Population - Vitalitas
1998
Clinic leads in abortions

By Sello Serepe

THE Chiwelo clinic in Soweto performed 1,000 successful abortions between March and December last year, by-passing the giant Chris Hum Baragwanath Hospital which carried out 1,230 abortions during the same period.

According to Chiwelo clinic matron Nomvula Zwane, the number of abortions performed at the clinic “escalate every month.” The first 36 abortions were performed in March at the clinic after the passing of the Bill which legalized abortion in late 1996.

However, statistics show that the number of patients increased each month. “It’s getting higher and higher every month,” Zwane said.

In October the clinic performed 216 abortions. Besides the Chris Hum Baragwanath Hospital, Chiwelo clinic is the only institution in the Soweto area which can terminate pregnancies.

Statistics provided by the hospital’s spokesperson Hester Veriter show a fluctuation in the number of abortions carried out from February until the end of November with 429 abortions performed in February.
Available contraceptives and their failure rates

Spermicides: average failure rate 21%

Spermicides prevent pregnancy by killing sperm so that none can reach and fertilise an egg. Scientific studies of spermicides show failure rates ranging from zero to 60% for typical users.

For effective contraception, correct timing and placement are crucial. The spermicide must be used every time intercourse occurs.

All spermicides must be reapplied if intercourse is repeated. Spermicides have been known to cause allergy and irritation in many women.

Some benefits are that they may be purchased without a prescription, cost relatively little, and may guard against some types of infection.

Condoms: average failure rate 12%

Although condoms have been in use since ancient times, Casanova was the first to popularise their use. They were at first made of linen or animal intestines, but with the advent of vulcanised rubber in the 1840s, they took on the name "rubbers" and were mass-produced.

There are many types of condoms available, most are made of latex rubber, but some are made from polyurethane or even animal tissue. "Natural skin"

They may be lubricated, ribbed, or treated with spermicide, and can be bought without a prescription.

Condoms are convenient and easy to use. They can help prevent partners from giving each other sexually transmitted diseases.

Female Condoms: average failure rate 21%

The female condom is a thin polyurethane sheath with two soft rings at each end. One ring, covered with the polyurethane, fits over the cervix, acting as an anchor.

Because the condom is not made of latex, it is not susceptible to deterioration when used with oil-based lubricants and is less likely to break.

It can be inserted up to eight hours before intercourse, but should be removed immediately afterwards.

Diaphragm: average failure rate 18%

The diaphragm is a soft rubber or latex cup that must be fitted for every use by your doctor. Spermicide is applied to the diaphragm, which is inserted to cover the cervix.

If intercourse is repeated, contraceptive cream or jelly should be applied each time. This is inserted with a special applicator while the diaphragm is still in place.

Cervical cap: average failure rate 18-38%

The cervical cap is a smaller version of the diaphragm, made of slightly thicker rubber and fitted by your doctor.

The cap, held in place by suction, is partially filled with contraceptive jelly or cream and then inserted so that it covers the cervix.

Contraceptive sponge: average failure rate 18-36%

The contraceptive sponge is a small, disposable sponge that already contains spermicide.

The sponge should be moistened with water (not saliva) just before inserting, then placed over the cervix. Once in place, it provides protection for 24 hours, no matter how often you have intercourse.

IUD: average failure rate 10%

The intrauterine device, or IUD, is a small plastic or metal device that is placed inside the uterus by your doctor. It can stay there for an extended length of time.

The IUD causes inflammation of the uterus, preventing implantation of an embryo and making it more difficult for sperm to enter. To make the IUD more effective, some contain progesteron.

The IUD carries with it a number of serious health risks which have caused many firms to stop distribution.

These risks include pelvic inflammatory disease, permanent infertility, ectopic pregnancy and even death. Because of the risks to fertility, doctors do not usually recommend the IUD to women who have not had children.

Oral contraceptives: average failure rate 3-8%

The process of ovulation is directed by hormones. Oestrogen and progesterone are two hormones which direct many of the processes surrounding the menstrual cycle.

Artificial analogues of these have proven an efficient form of birth control. To prevent pregnancy, a woman takes a pill daily which contains both of these hormones.

This is the combination pill, or simply "the Pill." Oral contraceptives also have some rare, but serious, health risks associated with their use, especially among smokers, these include abnormal blood clotting and heart attacks, cancer, and gallbladder disease.

Side-effects include headaches, acne, weight gain, vaginal infections, and depression.

The mini-Pill is a progesterone based pill with no oestrogen. It works by changing the lining of the uterus which prevents the implantation of an embryo. Doctors tend to recommend the mini-Pill to breastfeeding women because it does not cause a drop in the amount of milk produced.

Health risks and side effects include ectopic pregnancy, ovarian cysts, weight gain, and menstrual cycle disturbances.

Norplant: average failure rate 0.1-9%

Norplant is a progesterone implant, consisting of six small plastic rods. These are surgically placed under the skin of the upper arm for up to five years, during which time the rods slowly release progesterone into the body.

Effectiveness varies with the woman’s weight and by the length of time Norplant is used. Heavier women can expect more failures as can users who have had the implant for several years. The mechanism for action is the same as that of progesteron pills.

Common side effects include menstrual disturbances, headaches, acne, weight gain, nausea, anxiety, hair loss, and ovarian cysts.

The Depo-Provera injection: average failure rate 2-3%

Depo-Provera, also known as DepoProvera, or the "shot," is a highly effective progesteron injection given by a doctor every three months, although infertility may last up to a year.

Common side effects include headaches, weight gain, nervousness, and menstrual irregularities. Other possible adverse effects include dizziness, allergy, depression, and ovarian cysts.

Adolescent users, especially, have been known to experience a significant loss of bone density. Those worried about osteoporosis should avoid DepoProvera.

Some studies indicate that Depo-Provera increases the chances of cervical cancer and breast cancer and can also cause haemorrhaging. After 30 years of scrutiny Depo-Provera is now approved by the FDA in the US.

Sterilisation: failure rate 0.4%

Surgical sterilisation is a very effective way to achieve permanent infertility.

In women, the process is often referred to as "tying the tubes," but in actually the fallopian tubes may be tied, cut, clamped, or blocked. This serves to prevent sperm from joining the unfertilised egg. The drawbacks are that it requires exacting abdominal surgery and anaesthesia, both of which carry health risks.

Surgical complications include infection and ureteric perforation.
Contraception confusion reigns

Women still are getting pregnant when they don’t want to be

ARGUS CORRESPONDENT

Johannesburg – With the choice of many pills, injections, condoms and even sterilisation, it’s easy to be confused about contraception.

Many women still complain about the limited contraceptive choices available. And when a new product comes on to the market, they will too often embrace it enthusiastically before having adverse reactions.

The most recent example is the Norplant device which came on to the market a few years ago worldwide, including in South Africa, but in the United States women who have suffered side effects have filed a lawsuit against the manufacturers.

Women who have tried the surgically implanted birth control device claim the makers failed to warn them about the severity of side effects ranging from headaches and weight gain to ovarian cysts and depression.

Norplant, used by about 3.5 million women worldwide, is a contraceptive system consisting of six matchstick-sized capsules inserted into the upper arm. The capsules release a synthetic hormone into the bloodstream that prevents pregnancy for up to five years. Now about 50,000 American women are filing lawsuits against manufacturers.

In South Africa, Norplant is available through doctors only as it requires a minor surgical procedure.

Trends in contraception use in South Africa vary, depending on a variety of factors including age and medical conditions, according to head of the Marie Stopes Clinic in Randburg, Sister Phume Mafunda.

When she worked at a Soweto clinic, most teenagers used the injection, whereas in the Randburg area most women of all ages prefer the Pill.

“Women worry about what is the right method for them, about the choices they have and whether it will work. So, it is important to inform them of all the side effects of each method,” says Sister Mafunda.

The clinic stocks up on the Pill, the loop, the injection, and condoms. They do not give women the diaphragm because that requires measurements of the cervix. The clinic promotes condom usage even when women are on the Pill as it helps to prevent AIDS and other sexually transmitted diseases.

“There is still a lot of ignorance in South Africa about contraception. People are still getting pregnant when they don’t want to be. We hear comments such as ‘it happened only once, I never thought I would get pregnant, I skipped the Pill for a few days, the side effects of the injection made me stop, then it happened.’

All this, she says, has resulted in too many unwanted pregnancies and “abortion is being abused.”

“Abortion is not a contraception, it is a last resort, we try and discourage women from aborting. But now, it’s become too easy to have one. We are performing between 8 to 12 a day.”

“The high rate of abortion is not a case of contraception not being 100% foolproof. It is more a case that people are not using it properly, they are careless,” says Sister Mafunda.

“A growing trend today is that women of the ‘90s are career oriented and do not want to lose opportunities at work by having a baby. They feel they cannot take a year off.

“Both black and white women are opting for abortions when they fall pregnant. We are seeing this more and more today.”

“We are also seeing many men, especially white men, between the ages of 28 and 45 wanting vasectomies because they can’t cope with having too many children. Some of these men have only one child, yet they want vasectomies,” says Sister Mafunda.

It’s also fashionable today, she adds, for couples to get married and decide they don’t want children at all.

Sister Mafunda’s advice to women regarding contraception is to enquire about the pitfalls and side effects of the method they are choosing.

“When you have knowledge you are more likely to use contraception effectively.”
Abortion changes many lives

Choice on Termination of Pregnancy Act benefits urban women most

By Claire Keeton
Feature Writer

For women in the first 12 weeks of pregnancy, one of the revolutionary initiatives in women's health in South Africa, has transformed lives across the country over the past year.

But it is clear that the Choice on Termination of Pregnancy Act - which has been implemented since February 1 last year - has had uneven success, benefiting urban women far more than those in rural areas.

From February 1 to September 30 last year, 9 124 women had terminations performed in Gauteng, compared to only 319 in the densely populated Northern Province.

Overall 18 346 women had terminations of pregnancy (TOPs) in that period, with the highest number in Gauteng and the lowest in 126 in North West.

Maternal, child and women's health director Dr Eddie Mhlanga says “These figures highlight the deficiencies in implementation. Access for poor, rural women is very limited.”

“TOPs are not accessible because of poor infrastructure and transport, as well as the attitude of health workers. We are working hard to improve facilities.”

Gauteng has 101 designated facilities that perform TOPs, compared to only two in Northern Province and two in Eastern Cape. This means women from largely rural provinces find the hospitals and community health centres in better resourced provinces asking for abortions.

Mhlanga says “It is too early to assess the impact of the Act but current research indicates that fewer women are coming in dangerously sick from backstreet abortions, compared with about 15 percent of deaths prior to legalization.”

Mhlanga visited the Coronationville Women's and Children's Hospital in Johannesburg to find out what is involved in the 30 or so terminations which take place there every week.

The two sisters in charge of Ward 8, where TOPs are organised, said they care for patients from as far afield as the Eastern Cape and KwaZulu-Natal, as well as coping with a steady stream of women from Soweto.

The first step in the hospital process is registration, followed by appropriate testing and a doctor's examination. Once it has been established that a woman is under 12 weeks pregnant, she must go for counselling with the social worker to discuss her options.

“We must make certain she knows what she is doing,” said Coronationville social worker Pat Abraham. A woman can decide on her own whether to have a TOP or not. Permission from her parents or partner.

Abraham said factors that influence a woman include her age, how many children she has, whether she is employed, whether she is single or has a supportive partner, and her medical and psychological health.

The doctor responsible for most TOPs at Coronationville, Dr Zandile Mokgatle, feels that “pre-counselling is crucial” and should ideally not take place on the same day as the TOP.

Mokgatle said the women she sees have different realities and reasons but many are financially dependent on men and obliged to please them.

“These women are not in control of when they have sex or whether they use contraceptives. The men rules and he often determines what a new baby is going to eat.”

She said that failed contraceptives and trauma also drive women to ask for abortions. “During taxi violence we see women whose husbands have been killed and they cannot cope alone. I also recently treated a 24-year-old student who was raped and as a result is HIV-positive.”

If the woman is three to five months pregnant, the termination is much more complicated.

The doctor will only carry it out if the woman is pregnant from rape or incest, if the health of the woman or foetus is at risk or if having a baby will cause severe social or economic problems for the mother.

At Coronationville, Abrahams does a comprehensive assessment of any woman over 12 weeks wanting an abortion, and her report stating the reasons is sent to the gynaecologist on duty.

“If there are convincing reasons, the doctors will decide to book the termination case into theatre,” she said.

TOPs under 12 weeks are a quick procedure, performed in a private ward next to Ward 8. “It is not a major operation. I have not seen many medical complications. Those I could count on one hand,” said Mokgatle.

But she warned that termination can be very traumatic for women who find it difficult to live with their choice. However, she is completely supportive of women who wish to go ahead.

“I was scared, nervous and cold. I cried before I met the doctor. Now I feel better,” commented a 40-year-old mother.

“I'm about to be a grandmother. What would I do with this child? The father cannot help me since he has many children.”

A younger mother (24) said she has two children with her boyfriend and he is opposed to a third baby. She said she was using a contraceptive pill and it failed.

One schoolgirl of 18 said she wanted to finish school and the father does not even know she is pregnant.

Mhlanga's assistant, Alinah Mabote, said the TOPs were closely related to two other priorities - women's health and the HIV epidemic. Mabote said the number of terminations was lower than anticipated.

“Alarm bells will lower the number of unwanted children. If a mother is forced to bring a child into the world, she often rejects and neglects it,” said Mabote.

But abortions are not a contraceptive method and must be accompanied by a high-powered family planning drive.

Mokgatle said TOPs were a last resort for pregnant women and she welcomed the Act for enabling them to make their own choice.

“TOPs are cross-country. No woman falls pregnant in order to have an abortion and we do not turn away anyone with good reasons.”
Cape doctors defy abortion law

DI CAELER
SPECIAL WASHINGTON

Most doctors at Western Cape state hospitals refuse to do abortions and many are breaking the law by not referring patients to other doctors.

These are the findings of a study conducted by Harvey Ward, senior registrar of obstetrics and gynaecology at Stellenbosch University medical school and Tygerberg Hospital.

Dr Ward says the doctors should be aware they could be liable for legal action by women they refuse to see as emergencies.

The study is the first to determine doctors’ attitudes to abortions since the Termination of Pregnancy Act became law in February last year.

Dr Ward found only a quarter of doctors who responded were willing to comply fully with the law.

He said he was concerned that a number of doctors were refusing to refer patients elsewhere. “This is illegal. Doctors should be informed by official protocols that they are open to medicolegal action by women they refuse to see as medical emergencies.”

Dr Ward sent questionnaires to 308 doctors at 31 Western Cape medical institutions designated by the health minister to do abortions. Of the 308, 55% responded.

The response is considered good by statistical standards.

In the first five months after abortion was legalised, an average of 10 abortions a day were performed in the Western Cape and 81 nationally. Most women seeking terminations were between 20 and 29.

In his Budget speech this week, Finance Minister Trevor Manuel said 15,545 women had had abortions under the new law so far, compared with 2,599 legal terminations in 1988 under the previous law.

Dr Ward said that although 25% of his respondents were prepared to comply fully with the act, another 25% were prepared to do abortions only under certain conditions.

“Twenty-five percent indicated selective compliance, stopping at counselling, interviewing and examining only.”

A quarter of the doctors who refused to do abortions also admitted they did not refer the patients to doctors who would, and 14% of those refused to see patients at all.

If a health worker - a doctor or nurse - refuses for reasons of conscientious objection to help a patient terminate a pregnancy,

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Women turned away as hospital doctors defy abortion law

From page 1

he or she is required by law to refer the patient to another health worker who can help.

Few doctors indicated they were prepared to terminate pregnancies after 12 weeks for adverse socio-economic reasons, “even though this is probably the most common reason for women wanting abortions.”

Only 33% of respondents indicated they would be willing to do an abortion for socio-economic reasons.

He said many of the doctors did not want abortions performed at their hospitals and 11% did not want them done anywhere at all.

“At tertiary institutions, 75% of the respondents felt that separate abortion venues and staff would be preferable. More than half the medical officers and general practitioners felt the same.”

His study also showed a significant lack of training in basic abortion procedures and counselling skills.
Deaths at birth due to lack of care

The Ministry of Health aims to reduce mortality by half by 2000

By Charity Bhengu

Today's failures in addressing issues around reproductive healthcare, combined with societal pressures on women, are some of the factors leading to maternal deaths, health experts said this week.

The Ministry of Health said out of an estimated 100 000 deaths in the country a year, about 450 were related to pregnancy.

The figure excludes women who died of unreported abortions, who became ill after giving birth and those who were killed during pregnancy.

Dr Eddie Mhlanga said, “Some of the deaths could be prevented if birth and the status of women were taken seriously.”

The ministry recently launched a Maternal Death Notification that aims to eliminate maternal deaths by causes that could be prevented.

The notification aims to create awareness about the importance of reporting maternal deaths.

Mhlanga said, “Our objective is to decrease the number of maternal deaths by the year 2000.

A National Committee of Confidential Inquiries into maternal deaths will help us gather the necessary information to achieve our goals.”

The World Health Organisation estimates that about 585 000 women, one every minute, die every year from causes related to pregnancy worldwide.

Some of these maternal deaths were related to teenage pregnancies.

The risk of dying from pregnancy-related causes is twice as high for women between 15 and 19 and five times higher for girls under 15.

Adolescent child bearing has considerable health risks such as infection, malnutrition, delayed or premature labour, ruptures in the birth canal and death for mother and infant.

These risks are even greater if prenatal care is inadequate.
Unit to probe high infant death rate

Josey Ballenger

THE Medical Research Council (MRC) has established a research unit to investigate why SA's infant mortality rate is four times higher than that of countries with comparable economies - when "easy, cheap" solutions to maternal and infant health problems are available.

"We have found that many conditions which are readily treatable and preventable, but which are still major causes of severe compli-

sions and deaths, particularly at peripheral clinics and district and regional hospitals," Prof Bob Paterson said at the unit's launch at Pretoria's Kalafong Hospital yesterday.

"Infant mortality in SA is unacceptably high and requires detailed investigation as well as scientifically based plans to alleviate the situation," said Pretoria University's medical school dean, Deon du Plessis.

Paterson said syphilis claimed the lives of 10% of babies who died in rural areas in SA, while the disease was easy and cheap to screen for - and easy to treat.

Problems in labour, which can often be identified and prevented, are responsible for 30% of deaths of newborn babies in nonurban areas.

Paterson, of the university's obstetrics and gynaecology department, will head the unit with the paediatrics department's Prof Ian Hay.

Unit research sites will include Mamelodi, Hammanskraal, Witbank and Middelburg.
The report found evidence that a woman's health and happiness are improved without restricting abortion laws, which is why it is crucial to allow for greater access without fear of punishment. The report also found that a woman's health, happiness, and freedom of choice are important. In the context of this report, the World Health Organization (WHO) said that women's health and freedom of choice are necessary for the reduction of maternal mortality and unsafe abortion practices. The report recommended that the WHO's guidelines are made more accessible to women around the world, as this will help in reducing the number of women who die from unsafe abortion, even those who have already been granted the right to access reproductive health services.
Probe to focus on infant deaths

By Mokgadi Pela

A new research unit focusing on maternal and child health has been set up jointly by the University of Pretoria and the Medical Research Council.

The unit will investigate why known solutions to health problems affecting pregnant women and infants, particularly in rural areas, are not being implemented.

It will also research ways in which effective healthcare strategies can be introduced.

The investigation will be headed by Professor Bob Paterson of the University of Pretoria's Department of Obstetrics and Gynaecology, who will work in collaboration with Professor Ian Hay from the Department of Paediatrics.

Based at Kalafong Hospital in Pretoria, the unit's research sites will include Mamelodi, Hammanskraal, Witbank and Middelburg.

"South Africa's infant mortality rate is four times higher than that in countries with comparable economies. How can it be that syphilis claims the lives of 10 percent of babies who die in rural areas in South Africa, when this disease is easy and cheap to screen and easy to treat?"

Similarly, problems in labour, which can often be identified and prevented, are responsible for 30 percent of deaths of newborn babies in non-urban areas," Paterson said.

"We have found there are many conditions which are readily treatable and preventable, but which are still major causes of severe complications and deaths, particularly at peripheral clinics, and district and regional hospitals."

"We will be exploring ways to introduce effective interventions, and hope to formulate proposals for healthcare strategies based on research results, which can be implemented by provincial and national health authorities and health workers," he said.
Abortion legal - but still a minefield

Doctors divided over new obligations to women seeking terminations

In February last year, in a storm of controversy, the Termination of Pregnancy Act came into effect and abortion in South Africa became legal. Today, just more than a year later, whether or not the storm is still raging depends on whom you talk to. In some areas, doctors are clearly still furiously debating their role in abortion law reform and arguing the merits of the act.

In others, doctors and nurses are quietly getting on with the job, allowing women the chance to choose for themselves.

Statistics show that since February 1, 1995, 9,565 women have terminated pregnancies in safe environments, compared with 2,556 legal terminations in 1994 under the previous law.

The law allows women state-funded access to safe legal abortions on demand up to 12 weeks of pregnancy and, under specific conditions which include socio-economic reasons, up to 13 and 20 weeks.

Much of the controversy that still exists centres on interpretations of a clause in the act, headed Goodness and Punishment, which says it is illegal for any person to "prevent the lawful termination of a pregnancy or obstruct access to a facility for the termination of a pregnancy".

Ms Anna M. Adams, the Western Cape's deputy director of reproductive health, said that doctors, who are anti-abortion and who refuse to refer women wanting to terminate pregnancies to another doctor who would help them, are acting illegally.

A recent survey of doctors at the 31 Western Cape medical institutions designated by the health minister to do abortions showed that a quarter of respondents, who refused to do abortions, would also not refer the patients to doctors who would.

A further 14% indicated they would not see abortion patients at all, even in medical emergencies, which experts in the field unanimously agreed was against the law.

In June last year, the South African Medical and Dental Council sent out a letter to the medical profes-
sion after considering the issue of doctors refusing to finish incomplete abortions when women arrived at hospitals as medical emergencies.

The SAMDc said it was unacceptable for these patients to be deprived of medical care.

Harvey Ward, senior registrar of obstetrics and gynaecology at Stellenbosch University medical school and Tygerberg Hospital, conducted the survey, the first to determine doctors' attitudes to abortion since the act became law. He got a 25% response, which is considered high by statisticians.

Dr Ward is of the firm opinion that the only thing the law obliges doctors to do is to treat women who are medically emergencies.

For other women wanting abortions, anti-abortion doctors have only to inform these patients of their rights and have no obligation to refer them to another doctor who will do the abortion.

His view is supported by Doctors for Life. Adriaan van Bouchn, who says his organisation, which has 130 members, supports doctors who refuse to do abortions, and claims that more than 19 doctors have continued to do abortions.

Dr van Bouchn says he has a list of doctors who will do abortions.

Another view is held by Dr Mark Mitta, a former president of the South African Medical Association, who says doctors have a duty to refer women to other doctors who will do the abortion.

 Patients with pregnancies up to 12 weeks pay R156 for short-term abortions at the clinic. The abortions are done without anaesthetics and after patients have been given non-pregnant, non-directive counselling.

Extra Seatsa: medical officer at the clinic, says abortion is available at the clinic.

Dr Wright says abortion is available for a long time to people who could afford to pay. Now, they are offering affordable abortions to everyone.

Dr Wright says the most important thing is that women going through the health system are getting safe abortions and that medical staff, in spite of conflict over the issue, know they are doing more good than harm.

There are two things everyone should remember:

"Firstly, no one on our staff is prevented from providing women with information about abortion. It is not something people enjoy, everybody has some form of conflict.

"Secondly, women have terminations are not alone. I have not seen one woman who has an abortion with any form of satisfaction. If you look at these circumstances, the majority are forced into it."

They are truly empowered.

"They can't stop fighting for their lives - that is the only bit of empowerment they have."

"We do respect people's moral objections. People must decide for themselves where they stand and if they're not prepared to deal with abortion cases then they must offer the women the opportunity to see a colleague who will."
Campaign for
safe pregnancy

(The World Health Organisation launched a
Safe Motherhood yesterday campaign in an
attempt to cut the maternal mortality rate in half
by 2000.

At a Pretoria function
to mark World Health
Day yesterday, organisation officials and local
health experts said they
regretted the fact that
pregnant women were
most vulnerable to death
in developing countries,
including SA.

Wolilo Shasha, the
organisation's liaison of-
cer in SA, said that of
200-million pregnancies
a year throughout the
world, a minimum of
885,000 resulted in
death, meaning an aver-
age of 1,600 women died
daily from complications
of pregnancy and child-
birth. The majority of
these deaths occurred in
sub-Saharan Africa and
Asia, Shasha said.

The maternal mortal-
ity rate per 100,000 live
births ranged from 27 in
developed nations to 870
in Africa translating into
or a one-in-16 risk of dy-
ing of pregnancy-related
causes.
Abortion successes welcomed

JOHANNESBURG. A total of 27 452 legal abortions have been performed in South Africa since the implementation of the Termination of Pregnancy Act more than a year ago, resulting in a phenomenal decrease in maternal deaths caused by backstreet or illegal abortions.

Gauteng deputy director of maternal health Ms Thahli Chaane said yesterday that in Gauteng alone, where 13 505 legal abortions have been performed since February last year, septic (backstreet) abortions used to be the third highest contributor to maternal deaths.

The vast majority of women who opted for legal abortions were married and over the age of 25.

"We are monitoring the situation and there is evidence that the number of backstreet abortions has reduced dramatically," Chaane said.

Chaane said that, judging by the number of abortions performed, it was clear that "this service was long overdue".

Gauteng has been the forerunner in the implementation of the act, with 22 institutions providing services.

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Older women opt for abortion

Statistics show social factors play biggest role in decision to terminate pregnancy

BY ANSO THER
Health Reporter

Most women opting for legal abortions are mothers already overburdened by a large family and struggling financially – and not teenagers, as widely accepted.

This emerged this week with the release of countrywide statistics on abortion, dealing with the period since the implementation of the Termination of Pregnancy Act more than a year ago.

Dr Carol Marshall, the Gauteng Department of Health's chief director of health programmes, said the fact that 18,297 of the 27,452 women who opted for abortion were over the age of 18 indicated that contraception was failing.

Most women who opted for legal abortions in Gauteng were found to be over the age of 25 years, and married.

"A large number of abortions are taking place because of social reasons, for instance a mother who can't cope with more children,"

Marshall said it should be borne in mind that pregnancy in a teenage girl was not always a disaster. She admitted that the low number of teenagers opting for abortion could be an indication that they were uneducated and not aware of the facilities and services available to them.

"Some young girls don't know about abortion, but we are marketing prevention of pregnancy among the youth, rather than abortion," she added.

Marmon Stevens, policy analyst at the Women's Health Project, said older women knew exactly what was happening to them when they fell pregnant, while teenagers were less in touch with their bodies and sexuality.

"A teenager might not know she was missing her menstrual period due to the fact that she was pregnant,"

Stevens said that, in some cases, inaccessible health services and unfriendly health workers contributed to teenagers' reluctance to inquire about an abortion. She believed that the need for abortions by more with teenagers than with older women.

Doctors for Life president

Out of 27,452 patients, 18,297 were over 18 years old

Dr Albu van Eeden claimed that research in the United States had shown that 96% of women had opted for abortion for the sake of convenience.

He said the legalisation of abortion had not resulted in a decrease in backstreet abortions. Van Eeden said a "girl" who wanted an abortion would not go to a local hospital.

Thandi Chaane, Gauteng Department of Health deputy director of maternal health, said there had been a "dramatic decrease" in backstreet abortions since abortion became legal.

Van Eeden said women opted for backstreet abortions "because they might meet a friend's mother or father working at the hospital".

He said counselling was not up to standard and that counsellors were uninformative.

Paul Cornelissen, managing director of Marie Stope SA - a family-planning organisation that performs abortions - said they had also found that most women who chose abortion were older. He attributed this to the fact that teenagers were less sexually active than older women.

Socio-economic factors, such as a woman already having several children, contributed to an increased demand for abortion among older women, he said
Registration of drug urged

Josey Ballenger

The registration of a stomach ulcer drug for the purpose of "ripening the cervix" — which induces labour or abortion — was advisable to encourage more ethical use, the health department's director of maternal, child and women's health, Dr Eddie Mhlanga, said yesterday.

However, Mhlanga said it appeared unlikely that the owner of the drug would want to take the political risk of registering a drug for the express use of inducing abortions.

Medicines Control Council chairman Peter Folb confirmed the company did not want this, and that the council could not overrule the firm's wishes.

The drug is not recommended for use by pregnant women as it contracts the uterus and could expel a foetus at any stage of development.

Mhlanga said public and private hospitals had for years used the drug — and other "ripening agents" — to assist in delivery and in termination of pregnancies, but warned that negligent or unsupervised use could lead to severe, even fatal, complications.

Health experts said it was common practice in SA, as elsewhere in the world, for doctors to prescribe or administer a drug "off label" (for purposes other than that which it is registered for) as long as they took responsibility for its effects.

Speaking in his capacity as a gynaecologist, Mhlanga said the drug should be used in supervised combination with other drugs or procedures as it was "not effective alone". A woman could suffer or die from excessive bleeding, infection or other complications and, if the foetus was not terminated, it could cause congenital malformations.

Folb said that the council had during the past year authorised the use of the drug in the cervix under strictly controlled conditions.

The Saturday Star reported at the weekend that many women were prescribed or illegally obtaining the drug and performing "do-it-yourself" abortions at home, without supervision or aftercare.
Over 26 000 legal abortions last year

BY CLIVE SHAYER

Legal abortions in South Africa last year totalled 26 400. Health Minister Nkosazana Zuma has told the National Assembly. Monthly abortion figures ranged from fewer than 2 000 to more than 3 000. Sixty such clinics operate in KwaZulu Natal, 42 in Northern Province, 24 in North West, 21 in the Free State, 15 in Mpumalanga, seven in Eastern Cape and three in Northern Cape.
Right to abortion to face first challenge in court

The right to abortion will face its first legal challenge next week as the Reproductive Rights Alliance and the Commission on Gender Equality join state parties in defending the Termination of Pregnancy Act.

The 1997 act is being contested by the Christian Lawyers' Association, Christians for Truth, the United Christian Action Group and Pro-Life.

The alliance and the commission's applications to be co-defendants were successfully granted last week, Loretta Perros, the alliance's legal spokesman, said yesterday. The original defendants are the national and Gauteng health departments and the Gauteng premier's office.

The Pretoria High Court will hear both sides' arguments next Monday and Tuesday to determine whether the case should go to trial in the Supreme Court of Appeal or the Constitutional Court.

The plaintiffs launched a trial action saying the act infringed on a foetus' right to life.

"Government took exception to the summons on the basis that a foetus is not a constitutional right-bearer," a legal expert said.

The defendants' other arguments would be that the constitution did not prohibit termination of pregnancy and that about 10 rights, such as freedom, security and reproductive choice, "require the state to protect a woman's right to choose," the expert said.
Abortion Act to be challenged in court
Obstacles

"To succeed in the fight for women's rights, we must change the way people think about femininity. We must create opportunities that challenge the traditional gender roles."

Claudia

Living with partners

"I have found that by supporting and encouraging each other, we can overcome the challenges that come with living together. By working together, we have been able to achieve our goals and reach our full potential."

Christian groups' plea to High Court next week could mean termination of Roe v. Wade is again declared illegal.
Christian groups want ruling on pregnancy act

Taryn Lamberti

THE Christian Lawyers’ Association, Christians for Truth and the United Christian Action Group will today ask the Pretoria High Court to set aside the Choice on Termination of Pregnancy Act — a 1996 law which gives women the right to choose to have an abortion.

The Christian groups will argue that the act violates the constitutionally enshrined right to life.

Reg Joubert, who represented the lawyers’ body at a gender debate hosted by the gender equality commission in Johannesburg on Friday, said the right to life was the “most important right” protected by the constitution.

The Christian groups’ application is opposed by Health Minister Nkosazana Zuma, Gauteng’s health department and premier’s office, the Reproductive Rights Alliance and the gender equality commission.

The act being contested, which came into effect in February last year, provides for termination of pregnancy on request in the first 12 weeks, on specific grounds between 12 and 30 weeks, and in exceptional medical cases beyond 20 weeks.

Debating on behalf of the Reproductive Rights Alliance, Cathie Albertyn said in the first year of the new law 26 406 terminations took place, nearly 50% in Gauteng.

“The majority of women requesting terminations were single and over 18. Two thirds were first trimester abortions, before 12 weeks,” she said. Reproductive Health Unit research showed many of the women were between 20 to 30, unemployed and using contraceptives at the time of conception.

“Even at this early stage of the new law, the profile of a woman seeking a termination suggests that she is doing so for socioeconomic reasons and at an early stage of her pregnancy,” Albertyn said.

The Pretoria High Court must decide if the case should go to the Appeal Court or the Constitutional Court.
Women the victims if abortion is illegal

Rightwing groups' court challenge 'a step backward'

A woman's choice: the battle over abortion is heating up as Christian groups challenge the full term of pro-life campaigns in South Africa.

However, women wishing to have their pregnancies terminated need to get it done as soon as they become aware of their pregnancies.

In South Africa, there is not enough sex education. Many women do not know how to read the early signs of pregnancy. Many more women do not have access to contra-ception and still more women find it hard to access abortion facilities, says Ms Stevens.

There are large problems with implementation. Large numbers of women are turned away from hospita-ls. They do not know how to access the system.

Other problems, she says, include doctors' versus patients' rights, with doctors not being obliged to perform terminations.

There are not enough facilities for abortions, and the old judgmental attitudes in hospitals must be changed towards an accepting environment, Ms Stevens says.

For the writer, Glenda Bateman of Reproductive Choices, terminations of pregnancies in South Africa is a lost cause as well as it should be.

Women are waisting inadequate funds, she says.

She feels the solution is to have some services because hospitals are overcrowded, understaffed, lacking in funding and are turning women away.

Doctors should not be forced to perform abortions. "They also have a choice," she says.

She feels South Africa should emulate the Netherlands, which has the lowest number of abortions in the world at five per 1,000 pregnancies.

This is attributed to an excellent reproductive education system.

The writer reproductive education, a bigger budget from Government for abortions and a more empathetic environment for abortion to take place.

The writer believes terminations are traumatic and difficult. It requires emotional support and empathy. At the present there are too many abortions, so we are still not winning the battle," she says.

Echoing Mthatha, the Health Department's director for maternal, children's and women's health, agrees that the country needs a better contraceptive system. He believes implementa-tion of abortion rights is long overdue.

"Yes, terminations are not work-ing as well as they should. There is a lot of room for improvement. We come from a long history of repress-ion where women's rights did not really exist. To change attitudes does not happen overnight, but we are winning," he says.

Mr Mthatha says the proposal for separate clauses for abortion is not a workable solution and will "fail directly into the hands of the rightwing". Clauses would then become easy targets for bombings and other attacks, the same way they have in the United States, he says.

It also separates the issue from the reproductive rights arena, he added.

Instead, Mr Mthatha advocates a more encompassing environment, which puts an end to sexists' prejudices against a woman's right to choose.

Pro-choice: 'No-one has the right to decide for you'

Kathryn, 24, years old, a teaching assistant and single.

"I had been having the pill for some time and as far as I and my boyfriend were concerned, I was fully protected. But I had a urinary in-fection and I was put on antibiotics and had apparently interfered with the protection. I was eight weeks pregnant when I found out and having a baby at that stage was completely out of the question. The over-all course was arranged and paid for by my company - cancelling at that stage, as was going on maternity leave would have been a profes-sional disaster for me."

Kathryn and her boyfriend dis-smissed the idea of abortion and both agreed it was the only course open to them. "We have talked about getting married in a few years time, but our plans were all to be forced into a family..." Termination was the only practical solution and I had absolutely no qualms about it.

Kathryn went to her doctor, who said she didn't do terminations, but gave her - reluctantly - the same name of a clinic that did. "I understood that he has the right to refuse, but I felt he was unnecessarily judgmen-tal about my wishes, particularly since he had consented to tell me that antibiotics could interfere with the pill. I made an appointment with the clinic, went in and within hours it was all over."

A year later, she has no regrets. "I'm glad I was able to make the decision and do so legally. An unwanted pregnancy can run your life, but a backstreet abortion can end it. So one has the right to decide for you."

Pro-life: 'I believe I would have regrettied it for years'

Veronica, 33, is married with three children. The youngest, two-month-old Barrie, was unplanned - and, says Helen, "almost an abortion."

"Derek and I only wanted two children and planned it that way when we were married ten years ago. Our two sons are in primary school and the plan was to have another child."

"When I found out I was pregnant, I was really upset. I didn't want to give birth to the baby and have another child."

Instead, Mr Mthatha advocates a more encompassing environment, which puts an end to sexists' prejudices against a woman's right to choose.
Reject anti-abortion case, court urged

ARGUS CORRESPONDENT

Pretoria - The defenders of legal abortion have asked the High Court here to dismiss an application by pro-life groups who say the constitution protects the right to life of a foetus.

Three Christian groups - the Christian Lawyers Association, Christians for Truth and United Christian Action - have brought an application challenging the abortion law.

The Minister of Health, Nkosazana Zuma, the Gauteng MEC for health and the Gauteng premier have been joined as defendants by two pro-choice groups - the Reproductive Rights Alliance and the Commission for General Equality.

The Christian organisations, represented by Eberhard Berlitzmann, claim the Right to Termination of Pregnancy Act is unconstitutional as it violates the foetus’s right to life.

They said in court papers the foetus qualified for protection as the life of a human being started at conception and that all human beings were protected, from conception, under section 11 of the constitution.

This states that everyone has the right to life and that includes foetuses.

In a preliminary application brought by the defendants, Wim Trengrove SC yesterday asked the court to dismiss the case as there were no legal grounds for the application.

Mr Trengrove said section 11 of the constitution did not protect the life of a foetus, as an unborn child bore no rights under the constitution.

Alternatively, he submitted the constitution protected a pregnant woman’s right to terminate her pregnancy.

“The plaintiffs claim that the foetus is a bearer of constitutional rights in the face of a firmly entrenched principle of our common law that a foetus is not a person in law and does not have the capacity to acquire rights prior to birth,” Mr Trengrove said.

The limited protection afforded to the foetus under the old abortion law did not imply any recognition of the foetus as a person in law.

If that had been the case, killing a foetus would have constituted murder.

If section 11 were interpreted to afford constitutional protection to a foetus’s life, abortion would be prohibited even when the pregnancy constituted a threat to the mother’s life.

The case continues.
Foetus not a rights-bearer, court told

Stephané Bothma

PRETORIA — The controversial issue of abortion came under the spotlight again yesterday as lawyers representing Health Minister Nkosazana Zuma argued in the Pretoria High Court that a foetus was not a rights-bearer in terms of the constitution.

Three religious groups, the Christian Lawyers' Association of SA, Christians for Truth in SA and the United Christian Action, have taken Zuma and the Gauteng provincial government to court claiming that the Choice on Termination of Pregnancy Act 92 of 1996 was unconstitutional and invalid. They claim the act violates section 11 of the constitution which reads:

“Everyone has the right to life.” Should they succeed, the matter will be referred to the Constitutional Court.

Wim Trengove SC, representing Zuma, argued that the application should be rejected. "On proper interpretation of section 11, 'everyone' means 'every person' whose protection commences at birth and not before. A foetus, therefore, is not a rights-bearer..." However, he said that even if section 11 protected the life of a foetus, its protection was not absolute. "The constitution and particularly section 12... protects the right of every woman to choose whether to have her pregnancy terminated or run the full term."

Trengove emphasised that a balance had to be struck between the protection of a foetus and a woman's freedom to choose.

Should section 11 be interpreted to afford constitutional protection to the life of a foetus, Trengove said, it would give rise to far-reaching and anomalous consequences that could never have been intended. "Abortion would be constitutionally prohibited even when the pregnancy constitutes a threat to the health or even the life of the mother, or even if the pregnancy resulted from rape or incest.

Trengove said other democracies such as the UK, the US and Canada agreed that a foetus was not a "person." Germany was the only exception.

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Foetus 'no right to life', argues state

ROBERT BRAND

JOHANNESBURG: The “right to life” clause in the Constitution does not prohibit abortion because it does not apply to a foetus, it was argued in the Pretoria High Court yesterday.

Three Christian groups have asked the court to strike down the abortion legislation that came into effect last year, which allows abortion on request in the early stages of pregnancy.

The application was brought against Health Minister Nkosazana Zuma, Gauteng Premier Mathole Motshekga and Gauteng Health MEC Amos Matondo.

The Reproductive Rights Alliance, which represents about 30 pro-abortion groups, and the Commission on Gender Equality are also opposing the application.

In papers before the court, the applicants argue that section 11 of the Constitution, which states that “everyone has the right to life”, applies to an unborn child because life starts at conceptions. The Choice on Termination of Pregnancy Act, they argue, is therefore unconstitutional because it infringes the foetus’ “right to life”.

But Wim Trengove, SC, on behalf of some of the defendants, argued that South Africa’s common law does not regard an unborn foetus as a person with legal rights, and that the Constitution should be interpreted on this basis.

Even if the Constitution did protect foetal life, abortion in certain cases would still be legitimate because a balance would have to be struck between the protection of the foetus and a woman’s right to choose whether she wants a baby or not, Trengove said.

“The plaintiffs claim that the foetus is a bearer of constitutional rights. It flies in the face of a firmly entrenched principle of our common law that a foetus is not a person in law and does not have the capacity to acquire rights or duties prior to birth.”

Although it is a biological fact that human life starts at conception, the legal question was not when life started, but when a human being acquired legal rights and obligations, Trengove said. “The common law is quite clear and unambiguous. A foetus is not a person in law and is not subject to rights and obligations.”

If, however, the court ruled that a foetus did have a right to life, that would not render the abortion legislation unconstitutional because the right would not be absolute.

The Constitution also guaranteed women the right to “bodily and physical integrity”, including the right “to make decisions concerning reproduction”, Trengove said.

The state had the right to regulate abortion, but not to prohibit it. “If the state were to prohibit abortion, its prohibition would force pregnant women to bear, give birth to and nurture unwanted children, with the associated impairment of their physical and psychological well-being.”

The applicants will present their argument today.
Foetus not a person in SA law, court told

Abortion probe told of guarantees in the constitution that protect women's rights, including their 'bodily integrity'

By Robert Brand

The 'right to life' clause in the constitution does not prohibit abortion because it does not apply to an unborn foetus, it was argued in the Pretoria High Court yesterday.

Three Christian groups have asked the court to strike down South Africa's abortion legislation, which came into effect last year and allows abortion on request in the early stages of pregnancy.

The application was brought against Health Minister Nkosazana Zuma, Gauteng Premier Mathole Motshekga and Gauteng Health MEC Amos Masando.

The Reproductive Rights Alliance, representing about 30 pro-abortion groups, and the Commission on Gender Equality are also opposing the application.

The applicants argue that section 31 of the constitution, which states that "everyone has the right to life", applies to an unborn child because life starts at conception. The Choice on Termination of Pregnancy Act, they argue, is therefore unconstitutional because it infringes the foetus's "right to life".

But advocate Wm. Trengove SC, appearing for some of the defendants, argued that South Africa's common law does not regard an unborn foetus as a person with legal rights, and that the constitution should be interpreted on this basis.

Even if the constitution did protect foetal life, abortion in certain cases would still be legitimate because a balance would have to be struck between the protection of the foetus and a woman's right to choose whether she wants a baby or not, Trengove added.

"The plaintiffs' claim that the foetus is a bearer of constitutional rights is novel. It flies in the face of a firmly entrenched principle of our common law that a foetus is not a person in law and does not have the capacity to acquire rights or duties prior to birth.

"The common law is quite clear: a foetus is not a person in law and is not subject to rights and obligations," he said.

If, however, the court ruled that a foetus had a right to life, that would not render abortion legislation unconstitutional, as this right would not be absolute.

The constitution also guaranteed women's right to "bodily and physical integrity", including the right "to make decisions concerning reproduction", Trengove added.

"These guarantees must incorporate the right afforded to every woman to determine the fate of her own pregnancy.

The state had the right to regulate abortion, Trengove said, but not to prohibit it. "If the state were to prohibit abortion, its prohibition would force pregnant women to bear, give birth to and nurture unwanted children... with the associated impairment of their physical and psychological well-being."

The applicants will present their argument today.

30 000 local women have had legal abortions

By Anso Thom

Health Reporter

At least 30 000 women have opted for abortions in SA since the implementation of the Choice on Termination of Pregnancy Act on February 1 last year.

In Gauteng, 13 500 abortions were performed between February and December. Most patients were older than 18.

Figures released by the Health Department revealed that at least 27 453 women and teenagers had used abortion facilities during the same period.

Coupled with the introduction of the act, the Department of Health and reproductive health groups have trained health workers in post-abortion counselling, which involves the promotion of contraception.

The Government, together with the Planned Parenthood Association, also ran workshops which provided health-care workers with the space to reflect on their feelings and thoughts about abortion.

Many doctors and health workers are still refusing to perform or deal with the termination of pregnancies, although 50 midwives are being trained to perform abortions.

It is estimated that about 40% of the world's population live in countries where abortion is permitted on request, while 25% live where it is permitted only if the woman's life was in danger.

Internationally, legal abortion rates range from 112 terminations per 1 000 women in the former Soviet Union to five per 1 000 in the Netherlands in 1990.

In the US, abortion rates are declining with the latest figure being 21 per 1 000 women.

In the UK, five out of every 10 pregnancies result in abortion.
Human life starts at conception, court told

Argument over when existence begins, as opponents begin battle to overturn SA women's right to abortion

By Robert Brand

South Africa's abortion legislation is the most permissive in the Western world and should be struck down because it is in conflict with the right to life, anti-abortion groups argued in the Pretoria High Court yesterday.

The Choise on Termination of Pregnancy Act allowed abortion on demand not only in the early stage of pregnancy, but right up to the moment of birth, advocate Eberhard Bertelsmann SC argued on behalf of three Christian groups that are challenging the constitutionality of the law.

The three groups - the Christian Lawyers Association, Christians for Truth and United Christian Action - have brought the action against Health Minister Nkosazana Zuma, Gauteng Health MEC Amos Masondo and Gauteng Premier Mathole Motshekga. The Reproductive Rights Alliance and the Commission on Gender Equality are also opposing the application.

On Monday, Wim Trengove SC argued for the Government that South African common law does not recognise a foetus as a person with legal rights, and that the right to life in the constitution therefore did not apply to a foetus.

Advocate Lauren Silberg, representing the Reproductive Rights Alliance and the Commission on Gender Equality, yesterday also argued in favour of the abortion law, saying it gave expression to the constitution’s protection of women’s reproductive rights and the right to equality.

The defendants have raised an exception to the application, asking the court to dismiss it without hearing evidence as it had no chance of succeeding.

Arguing against the exception, Bertelsmann said the applicants could lead medical evidence showing that life starts at conception. He also argued that SA common law had developed to where it recognised that foetal life should be protected.

The “right to life” clause in the constitution should therefore apply to a foetus.

“Life is the full totality of human existence. Conception is that full totality, not just a biological process... The full gamut of a human being is there at conception. The capacity to love, to breathe, to write poetry... those are all latent at conception.”

“The defendants say that the fullness of life is not protected by the constitution. That cannot be so.”

Bertelsmann added that even if the court did not accept that foetal life is protected by the constitution, the abortion law could still be challenged because it was “overboard”.

Although the law allowed abortion on demand only during the first 12 weeks of pregnancy, the conditions during the second and third trimesters were so easy that the law in effect allowed abortion on demand during those stages too.

The reproductive rights enshrined in the constitution are not absolute and could not override the protection of the foetus, Bertelsmann said. If the law were struck down, it would not make abortion totally unlawful.

SA common law allowed abortion for medical necessity, where the pregnancy was the result of rape or incest, and possibly in cases where...
Foetus is legal person, High Court told,

Stephané Bothma  

PRETORIA — The foetus was a legal person in terms of SA common law and it was logical that it had a right to protection, the High Court was told yesterday.

This argument was raised in a provisional application by three religious groups who seek to have the controversial issue of abortion referred back to the Constitutional Court on the grounds that the Constitution on Termination of Pregnancy Act 92 of 1996 was unconstitutional and invalid.

The application is opposed by Health Minister Nkosazana Zuma, the Gauteng provincial government, the Reproductive Rights Alliance and the Commission for Gender Equality.

Eberhard Bertelsmann SC, representing the Christian Lawyers Association of SA, Christians for Truth in SA and United Christian Action, argued that should the statute be set aside by the Constitutional Court, it would not mean that all abortions would be regarded as unlawful.

"The common law position will revive in terms of which abortion was lawful if it was necessary to save the life of the women and under circumstances where the mental or physical health of the mother was threatened or the possibility existed that an abnormal child would be born, he argued.

It is also virtually certain that the termination of pregnancies resulting from rape and incest would be allowed.

Stressing that SA's common law had developed over the years to grant a foetus legal status, he said that a variety of rights existed to which a foetus could lay claim, including the right to dignity, not to be tortured, a healthy environment and the right to health care.

"Once it is clear that the unborn child has a right to life, all other rights follow naturally."

Contending that life started with conception, Bertelsmann said "birth is not the beginning of life, it's just a drastic change of lifestyle."

He said lawyers representing Zuma and the other defendants had adopted an absolutist approach — that the mother's right to exercise a choice in terms of the constitution, which included the right to abortion, must be regarded as overriding the unborn child's right to life.

Bertelsmann said that if Zuma and the other defendants wanted to prevent the abortion issue from going to trial before the constitutional court, they would have to prove that there was no basis at all for the argument that a foetus had life and a legal persona.
SA abortion law
'too permissive'

ROBERT BRAND

JOHANNESBURG: South Africa's abortion legislation is the most permissive in the Western world and should be struck down because it is in conflict with the right to life, to which a foetus is entitled, anti-abortion groups argued in the Pretoria High Court yesterday.

The Choice on Termination of Pregnancy Act allowed abortion on demand, not only in the early stage of pregnancy, but in effect right up to the moment of birth, Eberhard Bertelsmann, SC, argued on behalf of three Christian groups that are challenging the constitutionality of the law.

The three groups have brought the action against Health Minister Nkosazana Zuma, Gauteng Health MEC Amos Masondo and Gauteng Premier Molemela Motshokgwe. The Reproductive Rights Alliance and the Commission on Gender Equality are also opposing their application.

Bertelsmann said even if the court did not accept that foetal life was protected by the Constitution, the abortion law could still be challenged because it was "overbroad".

The case continues.
Poetus versus mother

The first selves were first born alive. Our courts have always protected the right to abortion, but we cannot use this right to protect against abortion. The right to abortion is not absolute and must be balanced against other rights. The right to abortion must not be used to destroy the foetus in the womb. The right to abortion is not absolute, and must be balanced against other rights. The right to abortion must not be used to destroy the foetus in the womb. The right to abortion is not absolute, and must be balanced against other rights. The right to abortion must not be used to destroy the foetus in the womb. The right to abortion is not absolute, and must be balanced against other rights. The right to abortion must not be used to destroy the foetus in the womb. The right to abortion is not absolute, and must be balanced against other rights. The right to abortion must not be used to destroy the foetus in the womb. The right to abortion is not absolute, and must be balanced against other rights. The right to abortion must not be used to destroy the foetus in the womb. The right to abortion is not absolute, and must be balanced against other rights. The right to abortion must not be used to destroy the foetus in the womb.
Abotions to go on while jurists argue

JUDITH SOAL
HEALTH WRITER

ABORTIONS will still be available to all South African women, even if three Christian groups win the first round of their challenge to the Choice on Termination of Pregnancy Act in the Pretoria High Court.

The organisations, which argue that allowing a woman to terminate her pregnancy runs contrary to the Constitution, will not know for several weeks whether the court believes they have any grounds for action.

After hearing closing arguments yesterday, Justice S W McCreath said it would take some time to decide on the matter.

If the anti-abortionists win this hearing, the case will go to trial in the Pretoria High Court. It could take several months before a court date is available.

If the High Court rules abortion unconstitutional, the decision could be taken to the Supreme Court of Appeal. Even if the appeal failed, the law would not be changed until the decision was confirmed by the Constitutional Court — which could also take several months.

If the Constitutional Court agrees that the legislation is unconstitutional, it will probably not be overturned immediately. Parliament might be given time to remedy problems with the law.

Legal sources say the case is unlikely to succeed, and if it did it could take well over a year. Abortions will be available in the meantime.

The Reproductive Rights Alliance, one of the groups opposing the court bid, says it is confident that abortions will remain available.

"At last we have sane legislation. In the past, 425 South African women died every year after back street abortions," said national co-ordinator Cheryl Damon.

"More than 44 600 women needed emergency treatment yearly because of incomplete abortions. Women inserted knitting needles into their uteri, took herbal remedies, calv quinine, castor oil, Detox and washing blue, and injected soap water into their uteri," she said.

"Taking away safe, legal abortions will not stop terminations happening. It will just mean that more women will suffer and die. "The Constitution guarantees that women have equal status in society, so we believe that our right to abortion will not be removed."
Anti-abortion lobby must wait for ruling on pregnancy act

Stephanie Bothma

PRETORIA - The Christian anti-abortion lobby will have to wait for an unspecified period before it finds out whether the High Court believes that a case exists for referring the controversial issue to the Constitutional Court.

Judge SW McCreath yesterday reserved judgment in the challenge by the Christian Lawyers Association of SA, Christians for Truth in SA and United Christian Action against the Choice on Termination of Pregnancy Act on the grounds that the act was invalid and unconstitutional.

The lobby's application to take the abortion issue to trial in the highest court in the land is being opposed by Health Minister Nkosazana Zuma, the Gauteng government, the Reproductive Rights Alliance and the Commission for Gender Equality.

The anti-abortion group argued that life started at conception and thus termination of a pregnancy violated section 11 of the constitution which read "everyone has the right to life."

Lawyers representing Zuma and other defendants argued that a focus enjoyed no rights in terms of the constitution or common law while the constitution guaranteed a woman the right to exercise a choice, which included the right to abortion.

Meanwhile, the health department and yesterday that since abortion was legalised in SA in 1996, more than 33 000 women terminated their pregnancies.

"Rural women, however, do not yet enjoy fair access to the services. The training of registered nurses, which will start shortly with assistance from the UK, will help improve the plight of rural and poor women," the department said.

According to the department, at least 1 600 women die from pregnancy and childbirth-related complications everyday worldwide.
Abortion bar ‘would hit the rights of women’

ARGUS CORRESPONDENT

Pretoria – Outlawing abortion would be a “profound” form of state interference in the reproductive rights of women, the High Court has heard here.

Three Christian groups – the Christian Lawyers Association, Christians for Truth and United Christian Action – have asked the court to strike down the abortion legislation because, they claim, it infringes a foetus’s right to life.

The defendants – Health Minister Nkosazana Zuma, the Gauteng provincial government, the Commission on Gender Equality and the Reproductive Rights Alliance – have opposed the application, filing an exception on the grounds that it has no chance of succeeding.

Mr Justice W H McCreath reserved judgment on the exception after three days of argument. He is not expected to announce his ruling for several weeks.

If the exception is dismissed, the case will go to trial in the High Court.

Wim Trengove, SC, appearing for the Government, said in his closing argument yesterday that a woman’s freedom of reproductive choice, guaranteed in the constitution, included the option of abortion.

Outlawing abortion would be a “profound” interference in that right, he argued.

Lauren Silberg, appearing on behalf of the Reproductive Rights Alliance and the Commission on Gender Equality, said that reproductive choice implied a range of options, which included abortion.
Women urged to protect their right to abortion

Court row casts shadow on health day

Jenny Viall
Health Reporter

The most important step taken in South Africa towards women's health - their choice to have an abortion - is under threat today, international women's health day.

Mary Dyer, of the Abortion Rights Action Group, says individual women and organisations must come out in support of the new abortion law, and let political parties know their position.

"The law is the Department of Health's great success, it's about women's rights and it's a women's health issue," says Dr Dyer.

The Christian Lawyers' Association, Christians for Truth and United Christian Action this week applied to the Pretoria High Court to have the abortion law declared unconstitutional, arguing that life began at conception.

The challenge is being defended by the Prime Minister of Health, Nkosazana Zuma, the Reproductive Rights Alliance (which represents more than 30 organisations) and the Commission on Gender Equality.

About 30 000 women in South Africa have had abortions since the law was passed in February last year.

"That's 30 000 women who have had safe, early terminations, which in the end protect their health," says Dr Dyer. For about 70% of the world's women, abortion is reasonably accessible, and about 40% have access to abortion on request.

Dr Dyer says the Choice on Termination of Pregnancy Act gives all South African women, not just the rich and literate, access to abortion. And in its short life, the act, which makes abortion legal, has already changed attitudes.

"People who were set against it are now thinking about it.

"In every country where abortion has been legalised, you have to change the attitudes around it through education. This is now happening in South Africa."

The law allows abortion on request for women up to 12 weeks pregnant and allows for abortion for a further eight weeks in certain conditions.

Until the new laws were introduced, only about 1 000 women a year qualified for legal abortions allowed in special circumstances such as incest, rape or when it was a danger to the mother's life.
Abortion seen as basic right

Ban would be denial of a woman's freedom of reproductive choice, court told

By Robert Brand

Outlawing abortion would be a "profound" form of state interference in the reproductive rights of women, the Pretoria High Court heard yesterday.

Three Christian groups - the Christian Lawyers Association, Christians for Truth and United Christian Action - have asked the court to strike down South Africa's abortion legislation because, they claim, it infringes on a foetus's right to life.

The defendants - Health Minister Nkosazana Zuma, the Gauteng provincial government, the Commission on Gender Equality and the Reproductive Rights Alliance - have filed an exception against the application on the grounds that it has no chance of succeeding.

Mr Justice WH McCreath reserved judgment on the exception after three days of argument. He is not expected to announce his ruling for several weeks.

If the exception is dismissed, the case will go to trial in the Pretoria High Court.

Wim Trengove SC, appearing for the Government, said in his closing argument that a woman's freedom of reproductive choice, which was guaranteed in the constitution, included the option of abortion. Outlawing abortion would be a "profound" interference in that right.

"If the state prescribes to a woman how to exercise control over her body, it would be an infringement upon her freedom," Trengove said.

Lauren Silberg, appearing on behalf of the Reproductive Rights Alliance and the Commission on Gender Equality, said reproductive choice implied a range of options, which included abortion.

Fetus versus mother

Page 21
Anti-abortionists’ strategy avoids bloody conflict

Even if the challenge to the abortion laws fails, the opponents of abortion should have their day in court, writes CARMEL RICKARD

ANYONE wanting to attend this week’s court challenge to South Africa’s abortion laws would have battled to find the venue. Just 20 minutes before argument was due to start, word came that another court room had been allocated for the hearing because the forum initially set aside was too small.

The first room would indeed have been cramped for the three-day hearing, but few ordinary people on either side of this contentious issue came to hear the debate it was the teams of legal counsel, representatives of the parties involved and the media who filled the seats.

Despite the low-key atmosphere, the case began with a moment of potential drama. Judge Sydney McCreathe told the assembled legal teams that he was a practising member of the Methodist Church and he asked whether any of their clients would object to his hearing the matter. But no one asked that he stand down, and the case went ahead as planned.

Had the judge declared he was a practising Catholic, however, there might well have been requests that he recuse himself because of that church’s well-known opposition to abortion. Given this opposition, some questions have been asked about why the High Court challenge was not brought by the Catholic church, which tends to be more outspoken than any others about the issue. The answer is not that the bishops have changed their views on the question or that the new law has passed them by. They have, in fact, given considerable attention to the legislation, but have decided on a different strategy to oppose it.

So what lies behind this apparent lack of interest in the case? Probably the strategy chosen by the three organisations which brought the application. The abortion debate is at its most emotive when the two sides produce their respective gruesome “exhibits” — foetal limbs or women who bled to death. But neither has had a chance to do so in this case.

The three conservative Christian organisations which brought the challenge — the Christian Lawyers Association, Christians for Truth and United Christian Action — voiced their opposition to the abortion law as an all or nothing venture of principle. Abortion was unconstitutional because the foetus had a constitutional right to life. This permitted the other side to object on technical grounds the right to life guarantees of the Constitution do not extend to the foetus.

The resulting debate dealt largely with legal technicalities and constitutional interpretation rather than with the sensitive issues which might well have aroused more public interest and presence at court.

In an international context, the position of the three organisations is a radical one. They could, for example, have attacked aspects of the law and argued that it drew the line at the wrong point, that abortion in the first trimester ought to be available only on certain conditions rather than on demand, or that it should never be allowed apart from in cases of rape or incest or where the mother’s life was gravely at risk. Instead, they opted to canvass the principle that abortion is unconstitutional because a foetus has a right to life.

This is not the issue being debated in other countries which, like South Africa, have a constitution with a general right to life. There, instead of centring on the constitutional protection of a foetal right to life, the debate focuses rather on when during pregnancy and under what circumstances, abortion may be permitted.

The judge has reserved his judgment, which means it could be months before it is handed down. What should we hope for from his decision? The parties and their supporters have the answer clear in their minds. Others might be less sure. The squeamish may hope that the matter is settled at this level, and that Judge McCreathe rules the foetal right to life challenge should not proceed because there are no constitutional grounds for it to do so. Their hope might be that this would ensure the matter quietly disappears, with neither side having to display their bloody trophies, and that the conflict and acrimony associated with a full court trial on the abortion issue will thus be avoided.

But they should not be too optimistic. Judge McCreathe might rule that the case should go ahead. But even if the judge decides there are no grounds to proceed, he will merely be ruling on the case brought before him this week. There would be nothing to stop the launch of another challenge, based on different grounds, which might turn go to a full trial.

Perhaps the question of what to hope for from the judge’s ruling is even more complex. In a country where everyone has the right to freedom of conscience, religion, thought, belief and opinion, there must be a strong case for arguing that so difficult a question should at some stage be fully canvassed.

The issue of the death penalty was given a full hearing at the Constitutional Court, and how much some members of the public might disagree with the outcome they can never say the matter was not thoroughly ventilated. Similarly, those against abortion want an opportunity to convince the public — and the court — that abortion is wicked and immoral. They might yet have their chance to try. The rest of us should not begrudge it to them.
Anti-abortion groups fail to outlaw Act

‘Foetus not a legal persona’

OWN CORRESPONDENT

The Abortion Act is to remain on the statute books after the Pretoria High Court ruled against a request from three Christian groups to declare the law unconstitutional.

Judge S W McCreaath ruled yesterday that the Constitution did not regard the foetus as a legal persona.

The Christian Lawyers’ Association, Christians for Truth and the United Christian Action argued that the act was unconstitutional because life starts at conception.

They applied to have the act struck off in terms of Section 11 of the Constitution, which states that everyone has the right to life. They argued the section also applied to unborn children.

Judge McCreaath, however, upheld an exception by the national minister of health, the Gauteng provincial minister of health and the Gauteng premier, in which they argued that the Christian groups had no grounds for their application.

He said the groups had based their application solely on the grounds of Section 11.

Judge McCreaath said the question was whether the “everyone” referred to in the Constitution applied to the unborn child from the moment of conception. He said the answer depended on the proper legal interpretation of Section 11.

Judge McCreaath said it was not necessary for him to make any firm decision whether an unborn child was a legal persona under common law. He said the status of the foetus under common law was somewhat uncertain.

But, he said, he had found no express provision in the Constitution to protect the foetus. He said it was unlikely that the drafters of the Constitution would not have made provision for the foetus had it intended to protect the unborn child in the bill of rights.

He said a requirement of the Nasciturus protection rule was that the foetus be born alive.

Judge McCreaath said if the Constitution protected the life of the foetus, the foetus would enjoy the same protection as the mother. This would result in abortion being constitutionally prohibited even if the pregnancy constituted a threat to the mother’s life.

He said if the Christian groups were correct, the termination of pregnancy would constitute the crime of murder. He said drafters of the Constitution could not have contemplated such far-reaching results without expressing themselves in no uncertain terms.

Judge McCreaath concluded that the Christian groups had framed their cause of action in absolute terms—that the foetus was a person and that the act must, therefore, be struck down.

He said the groups had not suggested that there were competing rights and that a balance must be struck between the rights of a woman and that of a foetus.

The Christian groups can either approach the court for leave to appeal or bring a further application before court on different grounds, said legal counsel.
Jubilation Greet s Court Ruling on Abortion

[Image of the page with text]
Poor, black women score a victory – CGE

But pro-life lobby groups slam High Court ruling on the Abortion Act

BY CATHY POWERS

A Pretoria High Court ruling that the Abortion Act remain on the statute books was a victory for poor black women, pro-choice groups said at the weekend.

The Commission for Gender Equality said the judgment was a victory for all women, but particularly for poor, black women who had been victimised by past legislation.

But the pro-life lobby group, Doctors for Life, slammed the ruling.

"When the state reserves for itself the right to decide which human being has the right to protection and respect, it ceases to be a democratic state," said a statement.

"It negates the fundamental reason for which it was instituted, the defence of every human being's right to life," said a statement.

Mr Justice SW McCreaith last week ruled against the first attack on the Choice on Pregnancy Act – a request from three Christian groups to have the law overruled on the grounds that it was unconstitutional.

The Christian Lawyers' Association, Christians for Truth and United Christian Action in May argued that the act was unconstitutional because life began at conception.

They brought their application to have the act struck off in terms of section 11 of the constitution, which states that everyone has the right to life.

But Judge McCreaith ruled that a foetus was not a legal persona under the constitution.

If the Christian groups were correct in their contentions, the termination of a pregnancy would constitute murder.

He said the drafters of the constitution could not have contemplated such far-reaching results without expressing themselves in no uncertain terms.

The Commission for Gender Equality's Cathy Albertyn said Judge McCreaith's interpretation of the constitution served to "protect the reproductive autonomy of the majority of women in South Africa".

She said the court's recognition of our constitution showed it was committed to the eradication of gender discrimination.

Doctors for Life argued that the question of when human life begins was a scientific question, and therefore legislation must be based on sound science.

"If the court ignores science, it is apt to err," the statement said, adding that: "It is important for the court to realise that the case of the humanity of the unborn child cannot be settled unless the most recent medical evidence on the unborn child has been presented."

Christians For Truth warned that the "revulsion against the killing of babies will simply not go away, no matter how the pro-abortionist supporters try to sanitise it with arguments which dehumanise unborn babies."

The Christian groups can now appeal against the finding or bring a further application before court on different grounds.
Doctors, Reluctant to Handle Abortions
Legal system rises to the occasion

McCreath's ruling on abortion sets new parameters for women's rights

and for freedom of choice, it also showed the judge's impartiality in
his application of the law, writes Robert Brand.

Rights are conferred on birth and not before.
SA women lead the way in reducing fertility rate

And Zimbabwe zero population growth

(continued)
Some doctors and nurses reaffirm anti-abortion stance

Some are imposing their beliefs on clients seeking termination

By Asho Thor
Health Reporter

Anti-abortion groups representing some doctors and nurses have repeated their intention to refuse to take part in any abortions or refer pregnant women to abortion clinics.

The latest statements by Nurses for Life (NFL) and Doctors for Life (DFL) followed a warning by the Marie Stopes Clinic, an abortion facility, that some nurses were insisting on imposing their beliefs on their clients seeking to terminate their pregnancies and were opening themselves to possible legal proceedings.

Thami Mngoma, marketing manager for Marie Stopes, said the refusal to refer a patient to a clinic where a pregnancy could be terminated was in contravention of the law and the constitution.

Mngoma said a nurse in Bloemfontein prayed for women seeking abortions before sending them to an adoption agency. "All that is needed is to open legal proceedings against nurses in this regard is to have one highly publicised case," Mngoma said.

Dr Murishe Ledwaba of DFL said that according to legal advice obtained by DFL, health workers had the right to refuse to participate in any abortion and to refuse to furnish any information concerning the rights of the applicant for abortion.

"For a person to break the law they would have to physically prevent a person from seeking an abortion and try and make it impossible for them to obtain it from another," Ledwaba added.

He said the clause that health workers needed to refer patients for abortions, if they themselves were not willing to perform the abortions, had been scrapped from the draft bill.

Ledwaba questioned why the clinics were "suddenly so concerned about these issues. Can it be that lack of demand is having a financial impact on their clinics?" he asked.

NFL said its members would continue to resist the "slaughter of innocent unborn babies" and would exercise their constitutional right to refuse to take part in any abortion.

The body, which claims to represent "pro-life nurses", said preserving and protecting life was what nurses stood for, and not "killing the life of another human being".

The Democratic Nursing Organisation of SA said all nurses had a professional and ethical obligation, according to the Nursing Act, to nurse the patient before and after the procedure in spite of conscientious objections. "If the nurse does not have the necessary skills to counsel the patient, they should refer the person to the relevant facility," the organisation said.

Anti-abortion groups recently failed to have the choice on Termination of Pregnancy Act overturned in court.
A year after legislation on termination of pregnancy was passed, abortion remains a difficult and emotionally fraught procedure for health care workers and clients alike.

In the past few months, various NGOs have taken on the responsibility of monitoring the new abortion law's success, while remaining alert to any problems associated with it.

The Commission for Gender Equality has heard from several women who have undergone unpleasant and at times horrific treatment during a legal procedure that should be routine. Bessie Bulunga, the complaints officer for the commission, said she has received reports that "women in rural areas who go to abortion clinics are sometimes forced into signing consent forms for sterilisation."

These women are apparently talked into undergoing sterilisation — a major and permanent life decision — at a time when they are vulnerable, and perhaps not in the best position to think it through.

"We have also heard that sometimes nurses do not perform abortions on pregnant women who are HIV positive, and then they also do not refer these women to other clinics where they could go to have the procedure," Bulunga said.

Some HIV-positive women who wish to terminate their pregnancies by the fourth or fifth week, end up waiting months before they find a clinic that will accept them, and by then they may be in their second trimester, increasing the procedure's risk.

Nonhlanhla Makanya is head of reproductive health research at the Health Systems Trust in KwaZulu-Natal, an NGO that works closely with the Department of Health to analyse and solve the problems of health care delivery. Makanya's research has exposed her to some deeply distressing problems — and there are areas in which the law does not provide answers.

When the legislation was passed, much of the resulting controversy was based on emotional responses. Many doctors and nurses refused to perform the procedure as it went against their personal ethics, leaving those who were willing to perform abortions with an extra workload.

"The legislation was timely but it did not allow for the limitations of human resources," Makanya said.

She says the emotional toll is heavy on nurses who perform abortions and provide counselling daily.

"The few nurses who are willing to perform the termination of pregnancy don't have their own support systems," Makanya said. "After performing 15 abortions a day, these nurses need their own counselling. Their jobs are very emotionally taxing."

The Reproductive Rights Alliance is a large network of NGOs who work to provide information and services on contraception, parenting, and abortion. The alliance has 30 member bodies who provide a variety of services, including advocacy, challenging legislation, media communications and community education.

One alliance member, the National Progressive Primary Health Care Network (NPPHCN), devotes much time to reproductive health care education. Khathiselo Mokotele, the NPPHCN's general manager, says the focus is on empowering women and youth, so that they can take responsibility for their own reproductive health.

"We hold workshops regularly in all the provinces on termination of pregnancy," Mokotele said. "For the youth we hold workshops to teach life skills, encouraging them to prevent abuse, prevent the spread of sexually transmitted diseases, including AIDS and contraception, parenting and abortion."

"Sexually active women attend workshops on gender empowerment and are given information about the various contraceptive options, along with a list of nearby or easily accessible service providers."

"We also unpack the concept of termination of pregnancy, we talk about why it is legalised and about the hundreds of women who died during illegal operations, and we explain that while abortion is not to be seen as a method of contraception, it is an available and legal procedure."

Women who are pregnant are also provided valuable information on poor nutritional habits and how these habits affect their child.
You are murderers, abortion counsellor tells her patients

FEMIDA CASSIM

Nurses at Natalspruit Hospital in Katlehong are taking the law into their own hands by doing their best to discourage women from having abortions.

Sister Thembi Buthelezi, a nurse in the antenatal ward at Natalspruit Hospital, said she despises her job as counsellor to women who planned to terminate their pregnancies and those who terminated. She despises it so much that instead of counselling, she scares patients.

"In our culture it is a sin to have an abortion. We tell the women who terminate their pregnancies that they are murderers. We tell the young girls that they will never be married because their boyfriend will send messages that they aborted and then she will be the talk of the town," she said. "Some nurses even show the foetus to scare the person and this haunts the patient for the rest of her life," she added.

Stepping out of her office and into the foyer of the ward, Ms Buthelezi screams: "This is your chance to say your views on abortion to almost 10 nurses walking around, some of whom had just returned from terminating pregnancies. "It's a sin," says one. "We could be killing the next president or the next nurse," says another.

This infringes on the Choice on Termination of Pregnancy Act, which states that each individual has the right to be informed and have access to safe, effective, affordable and acceptable methods to fertility regulation of their choice. The State has the responsibility to provide safe conditions under which the right of choice can be exercised without fear or harm. The Act also states that the provision of non-directive counselling before and after termination must be adhered to.

A medical practitioner who does not perform his or her duty can be found guilty of an offence and liable on conviction to a fine or imprisonment for a period of up to 10 years.
Consortiums hold arrested features in front of patients.
Population - Vital Statistics
1999
Abortion cost W Cape R1,3-m in first year after legalisation

Province has country's second-highest total of pregnancy terminations

State hospitals in the Western Cape are performing the second-highest number of abortions in South Africa.

A total of 2,432 abortions were done here between February and July last year, according to Barometer, a publication of the Reproductive Rights Alliance, which is monitoring the implementation of the law on termination of pregnancy.

The rate is second only to Gauteng, where a total of 3,169 abortions were performed in the same period.

In the Western Cape in the first year of legal abortion, state hospitals did 1,731 abortions at a cost of nearly R1,300,000.

But if these had been done at a primary care level, about R252,000 could have been saved.

In an effort to save money and to make abortion more accessible, South Africa's first group of midwives has been successfully trained to perform early abortions at clinics.

The training comprises: The training of community health assistants, who are only the second group in Africa to be trained this way. The trainees are midwives from different provinces of the country.

The training is part of the National Abortion Care Programme, set up in response to the need to expand and decentralise abortion services throughout South Africa, according to the latest issue of Barometer.

The midwives, trained last November, are expected to return to their home provinces to give other midwives theoretical training.

ABORTIONS: Percentage performed per province

- Gauteng: 30.5%
- Western Cape: 12.8%
- Free State: 9.7%
- Eastern Cape: 7.6%
- Mpumalanga: 6.7%
- Limpopo: 6.1%
- Northern Cape: 1.7%
- Western Cape: 1.3%
- North West: 1.1%
- Eastern Cape: 1.0%

National comparisons: the number of abortions performed nationally between February and July 1997, and during the same months last year.

- 1996: 8,903
- 1997: 10,904
- 1998: 12,219
- 1999: 13,474

Abortionists who chose to be involved in abortions and those who refused their services were younger than 35.

Physicians will do the practical training.

Each province has started the year with two physicians, trained at least two midwives who will train others in post-abortum family counselling, and two midwives who can train others in the suction techniques.

The training curriculum has been approved by the SA Nursing Council, and Barometer says it is expected to be included as an essential part of the general midwifery curriculum and basic medical curriculum in the next three years.

In its editorial, the publication hailed the training of midwives as "a key challenge in making the abortion law meaningful and services accessible for all women."

National statistics show that in the first 18 months of legal abortion, 68.8% were done in the first trimester of pregnancy and 31.2% in the second trimester.

The age breakdown: excluding Gauteng figures - indicates that 14.3% of women asking for abortions were younger than 20.

In an assessment of access to abortion services in greater Cape Town, Helen de Pauw and Chelsea Morosini of the women's health research unit at the University of Cape Town said communication between women and medical staff needed to be improved.

Researchers collected data at 18 primary care clinics, 11 community health centres, four secondary hospitals and one tertiary hospital, all in the Cape metro region.

Dr De Pauw and Ms Morosini found that while most women went through the correct channels had their abortions done in good time, most got no counselling or information about the abortion procedure at the first facility they visited, had no knowledge of the conditions for legal abortion, and did not get counselling after the operation.

A recent three-month pilot project at G F Jooste Hospital in Malmesbury found that staff often viewed women wanting abortions as negligent.

The study found that overall acceptance of abortion at the hospital had improved, with more staff volunteering to get involved.

Management also described a change in attitude towards abortion patients.

One staff member said the group sessions had helped her to accept termination of pregnancy even though she did not agree with it.
A helping hand for pregnant schoolgirls

By STEVE DLAMINI

PREGNANT teenagers who have been rejected by their schools and communities have found a place of their own at the Pretoria Hospital School which caters mainly for young expectant mothers.

This multi-racial school, which is the first of its kind in South Africa, was founded in 1987 after a pupil who fell pregnant was expelled by her school.

They also ensure that pupils who gave birth write their examinations at home or in hospitals.

Earlier this year, an 18-year-old grade 12 pupil at Resonna High School in Soweto, caused a major row after she fell pregnant. Opinion at the school was split on whether she should attend classes in her condition. The row led to a strike by those opposed to her attending classes in her condition.

Penelope Molefe was forced to leave the school premises by her fellow pupils, teachers and principal, but a directive from the Gauteng Education Department demanded her re-admission. The pupils revolted against Penelope saying that the school was not a "maternity ward" for young girls.

The Pretoria Hospital School is offering sanctuary to pregnant pupils who are attending classes without any prejudice.

However, it is not just an ordinary school, warned the principal, Rina van Niekerk.

"It is more like a bridging school for pregnant teenagers, meant to stay away from their schools for a 12-month maternity period before their return. There is no reason why these children should be absent from school for the whole year," Van Niekerk said.

"They should come here this school is meant for them. It is a necessity for young pregnant girls who feel discriminated against by their fellow pupils at their respective schools.

The rules and procedures at the school are the same as at other schools.

The only difference is that all the girls are pregnant and they are not in school uniforms and that the enrolment of these children is indefinite.

During enrolment, a fee of R190 a month is required and an additional fee of R60 for pupils registered for typing, computer and other commercial subjects.

Van Niekerk said that although the school's main focus was on pregnant school children, it also catered for rape victims (scholars), pupils with mental disabilities and scholars who are out of school due to serious injury owing to accidents or sports injuries.

She said pupils with psychological problems were situated at the premises of Pretoria's Westkoppies Hospital.

"Last year we had one pupil who was injured in a rugby match. If any of our pupils give birth during the time of the exams, special arrangements are made in order for them to write the paper at a later stage. They can write a supplementary paper if they want to."

The school offers 14 subjects including maths, science, biology, history, languages, economics, home economics and typing.

Although the school falls under the Gauteng Department of Education, it caters for pupils from all provinces.

There are currently 45 pupils and 13 classrooms. The staff consists of one permanent teacher and two temporary teachers.

"We have requested the department to provide us with at least one teacher who can assist us with African languages. So far, these requests have had no success," Van Niekerk said.

An 18-year-old teenager who is three months pregnant told City Press that she came to the school after she was discriminated against by some pupils at her school.

"The school is brilliant. We receive more attention from teachers than we did at our own schools. We like it here," she says with a smile on her face.

Shelly Mabusela, deputy chairperson of the Human Rights Commission, welcomed the school with open arms.

"This school is another way of dealing with pregnancy at schools as long as the school policy is not discriminatory," Mabusela said...
Disagreement over new sterilisation laws

A meeting was held at Valkenberg Psychiatric Hospital yesterday to discuss the new legislation which came into effect in February. Since then the number of legal voluntary sterilisations has ground to a halt.

In 1997, 202 involuntary sterilisations were performed; in 1998, 201. Since February only two cases have met the criteria for consideration under the new laws and neither has been approved yet.

Marie Adamo of the Department of Health said: "One of the biggest differences is that the law will not allow teenagers under 18 to be sterilised unless their health is in danger. This doesn't always go down well with the people who look after them, but we believe it is crucial to protect their rights."

Under the new laws, sterilisation can only be performed without the person's consent if a panel of three mental health workers agrees that:

- There is no other safe and effective method of contraception for the person.
- The person is unable to make decisions or judgments about contraception and sterilisation.
- The person will be unable to fulfil their parental responsibility to a child.

Anyone who works at the institution where the person lives or who stands to gain financially from the operation may not sit on the panel.

The law aims to guard against a repeat of what happened in Sweden when more than 60,000 people were forcibly sterilised between 1936 and 1976.

"It is a very strict bill. The criteria are tightened significantly," said Zabow, "but there are problems with it."

Those who attended yesterday's meeting - mostly psychiatric workers - didn't agree on what those problems were.

Veteran health worker Eleanor Nash felt the criteria were too strict. "What about the youngsters who are completely distressed by menstruation and think they are dying when they bleed?"

Valkenburg's Sean Kaliski asked whether forced sterilisation could ever be ethical. "The thought of taking someone into theatre, anaesthetising them and then sterilising them when they don't even know what is happening is not a comfortable one," he said. "After all, how can you prove that there isn't another effective method of contraception in a time of contraceptive injection?"

Psychiatric consultant Nick Shortall, who sits on the panel which decides on sterilisation, said that the contraceptive injection wasn't always the answer.

"It just doesn't work for everyone. You need someone to make sure that the person gets their injection every three months."

Kaliski: "So should we legislate because people don't have proper supervision?"

Shortall: "But that is the reality?"

Kaliski: "Perhaps it is an infringement of rights."

Shortall: "Then we would have thousands of unwanted children who were not properly cared for."

But Shortall agreed that the process was flawed.

"Sometimes the patient says she wants to have children, but you have to decide whether she will be able to. At the end of the day it is the grandparents who will have to look after the child and they should have a say."

"But it isn't an easy situation. It's like playing God - there is no acid test to show whether you are right or not."