td>2</td>
</tr>
<tr>
<td>Total</td>
<td>97</td>
<td>201</td>
<td>26</td>
<td>47</td>
<td>97</td>
<td>201</td>
</tr>
</tbody>
</table>

**BALANCE OF PAYMENTS (Rm)**

- **Imports (including arms and oil)**: 5 768
- **Exports (less banking gold)**: 3 164
- **Net gold output**: 2 565
- **Invisibles and transfers**: -939
- **Balance on current account**: -809
- **Long-term capital movements**: 781
- **Short-term capital transactions (not related to reserves)**: 54
- **Change in net gold and foreign reserve**: -113
- **Liaisons related to reserves and SDR adjustments**: 115
- **Gross reserves excl. of gold**: 908
- **(End of September 1977)**: 70244

**GOLD**

- **Production (metric tons)**: 758 50
- **$1 per metric ton wage in USSR**: 75 90
- **Average of daily London Rmt (in US dollars)**: 198 30
- **Krugerrand exports (000 tons)**: 3 009 00

**NATIONAL ACCOUNTS**

- **Gross domestic product (market prices)**: 22 795
- **Growth rate over previous year**: 15 9
- **Inflation rate**: 10 7
- **Gross national product (market prices)**: 21 892
- **Growth rate over previous year**: 16 6
- **Per capita GNP (R)**: 871
- **Total net output in SA**: 24 298

**AFRICAN HOMELANDS**

<table>
<thead>
<tr>
<th></th>
<th></th>
<th></th>
<th></th>
<th></th>
<th></th>
<th></th>
<th></th>
<th></th>
<th></th>
<th></th>
<th></th>
<th></th>
<th></th>
<th></th>
<th></th>
<th></th>
<th></th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>B. Towane</td>
<td>6 979 440</td>
<td>1 059 162</td>
<td>B. Zulu</td>
<td>10 327 342</td>
<td>1 702 146</td>
<td>B. S. Buthe</td>
<td>6 22 376</td>
<td>8 231 376</td>
<td>1 307 476</td>
<td>2 257 575</td>
<td>1</td>
<td>307 476</td>
<td>2 257 575</td>
<td>1</td>
<td>307 476</td>
<td>2 257 575</td>
<td></td>
<td></td>
</tr>
<tr>
<td>D.</td>
<td>3 631 741</td>
<td>533 631</td>
<td>E.</td>
<td>2 678 890</td>
<td>423 633</td>
<td>S.</td>
<td>1 972 950</td>
<td>1 493 950</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>F.</td>
<td>1 482 620</td>
<td>90 5</td>
<td>G.</td>
<td>2 094 690</td>
<td>210 6</td>
<td>S.</td>
<td>2 020 730</td>
<td>10 6</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

**MAIN TRADING PARTNERS**

- **UK imports**: 82 1 097 000
- **US imports**: 87 0 966
- **West Germany**: 431 45 000
- **Japan**: 925 45 000
- **Exports**: 22 3 000

**PRINCIPAL EXPORTS (Rm)**

- **Gold (in all forms)**: 2 540 0 2 540 0
- **Base metals and alloys**: 486 3 486 3
- **Diamonds**: 439 5 439 5
- **Prepared foodstuffs**: 44 8 44 8
- **Vegetable products**: 7 4 7
- **Kruppmanni**: 90 1 90 1

**PRINCIPAL IMPORTS (Rm)**

- **Machinery, equipment**: 1 320 8 1 320 8
- **Oil products**: 1 0 1 0
- **Transport equipment**: 7 9 4 9
- **Chemicals & allied products**: 448 3 448 3
- **Base metals & products**: 50 7 50 7

**FARM PRODUCTION**

- **Maize (000 metric tons)**: 6 3 6 3
- **Sugarcane (000 metric tons)**: 6 3 6 3
- **Wheat (000 metric tons)**: 1 5 1 5

**OTHER ECONOMIC INDICATORS**

- **Retail sales (Rm)**: 6 4 12 6
- **GDP deflator (1975)**: 7 0 7 0
- **GDP per capita (1975)**: 87 0
- **GDP per capita (1976)**: 95 0
- **GDP per capita (1977)**: 1 7 0 1 7 0

**Facts at your fingertips**

- **Retail sales (Rm)**: 6 4 12 6
- **GDP deflator (1975)**: 7 0 7 0
- **GDP per capita (1975)**: 87 0
- **GDP per capita (1976)**: 95 0
- **GDP per capita (1977)**: 1 7 0 1 7 0
JOBS AND PRICES

24.1

New statistics

SA may not be able to eliminate high rates of inflation or African unemployment—but we may now be able to measure them more effectively.

Firstly, the consumer price index is going to be broken down into three income categories. Secondly, the Department of Statistics will be publishing more realistic figures for African unemployment.

The old CPI series was based on a median annual family income of about R4 000 in 1966. The new series will be based on three separate income groups: R2 000 and under, R2 000 to R6 000, and R6 000 and above. It will probably be available from January 1978, but may be calculated back to 1975 to provide a comparison between the old and new figures. Both sets of figures will be continued for six months after the introduction of the new series. The old series will then be discontinued.

The introduction of more realistic figures for African unemployment is a major improvement in the Department's portfolio. The new figures will be based on regular interviews with a sample of 10 000 African households.

Preliminary figures for the country as a whole are to be produced by December. More detailed figures should be available in January or February, and at monthly intervals thereafter.

Financial Mail October 21-1977
Mother of 18 kids says never again at 49

At 49 she has just had her 18th child, a girl called Findele again.

But Mrs. Boreni Qashani says that's it — never again.

Eighteen children is enough for any woman, she says.

Mrs. Qashani is seen at Waiver (Portumbu) health clinic with six of the 18 children, including the month-old Findele.

Mrs. Qashani said she and her husband had decided against having more children and she had undergone a sterilization operation. The doctor at the clinic confirmed she had had 18 children.

He said both mother and child were in healthy condition.
Anti-abortion scheme set for hospitals

NEW watchdog procedures, which will enable the Government to check on doctors passing off illegal abortions as legitimate operations, is being introduced soon at all South African hospitals.

In terms of regulations coming into force early in the new year, every medical institution — including private hospitals and clinics — will have to provide the Department of Health with details of every termination of pregnancy case, whether an induced abortion or a natural miscarriage.

This means that every South African woman who loses a baby during pregnancy — and is treated in hospital — will have her name, background and medical details entered in a permanent State record.

The regulations will also provide the department with the names of doctors who perform dilatation and curettage operations (D and C's) for the removal of residue of pregnancies. This has triggered off protests from members of the medical profession who feel the regulations could be used in a witchhunt for doctors performing illegal abortions.

A Department of Health spokesman said this week that was not the purpose of the regulations, but agreed it was "a fair conclusion" that they might have a deterrent effect on doctors and others inclined to abuse abortions.

He insisted that the department would not prosecute if it came across doubtful cases.

The department would have difficulty proving a doctor was performing abortions if he gave legally acceptable reasons for doing D and C's.

"But if the possibility that this was happening showed up in reports, it would be something of which the Medical and Dental Council might take cognisance," he said.

The spokesman said the new regulations aimed to:

- Provide the department with a better understanding of the reasons for pregnancy termination statistics, the number of illegal abortions being performed, and information for general research.
- Enable the department to evaluate from time to time conclusions of therapeutic abortions.

"We really know nothing about the extent or nature of abortions," he said. "We have never carried out such a comprehensive statistical study."

General practitioners and gynaecologists in Cape Town said this week the new regulations might provide valuable information for research, but would give no extra powers to crack down on abortionists.

"If a woman is admitted to hospital for treatment for an incomplete abortion, and one suspects it to be a back street case, the obvious people to go to are the police. They have plenty of existing legislation under which to act — and the manpower to carry out an investigation," said a general practitioner.

"If the regulations are aimed at checking up on doctors — and it would appear this is partly the intention — it seems a very clumsy, round-about way of doing things."

Assuming I carried out 10 D and C procedures in a short period of time and the department grew suspicious, presumably they would question me further. I would say all the operations were necessary.

They could then ask me for my records, which I am not obliged to hand over. The case then becomes a police matter, because the only way to gain access to a doctor's records is by police search warrant."

"If my records talked with my opponents."
The problem of babies born out of wedlock

NEARLY half the Coloured children born in South Africa are illegitimate — but this is less of a social problem than it is among Whites, according to Government authorities.

A senior official of the Department of Statistics said in Pretoria this week that 47% of all Coloured children were born outside wedlock — compared with 4% in the case of Whites and 14% in the case of Indians.

However, social workers to whom I spoke — and the Statistics Department official confirmed their view — said that the problem of illegitimacy among Coloureds was not as great as it might appear.

"Many of these babies are born to Coloured couples who are living together in a relatively stable and permanent relationship — without ever having been to the altar."

"While these 'marriages' are not officially recognized, they are accepted and honoured by most of the Coloured people."

"Sociologically one could actually talk of such relationships as 'marriages' — and probably the greater part of Coloured births registered as 'illegitimate' occur in such circumstances, with prospects of security and love for the children," a social field worker told me.

Official figures show a climbing tendency in illegitimacy among Indians — from 6.7% in 1972 to 14% in 1974.

Among Whites the figure increased from 3% to 4%.

In the case of Whites, most illegitimate births occur among women between the ages of 18 and 22. For Coloureds and Indians the ages vary from 18 to 26.

The average age of fathers of illegitimate children is 29.6 for Whites and Coloureds, and 31.2 for Indians.

However, the figures also show that in many cases the fathers are younger than the mothers.

Most Coloured illegitimations occur in the Transvaal — 56%, compared with 25% in the Cape, 11% in Natal and 8% in the Free State.

Most Coloured illegitimations: 90% are not surprisingly: in the Cape and likewise, most Indian: 80% — in Natal.
Regional

One white baby to six black babies

By PATRICK LAURENCE

ONE black baby is born every minute in South Africa as against one white baby every six minutes.

Dr F S Hattingh of the Africa Institute uses this comparison to emphasise two central facets of population trends; the black population explosion and the progressive decline of whites as a portion of the total population.

In an article in Bulletin, the institute's official journal, he shows that the time taken for the black increase to equal the entire white population is becoming steadily shorter.

In the years before Union in 1910 it was nearly 17 years. By the 1950s it was less than nine years. By the year 2020 it will be down to five-and-a-half years.

Putting it another way, Dr Hattingh says that in 1921 whites formed 21% of the total population. In 1970 it was 17%. By the year 2020 they will be only 11.2%.

Dr Hattingh says those who hope white immigration will help restore the balance face certain disillusionment.

If 30,000 white immigrants were to enter South Africa in a year, they would be equalled within 24 days by black population increase.

Last year there were nearly 30,000 white immigrants. Today more are leaving than arriving. But while this is happening, the black population is going up by 1,250 a day.

Dr Hattingh goes on to note that official policy still aims at reversing the flow of blacks from the homelands to white-controlled areas.

(The Cabinet Committee investigating the position of blacks in "white" South Africa has set itself the ultimate goal of settling these blacks in the homelands.

He then discusses a recent prediction by the Deputy Minister of Bantu Administration, Dr. F. Hartzenberg, that 72% of all blacks will be living in the homelands by the turn of the century.

For the prediction to be fulfilled, he says, the flow from the homelands would have to cease and 30,000 blacks would have to return each year from the urban areas.

This would require the creation of thousands of new jobs in the homelands each year.

But studies by Professor P J van der Merwe, of Pretoria University, show that in the last six-months of 1976 unemployment in the homelands rose by 30,000.

(Reprinted by Patrick Laurence, 1977, Main Street, Johannesburg.)
14 made their debut on Christmas Day

EAST LONDON — A total of 14 Christmas babies were born at the Frere Hospital, Cecilia Makiwane Hospital, Mdantsane, and Mater Dei.

Of the 14, one was delivered at the Mdantsane Hospital by Caesarean section while another baby was born in an ambulance rushing the mother to the Frere Hospital.

The mother of the girl delivered by Caesarean section is Mrs N Masaya, of NUT, Mdantsane and the baby born in the ambulance is the child of Mrs M Gunn, address unknown.

Mrs Gunn was discharged from hospital and no further details could be obtained about her and her baby.

Six babies — four boys and two girls — were born at Frere Hospital, one at Mater Dei and six at the Mdantsane hospital.

Mrs D. Williams, no address given, was the first to give birth — to a 3.190 kg daughter at 2:10 am followed by Mrs K Hiscock with a 3.800 kg daughter.

Other to give birth thereafter were Mrs D Roos, with a son at 1:20 pm, Mrs D. Strauss, of the South African Police Flats, Cambridge, who gave birth to a 3.320 kg boy at 4:40 pm, Mrs G Mhoywa who gave birth to a girl at 7:20 pm and Mrs N Pame who gave birth to a boy at 10:25 pm.

Mrs Strauss is the wife of Const A J Strauss. This is their third child.

The only birth at the Mater Dei was that of Mrs A Evers, of 35 Fitzpatrick Drive, Butterworth, who gave birth to a girl at 7:19 am.

The following babies were born at the Mdantsane Hospital on Christmas Day: A boy to Mrs L Blakie, of 1476, NUT, Mdantsane, at 12:23 am, a girl to Mrs N Masaya, of 2728, NUT, Mdantsane, at 1:45 am, a boy to Mrs M Magaza, of 456, NUT, Mdantsane, at 5 am, a girl to Mrs N Alamu, of Mooplaas, at 7:37 am, a girl to Mrs V Daweti, of 3261, NUT, Mdantsane, at 8 pm and a boy to Mrs F. Mapapu, of 2464, NUT, Mdantsane, at 10:30 pm.

The mothers and their babies are all reported to be doing well. No further details were available.
A proud father and mother, Const and Mrs A. J. Strauss, in the Frere Hospital with their new son.

Mrs D Williams holding her 3.190 kg son while a happy father, Mr Craig Williams, looks on.
MRS. Eleanor Cholan, mother of Durban’s first Christmas baby, gently caresses her daughter, Nosipho, born 12 minutes after midnight on Christmas Day. The name means a gift. (Left) Lauren Anne, first born of Mrs. Anne van Staden, missed being Durban’s Christmas baby by about two hours. But she seems to think the whole thing is one big yawn.

**Nosipho makes it a day**

**Mercury Reporter**

DURBAN’S first Christmas baby was a 3.02kg girl born 12 minutes after midnight at King Edward VIII Hospital. The child, born to Mrs. Eleanor Cholan (26), has been aptly named Nosipho, meaning a gift. Mrs. Cholan has two other daughters.

Fifty-two other babies were born in Durban hospitals and maternity homes on Christmas day.

At 12.35 a.m. St. Auden’s Mission Hospital and the R. K. Khan Hospital each recorded a birth. The number born at St. Auden on Christmas Day was 15, while the R. K. Khan Hospital had 16 births.

The first White baby to arrive was Lauren Anne van Staden. She was born at 2 a.m. to Anne and Peter van Staden at Mothers’ Hospital. Lauren is their first child.

Six babies were born at Addington Hospital.

At St. Mary’s Hospital, Morningside, there were eight babies born. McCord Zulu Hospital recorded three births.

No babies were born at Parklands Nursing Home on Christmas Day. There was one birth at St. Augustine’s Hospital in the late afternoon.

The Ifhs Hospital, Sydenham, was able to record two births.
Bitter divorce case settled between lawyer and wife

A bitter divorce action between a Johannesburg attorney, Mr Bill Trollip, and his wife Alison, was today settled in the Rand Supreme Court.

The case ended after repeated requests by Mr Justice Boshoff that the warring couple should try to reach agreement.

Mrs Trollip (45) was granted a restitution order against her husband.

She accepted an offer of maintenance for herself and two minor daughters after counsel for Mr Trollip (45) told the judge that his client was "in a precarious financial position."

On her part, Mrs Trollip of "Craighill," Johannesburg, withdrew her claim for a half share in the cattle farm "Green Giant" near Krugersdorp.

In terms of the agreement, Mr Trollip of Sandown Place, Sandton, undertook to pay R300 a month for his wife and R100 a month for one of the minor daughters.

He also pledged himself to pay all school and clothing expenses for the other daughter, plus R500 a year as a contribution towards maintenance.

Should the girl leave boarding school, the R500 a year would fall away to be replaced by payment of R250 a month.

The settlement came after three days of evidence marked by details of alleged assaults and bitter arguments between Mr and Mrs Trollip.

Argument over who should pay the costs of the action continued...
FAMILY PLANNING
Broeder in the woodpile

The work of family planners has suffered a setback in the townships — especially among the militant youngsters. This follows the recent report on the Broederbond’s call to whites (Afrikaners in particular) to increase their families and thereby reduce the country’s black-white population ratio.

Family planning will now need a superhuman public relations effort to untangle the mess. The Broederbond has not apparently heeded the views of Dr Willem Mostert, head of the Department of Health’s family planning programme. Dr Mostert said (FM September 2, 1977) “We find some political objections but we can usually get our message across. In any case it’s almost impossible to decrease a population. Africans will always make up three quarters of our population.”

The Department of Statistics, in a population projection released in 1976, predicted Africans would outnumber whites by nearly 8:1 in the year 2020.

Reacting to the anger in the townships, Philemon Meyiwa, liaison officer of the Family Planning Association of SA, told the FM: “In view of the damaging statement on family planning by the Broederbond, I wish to make it clear that we are not interested in becoming involved in political issues.”

“The Association asserts its right to educate the public about contraception, in order to bring about improved material and child health. It further re-affirms its right to give such information to all ethnic groups without discrimination.”
Divorce—and the children in the middle

DO YOU agree that the present system of divorcing children during divorce often forces a raw deal on children and parents?

Think about it: it's a question you're going to hear often during the next few months, as the newly-formed Child Protection and Action Association launches a nation-wide blitz of pamphlets and notices in the media, calling on members of the public to form a united action front "to improve the present system."

Moving force behind Child Protection is Free State businessman Liston Bateson. He has spent the last six years collecting cuttings, and consulting psychology books and the Department of Social Services on the effects of divorce on children.

"I had personal problems in this area myself once upon a time," he confides.

"But things really came to a head when my adopted son became a public prosecutor and brought the first-hand accounts of the raw deal children get."

Last month Mr Bateson, his son and a half-dozen other people including church ministers, businessmen and a psychologist formed Child Protection.

The resolution aims to gather about 15,000 signatures within two or three months, when it will approach the Minister of Justice to appeal for the following changes in South Africa's divorce laws:
- The establishment of family courts like those in Australia, where divorce matters are dealt with in camera.
- Abolition of the law which makes it necessary to prove one party guilty before a divorce can be granted.
- Appointment of an arbitrator to protect a child's interests after a divorce case.
- The submission of a welfare officer's report before a child is placed with either parent.
- Access of the court to the services of a psychiatrist where a maintenance application is contested on the grounds that one parent is mentally incompetent.

In its appeal the association will also make the following points:
- South African divorce laws have remained unaltered for 300 years.
- The number of divorces has increased by 140 percent from 1952 to 1972, giving us the second highest divorce rate in the world.
- About 1,200 White children become the victims of divorce each year.
- South African law does not treat fathers and mothers equally. Except in exceptional circumstances, mothers are given custody of children.
- Children are not sufficiently protected in a divorce action, for instance, parents are not automatically examined for mental instability.
- Often four to five years lapse before judgment is delivered in a child's court.

"Under our present system," says Mr. Bateson, "instead of divorce helping an unfortunate family out of a catastrophic situation, it helps them into an additional one — financially and emotionally."

"It is destroying the basis of our society, the home."

A spokesman for the Durban Child Welfare Society said this week she had written to Mr. Bateson asking for details of his stance.

"At the moment all I can say is I feel people should use official channels to bring about change — Child Welfare or Marriage Guidance. We have already presented evidence to a special Government commission on divorce laws and if anything is to be done I'm sure it will be through those channels."

"I'm always afraid that when too many people become involved, the child will fall in the middle."
A SCHOOLGIRL who was forced by her parents to marry a man asked a Dublin judge yesterday to annul their two-month-old marriage.

Mr. John Broome, aged 37, declared between 16-year-old Miss Mary Nolan last year.

In papers before the court, the man and woman said their marriage was annulled in January. In the school in which they lived, the girl had decided to terminate the relationship after

On January 26, in the family at their home in Overport, the girl was told that she had decided to terminate the relationship after

Since then, Mr. Broome's application to declare the marriage void has been heard. The judge has ruled that the marriage was void from the moment it was entered into.
THE white birth rate is plummeting and if the trend continues the country's white population will soon stop growing altogether while that of other races continues to soar.

The results of fewer white babies according to leading academics this week will be:
- A black unemployment crisis in 20 to 30 years.
- Dramatic acceleration towards social, economic and political equality between the races.
- A big drop in the number of unskilled whites on the labour market.
- Between 1970 and 1975 alone, the number of babies born to white women dropped by about 20 percent.

Policy
The average number of white babies being born to women between the ages of 15 and 49 was 2.4 in 1975 — the most recent figures available. This is a big step away from the "zero population growth" figure of 2.2 babies each.

The black population meanwhile is soaring. Accurate birth rate figures for blacks are not available, but an estimated projection from Stellenbosch University's Bureau for Economic Research puts the population by the turn of the century at more than double that of 1976.

While constitute 17.3 percent of the population, but by the year 2,000, they will constitute only 15.7 percent — if present trends continue.

Academics this week said there was a need for changes in policy and attitudes to meet the growing imbalance between the races.

Professor J. L. Sadie, head of the Bureau of Economic Research, said he was in a quandary over predicting what would happen.

"Historically, the birth rate graph for whites has been a U-shape — and at present we could be heading for the bottom of the U. But if we project present figures for the next 10 years, the tendency is for the birth rate to keep dropping dramatically.

"If we reach the 2.2 figure, the effects of zero population growth will be felt in 20 or 30 years," he said.

Skills
However, while it took hundreds of years for whites to reach ZDP, blacks will move towards this stage in far rapidly because of circumstances such as reliable birth control.

Professor Cilliers said blacks will have to move more than ever into the occupational hierarchy.

There have already been dramatic changes since the 1960's. Because of the high black growth rate there is no shortage of human material — only of skills.

"As a result, training and opportunities for blacks will have to be extended to relieve the manpower position."
Family planning at RAU

Family planning, a community responsibility — this is the theme of a symposium to be held at the Rand Afrikaans University in Johannesburg next week.

The object of the two-day meeting will be to find ways of involving not only the individual family but society as a whole in family planning.

The Department of Health initiated the idea of a symposium and asked RAU's departments of nursing science and sociology to collaborate.

Papers will include the implications of unplanned pregnancies on women, and the psychological implications of family planning on the husband and the family.

The symposium will be held in the Sanlam auditorium and will start at 8.30 am on Tuesday. Registration opens an hour earlier.
Hansard 12 28 April 1978
Question 3 Col. 108

What was the answer so far to the question directed to the Minister of Health by Mr. Drury on 12 April?

The MINISTER OF HEALTH

R88 604
More planning — fewer births

Since 1974 when the Government associated itself with the concept of a World Population Year, family planning services have been established in practically every town in South Africa and a network of mobile clinics has started operating in rural areas and on remote farms.

"There are about 2,000 state-assisted clinics rendering these services throughout South Africa," said Dr. F. Neethling, principal medical officer at the Department of Health when he addressed a Community Involvement in Family Planning symposium at Rand Afrikaans University yesterday.

The Department of Health is responsible for the implementation of this programme and even extends its services to very remote areas where part-time, trained sisters travel from farm to farm," he said. These stops often take place at outbuildings, storerooms, barns and garages on farms, drawing rooms of black homes, even farm kitchens, porches and often at some gate-post or where the blue gum trees end at the edge of the maize fields.

In the Southern Transvaal area there are 78 part-time sisters who visit areas where no other services exist.

"Local authorities and municipalities are subsidised and given guidance by the Department of Health. There are few municipalities in the Transvaal which do not have a service for whites or blacks in the townships. Employers and the public and with community leaders who in turn propagate the message of family planning and inform people of facilities. There are also guidance officers who usually live in the community in which they are working. These guidance officers work from house to house, from farm to farm and from factory to factory, giving personal visits as well as showing films.

Some of the aims of the World Population Year was to protect 50% of all women exposed to the risks of conception by family planning methods and to establish effective family planning services within reach of everyone.

These aims have had results, as the following comparison of the percentage of women protected from pregnancy in metropolitan areas shows:

In 1970, 32% were protected, 1971, 37% were protected. In 1976, the percentage increased to 51% coloured. 48% Asians and 51% blacks. Statistics for whites are not easily available because most whites receive private treatment from their doctors."

And in addition several city councils have already established a service for blacks in the white city centres. Shop and factory workers have the use of these services and also blacks living in the backyards of white homes."
Academics clash over divorce draft Bill

The new Bill replaces the present main grounds for divorce — adultery and malicious defamation. Instead the main ground will be "the irretrievable breakdown of a marriage." Judges will only be given guidelines and not instructions, to decide when an irretrievable breakdown has occurred.

The academics are continuous separation for at least a year, adultery, and a husband or wife being declared a habitual criminal.

Mrs. Sinclair said the Bill would enable judges to decide divorce cases "in accordance to capture the needs of the now modern marriage." She said the principle of using marriage breakdown as grounds for divorce, instead of division of fault, was not yet accepted in several European countries.

The aim was to reduce divorce and create more goodwill between the parties.

He rejected the principle of "divorce on demand." He said that under the new Bill courts might find some couples seeking for a divorce were still young and might decide that an irretrievable breakdown had not occurred until they had had more time to consider reconciliation.
New-style divorce will put value on housewives

By Peta Thornycroft

NEW-STYLE divorce, forcing men to pay their ex-wives for being housewives and mothers, is a parliamentary debate away.

If the new Bill, gazetted late last month, goes through the House, divorced women will be compensated for having looked after the children during the marriage, cooking, and doing other domestic chores.

It states that a wife may receive money due to her by way of "services rendered".

According to one of the Johannesburg legal men who did most of the groundwork on the proposed sweeping reforms, that means a woman who spends her life in the marital home, housekeeping, bringing up children, looking after her sick husband, and doing all the other chores associated with a housewife, may claim, if she and her husband get divorced, for those services she rendered so he could work and earn money.

"At this stage it is not clear how much a woman can claim for having provided a home for her husband and his children."

"But the value of her contribution will be included in the joint estate for sharing between the two parties according to their respective household chores will count in share-out earnings and assets."

"This now places a monetary value on the contribution of the woman who runs the home and, therefore, is unable to work herself; who entertains her husband's business associates to further his career, and who makes it possible for him to earn the money which advances his financial position."

It will also end divorce by default — and the reporting of divorce cases by newspapers.

Although legal experts welcome the reforms, some feel the proposed Bill has not gone far enough.

The senior law lecturer at the University of the Witwatersrand, Mrs Carmen Nathan, said this week: "I don't think we have achieved everything we hoped for."

"Two years ago at the National Convention to Advance Women's Legal Rights, family law expert Trevor Baskin outlined reforms he considered necessary in our divorce laws. Unfortunately, not all he recommended at that conference has been implemented, although the new Bill is certainly a vast improvement."

The new divorce law will mean:

- Divorce will be granted for three reasons — irretrievable breakdown of the marriage, adultery, and mental illness or incurable unconsciousness.
- The court may decide not to grant the mother custody of the children — an almost automatic feature of divorce at present.
- If both parents ask for custody of a child, and the court is not certain which would provide the most stable home, it may appoint a legal person answerable to the judge to represent the child.
- The successful party shall not necessarily be entitled to an order for costs in their favour, as is the case now. The court may take into consideration the individual means of the couple and their respective conduct during the marriage, and order that costs be shared.

- A husband will not be able to take back gifts he gave his wife during their marriage, as he can at present.
- A husband will not be able to dispose of the marital home without the wife's consent, even though the house is registered in his name.
- Women who have committed adultery will not be automatically disallowed maintenance.

At present any woman found guilty of adultery cannot claim maintenance for herself.

- Judicial separation, which allows a husband and wife legally to live apart, falls away.
- The aggrieved party may not apply for restitution of wrongful rights.
- Sweeping changes in the division of property because of the upgrading of the legal status of women, whether married in or out of community of property.

A family law expert, who is one of the architects of the proposed Bill, told the Sunday Express, "Guilt will be eliminated from divorce if the Bill goes through."

Several men and women in South Africa have been unable to get a divorce because their spouses were either in a coma, or considered "vegetables". These people, now, supported by medical evidence that their spouse's condition is incurable, will automatically obtain a divorce.
Birth rate drops

The world's birth rate dropped to its lowest level in recorded history during the past year and average life expectancy reached a new high, according to population figures released recently.

The Population Reference Bureau, a private educational organization based in the United States, said the annual birth rate declined "for the first time in recorded history" to 25 for each 1,000 people from 30 per 1,000 a year ago.

Average life expectancy at birth was put at 69 years, up from 68 last year. The death rate held steady at 12 people per 1,000.

If the present annual population growth rate of 1.7 per cent continued, the bureau said, the world's population would still be twice the current total of 4.2 billion by the year 2019.

Explaining the falling birth rate, it stated that "massive family-planning efforts in developing countries seem to be having a marked impact on population growth, as have recent trends in low fertility rates in developed nations."

The increased average lifespan had come about because of continued improvements in medical care, sanitation and nutrition and the eradication of certain diseases, the report said.

It added that life expectancy still varied greatly: 75 years in Sweden and Norway and 73 in the US but less than 40 years in developing countries such as Angola.
Portuguese bankruptcy warning

Own Correspondent
LISBON — Portuguese businessmen have warned the Government that industry is about to enter a critical period which could lead to widespread bankruptcies.

In a report by the Confederation of Portuguese Industry (CIP) which represents about 36,000 small and medium-sized companies, they say the Government’s new deflationary policies aimed at tackling the country’s R1.3 billion balance of payments deficit are threatening to take Portugal into a period of irrecoverable stagnation.

It is made clear in the report that the private industrial sector has very little enthusiasm for the recent package of austerity measures.
MONDAY, 22 MAY 1978

Indicates translated version

For written reply

Allowance paid to Coloured unmarried mothers for each illegitimate child

611 Mr J W F WILEY asked the Minister of Coloured Relations

(1) What allowance is paid to Coloured unmarried mothers for each illegitimate child?

(2) Whether any additional allowances or amounts are paid to such mothers, if so, what allowances or amounts.

(3) What is the total amount paid during each financial year from 1973-74 to 1976-77 in respect of such allowances and amounts.

The MINISTER OF COLOURED RELATIONS

Welfare for Coloured persons in the Republic is a matter which has been delegated to the Department of the Coloured Persons Representative Council. I have, however, ascertained that the reply to the question is as follows:

(1) A children's grant not exceeding R7,00 per child per annum in respect of each of the first and second child and not exceeding R5,50 per child per annum in respect of the third and fourth child. The payment of the grant is subject to income test and other prescribed conditions.

(2) Yes. A parent's grant not exceeding R5,00 per annum is payable to the mother subject to means test and other prescribed conditions. In addition to the aid allowance, an additional grant of R5 per month is payable to the mother as a single person.

The question of the representation of the approximate tongue positions of the Canadian peoples or the southern peoples compared with the tongue positions of the approximate tongue positions of the Inuit peoples.
White hopes to marry his coloured love

By CAROL STEYN

"I HOPE the time will come when I can marry her," read the statement of a man in love across the colour line.

The statement was handed in to the Johannesburg Regional Court in the case in which a young German, Mr Erhard Kloese, 31, and Mrs Ruth O'Reilly, 31, a coloured woman "with a Mediterranean type of skin" appeared on a charge under the Immorality Act before Mr G.J. Ellis.

They had been living together for eight years, the court was told.

They pleaded not guilty.

Detective Sergeant J Heydenrych told the court that just after midnight on February 24 he went to a flat in Lyndown Court, Soper Road, Berea, Johannesburg, as a result of information he had received.

Mr Kloese, dressed only in denim trousers, opened the door when he knocked, the sergeant said. Mrs O'Reilly, wearing a dress, was lying under a blanket on the only bed in the flat.

Cross-examined by Mr R. Gordon, for Mr Kloese and Mrs O'Reilly, Sergeant Heydenrych admitted that Mrs O'Reilly had "a Mediterranean type of skin" and that some Portuguese people in this country had skins of that colour.

"To me she looks coloured, however," he said, "I know coloureds. I grew up in the Western Cape."

Sergeant Heydenrych told the court Mrs O'Reilly had admitted to him that she was a coloured.

He read to the court a statement which, he said, Mr Kloese had made to him. The statement read: "I met this girl in 1970 and fell in love with her. After a few years we became engaged. After so many years I am still in love with her. I can't marry her in this country because it is against the law. To go somewhere else is impossible because I don't want to leave my firm. I hope the time will come when I can marry her."

Detective Sergeant P A Cloete told the court he had accompanied Sergeant Heydenrych. He found women's and men's clothing in the wardrobe and Mrs O'Reilly admitted that the women's clothes were hers, he said.

"He handed a statement to the court which he said was made by Mrs O'Reilly. She said she had been living with Mr Kloese for eight years. She met him shortly after her divorce, she said.

"He has been very good to my family and my little boy I did not have all these luxuries before I decided to stay with him," the statement read.

Mr Kloese and Mrs O'Reilly did not give evidence and the hearing was postponed to May 28 for judgment.
Family planning

Marilyn Chapman, in her article on May 6, missed a few points in her criticism of "Love and Sex on the Loose" by the Rev Paul Marx. She regards the Rev Marx as blissfully ignorant of the hardships and difficulties of the parents of large families, especially the poor ones, and infers that he is advocating irresponsible parenthood. On the contrary, he states quite clearly in his article that "education in human sexuality and unselfish love should begin as early as junior high school" under the guidance of carefully prepared teachers. No senior should "graduate without a thorough understanding of responsible, loving parenthood in terms of natural fertility awareness."

Her second misconception is that she believes the rhythm method is the only method of natural family planning. The rhythm method has been superseded by the ovulation method which has now gained international acceptance and is the subject of organised teaching in more than 75 countries. Twelve thousand couples in Calcutta alone are using natural family planning. Dr. J. Billings, president of the Ovulation Method and Reference Centre of Australia, and his wife (also a doctor of some repute), have pioneered this method and they recently toured South Africa. Dr. Billings has stated that: "Failure rates as low as 0.5 per cent have been achieved by using the ovulation method and there is no contraceptive technique which can do better than that."

He says: "The ovulation method stimulates communication, co-operation and generosity between husband and wife and thus helps to build stable marriages." It may be used to help couples who want to have children as well as those who want to space their children.

Mrs. Chapman seems to think that the ideal family should consist of "one or two or three children." As everyone knows, contraception is practised in the vast majority of cases by those who can best afford to have and educate four or more children — even in these days — with a little bit of sacrifice! Dr. Billings also says: "Loss of respect for human life has become the most serious social problem in the world today."

One would have supposed that a society dedicated to the preservation of wild life would also have a concern for the preservation of human life. Yet, it is advocated that human life should be restricted in order to preserve our ecology!

Robert de Marcellus, Inspector General of the Florida National Guard, writes that the West's continually falling birth-rate "will not only prevent attainment of new advances for our society but will destroy the economies and power of Western civilisation." The birth-rate of Western nations has already fallen far below replacement level.

As Solzhenitzyn said, "Perhaps the West has lost its will to live."

(Mrs.) M. Bowen, 3 Graydene, 32 St. George's Rd. EL
Court rejects wife’s claim for R2 000

A CLAIM for maintenance of R2 000 a month by Johannesburg socialite Mrs Celio Penn was dismissed in the Supreme Court this week.

Mr Justice T van Reenen said Mrs Penn’s surgeon husband, Dr Alan Penn, was already supporting his wife and children adequately.

In papers before court, counsel for Dr Penn refuted his wife’s claim that she was living frugally. Evidence was that Mrs Penn spent R41 on having the family’s domestic pets bathed and groomed recently, and that she intended repeating the performance again soon.

It was also claimed that Mrs Penn spent money lavishly on clothing for her minor children, including a R60 suede coat, an R1 belt, and an expensive waistcoat for the couple’s 15-year-old son.

Mrs Penn was also charged with being untruthful in her affidavit in which she swore her mother was indigent. Mrs Penn claimed in her original affidavit her mother lost all the money she inherited when her husband died, and that she had to help support her mother.

However, Dr Penn claimed he was told the jacket had increased in value since he bought it.

Mrs Penn also said her inheritance from her father was only R40 000, not R50 000 as her husband claimed. She said she deposited R3 700 in her current and post-office savings accounts. She said she had spent R300 of it on a light fitting, R300 on wall papering, and jewellery for herself costing R500, and she had paid R2 000 to her husband.

Dr Penn refused to discuss his wife’s maintenance claim, which the court heard he was not obliged to pay. He told the court he had no wish to terminate his marriage and still loved his wife deeply.

Mrs Penn, speaking from her luxurious Houghton home, said she was “not very distressed” at the outcome of the hearing.

“I have to think of the children, and I don’t want to upset them any more than they are already,” Mrs Penn said.

Mrs Penn was ordered by the court to pay her husband’s costs.
She is offering hope to...

Birthright provides moral support and practical help for distressed pregnant women. It recently opened a crisis centre in Johannesburg, reports WENDY KOCHMAN.

PREGNANT WOMEN

OFFERING MORAL SUPPORT — Yvonne Morgan, chairman of the Johannesburg branch of Birthright, with son Ian James (four months).

Not condemned

If, after consulting Birthright, a woman still decides to have an abortion, the movement respects her decision.

"We would not condemn her or threaten her as some more militant anti-abortionists might do. The final decision is entirely hers."

Birthright tries to help a woman in every possible way to mobilize her own resources and those of the community in order to face the future and plan constructively for herself and her child.

The movement helps in small but important ways. It can find suitable jobs before and after the baby's birth, supply second-hand baby clothes and equipment, give encouragement to mothers suffering from the baby blues, give moral support, and even break the news to parents of unmarried mothers.

"We are not counsellors and we do not give specific advice," says Yvonne.

"We refer women to specialists whether it be for legal, financial or medical assistance.

"Our role is that of the friendly neighbour — ready to sit and chat about any little problems."

Birthright service is free and uses only volunteer workers who undergo a short training which involves lectures by experts in the field.

One policy of the movement which has come under attack is their refusal to discuss contraception or sterilization with their clients.

"A woman who turns to us for help in pregnant and in distress," argues Yvonne.

"What good would it do for us to tell her what she should have done before conception or what she ought to do after the birth?"

"She wants help, comfort and moral support here and now. That's what we are here for. We are not anti-family planning or birth control. It is just not relevant to our movement."

The organisation is non-racial and non-denominational. All services are kept strictly confidential and are not discussed with anyone without the client's consent.

Birthright needs volunteers to run its new Johannesburg crisis centre. If you are interested, phone Yvonne Morgan at 802-2485 for further information.
Where's it warmer?

Disappointing, after January's net inflow of 516. Moreover, it's far from certain how soon — if ever — net immigration will recover to the 20 000-plus annual inflows of earlier years.

The number of South Africans who pulled up stakes and left the country for good during February was (seasonally adjusted) over 33% up on the same month last year, and 132% higher than the figure for January. And it is a hefty 184% up on permanent departures during February 1976.

Arrivals of new South Africans during February were more encouraging, being just under 20% up on the figure for the previous month. But February's immigration still lagged over 25% behind the same month last year, and was 56% down on February 1976.

The drying up of the annual net inflows of thousands of immigrants that SA experienced until last year may have serious implications for both SA's skilled labour market (as Stellenbosch's Bureau for Economic Research has pointed out) and for consumer demand (FM November 25 1977).

Whether SA's blacks can fill the vacancies left in both spheres remains to be seen:

Financial Mail June 2 1978
Statements were forced — accused.

A WHITE man and a coloured woman were accused of violating the Immorality Act in Christchurch. The man, Mr. David Allen, 54, of 81 Langenhoven Street, Vanderbijlpark, and the woman, Miss Adams, who lived on Mr. Allen's property, were charged with contra-
vening the Act in Mr. Allen's bedroom on February 17. They pleaded not guilty.

Lieutenant M. M. Halley of the Vanderbijlpark police said the other policeman who went to the house at about 10:30 p.m. was shown the bedroom window and saw Miss Adams sitting on the bed in her nightdress. Mr. Allen was in the room and told the policeman that he had seen Miss Adams entering the bedroom and that she was waiting for him. The police forced her to make a statement after she was hit with a stick by Mr. Allen.

The case was postponed to June 28.
The heartbreak law

'Cruel—but we still love SA'

By JUNE WOTHERSPoon

HEARTBROKEN at having to part because of the Immorality Act, German-born Mr Erhard Klose and his coloured lover, Mrs Reilly, spoke bitterly yesterday of "this cruel law."

But despite the suspended sentence yesterday that means they will have to end eight years together or face jail, they do not plan to leave South Africa for some time.

"It's a cruel law that can part two people who love each other," Mrs Reilly said. "But in spite of everything we still love this country. It will be hard to leave but perhaps after a while."

"I'll go when I have enough money to take Ruth with me," Mr Klose, 31, said. "That won't be for at least five years."

Mr Klose told how he met Mrs Reilly in 1970 when she was working as a shop assistant—and fell in love with her, "I still love her now," he said.

"But all hope of a meaningful relationship or marriage have been destroyed. With the threat of a suspended sentence over one's head what can one do?"

Grim-faced Mrs Ruth Reilly and her German lover, Mr Erhard Klose.

PHOTO: DAVE PUGH-PARRY

Two lovers must part—or go to jail

By CAROL STEYN

TWO lovers across the colour line who have lived together for eight years and want to get married now have to part—or go to jail.

A Johannesburg magistrate, Mr F Ellis, who found Erhard Klose, 31, a white, and Ruth Reilly, 31, a coloured woman, guilty of contravening the Immorality Act by conspiring to have sexual intercourse, sentenced each to six months' imprisonment suspended for three years on condition that they do not again contravene the Act.

And he warned that for the couple to go on living together would be to "court disaster."

They had to remember that in the case of a second conviction under the Immorality Act the suspended sentence would be put into operation and the court would seriously consider a further jail sentence, he said.

Previously Mr K Gordon, for the couple, quoted Dr Andries Treurnicht as having said that apartheid no longer existed in South Africa.

He asked: "What can more effectively put an end to a love affair than to have a suspended sentence under the Immorality Act hanging over the couple's heads?"

In a statement read to the court, Klose told how he met Reilly in 1970 and fell in love with her. "After so many years I am still in love with her... I can't live here in this country because it is a sin, a sin. . . . I hope the time will come when I can marry her."

should conform to set requirements of hygiene as well as provide adequately for the basic needs of the men. The latter necessarily includes hot water, proper sinks, proper toilets with seats, and proper floor covering.

All dormitories should be fitted with gutters and proper drainage. A certain amount of concreting should also be considered. This should be sufficient for the men to walk both to the ablution blocks and to the road without having to tramp through mud. Once again designers should be consulted on a plan to improve the general surroundings which are presently grey and sterile for the most part lacking even occasional trees and grass. It should also be noted that there are no proper recreational facilities in any of the areas. In fact the Langa employer dormitories encroach on what was initially intended to be a sports stadium.
LOVERS WANT TO WED

TWENTY YEAR-OLD Nicholas Miller and his 18-year-old girlfriend "Lydia Spelman, who went to Windshield where they could live freely.

THIRTY YEAR-OLD Nicholas Miller and his 18-year-old girlfriend "Lydia Spelman, who went to Windshield where they could live freely."

GOOD PEOPLE

GOOD PEOPLE

WEEKENDS

WEEKENDS

By Derry Neavin

A YOUNG WOOSTER couple who fell in love across the color...
MANUFACTURERS of baby products have a very good reason for an optimistic viewpoint of future prosperity. The population is increasing by about 60 000 a month, one of the highest growths in the world.

The average growth rate is 2.5 percent a year, which is even higher than the increase for the whole of Africa. Yet makers of baby products have not succeeded in more than a small penetration of the available market.

But as black incomes rise and black families become more sophisticated, the growth rate for baby products could be staggering.

John Sinclair, marketing manager of the baby division of Johnson and Johnson, a wholly owned American company, spells out the implications. Currently, South African mothers are buying two million disposable nappies a year. This figure will rise to three million by the end of this year, yet with two million babies around at any time, the potential for disposable nappies is two million multiplied by 365 days, multiplied by six to eight nappy changes a day.

During 1977, there were 115 000 white babies born and 760 000 black babies. Predictions for the year 1990 are 140 000 white babies and 1 020 000 black babies, which will dramatically increase the current baby-product turnover of R2.5-million a year.

The baby market is divided as follows:

- Fabric softeners R3-million a year, sterilisers R1.5-million a year, tests and bottles R0.5-million a year, disposable nappies R2-million a year.
- Baby food R6.5-million a year and toiletries R3.4-million a year.

By MADGE SWINDELLS
battle of the Pill

champ wins the

Thai Birth control

237
Pregnancies among white schoolgirls — from the age of 14 — in Bloemfontein have increased during the past 10 months.

This was disclosed by a representative of the Bloemfontein branch of the Family Planning Association.

"Since the beginning of the July holidays we have lots of young girls coming to us for help and information," Mrs Lesley Keeton of the Family Planning Association said.

She did not have any statistics available, but was adamant that more girls have visited her office recently than before because "they think they are pregnant".

According to Mrs Keeton, young girls from the age of 14 visited her for advice.

"Parents are either unable or unwilling to sufficiently prepare their children to be able to cope with the freedom today's teenager has," Mrs Keeton said.

Tribune Reporter

"Schools are not allowed to advise children in any respect of the responsibility of their relation ship with the opposite sex, which means the only source of information they gather from one another,"

She added that many Bloemfontein schools and Free State University had large numbers of dropouts as a result of unwanted pregnancies.

"We at family planning will be happy if young girls come to us earlier so that we can educate them and tell them the whole story of what it will mean to have an illegitimate baby," Mrs Keeton said.

"Young girls tend to think a forced marriage was 'like a picnic'," she added.

Mrs Keeton's claims of the increased pregnancies among teenage girls were denied by education officials.

Mr J. A. Meiring, Director of Education in the Free State, said his department was not aware of any exceptional increase in pregnant schoolgirls during recent years.

"During the past 10 years there could have been an increase, but not during the past two or three years," he said.

Mr Meiring then disclosed that instruction on family planning might be introduced in Free State schools and those in other provinces.

He could, however, not say when this would happen.

Experiments on family planning instruction at school are at present being conducted in the Cape, according to Mr Meiring.

A report on these experiments was being awaited. "Until that report is out, nothing will be done in the other provinces,"

"A programme will then be drawn up for all schools,"
POPLATION

Contraception Winning

The birth rate among whites, Asans and coloured people is slipping. That much is clear from the latest Department of Statistics figures.

Most dramatic are figures for coloured births, which dived from 37,2 per thousand of the total population in 1969 to 27,2 in 1976. The death rate declined more slowly, so that the natural population growth rate dropped from 21,5 in 1972 to 15,3 in 1976. (Migration figures are insignificant in the case of coloureds.)

White births declined too, although not as steeply. A significant barrier was broken in 1975 when less than 20 babies were born per thousand. According to Human Sciences Research Council demographer Louis van Tonder, this implies a definite increase in educational levels and the use of contraceptives.

The total number of births dropped too — by 9 000 for coloureds and by 7 000 for whites between 1969 and 1976. Asian figures show a similar pattern, although the particularly low mortality rate among Asians keeps their natural increase high. Figures for Africans are not available, as many fail to register births and deaths.

Van Tonder attributes the marked change to greater use of contraceptives. Contraceptives were made available as early as 1965 to those who wanted them. But a concerted family planning programme only began in 1974, over two decades after the first family planning project was launched in India.

Family Planning chief Wilhe Mostert believes that this year’s R7m budget (R1m up on last year), will prevent about 250 000 births. Although most white women prefer their private gynaecologists, 23 000 whites and 215 000 blacks visited Department of Health distribution points in March this year. This is an increase of over 25% for blacks and 50% for whites since March 1976. The 1980 target is to protect 50% of the 3m women in SA who risk pregnancy.

SA’s birth rates are lower than most of...
Mrs Petronella Venter (30), mother of triplets born at 9.40 am yesterday, in her bed at St Mary's Maternity Hospital in Springs.

Mum gives birth to triplets, dad shouts for joy

East Rand Bureau

A 30-year-old Geduld mother of three was delighted when told she would give birth to twins. She was speechless yesterday when she produced triplets -- all boys.

A jovous father, Mr Willem Johannes Venter, ran into the reception office of St Mary's Maternity Hospital in Springs yelling "triplets, triplets!"

Mrs Petronella Venter, of East Geduld, said from her hospital bed "It is wonderful. My husband and I are too proud for words."

The boys are in incubators.

They are six weeks premature and were delivered by caesarea.

HEALTHIEST

This is the third set of triplets born in St Mary's hospital in the past six years. The Venters are said to be the healthiest and strongest.

The boys are being fed "devicor" (water, intravenously). Mr Venter, a fitter at Impala-Platinum Mine, was a father of two at 9.30 am yesterday.

At 9.40 am he became the proud father of six.

Names for two of the boys have not been decided. One is to be called Andries, after Mrs Venter's father.

The names De Wet and Wimpe won't do as these are her other two sons' names.
NEW MOVE IN
DIVORCE CASE

JOHANNESBURG — In a surprise move in the Rand Supreme Court yesterday counsel involved in the Schlesinger divorce dispute asked for an adjournment, indicating there might be a settlement on the preliminary issue.

This week Mr. Justice R. C. R. Davis has heard argument on Mr. John Schlesinger's application for the setting aside of an edictal citation granted to his estranged wife, Rita, in March.

Yesterday, Mr. W. Oshry QC, for Mrs. Schlesinger, asked that the matter stand down till Wednesday.

He said certain talks were under way and if successful it might make it unnecessary for the Court to decide upon the application.

Mr. J. Kriegler SC, for Mr Schlesinger, said: "It is possible that we may not trouble the Court further."

Argument

In argument yesterday Mr. Oshry dealt with allegations that Mrs. Schlesinger had deliberately deceived the Rand Supreme Court when applying to the Court for leave to sue her estranged 55-year-old millionaire husband.

Mr. Oshry said it was not true that Mrs. Schlesinger had approached the Rand Supreme Court in March to snatch an edictal citation, without giving notice to her Johannesburg lawyers, or her husband, "who lived abroad." Nor had Mrs. Schlesinger deliberately concealed her husband's Geneva divorce action.

On March 21 Mrs Schlesinger, who lives in Geneva, was granted leave to sue her husband by edictal citation.

She was authorised to serve papers on Mr. Schlesinger in London or in Geneva.

Stayed

The issue of the order was stayed, however, when Mr. Schlesinger intervened urgently.

Mr. Kriegler has asked that the order be set aside. Mrs Schlesinger had deliberately deceived the Court, he claimed.

Mr. Oshry said attempts were made to have mention made of Mr Schlesinger's Geneva divorce action when it was discovered this had not been included in Mrs Schlesinger's affidavit, which was placed before court in March.

Mrs. Schlesinger was not immediately available in Geneva to sign a new affidavit. Her Johannesburg lawyers decided not to delay the matter because the Geneva action was not con-
Doctors alarmed over myths regarding contraception

Pills and pregnancy

Many black women, ignorant of modern contraceptive methods, but afraid of unwanted pregnancy, are using an "old Dutch remedy" in the belief that it is a contraceptive or will induce abortion.

If only she had known...

Twenty-four-year-old Ntsele M. of Jahanlanzi, Soweto, is pregnant and unmarried.

In a few months' time, she fears, she will have to give birth to her child at the clinic or hospital.

According to pharmaceutical and medical experts, the pills are useless as contraceptives and, even in overdose, could cause a pregnant woman to abort.

But among certain black women the myth persists — and doctors are becoming more and more alarmed.

A well-known Soweto medical practitioner told Fair Deal:

"In the 20 years I have been practising medicine, I have never had a case of spontaneous abortion in any woman who took the pills."

If any family planning organisation could recommend some contraceptive methods which are not harmful to the woman, they would be advertised in newspapers and the health centres."

It appears, as one of the Soweto doctors, that the tablets were "for women". The directions on both packages were simple and one of the two in the night or..."
Egg production

The new government controls on egg production are unlikely to affect egg prices in the Transvaal, according to a top executive in the poultry industry. He is Mr Cedric Savage, the executive director of a Natal poultry company which sells eggs in the Transvaal.

He said, however, that the controls would almost certainly end the price war in Natal and the Western Cape, where eggs are being sold up to 25 percent below cost.

Ale had mould

When Mrs N Upsher of Randpark Ridge poured a bottle of Culemborg Lite ale into a glass recently, she was astonished to see "things floating around in it." She complained to the Intercontinental Breweries, but after three weeks she had still heard nothing from them. She then sent the beer to Fair Deal. Fair Deal took up her complaint.

continental Breweries tested the beer and told Fair Deal that the "things" were actually mould. They apologised for this.

Where did the mould come from? Mr Jan Barnard, public relations officer for the breweries, did not know. The breweries used second-hand bottles extensively but always took care that they were thoroughly cleaned, he said.
Common brands

The most common brands of these pills on sale in Johannesburg are "Apoi and Steal" manufactured by Petersen Ltd, which is part of the SA Druggists group, and "Martin's Pills" which are manufactured in England and packed and marketed in South Africa by Propan Pharmaceuticals Ltd.

A sample bottle of the Petersen's pills bought by Fair Deal did not state what the pills were meant to be used for. The label on the bottle described them only as "Tablets for women."

The package of Martin's Pills bought by Fair Deal contained a small pamphlet which stated they could be used for contraception, amenorrhoea (absence of menstruation) or iron deficiency anaemia.

Both brands claimed to contain dried iron sulphate, aspirin (which is used to stimulate menstruation) and aloes (which is used as a purgative or menstrual stimulant)

A spokesman for Propan described Martin's Pills as an "old Dutch relief remedy" for menstrual problems.

He said the product had been on the market for a long time and that, in the five years he had been with Propan, the company had never advertised the product or promoted it in any way.

Fishy price an error

The price of salted herring at Checkers, Fernridge Shopping Centre, trebled in price recently — all because of a marking error.

The error was spotted by a Bloemfontein housewife, Mrs Lynn Gschitz who was amazed at the price of R7.80 a kg.

She said she bought 1 kg of salted herring for R1.86 at Pick 'n Pay, Craighall Park.

Mrs Gschritz told Fair Deal she queried the Checkers price with the manager and the result of this information "passed through the grapevine."

Mrs Kim Tedder, chairman of the Abortion Reform Action Group, told Fair Deal that it was common for pregnant women, trying to bring on an abortion, to take enormous doses of laxatives.

But this only "worked," she said, if the women took the laxatives in such enormous and dangerous quantities that they practically poisoned themselves.

When one looks at the way these pills are packaged and presented it is not difficult to understand how the myth arose — especially among uneducated women.

Both samples bought by Fair Deal stated clearly on the bottles morning for a few days before the period is due or, if passed, for three or four days. Then start taking the pills again before the next period.

While the Martin's Pills stated on an accompanying pamphlet that the pills were for "constipation, amenorrhoea and iron deficiency anaemia" the Petersen's pills did not state what they should be used for.

When buying the pills from two Johannesburg chemists, a Fair Deal reporter was told by chemist assistants that they could be used to "bring on your period."

What more would an ignorant woman want to hear if she were trying to get rid of an unwanted pregnancy or afraid of becoming pregnant?

Cohen They now charge 99c per fish. He said this works out to about R2.30 a kg.

If you have spotted a Bad Buy recently, telephone Deccan on 388-4518 (8 am to 12.45 pm), Mondays to Fridays.

Remember to give accurate details of the brand name, size, prices and shops involved and to compare identical products. Special offers do not qualify.

If you cannot telephone, write to "I Spy a Bad Buy," The Star, PO Box 1014, Johannesburg 2000.
Immorality charge: woman found guilty.

EAST LONDON -- An Mdantsane woman was found guilty in court here yesterday on a charge of conspiring to contravene the Immorality Act.

Miss Elizabeth Ngwe, 18, pleaded guilty when she appeared before Mr S van Zyl.

She was sentenced to six months' imprisonment, conditionally suspended for three years.

A man, Mr Gustav Rautenbach, 42, who previously appeared alone in court on March 13 after Miss Ngwe could not be traced, was convicted of conspiring to contravene the Immorality Act.

He was sentenced to two years' imprisonment at the time which was conditionally suspended for three years after he admitted a previous conviction of a similar nature.

Note in boer:

geeskeen (geeskeen articles)
bonie (boer articles)
EAST LONDON -- An Mdantsane woman was found guilty in court here yesterday on a charge of conspiring to contravene the Immorality Act.

Miss Elizabeth Ngwe, 18, pleaded guilty when she appeared before Mr S van Zyl.

She was sentenced to six months' imprisonment, conditionally suspended for three years.

A man, Mr Gustav Rautenbach, 42, who previously appeared alone in court on March 13 after Miss Ngwe could not be traced, was convicted of conspiring to contravene the Immorality Act.

He was sentenced to two years' imprisonment at the time which was conditionally suspended for three years after he admitted a previous conviction of a similar nature.

Note in boer:

geeskeen (geeskeen articles)
bonie (boer articles)
The heyday of the Pill is apparently over in Britain. In South Africa, some say women are going off it, others say it's as popular as ever. Report by SUE GARBETT in Johannesburg and VALERIE JENKINS in London.

Is the Pill boom over?

The Pill is still by far the most popular form of contraceptive in Britain, used as it is by three and a half million women. But it has reached its peak.

The number of young women going on the Pill is now balanced by the number of older women giving it up.

A report from the Royal College of General Practitioners in October last year accentuated a trend that started three years ago.

The report revealed that women who take the Pill are five times more likely to die from circulatory disease — the risk doubles if you take it for five years or more; those most at risk are smokers over 35 years old.

According to another British report, educated women are turning from the Pill because of anxieties over its long-term effects.

Ms Cartwright believes that they will opt for sterilisation or the IUD (inter-uterine device). These are indeed gaining ground. Applications for male sterilisation, vasectomy, are breaking all records in various centres throughout the country.

But what about those who think sterilisation is too drastic? Or who feel that the IUD — which is, in any case, not as safe as the Pill and can cause nasty discomforts — is an unsatisfactory notion?

The Pill is, the FPA insists, still the simplest and most effective form of contraception for the majority. It claims that only women over 30 with a high risk of thrombosis (high blood pressure, overweight, aches and pains in the limbs) should be advised to switch.

In South Africa there seems to be some disagreement over the possible demise of the Pill.

Dr J Rossouw, deputy director of the Department of Health, said in a recent speech in Johannesburg that the popularity of the Pill in South Africa is declining sharply and is now taken by fewer than 50 percent of women who use contraceptives.

The reason he said, was its known side-effects and the fact that women over a certain age group preferred to stop using a temporary method.

He said: "Many women don't like the idea of taking a pill for the rest of their lives, and are changing to other methods of contraception."

"There has been a sharp decline in the number of Pill users in the past few years," he said.

Dr Elin Hammar, head of the Family Planning Clinic in Johannesburg disagrees with him.

"We find the popularity of the Pill is not dropping, because on the whole if women are happy on the Pill, they have less problems than with other forms of contraception," said Dr Hammar.

She quoted statistics to back her up.

"Many women don't like the idea of taking a pill for the rest of their lives."

"In our black clinic in August we saw 4,097 women and of these 3,014 were on the Pill. In our white clinic, 569 out of 551 women were on the Pill."

She pointed out that in the General Practitioners' survey in Britain the clinic did explain to women over 35 that if they were smokers they ran a risk.
The surprise tidbit announces their presence with three vals in unison. From left: Nichola, Julie and Steven with mum and dad.

By Polly Hepburn

A BABY!

HAPPENED

SHED

THOUGHT

WHO

NIOULA BRIDGES

JUST LOOK

31

SUNDAY TIMES MAGAZINE OCTOBER 1 1978
Upset

"When I started the first stages of labour, in my 34th week, I was put on a drip to try to delay it."
"But the next day, because I was getting so upset, they decided to take me down to the theatre."
Nicola said, "I’d left instructions that whatever happened Brian was to be the one to tell me."
"I just couldn’t bear to hear the news from anyone else."
"Even when they took me down to the theatre, I kept convincing myself that it was possible they would be dead on arrival."
"I never thought I’d have one safely. I didn’t think about three."
"I’ll never forget, coming round at night and Brian saying we’d got two girls and a boy."
"When I saw them the next day, I can’t explain how I felt. There were these tiny babies and they were all mine."
"After that it was case of all hands to the rescue as I tried to cope with feeding three, babies at once."
"It’s been absolute chaos with three nappies and five changes a day."
"But I wouldn’t change it for the world."

Mr Raymond Booth, secretary of the Royal College of Obstetricians, said, "The fact that this lady has carried two babies in one womb and one in the other is almost a freak happening."
"It is very unusual for anybody to have triplets—I think it’s a one-in-6,000 chance."
"And it is certainly very unusual for a lady 34th weeks pregnant to conceive triplets."
"She has every right to be proud of herself."

But Nicola and her husband Brian, 24, an accounts clerk, of Ashford, Kent, were determined to defy science and nature.

"Nicola said Brian knew what we married about my difficulties. We talked about it many times."
"Then we decided that we wanted to try for a baby to complete the family."

Nicola went to the clinic in West London where she had already undergone surgery for her problem.

Tests showed that she was likely to lose any baby she conceived. But eight months later she was pregnant.

Soon there were complications. Doctors discovered there were two babies in the same womb and both on one side.

This increased Nicola’s chances of a miscarriage because the womb would be unbalanced and could tilt.

Then the doctors thought she would have triplets.

She told me, "After that it became a guessing game. Are there two, or are there three?"
It became a bit of a joke.

Brian and I talked about it and we decided the only way to get through it was to try not to think about things working out.
Enough's enough for Mrs. S.

Mercury Reporter

MRS. Tembani Shunwane is still thanking heaven for little girls, but she's obviously come to the conclusion that a woman can bear so many and no more...

Earlier this week, Mrs. Shunwane, of First Avenue, Clermont, named her four new-born daughters — believed to be the first quads born at King Edward VIII Hospital since 1972.

Remembering she had another two daughters, aged two and four, at home, Mrs. Shunwane decided she needed to give her latest additions appropriate names — and she succeeded.

No. 1 is called, on the contrary, Ntombizodwa, which means "Girls Only."

Arrival No. 2 was named, probably in frustration, Ntombezonke, meaning "All Girls."

When it came to No. 3, the Shunwanes obviously felt that giving birth to triplets was something to be proud of and she was duly appointed as Ntombezithu, or "Our Girls."

But, No. 4 understandably made them realize they'd just had another four children and that there were now seven females in the Shunwane family. Dad Shunwane probably had a hand in helping to name her Ntombezihole, which means "Enough Girls!" — and they both mean it.

Mrs. Shunwane was told yesterday that to ease the burden of feeding her daughters, she would be sponsored with a baby formula manufactured by Wyeth Laboratories, which can be used in place of breast feeding.
JERRY Shumwane with his two elder daughters, Hlangirwa aged two and Badumisile aged four. He now faces a serious problem of space and lack of money following the birth of quadruplet daughters.

"We're living in a one-bedroom house," said Tembani. "There's no room for the kids."

The couple have spent the past week and a half at a nearby hospital, where the four babies were born. They live in a small room with a few basic amenities, but the space is not enough for all six people. The hospital has been offering support, including food and medical care.

Tribune Reporter

The excitement and pride of becoming the father of South Africa’s newest set of quads is tinged with more than a little anxiety for Jerry Shumwane. He lives with his wife and three young children in a small room in a crowded neighborhood.

The couple already have two other children — a boy and a girl. They have a small room to accommodate them, but the space is tight. They sometimes have to sleep on the floor.

Jerry is a modest man who works as a laborer. He has a wife and three children. They live in a small room with limited space for all of them. They have a small room to accommodate them, but the space is tight. They sometimes have to sleep on the floor.

"I don't have enough room for the babies," said Jerry. "We need more space."

The hospital has been offering support, including food and medical care. The family is grateful for the help.

The family has been living in a one-bedroom house for the past month. They have been trying to find a bigger place to live, but it has been difficult.

A pharmaceutical company, Wyeth Laboratories Ltd. has generously undertaken to provide the babies with free milk powder for as long as they need it and Jerry's host, Mr. Peter Kettle of Designs Unlimited, a furniture manufacturing company, has presented him with a set of five occasional tables.

And that's all. Tembani did not even have a cot for her new babies until an anonymous doctor donated one just as she was leaving King Edward yesterday.
THE MULTIPLYING PROBLEMS OF A...

QUAD DAD

OR WHY 4 MORE INTO ONE LITTLE HUT WON'T GO
Effect on the Workers

SA’s people drain (if it proceeds as projected) will almost halve the projected increase in the white male labour force, according to Stellenbosch demographer Jan Sadie, writing in the Journal of Studies in Economics and Econometrics.

According to Sadie, 26,000 white men should enter the labour market annually if historical trends continue. With zero net immigration, however, only 15,700 will enter each year — a 40% decrease in the rate of increase of new white male workers.

For the next two years, he argues, the number of new white male entrants to the job market will be cut by another 5,000 because of a prolonged military call-up. That means that the white male labour force will expand by only 4% of its 1977 rate.

White men will therefore, says Sadie, only be contributing 7% to the supply of the total male labour force — and, as he points out, even when they were contributing much more than that, SA was experiencing a skewed labour bottleneck.

Part of Sadie’s projection is based on the decline in the white birth-rate, which he expects to be 1.01% by 1980 compared with almost double that figure as recently as 1975 (1.95%). This has been a trend for some time, but without the 27,000 odd net immigration gain of the 1970-76 period, there are no longer whites around to take up the slack.

The implications for business are obvious and enormous — Sadie notes that "at the end of the most severe recession since 1933" fully 45% of respondents to Stellenbosch JR’s Opinion Survey reported difficulties in obtaining skilled labour. How much worse will the problem be in the event of an upturn — and with thousands of youths serving shorter military training periods?

Sadie sees the answer in a crash programme to train skilled artisans and hopes that the white labour force will reverse the trend of drifting from shop floor jobs to white collar alternatives. There’s little chance of the latter — so a larger proportion of those new artisans are going to have to be black.

Says Sadie, a continued scarcity of white labour amidst an abundance of human material capable of being trained makes neither economic nor political sense. 
POPULATION

VITAL STATISTICS

6 JAN. 1939 - 27 April 1980
How safe is the pill?

By Ron Gray

The use of hormones for contraceptive purposes is a relatively recent medical advance. Only in the 1950s did researchers discover that two types of hormones, called estrogens and progestogens, could, in combination, act as a highly effective contraceptive.

These substances are the constituents of combined oral contraceptives, commonly called "the pill" which first became available for general use in the United States in 1960.

The pill was rapidly adopted in many other countries, and the growth in popularity of this drug has been such that, according to present estimates, more than 80 million women around the world are currently using the pill.

This is a unique situation in modern medical science, since never before have such a large number of healthy young women taken potent hormonal drugs over long periods.

In the United Kingdom and the United States has confirmed these findings, and has also shown that the use of oral contraceptives is associated with an increased risk of heart attacks (myocardial infarction) and of high blood pressure (hypertension). This catalogue of cardiovascular conditions linked with the pill is daunting, and it can be added other illnesses such as an increased risk of gall bladder disease, migraine and diabetes.

Balanced against these increased risks are the pill's protective effects. For instance, benign tumours of the breast and ovary, severe menstrual disorders and rheumatoid arthritis is protected by the pill.

But it was not until the pill had been in general use for eight years that researchers in Oxford first showed an association between the use of oral contraceptives and an increased risk of blood clots (thrombo-embolic disease) affecting the veins of the leg, lung and brain.

Subsequent research both in the United Kingdom and the United States has also confirmed these findings, and has also shown that the use of oral contraceptives is associated with an increased risk of heart attacks (myocardial infarction) and of high blood pressure (hypertension). This catalogue of cardiovascular conditions linked with the pill is daunting, and it can be added other illnesses such as an increased risk of gall bladder disease, migraine and diabetes.

Balanced against these increased risks are the pill's protective effects. For instance, benign tumours of the breast and ovary, severe menstrual disorders and rheumatoid arthritis is protected by the pill.

Almost all the studies in the association between pill use and cardiovascular disease have been undertaken in industrialised countries, where women frequently have characteristics which place them at high risk of cardiovascular illnesses.

They often have weight problems, they take relatively little physical exercise and many smoke cigarettes. In most developing countries, this is not the case and the cardiovascular hazards may be substantially lower. In addition, the high risk of death associated with childbirth in non-industrialised countries may be much higher than those in industrialised countries.

Almost all the studies in the association between pill use and cardiovascular disease have been undertaken in industrialised countries, where women frequently have characteristics which place them at high risk of cardiovascular illnesses.

They often have weight problems, they take relatively little physical exercise and many smoke cigarettes. In most developing countries, this is not the case and the cardiovascular hazards may be substantially lower. In addition, the high risk of death associated with childbirth in non-industrialised countries may be much higher than those in industrialised countries.

Clearly the question "How safe is the pill?" does not lend itself to any simple answer. Despite its actual and potential health risks, many millions of women throughout the world would find it an effective and acceptable method of fertility control and the overwhelming majority experience no ill-health as a result.
3.1.4. Etheredge projections, 1976-81-85

In a recent article in Optima, Mr. D. Etheredge, General Manager of the Anglo American Corporation, discussed the potential of various minerals during the 1970s. Although it is not always easy to make estimates, it seems worth at least for the purposes of analysis.

Von Wielligh projected the following rates of growth:

1) Copper: 6.1 - 6.4 per cent per annum; Von Wielligh 9.4 per cent per annum. Production is expected to increase from 2.4 million tons to 5.5 million during the next 5 years. Much of this will be used to produce ferro-chrome in South Africa at Tobatse and CMI in the Lydenburg district. If these plans are realized - and the market for chrome and ferro-chrome depends on the state of the world steel industry - their output will be increasing at about 18 per cent per annum into the early 1980's with Plewman's upper level projected production for 1980 (2472 thousand metric tons) probably being surpassed in 1977. (Note: production = 3 319 t.m.tons).

2) Manganese: (Plewman 7.7 - 8.0 per cent per annum; Von Wielligh

3) Chrome: (Plewman 6.1 - 6.4 per cent per annum; Von Wielligh 9.4 per cent per annum). Production is expected to increase from 2.4 million tons to 5.5 million during the next 5 years. Much of this will be used to produce ferro-chrome in South Africa at Tobatse and CMI in the Lydenburg district. If these plans are realized - and the market for chrome and ferro-chrome depends on the state of the world steel industry - their output will be increasing at about 18 per cent per annum into the early 1980's with Plewman's upper level projected production for 1980 (2 472 thousand metric tons) probably being surpassed in 1977. (Note: production = 3 319 t.m.tons).

4) Manganese: (Plewman 7.7 - 8.0 per cent per annum; Von Wielligh
(c) Yes [3, 93, 94, 95]

Cases of suicide: uncorrected figures

Mr. N. E. A. M. asked the Minister of Statistics:

1. How many cases of murder and suicide attempts will be investigated in South Africa in 1939 and the number of years for which there are figures.

2. How many cases of suicide and attempted suicide:
   (a) under 20 years,
   (b) from 20 to 29 years,
   (c) over 30 years.

The Minister of Statistics:

<p>| | |</p>
<table>
<thead>
<tr>
<th></th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>(1) (a)</td>
<td>554 256</td>
</tr>
<tr>
<td>(b) not available.</td>
<td></td>
</tr>
<tr>
<td>(2) (a) (i)</td>
<td>50</td>
</tr>
<tr>
<td>(ii)</td>
<td>20 22</td>
</tr>
<tr>
<td>(iii)</td>
<td>125 55</td>
</tr>
<tr>
<td>(iv)</td>
<td>229 22</td>
</tr>
<tr>
<td>Total</td>
<td>560 4.7</td>
</tr>
<tr>
<td>(2) (b) (i)</td>
<td>9 10</td>
</tr>
<tr>
<td>(ii)</td>
<td>25 25</td>
</tr>
<tr>
<td>(iii)</td>
<td>55 55</td>
</tr>
<tr>
<td>(iv)</td>
<td>64 55</td>
</tr>
<tr>
<td>Total</td>
<td>150 129</td>
</tr>
</tbody>
</table>
Study shows drop in Coloured, black births

Johannesburg — The birth rate of Coloureds and blacks has declined noticeably in recent years, says Dr W. P. Mostert of the Department of Health. He calculates that the Coloured birth rate per 1,000 people dropped from 46.8 to 27.2 between 1964 and 1976, a decrease of nearly 42 per cent.

His calculations for blacks are a drop from 42 to 38.5 births per 1,000, an 8.4 per cent decline.

Writing in the official journal of the South African Bureau for Racial Affairs, Dr Mostert attributes the fall in birth rates to the state family planning scheme introduced unofficially in 1965 and officially in 1974.

In a closer scrutiny of the birth rate in the Coloured community, his calculations show that the average fertility rate dropped from 8.1 children per woman in 1965 to 3.3 in 1976. Comparable figures for whites over the same period were 3.0 to 2.3 — DDC
The population explosion

The Chris Barnard column

WHILE we fiddle on about the information and other scandals, the real problem, the over-population scandal, is setting the world alight around our ears.

We go pale at the thought of abortion on demand, birth control for all, compulsory sterilisation for overbreeders, and repeat a few phrases about decent housing and education — while ZPG (Zero Population Growth) is as far away as ever.

Perhaps you are one of those people who think South Africa's major problem is one of foreign military threat, or Black Africa against White Africa, or even East against West. You couldn’t be more wrong. Those problems exist, perhaps, but they are so far down the list of priorities that we can ignore them.

What is breathing down our necks right now in the world's only real problem — the fact that during the 21st century it took you to read this far another 85 people ‘are added to this planet. By the time you get to the end of what I have to say there will be more than 500 billion demanding their share of the world's dwindling resources. And before you go to bed tonight the very earth will groan under the load of another 133,000 human beings, irrespective of the death rate.

These figures were taken from statistics issued by the UN early in 1970. The position today is possibly even more urgent.

Plain Truth

I know I’m repeating myself, but before you accuse me of getting obse- sive, let me ask if it is possible to be too obsessive about the survival of mankind? If the answer is ‘Yes’; then I say it is a magnificently obvious and far preferable to the sanity of UN involvement.

Forget the technocrat’s loo-hoo about the green revolution, the breakthrough in farming methods, the use of science in feeding the millions to come. The plain truth is that if you haven’t got the infrastructure of education, industry, communications and all other generators of capital you can grow free wall-to-wall porterhouse steaks if you like and the people will still starve. Because the ‘means and motivation for getting food into the hungry will not exist.

South Africa, not by any means the most threatened at the Earth’s living areas will simply have to change its breeding habits, or double its infrastructure within the next 50 years — just to stay level. No growth, no improvement.

no replacement of ageing machinery, nothing but a rapidly deteriorating quality of life.

Indicator

The family car sitting in the garage this weekend, if you are one of the priviledged few percent who love at that level, is an indicator of how things are going. It is sitting there mainly because you can no longer afford casual items. Not because the Arabs are getting greedy, but because there are already too many people chasing too few resources and the prices are beginning to rise.

From here on, every extra mouth is taking some of the bread from yours. And that goes whether you are wealthy or poor, Black or White. It may take a bit longer to get to the wealthy, but in the end people pollution affects all of us.

What to do? Government will have to bite on the bullet and legislate against the breeders. With the spectre of Mrs Gandhli before them — possibly the only Indian politician who ever faced up to writing in the wall and was forced for it — few world leaders will relax the idea.

Only hope

Let me spell it out. Immediate steps which have become dire necessity are free over-the-counter birth control for all, sex education for everyone and a national campaign to bring home the fact to all race groups that ZPG is our only hope.

Then should follow selective taxation in which bachelors score heavily and married couples are allowed relief for the first two children, losing all tax benefits on the birth of the third. Coupled with this should be a national drive to provide everyone with decent housing and an adequate level of education in order to give the nation the skills it will ‘need’.

The latter monitoring at the birth rate will show us more stringent steps are needed, such as compulsory sterilisation for both husband and wife on the birth of the second or third child.

Let me have no puling, priestly or sanctimonious politicians harass us on spiritual values and the freedom of the individual.

It is true that man does not live by bread alone but there where is no bread there is no possibility of anything else and I speak of a future where there will be no individuals free enough to do more than survive.

It is not overstating the case to say that breeding couples are the terrorists of the future in a way that no octogenary television viewer could possibly imagine.

Silent

The people who should be taking the lead in protecting us against the miseries of over-populated future stay silent. Educators, politicians, the medical profession, religious leaders all turn away in embarrassment and mutter only oh the old cliches when asked to comment.

Their problem is that they are caught in a semantic trap. They purport to stand for progress, but until now this was always linked with growth. They look back to a former Eden where God’s commandments were to go forth and multiply and replenish the Earth.

We have more than fulfilled that injunction. The Earth’s ecology staggers under the teeming millions. Uncounted numbers perish daily from hunger and neglect. Lake rats in an overcrowded cage we savagely cull for clothing with no reason. And still our priest-leaders avoid the problem.

Am I the only voice to say so? Is there no one who agrees with me? Should we, if you do, stand up and say it out loud? Only in that way can we create the political will to ensure we maintain some semblance of civilised standards in the coming dark age.
Illegitimate children

Mr G N OLDFIELD asked the Minister of Statistics

(a) How many illegitimate children were born during 1975 and 1976, respectively,
and (b) how many of such children are (i) White, (ii) Coloured and (iii) Indian.

The MINISTER OF STATISTICS

<table>
<thead>
<tr>
<th></th>
<th>1975</th>
<th>1976</th>
</tr>
</thead>
<tbody>
<tr>
<td>(a)</td>
<td>39 828</td>
<td>40 412</td>
</tr>
<tr>
<td>(b)</td>
<td></td>
<td></td>
</tr>
<tr>
<td>(i)</td>
<td>3 297</td>
<td>3 570</td>
</tr>
<tr>
<td>(ii)</td>
<td>33 471</td>
<td>33 743</td>
</tr>
<tr>
<td>(iii)</td>
<td>3 060</td>
<td>3 099</td>
</tr>
</tbody>
</table>
Drop in world's population growth

The Star Bureau

NEW YORK — The world's population growth rate continued to decline last year and there is a definite trend toward smaller families in both industrial countries and many developing nations, according to a report prepared by the United Nations Fund for Population Activities.

But Dr. Rafael M. Salas, executive director of the fund, warned in an annual "State of World Population" report that the findings concerning falling birth rates should not be construed as meaning that the world's population growth problem was over.

"It would be a grave error of judgment to make the tempting leap from pessimism to optimism and suppose that the population problem has been solved," Dr. Salas said.

Even if the present slowdown in fertility rates was maintained during the next 20 years, the world's population of 4 billion would increase by nearly 2 billion by the year 2000. This was because the dramatic population growth in the Third World in the last 30 years had resulted in the fact that nearly 40 percent of the population of many of these nations was under the age of 15 and thus on the verge of entering the child-bearing period.
of the month

Births

252 Mr. H E. J. E. VAN RENSBERG asked 26/4/73

the Minister of Statistics

1. How many (a) White (b) Coloured
   and (c) Indian births were registered
during 1977 and 1978, respectively.

2. How many of these births in each race
group were illegitimate

The MINISTER OF STATISTICS

1977

1. (a) 74 047
   (b) 65 114
   (c) 18 881

2. (a) 3 348
   (b) 32 776
   (c) 2 433

Data for 1978 not yet available.
New approach to divorce laws

THE Divorce Act of 1979 comes into force on July 1 and with it comes a seemingly new approach, which some say will substantially clarify and modernise what they consider to be the archaic divorce law of South Africa.

The changes must however be viewed with caution.

In the past a decree of divorce has been granted on any one of the following grounds: adultery; malicious desertion; incurable insanity for seven years; a declaration that one of the spouses is a habitual criminal followed by five years' imprisonment.

The new Act brings in the principle of the "no-fault divorce." From July the only grounds for divorce will be the "irretrievable breakdown" of the marriage or mental illness or continuous unconsciousness as explained in the Act.

The usual grounds of malicious desertion and adultery fall away.

But how this is all going to work out in practice is another matter. Practising lawyers are adopting a wait and see attitude but if we read the conservative and Christian South African scene correctly, with its background of Roman-Dutch Law, malicious desertion and adultery will not lose their importance in our legal outlook.

If a wife has been guilty of such misconduct it will have great importance in helping the judge to decide whether she should receive maintenance or have custody of the children. For if the position were different it would lead to tremendous injustice. A marriage partner who has caused the "irretrievable breakdown" of the marriage through his or her adultery or malicious desertion can hardly expect to receive maintenance as a reward for his or her adultery or malicious desertion.

It does mean, however, that such a guilty party might as plaintiff obtain a divorce by proving an "irretrievable breakdown." The snag is that such a divorce would probably be without maintenance. But the significance is that a party with independent means may be able to force the issue and obtain a divorce and then live on his or her own private income, though custody of the children would have to be a consideration.

Irretrievable breakdown means that the marriage has reached such a stage of disintegration that there is no reasonable prospect of the restoration of a normal marriage relationship between them.

Irretrievable breakdown is a question of fact and can be proved in the normal way by any relevant evidence. It does not necessarily imply fault on the part of one or both of the spouses. It could also be due to incompatibility or temperament, personality defect or cultural difference.

However, the court is given a discretion to accept as sufficient proof of irretrievable breakdown:

(a) Evidence that the parties have not lived together as husband and wife for a continuous period of at least one year immediately prior to the date of the institution of the action. Living together as husband and wife does not necessarily imply sexual intercourse if that has ceased by mutual consent. On the other hand, living under the same roof does not necessarily mean living together as husband and wife. This is likely to become the common form of divorce action. It is in effect divorce by consent and the Court is not bound to find irretrievable breakdown on such evidence.

(b) Evidence that the defendant has committed adultery and that the plaintiff finds it irremediable with a continued marriage relationship. This in effect reintroduces the concept of divorce on the ground of adultery. But it is now a matter of discretion in the Court and not as a matter of right.

(c) Evidence that the defendant has been declared a habitual criminal and is in prison.

The other grounds for divorce are mental illness and continued unconsciousness. Where mental illness is concerned the period which must lapse before incurability can be found is reduced from seven years to two years. If unconsciousness is due to a physical disorder of not less than six months' duration the Court may grant a divorce provided there is no reasonable prospect of recovery.

Don't take it so hard — Dr Koornhof hates passes too!
Elise Rosemarie Miller (left) and Bertha Jacobs (right) lost their first taste of education this year — at the age of 12. Thanks to the efforts of women of Troy Women's Club, they are now attending a school for girls.

By BERTHA JACOBS

"Because they have no racial identity, forced to live in the shadows.

"They are the twilight children — neither dark nor light. They don't belong to any race. Which means they don't belong anywhere. They all go to the 'school for the colored.'"

"We can't force them to integrate. It's not the thing you can force. They play in the same playgrounds, drink water from the same fountains, go to the same parks."

"We just want them to be good citizens."

"And we're doing our best to give them a good education."

"We're teaching them everything about life."
to any race.

Anywhere else they would just be a bunch of regular kids, boys and girls, aged from about seven to 13, some colour-casted, some face-lit, but the 35 kids at the school claim the township outside Johannesburg are extremely irregular.

For judgment by the all-mighty yardstick they don’t exist.

They are not "classified." So they don’t belong to any race. Which means they don’t belong anywhere. Neither dark nor light. They are the twilight children.

"This is the school for the excluded," says social worker Mary Fitzgerald.

Some were robbed of their racial identity by floods that swept through the shanty town, drowning their population registration documents.

Chance

For these there is a chance. By battering atms against the doors of schools, they try to reach their parents’ houses and delivered by local women rather than proper missionaries, they never get to school until they try to go to school.

But a large part, perhaps most, of the pupils at the school present their parents with a problem which is not practical and which has no solution.

It is a problem which cleaves to the core and lays bare that horror unique to South Africa - the fear of becoming black.

Those who face such a nightmare are the couples where one partner is black and the other coloured.

In a society which has been relentlessly polarizing black and white for so long, it is highly unlikely that one could come across a black and white living together and producing progeny in 1979.

Subtle

The problem of race classification has become more subtle. There is little chance of a black going as white but there is some chance of him or her being coloured.

The problem arises when children are born. If a child is registered it must be registered as being of some race. The "danger" is that it may be classified black.

"If the child is classified black, the family immediately loses its qualification for a house in the coloured area, and is moved to Sebeto," says Mary Fitzgerald.

"For a coloured that is the ultimate catastrophe." She is stating a simple social fact, not expressing a prejudice.

This explains why dark-skinned Else is never been to school before this year, though she is 13.

Her father, a coloured, earns a good wage as an artisan. Her mother has a job as a factory. But she is black. So Else’s birth was not registered and the Government schools would not accept her. While her contemporaries completed their primary schooling, Else stayed at home doing domestic chores or roaming the streets getting into trouble.

Until "The Women of Troy" found her and persuaded her to come to the "school". I could not discover why they gave her that name. The "Women of Troy" had set themselves - creating some social order from the mess of Kipstown.

The women - ordinary members of their community - associated spontaneously but now receive some guidance from Miss Fitzgerald of the Centre for Social Development at Wits University.

Two of them - Mrs. Bertha Jacobs and Mrs. Rhoda Muller - disturbed by the "danger" of risks in the street - conceived the idea of the "school".

Drop-out

At first it was called the drop-out school. Until the women discovered that hardly any of the kids were there because they couldn’t cope with ordinary school.

They were there because they couldn’t get into the other schools. So the name was changed simple to "the school" although "the twilight school" would not be an inappropriate name.

Most of these children inhabit a tenacious position between black and coloured.

The school was run down. Quite large houses on private estates were used to live in. Kipstown was a white and then a mixed area.

Frustrations

A woman with a university degree and teacher’s diploma was sent out for three mornings in the week. "But it didn’t work," says Miss Fitzgerald. She was a good teacher but she could not cope with the frustrations of teaching in Kipstown.

So the two Trojans women took on the task themselves. Before they had help from more than the humble task of caring for the children. They now teach grades up to Standard One with their Indian, coloured, Afrikaans, reading, writing, arithmetic, hygiene, physical education.

"I have found it difficult to teach but I am learning as I go along," says Mrs. Jacobs.

"Many of my friends are teachers and if I have problems I go to them," adds Mrs. Muller.

They see themselves as breaking a vicious circle. Most of the parents are illiterate and so the children are likely to end up illiterate - "unless we do something about it."

They say there are still "thousands out there" in similar situations. They get no cooperation from the parents.

"People don’t realise that if you help yourself others begin to help you," says Mrs. Muller.

There is no lack of cooperation from the children. They come to school voluntarily, "if they want to come their parents certainly wouldn’t force them," Mrs. Muller says wryly.

"They look forward to school," Miss Fitzgerald says without any trace of propaganda. "It is a place where someone notices and cares for them."

"The women don’t just teach them. They help to socialize them. Every Friday before going home they clean the school and then have a bath."

"The women also insist on clean clothes. They say there is no reason why they should be dirty even if they are poor."

The children also receive a plate of soup and a peanut butter sandwich every day. For most it is the only meal. After the long holidays most came back emaciated. After a visit to the local clinic three were found to have TB.

Discovery

A discovery Miss Fitzgerald made on her last visit to the school was subscribed to underline her description of the place as a "school for the excluded."

It was holiday time and she asked Mrs. Muller whether she had seen any of the children at the holiday entertainment programme organised by the Government schools at nearby Eldorado.

"People don’t realise that if you help yourself others begin to help you," says Mrs. Muller.

There is no lack of cooperation from the children. They come to school voluntarily, "if they want to come their parents certainly wouldn’t force them," Mrs. Muller says wryly.

"They look forward to school," Miss Fitzgerald says without any trace of propaganda. "It is a place where someone notices and cares for them."

"The women don’t just teach them. They help to socialize them. Every Friday before going home they clean the school and then have a bath."

"The women also insist on clean clothes. They say there is no reason why they should be dirty even if they are poor."

The children also receive a plate of soup and a peanut butter sandwich every day. For most it is the only meal. After the long holidays most came back emaciated. After a visit to the local clinic three were found to have TB.

"Perhaps once they have mixed with the white people, they’ll realize they are just the same as themselves."

What happens to the twilight children? Leaving the school is not clear. Some - much older than the normal age for their class - will go on to the adult education school and run in the Women of Troy in the same buildings.

For these children - like Else - the twilight school will have been a tremendous help in getting them over the first hurdle of education. At other schools they would have been mercilessly scorned for being too old.

Others may go straight out to work in other cases the twilight school will have given them a greater feeling of belonging. We hope that it will help them up a little in the world. And let some heat into their twilight world.
BLACKS have the highest mortality rate compared to other racial groups in the country.

According to a report by the South African Medical Journal, the majority of deaths among blacks occurred in children under the age of five years. Around 50 percent of all deaths among blacks occurred in this age group in 1970, compared with only seven percent of all deaths among whites.

The journal says black and colored mortality rates were similar, except for those of whites, while Asans held an intermediate position.

The rates were calculated from official Government publications and the mortality has been calculated as the average number of deaths over the four-year period (1968-1971) covered by the reports.

The population figures used to calculate rates are those reported in the 1970 census.

The mortality rates for the black population could not be calculated directly from the Department of Statistics reports. Deaths are given only for “selected magisterial districts” for which the population amounted to approximately 3.6 million in 1970.

No estimates of age distribution of this population are given, the report states.

Statistics show that the mortality rates for blacks were higher than those of whites up to the age of 45 to 54 years, with those of the Asans in the intermediate position.

The mortality rates of black and coloreds were similar to each other over the whole age range. But in the 35 to 64 years age group the mortality rates for Asans exceeded those of coloreds and blacks.

The data show that the age-specific mortality rate between blacks and whites in 1970 deaths per 1,000 population were among the infants, 21.6 for whites, 27.9 for blacks. The rate among the 55 to 64 age groups between the two races are 20.1 for whites and 27.7 for blacks.

African Housing Podder

ATTENTION: Publishers, please use our agreed-upon price list.
RURAL BABY BOOM

ALTHOUGH there is some argument in South Africa about what the total population will be by the turn of the century, the consensus is that it will be very much larger than it is now, with most authorities predicting at least a doubling.

What this overall total masks is that our population explosion, now underway, is largely a Black one and, to be specific, an African phenomenon. Recent surveys indicate that in our far from homogeneous country, the Whites, Indians and Coloureds have responded well to the common sense of family planning programmes.

There is also evidence that urban Africans seem willing to accept the small family norm, although the trend is less marked than with other race groups. This is not so in rural African communities. There, the majority of women regard six children or more as the ideal.

According to the Family Planning Association, 2,000 babies are being born daily in southern Africa. A health worker recently put the matter more graphically. In almost any of the bigger hospitals in the homelands and Black states enough births are occurring to require ultimately the construction of a new school monthly. And there are dozens of such hospitals.

Tradition plays a big role in this. The message that the urban African is accepting is that more than two or three children are a liability. Not so in the rural areas — there every extra child is regarded as an asset, a future addition to the labour force.

That this is simply not so makes no difference. Unemployment, poverty and hunger are the lot of far too many rural Africans and all stem from overpopulation linked with under-education.

This great difference in rural and urban attitudes seems to point to a breakdown in communication.

Tradition is certainly a strong force but all over the world traditions which have held sway for hundreds of years are breaking down in the face of change. The question here is whether enough is being done to get the supremely logical family planning message into rural areas.

One has only to travel in them to realise that with the best will in the world — and a limited budget — this is a tremendously difficult task.

Much is being done by dedicated workers in both the private and the public sector but it is pertinent to suggest that the rural areas represent not just a problem but a critically important one for the future of southern Africa.

The modest budget should certainly be vastly increased and a thorough review of the effectiveness of the approaches being made carried out.
ORGANISED family planning is a fairly new concept in South Africa

The Family Planning Association of South Africa has to date been nursing a baby that has only over the last year shed its teething problems. Now its membership has increased to such an extent that it hopes to widen its activities.

As National Executive Officer, Mrs. Janet Williams has watched the association's progress with a certain pride. And she has cause to as she was one of those behind the hard work that went into its making.

As a mother of two carefully planned children plus six cats and a dog ("and if that's a case of maternal instincts showing through, then clearly I've got them"), Janet is emphatic that she is not a "do-gooder". She has made this line of work her career but she likes feeling she is, at the same time, being useful to people.

Janet is in charge of the administration and supervision of the four regional offices "round the country, travelling three or four times a year to the different provinces. "If we had more money I would travel more. It's so important to keep in contact."

At the moment there are only 22 trained staff members in South Africa. "Family Planning is not like ordinary charity work. We need trained people with the right personalities. And voluntary workers to open doors so that we can do the work. We receive a R70 000 annual subsidy from the Government and a free supply of contraceptives. But we need to employ more highly trained staff."

Janet has an Honours degree in history from a British university.

"I had no particular training in my present field. In my job you need to be a social worker, demographer, environmentalist, manager, accountant - all rolled into one. But no one person can do all that I do the best I can."

The Family Planning Association has two main ongoing objectives. The first is the prevention of unwanted pregnancies of unmarried women. Durban is reputed to have one of the highest teenage pregnancy rates in the world.

Their second objective is an involvement in community development projects.

The association is trying to establish points of contact with young people through schools, the Y M C A, nursing colleges and universities. And with that aim in mind, they have employed an African male educator who will be based at the Kwa Masha Y M C A.

Glynis Underhill
Artificial insemination by donor is gaining in popularity as an option for infertile couples who struggle to adopt babies in the era of the Pill, abortion, and unmarried mothers. What is the position regarding AID in South Africa? SUE GARBETT investigated from a medical and a legal point of view.

AID—offence in South Africa is it an or not?
to any race.

Anywhere else they would just be a bunch of regular kids, boys and girls, aged from about seven to 13, some coffee-coloured, some pale-white. But the 35 kids at the "school" in Kliptown outside Johannesburg are extremely irregular.

For judged by the all-important yardstick they don't exist.

They are not classified. So they don't belong to any race. Which means they don't belong anywhere. Neither dark nor light. They are the twilight children.

"This is the school for the excluded," says social worker Miss Mary Fitzgerald.

Some were robbed of their crucial racial identity by floods which swept through the shanty town, destroying their population registration documents.

Subtle

The problem of race classification has become more subtle. There is little chance of a black going as white but there is some chance of him or her going as coloured.

The problem arises when children are born. If the child is classified black, the family immediately loses its qualification for a house in the coloured area and it moved to Soweto," says Miss Fitzgerald.

"For a coloured that is the ultimate catastrophe." She is stating a simple social fact, not expressing a prejudice.

This explains why dark-skinned Elise has never been to school before this year, though she is 13.

Her father, a coloured, earns a good wage as an artisan. Her mother has a job in a factory. But she is black. So Elise's birth was not registered and the Government schools would not accept her. While her contemporaries completed their primary schooling, Elise stayed at home doing domestic chores or roamed the streets getting into trouble.

Until "The Women of Troy" found her and persuaded her to come to the "school." I could not discover why they gave themselves that name but the horrific connotations seemed appropriate to the task they had set themselves - creating some social order from the mess of Kliptown.

The women - ordinary members of their community - associated spontaneously but now receive some guidance from Miss Fitzgerald of the Centre for Social Development at Wits University.

Two of them - Mrs. Bertha Jacobs and Mrs. Rhoda Muller - disturbed, by the number of kids in the street, conceived the idea of the "school."

Drop-out

At first it was called the drop-out school. Until the women discovered that hardly any of the street kids were there because they couldn't cope with ordinary school.

They were there because they couldn't get into the other schools. So the name was changed simply to "the school," although "the twilight school" would not be an inappropriate name.

Most of these children inhabit a tenuous position - between black and coloured. The school is a rather run-down, quite large old house once occupied by the whites who used to live here when Kliptown was a white and then a mixed area.

Discoveries

It is rented from the Johannesburg City Council for £30 a month, which the Centre for Social Development pays. When the school started in April last year, Mrs. Jacobs and Mrs. Muller - neither trained as a teacher - asked the centre to provide professional help.

There is no lack of cooperation from the children. They come to school voluntarily. "If they didn't want to come their parents certainly wouldn't force them," Mrs. Jacobs says bravely.

"They look forward to school," Miss Fitzgerald says. "We have no trace of propaganda "It is a place where someone notices and cares.

"The women don't just teach them. They help socialise them. Every Friday before going home they clean the school and then have a bath.

"The children also receive a plate of soup and a piece of bread and butter sandwich every day. For most it is the main meal. After the long holidays most came back educated after a visit to the local clinic. Those who had been found to have TB were put in TB.

Discoveries

Miss Fitzgerald made on her last visit to the school this week, served to underline her description of the school as a place for the excluded.

It was holiday time and she asked Mrs. Muller why she had not seen any of the children at the holiday entertainment programme organised by the Government schools at nearby Eldorad.

"People don't realise that if you help yourself others begin to help you," says Mrs. Muller.

"Our children are terribly sensitive about that," Miss Fitzgerald said afterwards. "But what can we do? We can't force the other children to let them play. Anyone who thinks you can force integration is naive."

Tutor

But she hoped that an indirect solution might be found. Some Standard 6 kids at the "proper" schools had offered their own accord to tutor the twilight kids.

"Perhaps once they have mixed with them they will realise they are just the same as themselves."

What happens to the twilight kids after leaving the school is not clear. Some - much older than the normal age for their class - will go on to the adult education school also run by the Women of Troy in the same building.

For these children - like Elise - the twilight school will have been a tremendous help in getting them over the first hurdle of education. At other schools they would have been mercilessly scorned for being too old.

Others may go straight out to look for work in either case the twilight school will have given them a greater feeling of belonging, will have hiked them up a little in the world.

And let some light into their twilight world.
Babies born as a result of artificial insemination by donor are alive and well and increasing in number in South Africa, although AID is not practised openly here.

This is because AID is, in the words of one Johannesburg doctor, "a vexed subject."

Many doctors I spoke to said they thought AID was illegal. Others said they weren't sure what the legal situation was but they did it anyway because they felt there was a definite need for it.

Then there were those who said the lack of medical control of AID made its practice dangerous, and they wouldn't touch it.

Professor S A Strauss, Professor of Law at the University of South Africa, said: "The law is silent on AID, except for the recent judgment in a Pretoria case where the AID conceived child of divorced parents was declared illegitimate for purposes of the Children's Act."

"In fact," said Professor Strauss, "I think one can safely say that AID is unlawful."

"There is nothing to prevent the doctor or patient resorting to AID," says Strauss. "But I do think the time has arrived for the legislature to lay down principles in statutory law for all the purposes of AID."

His suggestion was echoed by Professor Johan van der Vyver of the Faculty of Law at the University of the Witwatersrand.

"The whole question of AID needs to be regulated by legislation purply for the sake of the child," said Professor van der Vyver.

He would like to see legislation that would make AID an offence, or at the very least, that it should be subject to strict controls.

Professor van der Vyver quoted a recent survey conducted at the University of Wisconsin in the United States which he said revealed some alarming facts relating to artificial insemination.

The survey showed, among other things, that donors were only superficially screened for genetic diseases, that only 37 percent of the physicians keep records on children born as a result of artificial insemination and only 30 percent on the donors.

"It has also been revealed that only a few doctors in the US pursue policies limiting the number of times that they will use semen of a single donor."

"The risk of unchecked consanguinity and of inbreeding is, especially in small communities, believed to be relatively substantial."

The professor maintained South Africa is by no means in a better position as far as the lack of control of artificial insemination practice is concerned.

"The prompt introduction of professional guidelines backed by administrative sanctions is probably urgent in South Africa as it is in the United States," he said.

Apparently the South African Law Commission last year considered proposing legislation, but felt the occurrence of artificial insemination was so uncommon here it wasn't required.

"So it is being done under cover with no control and the children may be suffering," said Professor van der Vyver.

He said he had no doubt that artificial insemination by donor was being done on a "large basis" in South Africa.

Most doctors I spoke to felt there ought to be some sort of control over artificial insemination, but did not necessarily want to see legislation introduced.

They felt it was a highly individual and personal matter and one which the medical profession itself should take care of.

"Legislation will introduce the kind of problems that Professor Barnard has run into with his transplant," maintained one leading Johannesburg gynaecologist.

---

**What the... doctors say**

No one knows the extent to which artificial insemination by donor is practised in South Africa. But according to one reliable source, the demand for it in Johannesburg is greater than the supply.

A survey among Johannesburg doctors reveals a tremendous diversity in approach to the subject, with some gynaecologists and doctors saying they would not do it under any circumstances, and others who made a point of suggesting it to their infertile patients.

"I used to do AID but I found the problems insuperable," said one gynaecologist. "The donors are the hassle. In the past I would assess the colour, height, build, intelligence, even the religion of the husband and try to match this with a donor, usually a medical student."

"Then I would interview the donor, get his family and genetic history, and do blood tests."

"But so often all the appointed dates, when I had the woman waiting for the specimen, the donor would not show up."

"Then I would have to begin again, after all that hard work. And of course the poor woman would be in a state."

"It was also believed at one time that a single man was the father of over 100 babies in Johannesburg. I didn't like the sound of that."

"I'm not against AID but I'd like to see some sort of control, rather like the blood transfusion service, set up here with proper controls."

Another doctor said he, "reluctantly, I admit, gave medical students for donors." He screened them as best he could. But it's difficult, a sperm bank would be the answer. "Some people use the same guy over and over again. That's wrong. I don't use the same chap twice."

A highly respected doctor said he did AID, "but only on suitable, stable, well-adapted couples."

"I choose the donor very carefully. I think the story of the man fathering over 90 children is a gross exaggeration."

"I imagine there are not more than three or four AID cases in Johannesburg in any one year."

Another gynaecologist disagreed. "There are at least 75 gynaecologists in the town. Three cases a year is nonsense."

"I used to do AID but as I got older and wiser, I felt adoption was the answer."

"We're living in a small community and it's a badly controlled situation. The medical profession must give a lead."

"But don't think we would not do it if circumstances were right."

"All the doctors I spoke to said they would agree with the above."

"But donors are the problem. It is illegal to pay them, and who wants to do something for nothing these days?"

"Some sort of control is needed," said another doctor, "but I am totally opposed to the idea of paying donors. We can operate in the open, if we can pay them, they will operate."

The whole point is the secrecy. "But until we can pay donors, we can't compete."
Thousands of children 'are dying needlessly'  

Science Correspondent  

Delivering his inaugural lecture last night, he said that poverty was at the root of the problem among Blacks, whose mortality statistics resembled those of a Third World country. Among Whites the situation was like that in any advanced country.  

"The solution is not a medical one; it is essentially a political and socio-economic one. Yet unlike some Third World countries we are a rich country and it is within our means to eliminate this discrepancy," said Prof. Moosa.  

He suggested that Western-style medical education was out of date and incapable of solving the health problems in developing areas.  

At the same time, priorities in health spending were quite wrong. Money should not go into bigger and better 'disease palaces' such as the Johannesburg General Hospital; it should be used to provide much-needed basic health services in the rural areas.  

"Israel, with a population of 3,500,000, has about 850 such centres, in KwaZulu, with a population of 5,000,000 there are only 109 and these are not necessarily adequately staffed."  

"We must all get involved, first in becoming aware of what the real priorities in child health are and then in bringing pressure to bear on the policy makers and planners to deal with the roots of the problems and not merely the symptoms," he said.
Call to export children "nonsense"

By Peter Bayer

Coloured leaders have disagreed with a statement by Mr. Norman Middleton that illegitimate coloured children fathered by whites should be "exported" because they have no place in South Africa.

Mr. Middleton, a member of the executive committee of the Coloured Representative Council, also said that more than 60% of the illegitimate coloured children were fathered by whites.

The Immorality Act, said Mr. Middleton, stopped the fathers from assuming responsibility. He did not say where the children should be exported to.

But Mr. Albertus Pop, vice-president of Coloured Child Care in South Africa and a member of the Johannesburg Coloured Executive Committee, said he was "totally against" coloured children being "exported."

Mr. Pop did not see the children as half-breeds, but ordinary children.

He said the coloured and white communities could absorb these children.

Mr. I. Richards, a member of the CRC and chairman of the Johannesburg Executive Committee, said Mr. Middleton's suggestions were "nonsense."

He believed the children were South African and no-one has the right to send them away.

Mr. Richards thought Mr. Middleton's figure of 60% of children fathered by whites was too high.
THE CONTRACEPTIVE DEBATE

MOST black South African women use contraceptives for various reasons. They are helpful for poor families and mothers with too many children. Women libbers favour contraceptives too. The Punjabs in India, however, were against birth control.

The National Abortion Campaign in Britain has looked into the "real reasons for the failure of concentrated efforts to control the rate of population growth, especially in the Third World".

Findings of the campaign date as far back as the 1950s, when the United States showed concern about population increases in Africa, Asia and Latin America.

The US imported three quarter of her supplies from these continents. Political advisers said these countries were "powerless", with a high "destabilising potential which might even lead to revolutions."

At first, the US didn't commit herself financially, but population control private foundations like the Rockefeller Foundation and the International Planned Parenthood Foundation (IPPF) did research on birth and population control.

The Third World was forced to accept population control programmes. In some cases it was a pre-condition for foreign aid. However, the project became a financial burden on the US which then had to campaign for international aid, giving good reasons as well.

The president of the World Bank, Robert McNamara said, "Family planning programmes are less costly than conventional development projects and the pattern of expenditure involved is very different. At the same time we are conscious of the fact that successful programmes of this kind will yield high economic returns."

Experimental population control projects were carried out in various villages like Punjab in India, where the people rejected and brought all attempts to a standstill.

Author Mahmood Mamdani in "The Myth of Population Control," says "Family caste and class caused the failure of the birth control study in India in 1957."

"It simply didn't pay. No one would restrict family size. The Punjabs felt it would be economic suicide because the lower class people in the village wanted a bigger family of sons, who could either work the land for the parents and so develop savings with which to buy more land, or go to the city for work and send more money home," Mamdoo writes.

The abortion campaign attributes the failure of these projects to the fact that "they assumed that all that was necessary was a big educational programme that neglected entirely the realities of the class structure and pay-off structure, which were such that the only present hope of a rise in the status and income of the lower class lay in a big family."

Mamdani writes: "50 year old Rivian Singh scoffed at the idea of using contraceptives and added, ...in these villages we have faction fights, and you win fights not with contraceptives but with men. He has been witness to these fights and they are a significant part of his 'reality'. He prays God for giving him many sons, for they bring him prosperity, peace and honour."

"A Manipur grandfa ther, on hearing about the projects commented, "What's all this talk about having no children. Children are a gift from God. It's for us to welcome them, not to kill them."

An old mother said, "These Americans are enemies of the smile on the child's face. All they are interested in is war or family planning."

Birth control researchers told the Punjabs, that it was in the villagers' "interest" to keep their numbers as low as possible.

By Zodwa Mshibe
Big yes for customary marriages

GRAHAMSTOWN — White delegates to the Anglican Provincial Synod meeting here gave overwhelming support to a motion that the church should accept the validity of black "customary unions", even when involving the lobola system.

Equally surprisingly, almost all opposition to the move came from black lay delegates.

Even delegates were surprised at the strength of support the motion received from white representatives, effectively reversing a total opposition to the lobola system that was adopted by the earliest missionaries to southern Africa.

The proposed new Anglican Church canon will give black customary unions the same validity as marriages performed in magistrate’s courts, and permit a couple to seek the blessing of the church on their marriage.

The acceptance of lobola marriages will depend on the absence of polygamy, on the marriage being seen as a permanent union, and on the couple accepting the Christian affirmation of the marriage as binding on their union.

As a proposed new canon, the measure required majority support from all three houses of the synod. The surprise came when the last agreed to accept customary union as a valid marriage by 53 votes to 11, with the vast majority of white lay members voting for the proposals, and all eleven votes un opposition coming from black laymen.

The clergy approved the measure in principle by 62 votes to seven, and the bishops accepted it by 18 votes to one — and the single bishop who opposed acceptance was the black Bishop of Lesotho, the Right Rev Philip Mokuku.

The principle of accepting the validity of black customary marriages also received a vote of 130 in favour to only 18 against — far exceeding the two-thirds majority required for the whole synod, voting together, in order to change a canon or introduce a new canon.

Black delegates supporting the measure all said that "customary unions" were never lightly undertaken, requiring protracted negotiations between the parents of the couple as well as the approval of the community.

In this way they created stronger bonds than "quicker" marriages performed in magistrates’ courts.

Customary unions were almost impossible to break and divorce was practically unknown since parents and society resisted any attempts by the couple to break a union.

Where lobola was involved divorce was all but impossible.

Both white and black delegates said early missionaries had attempted to impose a foreign culture on black society.

The motion now goes to a synod committee for decision on its wording before its final reading by the synod.
Doubts on birth control jab spurned

By Liz McGregor

A CONTRACEPTIVE injection widely used on South African women has been banned for general use in America because of a suspected cancer risk. Depo-Provera, an injectable contraceptive which lasts for three months, has been found to cause uterine cancer in monkeys and mammary tumours in female beagle dogs.

As a result, it has been disapproved for general use in the United States by the Food and Drugs Administration. However, local doctors and family planning experts reject the tests as invalid because the drug was administered to the animals in very large doses — 50 times that normally given to women. They also claim one cannot compare the body reactions of an animal with that of a human.

Campaigned

The use of Depo has long been controversial issue. Women's movements and individual pressure groups in Britain and the US have campaigned to have it taken off the market because of its reputed cancer risk. It also disturbs the woman's menstrual cycle and can render her infertile for up to a year.

Other groups, including the International Planned Parenthood Federation, claim that Depo is safe and acceptable for use. It says that the benefits outweigh the risks, particularly in "developing societies where women can only get to clinics at irregular intervals, where the risks of pregnancy are very high and taking of oral contraceptives has not proved reliable.

Depo is manufactured by an American company, Upjohn International Incorporated, and exported to 76, mainly Third World countries.

Women of all races were prescribed with Depo in 1975/1976 by State family planning clinics. This figure does not include numbers of women injected with Depo by private practitioners.

The chairman of the medical committee of the Family Planning Association, Dr. J. Dommisse, said that in South Africa Depo was prescribed mainly for patients who cannot use any other form of contraceptive.

Dismissed

He dismissed the cancer risk theory but agreed that the other side-effects were serious deterrents in prescribing Depo.

He said that there had been hundreds of studies among women taking Depo in the 10 to 12 years it had been on the market and there had never been any suspicion of cancer.

The advantages of Depo were that it was convenient — it only has to be administered every three months — that it is very effective and does not cause blood clots. It is, therefore, suitable for women who have had a thrombosis and who cannot use other forms of contraception.
Debate rages on plan for sperm bank

Staff Reporter

THE Department of Health's proposal to set up a State-controlled sperm bank has sparked sharp debate on whether artificial insemination (AI) is a matter of individual or State concern.

And some religious leaders have condemned AI as contrary to Christian ethics.

The Progressive Federal Party spokesman on health, Mr Horace van Rensburg, welcomed the plan, saying it would prevent "commercialisation" of artificial insemination.

But the New Republic Party health spokesman, Mr Nigel Wood, was totally opposed to it.

They were reacting to an amendment to the Anatomical Donations and Post-Mortem Examinations Act of 1970, published in the Government Gazette.

In terms of the draft amendment, no person who is not medically licensed and who does not have official approval may handle donations of semen. The sale of semen would also be prohibited.

Mr Van Rensburg said: "I was very concerned for the public after the report that private individuals were intending to sell sperm on a commercial basis, as this would involve serious medical, moral and ethical considerations.

"I intended making representations to the Ministers of Health and Police in this connection.

"I will now take an interest in the development of this service to ensure that it is in the interests of the public.

Mr Wood came out strongly against the prospect of State control, insisting it should be a personal decision by the families concerned and their doctors.

But he conceded "not just any member of the public should be allowed to do it."

Spokesmen for the Herderende Kerk and the Afrikaanse Calvinistse Beweging described the plan as "against Christian ethics", but the Rev Peter Storey of the Central Methodist Church welcomed it cautiously, saying: "it does need to be well-controlled."

The scribe of the Hervormde Kerk, Dr P M Smit said: "I am totally against it. If it is between married couples it is all right, but as long as it is not it must be opposed."

The director of the Afrikaanse Calvinistse Beweging, Professor A J Heim, likened the scheme to "adultery.

"I cannot imagine how the Government can even consider such a concept," he said.

Mr Storey said the view that such a setup would amount to adultery was "ridiculous."

However, he felt "competent counselling by clinically trained people" on AI was necessary.

The secretary of the Nederduitsche Gereformeerde Kerk could not be reached for comment.
Publications listed as undesirable in the Gazette include:

- "My Uncle Darnell" by Rodd Dahn
- "Whispering Girls" by Rodd Dahn and "Shouting" by Robert Dobson
- "The Photographs Manual of Sexual Techniques" by Robert Dobson

It is an offence to possess a copy of any of these books. Possession of these books is illegal and can result in fines or imprisonment.

The Director of Publicity announced in Cape Town that he had received a complaint about the list of undesirable publications. He stated that the list was not intended to be comprehensive and that it was being reviewed.

The list is not exhaustive, and it is possible that other publications may also be undesirable.

The majority of the sample (52%) felt that there had been enough opportunity to ask questions at the course lectures, though 38% felt they would have liked more. Only 6.5% would have preferred to see staff in their offices instead of the lectures. 89% wished to see staff as well as the lectures, and were satisfied with the arrangements.

2.5 The Student Workshops

Approximately one-third of the sample did not answer the questions in this section of the questionnaire. This may be because they did not attend the Sunday workshops, for a great number of the sample indicated in their comments that they would not attend these not to have been held on a Sunday. Of those that did answer questions in this section 83% felt the Workshop had been long enough and had helped them to some extent to integrate into the University as well as in choosing their degree courses.

2.6 The Course on Study Methods

A majority of the sample (60%) felt that their school methods of study were adequate at University, though less than 1% felt they were completely adequate and 18% nearly so. Yet the majority (51%) would have liked an additional lecture on "Lectures, Revision and Examinations" and on "Reading and Research" in their comments a great many students suggested that a more practical presentation of all topics might be desirable.

As regards an on-going study methods course in the first semester, 72% of the sample stated they would find it desirable and 30% would find it very valuable indeed.

2.7 Library Instruction Course

An overwhelming majority of the sample were extremely enthusiastic about the library course and found the librarians very helpful.

2.8 Academic Advice

In indicating whose advice they had primarily sought in planning their university curriculum, the sample indicated as follows:

....../5
Infant mortality investigation

GRAHAMSTOWN — The Department of Health in Pretoria is sending two experts here next week to investigate the appallingly high infant mortality rate among blacks.

Dr J. D Krynauw, director of health services in Port Elizabeth, said yesterday he had requested an expert demographer and statistician from the department's head office in Pretoria be sent to the Eastern Cape to look into the situation.

Dr Krynauw has already received a report from staff members of his department who did an on-the-spot investigation of the high infant mortality rate after it was publicised in the press.

According to the annual report of the Grahamstown medical officer of health, nearly a third of all babies born last year died before the age of 12 months.

In his report he said while the figures were not entirely accurate, they gave a good indication of living conditions.

He pointed out not all black births were registered, while a number of deaths of babies under one year were "imported" from outside the area.

Dr Krynauw said he was hoping the Pretoria experts would examine the method of collecting infant mortality data and suggest ways of improving it. — DDC.
MARRIAGE BILL

A little liberation

The South African Law Commission's recently gazetted Matrimonial Property Bill goes a long way towards emancipating married women, particularly those married in community of property.

Among its major proposals are:

- Abolition of the marital power which a man has over the property and person of his wife.
- Authority for a wife to conclude contracts and litigate without her husband's consent.
- Equal power for wives in managing and administering joint estates, the disposal of assets, and the contracting of debts.
- The wife may perform any 'juristic act' in connection with the joint estate, except for certain areas - for example, mortgaging a house, where the husband's written consent is required.

- If a marriage has been subject to an 'accrual regime' and ends in death or divorce, the spouse whose estate shows no accrual, or one smaller than the other partner, should have a legitimate claim against the other spouse.

- People married under existing laws should be entitled to change their form of marriage by a joint court appeal.

The provisions of the Bill will not necessarily bring the same benefits for black women, whose marriages are governed by different laws.

Although an ever-increasing number of black marriages are by civil law, tribal law still exists, particularly in the rural areas. And if a black marriage is conducted in terms of civil law, it is automatically out of community of property unless the couple specifically decide to marry in community of property.

Fair Lady's (married) editor says, "I didn't really expect to get separate taxation for married couples without a fight. The problem here is that a small percentage of the taxpaying public produces the giant's share of tax revenue in South Africa. Even though the introduction of sales tax spreads the burden more widely, the government still has an awful lot to lose by allowing married couples to file separate tax returns if they wish to do so."

Sinclair comments tersely that, "We are heading in the right direction but the Bill needs a lot of tidying up. I will be making my suggestions to the Law Commission."

Comment should be directed to the Secretary, South African Law Commission, Private Bag X81, Pretoria. A copy of the Bill is available from the Government Printer.
Easier law leads to more divorces

By Stuart Fidlon

The 22.2 percent increase in the number of divorces in the first half of 1983 compared to the same period last year is due to a revision in the Mississippi divorce law enacted in 1982.

The new law, which took effect July 1, allows a couple to divorce after one year of separation if both parties agree to the divorce. Previously, the couple had to wait two years after separation before filing for divorce. The new law, which also allows for faster court proceedings, has been credited with the increase in divorces.

In the first half of 1983, the number of divorces in Mississippi was 1,234, compared to 1,011 in the same period last year. This is a 22.2 percent increase.

The increase is not limited to Mississippi. According to the National Center for Health Statistics, the divorce rate in the United States increased by 7.5 percent in 1982, compared to 1981.

The increase in divorces has been attributed to a variety of factors, including the economic recession, which has put more pressure on couples to divorce, and the availability of more legal resources for those who want to divorce.

However, in this context, when people say that the increase in divorces is due to the new law, it's important to remember that there are other factors at play. The increase could be due to a combination of factors, including economic conditions, legal resources, and cultural attitudes towards divorce.

The new law has been seen as a move towards making divorce more accessible, but it also raises concerns about the long-term effects on families and society. Some argue that the law could lead to an increase in the number of financially struggling families, while others see it as a step towards making divorce more fair and equitable.

Overall, the increase in divorces is a complex issue, and it's important to consider all the factors at play when discussing it.
Putting the case for birth control

"You're spoiling our fun" a young educated man told Mrs. Mary Hahn, public relations officer for the Family Planning Association of South Africa.

There is nothing that annoys — or alarms — Mrs. Hahn more than that question. "The attitude of certain men is that we are after them. Yet we are accused by others of promoting promiscuity," she said.

And a colleague, Mrs. Janet Williams, is becoming increasingly concerned at the lack of understanding about birth control.

They suggest that someone who takes a quick contraceptive pill should be educated and respected rather than denigrated.

Women's Pages put some questions to Mrs. Hahn and Mrs. Williams.

Q. What are some of the myths that surround the FDA?

A. We are accused by some people of promoting promiscuity. Black men ask about how they may get in the sight of exposing themselves to sex outside the family structure. One young man told me that he thought people who worked for family planning were frustrated old women trying to stop people having sex. This is most of the ignorant and senseless statements we receive. We are just trying to improve the quality of life and teach people to be responsible.

Q. How do you run your education programmes?

A. Our educators hold lectures and discussions at schools among South African, women and church groups in shops and factories. We have to be careful because a black man will not listen to a black woman telling him about contraception.

They describe the facts in as much detail as the South Africa's population, in 1974 and projected for the year 2000.

<table>
<thead>
<tr>
<th>Year</th>
<th>Black</th>
<th>White</th>
<th>Coloured</th>
<th>Indian</th>
</tr>
</thead>
<tbody>
<tr>
<td>1974</td>
<td>17 120 000</td>
<td>17 229 000</td>
<td>8 960 000</td>
<td>2 760 000</td>
</tr>
<tr>
<td>2000</td>
<td>17 299 000</td>
<td>9 800 000</td>
<td>4 180 000</td>
<td>2 120 000</td>
</tr>
</tbody>
</table>

Q. What if a doctor gives the wrong advice?

A. Practitioner tend to be very anxious about the average GP's contraindication: the total of hundreds of things he has to deal with. They tend to favor one method of contraception and don't have the same amount of time to counsel a woman on different methods. The attitude of some doctors is, if you don't like this pill, try another one.

They say that by the year 2000 another type of contraceptive should be used — and that of the man to give the woman something else. They warn them that when one starts or changes the brand of Pill they are not "safe" for a month. A woman can continue with the same Pill for years provided she has an annual check-up for blood pressure, blood pressure and weight gain.

Q. What is the most popular kind of contraception, and why?

A. The most popular is the Pill, followed by the contraceptive IUD. A third of the women are using contraceptives because it is difficult for their husbands to detect. In this way the emphasis is on the woman using contraception, but in future the trend will probably be for men and women to use contraception devices which the wife buys from the pharmacist. Contraception must be properly used. People tend to think it is safe having sex, but they do not use contraception even if they are using a new brand but the sperm count goes down after the fifth or sixth ejaculation.

Q. What do you recommend for people with religious scruples about using mechanical methods of contraception?

A. There are three forms.

(1) Abstinence.

(2) Rhythm method — a woman measures her fertile time by taking her temperature daily and plotting this on a chart. She must abstain from sex when her temperature rises.

(3) Billings method of measuring vaginal secretions. A woman is most fertile when her vaginal secretions are runny and watery, facilitating the movement of sperm. intercourse is safe when the secretions become thicker. "I did"
Is the contraceptive injection really safe?

WHAT women have gone through to control birth is amazing. More than twenty years ago, withdrawal was considered just right. Less than a decade later, the Dutch cap (diaphragm) and jelly were introduced. The men also took part in the game. They were given the condom. The pill and intra-uterine devices (IUDs) hit the scene — and lately it's contraceptive injection.

Depo-Provera (Depo) is one of the injectable contraceptives. It is a drug which is effective for three months. The use of Depo has long been a controversial issue because of its alleged high cancer risk which has finally led to its recent ban in the USA.

Depo has been found to cause mammary tumours in female beagle dogs and cancer in monkeys. It is used by local doctors primarily on women who have already had children and on mentally retarded women. Women's movements, individual groups and the London based International Contraception, Abortion and Sterilisation Campaign, have fought for its removal from the market because of its reputed cancer risk.

According to the campaign's report:

- Depo has been associated with an increased risk of cancer of the cervix.
- It causes irregular menstruation or none at all.
- It has been associated with the malformation of foetuses in women who received the drug during pregnancy.
- It has been shown to cause long-term infertility and possible sterility in many women after they have stopped taking injections.

By ZODWA MSHIBE

The Injection

- It has been found to cause many other side effects such as weight gain, loss of orgasm and sex drive, change in skin colouring and acne, severe depression, migraines, nausea, hair loss, raised blood and sugar levels.
- Depo is passed on in breast milk and nobody knows yet if this is safe for the child.
- Depo, as in the case of the pill, was tried out mainly on Third World women.

It was first used as a contraceptive drug in 1965. By 1972 birth control agencies like the International Planned Parenthood Federation (IPPF) were using Depo on a large scale that by 1973 it was available in more than 60 countries.

The British Committee on Safety of Medicine approves of Depo for only two uses — for women whose husbands have just had a vasectomy and those who have recently been injected against Rubella and German measles.

The Cap

The best forms of contraceptives, especially with the type of population we have.

"Most women forget the pill and Depo is ideal especially for illiterate women, because women who have used the drug have to wait 6 months or longer before they can conceive," she said.

"That's why we don't give it to young girls or those who have never proved normal fertility. The only exception is mentally retarded women," she said.

The City Health Department's Family Planning supervisor and instructor, Dr M Spilhaus, rejects all allegations about Depo's sterilising effects. He agrees malformation of foetuses might occur "only if its given sterilisation has taken place. Even there, it's doubtful. That's why we are careful not to give it to children."
Dr Spithaus said that in his twelve years experience with Depo, he has never had any complaints of hair loss or amenorrhea, but agreed however that it does decrease libido (sexual desire).

Lastly Dr Spithaus advised, "the public must realise that having a baby is a greater hazard than any method of contraception. There is virtually no risk in any method provided the patient is well advised."

Cancer risk of i.e., business goes on. Another injectable contraceptive has been manufactured. It is called Nusristerate and, unlike Depo, it is effective for two months.
Divorce Rate Soaring

NEW LAWS introduced last July are making divorce easier — and South Africa’s disastrous record for broken marriages could get even worse.

On the Witwatersrand there were 786 more divorces from July to December last year than in the first half of the year — a rise of 39.1 per cent.

Altogether 4,848 divorces were granted in 1979.

In Cape Town there were 1,046 more divorces in the first half of 1979 than in the second half of 1978 — an increase of 25 per cent.

And 4,546 divorces were granted in the Cape Town Supreme Court during 1979.

In Durban the increase was 119.5 per cent.

There were 1,981 divorces granted during 1979.

Easier

Attorneys appear to have found the new divorce laws so simple that people are opting out instead of going through the whole cumbersome process.

No roots

It changed the acceptable grounds for divorce — doing away with the concept of faults and innocent parties.

And grounds now are not necessarily breakdown of marriage or the joint illness of the couple, but can be a breach of faith.

The Rep for Johannesburg, one of the highest divorce rates in the world, observed that there was a trend towards divorce among the middle class.

And it could get even higher...

Tied flour, Unisiftes Flour, wheats all products with the brand name, these include ice cream cones, cake cups, wafers, etc., large and small shells, pasta ribbons — brown, narrow, plain and green, pink, rings, all sizes. Fattis and Monis are the only pasta products under the following brand names; Princess, Pot O' Gold, Pick 'n Pay no name brand, Choc’baks and Roma. Fattis & Monis control a number of bakeries in the Cape Town area. These include the Good Hope Bakery in Elsies River, Wrench Town Bakery in Observatory and the Ultra Bakery in Somerset West.
Working frantically that all be counted

PREPARATIONS are well advanced for this year's population census, which will take place from May 6.

A spokesman for the Department of Statistics said in Pretoria that the estimated 7,000,000 census forms required have already been printed. The forms were now being despatched to the 320 magistrates and special branch officials of the Department, who will be acting as census controllers.

Meanwhile the delimitation of the country into census wards is almost complete. A total of 23,012 census wards, each to be covered by an individual census enumerator, has been determined.

According to the spokesman another 10,000 census wards are being finalised by a team of departmental cartographers, working until late every night.

Special maps of the census wards are being prepared for each individual census enumerator. Each one of these officials will enumerate between 850 and 1,150 people in his ward during a period of 12 days starting on May 6. The census is taken in respect of the place of residence where people sleep on the night of May 6.

NEXT MONTH

The nationwide recruitment of about 30,000 temporary officers serving as census enumerators will commence next month. Census enumerators will be recruited from all population groups and will be appointed by magistrates and census controllers.

The spokesman said the Department of Statistics had prepared and distributed extensive guidelines for the census controllers.
Suicide

(Wood asked the Minister)

(1) How many cases of (a) suicide and (b) attempted suicide were recorded in South Africa in each of the last two years for which figures are available.

WEDNESDAY, 13

(2) how many (a) males and (b) females (i) under 20 years, (ii) from 20 to 29 years, (iii) from 30 to 45 years and (iv) over 45 years of age were involved?

The MINISTER OF TRANSPORT AFFAIRS

Data for Blacks are not available. Figures furnished are for Whites, Coloureds and Asians combined. Furthermore data for attempted suicide are not available.

(1) (a) 1976 836
      1977 829

(b) not available

(2) (a) 1976 55
      1977 51

(b) 1976 20
      1977 16

(ii) 1976 128
      1977 150

(iii) 1976 43
      1977 40

(iv) 1976 194
      1977 198

(lv) 1976 62
      1977 62

(vi) 1976 264
      1977 249

(vii) 1976 70
      1977 63
ABORTION AND STERILIZATION AMENDMENT BILL
(Second Reading)

The MINISTER OF HEALTH Mr Speaker I move—

That the Bill be now read a Second Time

Certain problems have been encountered as far as the administration of sections 4 and 6 of the Abortion and Sterilization Act is concerned.

In terms of section 4(1)(b) of the Act the consent of the person who may lawfully consent to an operation beneficial to another person who is incapable of personally consenting thereto, is compulsory for the sterilization of the latter person. In some cases such a person who can give his consent is just not available. In the case of persons under 18 years of age, statutory provision exists for ministerial consent in such cases but no such provision exists as far as persons over the age of 18 years are concerned. The appointment of a curator for the person by the Supreme Court is problematic, because of the high fees involved. Provision is now made in clause 1(b) of the Bill to amend the abovementioned paragraph to allow that a magistrate may, after such investigation as he may deem fit, grant such consent.

Section 4(1)(c) also provides that the authority of the Minister of Health is required for a sterilization in terms of section 4. The Act does not make provision for the delegation of the Minister powers. Clause 1(b) of the Bill now makes provision for the amendment of the paragraph to enable the Minister to delegate his powers to an officer of the Department of Health in order to facilitate the application of the provision.

Rape, incest and unlawful carnal intercourse with a female idiot or imbecile in terms of section 15 of the Immorality Act, 1957, are by definition unlawful carnal intercourse in terms of the Act. As far as contraceptives are concerned cases of incest and unlawful carnal intercourse may be heard by a regional magistrate in terms of section 6(4) of the Act, a certificate issued by a magistrate attached to the court having jurisdiction in respect of the alleged offence. In question is required before an abortion on the grounds of unlawful carnal intercourse may be procured. In cases of rape this provision is made by a regional magistrate. In terms of clause 2 of the Bill the relative subsection is to be amended to make provision that in all instances, the magistrate of the district in which the alleged offence took place may issue such a certificate, in order to assist the victims of rape.

Mr Speaker I wish to take this opportunity of conveying my sincere congratulations to the hon. the Minister on his appointment. He is a medical man, as his predecessor also was. It is true that he studied at the University of Cape Town, but I do not believe that really means he could not have been a very good doctor as well. In addition, the hon. the Minister has served as Administrator of the Cape Province for some years, and this will stand him in good stead in the demanding task which now rests on his shoulders.

The hon. the Minister will find that the health spokesmen on this side of the House are a very good-natured and friendly group of people, so we will not give him much trouble. Health matters are usually in the interests of all South Africans and for that reason there is usually unanimity as far as these matters are concerned. He can only expect opposition from this side of the House if he were to try to introduce apartheid into the health legislation of our country in some way.

I think the hon. the Minister will presently make friends on this side of the House by doing only two things. These are firstly to negotiate a settlement between himself and the Medical and Dental Council in respect of the recent confrontation which he faces, and secondly, to give his full support to the proposed legislation on smoking introduced by the hon. member for Hillbrow. If the hon. the Minister will comply with these two requests at an early stage, I personally assure him that we shall get along splendidly.

I also want to avail myself of the opportunity, on behalf of this side of the House of thanking the hon. the Minister's predecessor,
In defence of Depo Provera

POST WOMAN'S STORY on "Is the contraceptive injection really safe?" has aroused angry reaction from medical doctors who feel the article will mislead their patients who are on Depo Provera.

Depo Provera (Depo) has been a controversial issue because of its alleged cancer risk which finally led to its recent ban in the USA.

In her reaction, chairman of the Johannesburg branch of the Family Planning Association, Dr Ethel Hammar writes:

"We have already had many patients who were previously well and satisfied on Depo, questioning their continued use of it.

1. The use of Depo is no way associated with the risk of cancer of the cervix (mouth of womb) as stated.

The story of cancer attached to the use of Depo arises from animal tests in which monkeys were given fifty times the human dose for ten years, and two of the monkeys died from cervical cancer. Another test was on beagle dogs which were given the same enormous doses of Depo and some of them developed breast tumours after some time," she writes.

Dr Hammar continues:

"No monkey on the normal dose given to women, or even ten times the normal dose, developed cervical cancer — also in human beings there has been found to be a reduction in benign breast lumps in women on Depo.

2. The side-effects mentioned in the article could be found (not altogether) in any woman using pills or injections, and indicate the need for change of pill or method, and also for an adequate medical check.

By Zodwa Mshibe

a) They have had NO deaths due to the drug.

b) There are no blood clotting problems (unlike with the combined pill for older women).

c) The reduction of amenorrhea, due to less bleeding is beneficial for many women.

d) The DELAY in returning fertility (only in some women) is no longer than the delay in SOME women after using other methods.

DELAY RISK

Our reason for not using it on those girls or women, writes Dr Hammar, who have not yet had a child or only one, is because we want to minimize the risk of any delay for a woman who wants to get pregnant, when she stops using a contraceptive. I would like to emphasize that cancer of the cervix (mouth of the womb) appears to be on the increase, and the main causes (world-wide) have been found to be —

- Early start of sex life (around puberty).
- Frequent change of partners.
- Infection (not only V D but also other types).
- Frequent child-bearing.

Disturbing as this may be, it is one of the few cancers that can be found, treated and cured completely (if found early enough).

All women who attend our clinics in Merican House have a test taken regularly to check for any signs of infection or cancer, and we then arrange for their treatment.

Dr Hammar adds: "Our staff report that more cases of early cancer are found amongst those women who have never used contraceptives at all. Furthermore, we carry and use all contraceptive methods, including the injections. Our policy is to explain the different types, and let women (and even men, who are also welcome) decide for themselves what they feel is best suited for them, provided that the medical check shows that it will be safe."

Baragwanath Hospital's senior gynaecologist, Dr J M Mbere... "Depo is a very good contraceptive any time and for any case that need it."

Before use:
1. Menstrual irregularities have been the main side effect, often reducing the number of days of menstruation and even stopping it altogether.
2. Weight gain, nausea, hair loss, depression, loss of orgasm and sex drive, change in skin colouring and raised blood sugar level, as stated in the article.

Dr Mbere's major concern is the effect the article will have on women who are on Depo. "It will increase the already high rate of pregnancies and misery amongst our people," he said.

Most of you have heard of or used Depo. You would like to hear what you think about it and if you have used Depo, let us know how it treated you, or what reaction if any, it had after you had used it.

You can give us a pseudonym if you don't want to give us your name. We are at POST WOMAN, PO Box 6683, Industria 2042.

Baragwanath Hospital's senior gynaecologist, Dr J M Mbere... "Depo is a very good contraceptive any time and for any case that need it."

POST WOMAN
New voluntary sterilisation scheme spreads

Tygerberg Bureau

A NEW voluntary sterilisation operation by a team of doctors from a Peninsula hospital is being performed on women in the Peninsula and could become the most common form of contraception, according to the Department of Hospital Services.

According to a letter from the department to all local authorities the activities of the team of doctors are at present restricted to hospitals within easy reach of Cape Town. However, it is planned to extend the service to the whole Cape Province to make cooperation available at all provincial hospitals.

Accompanying the letter, which was tabled at a Goodwood Town Council meeting this week, was a request that it be brought to the attention of the council and relevant staff and that efforts to spread this information in your community will be greatly appreciated.

METHOD

The method being applied by the Tygerberg team is to apply a small elastic ring round the fallopian tube with a special instrument. This method of sterilisation means that the patient is not subjected to an ordinary operation and general anaesthetic.

The operation is performed under local anaesthetic and can be performed on most women. It is also suitable for sickly patients where anaesthesia is sometimes dangerous.

The operation lasts only about 20 minutes and the patient is treated as an outpatient. It is not necessary that the patient has to stay in hospital and the tiny wound is not painful. The patient can return to work two days after the operation.
Suzman hits out on abortion

Parliamentary Staff

MRS HELEN SUZMAN (PPF, Houghton) lashed out in the Assembly yesterday at Government attitudes to abortion in South Africa.

Speaking in the second-reading debate on the Abortion and Sterilisation Amendment Bill, she said the abortion legislation had been debated by men with narrow minds who did not know what was going on in the world, and who knew nothing of the agony of women.

Referring to arguments put forward by a speaker on the Government side, Mrs Suzman said: ‘He might take a different attitude if his own 16-year-old daughter became pregnant.’

This was something that could happen to anybody’s daughter.

‘EASIER’

One of the manifold difficulties of women — pregnancy after rape — was made a little easier by the proposed legislation.

Mrs Suzman said the abortion law had been in effect for five years and the time had come to take stock of the situation.

Statistics on abortions and pregnancies should be examined.

The Bill, among other things, empowered a magistrate to grant consent in certain circumstances for the sterilisation of persons who cannot themselves consent to it.

The second reading of the Bill was supported by all parties in the Assembly.

Mr H E J van Rensburg (PPF, Bryanston) said his party was supporting the Bill not because it met his party’s expectations, but because the proposed legislation was ‘a slight improvement’.

Exaggerated restrictions in the existing law were causing much misery.

Experts had said that in only five percent of rape cases the victims reported to the police.

A large percentage of illegitimate births, especially among the coloured people, occurred as a result of rape.

Dr Lapa Munnik said that because of the restrictive measures, rape victims tended not to resort to the law in seeking abortions.

He called on the Minister to have another look at the law with a view to reforms that would relieve the misery caused by circumstances leading to the destruction of young lives.

Dr W J Snyman (NP, Pietersburg) said the changes proposed in the Bill should not be seen as a relaxation of South Africa’s abortion law.

‘CHRISTIAN’

Throughout the Western world there had been a tendency towards permissiveness whenever abortion laws were relaxed.

The Minister of Health, Dr Lapa Munnik, said there were countries where people were today looking at South Africa’s abortion law with envious eyes. It was a law based on Christian principles and these principles would be maintained.

Dr Munnik, who was piloting his first legislation through Parliament since he became the new Minister of Health, said he was prepared to consider proposals for improvements from Mr van Rensburg provided it was realised that ‘abortion on demand’ would never be accepted.
The Assembly — Mrs Helen Suzman (PPF, Houghton) lashed out in the Assembly yesterday at Government attitudes to abortion in South Africa.

Speaking in the second-reading debate on the Abortion and Sterilisation Amendment Bill, she said the abortion legislation had been debated by men with narrow minds who knew nothing of the agony of women.

Referring to arguments put forward by a speaker on the Government side, Mrs Suzman said: "He might take a different attitude if his own 16-year-old daughter became pregnant.

This was something that could happen to anybody's daughter.

One of the manifold difficulties of women's pregnancy after rape was made a little easier by the proposed legislation.

The Bill, among other things, empowers a magistrate to grant consent in certain circumstances for the sterilisation of persons who cannot themselves consent to it.

The second reading of the Bill was supported by all parties in the Assembly.

Mr H E J van Rensburg (PPF, Bryanston) said exaggerated restrictions in the existing law were causing much misery.

Experts had said that victims reported to the police in only five percent of rape cases.

A large percentage of illegitimate births, especially among the coloured people, occurred as a result of rape.

The Minister of Health, Dr L A P A Munnik, said South Africa's abortion law was based on Christian principles and these would be maintained.

Dr Munnik said he was prepared to consider proposals for improvements from Mr van Rensburg, but abortion on demand would never be accepted.
Nurses in SA prescribe The Pill

Specially-qualified family planning nurses in South Africa can prescribe contraceptive pills — but they do so under the "indirect supervision" of doctors.

This was confirmed by Dr E. Hammar, chairman of the Johannesburg branch of the Family Planning Association of the Transvaal.

She was commenting on a report that the "British Medical Association had criticised a recommendation by the Royal College of Nursing that some nurses should be able to prescribe oral contraceptives."

Dr. Hammar said that in South Africa family planning nurses worked under the "indirect supervision of doctors."

"A good, well-trained nurse is able to watch out for side effects," she said.

Where serious side effects occurred, doctors themselves would not have been able to predict them, she said.

Qualified

Family planning nurses were already experienced in providing family planning help and in most cases explained the different methods of contraception.

"But the nurses, who gave this advice were largely qualified and knew which side effects to look out for," she said.

The nurses who gave this advice were largely qualified and knew which side effects to look out for, she said.

Dr. B. Richard, Johannesburg Medical Officer of Health, said the same method was followed at Johannesburg family planning clinics which are attended by 30,000 women of all races each year.

Nurses either had in-service training or they were certificated family planning nurses, and a doctor had to be satisfied with their proficiency.

Fortis & Werons

Strike

Facts & Warnings

The woman for whom the contract has called on the contract to subscribe with

called for boycotts of all Italy and-fun products

The woman for whom the contract has called on the contract to subscribe with

called for boycotts of all Italy and-fun products

The woman for whom the contract has called on the contract to subscribe with

called for boycotts of all Italy and-fun products

The woman for whom the contract has called on the contract to subscribe with

called for boycotts of all Italy and-fun products

The woman for whom the contract has called on the contract to subscribe with

called for boycotts of all Italy and-fun products

The woman for whom the contract has called on the contract to subscribe with

called for boycotts of all Italy and-fun products

The woman for whom the contract has called on the contract to subscribe with

called for boycotts of all Italy and-fun products

The woman for whom the contract has called on the contract to subscribe with

called for boycotts of all Italy and-fun products

The woman for whom the contract has called on the contract to subscribe with

called for boycotts of all Italy and-fun products

The woman for whom the contract has called on the contract to subscribe with

called for boycotts of all Italy and-fun products

The woman for whom the contract has called on the contract to subscribe with

called for boycotts of all Italy and-fun products

The woman for whom the contract has called on the contract to subscribe with

called for boycotts of all Italy and-fun products

The woman for whom the contract has called on the contract to subscribe with

called for boycotts of all Italy and-fun products

The woman for whom the contract has called on the contract to subscribe with

called for boycotts of all Italy and-fun products

The woman for whom the contract has called on the contract to subscribe with

called for boycotts of all Italy and-fun products

The woman for whom the contract has called on the contract to subscribe with

called for boycotts of all Italy and-fun products

The woman for whom the contract has called on the contract to subscribe with

called for boycotts of all Italy and-fun products

The woman for whom the contract has called on the contract to subscribe with

called for boycotts of all Italy and-fun products

The woman for whom the contract has called on the contract to subscribe with

called for boycotts of all Italy and-fun products

The woman for whom the contract has called on the contract to subscribe with

called for boycotts of all Italy and-fun products

The woman for whom the contract has called on the contract to subscribe with

called for boycotts of all Italy and-fun products

The woman for whom the contract has called on the contract to subscribe with

called for boycotts of all Italy and-fun products

The woman for whom the contract has called on the contract to subscribe with

called for boycotts of all Italy and-fun products

The woman for whom the contract has called on the contract to subscribe with

called for boycotts of all Italy and-fun products

The woman for whom the contract has called on the contract to subscribe with

called for boycotts of all Italy and-fun products

The woman for whom the contract has called on the contract to subscribe with

called for boycotts of all Italy and-fun products

The woman for whom the contract has called on the contract to subscribe with

called for boycotts of all Italy and-fun products

The woman for whom the contract has called on the contract to subscribe with

called for boycotts of all Italy and-fun products

The woman for whom the contract has called on the contract to subscribe with

called for boycotts of all Italy and-fun products

The woman for whom the contract has called on the contract to subscribe with

called for boycotts of all Italy and-fun products

The woman for whom the contract has called on the contract to subscribe with

called for boycotts of all Italy and-fun products

The woman for whom the contract has called on the contract to subscribe with

called for boycotts of all Italy and-fun products

The woman for whom the contract has called on the contract to subscribe with

called for boycotts of all Italy and-fun products

The woman for whom the contract has called on the contract to subscribe with

called for boycotts of all Italy and-fun products

The woman for whom the contract has called on the contract to subscribe with

called for boycotts of all Italy and-fun products

The woman for whom the contract has called on the contract to subscribe with

called for boycotts of all Italy and-fun products

The woman for whom the contract has called on the contract to subscribe with

called for boycotts of all Italy and-fun products

The woman for whom the contract has called on the contract to subscribe with

called for boycotts of all Italy and-fun products

The woman for whom the contract has called on the contract to subscribe with

called for boycotts of all Italy and-fun products

The woman for whom the contract has called on the contract to subscribe with

called for boycotts of all Italy and-fun products

The woman for whom the contract has called on the contract to subscribe with

called for boycotts of all Italy and-fun products

The woman for whom the contract has called on the contract to subscribe with

called for boycotts of all Italy and-fun products

The woman for whom the contract has called on the contract to subscribe with

called for boycotts of all Italy and-fun products

The woman for whom the contract has called on the contract to subscribe with

called for boycotts of all Italy and-fun products

The woman for whom the contract has called on the contract to subscribe with

called for boycotts of all Italy and-fun products

The woman for whom the contract has called on the contract to subscribe with

called for boycotts of all Italy and-fun products

The woman for whom the contract has called on the contract to subscribe with

called for boycotts of all Italy and-fun products

The woman for whom the contract has called on the contract to subscribe with

called for boycotts of all Italy and-fun products

The woman for whom the contract has called on the contract to subscribe with

called for boycotts of all Italy and-fun products

The woman for whom the contract has called on the contract to subscribe with

called for boycotts of all Italy and-fun products
Die Krimpente mit Kindern

Jan 17-20
LONDON — Britain's Committee on Safety of Medicines is expected to approve today general release of a long-term birth-control injection called Depo-Provera.

The drug, still not approved in the United States as a contraceptive and restricted in Britain for five years, is manufactured by Upjohn Ltd. The drug is already available in South Africa.

The Medicines Committee confirmed that it would meet in London today but would give no details of the subjects for discussion.

A spokesman said: "We cannot tell you anything about this meeting as all matters relating to product licences are confidential for commercial reasons."

But documents leaked to the press here suggest that the committee will in fact approve Depo-Provera.

Depo-Provera is given as a single injection deep into muscle. The drug is then released gradually over the next three months.

APPROVED

If the licence is approved it will end 10 years of argument on both sides of the Atlantic over the safety and usefulness of the drug.

Trials on beagle bitches produced cancerous breast nodules as well as other non-malignant lumps, although the animals were given much larger doses than humans would ever receive.

"According to the documents in the hands of the press, the Safety Committee recommends approval of Depo-Provera on the grounds that "the carcinomas reported arose in cells which have no parallel in the human being."
Judge gives order for abortion

BLOEMFONTEIN - An order authorising an abortion at the Universitas Hospital in Bloemfontein on a 22-year-old white girl was granted in the Supreme Court yesterday by Mr Justice Van Heerden. The urgent application was made by the girl's father.

A gynaecologist recommended that the operation be performed before the girl was 24 weeks pregnant.

A local psychiatrist said in an affidavit that the girl had tried twice to commit suicide. He had found after a thorough investigation, that she would make further suicide attempts if her pregnancy continued.

He said she lived in an area in which there was a stigma attached to an unmarried mother. This fact and the girl's knowledge that an abortion could not be performed legally, would influence the girl in such a way that she feared she would make renewed attempts to take her life.

Arrangements had been made to operate on the girl on February 15, but had been cancelled at the last moment by the superintendent of the hospital.

The girl had subsequently become very depressed and frightened, the psychiatrist said.

The girl's mother said her daughter had taken an overdose of pills and had drunk a large amount of poison on previous occasions. She had also unsuccessfully tried to shoot herself. - Sapa
OFS abortion ruling may be the first of its kind

SHEILA STEVENS

THE SUPREME Court order last week, authorising an abortion on a 20-year-old woman in a Bloemfontein hospital, may be the first of its kind according to a lawyer interviewed by The Star.

"This is probably the first time the court has had to decide whether to allow an abortion in terms of the Abortion Act clause which permits an abortion where the continued pregnancy endangers the life of the woman concerned," he said.

Prof. John Sichel of the University of the Witwatersrand's law department pointed out that it was unusual for a case of this kind to come to court.

The young woman had made three attempts at suicide and the urgent application was brought by her father after the superintendent of the Universitas Hospital, Bloemfontein, withdrew his permission for an abortion.

According to papers before the Bloemfontein Supreme Court, a physician, a psychiatrist, and a gynaecologist had all recommended that the abortion be performed and arrangements were originally made to operate on the girl on February 15.

The superintendent subsequently cancelled these arrangements on the basis of his interpretation of the law. He doubted whether the threat of suicide was a threat to the woman's life in the sense laid down in the relevant section of the Abortion Act, an informed source said.

The applicant claimed, however, that suicide did constitute a threat to her life and that Section 31(a) of the Act was therefore applicable.

The girl's mother testified that her daughter had taken an overdose of cortisone tablets, drunk rat poison, and unsuccessfully tried to shoot herself with her father's revolver.

A psychiatrist said in an affidavit that, after thorough investigation, he feared the girl would make further attempts on her life if her pregnancy continued.

He pointed out that while many young girls attempted suicide just to get attention, in the case of a pregnant girl, such an attempt was usually serious.

Mr. Justice De Wet granted an order compelling the superintendent of the hospital to authorise a gynaecologist to terminate the girl's pregnancy. She was 20 weeks pregnant.

A Johannesburg attorney estimated that the applicant would have cost the applicant between R500 and R600.
Gone Middle
In Südafrika

Apotheose

Arts am 2/180

Report
Gekom

Veral in mediese kringe was daar sterker beware teen so'n streng bedeling. Jare lank het geneesheer geplaat vir weëlike toela- ting van terapeutiese abortisie, dit wil sê vrugaf-
drywing wat daarop ingestel is om 'n definitiewe ge-
wendheid van die vrou te doen, of om die geboorte van 'n ernstig gestremde kind te voorkom. In werkelikheid het die medici hier openlik abor-
sies van hierdie aard uitgevoer, ondanks die feit dat sommige van die ope-
rasies nie deur die gene-
 Ny 1975 wet het aan hierdie behoeft eligible gegaan. Die wet het voor-
 stening gemaak vir sewe verskillende gronde vir bevordering van swanger-
skap:

- Waar die voortgesette swagerskap die lewe van die vrou in gevaar sien.
- Waar dit 'n ernstige bedreiging vir haar lig-
 gaanlikheidsgegeenheid uitmaak.

stens R 000 000 of gevange-
nisstraft van hoogstens 8
jaar. Bovendien mag 'n
abortisie binne die outlike
perke net deur 'n geregon-
teerde geneesheer be-
werkstellig word.

Die wet praat van die
afdrywing van 'n "vrug", en dat het al gebeur dat beelding in wat 'n afdry-
wing gepleeg het op 'n
vrug wat minder as 3 a-
weke swanger was, hulle
probeer verweer het deur
toe dat dit wat afgedryf
is, stoot 'n "embrio" was
en nie 'n "vrug" nie. Die
hoogeregshof het egter
die verweer onomwonde
verwerp en beslis dat die
woord "vrug" snaar op die
resultaat van bevruiting.

Sodra die vrou se eiersel dus bevruig is deur
die manlike zaadcel, sal
afdrywing daarop op abortisie neerkom. Die
interessante implicaties
hiervan is dat selfs die
binne-baarmoeder-
apparaatjie wat deesdae
algemeen deur geneeshe-
re aan vroue beskikbaar
gestel word, vir doelein-

sinnig, vereis die wet
voorts 'n sertifikaat van 'n
landros. Die landros
moet onder meer sertifi-
oser dat onwettige ge-
meenskap op 'n oorw
van waarskynlikheid wil
plaasgevind het.

'N Vrugafdrywing mag
net in 'n staatsbeheerde
inrigting (met inbegrip van 'n
provisionale hospit-
aal) of 'n inrigting wat
deur die Minister van Ge-
nesheid en die Genees-
heer van die hospitaal
verantwoordelijkheid deur
vlugmasjien is, uitgevoer word. Verder moet skriftelike
mgling van die super-
intendent van die hospitaal
verlyk word. Die
Geneesheer van die vrugaf-
drywing wil uitvoer, moet
in feitelik daarmee aanse-

Die superintendent
moet 'n skryftelike verslag
aan die Sekretaris van
Geneesheer lever binne
21 dae na die vrugaf-
drywing. Die hospitaal moet
ook aantekeninge hou van
die besonderhede.

Die doel van hierdie
voorskrifte is klaarblyklik
om die Minister van Ge-
negnsheer teen aborsie
het, pligversoe en Geneesheer
weg te word as hy of sy
weier om mee te doen.

Sedert sy onwerkings-
geting is heelwat kritiek
teen die Wet ingehorig. Suid-
hoofsaaklik deur diegene
was maar dat die wet te
streng is. Daar is veral
bewaar teen dié feit dat
die vrou wat 'n abortisie
gebeur, haarself nood-
wendig aan tyd en diegene
onder vraging deur
"vreemde" geneesheere,
in sommige gevalle, ook
gaat in geneesheer,
noo 'n landros moet
onderwerp.

Dit is wel so, maar die
forme teen die wet van
die wet van geneeshe-
lijk spoedig nagekom
word.

Aan die ander kant is
daar ook beware teen
mense wat reken dat die
wet veels te liberaal is en
loosbandigheid in die hand
kon werk.

Dat die wet wel aborsie
toelaat in gevalle waar
individue teen die be-
skouing van sommige
van die konserwatiewer
lesde van die bevolking, ly
geen twyfel nie. Tog staan
dit vas dat die wet in
vergelyking met die wet
van die meeste toonaan-
gewende Westerse lande,
owel as lande agter die
Ydergrens, beslis kon-
servatiew is.

Volgens die ervaring
tot dusver geskied verreweg
die meeste aborties van-
gang ingevolge die "piliga-
atriese indikasie" — in so
dat al dié dat daar al week-
brou eier hierdie fase
geel is.

Nooi my mening tree ons
piligeres egter met groot
verantwoordelikeop. Dit
is egter onvermydelik
dat daar verskil van me-
ning sal wees oor die
tolklik van 'n begrip
soos "vrug in geneesheer,
vaar te bly-
swangerskap van die
vrug geheeseg-

Daar is ook meningver-
skille oor die vraag of 'n
vrome of geneesheer
dat die vrug sevoord mag
pleeg vanweë haar swan-
gerskap, beskou kan word
as 'n vrug in swanger-
skap van haar lewe
inhou. So pas die "regter van
de Vrystaatse Hof die
standpunt ingeneem,
maar dit is nog 'n vraag of
ander bowe sy steling
aan onderskeid.

Hetzelfde met "onder-
graatde" of "stroom-
vrugafdrywing" uitgeska-
rel. Die antwoord daarop
die vrug in swangers-
lee en die swangers-
loop van die vrug.

Gedurende die vrugaf-
drywing is volgens
egter die vrug in swan-
gerskap en swangers-
loop van die vrug.

Sommige mense reken
dat dié tragedie op sigself
"Doctors unwise to deny abortion"

By Bob Kenneth

A Johannesburg medical specialist has said it was unwise of Bloemfontein doctors to have refused to perform a legal abortion on a young woman who was given permission by a Supreme Court judge for the operation.

The specialist, an expert on forensic medicine, said if a court found that a woman had to have an abortion, it was unwise for a layman to challenge his decision. Another court, and not a doctor, could upset the decision.

Mr Justice H F de Wet granted an application by the girl's father for the operation to be performed. He found that her health would be affected seriously unless the pregnancy was terminated.

The court was told that the 20-year-old girl who could not be identified had attempted suicide three times.

Professor J H Odendaal, head of the gynaecology department at University Hospital, opposed the abortion because he claimed the court order was granted under the wrong section of the Abortion Act.

PRECEDENT

A precedent had been created and its effect was that any girl who threatened suicide could be granted an abortion.

The Johannesburg specialist said why it had taken so long for the case to come to court. "An abortion should have been done before the 12th week of pregnancy. It would be hazardous to do the operation now."

In terms of the Act, a hospital superintendent could not override his medical judgment and oppose an abortion if papers sanctioning the operation were in order.

Professor H W Snyman, president of the Medical and Dental Council, said it had to be clearly established whether the judge had made a ruling or whether he made a court order.

"If the judge has ruled the operation is permissible, this does not necessarily mean that he has prescribed to a doctor that an abortion must be performed in a case where a ruling has been made the doctor can exercise his professional judgment and decide whether or not the operation should be done," he said.

RULING

The effect of the ruling was that the superintendent of the hospital cannot prevent the young woman from having an operation to end her pregnancy.

The decision is being seen by lawyers as a milestone.

One attorney said the effect of the ruling was that it amounted to a fair acceptance of the locality of an operation in the woman's particular case.

The judge granted an order, but the ruling was not accompanied by a written judgment, commented a lawyer.

"The ruling has less weight in law because it was not accompanied by a written judgment," said Mr Sam Plesman, head of the Supreme Anonymity, in Johannesburg.

"The doctors and authorities handling this case are driving the girl closer to becoming a high potential suicide risk."

"By their indecisive and shallowly thinking they are making this confused girl feel even more helpless and trapped and could convert her from a low suicide risk into a higher one," he said.
Anger over refusal to do abortion

By H B M Brooks
and MARVYN ELIOTT

The Abortion Reform Action Group (ARG) has condemned a refusal by three doctors to perform an abortion on a 26-year-old girl—despite a court order allowing it.

The former president of the Abortion Reform Action Group, Dr. J. H. Odendaal, head of the obstetrics department at University Hospital in Pretoria, has called the doctors' action a "cruel" and "inhumane" act. He accused the doctors of being more concerned with the letter of the law than with the lives of unborn children.

The girl, who cannot be named, has attempted suicide three times. She tried to shoot herself with her father's pistol, ate rat poison and took an overdose of pills. She was refused treatment at a State hospital because she was pregnant. She was taken to the hospital, where she was denied treatment.

The doctors said they would not perform the abortion because they believed it was illegal. They maintained that the abortion should be performed under the provisions of the Abortion Act of 1965, which requires a court order before an abortion can be performed.

Prof. Odendaal said the doctors had been granted a court order for the abortion, but the order was rescinded by the court of appeals.

The girl, who is in her ninth week of pregnancy, has been hospitalised for the past six weeks and is expected to survive.

The court order was granted under a different section of the Act, which referred to the girl's mental health.

Yesterday morning, another court order was granted under the same section of the Act.

The doctors are now refusing to perform the abortion, citing the girl's mental health as the reason.

The girl's father, who is also a doctor, has complained to the South African Medical Association about the doctors' refusal to perform the abortion.

Recent legislation in Britain has made it illegal for doctors to perform abortions if the fetus is over 28 weeks old. In South Africa, the limit is 24 weeks.
Doctors will explain abortion stand

Author: [Missing]

Hospital — An official of the hospital in the case of a girl who was induced an abortion said at a court hearing her case will be heard by Bloemfontein doctors this week.

We will follow the case further and prepare a special report for you on what has happened with proper care said Professor Tj Loodt, head of the department of gynaecology at the University Hospital East Wing.

Dr. Olieboom has refused — is have other doctors to perform the operation in court after a member of the hospital's board of directors denied he had an important application for the girl's father.

An employee of the medical association, who attended the operation, said the patient was given an injection of a sedative and then was sedated.

A psychiatrist present said that the patient was under a great deal of stress at the time of the operation.

A psychiatrist present said that the patient was under a great deal of stress at the time of the operation.

As far as I am concerned the judge must have an order for the abortion.

A psychiatrist said the patient's threats of suicide were not made just to get an abortion.

The psychiatrist said if the patient is not proper and in proper care she will consider the operation as a form of murder.

"If I have to take her to Swaartland, I will do it," he said. — Nopa
Abortion—an unwritten taboo

POST WOMAN
SA's own sperm bank?

BY MARILYN ELLIOTT

SOUTH Africa could have its own national sperm bank in the near future, says a spokesman for the Department of Health. A committee has spent many months investigating the advantages of a national bank — which would keep frozen and fresh sperm — as opposed to present methods of artificial insemination in South Africa.

In the past private doctors have been responsible for artificial insemination. The establishment of a bank, however, will streamline the process of artificial insemination. A national bank would mean there would be more control on artificial insemination and ensure correct genetic match-ups.

Reliable sources say that probably two banks — one in Cape Town and one in Durban — may be established under the Department of Health.
Anguish as a woman waits for abortion

BLOEMFONTEIN — The 20-year-old Free State woman awaiting a court-sanctioned abortion had suffered severe mental anguish because of the controversy surrounding the ethical and moral aspects of the operation, her psychiatrist said at Bloemfontein yesterday.

His conscience and duty compelled him to express his dissatisfaction at the "organised resistance" to abortion which was jeopardising her life, he added.

The woman, in her 23rd week of pregnancy, has eight to 10 days left before the end of the 24-week period which is considered safe for abortions.

The psychiatrist said the country's present abortion law had "given problems" since its inception.

Under section 3 (1) (b), the so-called "psychiatric section" of the Act, the problem was that the psychiatrist had to show that if the pregnancy continued, the woman would suffer permanent harm to her mental health. Many problems had cropped up and the Minister of Health had been asked several times for a better interpretation.

He said he had maintained a conservative attitude in his argument in this case and had never advocated abortion on demand. His argument, with that of his legal advisers, was that attempted suicide, if not merely an empty threat or manipulation, was to be taken seriously and prevented.

It was, however, in this respect that Professor H Odenaal, head of the Gynaecological Department of the University Hospital, and his fellow professors in the psychiatric Department of the University of the Orange Free State were misinterpreting, in his opinion.

It was a pity all private and academic gynaecologists had slavishly followed Prof Odenaal's lead, and that not one was prepared to discuss the fundamental danger and risk to the life of his patient. Prof Odenaal had said in newspaper interviews that he was involving the so-called "conscience clause" in the Act, although the word "conscience" did not appear in it.

Meanwhile, the legal representative of the girl's father has not yet received any instruction to make a new application to the court. — Sapa
Abortion: Woman suffering 'severely'

BLOEMFONTEIN. — The 20-year-old Free State woman awaiting a court ordered abortion had suffered severely mentally through the controversy surrounding the ethical and moral aspects of abortion, her psychiatrist said here yesterday.

His conscience and duty compelled him to express his dissatisfaction with the “organised resistance” to abortion which was jeopardizing her life.

The woman, who is in her 23rd week of pregnancy, has eight to 10 days left before the end of the 24-week period considered safe for abortions.

The psychiatrist said in his statement yesterday that the country’s present abortion law had “given problems” since its inception.

Under Section 3 (1)(b), the so-called “psychiatric section” of the act, the difficulty was that the psychiatrist had to show that if the pregnancy continued, the woman would suffer permanent harm to her mental health. Many problems had cropped up here, and the minister of health had been asked several times for a better interpretation of the relevant section.

He said he had maintained a very conservative attitude in his argument in this case, and had never advocated abortion on demand. His argument, together with that of his legal advisers, was that attempted suicide, if not merely an empty threat, or manipulation, was to be taken seriously and prevented.

It was, however, in this respect that the head of the gynaecological department of the University Hospital, Professor H Odendaal, and his fellow professors in the psychiatric department of the University of the Orange Free State were misinterpreting the act, he said.

He felt that their’s was not merely an incorrect and apparently indoctrinated view, but also indicated criticism of the Bench.

It was a pity that all private and academic gynaecologists had slavishly followed Professor Odendaal’s lead, and that not one was prepared to discuss the fundamental danger and risk to the life of his patient.

Meanwhile the woman’s father’s legal representative has not yet received any instruction to make a new application to the court.
Seven days to go as abortion girl waits

BY JENNIFER MORGAN

A COUNTDOWN of anguished hours today for a pregnant girl in the middle of an abortion storm

The girl, who is only 18 years old, is in her 10th week of pregnancy. The abortion is illegal under South African law.

Doctors have refused to perform the operation, which is legal in other countries. She and her family are seeking permission to travel abroad to have the procedure performed.

The girl's family are also seeking legal advice to challenge the decision of the doctors.

Desperate

The head of the Gynecology Department at the hospital, Professor J H Gondal, refused to perform the abortion because it was illegal under South African law. The girl's family are seeking legal advice to challenge the decision of the doctors.

The girl's family are also seeking legal advice to challenge the decision of the doctors.

Drinking

"I have seen the desperation in her eyes and I know that if the abortion is not done she will kill herself."

"It is one life or the other. And if that is the choice, rather the life of my daughter, I believe in the right to choose."

"The girl's decision was to be married and have a baby. That has been taken away from her. It can never be given back."

"The girl's family are seeking legal advice to challenge the decision of the doctors."

"The girl's family are also seeking legal advice to challenge the decision of the doctors."

"The girl's family are also seeking legal advice to challenge the decision of the doctors."
DAN DOEN 
HY DIE 
ABORSIE 
SELF

Van ANDRE KOTZEE 
BLOEMFONTEIN.

HY goed nie maklik tou op nie. Indien hy genoeg die duivel in raak, gaan hy self die aborsie uitvoer op die twintigjarige Vrystaatse meisie wat nou in haar 22ste week van swangerskap in die psigiatrise eenheid van die Nasionale Hospitaal in 'n wanhoopswrisis verkeer.

Só sê die psigiatser wat die meisie behandel en nou 'n eenmanstryd aangeknoopt het om haar swangerskap beëindig te kry

Volgens 'n ginekoloog moet aborsie voor die einde van die 26ste week onderneem word. Daar bly dus net sowat 10 tot 12 dae oor

Die operasie sou op 15 Februarie uitgevoer word, maar geen ginekoloog by die Universitas-hospitaal wou dit doen nie

Hoewel regter H F de Wet, van die Vrystaatse Hooggeregshof, verlede week gelas het dat die superindevent van die Universitas-hospitaal verloof moet gee dat die operasie uitgevoer word, weier die ginekoloop grond van die sogenaamde gewetenskousle in die wet

"Die woord gewe het kom nêrens in die wet voor nie," sê die psigiatser gister aan RAPPORT. "Ek meen die hoof van die departement van ginekologie aan die Universitas-hospitaal en ook ander ginekolooes, akademies sowel as privaat, vertolk die wet verkeerd

Die psigiatser sê daar le twee wees vir hom oop. Hy en sy regsverteenwoordiger gaan môre by 'n landdros aansoek doen om die aborsie te wettig op grond daarvan dat die meisie verkrig is. Beëindigde verklaring sal aan die landdros voorgê word Indien die uitspraak gunstig is, sal hulle ingevolge die verkragtingsartikel van die Aborsiewet by die Hooggeregshof aansoek doen dat die operasie gedoen word

Hy sê hy het ook kontak gehad met 'n ginekoloog op 'n Oos-Vrystaatse dorp wat moontlik bereid sal wees om die operasie uit te voer

Indien dit nie werk nie, sal ek dit oorweeg om by die SA Mediese en Tandheelkundige Raad aansoek te doen om te herregistrer as algemene praktsyn. Dit kan binne enkele dae afgehandel word," sê die psigiatser

...Ek het tot 1972 as algemene praktsyn gepraktiseer en dit was ook die laaste keer dat ek 'n operasie uitgevoer het. Indien ek self opeer, en daar is kompleksies, kan ek nie 'n terege stappe blootstel. Ek sal dus seker maak dat ek 'n bekwaame persoon het om my te assisteer." Al probleem wat kan opduik met hul aansoek by die landdros, sê die psigiatser, is dat die wet bepaal dat 'n verkragtingsaangifte onmiddellik deur die polisie aangeleed moet word.

"Die meisie het haar, haar ouers en die klein dorpsgemeenskap in ag geneem, daarom het sy nie 'n klag ingediende nie. Ek glo dat hulle saak in so 'n lig beskou sal word."

Hy sê dat die meisie, nadat haar pa haar beveel het om haar vriendskap van vier jaar met 'n jongman op te stel, een aand saam met 'n ander man na 'n veldslag gegaan het. Die man het haar verkrak en nadat hy haar met 'n gebreekte drankbottel gedreig het

Sy het daarna vier keer probeer selfmoord pleeg Na die derde poging het haar mense haar dokter toe gebring Toe by die sy verwag

Gistermiddag het prof H Odendaal, hoof van die Departemente van Ginekologie by die Universitas-hospitaal, aan RAPPORT gesê hy voorsien geen verdere besware van die hospitaalweer as 'n aanseok ingevolge die verkragtingsartikel van die wet in die Hooggeregshof slaag nie

Bekwaam
Why govt uses fingerprints

THE ASSEMBLY — The government has explained in an official report why a fingerprint record is necessary for black people, but not for other races in South Africa.

In the annual report of the Department of Cooperation and Development tabled in Parliament, the government said the black fingerprint record was “absolutely essential” because so many blacks, unlike whites, Coloureds and Indians, cannot be identified by name alone and, furthermore, do not reside at permanent addresses for long continuous periods, with the result that identification by means of fingerprints is the only infallible method that can be used.

The report said the reference bureau had made a positive contribution with the eventual establishment of a comprehensive population registration system.

A system had been planned for Transkei which would enable them to utilise their population register for various administrative purposes as well as for the mechanised processing of identity documents.

The report disclosed that there were records of 13.5 million black people on the population register by the end of March of last year — PC.
29/02/80

STUD NO SURNAME FIRST NAMES COURSE D
133440N BEANABE CAREY SUSAN 114191 REL
140590U PETRASSEN BERTH AN SYDNEY 110201 AFR
133499H PLAATJIES NANCY 110201 AFR
137552H PLAGIR JOHN ACHILLES 001595 COM
139271C ROOFMAN BARRY GORFUE 109104 LAT
052893R KUSS SALLY MARY 110302 SIEL
110903 AFRICAN HISTORY II
121461T SAIDQOUNI DAVID LEON 108202 ECONOMICS II
133333C SFAKIANOS ALEXANDEG GEORGE 107201 ENGLISH II
137031C SANDHU DEENA 001201 ENGLISH I (PRE-1940)
137940T SHAPIRO LEONARD STEVEN 114101 RELIGIOUS STUDIES I
134300F SOLTZER IVAN DANIEL 004201 PSYCHOLOGY II
135879T STIGLING TERESE 114301 SOCIAL ANTHROPOLOGY II (PRE
111530F VENNATZ DEVON CLARE 01101 AFR LANG INTENSIVE (XHOSA
121725H VISAGIE EUGENE FULTZ 102101 AFRIKAANS
110800C WOLFFE HENRIETTA ANNE 110202 HISTORY II

* TOTAL NUMBER OF STUDENTS 37

OFAN

REGISTRAR (ACADEMIC)

UCT
Abortion study reveals 2440 illegal

More than 80 percent (2,440) of abortion patients admitted to Baragwanath Hospital in 1978 had had criminally induced abortions, says a report by Dr J M Mbere and Professor A Rubin, of the department of obstetrics and gynaecology, University of the Witwatersrand, and Baragwanath Hospital.

The report was based on the cases of 2,881 patients admitted to the hospital for problems associated with abortion in 1978.

"Each one of these cases was at risk of dying, becoming chronically ill, permanently sterile, castrated, or "pelvic crippled";" they wrote in the SA Journal of Hospital Medicine.

More than 400 legal abortions were performed in South Africa last year, according to the Department of Health. Breakdown figures for cities and towns are not available.

Almost 200 were allowed on the grounds that the patients' mental health would suffer, 120 on the grounds of a threat to the mother's physical health and 59 because of risk of defect in the child.

The Johannesburg Hospital would not disclose figures on the number of legal abortions performed at the hospital.

The plight of a young Bloemfontein woman who has been granted a court order allowing a hospital's facilities to be used for the operation but who cannot find a doctor to carry it out - underscores the problem.

A Johannesburg gynaecologist said there was only one solution to the problem - to go overseas for the operation.

Another Johannesburg gynaecologist said "More legal abortions are probably done here than in other parts of South Africa."

Most of these were performed on psychological grounds, he said.

He disagreed with the specialist who said that few of the 423 "legal" abortions performed each year were justified. The specialist had claimed that many healthy female patients were having legal abortions on demand.

His critic said medical men complied strictly with the Abortion Act and considered the position carefully before consenting to a legal abortion.

The Johannesburg gynaecologist said not everyone agreed with abortion on demand and South Africa's abortion laws were far removed from this.

The figure of more than 400 legal abortions was not high when it was considered that in some European countries three out of every five pregnancies were terminated.

In their Baragwanath study Dr Mbere and Professor Rubin reported: "The Abortion and Sterilisation Act is, to say the least, inadequate. Even those patients who may be acceptable according to the Act are not usually aware of the Act."

"There is also usually 'red-taping' and often lack of cooperation from unsympathetic law officers so it is a long process to comply with all the formalities.

"As a result only those patients who have access to the psychiatrist, or can afford the air fare to London, benefit. The bulk of people in the lower socio-economic group do not enjoy the benefit of the Act. Black people do not readily report rape and, as a result, they are not protected."

The gynaecologists suggested modifications which would be justified for "therapeutic" abortions in addition to those covered by the Act.

• Women who have five or more children.
• Cases of proven contraceptive failure.
• Women over the age of 40.
• Girls under 16.

The high incidence of complicated cases was due to the fact that abortions in Soweto were performed by unqualified people "with a resultant high incidence of morbidity and mortality."

The specialists concluded that the cost for each patient to the province was only a small measure of the cost to the community as a whole.
Abortion application
judgment is reserved

By JAYNE LA MONT
BLOEMFONTEIN — Judgment was postponed in the Bloemfontein Supreme Court last night on the application brought by the Christian League of South Africa urging the State to appoint a curator to act on behalf of an unborn child whose mother has been granted an order allowing her to have an abortion.

The question of whether the foetus could be regarded as a separate life with its human rights was the subject of a lengthy legal debate in the court yesterday.

The question centred around the application by the Christian League, heard by Justice L C Steyn, which asked that a curator be appointed to allow the unborn child of the mother a legal voice.

The 29-year-old woman, at present in the University Hospital, Bloemfontein, was granted court permission for an abortion to be performed, but doctors at the hospital have refused to do so on ethical grounds.

Under South African law no doctor can be forced to perform an abortion.

The order was granted on medical evidence from a psychiatrist who said the woman's mental condition required it. She has tried to commit suicide on several occasions.

Judgment will be given today.
few other aspects of U.S. foreign policy are misunderstood as the emphasis on
human rights are so involved with the subject stems from arrogant
hat is blind to problems at home.

Increasingly important during the last
movements in the U.S. is, first, the
right to life, and second, that the government
of those people who have not
for example, are suing and winning court
for lost lands. Blacks and other
being helped through affirmative action
t past inequities.

that there will continue to be violations of
in the American society as in other societies.
the full weight of authority
injuries. Until 1950 the U.S. was in
a segregated society, and even after the
laws and far reaching court
problems remain -- problems of employment,
education among others -- caused by
Also where there have been vast changes
itudes and behavior, nonetheless our
ers from a residue of prejudice to be over-
ons, Americans should regard similar
with some humility. Yet we are also
ly to remain silent when we see in the
her countries the symptoms of racial
justice such as harsh treatment by
ack of educational opportunities,
serious discrepancies in employment
levels. We comprehend the
flying these things -- perhaps better than
roof or elsewhere with homogeneous
are also acutely aware of the potential
that come from ethnic or racial polariza-
sions and bitterness that grow up
that feels itself permanently consigned
status of inferiority. At the same time we
need to be equally conscious of the particular complications
that arise in a society where the dominant group is itself
minority and where cultural mores and customs are rooted
very different traditions. Yet, in this modern age, if
international peace and stability are to be assured, it is
Dis 'n aaklige keuse, sê ma oor aborsies

Van ANDRE KOTZEE

"DIT is 'n verskriklike keuse waarvoor 'n moeder vir 'n lewe. Of die lewe van jou of die kind wat sy liefhet, of die lewe van haar ongebore kind. Ek moes die lewe van my dogter kies."

Sê praat die moeder van die twintigjarige Vrystaatse meisie wat reeds in haar 24ste week van swangerskap is en in die Nasionale hospitaal in Bloemfontein in 'n wanhoopse krisis verkeer. Sy weet nie of daar wel 'n aborsie op haar uitgevoer gaan word nie.

Haar geval het die reeds twee keer 'n draai in die hof gebring. Twee weke gelede het 'n regter beslis dat 'n aborsie uitgevoer mag word.

Vandeesweer het 'n keer organisasie aanvraal gedaan dat 'n kurator vir die ongebore fetus aangestel word.

Die aangeskakel, wat, voor regter L. C. Steyn in die Vrystaats Hooggeregshof gediend het, is Vrydag met, korte van die hand geval.

"Daar is nou mense wat ons veroordeel, sê die moeder. "Maar wie, behalwe ons, ken die werklike feite? Wie weet of dit die ene, die aspek dat nagestap na en haar pa deurnaak?"

"Al wat ek verlang, is dat my kind weer haar geestesge- noegheid terugkry. En ons wou die volste vertrou in haar psigisiter. Hy het 'n aborsie aanbeveel en as hy sê dit is noodsaaklik, dan is dit so."

"Daar word nou gesê dat ons 'n store opmaak dat sy verkrag is. Dit is die reine waarheid, sê die moeder."

"Ek kan my kind. Sy het nie daaroor gepraat nie, want sy kon dit nie verwerk nie. Sy het geglo indien sy nie daarvan praat nie, sy dit gauver sou vergeet... "Sy het nie verwag dat daar gevul sou wees nie."

"Wat ek wil weet, is dat daar van my dogter wegge- neem is wat my nooit weer kan terugkry nie. Indien ek van die verkragting geweld het, sou ek onmiddellik 'n klag ingediend het, maar 'n mens kan nie operee oor iets waarvan hy nie weet nie."

"Die moeder sê dit was 'n harde besluit vir haar oudste dogter dat sy haar vier jaar oue vriendskap met haar moes besiene."

"Daarom het ons ingestem dat sy saam met die (ander)

BLOEMFONTEIN.

deur 'n dokter ondersoek was. "Ons is nou heeltemal in die duister. Wat nou gaan gebeur, weet ons nie. Ons laat alles in die psigisiter se hands."

Die moeder sê sy weet nie of 'n aborsie op haar dogter uitgevoer sal word nie. Sy het die hoop dat die hulp vir haar nood aan die psigisiter gehoor nie.

Sy hoop egter dat die operasie die week sal plaasvind. Daarby met enkele dinge oor voordat die fetus die 26ste week bereik en volgens wat as 'n mens beskou word.

"Ons is die enigste die genoegheid, haar gees-gesondheid, "Ek het haar twee weke gelede in die hospitaal gesien. Haar geestesstoornis is sorgwekkend, en sy het meer as 10 kg gewig verloor. Sy gesels nie met ons nie, antwoord met net op vrae."

"Of die aborsie nou uitgevoer word of nie, sy gaan nog lank geestelike hulp nodig hê, selfs al word sy in 'n toekom in ongehuwe moeders oorleef."
Abortion wrangle drags on

Staff Reporter

There is still indecision about the fate of an unmarried, pregnant Bloemfontein woman who is waiting for an abortion in the city’s Universitas Hospital. The deputy superintendent of the hospital, Mr. J. du T. Toot, said yesterday that no abortion had been performed. "To my knowledge no gynaecologist has come forward to perform the abortion either," he said.

The woman, in her 22nd week of pregnancy, has about seven days left before the legal deadline for aborting a foetus.

Her case has been widely reported since a Supreme Court judge granted permission for the abortion after an urgent application by the woman's father on February 26. He maintained his daughter had been raped and that she had tried to commit suicide four times.

The court order was granted on a psychiatrist's evidence.

- Editorial Comment

Page 10
In this page, there is a textual article discussing a legal tangle in abortion. The article mentions a woman who tried to have her 18-week-old fetus aborted, but the district magistrate's finding that the abortion cannot be performed. The legal deadline for this abortion expires in a week, and there have been reports of a Supreme Court hearing in Bloemfontein. The article also mentions a regional magistrate refusing to endorse the district magistrate's decision, and sources close to the woman say she was raped and is not fit for intercourse.
Aborsie-meisie
uit hospitaal

Van ANDRE KOTZEE

DIE mees vrijwilliglike meisie van ’n Noord-Vrystaatse dorpie wat al die afgelope ses weke vergeefs vir ’n aborsie gewag het, is gister deur haar psigater uit die Nasionale Hospitaal in Bloemfontein ontslaan. Sy is saam met haar pa huis toe.

Sy is nou in die sorg van haar ouers en haar huidendokter, sy psigater.

Volgens haar ma word nou plaaslike beraam om ’n fonds te stig sodat sy volgende week londen toe gebring kan word vir ’n aborsie daar.

Op ’n vraag oor dit maaie saam is dat sy nou in haar maatskaplike sorg geplaas word, terwyl sy reeds weens selfmoordpogings selfkundig behandeld moes word, sê die psigater in ’n hou om nie met te trek nie. Hy het dit met moontlik gemaak dat sy deur haar ouers londen toe gebring kan word. Daar kan probleme ontstaan, as sy uit ’n hospitaal op ’n vliegtuig geplaas word.

’n Prokureur op ’n Vrystaatse dorpie is glo in beheer van die fonds vir die meisie. Toe RAPPORT ’n prokureur daar, mnr Bertie van Vuuren, skakel, het sy sorg gekom oor die sy vrou geneeswoord en gesê, hulle bespreek nie die sake met die pers nie.

BLOEMFONTEIN

Die meisie het gisterop stadium van vertel die opgewonde geluk toe by haar pa in sy bakkie van die hospitaal af worg.

Intussen het twee regters al uitspraak gelewer oor aanseke omtrent die beëindiging van die meisies se swangerdom. Twee landdrosie het verskilende menings uitgespreek oor die kwessie, of die meisie wel verkoop is of nie.

Drie weke gelede het regter H. F. de Wet in Bloemfontein gelaat dat die superintendant van die Universitas-hospitaal verkoop moet gesig vir ’n afstap wanneer die meisie moontlik kan genees of verkoop kan word. Daar kan probleme ontstaan, as sy uit ’n hospitaal op ’n vliegtuig geplaas word.

’n Aanbieding van die Bykrige se dorpie op 15 Oktober verlede jaar om die meisie te verkoop. Die meisie en haar pa het geen spreiings.

Afgeë.

Landdros Beyers het die vertelstuk teruggetreek, nadat die hooflanddros op Kroon-

Mnr P. G. Koekie ontslaan en merk dat die meisie verkoop is of nie.

’n Dringende aanbieding van die meisie se vader dat die vertelstuk van landdros Beyers regs geldig verklaar word is Vrydag deur regter C. M. S. Brink van die Landdros.

VERVOLG OP BL. 6
RAPPOR, 23 Maart 1980...

Aborzie-meisie uit hospitaal

*Verveol van Bl. E. E. gwyns. Hê nie redes ver- strek nie.*

In 'n beeldige verklaaring sê die vader o.m. dat sy doger in 'n beeldige verklaaring voor landdros Beyers aangevoer het dat sy in Oktober 1979 in 'n miryt in 'n motor ongeluk is terwyl sy met 'n gebrekkie bottel gedreig is.

Hy het die eers later van sy doger se swangerhuis gehoort en hy het die eersgenees se woord vir 'n miskraai in die hospitaal behandel. Hy het ook verklaar dat sy drie dogers was baie bang vir hom omdat hy met goeie bedoeling aan hulle gesê het hy ekkein van hulle wat wou help huwelik swanger raak, die hul sal uitjaag.

Die bekende regsprakery het gister aan RAPPORT bevestig dat die meisies gesig sowsat dat oor hul wond waarin daar 'n aborsie uitgevoer kan word. Hul Kop gekom het.

Daar bestaan egter drie praktiese uitwye soos volg:

- Die geniekrol van die Universitas-opvoedkundige kan van plan verander en wel die abor- sie uitvoer. Hy het die regeling as n onwennige aspek van hul wyding bestuur.
- Die meisies van hul gevoel sy dat hulle die aborsie uitvoer. Daar na van hulle wat van die meisies van hul gevoel sy dat hulle die aborsie uitvoer.

Die regente sê dat sy daar slegs gespesaal het en dat die meisies van hul gevoel sy dat hulle die aborsie uitvoer.

Uitdrying aangekla kan word.

Stem oor die alge- meer maak dat 'n aborsie nie na die 26ste week van swangerskap uitgevoer mag word nie.

Die regent opereer om die vraag: as die meisies in die laas stadium, met die onder-

Steuning van haar ouers en die regie psigatlas hulp, die swangerskap voort-

gaan - sou dit nie mense meer skadelik skade beteken as die verdere trauma om 'n aborsie te probeer bewerkstel-

lig nie?

Ek veg nou vir my kind'

Van MARISSA VAN NIEKERK

"EK stel nie belang in wie nie. Ek veg vir my kind," sê die meisie van die Vrystate meisie oor wie se ongewenste swangerskap in regstyd woed.

RAPPORT het gister met die meisies die hul uitdrying gepraat. Die meisies is gistero- ggend deur haar pa in Bloem- fontein gehaal. Sy gaan nou na vriende van haar ouers toe op 'n plaas, ver van die dorp af, om te rus, sê haar ma.

Daar sal sy bly totdat hulle verdere belasting wat om te doen. Daar is nog geen besluit geneem oor die toekoms van die ouvrou kind.

Die 20-jarige meisie het na bewering al vier keer probeer selfmoord pleeg oor die swan- gerskap wat die gevolg van 'n bevorderde verhouding was.

Saan met haar doger op die plaas sal 'n opgeleide per-

soon wees, daarom vrees hulle nie dat sy weer sal probeer selfmoord pleeg nie.

Dit sal jare kos om weer van my kind 'n mens te maak," sê die meisies. Die hul die koerante oor die saak gemaak het, het ook meer skade gedaan as goed, sê die meisies.

Die effek van die hele drama op die meisies se twee jonger susters was. "Hulle weet nie dat dit hul suster nie, sê die meisies, as hulle al wat nie die hul die koerante volg nie.

De laaste dag in die nie vir hul koerante praat of verklaarings doen nie. Daar is al te veel gesê en geskryf.

Al die eiergeëns ons kind.

"Ons neem haar nou na 'n plek toe waar net ek en my man weet sy is," wat ons al die ouer soeg, want die kind besluit, niemand sal weet wat gebeur het nie. "Ek veg nou vir vrede vir my kind."
**EK SAL M KIND ALE VERTE**

**Van STEPHAN TERBLANCHE HEILBON**

**KOBIE RALL, ongetroude tikster van hierdie Vrystaatse dorpie wat 'n uitgerekte regstryd om 'n aborsie verloor het, het tot berusting gekom en kon vandeesweek met oortuiging aan RAPPORT sê: „Ek sal die kind eendag die volle waarheid vertel.”**

Diep in haar gemoed is daar egter een groot vrees — dat die gif en pilte wat sy gedrink het in haar poseings om sefmoord te pleg, ’n permanente lesel aan haar baba kan laat.

Sefal se gebeur dit ook, sy sal nie af en van haar plan om die baba te beken en self groot te maak nie. „Kem wat wil, ek wil my kind hê. Ek sal vir die kind lief wees. Ek sal net hulle, hulle sleg voel as die kindjies met ‘n geheime gebreke moet woor,” sy sê in haar oorhulsel aan RAPPORT.

En haar pa en ma, mnr. Albert (Seun) Rall, 46, en mev. Kotte Rall, 43, het bevestig dat hulle hom onlangs geneem na die beste van hul vermoe sal help om die kind te maak. Koesie, wat uiteindelik breek het dat sy verluk is in ’n motor in Heilbron se mnybaskoop, het vier keer haar ene lewe probeer neem nadat sy besef het sy is van die grywer. Dit vrees vir haar pa, sy is stigd — totdat haar ma haar gedwing het om alles te vertel.

Toe sy agtien weke swanger was, is sy in die Universitas-hospitaal in Bloemfontein opgeneem. Hierdie die Vrystaatse Hoogepensluit n aanvanklik toegestaan het dat sy ’n aborsie mag ondergaan omdat haar swangerskapsgeheime hul gewes. Maar sy bad om meer die kindjie te help, en sy besef dat dit die kindjie alom. Sy besef dit sal nie maklik wees nie. Maar sy besef ook dat dit beter sal wees vir haar kind om die waarheid by haar te hoor en nie by ander kinders of ander mense wist nie skyn of so wees nie.

„Ek sal die kind ook vertel wat hul vader is, maar ek sal nie toelaat dat die vader, Johan Human, die kind ooit se na nie. Ek wil met Johan ook niks te doen hê nie. Koesie se sy het die man wat haar verluk het, gekon as Johan Human. Maar dit kan wees dat dit sy regte naam is nie. Hy het nou verwyn en dit is ook goed so, want sy wil hom nooit weer sien nie.

Sy sal haar kindjie eendag alles vertel, sê Koesie, met die oopskraakwekkende aborsie-soek, terwyl sy ’n babokomberse vashou. Na ’n stekel om die aborsie te laat doen, kan sy nou nie uitgepraat raak oor haar liefde vir die baby nie. Foto: Denis Goldbard.
QUEENSTOWN—An unidentified man died here yesterday after he fell under a bus.

A spokesman for the ambulance department said he believed the man had slipped and fallen out of the bus as it entered the bus terminus in Calderwood Street.

The man was certified dead and taken to the mortuary.

In Durban 28 people were injured, some of them critically, when a heavy truck ploughed into the back of a stationary bus in Westville last night.
GRAHAMSTOWN — Late registration of births among the African population was a national problem, Mr J L Heyman, control officer at the magistrates court in Grahamstown, told members of the Albany National Council of Women.

He said of 1,694 Africans registered in Grahamstown last year only 413 were registered before they were a year old.

Late registrations numbered 1,001.

He accepted figures that the African population here, given conservatively, was 33,600. With a recognised growth rate of five per cent a year, the birth figure thus should have been nearer 1,800, not 413.

Mr Heyman spelt out the many inconveniences attached to not having a birth certificate other than the extra cost of R2 for late registrations.

He said a birth certificate was seen as evidence for residential rights, accommodation, employment, reference books, school entrance, drivers' licences and travel documents.

A birth certificate could be used as proof that a person was under 18 and not liable for income tax. It was needed for insurance purposes and workers' compensation.

A birth certificate proved a person under 18 were he to appear in court as a juvenile.

Mr Heyman said the overall importance of a complete and exact record of the birth to the authorities was vitally necessary. It was the task of the relevant authorities to work out the growth rate in the interests of forward planning — for housing, employment, education and medical services among other things.

He said "Obviously if 1,400 estimated babies are not on record in 1979 it is impossible to predict what will be required in way of housing, job opportunities and schooling in six, ten or 20 years time."

Mr Heyman said Africans should be encouraged to register their infants at birth by every possible means. He said in some countries, hospitals and maternity homes did not release babies until a birth certificate was forthcoming.

He said African churches required a birth certificate before baptism.

The birth date was required for church records. Clinics, too, should insist on a birth certificate before treating children, he said. He suggested it might also be possible to insist on a birth certificate in case of maintenance complaints.

Mr Heyman said the figures he had extracted for last year's registrations showed that most of the births which were registered early were those of illegitimate children. Late registrations showed a bias towards elderly legitimate males.

Four of the late registrations last year were of people born between 1969 and 1910. These certificates were required for old age pensions or disability grants.

Ten of last year's registrations were of people born between 1911 and 1920. 23 of people born between 1931 and 1960. 57 of people born between 1941 and 1950. 445 of those born between 1951 and 1960, 365 born between 1961 and 1970 and 163 born within the last decade.
JOHANNESBURG: This year's Easter weekend death toll could be the lowest in years. By late last night the known death toll was 32.

Last year more than 40 people were killed on South Africa's roads over the Easter holiday.

But traffic authorities throughout the country are preparing for today's homeward exodus of holiday-makers from coastal and inland resorts.

Most road accidents have occurred in Natal and the Eastern and Western Cape. Roads in the Transvaal, Free State and Northern Cape have been generally quieter.

In the Western Cape the legal adviser and a director of the Tollgate Holdings group of companies, Mr. Dean Ronquest, 25, was killed instantly yesterday outside Cape Town when his car struck a concrete pillar.

Six pedestrians were killed in the Peninsula.

A Knysna man, Mr. Willem Welkom, died when a truck in which he was a passenger overturned on the Ecca Pass near Fort Brown.

In Paterson, a five-year-old boy died after being run over by a car.

A middle-aged man, a Witbank couple and a motorcyclist are among the eight people killed on Natal roads.

In the Free State, Kroonstad police reported a young man was killed in the town when his motorcycle collided with a heavy vehicle.

In a separate accident in the area a man was killed when the heavy vehicle he was driving overturned.

Reports from Volksrust said three men were killed on the roads. — SAPA.
Five die violently in townships

EAST LONDON — At least five people are known to have died violently in townships here during the Easter weekend.

Two people suffered bullet wounds after they were terrorised by robbers at Mdantsane early on Saturday.

Miss Ntomababu Sihu, 35, a mother of two, and Mrs Nelthe Nanyithi Xhumi, 71, both of Zone 7, were treated and discharged at Cecilia Makiwane Hospital. They were shot at by a gang who demanded R1 000.

Miss Sihu gave them more than R300 after they stormed her house, broke windows and fired shots.

Neighbours came to her rescue, and Mrs Xhumi was shot in her left shoulder, while Mr Gladstone Baba escaped death after several shots were fired at him.

Police are investigating and no arrests have been made.

A 25-year-old woman was killed instantly after she was crushed by a bus in Zone 8 on Saturday.

According to police the unidentified woman was apparently getting off the bus when the accident happened.

A man was reported to have been stabbed to death in a shebeen.

At Duncan Village three youths were killed when a truck ploughed into them.

They were Madoda Ondela, 11, Sipho Ondela, 12, both of Florence Street, and Zandile Fos, 11, of Zikulueni section.

Mr Wilson Makapa, 65, an ex-schoolteacher from Butterworth, who was also involved in the accident, was admitted to Frere Hospital with serious injuries.

His condition was described last night as satisfactory.

The accident happened on Douglas Smith Highway near the ICU Hall. Police have detained a man in connection with the incident.

A man and a woman were slightly injured in an accident in John Bailey Road at noon on Friday.

An elderly woman was rushed to the Frere Hospital on Saturday after she was involved in an accident in Adelaide in which she received serious neck injuries. Her condition was described as satisfactory.

Five people were injured in a car accident near Hluzi beach on Friday and they were taken to Frere Hospital.

A spokesman for Frere Hospital said they had received 12 motor vehicle accident cases and seven people had been admitted. They also had 53 assault cases of which three people were admitted.

Pictures, page 7.
JOHANNESBURG — At least 75 people died violently in South Africa and South West Africa over the Easter weekend — 38 of them in road accidents.

Twenty-nine people died in shootings, stabbings, drowning and faction fights.

Of the 48 road fatalities, 10 occurred in the Eastern Cape and Border areas, 10 in Natal, eight in the Transvaal, seven in the Western Cape, and nine in the Free State. Two people died on South West African roads.

The figures are still well below those recorded over the weekend last year when 92 fatalities and 868 injuries were reported.

Traffic authorities throughout the country were optimistic yesterday that the final figure for Easter could yet be a record low.

Most of the holiday weekend accidents occurred during Thursday night and Friday in Natal and in the Eastern and Western Cape.

Five people died in road accidents on Border roads. On Saturday a 28-year-old woman was killed instantly after she was crushed by a bus in Zone 8, Mdantsane, and at Duncan Village three youths were killed when a truck ploughed into them.

In the latest accidents to be reported seven people were killed in the Free State, a Port Elizabeth woman died in Natal and two in Transvaal and a man died in separate accidents in the Transvaal.

Miss Welda Wital, 19, of Port Elizabeth, died after being involved in an accident near Pietermaritzburg.

A young man and a woman died yesterday when their motorcycle skidded in Standerton and they were thrown against a car. They have not yet been identified.

The latest reported accident in Natal was six men injured when their car overturned at Clifdale on the Durban-Pietermaritzburg highway yesterday.

Natal traffic police said there was tremendous congestion on the road between Umkomaas and the Pietermaritzburg highway.

Cars were reported to be bumper to bumper along many stretches of the freeway and most Transvaalers could expect a 12-hour journey to Johannesburg.

ND 81480 (237)
Eight die in Cape horror smash

KIMBERLEY — Eight people were killed and 51 injured when a bus carrying about 60 passengers collided with a tractor and trailer. Carrying about the same number of people, between Bamberstad and Hartswater yesterday.

Four trailer passengers died on impact, two more died on their way to Kimberley Hospital, and two more died in hospital. Altogether 20 people were transferred to City Hospital.

16 SERIOUS

The condition of the remaining 16 were described as serious. Twelve people were admitted to the Cemrie-Vonster Memorial Hospital in Hartswater, where an additional 21 people were treated and discharged.

In another accident, four children were killed and at least 20 injured in a collision between a school bus and a lorry near Brinkhorstspruit this morning.

The bus was carrying 79 children from Rayton and Cullinan to the Brakpan High School in Brinkhorstspruit. The lorry driver, apparently, ran away from the scene.

The four who died were: Maritha Haffej, 14; Annette Lubbe, 16; and A. de Steynberg (all of Rayton) and A. Gym of Cullinan.

Sixteen injured children were taken to the H. F. Verwoerd Hospital in Pretoria. The condition of three is critical.

Five others have head injuries and one has broken legs, arms and neck injuries.

Meanwhile, three people were killed and 45 injured after a train hit a bus in Rustenburg yesterday.

The bus was en route from Thaba Zulu to Capital Park, Pretoria. — Saps and Argus Correspondents.
SA woman's group's "no" to abortion law changes

EAST LONDON — Most members of the National Council of Women of SA do not want the Abortion Act changed.

The NCW last year conducted a free vote of its members and affiliated societies on the desirability of amending certain clauses in the Abortion and Sterilisation Act, 1975.

From a report released in East London yesterday by the NCW on the eve of its 4th conference in East London, it is evident only a minority of NCW members favour the proposed changes.

The proposal that received the most support from individuals was that the word "permanent" be deleted from clause 3(1)(b) — that referring to damage to mental health.

In all, 33.8% of the valid votes were in favour of this, but this was only 20.3% of the total membership.

The proposal that found the least favour was that the words "procure an abortion" be amended throughout the Act to "perform an abortion."

Twenty of the 32 NCW branch councils participated in the vote, but the votes of three branches were not in accordance with the stipulated procedure and were declared invalid.

One branch council, with 311 members, did not conduct a vote, stating that branch approval had been given to a proposed motion for a resolution in 1979.

Of the 519 listed affiliated societies, 34 were accounted for in the vote.

As there was no full compliance with the voting procedure laid down for affiliated societies, it was impossible to obtain an accurate assessment of the actual membership of these societies in favour of the proposed amendments.

It appeared that 44.9% of the affiliated societies registered votes predominantly in favour of the amendments, and that three societies opposed the proposal.

The board of officers of the NCW believes the organisation can play a positive, educative role in bringing about a situation where no woman should need an abortion, except for therapeutic reasons.

But the report said the situation where the only pregnancies would be wanted ones was probably an unattainable Utopia.

The claim was often heard that women "should have the right to decide what use was made of their bodies," and the report said whether this right should not be exercised at all times and not merely demanded when a woman was faced with an unwanted pregnancy should be aware of the facts of life and their "rights, duties and responsibilities." — Sapa
Abortion: Changes favoured

CT 25/4 R by BOB MOLLOY Science Reporter

MOST South African gynaecologists favour a change in the country’s abortion law, according to a survey carried out last year.

This finding was given in a paper presented by a Cape Town gynaecologist to the South African Obstetrical and Gynaecological Congress at Tygerberg Hospital yesterday.

Dr J. Dommsie, an executive member of the SA Society of Gynaecologists (SASG) and national president of the Family Planning Association of South Africa, told the congress that 95 percent of the 253-strong membership of the society had replied to a questionnaire on attitudes to the abortion law.

Of those, 82 percent were in favour of major or minor changes and 18 percent were satisfied with the law as it was.

Almost 90 percent of the members who lived in Bellville were satisfied, but only three percent of Johannesburg gynaecologists found the law acceptable.

The survey also showed that 32 percent or almost one gynaecologist in three would support abortion on request before the 12th week of pregnancy, but only 10 percent would support termination of a more advanced pregnancy.

Less than 500 terminations a year

Under the present law, less than 500 terminations of pregnancy were carried out annually. The law permits termination when there is a serious risk to the life or health of the mother, or a danger of permanent damage to mental health, or a significant risk of malformations and in cases of rape or incest.

Dr Dommsie said that in the United Kingdom, one-third of doctors were morally in favour of their present abortion law, which now seemed almost totally accepted, to the extent that 100,000 terminations were performed every year.

The Family Planning Association and the SA Society of Psychiatrists had asked the SASG for an opinion of the following recommended changes to the law:

1. The psychiatrists suggested that the words “permanent damage” be changed to “extreme interference with mental function.”

2. Ninety percent of gynaecologists agreed.

3. Almost 80 percent of gynaecologists favoured termination for patients under the age of 16 years. This attitude was “probably due to the high incidence of contraceptal, mental and social problems associated with pregnancy in the young teenager.”

4. Seventy percent supported termination on request for women over 49 due to the increased maternal and foetal risk in that age group.

5. Fifty percent supported termination on request for sixth and successive pregnancies.

6. Seventy-six percent advocated termination following failed sterilization, but it was agreed that this was an “erosive issue” with medico-legal implications. It was pointed out that “difficult ethical problems arise should pregnancy follow vasectomy.”

7. Sixty-six percent were in favour of terminating a pregnancy resulting from proven failed contraception, but “very few commented on the virtual impossibility of establishing such a diagnosis.”

No difference to illegal abortion rate

Half of those who replied to the survey said that abortion on request would make no significant difference to the illegal abortion rate. “In other countries, such as the United Kingdom, the illegal abortion rate has fallen dramatically and it is not clear to me why members felt this could not happen in South Africa,” Dr Dommsie said.

Disatisfaction with the abortion law concerned “unnecessary delay” in reaching a decision and doctors felt that procedures and documentation could be simplified without diminishing the intention of the law.

“No doctor can support a law which in its application humiliates a patient or raises unnecessary anxiety or problems,” Dr Dommsie said. “Cruelty should look not only to the application of the law, but also to the role of the doctor. There was a tendency to pass duties on responsibility without becoming involved.”

Doctors hesitated to be sympathetic in case the request was turned down and therefore adopted the attitude of “nothing I can do.” Patients requesting termination desperately needed support and sympathy, whatever the outcome might be.

Dr Dommsie said there was sufficient support for change and enough dissatisfaction with the law to request the Minister of Health to appoint a commission of inquiry.
Baby deaths in E Tvl 'very high'

A DETAILED socio-economic and health investigation into a black rural community in the Eastern Transvaal has disclosed an extremely high infant mortality rate, low household incomes and low rates of immunisation.

The investigation was undertaken by a research team from the metabolite and nutrition research unit, Department of Paediatrics, Baragwanath Hospital and the University of the Witwatersrand.

The researchers said that while data about mortality, misery and disease patterns in rural areas were scanty, at least one survey, published two years ago, has shown an infant mortality rate comparable with those of very poor developing countries.

A survey was made of the community living in the tribal trust area of Driefontein, Eastern Transvaal.

The survey disclosed a high infant death rate (198 deaths per 1,000 live births). The death rate among infants aged between one and two years was 39.9 per 1,000.

Twenty-nine households (26.4 percent) owned their own land and the remainder leased land from the landowners. The number of people in a household ranged from two to 36, with an average of 10.8.

One hundred and six households (95.7 percent) had a pit latrine on their plots and 27 households (26.5 percent) had a water-source on their property, and 76 (71 percent) had a "safe" water supply.

The first choice of consultation when ill was: General Practitioner (ordinary doctor) (86.2 percent), traditional doctors (8.3 percent), clinic (2.8 percent), chemist, home remedies, faith healers (0.9 percent) each, while the second choice was traditional doctors (30.3 percent) and faith healers (11.9 percent).

The most important needs as perceived by the community were:

Shops (43.2 percent), employment (32.4 percent), improved water supply (15.3 percent) and improved roads (15.3 percent).

Priorities relating to health were: clinic (73 percent), hospital (9 percent) and doctor (7.2 percent).

The investigation revealed that 60.6 percent of children under the age of 12 had been immunised. Of the 39.4 percent not immunised, this was due in 88 cases to the parents not being aware of the benefits of immunisation or because it was not available. — SUN-DAY POST Correspondent.
Population - Vital Statistics

7 March 1980 - 20 Nov. 1981
Abovian + Stulzaleen
Amendment Bill.

See S. Hansaid 5 c80 1047 - 1058
Abortion

292 Mr N B WOOD asked the Minister of Health: How many medical practitioners performed (a) abortions in accordance with the provisions of the Abortion and Sterilization Act during 1979 and (b) those abortions than (i) 20 and (a) 50 such abortions for that year?

The MINISTER OF HEALTH:

(a) 276

(b) 10

Mr N B WOOD asked the Minister of Health:

(a) How many institutions, other than State-controlled institutions, at which abortions may be performed in accordance with the provisions of the Abortion and Sterilization Act did he designate in terms of section 3(2) of the Act from its commencement to 31 December 1979?

(b) at how many of these institutions were (a) such abortions and (b) more than (i) 20 and (a) 50 such abortions performed during 1979?

The MINISTER OF HEALTH:

(a) None

(b) (a) and (a) None

Psychiatric abortions

Mr N B WOOD asked the Minister of Health:

(a) How many psychiatrists were employed by the State and (b) how many of them gave certified opinions for abortions in accordance with the provisions of the Abortion and Sterilization Act in 1979?

(2) whether any of these psychiatrists gave more than (a) 20 and (b) 50 certified opinions for such abortions, if so, how many in each category in each case?

The MINISTER OF HEALTH:

(a) 162

(b) 28

(a) Yes, 4

(b) Yes, 1
Persons over/under 18 years of age in Republic

492. Dr Z J DE BEER asked the Minister of Statistics whether the estimated number of persons (a) over and (b) under 18 years of age in each race group in the Republic as at 30 June 1979, was (237)

(1) What was the estimated number of persons (a) over and (b) under 18 years of age in each race group in the Republic as at 30 June 1979,

(2) what is the estimated number in each race group who were economically active at that date?

The MINISTER OF STATISTICS

(1) Whites (a) . . . 2 895 324
(b) . . . 1 550 676

<table>
<thead>
<tr>
<th>Race Group</th>
<th>(a)</th>
<th>(b)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Coloureds</td>
<td>1 303 355</td>
<td>1 229 645</td>
</tr>
<tr>
<td>Asians</td>
<td>434 467</td>
<td>357 533</td>
</tr>
<tr>
<td>Blacks</td>
<td>8 208 307</td>
<td>8 111 993</td>
</tr>
</tbody>
</table>
Abortion and Sterilization Act

How many cases of treatment in connection with the removal of the residue of a pregnancy were reported in terms of the Abortion and Sterilization Act during (a) December 1979, (b) January 1980, (c) February 1980 and (d) March 1980?

The MINISTER OF HEALTH, WELFARE AND PENSIONS†

(a) 1946
(b) 2602
(c) 1889
(d) 1850

The statistics reflect the information available as at 21 May 1980 and are subject to updating.
Abortion and Sterilization Act

21/3/80

The MINISTER OF HEALTH replied to Question No 13 by Mrs H Suzman

Question:

Whether he will consider the appointment of a commission of inquiry into the application of the provisions of the Abortion and Sterilization Act?

Reply:

I have already discussed the appointment of a commission of inquiry into the application of the Act since its promulgation, with two deputations. These deputations were led by Dr P G Baxter, National President of the "National Abortion Reform Movement" and the hon. Senator Adrienne Koch.

Before considering the appointment of a commission, I would welcome further motivated representations.

Mrs H Suzman Mr Speaker, arising out of the reply given by the hon. Minister, will he give the assurance that women will be appointed to sit on the commission should he decide to go ahead and appoint it, and, secondly, that the commission will be multicultural? Thirdly, I should think the motivation is very obviously the case of the Bloemfontein girl.

The MINISTER Mr Speaker, it is clear to me that the hon member for Houghton, by way of an additional question, wants to lay down the conditions under which I must appoint a commission on which I have not even taken a decision yet. As I have said, motivated representations will be considered. If the hon member wants to put all her suggestions in writing, I shall spend some time considering them in order to see whether they are of any value.
Thousands at disciplined protest rallies

Staff Reporters

THOUSANDS of Cape Town pupils and students gathered yesterday in the first mass protest rally held since the start of the school year, earlier this month.

Teachers, most of whom accompanied their pupils to the rally, reported that their activities were disciplined and orderly.

Police vans and plain clothes police were stationed around the schools, and the University of the Western Cape, keeping up a low profile.

At Groote Park High School, about 3,000 pupils from Parkwood High School, Zerkoever High School and Groote Park marched around the school.

A pupil stood in the centre of the school grounds, directing the march with a loud hailer.

Officials, wearing white armbands, stood at intervals on the route of the marching pupils, ensuring that order was maintained.

One pupil carried a placard with a picture of the late black consciousness leader, Steve Biko. A huge banner stating, "In Silence We Suffered. In Patience We Hope. Justice Education We Want: No More Hunger," hung across the front of the school.

Thousands of University of Western Cape students and pupils from Bellville South schools staged a demonstration at the entrance to the university in Miederland Road, Bellville yesterday morning.

Some of the placards attached to the fence read, "Détain Steven, Minister of Agitation and Workers, Join Us!"

Pupils from Trukanig High School, Harold Groote High School and Salt River High School gathered at Zonnebloem Training College in Walmer Estate, where they read protest poetry, acted plays and sang freedom songs.

Pupils from Belgravia Senior Secondary, Athlone High School and Bridgetown High gathered at Rylands High School in Rylands Estate. A mother, one of several parents who waited outside the school throughout the morning, said she was going to wait there until her son came out to make sure he came to no harm.

"But the situation in this country is so out of hand that my child could be harmed at any time. So he must just do what he thinks is right," she said.

 Wynberg pupils started their placard protest at 7.30 yesterday morning so that workers going to Wynberg station would be able to see it.

At Oaklands High School in Landsdowne, pupils from surrounding schools gathered for lectures on job reservation and "South Africa since 1976."

They went home at lunchtime, leaving the school in small groups so as not to provoke the police.
614 Mr H E J VAN RENSBURG asked the Minister of Statistics

How many (a) births and (b) deaths were registered in each of the last 10 years in respect of (i) Whites, (ii) Coloureds, (iii) Indians and (iv) Blacks?

The MINISTER OF STATISTICS

<table>
<thead>
<tr>
<th>Year</th>
<th>(a)</th>
<th>(b)</th>
<th>(i)</th>
<th>(ii)</th>
<th>(iii)</th>
<th>(iv)</th>
</tr>
</thead>
<tbody>
<tr>
<td>1970</td>
<td>88887</td>
<td>74459</td>
<td>21082</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>1971</td>
<td>89596</td>
<td>74459</td>
<td>22129</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>1972</td>
<td>90458</td>
<td>74863</td>
<td>22462</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>1973</td>
<td>90501</td>
<td>74992</td>
<td>22158</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>1974</td>
<td>83727</td>
<td>70021</td>
<td>20946</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>1975</td>
<td>80026</td>
<td>67537</td>
<td>20298</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>1976</td>
<td>78588</td>
<td>66114</td>
<td>19785</td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

713

WEDNESDAY,

<table>
<thead>
<tr>
<th>Year</th>
<th>(a)</th>
<th>(b)</th>
<th>(i)</th>
<th>(ii)</th>
<th>(iii)</th>
<th>(iv)</th>
</tr>
</thead>
<tbody>
<tr>
<td>1977</td>
<td>74937</td>
<td>65114</td>
<td>18881</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>1978</td>
<td>72216</td>
<td>66824</td>
<td>19019</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>1979</td>
<td>71810</td>
<td>66108</td>
<td>18824 (preliminary)</td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

(a) (iv) data not available

(b) (i) (iii) (iv) data not available

<table>
<thead>
<tr>
<th>Year</th>
<th>(a)</th>
<th>(b)</th>
<th>(i)</th>
<th>(ii)</th>
<th>(iii)</th>
<th>(iv)</th>
</tr>
</thead>
<tbody>
<tr>
<td>1970</td>
<td>34452</td>
<td>28938</td>
<td>4376</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>1971</td>
<td>33321</td>
<td>27919</td>
<td>4468</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>1972</td>
<td>33686</td>
<td>27743</td>
<td>4638</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>1973</td>
<td>33757</td>
<td>28443</td>
<td>4727</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>1974</td>
<td>34974</td>
<td>29479</td>
<td>4795</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>1975</td>
<td>35039</td>
<td>27615</td>
<td>4834</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>1976</td>
<td>36508</td>
<td>28650</td>
<td>4883</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>1977</td>
<td>35280</td>
<td>25620</td>
<td>4597</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>1978</td>
<td>36442</td>
<td>24631</td>
<td>4379</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>1979</td>
<td>36647</td>
<td>24237</td>
<td>4370 (preliminary)</td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

(b) (iv) data not available
Beware of census con tricksters

POST Reporters

CENSUS enumerators have also felt the brunt of the Zulu faction fighting — they met with difficulty in going about their business.

This fact came out yesterday as an official of the Department of Statistics, the department responsible for the census, gave a brief rundown of the progress made.

According to the official the census had gone very well in the rest of the country with enumerators getting co-operation from all sectors of the community. In Zululand the Government had run out of census questionnaires and a special car left Pretoria yesterday with 20,000 additional copies.

Meanwhile the Department has warned residents against “bogus enumerators.” Members of the community are requested to first check the identity of people who claim to be enumerators before allowing them in.

This warning was issued after a Sobela family had been robbed of furniture and household goods last week.

“The family invited the men in after being told they were census enumerators. The men took advantage of the goodwill blacks have towards the census enumerators. The family was assaulted and injured and the men removed furniture and household goods,” an official said.

According to the official, census enumerators should be asked to identify themselves:

- They have an orange lapel tag.
- The enumerator's name is printed at the back of the tag, and
- the enumerator has a letter of appointment with him.

Meanwhile an unusual story of a tribe that has language differentiation based on the sexes has emerged. The Tembe peo-Zululand (Tonga) speak two languages — the men speaking Tonga.

The explanation given is that the women, mostly Tembe, speak Tonga and cling to their language while the men are Zulu.

This is so far the only tribe in the world known to do this.
No data on black births and deaths

THE Government is unable to give the number of birth and death of black South Africans because the data is not available, although figures for other race groups are kept available. This was disclosed yesterday by the Minister of Statistics, Dr. Andrew Trenarch, who replied to a question by Mr. Horace van Rensburg (FFP Brakpan). Mr. Van Rensburg considered it absolutely essential that the Government should take steps to register the births and deaths of black people in South Africa, particularly from the point of view of planning of services for future generations.
No record of black births, deaths

CAPE TOWN — The government is unable to state the number of births and deaths of black people in South Africa because the data is "not available."

Figures for births and deaths registered for other race groups are, however, kept.

This was disclosed by the Minister of Statistics, Dr Andries Treurnicht, when he replied to a question tabled in the Assembly by Mr Horace van Rensburg (PFP).

Mr Van Rensburg said yesterday: "It is absolutely essential that the government should take steps to register the births and deaths of black people in South Africa, particularly from the point of view of planning of services for future generations."

The government had never been able to provide accurate statistics for black population in either the urban or the rural areas of South Africa and this had resulted in serious underestimates of several hundred thousand in places like Soweto.

In his reply, Dr Treurnicht revealed a declining birth rate between 1976 and 1979 for whites, Coloureds and Indians.

There were 88,896 white births in 1970 but by last year this had declined to 71,610. Coloured births declined from 74,429 in 1970 to 66,108 last year while Indian births declined from 21,852 to 18,824.

White deaths increased from 34,452 a year to 36,647, while Coloured deaths decreased from 28,938 to 24,237 and Indian deaths remained constant at 4,370. — PC.
No way to plan a family

By definition, actual saving must equal actual investment. According to the Keynesians, there will be equal planned investment.

$IP = S + I$

where planned saving = $S = IP - I$

But family planning is something else again.

I wrote an angry letter to the council and they passed it on to the railways, saying they agreed that the sea used to be quite pretty down our way before the billboards moved in.

And the billboard urges me to plan a smaller family for a bigger future, which is rather late as my family is well past the planning stage.

First there arrived hundreds of burly men with sledges and began pounding the railway line in front of my house. Unfortunately, they had to go home at night, so I managed to sleep round one to me.

Then they sent on the artillery - large machines that roared and had grinders of the line.

ONE thing I've learned by now is that you can't shout against thunder or be more specific, it's no use trying to beat the mighty SAR and H because hell hath no fury like a railwayman scorned.

Way down south of Fish Hoek is a semi-ard area inhabited by a few rather mangy seagulls and a whole lot of Port Jackson trees.

And me, I live with my back to the mountain and my face to the sea - all very dramatic.

Actually, my face is to the railway line, but the sea is beyond that.

Perhaps I should say the sea USED to be beyond.
Census man dismisses bungle report

Pretoria Bureau

REPORTS that the 1970 census were "bungled" have been dismissed as "gross exaggeration" by a demographer consulted by the Department of Statistics before the census got under way.

A spokesman for the department said 170 organisations were consulted and a test of the census conducted prior to the launching of Census 80.

Professor J L Sadie, a demographer and professor of economics at Stellenbosch University, and Mr Neville Gouws, chief statistician of the Department of Statistics, were responding to a report in a Sunday newspaper.

The report quoted Prof Gerhard Schotte of the sociology department of the University of the Witwatersrand, who said the questions in the census had been poorly phrased and the result could be up to 30% out and that poor control of "invisible" blacks - "those living in certain areas illegally" - had been excused.

Mr Gouws said: "Before we started, we consulted 170 organisations. We spoke to universities, including Wits, the larger municipalities, government departments, private businesses, the CSIR, the Human Sciences Research Council.

"They helped us compile the form and we consider it a joint effort.

"The extension of the census should not affect the results materially. In many other countries they conduct the census over a much longer period than we have done.

"The census in Soweto is practically complete. We have been amused by the co-operation we have received from blacks.

"We have been to houses with more than 30 occupants who have completed the forms because they know we will have nothing to do with prosecuting them for overcrowding."

Prof Sadie said: "The criticism of the census seems to be a safe swipe at the Department of Statistics or the Government."

"There are always inaccuracies, especially among the less-developed populations. It is the fault of the people who complete the form, not the form itself.

"With any exercise like this we have to 'cook' the figures using projections and control data to make up for this. However, I feel the prediction of a 30% error is a gross exaggeration. I think we should wait for the results before we criticise."

South Africa's negative abortion laws forced people to have abortions in non-sterile surroundings, Dr Selma Browde said today. She was referring to the death of a 7-year-old schoolgirl who tried to abort herself.

A Johannesburg mother described her anguish when she found her younger daughter in a coma at the weekend and watched her slowly die as a result of an attempted abortion.

The schoolgirl has not been named, at the request of her parents.

The mother, heavily sedated, described her daughter as a quiet, well-behaved child and could not explain how the attempted abortion had been performed.

Dr Browde, Johannesburg city councilor and therapeutic radiologist specializing in cancer treatment, said she did not believe abortions were desirable, but South Africa's laws forced "desperate people" to lose their health — and sometimes their life — through backstreet abortions.

"People who oppose an enlightened abortion law do not realize how arrogant they are."

Dr Browde said a reformed Abortion Act would act positively in allowing inescapable abortions to take place in medically approved conditions and circumstances.

"You have to see the trauma and pain to realize that this kind of thing must not continue," Dr Browde said.
DP women are observed

POST WOMAN

Page 12
Post, Tuesday, June 10, 1980
Whites told: Have more children

By ARNOLD GEYER

POTCHEFSTROOM — Whites had to have more children if they wanted to make a meaningful cultural impact in Africa, a white Nederduitse Gereformeerde Kerk (NGK) minister told Afrikaans students yesterday.

"If we want to tell Africa it needs us, then we must have the numbers and stop the unwillingness to extend our families," Dr Piet Strauss of Pretoria said at the Afrikaans Studentebond's annual congress.

He expressed fears that whites would only form about 12% of South Africa's population by the end of the century.

"Our annual population growth is only about 1% but that of blacks and coloureds 2.3% and 1.9% respectively," he said.

Students were also warned against certain Afrikaans artists and writers, particularly Professor Andre Brink, who had become "slaves of a new neo-Marxist and humanist outlook".

"Mr Brink cannot be allowed to claim a monopoly of the truth — he was even reported in the foreign press as saying that Brem Fischer, former leader of the South African Communist Party, was one of the leaders of the struggle for liberation in Africa," said Dr Strauss.

He suggested that Afrikaans artists and writers should become members of the Afrikaans church.

Asked by students whether blacks could be allowed into white churches, Dr Strauss said in certain cases blacks could attend church services, but he rejected a single non-racial church.

"We all have different languages and cultures and it is not practical to sit in the same service," he said.

He also attacked several white Afrikaner theologians because they were becoming "too political".

ASB delegates were warned against the "negative tendency towards so-called spiritual multi-racial meetings."

A Marxist onslaught against the Afrikaner's culture,

A rejection of Afrikaner cultural organisations such as the Voortrekkers and the ASB.

Dr Strauss deplored the fact that more than 70% of Afrikaans youth was not organised in any Afrikaans cultural organisation.
Infant mortality reduced in City

CAPE Town has been recognized as a world leader in achieving dramatic success in reducing infant mortality rates — the number of deaths occurring for every 1,000 births up to the age of one year.

This emerged yesterday from the annual report for 1979 by the city’s Medical Officer of Health, Dr R J Coogan, who said that infant mortality rates were generally accepted as the most sensitive index of the quality of an environmental, promotive and preventive health service.

Last year the South African Medical Journal drew attention to the city’s successful record and soon afterwards the Lancet, an influential medical journal published in London, in a round-the-world survey said that “the reduction in the infant mortality rate of coloureds in Cape Town shows what can be done”.

Dr Coogan said the population of Cape Town at the end of 1979 was estimated at more than 918,500. This included 265,040 whites, 532,900 coloured, 11,900 Asian and 167,500 African people.

Birth rates for the various groups were 19,3 for every 1,000 white persons, coloured 23,9, and African 36,9.

The infant mortality rates in Cape Town were White 16,4 for every 1,000 live births, coloured 19,2, and African 31,0.

Dr Coogan said that for whites the death rate was markedly lower than for the city of London in 1977. For the coloured group it was the lowest figure ever recorded, and the first time it had fallen below 20. It was now as low as that for whites only ten years ago.

He pointed out that Los Angeles, California had a white (excluding Hispanic) infant mortality rate of 12,5 and for blacks 22,0 in 1977.

Dr Coogan paid tribute to the paediatric and maternity services of the University of Cape Town Medical School in achieving Cape Town’s impressive record.

Other points made were:

- The city’s health department now operated 33 polyclinics, supported by 26 satellite clinics throughout the city.
- Family planning clinic attendances were up 36 percent to 174,047.
- The mother and child health clinic attendances topped a half-million for the first time, with the increase since 1975 being 64 percent.
- Immunization coverage for children had increased.
- Specialized clinics to combat malnutrition had been established.
- The community development branch had been formed to encourage community organization and participation and to promote cultural and social upliftment to meet the needs of urbanization.
- Since the establishment of the faculty of community medicine at UCT the city health department had been increasingly involved in in-service training programmes.
- Tuberculosis remained the major communicable disease problem in Cape Town. Meanwhile, there had been a noticeable decrease in the number of new cases of sexually transmitted diseases attending contact clinics — down from 12,964 in 1978 to 11,703 last year.
Winter death rate on Rand hits new high

There has been a marked increase in the number of deaths in Johannesburg this winter.

Worst hit were sick, elderly people and sufferers from respiratory illnesses.

A leading Johannesburg undertaker said at least 600 people had died in July — the highest death rate in the city in 16 years.

"There was a marked increase in the death rate in April, May, June and July. The flu outbreak hit the frail and elderly hard. Also hard hit were people suffering from lung trouble."

Reef hospitals reported an increase in the number of flu, pneumonia and bronchitis cases this winter.

Virologists disclosed an increase in the number of respiratory infection cases but could not say how many people had died of flu complications.

Professor O W Prozesky, director of the institute, said: "This has been a bad winter for respiratory infections. Flu does not do too much damage to healthy people. Complications can arise in people suffering from chronic respiratory disease, heart trouble, cancer and diabetes."

Newspapers have placed a record number of death and funeral notices this winter. "Often an extra 100 advertisements were placed daily over the coldest winter period," said a spokesman for The Star's classified advertisement department.
White growth rate falling

If South Africa's white population growth continues to decline at the present rate it will reach zero growth by the end of the century.

Latest official figures show that the coloured and Asian population growth rate is twice that of the whites, and the black rate is three times greater.

Mr. Fanie Botha, Minister of Manpower Utilisation, said this week the latest figures showed that South African white population was at the stage where their numbers can no longer grow.

He said it was therefore impossible to build a strong economy without working with the blacks, browns and other population groups.

A senior official of the Department of Statistics said the latest population growth figures indicated that the white population was growing at 0.18% - the lowest figure on record - coloured population at 1.55%, Asians at 1.77%, and blacks at 2.8%.

The Progressive Federal Party's spokesman, Mr. Alex Boraine, said that among the sociological reasons for the decrease in the white population growth was the proven fact in other parts of the world that where living standards rose birth rates tended to fall.

Another was modern society's tolerance of unmarried childless couples living together.

Dr. Boraine said there was no point in starting a birth control campaign among the black population as it would not work. The only proven way of controlling family sizes was to improve the quality of life and standards of living of blacks.

The negative response of black leaders to birth control campaigns was regrettable but understandable, said Dr. Boraine.

The fear among whites was that they were getting fewer and fewer and blacks were getting more and more "with only one ultimate result."

The solution was not to encourage whites to have more babies, but to give blacks far greater economic opportunities than they had at present.

"It's absolute rubbish to claim, as the Government claims, that we are making significant efforts to drain blacks. We are tinkering with the problem. We need training and the creation of jobs on a massive scale."

Dr. Boraine said
SA white population growth heads for nil

By GERALD REILLY
Pretoria Bureau

THE Government is seriously concerned at the fast shrinking white population growth rate, which, if it continues at the current rate, will be nil by the end of the century.

The Department of Statistics confirmed in Pretoria yesterday that the latest official figures show the coloured and Asian population growth rate is twice that of whites. The black rate is three times greater.

In Britain last week the Minister of Manpower Utilisation, Mr Fanie Botha, said the latest figures showed that South African white growth rate was declining so quickly that their numbers can no longer grow.

It was, therefore, physically impossible to build a strong economy without working with the blacks, browns and other population groups, he said.

Mr Botha said the most recent statistics showed that whites would not increase their numbers in the future. This was the first time in history that this had happened.

The stagnant white population would have a powerful impact on the country because of every 76 babies born at the close of the century, only one would be white.

A senior official of the Department of Statistics said the latest population growth figures indicated that the white population was growing at 0.05% a year — the lowest figure on record. The coloured population was growing at 1.58%, Asians, at 1.77% and blacks, at 2.00%.

A Progressive Federal Party spokesman, Dr Alex Borame, said that among the sociological reasons for the decrease in the white population growth was the fact, proved in other parts of the world, that where living standards rose, birth rates tended to fall. Another reason was society’s tolerance of unmarried, childless couples living together.

Dr Borame said there was no point in starting a birth control campaign among the black population. It simply would not work. The only proven way of controlling family sizes was to improve the quality of life and standards of living of blacks.

The fear among whites was that they were getting fewer and fewer and blacks were getting more and more — “with only one ultimate result.”

The solution was not to encourage whites to have more babies, but to give blacks far greater economic opportunities than they had at present.

“[It’s absolute rubbish to claim, as the Government claims, that we are making significant efforts to train blacks. We are tinkering with the problem. We need training and the creation of jobs on a massive scale,” he said.
With Dr Thomas (centre) at the luncheon yesterday were Mr B. C. Jardine, president of the service club, and Mr R. C. Allen, the club's chairman of vocational services.

Doctor tells of high black infant mortality

EAST LONDON — A total of 107 out of every 1,000 children born in Mdantsane did not reach their first birthday, paediatrician at Cecilia Makiwane Hospital, Dr Trudi Thomas, said here yesterday.

Dr Thomas, a noted authority on malnutrition problems in the Ciskei and author of a book on the subject, Their Doctors Speak, was addressing a service club luncheon on malnutrition.

She said the figures did not compare favourably with figures of white children in South Africa where the infant mortality rate was below five in every 1,000 children.

"And don't forget that Mdantsane is the best health area in the Ciskei," she said.

"In rural areas one out of every four children born does not reach the age of one."

The problem had intellectual implications because children deprived of food were also inclined to be mentally deprived.

Referring to problems of learning mathematics in black schools she said that children with a history of malnutrition were known to have problems even after their diet had been improved.

The problem also had economic implications. It cost R30 a day to keep a child in hospital which meant that curing malnourished children was far more costly than stopping the process of malnutrition.

Dr Thomas referred to a survey carried out by Tygerberg Hospital doctors on Ciskei schoolchildren. The survey showed that 85 per cent of them in rural areas were malnourished. The figure for urban areas is 75 per cent.

A survey at Potchefstroom a year ago showed that 23 of 27 children in one school were suffering from overt forms of malnutrition, she said.

Among adults, problems were experienced with married women both for themselves and their expected children.

Dr Thomas said malnutrition was an indictment on the society and the main solution would be the provision of jobs but there would have to be other interim measures to get over the reconstruction period — DDR.
<table>
<thead>
<tr>
<th>Date</th>
<th>All industries</th>
<th>Mining and Smelting</th>
<th>Petroleum</th>
<th>Total manufacturing</th>
<th>Food products &amp; beverages</th>
<th>C.P. &amp; fabricated metals</th>
<th>Machinery</th>
<th>Transport equipment</th>
<th>Other manufacturing</th>
<th>Other industries</th>
<th>Transportation &amp; public utility</th>
<th>Trade</th>
<th>Finance &amp; other industries</th>
<th>Other</th>
</tr>
</thead>
<tbody>
<tr>
<td>1969</td>
<td>755</td>
<td>84</td>
<td>158</td>
<td>373</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>1970</td>
<td>864</td>
<td>90</td>
<td>172</td>
<td>438</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>1971</td>
<td>965</td>
<td>108</td>
<td>189</td>
<td>488</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>1972</td>
<td>1027</td>
<td>137</td>
<td>215</td>
<td>482</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>1973</td>
<td>1167</td>
<td>(D)</td>
<td>(D)</td>
<td>501</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>1974</td>
<td>1457</td>
<td>(D)</td>
<td>(D)</td>
<td>624</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>1975</td>
<td>1582</td>
<td>(D)</td>
<td>407</td>
<td>700</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>1976</td>
<td>1665</td>
<td>(D)</td>
<td>(D)</td>
<td>705</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>1977</td>
<td>1782</td>
<td>(D)</td>
<td>(D)</td>
<td>714</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>1978</td>
<td>1994</td>
<td>(D)</td>
<td>(D)</td>
<td>743</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

Percentage distribution by sector:

<table>
<thead>
<tr>
<th>Year</th>
<th>All industries</th>
<th>Mining and Smelting</th>
<th>Petroleum</th>
<th>Total manufacturing</th>
<th>Food products &amp; beverages</th>
<th>C.P. &amp; fabricated metals</th>
<th>Machinery</th>
<th>Transport equipment</th>
<th>Other manufacturing</th>
<th>Other industries</th>
<th>Transportation &amp; public utility</th>
<th>Trade</th>
<th>Finance &amp; other industries</th>
<th>Other</th>
</tr>
</thead>
<tbody>
<tr>
<td>1969</td>
<td>100,0</td>
<td>11,1</td>
<td>20,9</td>
<td>49,5</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>1977</td>
<td>100,0</td>
<td>45,6</td>
<td>39,8</td>
<td>6,4</td>
<td>5,7</td>
<td>10,4</td>
<td></td>
<td></td>
<td>14,3</td>
<td></td>
<td></td>
<td>14,6</td>
<td></td>
<td>0,1</td>
</tr>
</tbody>
</table>


Note: (D) denotes suppression to avoid disclosure of data of individual companies.
During the past five years the divorce rate among South African Indians has climbed by a phenomenal 53 percent. The increase is seen as further evidence of the breakdown of traditional close family life among this population group.

In general, divorce is still a rarity among Indian couples. Last year 931 of them were divorced, in 1974 divorces numbered only 226.

But the rate per thousand in population has increased from 0.32 to 0.49 during the five-year period, a steady increase each year even during a time when the white divorce rate hovered around 2.50 until it took a swing up to 3.11 per thousand after new divorce legislation became effective.

Not many years ago there was one divorce among Indians per year for every 10 among whites. But latest Census figures show that the breakdown of Indian marriages has risen at a faster rate compared with that of whites.

The divorce rate among Indians is still however only one-sixth of that among whites, or one in 33 marriages.

Indian community leaders to whom I spoke point out that as a 20th century and Western phenomenon marital problems in the community have grown with increased Westernisation, the education of a new generation safer through English, the growing in training of women with more job opportunities and the rise of times. Jobs speak, drinking and even brothel.

For the first time Indian cell girls have now made their appearance in central Johannesburg.

"All this and the soaring divorce rate, have become a talking point in the community," a woman leader said. "Only a minority of Hindu women, for instance, still get married by religious rites, preferring civil law marriage.

"In other words, some traditions are being relaxed. Under Hindu law, for instance, there cannot be divorce. But a priest, usually untrained, can be found to remarry a divorced man or woman."

Mr. E A Salome, director of the Johannesburg Indian Social Welfare Association, says a reason for the growing divorce rate is that younger Indians, now in conflict with older generations, are exposed to different lifestyles which include easier divorce.

But the main explanation for the phenomenon is that growing divorce figures merely reflect legitimisation of separations among Indian couples, he says.

Indian women now have more access to legal aid and this enables them to convert a long separation into a legal divorce, especially if they need that divorce to have legal tenancy in a housing estate like Chatsworth, for instance.

"During the last five or 10 years the type of extended family life is that growing divorce figures merely reflect legitimisation of separations among Indian couples, he says.

The Indian family now faces through stress and strains that did not exist before. And social workers expect the divorce rate to keep on rising.

Legal divorces are easier among the one-third of Indians who are Muslims than among Hindus, but social workers estimate that the number of lengthy separations among both groups is much the same.

The new advantage among Hindu women is that they now have greater access to legal divorce because more are married under civil law.
How to overcome skills shortage

By Sue Garbett

Firms which follow a progressive policy with regard to working mothers can also benefit as much as the individual woman concerned.

So we read in a pamphlet put out by the National Committee for Manpower 2000.

SHORTAGE

The committee is clearly concerned about the lack of skilled workers to meet the requirements of the '80s in South Africa and in the latest of its information series entitled simply "Womanpower" it details ways in which employers can overcome the skills shortage.

"Firms which help in such ways as subsidising crèche costs, creating morning jobs, instituting flexitime, allowing a responsible woman to take work home when her child is ill, and being considerate about maternity leave, are likely to attract a more career-oriented woman," comments the committee in the pamphlet.

TRAINING

"They are also likely to get such a woman back between babies, and for about 20 years after she has completed her full time home responsibilities. In this way, they need not lose what they invested in her training."

The committee admits what many still try to deny — that discrimination on the grounds of sex has been a serious impediment in the past and continues to be so, "because many 'enlightened' employers continue to use most of their women employees well below their real potential."

What a pity its taken a national skills crisis for the nation to at last realize what its been losing by the discriminatory policies followed by employers, and allowed by law, all these years.
tavern. The central labour bureau is a system of labour bureaux in urban areas and local labour bureaux. For work, they request the regional labour bureaux. In the homelands there is a system of local labour bureaux for work. The local labour bureau is coordinated with the regional labour bureaux. In the homelands, the regional labour bureaux are coordinated with the local labour bureaux. It is necessary to maintain this coordination.

In the homelands, there is a system of local labour bureaux for work. It is necessary to maintain this coordination. The central labour bureau is a system of labour bureaux in urban areas and local labour bureaux. For work, they request the regional labour bureaux. In the homelands there is a system of local labour bureaux for work. The local labour bureau is coordinated with the regional labour bureaux. In the homelands, the regional labour bureaux are coordinated with the local labour bureaux. It is necessary to maintain this coordination.

In the homelands, there is a system of local labour bureaux for work. It is necessary to maintain this coordination. The central labour bureau is a system of labour bureaux in urban areas and local labour bureaux. For work, they request the regional labour bureaux. In the homelands there is a system of local labour bureaux for work. The local labour bureau is coordinated with the regional labour bureaux. In the homelands, the regional labour bureaux are coordinated with the local labour bureaux. It is necessary to maintain this coordination.

In the homelands, there is a system of local labour bureaux for work. It is necessary to maintain this coordination. The central labour bureau is a system of labour bureaux in urban areas and local labour bureaux. For work, they request the regional labour bureaux. In the homelands there is a system of local labour bureaux for work. The local labour bureau is coordinated with the regional labour bureaux. In the homelands, the regional labour bureaux are coordinated with the local labour bureaux. It is necessary to maintain this coordination.
Divorce rate on Reef is soaring

By Stuart Fliton

The annual Witwatersrand divorce figure has risen by more than 1,700 in the past two years — about 50 percent.

In 1978, 3,935 couples were divorced — a monthly average of nearly 328. This year there were 5,146 divorces up to the end of last month and the monthly average was 420. The total number of divorces granted this year could be as high as 5,000. Last year 4,848 couples were divorced in the Rand Supreme Court with an average of 404 divorces a month.

Court staff pointed out that there had been an increase in all civil cases this year compared with last year. In 1979, they issued 16,800 civil summonses and so far this year 18,474 summonses had been issued, they said.

Notes to Table 1(b)

(a) "% of total M, F." indicates the proportion of males (or females) living in the region-type.

(b) 'Masculinity ratio' indicates the number of males for every 100 females in each region.

(c) "%15-64M, 15-59F" indicates the economically active age group for men and 15-59 for women. Note that this does not necessarily equate to the age ranges that will be on the labour market.

Source: Simkins, 1980: Tables 1, 2 and 4.

<table>
<thead>
<tr>
<th>Metr</th>
<th>Homelands</th>
</tr>
</thead>
<tbody>
<tr>
<td>M</td>
<td>F</td>
</tr>
<tr>
<td>20.5</td>
<td>3.5</td>
</tr>
<tr>
<td>% of total M, F.</td>
<td>% 15-64M</td>
</tr>
<tr>
<td>74</td>
<td>61</td>
</tr>
</tbody>
</table>

Table 1(b) shows how effective government policies in respect of the distribution of the African population have been. In the absence of these policies, it is hard to see how the proportion of Africans in metropolitan and other urban areas could have failed to rise substantially between 1960 and 1980. Yet the proportion of men has declined slightly in metropolitan areas (while remaining roughly constant in other urban areas) and the proportion of women in both region-types has declined more rapidly with a consequent rise in the masculinity ratio. The proportion of people in the economically active age ranges has increased in other urban areas. All this is in line with a policy that aims to reduce
**Health Dept promises investigation**

A CONTROVERSIAL birth control injection, banned from general use or export in the United States, is being widely administered to South African women and girls — some as young as 16.

A Sunday Express investigation has revealed startling facts about South Africa's use of the birth control drug, Depo-Provera.

The company which manufactures it says the drug should only be given to pre-menopausal women who are not pregnant and who have not had children.

The drug is ‘meant to be effective for three months — can cause permanent sterility, according to some claims. Yet it is often administered to patients without any possible side-effects being taken into account.

The internationally known, influential American consumer magazine, *Mother Jones*, claimed: "Depo-Provera can cause lawsuits in the breast, cancer, menstrual cycle, sterility, birth defects, among others.

Most of all, these claims are denied by a spokesman for Upjohn, the company which manufactures it, and also by the head of the South African Family Planning Association, an information centre co-ordinated by the State Department of Health.

But family planning experts and the manufacturers themselves list a large number of potentially harmful side-effects.

The Sunday Express has been told from a variety of sources that many of the women who attend family planning clinics are not fully informed about the numerous side-effects at the time they are not told that the drug is a disagreement of the in Upjohn.

In Britain, the drug has been used successfully and the lobby to have it banned is growing in strength.

A senior official at the South African family planning clinic told the Sunday Express this week that young women can destroy their menstrual cycles and make them menstruate.

"Depo-Provera can cause effective sterility for life. To give it to young people is as dangerous as not sterilizing them," he added.

The one is not even fully banned. Depo-Provera, because it does not contain hormones, is less dangerous to the unborn child in the 2nd and 3rd week of pregnancy, which is already been considered.

"The problem here is that we can't tell," he said.

"At family planning clinics people are not fully informed of the side-effects of the drug.

The drug has been in use in this country for only 10 years, but despite an extensive campaign, it still continues to be used here, in South Africa and in other third world countries.

Although the United States Food and Drug Administration has not approved the drug for use in this country, the Upjohn company continues to manufacture and market it through its Belgian subsidiary.

The continuing export of the drug has set the US on a collision course with the local who ordered the drug to be sent to South Africa and to be used for sterilization.

**By BARRY LEVY**

A few days later, when I called back, my colleague, the *SUNDAY EXPRESS* reporter who went abroad with the story, told me that she was on her way to the *Sunday Express* when she was stopped by the police and accused of defying the ban on the drug.

Mr. Kerrigan said that his company was aware of the drug's side-effects but maintained that delivery of it to South Africa is not mandatory. He said that Depo-Provera is an excellent drug.

Mr. Kerrigan said that his company was aware of the drug's side-effects but maintained that delivery of it to South Africa is not mandatory. He said that Depo-Provera is an excellent drug.

Mr. Kerrigan said that his company was aware of the drug's side-effects but maintained that delivery of it to South Africa is not mandatory. He said that Depo-Provera is an excellent drug.

Mr. Kerrigan said that his company was aware of the drug's side-effects but maintained that delivery of it to South Africa is not mandatory. He said that Depo-Provera is an excellent drug.
Govt starts its preparations for census in 1985

By Arnold Kirkby, Pretoria Bureau

Even though the preliminary results of the 1980 census are still being compiled, work on the 1985 head count has begun.

The Department of Statistics in Pretoria has set up branch offices in Cape Town, Port Elizabeth, Middelburg, Pretoria and Bloemfontein to do the delimitation in the provinces in 1985, and they will not be using magistrates as they did in this year's census.

At present the five major centres have only got the skeleton staff of two members each. But as the 1985 census — to be held in February — draws closer, another 40 branch offices will be opened to handle all districts in the country.

Each office will have an average of seven magisterial districts under its administration. About 750 enumerators will be recruited for the delimitation.

A spokesman for the Department of Statistics said it was decided by the Cabinet that a census should be held in 1985 because the geographical distribution of the population expanded too rapidly over a 10-year period.

The 1985 census questionnaire will be abridged and have only eight or ten questions compared to last year's form which had close to 100 questions.

The skeleton staff at present operating in the five main branch offices are being trained to be able to recruit and in turn train enumerators for the 1985 census.

It will also be their task to break down districts into sub-districts for the enumeration.

They will also be in charge of the actual enumeration and will have to post census checks of the questionnaire returns.
Black babies face bigger death odds

By ALISON GILLWALD
BLACK infant mortality in Johannesburg is still more than double the toll for white infants — despite substantial improvements in health care in Soweto.

This is disclosed by two doctors from the department of paediatrics at the University of the Witwatersrand and Baragwanath Hospital, Dr H. Stein and Dr E. U. Rosen, in the latest edition of the South African Medical Journal.

They say that although preventable disease is still prevalent among Soweto children, viewed from "a hospital perspective", there have been substantial improvements in overall paediatrics.

While an earlier study in the journal demonstrated an alarmingly high infant mortality rate of 111 per 1,000 for blacks in certain marginal areas of South Africa, the figures for blacks in the Johannesburg area is substantially better, according to the article.

Although the figure for black infant mortality in the Johannesburg municipal area was still more than double the figures for whites, it showed a marked improvement, with a decrease from 142 per 1,000 in 1958 to 42 per 1,000 in 1977.

The figures for whites were 28 per 1,000 in 1956 and 16 per 1,000 in 1977.

Improvement could be seen in the areas of infant mortality, admissions and mortality due to malnutrition and gastro-enteritis, and the severity of and number of admissions for rickets.

Regarding newborn infants, the improvements were reflected in lower mortality rates before and after birth, and the incidence of low-birthweight babies.

Baragwanath was virtually the only hospital serving the needs of the populations of Soweto — more than 1 million people, of whom 45% were under 25 and more than 35% under 10 years.

The latter group has a high morbidity and mortality rate and much of the disease pattern remains preventable, the doctors say.

Infections such as gastro-enteritis, pneumonia, tuberculous and measles and its complications were still prevalent and the incidence of malnutrition was high.

"However, there are many indications that conditions have been improved dramatically."

There was little doubt that the relative incidence of the more preventable diseases had markedly decreased.

"Hopefully the developments in primary care and community paediatrics in Soweto, coupled with further improvements in the socio-economic status of the community, will make a significant further impact."
Interim census for SA in 1985

Own Correspondent

Another census is to be held in South Africa and the national states in 1985 five years before the next full census is due.

The Government has already given its approval for the scheme and preparatory work has started with the opening of offices throughout the country.

The Secretary for Statistics, Mr A J Louw, said today it would be the first time that an "interim" census had been held.

Normally a census was held every 10 years and the next one was only due in 1990.

The 1985 census would not be as comprehensive as the one last year but would contain a lot of information vital to planners.

Although we had a census last year we find it necessary to update some of the information collected at shorter intervals.

"This is basically the aim of the interim census and it is possible that we may have them more regularly in future," Mr Louw said.

The preliminary work would also include dividing South Africa and the national states into sub-districts.

For the 1980 census there were about 28 000 of these sub-districts.

In each a census enumerator would be appointed.

Mr Louw added that a committee of experts would be appointed later to help with the preparation of the census questionnaire.

This would probably be only next year or early in 1985.
Another census planned for 1985

Another census will be held in South Africa and the national states in 1985 — five years before the next census was due — the Secretary for Statistics, Mr A J Louw, said in Pretoria yesterday.

The Government had approved the scheme and preparatory work had started with the opening of offices throughout the country.

Mr Louw said this would be the first time that an "interim" census would be held. A census was normally held every 10 years and the next one was due in 1990.

The 1985 census would not be as comprehensive as the one held last year. Questionnaires would be shorter, but would nevertheless contain much information vital to planners.

"Although we had a census last year, we find it necessary to update some of the information at shorter intervals. These interim censuses are nothing new in countries like Britain, the United States and Canada and it is possible that we may have them more regularly in the future," Mr Louw said. — Sapa
Family planning brings big white birth rate drop

By YVONNE STEYNBERG

There has been an alarming decline in the white birth rate in South Africa, largely due to the efforts of family planning, but the planning has, as yet, hardly any effect on the black birth rate.

Because the white population is more vulnerable to propaganda, it is they who have suffered the greatest number of casualties in the propaganda war and consequently have the most to fear in the future.

In a book which is sure to cause some controversial reaction, Dr Ted Williams in "Were Have All the Children Gone?" quotes some very disturbing facts and figures on the steady decline of white births, not only in South Africa but also parts of the world.

The author is a highly qualified medical doctor who supports his reasoned arguments with detailed graphs and illustrations to reinforce his view that we are endangering the existence of future white South Africans.

Since 1970 the white birth rate has dropped by over 30% and it is now at its lowest point in history.

In 1970 there were 23,5 births per 1,000 whites and in 1977 there were 17 — what will the position be in 1987?

Johannesburg gynaecologist, Dr J J van der Walt, has warned for many years against indiscriminate artificial sterilisation.

He states in the foreword to this book, that man has no adequate protection against the anti-child and depopulation propaganda with which our country has been bombarded.

The white birth rate is plummeting and if the trend continues the country's white population will soon be growing together, while that of other races in South Africa will continue to soar," writes Dr Williams.

Thus the whites who made up 17% of the population in 1970, will have decreased to about 11% by the turn of the century, if present trends continue.

The author points out that it is quite apparent that a remarkable demographic change is taking place in multiracial South Africa.

The white population of 4.4 million people is in a state of stagnation, while the less well developed black population of about 20 million is rapidly increasing in size.

Recent experience of the Obstetrics Department of the Cape Town Medical School reflects this change.

During the period between 1974 and 1976, in the hospitals under the care of this medical school, the number of black babies increased by 80% and the number of coloured babies by 30%, but the number of white babies decreased by 35%.

In order to understand the change, it is also necessary to look at what is happening in the rest of the industrialised world.

The birth rates have dropped by 50% in 13 years, not only in Western Europe and the US, but also in Eastern Europe, the USSR, Canada, Japan, Australia, New Zealand and South Africa.

This involves one quarter of the world's population, who occupy territories totalling a third of the world's surface, and who possess 85% of the world's technology and creativity.

Dr Williams further points out that a birth rate of 2.2 to 2.6 children per family is required to ensure normal replacement of a generation.

In 1977 it was noted that in the industrialised countries mentioned the birth rate had dropped to 1.9 children per woman, and from 1978 onwards the figures are even worse.

In 1978 the North American woman had only 1.6 children — below zero for survival.

A country with serious problems is Western Germany, which now has the lowest birth rate in the world, where births have dropped from one million a year to half that number, and where one quarter of all married couples have no children and over 30% have only one child.

From 1924 to 1928 the average number of children per white South African family was 3.5 — by 1978 this had dropped to 2.1.

The figure of 2.1 is the minimum number of children required to replace a generation.

From 1970 to 1979 the number of white births in Johannesburg dropped from 10,675 to 5,147, and in the Durban municipal area the numbers dropped from 3,753 to 2,350.

All these figures are illustrated in clear graphs in Dr Williams' book.

Dr Williams points out that if this trend continues, in both these cities the figure will be zero by about 1990.

Another graph shows that family planning expenditure, from a nominal amount in 1966, had rocketed to over R9 million in 1978.

Information on family planning stresses that there are more than 2,000 family planning clinics throughout South Africa, and the intrauterine device, the pill, contraceptive injections and sterilisation for both men and women is advocated in pamphlets.

The aim of the propaganda is to change our attitude towards family size and, consequently, to reduce the number of children born.

Has this propaganda war against the concept of large families sparked off a situation which could become extremely dangerous to survival in the not-too-distant future?

This is the question which Dr Williams asks in this very comprehensive book.

He gives facts and figures about sterilisation of women and men, and explores the increasing practise of sterilisation in this country, and the increasing number of men who are having vasectomies, with the greater number under 40 years of age.

Dr Williams asks:

Do the people of South Africa know what is happening?

"But for the moment, we have a serious problem — to stop the decline in the white birth rate in South Africa."
(1) How many (a) White, (b) Coloured and (c) Indian births were registered in 1980.

(2) How many of these births in each race group were illegitimate?

Pre MINISTER OF STATISTICS.

(1) Preliminary data for 1980

<p>| | |</p>
<table>
<thead>
<tr>
<th></th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>(a)</td>
<td>72 932</td>
</tr>
<tr>
<td>(b)</td>
<td>67 871</td>
</tr>
<tr>
<td>(c)</td>
<td>19 227</td>
</tr>
</tbody>
</table>

(2) |

<p>| | |</p>
<table>
<thead>
<tr>
<th></th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>(a)</td>
<td>3 285</td>
</tr>
<tr>
<td>(b)</td>
<td>33 302</td>
</tr>
<tr>
<td>(c)</td>
<td>2 324</td>
</tr>
</tbody>
</table>
Abortion

Hans. 2  Anq. 63 237

64 Mr N B WOOD asked the Minister of Health, Welfare and Pensions:

February 1981

64

(1) (a) How many psychiatrists were employed by the State and (b) how many of them gave certified opinions for abortions in accordance with the provisions of the Abortion and Sterilisation Act in 1980,

(2) whether any of these psychiatrists gave more than (a) 20 and (b) 50 certified opinions for such abortions, if so, how many psychiatrists in each category?

The MINISTER OF HEALTH, WELFARE AND PENSIONS

(1) (a) 94
(b) 39

(2) Yes
(a) 3
(b) 1

Abortion

Hans. 2  Anq. 64

65 Mr N B WOOD asked the Minister of Health, Welfare and Pensions:

(a) How many women have had more than one abortion in accordance with the provisions of the Abortion and Sterilisation Act, 1975, since the Act came into operation and (b) how many of these women had their second abortion on the same grounds as they had their first one?

The MINISTER OF HEALTH, WELFARE AND PENSIONS

(a) Individual records are not kept,
(b) falls away
FACULTY OF ENGINEERING

Corporation Medals
Of the 2nd, 3rd and final years.

Second Year (Bronze Medal)
Miss G C Littlewort

Third Year (Silver Medal)
Miss N C Davidson

Fourth Year (Gold Medal)
P M Salicion
T J Cumming
D P Weeks
J H Hens
B F McClelland

Professor George Menzies Prize
Awarded on results of final examinations to the best male student in Land Surveying or Civil Engineering.
J H Hens

Sanny Sacks Memorial Prize
Awarded to the student with the best classwork in Engineering Drawing.
L Menogoldo

A E & C I Prize
For the first year student obtaining the highest average mark.
G L Croft

CAPE TOWN — The first all-South African pill for the treatment of tuberculosis was yesterday officially launched at the University of Cape Town.

The new pill, developed and manufactured locally, is a combination of four active substances which have been shown to be effective in the treatment of tuberculosis. The pill is a blue-and-white capsule and is designed to be easy to swallow.

The pill was released by the University of Cape Town to the country, and it is expected to be on the market within the next few weeks.

The principal investigator in the development of the pill was Professor J. H. Hens, who said that the pill was expected to be a major breakthrough in the treatment of tuberculosis.

The pill is manufactured by the University of Cape Town and is expected to be available at a cost of $5 per bottle.

A new pill for a new country.
SA-made contraceptive pill launched in City

Science Reporter

THE FIRST all-South African contraceptive pill — locally developed and using only indigenous ingredients — was officially launched in Cape Town yesterday.

Known as Pregvent, it has been exhaustively developed and tested over a period of about three years by Petersen Limited — one of the country’s oldest pharmaceutical manufacturers.

It was unveiled to doctors last night at the opening session of a four-day postgraduate course held at the University of Cape Town by the SA Institute for Obstetricians and Gynaecologists.

The new pill, which has been in production for some time, enters the market as a contender against various other brands of oral contraceptives imported and sold on behalf of overseas-based multinational companies.

Mr R M Brown, the company’s managing director, told the Cape Times that Pregvent was a comparatively low dosage pill.

"The trend today is towards minimal dosage which means there are fewer side-effects but the risk of pregnancy increases if a pill is missed. Pregvent is a proven formulation close to the middle range of pills available and offers less risk.

"All materials used in production were locally available. Some had come from the group’s medicinal plant farms in the Transvaal." Tests were stringent and to a level greater than required by legislation," Mr Brown said. As it was not ethically possible to test the pill directly on women, the company opted for the next best thing — men.

That’s because we were basically testing the bioavailability of the substances not its contraceptive quality, which we already knew. We had to prove that the active substances were actually getting into the bloodstream without harm, that’s where the men came in," said Mr Brown.

Production of the pill was not without strange job hazards. Overseas experience had shown that the hormones used in the manufacturing process were so potent that they could cause enlargement of breasts in men and change their voice registers to female tones.

To combat this employees in certain sections of the plant wore isolation suits which covered them from head to toe and earned an air supply. Spot checks were carried out on all factory staff to ensure that nobody was over-exposed.

Petersen Limited has been operating in Cape Town since its foundation about 125 years ago by a Danish apothecary. Originally housed in Barrack Street, the firm moved to Epping in 1953 and the entire production plant was modernized in the mid-seventies.

The pill represents another breakthrough to the company’s credit. It hit the headlines just a few months ago with a well-received anti-cancer drug also developed by South African technology.
Whites get sterility warning

Mercury Correspondent
JOHANNESBURG—White women were sterilising the white race out of existence in South Africa, the Mayor of Johannesburg, Mr Carel Venter, said yesterday.

Speaking at a meeting of the National Council of Women, Mr Venter said that, between 1976 and 1979, 380,000 whites had been sterilised, most of them women.

"This means that more than 70,000 whites are being sterilised yearly — they are sterilising themselves out of existence," he said.

White South Africans were only just above stagnation level in terms of population growth.

First

Statistically, just more than two children a family were required to replace a generation and the average white family in South Africa had 2.15 children.

Our Cape Town correspondent reports that the first all-South African contraceptive pill, locally developed and using only indigenous ingredients, was officially launched yesterday.

Known as Pregvent, it has been exhaustively developed and tested over a period of about three years by Petersen Limited — one of the country's oldest pharmaceutical manufacturers.

It was unveiled to doctors last night at the opening meeting of a four-day post-graduate course, held at the University of Cape Town by the South African Institute for Obstetricians and Gynaecologists.

Competition

The new pill, which has been commercially available for some time, enters the market as a contender against about 12 other brands of oral contraceptive imported and sold on behalf of overseas-based companies.

Mr R M Brown, the company's managing director, said that Pregvent was a low dosage pill.
Sterilization threatens whites — mayor

Our correspondent at Pretoria said that the attitude of the white public towards sterilization proposals was one of distaste.

Mr. Verster, the mayor of Vereeniging, told the Council of Women of the Witwatersrand that the white public was deeply distressed by the issue.

He said that the thought of the sterilization of black women was a source of great anxiety to many white people.

Mr. Verster said that the racial tension in South Africa was due to the fear of white people that their country was being overwhelmed by a black majority.

He added that the idea of black people being able to reproduce more than white people was a source of great concern.

Mr. Verster also said that the white population was afraid of the possibility of a black majority in the future.

He urged the government to take action to prevent the spread of the idea of sterilization among the black population.

Mr. Verster's speech was met with a standing ovation by the Council of Women.

---

Faculty of Engineering

G L Clegg

Mark

Obtaining the highest average for the first year student prize.

A E G C prize

L Mngqulodo

D raming

Best class worker in engineering awarded to the student with the highest marks. Memoria prize.

J H Rens

Civil engineering student in land surveying or examinations to the best make awarded on results of final

Professor George Menzes prize

B F McLeod

J H Rens

D P Weeks

T J Cuming

P M Sloman

Fourth year (Gold Medal)

Miss N Davison

Third year (Silver Medal)

Miss G Littlewort

Second year (Bronze Medal)

For the best student in each Corporation Medals
Mr N B WOOD asked the Minister of Health, Welfare and Pensions:

61. How many medical practitioners performed (a) abortions in accordance with the provisions of the Abortion and Sterilization Act during 1980 and (b) more than (i) 20 and (ii) 50 such abortions during that year?

The MINISTER OF HEALTH, WELFARE AND PENSIONS:

(a) 158
(b) (i) None
(ii) None

62. Whether any (a) medical practitioners and (b) district surgeons gave more than (i) 20 and (ii) 50 certified opinions for such abortions during that year, if so, how many in each category in each case?

The MINISTER OF HEALTH, WELFARE AND PENSIONS:

(a) 262
(b) 14

(a) (i) None
(ii) None
(b) (i) None
(ii) None
South African citizenship

115 Mr D J DALLING asked the
Minister of Internal Affairs

Hans 3 Deb 84.9
10[2] 81

FEBRUARY 1981

(1) How many persons became South
African citizens by naturalization in
1980,

\( \text{234} \)

(2) whether any applications for South
African citizenship were refused in
1980, if so, how many?

The MINISTER OF INTERNAL AF-
FAIRS

(1) 1 779

(2) Yes, 19
White divorces double in 10 years

In contrast to this, the divorce rate is now lower. In 1930, the number of divorces was 100,000. In 1940, it was 125,000. In 1950, it was 150,000. In 1960, it was 175,000. In 1970, it was 200,000. In 1980, it was 225,000. In 1990, it was 250,000. In 2000, it was 275,000. In 2010, it was 300,000. In 2020, it was 325,000. In 2030, it is expected to be 350,000.

The divorce rate is now lower. In 1930, the number of divorces was 100,000. In 1940, it was 125,000. In 1950, it was 150,000. In 1960, it was 175,000. In 1970, it was 200,000. In 1980, it was 225,000. In 1990, it was 250,000. In 2000, it was 275,000. In 2010, it was 300,000. In 2020, it was 325,000. In 2030, it is expected to be 350,000.
in South African clinic

Domman methods may be used

DR CLENAN DOMAN

in South African clinic

Domman methods may be used

DR CLENAN DOMAN
Divorce increase due to court 'realism'—prof

By John Murray

The number of divorces has increased on the Witwatersrand by more than 2,000 in the 18 months since the promulgation of the 1979 Divorce Act because of "more honesty and realism in the courts," according to a family law expert.

Courts now accept consent between husband and wife as grounds for divorce as well as a unilateral breakdown of the relationship, Professor June Sinclair of the University of the Witwatersrand said.

There were 5,617 divorces last year compared to 4,848 in 1979 and 3,933 in 1978.

In the six months immediately after the Act there were 718 more divorces than in the same period in 1978.

There was an increase of 736 divorces in the first half of 1980 and 769 in the second half compared to the same period in years prior to the Act. This means a total increase of 2,225.

Each week of December last year there were 170 divorces heard at the Rand Supreme Court, said the registrar.

"There were about 90 a week in December 1979 and 80 a week in December 1978.

Last month there were only 333 divorces against 415 in the previous January and 362 in January 1979.

Professor Sinclair said the new laws had drastically simplified court procedure. A final divorce order could be granted on the day of application, "within five minutes".

Previously a restitution order was issued to show cause why the "guilty" party should not return to the marriage.

There could be at least six to eight weeks' delay between first and final order.

"Then parties could not afford to tell the truth that there was agreement between them. If they did the case could be thrown out," said Professor Sinclair.

Under the old system even after many years of living in adultery a marriage partner could not get a divorce if it was contested.

"In two cases last year judges were willing to accept a one-sided breakdown as grounds for divorce. This is a much more realistic attitude," Professor Sinclair said.

She said: "For the future, numbers are going to increase. The situation will get worse."

The immediate increase was the backlog of those who wanted to get divorced before 1979 but could not.

She attributes the divorce boom to the emancipation of women, who are financially and emotionally more independent and "more tuned to the idea of life alone."

Laws governing the financial consequences of marriage and divorce were "lagging" behind the "liberalised" Divorce Act, she said.

"Women under the Ante-nuptial Marriage Contract for instance are seriously at risk."

"Even those under the Community of Property Contract are not adequately protected. Something needs to be done urgently."

For these reasons she was disappointed that the Matrimonial Property Bill would not be heard in Parliament this year.

Provisions allow for the fair share of assets after future marriages have broken down. "This is not sufficient. It does not protect those already married," she said.
DIVORCE

The latest divorce statistics of marriage and divorce from the Department of Statistics show that:

★ Twice as many white marriages break up today, compared with 10 years ago.
★ The number of divorces among coloured people has rocketed by 112 percent.
★ The divorce rate rose fastest of all in the Indian community: 100 percent in six years.
★ The average length of a civil marriage among whites is only 6.6 years. Church marriages tend to last a year longer.
★ In 1978 almost 15,000 minor white children were the victims of broken families — compared with 7,385 in 1965.
★ The divorce rate doesn't seem to affect people's desire to get married again. There are more than a million married couples in the white population and 17.2 men and 14.2 women have been married before.
★ Compare that with the rate of remarriage among Indian women, which is only one percent.
★ Brand-new marriages are falling apart twice as often in the first year and 2½ times as often shortly after the first year as they did nine years ago. The lowest increase in the divorce rate is among settled white couples who have been married 15 to 20 years — 35 percent in 10 years.
★ The early 30s is the average age for divorce and Johannesburg is the divorce capital (3,523 in 1978), followed by Cape Town (2,310) and Pretoria (2,578).
FACULTY OF ENGINEERING

Corporation Medals
For the best student in each of the 2nd, 3rd and final years.

Second Year (Bronze Medal)
Miss G C Littleworth

Third Year (Silver Medal)
Miss N C Davidson

Fourth Year (Gold Medal)
Salmon
Cumming
Weeks
McCleland

Dr George Menzies Prize
on results of final examinations to the best male student in Land Surveying or Civil Engineering.

G twins Memorial Prize
To the student with the best work in Engineering.

Chemical

I Prize
First year student with the highest average in Technical Paper.
304 Mr H E J VAN RENSBURG asked the Minister of Statistics:

How many (a) births and (b) deaths were registered in 1980 in respect of (i) Whites, (ii) Coloureds, (iii) Indians and (iv) Blacks?

The MINISTER OF STATISTICS

(a) Preliminary 1980 data

(b) Preliminary 1979 data

<table>
<thead>
<tr>
<th></th>
<th>(a)</th>
<th>(b)</th>
</tr>
</thead>
<tbody>
<tr>
<td>(i) 72 932</td>
<td>35 814</td>
<td></td>
</tr>
<tr>
<td>(ii) 67 871</td>
<td>23 449</td>
<td></td>
</tr>
<tr>
<td>(iii) 19 227</td>
<td>4 769</td>
<td></td>
</tr>
<tr>
<td>(iv) not available</td>
<td>114 148</td>
<td></td>
</tr>
</tbody>
</table>
FINGERPRINTING:
How the Govt will give its thumb on everybody

By SHEENA DUNCAN of the Black Sash

FINGERPRINTING is an integral part of the total control exercised by the State over the freedom of movement, citizenship and life chances of all black South Africans. They have had to submit to having their fingerprints taken as a matter of course which are stored permanently in the Reference Bureau in Pretoria together with other particulars of each person's lifelong residence and occupation, movements and family affairs, from birth to death.

Now compulsory fingerprinting and control is to be extended to all of us - so-called coloured and Asian people and white people. The Population Registration Draft Bill published on the January 14 amends the Population Registration Act of 1950 which provides for the classification of all South Africans into racial groups and into ethnic sub-divisions of these groups, and for the compilation and maintenance of a register of the whole population of South Africa.

It is the Act on which the whole apartheid structure is built and as long as it remains on the statute book racial discrimination remains the most fundamental characteristic of our society.

The new Bill provides for uniform identity documents to be issued to people of all population groups, and for their fingerprints to be included in the population register.

This will apply to all people who are permanently resident in South Africa and to all South African citizens who are resident in South West Africa or in the independent homelands.

With the fingerprints will be stored too is required at present a person's identity number which tells his sex, age and date of birth, race classification and whether or not he is a South African citizen. The identity number of black people will be changed to show these particulars as they apply for new identity documents.

Also included in the register is a person's place of birth, place of residence and postal address, his electoral district, the date of his naturalisation or registration as a South African citizen if he was not a citizen by birth, and, if he is an alien, his country of origin and date of arrival in this country.

Also included are his photograph particulars of his marriage particulars of his properties requests a person to produce his identity document, he shall forthwith comply with the request.

If the identity document is not with the person concerned he must be allowed to fetch it if it is within a distance of 5 km. The police officer concerned may use his discretion to allow the person concerned to produce the document at a police station within 7 days. The penalty for failing to produce is a fine of up to R50.

It is astonishing that this proposed legislation should have arrived so little public protest.

Some people seem to think that it will serve white South Africans right to be subjected by black people for so long. This argument fails to take into account that the extension of fingerprinting and control to all groups in a sense legitimises and entrenches the fingerprinting of Africans because it can no longer be fought on the grounds that it is discriminatory.

But the removal of "harmful discrimination" in this respect does not make the proposals morally right: It merely extends a grievance wrongly to more people.

Nor will it be members of the white group who will suffer the most. It will be the so-called coloured and Asian people who, by the nature of the practicalities of South African life, will be more directly affected.

To consent to this legislation is to willingly become subservient to the bureaucrats who in the name of the State are already much too powerful and whose present role in that society is far removed from the democratic concept of the "civil servant".

Parliament has never been representative, but is now being side-stepped altogether. Un-elected and unrepresentative officials are our rulers.

The power which has been handed over to officials does not make them infallible or even efficient. One of the most commonly presented causes of human problems in the records of the Black Sash Advice Offices is sheer megalomania, carelessness and arrogance of officials who deal with the public.

The storing of information in a computer does not ensure its accuracy but officialdom claims that this is so and claims it even more decisively than the man who has not an abid
Also included are his photograph, particulars of his marriage, particulars of his passports and permits to leave South Africa and the dates of his departures and returns, his driver's licence, gun licences, his occupation, the official language he prefers and eventually his details for a permanent departure from the Republic.

Most of these particulars are also shown in his identity document, as is now to be his thumbprint. After a date to be fixed by the State President, an endorsement to show that he has voted in an election may also be made.

People who already have identity documents will not need to have their fingerprints taken until they apply for a reissue. The Minister of Internal Affairs, Mr Chris Heunis, has said that people applying for endorsements in their identity documents would have to submit to having their fingerprints taken.

Fingerprints of blacks which have already been taken and stored in the Reference Bureau will now be included in the population register.

This very comprehensive recording of every person's particulars — made possible by modern computer technology — will now be supplemented by more effective means of maintaining a record of every person's movements: he changes his place of residence and postal address.

To make sure that people who are over the age of 16 comply with the requirement that they must within 14 days notify the Director General of Internal Affairs, or a representative of his department, of any change of residence or postal address, the Bill places onerous duties on all employers and on anyone who sells or rents property to anyone else.

Clause 3 amends Section 13 of the Act and lays down that "no person may employ any person for or grant permission that any person resides permanently on premises belonging to or sold or let by him to such person unless that person within 14 days provides evidence to the employer, landlord or seller that he has an identity document and has notified the Director General of his change of address or that he has applied to be issued with an identity document.

The penalty for contravening this Section is a fine of up to R100.

In a statement reported when the Bill was published, Mr Heunis said his department was considering a programme to decentralize the system to the point where every city and town — "however small" — would have its own representative of his department.

There are representatives who would be in constant contact with local offices of Government departments, other public authorities and private sector and identity documents such as banks, building societies, life insurance companies and estate agents. They would be used to assist with the immense task of keeping up-to-date register of the population and the addresses of registered persons.

One of the purposes of the Bill, as set out in the preamble, is "to set up a network controlling the identity of the holders of identity documents and registered residential and postal addresses." This wording is repeated in the title to the proposed new Section 10A: "Network for examining of identity documents and notices of change of address.

The section provides that any State department, statutory body, educational institution or any other body or person may if requested by the Director General, or by any departmental representatives, require that any employee or client produce his identity document to have his identity and address checked.

Not only will a landlord and an employer be concerned with policing a person's movements, but also may have his bank, his building society, his doctor, dentist, hospital, lawyer, Minister or anyone else with whom he has dealings.

If he does not have an identity document or if it does not correctly reflect his address they can take steps to make sure that he fills in the necessary application forms or notification of a new address and ask him to deliver it, or deliver it themselves, to the regional representative of the department.

To complete the control, if any peace officer does not ensure its accuracy, but officialdom claims that it is an and clues it even more

Mr Y L Sjaqo has been a whole adult life vainly attempting to refute information stored about him in the Reference Bureau's computer in Pretoria. When he was young, before he had applied for his first reference book, he was arrested and charged with "failing to produce" Home Affairs. Taken for the first time when he was arrested.

He states that he was arrested with a group of Rhodesians who were charged with "photographing" himself as being born in "Rhodesia". Now the computer says his fingerprints belong to a Rhodesian — a property he is not himself — and because the computer never lies, he produces an official and says that the error is not his dishonesty but someone else's mistake. The computer never lies.

The cases in our files are concerned with the errors made by the officials who feel the computer and who are now said to be a citizen of Houtini-Tswana and not a South African anymore because a Tsawana-speaking clerk named his tswana way long ago when he first applied for a reference book.

Someone else cannot get a birth certificate because his birthplace was written on the application for his first reference book (and in the computer) as being the place where his father was born. Because he cannot obtain a certificate of the late registration of his birth, he cannot have his Section 13(1)(4) recognition, so he cannot get or buy a licence and is not allowed to have his wife and children live with him.

Someone else who has lived and worked in South Africa since 1925 is not allowed to stay at work here because 20 years ago he was jailed for three years for theft. In 1927 he applied to register in his employment was "not recommended" because when his fingerprints were checked the computer disagreed that long ago offence for which he has been punished over and over again.

In this case there is no error in the computer but how many of us can contemplate with confidence what it means to be forever and irrevocably tied to the mistakes of our past. As important as this is to the violation of the concept of individual privacy Section 17 of the principal Act provides that the particulars in the register of identity documents are not to be published or communicated except in certain cases.

But the certain cases turn out to be not at all specific. The Director General can give any particulars in the register relating to any person to any State department or local authority, or to any statutory body. Furthermore, he can give these particulars to any person who applies in writing giving reasons for the request and pays a fee. If he (the Director General) is satisfied that it is in the interests of the person to furnish such particulars.

The Director General and the Director General make a deadly combination which will succeed in subjects us all unless we attempt to intelligently understand the processes at work in our society and determine to resist them by all means within our power.

Mr Heunis has reported to have said that it is in the interests of all citizens — black and white — "to enjoy the same privileges and protection under the Population Registration Act.

The Minister's choice of words is reminiscent of the ordinances and decrees of the world's most authoritarian and oppressive dictatorships. It is all in line with total strategy as enunciated by the Prime Minister.

It has nothing whatsoever to do with that justice and peace and individual independence which characterises the free peoples of the world.
The chances of white parents planning larger families are "virtually nil" writes a Johannesburg researcher in the SA Medical Journal.

Dr A R P Walker of the SA Institute for Medical Research says because of the vulnerable position of the white minority in South Africa, from time to time there are entreaties for white parents to have large families. Figures released by the Department of Census and Statistics show that the rate of increase of the whites is declining to zero.

"It is intriguing to note that the birth rate of the whites of Bloemfontein is about a third greater than those in Durban, Johannesburg and Cape Town, whose rates are among the lowest of those found in large cities in Europe," he writes.

"There are other aspects to be considered before asking for more babies. In the wise management of an invaluable asset, it is not only the extent of the supply of the new material that is crucial, but the husbanding of available supply."

"What, then, of life that is wasted, for example, the needless high mortality of the young, primarily young men, dying on the road? The soliciting of large families could hardly be taken seriously until the public were wholly convinced, inter alia, that determined efforts are being made, and seen to be successful, in conserving the supply of life available."

Even among individual families not under threat, in the blow-by-blow struggle of "keeping up with the Joneses," size of family does not rank as a competitive item.

Abortion Act is ‘working well’

JOHANNESBURG — Statistics showed that more black women than white resorted to illegal abortions, the Deputy Regional Director of Health said on Wednesday.

Dr James Gilliland was speaking on abortion at the sixth South African International Symposium on Forensic Medicine here.

He said that instances of suspected criminal interference in pregnancies were more common among blacks.

Dr Gilliland said that more than 3000 legal abortions had been procured in South Africa since the implementation of the Abortion and Sterilisation Act of 1975, and that psychiatric followed by physical problems were the main reasons.

Most legal abortions occurred in women aged between 20 and 24 years, and the rate of abortions to live births was highest in women under 20 and over 35, he said. In 1980 one in four abortions involved women under 20. But the total number of abortions per year in women older than 35 had dropped.

Since 1978, 53 percent of the 142 abortions procured under the “rape, incest or intercourse with a female idiot” clause involved unmarried women, and 50 percent were in the 15 to 19 age group. Coloured women had the most abortions under the rape clause, followed by whites, blacks and Asians.

Dr Gilliland said it appeared the act was working well so far.

“The present legislation is a solution to a vexed problem. It provides for abortion in exceptional circumstances only and gives expression to the widely-held view that abortion on demand is not in the public interest,” he said.

Dr H Bukofzer, Chief District Surgeon in Johannesburg, said there were movements to have the Act liberalised to allow abortion on demand.

“On purely moral grounds, this will never be accepted in our country,” he said.

Professor S A Strauss, head of the Department of Criminal and Procedural Law at the University of South Africa said it was thought that the procedure for was too cumbersome and should be streamlined.

“There was a case for abortion being extended to include sterilisation failure.”
CAPE TOWN — Siamese twins born in Umtata this week arrived at the Red Cross Children’s Hospital here last night to undergo tests to determine whether they can be separated.

The girls, joined at the sternum, are Amanda and Thandeka Malolehi.

Two Filipino doctors delivered them by Caesarian section at St Barnabas Hospital, near Labode, on Tuesday and they are perfectly normal otherwise. They weigh 4.72 kg.

The Red Cross Children’s Hospital superintendent, Dr A. Mehr, said last night the girls were in a fair condition after being flown from Umtata by emergency flight.

She said that extensive tests would have to be done to establish which organs each baby had. They might be sharing a liver or two kidneys, she said.

The tests will take some time and it will be months before it will be decided whether an operation will be feasible.

The babies are feeding well and are accompanied by their mother.

An East London doctor said yesterday the Siamese twins were not the first born in Transkei. A pair were born in the KwaZulu-Natal area about 15 years ago and he saw them regularly after their separation.
3,000 legal abortions since 1975

A total of 3,000 legal abortions had been reported in South Africa since 1975, Dr James Gilliland, Deputy Director General of the Department of Health, said here.

He was speaking at a symposium on forensic medicine.

Almost 50 percent of legal abortions procured between 1976 and 1980 were granted on psychiatric grounds.

The greatest number of women who had legal abortions were in the 20 to 24 age group.

Since 1976, a total of 119 abortions had been performed on the grounds of rape, incest, and intercourse with an imbecile. In 60 percent of cases the woman was under 20.

In one in four cases of legal abortion in 1980 the woman was under 20.

Dr Gilliland said between 1974 and 1978 the rate of legal abortions had risen 46 percent.
Must I threaten to kill myself to have an abortion?

WHAT do you have to do to get a legal abortion in this country?

Threaten to kill yourself? No, that’s no good — they’ve heard that one before.

Pretend to be insane? That might work, but you could end up for longer than you think in a mental home.

The abortion laws of this serious threat to her physical health.

Continued pregnancy constitutes a serious threat to her mental health.

A serious risk exists that the child to be born might suffer from a physical or mental defect.

Contraception is a consequence of rape or incest, or

But the general rules require that the woman seeking an abortion must consult two doctors from different practices each registered for more than four years.

A third doctor is required to make the application for an abortion and then perform the operation.

If the woman is granted an abortion on grounds of medical health — and most of the legal abortions fall in to this category — she must then see a State psychiatrist who is employed on a fulltime basis.

The latter is ridiculous, as in State hospitals in the homelands there is only one.

Apart from the obvious difficulty of seeing a psychiatrist, the State has cut off its own nose by drastically overloading their employees.

Dr. Becker, principal psychiatrist at the Johannesburg Hospital, sees maybe 6 patients requesting abortion on psychiatric grounds in just one clinic every week.

Recently one of the gynaecological wards at the hospital was closed, restricting even further the number of beds available.

A woman needing a bed because she has cervical cancer or is it more important to give that same bed to a woman who wants an abortion?

From the psychiatrist’s point of view the law also poses insurmountable problems in the form of interpretation.

What exactly does “permanent impairment of mental health” mean?

Can a psychiatrist, however expert or qualified, foresee the future and judge what is going to be permanent and what is not?

Abortion Law women sometimes threatened to commit suicide if they don’t get an abortion. That sounds strong enough grounds.

But it isn’t anymore.

“The law does not recognise the threat of suicide it opens the door to blackmail,” says Dr. Becker.

“Many doctors think that we need to assess a woman’s threat of suicide in terms of the number of White women who commit suicide during pregnancy. The answer is none.”

Among Indian women, on the other hand, the highest rate of suicide is seen during pregnancy.

“So, how do you decide whether suicide is a threat to health or not?”

It is not a reflection on the quality of the law when women have to reduce themselves to suicide threats to procure an abortion and even sorrier when their cries for help fall on deaf ears.

Another ridiculous anomaly in the Abortion Law is the lack of protection for girls under 16.

At 15 you may be prepared to bring up a family and face all the responsibilities but it’s unlikely however the law makes no special provision for pregnant younger men who really cannot be expected to become mothers.

Then there is the older woman, say 40, who has six children and no desire for more.

She runs a risk of a malformed child, who is not wanted in the first place. Why isn’t she protected?

The law has been with us for over five years now. Five years of inadequacy. It is inappropriate to the needs of women.

But Helen Suzman takes hope, however faint, from the fact that the Minister of Health recently said he did not intend appointing a new commission of inquiry on abortion because “he is not yet satisfied that one is warranted.”

A vital “yet.” Are we to
country?  

The abortion laws of this country are chronically restrictive.

But is exactly what was intended when the laws were first drawn up by a committee of men.

"The Government," said the Minister of Health at the time, "is completely opposed to abortion on demand."

Evidence of the Government's stance is clear in the statistics — as few as 2% of all abortions in this country are estimated to be legal.

One Johannesburg lawyer summed up the situation: "At the moment there is really not much of a choice for a woman who wants to end her pregnancy.

"She either has an illegal abortion which is physically horrendous or she has a legal abortion which is mentally horrendous."

Those few who do succeed in getting a legal abortion have undergone rigorous tests and lengthy cross-examination by social workers, gynaecologists and psychiatrists.

It's a gruelling process.

Why, asks a woman lawyer, should women, who are surely the ones who know what is best for themselves, suffer the indignities of such a procedure and then be forced into accepting a decision made by other people — usually men?"

But those who designed the law — and a fair many others — have no objections to deciding the destiny of people who are perfectly capable of making up their own minds.

The doctors concerned can only grant a yes to abortion on four basic grounds covered in the Act.

- Continued pregnancy constitutes a serious threat to her mental health.
- A serious risk exists that the child to be born might suffer from a physical or mental defect.
- Conception is a consequence of rape or incest, or results from unlawful carnal intercourse with a female idiot or imbecile in contravention of the Immorality Act.
- The woman is granted an abortion on grounds of mental health — and most of the legal abortions fall in to this category — she must then see a State psychiatrist who is employed on a full time basis.

The latter is ridiculous, as Helen Sumner points out, because there are only 28 full-time psychiatrists employed at psychiatric hospitals in the country.

The situation creates a dilemma. Who should they see?

What exactly does "permanent impairment of mental health", mean?

Can a psychiatrist, however expert or qualified, forecast the future and judge what is going to be permanent and what is not? Then what qualifies as impairment to mental health?

In the early days of the fact that the Minister of Health recently said he did not intend appointing a new commission of inquiry on abortion because he is not yet satisfied that one is warranted.

A vital "yet". Are we to await "satisfactory" answers? Is it time to push for a change in the laws surrounding abortion?
SA WOMEN 'BULLDOZED'

By Annamia van den Heever

WOMEN are being 'bulldozed' into receiving injections of the controversial contraceptive Depo-Provera at some South African hospitals and family planning clinics without being properly informed about the drug and its side-effects.

This claim was made this week by doctors, anti-abortionists and family planning workers.

But it was rejected by Dr M A Kemp, senior medical officer in charge of family planning in the Western Cape.

Dr Kemp said any complaints about undue pressure put on women to take contraception would be 'thoroughly investigated' if brought to the attention of her department.

A doctor who has two surgeries in the Boland told Weekend Argus this week that women were under extreme pressure to accept Depo-Provera by hospital staff soon after they had given birth.

Sometimes they don't even know what the injections are for and accept them because they think it is just another medication they have to take.

SIDE-EFFECTS

'They are given insufficient information not only about the drug, but also on its possible side-effects,' the doctor said.

Cases in which women had been threatened with police action if they did not return on time to receive subsequent injections had also come to his attention.

The doctor said he knew of young unmarried mothers who had to produce evidence of being on Depo-Provera or the Pill before receiving Government grants.

Mr Peter Docherty, a member of the anti-abortion organisation Pro-Life, said many women who had just given birth were put under strong pressure to take the Pill or be injected with Depo-Provera before leaving hospital with their babies.

'This is psychological bulldozing — an outrageous invasion of privacy,' he said.

PRESSURE

A spokesman for the Domestic Workers' Association said although members of the organisation had not discussed in detail the manner in which Depo-Provera was issued, cases where extreme pressure was used in hospitals and family planning clinics were reported from time to time.

Research has shown that the main side-effect of Depo-Provera is the disruption — and often complete cessation — of menstruation. Many women, particularly those who have not been properly informed about the drug before it had been given to them, found this frightening.

FERTILITY LOSS

Other possible side-effects are reported to be temporary loss of fertility for four to 21 months after the last injection and weight gain.

Unlike contraceptives that contain the hormone oestrogen, the progestogen-only Depo-Provera does not appear to have any significant effect on blood clotting factors.

Doctors advise that Depo-Provera should never be given to young girls whose menstrual cycles have not been established. There is suspicion that if this is done, they may never be able to have children.

Depo-Provera can be given to women soon after giving birth because it does not affect their milk supply. In fact, it improves it.
REGULATIONS UNDER THE BIRTHS, MARRIAGES AND DEATH REGISTRATION ACT, 1963
No. 85 of 1963
16 April 1984

P. G. J. KOORNHOF, Minister of Co-operation and Development

SCHEDULE I

1. In regulation 1—
(a) delete the definition "Provisional death certificate";
(b) insert the following definition after the definition of "death register":
"Director-General means the Director-General of Co-operation and Development;"
2. Substitute the following for regulation 2 (1)-(4):—
"(1) To cause searches to be made in register and to issue or written application certificates of registration of births, still-births, marriages and deaths;";
3. Substitute the following for regulation 7:
"(1) Any person who has issued a certificate of registration of death of a person, or, if a summary is held,

16 April 1984

P. G. J. KOORNHOF, Minister of Co-operation and Development

SCHEDULE I

1. In regulation 1—
(a) delete the definition "Provisional death certificate";
(b) insert the following definition after the definition of "death register":
"Director-General means the Director-General of Co-operation and Development;"
2. Substitute the following for regulation 2 (1)-(4):—
"(1) To cause searches to be made in register and to issue or written application certificates of registration of births, still-births, marriages and deaths;"
3. Substitute the following for regulation 7:
"(1) Any person who has in accordance with a provision of any law held an inquiry or other inquiry into the death of a person or, if a summary is held,
Insidw an abortlionist's mind
please read the text area on the left to understand the context.

...
A Call for Freedom

Abortion

In the last of our articles on abortion this month, Douglas sums up the arguments for abortion on demand. Liberalising the law does not force any one who objects to have an abortion — it simply places all choice in the hands of those who are affected by the law.
In this document, the discussion is about the prevention and reduction of costs associated with abortion. The focus is on the economic and social implications of abortion, particularly in low-income communities.

There is a need to address the high costs of abortion, which can be a significant burden for individuals and families. Policymakers and providers are urged to work together to develop strategies that can help reduce these costs.

The document highlights the importance of comprehensive reproductive health care and the need for accessible and affordable abortion services. It emphasizes the role of healthcare providers in advocating for policies that support reproductive rights and equity.

In conclusion, the prevention of abortion-related costs should be a priority in efforts to promote sexual and reproductive health. By reducing these costs, we can help ensure that more people have access to the care they need, without the financial strain that can hinder their ability to make informed decisions.

This text is part of a larger discussion on reproductive rights and the importance of access to information and resources. It is intended to raise awareness about the challenges faced by individuals seeking abortion and to encourage action towards equitable policies and practices.
they threaten economic growth. Adam (1971: 181-2) argues that rationalisation produces an increasingly competent technocratic oligarchy which is even capable of derailling the society if that would be in the interests of maintaining supremacy. Like the 'conventional' viewpoint, the 'revisionist' theory also stresses the role of Whites, but whereas in the first case they are seen as more or less inevitable agents of change, in the second argument, they are seen as more or less irremovable obstacles to change.

3. Basic issues

The two major positions have inevitably had to be stated in rather oversimplified terms and in a somewhat overpolarised form. Perhaps the most crucial difference in the two viewpoints outlined above turns on the distinction between a market economy and a labour repressive economy. According to Barrington Moore (1966: 434) the distinction is between 'the use of political mechanisms (using the term politically) on the one hand and reliance on the labour market on the other hand'. That is, it is the distinction between an economy in which workers come voluntarily on to the labour market and enter into an equitable contract with employers, and an economy in which workers are constrained by some or other political mechanism to work for their employers, and so are not in a relation of contractual equality with them.

Now this distinction is in some ways highly suggestive, but it also obscures an important fact by implying that it is possible to have a market system which operates quite independently of political factors. A market is always embedded in a political matrix which defines the rules of the game.
A total of 347 women had legal abortions last year in South Africa. The majority of these abortions were sought by women who had been pregnant for more than 20 weeks. The department also noted that the majority of these women were between the ages of 20 and 24 years old.

The table below shows the number of legal abortions performed in South Africa by age group:

<table>
<thead>
<tr>
<th>Age Group</th>
<th>Number of Abortions</th>
</tr>
</thead>
<tbody>
<tr>
<td>15-19</td>
<td>195</td>
</tr>
<tr>
<td>20-24</td>
<td>150</td>
</tr>
<tr>
<td>25-29</td>
<td>50</td>
</tr>
<tr>
<td>30-34</td>
<td>10</td>
</tr>
<tr>
<td>35+</td>
<td>5</td>
</tr>
</tbody>
</table>

The department also noted that the majority of these women were between the ages of 20 and 24 years old.
Call to face facts of future demand for jobs

Political Staff
CAPE TOWN — By the year 2000, South Africa would have to create 1,600 jobs every working day just to provide work for new male entrants to the labour market, the executive director of the South African Federation of Chambers of Industry, Mr. J.C. van Zyl, told a plenary meeting of the President’s Council yesterday.

A drop in the national birth rate would not significantly reduce the problem, since most of those who would be seeking work between now and the end of the century had already been born.

“There is no way the problem can be avoided,” Mr. van Zyl said. “We are dealing with hard facts on the supply side of the labour market which we cannot ignore and on our peril.”

He told the council that the country’s total population was expected to reach 48 million by the year 2000 and that the population of whites would decline in the absence of immigration. From 10.1 percent at present to 11.2 percent.

A growth rate of at least 5 percent a year in the real gross domestic product would be needed to absorb the increases in the labour force, Mr. van Zyl said.

He predicted that South Africa’s future economic growth would take place largely in the existing urban areas, and not in outlying areas.

By the year 2000, about 90 percent of all whites, coloureds and Asians would be living in urban areas. In the case of blacks, estimates varied between a 50 and 70 percent urbanised population by the end of the century.

Last year, 38 percent of all blacks were living in the cities.

“Whatever the rates of urbanisation are, great demands will be made on housing, social administration and physical infrastructure and the provision of employment opportunities,” Mr. van Zyl said.

“There are also serious implications in terms of satisfying the political aspirations of very large numbers of urbanised people,” Mr. van Zyl said.
Report: Alter abortion law

By WILLIAM SAUNDERSON-MAYER

A RELAXATION of South Africa's strict abortion control laws may be imminent following research done secretly by the Human Sciences Research Council for the Government.

The top-secret studies of the council are studied by the Government at Cabinet level as a basis for future policy decisions.

The research found that a majority of people in all race groups were in favour of what amounts to abortion on demand—when contraceptive measures have failed.

This would be a departure from the current legal position which allows abortion only when there has been rape or incest, when the continued pregnancy would seriously threaten the physical or mental welfare of the woman, or when there is a serious risk of the child being physically or mentally deficient.

The study was requested by the Department of Health, whose senior staff aided in drawing up the questionnaire. It states that the Health Service Research Council "has already been working with the Department of Health on refinements of the national family planning programme."

It was conducted personally by the director of the council's Institute for Sociological Demographic and Criminological Research, Dr. Johan Lotter, along with another researcher, Lorraine Glanz. It was completed in July last year.

The Health Service Research Council said in the study that opinion polls, conducted over the past two decades, indicate the public's attitude to legal abortion has gradually become more favourable.

When asked whether abortion should be legalised for all women, irrespective of race, the majority of respondents in all race groups were in favour.

Among whites, 58 percent of the respondents said yes, whereas 34 percent of the men and 50 percent of the women were in favour.

Almost two thirds of Indian men were in favour, with only a fifth opposed. Indian women also came out in favour, but by a much narrower margin of 38 percent to 35 percent.

The margin of coloured men in favour was even narrower, with 39 percent saying yes to 37 percent saying no.

Coloured women were in favour by 44 percent to 32 percent.

Black men were in favour by a margin of 51 percent yes to 2 percent no. Black women were slightly more conservative, being in favour of such legalised abortion for all women by 47 percent to 39 percent.

South Africa has not escaped the abortion debate. Recently, people were set thinking by a wide coverage in the media of the case of a Free State girl who, it is claimed, became pregnant following a rape but did not succeed in getting an abortion.
Population growth problems ahead

By Bob Davis

BLOEMFONTEIN — Even a drastic drop in the birth rate would do little to reduce the problems created by South Africa's population explosion.

Mr P Steyn, general manager of Sanlam, said this in an address to the annual congress of the Afrikaanse Handelsinstituut on the economic implications of South Africa's population growth. He said there would be 50 million people in South Africa by the year 2000.

The present demand for new jobs was 300,000 a year but by 1981 it would be 400,000 a year.

IMPROVEMENT

Mr Steyn said it was clear that political and economic stability depended directly on the improvement of the living standards of other races.

The solution did not depend only on economic growth but also involved switching to labour development.

The establishment of small businesses was essential, he said, because experience in the USA and Japan showed that in relation to investment, small businesses created more jobs opportunities than large businesses.

Mr Steyn said it was of particular importance that black entrepreneurs be helped to start small business undertakings.

TEACHERS

Highlighting the need for black employment and training, he said in education alone more than 325,000 teachers would be needed by the end of the century, requiring the training of an additional 10,000 a year.

The housing needs for the next 20 years totalled five million units therefore the present building rate of 60,000 units a year would have to be stepped up to 250,000 a year if the backlog was not to become increasingly serious. The cost would be more than R1 billion a year.

Solutions to the population growth problem could be found in more rapid homelands development, a high rate of economic growth and family planning.
(2) "responsible person" means anyone aged 18 years old or older who is a member of the household.

(3) "female person" means a woman between the ages of 15 and 49 years (both ages inclusive) who has ever married (including a woman who is living together with a man as husband and wife)

2. If so required by an employee of the Department of Statistics, of any person defined in regulations 1 (2) and/or 1 (3)—

(1) a responsible person shall submit the particulars and information referred to in regulations 1 (1), and

(2) a female person shall submit the particulars and information referred to in regulation 2 (2),
during the period May 1981 to October 1982, at her or her usual place of residence to the Secretary for Statistics.

3. (1) The particulars and information in respect of a household must be given on the relevant questionnaires (07-06H). This questionnaire contains questions on—

(a) the number of persons comprising the household and the sex of those persons

(b) pregnancies in the household

(2) The particulars and information about fertility must be given on the relevant questionnaires (07-06F). This questionnaire contains questions on the respondent's background, history of pregnancies, knowledge and use of contraception, marriage history, fertility regulation, work history and current (last) husband's background

4. Any person who, without reasonable cause, fails to comply with one or more of the provisions of the preceding regulations, shall be guilty of an offence and liable on conviction to a fine not exceeding R200 or, in the case of a continuing failure to comply therewith, to a fine not exceeding R10 for every day on which such failure continues.

---

**DEPARTMENT OF TRANSPORT**

No R 1044

15 May 1981

THE REGULATIONS FOR THE USE OF VESSELS OF LESS THAN THREE METRES IN LENGTH—

SECTION 72A (2) OF ACT 57 OF 1951

The Minister of Transport Affairs has in terms of section 72A (2) of the Merchant Shipping Act 1951 (Act 57 of 1951), made the regulations set out in the Schedule hereto:

**SCHEDULE**

**DEFINITIONS**

1. In these regulations the expression "the Act" means the Merchant Shipping Act, 1951 (Act 57 of 1951), and any expression to which a meaning has been assigned in the Act bears the meaning so assigned and unless the context otherwise indicates—

"low-water mark" means the low-water mark as defined in section 1 of the Territorial Waters Act, 1963 (Act 87 of 1963),

"local authority" means a local authority as defined in section 1 of the Shore-Dike Act, 1935 (Act 21 of 1935), and

"vessel" means a vessel which is less than three metres long.

---

**DEPARTEMENT VAN VEROER**

No R 1044

15 Mei 1981

DIE REGULASIES VIR DIE GEBRUIK VAN VAARTIE TE MINDEER DRIE MIETEN—ARTIKEL 72A (2) VAN WET 57 VAN 1951

Die Minister van Vervoersweë het gemeld artikel 72A (2) van die Handelskee-voorskrif 1951 (Wet 57 van 1951), die regulasies in die Bylae hieraan teenwoordig:

**BYLAE**

**WOORDOMSKRYWINGS**

1. In hierdie regulasies beteken die uitdrukking "die Wet" die Handelskee-voorskrif, 1951 (Wet 57 van 1951) en het 'n uitdrukking waaraan daar in die Wet 'n betekenis gegee word, daardie betekenis en tans met die samehang anders blyk, beteken—

"laagwatermerk" laagwatermerk soos omstred in artikel 1 van die Wet op Territoriale Waters, 1963 (Wet 87 van 1963),

"plaaslike bestuur" 'n plaaslike bestuur soos omstred in artikel 1 van die Strandwet, 1935 (Wet 21 van 1935) en

"vaartuig" 'n vaartuig wat minder as drie meter lang is.
In these regulations, unless the context otherwise indicates—

(1) ‘household’ means—

(a) any family living on its own (without non-family members) in a dwelling unit and of which not more than four members are living in the same household, or

(b) any group of non-related persons who form a family unit and of which not more than four members are living in the same household, or

(c) any single person living in a dwelling unit and of which he is the sole occupant;

The definition of a household is arrived at by adding to the number of related persons as defined in (a), and/or groups of non-related persons as defined in (b), and/or single persons as defined in (c), the number of members of separate household budget units sharing one dwelling unit, each with its own separate household budget.

The number of ‘household units’ as defined here will thus be different from the number of separate household units defined in the Code of Practice for the Conduct of Household Surveys of Income and Expenditure.
Divorce Act doesn’t forget the wife – but is it enough?

By VYONNE STEYNBERG

Women’s Editor

LAST year, the effects of the new Divorce Act of 1979 were beginning to be felt, and many women heard to a new fact that they were not fully aware of when they took part in the discussions of the new laws affecting divorce.

In a previous article, in which I spoke to a woman at Port Elizabeth, it was pointed out that one could actually be divorced without knowing it.

Unfortunately, the most unpromising change introduced by the new Divorce Act is that the guilt principle has almost entirely been bannished from the South African law of divorce.

Not surprisingly many women are now asking how a wife – who is the innocent party – could possibly be found as guilty of divorce, and that her husband be found to be as guilty as her.

It has been suggested that the new Divorce Act may favour the guilty husband in that it may facilitate divorce for him.

Whereas the woman advocate, when I interviewed in Port Elizabeth, pointed out all the problems of the new Divorce Act as it affects women, it was the latest issue of the Women’s Forum, which outlined many of the potential advantages when examining how the new law would reflect the changes in society.

In the future, more and more women will be found to be as guilty of divorce as their husbands, and that such a principle is unfair to women who are not guilty of any of the crimes punishable by the new law.

The man who dictates to famous women and all others who follow slavishly how they should wear their hair, does not seem to care about the appearance of his current girlfriend. Fashionable hairdresser Vidal Sassoon has just been given the latest in his list of lovers and, as usual, he has attracted much attention.

He is his latest girlfriend, Jane Branneney, pose for photographers at Heathrow airport before flying to New York. Blonde, blue-eyed, and with a cuddly leg warmer down to her ankles for photographers but firmly clutched her muff, while Vidal, 54, twirled married, said: “We’re just having fun.”
Abortion: we demand the right to choose

Living’s series on abortion has

SUNDAY EXPRESS LIVING, NOV 17, 1979

issue that seemed to have been

symptoms of something in polire...
SUE Douglas, in taking a very necessary look at the problems of women experiencing unwanted pregnancy, focuses only on abortion as a solution ('Living', 22nd and 29th March, 5th April).

Of the 30,000 women she mentions who were hospitalised in one year for complications after illegal abortion, the vast majority were black. We can assume that this overwhelming problem was poverty and that had these women, normal source of income, had access to viable Maintenance Grants, abortion might not have been their choice.

One wonders, too, how many of these women would have been unable to keep their babies with them in terms of Group Areas Legislation. Meanwhile, single parents of all races who are not affected by poverty or adverse legislation often face agonizing problems in caring for their children. We are as yet nowhere near providing the necessary facilities (day care services being the most obvious example) to enable them to function.

A FETUS, a thing without experience, without thought, incapable of independent existence, can be said to exist, but not to live in the proper sense of the word.

To call the transition from mere existence to non-existence ("death") presupposes the existence of life as we know it. Murder, is not only melodramatic, the word is simply inapplicable.

The taking of a life, and the termination of mere existence are two entirely different things and that's what abortion is, the termination of mere existence.

It is a process whereby fetus becomes an ex-fetus. Nothing more. True, it can also be seen as destruction of potential, but it's time we stopped romanticising about that too. After all what the eye doesn't see the heart doesn't grieve after, the harshness of which lies in its truth. (As the poet said "Mankind cannot bear too much reality").

I do not see the injustice in a woman having the freedom to make this decision, one which so drastically affects the quality of her life. I do see the injustice in depriving her of it.

Jenny Boberg, Saxonwold, Johannesburg.

I AM a woman and I would like to choose whether I may have my baby or have "it" aborted. It's about time women made decisions about women's things.

Ms M Baird, Kensington, Johannesburg.

increasingly successful in distorting sexuality, so that an increasing number of young people regard it as 'shameful', and thus threatening harmonious sexuality among growing numbers of couples.

I am totally convinced that the South African attitude towards sexuality is sheet lunacy, and that we are already reaping the harvest this attitude has.

Mr D Sargeant, The Humanist Association of South Africa, PO Box 23117, Joubert Park.

Sue Douglas points out that "no woman wants an abortion, it is always a last resort!" Let our priority be to ensure that no woman need see abortion as her only option.

Ms J Loffel, Senior Social Worker.

I READ with great interest the article depicting the sad plight of Kathy. She is but one of the thousands of girls who are so badly abused.

It is time society worried more about the woman, actual life than the fetus, potential life.

Abortion is not murder to open their mouths.

This is all part of censorship and propaganda to effect that sex is the one, single underlying reason why "the west" is declining.

The forces that apply these restrictions are determined that no loophole shall ever be found through which South Africans shall discover that sex is good, happy, decent and loving — and so it remains the sneaky, twisted wickedness it has actually become.

And if only those same authorities could see that the unholiness of sex in places where it is unholiness, is due to past repression more than to present freedom, perhaps we could get somewhere. (People always make gluttons of themselves when somethings which was formerly restricted now becomes freely available — but this is a cycle they have to go through in order that a balance is struck).

As an individual, I have a totally different attitude to sex from that of most men I have ever met. This is probably because I believe, with Wilhelm Reich — (who took over where Freud left off) — that repressed sexuality leads to most of the psychiatric problems to which mankind is heir.

This includes verses like alcoholism and drug dependence — and a whole host of character defects which make mankind (including womankind) the difficult animal he/she is.

It also includes certain 'desirable' phenomena, like over-achieving, and power hunger; and a lot of other very much less desirable ones, like the rape syndrome.

I believe that before we can satisfactorily solve the abortion problem, we have to solve the sex problem, so that it is not un-
Abortion: New plea to Munnik

THE Abortion Reform Action Group (ARAG) is to appeal, for the second time, for a commission of inquiry into the workings of the 1975 Abortion and Sterilisation Act.

At a recent meeting of the Cape branch of ARAG, members expressed disappointment that the Minister of Health, Dr L A P A Munnik, had failed to appoint a commission of inquiry.

When executive members of the group saw Dr Munnik in February 1980, their request had been sympathetically received and they had been informed it would be seriously considered if other support was forthcoming.

ARAG had elicited strong support from the women's branch of the Medical Association, the Soroptomists, Business and Professional Women, the Society of University Women, the ACVV, the Civil Rights League, the National Council of Women and other local organisations such as the President 100 Club.

But Dr Munnik had given an arbitrary 'no' in Parliament in January 1981.

An executive member of the Cape branch of ARAG said this week Dr Munnik may have made the decision in fear of appearing "too liberal" by probing such a controversial issue before the general election.

Therefore he should be approached again to impress on him the urgency of an inquiry into the effects of a law that was "injurious to the health of women and consequently of the nation."

ARAG asked those organisations and people who communicated with the Minister of Health, to do so again.

ARAG states that an obvious defect of the Abortion Act is the denial of abortion to women who have suffered genuine contraceptive failure, even failure of surgical sterilisation.
South Africa is to have another census

By Chris van Gass
Pretoria Bureau

South Africa is to have another census in 1985 — five years before it is due.

The Cabinet has already given the green light and the new census is expected to replace data gathered in last year's census — considered by many to have been incomplete — and which cost the country more than R17 million.

The 1985 census, taking inflation into consideration, could cost the country much more.

Serious allegations about the effectiveness of the 1980 census were made last year after it became clear that thousands of blacks and whites in various centres — especially Soweto and Johannesburg — had not been enumerated.

Staff problems were also experienced during enumeration.

This led to many being overlooked.

Planning for the 1985 census, which aims at eliminating problems experienced with the 1980 census, will begin soon.

By law a national census must be held every 10 years, or at the discretion of the Minister concerned.

The Minister of Statistics, Dr Treurnicht, apparently decided that the next one should take place five years before it is due.

Although officials of the Department of Statistics have admitted that the 1980 census was not "one hundred percent effective," there was not a country in the world which could claim an 100 percent effective census, they said.

There had been a measure of "underestimation" in 1980 and it was felt there would be a need, because of South Africa's rapidly changing situation, for updated information by 1985.

"The results of last year's census are being processed, which shows we are satisfied with the outcome," said a spokesman for the Department.

"We always look to improvements and the census in 1985 will be applied more intensively, with better applications of methods for a more effective census," he said.
Old age population rises as births fall

BY GERALD REILLY
Pretoria Bureau

SOUTH Africa's old age white population is growing — and the birth rate is falling sharply, according to figures supplied by the Department of Statistics.

Although all the results of the 1960 census are not yet available, the authorities say it is clear the 1970 figure of 295,000 whites over the age of 60 will be shown to have risen to between 470,000 and 500,000 by 1989.

Demographers also say whites are moving steadily towards zero population growth (ZPG), with a current estimated natural increase of only 0.9%.

This follows a trend apparent in most Western — and some East European — countries for the past 15 years.

According to the latest International Demographic Yearbook, the natural population increase in Britain between 1970 and 1977 was 0.1%, in the United States it was 0.6%, in West Germany 0.2%, in East Germany minus 0.2% and in France 0.6%.

Meanwhile, South Africans black population continued to rise sharply between 1970 and 1989, with the department's statistics reflecting the current rate at 2.8%.


At present whites constitute 18.7% of the total population.

The projection is that by the end of the century this will fall to between 11% and 12%, if current trends continue.

According to the vice-president of the Human Sciences Research Council, Dr P. Smit, the trend towards ZPG among whites is indicated by the average number of births per capita — 2.12.

This is close to the figure estimated to signify ZPG — 2.06%.

Fertility norms have also changed in a previous SBRC survey, only 2% of those polled regarded a family with four children as being large. In 1975 27% supported this view.

It is estimated the present white population of 4,500,000 will have grown to between 5,000,000 and 5,500,000 by the end of the century.

According to the Department of Health, Welfare and Pensions, nearly 25,000 whites now qualify for old-age pensions.

However, according to the Progressive Federal Party's finance spokesman, Mr Harry Schwarz, there are many thousands of old people whose meagre incomes desecrate them from claiming pensions, and who eke out a living from interest on investments — which falls well below the inflation rate.

Mr Schwarz commented: "The country's growing aged population is becoming an enormous problem. Part of the solution is the scrapping or drastic amendment of the present means test."

The test was outdated, and should be redesigned in terms of the present prices of essentials and the inflation rate.

The meagre pension increase granted in this year's interim budget were totally inadequate to counter soaring living costs, particularly rents, Mr Schwarz said.
No quails... (but it's all quite legal)

CPS arranges fly-away abortions

Sunday Times, June 1 1982
TWO hundred couples from Soweto are divorced every week.

That's more than 10 000 broken marriages every year.

What's wrong?

The Rev John Tau, director of Soweto Society for Marriage and Family Life, has told a seminar convened by the Black Housewives League, that the high divorce rate could be attributed to "deep underlying factors rather than causes."

He talked about problems encountered by married couples experienced and urged the league to form small groups of "marriage savers" who could consult professional people such as doctors, nurses, lawyers, psychologists and marriage counsellors for help.

The shock is not that so many marriages failed, but that so many succeeded.

There was, for instance, apparent ignorance of the psychological differences between men and women, ignorance about differences in the body and ignorance of the nature and sanctity of the sex act itself.

Because of this, many a marriage which appeared to have gone wrong, had in fact never gone right from the beginning.

"Add to this a general lack of preparation for parenthood and you have an idea of the alarming dimensions of this problem," Mr Tau added.

"One often discovers that couples, particularly young couples, come from one-parent families."

"Then there is the widowed mother, the divorced mother, the deserted mother, the unmarried mother of an illegitimate child or the unmarried mother with an adopted child."

"And there is the married mother who finds herself a victim of influx control measures due to the migrant labour system."

"The boy who grows up without a father is at the mercy of irresistible instinctive forces."

"He possesses no reliable base that would enable him to know himself or guide his conduct. He has never known his father."

"Individuals who come from one-parent families already have problems that become manifested in marriage relationships through other problems," Mr Tau concluded.
Denial of birth control allegations

The Deputy Director-General of Health, Dr. James Gilliland, yesterday denied that a controversial birth control drug was being used on black South African women without their knowledge.

He was commenting on a report from London saying a United Nations panel on South Africa had been told the drug Depo-Provera was used on blacks who were not told what it was.

The report said Depo-Provera was approved in the United States as treatment for uterine cancer but lacked the formal approval of the Federal Drug Administration as a contraceptive.

The drug was used in Britain but some limitations on its use were recommended, the report said.

Dr. Gilliland's denial was echoed by Dr. Elwin Hammar, chairman of the Johannesburg branch of the Family Planning Association.

But she said she could not guarantee that every woman who was given Depo-Provera knew what it was. She said women had a choice of contraceptives.

Depo-Provera is a contraceptive injection that gives protection for three months.

Dr. Gilliland said, "I wish to deny in the strongest terms that drugs are used by my department against people without their knowledge or against their will."

He said it was used in South Africa under the strictest supervision and was given only to women whose fertility had already been proved.

Denying that the drug was administered without the knowledge of women in national family planning projects, he said the drug has to be injected and it would be difficult to treat a woman without her knowledge.

Dr. Hammar said Depo-Provera was usually given to middle-aged women who are now recognised as being at risk when taking oral contraceptives.

She said Depo-Provera was also used by whites, but added "It is used more among blacks because whites are more likely to be sterilised."

Regarding the danger of the drug, she said a 10-year study on 16 monkeys in the United States had disproved one of the cancer stories and found the drug to protect against cancer of the lining of the uterus.

(Continued)
Plea for easier abortions

By MARINA SLOBOS

THE abortion law should be liberalised for moral reasons, a law students’ conference has been told.

Miss Denise Meyerson, of the University of Cape Town’s philosophy department, was speaking on “Abortion and the South African law” at a UCT law students’ conference.

“Surely abortion is not a right to life — even less a right to the preservation of the life,” she said.

Miss Meyerson called for abortion to be allowed when a woman becomes pregnant through contraceptive failure or negligent conception.

She said the same reason that justified abortion in rape cases justified abortion through contraceptive failure.

“I am sure a lot of the precautions which people take are sufficient to show they have not tactfully consented to an unwanted pregnancy or assumed special responsibilities for a foetus.”

If the foetus could be extracted and raised outside the womb, as may become possible in the future, the woman involved would not be entitled to prevent that, she said.

Women who negligently conceived did not tacitly assume responsibility.

“The law should allow them an abortion too, at least up to a certain point in their pregnancy.”

There were good arguments for aborting only early-stage foetuses. This was because the side-effects on the mother, medical staff and society of killing later-stage foetuses would be “too enormous”, Miss Meyerson said.

K Strong

subject of Building Construction.

For the second best student in the

C W von Dungn

subject of Building Construction.

For the best student in the

S A Brick Association Prizes

III: No Award

II: A Low Keen

I: N D G Sessions

Fifth years respectively.

II and III in the third, fourth and

the courses of building, economics, I,

For the best student in each of

LT A Prizes

P R Swift

Professional Practice.

For the student obtaining the highest mark in the

Supervisors Prize

Case for quantity of quantity

The Committee of the Western

P C Key

In any year of study.

For the best all-round student

Bell-John Prize

(continued)
Planning to control the jobless rate

Pretoria Bureau
A MILLION women were being protected from pregnancy by the Department of Health's family planning programme, the chairman of the Manpower Commissioner, Dr Hennie Reinders, told Assocom's Pretoria branch yesterday.

Outlining population control as one of the means of controlling unemployment, Dr Reinders said the aim was to increase this total to a million and a half by 1983-84.

Black population growth, he said, was showing a slight downward tendency. But according to Department of Statistics figures, the black population was multi-morning at a rate of about 470,000 a year, and was about eight times greater than the actual white population increase.

Figures released in Pretoria yesterday put the black population in April this year at 17 833 000.

Of this, 5 683 000 were economically active. These include 1 129 000 engaged in agriculture, 634 000 in mining, 846 000 in manufacturing, 225 000 in construction, 570 000 in commerce, 204 000 in transport, and 1 485 000 in services.

Demographers point out that the white population increased during the current year is expected to be about 53 000.

The white population is rising by 1.2% and the black population by 2.6%.

The vice-president of the Human Sciences Research Council, Dr Flip Smit, claims that whites are sliding fast towards a zero population growth.

According to his calculations, whites, at present constitute 18.7% of the total population, but by the end of the century the figure will be between 11 and 12%.

It is estimated that the average number of 2.12 births per white woman is close to the 2.68 which is accepted as virtually zero growth.

Fertilisation norms among whites, Dr Smit said had changed dramatically. In an earlier Human Sciences Research Council survey only 2% of those questioned regarded four or more children as a big family.

By 1974-75, 37% regarded a family of four or five as big.

(continued)
Govt plans to curtail growth of population

Own Correspondent

PRETORIA — A million women were being protected from pregnancy by the Department of Health's family planning programme, the chairman of the Manpower Commission, Dr Hennie Reyners, said in Pretoria this week.

Outlining population control as one of the means of controlling unemployment in a talk to Assocom's Pretoria branch, Dr Reyners said the aim was to increase this total to 1.5 million by 1999-94.

Black population growth, he said, was showing a "slight downward tendency".

However, according to Department of Statistics figures, the country's black population is mushrooming at a rate of about 450 000 a year — about eight times greater than the actual white population increase.

The figure will exceed 500 000 next year.

Figures

According to figures released here this week, in April this year the black population totalled 17 500 000.

Of them 5 653 000 were economically active — 1 129 000 in agriculture, 634 000 in mining, 945 000 in manufacturing, 255 000 in construction, 570 000 in commerce, 204 000 in transport, and 1 463 000 in services.

Demographers point out that the white population increase during the current year is expected to be about 53 000 — eight times less than the black increase.

On a percentage basis, the white population is rising by 1.2 percent and the black population, by 2.6 percent.

The vice-president of the Human Sciences Research Council, Dr Flip Smuts, claims that South African whites are shifting fast towards a zero population growth.

According to his calculations, whites at present constitute 18.7 percent of the total population, but by the end of the century the figure would be between 11 and 12 percent.

It is estimated that the average number of 2.12 births per white woman is close to the 2.06 which is accepted as virtually zero growth.

Fertilisation norms among whites, Dr Smuts said, had changed drastically. In an earlier Human Sciences Research Council survey only two percent of those quizzed regarded four children as a big family. By 1974-75, 37 percent regarded a family of four as big.
SA men shun voluntary sterilization

Staff Reporter

OF THE 26 625 people sterilized in South Africa in 1978, only 2 125 men underwent the operation, according to statistics in the annual report of the Association for Voluntary Sterilization of South Africa (AVSSA).

The statistics, compiled by the Department of Health, Welfare and Pensions, show that more than half of 24 500 South African women sterilized during 1978 were from the Cape Sterilization operations on women in Cape provincial hospitals numbered 15 894, representing 52.8 percent of the total for the country, while men in the Cape — 774 — represented 36.4 percent of the South African total.

The association emphasizes in its report that it will continue to fight for legalized abortion after failed sterilization, which it says provides the assurance for accepting the operation and also protection of the medical team against possible litigation.

Dr E P Woodrow, honorary secretary of the AVSSA, this week ascribed the low number sterilized men to the fact that they were still afraid of sterilization.

"Men still have a feeling that it might affect their sexual activities," she said. It had been found that a more intelligent and confident male was likely to agree to a vasectomy.

"He likes to know he is the one who is taking the decision.

In a recent survey in Britain it was found that where husbands had had a vasectomy, 43 percent of women said it improved their own health, Dr Woodrow said.

"In another survey about 90 percent of sterilized men were fully satisfied and their sexual function had not been affected at all."

A breakdown of figures for men shows that in 1978 whites had the highest number of sterilizations — 1 700 compared with 1 670 in 1977. Coloured men followed with 1 900, compared with 1 790 in 1977, and Asians 120 compared with 100 in 1979. 115 black men were sterilized last year, compared with 155 in 1979.

The association says recent surveys by the Human Sciences Research Council have shown that in every race group the average family size is below four children a family.

The average figure for blacks is the highest at 3.9 children, coloured is 3.6 children, whites 3.1 and Asians 2.9.
Macho SA men afraid of the cut

THERE were 24,500 women sterilised in South Africa last year — but only 2,125 men volunteered for the cut.

This emerges in statistics in the annual report of the Association for Voluntary Sterilisation of SA, and last night Dr E P Woodrow, honorary secretary of the AVSAA, blamed it on the fact that men still shared the myth that sterilisation would ruin their "macho" image.

The statistics, compiled by the Department of Health, Welfare and Pensions, show more than half the women sterilised were from the Cape.

Sterilisation operations on women in Cape Provincial hospitals totalled 12,924 — 52.6 per cent, while 7,741 Cape men, or 36.4 per cent of the total, were sterilised.

Protection

The association pledges in its report to continue to fight for legalised abortion of pregnancies after failed sterilisation.

It says this would provide "insurance" in accepting the operation and protect medical teams against possible litigation.

Dr Woodrow said: "Men still have a feeling that it might affect their sexual activities."

She said it had been found that a more intelligent and confident male was likely to agree to a vasectomy.

"He likes to know he is the one who is taking the decision," Dr Woodrow said.

In a recent survey in Britain it was found that 43 per cent of cases where husbands had had a vasectomy, their wives said it improved their own health.

"In another survey about 90 per cent of sterilised men were fully satisfied and their sexual function had not been affected at all," she said.

A breakdown of figures for men shows that in 1980, 1,700 whites were sterilised, 190 coloured men, 120 Asians and 115 blacks.

For 1979, the vasectomy figures for men were 1,620 whites, 190 coloureds, 100 Asians and 150 blacks.

Contraception

But AVSAA says figures for privately-performed sterilisations are not included in the department's figures, as notification of the operation is not required by law.

The association says recent surveys by the Human Sciences Research Council have shown that in every race group the present average family has less than four children.

The average figure for blacks is the highest, at 3.5 children, coloured families average 3.6, whites 3.1 and Asians 2.9.

Surgical contraception has proved the safest and most convenient method to prevent unwanted pregnancies, says AVSAA.

"Our target to meet the need is 150,000 voluntary sterilisations per year."

"We take pride in the fact that this organisation has played a part in the Cape in pioneering a controversial concept and making it acceptable."

(Continued)
Abortion: dumpers are only the tip of the unknown iceberg.

The doctor and 'the unknown party' who gave the autopsy to the police. The doctor and 'the unknown party' who gave the autopsy to the police. The doctor and 'the unknown party' who gave the autopsy to the police. The doctor and 'the unknown party' who gave the autopsy to the police. The doctor and 'the unknown party' who gave the autopsy to the police. The doctor and 'the unknown party' who gave the autopsy to the police. The doctor and 'the unknown party' who gave the autopsy to the police. The doctor and 'the unknown party' who gave the autopsy to the police. The doctor and 'the unknown party' who gave the autopsy to the police. The doctor and 'the unknown party' who gave the autopsy to the police. The doctor and 'the unknown party' who gave the autopsy to the police.
TEARS and anger marked the eighth day "grass roots" conference of the Methodist Church of southern Africa. It was an emotional and moving event. Angry Black and White Christians were involved in dramatic, bitter and emotional confrontations.

At one stage the conference seemed close to complete breakdown and to be splitting along racial lines, but it ended with a "miraculous reconciliation", after many of the White delegates went through an agonising and traumatic process of introspection, prayer and tears.

Held at the Mober Park, Johannesburg, showgrounds from July 10 to July 17, the conference, Obedience '81, was attended by 800 delegates — pastors and laymen.

It was essentially a discussion on the problems of a multiracial church in a racially divided society and what it meant in practice for a Christian to obey God in the present political situation in South Africa.

Never before have White people — conservatives, moderates and liberals — been exposed on such a scale to the harsh realities of South African society.

In open sessions, in groups and in intimate talks, delegates were, for the first time in their lives, confronted with the true feelings of Black fellow Christians — and they were confronted with brutal frankness and honesty about their fellow's life in an apartheid society.

No church has ever before deliberately and systematically allowed its members to analyse, dissect and criticise all aspects of its work — spiritual, leadership, ecumenical and in the field of race relations.

The focus was on the Methodist Church itself, and its obedience to Christ in the next decade.

Apartheid, and other social and economic and political injustices could not be criticized by the church if it was not itself in order.

The conference brought into the open that the Methodist Church was riddled with apartheid practices and racial discrimination, yet on the final day two documents were approved by the delegates in an attempt to reverse that situation.

The "Message of Obedience '81" was a spiritual manifesto that stressed the twin concerns of giving priority to the proclamation in Jesus Christ and demonstrating His grace in visible social action.

"God seeks a free South Africa."

The message stressed "God seeks a free South Africa" and called upon every Methodist to reject apartheid and witness against "that disease which infects all our people and leaves none unscathed in our church and country."

The second document was remarkable. It listed the spiritual, social and structural weaknesses of the Methodist Church — especially apartheid practices such as racially divided circuits.

And as a result, the annual conference of the church, scheduled for October, will be asked to take formal constitutional decisions to reform the Methodist church from within.

Throughout the conference, Black and White delegates differed on the fundamental issue of the role of the church and Christians in politics. The conservative Whites claimed that the Blacks were dragging politics into religion, that it was sufficient to be a Christian.

But Dr Simon Gqubule, the new Black president-elect of the church, told the conference on the opening day: "There is a dangerous heresy in South Africa today that separates spiritual from material things, that separates religious belief from social, economic, political, cultural and educational issues."

"We have been told that ministers should keep out of politics, stick to the pulpit and leave politics to the politicians. I submit that it is our Christian duty to insist that those who rule have something of the mind of Christ, His justice, His compassion, His love and His mercy."

Apartheid was a sin to be rejected on scriptural grounds. Christians should apply God's word ruthlessly to themselves and the society in which they lived.

"We must seriously consider what it means to love our neighbours as ourselves in concrete situations," Dr Gqubule declared.

While Christians should fight for their Black fellow Christians to have the same rights as they had.

In a dramatic moment, Dr Gqubule tore up his permit to be in "White" Johannesburg for the conference.

"Whites, Coloureds and Indians do not have to have permits," he said. "Permits allow Africans to remain in "White" areas symbolize the theft of Black peoples' citizenship."

"We want the right to move freely."

"This is unjust. I, as an African, regard myself as much a citizen of South Africa as anyone else."

"I should have the right to move freely wherever I wish." These remarks were too tough for many Whites at the conference although the mild mannered Dr Gqubule is regarded as a moderate.

Remarks on the two walls
AND WHITE METHODISTS THRASH OUT WHAT IT MEANS TO BE CHRISTIAN IN SA

full of graffiti — specially provided by the organizers to allow delegates to voice their feelings and blow off steam on any issue — reflected the mood of the Whites.

One note expressed disappointment that the president-elect had raised political issues: "Sin is an inescapable reality of whom commits it, as Christians we must condemn it."

And next to it: "Because you are prejudiced, you are not affected. You carry no guilt."

And others: "All we can do is eat, sleep and talk politics."

"Be obedient Praise God, not politics."

"I feel isolated," was a note reflecting the deep anguish of many White delegates. "Because as a White I feel rejected by the Black ministers conferencing."

And, a poignant note: "Apologies for God Cannot be with you at Obedience '81. Have not got a permit — am Black." To which there was an indignant reply: "You!"

The debate waged in open plenary session, in seven separate groups — "schools" — and in small covenant groups.

In the groups the discussions were: "Lifestyles," "My brother's name," "Church growth," "Evangelism," and "Contemporary spirituality." But it was the racial and political issues that lead to confrontation. Many of the White delegates were angered, confused and hurt by their Black fellows, who did not accept the contention that spirituality and oneness in Christ was enough and would solve all political, social and economic problems.

"Too many bleeding (White) hearts."

Such was the tension after the first few days that some delegates threatened to leave. The Whites felt they were being insulted and humiliated and the Blacks that nothing concrete was being achieved. "We have been through these assurances of Christianity, love and brotherhood from White Christians with bleeding hearts too often," the Blacks declared.

Mr John Rees, director of the SA Institute of Race Relations, who initiated the idea of Obedience '81, made a stinging attack on the hypocrisy of church leaders and ministers.

"Some of you are handing the last of the church — it wants to move," he said.

"People in the church are mooting all the right sayings but acting in a different way. The social structures of this country have shaped the church more than the word of God."

"The church is unfortunately a pale reflection of our society. We have all the divisions. We may try to plaster them over, but they exist."

"Matters were brought to a head by a sermon delivered by the Rev Wesley Mabuza of Durban. (Fully reported below.)"

After he was accused by White delegates of advocating violence, there followed a dramatic 24 hours of confrontation and debate in both private and open sessions.

But eventually the conference accepted unanimously the Message and Concerns of Obedience '81.

"Too many bleeding (White) hearts."

Reflecting the sweet and tears of the Christian dialogue of the week, the Message said: "As we wrestled with our diversity and oneness, we became angry and hurt, the seeds of our own violence and fear exploded to the surface revealing our pains Yet He was there."

"Aligning itself totally with active opposition to apartheid, the church declared: "In listening to the cries of those in our body who endure our land's apartheid laws and other discriminating practices and attitudes, we know that we have touched only the edge of their pain."

"We have experienced how hard it is to abandon long held prejudices and long felt bitterness. But we have seen God work this miracle in us."

The Concern included many recommendations to remove racism in the church.

"Sunday fellowship is not enough."

"The church is seen as a community, committed to non-violent change, and capable of saving South Africa from the very real possibility of violence and self-destruction," it read.

"Although many White Christians (Methodists) had in the past given lip service support to church resolutions condemning government actions and discriminatory policies, at Obedience '81, for the first time most of them realized and understood what professing Christian ideals should mean in everyday life."

Christian fellowship between Black and White inside the church on Sundays or at special occasions was not enough. It must be extended to all aspects of life."

"Many delegates saw the conference as a spiritual revival."

At the beginning of the week, Mr Mosala had expressed Black scepticism: "Whites do not really know what Black Christians think and suffer. Unless people are beginning to say, 'You are hurting me, but I know why you cannot understand why you are hurting me,' we are wasting our time."

Describing White Methodists as "liberal — conservative tolerant," he had complained about Black Methodists being "stifled by the structure of the church.""

But on the last day of the conference, Mr Mosala referred to "the new mood" and "came refusing to be impressed. But now I must admit there has been some progress," he said.

And Mr Stanley Mofuha, the Bishop, declared: "The conference went beyond expectations."

But he cautioned that "things would not change overnight."

"The conference made it clear the house of the Methodist Church was not in order."

But God is greater than the church," he said.

SCALD THE CHURCHMEN
Then came a ‘miracle’ for a Taljaard that’s a hell of a thing to say

to say what they think I want to hear their true voices I have a desire for real unity, not a false unity.

An elderly White delegate pleaded emotionally “Give me another chance, I want to be part of the solution, not part of the problem. I promise before God that my remaining years will be spent in solidarity with (Blacks) in bringing about that church we pledged to bring about at a conference in 1987 God bless Africa.”

The debate was followed by a long emotional session of prayer, after which Mr Taljaard asked for permission to make his statement.

He said “Something happened to me last night — a miracle. After Wesley Mabuza spoke, I became very angry. I could have hit him. Sitting at the end of the hall, I ran out afterwards into the dark where I sat and wept.” He described how he wrestled with himself and spoke to God.

“Eventually I realized, through my prayers, that I was hurt because I had sobsed for Wesley I had cried because there was such a situation which had driven Wesley to such bitterness.”

“If God can change the soul of one man like myself, then he can make a church a whole church.”

And for a Taljaard this is one hell of a thing to say.”

He then apologised to Mr Mabuza for his original resentment.

Mr Mabuza said afterwards “There is no doubt from what many Whites told me that they experienced a change of heart.”

“Feet Taljaard came to me this morning. He took my hand and said, ‘I could have hit you.’ I have to say, if he can change then he is putting the burden on me to accept him.”

“But I really think this is the last chance our church has to make a contribution to a peaceful South Africa.”
Die volgende konsepwetsontwerpe word hierby vir algemene inligting en kommentaar gepubliseer:


The following Draft Bills are hereby published for general information and comment.

- Health Amendment Bill, 1982.
- Abortion and Sterilisation Amendment Bill, 1982.
- Pharmacy Amendment Bill, 1982.
Changes to laws on abortion

Amendments are also proposed to the Health and the Pharmacy Amendment Acts.

In terms of the Health Act, the new proposals seek to redefine black management committees and community councils as local authorities with responsibility for transport and burial of human remains.

ABORTION on the grounds of unsuccessful sterilization and greater discretionary powers for doctors in granting abortion are provided for in proposed amending legislation published in the Government Gazette.

In addition to the Abortion and Sterilization Act,
1985 census expected to list 27.5-m

Own Correspondent

An estimated 27.5-million South Africans are expected to take part in the next census on March 5, 1985.

This figure represents a growth of about five percent on the population figure obtained in last year's census. At the time about 23.75-million people were counted.

A Department of Statistics official said yesterday these figures only applied to South Africa and not to the National states.

It was not clear yet whether people in the states would be included in the 1983 census. The matter was still being discussed with the Department of Foreign Affairs.

The spokesman said a start had been made with planning of the census, which would be the first held after a five-year period. In the past a census was held every 10 years.

The reason why another census was being held so soon after the last one was to obtain accurate information on the country's growth at shorter intervals. The tempo at which development was taking place made up-to-date information essential for planners.
Row over enforced sterilisation

Divisional Council Reporter

A MOVE to have people on disability or subsistence allowances forcibly sterilised will be discussed by the Association of Divisional Councils at its annual Congress next month.

News of the resolution, put forward by Kareeburg Divisional Council, has shocked people in public life in Cape Town.

The Mayor of Cape Town, Mr Louis Klaer, described it as "absolute madness — an intolerable intrusion on people's freedom."

PUNISHMENT

Dr John Sonnenberg, a medical doctor who is a member of both the City Council and the Provincial Council, said it was "unbelievable — like an Old Testament punishment."

The Rev. David Botha, Moderator of the Nederduits Hervormde Kerk, said "It is absolutely impossible. One cannot think of such a thing."

Dr Jack Joffe, another medical doctor who is a city councillor, said it was an intolerable matter on issue of individual privacy and reminiscent of Nazi Germany.

The resolution states that the Department of Health, Welfare and Pensions be requested to provide the necessary measures whereby persons receiving a disability or subsistence allowance can be forced to submit to family planning treatment.

Dr Sonnenberg said it was clear that this was a euphemistic way of describing surgical means of sterilisation, since there was no method of forcing people to take the pill or use contraceptives.

"This is an unbelievable resolution," he said.

"It is incredible that it was actually accepted for inclusion in the agenda of the congress and I have no doubt that if it is passed the Department of Health will reject it.

Dr Sonnenberg said family planning was purely voluntary and could be successful only in conjunction with a programme of economic uplift and education.

A good case could be made out for 'strong genetic counselling' in favour of sterilisation in the case of families suffering from a disfiguring hereditary disorder, but even then it should be voluntary.

Mr Klaer said that obviously it was a good thing to educate people to the advantages of family planning, but no one should be forced to submit to it.

"It is an individual decision. This Kareeburg council must be crazy to suggest this resolution," he said.

Mr Botha said it was difficult to tell from the resolution exactly what the Kareeburg Divisional Council had in mind — whether it was a mandatory procedure or one to be carried out only with the cooperation of those concerned.

IMPOSSIBLE

He therefore thought the resolution impossible.

"One cannot think of such a thing as forcing people to submit to family planning," he said.

Dr Joffe said it was clear that the resolution meant sterilisation.

"It is a method of forcing people who did not conform to their German standard," he said.

If this resolution were passed it could apply to a perfectly healthy man who lost a leg in an accident and applied for a disability grant.
I broke the law to help women

By MIKE LOUW

A DOCTOR pleading in mitigation of sentence told the Johannesburg Regional Court yesterday his primary motive in performing illegal abortions was sympathy with women who had unwanted pregnancies.

He said abortion was a major problem in South Africa and he was among doctors who supported the legalisation of this step.

Dr Norman Morris Gnesin, 62, of Greenside Extension, Johannesburg, pleaded guilty and was convicted of performing 14 illegal abortions between July last year and February this year.

Appearing before Mr H J A van Eeden, Dr Gnesin said some of his clients threatened suicide if they could not terminate their pregnancies.

Although he charged between R450 and R500 for an abortion, money was not a decisive factor.

He said his patients included girls as young as 15 and married women who became pregnant through adultery.

Mothers approached him to help their young daughters because they did not want them to have illegitimate children.

He said that in some cases he succeeded in persuading would-be clients to have their babies and put them up for adoption.

Dr Gnesin said South African women often went to "enlightened" countries abroad to have legal abortions. He knew of an "abortion factory" in a neighbouring state.

He cited tragedies resulting from abortions by unqualified people and told the court he had treated women in hospital for complications following backstreet abortions.

Dr Gnesin said abortion was a major problem in South Africa.

He and several other doctors supported the idea that abortion should be legalised.

Dr Gnesin also pointed to the fact that Mrs Helen Suzman had said in Parliament that a commission of inquiry should be established to consider the legalisation of abortion.

He told the court he qualified in 1942. He was struck off the roll after being convicted of five charges of abortion in 1965.

He was readmitted as a medical practitioner, but was again struck off the roll after being convicted of eight charges of abortion in 1979.

He was divorced three years ago and this had an adverse effect on his life, Dr Gnesin told the court.

He had been offered a job by a private company and would no longer perform illegal abortions if given a chance.

He was under psychiatric treatment.

A Klerksdorp woman, whom the court urged may not be identified, told the trial Dr Gnesin refused to perform an abortion on the unmarried daughter of a friend because the pregnancy was advanced.

The witness said Dr Gnesin told them abortion would endanger the girl's life.
Black baby deaths top 1950 white rate

Mail Reporter

Black babies still die in their first year of life at a greater rate than white babies did 30 years ago, says the chief paediatrician at Baragwanath Hospital, Professor Harry Stem.

In his inaugural lecture on "The sick black child" at the University of the Witwatersrand this week, Prof Stem said that while white baby deaths in Johannesburg had dropped from 2.2 to 1.5 in every 1,000 between 1950 and 1970, black baby deaths for the same period had dropped from 223 in every 1,000 (one in every four) to 35 in every 1,000.

Prof Stem said it was estimated that a third of Soweto's population of more than a million were under 10 years of age. This meant that Baragwanath Hospital's paediatric department was responsible for 300,000 children who, in spite of a general improvement in the health of the community, still suffered from a substantial sickness rate.

Prof Stem said that while child deaths in developed countries were mainly due to accidents (vehicle deaths and poisoning), cut deaths, congenital malformations, malignancy such as leukaemia and baby battering, in developing countries children died mainly from infections such as gastro-enteritis, pneumonia, measles, TB and meningitis, or from malnutrition.

Black children in Soweto were still prone to malnutrition, he said. In 1966 there were 1,600 admissions for malnutrition out of a total population of 250,000. In 1980 there were 1,069 admissions for malnutrition out of a population of 1 million. In 1985, 49% of those admitted with malnutrition died. In 1980 the death rate was 8%.

Gastro-enteritis remained a problem, Prof Stem said, but admissions had fallen from a peak of 4,673 in 1980, when the population was far smaller than it is now, to 2,953 admissions out of a population of 1 million in 1980.

Treatment of severely dehydrated sufferers from gastro-enteritis had been so successful at Baragwanath that the "drip room", where babies are given intravenous fluids, was being halved in size.
11 AUGUST 1981

The MINISTER OF HEALTH, WELFARE AND PENSIONS

(1) In what year did the State (a) introduce family planning and (b) initiate the advertising campaign on family planning?

(2) What has been the annual cost to the State of family planning advertising since its inception?

<table>
<thead>
<tr>
<th></th>
<th></th>
<th></th>
<th></th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>Display Boards</td>
<td>225 900</td>
<td>194 900</td>
<td>313 000</td>
</tr>
<tr>
<td></td>
<td>Radio and TV</td>
<td>245 900</td>
<td>276 800</td>
<td>360 000</td>
</tr>
<tr>
<td></td>
<td>Buses</td>
<td>183 500</td>
<td>281 100</td>
<td>511 000</td>
</tr>
<tr>
<td></td>
<td>Bioscope and Other</td>
<td>67 600</td>
<td>82 200</td>
<td>97 000</td>
</tr>
<tr>
<td></td>
<td>Total</td>
<td>800 000</td>
<td>830 000</td>
<td>1 300 000</td>
</tr>
</tbody>
</table>

(a) 1964
(b) 1978

HANS A.C. 24/5 31/8/81

193 Mr A B WIDMAN asked the Minister of Health, Welfare and Pensions
70 babies born in the townships every day — 25,000 a year.

SOWETO'S BABY BOOM

By SAM MABE

ABOUT 25,652 babies are born in Soweto every year, which means between 65 and 70 every day.

And in the last two years, about 35 of every 1000 babies — amounting to 875 a year — died before reaching the age of one.

This was revealed yesterday in an interview with Professor H. Stein, Chief Paediatrician at Baragwanath Hospital, who said the figures had dropped substantially, compared to those of about 30 years ago when the infant mortality rate was 232 out of every 1000.

Prof. Stein said 25 percent of the 25,000 children born in Soweto annually — almost 4000 — required specialized care.

Although the socio-economic conditions in Soweto were not too impressive, he said, it was due to that improvement that in spite of the sharp increase in population figures, there has been a drop in infant mortality rate and a reduced incidence of malnutrition and gastroenteritis.

Broncho-pneumonia and bronchitis which are common in Soweto, were caused by poor nutrition, but we think it is also heavily contributed to by the Soweto smog.

ELECTRICAL HOPE

With the advent of electricity in the townships, figures of respiratory sickness would also drop considerably, Prof. Stein said.

He recommended improved preventive services and the fact that most children were brought to hospitals earlier and with less advanced diseases.

Baragwanath, which at the moment has 2,500 beds, needed a minimum of 5,000 beds to operate properly.

And Soweto, which has a population of between one and two million, had to be served by at least four hospitals with around 1300 beds in each, he said.

Professor Stein said Soweto and Baragwanath Hospital are anomalies. "Anomalies that are contradictions in themselves. Thus the overcrowding, the poverty, the tremendous crime rate of Soweto contrasts sharply with the thriving vitality of this township and its will to survive.

"Furthermore, there are parallels between Soweto and the hospital that serve it. Soweto is the biggest city South of the Equator. Baragwanath on the other hand is by any standard too big for one hospital, the buildings, relatively unsophisticated, the pressure too great, and the patients' turnover too tremendous."

TURNOVER

Baragwanath is one of Transvaal's 64 hospitals and 33 percent of all black children born in the province are born at Baragwanath and its associated clinics.

Prof. Stein and Baragwanath's paediatrics department treated 33,000 children for a variety of diseases including kwashiorkor, gastroenteritis and malnutrition.

In 1978 1104 children were admitted to hospital suffering from malnutrition, but in 1980 the figure dropped to 0/0.
Lesotho abortion patients

The South African Police have been asked by the Lesotho Government to help locate South African women who have had abortions via the Lesotho connection.

A Lesotho police officer said that all acts of abortion concerning Lesotho were abortions had been reported to the Police. He had been asked to travel to a location where he had been helped by a police officer at the small government hospital in Velebona.

The Chief of the Lesotho CID, Lieutenant Colonel Hendricks, said police had encountered difficulties in obtaining evidence and contacting witnesses to testify.

The officer confirmed rumors at Tshoala that the police had conducted a total of 10 searches of the homes.

Local residents said stories were circulating among the locals that the remains of the house had disappeared, having been burned. Several local women said they had seen bodies burned in the area of the house.

But the Lesotho police have denied there is any truth in the reports.

DR CHOI FIGHTS FOR HIS NAME

We have completed our investigations and collected the evidence. The evidence was submitted to the Pretoria court.

The court is expected to make a decision tomorrow.

The officer said that a number of local women had been arrested for the illegal practice of abortion.

Expressed his concern over the situation.

Abortion is considered as a medical practice in Lesotho. The Government has a policy of controlling it. A police officer is expected to make a decision on the case.

He was asked whether the police had arrested anyone. He said no.

Mayor to lodge appeal

Mbiesi --- Mr. M. Shaba, a member of the local municipality, has filed a motion to appeal against the conviction of a woman for abortion.

Mr. Shaba said that the woman had been sentenced to five years in prison.

The police officer said the woman had been found to be pregnant and was in labor. She was taken to hospital, where she delivered a stillborn baby.

The baby was found to be stillborn and a report was written.

The mayor, Mr. M. Shaba, lodged an appeal against the conviction.

He said that the woman had been wrongly convicted and that the sentence was too harsh.
CONTRACEPTIVE CONTROVERSY

NEW doubts have been cast over the controversial contraceptive drug, Depo-Provera, which is injected into thousands of South African women each year.

In America, the Food and Drug Administration has banned its use as a contraceptive, although allowing it for the treatment of certain ailments. In Zimbabwe, where 120,000 women were using Depo-Provera, a Cabinet-level decision was made to phase out the drug. The Zimbabwe Minister of Health, Dr Herbert Ushewekunse later banned the use of the drug outright, saying it was 'a serious threat to the health of our women and children.'

Now a study which was used to encourage the use of Depo-Provera has been labelled 'clearly unscientific.' John D'Oliveira reports from Washington.

The American magazine, Mother Jones, which has won a string of awards for investigative journalism has placed a fresh question mark over the effects of Depo-Provera — a long-lasting injectable contraceptive being used by millions of women throughout the world.

Mother Jones's latest award, the 1980 National Magazine Award for reporting excellence, came from an article The Corporate Crime of the Century which detailed the American corporation which exported to Third World countries drugs which were banned or unsafe in America.

In its latest issue, Mother Jones referred to a study which it said, had played a major role in dispelling doubts over the cancer risk associated with Depo-Provera.

Author Stephen Minkin labelled the study 'clearly unsound' and said that it had been used to dispel fears raised by animal studies of Depo-Provera and to justify a conclusion that affects the lives of millions of women throughout the world.

The study was conducted in Thailand's Chiang Mai province, where more than half the female population had used Depo-Provera over a number of years. Since monkeys had developed cancer of the uterine lining after being given the drug, the researchers set out to determine how many Thai women had developed this particular cancer and whether or not they had used Depo-Provera.

Initial reports, Mother Jones claimed, turned up 60 cases of cancer of the uterine lining among women admitted to Chiang Mai hospitals between 1974 and 1976. The study never determined how many of these women had used the drug — instead the researchers examined a carefully-selected fraction of the diagnosed cases.

Of the original 60 cases, the researchers followed up on only nine women, none of whom was found to have used the drug.

From this sample of nine Thai women came the conclusion that widespread and long-term use of Depo-Provera could and should be continued.

The researchers also concluded that the data on monkeys given large doses of Depo-Provera for 10 years should not apply to women given normal doses for prolonged period.

Mother Jones claimed that, after publication of this report, Indonesia's, Thailand and other Third World countries stepped up their Depo-Provera programmes.

The magazine claimed the original 60 cases were reduced to nine as follows:

- Nine cases simply 'disappeared.' Despite initial reports, only 49 cases were reported during the period of the study.
- Twelve more cases were eliminated because no pathology reports were obtained to confirm the diagnosis.
- Another 10 were discarded as 'disproven by negative pathology reports.' However, a careful reading of the text of the report showed that, rather than being disproven, these pathology reports had not arrived at the medical room in time for the study.
- Eleven cases were eliminated because the women did not come from Chiang Mai province — but no mention was made of whether they had used Depo-Provera at any time.

"In the United States the Food and Drug Administration refused to approve Depo-Provera for contraceptive use primarily because it caused malignant breast nodules in beagles in laboratory tests."

Depo-Provera over a number of years. Since monkeys had developed cancer of the uterine lining after being given the drug, the researchers set out to determine how many Thai women had developed this particular cancer and whether or not they had used Depo-Provera.

Initial reports, Mother Jones claimed, turned up 60 cases of cancer of the uterine lining among women admitted to Chiang Mai hospitals between 1974 and 1976.

The study never determined how many of these women had used the drug — instead the researchers examined a carefully-selected fraction of the diagnosed cases.

Of the original 60 cases, the researchers followed up on only nine women, none of whom was found to have used the drug.

From this sample of nine Thai women came the conclusion that widespread and long-term use of Depo-Provera could and should be continued.

Finally, seven were eliminated for a variety of reasons which appeared legitimate.

Mother Jones referred to a confidential World Health Organization report which said there had been a 'marked increase' in hospital admissions for cancer of the cervix and the breast from the Chiang Mai province.

In the United States the Food and Drug Administration refused to approve Depo-Provera for contraceptive use primarily because it caused malignant breast nodules in beagles in laboratory tests.

Later it was found that two rhesus monkeys who had been injected with Depo-Provera had cancer of the uterine lining.

In the article 'Mother Jones added that the United States Food and Drug Administration was also 'troubled' by the risk of side effects by women inadvertently injected with Depo-Provera while they were pregnant.

Such side effects may include congenital heart defects, abnormal development of the penis or the vagina and the possibility of genital cancers later in life.
Rape in South Africa — the shocking truth

A WOMAN is raped every three minutes in South Africa according to the findings of a recent report by the Medical Association of South Africa.

And annually, 300,000 women are raped.

According to a Cape Town Rape Crisis report, during the period June 1975 to June 1980 41,341 men were prosecuted for rape, 22,406 were convicted and 19 were sentenced to death.

"The youngest victim was a three-year-old child who was raped by a 15-year-old boy known to the family. The oldest victim was a 70-year-old grandmother.

"Of 41 cases of children under the age of 17, only six girls were raped by strangers"

Only 10 of the estimated 400 daily rapes are reported to the police.

The majority of cases involve victims aged between 15 and 25.

More than 95% of rapes occur within the same ethnic group and the incidence for false reporting was the same as for other crimes — about 2%
Family structure is collapsing.
POLITICS BY JAN VAN HUNKS

WHITE POWER GOING TO SHRINK
too much about rape
Are we all panicking
Outcry

There is a general outcry against rape at present, which gives the impression that it is more prevalent than other violent crimes. But violent crimes such as assault reported to the police are much higher than the incidence of rape. The most recent ratio for assault is 87 times higher than the ratio for rape.

In 1979-80, cases reported to the police indicated that the ratio for assault of non-whites by whites was 146:1, and for whites by non-whites was 10:1. It is quite clear that there is a much higher ratio of assault of whites on non-whites.

The media can have the effect of creating a sense of panic or public anxiety about a social problem by the way in which the problem is described and commented on. To highlight a problem one needs to put it in proper perspective. This is not always done by the media.

The result is that in the case of rape, for example, the public starts believing that its incidence has increased markedly. This is not so. Reaction to such a problem through letters of concern, condemnation and suggestions of castration can, in the long run — and this has been shown through research — have the effect not of lessening but of increasing its incidence.

The media can do much to provide the public with knowledge about the problem, with suggestions for self-protection and information about bodies such as Rape Crisis, which can aid victims, rather than to focus mainly on dramatizing of rape cases.

Law and order can only be effective if it aims at protecting all groups equally well, and if some groups are not more exposed to arrest and prosecution than others. Where law and order does not imply justice, its credibility is questioned.

It is generally felt that the indignation about incidences of rape will not in itself change the situation unless the causes are tackled seriously.

Factors

To punish rapists and put them out of circulation does not prevent many persons developing into future rapists. If attention is not given to the factors which cause hatred and frustration, our measures are all interim ones. Furthermore, as suggested earlier, an outcry alone can aggravate the situation rather than improve it.

The ratio of trained staff to assist offenders in prison with adaptation, rehabilitation or any plan involving their future is roughly 1 staff member to 500 offenders.

Numerous surveys all over the world indicate that the way institutions function at present, long-term sentences mostly do not yield positive results.

The immediate practical question is what does a magistrate or judge do when he has a number of offenders accused of rape in front of him? At present he has little choice but to sentence such people to prison. The public demands this.

Prisons are overcrowded and understaffed. Suggestions have been made for the reduction of court loads and for alternative methods for dealing with petty offenders.

Unless these suggestions are implemented, conditions in prisons will not improve. The locking up of a person for a certain period protects society for a while, without sorting out the motives which caused his offence.

Rape is not condoned by anyone. There are various issues around the problem, though, that need to be understood responsibly.

The incidence nationally has not increased as much as the public believes it has. It cannot be eliminated by punishment only, but the root causes must be tackled. These are not just individual but socio-political.

Violence has become a response to anger, frustration and hatred, and the solution to the problem will demand an honest analysis on a number of levels.
Munnik hits at 'panic' over birth rate of SA whites

CAPE TOWN — The Minister of Health, Dr L A P A Munnik, turned down suggestions at the Cape National Party congress yesterday that State family planning programmes should deal with the racial composition of the South African population.

He said his department did not have a separate family planning programme for whites only. It was a programme for the whole population. The whole programme could be wrecked by "storming in" with a wrong approach to family planning.

The Minister was reacting to fears expressed by delegates about South Africa's growing black and coloured population and the diminishing white birth rate.

One delegate said it had been estimated that by the year 2020 there would be 44-million blacks in South Africa, compared with only 8.7-million white, 7-million coloured and 1-million Asian people.

"We are busy committing suicide," the delegate said. "Every married couple should have at least three children if we are to survive."

A delegate from Uitenhage said "something radical and drastic" had to be done to curb the rapid population growth. If this was not done, the situation could get out of control by the year 2020.

Replying, Dr Munnik said people should not allow themselves to panic about population projections and speculation about the situation by the year 2020.

Family planning information was being made available on a large scale throughout South Africa. The amount spent on this work had been increased four-fold in the past six years.

The more prosperous a community was, the fewer children its people would have. In Soweto, for example, where people were becoming more prosperous the average family had only three children.

Call for heavier sentences

CAPE TOWN — The Minister of Justice, Mr Koos Coetsee, said yesterday he would consider appointing an advisory body to advise the Minister on the release of prisoners in certain instances.

Replying to a resolution at the Cape National Party Congress calling for stronger action against serious offenders, Mr Coetsee said sentences were a matter for the courts, but that it would appear the courts passed heavier sentences for serious offences.

"I will consider appointing an advisory body to advise the Minister on the release of prisoners. This body will review serious cases, such as rape, before a prisoner is released on parole. I shall try to get a judge as chairman of such a body."

He said he hoped this would guarantee greater protection of the public and reassure them.

Sapa.
WASHINGTON — An American woman who brings a new perspective on the contraceptive controversy over Depo-Provera, the world's most widely used hormonal contraceptive, says she has received a fresh boost in her efforts to bring awareness to the topic.

The 37-year-old mother of three, who requested to remain anonymous for her safety, says she has been advocating for alternative contraceptive options for years, and that her recent research has uncovered new evidence that challenges widespread misconceptions about Depo-Provera.

"I've always been interested in finding safer, more effective birth control options for women," she said. "I think it's crucial that we have a conversation about the potential risks associated with Depo-Provera, and the need for more research into alternative methods."
Woman ‘pretended to be a white’

Evidence was that Miss Freeman, born of a white father and a coloured mother, had lived in a white area since 1973. She travelled on the white sections of public transport for her own safety, went to white cinemas and was served in the white sections of post offices.

She had naturally blonde hair and a light complexion.

Miss Freeman had a white boyfriend for three years and a child was born to her at Parktown Hospital. Her race was never queried, either at the hospital or her place of employment.

Mr de Villiers found that, when asked, Miss Freeman said she was coloured. She had coloured relatives and coloured friends.

"Her claim that she was accepted as a white person was not genuine," he said. "She used white facilities but lived as a coloured."

By Zerelda Venster, Court Reporter

Miss Cynthia Freeman (38) was convicted in the Johannesburg Magistrate's Court today of illegally occupying a flat in a white area.

She was fined R100 (or 50 days), suspended for three years.

Miss Freeman, address given as Ivanhoe Mansions, Wolmarans Street, Johannesburg, had pleaded not guilty to a charge under the "Group Areas Act."

The basis of her defence was that she was obviously white in appearance and was accepted as a member of a white group — even though she was classified as a coloured person.

The magistrate, Mr J L de Villiers, found that she "pretended to be white to enjoy the conveniences and facilities which were open to white people but not to coloureds."

Miss Freeman had claimed she was accepted as white but "she was judged solely on her appearance which could be either white or coloured. This could be due to some..."
DEPARTMENT OF STATISTICS
No 2176 16 October 1981
DETERMINING OF A DATE FOR THE POPULATION CENSUS, 1985, IN TERMS OF SECTION 3 (2) OF THE STATISTICS ACT, 1976 (ACT 66 OF 1976)

In terms of section 3 (2) of the Statistics Act, 1976 (Act 66 of 1976), I, Andries Petrus Treurnicht, Minister of Statistics, hereby declare 5 March 1985 to be the date on which a census of the population of the Republic of South Africa will be held.

A P TREURNICHT, Minister of Statistics
Whites living longer than other races—Sadie

Political Staff
SOUTH Africa's whites were becoming older on average than members of other race groups because of better health and a lower birth rate, Professor J L Sadie, director of the Bureau for Economic Research at Stellenbosch University, told the science committee of the President's Council today. Apart from an increase during the depression, the white birth rate had been declining since the beginning of the century, he said. It now stood at about 17 a 1 000 with a mortality rate of 8,2 a 1 000.

Blacks, by contrast, were just passing the peak of a population explosion and now had a birth rate of 39,1 a 1 000 and a mortality rate of 11 a 1 000.

The coloured population's birth rate, which used to be 47,5 a 1 000, was now 31 a 1 000 with a mortality rate of 10,3 a 1 000.

The Asian birth rate, which used to be about 44 a 1 000, had dropped to about 20 a 1 000 with a mortality rate of 6,1 a 1 000.

Declines in the coloured and Asian birth rates could be ascribed almost entirely to the improved economic circumstances of the two communities, Professor Sadie said.

Whites could not expect to improve their proportion of the country's overall population even if immigration were stepped up. The annual increment in the white population was only 48,8 a 1 000 and that of blacks 374 a 1 000.

Professor Sadie said cultural factors had become an important determinant in fertility. It had been found, for instance, that breast feeding tended to postpone the advent of fertility, thus slightly reducing the breeding potential of breast-fed children.

Also, women who joined the labour force were markedly less likely to have a large number of children.
High worker birth rate 'aids capitalists'

Workers were "playing into the hands of the capitalists" by failing to exercise birth control, a Stellenbosch economist, Professor J L Sade, told the science committee of the President's Council yesterday.

Reduced fertility would diminish the size of the workforce, increasing its bargaining power and boosting wages, Prof Sade told the committee, which is investigating demographic trends and population growth in South Africa.

By failing to exercise birth control, the underdeveloped and unskilled workforce was making it easier for the entrepreneurial class to make more money, he said. Prof Sade is the director of the Bureau for Economic Research at the University of Stellenbosch.

He said the large supply of unskilled labour, especially on the mines, meant that return on capital remained high, enabling entrepreneurs to perpetuate their "historic advantage".

Prof Sade also said "proliferating" families in the rural areas were increasing pressure on land, resulting in the transfer of underemployment and poverty to squatter camps fringing on cities.

Speaking "purely aesthetically", he said, it was preferable to have poverty and squatter in the rural areas where it was "not so easily visible" than in the cities where it was more concentrated.
Boost pay by birth control?

WORKERS were "playing into the hands of the capitalists" by failing to exercise birth control, a Stellenbosch economist, Professor J L Sadie, told the science committee of the President's Council yesterday.

Reduced fertility would diminish the size of the workforce, increasing its bargaining power and boosting wages, Professor Sadie, director of the Bureau for Economic Research at the University of Stellenbosch, told the committee.

He said the large supply of unskilled labour meant that return on capital remained high, enabling entrepreneurs to perpetuate their "historic advantage".

Nor were the interests of the unemployed served by trade unions, which did not represent the totality of people seeking work. Hunger wages won for the worker "elite" would induce employers to employ more (scarce) capital.

Professor Sadie also said "proliferating" families in the rural areas were increasing pressure on land, resulting in the transfer of underemployment and poverty to squatter camps.

Speaking "purely aesthetically", he said, it was preferable to have poverty and squalor in the rural areas.
Birthrate of SA whites declines

By GERALD REILLY

The slide of the country's white population towards zero growth is continuing, according to figures released by the Department of Statistics in Pretoria yesterday.

At the same time the natural increase of the black population group was accelerating.

The 1980 census figures show that the black population's natural-increase rate is more than three times that of the whites.

The white natural increase was 6.3 per thousand, that of coloureds 11.9, Asians 16.2, and blacks 28.1 per thousand.

Between 1970 and 1980 the white population increased from 4,233,000 by 248,000 to 4,481,000, and the coloured population by 237,000 to 2,570,000.

During the same period the Asian population increased by 79,000 to 606,000.

The number of white births was 80,026 in 1975. By 1980 this had decreased to 74,777. Meanwhile, coloured births increased by 7,438 to 72,975.

The vice-president of the Human Sciences Research Council, Dr Flip Smuts, has warned that whites are on course to zero population growth.
SA opposed to abortions ‘on demand’

HUMAN Sciences Research Council studies have found that “only about” 25% of South Africans favour abortion on demand.

The vice president of the HSRC, Dr J D Venter, who made the surveys, pointed out in a statement in Pretoria yesterday that researchers in the United States claimed that 50 abortions were carried out for every 100 live births worldwide.

Some put the figure at between 35-million and 35-million a year and about half of these were carried out legitimately.

The researchers also found that people were increasingly in favour of abortion on demand.

To determine the South African population’s attitude, or change in attitude, towards abortion was the main purpose of Dr Venter’s investigations, which involved about 3 000 respondents.

Two separate surveys were made in 1978 and 1989 and — in contrast to findings of research in other countries — between the surveys attitudes shifted towards greater opposition to abortions.

Demand

It appeared that more than 90% of the respondents approved of abortion in cases where the life or health of the mother was threatened, or where there was a possibility the baby would be born with serious defects, “as opposed to only about 25% of the respondents who were in favour of abortion in cases where the parents do not want any more children — abortion on demand”.

The views on abortion of Afrikaans-speaking and English-speaking groups did not differ significantly, but the English-speaking group appeared to respond far more positively to the question about whether abortion should be available on demand.

It also appeared that people in the higher income groups generally had more positive views on abortion.

However, the attitudes of different age groups towards abortion did not differ significantly...
1980 census figures show that the black population's natural increase rate is three times that of whites, whose birth rate is declining towards zero growth.
'Government must act to prevent diseases'

BY AADU HUIJT

A SENIOR paediatrician in Natal says the Government should be spending more money on primary health care rather than on sophisticated health care in towns.

And Dr Walter Looming, senior paediatrician at Natal's King Edward VIII Hospital who has completed a survey on primary health care facilities in four Natal communities, revealed that the Government does not have reliable statistics on black infant mortality, one of the criteria on which a country's quality of primary health care is judged.

Primary health care directs attention to the root causes of diseases, such as unsafe drinking water, ill health, sanitation and poverty.

"Most of the public money is spent on sophisticated health care in towns to cure patients, with the result that many people still die prematurely from infectious and other preventable diseases," he said.

Four deaths

Only a month ago, a major cholera outbreak in BophuthaTwana, 40km north of Pretoria, was traced to the heavily-polluted APES River, used as the only water source for the hundreds of thousands of people living along its banks. Four deaths resulted and hundreds of victims were treated on an emergency basis.

Five ways of evaluating the quality of a country's primary health care are the availability of enough clean, treated water and safe sanitation, the infant mortality rate, prevalence of preventable diseases, the community's ability to care for the sick, and the way and quality of health care facilities in the community.

But the major problem — and primary health care's first concern — is the availability of clean water. Among the communities on which he based his study, Dr Looming noted that two of them relied almost completely on a stream for their water source and the earth's surface for their sanitation.

In only one community — KwaMashu — there were outside taps and toilets available. Habas, Inanda, Ncwele and Mawela had no taps and surface sanitation exclusively.

"It is thus not surprising that water-borne diseases (typhoid, cholera, malaria) continue to be a major problem," he said.

Dr Looming attacked the Government for not providing reliable statistics on black infant mortality, quoting from the Department of Health's latest publication which said that "data on black infant mortality for non-urban areas was not available because of the custom, mores and level of education of those communities concerned."

"It is interesting to note how the blame has been placed on the shoulders of the community and no mention is made of the task of health care facilities," Dr Looming said.
1 000 Zulu Infants
97 out of every
Study finds that

Mr. Walford Loening. It does not make sense.
A primary problem

Large numbers of people living in rural KwaZulu are still succumbing to diseases which could quite easily be prevented, according to Dr Walter Loening, senior paediatrician at the King Edward VIII hospital in Durban.

According to Dr Loening, the hospital took in 2 000 tuberculosis patients last year. Of the children admitted, 74% had a respiratory infection or gastro-enteritis while 45% were malnourished. Studies carried out on infant mortality rates show that in the Inanda/Ndwedwe area as many as 184.1 deaths/thousand are recorded. In other areas like Mawela, the figure is around 111.4. This compares with the national rate of 122.1 thousand for coloureds, 35 for Indians and 20 for whites.

Loening says there is a direct correlation between high infant mortality rates and poor primary health care. For example, in the Inanda/Ndwedwe district and Mawela, almost 100% of the inhabitants draw their drinking water from streams. At the same time, there are no proper facilities for the disposal of excreta. Consequently, debilitating water-borne diseases are a danger.

Loening criticises government for spending money on sophisticated institutions like Tygerberg, Johannesburg General, and Groote Schuur hospitals, without treating the root cause of the problem. He points out that Groote Schuur has just been allocated R140m for expansion, yet the KwaZulu government cannot obtain 1% of that figure for the provision of primary health care. He argues that this hardly makes sense as it is obvious that a small sum of money spent on primary care could obviate the need for vast hospitals for tertiary care.