

# POPULATION - VITAL STATISTICS

FEB '1975 - June '77

HANWARD 2 Q column 140-141

14 February 1975

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Family planning staff/subsidies

\*42 Mr G B D McINTOSH asked the Minister of Health

What amounts were spent by his Department during the past three financial years on (a) the training of family planning staff, (b) the salaries of such staff and (c) family planning subsidies to (i) local authorities and (ii) the homelands

The MINISTER OF HEALTH

- (a) Since separate statistics were not kept the amounts are not identifiable,
- (b) the amounts in respect of 1971-'72 and 1972-'73 financial years are not identifiable. For 1973-'74 the amount was R64 175 in respect of subsidized posts. Expenditure in respect of departmental staff is not identifiable,
- (c) (i) the amount for 1971-'72 is not identifiable, in 1972-'73—R558 047 was spent and in 1973-'74—R1 222 432 was spent,  
(ii) statistics are not available as family planning services in the homelands are rendered as an integral part of the comprehensive health services

When the family planning programme was initiated expenditure was not accounted for under the items now requested as it was then part of services

rendered in terms of section 17 of the Public Health Amendment Act, 1946

\*43 Mr G B D McINTOSH—Reply standing over

HANOSARD 2 Q column 142.  
14 February 1975.

Orders of divorce ✕

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

**Question:**

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

**Reply:**

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

	Whites	Coloureds	Asians
1969	7 262	747	160
1970	7 748	753	143
1971	8 240	886	163
1972	8 432	900	187
1973	8 890	1 212	135

Statistics in respect of Bantu divorces are not compiled

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HANSARD 4

Q. column 318-319

28 February 1975.

Life expectancy statistics

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\*21 DE A I BORVINI asked the  
Minister of Statistics

(1) (a) What are the latest life expectancy statistics for White, Coloured and Asian males and females, respectively and (b) in respect of what year are these statistics given,

(2) when is it expected that life expectancy statistics will be available in respect of Bantu

#### THE MINISTER OF STATISTICS

(1) (a) Life expectancy at birth in years

	Males	Females
White	64.50	72.28
Coloured	48.84	56.09
Asian	51.31	63.87

(b) Period 1964-1971

(2) Life tables are based on birth, death and population census data. The registration of Bantu vital events is still incomplete. Therefore life expectancy for Bantu will not be calculated until the registration of Bantu births and deaths is more complete.

17AUS.ARD 12

Q 839  
29 April 1973.

**Birth-rate in South-West Africa**

\*12 Mr G W MILLS asked the Minister of Statistics

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

The MINISTER OF STATISTICS.

Birth rates per 1 000 population			
Year	Whites	Coloureds	Natives
1970	26,4	38,2	not available
1971	28,4	38,9	not available
1972	26,4	40,9	not available

Date in respect of Whites and Coloureds for 1973 and 1974 are not available as yet

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HANSARD. 13 Q. columns 900-901.  
6 May 1975.

✓ Report on divorce by Commission for  
Family Life

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\*20 Mrs H SUZMAN asked the Minister of Social Welfare and Pensions

- (1) Whether he has received a report from the Commission for Family Life on its inquiry into divorce if not, when is it expected that the report will be submitted if so
- (2) Whether the report will be published, if so, when,
- (3) (a) when did the Commission begin its inquiry and (b) what has been the cost of the inquiry to date

The DEPUTY MINISTER OF SOCIAL  
WELFARE AND PENSIONS

- (1) Yes
- (2) No, not at this stage. It has been mutually agreed that certain aspects of the matter will receive further attention by the Commission. In addition, the subject of the Commission's inquiry is very much concerned with the law of divorce which, now that a South African Law Commission has been established, could probably more appropriately be dealt with by the latter Commission. Discussions between representatives of the two Commissions have accordingly already taken place but further discussions would appear to be necessary.
- (3) (a) December 1967. It must, however, be pointed out that the Commission which is a statutory

body established under the National Welfare Act, 1965, had to conduct the inquiry mostly in the normal course of its activities.

(b) Approximately R2 692

Reply standing over from Tuesday, 29  
April 1975

HANSARD 16 Q 1056 - 57

27 MAY 1975

Bantu children: Births/deaths X

The MINISTER OF STATISTICS replied to Question \*23 by Dr A L Boraine

**Question:**

- (1) How many Bantu births were registered in the last year for which statistics are available,
- (2) how many deaths of Bantu children aged (a) under one year, (b) one year, (c) two years, (d) three years and (e) four years were registered in the latest year for which statistics are available,
- (3) in respect of what years is the information given,
- (4) what is the estimate of his Department in approximate percentages, of the degree of completeness of registration of Bantu (a) births and (b) deaths

**Reply:**

- (1) 322 431
- (2) Statistics on the deaths of Bantu children according to age are not available
- (3) 1 April 1974—31 March 1975
- (4) (a) Varies between 30 and 50 per cent from year to year  
(b) Approximately 60 per cent for period 1970-1974

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HANUSAKO

~~H228~~ 18

Q 1128.

10 June 1975.

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X White illegitimate births

The MINISTER OF COMMUNITY DEVELOPMENT (for the Minister of Statistics) replied to Question \*5, by Mrs H Suzman

**Question:**

(a) How many White illegitimate births were registered during 1974 and (b) in how many cases was the age of the mother below 18 years

**Reply:**

- (a) Latest data available 1972 2 697  
(1971 figure was 2 634)
- (b) Latest data available 1971 375



Natal Mercury 19/6/75

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Report by African Institute

# Flaws in survey on

# Black worker

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

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

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

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

## DUALISM

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

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

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

The study then states "South Africa's labour

history is largely a struggle to replace this convention by a pattern of remuneration and employment that reflects actual achievement while at the same time preserving industrial peace"

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

In fact, in terms of the Industrial Conciliation

could have been done in the field of education and training to expedite occupational change is a moot point"

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

Then Minister of Native Affairs, Dr. Verwoerd said Africans

By **TIM MUIL**  
African Affairs Correspondent

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

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

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

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

The authors then claim "Whether more

highly responsive to them White unions have helped to shape the Government's stance and hence legislation

Turning to wages, the authors contend that the wage disparities stem from a skills disparity. While justifiably adding that nobody should be paid more than he is worth in terms of productivity, their argument implies no political or racial element in the current wages gap.

Other academics believe that the disparity in earnings does have a racial factor, and it was pointed out recently that in Europe and the United States the unskilled to skilled wage ratio was about 1½ to 1. This book quotes figures of 3,18 to 1 for Whites and Blacks who are both unskilled.

In effect this study is saying that because the average White earns 5½ times more than an African, he is 5½ times more skilled. There are hosts of reasons for not having skills, and the authors themselves concede that most Whites are overpaid

## EDUCATION

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

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

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

They do not, for instance, show that the average amount spent educating Whites is about R480 a year while

that for each African about R27 While the enumerate the trade and technical schools available for Africans they not show that the figures are times smaller White population has almost eight times more technical and trade schools than colleges

Finally, the African Institute's review on the book's dustjacket decries the "simplistic view of the situation taken by journalists," and the study has no fewer than 31 Press references and quotations.

# New city aid to family planning

W/E ARGUS 19/7/75

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

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

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

A doctor and two sisters will be in permanent attendance.

Family planning clinics which operate in or near the city centre are located at Somerset Hospital's

Shipleys Outpatients Department and H floor at Groote Schuur

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

Advice at the clinics is private and free. Supplies are free and no hospital folders are necessary, the doctor said.

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

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

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

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

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

In these cases, said the official, the women, if they were working, were

# Unwed mother

## total *Cape Times 24/7/75* soars

made to contribute equally to the maintenance of the children

Athlone officials who handled up to 30 cases a day agreed that the relative freedom from parental control of young

Coloured girls was the basic reason for the soaring rate of illegitimacy

Most of the teenage mothers, whose ages ranged from 13 to 19, came from decent homes,

they said.

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

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

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

The problem then landed up in the laps of officials, who had to force unwilling fathers to pay maintenance, with the biggest losers being the children

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**LONDON** — A slashing article in the British weekly magazine *New Society* says South African women are deprived of choice over the manner in which their children are born.

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

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

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

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

#### WAR DEAD

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

Miss Kitzinger appears to favour "natural" child-birth and says that the most progressive thinking is being done, not in the clinical, White maternity hospitals where "obstetricians follow the fashions of their American counterparts, since

they often have at least part of their professional training in the United States," but in Black clinics where women hang on to rope tied to beams while in the last throes of labour.

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

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

She claims to have seen a White woman suckling a child, painting her fingernails and listening to the radio: "they're spoiled little rich girls here."

# Too much sickness among Africans — professor

Staff Reporter

PROFESSOR H. SEITZ, professor of African Medicine at the University of the Witwatersrand, said yesterday there was far too much sickness among Africans.

He was speaking at the jubilee congress of the South African Society of Physiotherapy at the Institute for Medical Research in Johannesburg.

He said there was no precise figures for disease among Africans, but there was no doubt a good deal of sickness. He pointed out that in the rural and home-land areas the infant mortality was 140 in every thousand people. The figure for the rest of South Africa was 20 in every thousand.

## SURVEY

Prof Seitz said one survey in the Transkei showed that eight per cent of adults X-rayed showed some evidence of tuberculosis.

In the urban areas hygiene among Africans was higher, but the incidence of malnutrition and other infections was still too high.

Even in the cities the incidence of diseases among Africans was still four times that of Whites.

Africans in cities were plagued by disorders associated with the Western way of life, "or better, the Western way of death".

In some cases Africans suffered more from these diseases than Whites. These included high blood pressure and strokes, and heart and kidney failures.

Hypertension was the principal cause of death among Africans in Johannesburg, he said.

The deplorable lack of amenities and outlets for Africans left two avenues open to them — sex and drink. Sex resulted in the spreading of gonorrhoea and illegitimate babies.

Tobacco and alcohol swallowed a major proportion of the city African's income, he said. The consequences were that the worker's family suffered poverty, especially among migrant labourers.

## FACTORS

Social and economic factors were the root cause of disease, including the maldistribution and in-

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See also HEALTH - General

# Income 'key to curbing baby boom'

STAR 29/7/75

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

Professor B. J. Piek, in his inaugural lecture as professor of sociology, said this could be achieved without resort to communism. More training and employment opportunities can create an individual striving towards self-improvement and upward mobility," he said.

"This runs counter to the Marxist ideal of class solidarity as the essential motor of revolution."

Prof. Piek pointed out that whereas the population growth rate in developed countries was only one percent a year in the third world it increased to 2.3 percent.

## LOW STANDARDS

This meant that two-thirds of any investment in these countries served only to maintain the already low standards of living, only one-third produced any real improvement.

Yet, the professor said, the antagonism displayed by the underdeveloped countries towards curtailing their population growth has been actively encouraged by the Soviet Union and communist China.

"They probably hope for the mobilisation of this ever-growing proletariat towards a communist takeover."

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

# Sex lessons for maidservants?

Cape Times 3/17/75

DOCTORS, clinic workers and a spokesman for the Housewives' League said yesterday that domestic servants needed sex education and if white "madams" were to inform their maids about contraception, the illegitimate baby birth rate would drop.

Reacting to a recent report on the soaring rate of unwed mothers in the Peninsula, the medical and social experts interviewed agreed that most of the unwed

mothers in homes in and around Cape Town were once maids in white homes who were allowed to have sleep-in visitors. Mrs. J. C. Golding, matron of Nannie Huis, Athlone, confirmed that most of the girls, wanting out of their pregnancies in her home had boyfriends who visited them regularly in their servant's quarters. Once in trouble, the girls were inevitably ditched by their lovers. "These men get off scot free. Our hands are tied when it comes to helping pregnant girls to establish responsibility," Mrs. Golding said.

She recently spoke to white employers on the problems they faced with overnight visitors in their backyards. "But what I've discovered from these women is that most girls applying for jobs aren't interested if they can't have friends, as they wish," she said.

A special department to help track down these "reckless" fathers would not be a bad idea. They should at least help out financially." A spokesman for the Housewives' League described the domestic servant as the "loneliest person in the world".

Maid's needed company. "Not that I advocate having them in and out of bed with everyone who comes along, but there's no way to keep boyfriends out. And the transport system is such that it's often easier to spend the night. There's your problem."

Madams should talk to their maids on employment and inform them of clinics where they can get advice — and even s down and discuss method of contraception with them. "Most of these girls are decent types, but who

they come in from the country areas, they are often easily misled. And what they know of contraception is generally nothing." A spokesman for a home for unwed mothers in Cape Town said the situation was "chronic". Many girls had to be turned away because of space and staff problems. Their plight was often more serious "than any of us could imagine. Nobody wants them. Often not even their families".

# Munnik calls for Coloured birth control

ARGUS 5/8/75

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

Speaking in the Budget Council, he said the myth that the Government encouraged family planning was nonsense. The Government was concerned with the welfare of the Coloured people, but it could not afford to

pay for the population explosion, he said.

He called on Coloured leaders to encourage birth control among their own people. Only in this way could the shanty-towns of the Cape be eliminated.

Referring to an Opposition call for the elimination of influx control, Dr Munnik said the Coloured

migration to the Peninsula showed what could happen without this sort of control.

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

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

## SALARIES

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

'Attack us if you think we are not doing it fast enough, but realise that we cannot do it overnight. The Whites, the Coloured and the Africans know this,' he said.

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

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

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

However, all South African municipalities would have to be prepared to 'tighten their belts' in



# Shortage of Cape nurses

ARGUS 7/8/75

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

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

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

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

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

## WHITE POSTS

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

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

Reacting to comments on the family planning advice service offered by his department, Mr Loubser

said good progress was being made but that success could only be achieved with the co-operation of every person in the Cape.

The Coloured population of the Cape was growing at the rate of 3,7 percent

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

## Plea for non-White hostel

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

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

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

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

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

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

## Television for nurses

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

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

Black

doctors

*Cape Times*  
need 22/8/75

facilities

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

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

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

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

● Professor Spencer said the pill had changed social mores, and added to promiscuity, extra-marital infidelity and venereal disease. "It has not done much to drop the world reproduction rates, as it does not adequately reach those people of the world who need it most."

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Health Disease

Daily Dispatch  
**Republic's population**  
**up 2,60 per cent** 26/8/75

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PRETORIA — South Africa's total population last year was 24 936 000, an increase of 2,60 per cent over the 1970 census figure, the University of South Africa says in a report published here.

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

The white population recorded the smallest growth rate in 1970, the university reports. It increased to 4 185 000, a rise of 2,04 per cent.

The other populations, with percentage increases, were blacks 17 761 000 (2,72) Coloureds 2 307 000 (2,69)

and Asians 710 000 (2,56).

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

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

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

The white population of Newcastle increased by 7,33 per cent from 1970, when the last official census was taken, to 1974, the report says. The population of Richards Bay increased by 7,02 in the same period.

The report estimates the population of Johannesburg at 1 528 000, an increase of 1,44 per cent over the 1970 census figure. The white population of Johannesburg increased by 1,1 per cent to 510 000.

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

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

The highest growth rate in the homelands was recorded in Basotho Baborwa (Asotho Qua Qua) in the Free State, where the population increased by 45,9 per cent since the 1970 census.

The highest average growth rate for the total population in each province was in the following regions:

Cape Province — Northern Cape, which includes Sishen, where the construction of the rail-link contributed to the growth rate;

Transvaal (white areas) — Northern Transvaal, including Pietersburg and Letaba, including Phalaborwa;

Natal — the white areas of the Magisterial Districts of Estcourt and Kliprivier.

Free State — Sasolburg.

S.A.P.A.

# 'Suspicion' in family planning advice

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

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

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

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

Much of the effort put into family planning motivation was wasted because it was made by people who gave the impression of being condescending and giving unwanted advice to people they considered inferior or irresponsible.

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# Bantu Law and the African woman

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STAR 21/10/75

African women married under Bantu Law are better off than White women in one way: they have a right to maintenance even after their husband's death.

This was pointed out by Mrs J Church of the University of South Africa's law faculty when speaking at the National Council of Women's seminar Women and the Law at the weekend.

A White woman, Mrs Church pointed out, who was married out of community of property (with an ANC) has no claim against her husband's estate for maintenance, although her children do.

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

## Rejected

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

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

One effect of this is

*The African woman is losing the protection she once enjoyed, reports VIVIEN ALLEN from Pretoria.*



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(238)

to make the African woman a perpetual minor, subject to the guardianship of her husband during his lifetime and to that of his successor — possibly her own young son — after his death. Under Bantu Law the death of one of the spouses did not necessarily mean the end of the marriage. If the husband died, one of his brothers took on the wife, and continued to raise children by her. This is the "levirate," a practice known in many parts of the world, including ancient Jewry. Not so well known, however, was the practice of sending a "seed raiser" as a substitute for a wife who had died. Mrs Church said that

this is common among the Sotho. The "little sister" is sent to the husband. Sometimes he would send a beast or two as a present to his wife's family, but this was not lobolo, nor was it a new marriage. The same one continued with a substitute. This is also the case when a widow is handed over to her brother-in-law. While this might seem to give the African woman considerable protection, in fact under Bantu Law she could be divorced at any time whether or not there was good cause. She could similarly divorce her husband. Whether the lobolo is returned to the wife's family depends

on what the grounds for divorce are. It was a complicated matter which could lead to litigation, though in practice it was often settled between the families concerned. Lobolo is the basis of customary marriage and not necessarily a bad thing. It links two families together and as a result, the widow remains a member of her husband's kraal and shares in its property. The urban widow, however, could lose her right to remain in the township, or to keep the house she lived in. with the crumbling of their traditional society, African women are losing out and are no longer receiving the

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(2) 237  
(3) 238

# BUILD BIGGER FAMILIES' URGENT PLEA

The Argus Religious Affairs Correspondent 28/10/75

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

The synod had before it a report of its commission on Protestant Action. This said if present tendencies continued, within 45 years the Roman Catholic Church will be, if not the largest church among Whites, numerically the strongest church. It would also be stronger than any of the Afrikaans church among the Black population.

### IMMIGRANTS

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

Synod 'noted' most of the contents of the report, but in introducing a motion on the subject, the Rev O. S. H. Raubenheimer of Stellenbosch said: 'The writing is on the wall. My people and

my church cannot just note these things.'

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

### FAMILIES

Mr Raubenheimer's motion, carried without dissent or further debate, said: 'In its households to take seriously their responsibility in respect of the building of families.

'It makes an urgent call on its congregations to use all possible ways and means to incorporate immigrants in our "volk" (volksgeledere) and church'

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

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

Mr Bam said that 'in a time of peace' one could afford arguments with one's friends, but a house divided could not stand against a strong enemy. At present there were forces opposed to the whole Church of Christ, whether Protestant or Catholic

### 'LOOK ANEW'

'We must look anew at what binds us and what divides us from Rome,' Mr Bam said 'Do we have a common foe, or just another foe?'

Mr Bam said Protestant action should be directed at evangelising people for Christ rather than 'converting Roman Catholics'

## Synod is told of settlers' attitudes

The Argus Religious Affairs Correspondent

IMMIGRANTS did not understand Afrikaans culture and they found the policy of separate development unacceptable, according to the Cape Ned Geref Kerk commission on Protestant Action.

'The large inflow of immigrants, which may be seen as part of the outward policy, will promote great social changes in South Africa,' said the report, which came before the Cape synod of the Ned Geref Kerk in Cape Town today.

It estimated that only 5 percent of immigrant children went to Afrikaans schools.

'It is today not possible to find immigrants who speak Afrikaans or who know and understand Afrikaans culture. Even the people from a "stamland" such as Holland have an approach to life, religious constitution and social customs that differs radically from that of the Afrikaner,' the report added.

By HOWARD LAWRENCE *SUN TIMES (Extra) 9/11/75*

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**COLOURED women in many parts of South Africa are being told by Administration of Coloured Affairs officials that they will not be given maintenance grants unless they have certificates to prove they are taking the pill.**

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SURNAME: .....

FIRST NAME: .....

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Mr Norman Middleton ordered an investigation.

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

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

The issue was first brought to the attention of Mr Middleton by Mr P

T Sanders, Free State leader of the Federal Party who tabled a question in the recent CRC session in Cape Town.

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

He also wanted to know when this requirement came into force and if it applied to White women as well.

**Reply**

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

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

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

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

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

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

**Names**

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

Mr Middleton said he asked the Director of Social Welfare and Pensions, Dr Le Roux, for an "explanation" and that Dr Le

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Roux replied in a letter that the instruction for applicants for maintenance grants to attend health clinics was issued by the Administration

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

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

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

Degree for which registered (e.g. B.A.) .....

Courses already completed: Please indicate SURJ

ECONOMICS

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Courses being taken this year:

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Signed .....

Date .....

Name of school:



# Children

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in 300

STAR 11/11/75

## homes

Homes have been given to about 300 married couples — on the understanding they will not live with their children.

The couples have to give an undertaking before taking up tenancies in Vosloorus township, Boksburg. If children are born, or come to live with them, they have to quit their homes.

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

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

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

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

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

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

Mr A Marks, an official of the East Rand board, said the housing units were built for couples only. The people who lived there were staying on the understanding that they would not live with their children.

He was unaware of any of them being given notices to vacate by the end of the month, and he promised to investigate the matter.

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~~(1) 127~~

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(3) 938

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# Family planning costs up

ARGUS 21/11/75

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

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

Of this amount, R181 000 will be spent on the council's Child Health Service. The biggest single item in the child health vote is the purchase of milk powder, on which an estimated R95 000 will be spent.

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

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

# MoH on poor Coloured conditions

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

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

Dr Langerman goes on: 'A section of them (the Coloured people) are skilled tradesmen and earn good wages, but the majority are unskilled labourers and many of the men earn less than R20 a week in full employment.'

### INCOME

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

The Coloured make up the majority of the residents in Cape Town. In 1974 there were 246 200 White people, 443 710 Coloured people and 95 000 Blacks living in the Peninsula.

### MALNUTRITION

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

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

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

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

### HOUSING

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

The report says the various sections of the community are 'to a great extent inter-mingled.'

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

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

### MORTALITY RATE

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

However, 526 Coloured babies and 296 Black babies under one year died in the same period.

The death rate for every 1 000 live births is 120 for Whites, 389 for Coloured people, 687 for Blacks and 291 for Asiatics

The principal cause of death among non-Whites is gastro-enteritis. Among White babies it is prematurity

*Health + Disease - Nutritional Disorders*  
334  
124  
85  
~~Health + Disease - Venereal Disease~~  
238

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ARGUS 4/12/75

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# AFRICANS TURN TO FAMILY PLANNING

The Argus Bureau

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

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

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

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

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

It was important to understand that this was a service providing information and supplies on a wider basis than was formerly possible. Where previously people who wanted to practise family planning had to go to a doctor, now they could go to a clinic where specially trained nurses could

advise and supply them. This meant that more people could be reached and helped, particularly in the rural areas.

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

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

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

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

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

2/1/76

# Spotlight on abortion beliefs

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

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

It deals with.

- their reasons for wanting an abortion,
- their problems in obtaining one;
- their emotions afterwards.

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

## Effects

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

"What negative reactions they did have, were short lived, and the result

to wait for three to five days before going into hospital

Although their abortions too were shrouded in secrecy, they were treated with respect by hospital staff, and they didn't suffer from physical complications afterwards.

Most of the women were under 25 years of age, five of them single, four of them married, one was living with a man

At the time of conception, nine out of the 10 were not using any reliable means of contraception. The main reason they all gave for this was negligence

interplay of questions and feelings on the subject

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

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

Miss Steingold said the reasons the women wanted abortions included having too many children to cope with already, and not being old enough, responsible enough or

emotionally mature enough to cope with a baby

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

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

"The only feelings of guilt they had were that they had committed an illegal act, and the police might catch up with them." Miss Steingold said

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of circumstances surrounding the abortion rather than the abortion per se," she said

The 10 women, all South Africans, had their abortions here with the exception of one who went to England

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

**Conditions**

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

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

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

Those who had clinical abortions had only

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

**Problems**

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

"But not everyone who asks for an abortion really wants one

"Women who are faced with an unwanted pregnancy need professional help and counselling to enable them to come to a decision about terminating it"

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

**Relief**

"They found their talks with me a tremendous relief I organised a group discussion with several of them, and they exploded into a dynamic

**Thesis bears out research**

"This thesis bears out similar research which has been done overseas," says Mrs Kim Tedder, head of the Transvaal branch of the Abortion Reform Action Group.

She quoted a study done on National Health Pregnancy terminations at St Mary's Hospital Medical School in London

This particular research revealed

● To those distressed by unwanted pregnancy, abortion usually brings quick, substantial and lasting relief

● Feelings of regret, self reproach and guilt have been found to be present in about 20 percent of cases, but it appears that such feelings are mild and transient

● Emotional distress is more likely in those who have abortions after foetal movements have been felt, and maternal feelings aroused

● In those who are temperamentally un-

stable, continuation of an unwanted pregnancy is more likely to have adverse effects than is therapeutic abortion

● Therapeutic abortion has serious mental sequels in about two percent of cases

This study appeared in the Journal of Obstetrics and Gynaecology of the British Commonwealth, August 1974

"As you can see this sort of research has been going on for some time overseas," said Mrs Tedder

She mentioned an even earlier study done in the United States in 1969

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

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

"And even then there are problems when obtaining a legal abortion"

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Hansard 5 27/2/76 col 417

**Illegitimate births**

382. Mr. G. N. OLDFIELD asked the Minister of Statistics:

What was the number of illegitimate births in the Republic in respect of each race group for each year from 1972 to 1975.

The MINISTER OF STATISTICS:

	Whites	Coloureds	Asians*
1972	2 697	32 554	1 513
1973	3 691	34 389	2 144
1974	3 529	32 932	2 981
1975	Not yet available		

\*Number of illegitimate births in respect of Bantu not available.

By PETER MASON

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

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

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

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

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

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

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

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

Also being studied in Pretoria are plans to:

- Set up special Family Courts to deal with all matrimonial matters, including divorce, maintenance, custody of minor children, adoption and illegitimacy
- Abolish judicial separations and orders for the restitution of conjugal rights
- Refuse divorces to couples who have

# NEW DEAL ON DIVORCE

## Legal chiefs plan sweeping reforms to tidy up out-of-date laws

been married for less than two years.

- Award custody or guardianship of a minor child to a person who is not a parent.
- Refuse a divorce unless the court is satisfied there is no reasonable prospect of an enduring reconciliation.
- Ban the publication of divorce cases in certain circumstances.

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

Welfare and Pensions.

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

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

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

The latest proposals follow the submission to the Department of Justice last February of a 3 000-page blueprint for divorce law reform, drawn up by the four-province Association of Law Societies of South Africa.

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

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

The mountain of memoranda also recommends:

- Abolishing the concept of marriages in and out of community of property. Under the proposed new law all marriages would be in community of property
- Protecting the wife's share of the joint estate — whether or not she is the "guilty party" — by removing the clause in the present law which makes the husband the sole administrator of the joint estate
- Abolishing the concept of the illegitimate child. Under the proposed new law, a child born out of wedlock would be under the guardianship and custody of its mother, but fully supported by its father. The child would also be entitled to use the father's surname, would be treated for all purposes as a child born of a lawful marriage and would have the right of inheritance.

But hopes of an early repeal of the present divorce laws and their replacement with a streamlined Act were dashed this week. Said Mr Mansell: "Sweeping reforms like those proposed in our memorandum take a long time to reach the statute book. These sort of changes cannot be effected overnight. There's a lot of work to be done on them yet."

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

## GETTING DIVORCED IS EASY AS BUYING A CAR

ONE IN THREE White marriages in South Africa ends on the rocks — because getting a divorce is almost as easy as buying a car.

There's no waiting list, a minimum of form-filling, and — save for the alimony and the requirements for child maintenance — virtually no aftersales obligation.

Malicious desertion is the ground most often cited. It is the easiest to prove and the most dif-

icult in which to detect collusion.

Adultery is often cited, but this again is wide open to abuse and many a divorce has been granted by the courts simply because the Bench, while expressing doubt in many instances, is unable to disprove the evidence.

But while divorce on these grounds is readily and easily obtained by unhappily married people, who are in many cases prepared to perjure

themselves and are none too concerned about the character-assassinating consequences of their allegations, thousands of couples continue to remain virtually handcuffed together by the existing law.

For one of the anomalies of present South African divorce legislation is that unless either party can prove one of these grounds, the courts will not — indeed cannot — grant a divorce even if it is con-

vinced the marriage has broken down completely.

Hence the call — made repeatedly over the years — for the abolition of existing grounds for divorce and their replacement by the single stipulation that a marriage be deemed ended if the courts recognise it has irretrievably and irreconcilably broken down.

According to Supreme Court judge Mr Justice Trengove, three-quarters of all divorces granted in South Africa are obtained on the basis of perjured

evidence.

This means that of the record 5 500 divorces granted on the Witwatersrand alone in 1975, more than 4 000 of them resulted from false evidence. And South Africa's divorce rate is the world's worst.

Mr Justice Trengove has said: "Our present system promotes collusion between the parties. South Africa's divorce laws have remained virtually unaltered for the past 300 years, and the time has come to review them."



## 4.2 Vergoeding

Die Departement Landbou-ekonomie en Bemaking onderneem jaarliks aanvullende produksiekosteopnames afgewissel met volledige bedryfs- en kosteopnames in die volgende gebiede:

<u>Streek</u>	<u>Agro-ekonomiese streeknommer</u>	
Transvaalse Hoëveld	B1	
Noordwes-Vrystaat	B5	
Wes-Transvaal	B4	
Swartland	K1	Hansard b vol 484
Rûens	K3	5/3/76

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

Vervolgens word die vergoeding van arbeiders oor tyd in die o

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Illegal abortions  
466 Mr H E J VAN RENSBURG  
asked the Minister of Justice

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

The MINISTER OF JUSTICE.

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

(a) 78.

(b) 34.

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MONDAY, 15 MARCH 1976

Hansard 8 — col 561

| Indicates translated version

*For written reply*

**Legal/illegal abortions**

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

- (1) (a) How many abortions were carried out in accordance with the provisions of section 3 of the Abortion and Sterilization Act, 1975, and (b) how many women died as a result of such operations,
- (2) (a) how many women were admitted to hospital as a result of illegal abortions carried out on them and (b) how many of them subsequently died as a result of the illegal operation

The MINISTER OF HEALTH

- (1) (a) 476  
(b) None
- (2) (a) and (b) No statistics are available

# Handicaps facing black women

DD 25/3/76

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

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

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

"A newly married woman must show servile respect to his in-laws. Her dress changes and she is given a new name.

"Her husband suddenly does not want to take her out. She must stay at home and do all the menial work required of her, even by children of her new home," Mrs Xundu said.

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

"It is time to re-evaluate legislation, programmes,

traditions and practices that oppress our women. The country is in dire need of their brains and services," Mrs Xundu said.

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

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

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

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

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

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

"Businesswomen have to battle for their taxi and hawkers licences," Miss Botha said.

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

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

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

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

Miss Botha said a commencing salary for a woman factory worker was R6,57 a week, but for a man R8,50.

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

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

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

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

She said entry to Mdantsane was free and this

resulted in unemployment and a shortage of houses.

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

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

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

—DDR

Hansard 10  
col 712 31/3/76

**Family planning**

584 Mr G. B. D. McINTOSH asked the Minister of Health.

- (1) Whether any family planning motivators or educators are employed by his Department, if so, how many (a) full-time and (b) part-time motivators or educators were employed in 1973, 1974 and 1975 respectively;
- (2) (a) what is the rate of increase planned for the number of motivators and educators until 1980 and (b) what ratio of motivators to numbers of the population is his Department aiming at.

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**The MINISTER OF HEALTH:**

(1) Yes.

	1973	1974	1975
(a) Nil		83	164
(b) Nil		2	3

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

(b) 1 per 7000 women by 1980, depending on availability of funds and personnel

⊗ Family planning

579 Mr G B D McINTOSH asked the Minister of Health

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

The MINISTER OF HEALTH:

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

⊕ Family planning

581 Mr. G B D McINTOSH asked the Minister of Health

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

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Hansard <sup>at</sup> 1740  
10  
2/4/76

The MINISTER OF HEALTH:

	1974-'75	1975-'76 (8 months)
(1) (a) (i)	R63 720	R47 585
(ii)	R65 079	R40 416
		1975
(b)	Nil	R50 279

(2) English, Afrikaans and seven Bantu languages.

(3) A private advertising agency advises on the newspaper publications and experts of the National Film Board and SABC. advise on and produce films and radio material

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Hansard 10 col 741  
2/4/76

**Family planning**

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

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

The MINISTER OF HEALTH.

(a) 233

(b) 207.

The above figures do not include district surgeons

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Hansard II col 777

6/4/76

**Contraceptives**

562. Mr. G. B. D. McINTOSH asked the Minister of Health

- (1) How many (a) contraception (i) pills and (ii) injections, (b) intra-uterine devices and (c) condoms were supplied in the Republic by his Department in 1974 and 1975, respectively,
- (2) to how many persons in each race group were contraceptives supplied;
- (3) what was the fall-out rate in attendances at birth control clinics during these years.

The MINISTER OF HEALTH:

	1974	1975
(1) (a) (i)	5,5 million	4,5 million
(ii)	1,3 million	2,0 million
(b)	108 000	144 000
(c)	2,45 million	3,0 million

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

	December 1974	December 1975
Whites	26 850	65 258
Coloureds	126 100	131 694
Asians	21 850	39 636
Bantu	262 200	623 314

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

Mansard II col 778

6/4/76

241

**Family planning**

589 Mr. G B D McINTOSH asked the Minister of Health.

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

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

The MINISTER OF HEALTH:

(1) 2 045.

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

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

(2) (a) (i) 19.

(ii) 170.

(b) (i) 266.

(ii) 279.

(c) 40.

(d) (i) 255.

(ii) Nil.



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Hansard II col 779

6/4/76

(X) Family planning

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

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

The MINISTER OF HEALTH:

(a) (i) 13

(ii) 10

(iii) 10.

(iv) 10

(b) None.

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

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

Whites—5.

Bantu—6

Coloureds—6.

Indians—6.

Hansard 11 vol 780  
6/4/76

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**X** Family planning

591. Mr. G. B. D McINTOSH asked  
Minister of Health:

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

The MINISTER OF HEALTH:

- (a) Pretoria, Durban, Port Elizabeth and  
Cape Town
- (b) 3-4 weeks.
- (c) 1974—109.  
1975—84.
- (d) 14.

# 'Cut the Black baby boom'

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

Dr Joseph Andriola, an Italian-born New Yorker now living in Cape Town, puts forward his proposal in his book "The White South African — an endangered species", published this month by Howard Timmins.

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

ratio of non-Blacks and non-Whites to live in South Africa in peace and harmony in what could turn out to be the first truly peaceful, prosperous and multiracial society in the world."

This is Dr Andriola's eight point plan:

- Contraceptives available free to men and women.
- Sterilisation available free for men and women with those volunteering for the operation receiving cash bonuses on a sliding scale — the poorest getting the largest bonus.
- Abortions available free on demand, and the woman in each case being encouraged to undergo sterilisation.
- A ban on marriage before the age of 21.
- Income tax rebates for people over 21 as long as they remain single — and severe penalties if they produce illegitimate

children.

- Monthly cash grants and other incentives to married couples to remain childless. These grants would be halved after the birth of one child, eliminated after the birth of two. Three or more would result in financial or other penalties.
- Special concessions for single people and for married couples with up to two children. These would include priority for the renting of good homes, low interest housing loans, free school and university education and unlimited and unrestricted job opportunities. Job reservation and wage differentials would be abolished only for those non-Whites who qualify under the policy.
- The provision of uniform old age pensions irrespective of skin colour to remove the Black idea that children are insurance for old age.

By DIANA POWELL

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

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

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

"If such a hypothetical policy could be implemented, it might make it possible for a more balanced



• Dr Joseph Andriola

# Spreading the gospel of family planning

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



Marilyn Allem and Mary Johnstone examine one of the posters used in the Family Planning campaign

## Compound communities

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

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

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

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

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

On one point Dr Theron was emphatic, the programme is one of family planning, not birth control

"It is not a question of limiting families It is a question of spacing births, planning pregnancies"

## BIRTH CONTROL Jane Klein

27/4/76 ROM  
 VILJOENSKROON lies 200 km South West of Johannesburg It is a busy and productive farming area Farmers employ hundreds of men to work their lands Men, who unlike city Blacks, live on the farms with their wives and families And the families are large, averaging seven people per family unit

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

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

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

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

"And not by White women who don't speak Sotho, but by Sotho-speaking Black men

"The first barrier is motivation, the second is acceptance of a responsibly applied method of contraception," added Mrs Johnstone, a farmer's wife and mother of four young sons.

STAR SURVEY OF REEF HOSPITALS

# Is this the abortion centre of the Transvaal?

Is the Johannesburg General Hospital becoming the abortion centre of the Transvaal?

Indications that it is have been growing in medical circles in recent months.

Reports of Reef hospitals who have turned away applicants legally entitled to an abortion are increasing.

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

"If we continue like this, we'll become the abortion centre of the country," said a private doctor who works at the General Hospital.

"Provincial hospitals are not doing their duty."

"They have not done anything about improving the Abor-

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

hospitals were asked why they are not doing more abortions, some said they are not receiving applications.

One superintendent said only the General Hospital has a State psychiatrist, and therefore patients wanting terminations for psychiatric reasons had to go there.

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

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

Another superintendent told an applicant he had not been given permission

tion" Dr N Howes, deputy superintendent of the General, said the hospital is constantly revising and changing its internal procedures to cope with abortion applications.

"We have been doing abortions, in accordance with the Act, since it was gazetted," he said.

There seems to be some confusion among doctors as to the workings of the new Abortion Act.

They send their cases to the General Hospital because they erroneously believe it is the only hospital which has received

ment

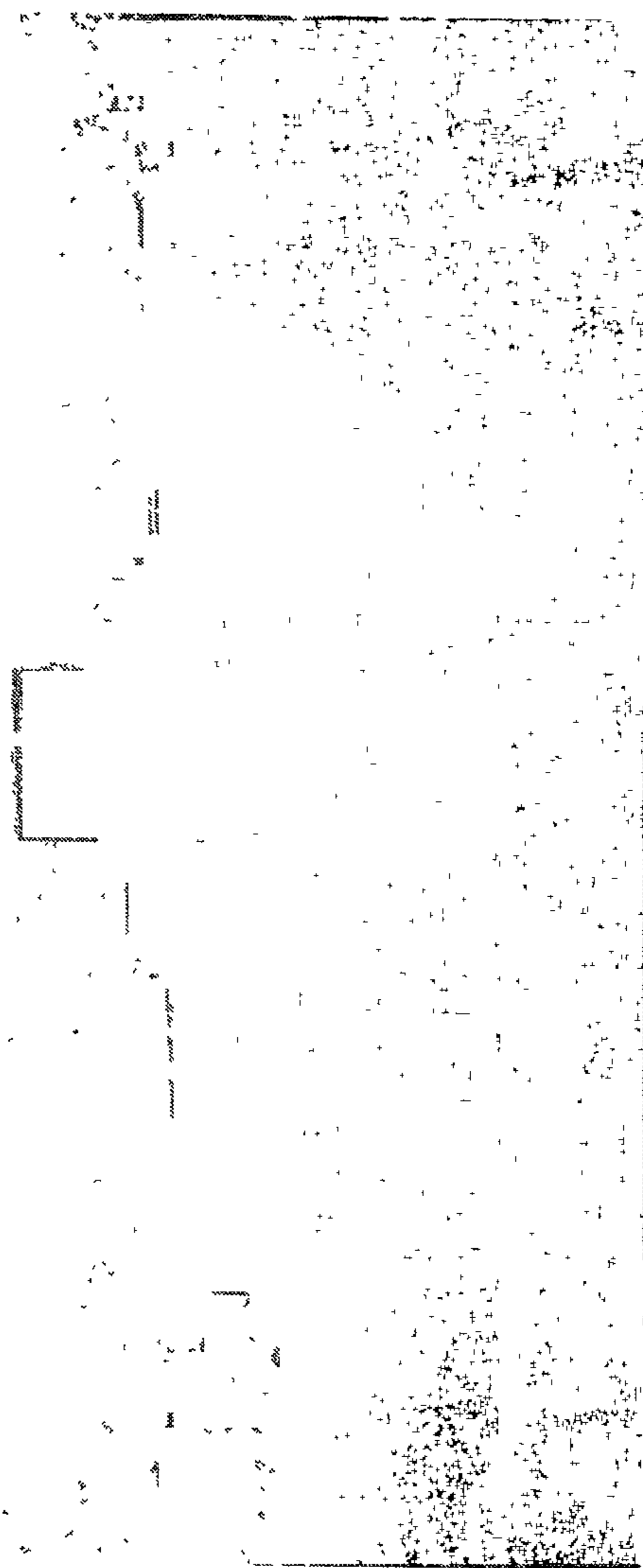
"They have conveniently forgotten the law, and in so doing are neglecting a service they should be providing for the public."

"We resent this. We are an academic, a teaching hospital, and yet our doctors are becoming mechanics."

FIGURES

"It's not a question of not wanting to terminate pregnancies, but rather, why is it that we seem to be doing MOST of them?"

A Star survey of hospitals on the Reef has



The Johannesburg General Hospital . . . "Doctors becoming mechanics."

The application has to be supported by two written certificates from two medical practitioners who are not allowed to be in partnership with each other.

If the application is on psychiatric grounds, then one of the certificates must be from a State psychiatrist.

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

"Doctors have as much problem getting the correct information as I have."

Dr Bloch said there has been a certain amount of resistance from doctors to filling in forms

TIME

29/4/76  
GSM  
238

Provisional Act — and it is over a year now that

produced figures which speak for themselves. In each case the superintendent of the hospital was asked for the number of abortions carried out since the Act was gazetted in March last year.

#### FIGURES

Edenvale: None.  
Boksburg/Benoni: 10.  
Nigel: None.  
Germiston: 3.  
South Rand: 1.  
Krugersdorp: None.  
J G Strydom: None.

The following figures for the General Hospital are from October 1975

Although abortions were carried out before this under the Abortion Act, the hospital had not streamlined its procedures before then

October: 13.  
November: 27.  
December: 24.  
January: 26.  
February: 24.

When the superintendents of the Reef

by the State to carry out abortions at his hospital

Permission is in fact not necessary, as all provincial hospitals in terms of the new law are entitled to carry out abortions

#### CLINIC

Are these excuses thought up by hospital staff who do not want to do abortions on their premises?

"It would seem so," said the private doctor

"As far as I know only the H F Verwoerd Hospital in Pretoria is carrying out abortions with any regularity"

The doctor said it was an impossible situation for the General Hospital to have its beds filled with abortion cases

"We've been inundated with requests and have consequently had to become stricter and more selective when deciding who should have an abor-

permissum to carry out abortions

Other doctors say they send their patients to the General Hospital because it is so obviously respectable

"If I did it in a private nursing home, some people might say it was underhand," said one gynaecologist

Mr McMurdo says as far as he knows, not one private nursing home has been given permission to carry out an abortion

As far as he and Dr B Bloch, deputy head of the Department of Obstetrics and Gynaecology, are concerned, the law is a workable one. The red tape involved however, is considerable

If a woman wants an abortion, application has to be made by a doctor to the medical superintendent of a provincial or state hospital

"Doctors do not resent the law, but they do resent the workings of the law — it takes up a great deal of their time."

These delays have meant some women have gone over the 12-week period during which doctors normally prefer an abortion to be done

During the period October 1975 to February 1976, 43 women were unmarried, as opposed to 51 married. Eleven were divorced and one separated

The Abortion Act of 1975 is intended to make abortion lawful in certain well-defined circumstances, where threats to the physical and mental health of the mother and the unborn child exist.

The social indications provided for by the Act are when pregnancy results from rape, from incest, and from a contravention of the Immorality Act.

### TOMORROW: What doctors think of the new abortion law.

# Does this law help those who need it?

30/4/76 STAR

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

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

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

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

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

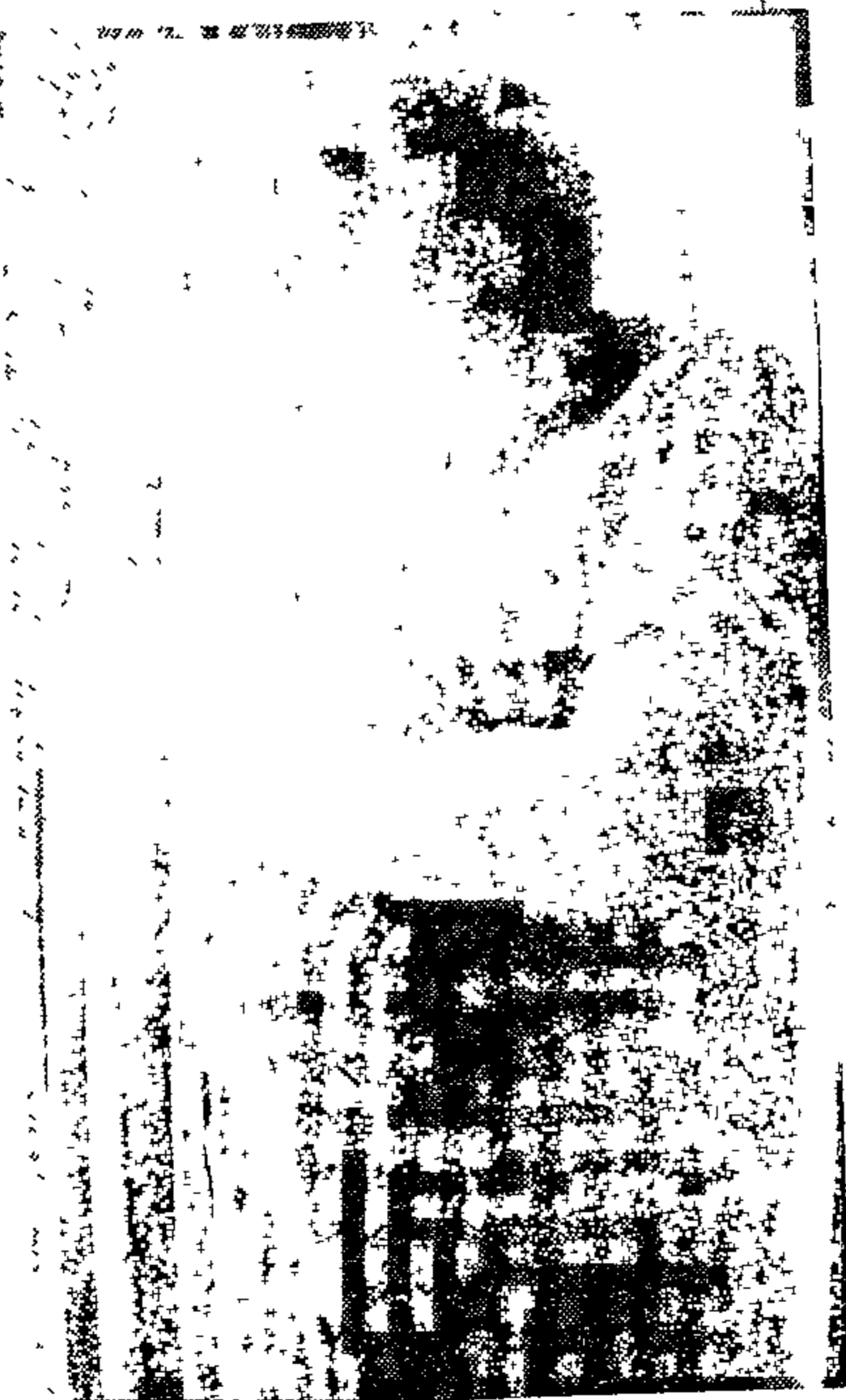
A survey among doctors in the city has elicited differing responses

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

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

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

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



morality Act.

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

But he had no doubt the problem would be remedied.

figure obtained by ARAG (Abortion Reform Action Group) last year.

One month's sample of septic abortion admissions to Baragwanath Hospital was given as 1 445.

Another aspect of the Act which has

Star  
30/4/76  
(238)

"I think these people are going to back street abortionists.

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

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

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

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

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

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

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

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

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

"I think it's a matter of regret that the provision in the Bill providing for abortion in the case of statutory rape has been removed"

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

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

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

"There are two bad aspects, however

"One is that the law is so complicated only sophisticated people can benefit from it.

"Secondly, it opens up to the sophisticated ways of getting an abortion legally when there are no good reasons for one.

"In the first instance the law is not providing for the huge population of Blacks amongst whom back street abortion is so rife," said Dr McMurdo.

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

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

Compare this with a

been criticised is that a psychiatrist must assess whether the mother is going to suffer permanent damage to her mental health.

"It is easy to mimic psychiatric illness,"

said one doctor.

"It's very difficult to make an assessment such as this," said another.

"Some liberal doctors will readily recommend an abortion. Others will adopt a very stringent approach."

Dr B Blöch, Deputy head of the Department of Obstetrics and Gynaecology at the General Hospital, says that when amendments to the Act are considered, he would suggest the following two:

● Abortion in the case of a genuine contraceptive failure, such as an intra-uterine device or an injection.

● Abortion for women over 35 with more than five children — the risk of pregnancy constitutes a true gynaecological indication here.

Other doctors suggested abortion be made easier for women to obtain who have a legitimate case for one.

If we are going to talk about permanent mental damage, shouldn't we be honest and talk too about permanent socio-economic damage? asked a doctor.

Not one of the doctors in the survey wanted to see abortion on request become law.

This is something society will have to make up its mind about.



# Conference hears Black attitudes

CAPE TIMES 1/5/76  
Staff Reporter

238

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

## Prof calls for liberal abortion laws

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

Professor Ranchod, of the Faculty of Law at the University of Durban-Westville, told delegates at the population conference yesterday that a single population policy should apply to all races.

The right to marry and produce a family was fundamental. This was a basis of any policy which should also include social and economic development. Rapid socio-economic development required free and compulsory education for all children regardless of race, an improvement in the status of women, a raising of health standards and an increase in the

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

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

### 'A weapon'

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

An African had told her that his children were no problem to him — the problem was a system which did not allow him to provide for them.

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

### Sex taboo

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

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

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

Dr R E van der Ross, vice-chancellor and rector

### PRESSURES

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

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

Abortion was not a substitute for birth control but liberalization of present legislation was a priority.

Professor Ranchod warned that all such strategies were ineffective unless part of an inclusive approach.

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

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

### Earning power

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

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

"All this is important. But socio-economic development — with heavy emphasis on the economic — is the most important plank in the platform of sound population control," said Dr Van der Ross.

# Higher fees to cut births?

STAR

1/5/76

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

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

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

He stated that fees for Blacks in Nigel clinics were R6 for people from Dubuza and R12 for others.

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

## SURVEY

A survey of other East Rand towns showed that Nigel's fees were by far the highest. Benoni provides a free service. However, provincial hospitals charge R5.

"Although the fees of my council are the highest, my council still believes that in the light of considerable pay increases during the past few years, the Bantu are definitely in a position to pay the appropriate fees," Mr. Wagenaar wrote.

(1) 238

# Black

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# Children hit by ruling on birth papers

STAR 10/5/76

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

The Rev H van der Vent, a member of the Coloured Management Committee, said that in the past few weeks he had come across 15 such cases.

This was because parents who did not know the laws had failed to register the birth of their children when they were born.

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

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

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

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

This will be done at a meeting at Room 4, Community Centre, Colorado Drive, Riverlea, at 7.30 pm.

# Whites ahead in legal abortions

EDM  
12/5/76

Staff Reporter

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

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

The psychiatrist, who asked that his name should not be published for ethical reasons, said most women wanting an abortion

under the Act went to larger centres, whose facilities were consequently overloaded.

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

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

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

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

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

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14/5/76 PD.

## 130 abortions at one hospital

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

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

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

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

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

In 1969 only one woman had undergone the mid-pregnancy test on fluid from the womb to detect Down's syndrome, previously called mongolism, some hereditary diseases and other abnormalities. Last year 110 women were tested.

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

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

Dr Selma Browde, MPC, speaking in her personal capacity, asked what purpose the abortion legisla-

tion had served if there had been no change in the number of abortions.

"The important number to know is how many backstreet abortions are still going on and to know how many women are ruined for life — that would be a true reflection of what is happening in the country," she said.

The legislation was unsatisfactory because the people who sat in judgment on the commission were not qualified — they were not doctors and they were not women.

"How could they understand the dilemma of women who feel that the quality of life is more important than the quantity?" Dr Browde asked.

"I believe the whole question of abortion should be a matter where the individual can choose," she said. — DDC.

(241)

Hamad 16  
20/5/76

3.

Abortion and Sterilization Act: Specimen prescribed form 1039/1040

900 Mr G B D McINTOSH asked the Minister of Health

- (1) Whether his Department has drawn up a specimen prescribed form for use as an application for authority in terms of section 6(2) of the Abortion and Sterilization Act, 1975, if so,
- (2) whether medical practitioners have been notified of this specimen form.

The MINISTER OF HEALTH

- (1) No In terms of the regulations an application shall be made in the prescribed form required by the medical practitioner referred to in section 6(1) of the Act
- (2) Falls away

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Compare your two lists of restricted negotiate with your objective.

2. PLANNING THE PRESENTATION.

2.1 Constructing your plan:

Two methods for planning your talk:

VERTICAL PLAN and HORIZONTAL PLAN

2.1.1 The Vertical Plan

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(24)  
Hansard 16  
20/5/76

3.

Abortion Consent of husbands  
1039  
897 Mr G B D McINTOSH asked the Minister of Health in  
tation?  
Whether the consent of husbands is required for granting authority for abortion in the case of married women who require abortions for eugenic reasons, or  
Is and  
The MINISTER OF HEALTH  
The Department is not aware of any statutory provision or judgment in this regard and any

(d) Travelling expenses?

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

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241  
Howard 16  
20/5/76

3.

Abortion and Sterilization Act: Unlawful abortions 1039  
196 Mr G B D McINTOSH as' ed the on?  
Minister of Health

- (1) Whether his Department has under section 7(3) of the Abortion and Sterilization Act 1975, investigated suspected cases of unlawful abortion, if so how many unlawful abortions were discovered, and
- (2) how many spontaneous abortions any were recorded under that section

The MINISTER OF HEALTH

- (1) No
- (2) Unknown

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

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24/11  
 Howard 16  
 20/5/76

3.

Lawful abortions

922 Mr G B D McINTOSH<sup>1042</sup> asked the Minister of Health

(1) How many lawful abortions were carried out on (a) married and (b) unmarried women in each race group respectively, who were (i) under 14 years, (ii) 14 years to 18 years, (iii) 18 years to 25 years (iv) 25 years to 35 years and (v) over 35 years during the period 12 March 1975 to 11 March 1976,

(2) how many of these abortions were procured in terms of paragraphs (a), (b) (c) and (d), respectively, of section 3(1) of the Abortion and Sterilization Act, 1975

The MINISTER OF HEALTH

	Whites	Blacks	Coloureds	Asians	Total
(1) (a) (i) Under 14 years	—	—	—	—	—
(ii) 15-19 years	18	—	1	—	19
(iii) 20-24 years	87	—	6	3	96
(iv) 25-34 years	140	3	17	2	162
(v) 35 years and older	54	2	9	2	67
Total	299	5	33	7	344
(1) (b) (i) Up to 14 years	5	1	5	—	11
(ii) 15-19 years	64	—	9	—	73
(iii) 20-24 years	61	10	—	—	71
(iv) 25-34 years	47	3	5	—	55
(v) 35 years and older	9	2	4	1	16
Total	186	16	23	1	226

Age groups are in accordance with international requirements

(2) Section 3(1)

(a)	(b)	(c) and (d)	Total
110	278	166	570

Compare your two lists of criteria

2. FL  
 2

- (1) (a) (i) Under 14 years
- (ii) 15-19 years
- (iii) 20-24 years
- (iv) 25-34 years
- (v) 35 years and older
- Total

- (1) (b) (i) Up to 14 years
- (ii) 15-19 years
- (iii) 20-24 years
- (iv) 25-34 years
- (v) 35 years and older
- Total

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

The Body

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Hausard 16  
20/5/76.

3.

(241)

Site location after abortion  
898 Mr G B D McINFOSH<sup>1039</sup> asked the  
Minister of Health

(1) How many women were sterilized  
after having lawful abortions during  
the period 12 March 1975 to 11  
March 1976;

(2) whether women who have lawful  
abortions for eugenic reasons or for  
reasons of permanent danger to their  
physical or mental health are advised  
to be sterilized

The MINISTER OF HEALTH

(1) and (2) Unknown There is no  
statutory requirements in respect of such  
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Compare your two lists of citizens  
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Howard 16

20/5/76

Lawful abortions  
1939 1040  
1999 Mr G B D McINTOSH asked the  
Minister of Health

How many medical practitioners (a)  
procured lawful abortions during the  
period 12 March 1975 to 11 March 1976  
and (b) procured more than 20 lawful  
abortions during this period

The MINISTER OF HEALTH

- (a) 190
- (b) 4

(d) Travelling expenses?

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# Whites had 21/5/76 most STAR abortions

## Political Staff

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

They made up 86 percent (299) of the 344 married women and 82 percent of the unmarried women who had legal abortion during the year, the Minister of Health, Dr S. van der Merwe, said yesterday

## WRITTEN REPLY

His written reply to a question by Mr Graham McIntosh, (UP, Pietermaritzburg), showed that 56 Coloured women (33 married and 23 unmarried), 21 African women (five married and 16 unmarried) and only eight Indian women of whom one was unmarried had legal abortions in the same period

The biggest single group was White married women aged between 25 and 34 years (140)

A total of 11 unmarried women under the age of 14 had legal abortions — of which five were White, five Coloured and one Black

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

# '100 000 illegal abortions a year in SA'

## Pretoria Bureau

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

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

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

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

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

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

## APPROVAL

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

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

Mrs Cope said the new

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

## US handout

WASHINGTON — African countries will get R42-million in a US foreign aid appropriations Bill approved today by the House of Representatives. Zaire and Zambia each get R17-million and Botswana R8,5-million — Sapa-Reuter.

## Charity gifts

A number game held during Sandton City's third anniversary celebrations has raised R398 for and equal amounts for The Star Seaside Fund, two other charities, Meals on Wheels and the Society for the Prevention of Cruelty to Animals.

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The Cape Times, Wednesday, October 6, 1976 3

# Call for curbs on 'suicidal' birth rate

Chief Reporter

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

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

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

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

## Family planning clinics

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

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

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

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

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# Call to 'control Black births'

18/10/76 nm.

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

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

The ringleaders of the present student rioters consisted mainly of unwanted children, she said, adding: "It is our

major obligation to control births and today there is no excuse not to do so. The unplanned child is unwanted by his parents, who do not provide for him

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

Through planned births, African children would be brought up in an atmosphere in which they were happy and

wanted by society, in which their education would be encouraged and in which they would find jobs.

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

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

Mrs. Barbara Cleave, chairman of the movement's committee, called for a change of personal attitude among people of

all races in the country.

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

"Stand up and be counted," she said. "By uniting, the women of this country can force the men who make the laws to change their ideas. We have already left it too long. Now is the time for equal opportunity for all and a change countrywide without violence." — (Sapa.)

241

## Large families 'the norm'

Science Reporter

ONLY 10 percent of Black women use modern contraceptive techniques while the majority continue to have large families of seven children and more, says a report on Black fertility issued in Pretoria yesterday.

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

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

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

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

In South Africa, as a result of detribalization, a large percentage of women

were exposed to the risk of pregnancy in their teens — and often directly after attaining puberty. It was found that the average woman gave birth to her first child before the age of 20.

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

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

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

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

The report added that the institute had been studying the fertility of South Africans for 10 years and that all population groups were involved.



# Expert fears shortage of jobs will continue

12/11/72 Star

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

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

But he says it would not exceed 750 000

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

"Furthermore, these figures closely follow the cyclical pattern of the economy," he says "Thus it is very clear that unemployment was insignificant in urban areas except during the recession of 1971/72 and that which started in 1975"

## WARNING

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

"Even in the unlikely event of a rapid economic upswing, South Africa will be hard-pressed to provide full and productive employment to the large number of blacks entering the labour market in

## BACKGROUND TO THE NEWS

### Siegfried Hannig, Labour Reporter

years to come," Professor van der Merwe warned

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

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

### SHORT TIME

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

● The spreading of work through the reduction of working hours. This would reduce individual earnings but would ensure that more workers could be employed

This had been applied widely in Europe in combination with state subsidies, which encouraged employers to retain more workers at less pay. In the Netherlands the number of workers on short time rose 10 times faster than the number of unemployed

● Government wage subsidies designed to encourage employers to take on young, inexperienced staff who tended to have

the worst problems finding work

Professor van der Merwe referred particularly to black school-leavers

● Cutbacks in migrant labour. These helped to alleviate unemployment in Europe and were useful in curbing urban unemployment in South Africa

Where foreign migrants were concerned this could be a long-term solution, but it was little more than a stopgap measure when it came to migrants from South African homelands or rural areas, Professor van der Merwe said

● Emergency relief projects such as public works programmes. These might be directed especially at relieving the housing shortage or improving the environment through the creation of parks and similar projects depending on the requirements of specific communities

"Some such schemes should already be implemented in the worst hit areas," he said

● Expansion of training projects to occupy unemployed people by teaching them those skills which were certain to be scarce after economic revival

● Restructuring of work — in close collabora-

tion with trade unions — to provide jobs where there was a shortage of skilled workers

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

328/241

241

at Zone Eight — DDC

**Joburg is  
No 2 in  
suicides**

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K/M  
76

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

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

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

"The only city in the world which has a higher suicide rate is West Berlin," he said — DDC.

16/11/76 Natal  
**Suicide city**

Mercury Correspondent

**JOHANNESBURG** — Johannesburg has the second highest suicide rate of any city in the world, Professor G. K. Engelbrecht, professor of social work at the Rand Afrikaans University, said yesterday.

Professor Engelbrecht, who is shortly to undertake a second analysis of the White suicide profile in Johannesburg sponsored by the Human Sciences Research Council, said that although South Africa as a whole ranked only 13th in the world in the suicide ratings compiled by the World Health Organisation, the White suicide situation in Johannesburg gave cause for concern.

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

# Figures on fertility published

18/11/76 Natal Merc

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

In brief, the figures show that 57,7 percent of Whites use contraceptives of one kind or another, while the corresponding percentages for Coloureds, Asians and Africans are 50,9 percent, 47,7 and 18,7 percent respectively.

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

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

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

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

(Sapa.)

107/241.

<sup>50</sup> <sup>for</sup> <sup>241</sup>  
50 die in  
kwaZulu  
shootings

Own Correspondent

MARITZBURG — Fifty people have been shot to death in the Msinga — Tugela Ferry area so far this year. There were also 45 attempted murders in which firearms were used. Colonel J Durant, District Commandant at Greytown, said today

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

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

**FATALITIES**

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

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

permission. The Zionist movement  
has progressively and stimulated the Jews to  
achieve this.

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# 5 BABIES DYING EACH DAY AT CAMP

105  
241  
81

Mercury Correspondent

QUINTESSENCE — A warning that the F-100  
cases of malaria here could spread  
to the Jews is given at the weekend.

Two babies are dying  
each day from gastro-  
enteritis at the Thornhill  
camp and the health  
inspector, Mr. W. Chet-  
ter, has warned the Dis-  
tinction Council in a  
memorandum of the  
threat to Queenstown.

The Chief Minister of  
the Cape, Mr. F. S. S. S. S.,  
and the Minister of  
Health, Mr. F. S. S., with  
other members of the  
Cape Cabinet, yesterday  
made an inspection at  
Thornhill, about 20 miles from here.

During their visit they  
attended a massed burial  
service for some of  
the refugees from  
Herschel and Kalkbrenner  
who have died since they  
fled to the refugee  
camps here.

According to Dr. F. S.  
Dunn, who is in  
charge of the immuni-  
zation programme, "the  
babies are dying of  
gastro-enteritis and  
diarrhoea" the adult  
cases are attributable  
to malnutrition and the  
consequent incidence of  
dysentery, tuberculosis  
and pellagra.

A frontier hospital  
spokesman estimates  
that the hospital has re-  
ceived every day, since  
the outbreak, and child on  
the staff — perhaps  
2000 since the first  
case in December.

Yesterday the con-  
taminated 24-hour-a-  
day staff of the main  
staff hospital (which

The superintendent of  
the frontier hospital, Dr.  
W. S. S., said that  
the death rate would be  
high among such an  
under-nourished group.

241

# Emphasis on voluntary sterilisation

3/1/63

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

The federation says worldwide this is now the main method of contraception: an estimated 65-million people are steri-

lised compared to 55-million using temporary contraceptives, mainly the pill.

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

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

241

# Divorce probe 'out of hand'

14/1/77  
SK

## BACKGROUND TO THE NEWS

If you can't beat it, ban it — the well-tryed South African remedy for almost insurmountable problems.

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

The rising divorce rate has been causing alarm for years.

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

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

They took up the task with zeal.

For five years the commission investigated and then compiled a report

which the department is now believed to be too embarrassed to publish.

The recommendations — while noted — have been pushed aside as impracticable.

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

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

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

### IGNORED

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

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

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

What did the commission do for five years?

Probably what it has spent the 10 years of its existence doing — philosophising, compiling definitions, sending these out for comment, re-wording their philosophies and definitions and sending them out again for more comment.

### MAN IS . . .

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

"Man is a created multi-unity issuing from a primary bi-unity man and woman. The individual has a threefold constitution — psychisomatic, psychoneumatic and social characteristics and needs."

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

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



2711

Cape Times 19/1/77

Chief Reporter

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

The figures also show that,

# Coloured increase double that of Whites

in spite of declared Government policy to reduce the number of Africans in the Western Cape, there has been an increase of more than 20 000 — or nearly 30 percent — in the number of Blacks in Cape Town since 1966. While in the early 1930s the number of Africans in the Cape Town Municipal area was estimated at 6 000, the

1976 figures show that Cape Town Whites (253 570) are outnumbered almost two to one by the Coloured population (477 470).

There are now also 11 000 Asians in the municipal area.

Over a 10-year period ending in 1976, the rate of increase among the various population groups has been: Coloured, 50 percent; Asians,

35 percent; Africans, 28 percent; and Whites, 24 percent.

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

Figures provided by Cape Town's Medical Officer of Health last year showed that in 1975, 38 percent of all Coloured births recorded in the municipal area were

illegitimate, and that the proportion of illegitimate births among the Coloured community in the first five months of last year had risen to 38,27 percent.

It has been stated that the Black population of South Africa has nearly the highest growth-rate in the world and that at the present rate the Coloured and African

# Coloured increase double that of Whites

populations can be expected to double their 1970 census numbers by the year 1995.

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

Latest national figures show that Blacks outnumber Whites by six to one, and a population projection made last year by the Department of

Statistics in Pretoria indicates that this ratio will have widened to eight to one by the year 2020.

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

The total population figure in the 1960 census was 15 970 000, and in the 1970 census the overall figure had risen to 21 430 000.

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# No big demand for the free Pill

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

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

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

## PARENTS

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

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

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

"It's not widespread at all. It would only be a small percentage," he said.

# Sharp drop in SA birth

Marais Malan  
Science Editor

The birth rate for all population groups in South Africa, with the possible exception of blacks, is showing a sharp decline.

The most likely reason for the drop, as given by a sociologist, family planning expert and a psychiatrist, involve socio-economic factors, inflation, and even the stress

situation present in South Africa's political life today.

For the four years from 1972 to 1975 the birth rate (number of births per 1 000 of the population) dropped as follows:

Whites 22.6, 22.2, 20.9, 18.9  
Coloureds 34.2, 33.4, 30.4, 28.5  
Asians 33.3, 32.1, 29.5, 27.9

The figures for blacks are not known but are estimated to be in the

region of 40. The Department of Statistics is planning a pilot study among blacks next year to determine birth and death rates.

Dr Elhn Hammar, chairman of the Family Planning Association of the Transvaal, ascribes the declining birth rate in the first place to greater knowledge of and increased facilities for the use of contraception.

But other factors, universally recognised as lowering the birth rate, must be there, too. They are higher standards of living, education of women, the emergence of women in the economic field, and a change to a cash economy.

In both Asian and coloureds it could be expected the birth rate would fall, said Dr Beryl Unterhalter, sociologist at

the University of the Witwatersrand.

Asians were highly urbanised and coloureds were becoming increasingly so. Both were subjected to living conditions which made large families undesirable.

Asians were achievement-oriented as far as their children were concerned. They wanted a good education for them, but realised they could afford it only if they did not have too many children.

Better education and work possibilities were similarly motivating coloureds to adopt family planning practices.

Blacks were still two-thirds a rural community where large families were part of the culture and economy. South African whites were following a world-

## rate

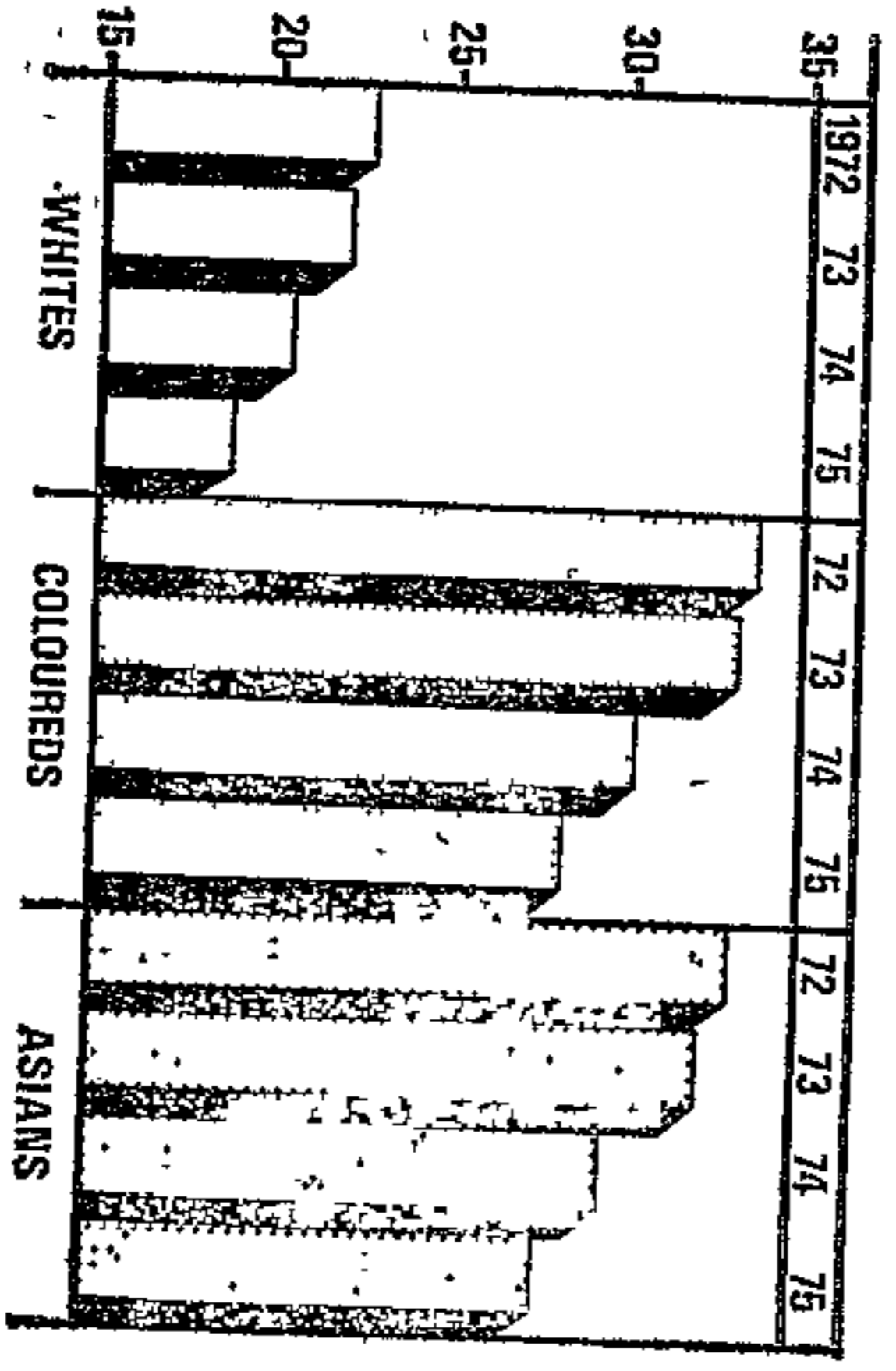
wide phenomenon, said Dr Unterhalter — birth rates were falling and the two-child family was becoming the norm.

This could be ascribed, in part, to pressure on space as more families had to live in small flats, inflation which compelled married women to return to work as soon as possible, and the availability of good contraception technology which could be

used without the taboos present in some races.

White families, too, were finding that owing to high costs they could educate only a few children.

A psychiatrist added the stress factor arising from the present uncertainty of the economic and political situation in South Africa



A scale showing how the birth rate has dropped. No accurate estimate of black births — which have risen — are available.

**World population**  
**now 3 967m** *3 117m*  
UNITED NATIONS — This  
world's population total-  
ed 3 967 million, the latest  
edition of the UN  
Demographic Yearbook  
reported yesterday.

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Hansard 2 col 58 1/2/77

**Commission for Family Life**

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

- (1) When did the Commission for Family Life submit its report on its inquiry into divorce,
- (2) whether a decision has been reached on the publication of the report, if so,
  - (a) what is the decision and (b) what are the reasons for it

† The DEPUTY MINISTER OF SOCIAL WELFARE AND PENSIONS

- (1) April 1975
- (2) Yes
  - (a) Not to publish the report.
  - (b) The subject matter of the Commission's inquiry also involved an inquiry into the law of divorce which could more appropriately be undertaken by the South African Law Commission. Discussions between the two Commissions took place and the South African Law Commission did in fact undertake an inquiry into the divorce law. In view of the pending report of the South African Law Commission, the translation and publication of the first-mentioned Commission's report would mean a duplication of costs which cannot be justified.



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Population  
Registration

## Deportation figure up <sup>2/27/77</sup> by 125 <sup>MD</sup>

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

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

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

Citizenship was refused last year to 681 people, as opposed to 607 in 1975.

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

New firearm licenses were granted to 154,305 last year, a huge increase of 47,656 over the previous year. — DDC

# MORE WENT, SOME UNWILLINGLY, LAST YEAR

Mercury Correspondent  
**CAPE TOWN** — There were 468 deportation orders issued last year, 125 more than 1975, according to the annual report of the Department of Interior.  
And there was a large drop in the number of

people who gained South African citizenship.  
In 1975, 1 859 people were granted citizenship, while last year the applications of only 1 246 people were approved.  
The number of people who lost their citizenship last year was 186, com

pared to 169 in 1975  
Last year, 135 061 visitors' visas, 79 543 return visas, 5 435 transit visas and 2 764 diplomatic and official visas were issued  
There were 21 784 more visitors visas issued in 1975 but there were

10 425 more return visas issued last year.  
There were 51 523 investigations into claims of South African citizenship last year, while in 1975 there were 49 111  
In the Cape last year, 678 371 voters were registered, in Natal 257 768,

in the Free State 170 724 and in the Transvaal 1 110 667  
Last year, 211 014 persons were granted passports, while in 1975 the figure was 193 156  
New firearm licences were granted to 154 205 last year

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Hansard 4 vol 311 14/2/76

**Life expectancy at birth**

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

- (1) (a) What was the life expectancy at birth for (i) White, (ii) Coloured and (iii) Asiatic males and females, respectively, in the latest year for which statistics are available and (b) in respect of what year are the figures given,
- (2) whether statistics of life expectancy for Blacks are available, if so, (a) what are the statistics and (b) in respect of what year

**The MINISTER OF STATISTICS**

		Male	Female
(1)	(a)		
	(i)	64,74	72,36
	(ii)	48,88	55,82
	(iii)	59,19	63,17
	(b) 1969-'71		
(2)	Not available		



# Cape Times 1/3/77 Crisis and collapse of SA's Blacks predicted

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

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

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

The population peak for Blacks will be attained in 1995 at 21,4 million but the overall

population will continue to increase until 2002 when it will reach 38 million of which 57 percent will be Black.

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

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

### Surprise finding

A surprise finding was that the Black material standard of living has been falling since 1940 while the general MSL based on all population groups struck a peak in 1970. The study gives the White MSL as 1,42 in 1970. For Blacks it was 0,64. In the year

2100 the values will be 0,092 for Whites and 0,158 for Blacks.

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

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

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

STAR. 3/3/77

# African life-span is low

Hugh Robertson

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

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

In Norway, women live to an average age of 77,6 years and in Sweden the average male lifespan is 72,1 years. The other countries with high life expectancy rates are the Netherlands, France, Canada, Japan, Denmark, Iceland, Switzerland, Puerto Rico, the United States, England, Wales and Hong Kong

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

The UN report adds that in mid-1975 the world's population had reached 3,967-million people, which was 77-million more than in mid-1974 and which represented a 1,9 percent annual growth rate. If this rate were maintained, the report says, the world's population would double by the year 2011

China, India, the Soviet Union, the United States and Indonesia top the list of the most populous nations, with South Africa being 25th

Standard 7 @ col 580 7/3/77

**Increase of population**

(599) Dr A L BORAINÉ asked the Minister of Statistics

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

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The MINISTER OF STATISTICS

(1) and (2)

Year	Whites	Coloureds	Asians
1971	14,4	21,8	26,9
1972	14,2	21,5	26,4
1973	13,9	20,7	25,2
1974	11,7	17,6	22,8
1975	10,6	16,9	21,3

Figures in respect of the Bantu are not available

8 000 die in road crashes

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

During the year 20 709 people were seriously injured in 270 082 accidents while 48 808 sustained slight injuries — SAPA.

Dans Daily Mail 11-3-77

# Colour bar sex scandal rocks small town



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

### Own Correspondent

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

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

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

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

It was also revealed that

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

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

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

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

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

The case has been the

of trigger-happy toughies." It would be pleasant to hear her say a good word about the police, who did a remarkable job under difficult circumstances. The Independent United Party's Mr Theo Aronson, the MP for Walmer, said he agreed with Dr Fisher's comments, but it was a pity that the official Opposition did not adopt this attitude when the indemnity Bill was under consideration — Sapa

THE ASSEMBLY — By continually attacking the South African Police, Mrs Helen Suzman was not doing South Africa any good, Dr E. L. Fisher, the United Party MP for Rosettenville, said yesterday. Speaking during the debate on the second reading of the Criminal Procedure Bill, Mr Fisher said Mrs Suzman had continually tried to portray the South African Police as "a bunch

# Tough Press Code Bill

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

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

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

## Fears

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

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

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

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

## Hearings

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

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

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

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

● See Editorial Opinion and Page 7

## LAUGH WITH LESSING



ALI SAID NO THANKS!

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# 6 killed in road accident

Vereeniging Bureau

Six people were killed in a crash on the Parys-Sasolburg road yesterday.

Three others, seriously injured, were taken to a Johannesburg hospital.

Parys police say two of the dead were a Mr Nath-an and a Miss Ruiters, of Johannesburg, but final identifications were not available.

A local ambulance man said the combi and the car involved had been crushed into a heap on the side of the road.

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

It is thought that the party in the car, who were from Sasolburg, were returning from a concert held in Parys the previous night.

Political comment in this issue of The Star by H W Tyson, J E C Scott and J D Oliveira. Cartoon by Abe Berry. Headlines and posters by A W Johns. All of 47 Saul Street, Johannesburg.

# Mussulman Jannie won't name

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

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

"Mr. Beetge came to see me about two months ago," Moulvi Ismail Rehman told the Sunday

By **ROB HUDSON**  
and **BOETI ESHAK**

Times. "Another Muslim brother brought him to me stating that he wished to embrace Islam.

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

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

"He did tell me that his girlfriend, who was in the Seychelles at the time, would also convert and they would then marry according to Muslim rites.

"I told him that his future bride

had to convert before the marriage ceremony.

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

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



**JANNIE BEETGE**  
Minutes to convert

SUNDAY TIMES, April 10, 1977. 3

10/4/77 ST  
**wedding day**



**BUBBLES MPONDO**  
Wedding still on?

two minutes' viewing, so I won't tell you anything unless you pay," he said.

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

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

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

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

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

"It's for Australian television and they are paying me R500 for

2472





# Cut back on families, Dr. Hollis tells Chatsworth

NATAL MERCURY 23/4/77  
Mercury Reporter

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

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

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

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

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

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

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

"At present there are 23 739 applicants on the list — in spite of the thousands of houses for Indians that have been

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

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

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

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

Dr. Hollis added that the Natal Provincial Council had provided R120 000 towards the cost of the Havenside library.

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Mansard 14 col 10/4 3/5/77

**Illegitimate births**

916 Mr G N OLDFIELD asked the Minister of Statistics.

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

**The MINISTER OF STATISTICS**

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

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

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Hansard 14 col 1043 s/8/77

**Illegitimate births**

923 Mr L F WOOD asked the Minister of Statistics

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

The MINISTER OF STATISTICS

	(a)	(b)	(c)	(d)
1966	2 961,2	41 268,8	5 378,5	—
1975	4 119,9	49 559,5	15 075,4	—

(d) Not available.

This figure originally accompanied the reviewed version of the paper presented by the author to the Seventh Konstanzer Seminar on Monetary Theory and Monetary Policy, June 1976, and written with Arnon Hurwitz. This paper presents and measures a model of the determination of the money base in South Africa and the Association between the money base and the money supply. See Arnon Hurwitz and Brian Kantor.

The Money Supply Process in South Africa - Explanation, Verification, Implication (mimeo).

Note to Figure 1

- 23. Karl Brunner and Allan H. Meltzer (op cit.)
- 22. Arnon Hurwitz (op cit.)
- 21. See James Tobin (op cit.)

Hansard 15 col 1063 9/5/77

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**Family planning clinics**

910 Dr E L FISHER asked the Minister of Health

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

The MINISTER OF HEALTH

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

With regard to (b), the Department of Health is no longer responsible for health services in the other Homelands and consequently further information is not available

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# It's all over, says Bubbles

By PAUL BELL

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

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

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

When the couple announced their engagement last month, Jannie gave Bubbles a R30 000 sparkler.

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

Mr Beetge yesterday refused to comment on Bubbles's remarks, but hinted that she might be taking a top modelling assignment soon.

**Official languages/technical training/vocational training**

1041 Mr G W MILLS asked the Minister of Statistics

- (1) (a) What percentage of the members of each race group could speak (i) both

official languages, (ii) English only, (iii) Afrikaans only and (iv) no official language, for the latest date for which figures are available, and (b) in respect of what date are these figures given,

- (2) (a) what was the percentage of the total school population in each race group who received (i) technical training and (ii) vocational training at the latest date for which figures are available and (b) in respect of what date are these figures given,

- (3) what percentage of each age group of the population were at school as at 31 March 1977

**The MINISTER OF STATISTICS**

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

Data for Bantu are

- (1) (a) (i) 13,9  
(ii) 5,2  
(iii) 10,1  
(iv) 70,8  
(1) (b) 1970  
(2) (a) (i) Not available  
(ii) Not available  
(2) (a) (i) and (ii) combined

	Percentage
Whites	3,5
Coloureds	0,25
Asians	3,4
Bantu	0,15

- (2) (b) 3 February 1976  
(3) Not available as requested

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

Ages	Percentage			
	Whites	Coloureds	Asians	Bantu
5-9	81,4	74,5	83,3	52,4
10-14	99,9	95,3	94,0	77,7
15-19	47,1	27,6	32,8	32,8

Hansard 18  
col 1216  
1/6/77

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# Fewer births in Springs <sup>16/6/77 R.D.M. 241</sup>

By JOHAN BUYS

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

said intensive family planning services were available to blacks, but the big problem was their reluctance to accept them. The appointment of a guidance officer helped to publicise the advantages of family planning, but the cooperation of black men still had to be gained, he said.

Black births decreased from 3 939 in 1975 to 3 204 last year. There was also a decrease in white, coloured and Asian births. The population of Springs is now about 169 300, of which about 57 500 are whites, 107 400 blacks, 3 000 coloureds and 1 250 Asiatics.

Dr Karstadt said health conditions last year were favourable. There were no epidemics, although sporadic cases of contagious diseases were noted. An increased demand for clinic services and a limited medical staff meant nurses had to treat some patients, he said.

- will rise.
  - 4. If supply increases and demand will fall.
  - 5. None of the above.
25. If you were a government official of barley, which of the following would you take?
1. Take barley from government storage and sell it on the open market.
  2. Encourage farmers to use more fertiliser on their barley-growing land.
  3. Try to lower the price of rye (a substitute).
  4. Try to lower average family income.
  5. Encourage farmers to grow less barley.
26. If the economy is fully employed, an upward shift in the demand schedule for corn alone
1. Cannot alter the output of corn.
  2. Will lead to a gradual fall in the price of corn.
  3. Will lead to an increase in the amount of corn supplied with consequent reductions in the supply of some other commodities.
  4. Will lead to inflation with no alteration in the output of any commodities.
  5. Will lead to none of the above.
27. "The price of wheat rose sharply (a) because the dry spell reduced the yield per acre and (b) because millers sought to stockpile wheat to protect themselves from future price increases that would occur if the drought were to continue". This quotation says that the price rise was due to
1. A shift in the demand curve and a movement along the supply curve.
  2. A shift in the supply curve and a movement along the demand curve.
  3. Shifts in both the demand and supply curves.
  4. Movements along both curves.
  5. None of the above.
28. "Price adjustments serve to keep the quantities supplied and demanded equal. If at the initial price there is excess demand, the price will rise. The price increase has two effects: it tends to shift the demand curve down because people are willing to buy a smaller quantity at a higher price, and it tends to shift the supply curve up because producers find it profitable to produce a greater output at a higher price. The price will adjust until there is no excess demand".

equilibrium  
equilibrium  
brium price  
quilibrium price  
e the price  
would you take?

3.3. 29/6/77 (24)

# SA divorce law relies on fault

The adversary nature of South Africa's divorce proceedings is a major cause of bitterness between divorced couples, according to Mrs June Sinclair, senior lecturer specialising in marriage law at the University of the Witwatersrand

Mrs Sinclair will publish her booklet, *A Guide to the Legal Consequences of Marriage*, on Thursday. The publication has been sponsored by a South African assurance company.

Mrs Sinclair believes that divorce in South Africa is a contest whereas the process should be therapeutic.

"Under the present system one party must emerge as being guilty of a matrimonial offence — adultery, actual desertion, cruelty or the like — and the other party must be 'innocent'," says Mrs Sinclair. "The 'guilty' partner is also penalised financially, for example in respect of maintenance, which cannot be claimed by a 'guilty' spouse

"This is not realistic as both partners are usually equally responsible for the breakdown of the marriage. I believe that South Africa will follow other countries that are replacing the element of 'fault' with that of 'breakdown'.

"The object of a good divorce law should be to dissolve a dead marriage as painlessly as possible," she said. "Emotionally battered partners should not be compelled to divulge the details of their unhappy relationship in order to emerge the victor rather than the vanquished.

"I don't — with due respect — believe that any court could accurately assess fault during a brief hearing at the end of a 25 year marriage. The court could, however, conclude that since the marriage has irreparably broken down, it should not be re-

... to continue

Mrs June Sinclair

marriage contracts in South Africa

"If a woman wants to make provision for getting her share of the profits of the marriage in the event of a divorce, she marries in Community of Property and becomes the inferior partner in the marriage. Her husband virtually becomes her guardian. He can, for example, dispose of the matrimonial home without her knowledge or consent," Mrs Sinclair said

"An antenuptial contract ensures that a woman has equal status in the marriage but her contribution to the marriage is forgotten in the event of a divorce. Her husband may also disinherit her and she will be unable even to claim maintenance out of his estate, irrespective of the duration of the marriage.

"The distribution of the profits of the marriage should have almost nothing to do with the reasons for the divorce. I suggest that profits accruing to the spouses should be equally split. The presiding officer should also decide on the basis of need and ability, whether one partner should pay the other maintenance.



"I find it disturbing" she said, "that litigation on a property dispute involving a few thousand rand can drag on for days while a divorce involving children and the distribution of assets collected over many years of combined effort, can be settled in minutes."

Mrs Sinclair says that it would be desirable for divorces — and other family matters that need a legal decision — to be heard in a special Family Court presided over by the most learned and experienced judicial officers in the country. The Family Court should not be isolated (as the children's court is) from the Supreme Court but be an integral part of it.

"Let's get our priorities right. Marriage and family decisions must be one of the most important aspects of law," she said.

"We are living in the age of specialisation and it is not fair to expect a judge to grasp the complexities of a family matter today, an intricate financial transaction tomorrow, and a case requiring medical or engineering expertise the day after."

"Judges who have developed a special interest in family matters would become more familiar with facilities such as marriage guidance counselling and the assistance that social workers can render."

While Mrs Sinclair believes that the element of "breakdown" should be introduced to simplify and improve South African law, she does not believe that divorce should be made easier.

"Marriage should be regarded more seriously and young people should be educated to be aware of the sacrifices that will be required of them, before they enter into the most important contract of their lives."

"The person contemplating divorce should have to declare in a preliminary hearing that the marriage has broken down for one or other reason. The court should then require a cooling-off period during which the couple can reassess the marriage and if possible, give it another chance," Miss Sinclair said.

"If at the end of this period there is no hope of reconciliation, the divorce should be granted. It would also be desirable to encourage the spouses to seek professional help during the cooling-off period."

Mrs Sinclair also criticised the two existing

"This type of system should apply automatically to all marriages black and white, unless the parties wish to provide otherwise by entering into an antenuptial contract," said Mrs Sinclair.

"Usually it is the female partner who has foregone her career to look after the home and children and it is she who needs financial security, especially if she continues to have the responsibility of looking after the children."

"It is all very well to obtain R100 a month for each of the children, but with no capital it is not possible to provide them with the kind of home they have been used to. Women, who during the marriage, have contributed in effort and money to the capital appreciation of the matrimonial home should, of right, participate in the profit they have helped generate."

"A couple who have planned the financial side of their marriage properly would have a less traumatic divorce."

Mrs Sinclair is confident that the Law Commission, at present considering substantial changes to the marriage laws, will consider all these aspects in attempting to devise a more equitable and realistic system for all South Africans.

Mrs Sinclair's booklet will be available free of charge from the Marketing Department, Legal and General Assurance of South Africa Limited, P.O. Box 4870, Johannesburg.

Mrs Sinclair, who is married to an attorney and has one child, is a Senior Lecturer, specialising in Family Law, the Law of Negotiable Instruments and the Law of Property.

She works closely with the Women's Legal Status Committee and is an advocate for the reform of South Africa's laws relating to matrimonial property and the grounds of divorce. — DDC.

POPULATION - VITAL STATISTICS

JULY 1977 - DEC. 1978

Natal Mercury 8/7/77

MERCURY 8/7/77

241  
**Seventh heaven  
for parents**

ADELAIDE — Plumber Mr. Robert Martin and his wife, Janette, celebrated the birth yesterday of a son whom they are calling "the luckiest child in the world."

Baby Ryan was born in Adelaide's Victoria Hospital at seven minutes past seven o'clock yesterday morning, the seventh day of the seventh month of the year 1977. He weighed seven pounds seven ounces. — (Sapa-Reuter.)

Is there a campaign on for sterilisation of blacks? GAVIN ROBSON reports.

# Family planning shock

Pamphlets openly publicising and advocating vasectomy among men and sterilisation for women are being distributed freely at all family-planning clinics for blacks in East London.

At the black family-planning clinics of the Frere Hospital and the East London municipality trained nursing sisters are now handing out pro-vasectomy and sterilisation pamphlets which have infiltrated the present State Health's family-planning programme for blacks.

Vasectomy is the medical term for the operation which sterilises a man. The operation which is irreversible, seals the tubes of the reproductive organ through which the sex cells pass making it impossible for a man to father a child.

## Quicker, cheaper birth control

"All the pamphlets now being distributed throughout South Africa were printed by us. The initial batch was over 2 000, but since then we have had more printed."

This was said by the Regional Organiser for the Cape Provincial Association for Voluntary Sterilisation, Miss Merle Riggs. Interviewed by telephone last week she outlined the role of the association, the vasectomy and sterilisation campaign, and what progress was being made in telling people vasectomy and sterilisation was the end result of family-planning.

"It is slowly catching on, people are now openly asking questions about vasectomy, but the operation is done only on request," she said.

Miss Riggs said, "If a woman feels she has been on some 'method' or form of contraception for a fairly long period,—be it the pill, injection or intra-uterine device—that she has completed her family and does not want to be on

any 'method' any longer, then she will ask her doctor to sterilise her. "And likewise, this is the case for males as well," she said.

Couples, Miss Riggs said, decided themselves if they wanted vasectomy or sterilisation, but the reason it was being promoted among men was that the association was that "it's a far quicker and cheaper operation."

People were making a lot of inquiries, she said. "One third of the requests end-up either sterilised or vasectomised—and those are normally being performed at provincial hospitals."

"One third are having the operation done by a general practitioner. "And the remaining third leave our offices to decide on what to do," Miss Riggs said.

"I do believe it's all economics, people are now desperate about not having any more children. Unexpected pregnancies to a family that has enough children are catastrophic."

"We get about 20 phone calls a month. About 15 people come to see us, and roughly 30 pamphlets are being given out personally here," she said.

Miss Riggs emphasised vasectomy and sterilisation was not compulsory, was not being enforced by the association and that it was being campaigned among all people. And the charge for the operations?

"For men a vasectomy under local anaesthetic—including consultation and post-operation test fees—varies from R30 to R35. For a general anaesthetic, payment of an additional R17 is required."

"For women the operation by surgery—contrasted out of medical aid—can cost up to R84. If an assistant is required an additional R15 must be paid and for an anaesthetist, the fee is R25. With

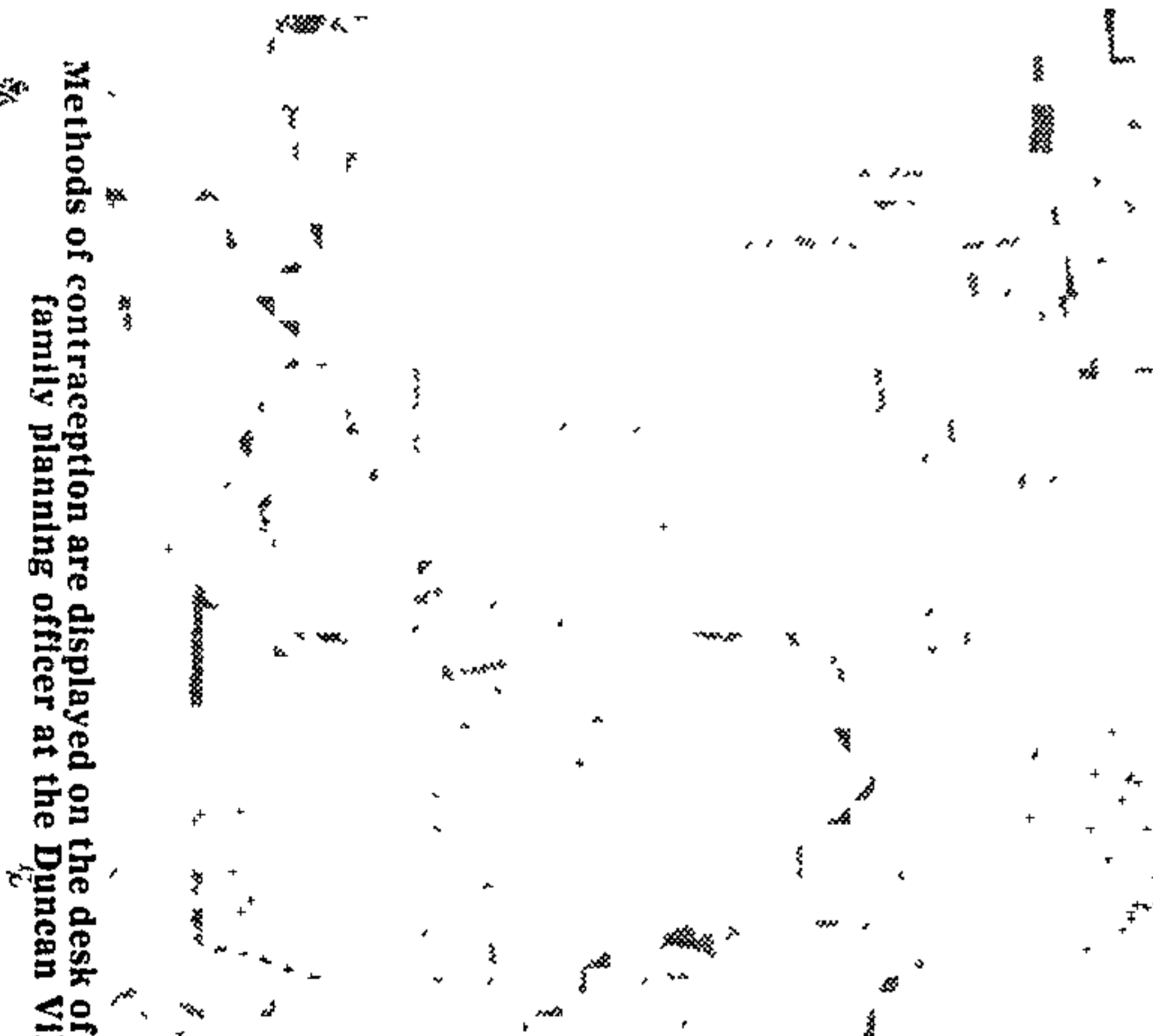
medical aid the maximum fee is R68, but the costs of an assistant and anaesthetist are again extra," she said.

Miss Riggs said a patent could only be reimbursed through medical aid if the operation had to be performed because of medical grounds. And the cost of the operation if performed at municipal and provincial clinics?

"At Cape provincial hospitals for patients attending for the sole purpose of being sterilised, there is a nominal fee of 50c in the case of men. "For out-patients the fee is also 50c. But in the case of women the fee is R1.50."

"The blacks, they don't like it at all. But then the way family-planning is geared in South Africa is that for every 5-000 people there is only one motivator.

"But we are opening up an avenue through sterilisation and vasectomy which will be the complete method of controlling family-planning and the population growth," Miss Riggs said.



Methods of contraception are displayed on the desk of Sister Mary Jones, chief family planning officer at the Duncan Village clinic.

sterilisation. We talk about spacing-out of a family and not of sterilisation," he said.

Dr Schneider said "roads are being made among the more enlightened blacks" with regard to family-planning through education.

"We must educate people—that's what is necessary. But as to where these pamphlets came from, and who authorised the family-planning staff to distribute them, I cannot explain," he said.

The persuasively-styled pamphlets designed to convince the layman of the benefits of the vasectomy and sterilisation, are flowered with hard hitting, provocative and suggestive explanations as to the virtues of the operations.

Printed on blue and green paper, the leaflets maintain "sterilisation is the most reliable form of contraception available today."

Writing in the latest issue of the journal "Social Affairs" of the Cape Association for Voluntary Sterilisation, Dr D P De Villiers, says "A mass sterilisation campaign to drastically reduce the population growth without racial discrimination is a top priority for South Africa's economic recovery."

Dr De Villiers, South African representative on the World Federation of Associations for Voluntary Sterilisation, and an obstetrician at Paarl Hospital, says future economic prosperity will never reduce population growth by improving socioeconomic standards, and South Africa must therefore "accept the alternative" of a nationwide sterilisation campaign.

He goes on further to say "South Africa should increase its sterilisation rate 10-fold, and we should do everything in our power to dispel the Government's inertia which is based on its fear of being accused of racial motives."

Dr De Villiers has called on the Government to make voluntary sterilisation the first significant form of freedom, and a basic and fundamental right for citizens "of all races."

"Our present situation does in practice discriminate by making sterilisation readily available to the financially privileged, but it is denied to the mass of the people, mostly because they are not aware they have this basic right, or because of the lack of an available sterilisation service," he declares.

Quoting statistics, Dr De Villiers said South Africa, with a sterilisation rate of one per 1 000 people per year, was far behind the United States.

Many people interviewed this week claim they had not been offered any guidance about sterilisation or vasectomy by the family-planner, but that they had "just been handed a pamphlet to think it over."

Mr Joseph Qubuda, 29, "It is not good for young men. Maybe for old men who already have grown children, but what if it is made compulsory? I'm dead against it."

Mr Luke Luhlolo, 35, "We are not interested in barren families. I'm against this kind of modern-castration."

Mr Aladdin Tokota, 40, "This I believe to be one of the worst methods or acts of family-planning ever introduced through a State Health Department."

"What if we all accept this plan, and then end up as a nation of castrated men? And what if some unscrupulous medical officer starts vasectomising our sons—the idea is crazy, immoral and I'm

*State Mercury 11/7/77*

# Man found hanged in bathroom

(241)

Mercury Reporter

A YOUNG Transvaal man was found hanged in a bathroom at the Oceanic Hotel on Durban's beachfront late on Saturday night.

Mr. J. de Beer (21) was found by hotel employees after he failed to arrive at work on Saturday evening.

When he did not answer their repeated calls they broke down the door to the room and found Mr. de Beer hanging by a neck tie from a pipe in the bathroom.

Police were called and Mr. de Beer was taken to Addington Hospital where he was certified dead.

Police do not suspect foul play. A hotel spokesman said Mr. de Beer moved into the hotel last month.

Saturday,  
July 16, 1977

D.J.D.

# DAILY DISPATCH

(24)

## Children orphaned

DURBAN — A young Zululand brother and sister were tragically orphaned yesterday when a laden timber truck crushed the small car in which they were travelling near Gingundlovu on the North Coast, killing their parents and their teenage sister.

Heide van As, 19, died an hour after the horror smash while police and a panel beater were trying to free her from the mangled wreckage of the car.

Her parents, Mr Jacobus van As, 51, and Martha, 46, died instantly.

Their other children, Zeida, 13, and Johan, 10, were admitted to Eshowe Hospital with multiple injuries, but their conditions were satisfactory. Police said the car was so badly crushed by the 20-

tonne truck "that it could have been taken away in a wheelbarrow"

The accident happened shortly after the family had set off for Durban where Zeida and Johan were to take a train to Ladysmith for a holiday.

Zeida said they stopped at the side of the national road because Johan was feeling car sick. "There was someone trying to overtake us but they couldn't make it because there was an ambulance coming the other way."

"Then our car shook and we went over the bank with the truck on top of us."

"Johan crawled out, but I had to be cut out."

The driver of the truck, who was not hurt, has been detained by police. — DDC

The only other crash survivor — 10-year-old Johan van As.

Thirteen-year-old Zeida van As, crash survivor, in hospital last night after the accident which killed her parents and sister.

The overturned timber truck which killed Mr and Mrs Jacobus van As and their 19-year-old daughter, Heide. The mangled Van As car is hidden under the truck.

EDM 23/7/77

# Burial talk angers

STAFF REPORTER

THE suggestion that urban blacks be returned to their homelands after death for burial has angered Soweto residents

One man, reacting to reports that the Transvaal Municipal Executive had called for blacks to be buried in homelands to save space, hit out at "this deportation after death"

"Now they want to push us around — even after death," Mr Lucas Sithole, a student, said. He criticised the view that blacks were not regarded as permanent residents, even after death.

Mr Fred van Wyk, director of the South African Institute of Race Relations, said "This is taking the policy of

separate development to absurd limits."

Mr Muzi Nkosi, a Soweto High School teacher, said "I want to be buried where I was born." He rejected the alternate suggestion by the TME — that blacks be cremated — saying that "our religion and culture does not allow cremation"

Another Soweto resident pointed out that many blacks had never visited their homelands. He asked whether those who needed passports to go to homelands would have to apply after death.

Mrs Busie Mdlalose was against returning dead people to homelands because "it endorses apartheid, even after death". She said it was traditional for Africans to be near their dead in order to pay their respects to them





A PHOTOGRAPH of the Glass family, taken only two weeks ago, shows (from right), Alastair (17), Mrs Pat Glass, her husband Ian (48), Penelope (14), and Ian (20). Alastair, Penelope and Mr Glass were killed in the aircraft crash

**Mercury Reporter**

**PIETERMARITZBURG.** A JOINT cremation service will be held tomorrow for the farmer and his two children killed in Friday's air crash at Impendle, Natal Midlands.

Mr Ian Glass (48), his son Alastair (17) and daughter Penelope (14) died when their aircraft plummeted to the ground only 3km from the landing strip on their farm.

A neighbouring farmer and witness to the death plunge, Mr. Roy Falconer, arrived at the

## Joint service for dead

scene within minutes but the trio were dead.

Mr Falconer told how a friendly gesture ended in tragedy for the occupants of the single engined beechcraft ZS-FKK

On Thursday evening

Mr Glass had borrowed some cigarettes while he and his wife dined at Mr. Falconer's house

The next day Mr Glass flew to Durban.

On his return trip, Mr. Glass flew low over Mr. Falconer's house and dropped a packet of cigarettes wrapped in newspaper

Mr Falconer was standing in his front garden at the time and looked up to see the aircraft suddenly dip "as if it had hit an air pocket" and hit some trees in the back garden.



D.D 30/7/77

## Second death

JOHANNESBURG — Mr Norman Cole, 51, a municipal safety officer, died on Thursday trying to save the life of a colleague.

The man whose life he saved, Mr Archie Seabrook, 68, died yesterday of multiple burns. Mr Cole was electrocuted, Mr Seabrook badly burned when they were brought into contact with an 88 000 volt cable. — DDC

(24)

TRIP SAYS:

'I'D RATHER

HAVE

THE MAN'

Mrs Aline Eggers, who gets R100 000, a house, a car every three years, and an overseas holiday. She said yesterday:

'I would rather have the man than the money.'

'I am very sad about the whole business. Our marriage was a happy one for 30 years until 1975, when Johan suddenly turned cold and lost all feeling for me.'

She hopes she and her husband will stay good friends.

Mrs Eggers, who is about the same age as her husband, used to run a charm and beauty school in Port Elizabeth but is now in the

SUNDAY TRIBUNE, JULY 31, 1977

# After 30 years in divorce court, the ghost of Port Elizabeth

Tribune Reporter

A FORMER president of Port Elizabeth Chamber of Commerce will pay R190 000 for his freedom.

That's the amount of a divorce settlement Mr Johan Eggers has agreed to make to his wife, Aline, payable in R25 000 instalments over the next four years.

In addition to bequeathing R50 000 to each of his two married daughters, Mr Eggers will also give his ex-wife:

- Then R25 000 home and all its contents;
- Monthly maintenance of R600.
- An immediate contribution of R2 000 towards an overseas trip.

A new car every three years — starting in December — equal in size and style to the one she has at present.

Mr Eggers, 61, a hides and skins exporter, said this week: 'It was worth it.'

Mr Eggers, whose business has branches in London, Durban, Cape Town and Oudtshoorn, was born in Amsterdam and spent many years in Germany before coming to South Africa in 1955. He will continue to live in Port Elizabeth, probably in a small apartment.

He would not comment on the breakdown of his marriage — "That's my business," he said.

The provision to will R50 000 to their daughters, Mrs Marianne Tengehy of Cape Town and Mrs Janne Aytton of Johannesburg, is binding on Mr Eggers' estate.

Mr Johan Eggers  
... instalments

# THE MARRIAGE WHO? DAY R100 000 FOR FREEDOM AND THE WIFE WHO'LL GET CARS, A HOUSE AND AN OVERSEAS

*N. Mercury 2/8/77*  
**Divorce law call**

**POTCHEFSTROOM** — A Transvaal Judge, Mr. Justice J. J. Trengove, SC, has appealed for "drastic" revision of the divorce laws. Complete breakdown of the marriage should be the only grounds for divorce, he said.

He made the appeal in a speech to the annual congress of the Afrikaanse Studentebond here at the weekend.

He said the Courts allowed exploitation of the present law and 96 percent of all divorces were allowed on grounds of malicious desertion. This gave rise to perjury, fraud and unfairness.

The Courts were not interested in this but only in the guilt of the respective parties.

Complete breakdown of the marriage should be the only grounds for divorce. — (Sapa.)

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241

## CHARITIES' LOSS

Mercury Reporter 2/8/77

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MR ALFRED EDWARD BLACK, of Durban former chairman of the Durban Home for Men and the Centenary Home, died in Durban at the age of 84 on Saturday.

A businessman and estate agent in Durban for many years, Mr Black's charitable work extended to the Natal European and Coloured Blind Association, of which he was a committee member.

In 1948 he was the president of the Silverton Bowling Club and was later elected life-president. He also served on the committee of the Royal Durban Golf Club.

Married for 58 years, Mr Black is survived by his wife Natalie and brother Arthur.

N. Mercury 6/8/77

(241)

# TRAIN KILLS CHILD

Mercury Reporter

FOUR deaths occurred in Durban yesterday as a result of motor accidents and other incidents

Bonginkosi Mngadi (12) was killed when he fell under a moving train at Umlazi.

An unidentified Indian pedestrian died after he was struck by a car. At Sunkist tearoom, Country Club Beach, an unidentified African died after being hit by a car. Police are still looking for the driver of the car.

Another unidentified African died in Currie Road from stab wounds in the chest.

LABOUR SU

AN ECONOMY

o. 11

D.D. 8/2/77

## 6 die for sake of (24) a dummy

JOHANNESBURG — Six young people died at a rail crossing near Klerksdorp at the weekend on their way back from returning a baby's dummy

The dead were Mr Theo Oosthuizen, 20, his sister, Tertia, 14, and another sister, Annalien, 12

They were the children of Mrs Molly-Ann Oosthuizen of Klerksdorp

Also in the car were their friends, Miss Anarie Zaayman, 21, of Ficksburg, Annalie de Villiers, 15, and James Roesch, 12, both of Klerksdorp

It was Mrs Oosthuizen's birthday on Friday and Mr Oosthuizen and his girlfriend, Miss Zaayman, came home for the weekend

Another daughter, Mrs Ria Venter, of Klerksdorp, and her baby, also visited her mother

After Mrs Venter left, Mrs Oosthuizen discovered the baby's dummy had been left behind. Mr Theo Oosthuizen then offered to return the dummy to Mrs Venter at her home 25 km away.

On their way back from Mrs Venter's home their car was involved in a mid-night collision with a goods train at a rail crossing. — SAPA.

D.P.  
11/8/77  
241

Woman, 107, dies  
CAPE TOWN — Mrs Sarah  
Ely, who would have turned  
108 on August 31, has  
died at her home here. —  
SAPA.

STAR 12/8/77

## Sterilise unmarried mothers—call

### Political Reporter

A former deputy chairman of the Atomic Energy Board, Dr T E W Schumann, has suggested that serious consideration be given to compulsory sterilisation of mothers — and fathers — of all illegitimate children.

The suggestion was made in Dr Schumann's

regular column in the July edition of the extreme right-wing publication, the South African Observer.

He writes that he believes that by the end of the century, "driven by sheer necessity and to save this planet of ours from utter pollution and ultimate destruction" the

world would have accepted the idea.

Dr Schumann was second in charge of South Africa's nuclear research institute until 1973, and has since attached himself to the conservative wing of Afrikaner nationalism.

Illustrating his theory in his column he attacks statistics designed to show

the illegitimate birthrate growth in the different population groups.

According to 1975 figures, he says, the illegitimate figures have risen by 4.12 percent among whites, 15 percent among Asians, 49.56 percent among coloureds and more than 50 percent among blacks.



# French letters are not enough

(241) FM 2/9/77

Family planning means more than choosing a method. Touchy political, social and economic issues are also involved.

*I used to think it was some kind of witchcraft. A few years ago, an educated friend told me all about it — Isaac Xaba (32), a Johannesburg chauffeur.*

**Birth control** is catching on. Though SA's population problem pales beside the challenge facing countries like Bangladesh and Mexico, Pretoria's policy makers, and a growing number of ordinary men and women, are realising that smaller families mean higher living standards.

"Numbers aren't the problem," insists Dr Willem Mostert, head of the Department of Health's family planning programme. The authorities have no birth rate targets, he claims. "We're trying to give people something they want and need. If we do this properly, the population problem will look after itself."

One target the Department is aiming at is the contraceptive protection of at least half the women at risk in SA by 1980 — against a maximum potential of about 90%.

Already, four in five white women at risk use some kind of contraception. The figures for coloured people and Asians is 60%, and for Africans around 25% (45% outside the homelands).

And birth rates are coming down.

The coloured rate, for instance, has tumbled from over 40 per 1 000 to 27 per 1 000 in the past 15 years. Figures for Africans are not available but Mostert thinks their birth rate has also edged downward — to about 40 per 1 000.

Adds Dr Basil Bloch, chairman of the SA Family Planning Association: "There is a downward trend in population growth, but it's difficult to say how significant it is."

Certainly, many more people — among all groups — know about and use contraceptives. In the past five years, the number of women treated at family planning clinics has soared from 437 000 pa to 853 000 pa. Johannesburg's FPA clinics gave advice to 66 000 people last year, including about 30 new patients each day. "Almost everyone at least knows about family planning now," says Dr Elin Hammar, FPA's Transvaal chairman.

More than 300 new clinics have been opened outside the Bantustans since 1974, and the Department of Health's family planning budget has rocketed twelvefold in the past 13 years — to R6,1m.

But there is still a long way to go. A recent Human Sciences Research Council study claimed 38% of African men prefer a family of six to eight children, while a third will not allow their wives to use any kind of modern contraception.

"We feel birth rates of most non-whites and some lower class whites are still too high and detrimental to their living standards", remarks Mostert. He (and others) are particularly concerned about the large number of teenage mothers.

According to the Institute of Race Relations, 37% of African girls leaving school early give pregnancy as the reason.

Views differ on the obstacles facing family planners. Most controversial is the alleged fear among blacks that family planning is a disguised form of genocide.

Despite the fact that contraception in SA is entirely voluntary, Hammar claims politics is indeed a major disincentive among blacks to practise sophisticated birth control methods. She claims family planning may have been one cause of last year's attacks on Soweto clinics. Bloch disagrees, arguing that in many cases family planning is just one function of the clinics.

Numbers won't fall. Adds Mostert: "We do find some political objections, but we can usually get our message across. In any case, it's almost impossible to decrease a population. Africans will always make up at least three-quarters of our people."

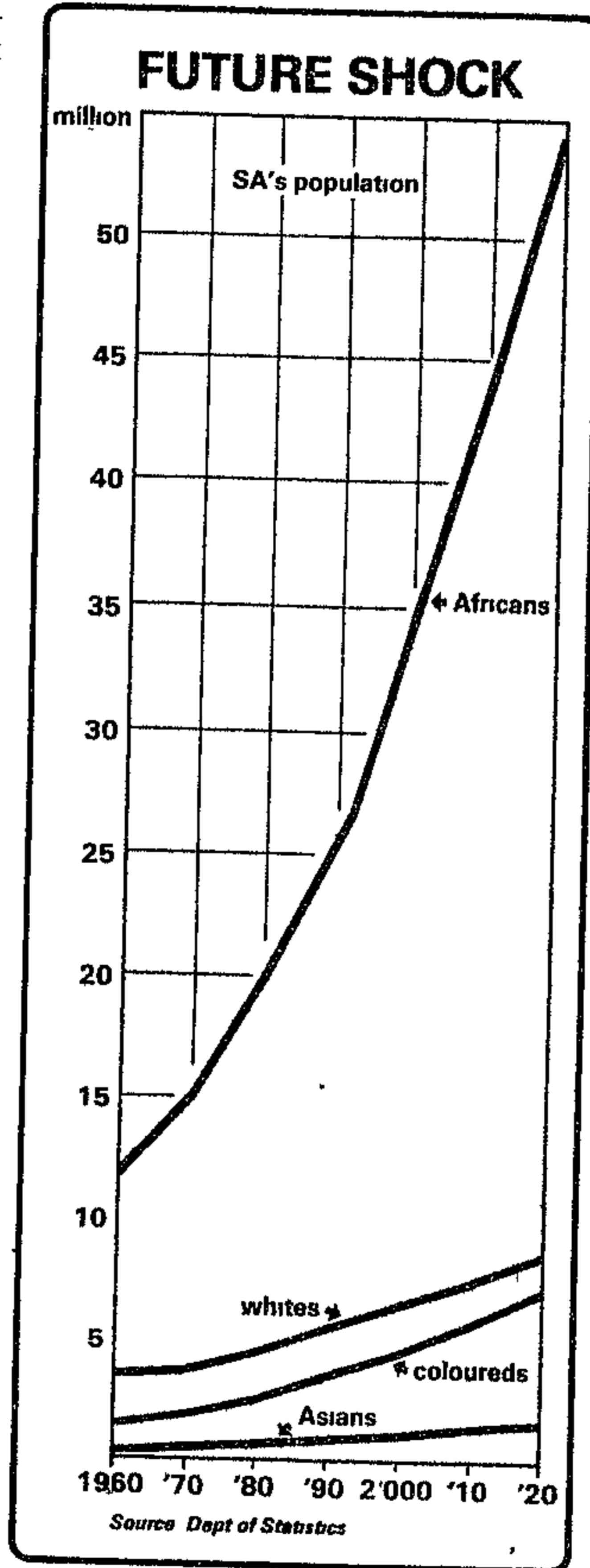
## Numbers won't fall

It is difficult to dispute, however, that some of government's political, economic and social policies are hampering family planning.

- Fear of wives' infidelity — cited by numerous experts as a major barrier among African men to contraception — is encouraged by the pass laws and the migrant labour system.

- There is still no formal sex education in schools. Hammar reports most teachers' colleges will not allow training in the subject. And Mostert says, "We would like sex education in schools, but the Establishment hasn't yet been convinced."

- Education generally is a powerful catalyst for birth control. No one needs



## FOR MEN ONLY

**Male/resistance** has been a big stumbling block in persuading black women to use contraceptives. And white men usually prefer to let their lady companions take the precautions.

The Department of Health last year formed a multi racial team of men to spread the gospel about male contraception. The team has addressed numerous groups — at General Mining mines and at Datsun and Triomf factories, for instance.

The Department is also planning a

sterilisation information campaign. During 1976/77, over 15 000 voluntary sterilisations were performed, almost all on women. Experts agree that the scope for vasectomies is large.

At present, most vasectomies are performed on white collar whites. But Hammar notes that, in most other countries, the operation has proved most popular among blue-collar workers. "We may find vasectomy will catch on among blacks, provided proper counselling is given," she says.

to be told how woefully inadequate African education is. Dr J M Lotter, of the Human Sciences Research Council wrote three years ago that "economic development and urbanisation as such will not lower fertility levels of black South Africans to an appreciable extent in the near future. Education, and not merely a campaign to eradicate illiteracy, holds much more promise. Attempts to propagate the advantages of family planning should go hand-in-hand with intensified efforts to educate blacks to worthwhile levels."

Another socio-political (and religious) controversy revolves around the best contraception methods. Both the Department of Health and the FPA insist they have a "cafeteria" approach — patients can choose whether they want condoms, injections, pills, IUDs or sterilisation, and

are advised which suits them best.

Hormonal injections in particular have aroused political suspicions among some blacks. "We don't like the injections. They hurt us and they make us sick", says one woman.

Bloch concedes the shots which are effective for up to six months and stop menstruation -- were perhaps used indiscriminately when first introduced in the late Sixties. But "they are now given only on request and with the understanding of the patient."

Mostert points out that injections are now the most popular form of contraception among coloureds and that their use among all groups has been growing. "There are no grounds for fear," he asserts.

Finally, there is the red-hot issue of abortion. Few dispute that, in countries

where abortion is available on demand, birth rates have dropped. On the other hand, as Mostert points out, many states which do not have liberal abortion laws (and SA whites) also enjoy low birth rates.

But SA's abortion laws are still far too strict, claim many. In the two years since the passing of the Abortion & Sterilisation Act (which slightly relaxed restrictions on abortions), only 1 000 legal abortions have been performed.

Many more are being carried out illegally. Bloch is quoted as telling the Cillie Commission that 20 septic abortion cases are admitted daily to Baragwanath Hospital alone. (He now says he was quoted out of context and that the figure is probably lower.) "The numbers of illegitimate births, battered, abandoned and unwanted children are steadily growing", he added.

Especially riling to many women is the fact that abortions are still outlawed even if the pregnancy results from contraception that has failed.

Though a relaxation of the law to provide for these cases presents numerous enforcement problems, Pretoria should examine the plight of women who fall pregnant despite a proven record of contraception (eg from a clinic). If it can come up with a way of allowing them to terminate their pregnancies legally, it would go some way to reassuring those who believe that the best way of combating illegal abortions is through effective family planning.

# Battle to

# save 22

# 2km down

Staff Reporter

Rescue teams at the Blyvooruitzicht death mine disaster today spoke to one of 22 miners entombed 2,5 km below ground by tons of rubble that caved in after a pressure burst yesterday. A mine spokesman said the trapped men had a 50-50 chance of survival.

"We trust they are still alive" said Mr. ...

## 22 men

From page 1

shovel out the rubble at any one time

Three black miners are still missing at the Hartebeesfontein Gold Mine near Stilfontein, where two black miners were killed after the same earth tremor yesterday

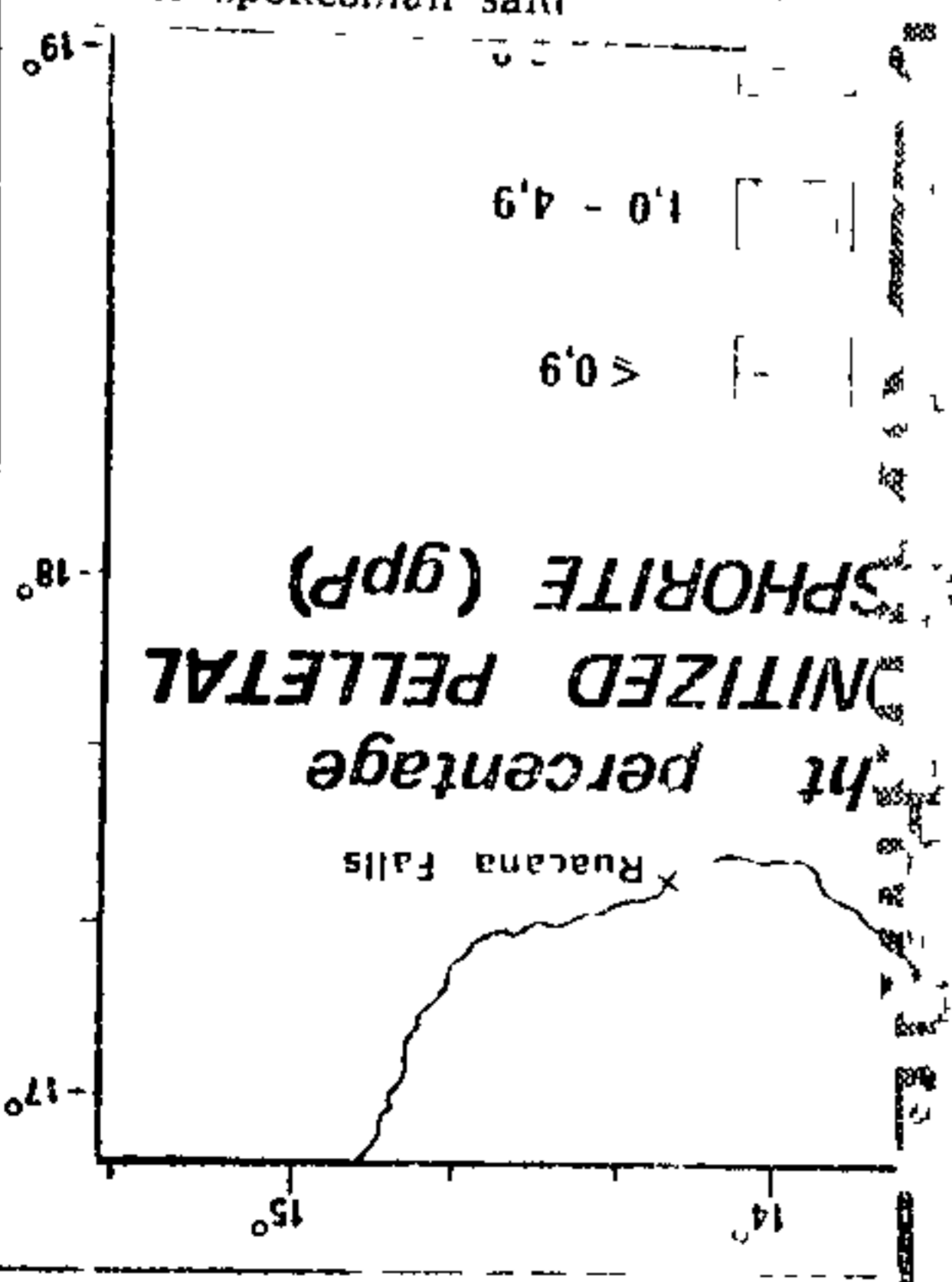
A spokesman for Anglo-Vaal, managers of the mine, said three miners with internal injuries had been rescued and admitted to a mine hospital. None is in danger

The names of the dead and missing may not yet be released as their next-of-kin have not yet been contacted

Sapa reports that an Anglo-Vaal spokesman said there was "very little hope" of finding the three missing men alive

Teams were working towards the section where they were trapped but, "there is no sound whatever from that area

"It is our presumption that all three are dead" the spokesman said



The scene at No 4 shaft of Blyvooruitzicht Mine today, 2.5 km



2611

Family  
plan  
grows

Mercury 15/1/77

(24)

Science Correspondent

ONE out of every two women in South Africa will be protected from an unwanted pregnancy by 1980.

This is the aim of the rapidly expanding family planning programme of the Department of Health, said Dr. J. P. H. Rossouw, who is in charge of the programme, in Durban yesterday.

The department is holding a forum on family planning.

When the State programme started in 1973, Dr Rossouw said about 400 000 women were making use of existing, uncentralised family planning services. This figure had now risen to 931 000 attending nearly 2 000 clinics.

The State service had a budget of R5,8 million this year. This would rise to more than R6 million next year.

Ref: 3PG/Study

Dear

Thank you for in 1978 to st pleased to ac offer you mus which is not refundable ex form of a cro

Registration

urse:

ion to the University of Cape Town a Ref). The Faculty of Arts is study and if you wish to accept this mediately accompanied by a R50 deposit, ee account. The deposit, which is not tances, should be submitted in the the University of Cape Town.

es place at the following times:

i) M.A. and B.A. (HONS) to 12 noon daily from 13th to 17th February or from 6th March to 30th April. All registrations must be completed by 30th April, 1978.

Venue: Dean's Office, Faculty of Arts, Room 101, Beattie Building.

ii) Higher Diploma in Librarianship

: 9.00 a.m. on Monday 30th January, 1978. Lectures commence on Tuesday 31st January, 1978.

Venue: School of Librarianship, P.D. Hahn Building, Upper Campus.

Acceptance to a course of study does not imply automatic admission to a University residence. If you have applied for admission to a University residence you will be informed of the result of your application in due course.

Your student number, as quoted in the above reference, must be clearly stated in all communications in connection with your application, which should be addressed to the Registrar, University of Cape Town, Private Bag, Rondebosch, 7700, and the letter, as well as the envelope, should be clearly marked "Admissions - 1978".

Notes: Non-white and alien students are reminded that, in terms of Government legislation, they must be in possession of valid study permits before coming to register at the University of Cape Town. Rhodesian students should kindly contact Mr. Zaayman of the Diplomatic Mission in Salisbury (telephone: 707901/2/3/4) in order to ascertain what information and/or letters are required by him in order to issue you with a Study permit, while overseas students must contact their nearest South African Embassy in order to make application for a Study Permit.

M. Mercury 12/9/77

241

# Injecting Sense

ALTHOUGH the contraceptive injection has had very bad publicity overseas, it is being used increasingly in Family Planning clinics in South Africa, particularly where parents want to space their children fairly far apart.

Discussing the merits of the injection at a forum on family planning in Durban recently, a spokesman for the Family Planning Association said the adverse publicity had occurred because this type of contraception prevents conception from between four and thirteen months, according to the individual.

But it is also ideal for couples wanting to plan their children several years apart. It is also recommended for women not in favour of sterilisation. Containing no estrogen it is safer for people with a history of certain diseases, such as epilepsy.

Some of the more frequent questions asked about this method are

Q. What does the contraceptive injection contain?

A. A synthetic hormone similar to one of the female sex hormones normally found in the body.

Q. Is this method new?

A. It is modern, but not new. It has been used for almost ten years now, and is administered to millions of women throughout the world and in South Africa.

Q. How effective is it?

A. One of the most effective methods available

Q. How often is it given?

A. Usually every three months.

Q. If the injection is given while I am pregnant, will it harm the baby?

A. No.

Q. Will the milk supply be affected if I receive the injection while breastfeeding my baby?

A. No. It actually increases the milk supply and its quality, and is one of the most suitable for mothers who are

Most women notice no change

Q. Will the injection delay the menopause?

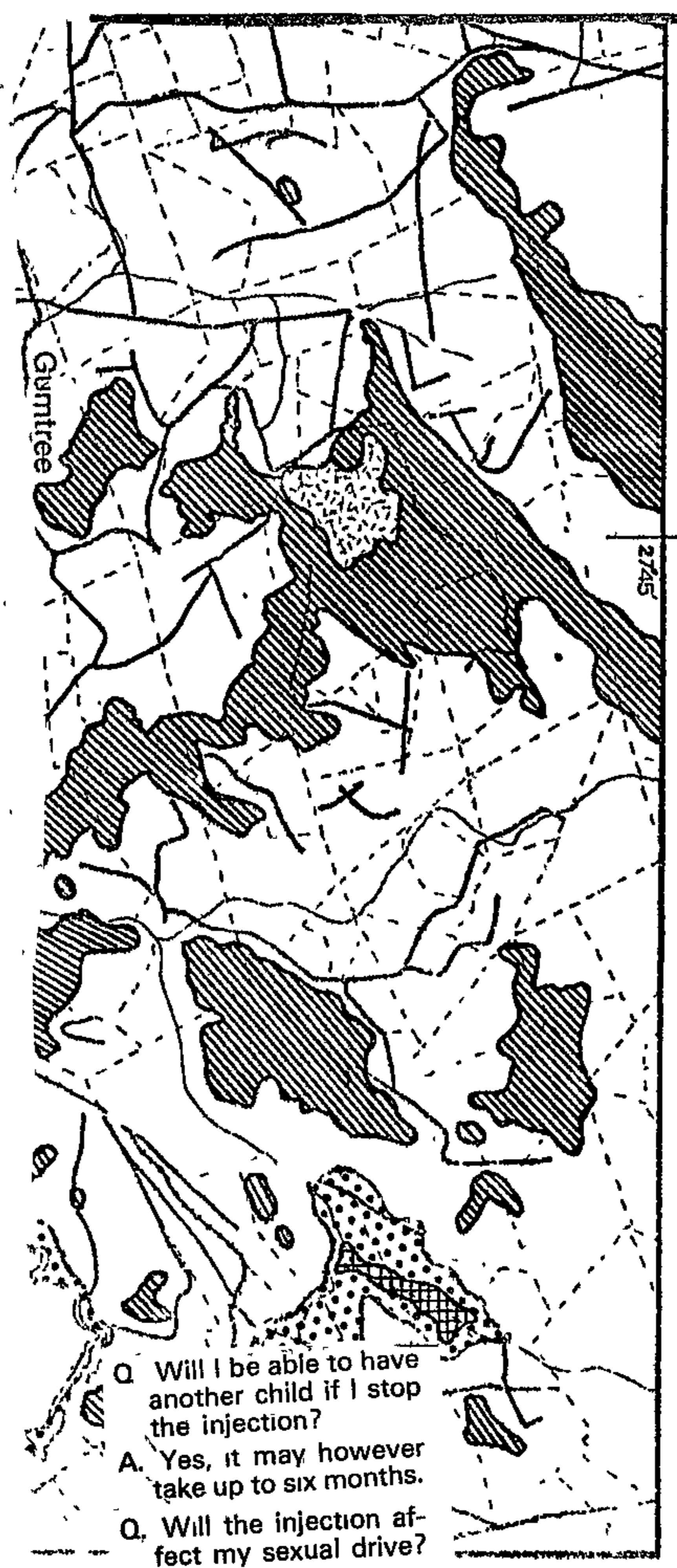
A. No. This will occur at the usual time.

Q. Can the injection cause thrombosis?

A. No  
Q. Is this suitable for all women?

A. No contraceptive is suitable for all women. Your doctor will advise you

Ann Marshall



Q. Will I be able to have another child if I stop the injection?

A. Yes, it may however take up to six months.

Q. Will the injection affect my sexual drive?

A. Usually it does not

# No room in school for

## QUOTE

By Dr Gerald Hosking, Natal Director of Education:  
**Parents have not made up their minds... We are undoubtedly concerned about the impression that our present system has nothing to do with real life**

By MARION COX

A DEPARTMENT of Health official this week criticised the lack of sex education in South African schools.

Speaking at a family planning forum in Durban, Mr Deon du Plooy, assistant head of family planning for the Department of Health, said he could do nothing about introducing educational programmes on sex and family life in schools.

"We have offered our assistance to the Department of National Education but they say there is no need for such a syllabus — the present programme is sufficient," he said. "But as far as we can see there is no co-ordinated programme of any kind."

Mr du Plooy also blames parents for inertia in not pressing for adequate sex education facilities in schools. They are shirking their responsibilities.

Part of the problem, says Dr Hosking, is that school syllabuses are overloaded and any new programme would either have to be outside school hours or squeezed into a schedule that children find is increasingly demanding.

"We are undoubtedly concerned about the impression that our present education system has nothing to do with real life, but unless we have the support of the community we will make no headway. Society promotes high ideals for its young, yet there continues to be an immoral undertone on TV and in the entertainment world generally which doesn't reflect those high standards."

## 'We can't cope'

But some schools in Natal do receive instruction on the facts of family life.

The Durban Society for Marriage and Family Life runs a programme called Education for Living in many Government and private schools in the area.

"We provide the course only at the invitation of the school," said Mrs Ruth Keech. "It covers all aspects of adult family life, such as the roles of husbands and wives, budgeting, legal problems, and of course sex education and contraception if we are specially asked. We have found great enthusiasm among parents and teachers for the programme. There is more demand than we can possibly cope with."

One school which has accepted the programme as part of its counselling course is Carmel College in Durban, a co-educational high school.

"We have the full support of the parents for this course," says Mr Andrew Gialerakis, headmaster. "Some of the talks are to mixed groups, and naturally we don't insist on children participating if they feel particularly shy about a subject, nor if there were any objection on religious grounds from the parents."

"While I don't feel the area of interpersonal relationships should be a formal part of the school curriculum, I would certainly agree that there is real value in informal courses of the kind we run."

SUNDAY TRIBUNE, SEPTEMBER 18, 1977

# the facts of life

## FAMILY PLANNING EXPERT SAYS EDUCATION CHIEFS TURNED DOWN OFFER OF SEX TEACHING

Parents should insist that something be done and bring pressure on the education authorities to initiate family planning education for teenagers."

A spokesman for the National Education Department later denied he had any responsibility for sex education in South African schools.

"This subject is outside our province," he said. "There is nothing in terms of the Education Act which states we have any responsibility in this regard. Isn't it really a matter for parents? Children should receive instruction on sex subjects from their parents, not in schools."

But Mr du Plooy rejects this attitude. "We get many requests from schools for courses

in sex education and advice on family planning, but our hands are tied. We cannot enter a school without the permission of the Department of Education, and there seems little likelihood of that permission being granted."

Dr Gerald Hosking, Director of Education for Natal, is cautious about introducing sex education into schools.

"Parents have not made up their minds," he said. "We are giving serious consideration to introducing a programme on 'family life education', but I don't know of any province that is contemplating more than that."

EDM 29/9/77

(261)

# Family planning slows production, they say...

By JOHAN BUYS

FAMILY planning for blacks is for the birds.

This seems to be the attitude of some Brakpan industrialists and businessmen who will not allow the Department of Public Health's family planning experts on their premises because it interferes with production.

The department is having a tough time educating them on the benefits of family planning, the Brakpan Town Council's public relations officer, Mr Frans Geldenhuys, said yesterday.

"Businessmen are not compelled to allow family planning sessions on their premises and some of them regard it as a waste of time which interferes with production.

"We have to convince them that it will ensure that they keep their labour longer, because women will not fall pregnant as frequently," Mr Geldenhuys said.

But the manager of health services for the council, Mr H. G. Kruger, says there are encouraging signs that most businessmen are beginning to realise the importance of family planning.

Last year 1 449 blacks benefited from family planning services for the first time, and 5 371 mothers visited clinics for family planning guidance.

The Department of Health has a family planning nurse and motivator working in the townships, Brakpan and Tsakane, who visits homes and lectures at clinics.

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Daily Hosp, 27/9/77 (24)

# Family planning reaches 60 000

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EAST LONDON — From February to July this year the Department of Health's family planning programme in the Eastern Cape reached 60 300 people through group discussions and film shows.

This was disclosed by the Regional Director of Health Services, Mr J. D. Krynauw, who said in a press release that during this period 12 739 individual interviews were conducted. Of these 9482 resulted in a first visit to a family planning clinic — a success rate of 75 per cent.

In addition to this a further 6 298 women who had defaulted or who re-

quired re-motivation were contacted and persuaded to return to the clinics.

Thirty-two training courses were held for nurses at the Port Elizabeth training centre while one was held at Frere Hospital, East London, and two at Mdantsane Hospital.

Most of the nurses attending the courses came from local authorities, while 54 were from the Ciskeian Government Service and five from Transkei.

In East London 18 factories are now rendering family planning services

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were oppressed because of their race. ( 14 ) The Africanists of the CYL did not reject the CP out of hand. In fact they found themselves drawn together because of a common radicalism of method in creating a mass movement.

The ANC 's interracial policy reached its climax in the meeting of the Congress of the People ( COP ) in 1955. The COP was supported by the ANC, the South African Indian Congress, the South African Congress of Democrats, the Coloured People's Organization and the South African Congress of Trade Unions. The COP drew up a Freedom Charter in which it was stated that " S. A. belongs to all who live in it, Black and White. " It advocated the establishment of a multi-racial democratic state based on the principle of sharing power. Such declarations were an affront to the Africanists, denying the concept of " Africa for the Africans. " Interracial the interracial composition of the COP and the influence of African leadership constituted, to the Africanists, a betrayal of African nationalism. After the failure of the Western areas and Bantu Education Campaigns, the ANC lost a great deal of prestige. Africanists seceded in 1958 and formed the Pan-African Congress under Sobukwe in 1959. ( 15 )

The Pan-Africanist Congress ( PAC ) was an extension of the CYL outside the ANC. The PAC, like the CYL in the 1940's, maintained that it was returning to the ANC 's original nationalism. It censured the ANC

( 13 ) Walshe, pp. 335-336

( 14 ) Wilson & Thompson, p.459

( 15 ) Wilson & Thompson, p.464.



Contrary to the report in the Daily Dispatch of July 11, facts and reality show that the public is fortunately already shockproof to adverse publicity relating to family planning and sterilisation.

**What are the facts?**

A recent survey of 15 000 persons showed that modern contraceptive practice and sterilisation are well accepted by men and women from all walks of life, including the Eastern Cape. Attendance figures at family planning clinics show that nearly one million women are using modern contraceptives, including people from the Eastern Cape. It is not known how many persons visit private practitioners and pharmacists for their contraceptive needs, especially white.

It is precisely this basic human need which led to the development of the family planning programme in South Africa and notwithstanding sinister reporting on the Department's family planning programme, this need is being met as shown by the continual rise in attendances at family planning clinics.

Why is this so? Why is the public shockproof? The reason is that they know that family planning services are providing an essential service for modern people.

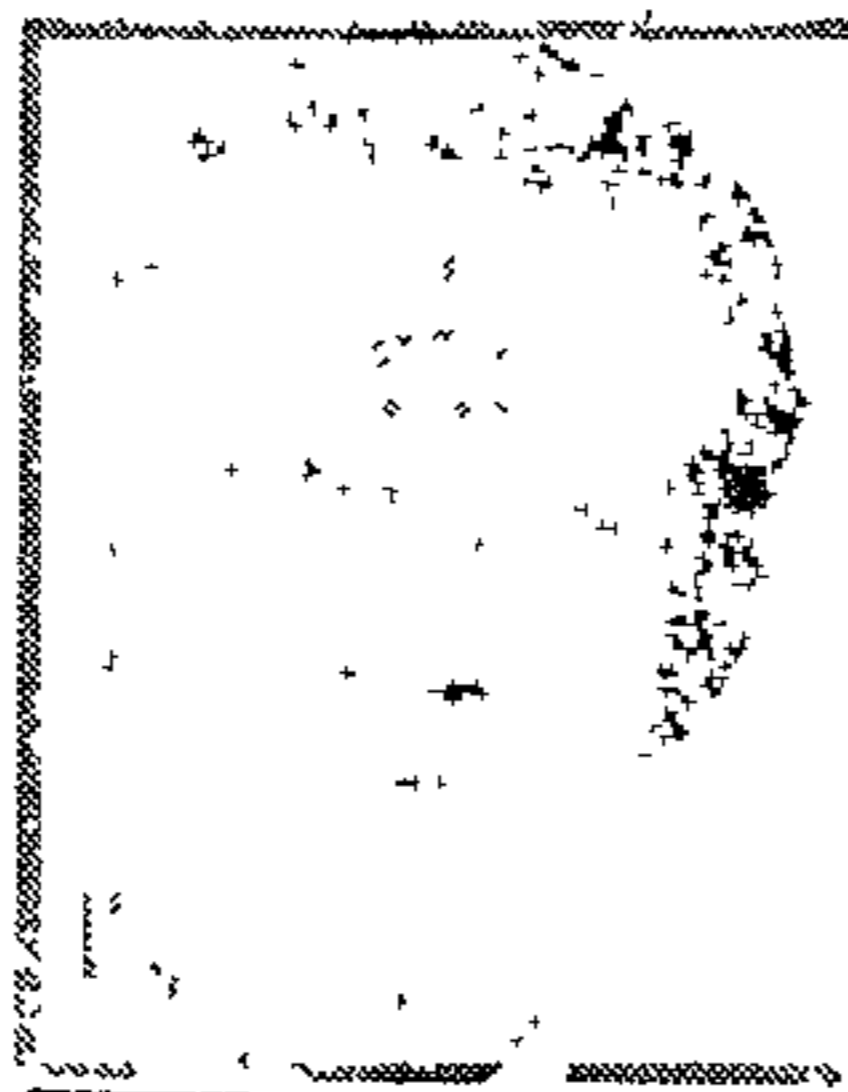
The present-day town dweller sees it this way. "Family planning and contraception has always been part of my life, and this is also the case for those living in the rural areas. But here in town and city we simply have to

# Planning families

DD 3/10/77

(241)

Contraceptive use	Asians	Blacks in white areas	Coloureds	Whites
None	36,9	61,8	45,6	32,9
Modern Methods	301,	20,1	36,1	33,2
Sterilisation	11,1	2,6	12,5	11,3
Other methods	21,9	15,5	5,8	22,6



The Department of Health under its Secretary, Mr J. de Beer (left) puts its view in the debate about contraception

adapt to the new environment. We have now to adapt family size to our housing, and to income. The wife has to work to make ends meet. Everything costs money, even recreation and entertainment. A few children with brain power are a greater asset than many children with only muscle power, as is necessary in the rural areas."

It is, therefore, to be expected that with urbanisation and the advent of modern contraceptive methods a demand for these services has developed spontaneously among people from all walks of life in their desire to control their fertility.

Many women inquire about sterilisation operations for contraceptive purposes and are referred to hospitals. Prior to the introduction of modern contraceptive methods the other less effective methods were used but who wants to return to that era?

The natural demand for modern contraceptive services and information increased to such an extent that it became necessary to provide clinic and advisory services in an organised manner. This resulted in the national family programme for all population groups, announced by the Minister of Health in 1974.

The aim of the programme in South Africa, as with most programmes in the world, is to provide in the basic needs for contraception and family planning and so contribute to a higher standard of living and improved health for individuals and families.

A "cafeteria approach" is used in the programme with regard to the choice of contraceptive methods. Sterilisation is but one of the possible methods that are available to those who prefer it. An increasing number of men and women are following the world trend of preferring surgical sterilisation to the continual use of the other contraceptive methods, with their hazards of pregnancy and side-effects.

From the figures quoted, it is apparent that white, Coloured and Asian women find sterilisation equally acceptable. There are also definite signs that black women are finding this type of contraception increasingly acceptable, so much so that in larger centres waiting lists for the operation have developed. Unfortunately there are still areas where the needs of the people for information and facilities are not yet met, or even recognised.

To meet some of these needs pamphlets on all the available contraceptive methods will be found in family planning clinics. It is, therefore, felt the Gavin Robson jumped to conclusions by singling out one particular pamphlet and regarding it as a national plan on the part of the Department to stem population growth.

- ii) Are there personality traits that motivate modernization, thus contributing to development?
- iii) Psychological consequences of change, i.e. anxiety, identity confusion, etc.

iv) How has culture change changed socialization perspectives?

General: PA was basically out to prove that all behaviour is a function of environment rather than heredity or race. The culture was learned rather than innate.

The introduction of personality was not so much a topic to be explained but an explanatory concept, i.e. it showed up the importance of personality for the maintenance of social systems as well as change in internal structure.

Reason for including personality: it is usually the fulfillment of his/her internal state that leads to change or maintenance of a certain culture.

Star 18/10/77

# Birthrate fall cuts TED intake

The sharp decline in the white birthrate has forced the Transvaal Education Department to cut down on teacher training.

Despite the increase in the school population over the last few years, the department has forecast that it will need fewer teachers in about three to four years time when next year's first-year students graduate and schools start feeling the effect of the drop in the birth rate.

Department of Statistics figures reveal that the schoolgoing population in South Africa has increased from 891 869 in 1974 to 942 216 this year while the number of white births has dropped from 90 458 in 1972 to 80 026 in 1975. The 1976 figures are not yet available, but are also expected to show a drop.

Because of the drop in the birthrate, the TED has for the last few years placed a restriction on the number of "agreement" students who enter colleges of education for training as primary school teachers on a TED bursary and are ensured employment.

The Johannesburg College of Education has had

its quota cut from 810 for this year to about 600 for next year.

The Goudstadse Onderwyskollege has had its quota cut by about 50 for next year. Both colleges, however, report a drop in the number of applications compared with last year, although they expect them to increase slightly at the end of the year.

241 FM 14/10/77

**facts at your fingertips**

Unless otherwise stated, all figures include Transkei

AREA	
RSA (excl Transkei)	1 176 032 km <sup>2</sup>
SWA/Nambia	824 269 km <sup>2</sup>
Transkei (after consolidation)	45 010 km <sup>2</sup>

POPULATION*	Economic-ally active			
	1975	1976	Total 1980 (est)	Total 2000 (est)
Whites	1.7	4.3	4.7	6.6
Africans	6.9	18.6	20.4	34.7
Coloureds	0.9	2.4	2.7	4.7
Asians	0.2	0.7	0.8	1.3
Total	9.7	26.1	28.6	47.4

\*Incl Transkei which in 1976 had a resident pop of 2,411m (incl 20 300 non Africans)

PRINCIPAL URBAN AREAS	Pop June 1976 ('000s)	
Johannesburg	1 371	
Durban	854	
Cape Town	843	
Pretoria	634	
Port Elizabeth	470	
Germiston	216	
Bloemfontein	183	
Benoni	182	

AFRICAN HOMELANDS	Area (km <sup>2</sup> )		Pop (incl whites) ('000s) (1976)
	No blocks after consolidation	Area after consolidation	
B Tswana	6 37 994	40 430	1 158.2
KwaZulu	10 32 734	32 390	2 701.4
Lebowa	6 22 476	25 180	1 387.5
Ciskei	1 9 421	7 700	478.8
Gazankulu	3 6 331	7 410	333.6
Venda	2 6 182	6 680	332.3
Swazi	1 2 084	3 910	208.6
Qwaqwa	1 482	620	90.5
S Ndebele	2 202	730	n/a

MAIN TRADING PARTNERS (Rm)	1974 1975 1976		
UK Imports	823.1	1 094.3	1 030.7
Exports	793.7	928.1	997.0
USA Imports	811.5	984.1	1 266.8
Exports	238.1	434.9	456.6
West Germany Imports	925.0	1 033.8	1 058.7
Exports	337.2	445.1	472.8
Japan Imports	600.4	611.5	600.4
Exports	429.4	491.7	514.8
France Imports	196.9	244.9	256.3
Exports	88.3	115.1	148.3

PRINCIPAL EXPORTS (Rm)	1974 1975 1976		
Gold (in all forms)	2 565.0	2 540.0	2 346.0
Base metals and articles	488.8	485.6	794.6
Diamonds, other precious & semi-precious stones	423.6	439.7	568.1
Prepared foodstuffs	446.4	523.9	503.8
spirits tobacco	403.1	543.1	431.8
Vegetable products	325.9	555.1	337.3

PRINCIPAL IMPORTS (Rm)	1974 1975 1976		
Machinery, elec equipment	1 320.6	1 819.4	1 941.2
Oil products	n/a	1 015.0	1 300.0
Transport equipment	789.4	1 083.9	1 236.7
Chemicals & allied products	448.3	450.6	488.1
Base metals & products	507.9	567.6	360.9

BALANCE OF PAYMENTS (Rm)	1974	1975	1976
Imports (including arms and oil)	5 768	-6 747	7 454
Exports (excl gold)	3 164	3 653	4 798
Net gold output	2 565	2 540	2 346
Invisibles and transfers	-959	-1 264	1 401
Balance on current account	-998	-1 813	-1 711
Long-term capital movements	761	1 746	921
Short term capital (not related to reserves)	54	-238	-266
Change in net gold and foreign reserves	-183	305	1 056
Liabilities related to reserves and SDR adjustments	115	503	837
Gross reserves end of December (End of September 1977 R700,4m)	908	1 106	887

GOLD	1974	1975	1976
Production (metric tons)	758.50	708.10	709.1
% of total world production (excl USSR)	75.90	75.30	74.3
Average of daily London prices (R) (US dollars)	108.30	118.10	116.3
Krugerrand exports (000 coins)	159.14	161.06	124.8
	3 009.00	4 700.00	2 900.0

NATIONAL ACCOUNTS	1974	1975	1976
Gross domestic product* market prices (Rm)	22 795	25 924	29 121
% increase over previous year	19.5	13.7	12.3
% increase over previous year in real terms	7.1	2.1	1.3
Gross national product† market prices (Rm)	21 892	24 704	27 729
% increase over previous year	18.6	12.8	12.2
% increase over previous year in real terms	8.5	-1.5	-1.0
Per capita GNP (R)	871	984	1 063
% increase over previous year in real terms	6.0	-4.0	-2.8

\*Total net output in SA †GDP less net payments to foreign capital and labour including changes in terms of trade

FARM PRODUCTION	1974/75	1975/76	1976/77	1977/78*
Maize (000 metric tons)	9 140	7 312	9 400	n/a
Sugar (000 metric tons)	1 883	1 801	2 042	2 160
Wool — shorn and on skins (m kg)	114.6	114.3	110.5	112.6
Deciduous fruit (controlled by DFB) (000 metric tons)	249.8	271.0	201.2	higher than 1976/77
Wheat (000 metric tons)	1 596	1 792	2 060	1 550

\*Estimate

OTHER ECONOMIC INDICATORS	1974	1975	1976
Retail sales (Rm)	5 250.8	6 142.2	6 925.6
% real increase	6.8	3.5	2.0
Consumer price index change over year (%)	11.6	13.5	10.8
Wholesale sales (Rm)	6 766.5	8 120.5	9 284.0
% real increase	9.6	3.2	-0.1
Wholesale price index change over year (%)	19.4	16.8	14.4
Manufacturing output (1970=100)	121.2	123.7	123.5
% change over previous year	5.9	2.1	-0.1
Mining production (excl gold) (1970=100)	120.4	123.9	130.9
% change over previous year	9.1	2.9	5.6
Cement production (000 metric tons)	7 302.0	7 176.0	7 048.0
% change over previous year	6.4	-1.7	-1.8
Building plans passed (Rm)	1 167.8	1 066.3	1 197.9
% change over previous year	5.3	-8.7	12.3
Buildings completed (Rm)	836.5	802.9	833.7
% change over previous year	34.7	-4.0	3.8
Building society mortgages (Rm)	889.1	1 260.2	1 070.2
% change over previous year	-27.0	41.7	-15.1
Commercial bank discounts and advances at year end excluding Land Bank (Rm)	3 414.0	3 874.0	4 112.0
% change over previous year	18.5	13.4	6.1
Commercial bank deposits at year end (Rm)*	5 905.0	6 938.0	7 655.0
% change over previous year	20.6	17.5	10.3
Money and near money at year end (Rm)	7 317.0	8 591.0	9 388.0
% change over previous year	22.3	17.4	9.0
New car sales (Jan-June 1977 78 775)	226 776.0	229 031.0	185 132.0
% change over previous year	-1.2	1.0	-19.2
New commercial vehicle sales (Jan-June 1977 46 161)	115 151.0	134 574.0	115 116.0
% change over previous year	2.0	16.9	-14.5
Electricity generated (kWh-m)	70 159.0	74 914.0	80 306.0
% change over previous year	8.2	6.8	7.2
Average monthly registered unemployed (non-African) (July 1977 29 789)	8 347.0	10 304.0	14 389.0
% change over previous year	-22.6	23.4	39.6
Immigrants (Jan-June 1977 13 356)	35 910.0	50 464.0	46 239.0
% change over previous year	49.5	40.5	-8.4
Emigrants (Jan-June 1977 13 830)	7 428.0	10 243.0	15 638.0
% change over previous year	16.2	37.9	52.7
Railway ton/km (m)	63 917.0	68 102.0	72 256.0
% change over previous year	4.7	6.5	6.1
Foreign tourists incl persons in transit (Jan-June 1977 203 918)	478 085.0	579 697.0	511 268.0
% change over previous year	-6.8	21.3	-11.8

**JOB AND PRICES** (241)  
**New statistics** FM 21/10/77

SA may not be able to eliminate high rates of inflation or African unemployment — but we may now be able to measure them more effectively.

Firstly, the consumer price index is going to be broken down into three income categories. Secondly, the Department of Statistics will be publishing more realistic figures for African unemployment.

The old CPI series was based on a median annual family income of about R4 600 in 1966. The new series will be based on three separate income groups: R2 000 and under, R2 000 to R6 000; and R6 000 and above. It will probably be available from January 1978, but may be calculated back to 1975 to provide a comparison between the old and new figures. Both sets of figures will be continued for six months after the introduction of the new series. The old series will then be discontinued.

The introduction of more realistic figures for African unemployment is a major improvement to the Department's portfolio. The new figures will be based on regular interviews with a sample of 10 000 African households.

Preliminary figures for the country as a whole are to be produced by December. More detailed figures should be available in January or February, and at monthly intervals thereafter.

Financial Mail October 21-1977

# Mother of 18 kids says never again at 49

Supp. to the DD 2/13/11

241

At 49 she has just had her 18th child, a girl called Pindela again.

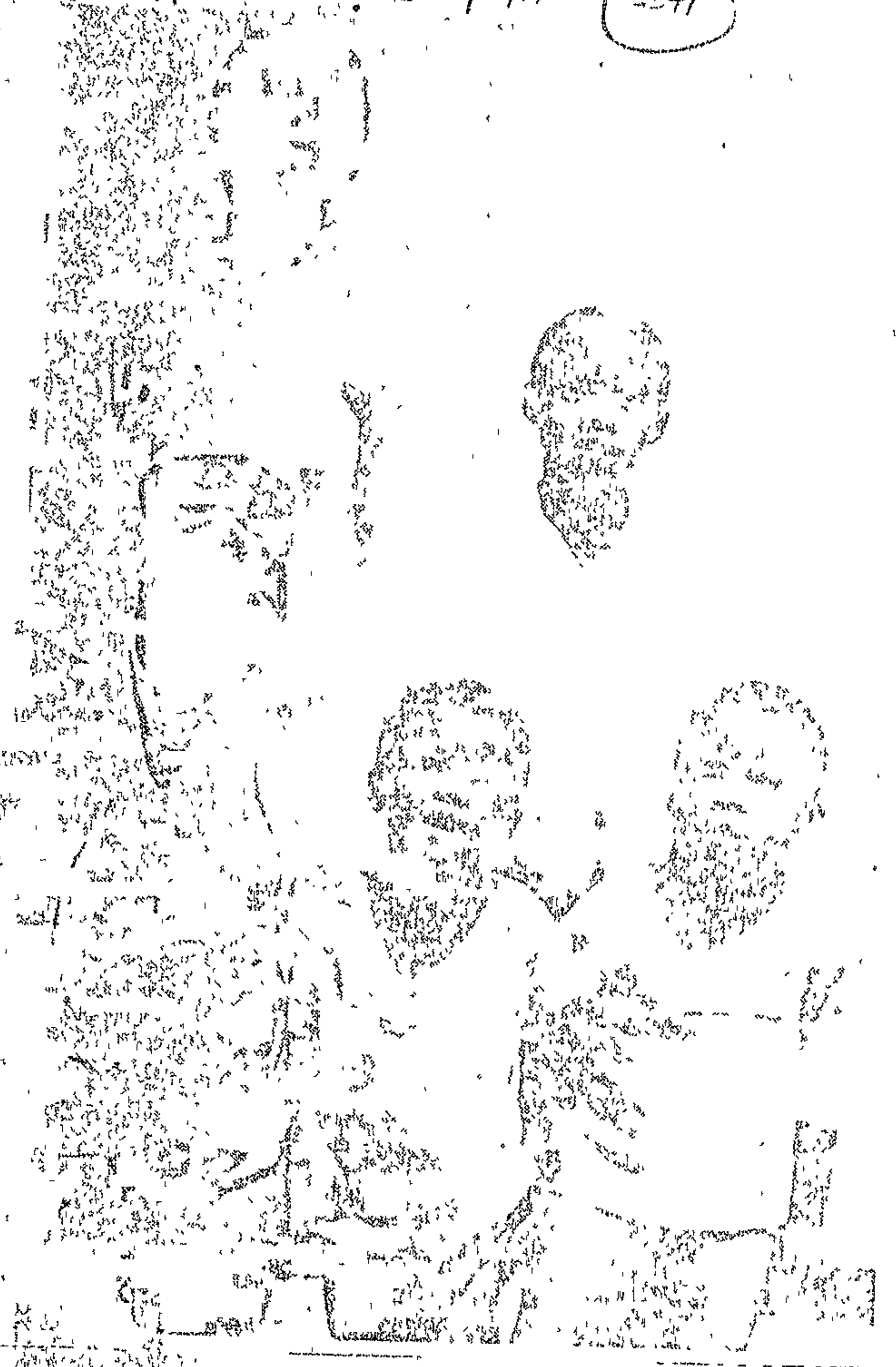
But Mrs. Pieret Quashant says that is it — never again.

Eighteen children is enough for any woman, she says.

Mrs. Quashant is seen at Walmer (Port Elizabeth) health clinic with six of the 18 children, including the month-old Pindela.

Mrs. Quashant said she and her husband had decided against having more children and she had undergone a sterilisation operation. The doctor at the clinic confirmed she had had 18 children.

He said both mother and child were in a healthy condition.



# Anti-abortion scheme set for hospitals

A. *enquiries*  
11/12/77  
(241)

**NEW** watchdog procedures, which will enable the Government to check on doctors passing off illegal abortions as legitimate operations, is being introduced soon at all South African hospitals

In terms of regulations coming into force early in the new year, every medical institutions — including private hospitals and clinics — will have to provide the Department of Health with details of every termination of pregnancy case, whether an induced abortion or a natural miscarriage

This means that every South African woman who loses a baby during pregnancy — and is treated in hospital — will have her name, background and medical details entered in a permanent State record.

The regulations will also provide the department with the names of doctors who perform dilatation and

**By DIANA POWELL**

curettage operations (D and Cs) for the removal of residue of pregnancies. This has triggered off protests from members of the medical profession who feel the regulations could be used in a witchhunt for doctors performing illegal abortions

A Department of Health spokesman said this week this was not the purpose of the regulations, but agreed it was "a fair conclusion" that they might have a deterrent effect on doctors and others inclined to abuse abortions

He insisted that the department would not prosecute if it came across doubtful cases

The department would have difficulty proving a doctor was performing abortions if he gave legally acceptable reasons for doing D and Cs.

"But if the possibility that

this was happening showed up in reports, it would be something of which the Medical and Dental Council might take cognisance," he said.

The spokesman said the new regulations aimed to:

- Provide the department with a better understanding of the reasons for pregnancy termination, statistics, the number of illegal abortions being performed, and information for general research
- Enable the department to evaluate from time to time indications for therapeutic abortions

"We really know nothing about the extent or nature of abortions," he said "We have never carried out such a comprehensive statistical study"

General practitioners and gynaecologists in Cape Town said this week the new regulations might provide valuable information for research, but would give no extra powers to crack down on abortionists

"If a woman is admitted to hospital for treatment for an incomplete abortion, and one suspects it to be a back street case, the obvious people to go to are the police. They have plenty of existing legislation under which to act — and the manpower to carry out an investigation," said a general practitioner.

"If the regulations are aimed at checking up on doctors — and it would appear this is partly the intention — it seems a very clumsy, round-about way of doing things

"Assuming I carried out 10 D and C procedures in a short period of time and the department grew suspicious. Presumably they would question me further. I would say all the operations were necessary

"They could then ask me for my records, which I am not obliged to hand over. The case then becomes a police matter, because the only way to gain access to a doctor's records is by police search warrant.

"If my records tallied with my explanation for do-

sue the department for casting doubt on my professional integrity"

A leading Cape Town gynaecologist said it was possible to perform an abortion without anyone knowing

"Any skilful gynaecologist wanting to terminate a pregnancy would merely get the abortion going in his surgery and then send the patient home. In a couple of days he could admit her to hospital and carry out a D and C

# The problem of babies born out of wedlock

NEARLY half the Coloured children born in South Africa are illegitimate — but this is less of a social problem than it is among Whites, according to Government authorities

A senior official of the Department of Statistics said in Pretoria this week that 47% of all Coloured children were born outside wedlock — compared with 4% in the case of Whites and 14% in the case of Indians.

However, social workers to whom I spoke — and the Statistics Department official confirmed their view — said that the problem of illegitimacy among Coloureds was not as great as it might appear.

Many of these babies are born to Coloured couples who are living together in a relatively stable and permanent relationship — without ever having been to the altar.

While these 'marriages' are not officially recognised, they are accepted and honoured by most of the Coloured people.

Sociologically, one could actually talk of such relationships as 'marriages' — and probably the greater part of Coloured births

## Express Reporter

registered as 'illegitimate' occur in such circumstances, with prospects of security and love for the children," a social field worker told me.

Official figures show a climbing tendency in illegitimacy among Indians — from 6,7% in 1972 to 14% in 1974.

Among Whites the figure increased from 3% to 4%.

In the case of Whites, most illegitimate births occur among women between the ages of 18 and 23. For Coloureds and Indians the ages vary from 18 to 26.

The average age of fathers of illegitimate children is 29,6 for Whites and Coloureds, and 31,2 for Indians.

However, the figures also show that in many cases the fathers are younger than the mothers.

Most White illegitimacies occur in the Transvaal — 56%, compared with 25% in the Cape, 11% in Natal and 8% in the Free State.

Most Coloured illegitimacies — 90% — are, not surprisingly, in the Cape and likewise, most Indian — 80% — in Natal.

# One white baby to six black babies

By PATRICK LAURENCE

ONE black baby is born every minute in South Africa as against one white baby every six minutes.

Dr P S Hattingh of the Africa Institute uses this comparison to emphasise two central facets of population trends, the black population explosion and the progressive decline of whites as a portion of the total population.

In an article in Bulletin, the institute's official journal, he shows that the time taken for the black increase to equal the entire white population is becoming steadily shorter.

In the years before Union in 1910 it was nearly 17 years. By the 1960s it was less than nine years. By the year 2020 it will be down to five-and-a-half years.

Putting it another way, Dr Hattingh says that in 1921 whites formed 21%

of the total population. In 1970 it was 17%. By the year 2020 they will be only 11.2%.

Dr Hattingh says those who hope white immigration will help restore the balance face certain disillusionment.

If 30 000 white immigrants were to enter South Africa in a year, they would be equalled within 24 days by black population increase.

Last year there were nearly 30 600 white immigrants. Today more are leaving than arriving. But while this is happening, the black population is going up by 1 250 a day.

Dr Hattingh goes on to note that official policy still aims at reversing the flow of blacks from the homelands to white-controlled areas.

(The Cabinet Committee investigating the position of blacks in "white" South

Africa has set itself the ultimate goal of settling these blacks in the homelands)

He then discusses a recent prediction by the Deputy Minister of Bantu Administration, Dr F Hartzberg that 72% of all blacks will be living in the homelands by the turn of the century.

For the prediction to be fulfilled, he says, the flow from the homelands would have to cease and 30 000 blacks would have to return each year from the urban areas.

This would require the creation of thousands of new jobs in the homelands each year.

But studies by Professor P J van der Merwe, of Pretoria University, show that in the last six-months of 1976 unemployment in the homelands rose by 38 000.

(Report by Patrick Laurence, 171 Main Street, Johannesburg)



DD 27/12/77 (241)

Relaxing at the Mater Dei Hospital with her baby daughter is Mrs A Evers of Butterworth.

## 14 made their debut on Christmas Day

EAST LONDON — A total of 14 Christmas babies were born at the Frere Hospital, Cecilia Makiwane Hospital, Mdantsane, and Mater Dei

Of the 14, one was delivered at the Mdantsane Hospital by Caesarian section while another baby was born in an ambulance rushing the mother to the Frere Hospital.

The mother of the girl delivered by Caesarian section is Mrs N Masaya, of NU7, Mdantsane and the baby born in the ambulance is the child of Mrs M Gunn, address unknown

Mrs Gunn was discharged from hospital and no further details could be obtained about her and her baby

Six babies — four boys

and two girls — were born at Frere Hospital, one at Mater Dei and six at the Mdantsane hospital

Mrs D. Williams, no address given, was the first to give birth — to a 3,190 kg daughter at 2,10 am followed by Mrs K Hiscock with a 3,600 kg daughter

Other to give birth thereafter were Mrs D Rooi, with a son at 1,20 pm, Mrs D. Strauss, of the South African Police Flats, Cambridge, who gave birth to a 3,520 kg boy at 4,40 pm, Mrs G Mhoywa who gave birth to a girl at 7,20 pm and Mrs N Pame who gave birth to a boy at 10,25 pm

Mrs Strauss is the wife of Const A J Strauss. This is their third child.

The only birth at the

Mater Dei was that of Mrs A Evers, of 35 Fitzpatrick Drive, Butterworth, who gave birth to a girl at 7,19 pm

The following babies were born at the Mdantsane Hospital on Christmas Day. A boy to Mrs L Maki, of 1476, NU1, Mdantsane, at 12,25 am, a girl to Mrs N Masaya, of 2728, NU7, Mdantsane, at 1,45 am, a boy to Mrs M Magqaza, of 456, NU9, Mdantsane, at 5 am, a girl to Mrs N Mama, of Mooiplaas, at 7,37 am, a girl to Mrs V Daweti, of 3261, NU2, Mdantsane, at 8 pm and a boy to Mrs F. Mapapu, of 2464, NU7, Mdantsane, at 10,30 pm

The mothers and their babies are all reported to be doing well. No further details were available —  
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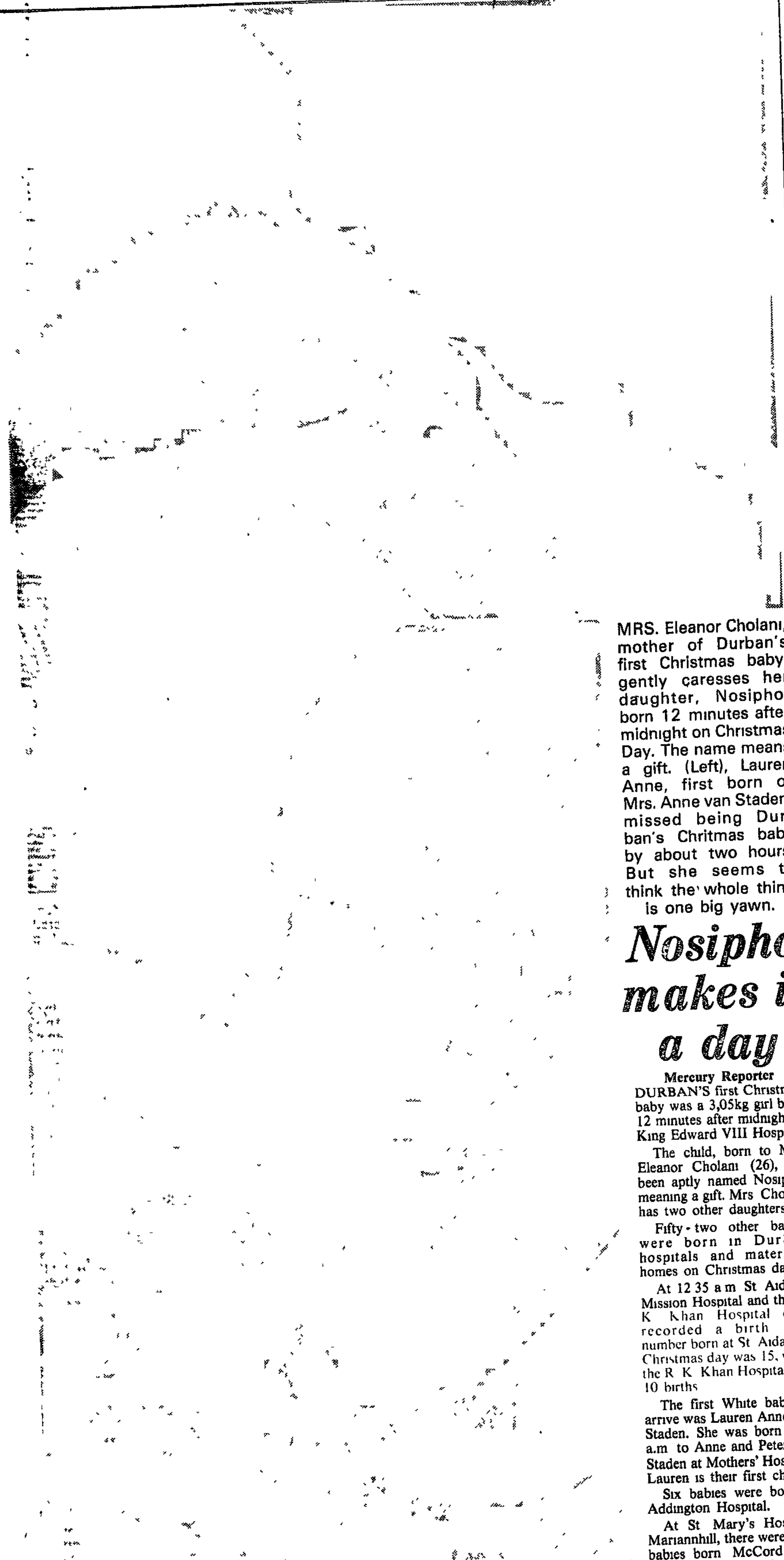
(241)

# Christmas babies

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A proud father and mother, Const and Mrs A. J. Strauss, in the Frere Hospital with their new son.

Mrs D. Williams holding her 3,190 kg son while a happy father, Mr Craig Williams, looks on.



MRS. Eleanor Cholani, mother of Durban's first Christmas baby, gently caresses her daughter, Nosipho, born 12 minutes after midnight on Christmas Day. The name means a gift. (Left), Lauren Anne, first born of Mrs. Anne van Staden, missed being Durban's Christmas baby by about two hours. But she seems to think the whole thing is one big yawn.

## *Nosipho makes it a day*

**Mercury Reporter**

DURBAN'S first Christmas baby was a 3,05kg girl born 12 minutes after midnight at King Edward VIII Hospital.

The child, born to Mrs. Eleanor Cholani (26), has been aptly named Nosipho, meaning a gift. Mrs. Cholani has two other daughters

Fifty-two other babies were born in Durban hospitals and maternity homes on Christmas day

At 12 35 a.m. St Aidan's Mission Hospital and the R K Khan Hospital each recorded a birth. The number born at St Aidan on Christmas day was 15, while the R K Khan Hospital had 10 births

The first White baby to arrive was Lauren Anne van Staden. She was born at 2 a.m. to Anne and Peter van Staden at Mothers' Hospital. Lauren is their first child.

Six babies were born at Addington Hospital.

At St Mary's Hospital, Mariannahill, there were eight babies born. McCord Zulu Hospital recorded three births.

No babies were born at Parklands Nursing Home on Christmas Day. There was one birth at St. Augustine's Hospital in the late afternoon.

The Shifa Hospital, Sydenham, was able to record two births.

## IN COURT

# Bitter divorce case settled between <sup>23/1/78</sup> <sup>star</sup> lawyer and wife <sup>(237)</sup>

A bitter divorce action between a Johannesburg attorney, Mr Bill Trollip, and his wife Alison, was today settled in the Rand Supreme Court

The case ended after repeated requests by Mr Justice Boshoff that the warring couple should try to reach agreement

Mrs Trollip (45) was granted a restitution order against her husband.

She accepted an offer of maintenance for herself and two minor daughters after counsel for Mr Trollip (45) told the judge that his client was "in a precarious financial position."

On her part, Mrs Trollip of Craighall, Johannesburg, withdrew her claim for a half share in the cattle farm, Green Giant, near Krugersdorp.

In terms of the agreement, Mr Trollip of Sandown Place, Sandton, undertook to pay R300 a month for his wife and R100 a month for one of the minor daughters

He also pledged himself to pay all school and clothing expenses for the other daughter, plus R600 a year as a contribution towards maintenance

Should the girl leave boarding school, the R600 a year would fall away to be replaced by payment of R250 a month

The settlement came

after three days of evidence marked by details of alleged assaults and bitter arguments between Mr and Mrs Trollip.

Argument over who should pay the costs of the action continued

237

FM 24/2/79

## FAMILY PLANNING

### Broeder in the woodpile

The work of family planners has suffered a setback in the townships — especially among the militant youngsters. This follows the recent report on the Broederbond's call to whites (Afrikaners in particular) to increase their families and

thereby reduce the country's black-white population ratio.

Family planning will now need a super-human public relations effort to untangle the mess. The Broederbond has not apparently heeded the views of Dr Willem Mostert, head of the Department of Health's family planning programme. Dr Mostert said (*FM* September 2 1977) "We find some political objections but

we can usually get our message across. In any case it's almost impossible to decrease a population. Africans will always make up three quarters of our population."

The Department of Statistics, in a population projection released in 1976, predicted Africans would outnumber whites by nearly 8:1 in the year 2020.

Reacting to the anger in the townships, Philemon Meyiwa, liaison officer of the Family Planning Association of SA, told the *FM*: "In view of the damaging statement on family planning by the Broederbond, I wish to make it clear that we are not interested in becoming involved in political issues."

"The Association asserts its right to educate the public about contraception, in order to bring about improved maternal and child health. It further re-affirms its right to give such information to all race groups without discrimination."

# Divorce—and the children in the middle

MM  
8/2/78

237

DO YOU agree that the present system of placing children during divorce often forces a raw deal on children and parents?

Think about it. It's a question you're going to hear often during the next few months, as the newly-formed Child Protection and Action Association launches a nation-wide blitz of pamphlets and notices in the media, calling on members of the public to form a united action front "to improve the present system."

Moving force behind Child Protection is Free State businessman Liston Bateson. He has spent the last six years collecting cuttings, and consulting psychology books and the Department of Statistics on the effects of divorce on children.

"I had personal problems in this area myself once upon a time," he confides.

"But things really came to a head when my adopted son became a public prosecutor and brought home first-hand accounts of the raw deal children get."

Last month Mr Bateson, his son and a half dozen other people including church ministers, businessmen and a psychologist formed Child Protection.

The association aims to gather about 15 000 signatures within two or

three months, when it will approach the Minister of Justice to appeal for the following changes in South Africa's divorce laws:

- The establishment of family courts like those in Australia, where divorce matters are dealt with in camera.
- Abolition of the law which makes it necessary to prove one party guilty before a divorce can be granted.
- Appointment of an arbitrator to protect a child's interests after a divorce case.
- The submission of a welfare officer's report before a child is placed with either parent.
- Access of the court to the services of a psychiatrist where a maintenance application is contested on the grounds that one parent is mentally incompetent.

In its appeal the association will also make the following points.

- South African divorce laws have remained unaltered for 300 years.
- The number of divorces has increased by 140 percent from 1952 to 1972, giving us the second highest divorce rate in the world.
- About 1 200 White children become the victims of divorce each year.
- South African law does not treat fathers and mothers equally. Except in

exceptional circumstances, mothers are given custody of children.

■ Children are not sufficiently protected in a divorce action. For instance, parents are not automatically examined for mental instability.

■ Often four to five years lapse before judgment is delivered in a children's court.

"Under our present system," says Mr. Bateson, "instead of divorce helping an unfortunate family out of a catastrophic situation, it helps them into an additional one — financially and emotionally.

"It is destroying the basis of our society, the home."

A spokeswoman for the Durban Child Welfare Society said this week she had written to Mr. Bateson asking for details of his stance.

"At the moment all I can say is I feel people should use official channels to bring about change — Child Welfare or Marriage Guidance. We have already presented evidence to a special Government commission on divorce laws and if anything is to be done I'm sure it will be through these channels.

"I'm always afraid that when too many people become involved, the child will fall in the middle."

MM 10/3/66  
237

# Girl (16) made to marry man (37)

**Court Reporter**

A SCHOOLGIRL who was forced by her parents to marry a "man of means" 21 years her senior asked a Durban judge yesterday to annul their two-month marriage.

Mr. Justice Broome granted the application and declared the marriage between 16-year-old Miss Nadira Bhana and 37-year-old Mr. Rajarathnum Perumal to be null and void.

In papers before the Court Miss Bhana said she was a Standard 8 pupil at an Asherville school last year.

In January her parents told her they had decided to terminate her schooling and marry her to Mr. Perumal who was an old family friend and a daily visitor to their home in Overport.

Miss Bhana said she was shocked by the suggestion and refused to agree to the plan. She wanted to complete her schooling and thought she was too young to marry.

## **Tears**

She did not love Mr. Perumal, whom she regarded as an "uncle," she said.

When she burst into tears her father struck her and other members of her family hurled abuse at her.

On January 20 they drove her to the Department of Indian Affairs, where Mr. Perumal was waiting.

Miss Bhana said her family's attitude terrified her. She allowed the marriage to be registered after her father threatened to drive her from her home.

The marriage was not consummated and Miss Bhana went to live with a married sister in Chatsworth.

Mr. Perumal said his desire to marry her was sincere.

But he did not object to the marriage being annulled.

Mr. C. Nicholson appeared for Miss Bhana.

# WHITE OUT!

237

Tribune Reporter

THE white birth rate is plummeting and if the trend continues the country's white population will soon stop growing altogether while that of other races continues to soar.

The results of fewer white babies according to leading academics this week, will be:

- A black unemployment crisis in 20 to 30 years;
- Dramatic acceleration towards social, economic and political equality between the races;
- A big drop in the number of unskilled whites on the labour market.

Between 1970 and 1975 alone, the number of babies born to white women dropped by about 20 percent.

## Policy

The average number of white babies being born to women between the ages of 15 and 49 was 2.4 in 1974 — the most recent figures available. This is a brief step away from the "zero population growth" figure of 2.2 babies each.

The black population meanwhile is soaring. Accurate birth rate figures for blacks are not available, but an estimated projection from Stellenbosch University's Bureau for Economic Research puts the population by the turn of the century at more than double that of 1970.

Whites constitute 17.3 percent of the population, but by the year 2000, they will constitute only 13.7 percent — if present trends continue.

Academics this week

## AS OTHER RACES' BIRTH RATES SOAR, EUROPEANS ARE TRAILING OFF TO ALMOST NOTHING

said there was a need for changes in policy and attitudes to meet the growing imbalance between the races.

Professor J. L. Sadie, head of the Bureau of Economic Research, said he was in a quandary over predicting what would happen.

"Historically, the birth rate graph for whites has been a U-shape — and at present we could be heading for the bottom of the U. But if we project present figures for the next 10 years, the tendency is for the birth rate to keep dropping dramatically.

"If we reach the 2.2 figure, the effects of zero population growth will be felt in 20 or 30 years," he said.

## Change

Professor Sadie sees pleasing but very worrying aspects in the birth rate drop. "The quality of life for white children will improve. This in turn will mean less fear of competition from other race groups and fewer unskilled white workers.

"As a result it will be easier for people to adapt to changes." However the portion of the population responsible for growth will be declining at the same time.

"There will be fewer people around to run

commerce and industry and create jobs unless other race groups compensate for this.

"Many more impediments in the way of black businessmen will have to be removed."

Professor S. P. Cilliers, head of the Stellenbosch University Department of Sociology, sees the white birth rate as following a typical pattern which will level off with only slight fluctuations in the future. The black population is still growing ... but these groups are at a different stage of historical growth from whites.

## Skills

However, while it took hundreds of years for whites to reach Z.P.G., blacks will move towards this stage far more rapidly because of circumstances such as reliable birth control.

Professor Cilliers said blacks will have to move more than ever into the occupational hierarchy.

"There have already been dramatic changes since the 1960's. Because of the high black growth rate there is no shortage of human material — only of skills.

"As a result, training and opportunities for blacks will have to be extended to relieve the manpower position."



STAR 28/4/78 (237)

# Family planning at RAU

Family planning, a community responsibility — this is the theme of a symposium to be held at the Rand Afrikaans University in Johannesburg next week.

The object of the two-day meeting will be to find ways of involving not only the individual family but society as a whole in family planning.

The Department of Health initiated the idea of a symposium and

asked RAU's departments of nursing science and sociology to collaborate.

Papers will include the implications of unplanned pregnancies on women, and the psychological implications of family planning on the husband and the family.

The symposium will be held in the Sanlam auditorium and will start at 8.30 am on Tuesday. Registration opens an hour earlier.

237

Hansard 12 28 April 1978  
Question 3 Col. 708

What was the amount of the  
subsidy granted to the  
Association during 1977

13 Mr. B. ...  
of Health

What was the amount of the  
subsidy granted to the ...  
Association during 1977

The MINISTER OF HEALTH

R88 664

## More planning — fewer births

SINCE 1974 when the Government associated itself with the concept of a World Population Year, Family Planning services have been established in practically every town in South Africa and a network of mobile clinics has started operating in rural areas and on remote farms.

"There are about 2 000 State assisted clinics rendering these services throughout South Africa," said Dr F. Neethling, principal medical officer at the Department of Health when he addressed a Community Involvement in Family Planning symposium at Rand Afrikaans University yesterday.

"The Department of Health is responsible for the implementation of this programme and even extends its services to very remote areas where part-time, trained sisters travel from farm to farm," he said. These stops often take place at outbuildings, storerooms, barns and garages on farms, drawing rooms of black homes, even farm kitchens, porches and often at some gate post or where the bluegum trees end at the edge of the maize fields.

In the Southern Transvaal area there are 78 part time sisters who visit areas where no other services exist.

Local authorities and municipalities are subsidised and given guidance by the Department of Health.

"There are few municipalities in the Transvaal which don't have a service for whites or blacks in the townships.

### FAMILY PLANNING Anne Baron

employers and the public and with community leaders who in turn propagate the message of family planning and inform people of facilities. There are also guidance officers who usually live in the community in which they are working. These guidance officers work from house to house, from farm to farm and from factory to factory, giving person-to-person interviews and addressing groups as well as showing films

Some of the aims of the World Population Year was to protect 50% of all women exposed to the risks of conception by family planning methods and to establish effective family planning services within reach of everyone

These aims have had results as the following comparison of the percentage of women protected from pregnancy in metropolitan areas shows. In 1970 32% coloured, 27% Asiatics and 12% blacks were protected while in 1976 the percentage increased to 51% coloured, 48% Asiatics and 31% blacks. Statistics for whites are not easily available because most whites receive private treatment from their doctors.

And in addition several city councils have already established a service for blacks in the white city centres. Shop and factory workers have the use of these services and also blacks living in the backyards of white homes."

Dr Neethling pointed out that once these clinical services were installed, the next step was a countrywide information campaign

This falls under graduate liaison officers who are appointed over different areas. They then have the task of liaising with

Star 5/17/78

# Academies clash on divorce draft Bill

(237)

It may become more difficult to obtain a divorce in South Africa if a new draft Bill on divorce becomes law.

This was said in Johannesburg today at the South African National Conference of Law Students by a senior law lecturer at the University of the Witwatersrand, Mrs June Sinclair.

The new Bill replaces the present main grounds for divorce — adultery and malicious desertion.

Instead the main ground will be 'the irretrievable breakdown of a marriage'.

Judges will only be given guidelines and not instructions to decide when an irretrievable breakdown has occurred.

These guidelines are continuous separation for at least a year, adultery, and a husband or wife being declared a habitual criminal.

Mrs Sinclair said the Bill would enable judges to decide divorce cases "according to caprice".

Professor A D J van Rensburg, head of the Department of Private Law at the University of South Africa and a member of the Law Commission which framed the draft Bill spoke in favour of the Bill.

He said the principle of using marriage breakdown as grounds for divorce, instead of appointment of fault, was now accepted in several overseas countries.

The aim was to reduce distress and create more goodwill between the parties.

He rejected the principle of "divorce on demand".

He said that under the new Bill courts might find some couples looking for a divorce were still young and might decide that irretrievable breakdown had not occurred until they had had more time to consider reconciliation.

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(237) 7/5/78

# New-style divorce will put value on housewives

Sun Express 7/5/78 (237)

By PETA THORNYCROFT

**NEW-STYLE** divorce, forcing men to pay their ex-wives for being housewives and mothers, is a parliamentary debate away.

If the new Bill, gazetted late last month, goes through the House, divorced women will be compensated for having looked after the children during the marriage, cooking, and doing other domestic chores.

It states that a wife may receive money due to her by way of "services rendered"

According to one of the Johannesburg legal men who did most of the groundwork on the proposed sweeping reforms, that means a woman who spends her life in the marital home, housekeeping, bringing up children, looking after her sick husband, and doing all the other chores associated with a housewife, may claim, if she and her husband get divorced, for those services she rendered so he could work and earn money

"At this stage it is not clear how much a woman can claim for having provided a home for her husband and his children

"But the value of her contribution will be included in the joint estate for sharing between the two parties according to their respective

## HOUSEHOLD CHORES WILL COUNT IN SHARE-OUT

earnings and assets

"This now places a monetary value on the contribution of the woman who runs the home and, therefore, is unable to work herself; who entertains her husband's business associates to further his career, and who makes it possible for him to earn the money which advances his financial position"

It will also end divorce by default — and the reporting of divorce cases by newspapers

Although legal experts welcome the reforms, some feel the proposed Bill has not gone far enough

The senior law lecturer at the University of the Witwatersrand, Mrs Carmen Nathan, said this week "I don't think we

have achieved everything we hoped for

"Two years ago at the National Convention to Advance Women's Legal Rights, family law expert Trevor Baskin outlined reforms he considered necessary in our divorce laws Unfortunately, not all he recommended at that conference has been implemented, although the new Bill is certainly a vast improvement"

The new divorce law will mean

- Divorce will be granted for three reasons — irretrievable breakdown of the marriage, adultery, and mental illness or incurable unconsciousness

- The court may decide not to grant the mother custody of the children — an almost automatic feature of divorce at present

- If both parents ask for custody of a child, and the court is not certain which would provide the most stable home, it may appoint a legal person answerable to the judge to represent the child

- The successful party shall not necessarily be entitled to an order for costs in

their favour, as is the case now The court may take into consideration the individual means of the couple and their respective conduct during the marriage, and order that costs be shared

- A husband will not be able to take back gifts he gave his wife during their marriage, as he can at present

- A husband will not be able to dispose of the marital home without the wife's consent, even though the house is registered in his name

- Women who have committed adultery will not be automatically disallowed maintenance At present any woman found guilty of adultery cannot claim maintenance for herself

- Judicial separation, which allows a husband and wife legally to live apart, falls away

- The aggrieved party may not apply for restitution of conjugal rights

- Sweeping changes in the division of property because of the upgrading of the legal status of women, whether married in or out of community of property

A family law expert, who is one of the architects of the proposed Bill, told the Sunday Express. "Guilt will be eliminated from divorce if the Bill goes through"

Several men and women in South Africa have been unable to get a divorce because their spouses were either in a coma, or considered "vegetables". These people now, supported by medical evidence that their spouse's condition is incurable, will automatically obtain a divorce

Flair

RDM  
Birth <sup>9/5/78</sup>

rate (237)

drops

THE WORLD'S birth rate dropped to its lowest level in recorded history during the past year and average life expectancy reached a new high, according to population figures released recently.

The Population Reference Bureau, a private educational organisation based in the United States, said the annual birth rate declined "for the first time in recorded history" to 29 for each 1 000 people from 30 per 1 000 a year ago.

Average life expectancy at birth was put at 60 years, up from 59 last year. The death rate held steady at 12 people per 1 000.

If the present annual population growth rate of 1.7 per cent continued, the Bureau said, the world's population would still be twice the current total of 4.2 billion by the year 2019.

Explaining the falling birth rate, it stated that "massive family-planning efforts in developing countries seem to be having a marked impact on population growth, as have recent record low fertility rates in developed nations."

The increased average lifespan had come about because of continued improvements in medical care, sanitation and nutrition and the eradication of certain diseases, the report said.

It added that life expectancy still varied greatly: 75 years in Sweden and Norway and 73 in the US but less than 40 years in developing countries such as Angola.

STAR 18/5/28

## Portuguese bankruptcy warning

Own Correspondent  
LISBON — Portuguese businessmen have warned the Government that industry is about to enter a critical period which could lead to widespread bankruptcies.

In a report by the Confederation of Portuguese Industry (CIP) which represents about 35 000 small and medium-sized companies, they say the Government's new deflationary policies aimed at tackling the country's R1 300-million balance of payments deficit are threatening to take Portugal into a period of irrevocable stagnation.

It is made clear in the report that the private industrial sector has very little enthusiasm for the recent package of austerity measures.

237

Handed 16 23 May 1978  
Question 611 Cols. 801-802.

801

TUESDAY 23 MAY 1978

802

MONDAY, 22 MAY 1978

Indicates translated version

For written reply

**Allowance paid to Coloured unmarried mothers for each illegitimate child**

611 Mr J W F WILEY asked the Minister of Coloured Relations

- (1) What allowance is paid to Coloured unmarried mothers for each illegitimate child,
- (2) whether any additional allowances or amounts are paid to such mothers, if so, what allowances or amounts,
- (3) what was the total amount paid during each financial year from 1973-74 to 1977-78 in respect of such allowances and amounts

(3) No separate records are kept of expenditure in respect of illegitimate cases. Grants paid to unmarried mothers are included in the total expenditure paid in respect of all maintenance grants.

Five

The MINISTER OF COLOURED RELATIONS

Welfare for Coloured persons in the Republic is a matter which has been delegated to the Executive of the Coloured Persons Representative Council. I have however, ascertained that the reply to the question is as follows:

Seven

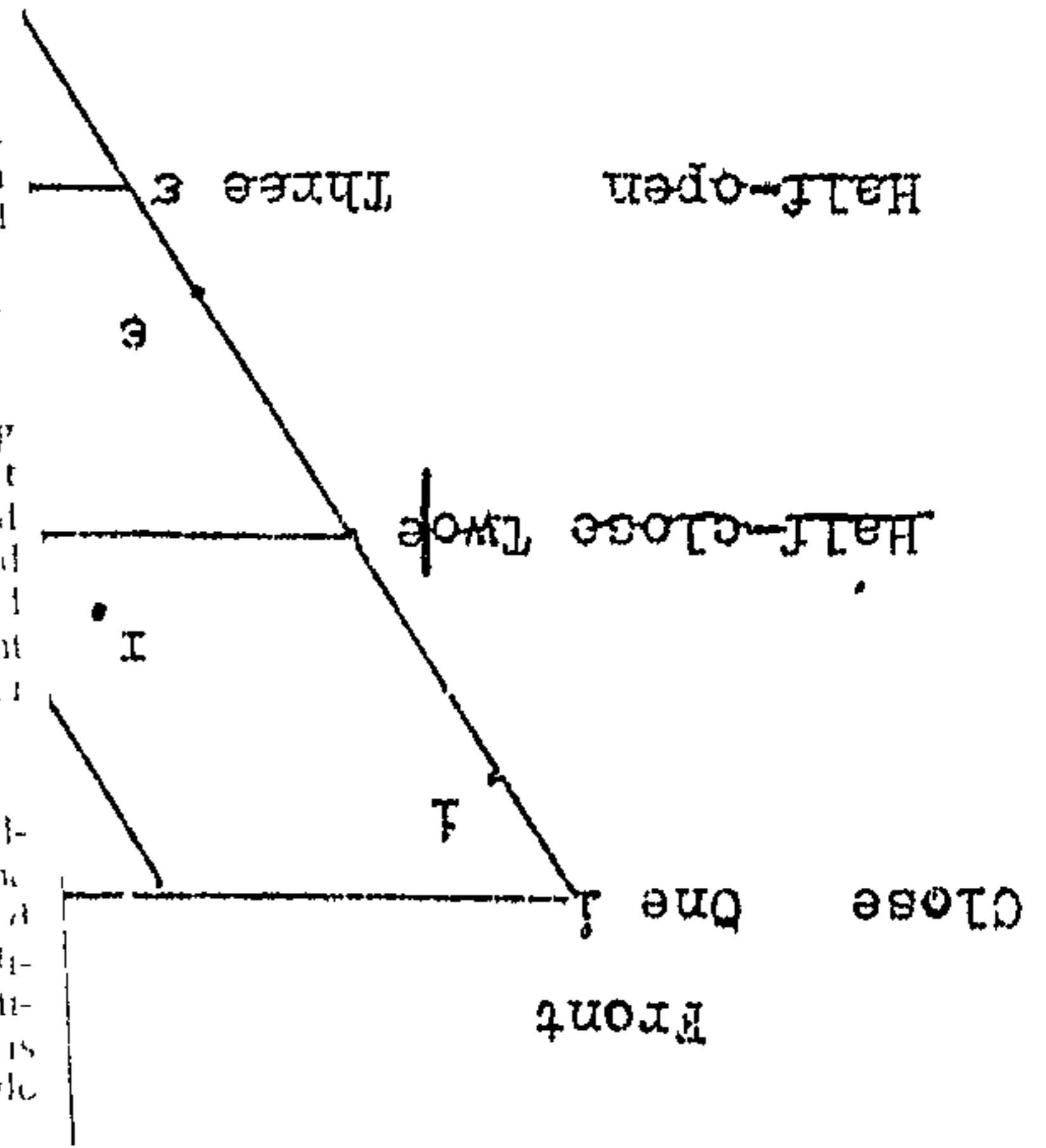
(1) A children's grant not exceeding R97,80 per child per annum in respect of each of the first and second child and not exceeding R57,50 per child per annum in respect of the third and fourth child. The payment of the grant is subject to means test and other prescribed conditions.

Eight

(2) Yes. A parent's allowance not exceeding R510 per annum is payable to the mother, subject to means test and other prescribed conditions. In addition to the said allowance, an additional grant of R53 per annum is payable if the mother is a single person.

Six

Eight



A diagrammatic representation of the approximate tongue positions of average Standard English vowels compared with the tongue positions of the cardinal vowels



RDM

25/5/28

237

# White hopes to marry his coloured love

By CAROL STEYN

"I HOPE the time will come when I can marry her," read the statement of a man in love across the colour line.

The statement was handed in to the Johannesburg Regional Court in the case in which a young German, Mr Erhard Kloese, 31, and Mrs Ruth O'Reilly, 31, a coloured woman "with a Mediterranean type of skin" appeared on a charge under the Immorality Act before Mr G J Ellis.

They had been living together for eight years, the court was told.

They pleaded not guilty. Detective Sergeant J Heydenrych told the court that just after midnight on February 24 he went to a flat in Lyndown Court, Soper Road, Berea, Johannesburg, as a result of information he had received.

Mr Kloese, dressed only in denim trousers, opened the door when he knocked, the sergeant said. Mrs O'Reilly, wearing a dress,

was lying under a blanket on the only bed in the flat.

Cross-examined by Mr K Gordon, for Mr Kloese and Mrs O'Reilly, Sergeant Heydenrych admitted that Mrs O'Reilly had "a Mediterranean type of skin" and that some Portuguese people in this country had skins of that colour.

"To me she looks coloured, however," he said. "I know coloureds. I grew up in the western Cape."

Sergeant Heydenrych told the court Mrs O'Reilly had admitted to him that she was a coloured.

He read to the court a statement which, he said, Mr Kloese had made to him. The statement read. "I met this girl in 1970 and fell in love with her. After a few years we became engaged. After so many years I am still in love with her. I can't marry her in this country because it is against the law. To go somewhere else is impossible because I

don't want to leave my firm. I hope the time will come when I can marry her."

Detective Sergeant P A Cloete told the court he had accompanied Sergeant Heydenrych. He found women's and men's clothing in the wardrobe and Mrs O'Reilly admitted that the women's clothes were hers, he said.

He handed a statement to the court which he said was made by Mrs O'Reilly. She said she had been living with Mr Kloese for eight years. She met him shortly after her divorce, she said.

"He has been very good to my family and my little boy I did not have, all these luxuries before I decided to stay with him," the statement read.

Mr Kloese and Mrs O'Reilly did not give evidence and the hearing was postponed to May 28 for judgment.

# Family planning

DD 261578

(237)

Marylyn Chapman in her article on May 6 missed a few points in her criticism of "Love and Sex on the Loose" by the Rev Paul Marx. She regards the Rev Marx as blissfully ignorant of the hardships and difficulties of the parents of large families, especially the poor ones, and infers that he is advocating irresponsible parenthood. On the contrary, he states quite

clearly in his article that "education in human sexuality and unselfish love should begin as early as junior high school under the guidance of carefully prepared teachers. No senior should graduate without a thorough understanding of responsible loving parenthood in terms of natural fertility awareness."  
Her second misconception is that she believes

that the rhythm method is the only method of natural family planning. The rhythm method has been superseded by the ovulation method which has now gained international acceptance and is the subject of organised teaching in more than 75 countries. Twelve thousand couples in Calcutta alone are using natural family planning. Dr J Billings, president of the Ovulation Method and Reference Centre of Australia, and his wife (also a doctor of some

repute) have pioneered this method and they recently toured South Africa. Dr Billings has stated that "failure rates as low as 0.5 per cent have been achieved by the ovulation method and there is no contraceptive technique which can do better than that."

He says "The ovulation method stimulates communication, co-operation and generosity between husband and wife and thus helps to build stable marriages." It may be

used to help couples who want to have children as well as those who want to space their children

Mrs Chapman seems to think that the ideal family should consist of "one two or three children." As everyone knows, contraception is practised in the vast majority of cases by those who can best afford to have and educate four or more children — even in these days — with a little bit of sacrifice! Dr Billings also says "Loss of respect for human life has

become the most serious social problem in the world today"

One would have supposed that a society dedicated to the preservation of wild life would also have a concern for the preservation of human life. Yet, it is advocated that human life should be restricted in order to preserve our ecology!

Robert de Marcellus, Inspector General of the Florida National Guard, writes that the West's con-

tinually falling birth-rate "will not only prevent attainment of new advances for our society but will destroy the economies and power of Western civilisation." The birth-rate of Western nations has already fallen far below replacement level

As Solzhenitsyn said. "Perhaps the West has lost its will to live"

(Mrs) M. Bowen,  
3 Graydene, 32 St George's Rd. EL

# Court rejects wife's claim for R2 000

237

**A CLAIM** for maintenance of R2 000 a month by Johannesburg socialite Mrs Celia Penn was dismissed in the Supreme Court this week.

Mr Justice T van Reenen said Mrs Penn's surgeon husband, Dr Alan Penn, was already supporting his wife and children adequately.

In papers before court, counsel for Dr Penn refuted his wife's claim that she was living frugally. Evidence was that Mrs Penn spent R41 on having the family's domestic pets bathed and groomed recently, and that she intended repeating the performance again soon.

It was also claimed that Mrs Penn spent money lavishly on clothing for her minor children, including a R60 suede coat, an R11 belt, and an expensive waistcoat for the couple's 15-year-old son.

Mrs Penn was also charged with being untruthful in her affidavit in which she swore her mother was indigent. Mrs Penn claimed in her original affidavit her mother lost all the money she inherited when her hus-

**By PETA THORNYCROFT**

band died, and that she had to help support her mother.

However, the court heard in a subsequent affidavit from Mrs Penn that the elderly woman had saved R23 000 from her "disastrous" investment, had been loaned an additional R26 000 by Mrs Penn, as well as R9 000 from Mrs Penn's sister, Mrs Jocelyne Isaacs.

In her supplementary affidavit Mrs Penn admitted her mother had an income of nearly R500 a month, as well as assets in the form of jewellery valued at R9 000.

In Mrs Penn's affidavit she said her husband's attorney, Mr Trevor Baskin, had refused to advance their son R100 for a trip to Swaziland. Dr Penn was overseas at the time.

The couple's eldest daughter already receives an allowance of R100 a month from her father.

Mrs Penn claimed that a mink coat given to her by her husband was 13 years old and was only a jacket.

However, Dr Penn claimed he was told the jacket had increased in value since he bought it.

Mrs Penn also said her inheritance from her father was only R40 000, not R50 000 as her husband claimed. She said she deposited R3 700 in her current and post office-savings accounts. She said she had spent R300 of it on a light fitting, R300 on wall papering, and jewellery for herself costing R580, and she had paid R2 000 to her husband.

Dr Penn refused to discuss his wife's maintenance claim, which the court heard he was not obliged to pay. He told the court he had no wish to terminate his marriage and still loved his wife deeply.

Mrs Penn, speaking from her luxurious Houghton home, said she was "not very distressed" at the outcome of the hearing.

"I have to think of the children, and I don't want to upset them any more than they are already," Mrs Penn said.

Mrs Penn was ordered by the court to pay her husband's costs.

Star 30/5/78

# WOMEN

237

## She is offering hope to...

Birthright provides moral support and practical help for distressed pregnant women. It recently opened a crisis centre in Johannesburg, reports WENDY KOCHMAN.

# UNWED

# PREGNANT WOMEN

Although more single women today are opting for parenthood, there is still a lot of prejudice against the unmarried mother.

Birthright, a movement that offers supportive and practical assistance to distressed pregnant women is trying to remove the social stigma associated with the unwed mother and her child.

"We want to encourage a more human understanding of the problem," says Mrs Yvonne Morgan, chairman of the movement's new Johannesburg branch.

"I was shocked recently when I asked some women to join Birthright. They turned on me, saying 'These girls have only themselves to blame. They must face the consequences themselves'."

Birthright's motto and guiding principle is that it is the right of every pregnant woman to give birth and the right of every child to be born. Founded in Canada by Louise Summerhill in 1968, the movement aims to offer an alternative to abortion. "We are not trying to force women to bring unwanted babies into the world," stresses Yvonne. "Our aim is to show women that there are practical and rewarding alternatives. One of the most obvious is, of course, adoption. There are hundreds of couples throughout the

small but important ways. It can find suitable jobs before and after the baby's birth, supply second-hand baby clothes and equipment, give encouragement to mothers suffering from the baby blues, give moral support, and even break the news to parents of unmarried mothers.

The Birthright service is free and uses only volunteer workers who undergo a short training which involves lectures by experts in the field.

One policy of the movement which has come under attack is their refusal to discuss contraception or sterilisation with their clients.

"A woman who turns to us for help is pregnant

and in distress," argues Yvonne.

"What good would it do for us to tell her what she should have done before conception or what she ought to do after the birth?"

"She wants help, comfort and moral support here and now. That's what we are here for. We are not anti-family planning or birth control. It is just not relevant to our movement."

The organisation is non-racial and non-denominational. All services are kept strictly confidential and are not discussed with anyone without the client's consent.

Birthright needs volunteers to run its new Johannesburg crisis centre. If you are interested, phone Yvonne Morgan at 802-2465 for further information.

**OFFERING MORAL SUPPORT** — Yvonne Morgan, chairman of the Johannesburg branch of Birthright, with son Ian James (four months).

"We are not counsellors and we do not give specific advice," says Yvonne.

"We refer women to specialists whether it be for legal, financial or medical assistance.

"Our role is that of the friendly neighbour — ready to sit and chat about any little problems."

Birthright tries to help a woman in every possible way to mobilise her own resources and those of the community in order to face the future and plan constructively for herself and her child.

The movement helps in

### Not condemned

If, after consulting Birthright, a woman still decides to have an abortion, the movement respects her decision.

"We would not condemn her or threaten her as some more militant anti-abortionists might do. The final decision is entirely hers.

MIGRATION

237

Where's it warmer?

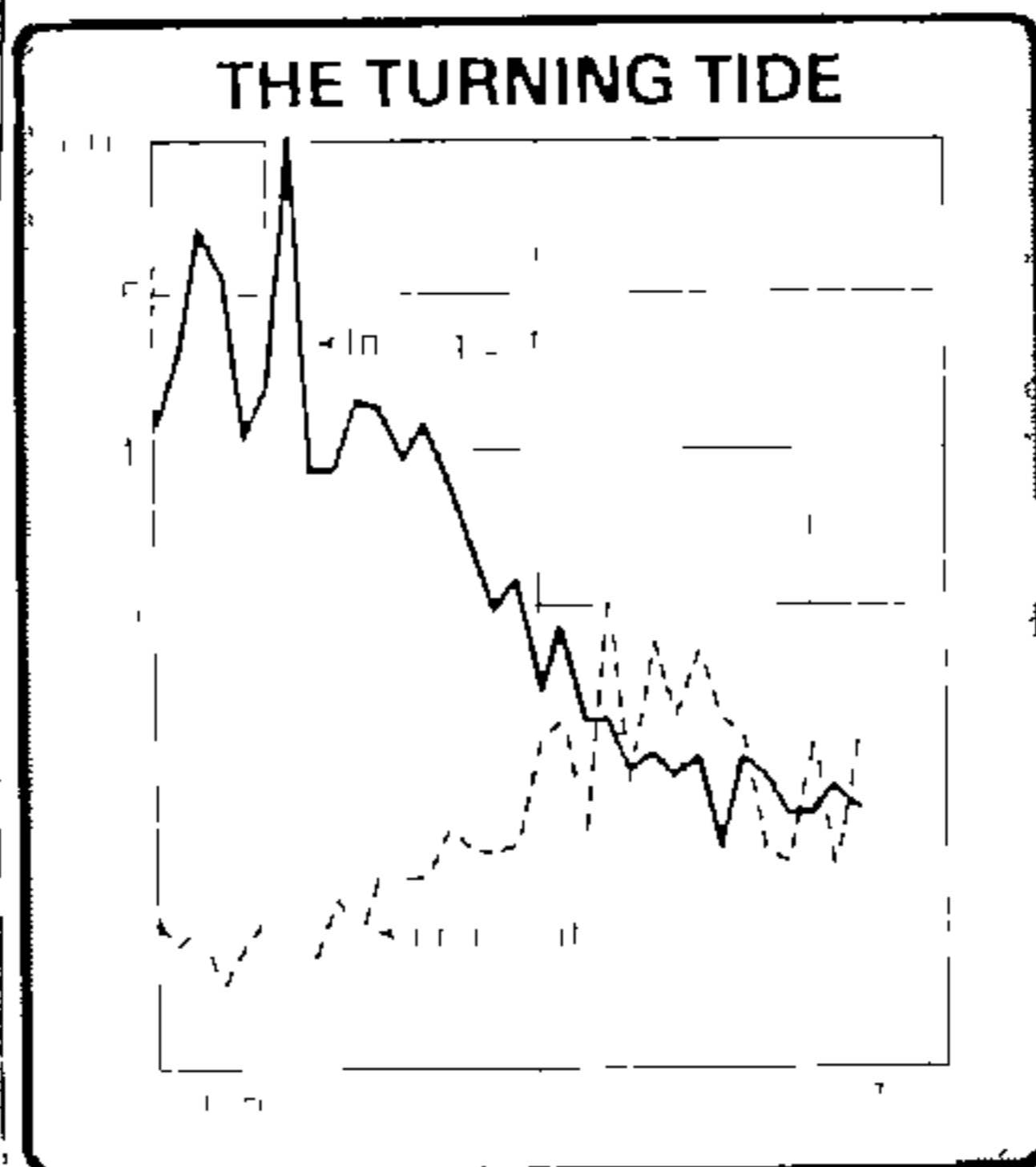
FM 2/6/78

SA's emigration tap has been turned on again (see graph). Latest figures from the Department of Statistics reveal that a net outflow of 421 people — or 921 if seasonal variations are eliminated — trickled from the country during February.

Financial Mail June 2 1978

Disappointing, after January's net inflow of 516. Moreover, it's far from certain how soon — if ever — net immigration will recover to the 20 000-plus annual inflows of earlier years.

The number of South Africans who pulled up stakes and left the country for good during February was (seasonally adjusted) over 33% up on the same month last year, and 132% higher than the figure for January. And it is a hefty 184% up on permanent departures during February 1976.



Arrivals of new South Africans during February were more encouraging, being just under 20% up on the figure for the previous month. But February's immigration still lagged over 25% behind the same month last year, and was 56% down on February 1976.

The drying up of the annual net inflows of thousands of immigrants that SA experienced until last year may have serious implications for both SA's skilled labour market (as Stellenbosch's Bureau for Economic Research has pointed out) and for consumer demand (FM November 25 1977).

Whether SA's blacks can fill the vacuums left in both spheres remains to be seen.

Handwritten notes and signatures at the bottom of the page.

10/6/78 R.D.M. Immorality

# Statements were forced — accused

(237)

Star Reporter

A WHITE man and a coloured woman yesterday claimed in the Vanderbijlpark Magistrate's Court they were forced by police to make statements incriminating themselves under the Immorality Act.

Mr David Attlan, 54, of Langenhoven Street, Vanderbijlpark, and Miss Chrissie Adams, who lived on Mr Attlan's property, were charged with contravening or attempting to contravene the Immorality Act in Mr Attlan's bedroom on February 17. They pleaded not guilty.

Lieutenant M J Halgyn, of the Vanderbijlpark police, said he and other policemen went to the

house at about 10.30 pm. Lieut Halgyn knocked on the front door, then on the bedroom window. Mr Attlan came to the window dressed in his underpants. The house was in darkness, Lieut Halgyn said.

He put his hand through a fanlight and opened the curtain. He shone his torch inside and saw Miss Adams sitting on the bed in her bra and panties, he said.

Miss Adams denied being in the room and said police forced her to make a statement after swearing at her and hitting her.

Mr Attlan also denied Lieut Halgyn's evidence.

The case was postponed to June 23.

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# The heartbreak law

'Cruel—but  
we still  
love SA'

By  
JUNE WOTHERSPOON

HEARTBROKEN at having to part because of the Immorality Act, German-born Mr Erhard Klose and his coloured lover, Mrs Reilly, spoke bitterly yesterday of "this cruel law"

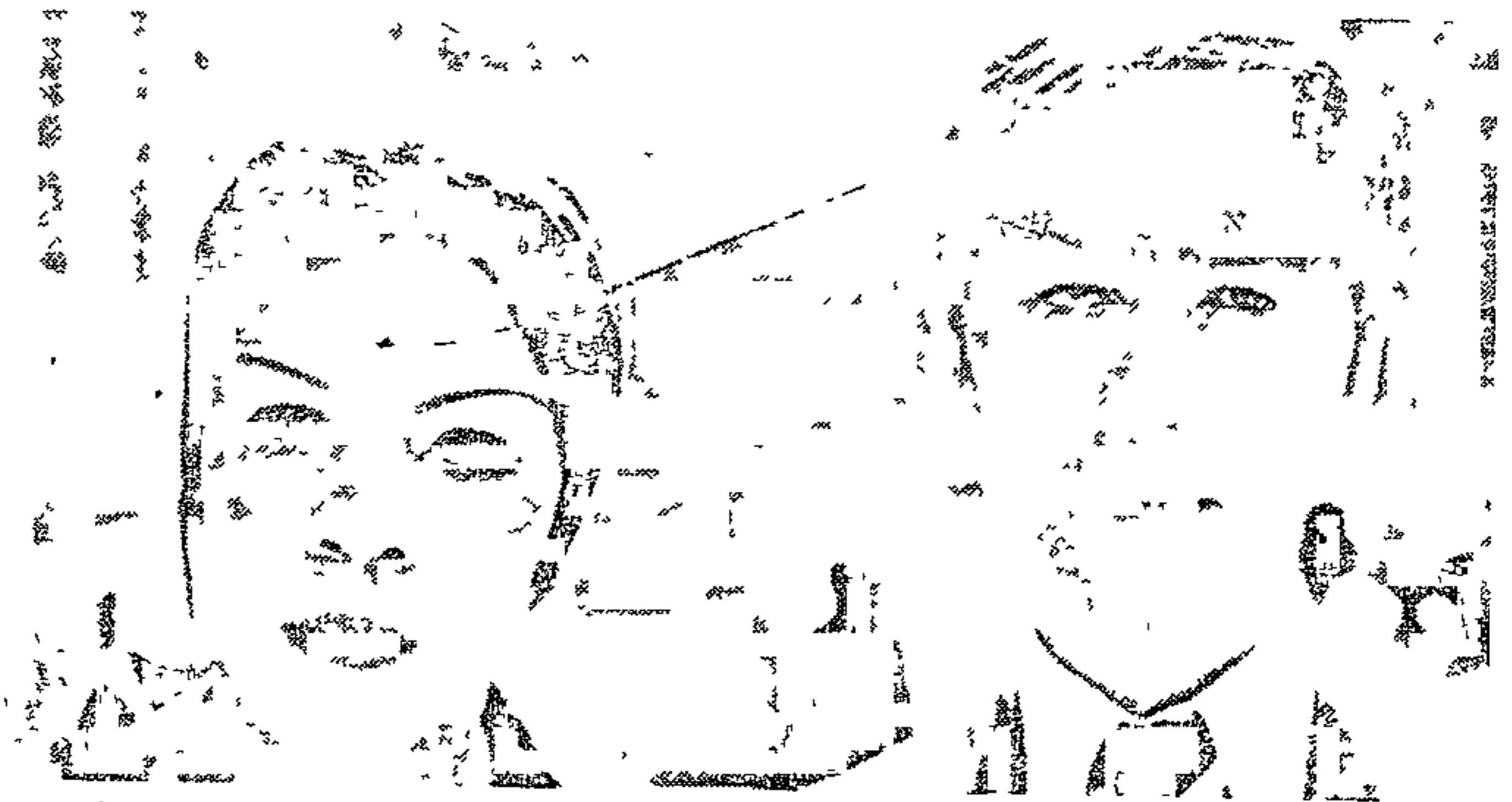
But despite the suspended sentence yesterday that means they will have to end eight years together or face jail, they do not plan to leave South Africa for some time

"It's a cruel law that can part two people who love each other," Mrs Reilly said "But in spite of everything we still love this country. It will be hard to leave but perhaps after a while."

"I'll go when I have enough money to take Ruth with me," Mr Klose, 31, said "That won't be for at least five years"

Mr Klose told how he met Mrs Reilly in 1970 — when she was working as a shop assistant — and fell in love with her "I still love her now," he said

"But all hope of a meaningful relationship or marriage have been destroyed. With the threat of a suspended sentence over one's head what can one do?"



Grim-faced Mrs Ruth Reilly and her German lover, Mr Erhard Klose.

Picture DAVE PUGH-PARRY

## Two lovers must part — or go to jail

By CAROL STEYN

TWO lovers across the colour line who have lived together for eight years and want to get married now have to part — or go to jail

A Johannesburg magistrate, Mr F Ellis, who found Erhard Klose, 31, a white, and Ruth Reilly, 31, a coloured woman, guilty of contravening the Immorality Act by conspiring to have sexual intercourse, sentenced each to six months' imprisonment suspended for three years on condition that they do not again contravene the Act.

And he warned that for the couple to go on living together would be to "court disaster".

They had to remember that in the case of a second conviction under the Immorality Act the suspended sentence

would be put into operation and the court would seriously consider a further jail sentence, he said.

Previously Mr K Gordon, for the couple, quoted Dr Andries Treurnicht as having said that apartheid no longer existed in South Africa.

He asked: "What can more effectively put an end to a love affair than to have a suspended sentence under the Immorality Act hanging over the couples' heads?"

In a statement read to the court, Klose told how he met Reilly in 1970 and fell in love with her "After so many years I am still in love with her . . . I can't marry her in this country because it is against the law . . . I hope the time will come when I can marry her."

should conform to set requirements of hygiene as well as provide adequately for the basic needs of the men. The latter necessarily includes hot water, proper sinks, proper toilets with seats, and proper floor covering.

All dormitories should be fitted with gutters and proper drainage. A certain amount of concreting should also be considered. This should be sufficient for the men to walk both to the ablution blocks and to the road without having to tramp through mud. Once again designers should be consulted on a plan to improve the general surroundings which are presently grey and sterile for the most part lacking even occasional trees and grass. It should also be noted that there are no proper recreational facilities in any of the areas. In fact the Langa employer dormitories encroach on what was initially intended to be a sports stadium.

# LOVERS WANT TO WED

## Parents anger

w/e Mrs 1/7/78 (257)

# fails to stop them

By Derryn Davin

**A YOUNG Worcester couple who fell in love across the colour line say they want to get married, in spite of the intense opposition of the girl's parents.**

Mr Nicolaas Cornelius Mulder, 30, and his teenage lover, Miss Lydia Speelman, who is a coloured woman, told today how they lived in Windhoek 'happily as man and wife' for five weeks until Miss Speelman's parents brought a charge of abduction against Mr Mulder.

Mr Mulder, a white man, was found guilty on a charge of abduction in the Magistrate's Court, Worcester, yesterday and fined R250 (or 100 days' imprisonment).

### WEEKENDS

Mr Mulder and Miss Speelman met at the beginning of the year when they were both working in the Eben Donges Hospital at Worcester, he as a boiler-maker and she in the laundry.

'We started seeing each other every now and again and then we fell in love and started staying together at weekends,' said Mr Mulder.

'I wanted to go and speak to her parents but Lydia was afraid of what they would do and would not let me.'

'There was only one way out South West Africa,' Mr Mulder said. The couple had decided to go in September but when the hospital found out about their relationship they were both asked to resign.

They left for Windhoek at the end of April with R123 between the two of them.

### GOOD PEOPLE

'People in Windhoek were incredibly good to us,' said Mr Mulder. 'I got a job immediately and a man I met offered us accommodation on his farm for three weeks,' he said.

Five weeks after the couple arrived in Windhoek, Mr Mulder was arrested on a charge of abduction. Miss Speelman

During the week he spent in a Windhoek jail, Miss Speelman slept outside his cell door and during the day tried to get money to telephone her parents to persuade them to withdraw the charge.

Back in Worcester, Miss Speelman has been living with her parents while Mr Mulder is staying with a friend, until he returns to Windhoek, where he still has a job.

'I don't know if we are doing the right thing,' said shy, softly spoken Miss Speelman, 'but I love him very much and want to marry him.'

'My mother understands because she comes from a white family, but my father is dead against it. He is very possessive and does not want me to go away from home,' she said.

'I don't mean to harm anyone, I only want to be with the woman I love,' said Mr Mulder.



THIRTY-YEAR-OLD Nicolaas Mulder and his 18-year-old girlfriend, Lydia Speelman, who went to Windhoek where they could live freely across the colour-line



# You've still got a long way to go, baby

(237)

By MADGE SWINDELLS

MANUFACTURERS of baby products have very good reason for an optimistic viewpoint of future prosperity. The population is increasing by about 60 000 a month, one of the highest growths in the world.

The average growth-rate is 2,5 percent a year, which is even higher than the increase for the whole of Africa. Yet makers of baby products have not succeeded in more than a small penetration of the available market.

But as black incomes rise and black families become more sophisticated the growth rate for baby products could be staggering.

John Sinclair, marketing manager of the baby division of Johnson and Johnson, a wholly owned American company, spells out the implications. Currently, South African mothers are buying two million

disposable nappies a year. This figure will rise to three million by the end of this year, yet with two million babies around at any time, the potential for disposable nappies, is two million multiplied by 365 days, multiplied by six to eight nappy changes a day.

During 1977, there were 115 000 white babies born and 760 000 black babies. Predictions for the year 1990 are 140 000 white babies and 1 020 000 black babies which will dramatically increase the current baby-product turnover of R21,5-million a year.

The baby market is divided as follows: Fabric softeners R2-million a year, sterilisers R1,5-million a year, teats and bottles R0,8-million a year, disposable nappies R2-million a year, baby food R6,5-million a year and toiletries R8,4-million a year.

# STAR 8/17/78 237 Thai birth-control champ wins the

## battle of the Pill

BANGKOK — For the past month, about 300,000 Thai women have been sweating out the great Pill crisis while crusading, birth-control champion Mechai Viravaidya did battle in their behalf.

As often in the past, he cry went up last week, "Mechai's done it again!" Mechai had outflanked the courts, the government and the Boonma-Moring and Storage Company by threatening to set 20,000 women into the streets demonstrating.

There is no doubt they would have been angry, since all of them faced unwanted pregnancies. And in Thailand, when Mechai threatens to do something he is believed.

Mechai, such a dedicated birth-control advocate, has pledged to have a televised vasectomy after the birth of his second child.

He has been shocking his countrymen and women (and children) for three years with theatrical birth-control displays, showing up condoms at diplomatic parties and openly talking about sex to schoolchildren.

In the process he has built up a nationwide non-profit network of subsidized Pill distributors in about 8,000 villages with

about 240,000 women recipients. That became a problem for Mechai early last month.

The Boonma Company had discovered back in January that two big truckloads of pills stored for Mechai's programme were missing. Mechai asked for R50,000 in compensation. The company offered a meagling R50,000.

Mechai brought a suit. The company brought a countersuit, saying that Mechai had not told them the value or the nature of the pills.

Meanwhile, however, the company was refusing to release any of the additional pills it was keeping in storage for Mechai. The story erupted in the local newspapers when Mechai publicly warned that 240,000 unwanted pregnancies were just around

the corner unless he got more pills by the end of the month.

"While the men in this country were talking about the World Cup soccer matches, the women were talking about the missing pills," Mechai said. He fanned the flames by warning of a July baby boom of staggering proportions.

In a pointed threat to the Boonma Company's pocketbook, he estimates that the unwanted babies would cost something like R40-million in upkeep over the next 15 years. The implication was that the Boonma Company might be liable for that bill.

While he stalked Government Ministries and kept his lawyers busy with legal manoeuvres, Mechai kept the pressure on the Boonma Company and finally

pushed his threat of a mass demonstration — a threat which caused both the Government and the company to shudder.

The company caved in last week and the pills are now on the way to the distributors. The lawsuits are still pending and the Boonma Company is still holding 10 million condoms, but Mechai had clearly won the pill battle.

Mechai was pleased by the whole episode.

"Where else in the world was family planning getting up to a fifth of the front page in big newspapers? It certainly was effective but I still don't recommend it as a way of promoting family planning."

He was, thinking of what might have happened if he had not won. — Los Angeles Times.



THAI POWER . . . 20,000 women were ready to demonstrate over missing pills.

# Bloemfontein schoolgirls in trouble

Clar' IRB 23/7/78

237

Pregnancies among white schoolgirls — from the age of 14 — in Bloemfontein have increased during the past few months.

This was disclosed by a representative of the Bloemfontein branch of the Family Planning Association.

"Since the beginning of the July holidays we have lots of young girls coming to us for help and information," Mrs Jackie Keeton of the Family Planning Association said.

She did not have any statistics available, but was adamant that more girls have visited her office recently than before because "they think they are pregnant".

According to Mrs Keeton girls from the age of 14 visited her for advice.

"Parents are either unable or unwilling to sufficiently prepare their children to be able to cope with the freedom today's teenager has," Mrs Keeton said.

## Tribune Reporter

"Schools are not allowed to advise children in any respect of the responsibility of their relationship with the opposite sex, which means the only source of education for many teenagers is the over-glamorous idea portrayed by the media, or incorrect information they gather from one another."

She added that many Bloemfontein schools and Free State university had large numbers of dropouts as a result of unwanted pregnancies.

"We at family planning will be happier if young girls come to us earlier so that we can educate them and tell them the whole story of what it will mean to have an illegitimate baby," Mrs Keeton said.

Young girls tend to think a forced marriage was "like a picnic", she added.

Mrs Keeton's claims of the increased pregnancies among teenage girls were denied by education officials.

cial

Mr J. A. Meiring, Director of Education in the Free State, said his department was not aware of any exceptional increase in pregnant schoolgirls during recent years.

"During the past 10 years there could have been an increase, but not during the past two or three years," he said.

Mr Meiring then disclosed that instruction on family planning might be introduced to Free State schools and those in other provinces.

He could, however, not say when this would happen.

Experiments on family planning instruction at school are at present being conducted in the Cape, according to Mr Meiring.

A report on these experiments was being awaited "Until that report appears nothing will be done in the other provinces."

"A programme will then be drawn up for all schools."

Southern Africa since 1910

Tutorial 1

Would you regard the crisis precipitated by the war issue in 1939 as something new or as a resumption of the old debate on the imperial connection?

W.K. Hancock, Survey of British Commonwealth Affairs. Vols. 1 and 2. 1937-42.
W.K. Hancock, Smuts. Vols. 1 and 2. 1962, 1968.
N.G. Garson, 'English-speaking South Africans and the British Connection, 1820-1961', in Andre de Villiers, ed., English-speaking South Africa Today. 1976.
M.G. Garson, 'Party politics and the plural society: South Africa, 1910-29', in SSA, vol. 1 (1968.08 UNIV).

Refusal

A woman does not need her husband's consent for general medical treatment. But Professor Strauss cites a divorce case where the judge held that a refusal by the husband to have intercourse without the use of contraceptives constituted malicious desertion and consequently grounds for divorce. The judge stated, "To deny the wife the right to motherhood without good cause is a wrongful refusal of marital rights." Professor Strauss feels: "It would be a small step on for a court to hold that a doctor had violated the husband's right to procreation by prescribing or fitting contraceptives without his consent." In the case of female sterilisation Professor Strauss feels the doctor should insist on the husband's consent in writing before performing the operation.

Tutorial 3

Why were both South Africans and Southern Rhodesians divided in 1922 in their attitudes towards the possibility of the absorption of Southern Rhodesia in the Union?

Martin Chanock, Unconsummated Union: Britain, Rhodesia and South Africa, 1900-1945. 1976.
P.R. Warhurst, 'Rhodesia and her neighbours' (D.Phil., Oxford, 1970).
P.R. Warhurst, 'Rhodesian-South African relations, 1900-1923', SA Historical Journal, Nov. 1973, no. 3.
Ronald Hyam, 'The 1922-23 crisis of South African Federation', in The Union of South Africa or self-government' (M.A., UP).

This is the question asked by Professor S A Strauss, head of Unisa's Department of Criminal and Procedural Law and chairman of the newly formed South African Medico-legal Society. Professor Strauss feels that South Africa desperately needs a Family Planning Act to clarify points like this which have no legal precedent.

Can the doctor who fitted the contraceptive without the consent of the patient's husband be prosecuted by the husband?

PAUL BAKER desperately wants a son. His wife Carol feels that three-year-old twin daughters are enough - she cannot cope with more. After constant argument Carol made a decision, and without telling Paul she was fitted with an intra uterine contraceptive device.

By Jean Waite

When is birth control wrong?

Discuss the long-term implications for African life in the rural areas (including the reserves) of the decisions to proceed with land segregation in 1913.

But in normal consulting room procedures the consent is usually implied, although no written or verbal undertaking has been given. This, says Professor Strauss, would probably be taken as a bona fide mistake on the part of the doctor in believing that the husband has consented, and would exonerate the doctor from liability. But in looking at hypothetical cases where a husband could possibly have a claim for damages Professor Strauss says that lawyers can only argue from broad judicial principles. "This represents a very erudite basis in preparing ourselves to cope with the threat of over-population," says Professor Strauss "South Africa is in dire need of a Family Planning Act". The latest population projections show that by the year 2020 South Africa will reach a population figure of 81-million people.

Mistake

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TITLES OF PROJECTS SUBMITTED

Industrial Location : Lansdowne Area.

The ... P.D. Plan and the Contract Labour System : Policies that restrict ... special reference to the Cape Peninsula.

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Needed ... 22 Johannesburgs by 2 000 AD

change to greater use of contraceptives. Contraceptives were made available as early as 1965 to those who wanted them. But a concerted family planning programme only began in 1974, over two decades after the first family planning project was launched in India.

Family Planning chief Wilhe Mostert believes that this year's R7m budget (R1m up on last year), will prevent about

250 000 births. Although most white women prefer their private gynaecologists, 23 000 whites and 215 000 blacks visited Department of Health distribution points in March this year. This is an increase of over 25% for blacks and 50% for whites since March 1976. The 1980 target is to protect 50% of the 3m women in SA who risk pregnancy.

SA's birth rates are lower than most of

PM 12/4/78  
**POPULATION**  
**Contraception winning**

The birth rate among whites, Asians and coloured people is slipping. That much is clear from the latest Department of Statistics figures.

Most dramatic are figures for coloured births, which dived from 37,2 per thousand of the total population in 1969 to 27,2 in 1976. The death rate declined more slowly, so that the natural population growth rate dropped from 21,5 in 1972 to 15,3 in 1976. (Migration figures are insignificant in the case of coloureds)

White births declined too, although not as steeply. A significant barrier was broken in 1975, when less than 20 babies were born per thousand. According to Human Sciences Research Council demographer Louis van Tonder, this implies a definite increase in educational levels and the use of contraceptives.

The total number of births dropped too — by 9 000 for coloureds and by 7 000 for whites between 1969 and 1976. Asian figures show a similar pattern, although the particularly low mortality rate among Asians keeps their natural increase high. Figures for Africans are not available, as many fail to register births and deaths.

Van Tonder attributes the marked

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Examination of the Importance of Imagery.

Transkei : An Illustration of its Potential.

Cape Town Electoral Districts.

Perceptions of the Cape Peninsula Landscape 1900 - 1977.

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Star 18/8/74 (23)



Mrs Petronella Venter (30), mother of triplets born at 9.40 am yesterday, in her bed at St Mary's Maternity Hospital in Springs.

# Mum gives birth to triplets, dad shouts for joy

East Rand Bureau

A 30-year-old Geduld mother of three was delighted when told she would give birth to twins. She was speechless yesterday when she produced triplets — all boys.

A joyous father, Mr Willem Johannes Venter, ran into the reception office of St Mary's Maternity Hospital in Springs yelling "triplets, triplets."

Mrs Petronella Venter, of East Geduld, said from her hospital bed "It is wonderful. My husband and I are too proud for words."

The boys are in incubators.

They are six weeks premature and were delivered by caesarean.

### HEALTHIEST

This is the third set of triplets born in St Mary's hospital in the past six years. The Venters are said to be the healthiest and strongest.

The boys are being fed dextrose water intravenously.

Mr Venter, a fitter at Impala Platinum Mine, was a father of three at 9.39 am yesterday.

At 9.40 am he became the proud father of six. Names for two of the boys have not been decided. One is to be called Andries, after Mrs Venter's father.

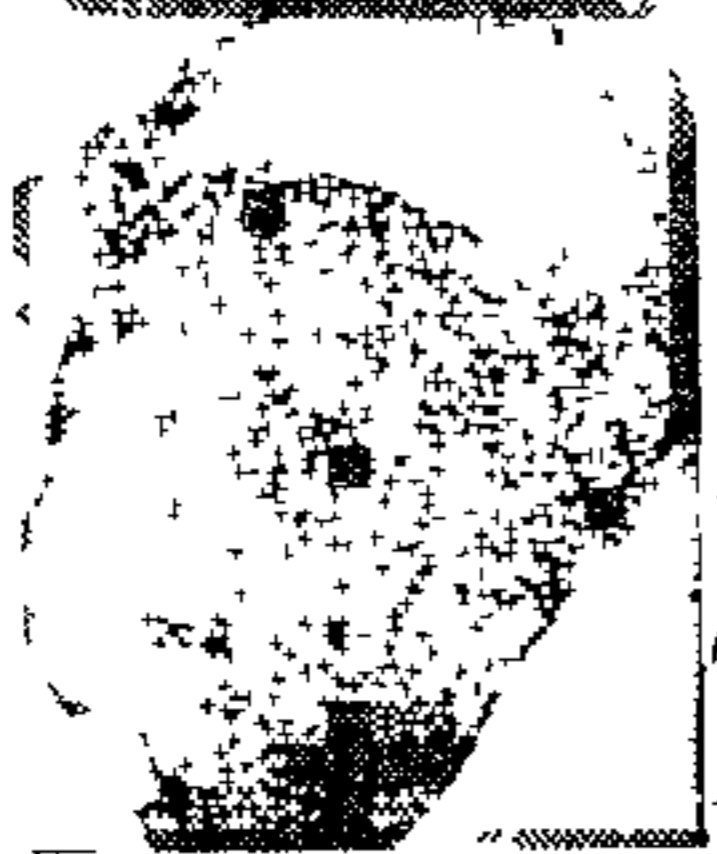
The names De Wet and Wimpe won't do as these are her other two sons' names.



BABY A



BABY B



BABY C

# NEW MOVE IN DIVORCE CASE

Mercury Correspondent 26/8/78

**JOHANNESBURG** — In a surprise move in the Rand Supreme Court yesterday counsel involved in the Schlesinger divorce dispute asked for an adjournment, indicating there might be a settlement on the preliminary issue.

This week Mr. Justice R. le Roux has heard argument on Mr. John Schlesinger's application for the setting aside of an edictal citation granted to his estranged wife, Rita, in March.

Yesterday, Mr. W. Oshry QC, for Mrs. Schlesinger, asked that the matter stand down till Wednesday.

He said certain talks were under way and if successful it might make it unnecessary for the Court to decide upon the application.

Mr. J. Kriegler SC, for Mr. Schlesinger, said, "It is possible that we may not trouble the Court further."

## Argument

In argument yesterday Mr. Oshry dealt with allegations that Mrs. Schlesinger (52) had deliberately deceived the Rand Supreme Court when applying to the Court for leave to sue her estranged 55-year-old millionaire husband.

Mr. Oshry said it was not true that Mrs. Schlesinger had approached the Rand Supreme Court in March to snatch an edictal citation, without giving notice to the Johannesburg lawyers of her husband, who lives abroad. Nor had Mrs. Schlesinger deliberately concealed her

husband's Geneva divorce action.

On March 21 Mrs. Schlesinger, who lives in Geneva, was granted leave to sue her husband by edictal citation.

She was authorised to serve papers on Mr. Schlesinger in London or in Geneva.

## Stayed

The issue of the order was stayed, however, when Mr. Schlesinger intervened urgently.

Mr. Kriegler has asked that the order be set aside. Mrs. Schlesinger had deliberately deceived the Court, he claimed.

Mr. Oshry said attempts were made to have mention made of Mr. Schlesinger's Geneva divorce action when it was discovered this had not been included in Mrs. Schlesinger's affidavit, which was placed before court in March.

Mrs. Schlesinger was not immediately available in Geneva to sign a new affidavit.

Her Johannesburg lawyers decided not to delay the matter because the Geneva action was not con-

sidered to be a matter which might influence a Rand Supreme Court judge, the only Court thought competent to deal with the divorce.

Doctors alarmed over myths regarding contraception

230  
31/8/78

# Pills and pregnancy

Many black women, ignorant of modern contraceptive methods, but afraid of unwanted pregnancy, are using an "old Dutch remedy" in the belief that it is a contraceptive or will induce abortion.

The "remedy" — small, usually-red pills containing ingredients known as apiol and steel — can be bought easily across most chemist counters.

According to pharmaceutical and medical experts, the pills are useless as contraceptives and, even in overdoses, could not cause a pregnant woman to abort.

But among certain black women the myth persists — and doctors are becoming more and more alarmed.

A well-known Soweto medical practitioner told Fair Deal:

"In the 20 years I have been practising medicine, I must have seen thousands of women who took these pills to prevent themselves from becoming pregnant or to bring on an abortion.

"Many came to me saying they had missed a period and when I remonstrated with them — because nowadays, when there are so many good contraceptive methods

## If only she had known...

Twenty-four-year-old Rosie M of Jabulani, Soweto, is pregnant and unmarried.

In a few months' time, she fears, she will have to give up her job as a clerk in the credit control office of a major chain of clothing stores and ask her ageing parents to support her — and a child as well.

Was she just "careless?"

This young woman, who told her story to Fair Deal, claims she wasn't.

She is one of many black women who, mistakenly, have believed that "apiol" and "steel" pills — which are recommended for menstrual problems such as amenorrhoea — are a form of contraception.

Some of the "contraceptives" that have been recommended to black women.

The ApioI and Steel and Martin's pills pictured on the right are NOT a form of oral contraceptive, as many black women mistakenly believe.

The Gynomin tablets on the left are a form of contraception. The Family Planning Association has described tablets such as these, as well as other foams and jellies, as being less safe than other methods but "better than nothing at all."

The bottle of dark-coloured liquid at the back of the picture was sold to a black researcher by a herbalist for R5 when she asked for something to prevent herself from becoming pregnant. A new contraceptive? Fair Deal could find no one who had heard of this one.

purely on the strength of reputation over the years," he said. "If used in accordance with the instructions, the product is safe," he said. "We don't know what the results would be if it were abused."

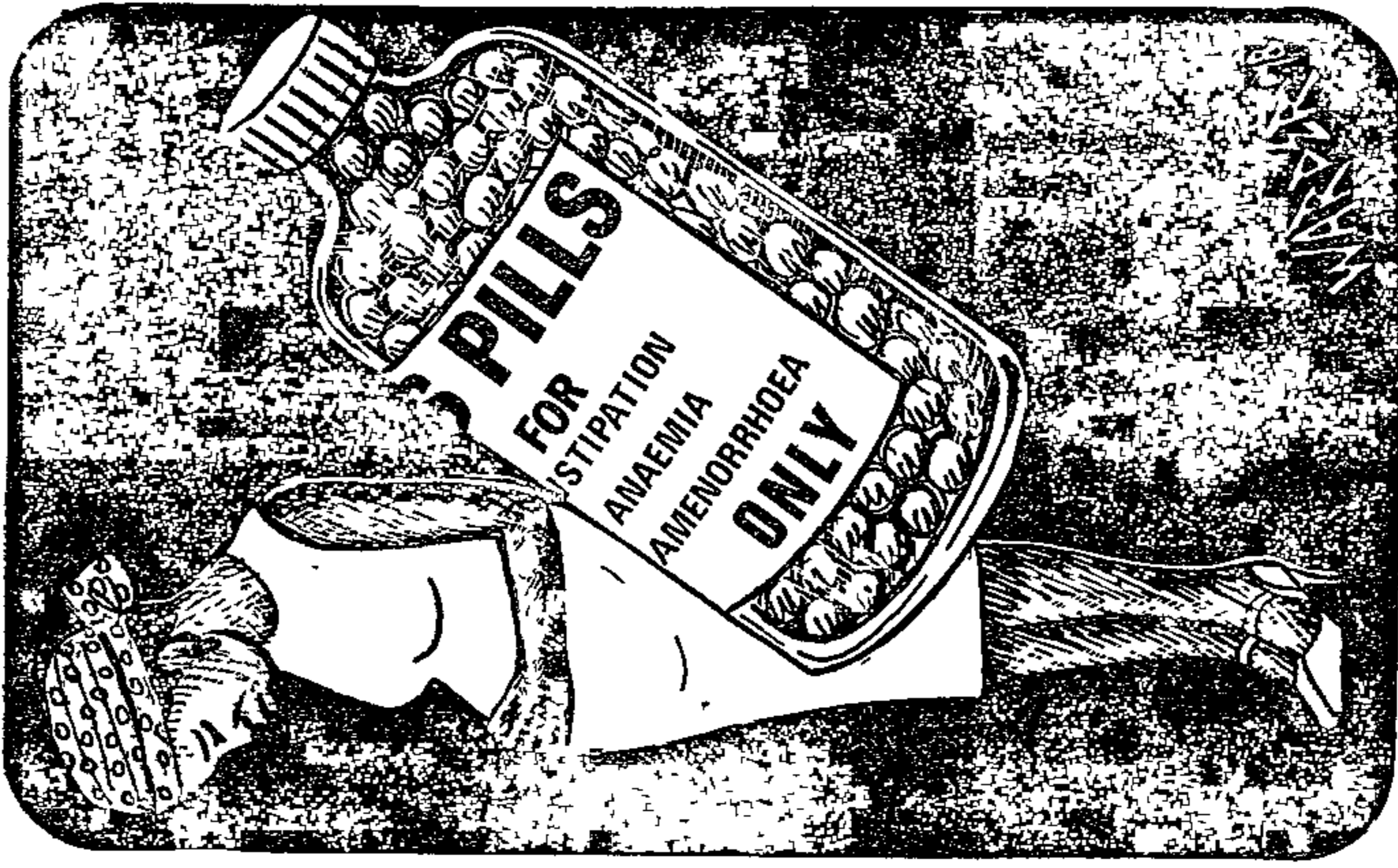
Mr Colin Loubser, group marketing manager for SA Druggists, said Petersen's ApioI and Steel pills were used as an emmenagogue (an agent to promote menstruation) and were thought to have menstrual regulating effects.

Both the manufacturers' spokesmen told Fair Deal that their companies would be taking the pills off the market.

Said the Propan spokesman: "It's a dying product. We sell only about 800 to 1000 units a month on a national basis."

Mr Loubser said the Petersen's pills should be off the market by the end of this year. "Sales are very, very low," he said. "In the past 12 months we sold only about R3,000 worth of these pills over the whole country."

And both the manufacturers' spokesmen were adamant that it was "totally untrue" that "apiol" and "steel" pills could be



that the tablets were "for women". The directions on both packages were simply take one or two in the night or

It appears, as one of the Soweto doctors approached by Fair Deal put it, that the myth surrounding these pills is largely



Report by Mignonne Crozier

available, there is no excuse for unwanted children — they told me they used 'apiol' and 'steel' pills.

"Others came to me after taking overdoses of these pills to bring on an abortion. With many of them nothing had happened. The balance were either suffering an allergic reaction in the form of rashes, oedema (dropsy), urticaria (hives) or gastro-intestinal upsets in the form of vomiting or diarrhoea.

"I do not know of any women who actually aborted through taking 'apiol' and 'steel' and yet thousands swear by it for this purpose," he said.

Another Soweto doctor told Fair Deal that since March this year three of the women who came to him pregnant told him they had used these pills as a contraceptive.



Star 31/8/78 (237)

## Egg production

The new government controls on egg production are unlikely to affect egg prices in the Transvaal, according to a top executive in the poultry industry.

He is Mr Cedric Savage, the executive director of a Natal poultry company which sells eggs in the Transvaal.

He said however that the controls would almost certainly end the price war in Natal and the Western Cape, where eggs are being sold up to 25 percent below cost.

"The industry is sick," he said.

"Many small poultry farmers have gone out of business and many others would follow them if it were not for the controls."

He believes the culling of laying hens, which is to begin on September 16, will mean cheaper live broilers.

The chairman of the SA Egg Producers' Organisation, Mr Erik Karlsen, says nearly 1 million laying hens are to be culled.

## Ale had mould

When Mrs. N Upshon of Randpark Ridge poured a bottle of Culemborg Lite ale into a glass recently, she was astonished to see "things floating around in it."

She complained to the Intercontinental Breweries, but after three weeks she had still heard nothing from them. She then sent the beer to Fair Deal.

Fair Deal took up her complaint. Inter-

continental Breweries tested the beer and told Fair Deal that the "things" were actually mould. They apologised for this.

Where did the mould come from?

Mr Jan Barnard, public relations officer for the breweries, did not know.

The breweries used second-hand bottles extensively but always took care that they were thoroughly cleaned, he said.

### Common brands

The most common brands of these pills on sale in Johannesburg are "Apiol and Steel," manufactured by Petersen Ltd, which is part of the SA Druggists group, and "Martin's Pills" which are manufactured in England and packed and marketed in South Africa by Propan Pharmaceuticals Ltd.

A sample bottle of the Petersen's pills bought by Fair Deal did not state what the pills were meant to be used for. The label on the bottle described them only as "Tablets for women"

The package of Martin's Pills bought by Fair Deal contained a small pamphlet which stated they could be used for constipation, amernorrhoea (absence of menstruation) or iron deficiency anaemia

Both brands claimed to contain dried iron sulphate, apiol (which is used to stimulate menstruation) and aloes (which is used as a purgative or menstrual stimulant)

A spokesman for Propan described Martin's Pills as an "old Dutch relief remedy" for menstrual problems

He said the product had been on the market for a long time and that, in the five years he had been with Propan, the company had never advertised the product or promoted it in any way

"It has been sold

used effectively as a contraceptive or to induce abortion

So, where did the myth arise?

In a survey of 10 Johannesburg chemists and herbalists, Fair Deal did not find any pharmacists recommending the pills as a contraceptive. When a researcher asked for something to prevent herself from becoming pregnant, she was in most cases recommended Gynomin, a contraceptive tablet which can be sold without a prescription.

Others referred her to the Family Planning Association. However, one herbalist store sold her a large plastic bottle of dark-coloured liquid for R5 and told her to take a quarter cup of the liquid after having sexual intercourse.

the result of misinformation "passed through the grapevine."

Mrs Kim Tedder, chairman of the Abortion Reform Action Group, told Fair Deal that it was common for pregnant women, trying to bring on an abortion, to take enormous doses of laxatives

But this only "worked," she said, if the women took the laxatives in such enormous and dangerous quantities that they practically poisoned themselves.

When one looks at the way these pills are packaged and presented it is not difficult to understand how the myth arose — especially among uneducated women

Both samples bought by Fair Deal stated clearly on the bottles

morning for a few days before the period is due or, if passed, for three or four days. Then start taking the pills again before the next period

While the Martin's Pills stated on an accompanying pamphlet that the pills were for "constipation, amenorrhoea and iron deficiency anaemia," the Petersen's pills did not state what they should be used for

When buying the pills from two Johannesburg chemists, a Fair Deal reporter was told by chemist assistants that they could be used to "bring on your period"

What more would an ignorant woman want to hear if she were trying to get rid of an unwanted pregnancy or afraid of becoming pregnant?

## Fishy price an error

The price of salted herring at Checkers, Fernridge Shopping Centre, trebled in price recently — all because of a marking error.

The error was spotted by a Blairgowrie housewife, Mrs Lynn Gschirtz who was amazed at the price of R7,80 a kg

She said she bought 1 kg of salted herring for R1,98 at Pick 'n Pay, Craighall Park

Mrs Gschirtz told Fair Deal she queried the Checkers price with the manager and



said he had agreed to telephone her back. She had not yet heard from him.

Mr M le Roux, divisional general manager of Checkers for southern Transvaal, told Fair Deal there had been a pricing error, and the price should have been R2,94 a kg

(Pick 'n Pay no longer sells herring by the kilogram, according to a director of the chain, Mr Richard

Cohen. They now charge 39c per fish. He said this works out to about R2,30 a kg)

If you have spotted a Bad Buy recently, telephone Doreen on 838-4518 (8 am to 12 45 pm), Mondays to Fridays

Remember to give accurate details of the brand name, size, prices and shops involved and to compare identical products. Special offers do not qualify

If you cannot telephone, write to "I Spy a Bad Buy," The Star, PO Box 1014, Johannesburg 2000

19/11/78  
**Immorality charge:  
 woman found guilty**

EAST LONDON — An Mdantsane woman was found guilty in court here yesterday on a charge of conspiring to contravene the Immorality Act

Miss Elizabeth Ngqo, 18, pleaded guilty when she appeared before Mr S van Zyl

She was sentenced to six months' imprisonment, conditionally suspended for three years

A man, Mr Gustav Rautenbach, 32, who previously appeared alone in court on March 13 after Miss Ngqo could not be traced, was convicted of conspiring to contravene the Immorality Act

He was sentenced to two years' imprisonment at the time which was conditionally suspended for three years after he admitted a previous conviction of a similar nature — DDR

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Koste aan boer:

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Opvullende versaf gebruik

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Ward aan boer

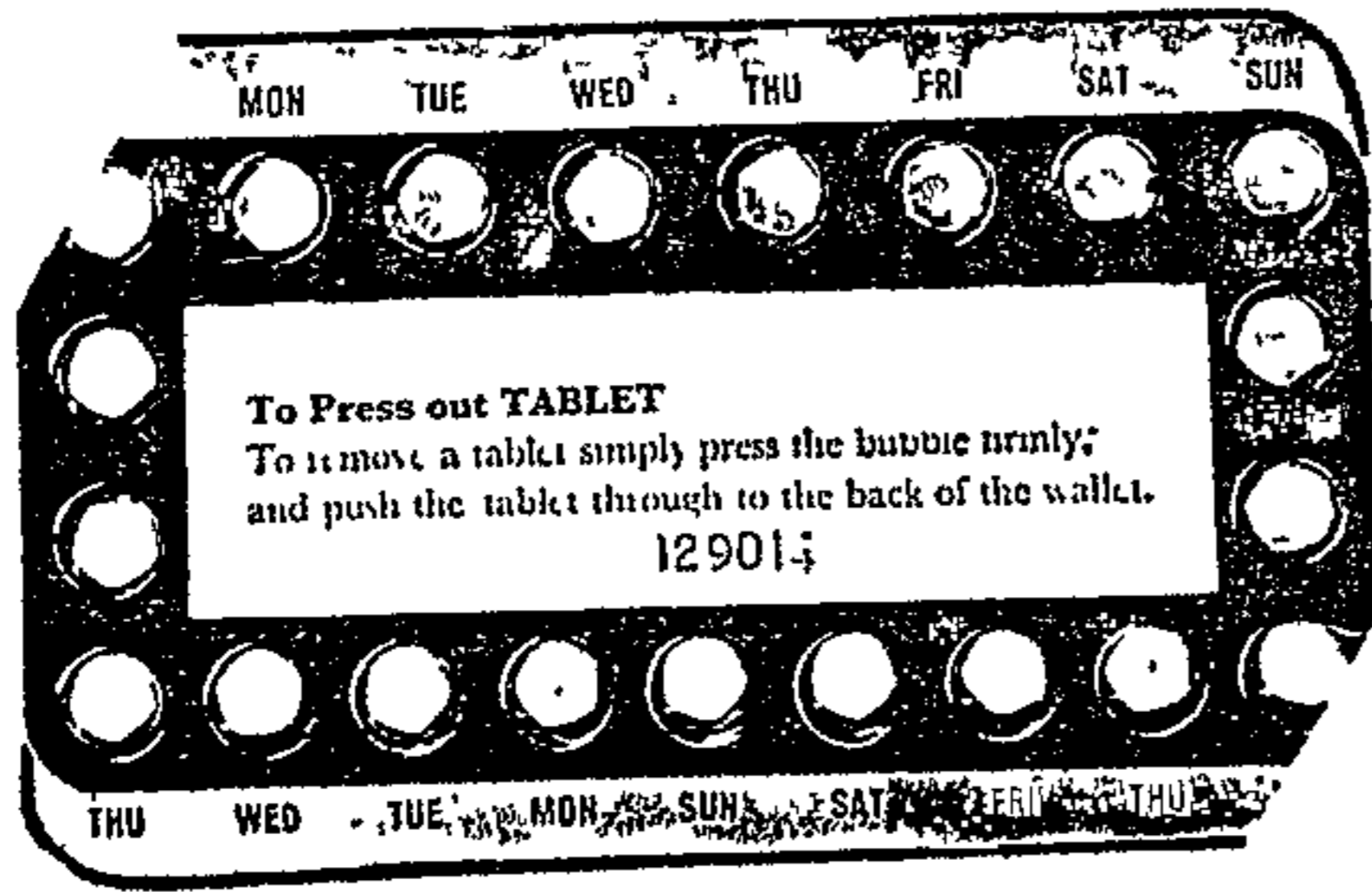
Ward aan boer

Erys (as nie gratis verakaf word nie)

(b) melk: hoeveelhede

Werkersonderhede (2)

The heyday of the Pill is apparently over in Britain. In South Africa, some say women are going off it, others say it's as popular as ever. Report by SUE GARBETT in Johannesburg and VALERIE JENKINS in London.



# Is the Pill

237

29/9/78

# boom over?

The Pill is still by far the most popular form of contraceptive in Britain, used as it is by three and a half million women. But it has reached its peak.

The number of young women going on the Pill is now balanced by the number of older women giving it up.

A report from the Royal College of General Practitioners in October last year accentuated a trend that started three years ago.

The report revealed that women who take the Pill are five times more likely to die from circulatory disease — the risk doubles if you take it for five years or more. Those most at risk are smokers over 35 years old.

According to another British report, educated women are turning from the Pill because of anxieties over its long-term effects.

Ann Cartwright, the report's author, found that only 21 percent of women with a university education are now taking the Pill, compared with 43 percent of all women questioned.

But, she adds, "People who switch from the Pill

because of possible side-effects are likely to demand and use alternative methods that are also reliable."

**"Educated women are turning from the Pill because of anxieties over its long-term effects."**

Ms Cartwright believes that they will opt for sterilisation or the IUD (inter-uterine device). These are indeed gaining ground. Applications for male sterilisation, vasectomy, are breaking all records in various centres throughout the country.

But what about those who think sterilisation is too drastic? Or who feel that the IUD — which is, in any case, not as safe as the Pill and can cause

nasty discomforts — is an unattractive notion?

The Pill is, the FPA insists, still the simplest and most effective form of contraception for the majority. It claims that only women over 30 with a high risk of thrombosis (high blood pressure, overweight, aches and pains in the limbs) should be advised to switch.

In South Africa there seems to be some disagreement over the possible demise of the Pill.

Dr J Rossouw, deputy director of the Department of Health said in a recent speech in Johannesburg that the popularity of the Pill in South Africa is declining sharply and is now taken by fewer than 50 percent of women who use contraceptives.

The reason he said, was its known side-effects and the fact that women over a certain age group preferred to stop using a temporary method.

He said "Many women don't like the idea of taking a pill for the rest of their lives, and are changing to other methods of contraception.

"There has been a sharp decline in the number of Pill users in the past few years," he said.

Dr Eln Hammar, head of the Family Planning Clinic in Johannesburg disagrees with him.

"We find the popularity of the Pill is not dropping, because on the whole if women are happy on the Pill, they have less problems than with other forms of contraception," said Dr Hammar.

She quoted statistics to back her up.

**"Many women don't like the idea of taking a pill for the rest of their lives."**

"In our black clinic in August we saw 4107 women and of these 3014 were on the Pill. In our white clinic, 599 out of 851 women were on the Pill."

She pointed out that as a result of the General Practitioner's survey in Britain the clinic did explain to women over 35 that if they were smokers they ran a risk.

"But I think more women keep to the Pill in this country because they do not have the alternative of an abortion if their contraceptive fails that they have in Britain."

# **JUST LOOK** **WHAT** **HAPPENED** **TO THE** **WIFE WHO** **THOUGHT** **SHE'D** **NEVER** **HAVE** **A BABY!**

NICOLA BRIDGES never gave up her dream of becoming a mum. Despite the doctors who told her there was little hope. And now her years of heartbreak have been rewarded — in triplicate.

Even when the triplets arrived, the 22-year-old surfermum was taken by surprise. For Nicola was convinced that the chances of a successful birth were slim.

"I never bought a single baby thing," she said. "I steered myself to the fact that I wouldn't be leaving the hospital with one."

"I just had to condition my-

self that it might all end in misery.

"It was all those years of being told that if I did become pregnant I wouldn't be able to carry the baby."

"I should have been over the moon, but all the time it was at

the back of my mind what the doctors had said.

"It was an awful way to go through a pregnancy when you think what people are normally like."

"I suppose it sounds odd to other mothers who haven't got

## **BY POLLY HEPBURN**



The surprise triplets announce their presence with three yells in unison. From left, Nicola, Julie and Steven with mum and dad.

any problems — but I had to keep thinking I'd lose the child. I kept telling myself I was young enough to start again.

Nicola was in her teens when doctors told her she had a rare medical condition — two wombs and a double cervix.

Instead of doubling her chances of motherhood, it meant that miscarriages were almost inevitable.

Sunday Times Magazine

1/10/78

237

But Nicola and her husband Brian, 24, an accounts clerk, of Ashford, Kent, were determined to defy science and nature

Nicola said Brian knew when we married about my difficulties. We talked about it many times.

"Then we decided that we wanted to try for a baby to complete the family"

Nicola went to the clinic in West London where she had already undergone surgery for her problem

Tests showed that she was likely to lose any baby she conceived. But eight months later she was pregnant.

Soon there were complications. Doctors discovered there were two babies in the same womb and both on one side

This increased Nicola's chances of a miscarriage because the womb would be unbalanced and could tilt

Then the doctors thought she would have triplets.

She told me "After that it became a guessing game. Are there two, or are there three? It became a bit of a joke"

"Brian and I talked about it and we decided the only way to get through it was to try not to think about things working out.

## Upset

"When I started the first stages of labour, in my 34th week, I was put on a drip to try to delay it

"But the next day, because I was getting so upset, they decided to take me down to the theatre"

Nicola said "I'd left instructions that whatever happened Brian was to be the one to tell me

"I just couldn't bear to hear the news from anyone else

"Even when they took me down to the theatre; I kept convincing myself that it was possible they would be dead on arrival

"I never thought I'd have one safely. I didn't think about three

"I'll never forget coming round at night and Brian saying we'd got two girls and a boy

"When I saw them the next day, I can't explain how I felt. There were these three tiny babies and they were all mine

"After that it was case of all hands to the rescue as I tried to cope with feeding three babies at once

"It's been absolute chaos with three nappies and five changes a day

"But I wouldn't change it for the world"

Mr Raymond Booth, secretary of the Royal College of Obstetricians, said "The fact that this lady has carried two babies in one womb and one in the other is almost a freak happening

"It is very unusual for anybody to have triplets — I think it's a one-in-6 000 chance

"And it is certainly very unusual for a lady with this problem to conceive triplets

"She has every right to be proud of herself"

# Enough's NM 12/10/28 (237) enough for Mrs. S.

Mercury Reporter

**MRS. Tembani Shunwane is still thanking heaven for little girls, but she's obviously come to the conclusion that a woman can bear so many and no more...**

Earlier this week, Mrs. Shunwane, of First Avenue, Clermont, named her four new-born daughters — believed to be the first quads born at King Edward VIII Hospital since 1972.

Remembering she had another two daughters, aged two and four, at home, Mrs. Shunwane decided she needed to give her latest additions appropriate names — and she succeeded.

No. 1 is called, rather resignedly, Ntombizodwa, which means "Girls Only."

Arrival No. 2 was named, probably in frustration, Ntombizonke, meaning "All Girls."

When it came to No. 3, the Shunwanes obviously felt that giving birth to triplets was something to be proud of and she was duly appointed as Ntombizethu, or "Our Girls."

But, No. 4 understandably, made them realise they'd just had another four children and that there were now seven females in the Shunwane family. Dad Shunwane probably had a hand in helping to name her Ntombizahle, which means "Enough Girls" — and they both mean it!

Mrs. Shunwane was told yesterday that to ease the burden of feeding her daughters, she would be sponsored with a baby formula manufactured by Wyeth Laboratories, which can be used in place of breast feeding.



15/10/78 (237)

**JERRY Shunwane with his two elder daughters, Hlengiwe aged two and Badumisile aged four. He now faces a serious problem of space and lack of money following the birth of quadruplet daughters**

**Tribune Reporter**

THE excitement and pride of becoming the father of South Africa's newest set of quads is tinged with more than a little anxiety for Jerry Shunwane of Clermont near Durban.

The 32-year-old labourer now has a total of eight people to support — the couple already have two other children — on a weekly take home pay of R28,82 and he has not even a home of his own to which to bring his newly enlarged family.

Jerry lives with his parents and five married brothers and sisters and their families. With more than 15 people in the parental home there is certainly no room to accommodate another wife and six children

The quads' mother, Miss Tembani Shunwane — the couple have not yet become officially married — lives on the other side of the road from Jerry in a corrugated roofed mud hut two metres square. It is in this one dirt floored room with old newspapers unsuccessfully stopping up the holes in the walls that Tembani brought her four tiny babies yesterday.

After the aseptic conditions and comparative

luxury of King Edward VIII hospital, Tembani faces the realities of life in Clermont with six children under the age of four in a hut whose only furniture comprises a pair of single beds and a two ring gas burner.

"I don't like that place, it's not big enough for her," said Jerry Shunwane. "But where else can she go? There is nowhere."

The bonanza of free booty that multiple births usually generate has been markedly absent for the Shunwane quads.

**Cot**

A pharmaceutical company, Wyeth Laboratories Ltd, has generously undertaken to provide the babies with free milk powder for as long as they need it and Jerry's boss, Mr Peter Kettle of Designs Unlimited, a furniture manufacturing company, has presented his super-dad employee with a set of five occasional tables.

And that's all. Tembani did not even have a cot for her new babies until an anonymous doctor donated one just as she was leaving King Edward yesterday.



**THE MULTIPLYING  
PROBLEMS OF A...**

**QUAD  
DAD**

Sum. Feb. 157.0/78  
237

**(OR WHY 4 MORE  
INTO ONE LITTLE  
HUT WON'T GO)**



## MIGRATION

### Effect on the workers

SA's people drain could virtually halve the projected increase in the white male labour force, according to Stellenbosch demographer Jan Sadie, writing in the *Journal for Studies in Economics and Econometrics*

According to Sadie, 26 300 white men should enter the labour market annually if historical trends continue. With zero net immigration, however, only 15 700 will enter each year -- a 40% decrease in the rate of increase of new white male workers.

For the next two years, he argues, the number of new white male entrants to the jobs market will be cut by another 5 000 because of the extended military call-up. That means that the white male labour force will expand by only 41% of pre-1977's rate.

White men will therefore, says Sadie, only be contributing 7% to the supply of the total male labour force -- and, as he points out, even when they were contributing much more than that, SA was experiencing a skilled labour bottleneck.

Part of Sadie's projection is based on the decline in the white birth-rate, which he expects to be 1,01% by 1980 compared with almost double that figure as recently as 1975 (1,95%). This has been a trend for some time, but without the 27 000-odd net immigration gain of the 1970-76 period, there are no longer whites around to take up the slack.

The implications for business are obviously immense -- Sadie notes that "at the end of the most severe recession since 1933" fully 45% of respondents to Stellenbosch BER's *Opinion Survey* reported difficulties in obtaining skilled labour. How much worse will the problem be in the event of an upturn -- and with thousands of youths serving lengthier military training periods?

Sadie sees the answer in a crash

programme to train skilled artisans and hopes that the white labour force will reverse the trend of drifting from shop-floor jobs to white collar alternatives. There's little chance of the latter -- so a large proportion of those new artisans are going to have to be black.

Says Sadie: A contrived scarcity of white labour amidst an abundance of human material capable of being trained makes neither economic nor political sense.

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POPULATION  
VITAL STATISTICS

6 JAN. 1979 - 27 April 1980

# How safe is the pill?

JD 6/1/79 237

By Ron Gray

The use of hormones for contraceptive purposes is a relatively recent medical advance. Only in the 1950s did researchers discover that two types of hormones, called estrogens and progestogens, could in combination act as a highly effective contraceptive.

These substances are the constituents of combined oral contraceptives, commonly called "the pill" which first became available for general use in the United States in 1960.

The pill was rapidly adopted in many other countries, and the growth in popularity of this drug has been such that, according to present estimates, more than 80 million women around the world are currently using the pill.

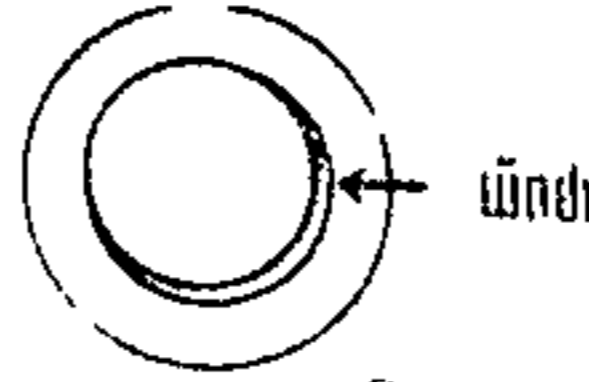
This is a unique situation in modern medical science, since never

scheme would be a years or so would

The Report on Rural programme in Botswana suggests that the countryside would be to implement credit programmes or to the most favourable conditions effective credit schemes for at least the next few years. The difficulty in work

Credit programmes economic security and service infrastructure activities. The Guarantee Scheme will infuse P3,5 million into the economy. Of this, income in the country under the employment economic categories as they sought work.

THE ORAL PILL



WINDI

SUN	MON	TUE	WED	THUR	FRI	SAT
					1	2
3	4	5	6	7	8	9
10	11	12	13	14	15	16
17	18	19	20	21	22	23
24	25	26	27	28	29	30

A Malayan aid to drug-taking.

before have such a large number of healthy young women taken potent hormonal drugs over long periods.

Not surprisingly, the situation has caused some concern to the authorities responsible for drug safety in many countries and not unnaturally, women who are actually taking these drugs, or who have used the pill in the past, are legitimately concerned that it may affect their health.

With the pill, many women experience relatively minor side-effects such as nausea, weight-gain, changes in mood, problems with their complexion, and so on.

These may respond to medical treatment, or may be so unacceptable that some women stop using the pill. But it is very difficult to measure the impact of such side-effects on health. Most of the questions of safety to be considered here deal with much more serious medical complications.

But it was not until the pill had been in general use for eight years that researchers in Oxford first showed an association between the use of oral contraceptives and an increased risk of blood clots (thrombo-embolic disease) affecting the veins of the leg, lung and brain.

Subsequent research both in the United Kingdom and the United States has confirmed these findings, and has also shown that the use of oral contraceptives is associated with an increased risk of heart attacks (myocardial infarction) and of high blood pressure (hypertension). This catalogue of cardiovascular conditions linked with the pill is daunting, and it can be added other illnesses such as an increased risk of gall bladder disease, migraine and diabetes.

Balanced against these increased risks are the pill's protective effects. For instance, benign tumours of the breast and ovary, severe menstrual disorders and rheumatoid

statistics

Non-pilltaking British women aged 15 to 49 years have an overall death rate from cardiovascular diseases of about 5.5 a 100 000 a year. By comparison, the death rate among oral contraceptive users who do not smoke is estimated to be about 13.8 a 100 000 per year, and among those pill users who do smoke, the death rate is thought to be around 39.5 a 100 000 a year. The risk of death increases markedly among women over the age of 35, especially if they are also smokers, and have used the pill for long periods of time.

Almost all the studies in the association between pill use and cardiovascular disease have been undertaken in industrialised countries where women frequently have characteristics which place them at high risk of cardiovascular illnesses.

They often have weight problems, they take relatively little physical exercise and many smoke cigarettes. In most developing countries, this is not the case and the cardiovascular hazards may be substantially lower. In addition, the high risk of death associated with childbirth in most non-industrialised countries may more than offset any pill-related ill-health.

Clearly the question "How safe is the pill?" does not lend itself to any simple answers. Despite the actual and potential health risks, many millions of women throughout the world find it an effective and acceptable method of fertility control, and the overwhelming majority experience no ill-health as a result.

of death, the suffering of the material, the acceptance of the hereafter, and the acknowledgment of our universal importance. Nigel Vermaas plays King Berenger the First, Annette Mackenzie the Queen Marguerite, Estelle Collins Queen Marie, Will Bernard The Guard, John Hussey The Doctor and Angela Godfrey plays Juliette.

Exit the King is, quite a mood and not an ideology, an impulse and not a programme. Overtly absurd, and theatrically comic, his work seems to reflect his own internal conflict for him, the substance of the world appears to vary between solidity and illusory unreality. Exit the King is, quite

his work or assess its importance. Eugene Ionesco, a playwright of Rumanian origin, established himself in the 1950s as one of the leaders of contemporary avant-garde drama in France. Ionesco himself is hesitant to theorise about his work or assess its im-

3.1.4. Etheredge projections, 1976-81-85

In a recent article in Optima<sup>43</sup>, Mr. D. E. of the Anglo American Corporation, of various minerals during the Although it is not always estimates, it seems worth at least for the part Von Wielligh p

1) Copper

# Sextuplets born at mission

Mercury Reporter  
AN African woman has given birth to sextuplets at a rural hospital near Creighton.

Mrs. Gertrude Khwela gave birth to two boys and four girls at the St. Apollinaris Hospital, part of the Centecow Mission, late on Monday night and early yesterday morning.

Mrs. Khwela was the talk of the district yesterday and staff at the hospital milled around her

ward anxious to lend a hand. The happy event was marred by the death of three of the children shortly after birth.

Mrs. Khwela said the births would be celebrated with a big party at her home when she returned from hospital.

The first child was born at 11 p.m. on Monday and the rest followed at regular intervals until approximately 8 a.m. yesterday.

The hospital staff led by Dr. E. Dumleavy and the matron, Sister Winifred experienced no problems during the birth until the last child was being born. Dr. Dumleavy declined to elaborate.

The three surviving babies are all girls and were the first born. They are all doing well in an incubator. They each weighed 1,2kg at birth.

Shortly after the births a medical team from Eden-

dale Hospital in Pietermaritzburg arrived by ambulance and mother and children were transferred to the capital. All of them were reported to be doing well last night.

Mrs. Khwela already has two children aged five and seven. Her husband, Mr. Samson Khwela is a foreman at a Durban factory and had not been informed of the event yesterday afternoon.

"But I think he will be very happy," said his wife.



MRS. KHWELA

...7 - 8,6 per cent per annum; Von Wielligh (annum). Contracts are already signed to export ... tons a year from Sishen via Saldanha Bay. Given domestic ... ion which was already close to 8 million tons a year in ... 1970, it is clear that iron ore will considerably exceed the higher Plewman "target" of close to 20 million tons a year in 1980.

3) Chrome: (Plewman 6,1 - 6,4 per cent per annum; Von Wielligh 9,4 per cent per annum). Production is expected to more than double from 2,4 million tons to 5,5 million during the next 5 years. Much of this will be used to produce ferro-chrome in South Africa - at Tobatse and CMI in the Lydenburg district. If these plans are realized - and the market for chrome and ferro-chrome depends on the state of the world steel industry - their output will be increasing at about 18 per cent per annum into the early 1980's with Plewman's upper level projected production for 1980 (2 472 thousand metric tons) probably being surpassed in 1977. (Note: production = 3 319 t.m.tons).

4) Manganese : (Plewman 7,7 - 8,0 per cent per annum; Von Wielligh

237

(c) Yes *Answer 3 (93) 19/11/78*

Cases of suicide attempted suicide

190 Mr N B WOOD asked the Minister of Statistics

- (1) How many cases of suicide and attempted suicide were recorded in South Africa in each of the five years for which there are available figures?
- (2) how many (a) males and (b) females (i) under 20 years, (ii) from 20 years to 29 years, (iii) from 30 years to 45 years and (iv) over 45 years of age were involved

The MINISTER OF STATISTICS

	1976	1977
(1) (a)	554	156
(b) not available.		
(2) (a) (i)	-	30
(ii)	67	68
(iii)	145	151
(iv)	229	214
Total	504	463
(2) (b) (i)	9	10
(ii)	25	19
(iii)	52	39
(iv)	64	55
Total	150	123

7/3/79 (237)

## Study shows drop in Coloured, black births

JOHANNESBURG — The birth rate of Coloureds and blacks has declined noticeably in recent years, says Dr W P Mostert of the Department of Health

He calculates that the Coloured birth rate per 1 000 people dropped from 46,6 to 27,2 between 1960 and 1976, a decrease of nearly 42 per cent.

His calculations for blacks are a drop from 42 to 38,5 births per 1 000, an 8,4 per cent decline

Writing in the official journal of the South

African Bureau for Racial Affairs, Dr Mostert attributes the fall in birth rates to the state family planning scheme introduced unofficially in 1965 and officially in 1974

In a closer scrutiny of the birth rate in the Coloured community, his calculations show that the average fertility rate dropped from 6,1 children per woman in 1965 to 3,8 in 1976. Comparable figures for whites over the same period were 3,0 to 2,3 — DDC

# The population explosion

NIM  
231  
18/6/77

WHILE we fiddle on about the information and other scandals, the real problem, the over-population scandal, is setting the world alight around our ears.

We go pale at the thought of abortion on demand, birth control for all, compulsory sterilisation for overbreeders, and repeat a few phrases about decent housing and education — while ZPG (Zero Population Growth) is as far away as ever.

Perhaps you are one of those people who think South Africa's major problem is one of foreign military threat, or Black Africa against White Africa, or even East against West. You couldn't be more wrong. Those problems exist, perhaps, but they are so far down the list of priorities that we can ignore them.

What is breathing down our necks right now is the world's only real problem — the fact that during the 30 seconds it took you to read this far another 85 people are added to this planet. By the time you get to the end of what I have to say there will be more than 500 babies demanding their share of the world's dwindling resources. And before you go to bed tonight the very earth will groan under the load of another 123 000 human beings, irrespective of the death rate.

Those figures were taken from statistics issued by the UN early in 1978. The position today is possibly even more urgent.

## Plain Truth

I know I'm repeating myself but before you accuse me of getting obsessive, let me ask if it is possible to be too obsessive about the survival of mankind? If the answer is "Yes", then I say it is a magnificent obsession and far preferable to the sanity of UN involvement.

Forget the technocrat's hoo-hah about the green revolution, the breakthrough in farming methods, the use of science in feeding the millions to come. The plain truth is that if you haven't got the infrastructure of education, industry, communications and other generators of capital you can grow free wall-to-wall porter-house steaks if you like and the people will still starve, because the means and motivation for getting the food to the hungry will not exist.

South Africa, not by any means the most threatened of the Earth's living areas, will either have to change its breeding habits or double its entire infrastructure within the next 30 years — just to stay level. No growth; no improvement.

## The Chris Barnard column

no replacement of ageing machinery, nothing but a rapidly deteriorating quality of life

### Indicator

The family car sitting in the garage this weekend, if you are one of the privileged few percent who live at that level, is an indicator of how things are going. It is sitting there mainly because you can no longer afford casual jaunts. Not because the Arabs are getting greedy, but because there are already too many people chasing too few resources and the prices are beginning to bite.

From here on, every extra mouth is taking some of the bread from yours. And that goes whether you are wealthy or poor, Black or White. It may take a bit longer to get to the wealthy but in the end people pollution affects all of us.

What to do? Governments will have to bite on the bullet and legislate against the breeders. With the spectre of Mrs Gandhi before them — possibly the only Indian politician who ever faced up to writing on the wall and was axed for it — few world leaders will relish the idea.

### Only hope

Let me spell it out. Immediate steps which have become dire necessity are free over-the-counter birth control for all, sex education for everyone and a national campaign to bring home the fact to all race groups that ZPG is our only hope.

Then should follow selective taxation in which bachelors score heavily and married couples are allowed relief for the first two children, losing all tax benefits on the birth of the third. Coupled with this should be a national drive to provide everyone with decent housing and an adequate level of education in order to give the nation the skills it will need.

Thereafter monitoring of the birth rate will show if

more stringent steps are needed, such as compulsory sterilisation for both husband and wife on the birth of the second or third child.

Let me have no puling, priests or sanctimonious politicians harangue us on spiritual values and the freedom of the individual.

It is true that man does not live by bread alone but where there is no bread there is no possibility of anything else, and I speak of a future where there will be no individuals free enough to do more than survive.

It is not overstating the case to say that breeding couples are the terrorists of the future in a way that no atrocity-sated television viewer could possibly imagine.

### Silent

The people who should be taking the lead in protecting us against the miseries of an overpopulated future stay silent. Educators, politicians, the medical profession, religious leaders, all turn away in embarrassment and mumble only the old clichés when asked to comment.

Their problem is that they are caught in a semantic trap. They purport to stand for progress, but until now this was always linked with growth. They look back to a former Eden where God's commandment was to go forth and multiply and replenish the Earth.

We have more than fulfilled this injunction. The Earth's ecology staggers under the teeming millions. Uncounted numbers perish daily from hunger and neglect. Like rats in an overcrowded cage we savage each other without reason. And still our priest-leaders avoid the problem.

Am I the only voice to say so? Is there no one who agrees with me?

If you do, stand up and say it out loud. Only in that way can we create the political will to ensure that we maintain some semblance of civilised standards in the coming dark age.



Hansard 5(333)  
8/3/79.

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**Illegitimate children**

399 Mr G N OLDFIELD asked the Minister of Statistics

(a) How many illegitimate children were born during 1975 and 1976, respectively, and (b) how many of such children are (i) White, (ii) Coloured and (iii) Indian

The MINISTER OF STATISTICS

	1975	1976
(a)	39 828	40 412
(b) (i)	3 297	3 570
(ii)	33 471	33 743
(iii)	3 060	3 099

# Drop in world's population growth

(237)  
Jan  
11/6/79

The Star Bureau

NEW YORK — The world's population growth rate continued to decline last year and there is a definite trend toward smaller families in both industrial countries and many developing nations, according to a report prepared by the United Nations Fund for Population Activities

But Mr Rafael M Salas, executive director of the fund, warned in an annual "State of World Population" report that the findings concerning falling birth rates should not be construed as meaning that the world's population growth problem was over

"It would be a grave error of judgment to

make the tempting leap from pessimism to optimism and suppose that the population problem has been solved," Mr Salas said.

Even if the present slowdown in fertility rates was maintained during the next 20 years, the world's population of 4000-million would increase by nearly 2 000-million by the year 2000

This was because the dramatic population growth in the Third World in the last 30 years had resulted in the fact that nearly 40 percent of the population of many of these nations was under the age of 15 and thus on the verge of entering the child-bearing period

of the moth

Births *thousand 4 (202)*  
282 Mr H E J VANRENSBURG asked *26/2/79*  
the Minister of Statistics

- (1) How many (a) White (b) Coloured and (c) Indian births were registered during 1977 and 1978, respectively
- (2) how many of these births in each race group were illegitimate

The MINISTER OF STATISTICS

1977

- (1) (a) 74 037
- (b) 65 114
- (c) 18 881
- (2) (a) 3 348
- (b) 32 776
- (c) 2 433

237

Data for 1978 not yet available.

Argus 26/6/79

# New approach to divorce laws

237

THE Divorce Act of 1979 comes into force on July 1 and with it comes a seemingly new approach, which some say will substantially clarify and modernise what they consider to be the archaic divorce law of South Africa.

The changes must however be received with caution.

In the past a decree of divorce has been granted on any one of the following grounds adultery; malicious desertion; incurable insanity for seven years; a declaration that one of the spouses is a habitual criminal followed by five years' imprisonment

The new Act brings in the principle of the 'no-

## A legal authority examines the implications of the new Divorce Act which comes into force on July 1.

fault divorce' From July the only grounds for divorce will be the 'irretrievable breakdown' of the marriage or mental illness or continuous unconsciousness as explained in the Act.

The usual grounds of malicious desertion and adultery fall away.

But how this is all going to work out in practice is another matter. Practising lawyers are adopting a wait and see attitude. But if we read the conservative and Christian South African scene correctly, with its background of Roman-Dutch Law, malicious desertion and adultery will not lose their importance in our legal outlook

If a wife has been guilty of such misconduct it will have great importance in helping the judge to decide whether she should receive maintenance or have custody of the children. For if the position were different it would lead to tremendous injustice. A marriage partner who has caused the 'irretrievable breakdown' of the marriage through his or her adultery or malicious desertion can hardly expect to receive maintenance as a reward for his or her adultery or malicious desertion.

It does mean, however, that such a guilty party might as plaintiff obtain a divorce by proving an 'ir-

retrievable breakdown.' The snag is that such a divorce would probably be without maintenance. But the significance is that a party with independent means may be able to force the issue and obtain a divorce and then live on his or her own private income, though custody of the children would have to be a consideration.

Irretrievable breakdown means that 'the marriage has reached such a stage of disintegration that there is no reasonable prospect of the restoration of a normal marriage relationship between them.'

Irretrievable breakdown is a question of fact and can be proved in the normal way by any relevant evidence. It does not necessarily imply fault on the part of one or both of the spouses. It could also be due to incompatibility or temperament, personality defect or cultural difference.

However, the court is given a discretion to accept as sufficient proof of irretrievable breakdown

(a) Evidence that the parties have not lived together as husband and wife for a continuous period of at least one year immediately prior to the date of the institution of the action. Living together as husband and wife does not necessarily imply sexual intercourse if that has ceased by mu-

tual consent. On the other hand living under the same roof does not necessarily mean living together as husband and wife. This is likely to become the common form of divorce action. It is in effect divorce by consent and the Court is not bound to find irretrievable breakdown on such evidence.

(b) Evidence that the defendant has committed adultery and that the plaintiff finds it irreconcilable with a continued marriage relationship. This in effect reintroduces the concept of divorce on the ground of adultery. But it is now a matter of discretion in the Court and not as a matter of right

(c) Evidence that the defendant has been declared a habitual criminal and is in prison.

The other grounds for divorce are mental illness and continued unconsciousness. Where mental illness is concerned the period which must lapse before incurability can be found is reduced from seven years to two years. If unconsciousness is due to a physical disorder of not less than six months duration the Court may grant a divorce provided there is no reasonable prospect of recovery.

### BY GEORGE!



'Don't take it so hard — Dr Koornhof hates passes too!'

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Lawyers and the public alike anxiously await the first cases to be decided in terms of the new divorce law that has introduced irrevocable breakdown as the main basis for the dissolution of marriage.

However, the Act provides that actions for divorce instituted (by the issue of a summons) before July 1 shall be dealt with in accordance with the old law. Consequently, it is only to proceedings commenced from this week onwards that the principle of breakdown will apply. It will probably take about three weeks before the first undefended cases come before the courts and several months may elapse before a defended divorce is heard.

**Criterion**

Nevertheless, even the undefended matters, which account for more than 90 percent of all divorces, will evoke great interest, for it is not certain

# Breakdown is new basis for divorce

South Africa's new divorce law came into operation on July 1. JUNE SINCLAIR, Professor of Family Law at the University of the Witwatersrand, has written her view of what the new law will mean to us.

how judges will interpret the clause describing the ground of divorce known as irrevocable breakdown.

If the court is satisfied that the relationship between the parties has disintegrated to such an extent that there is no reasonable prospect of a reconciliation, it is given the discretion to grant a divorce.

Certain guidelines for determining the state of the marriage were also included in the legislation. These are the facts that the parties have not been living together as husband and wife for a continuous period of one year, the defendant's adultery which the plaintiff finds irreconcilable with the

continuation of the relationship, and the imprisonment of the defendant as an habitual criminal.

Living separate and apart for a period of time is a widely used criterion in many jurisdictions for determining breakdown. In Australia, one year's separation has been the only ground for divorce since 1975.

**Important**

Adultery, it should be noted, is no longer sufficient in itself to entitle one to a divorce, for the additional element that the plaintiff finds continuation of the marriage insupportable as a result of the defendant's misconduct must also

be established. This guideline and that of the defendant's imprisonment as an habitual criminal smack of the time-honoured principle

It is difficult to see why the defendant's adultery should be any more indicative of the breakdown of the marriage than that of the plaintiff. The true philosophy of divorce for irrevocable breakdown requires ascertainment of a state of fact, that is, whether the marriage is dead, and not attachment of fault to one or other party.

It is most important to stress that while proof of one of the factual situations outlined above will probably ensure a divorce,

the guidelines are not intended to prevent the court from taking into account any other evidence indicating breakdown.

Worth noting is the fact that where both parties openly state that they want a divorce, or where the party seeking the dissolution of the marriage admits his own adultery and relies on it to show breakdown, judges will be faced with new situations as to which no guidance is offered in the legislation.

Differences of opinion may occur here for the move from a fault-oriented system (where divorce is a reward for "innocence" and a punishment for "guilt") to one based

on failure is usually gradual. Moreover, the exercise of judicial discretion is a varying process differing not only from one judge to another, but also from time to time.

**Vital**

It is not only the issue of divorce itself that has been affected by the altered role of fault, but also the financial consequences of divorce such as maintenance, forfeiture of benefits of the marriage and costs.

Under the old law only an innocent party could claim maintenance, so that unless an agreement between the parties had been reached, it was vital for a financially de-

pendent wife to emerge as the "innocent" spouse to whom the divorce was being granted.

Recognising that only rarely is one party entirely blameless or blameworthy, the legislature has lessened the importance of being innocent of matrimonial misconduct. Fault is now relevant but not crucial to the question of entitlement to maintenance. Behaviour ranks as one of several factors (such as financial need, age, the duration of the marriage) to be taken into account by the court in exercising its discretion to award maintenance.

Forfeiture of benefits of the marriage (such as settlements in

the antenuptial contract or that portion of the joint estate not contributed by the defendant) could always be claimed by an innocent spouse against a guilty one. The new law vests in the Court a wide discretion to grant total or partial forfeiture if, in the absence of such an order, one party will be unduly benefited. Substantial misconduct is one of the criteria to be used in this consideration of this question, but the wording of the section suggests that it is only where the Court considers it would be unjust not to order forfeiture that this should be done.

**Equitable**

Costs are normally awarded in accordance with the outcome of the litigation, that is, to the successful party. In future courts granting divorces will be able to make any order they consider equitable. Costs may even be apportioned between the parties.

The application of the new legislation will be worked out by a process of evolution and in time certain patterns will inevitably emerge from the cases. At this stage, and with hindsight, it might be



PROFESSOR JUNE SINCLAIR

said to an "innocent" husband who had issued his "guilty" wife by the end of last week that his wife has no legal right to claim maintenance for herself, that she can be compelled to forfeit her marriage settlement (say) and that she will be ordered to pay the costs of the divorce. To the so-called "guilty" wife whose husband failed to act in time — you are potentially in for a farrier deal

# The twilight children



**THE Kiptown kids. Anywhere else in the world just a normal bunch of kids . . . but not in South Africa. They are the twilight children — neither dark nor light. They don't belong to any race. Which means they don't belong anywhere. They all go to the "school for the excluded".**

## Forced to live in the shadows because they have no racial identity

*Cont*

**QUOTE**  
MARY FITZGERALD,  
SOCIAL WORKER  
We can't force the other children to let them play. Anyone who thinks you can force integration is naive

**QUOTE**  
BERTHA JACOBS,  
SELF-TAUGHT  
TEACHER  
I've found it difficult to teach but I'm learning as I go along. Many friends are teachers and if I have problems I go to them

By PETER FABRICIUS

IT couldn't happen anywhere else a special school for children who don't belong



Elsie Losper had her first taste of education this year — at the age of 13 . . . thanks to the efforts of Women of Troy Rhoda Muller (left) and Bertha Jacobs

to any race.

Anywhere else they would just be a bunch of regular kids, boys and girls, aged from about seven to 13, some coffee-coloured, some cafe-au-lait. But the 35 kids at "the school" in Klipptown outside Johannesburg are extremely irregular.

For judged by the all-important yardstick they don't exist.

They are not "classified". So they don't belong to any race. Which means they don't belong anywhere. Neither dark nor light. They are the twilight children.

"This is the school for the excluded," says social worker Miss Mary Fitzgerald.

Some were robbed of their crucial racial identity by floods which swept through the shanty town, destroying their population registration documents.

## Chance

For these there is a chance. By battering doors of bureaucracy their parents could perhaps get duplicates. If they cared.

Some of the children have never had an official existence. Born in their parents' homes and delivered by local women rather than proper midwives, they never encountered officialdom until they tried to go to school.

But a large part, perhaps most, of the pupils at the school present their parents with a problem which is not practical and so has no solution.

It is a problem which cleaves to the core and lays bare that horror unique to South Africa — the fear of becoming black.

Those who face this nightmare are the couples where one partner is black and the other coloured.

In a society which has been relentlessly polarising black and white for so long, it is highly unlikely that one could come across a black and white living together and producing progeny in 1979.

## Subtle

The problem of race classification has become more subtle. There is little chance of a black going as white but there is some chance of him or her going as coloured.

The problem arises when children are born. If the child is registered it must be registered as being of some race. The "danger" is that it may be classified black.

"If the child is classified black, the family immediately loses its qualification for a house in the coloured area and is moved to Soweto", says Miss Fitzgerald.

"For a coloured that is the ultimate catastrophe". She is stating a simple social fact, not expressing a prejudice.

This explains why dark-skinned Elsie has never been to school before this year, though she is 13.

Her father, a coloured, earns a good wage as an artisan. Her mother has a job in a factory. But she is black. So Elsie's birth was not registered and the Government schools would not accept her. While her

contemporaries completed their primary schooling, Elsie stayed at home doing domestic chores or roamed the streets getting into trouble.

Until "The Women of Troy" found her and persuaded her to come to the "school". I could not discover why they gave themselves that name but the heroic connotations seemed appropriate to the task they had set themselves — creating some social order from the mess of Klipptown.

The women — ordinary members of their community — associated spontaneously but now receive some guidance from Miss Fitzgerald of the Centre for Social Development at Wits University.

Two of them — Mrs Bertha Jacobs and Mrs Rhoda Muller, disturbed by the number of kids in the street — conceived the idea of "the school".

## Drop-out

At first it was called the drop-out school. Until the women discovered that hardly any of the street kids were there because they couldn't cope with ordinary school.

They were there because they couldn't get into the other schools. So the name was changed simply to "the school" although "the twilight school" would not be an inappropriate name.

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And let some light into their twilight world.





# Divorce: details of breakdown 'are expected'

Stour 26/7/79  
(237)

By Chris Shipley

People who want to get divorced will be expected to give details of why their marriage has irretrievably broken down; says a law professor who observed the first divorces granted under the new Divorce Act in the Rand Supreme Court.

Under the new Act, the main basis for the dissolution of a marriage is on the grounds of its irretrievable breakdown.

In one of the three unopposed divorce actions heard under the new Act in the Rand Supreme Court yesterday, Mr Justice C. D. J. Theron indicated that he required more from a couple seeking a divorce than the simple allegation that their marriage had irretrievably broken down, and that he had to hear evidence to support this.

Professor June Sinclair, Professor of Family Law at the University of the Witwatersrand observed: "It's early to comment on any pattern, but it's obvious that you must plead with some degree of particularity."

"One refreshing thing that emerged was the acceptance that if both parties want a divorce there's no point in compelling them to continue the marriage."

A guideline in the legislation says that if a man and wife live apart for a year, it should be considered grounds for declaring the marriage irretrievably broken down.

Professor Sinclair commented: "I would be very interested to see whether, when both parties have been living apart for say three months but there was evidence that neither wanted the marriage to continue, it would be acceptable to the courts."

...surreel het ons die huise op die laer  
...van. met die

Die Direkteur het aktief oeh1  
Institt.

(c) Deelname aan Welsyns-Professionele en Openbare Organisasies

Konferensie van die Afrikaanse Calvinistiese Beweging, Potchefstroom (Oktober)

Memorante Central Committee se Konferensie oor 'Die Rol van Geskiedkundige Vredeskerke', Gaborone, Botswana Verhandeling voorgelê oor 'The Role of Churches in Promoting Justice in Southern Africa' (Oktober)

navorsings-fellows het aansienlik tot die Sentrum se program bygedra: dr Sheila T. van der Horst, afgetrede mede-professor van Ekonomie, U.K., en professor J.L. Boshoff, gewese Rektor van die Universiteit van die Noorde

## LIDMAATSKAP

Soos voorheen gemeld, is die Sentrum vir Intergrupestudies geregistreer as 'n maatskappy. In die Memorandum en Statute van Vennootskap word voorsiening gemaak vir die benoeming van eenhonderd lede. Tans is daar 57 lede en hulle sluit die volgende in:

a) Drie stigterslede:

- Mnr J.G. Benfield
- Mnr H.L. Kennedy
- Mnr P.G.T. Watson

b) Sewentien persone wat gedurende die afgelope 10 jaar lede van die Beheerraad was (\* dit stigterslede aan):

- Professor E.V. Axelson
- Professor J.F. Beekman
- Professor J.F. Brock
- Mnr C.S. Corder
- Professor W.H.B. Dean
- Dr J.P. Duminy
- Professor G.F.R. Ellis
- Biskop A.W. Habelgaarn
- Mnr E.V.E. Howes
- Professor M.F. Kaplan
- Dr W.A. Landman
- Mnr G.K. Lindsay
- Sir Richard Luyt
- Professor S.J. Saunders
- Professor H.W. van der Merwe
- Mede-professor D.J. Welsh
- Professor Monica Wilson

WOLFGANG, HAY

SATURDAY, AUGUST 11, 1979

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# RURAL BABY BOOM

ALTHOUGH there is some argument in South Africa about what the total population will be by the turn of the century, the consensus is that it will be very much larger than it is now, with most authorities predicting at least a doubling.

What this overall total masks is that our population explosion, now under way, is largely a Black one and, to be specific, an African phenomenon. Recent surveys indicate that in our far from homogeneous country, the Whites, Indians and Coloureds have responded well to the common sense of family planning programmes.

There is also evidence that urban Africans seem willing to accept the small family norm, although the trend is less marked than with other race groups. This is not so in rural African communities. There the majority of women regard six children or more as the ideal.

According to the Family Planning Association 2 000 babies are being born daily in southern Africa. A health worker recently put the matter more graphically. In almost any of the bigger hospitals in the homelands and Black States enough births are occurring to require ultimately the construction of a new school monthly. And there are dozens of such hospitals.

Tradition plays a big role in this. The message that the urban African is

accepting is that more than two or three children are a liability. Not so in the rural areas — there every extra child is regarded as an asset, a future addition to the labour force.

That this is simply not so makes no difference. Unemployment, poverty and hunger are the lot of far too many rural Africans and all stem from over-population linked with under-education.

This great difference in rural and urban attitudes seems to point to a breakdown in communication.

Tradition is certainly a strong force but all over the world traditions which have held sway for hundreds of years are breaking down in the face of change. The question here is whether enough is being done to get the supremely logical family planning message into rural areas.

One has only to travel in them to realise that with the best will in the world — and a limited budget — this is a tremendously difficult task.

Much is being done by dedicated workers in both the private and the public sector but it is pertinent to suggest that the rural areas represent not just a problem but a critically important one for the future of southern Africa.

The modest budget should certainly be vastly increased and a thorough review of the effectiveness of the approaches being made carried out.

Nr. 61 van 1973.

NM 13/8/77 (237)

# New approach to family planning

**O**RGANISED family planning is a fairly new concept in South Africa

The Family Planning Association of South Africa has to date been nursing a baby that has only over the last year shed its teething problems. Now its membership has increased to such an extent that it hopes to widen its activities.

As National Executive Officer, Mrs Janet Williams has watched the association's progress with a certain pride. And she has cause to as she was one of those behind the hard work that went into its making.

As a mother of two carefully planned children plus six cats and a dog — ('and if that's a case of maternal instincts showing through, then clearly I've got them'), Janet is emphatic that she is not a "do-gooder". She has

made this line of work her career but she likes feeling she is, at the same time, being useful to people.

Janet is in charge of the administration and supervision of the four regional offices round the country, travelling three or four times a year to the different provinces. "If we had more money I would travel more. It's so important to keep in contact."

At the moment there are only 22 trained staff members in South Africa. "Family Planning is not

like ordinary charity work. We need trained people with the right personalities. And voluntary workers to open doors so that we can do the work. We receive a R70 000 annual subsidy from the Government and a free supply of contraceptives but we need to employ more highly trained staff."

Janet has an Honours degree in history from a British university.

"I had no particular training in my present field. In my job you need to be a social worker, demographer, environmentalist, manager, clerk, accountant — all rolled into one. But no one person can do all that. I do the best I can."

The Family Planning As-

sociation has two main ongoing objectives. The first is the prevention of unwanted pregnancies of unmarried women. Durban is reputed to have one of the highest teenage pregnancy rates in the world.

Their second objective is an involvement in community development projects.

The association is trying to establish points of contact with young people through schools, the Y M C A., nursing colleges and universities. And with that aim in mind, they have employed an African male educator who will be based at the Kwa Mashu Y M C A.

Glynnis Underhill

2

Die hoofdoel van die Sentrum is om navorsing na die onderlinge groepsverhoudinge in Suid-Afrika te bevorder en te lei, in die besonder oor verhoudinge tussen rasse- en taalgroepe.

#### AKADEMIESE ADVIESKOMITEE EN RAAD VAN BEHEER

Die program van die Sentrum staan onder die toesig van 'n Akademiese Advieskomitee wat in 1978 bestaan het uit die Direkteur (Voorsitter), die Prinsipaal van die Universiteit van Kaapstad, Sir Richard Luyt, die Adjunk-Prinsipaal, professor M.F. Kaplan, professor W.H.B. Dean, professor G.F.R. Ellis en mede-professor D.J. Welsh.

Die Sentrum word beheer deur 'n Beheerraad waarvan die Prinsipaal van die Universiteit van Kaapstad, ex officio die Voorsitter is, en die Adjunk-Prinsipaal ex officio die Vise-Voorsitter. Die Direkteur is ex officio 'n lid. Die Abe Bailey-Trust word deur dr J.P. Duminy, ds. W.A. Landman en mnr G.K. Lindsay verteenwoordig. Die Universteit van Kaapstad deur professor W.H.B. Dean, professor G.F.R. Ellis en mede-professor D.J. Welsh. Biskop A.W. Habelgaarn verteenwoordig die Iede van die Maatskappy.

Terwyl professor G.F.R. Ellis met navorsing- en studieverlof is, dien dr Robert Schrire as sy plaasvervanger op die Akademiese Advieskomitee en die Raad van Beheer.

#### PERSONEEL

Die vaste personeel bestaan uit die Direkteur, professor Hendrik W. van der Merwe, M.A. (Stellenbosch), Ph.D. (Kalifornie), die Administratiewe Assistent, mev. H. Albertyn en 'n deeltydse sekretaresse, mev. B.J. Chapman.

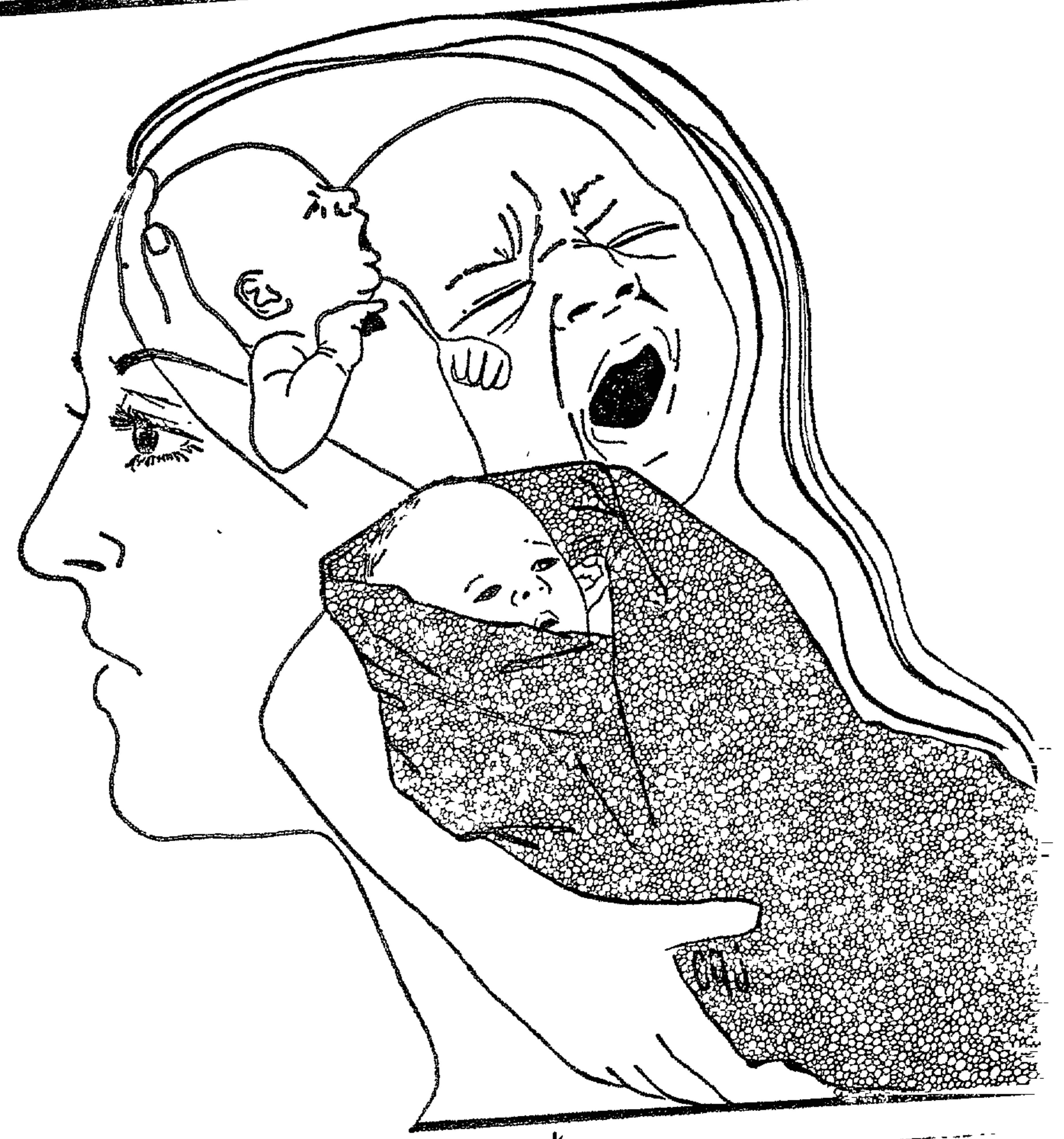
Gedurende die jaar is meJ.J. Morna Cornell en Ruth Rutherford as tydelike klerklike assistente en meJ. Judith Cornell, B.A. (Universiteit van Kaapstad) as deeltydse navorsingsassistent in diens geneem. Twee ere-

**WOMEN**

Artificial insemination by donor is gaining in popularity as an option for infertile couples who struggle to adopt babies in the era of the Pill, abortion, and unmarried mothers. What is the position regarding AID in South Africa? SUE GARBETT investigated from a medical and a legal point of view.

It is  
being done  
under cover?

**AID—  
offence  
Africa**



*Cont*

**is it an  
in South  
or not?**

to any race.

Anywhere else they would just be a bunch of regular kids, boys and girls, aged from about seven to 13, some coffee-coloured, some cafe-au-lait. But the 35 kids at "the school" in Klipptown outside Johannesburg are extremely irregular.

For judged by the all-important yardstick they don't exist.

They are not 'classified'. So they don't belong to any race. Which means they don't belong anywhere. Neither dark nor light. They are the twilight children.

"This is the school for the excluded," says social worker Miss Mary Fitzgerald.

Some were robbed of their crucial racial identity by floods which swept through the shanty town, destroying their population registration documents.

## Chance

For these there is a chance. By battering strenuously against the doors of bureaucracy their parents could perhaps get duplicates. If they cared.

Some of the children have never had an official existence. Born in their parents' homes and delivered by local women rather than proper midwives, they never encountered officialdom until they tried to go to school.

But a large part, perhaps most, of the pupils at the school present their parents with a problem which is not practical and so has no solution.

It is a problem which cleaves to the core and lays bare that horror unique to South Africa — the fear of becoming black.

Those who face this nightmare are the couples where one partner is black and the other coloured.

In a society which has been relentlessly polarising black and white for so long, it is highly unlikely that one could come across a black and white living together and producing progeny in 1979.

## Subtle

The problem of race classification has become more subtle. There is little chance of a black going as white but there is some chance of him or her going as coloured.

The problem arises when children are born. If the child is registered it must be registered as being of some race. The "danger" is that it may be classified black.

"If the child is classified black, the family immediately loses its qualification for a house in the coloured area and is moved to Soweto", says Miss Fitzgerald.

For a coloured that is the ultimate catastrophe. She is stating a simple social fact, not expressing a prejudice.

This explains why dark-skinned Elsie has never been to school before this year, though she is 13.

Her father, a coloured, earns a good wage as an artisan. Her mother has a job in a factory. But she is black. So Elsie's birth was not registered and the Government schools would not accept her. While her

contemporaries completed their primary schoolings, Elsie stayed at home doing domestic chores or roamed the streets getting into trouble.

Until "The Women of Troy" found her and persuaded her to come to the "school", I could not discover why they gave themselves that name but the heroic connotations seemed appropriate to the task they had set themselves — creating some social order from the mess of Klipptown.

The women — ordinary members of their community — associated spontaneously but now receive some guidance from Miss Fitzgerald of the Centre for Social Development at Wits University.

Two of them — Mrs Bertha Jacobs and Mrs Rhoda Muller, disturbed by the number of kids in the street — conceived the idea of "the school".

## Drop-out

At first it was called the drop-out school. Until the women discovered that hardly any of the street kids were there because they couldn't cope with ordinary school.

They were there because they couldn't get into the other schools. So the name was changed simply to "the school" although "the twilight school" would not be an inappropriate name.

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## Frustrations

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## Discovery

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"Our children are terribly sensitive about that," Miss Fitzgerald said afterwards. "But what can we do? We can't force the other children to let them play. Anyone who thinks you can force integration is naive."

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And let some light into their twilight world.

Babies born as a result of artificial insemination by donor are alive and well and increasing in number in South Africa, although AID is not practised openly here.

This is because AID is, in the words of one Johannesburg doctor, "a vexed subject"

Many doctors I spoke to said they thought AID was illegal. Others said they weren't quite sure what the legal situation was but they did it anyway because they felt there was a definite need for it.

Then there were those who said the lack of medical control of AID made its practice dangerous, and they wouldn't touch it.

Professor S A Strauss, Professor of Law at the University of South Africa, said: "The law is silent on AID, except for

the recent judgment in a Pretoria case where the AID conceived child of divorced parents was declared illegitimate for purposes of the Children's Act

"In fact," said Professor Strauss, "I think one can safely say that AID IS lawful

"There is nothing to prevent the doctor or patient resorting to AID. But I do think the time has arrived for the legislature to lay down principles in statutory law for all the purposes of AID"

His suggestion was echoed by Professor Johan van der Vyver of the Faculty of Law at the University of the Witwatersrand.

"The whole question of AID needs to be regulated by legislation purely for the sake of the child," said Professor van der Vyver

He would like to see

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From Page 12

● Legislation that would make a married person liable for the maintenance of a child of his spouse in circumstances where he accepted that child as a member of his family

● Safeguards for artificial insemination donors against liability for the support of the children conceived through their sperm, but who are otherwise unrelated to them

● Insemination administered only in selected clinics or by selected people to prevent the spread of hereditary defects, and the transmission of haemolytic diseases, also to safeguard the offspring of artificial insemination against undesirable intermarriages

Professor van der Vyver quoted a recent survey conducted at the University of Wisconsin in the United States which he said revealed some alarm-

ing facts relating to artificial insemination.

The survey showed, among other things, that donors were only superficially screened for genetic diseases, that only 37 percent of the physicians kept records on children born as a result of artificial insemination and only 30 percent on the donors.

"It has also been revealed that only a few doctors (in the US) pursue policies limiting the number of times that they will use semen of a single donor

"The risk of unchecked consanguinity and of inbreeding especially in small communities, is believed to be relatively substantial"

The professor maintained South Africa is by no means in a better position as far as the lack of control of artificial insemination practices is concerned

"The prompt introduction of professional guidelines backed by administrative sanctions is probably as urgent in South

Africa as it is in the United States, he said

Apparently the South African Law Commission last year considered proposing legislation, but felt the occurrence of artificial insemination was so uncommon here it wasn't required

"So it is being done under cover with no control and the children may be suffering," said Professor van der Vyver

He said he had no doubt that artificial insemination by donor was being done on "a large basis" in South Africa.

Most doctors I spoke to felt there ought to be some sort of control over artificial insemination, but did not necessarily want to see legislation introduced

They felt it was a highly individual and personal matter and one which the medical profession itself should take care of.

"Legislation will introduce the kind of problem that Professor Barnard has run into with his transplants," maintained one leading Johannesburg gynaecologist

## What the...

No one knows the extent to which artificial insemination by donor is practised in South Africa. But according to one reliable source, the demand for it in Johannesburg is greater than the supply.

A survey among Johannesburg doctors reveals a tremendous diversity in approach to the subject, with some gynaecologists and doctors saying they would not do it under any circumstances, and others who make a point of suggesting it to their infertile patients

"I used to do AID but I found the problems insuperable," said one gynaecologist. "The donors are the hassle. In the past I would assess the colour, height, build,

intelligence, even the religion of the husband and try to match this with a donor, usually a medical student.

"Then I would interview the donor, get his family and genetic history, and do blood tests

"But so often on the appointed date, when I had the woman waiting for the specimen, the donor would not show up.

"Then I would have to begin again, after all that hard work. And of course the poor woman would be in a state.

"It was also believed at one time that a single man was the father of over 100 babies in

Johannesburg. I didn't like the sound of that. "I'm not against AID but I'd like to see

To Page 13

## ...doctors say

From Page 12

some sort of service rather like the blood transfusion service, set up here with proper controls"

Another doctor said he relied heavily on medical students for donors. "I screen them as best I can. But it's difficult, a sperm bank would be the answer. "Some people use the same guy again and again. That's wrong, I don't use the same chap twice"

A highly-respected doctor said he did AID, "but only on suitable, stable, well-adapted couples. "I choose the donor very carefully. I think the story of one man fathering over 90 children is a gross exaggeration. "I imagine there are not more than three or four AIDs in

Johannesburg in any one year." Another gynaecologist disagreed. "There are at least 78 gynaes in this town. Three cases a year is nonsense. "I used to do AID but as I got older and wiser, I felt adoption in our circumstances was better.

"We're living in a narrow-minded country, and it's a badly controlled situation. The medical profession must give a lead"

All the doctors I spoke to said they would under no circumstances consider doing AID on an unmarried woman. A middle-aged doctor who says he does AID only on request and only on selected cases, choosing a stable couple, said: "There is a low divorce rate among AID couples

and the men make marvellous fathers. "I think most of us do it, but few of us like doing it, because it entails so much responsibility.

"There's no doubt about the demand because adoption is so difficult.

"But donors are the problem. It is illegal to pay them, and who wants to do something for nothing these days?"

"Some sort of control is needed," said another doctor, "but I am totally opposed to follow-ups and keeping tabs on AID families. The whole point is the secrecy.

"But until we can pay donors, until we can operate in the open, we will have to rely on responsible doctors who operate from the highest ethical and medical motives."

# Infant deaths: low wages blamed

25/3/78  
23  
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GRAHAMSTOWN — The appalling high incidence of black infant deaths in Grahamstown was attributable to a "vicious cycle" of below-the-breadline wages, unemployment, and shockingly overcrowded living conditions, according to Mrs Mercia Wilsworth, a Grahamstown anthropologist who has made extensive studies of the black community over the last few years.

Mrs Wilsworth, who recently completed an MA thesis on poverty in the townships, specifically blames the infant death rate — which is double and sometimes treble that

of other centres in the Eastern Cape — on 'poverty datum line wages', paid by white Grahamstown employers.

This applied particularly to female domestic workers, she said, many of whom were the sole breadwinners of their families.

Figures released this week showed that one out of every four black babies born in Grahamstown last year died before the age of 12 months, while in 1977 the figure was one in three.

Grahamstown had an infant mortality rate among blacks which is four times as high as the average for

the entire country and nine times higher than Johannesburg.

Mrs Wilsworth also disputed claims by the Grahamstown Officer of Health Dr C Dreyer, that a substantial number of black births go unregistered, thus giving a low estimate of births in relation to deaths which affected the accuracy of the infant mortality figures.

She said that extensive inquiries in the black community revealed that the majority of blacks registered their children soon after birth.

The Commissioner in Grahamstown, Mr P Nel,

whose office provides the births and deaths figures used to calculate the infant mortality rate, also confirmed that most births were registered.

"The people have realised that without birth certificates their children will have trouble going to school, their residential rights can be affected and they won't be able to obtain reference books later on."

Mrs Wilsworth said it was significant that nearly 12 per cent of black infant deaths last year were listed in the annual report of the Health Department as being due to malnutrition and kwashiorkor.

A further 40 per cent of the babies died of gastroenteritis, recognised by medical authorities as one of the most common causes of deaths among malnourished children.

Apart from appalling low wages, Mrs Wilsworth said that overcrowded and unhygienic living conditions in the townships aggravated the health risks.

"The government has frozen housing development for 20 years which has resulted in the mushrooming of backyard shacks, many of them flimsy damp and overcrowded" — DDC.

Groote Schuur Campus

Telefoon: 65-4145; 69-8551 Utlb. 766

## INLEIDING

Gedurende die eerste nege jaar van sy bestaan het die Sentrum vir Intergroepstudies gereeld 'n jaarverslag oor sy werksaamhede gepubliseer. Om die Sentrum se 10de verjaarsdag op 1 April 1978 te vier is die jaarverslag in 1977 vervang deur 'n Oorsig oor die Eerste Tien Jaar.

## DIE OORSPRONG EN DOELSTELLINGS VAN DIE SENTRUM

Die Sentrum word grootliks gefinansier deur die Abe Bailey-Trust wat ingevolge die testament van Sir Abe Bailey gestig is. Dit is geregistreer as The Abe Bailey Institute of Inter-Racial Studies Limited (Beperk deur Garansië) - 'n maatskappy beperk deur Garansië en sonder 'n aandeel-kapitaal kragtens die Maatskappywet 1973 (Wet Nr. 61 van 1973).

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# Thousands of children 'are dying needlessly'

Science Correspondent

MORE than 8 000 children die every year in the hospitals of Natal and KwaZulu and the tragedy is that many deaths could be prevented.

Most of the children involved are Black and represent about 10 per cent of all births in Natal. The comparable infant mortality rate among Whites is about 2 percent.

Most of those who die are malnourished, says Professor A. Moosa, head of paediatrics at the University of Natal Medical School

Delivering his inaugural lecture last night, he said that poverty was at the root of the problem among Blacks, whose mortality statistics resembled those of a Third World country. Among Whites the situation was like that in any advanced country.

"The solution is not a medical one; it is essentially a political and socio-economic one.

"Yet unlike some Third World countries we are a rich country and it is within our means to eliminate

this discrepancy," said Prof Moosa.

He suggested that Western-style medical education was out of date and incapable of solving the health problems in developing areas.

At the same time, priorities in health spending were quite wrong. Money should not go into bigger and better "disease palaces" such as the Johannesburg General Hospital; it should be used to provide much-needed basic health services in the rural areas.

"Israel, with a population of 3 500 000, has about 850 such centres. In KwaZulu, with a population of 5 000 000 there are only 100 and these are not necessarily adequately staffed.

"We must all get involved, first in becoming aware of what the real priorities in child health are and then in bringing pressure to bear on the policy makers and planners to deal with the roots of the problems and not merely the symptoms," he said.

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Call to <sup>RDM</sup>  
export <sup>12/12/79</sup>  
children <sup>237</sup>  
'nonsense'

By PETER BAYER

COLOURED leaders have disagreed with a statement by Mr Norman Middleton that illegitimate coloured children fathered by whites should be "exported" because they have no place in South Africa

Mr Middleton, a member of the executive committee of the Coloured Representative Council, also said that more than 60% of the illegitimate coloured children were fathered by whites

The Immorality Act, said Mr Middleton, stopped the fathers from assuming responsibility. He did not say where the children should be exported to

But Mr Albertus Pop, vice-president of Coloured Child Care in South Africa and a member of the Johannesburg Coloured Executive Committee, said he was "totally against" coloured children being "exported"

Mr Pop did not see the children as half-breeds, but ordinary children

He said the coloured and white communities could absorb these children

Mr I Richards, a member of the CRC and chairman of the Johannesburg Executive Committee, said Mr Middleton's suggestions were "nonsense"

He believed the children were South African and no-one has the right to send them away

Mr Richards thought Mr Middleton's figure of 60% of children fathered by whites was too high



Family planning . . . a God send or just a menace?

P65 11/21/79 237

# THE CONTRACEPTIVE DEBATE

**MOST** black South African women use contraceptives for various reasons. They are helpful for poor families and mothers with too many children. Women libbers favour contraceptives too. The Punjabs in India, however, were against birth control.

The National Abortion Campaign in Britain has looked into the "real reasons for the failure of concentrated efforts to control the rate of population growth, especially in the Third World".

Findings of the campaign date as far back as the 1950s, when the United States showed concern about population increases in Africa, Asia and Latin America.

The US imported three quarters of her supplies from these continents. Political advisers said these continents were "powderkegs", with a high "destabilising potential which might even lead to revolutions."

At first, the US didn't commit herself financially, but population control private foundations like the Rockefeller Foundation and the International Planned Parenthood

By **Zodwa Mshibe**

Foundation (IPPF) did research on birth and population control.

The Third World was forced to accept population control programmes. In some cases it was a pre-condition for foreign aid. However, the project became a financial burden to the US which then had to campaign for international aid, giving good reasons as well.

The president of the World Bank, Robert McNamara said, "Family planning programmes are less costly than conventional development projects and the pattern of expenditure involved is

very different. At the same time we are conscious of the fact that successful programmes of this kind will yield high economic returns"

Experimental population control projects were carried out in various villages like Punjab in India, where the people rejected and brought all attempts to a standstill.

Author Mahmood Mamdam in "The Myth of Population Control", says "Family caste and class caused the failure of the birth control study in India in 1953."

"It simply didn't pay. No one would restrict fa-

mily size. The Punjabs felt it would be economic suicide because the lower class people in the village wanted a big family of sons, who could either work the land for the parents and so develop savings with which to buy more land, or go to the city for work and send more money home." Mahmood writes.

The abortion campaign attributes the failure of these projects to the fact that "they assumed that all that was necessary was a big educational programme and neglected entirely the realities of the class structure and pay-off structure, which were such that the only present hope of a rise in the status and income of the

lower class lay in a big family."

Mahmood writes: "50 year old Rivan Singh scoffed at the idea of using contraceptives and added, '...in these villages we have faction fights, and you win fights not with contraceptives but with men.' He has been witness to these fights and they are a significant part of his 'reality'. He praises God for giving him many sons, for they bring him prosperity, peace and honour."

"A Manupur grandfather, on hearing about the projects commented, 'What's all this talk about having no children. Children are a gift from God. It's for us to welcome them, not to kill them.'

An lod mother said, "These Americans are enemies of the smile on the child's face. All they are interested in is war or family planning."

Birth control researchers told the Punjabs that it was in the villagers' "interest" to keep their numbers as low as possible.

Mahmood writes, "People are not poor because they have large families. Quite contrary, they have large families because they are poor."

"No matter how primitive he may be, man seems to have the rationale to adjust to his numbers in accordance with the resources available, and the environment to which he is subjected," Mahmood continues.

All this happened in 1953, in India. Many people in the third world still fight family planning tooth and nail. However, family planning still goes on, on a wide scale. To many people it's a "God send". A thing they can't do without. To the Punjabs, it was taboo.

237 Post 5/12/79

# Big yes for customary marriages

Post 5/12/79

**GRAHAMSTOWN** — White delegates to the Anglican Provincial Synod meeting here gave overwhelming support to a motion that the church should accept the validity of black "customary unions", even when involving the lobola system.

Equally surprisingly, almost all opposition to the move came from black lay delegates.

Even delegates were surprised at the strength of support the motion received from white representatives, effectively reversing a total opposition to the lobola system that was adopted by the earliest missionaries to southern Africa.

The proposed new Anglican Church canon will give black customary unions the same validity as marriages performed in magistrate's courts, and permit a couple to seek the blessing of the church on their marriage.

The acceptance of lobola marriages will depend on the absence of polygamy, on the marriage being seen as a permanent union, and on the couple accepting the Christian affirmation of the marriage as binding on their union.

As a proposed new canon, the measure required majority support from all three houses of the synod. The surprise came when the laity agreed to accept customary union as a valid marriage by 53 votes to 11, with the vast majority of

white lay members voting for the proposals, and all eleven votes in opposition coming from black laymen.

The clergy approved the measure in principle by 62 votes to seven, and the bishops accepted it by 18 votes to one — and the single bishop who opposed acceptance was the black Bishop of Lesotho, the Right Rev Philip Mokuku.

The principle of accepting the validity of black customary marriages also received a vote of 130 in favour to only 18 against — far exceeding the two-third majority required for the whole synod, voting together, in order to change a canon or introduce a new canon.

Black delegates supporting the measure all said that "customary unions" were never lightly undertaken, requiring protracted negotiations between the parents of the couple as well as the approval of community.

In this way they created stronger bonds than "quickie" marriages performed in magistrates' courts.

Customary unions were almost impossible to break and divorce was practically unknown since parents and society resisted any attempts by the couple to break a union. Where lobola was involved divorce was all but impossible.

Both white and black delegates said early missionaries had attempted to impose a foreign culture on black society.

The motion now goes to a synod committee for decision on its wording before its final reading by the synod.

S. James 6/1/80

# Doubts on birth control jab <sup>(237)</sup> spurned

By LIZ McGREGOR

A CONTRACEPTIVE injection widely used on South African women has been banned for general use in America because of a suspected cancer risk

Depo-Provera, an injectible contraceptive which lasts for three months, has been found to cause uterine cancer in monkeys and mammary tumours in female beagle dogs.

As a result it has been disapproved for general use in the United States by the Food and Drugs Administration

However, local doctors and family planning experts reject the tests as invalid because the drug was administered to the animals in very large doses — 50 times that normally given to women

They also claim one cannot compare the body reactions of an animal with that of a human

## Campaigned

The use of Depo has long been a controversial issue. Women's movements and individual pressure groups in Britain and the US have campaigned to have it taken off the market because of its reputed cancer risk

It also disturbs the woman's menstrual cycle and can render her infertile for up to a year

Other groups, including the International Planned Parenthood Federation, claim that Depo is safe and acceptable for use. It says that the benefits outweigh the risks, particularly in "developing societies" where women can only get to clinics at irregular intervals, where the risks of pregnancy are very high and taking of oral contraceptives has not proved reliable

Depo is manufactured by an American company, Upjohn International Incorporated, and exported to 76, mainly Third World countries, where it is used by about

women of all races were issued with Depo in 1975/1976 by State family planning clinics

This figure does not include numbers of women injected with Depo by private practitioners

The chairman of the medical committee of the Family Planning Association, Dr J Dommissie, said that in South Africa Depo was prescribed mainly for patients who cannot use any other form of contraceptive

## Dismissed

He dismissed the cancer risk theory but agreed that the other side-effects were serious deterrents in prescribing Depo

He said that there had been hundreds of studies among women taking Depo in the 10 to 12 years it had been on the market and there had never been any suspicion of cancer

The advantages of Depo were that it was convenient — it only has to be administered every three months — that it is very effective and does not cause blood clots. It is, therefore, suitable for women who have had a thrombosis and who cannot use other forms of contraception

## GENERAL NEWS

# Debate rages on plan for sperm bank

RDM  
20/11/71  
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RB

### Staff Reporter

THE Department of Health's proposal to set up a State-controlled sperm bank has sparked sharp debate on whether artificial insemination (AI) is a matter of individual or State concern

And some religious leaders have condemned AI as contrary to Christian ethics

The Progressive Federal Party spokesman on health, Mr Horace van Rensburg, welcomed the plan, saying it would prevent "commercialisation" of artificial insemination

But the New Republic Party health spokesman, Mr Nigel Wood, was totally opposed to it

They were reacting to an amendment to the Anatomical Donations and Post-Mortem Examinations Act of 1970, published in the Government Gazette

In terms of the draft amendment, no person who is not medically licensed and who does not have official approval

may handle donations of semen. The sale of semen would also be prohibited

Mr Van Rensburg said "I was very concerned for the public after the report that private individuals were intending to sell sperm on a commercial basis, as this would involve serious medical, moral and ethical considerations

"I intended making representations to the Ministers of Health and Police in this connection

"I will now take an interest in the development of this service to ensure that it is in the interests of the public"

Mr Wood came out strongly against the prospect of State control, insisting it should be a personal decision by the families concerned and their doctors

But he conceded "not just any member of the public should be allowed to do it"

Spokesmen for the Hervormde Kerk and the Afri-

kaanse Calvinistiese Beweging described the plan as "against Christian ethics", but the Rev Peter Storey of the Central Methodist Church welcomed it cautiously, saying "it does need to be well-controlled"

The scribe of the Hervormde Kerk, Ds P M Smit said "I am totally against it. If it is between married couples it is all right, but as long as it is not it must be opposed"

The director of the Afrikaanse Calvinistiese Beweging, Professor A J Hevns likened the scheme to "adultery"

"I cannot imagine how the Government can even consider such a concept," he said

Mr Storey said the view that such a setup would amount to adultery was "ridiculous"

However he felt "competent counselling by clinically trained people" on AI was necessary

The secretary of the Nederduitse Gereformeerde Kerk could not be reached for comment

# 'Train' back on the tracks

CAPE TOWN — Prohibitions were lifted in the Government Gazette yesterday on the LP cassette versions of "Span-Train and Other Stories" by Chris de Burgh, "A Dry White Season" by Andre P Brink, and "Pentax Family — No 1", attributed to Pentax Family —

The Directorate of Publications announced in Cape Town yesterday that the Publications Appeal Board had reversed its decisions on these. The board has also reversed its committee decision in ruling that "Sexual Experience Between Men and Boys" by Park-Rossman, is undesirable

Publications listed as undesirable in the Gazette include

My Uncle Oswald by Roald Dahl Whipping Girls by Will Henry and Titillating Technique by Bobbi Dubal

It is now an offence to possess a copy of Xaviera Goes Wild by Xaviera Hollander The Photographic Manual of Sexual Technique by L R O Connor and L Amour — the Ways of Love by Colin Wilson

It is an offence to import or distribute the following (names of author or producer in brackets) The Caller (Mary Rose Hayes) Worse Than Death (Crow 2) — (James W Marvin), Whipping Girls (Will Henry) Voyeurs Delight (Alan Bell) Titillating Technique (Bobbi Dubal) Plastic Apron with Semi-Nude Female Figure (Object) (Dodo Designs (Mrs) Kent

The World According to Garp (John Irving) A Pillar of Cloud (Paddy Kitchen) Labyrinth (Eric Mackenzie-Lamb) My Uncle Oswald (Roald Dahl) The Final (Jimmy Greaves and Norman Giller) Sick Vol 19 No 129 October 1979 (Charlton Publications Incorporation Derby) Marxism Socialism Freedom (Radoslav Selucky) The Rose (Leonore Fleischer) South Africa is Coming Back Our Children (African National Congress of South Africa)

Time of the Wolf (Breed No 7) (James A Muir) Southern Africa Stands Up: The Revolutions in Angola Mozambique Zimbabwe Namibia and South Africa (Wilfred Burchett)

It is an offence to possess the following APS (All Africa Press Services) Bulletin — 14/79 June 18 1979 (African Church Information Service Kenya) APS News Features Bulletin — No 1 June 18 1979 The Third International and its Place in History (Lenin) Azanian Peoples Organisation — MA — Anka Mnye (Pamphlet) — (Unknown)

Frantz Fanon Soweto and American Black Thought (Louw Turner, and John Alan) Confessions of a Lady Courier (Rosie Dixon) Dr Yusuf Dadoo — Isitwalandwe (Pamphlet) (Unknown) The Political Economy of Race and Class in South Africa (Bernard Makhosezwa Magubane) Gallerz International — Vol 1 No 8 (New English Library Ltd London) Man in Action — No 7 (Transpacific Magazines Ltd Hong Kong) The Photographic Manual of Sexual Intercourse (L R O Connor) — Sapa

result of other new

that they had subjects from the 31% were and with the specified in their case content out-ject to be also have liked ial organisation, research methods.

WORK TOOLS, department requirements

The majority of the sample (52%) felt that there had been enough opportunity to ask questions at the Course information lectures though 30% felt they would have liked more; only 6.5% would have preferred to see staff in their offices instead of the lectures. 89% wished to see staff as well as the lectures, and were satisfied with the arrangements.

## 2.5 The Student Workshops

Approximately one-third of the sample did not answer the questions in this section of the questionnaire. This may be because they did not attend the Sunday workshops, for a great number of the sample indicated in their comments that they would have preferred these not to have been held on a Sunday. Of those that did answer questions in this section 83% felt the Workshop had been long enough and had helped them to some extent to integrate into the University as well as in choosing their degree courses.

## 2.6 The Course on Study Methods

A majority of the sample (69%) felt that their school methods of study were adequate at University, though less than 1% felt they were completely adequate and 18% nearly so. Yet the majority (51%) would have liked an additional lecture on "Lectures, Revision and Examinations" and on "Reading and Research"; in their comments a great many students suggested that a more practical presentation of all topics might be desirable.

As regards an on-going study methods course in the first semester, 72% of the sample stated they would find it desirable and 30% would find it very valuable indeed.

## 2.7 Library Instruction Course

An overwhelming majority of the sample were extremely enthusiastic about the library course and found the librarians very helpful.

## 2.8 Academic Advice

In indicating whose advice they had primarily sought in planning their university curriculum, the sample indicated as follows:

# Infant mortality investigation

GRAHAMSTOWN — The Department of Health in Pretoria is sending two experts here next week to investigate the appallingly high infant mortality rate among blacks.

Dr J. D. Krynauw, director of health services in Port Elizabeth, said yesterday he had requested an expert demographer and statistician from the department's head office in Pretoria be sent to the Eastern Cape to look into the situation.

Dr Krynauw has already received a report from staff members of his department who did an on-the-spot investigation of the high infant mortality rate after it was publicised in the press.

According to the annual report of the Grahamstown medical officer of health, nearly a third of all babies born last year died before the age of 12 months.

In his report he said while the figures were not entirely accurate, they gave a good indication of living conditions.

He pointed out not all black births were registered, while a number of deaths of babies under one year were "imported" from outside the area.

Dr Krynauw said he was hoping the Pretoria experts would examine the method of collecting infant mortality data and suggest ways of improving it. — DDC.

MARRIAGE BILL F.M 7/12/79  
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## A little liberation

The South African Law Commission's recently gazetted Matrimonial Property Bill goes a long way towards emancipating married women, particularly those married in community of property

- Among its major proposals are
- Abolition of the marital power which a man has over the property and person of his wife
  - Authority for a wife to conclude contracts and litigate without her husband's consent
  - Equal power for wives in managing and administering joint estates, the disposal of assets, and the contracting of debts
  - The wife may perform any "juristic

act" in connection with the joint estate, except for certain areas — for example, mortgaging a house, where the husband's written consent is required

- If a marriage has been subject to an "accrual regime" and ends in death or divorce, the spouse whose estate shows no accrual, or one smaller than the other partner, should have a legitimate claim against the other spouse.

- People married under existing laws should be entitled to change their form of marriage by a joint court appeal.

The provisions of the Bill will not necessarily bring the same benefits for black women, whose marriages are governed by different laws

Although an ever-increasing number of black marriages are by civil law, tribal law still exists, particularly in the rural areas. And if a black marriage is conducted in terms of civil law, it is automatically out of community of property unless the couple specifically decide to marry in community of property.

*Fair Lady* editor Jane Raphaely comments "I welcome any step in the right direction but I am astonished that nowhere in the Bill is there any reference to the possible improvement of the rights of African women. Institutionalised 'native law' enshrines the inequalities and disabilities which might by now have been adjusted by blacks themselves in a freer society. To leave them out is a terrible mistake."

A further area in which white women gain significantly and black women appear destined to be losers is that relating to the accrual of a marriage. The main criticism is that the general form of black marriage appears to exclude black women from this regime and no attempt has been made to specifically include them. This is because the Bill only refers to marriages contracted under an ANC

Many argue that if the legislators believe that the accrual system is in fact the best, it should be institutionalised for all

women to enjoy the benefits without incurring the additional expenditure of drawing up a special agreement. Furthermore, the accrual regime only applies to those marriages contracted after the Bill becomes law. This discriminates against all those potential divorcees married at any time before the Bill becomes law.

Moreover, the Bill proposes that the accrual be calculated using inflation accounting. Says Wits Law Professor June Sinclair "I don't like it one bit. Inflation accounting does not yet apply in business. It should be tried and tested in the commercial world first before applying it to as sensitive an area as marriage."

Guardianship of the children is another sore point. In terms of the proposed legislation women are still considered inferior and the husband retains legal guardianship of the children even if his wife has custody. His permission is required for matters such as passport applications. On divorce, the man always retains sole guardianship, which can pose problems for both the child and the custodial parent.

According to Roberta Johnson, of the

Women's Legal Status Committee: "One out of two white marriages in Johannesburg ends in divorce, which is the highest rate in the world for any population group. Furthermore, 75% of SA men default on maintenance payments at some time or another, so why should these men have decision rights?" Critics of the Bill feel that joint guardianship is essential.

The fact that the productivity of upper income couples is penalised by joint taxation is a thorn in the flesh of many working women and their husbands.

*Fair Lady's* (married) editor says "I didn't really expect to get separate taxation for married couples without a fight. The problem here is that a small percentage of the taxpaying public produces the giant's share of tax revenue in SA. Even though the introduction of sales tax spreads the burden more widely, the government still has an awful lot to lose by allowing married couples to file separate tax returns if they wish to do so."

Sinclair comments tersely that. "We are heading in the right direction but the Bill needs a lot of tidying up. I will be making my suggestions to the Law Commission."

- Comment should be directed to the Secretary, South African Law Commission, Private Bag X81, Pretoria. A copy of the Bill is available from the Government Printer.



Mortality rates greater than 5/1 000 appear in italics in Table I. For all of these major causes of mortality, the Asian and 'coloured' mortality rates exceed those of the whites.

However, in this context, what requires emphasis is that by using the major disease classification a certain amount of detail is lost. For example, despite the fact that the overall rates for diseases of the circulatory system are comparable for whites, Asians and 'coloureds', within this category the mortality rates for specific diseases vary markedly.

...the proportional contribution of the major circulatory ...Whilst

# Easier law leads to more divorces

By Stuart Flitton

The 23.2 percent increase in the number of divorces in the Rand Supreme Court last year has been attributed to the amended divorce law by members of the legal profession and academies.

There were 1418 divorces in 1979, 145 in 1978, 3216 in 1977 and 2486 in 1976. The figures for 1976 and 1977 are for eleven months of each year.

When the new legislation came into effect towards the middle of last year, there was a dramatic increase of 714 divorces over the second half of 1978.

The new Act meant that judges could grant divorces on the grounds of 'irretrievable breakdown of the marriage' and also ended the publication of divorce reports on divorce cases.

A leading Johannesburg divorce attorney believed that the amended law provided a 'much better way' of getting a divorce. An advocate said that the amended Act made divorces easier than before.

Mrs Ruth de Bruin, director of the Johannesburg Family Life Centre, said she believed couples rushed their divorces through court before the amended laws came into effect in July last year, because they understood the old law better than the new ones.

But a University of the Witwatersrand law professor, Professor J D van der Vyfer, said many couples kept back their divorce applications until after the amended legislation came into effect.

Professor van der Vyfer said the new Act would make divorce a less unpleasant process.

...for all three communities of the expectations of the Asian: 'coloured' or females; at the age of 45 these are 1:0,91:0,85 for males and females, a difference which is largely attributable to the high infant mortality rate in this community. It is also noteworthy that Asian females have the worst expectation of life at age 45 of the three communities, which is in marked distinction from both males and females at 0 and males at e45. The fact that for the 65+ age group, Asian women have the highest mortality rates for respiratory, circulatory, digestive, genito-urinary and ill-defined causes of death (Table I) may contribute to this anomalous situation.

Fig. 7 summarises the percentage improvement in the expectation of life at birth subsequent to the total elimination of the mortality associated

the South African population from all causes of death. The proportional contribution of the seventeen major disease categories of the International Classification of Disease (8th revision) to the overall mortality of the various communities is summarised in Fig. 5. The whites show a typical 'developed' country spectrum of mortality with Infectious and Parasitic Diseases being of minor importance (2,0%) and Neoplasms (15,6%) and Diseases of the Circulatory system (50,5%) being of major importance. For urban Africans and 'coloureds', Infectious and Parasitic Diseases make an important contribution to the overall mortality (19,5% and 23,5% respectively), with diseases of the respiratory system and certain causes of perinatal ...also being of importance. Within the category of Infectious

Clearly, the presentation of the cause specific mortality data as proportional mortalities conceals a certain amount of information. Table I provides a more detailed analysis of these data in the form of cause specific mortality rates for defined age groups by sex, in the white, Asian and 'coloured' communities.

If the mortality rates (Table I) are compared with the proportional mortalities for the seventeen major disease categories (Fig. 5), it will be noted that despite the relatively minor proportional contribution made by circulatory diseases in the 'coloured' community, the actual rates for these diseases are higher than those of the whites. The reason for this apparent inconsistency is that the mortality rates for Infectious and Parasitic Diseases are so high that they effectively swamp the proportional mortality of the Circulatory Diseases in the 'coloured' community. In the white community, the mortality rates for most causes of death are so low, the importance of the Circulatory diseases become disproportionately exaggerated.

## THE EIGHTIES

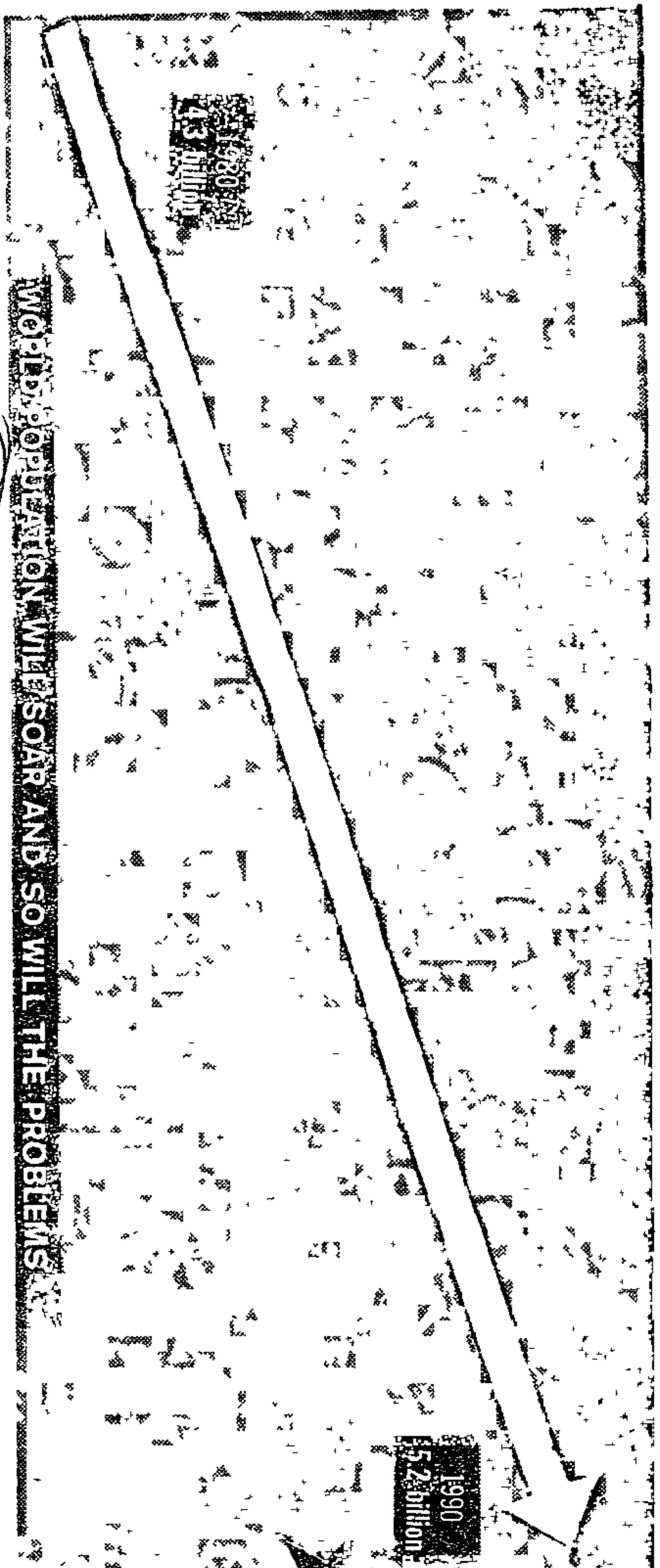
Examining the prospects for the world during the next decade, ROSEMARY RIGTER reports on the nightmare which even the most affluent Western nations cannot avoid — unless massive efforts are made now.

Robert McNamara, president of the World Bank, puts the threat in a nutshell. We might think that the '70s put us under more pressure than any period since the Great Depression and World War 2. But by 1990, he says we may well look back on those years as a decade of extraordinary peace and prosperity.

# Now for the apocalyptic?

STAR 15/1/80

(237)



**1 THE JOBS GAP**

By 1990, 400-million more jobs will be needed for the youngsters who will join the job market—and already there are an estimated 100 million unemployed in the world.



**2 THE FOOD GAP**

In the Third World now there is an average food deficit per person per month of 3.3lb. By 1990 this will have risen to 8.8lb. Already 1,400-million do not have enough to eat.



**3 THE ENERGY GAP**

By 1990 the demand for energy worldwide will nearly double, exceeding supply by about 13-million barrels a day (oil and oil equivalent).



mission proposes entails asking producers to maintain a predictable rate of supply while requiring the West to limit consumption more strictly.

To protect Opec interests and enable rational economic planning, the commission suggests steady increases in oil prices, possibly indexed to the cost of manufacturers, possibly based on a basket of currencies rather than tied to the

more ambitious than the Brandt proposals is, for instance, a plan for a 'Global Infrastructure Fund' put forward by Japan's Mitsubishi Research Institute, 'to generate effective demand within this century amounting to more than R425-billion, a sum equivalent in current prices to the US costs of World War 2'.

The Mitsubishi Plan argues that the only way out of world recession is

the commission's report will also influence United Nations strategy, now in preparation, for the Third Development Decade.

But the central question remains: where is the political backing? Economic uncertainties are compounded by political ones.

First — the 'great power vacuum' the US is likely to be sorting out its internal decision-making conflicts for

some time, while the Soviet Union will face an agricultural crisis, desperate shortfalls in its economic performance, and an oil shortage as the decade ushers in a new leadership. European electorates regard their governments' short-term expedients with increasing scepticism. So where will initiatives come from? Some hopes are pinned on a new German / Japanese /

combination, with the power and the means to channel surpluses to the Third World.

But what about the recipients? Unmistakable, the Seventies have seen increasing resentment of Western economic dominance and a distrust of the 'Western ideal,' of which is by no means limited to the Islamic world.

The temptation is to patch up the existing arrangements. Yet the central warning, from hard-boiled Western economists as well as statesmen of Brandt's calibre, is that patching up is a recipe for hardship among the rich and starvation elsewhere in an increasingly unstable world. — Sunda Times New Service.

# BREWING

STAR 15/1/80 (237)

McNamara's nightmare is that in the '80s, the world will finally run out of time: it will no longer be able to ignore a linked series of intrac-table problems. Even if they are faced with courage, life will be uncomfortable for a considerable time ahead. If they are ducked, it will be intolerable. The nightmare has four main elements:

● **FOOD:** Most of the world can no longer feed itself. The United Nations Children's Fund reckons that already about 30-million children under five die each year from malnutrition. Most of the food deficiency is made up from North America, which produces 80 per cent of global grain exports today. Yet to provide a "minimally acceptable food supply" by the year 2000, these exports will need to be trebled and developing countries will have to double their own food production.

● **PEOPLE:** Except in black Africa, the population boom is declining from the '60s explosive rate. But, short of plague, famine or nuclear war, the present 4.3-billion world population will inexorably increase to at least 5.3-billion by 1990. Either we mount a serious attack on poverty — the necessary prerequisite for effective family planning — or the world's population will

stabilise sometime late in the 21st century at around 10-billion, nine out of 10 of them in today's developing nations. Prompt action now might just cut the total to 8-billion.

● **JOBS:** Few countries are not worried about unemployment. In the rich Western countries more than 18-million adults are drawing the dole. In the Third World one man in three — without the cushion of dole payments — either has no work or is chronically underemployed. This will get far worse, especially in developing countries. The West's standard response so far — to protect traditional industries and skills — is almost certainly a recipe for disaster for both rich and poor.

● **ENERGY:** Massive price increases for oil created problems in the Seventies. The West was quick to protest but slow to seek alternatives. This must be done now with great determination.

So far the developing countries have actually been cushioning the richer ones. If the poor countries had cut other imports by the amount needed to pay for their increased oil bill, there would now be 3-million more unemployed today in the EEC alone. Instead, they maintained those imports, and so helped the rich countries adjust, by more than trebling their borrowings.

Merely servicing these debts, while paying for oil, now cripples poor countries' growth prospects.

What does all this mean to Britain, a well-fed offshore island with a near-static population and, for the present, ample oil supplies?

Global food shortages will hit Britain — in two ways. Food in general will cost more. At the same time, as developing nations divert more of their resources to staying alive, so the markets for British exports will shrink. The jobs these exports represent will vanish.

As trade slows down, minerals and other raw material supplies become less certain and money markets grow increasingly erratic. Gold at 600 dollars an ounce may only be the beginning of a new madness.

Britain and other Western nations, do however have some power to alleviate the problems. Unfortunately the attitudes of most Western leaders do not offer much hope that we will use that power.

Only a few are beginning to see that the West must create what Roy Jenkins calls a "historic new impetus to growth" and that this will require massive investment, and a new willingness to adjust both national and international economic structures.

Instead, in an increasingly protectionist atmosphere, the West continues to support a chaotic international system which Tanzania's President Julius Nyerere once described as giving the poor nations only two rights — "the right to sell cheap and the right to buy dear."

Some politicians develop longer vision once out of the limelight. One of them, Willy Brandt was asked by McNamara two years ago to form a commission to report on relations between the rich and poor countries and advocate ways out of our current mess. With Edward Heath and 18 other politicians and economists from the West, the Opec countries

pending catastrophe, and then long-term reforms. The emergency programme has four key elements: an efficient world food programme; agreements on energy supplies, conservation, and prices; a massive transfer of money, through aid and lending, to the developing world; and a start with reforms of the monetary and financial systems.

If the developing countries are to double their food supply by the year 2000 — and in more than half of them, population growth outstripped food production in the Seventies — they will have to concentrate on agriculture far more than most now do.

McNamara, Brandt and Nyerere... references to a global nightmare, ways to stave off the worst and Third World rights.



As for financial and the Brandt Commission says aid must increase by about R7-billion a year, to reach the 0.7 percent GNP aid target in 1985 by the West.

Together with this, the commission urges a doubling of the World Bank's lending and the use of the International Monetary Fund's gold stocks as collateral for loans to the richer developing countries. By these means the commission aims to increase net flows to the Third World by R44-billion to R53-billion by 1985.

The West must be prepared to pay far higher prices for Third World commodities. For the longer term, the Brandt Commission focuses on the need to overhaul the system of financing development, to get important projects started and ensure that money is efficiently recycled for world growth. This leads them to the idea of a World Development Fund, financed by some form of international tax levy, to provide loans for long-term programmes.

But they will also need help. It will cost a great deal — say R26-billion a year. About R7-billion of this will have to come from the industrialised countries. The international energy strategy the com-

mission recommends, unanimously, first an emergency package "to avert im-

to stimulate private business in industrialised nations

The emphasis would be on vast projects, involving groups of countries both at the investing and receiving end, to develop the sea-bed and untapped energy resources and to improve the environment. Calling for R4.5-billion a year from the industrialised market economies, it points out that this would amount to only about 3 percent of the money spent on armaments in 1975

Underlying the plan is more than concern for world growth, and the need to channel excess liquidity: chillingly, the authors remind us that we got out of the Thirties slump only through a world war. It is when it lists some of the "engineer's dreams" that such funds could make come true that doubt creeps in. But, as with the Brandt proposals for international pump priming, perhaps we should ask what the alternatives to such faith might be.

The Brandt Commission says others argue that there is an alternative in low cost schemes, which must be accelerated. Brandt is banking on getting together a small summit of, say, 25 heads of state to discuss his survival plan; several governments have made encouraging noises. The

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# Population growth—the horrifying <sup>Facts</sup>

Some horrifying facts about population growth and its effects.

● It is only 80 generations from the birth of Christ but in that time the world population has increased from an estimated 300-million to over 4 000 million.

● One of the greatest natural disasters ever recorded was a cyclone which hit Bangladesh in 1971 killing an estimated 300 000 people. On a global basis they were replaced in two-and-a-half days and Bangladesh took one month to replace

them.

● Every year in South Africa 210 000 new work-seekers enter the labour market, and the Government is faced with the task of creating 1 500 new jobs every working day. This means a total of 12 million new jobs between 1980 and 2000.

● The World Bank estimates that by 2000, 600-million urban dwellers will be living in conditions of "absolute poverty".

● South Africa is the fifth largest food pro-

ducer in the world and one of 11 food exporting nations, but will suffer an annual grain shortage of over 7-million tons by 2000.

● By the year 2000, South Africa's urban population will be 26-million. To accommodate these extra people, South Africa will have to build the equivalent of a city of more than 500 000 inhabitants each year — that is bigger than the total population of Port Elizabeth or the white population of Johannesburg.

Population growth is one of the greatest problems facing our overcrowded planet. As we enter the second last decade of this century, warnings of famine and poverty increase. JENNY DYER spoke to family planning experts about the problem.

## Putting the case for birth control

"You're spoiling our fun" a young, educated man told Mrs Mary Hahn, public relations officer for the Family Planning Association of South Africa.

There is nothing that annoys — or alarms — Mrs Hahn more than that kind of statement.

"The attitude of certain men is that we are anti-sex. Yet we are accused by others of promoting promiscuity," she said.

She and a colleague, Mrs Janet Williams, are becoming increasingly concerned at the lack of understanding about birth control.

They suggest that someone who takes adequate contraceptive precautions should be admired and respected, not denigrated.

Women's Page put some questions to Mrs Hahn and Mrs Williams.

Q What are some of the myths that surround the FPA?

A We are accused by older people of promoting promiscuity. Black men worry about their wives going on the pill because they feel it is a ticket for sex outside the family structure. One young man told me that he thought people who worked for family planning were "frustrated old women".

South Africa's population — in 1974 and projected for the year 2000

	1974	2000
Black	17 320 000	37 293 000
White	4 177 000	6 890 000
Coloured	2 360 000	4 890 000
Indian	715 000	1 215 000

trying to stop people having sex." This indicates that there is still a great deal of ignorance and therefore suspicion about us. We are just trying to improve the quality of life and teach people to be responsible. We are a horribly moral bunch.

Q How do you run your education programmes?

A Our educators hold lectures and discussions at schools among youth, women and church groups in shops and factories. We have to be careful because a black man will not listen to a black woman telling him about contraception.

They describe the facts in as much detail as the

audience will understand. They tell them, for instance, what the Pill does and, if possible, use an illustration. They also carry samples of the different kinds of contraception to show what is available. We are not allowed to lecture in white Government schools but there is no problem in private or black schools.



Pregnant bride. A poster used to promote birth control.

Q Do all doctors give the anti-contraceptive?

A Private doctors tend to be very naughty because for the average GP contraception is only one of hundreds of things he has to deal with. They tend to favour one method of contraception and don't have sufficient time to counsel a woman on different methods. The attitude of most doctors is "if you don't like this Pill try another one".

They also say that after two years another type of contraceptive should be used — and then forget to give the woman something else. They don't warn them that when one starts or changes the brand of Pill they are not "safe" for a month. A woman can continue with the same Pill for years provided she has an annual check-up for blood clots, blood pressure and weight gain.

Q What is the most popular kind of contraception, and why?

A For all races the Pill is still the most popular. State Health favours the loop and injection. For African women these are often popular because it is difficult for their husbands to detect. In this

country the emphasis is on women using contraception but in future the trend will probably be for male and female pills. In Japan men use contraceptive devices which the wife buys from door-to-door salesmen. Condoms must be properly used. People tend to think it is safe having sex a second time without using a new condom but the sperm count only goes down after the fifth or sixth ejaculation.

Q What form of contraception do you recommend for people with religious scruples about using mechanical methods of contraception?

A There are three forms. (1) Abstinence. (2) Rhythm method — a woman measures her most fertile time by taking her temperature daily and plotting this on a chart. She must abstain from sex when her temperature rises.

(3) Billings method of testing vaginal secretions. A woman is most fertile when her vaginal secretions are runny and watery facilitating the movement of sperm. Intercourse is safe when the secretions become thicker.

POST WOMAN

# Is the contraceptive injection really safe?

WHAT women have gone through to control birth is amazing. More than twenty years ago, withdrawal was considered just right. Less than a decade later, the Dutch cap (diaphragm) and jelly were introduced. The men also took part in the game. They were given the condom. The pill and intra-uterine-devices (loops or IUD) hit the scene — and lately it's contraceptive injections.

Depo-Provera (Depo) is one of the injectible contraceptives. It is a drug which is effective for three months. The use of Depo has long been a controversial issue because of its alleged high cancer risk which has finally led to its recent ban in the USA.

Depo has been found to cause mammary tumours in female beagle dogs and cancer in monkeys. It is used by local doctors primarily on women who have already had children and on mentally retarded women. Women's movements, individual groups and the London based International Contraception, Abortion and Sterilisation Campaign, have fought for its removal from the market because of its reputed cancer risk.

According to the campaign's report

By ZODWA MSHIBE

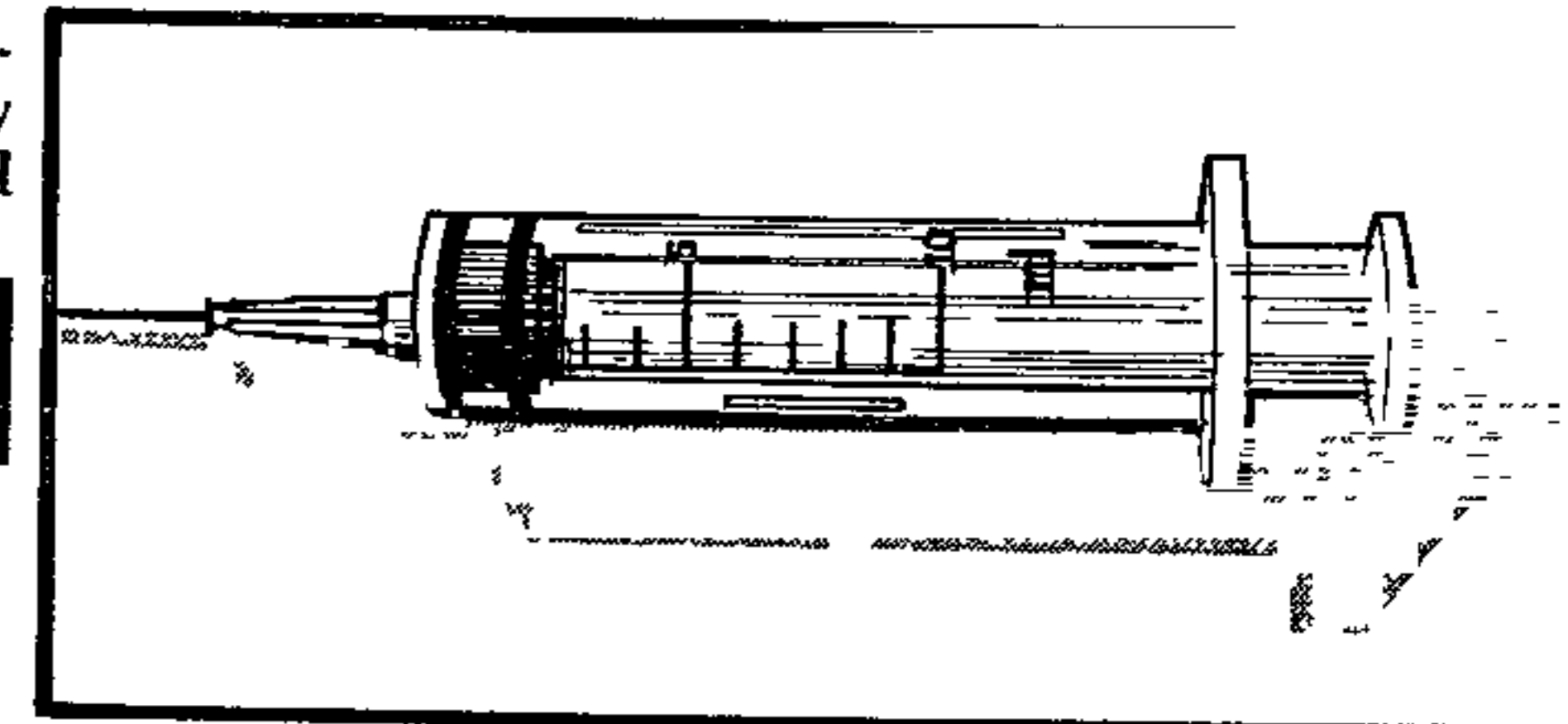
- Depo has been associated with an increased risk of cancer of the cervix
- It causes irregular menstruation or none at all
- It has been associated with the malformation of foetuses in women who received the drug during pregnancy
- It has been shown to cause long-term infertility and possible sterility in many women after they have stopped taking injections

- It has been found to cause many other side effects such as weight gain, loss of orgasm and sex drive, change in skin colouring and acne, severe depression, migraines, nausea, hair loss, raised blood and sugar level

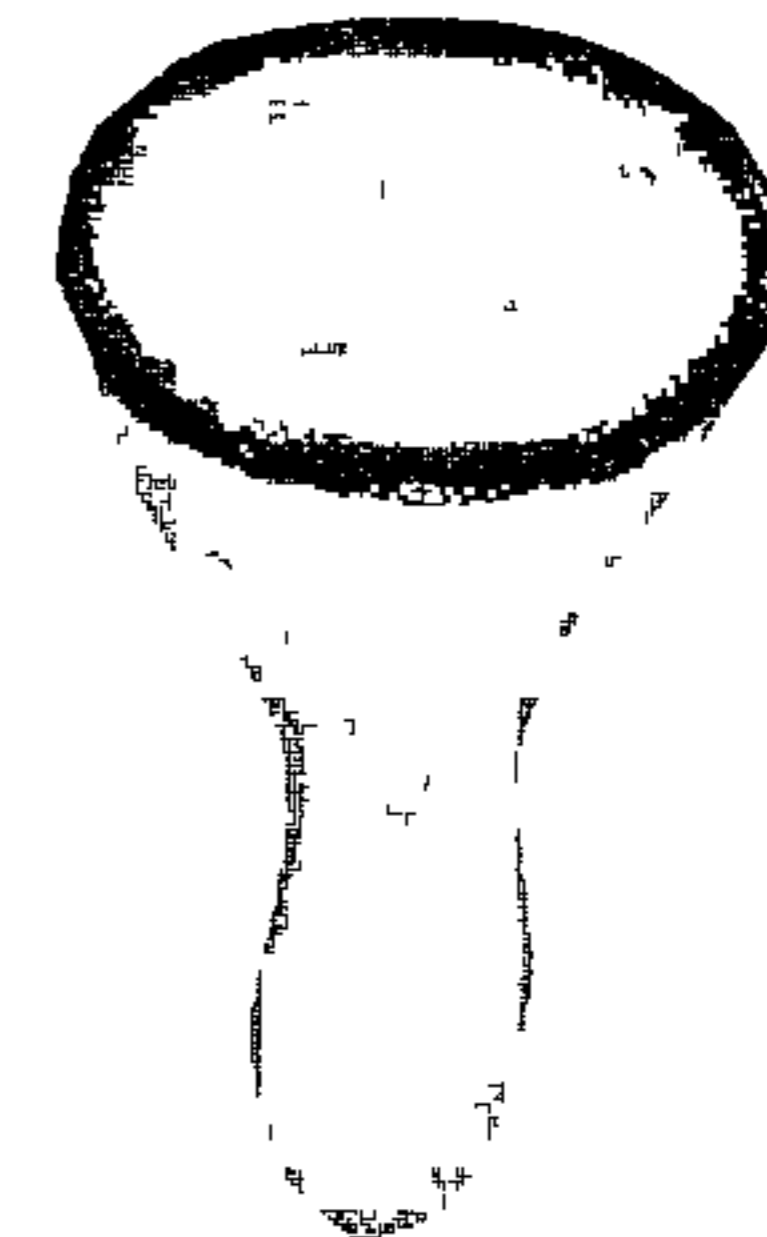
- Depo is passed on in breast milk and nobody knows yet if this is safe for the child

- Depo, as in the case of the pill, was tried out mainly on Third World women

It was first used as a contraceptive drug in 1963. By 1972 birth control agencies like the International Planned Parenthood Federation (IPPF) were using Depo on a large scale that by 1975 it was available in more than 60 countries. The British Committee on Safety of Medicine approves of Depo for only two uses — for women whose husbands have just had a vasectomy and those who have recently been injected against Rubella and German measles.



The Injection



Condom

the best forms of contraceptives, especially with the type of population we have."

"Most women forget the pill and Depo is ideal especially for illiterate

delay the return of fertility, "because women who have used the drug have to wait 6 months or longer before they can conceive," she said.

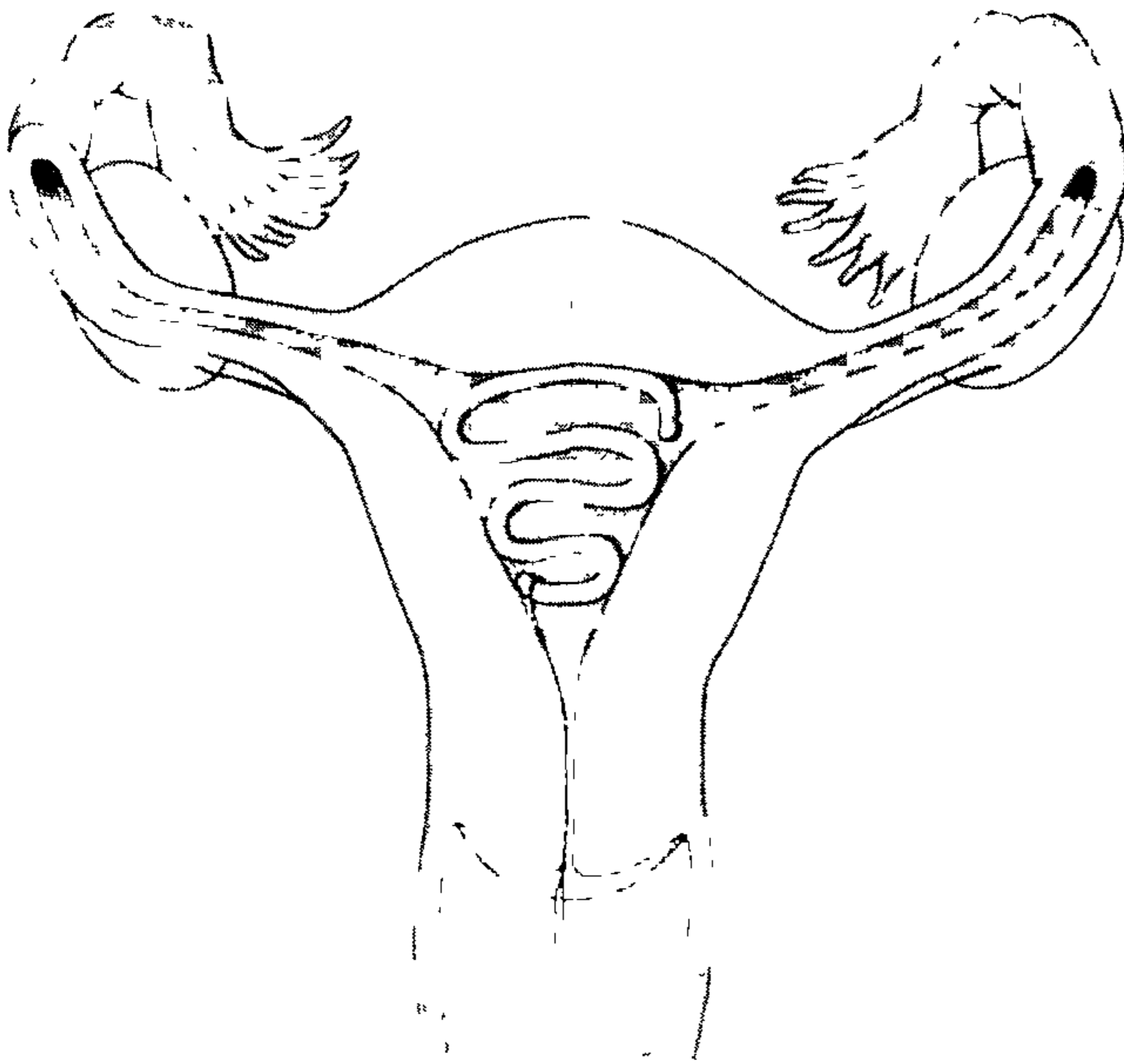
"That's why we don't give it to young or those who have never proved normal fertility. The only exception is mentally retarded women," she said.

The City Health Department's Family Planning supervisor and instructor, Dr M Spilhaus rejects all allegations about Depo's sterilising effects. He agreed malformation of foetuses might occur "only if its given fertilisation has taken place. Even there, it's doubtful. That's why we are careful not to give it to children," he

CONT



The Cap



POST, MONDAY, JANUARY 21 1980

In other countries it was used on women suffering from "degrading poverty", mentally-retarded or "unwilling or unable to use other methods of contraception."

In 1977, the London Hospital, Whitechapel gave the drug to Asian women; and according to the campaign's report, "if you are mentally retarded, a "promiscuous girl", working class or black, you may be offered Depo."

Baragwanath Hospital's senior gynaecologist, Dr J M Mbere dismissed the alleged cancer risk and said, "human beings can't be compared with animals because of their different constitution."

He added, "Depo has a 95 percent success rate which makes it one of

women," he said

The chairman of the Johannesburg branch of the Family Planning Association, an IPPF affiliate, Dr E Hammar also described Depo as a "very helpful means of contraception"

"The IPPF has used Depo the world over and it has been approved by Belgium, Denmark, Germany and New Zealand, and is commercially available in 64 countries," she said

Commenting on America's ban, she said, "the drug was given to beagle dogs fifty times more than the normal dose given to women, hence the cancer risk"

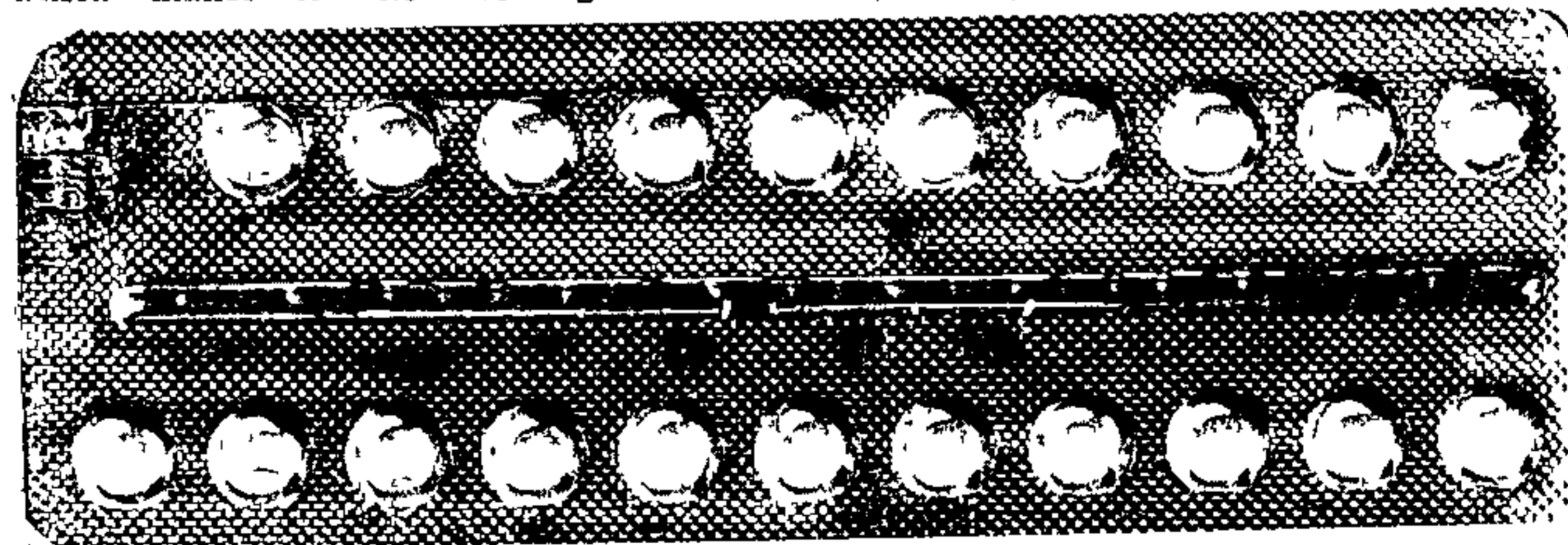
However, Dr Hammer agreed that Depo may

said.

Dr Spilhaus said that in his twelve years experience with Depo, he has never had any complaints of hair loss or acne, but agreed however that it does decrease libido (sexual desire)

Lastly Dr Spilhaus advised, "the public must realise that having a baby is a greater hazard than any method of contraception. There is virtually no risk in any method provided the patient is well advised."

Cancer risk or not, business goes on. Another injectible contraceptive has been manufactured. It is called Nuristerate and, unlike Depo, it's effective for two months



The Pill

# The traumas and guilt of an unwanted pregnancy

REPORT BY SHEILA STEVENS



The unwanted pregnancy . . .

ABORTION research conducted in civised First World countries during the early 70s shows that the psychological effects of having an abortion are far less damaging to a woman than the effects of being forced to continue an unwanted pregnancy.

And, according to Professor James Gardner, head of the department of applied psychology at the University of the Witwatersrand, it is largely as a result of these findings that abortion has been legalised in the United States, Britain, Australia and parts of Europe.

"South Africa is a good 10 years behind the times as far as abortion is concerned," said Professor Gardner.

Most of the research, he said, was done on unwed mothers where the psychological trauma resulting from an unwanted pregnancy was largely associated with the social or personal stigma of being unmarried.

Because abortion is illegal in South Africa, except in special circumstances, many women are forced into a social role which is highly undesirable, he said.

Professor Gardner considers it presumptuous of the State to legislate on personal feelings and says women should be able to have abortion on demand, be it for physical, psychological, social or personal reasons.

"The death rate by abortion is far lower than the death rate by pregnancy," he said.

Where a woman goes through with an unwanted pregnan-

cy, one of the alternatives after the birth is to put the child up for adoption.

"But there is always guilt associated with giving up the child — even if it's not wanted," said Professor Gardner.

"It can lead to a lifelong series of self-recriminations."

In the first 11 or 12 weeks of pregnancy, however, the foetus is not an identifiable human being," he said.

"The idea of guilt and recrimination is not associated with abortion in the early stages."

Illegal abortion, he said, poses the risk of infection and injury and opens up new sets of problems for people who are forced to break the law in order to do what they feel is right.

But where abortion is legal, there is far less danger of physical injury to the mother.

Professor Gardner was involved in abortion counselling in the United States in the 1960s when abortions were still illegal in that country.

"Our role then was largely to make sure that the woman and sometimes the man as well, had considered all other alternatives and whether the effects of abortion were not worse than having the child and to refer them to places where abortion was legal."

"In most cases the effects of abortion are therapeutic. It's the termination of an unpleasant experience which results in psychological relief."

Many women fall pregnant in an unloving, unfulfilling

relationship. Abortion is a way of wiping the slate clean.

"It is presumptuous of the State to step in at a point where the foetus is still not an identifiable human being," he said.

Speaking in his personal capacity, Professor Abe Rubin, head of the department of gynaecology and obstetrics at Baragwanath Hospital, said modern day medical expertise made legal abortion eight times less hazardous than childbirth.

If performed in the early stages of pregnancy (the first seven weeks), a legal abortion could be done as an outpatient procedure "with almost no morbidity or mortality," he said.

Thereafter, the risk of complications increased 20 to 30% for every week's delay. South Africa's restrictive abortion legislation, however, inevitably resulted in delays for women seeking legalised abortion, he said.

Professor Rubin said a woman who wants an abortion is not usually psychologically disturbed — "there is very little change in her psychological outlook after abortion."

But he pointed to the dangers of backstreet abortion which, he said, included death haemorrhaging, permanent sterility and chronic infection.

Professor Rubin does not, however, advocate legalised abortion on demand.

"Abortion should be a matter between the doctor and the

The unwanted child . . .

patient. If a doctor believes it is right for the patient, he should do it. He should not be dictated to by the law."

He believes abortion can reasonably be considered where

- a woman already has a large family,
- a girl is young and unmarried,
- a woman has made a valid attempt at contraception but this has failed,
- an older woman, whose children are grown up, falls pregnant again in the pre-menopausal phase.

There is a growing body of opinion that the Abortion Act of 1975 is a failure and must be amended. It has not had the desired effect of reducing illegal abortion figures.

Mrs Helen Suzman, Progressive Federal Party MP, plans to continue pushing for the liberalisation of South Africa's abortion law this parliamentary session to bring it into line with practices in other parts of the world.

"I'll bring it up in the Health Vote," she said. "The clause allowing for illegal abortions is far too stringent and should be relaxed."

Mrs Suzman also proposes that

- Where a girl falls pregnant under the age of 16, age should be the only factor in determining whether she can have a legal abortion
- A girl who falls pregnant after being raped should not have to undergo interrogation to determine whether or not she is entitled to an abortion

In Johannesburg last week, a woman was sentenced to two years' jail on six counts of abortion. Since 1970, she had been found guilty on a total of 15 counts of illegally performing abortions, the court heard.

She was evidently not the only person performing back street abortions. In 1978, State hospitals and institutions dealt with 19 818 incomplete abortions compared with 541 legal abortions.

The reasons for the discrepancy are not hard to find. Grounds for abortion under the Abortion and Sterilisation Act of 1975 are very limited indeed.

They are

- Where the continued pregnancy endangers the life of the woman concerned or constitutes a serious threat to her physical health,
- Where the continued pregnancy constitutes a serious threat to the mental health of the woman (two doctors have to certify in writing that the continued pregnancy creates the danger of permanent damage to a woman's mental health),
- A serious risk that the child to be born will suffer from a physical or mental defect of such a nature that it will be irreparably mentally handicapped,
- In the case of alleged rape or incest, after interrogation of the woman concerned,
- In the case of alleged unlawful carnal intercourse in contravention of section 15 of the Immorality Act





# Working frantically that all be counted

By PETER SETUKE

PREPARATIONS are well advanced for this year's population census, which will take place from May 6.

A spokesman for the Department of Statistics said in Pretoria that the estimated 7 000 000 census forms required have already been printed. The forms were now being despatched to the 320 magistrates and special branch officials of the Department, who will be acting as census controllers.

Meanwhile the delimitation

of the country into census wards is almost complete. A total of 25 312 census wards, each to be covered by an individual census enumerator, has been determined.

According to the spokesman another 10 000 census wards are being finalised by a team of departmental cartographers, working until late every night.

Special maps of the census wards are being prepared for each individual census enumerator. Each one of these officials will enumerate between 850 and 1 150 people in his ward during a period of 12 days starting on May 6. The census is taken in respect of the place of residence where people sleep on the night of May 6.

## NEXT MONTH

The nationwide recruitment of about 30 000 temporary officers serving as census enumerators will commence next month. Census enumerators will be recruited from all population groups and will be appointed by magistrates and census controllers.

The spokesman said the Department of Statistics had prepared and distributed extensive guidelines for the census controllers.

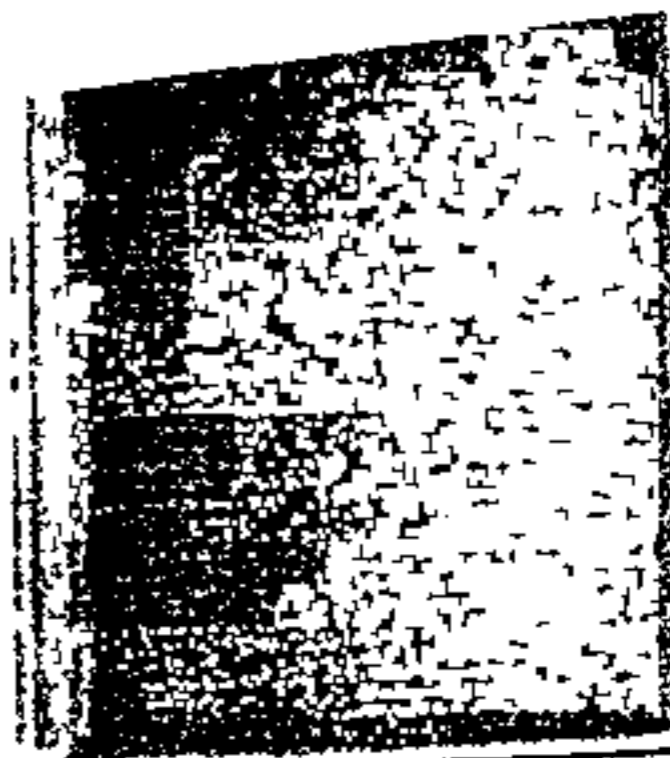
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**Suicide**

Mr N E WOOD asked the Minister

(1) How many cases of (a) suicide and (b) attempted suicide were recorded in South Africa in each of the last two years for which figures are available,



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WEDNESDAY, 13

(2) how many (a) males and (b) females (i) under 20 years, (ii) from 20 to 29 years, (iii) from 30 to 45 years and (iv) over 45 years of age were involved?

The MINISTER OF TRANSPORT AND AFFAIRS

Data for Blacks are not available. Figures furnished are for Whites, Coloureds and Asians combined. Furthermore data for attempted suicide are not available.

(1) (a)	1976		836
	1977		829
(b)	not available		
(2) (1)	1976	(a)	(b)
	1977	55	20
		51	16
(ii)	1976	128	43
	1977	150	40
(iii)	1976	194	62
	1977	198	62
(iv)	1976	264	70
	1977	249	63

Hansard

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**ABORTION AND STERILIZATION AMENDMENT BILL**

(Second Reading)

The MINISTER OF HEALTH Mr Speaker I move—

That the Bill be now read a Second Time

Certain problems have been encountered as far as the administration of sections 4 and 6 of the Abortion and Sterilization Act is concerned

In terms of section 4(1)(b) of the Act the consent of the person who may in law consent to an operation beneficial to another person who is incapable of personally consenting thereto, is compulsory for the sterilization of the latter person. In some cases such a person who can give his consent is just not available. In the case of persons under 18 years of age, statutory provision exists for ministerial consent in such cases but no such provision exists as far as persons over the age of 18 years are concerned. The appointment of a curator for the person by the Supreme Court is problematic, because of the high costs involved. Provision is now made in clause 1(b) of the Bill to amend the above-mentioned paragraph to allow that a magistrate may, after such investigation as he may deem fit grant such consent.

Section 4(1)(c) also provides that the authority of the Minister of Health is required for a sterilization in terms of section 4. The Act does not make provision for the delegation of the Minister's powers. Clause 1(b) of the Bill now makes provision for the amendment of the paragraph to enable the Minister to delegate his powers to an officer of the Department of Health in order to facilitate the application of the provision.

Rape, incest and unlawful carnal intercourse with a female idiot or imbecile in contravention of section 15 of the Immorality Act 1957, are by definition unlawful carnal intercourse in terms of the Act. As far as magistrates are concerned cases of incest and the said contravention of the Immorality Act may be heard by any magistrate but cases of rape may be heard by a regional magistrate.

In terms of section 6(4) of the Act a

certificate issued by a magistrate attached to the court having jurisdiction in respect of the alleged offence in question, is required before an abortion on the grounds of unlawful carnal intercourse may be procured. In cases of rape this would mean a certificate issued by a regional magistrate. In terms of clause 2 of the Bill the relative subsection is to be amended to make provision that in all instances, the magistrate of the district in which the alleged offence took place may issue such a certificate in order to assist the victims of rape.

The Bill was published in the *Gazette* for information and comment.

\*Mr H E J VAN RENSBURG Mr Speaker I wish to take this opportunity of conveying my sincere congratulations to the hon the Minister on his appointment. He is a medical man, as his predecessor also was. It is true that he studied at the University of Cape Town, but I do not believe that really means he could not have been a very good doctor as well. In addition the hon the Minister has served as Administrator of the Cape Province for some years and this will stand him in good stead in the demanding task which now rests on his shoulders.

The hon the Minister will find that the health spokesmen on this side of the House are a very good-natured and friendly group of people so we will not give him much trouble. Health matters are usually in the interests of all South Africans and for that reason there is usually unanimity as far as these matters are concerned. He can only expect opposition from this side of the House if he were to try to introduce apartheid into the health legislation of our country in some way.

I think the hon the Minister will instantly make friends on this side of the House by doing only two things and these are firstly, to negotiate a settlement between himself and the Medical and Dental Council in respect of the major confrontation which lies ahead, and secondly, to give his full support to the proposed legislation on smoking introduced by the hon member for Hillbrow. If the hon the Minister will comply with these two requests at this early stage, I personally assure him that we shall get along splendidly.

I also want to avail myself of the opportunity, on behalf of this side of the House of thanking the hon the Minister's predecessor,

# In defence of Depo Provera

POST WOMAN'S STORY on "Is the contraceptive injection really safe?" has aroused angry reaction from medical doctors who feel the article will mislead their patients who are on Depo Provera.

Depo Provera (Depo) is an injectible contraceptive which lasts for three months. The use of Depo has long been a controversial issue because of its alleged cancer risk which finally led to its recent ban in the USA.

In her reaction, chairman of the Johannesburg branch of the Family Planning Association, Dr Elin Hammar writes

"We have already had many patients who were previously well and satisfied on Depo, questioning their continued use of it

1 The use of Depo is in no way associated with the risk of cancer of the cervix (mouth of womb) as stated

"The story of cancer attached to the use of Depo arises from animal tests in which monkeys were given fifty times the human dose for ten years, and two of the monkeys used (out of twelve in the test) developed cancer of the lining of the uterus. Another test was on beagle dogs which were also given the same enormous doses of Depo, and some of them developed breast tumours after some time," she writes

Dr Hammar continues "No monkey on the normal dose given to women, or even ten times the normal dose, developed uterine cancer — also in human beings there has been found to be a reduction in benign breast lumps in women on Depo

2 "The side-effects mentioned in the article could be found (not altogether) in any woman using pills or injections, and indicate the need for change of pill or method, and also for an adequate medical check

By Zodwa Mshibe

a) They have had NO deaths due to the drug

b) There are no blood clotting problems (unlike with the combined pill for older women)

c) The reduction of anaemias, due to less bleeding is beneficial for many women

d) The DELAY in returning fertility (only in some women) is no longer than the delay in SOME women after using other methods

#### DELAY RISK

Our reason for not using it on those girls or women, writes Dr Hammar, who have not yet had a child or only one, is because we want to minimize the risk of any delay for a woman who wants to get pregnant, when she stops using a contraceptive. I would like to emphasize that cancer of the cervix (mouth of the womb) appears to be on the increase, and the main causes (world-wide) have been found to be —

- Early start of sex life (around puberty),
- Frequent change of partners,
- Infection (not only VD but also other types)
- Frequent child-bearing

Disturbing as this may be, it is one of the few cancers that can be found, treated and cured completely (if found early enough). All wo-

men who attend our clinic in Merlen House have a test taken regularly to check for any signs of infection or cancer, and we then arrange for their treatment.

Dr Hammar adds "Our staff report that more cases of early cancer are found amongst those women who have never used contraceptives at all

Furthermore, we carry and use all contraceptive methods, including the injections. Our policy is to explain the different types, and let women (and their men, who are also welcome) decide for themselves what they feel is best suited for them, provided that the medical check shows that it will be safe."

Baragwanath's senior gynaecologist, Dr J M Mberere feels the article is highly misleading to women who are on Depo

"Depo has been proved beyond reasonable doubt to be very effective, and a good contraceptive in cases that demand it, such as people who have a sufficient number of children, who are not ready for sterilisation but want to postpone it," he argued

Dr Mberere also said Depo has been shown to have bad effects such

as nausea, hair loss, depression, loss of orgasm and sex drive, change in skin colouring and raised blood and sugar level, as stated in the article

Dr Mberere's major concern is the effect the article will have on women who are on Depo "It will increase the already high rate of pregnancies and misery amongst our people," he said

Most of you have heard of or used Depo. We would like to hear what you think about it and if you have used Depo, let us know how it treated you, or what reaction if any, it had after you had used it

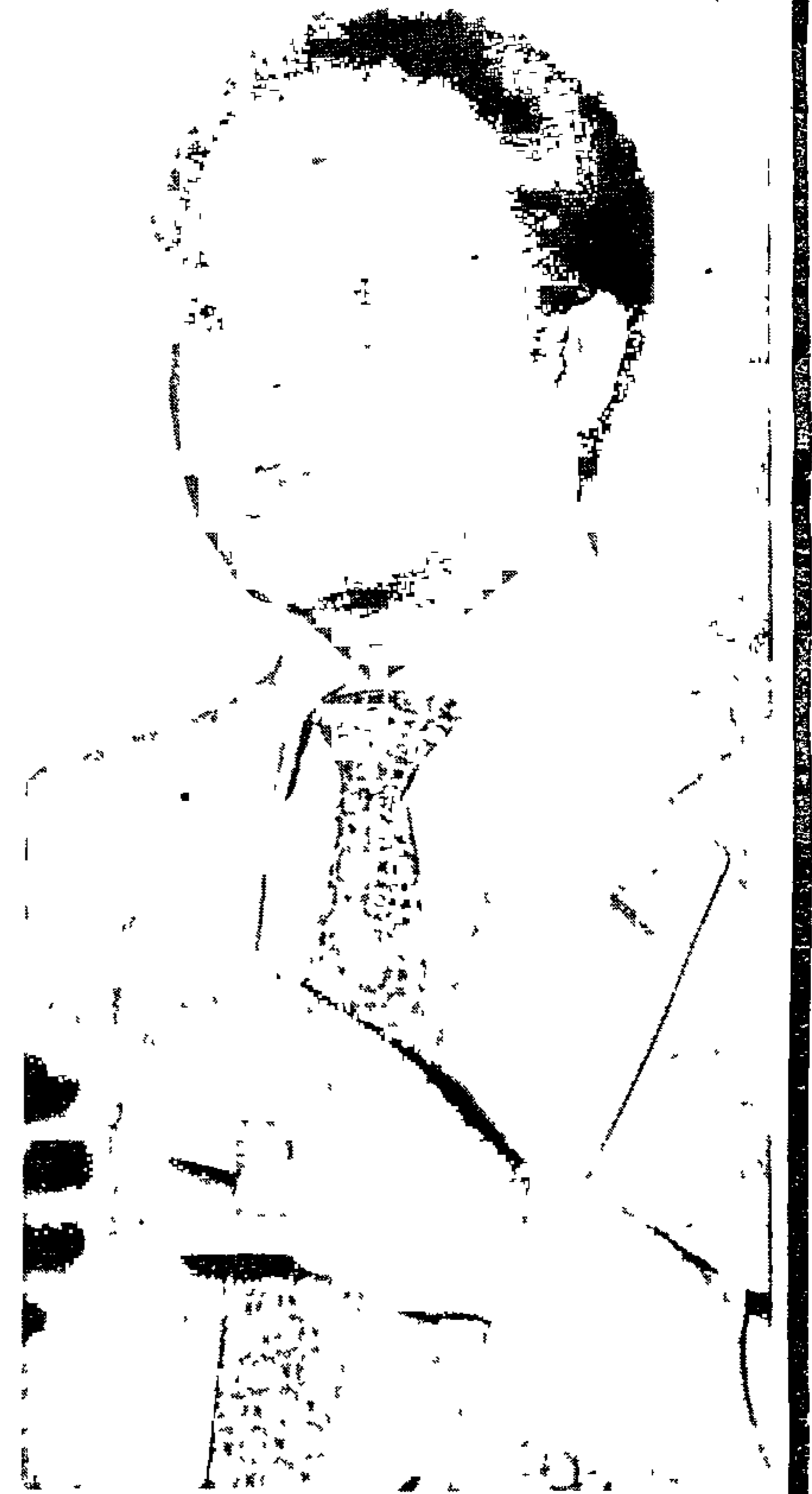
You can give us a pseudonym if you don't want to give us your name. We are at POST Woman, PO Box 6663, Industria 2042

before use.

3 "Malformation of some foetuses was found in women who had been given massive doses during pregnancy in an effort to prevent miscarriages. This treatment was used many years ago, and is now abandoned

Dr Hammar continues "In Thailand, which probably has the most accurate statistics of all countries using Depo (since 1965), and possibly the greatest number of women on it anywhere in the world, (35 000 current regular users) doctors working there have stated that,

Baragwanath Hospital's senior gynaecologist, Dr J M Mberere . . . "Depo is a very good contraceptive any time and for any case that need it."



# New voluntary sterilisation scheme spreads

## Tygerberg Bureau

A NEW voluntary sterilisation operation by a team of doctors from a Peninsula hospital is being performed on women in the Peninsula and could become the most common form of contraception, according to the Department of Hospital Services.

According to a letter from the department to all local authorities the activities of the team of doctors are at present restricted to hospitals within easy reach of Cape Town.

However, it is planned to extend the service to the whole Cape Province to make co-operation available at all provincial hospitals.

Accompanying the letter, which was tabled at a Goodwood Town Council meeting this week, was a request that it be brought to the attention of the council and relevant staff and any efforts to spread this information in your community will be greatly appreciated.

### METHOD

The method being applied by the Tygerberg team is to apply a small elastic ring round the fallopian tube with a special instrument. This method of sterilisation means that the patient is not subjected to an ordinary operation and general anaesthetic.

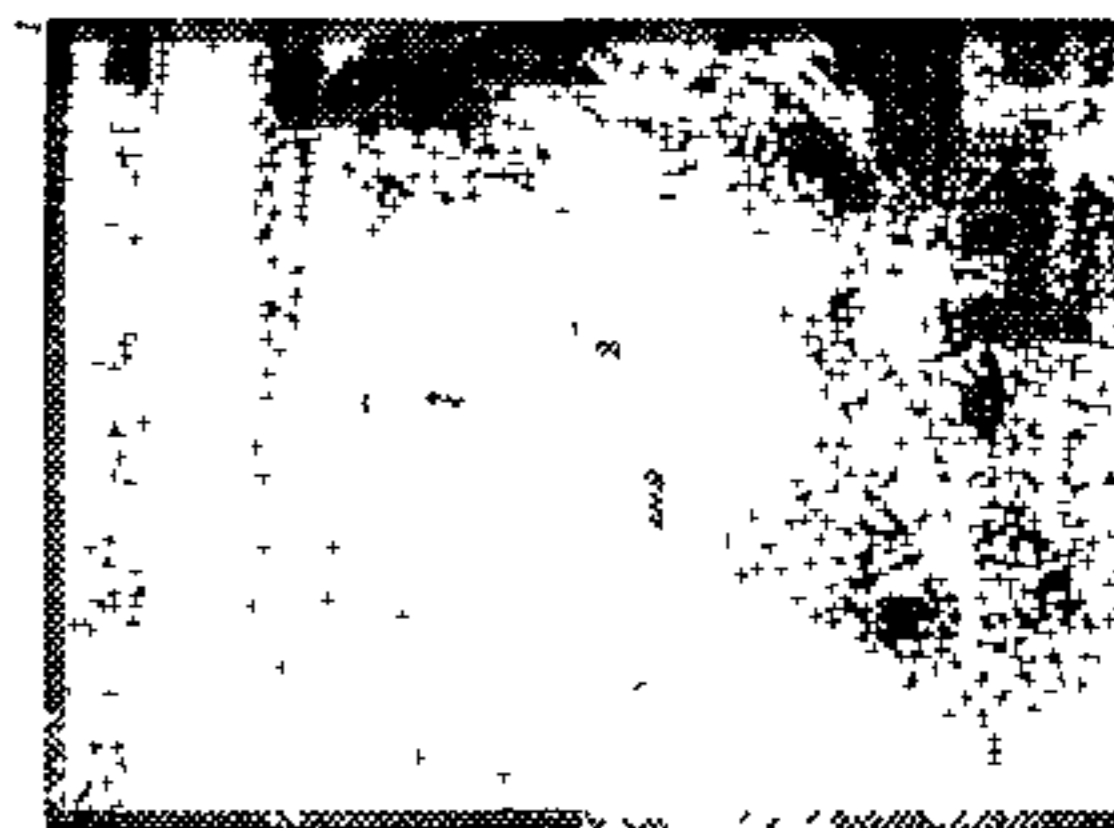
The operation is performed under local anaesthetic and can be performed on most women. It is also suitable for sickly patients where anaesthesia is sometimes dangerous.

The operation lasts only about 10 minutes and the patient is treated as an outpatient. It is not necessary that the patient has to stay in hospital and the tiny wound is not painful. The patient can return to work two days after the operation.



Parliament

# Suzman hits out on abortion



Mrs Helen Suzman

## Parliamentary Staff

MRS HELEN SUZMAN (PFP, Houghton) lashed out in the Assembly yesterday at Government attitudes to abortion in South Africa

Speaking in the second-reading debate on the Abortion and Sterilisation Amendment Bill, she said the abortion legislation had been debated by men with narrow minds who did not know what was going on in the world, and who knew nothing of the agony of women.

Referring to arguments put forward by a speaker on the Government side, Mrs Suzman said 'He might take a different attitude if his own 16-year-old daughter became pregnant.'

This was something that could happen to anybody's daughter.

## 'EASIER'

One of the manifold difficulties of women — pregnancy after rape — was made a little easier by the proposed legislation.

Mrs Suzman said the abortion law had been in effect for five years and the time had come to



DR L A P A MUNNIK . . . abortion 'on demand' never accepted

take stock of the situation'

Statistics on abortions and pregnancies should be examined

The Bill, among other things, empowered a magistrate to grant consent in certain circumstances for the sterilisation of persons who cannot themselves consent to it.

The second reading of the Bill, was supported by all parties in the Assembly

Mr H E J van Rensburg (PFP, Bryanston) said his party was supporting the Bill not because it met his party's expectations, but

because the proposed legislation was 'a slight improvement'.

Exaggerated restrictions in the existing law were causing much misery.

Experts had said that in only five percent of rape cases the victims reported to the police.

A large percentage of illegitimate births, especially among the coloured people, occurred as a result of rape.

Mr van Rensburg said that because of the restrictive measures, rape victims tended not to re-

sort to the law in seeking abortions.

He called on the Minister to have another look at the law with a view to reforms that would relieve the misery caused by circumstances leading to the destruction of young lives

Dr W J Snyman (NP Pietersburg) said the changes proposed in the Bill should not be seen as a relaxation of South Africa's abortion law.

## 'CHRISTIAN'

Throughout the Western world there had been a tendency towards permissiveness whenever abortion laws were relaxed

The Minister of Health, Dr L A P A Munnik, said there were countries where people were today looking at South Africa's abortion law with envious eyes. It was a law based on Christian principles and these principles would be maintained.

Dr Munnik, who was piloting his first legislation through Parliament since he became the new Minister of Health, said he was prepared to consider proposals for improvements from Mr van Rensburg provided it was realised that 'abortion on demand' would never be accepted.

#### Political Staff

**THE ASSEMBLY** — Mrs Helen Suzman (PFP, Houghton) lashed out in the Assembly yesterday at Government attitudes to abortion in South Africa.

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# 'Govt narrow on abortion'

15/2/69 23%

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# Nurses in SA prescribe The Pill

Specially qualified family planning nurses in South Africa can prescribe contraceptive pills — but they do so under the indirect supervision of doctors.

This was confirmed by Dr E Hammar, chairman of the Johannesburg branch of the Family Planning Association of the Transvaal.

She was commenting on a report that the British Medical Association had criticised a recommendation by the Royal College of Nursing that some nurses should be able to prescribe oral contraceptives.

Dr Hammar said that in South Africa family planning nurses worked under the indirect supervision of doctors.

"A good, well-trained nurse is able to watch out for side effects" she said.

Where some serious side effects occurred, doctors themselves would not have been able to predict them.

## QUALIFIED

Family planning nurses were already experienced in providing family planning help and in most cases explained the different methods of contraception.

The nurses who gave this advice were highly qualified and knew which side effects to look out for.

"But the nurses must have lines of contact with a doctor so that the load of responsibility is shared."

Dr B Richard, Johannesburg Medical Officer of Health, said the same method was followed at Johannesburg family planning clinics which are attended by 30 000 women of all races each year.

Nurses either had in-service training or they were certified family planning nurses, and a doctor had to be satisfied with their proficiency.

Who are Fattis and Monis? Fattis and Monis is the factory which produces the following products. The following Record flours, Self-raising flour, Bread flour, Unsifted flour, Wheatie Treat flour, Philadelphia flour, Koeborg Mille pack - mealie meal, all products with Fattis & Monis brand name. These include icecream cones, cake cups, wafers, macaroni, spaghetti, large and small shells, pasta ribbons - broad, narrow and green, pain rings, dilatines. Fattis and Monis also pack their past products under the following brand names, Princess, Pot of Gold, Pick 'n name brand, Ckeckers and Roma. Fattis & Monis also control a number of bakeries in the Cape Town area. These include the Good Hope Bakery in El River, Wrench Town Bakery in Observatory and the Ultra Bakery in Somerset

Fattis and Monis insist that there is "no dispute". However a director of the factory is worried about calls for a boycott of the factory's products by blacks because much of the factory's trade is with blacks. The management kept production going by employing scab workers in the place of the strikers. However production has slowed down.

The Cape branch of Nafcoc - the National African Federated Chamber of Commerce has issued a statement in support of the dismissed workers.

The Women for Peace movement has called on the factory to negotiate with workers.

More than 400 students from the University of Cape Town held a meeting and called for a boycott of all Fattis and Monis products.

The South African Council of Sport (SACOS) has called on all sports bodies to support a call for re-employment of the dismissed workers.

The Western Province Traders Association says it will instruct its members to sell the factory's products unless there is negotiation.

Moves of solidarity with the striking workers are increasing. At a solid last week more than 500 university and college students from U.W.C., Peninsula Training College and Bellville Technical College called for workers to be re-employed and for a boycott of Fattis & Monis products.

Although those dismissed were 'Coloured', more than half of the men who were dismissed were 'Coloured' and African workers who had gathered outside the factory. The workers refused to be separated. One said, "We are not going back to the homelands, the African workers are standing firm with their brothers and sisters. On the first day of the strike, men from the Department of Labour tried to separate 'Coloured' and African workers who had gathered for the same purpose."

Officials of the 10 000 member union (the Food & Canning Workers Union), says the men were replaced by machines and that it was part of a cut-back for better conditions. The factory refused to negotiate with the union.

the dismissed men had signed a document giving the union rights to negotiate with the factory. A director of the factory says these demands are "out of all proportion", and unreasonable and would lead to a strike. The union was trying to negotiate for better pay and hours of work - R40 a week and an 8 hour working day.

For almost a month 88 workers at the Fattis & Monis factory in Bellville have been on strike. They struck because five of their fellow workers were dismissed. The workers say the dismissals were because all five were members of a trade union. The union was trying to negotiate for better pay and hours of work - R40 a week and an 8 hour working day. A director of the factory says these demands are "out of all proportion", and unreasonable and would lead to a strike.

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# Fattis & Monis Strike



Handwritten note: *Handwritten note to be Randed in before Wednesday*

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# Die krimpende wit kindertaal

IN die laaste tyd is heelwat publisiteit gegee aan die afname van die getal blanke kinders wat in die begin van die jaar in Transvaal vir die eerste keer skool toe is. Dit kon voorsien word op grond van die gegewens wat deur die Departement van Statistiek verskaf word. Landwyd lyk dit so:

Nadat die getal in 1973 'n hoogtepunt van 90 500 bereik het, het dit konsekwent tot 74 040 in 1977 gedaal. Die syfer van 74 590 vir 1978 is nie beduidend hoër nie.

In soverre ons kan aanvaar dat ses jaar die gemiddelde ouderdom van eerste toetredende leerders is, het die skoolbegynners in 1979 die oorblywendes (na sterftes) van 1973 se in a k s i m u m-geboortegestelle verteenwoordig, natuurlik aangevul deur netto immigrasie en verminder deur netto emigrasie.

Met sterftes en migrasie in berekening gebring, kan die blanke skoolbegynners vir die RSA soos volg bepaal word: 1979 = 89 000, 1980 = 82 300, 1981 = 78 200, 1982 = 76 400; 1983 = 72 100. Dit beteken dus 'n daling van 6 700 tussen 1979 en 1980. Die daling sal tot 1983 gehou word en beloop 16 900 van 1979 tot 1983.

Indien toegeleat word vir sterftes onder kinders tussen hul sesde en die daaropvolgende jare en vir die geringe getal wat in hul eerste vyf jaar op skool druip, sal nagenoeg



**PROF. JAN SADIE** bekijk die dalende blanke geboortesyfer en bevind o.m. dat 2 000 minder onderwysers in 1983 nodig sal wees. Hy wys op positiewe en negatiewe implikasies van dié verskynsel.

Die postnante geboortesyfers toon 'n volgende daling in die fertilitate van blanke vroue. Die gewone geboortesyfer dien nie as aanduiding van die verloop hiervan nie, en ons gebruik dus spesifieke vrugbaarheid (vyfjaar-groep) van die moeder en van die totale fertilitate (TFS) wat 'n indeks is van die aantal vroue tussen die ouderdomme 15 en 50 gebore sal word. Dié syfers word in die tabel op dié bladsy aangegee.

Die statistiek toon dat

- (a) Ubwawo ufike umama ehleli alone ekhaya.
- (b) All izizwe zihlanganisene.
- (c) Beka inyama nesonka embizeni kodwa isonka
- (d) I am alone kule dolophu yasekapa.
- (e) Lizwi noThandi yiyani alone ecawenti.
- (f) Lo mtwana ulusele all ubisi.
- (g) Every indoda mayisebenze.
- (h) All amantombazana adlala thokki.

die vrugbaarheid van blanke Suid-Afrikaanse vroue sedert 1955-60 onafgebroke gedaal het. Die gemiddelde aantal geboortes per vrou het van 3,5 in 1955-60 tot 2,12 in 1978 verminder. Sedert 1970 was die daling vinniger as in die voorafgaande tyd. In die vyftien jaar van 1960 - 66 tot 1970 - 75 was die daling 20 persent. Tussen 1970 (toe die TFS 3,03 beloop het) en 1978 was die daling 30 persent. Die invloed van die resessie ná 1974 is hierin te bespeur; as die TFS van die individuele jare nagegaan word: 1970 = 3,03, 1971 = 2,97, 1972 = 2,95, 1973 = 2,87, 1974 = 2,59, 1975 = 2,41, 1976 = 2,31; 1977 = 2,13, 1978 = 2,12.

In die jongste resessie stegter dalings getoon, maar in 1978, die jaar van beter ekonomiese toestande, was die daling baie gering.

Die historiese verloop sedert 1924-28 toon 'n U-vormige TFS, met syfers vir 1924-28 en 1955-60 op dieselfde peil nadat 'n laagtepunt in die depressiejaar 1931-34 bereik is. Uit die tabel blyk dit duidelik hoe die gesins-oudpatroon verander het. 'n Teleskopering van die gemiddelde tydperk van effektiewe gesinsvorming het ontstaan. In 1924-28 was 52 persent van die proses afgeleë voordat die gemiddelde moederderf jaar oud was. In 1955-60 was dit 67 persent.

Die grootste daling het by vroue van 35 jaar en ouer voorgekom, maar sedert 1970 is verlaagings by alle ouderdomme van moeders aangeteken. Die daling by vroue van verskillende ouderdomme in spesifieke fertilitatejare tussen 1970 en 1978 was: 15-19 = 39 p.s.; 20-24 = 30 p.s.; 25-29 = 24 p.s.; 30-34 = 29 p.s.; 35-39 = 42 p.s.; 40-44 = 46 p.s.; 45-49 = 60 p.s.

Dit laat die vermoede ontstaan dat ons hier met 'n langtermynreëling in reproduktiewe gewoontes te doen het. Te oordeel aan die onderverdeling in die jare 1924-28 tot 1955-60 is dit moontlik dat die vrugbaarheidster by vroue onder 30 jaar kan styg, maar dit sal moontlik nie meer wees as om slegs te kompenseer vir dalings by ouer vroue nie. As die analogie geneem word, kan 'n aanname van gemiddeld 2,12 geboortes per vrou aan die hoë kant wees.

Vroeër kon die dalende geboortesyfer aan o.m. versedeliking toegeskryf word, omdat die stedelike bevolking 'n laer vrugbaarheidspesifis as die plattelandse bevolking getoon het. Afgesien daarvan dat die landelike bevolking steeds 11 p.s. van die totale blanke bevolking uitmaak en dus nie meer 'n betuttende rol speel nie, is die vrugbaarheid van plattelandse vroue nou blykbaar laer as die inwoners van stedelike gebiede.

(dorpe ingesluit). In 1970-75 het hul TFS 2,54 kinders per vrou weerspieël, teenoor 2,94 in die res van die land.

Die syfer in 1978 van 2,12 geboortes per vrou in die reproduktiewe leeftyd is feitlik gelyk aan die verplasingkoers, d.w.s. die getal wat, met inagneming van sterftes, nodig is om die bevolkingstalle te handhaaf. Al sou die werkbare syfer tot 2,06 of minder daal, kan dit nie voorkom dat die blanke bevolking steeds vermeerder nie.

Die leeftydstruktuur van die bevolking, soos dit uit die geboortes en immigrasie van die verlede opgebou is, het 'n relatief groot en toenemende getal potensiele moeders opgelewer. Byvoorbeeld, 'n voortsetting van die spesifieke fertilitatejare wat die gemiddelde aantal geboortes per jaar van 'n geskatte 76 000 in 1975-1980 tot 78 200 in 1980-85 en tot 86 000 in 1990-1995 sal styg, waarna die getal hulle daal.

boortes beteken dat minder persone (afhanklikes) onder by die leeftydperiode gevou word as wat na hoer leeftyd verwag kan word. Hierdeur word die afhanklikheidslaste verminder. Anders om gestel, die getal mense tussen 15 tot 64, die groep in die mannekragsleefyd wat 'n bydrae tot die volkswaard kan maak, en groeikoers kan maak, vergroot.

Die gevolg is dat die blankes se leeftydskomponent vir mannekrag 64,5 persent is, teenoor die 54 persent van die demografies jeugdige swart bevolking. Met gelyke deelname in die arbeidsmark mag vir die twee groepe en met dieselfde loon per werker, sal die blankes se inkomste per capita 19 persent hoër wees.

Met die vermindering in die toename van getalle verbeeter die vermoë van die bevolking om sy getal te verbeeter. Kinders se vermoë verbeeter om met werkers van ander bevolkingsgroepe mee te ding sonder die hulp van diskriminerende maatreëls of weweging. Daardeur verminder die element van vrees wat 'n bepalende faktor in groepsverhoudings is.

Anders het hulle meer tyd om aan die opvoeding van hul kinders te bestee. In die eerste ses jaar van die menslike lewe kan dit van belang wees, omdat waardevol in dié tyd vasgelê word wat ekonomiese insatistief later kan bevoor.

Wat wel kommer wek, is die implikasies wat kwy-nende kindergestalle vir die toekomstige getalverhouding van die verskillende bevolkingsgroepe het, veral gesien in samewerking met die ekonomiese gehalte van die getalle. Juiste groeikoerse vir bruinmense en Asiaters sal eers ná die 1980-sensus bepaal kan word, maar die koerse kan waarskynlik op 2,1 en 2,0 persent per jaar gestel word. Hoewel hoër as dié van die blankes, is dit aansienlik laer as wat dit twee dekades gelede was.

Minder sekerheid bestaan wat swartmense betref, maar 2,8 persent kan as 'n redelike skatting van hul groeikoerse beskou word. Hoewel ook hulle verby die ontplofingsstadium skyn te wees, is hulle aanvans reeds te hoog om gereedelik ekonomiese deure

die blankes geakkommodeer te word.

Die Asier-groep geneer voldoende ontwikkelingsom in 'n aansienlike deel van hul ekonomiese behoeftes te voorsien, maar dit is ongelukkig so dat die ekonomiese insatistief en onderneemingsgeestes wat werkgeleenthede skep, hoofsaaklik van die blankes kom. Blanke getalle vergroot die munste, terwyl die swart bevolking wat die kleinste bydrae tot groei-insisterende kragte lewer, drie keer so vinnig toeneem.

Indien dié neiging voortgesit word, sal die blankes se aandeel in die totaal, wat nou 16 persent beloop, teen die einde van die eeu sonder die hulp van immigrasie tot 11 persent verklein. Die van swartmense sal waarskynlik van die huidige 71,5 persent tot 77 persent verhoog word.

Verloop van fertilitatejare per 1 000 vroue volgens leeftyd van moeder

Leeftyd van moeder	1924-28	1955-60	1960-65	1965-70	1970-75	1976	1977	1978
15-19	27,9	43,4	45,0	41,7	34,3	28,0	25,1	25,0
20-24	147,8	216,7	211,2	190,5	168,5	140,7	131,6	131,2
25-29	185,7	211,0	206,2	197,3	192,6	161,1	150,0	149,5
30-34	156,7	130,8	124,7	113,7	108,7	89,9	82,5	82,2
35-39	117,6	72,0	61,2	49,8	45,7	32,6	28,3	28,2
40-44	53,0	23,2	19,2	14,5	13,1	9,2	7,6	7,6
45-49	9,4	2,5	1,9	1,7	1,6	0,9	0,8	0,7
Totale Fertilitatejare	3,5	3,5	3,3	3,05	2,81	2,31	2,13	2,12

# THE D-P CONTROVERSY

## UK to give its ok?

Post  
21.2.80  
237

**LONDON —** Britain's Committee on Safety of Medicines is expected to approve today general release of a long-term birth-control injection called Depo-Provera.

The drug, still not ap-

proved in the United States as a contraceptive and restricted in Britain for five years, is manufactured by Upjohn Ltd. The drug is already available in South Africa.

The Medicines Committee confirmed that it would meet in London to-

day but would give no details of the subjects for discussion.

A spokesman said: "We cannot tell you anything about this meeting as all matters relating to product licences are confidential for commercial reasons."

But documents leaked to the press here suggest that the committee will in fact approve Depo-Provera.

Depo-Provera is given as a single injection deep into muscle. The drug is then released gradually over the next three months.

### APPROVED

If the licence is approved it will end 10 years of argument on both sides of the Atlantic over the safety and usefulness of the drug.

Trials on beagle bitches produced cancerous breast nodules as well as other non-malignant lumps, although the animals were given much larger doses than humans would ever receive.

According to the documents in the hands of the press, the Safety Committee recommends approval of Depo-Provera on the grounds that "the carcinomas reported arose in cells which have no parallel in the human being."

Judge  
gives  
order  
for  
abortion

237

RDM

26/2/80

BLOEMFONTEIN. — An order authorising an abortion at the Universitas Hospital in Bloemfontein on a 20-year-old white girl was granted in the Supreme Court yesterday by Mr Justice Van Heerden. The urgent application was made by the girl's father.

A gynaecologist recommended that the operation be performed before the girl was 24 weeks pregnant.

A local psychiatrist said in an affidavit that the girl had tried twice to commit suicide. He had found after a thorough investigation, that she would make further suicide attempts if her pregnancy continued.

He said she lived in an area in which there was a stigma attached to an unmarried mother. This fact and the girl's knowledge that an abortion could not be performed legally, would influence the girl in such a way that he feared she would make renewed attempts to take her life.

Arrangements had been made to operate on the girl on February 15, but had been cancelled at the last moment by the superintendent of the hospital.

The girl had subsequently become very depressed and frightened, the psychiatrist said.

The girl's mother said her daughter had taken an overdose of pills and had drunk a large amount of poison on previous occasions. She had also unsuccessfully tried to shoot herself. — Sapa

237

# OFS abortion ruling may be the first of its kind

SHEILA STEVENS

THE SUPREME Court order last week, authorising an abortion on a 20-year-old woman in a Bloemfontein hospital, may be the first of its kind according to a lawyer interviewed by FLAIR

"This is probably the first time the court has had to decide whether to allow an abortion in terms of the Abortion Act clause which permits an abortion where the continued pregnancy endangers the life of the woman concerned," he said

Prof June Sinclair of the University of the Witwatersrand's law department pointed out that it was unusual for a case of this kind to come to court

The young woman had made three attempts at suicide and the urgent application was brought by her father after the superintendent of the Universitas Hospital, Bloemfontein, withdrew his permission for an abortion

According to papers before the Bloemfontein Supreme Court, a physician, a psychiatrist and a gynaecologist had all recommended that the abortion be performed and arrangements were originally made to operate on the girl on February 15

The superintendent subsequently cancelled these

arrangements on the basis of his interpretation of the law. He doubted whether the threat of suicide was a threat to the woman's life in the sense laid down in the relevant section of the Abortion Act, an informed source said

The applicant claimed, however, that suicide did constitute a threat to her life and that Section 3 1(a) of the Act was therefore applicable

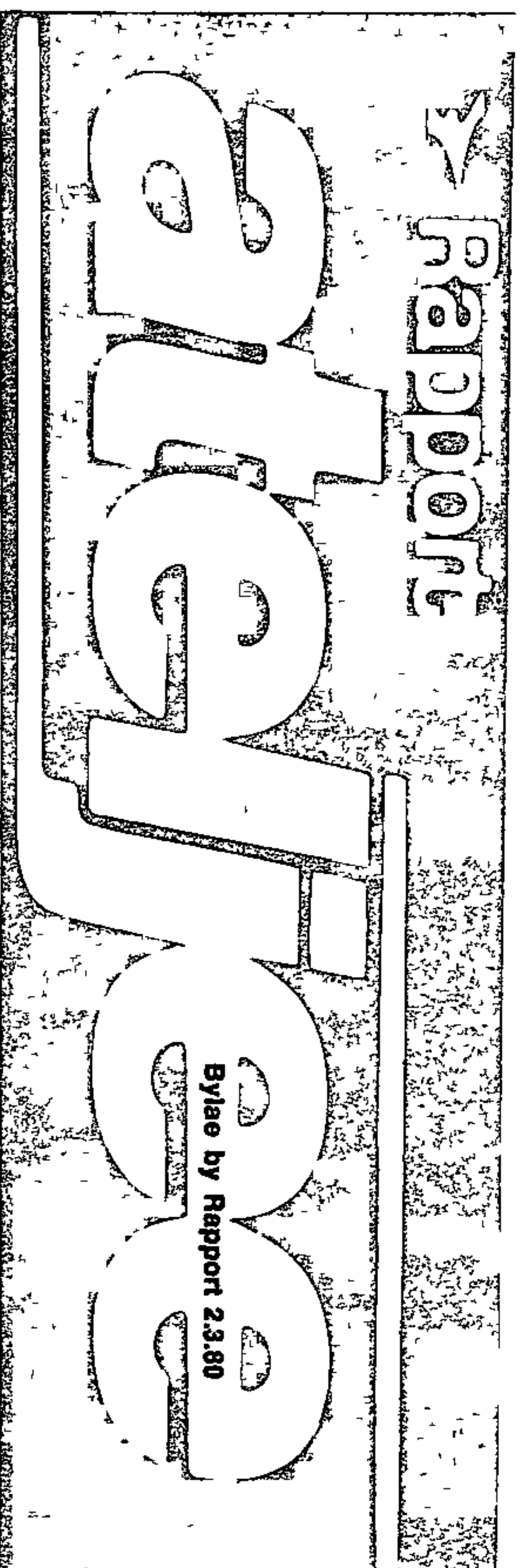
The girl's mother testified that her daughter had taken an overdose of cortisone tablets, drunk rat poison and unsuccessfully tried to shoot herself with her father's revolver.

A psychiatrist said in an affidavit that, after thorough investigation, he feared the girl would make further attempts on her life if her pregnancy continued

He pointed out that while many young girls attempted suicide just to get attention, in the case of a pregnant girl, such an attempt was usually serious

Mr Justice De Wet granted an order compelling the superintendent of the hospital to authorise a gynaecologist to terminate the girl's pregnancy. She was 20 weeks pregnant

A Johannesburg attorney estimated that the urgent application could have cost the applicant between R500 and R1 000



IN die Bloemfontense hoogeregshof het 'n regter vandeensweek ver-  
lof gegee dat 'n jong meisie 'n aborsie mag kry omdat daar gevees word dat sy sal selfmoord pleeg. Wat se Suid-Afrika se wette van aborsie? Is daar wel omstandighede waarin 'n vrou 'n aborsie mag ondergaan? In dié artikel word hierdie en ander vrae beantwoord.

237  
RAPPORT  
2/3/80

# ABORSIE

IN die wye spektrum van sieninge oor die toelaatbaarheid van aborsie, regtens, is daar twee uiterste pole.

Enersyds is daar die standpunt wat tot betreklik onlangs nog in 'n Katolieke land soos Italië aangehang is, naamlik dat vrugafdrywing onder geen omstandighede durt geskied nie.

Andersyds is daar die standpunt wat in 'n land soos Swede regtens gehandhaaf word, dat aborsie uitsluitend 'n saak vir die swanger vrou is en dat dit onbeperk toegelaat word, mits dit deur 'n gekwalifiseerde geneesheer uitgevoer word.

Ons wetgewers het geprobeer om 'n goue middeweg te loop deur aborsie net binne bepaalde perke wat uitdruklik gestel word, te veroorloof. In 1975 het die Parlement die Aborsiewet op die wetboek geplaas — die Wet op Vrugafdrywing en Sterilisasie, om hom by sy volle naam te noem.

Voor die wet aange-  
neem is, is aborsie op net een enkele grond as geoorloof beskou, en dit was waar die vrou se lewe werklik in gevaar verkeer het as gevolg van haar swangerskap. Gesien die stand van die moderne geneeskunde, het dié toedrag van sake net by toe uitsondering voor-

• Waar dit 'n ernstige bedreiging van blywende stending van haar gesondheid inhou.

• Waar daar 'n ernstige gevaar bestaan dat die kind wat gebore gaan word, in so 'n mate aan 'n higgamlike of geestesgebrek dat hy omherstelbaar ernstige gestrem sal wees.

• Waar die vrug verwerk is ten gevolge van verkragting.

• Waar die vrug verwerk is in bloedskande.

• Waar die vrug verwerk is in 'n daad van onwettige gemeenskap met 'n vroulike doot of swakinnige

'n Vrugafdrywing wat nie binne hierdie beperkings val nie, is 'n ernstige misdadend en is strafbaar in die van hoo-

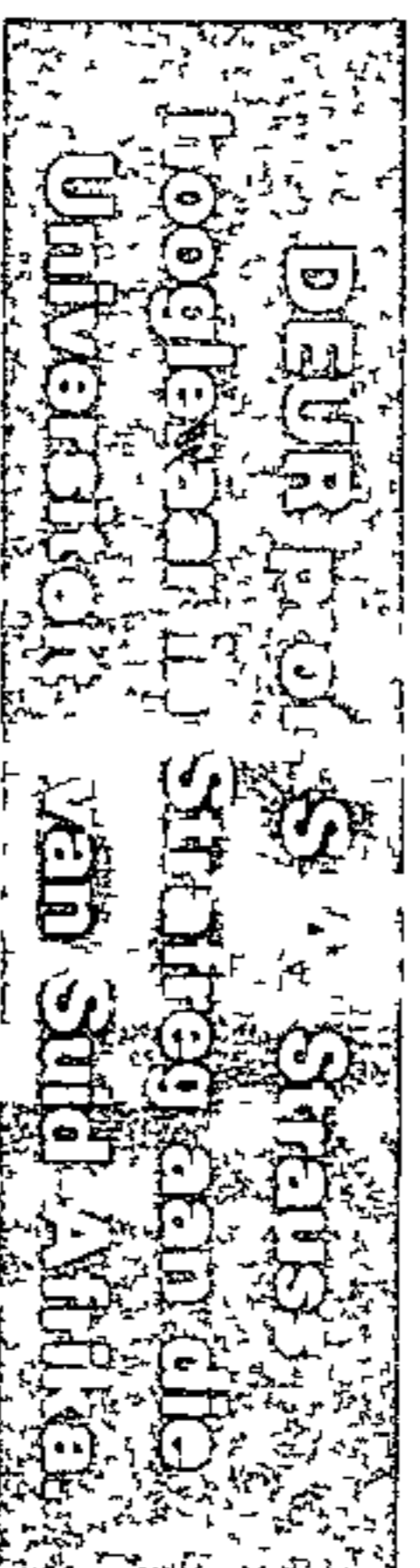
## INSUID-AFRIKA VOLG ONS DIE GOUE MIDDEWEG

des van geboortebepaling aborsie kan bewerkstellig — teoreties in ledere geval, prakties is dit moeilik bewysbaar.

In alle gevalle van beoogde aborsie is sertifisering deur twee ander geneeshere as die geneesheer wat die vrugafdrywing bewerkstellig, 'n vereiste. Een van dié geneeshere moes reeds minstens vier jaar lank gepraktiseer het.

In die geval van 'n bedreiging van die vrou se geestesgesondheid — bekend as die „psigiatrisse indikasie” van die wet — moet een van die sertifiserende geneeshere 'n psigiater in diens van die staat wees.

In die geval van verkragting of bloedskande moet een van die genees-  
here die betrokke distriktgeneesheer wees. In laasgenoemde twee gevalle, asook in die geval van



sondheid — en deur hom die Regering — volkome op die hoogte te hou met die statistiese afmetings wat wettige aborsie in ons land aanneem en om op die uitkyk te bly vir moontlike misbruke wat kan ontstaan.

'n Belangrike voorskrit in die wet verleen aan geneeshere (anders as mediese superintendente wat die vereiste magtiging moet gee) en verpleegsters die reg om te weier om deel te neem aan, of selfs net behulpzaam te wees by, 'n vrugafdrywing. Hierdie bepaling staan bekend as die „gewetenskousule” en dit is bedoel om te verhindert dat 'n

'n saak uitmaak vir 'n wettike reëling waarvolgens 'n behoorlik medies uitgevoerde aborsie eenvoudig op aanvraag beskikbaar behoort te wees. Maar hierdie vooruitsig bring diepliggende godsdienstige en morele vraagpunte na vore, waarvoor die samelewing klanthlyklik sluit.

Die aborsie-debat gaan nie maklik tot 'n einde kom niel Soos met alle geskilpunte in die samelewing moet voorstanders en teenstanders van gewettigde aborsie verdraagsaamheid vir mekaar se sieninge aan die dag lê.



CONT

gekom.

Veral in mediese kringe was daar sterk besware teen so 'n streng bedeling. Jare lank het geneesherse gepleit vir wetlike toelating van terapeutiese aborsie, dit wil sê vrugafdrywing wat daarop ingestel is om 'n definitiewe gesondheidsbelang van die vrou te dien, of om die geboorte van 'n ernstig gestremde kind te voorkom. In werklikheid het medici hier openlik aborsies van hierdie aard uitgevoer, ondanks die feit dat sommige van die operasies nie deur die gemeene reg gedek was nie.

Die 1975-wet het aan hierdie behoefte uiting gegee. Die wet het voorsiening gemaak vir sewe verskillende gronde vir beëindiging van swangerskap:

● Waar die voortgesette swangerskap die lewe van die vrou in gevaar stel.

● Waar dit 'n ernstige bedreiging vir haar liggaamlike gesondheid uitmaak.

stens R5 000 of gevangenisstraf van hoogstens 5 jaar. Bowendien mag 'n aborsie binne die wetlike perke net deur 'n geregistreerde geneesheer bewerkstellig word.

Die wet praat van die afdrywing van 'n „vrug”, en dit het al gebeur dat beskuldigdes wat 'n afdrywing gepleeg het op 'n vrou wat minder as agt weke swanger was, hulle probeer verweer het deur te sê dat dit wat afgedryf is, bloot 'n „embrio” was en nie 'n „vrug” nie. Die Hooggeregshof het egter dié verweer onomwonde verwerp en beslis dat die woord „vrug” slaan op die resultaat van bevrugting.

Sodra die vrou se eiersel dus bevrug is deur die manlike saad, sal afdrywing daarvan op aborsie neerkom. Die interessante implikasie hiervan is dat selfs die binnebaarmoederapparaatjie wat deesdae algemeen deur geneesherse aan vroue beskikbaar gestel word, vir doelein-

sinnige, vereis die wet voorts 'n sertifikaat van 'n landdros. Die landdros moet onder meer sertifiseer dat onwettige gemeenskap op 'n oorwig van waarskynlikhede wel plaasgevind het.

'n Vrugafdrywing mag net in 'n staatsbeheerde inrigting (met inbegrip van 'n provinsiale hospitaal) of 'n inrigting wat deur die Minister van Gesondheid vir dié doel aangewys is, uitgevoer word. Verder moet skriftelike magtiging van die superintendent van die hospitaal verkry word. Die geneesheer wat die vrugafdrywing wil uitvoer, moet formeel daarom aansoek doen.

Die superintendent moet 'n skriftelike verslag aan die Sekretaris van Gesondheid lewer binne 21 dae ná die vrugafdrywing. Die hospitaal moet ook aantekeninge hou van die besonderhede.

Die doel van hierdie voorskrifte is klaarblyklik om die Minister van Ge-

tensbesware teen aborsie het, pligsversuim ten laste gelê kan word as hy of sy weier om mee te doen.

Sedert sy inwerkingtreding is heelwat kritiek teen die Wet ingebring, hoofsaaklik deur diegene wat meen dat die wet te streng is. Daar is veral beswaar teen die feit dat die vrou wat 'n aborsie begeer, haarself noodwendig aan tydrawende ondervraging deur „vreemde” geneesherse en, in sommige gevalle, ook nog 'n landdros, moet onderwerp.

Dit is wel so, maar die formele vereistes kan in die meeste gevalle taamlik spoedig nagekom word.

Aan die ander kant is daar ook besware van mense wat reken dat die wet veels te liberaal is en losbandigheid in die hand kan werk.

Dat die wet wel aborsie toelaat in gevalle waar die indruis teen die beskouing van sommige van die konserwatiewer lede van die bevolking, ly geen twyfel nie. Tog staan dit vas dat die wet in vergelyking met die wette van die meeste toonaangewende Westerse lande, sowel as lande agter die Ystergordyn, beslis konserwatief is.

Volgens die ervaring tot dusver geskied verreweg die meeste aborsies vandag ingevolge die „psigiatryse indikase” — in so 'n mate dat daar al wenkbroue oor hierdie faset gelig is.

Na my mening tree ons psigiaters egter met groot verantwoordelikheid op. Dit is egter onvermydelik dat daar verskil van mening sal wees oor die vertolking van 'n begrip soos „'n gevaar van blywende skending van die vrou se geestesgesondheid”.

Daar is ook meningsverskil oor die vraag of 'n vermoede of gevaar dat die vrou selfmoord mag pleeg vanweë haar swangerskap, beskou kan word as 'n gevaar wat swangerskap vir haar lewe inhou. So pas het 'n regter van die Vrystaatse hof dié standpunt ingeneem, maar dit is nog 'n vraag of ander houe sy siening gaan onderskryf.

Het die Aborsiewet „ondergrondse” of „agterstraat”-vrugafdrywing uitgeskakel? Die antwoord daarop is 'n onomwonde nee. Omdat betreklik min vroue kwalifiseer vir vrugafdrywing ingevolge die wetlike indikasies, neem baie vroue — veral jong ongehuide meisies — steeds nog hul toevlug tot kwaksalwers, dikwels met noodlottige gevolge.

Sommige mense reken dat dié tragedie op sigself



'N EIE kleinding — vir baie duisende mense die diepste hartwens. Maar, ongelukkig, vir al hoe meer ander mense 'n bedreiging, 'n oorlas, 'n beslommernis.

RAPPORT  
2/3/80  
1237

# 'Doctors unwise to deny abortion'

237

STAR  
3/3/80

By Bob Kennan

A Johannesburg medical specialist has said it was unwise of Bloemfontein doctors to have refused to perform a legal abortion on a young woman who was given permission by a Supreme Court judge for the operation.

The specialist, an expert on forensic medicine, said if a court found that a woman had to have an abortion, it was unwise for a layman to challenge his decision. Another court, and not a doctor, could upset the decision.

Mr Justice H F de Wet, granted an application by the girl's father for the operation to be performed. He found that her health would be affected seriously unless the pregnancy was terminated.

The court was told that the 20-year-old girl who could not be identified, had attempted suicide three times.

Professor J H Odendaal, head of the gynaecology department at Universitas Hospital, opposed the abortion because he claimed the court order was granted under the wrong section of the Abortion Act.

## PRECEDENT

A precedent had been created and its effect was that any girl who threatened suicide could be granted an abortion.

The Johannesburg specialist asked why it had taken so long for the case to come to court. "An abortion should have been done before the 12th week of pregnancy. It would be hazardous to do the operation now."

In terms of the Act, a hospital superintendent could not exercise his medical judgment and oppose an abortion if papers sanctioning the operation were in order.

Professor H W Snyman, president of the Medical and Dental Council, said it had to be clearly established whether the judge had made a ruling or whether he made a court order.

"If the judge has ruled the operation is permissible, this does not necessarily mean that he has prescribed to a doctor that an abortion must be performed. In a case where a ruling has been made the doctor can exercise his professional judgment and decide whether or not the operation should be done," he said.

## RULING

The effect of the ruling is that the superintendent of the hospital cannot prevent the young woman from having an operation to end her pregnancy.

The decision is being seen by lawyers as a milestone.

One attorney said the effect of the ruling was that it amounted to a tacit acceptance of the legality of an operation in the woman's particular case.

The judge granted an order, but the ruling was not accompanied by a written judgment.

Commented a lawyer: "The ruling has less weight in law because it was not accompanied by a written judgment."

But Mr Sam Bloomberg, head of Suicides Anonymous, said in Johannesburg: "The doctors and authorities handling this case are driving the girl closer to becoming a high potential suicide risk."

"By their indecisive shilly-shallying they are making this confused girl feel even more helpless and trapped and could convert her from a low suicide risk into a higher one," he said.

# Anger over (237) refusal to do abortion

RDM  
3/3/80

By JERRY MYBROOKS  
and MARYN ELLIOTT

THE Abortion Reform Action Group (Arag) has condemned a refusal by Bloemfontein doctors to perform an abortion on a 20-year-old girl — despite a court order allowing it.

The former president of Arag, Mrs. Kim Tedder, described the girl's situation as "hizarre" and accused the doctors of being "more concerned with the letter of the law than with the causes of humanity."

The girl, who cannot be named, has attempted suicide three times, she tried to shoot herself with her father's pistol, ate rat poison and took an overdose of pills.

An application by her father to the Supreme Court for permission for an abortion was granted by Mr. Justice De Wet on the grounds that the girl's health would be affected seriously unless the pregnancy was terminated.

She was being wheeled to the

theatre two weeks ago when the gynaecologist who had agreed to perform the operation was told permission by the hospital had been withdrawn.

Professor J. H. Odendaal, head of the gynaecology department at Universitas Hospital, is opposed to the abortion because, he says, the court order was granted under the wrong section of the Act.

The order, he said, created a precedent for any girl to be granted an abortion if she threatened suicide. And under the Abortion Act of 1975, no doctor can be compelled to perform an abortion.

Prof. Odendaal said he was prepared to do an abortion if the order was granted under a different section of the Act which referred to a patient's mental health.

Yesterday asked if another court order would be necessary, he said he did not think so.

"If the girl is examined by a

State psychiatrist who is prepared to make a recommendation for the abortion in terms of the Act, I think we could go ahead without going back to the court.

Meanwhile, the girl is in her 24th week of pregnancy. She feels that if the abortion is performed later, she will be committing murder because the foetus will be fully developed.

Mrs. Tedder said the operation if performed now would be legal and called on any gynaecologist to come forward and ease a "desperate situation."

"This is a very sad case, a perfect example of bureaucracy gone wrong. Surely there is a doctor somewhere who would be prepared to help this girl."

Mrs. Tedder said official circles in Pretoria had expressed dissatisfaction over the number of pregnancies being terminated on the grounds that the mother's mental health was being affected. This was possibly a reason why the court order was granted under a different section of the Act.

I just hope that people are taking note of this case, so that at least some good can come of it — reform in the legislation governing abortion.

Yesterday, several gynaecologists in Johannesburg said they would be loath to perform an abortion on a woman who was 24 weeks pregnant because the risks for the mother were high.

One said that if suicide attempts were genuine and it was obvious that the mother was in a bad state of mental health, it would outweigh the risks of performing the abortion.

Recent legislation in Britain has made it illegal for doctors to perform abortions if the foetus is 20 weeks old. In South Africa the limit is 24 weeks.



# Doctors will <sup>(237)</sup> explain abortion stand <sup>1/3/8</sup>

**BLOEMFONTEIN** — An official statement on the case of a girl who was refused an abortion in spite of a court order in her favour will be issued by Bloemfontein doctor this week.

"We will study the case further and prepare a special report to put what has happened into perspective," said Professor J.H. Odendaal, head of the department of gynaecology at the Universitas Hospital last night.

Prof. Odendaal has refused — as have other doctors — to perform the operation in spite of a court order authoritatively issued by Mr. Justice H.F. de Vries in the Supreme Court, after an urgent application by the girl's father.

An affidavit by a city psychiatrist said continued pregnancy could endanger the girl's life or prove a serious threat to her physical health.

The girl had attempted suicide several times since she discovered she was pregnant — with an overdose of pills, rat poison, a revolver and when she held a razor blade to her wrist while in hospital.

She lived in an area where there was a stigma attached to unmarried mothers.

Arrangements had been made to operate on the girl on February 15. The operation was cancelled at the last minute by the hospital authorities.

A gynaecologist recommended that the operation be performed before the girl was 24 weeks pregnant.

"We have 10 to 12 days left to do the operation," the psychiatrist said. "We can either take her elsewhere or go back to court."

Prof. Odendaal, who was originally scheduled to perform the operation, believes the abortion was granted under the wrong section of the Abortion Act of 1975.

It was pointed out under section 3 (1)(a) which states that an abortion is permissible if pregnancy endangers a woman's life or constitutes a serious threat to her physical health," he said.

"I would be prepared to operate if the abortion had been permitted under section 3 (1)(b) of the Act which states that it is permissible if continued pregnancy would seriously endanger and permanently impair the mental health of the girl," he said.

The psychiatrist said this was the first time that an order of this nature had been brought before a court since the abortion laws were changed in 1975.

"We will carry on pushing and something will have to give," he said.

"As far as I am concerned, the judge made an order and this must be carried out."

The psychiatrist said the girl's threats of suicide were not made just to get an abortion.

"By the time she is 24 weeks pregnant she will consider the aborting of the then perfectly formed foetus as murder."

"If I have to take her to Swaziland myself, I will do it. She is in desperate danger," he said — Sapa.

# Abortion — an unwritten taboo

Post 6/2/80

23X

not like to comment on things I believe are far-fetched.

"Because to me talking about abortion does not solve the immediate socio-economic problem which actually leads to pregnancies."

"I proclaim that no one has the authority to destroy unborn life," said Tatu Dlamini whom I had met on his way from collecting wood

them in their teens, were admitted to Baragwanath Hospital each day suffering from the effects of back street abortions

Shakes Tshabalala people must take precautions.



No one has the authority to destroy unborn life . . . Tatu Dlamini.

ABORTION Ask people in the street chances are that most will look at you as if you are something that the cat has dragged in

Black people do not believe in abortion, and they make no bones about it. It is an unwritten law in our lives, hence the stigma attached to any young woman merely rumoured to have committed abortion.

POST Woman this week went out to the community to get views on the issue. The public's reaction was: "We do not care for abortion. Women must bear children, it is an old law of nature, just as God has declared that man multiply"

And thus is what the law says about abortion; the Abortion and Sterilisation Act No 2 of 1975 provides that an abortion may be procured only by a medical practitioner and then only on these grounds:

● Where the foetus is alleged to have been conceived in consequence of unlawful carnal intercourse, rape, incest or intercourse with an idiot or imbecile

● If pregnancy results from contravening Section 15 of the Immorality Act of 1957 although there is nothing wrong with the mother, father or child, abortion may be procured because the child will be of mixed race

● Where the continued pregnancy constitutes a serious threat to the mental health of the woman

● Where the continued pregnancy endangers the life of the woman concerned or constitutes a

serious threat to her physical health

● Where there exists a serious risk that the child to be born will suffer from a physical or mental defect of such a nature that he or she will be irreparably seriously handicapped

Mr Shakes Tshabalala, director of the Soweto Family Help Centre, said he appreciated the Act as it stands but felt that abortion of a child just because he would be of mixed race was ridiculous

"This law could also be right if it allowed women

By BELEDE VABAZA Pics: LEN KUMALO



Mrs Nkwe . . . problem arising from the socio-economic background.

to abort on the grounds where it has been proved that the contraceptive devices have been used and failed, and when it has been proved that the woman had been adhering to all the rules," he said

Otherwise Mr Tshabalala is totally against



Which ever way you look at it, it is murder . . . Rev Mooki

abortion on any other grounds Mrs Maggie Nkwe, foster mother of Soweto's homeless and abandoned children

"My child, it looks like there is now a fight between God and His people. Because creation is creation, we are never the same. The crippled have the right to be here. Now why destroy what God has given us?" he asked

Rev O S Mooki of the New Church also felt strongly against abortion and said theologically this is permitted when the mother's life is in danger

"Whatever are the other cases, it's murder," he said

In the meantime there is a case running in Bloemfontein where an order authorising an abortion on a 20-year-old white girl was granted by Mr Justice van Heerden but the doctors refused to perform the operation

Under the Act no doctor is compelled to perform an abortion. And it is also illegal for doctors to perform abortion if the foetus is 24 weeks or older

Last year it was reported that an average of 100 women

# SA's own sperm <sup>237</sup> bank? <sup>RDM</sup> 8/3/80

By MARILYN ELLIOTT

SOUTH Africa could have its own national sperm bank in the near future, says a spokesman for the Department of Health

A committee has spent many months investigating the advantages of a national bank — which would keep frozen and fresh sperm — as opposed to present methods of artificial insemination in South Africa

In the past private doctors have been responsible for artificial insemination

The establishment of a bank, however, will streamline the process of artificial insemination. A national bank would mean there would be more control on artificial insemination and ensure correct genetic match-ups

Reliable sources say that probably two banks — one in Cape Town and one in Durban — may be established under the Department of Health

# Anguish as a 237 RDM woman waits 8/3/80 for abortion

BLOEMFONTEIN — The 20-year-old Free State woman awaiting a court-sanctioned abortion had suffered severe mental anguish because of the controversy surrounding the ethical and moral aspects of the operation, her psychiatrist said in Bloemfontein yesterday.

His conscience and duty compelled him to express his dissatisfaction at the "organised resistance" to abortion which was jeopardising her life, he added.

The woman, in her 23rd week of pregnancy, has eight to 10 days left before the end of the 24-week period, which is considered safe for abortions.

The psychiatrist said the country's present abortion law had "given problems" since its inception.

Under section 3 (1) (b), the so-called "psychiatric section" of the Act, the problem was that the psychiatrist had to show that if the pregnancy continued, the woman would suffer permanent harm to her mental health. Many problems had cropped up and the Minister of Health had been asked several times for a better interpretation.

He said he had maintained a

conservative attitude in his argument in this case and had never advocated abortion on demand. His argument, with that of his legal advisers, was that attempted suicide, if not merely an empty threat or manipulation, was to be taken seriously and prevented.

It was, however, in this respect that Professor H Odendaal, head of the Gynaecological Department of the University Hospital, and his fellow professors in the psychiatric department of the University of the Orange Free State were misinterpreting, in his opinion.

It was a pity all private and academic gynaecologists had slavishly followed Prof Odendaal's lead, and that not one was prepared to discuss the fundamental danger and risk to the life of his patient. Prof Odendaal had said in newspaper interviews that he was invoking the so-called "conscience cause" in the Act, although the word "conscience" did not appear in it.

Meanwhile, the legal representative of the girl's father has not yet received any instruction to make a new application to the court. — Sapa

237 C Times 8/3/80

# Abortion: Woman suffering 'severely'

**BLOEMFONTEIN.** — The 20-year-old Free State woman awaiting a court ordered abortion had suffered severely mentally through the controversy surrounding the ethical and moral aspects of abortion, her psychiatrist said here yesterday.

His conscience and duty compelled him to express his dissatisfaction at the "organized resistance" to abortion which was jeopardizing her life.

The woman, who is in her

23rd week of pregnancy, has eight to 10 days left before the end of the 24-week period considered safe for abortions

The psychiatrist said in his statement yesterday that the country's present abortion law had "given problems" since its inception.

Under Section 3 (1)(b), the so-called "psychiatric section" of the act, the difficulty was that the psychiatrist had to show that if the pregnancy continued, the woman would suffer

permanent harm to her mental health. Many problems had cropped up here, and the minister of health had been asked several times for a better interpretation of the relevant section.

He said he had maintained a very conservative attitude in his argument in this case, and had never advocated abortion on demand. His argument, together with that of his legal advisers, was that attempted suicide, if not merely an empty

threat, or manipulation, was to be taken seriously and prevented.

It was, however, in this respect that the head of the gynaecological department of the University Hospital, Professor H Odendaal, and his fellow professors in the psychiatric department of the University of the Orange Free State were misinterpreting the act, he said.

He felt that their's was not merely an incorrect and appar-

ently indoctrinated view, but also indicated criticism of the Bench.

It was a pity that all private and academic gynaecologists had slavishly followed Professor Odendaal's lead, and that not one was prepared to discuss the fundamental danger and risk to the life of his patient.

Meanwhile the woman's father's legal representative has not yet received any instruction to make a new application to the court.

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9/3/80  
 Seven days to go as <sup>sure</sup> <sub>to have</sub> abortion girl waits

By JENNIFER MORAN

A COUNTDOWN of anguish begins today for a pregnant girl in the middle of an abortion storm

The girl, who was granted permission for an abortion by a judge, is in her 23rd week of pregnancy

And while doctors persist in refusing to perform the operation, time is running out

From today, there are only seven days left in which the abortion can be legally performed

At home, in a small Free State village, her mother and father agonise and wait while their 20-year-old daughter lies in a Bloemfontein psychiatric ward

The girl cannot speak about the incident any more

She is desperate and pleads to be allowed to die

The abortion was granted on the grounds that her life was in danger after she had tried to commit suicide four times

But as she was being wheeled to the operating theatre three weeks ago, authorities at the Universitas Hospital in Bloemfontein withdrew permission for the abortion

### Desperate

The head of the Gynaecology Department at the hospital, Professor J H Odendaal, refused to do the abortion because he believed that it had been granted under the wrong section of the Act. Others in the department followed suit

The girl's father went to court to get permission for the operation to go ahead. The application was granted in the Bloemfontein Supreme Court by Mr Justice De Wet.

But, according to the Abortion Act of 1975, no doctor may be compelled to perform an abortion

And gynaecologists at the hospital are still refusing to do the operation

In the Calvinistic village which was home to the girl before tragedy struck six months ago, no-one knows about her plight

She has always had health problems and her parents have told people she has gone for tests

But they are beside themselves with worry and desperate to have their daughter back with them

### Drinking

"I have seen the desperation in her eyes and I know that if the abortion is not done she will kill herself

"It is one life or the other. And if that is the choice, rather the life that I know, my daughter's life, must be saved

"One of her deals was to be married a virgin. That has been taken away from her. It can never be given back. She will probably never trust a man again."

The girl's tragedy started when she was no longer allowed to see her boyfriend of

UJCT



# DAN DOEN

# HY DIE

# ABORSIE

# SELF

9/3/80

RAPPORT  
237

Van **ANDRE KOTZEE**

**BLOEMFONTEIN.**

**HY gooi nie maklik tou op nie. Indien hy genoeg die duiwel in raak, gaan hy self die aborsie uitvoer op die twintigjarige Vrystaatse meisie wat nou in haar 22ste week van swangerskap in die psigiatrisiese eenheid van die Nasionale Hospitaal in 'n wanhoopskrisis verkeer.**

Só sê die psigiater wat die meisie behandel en nou 'n eenmanstryd aangeknoop het om haar swangerskap beëindig te kry

Volgens 'n ginekoloog moet aborsie voor die einde van die 26ste week onderneem word. Daar bly dus net sowat 10 tot 12 dae oor

Die operasie sou op 15 Februarie uitgevoer word, maar geen ginekoloog by die Universitas-hospitaal wou dit doen nie

Hoewel regter H F de Wet, van die Vrystaatse Hooggeregshof, verlede week gelas het dat die superindendent van die Universitas-hospitaal verlof moet gee dat die operasie uitgevoer word, weter die ginekoloe op grond van die sogenaamde gewetenskousule in die wet

„Die woord gewete kom nêrens in die wet voor nie.” sê die psigiater gister aan **RAPPORT**. „Ek meen die hoof van die departement van ginekologie aan die Universitas-hospitaal en ook ander

ginekoloe, akademies sowel as privaat, vertolk die wet verkeerd

Die psigiater sê daar lê twee wee vir hom oop. Hy en sy regsvertegenwoordiger gaan môre by 'n landdros aansoek doen om die aborsie te wettig op grond daarvan dat die meisie verkrag is 'n Beëdigde verklaring sal aan die landdros voorgelê word. Indien die uitspraak gunstig is, sal hulle ingevolge die verkragtingsartikel van die Aborsiewet by die Hooggeregshof aansoek doen dat die operasie gedoen word

Hy sê hy het ook kontak gehad met 'n ginekoloog op 'n Oos-Vrystaatse dorp wat moontlik bereid sal wees om die operasie uit te voer

„Indien dit nie werk nie, sal ek dit oorweeg om by die SA Mediese en Tandheeskundige Raad aansoek te doen om te herregistreer as algemene praktisyn. Dit kan binne enkele dae afgehandel word.” sê die psigiater

**Bekwaam**

„Ek het tot 1972 as algemene praktisyn gepraktiseer en dit was ook die laaste keer dat ek 'n operasie uitgevoer het. Indien ek self opereer, en daar is komplikasies, kan ek my aan dissiplinêre stappe blootstel. Ek sal dus seker maak dat ek 'n bekwame persoon het om my te asissteer.” Al probleem wat kan opduik met hul aansoek by die landdros, sê die psigiater, is dat die wet bepaal dat 'n verkragtingsaak onmiddellik by die polisie aangemeld moet word

„Die meisie het haar, haar ouers en die klein dorpsgemeenskap in ag geneem, daarom het sy nie 'n klag ingedien nie. Ek glo dat hierdie saak in so 'n lig beskou sal word.”

Hy sê dat die meisie, nadat haar pa haar beveel het om haar vriendskap van vier jaar met 'n jongman op te sê, een aand saam met 'n ander man na 'n veldfiek gegaan het. Die man het haar verkrag nadat hy haar met 'n gebreekte drankbottel gedreig het

Sy het daarna vier keer probeer selfmoord pleeg. Na die derde poging het haar mense haar dokter toe gebring. Toe blyk dit sy verwag.

Gistermiddag het prof H Odendaal, hoof van die Departement van Ginekologie by die Universitas-hospitaal, aan **RAPPORT** gesê hy voorsien geen verdere besware van die hospitaalowerheid as 'n aansoek ingevolge die verkragtingsartikel van die wet in die Hooggeregshof slaag nie

# Why govt uses fingerprints

THE ASSEMBLY — The government has explained in an official report why a fingerprint record is necessary for black people, but not for other races in South Africa

In the annual report of the Department of Co-operation and Development tabled in Parliament, the "government said the black fingerprint record was "absolutely essential" because so many blacks, unlike whites, Coloureds and Indians, cannot be identified by name alone and, furthermore, do not reside at permanent addresses for long continuous periods, with the result that identification by means of fingerprints is the only infallible

method that can be used

The report said the reference bureau had made a positive contribution with the creation of a comprehensive population registration system for the autonomous black states

A system had been planned for Transkei which would enable them to utilise their population register for various administrative purposes as well as for the mechanised processing of identify documents

The report disclosed that there were records of 13,5 million black people on the population register by the end of March of last year — PC

UJCT

the development of

227  
237  
237

STUDENT	DEPARTMENT	COURSE	DESCRIPTION	SYMBOL	AS AT	PAGE
1523560	DEPARTMENT OF EDUCATION	115101	FRANCH I	F (45)	29 02 60	1
						14210

REGISTRAR (ACADEMIC)



# Abortion saga at a standstill

**BLOEMFONTEIN** — The abortion controversy surrounding a 20-year-old Plattelard girl in a Bloemfontein hospital, has ground to a standstill, with doctors still undecided as to whether her pregnancy will be terminated before it is too late.

A spokesman for the Universitas Hospital in Bloemfontein said yesterday the girl was still under the care of a psychiatrist in the general psychiatric ward of the National Hospital in Bloemfontein.

The girl is rapidly nearing the legal time limit allowed for an abortion. The girl's lawyer said he had received no instructions to prepare for a hearing in a magistrate's court under the rape clause, Section 1(d) of the Abortion Act of 1975 to obtain an abortion for the girl.

A spokesman for the Universitas Hospital said the hospital would be available for a doctor

willing to perform an abortion under the terms of a present court order, provided he was a bona fide member of the profession.

The spokesman said, however, that the court order had stated a gynaecologist could perform the operation and there was doubt as to whether a general practitioner would be allowed to do so under the terms of the present court order — Sapa

PAGE 2  
AS AT 29 02.80

## EXAMINATION RESULTS IN FACULTY ARTS

YEAR : 2

STU13-9 BACHELOR OF ARTS

STUD NO	SURNAME	FIRST NAMES	COURSE	D
133849N	PEARCE	CAREY SUSAN	114101	REL
140639U	PETERSEN	BERTRAND SYDNEY	102201 110201	AFR AFR
133499H	PLAATJIES	NANCY	101105	AFR
137501H	PLAGIS	JOHN ACHILLES	601303	COMI
139271G	RFDMAN	BARRY GFORGE	105104	LAT
052892R	KOSS	SALLY MARY	103302 104202 110303	SOCI ANG AFRICAN HISTORY II
121461Y	SANDGROUND	DAVID LEON	106202	ECONOMICS II
133333C	SFAKIANOS	ALEXANDER GEORGE	107201	ENGLISH II
133034C	SHAPIRO	DEENA PEYLE	107101	ENGLISH I (PRE-1980)
137998Y	SHAPIRO	LEONARD STEVEN	114101	RELIGIOUS STUDIES I
134302F	SOLOMON	IVOR DANIEL	004201	PSYCHOLOGY II
135878U	STIGLING	TERESA	004101 103302	PSYCHOLOGY I SOCIAL ANTHROPOLOGY II (PR
111532F	VERREK	DEVON CLARE	004101 101103 107101 110101	PSYCHOLOGY I AFR LANG INFINISIVE (XHOSA) ENGLISH I (PRE-1980) HISTORY I
121723H	VISAGIE	EUGENE FULTNER	102101	AFRIKAANS
102168C	WOLFFE	HENRIETTA ANNE	110202	HISTORY II

\* TOTAL NUMBER OF STUDENTS 57

DEAN

REGISTRAR (ACADEMIC)

UCT

121723H 3 121723H  
102168C 1 102168C

2- ( 52) ( 61)

# Abortion study

STAR 13/3/80 ~~89~~  
reveals 237

More than 80 percent (2440) of abortion patients admitted to Baragwanath Hospital in 1978 had had criminally induced abortions, says a report by Dr J M Mbere and Professor A Rubin, of the department of obstetrics and gynaecology, University of the Witwatersrand, and Baragwanath Hospital.

The report was based on the cases of 2881 patients admitted to the hospital for problems associated with abortion in 1978.

"Each one of these cases was at risk of dying, becoming chronically ill, permanently sterile, castrated, or 'pelvic cripples'," they wrote in the SA Journal of Hospital Medicine

More than 400 legal abortions were performed in South Africa last year, according to the Department of Health. Break-down figures for cities and towns are not available.

Almost 200 were allowed on the grounds that the patients' mental health would suffer, 120 on the grounds of a threat to the mother's physical health and 39 because of risk of defect in the child.

The Johannesburg Hospital would not disclose figures on the number of legal abortions performed at the hospital.

The plight of a young Bloemfontein woman who has been granted a court order allowing a hospital's facilities to be used for the operation but who

cannot find a doctor to carry it out — underscores the problem

A Johannesburg gynaecologist said there was only one solution to her problem — to go overseas for the operation

Another Johannesburg gynaecologist said "More legal abortions are probably done here than in other parts of South Africa."

Most of these were performed on psychological grounds, he said

He disagreed with the specialist who said that few of the 423 "legal" abortions performed each year were justified. The specialist had claimed that many healthy female patients were having legal abortions on demand

His critic said medical men complied strictly with the Abortion Act and considered the position carefully before consenting to a legal abortion.

The Johannesburg gy-

naecologist said not everyone agreed with abortion on demand and South Africa's abortion laws were far removed from this

The figure of more than 400 legal abortions was not high when it was considered that in some European countries three out of every five pregnancies were terminated.

In their Baragwanath study Dr Mbere and Professor Rubin reported "The Abortion and Sterilisation Act is, to say the least, inadequate. Even those patients who may be acceptable according to the Act are not usually aware of the Act

"There is also usually 'red-taping' and often lack of co-operation from unsympathetic law officers so it is a long process to comply with all the formalities

"As a result only those patients who have access to the psychiatrist, or can afford the air fare to London, benefit. The bulk

of people in the lower socio-economic group do not enjoy the benefit of the Act. Black people do not readily report rape and, as a result, they are not protected."

The gynaecologists suggested modifications which would be justified for "therapeutic" abortions in addition to those covered by the Act.

- Women who have five or more children.

- Cases of proven contraceptive failure.

- Women over the age of 40.

- Girls under 16

The high incidence of complicated cases was due to the fact that abortions in Soweto were performed by unqualified people "with a resultant high incidence of morbidity and mortality

The specialists concluded that the cost for each patient to the province was only a small measure of the cost to the community as a whole.

## 2440 illegal

# Abortion application judgment is reserved

RDM 14/3/88

237

By JAYNE LAMONT  
BLOEMFONTEIN — Judgment was postponed in the Bloemfontein Supreme Court last night on the application brought by the Christian League of South Africa urging the State to appoint a curator to act on behalf of an unborn child whose mother has been granted an order allowing her to have an abortion.

The question of whether the foetus could be regarded as a separate life with

its human rights was the subject of a lengthy legal debate in the court yesterday.

The question centred around the application by the Christian League, heard by Justice L C Steyn, which asked that a curator be appointed to allow the unborn child of the mother a legal voice.

The 20-year-old woman, at present in the Universitas Hospital, Bloemfontein, was granted court permis-

sion for an abortion to be performed, but doctors at the hospital have refused to do so on ethical grounds.

Under South African law no doctor can be forced to perform an abortion.

The order was granted on medical evidence from a psychiatrist who said the woman's mental condition required it. She has tried to commit suicide on several occasions.

Judgment will be given today.

# Judge <sup>(237)</sup> refuses plea on foetus <sup>RDM 15/3/80</sup>

By JAYNE LA MONT

**BLOEMFONTEIN.** — A Bloemfontein Supreme Court judge yesterday dismissed with costs an application brought by the Christian League of South Africa to appoint a curator to represent the interests of a twenty-week-old foetus

Giving judgment, Mr Justice L C Steyn said he considered there were no legal grounds for appointing such a curator.

The league asked the court on Thursday to appoint the curator to the unborn child of an Orange Free State girl, granted an abortion earlier this year. This was to allow the foetus a legal voice, they said

Doctors at the Universitas Hospital in Bloemfontein have refused to perform the abortion on ethical grounds and under South African law no doctor can be forced to perform it

And, while time runs out for the girl — abortions can legally only be performed up till 24 weeks of pregnancy — the drama has replaced old favourites as the main topic of conversation in the city.

Absent are typical discussions on rugby and the maize harvest. Shopkeepers, librarians and petrol pump attendants parade their sketchy and dusty medical knowledge

As one matronly lady said yesterday. "My Christian teaching does not condone murder, but my mother's heart does not allow me to see a young girl, like any one of my children, being pushed between the law and doctors like a pawn."

● See Page 2

, few other aspects of U.S. foreign policy are currently misunderstood as the emphasis on perhaps because human rights are so involved with the subject stems from arrogant that is blind to problems at home.

sing and addressing human rights problems, abroad, Americans are conscious of the in country has had in extending to all its s of both the original inhabitants and ves of immigrants -- the rights set tution.

Increasingly important during the last civil rights movement in the U.S. is, first, civil rights violations have a right to law, and second, that the government on the side of those people who have not winning full equality in our society.

for example, are suing and winning court action for lost lands. Blacks and other are being helped through affirmative action at past inequities.

That there will continue to be violations of in the American society as in other societies. ue to use the full weight of authority njustices. Until 1950 the U.S. was in a segregated society, and even after the civil rights laws and far reaching court oblems remain -- problems of employment, education among others -- caused by . Also where there have been vast changes tudes and behavior, nonetheless our ers from a residue of prejudice to be over-

ons, Americans should regard similar with some humility. Yet we are also ly to remain silent when we see in the her countries the symptoms of racial njustice such as harsh treatment by lack of educational opportunities, s, and serious discrepancies in employment ncome levels. We comprehend the fying these things -- perhaps better than rope or elsewhere with homogeneous are also acutely aware of the potential / that come from ethnic or racial polariza- tions and bitterness that grow up / that feels itself permanently consigned

status of inferiority. At the same time we need to be equally conscious of the particular complications that arise in a society where the dominant group is itself a minority and where cultural mores and customs are rooted in very different traditions. Yet, in this modern age, if international peace and stability are to be assured, it is





# New legal tangle in abortion

Argus Correspondent

JOHANNESBURG. — Yet another legal wrangle is stopping a young Free State woman from having her almost six-month-old foetus aborted, but her doctor says she will have it 'no matter what'.

The 20-year-old woman has left Universitas Hospital while her attorney and psychiatrist prepare to put a rape charge before yet another magistrate.

A district magistrate in the young woman's home town accepted yesterday that the woman had been raped.

## BOTTLE THREAT

The woman described in an affidavit how she was forced to have intercourse after being threatened with a broken bottle.

Legally, a regional magistrate must hear a rape case and a Kroonstad regional magistrate refused to endorse the district

magistrate's finding — so the abortion cannot be performed.

At a previous Supreme Court hearing in Bloemfontein, Mr Justice de Wet ruled under Section 1(A) of the Abortion Act that the woman be allowed the abortion.

## THE DEADLINE

The legal deadline for an abortion expires in a week.

There have been reports that Professor S A Strauss, Professor of Criminology at the University of South Africa, will attend a new Supreme Court hearing.

Sources close to the woman said she might be taken to a country bordering South Africa, or else accept an offer made by Mrs Helen Suzman, of the Progressive Federal Party to fly her elsewhere for the operation.

19/3/80  
(23)

STUD NO	SURNAME	FIRST NAMES	COURSE	DESCRIPTION	SYMBOL	PAGE
STU13-9						
13020	BACHELOR OF ARTS					13020
11	STUD NO	SURNAME	FIRST NAMES	COURSE	DESCRIPTION	SYMBOL
13	133849N	PEARCE	CAREY SUSAN	114101	RELIGIOUS STUDIES I	3 (51)
15	140639U	PETERSEN	BERTRAND SYDNEY	102201 110201	AFRIKAANS EN NEDERLANDS II F AFRICAN HISTORY I	F F
17	133499H	PLAATJES	NANCY	101105	AFRICAN LANG INTENSIVE (SOT2-	ABS (66)
19	137501H	PLAIS	JOHN ACHILLES	001303	COMPANY LAW	ABS (36)
21	139271G	RFOUMAN	BARRY GEORGE	105104	LATIN I	F (36)
23	052892R	KUSS	SALLY MARY	105302 104202 110303	SOCIAL ANTHROPOLOGY II (PRE ARCHAEOLOGY I AFRICAN HISTORY II	2- 2- 2-
25	121461Y	SAVONGROUND	DAVID LEON	106202	ECONOMICS II	3 (53)
27	133333C	SFAKLANDS	ALEXANDER GEORGE	107201	ENGLISH II	3 (57)
29	133034C	SHAPIRO	DEENA NELLE	107101	ENGLISH I (PRE-1980)	3NX
31	137998Y	SHAPIRO	LEONARD STEVEN	114101	RELIGIOUS STUDIES I	F (44)
33	134302F	SOLOMON	IVOR DANIEL	004201	PSYCHOLOGY II	3 (58)
35	135878U	STIGLING	TERESA	004101 103302	PSYCHOLOGY I SOCIAL ANTHROPOLOGY II (PRE	2- ABS (63)
37						
39						
41						

PSYCHOLOGY I	2-	(67)	1	11532F
AFR LANG INTENSIVE (XHOSA)	F	(25)		
ENGLISH I (PRE-1980)	2-	(60)		
HISTORY I	2-	(61)		
AFRIKAANS	ABS		3	121723H
HISTORY II		(52)	1	102168C
REGISTRAR (ACADEMIC)				

UICST

By Isabel  
Shepherd-Smith

**A PERFECTLY-FORMED,**  
lacking feeling and hearing  
foetus of 22 weeks was this  
weekend the subject of a  
life and death dilemma

Its mother, a 20-year-old  
suicidal rape victim, is lying in  
Universitas Hospital in Bloem-  
fontein waiting for an abortion  
which will end her agony — but  
may not end the life of her  
child

Abortion is only the ter-  
mination of a pregnancy — not  
the death of the baby. And if  
this most publicly unwanted  
baby is born alive, doctors will  
be compelled to fight for its life

And the mother has said  
that if she has to wait much  
longer, she will regard her abor-  
tion as murder. Yet if she  
causes her baby to full term  
and puts it up for adoption, she  
would rather kill herself

The legal difference bet-  
ween abortion and infanticide  
stood at 28 weeks. The limit has  
now been dropped to 24 weeks  
because more and more babies  
are surviving after only a 25-  
week pregnancy. This fetus,  
weighing little more than 500  
grammes, has now entered a  
grey area of life and death

What many people fear is a  
repeat of a horrific case in  
Britain some months ago where  
an aborted baby — a 24-week  
old fetus — was left on a  
grinning board and died. The  
baby boy lived for 10 minutes  
after his mother's body rejected  
him

One doctor said nobody in  
South Africa or England would  
perform the abortion now. The  
girl was too far into her pre-  
gnancy

Deputy Superintendent of  
Universities in Bloemfontein, Dr  
Leon du Toit, would not do it

Yes, the fetus has a  
chance of living. It is kicking  
inside already. A woman can feel  
it kicking at 18 weeks. It can  
feel, hear, it can do anything. I  
would never do it at this  
stage. He said he felt it  
would be like murder to abort  
now

But Dr Philippa Blaxter, na-  
tional president of Abortion  
Reform Action Group, has con-  
demned authorities for putting  
the girl's life in danger

"It is an absolute disgrace  
that an abortion was not per-  
formed before she was 12 weeks  
pregnant. It is a very traumatic  
case — that baby has a slight  
chance of living"

ARAG is campaigning for  
legal abortion before 12 weeks  
so women are not subjected to  
the same trauma as this young  
typist

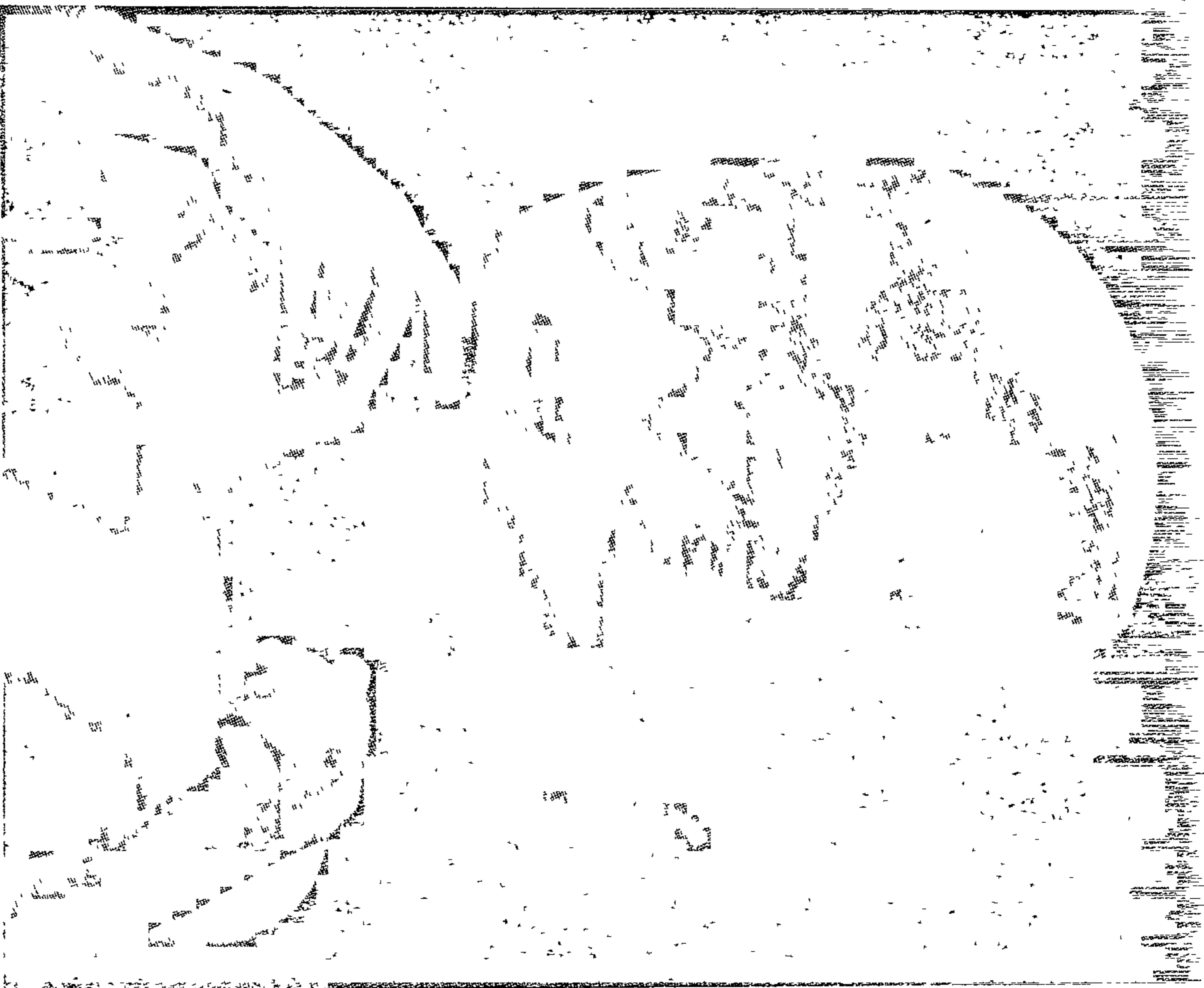
The mother has attempted  
suicide several times and has  
been under psychiatric care

## FOETUS PUT THE QUESTION OF ABORTION IN THE SPOTLIGHT

**THIS WEEK  
A PERFECT,  
KICKING,  
FEELING  
AND HEARING**



A fetus . . . at nearly six months



While legal wrangles were play-  
ed out in the Supreme Court and  
a doctor sought to end her  
nightmare. The Christian League  
even tried to get a curator ap-  
pointed to look after the in-  
terests of the fetus

born alive, it must be given the  
chance to live. I would be loath  
to terminate a pregnancy at this  
stage. I think anybody would be  
loath to terminate now"

"To abort at 12 weeks or 22  
weeks does not alter the moral  
issue — that's just semantics,"  
he said

"I think there is really no  
chance of it living at 22 weeks.  
Each week is very important to  
a baby. To us it would not mean  
anything

"The occasional very small  
very early baby has survived. I  
think it is an extremely difficult  
area that you are asking about.  
The longer one leaves it the  
more difficult it becomes

"Each week the baby grows  
makes its chances so much bet-  
ter. It is fully formed by 12 to  
14 weeks. After that it grows in  
strength and maturity. If it is  
born alive, the doctors are  
bounden to keep it alive," he  
said

PRP member for Houghton  
Helen Suzman has stated the  
provisions of the Abortion Act

"I said from the beginning  
that this new law would present  
terrible difficulties, because it is  
so rigid

Professor Robert Philpott,  
head of Obstetrics and  
Gynaecology at the Medical  
School in Durban said: "If it is

Schuur in Cape Town thinks  
that although the baby will be  
born alive, it really has no  
chance of living.

But a spokesman from the  
newborn section at Groote  
Schoor in Cape Town thinks  
that although the baby will be  
born alive, it really has no  
chance of living.

"I feel sorry for the girl  
They have waited so long. Why  
didn't they come out with that  
law sooner? It is getting  
rather awful now. It is a dicey  
situation and the abortion  
should have been performed  
weeks ago. The abortion law is a  
lot of law and should be chang-  
ed"

The girl's nightmare ordeal  
started at a drive-in movie in  
her five State home town of

Feilbyon  
Her father forced her to  
break off a four-year rela-  
tionship with another man and  
this was only her second date  
since. The man was apparently  
drunk and tried to force her to  
drink. He then pushed a broken  
bottle neck into her face and  
said he would use it if she  
screamed. He then raped her

So her legal problems began  
She should have been aborted  
on February 15 but the hospital  
superintendent cancelled it. A  
court order was granted by the  
Supreme Court on February 25  
authorising an abortion to be  
performed at Universitas  
Hospital in Bloemfontein

But doctors refused to per-  
form the operation saying it was  
unethical. According to the  
surgeon originally scheduled to  
perform the abortion, the abor-  
tion was granted under the  
wrong section of the Abortion  
Act of 1975

It was granted under  
Section 3 (1) (A) which states  
that an abortion is permissible if  
pregnancy endangers a woman's  
life or constitutes a serious  
threat to her physical health

Doctors said it should have  
been granted under Section 3  
(1) (B) which allows for abor-  
tion if continued pregnancy  
would seriously endanger and  
permanently impair the mental  
health of the girl

They feared a precedent  
whereby a girl would be given  
an abortion by threatening  
suicide

Then the girl admitted, she  
had been raped. So it was back  
to court with the girl testifying  
she had been raped. That was a  
magistrate's court. But on  
Friday a Supreme Court judge  
rejected the application for an  
abortion under Section 3 (1) (D)  
of the Abortion Act which pro-  
vides for an abortion when rape  
or carnal intercourse has taken  
place

Now it is back to square  
one for the girl and her un-  
wanted baby. The family intend  
appearing against the decision  
— but the girl has only a week  
or two to go and appeals can  
take months. And by that time it  
will all be over.

Her mother said she was  
forced to choose between her  
daughter and the unborn child.  
Her daughter threatened suicide  
again if she was forced to carry  
the baby of a man she hated

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forced to choose between her  
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Her mother said she was  
forced to choose between her  
daughter and the unborn child.  
Her daughter threatened suicide  
again if she was forced to carry  
the baby of a man she hated



**These motion pictures show how a six-months-old baby moves in his mother's womb**



The pictures above and below are taken from *A Child is Born* by Lennart Nilsson, and published by Faber and Faber and *The First Nine Months of Life* by Geraldine Lux Flanagan (Hememann)

237

# Aborsie-meisie

RAPPORT 23/3/80

# uit hospitaal

237

Van ANDRE KOTZEE

**DIE** mooi twintigjarige meisie van 'n Noord-Vrystaatse dorpie wat al die afgelope ses weke vergeefs vir 'n aborsie gewag het, is gister deur haar psigiater uit die Nasionale Hospitaal in Bloemfontein ontslaan. Sy is saam met haar pa huis toe.

Sy is nou in die sorg van haar ouers en haar huisdokter, sê die psigiater.

Volgens haar ma word nou planne beraam om 'n fonds te stig sodat sy volgende week Londen toe gebring kan word vir 'n aborsie daar.

Op 'n vraag of dit raadsaam is dat sy nou in haar ouers se sorg geplaas word, terwyl sy reeds weens selfmoordpogings sielkundig behandel moes word, sê die psigiater hy het hom nie onttrek nie. Hy het dit net moontlik gemaak dat sy deur haar ouers Londen toe gebring kan word. Daar kan „probleme ontstaan” as sy uit 'n hospitaal op 'n vliegtuig geplaas word.

'n Prokureur op 'n Vrystaatse dorp is glo in beheer van die fonds vir die meisie. Toe RAPPORT 'n prokureur daar, mnr Bertie van Vuuren, skakel, het sy vrou geantwoord en gesê, hulle bespreek nie die sake met die

pers nie.

Die meisie het gisteroggend opgewonde gelyk toe sy met haar pa in sy bakkie van die hospitaal af wegy.

Intussen het twee regters al uitspraak gelewer oor aansoeke omtrent die beëindiging van die meisie se swangerskap. Twee landdroste het verskillende menings uitgespreek oor die kwessie of die meisie wel verkrag is of nie.

Drie weke gelede het regter H F de Wet in Bloemfontein gelas dat die superintendent van die Universitas-hospitaal verlof moet gee vir 'n afdrywing nadat ginekoloog van die hospitaal geweter het om die operasie uit te voer. Hulle het gewetensgronde aangevoer.

Ná 'n aansoek verlede naweek het landdrost I D Beyers 'n sertifikaat uitgereik dat hy bevind die meisie is in Oktober verlede jaar verkrag. Die meisie en haar pa het beëdigde verklarings

afgele.

Landdrost Beyers het die sertifikaat teruggetrek nadat die hooflanddrost op Kroon-

stad mnr P G Kuhn nie oortuig kon word dat die meisie wel verkrag is nie.

'n Dringende aansoek van die meisie se vader dat die sertifikaat van landdrost Beyers regsgeldig verklaar word is Vrydag deur regter C M S Brink van die hand

\* VERVOLG OP BL. 6 \*

# ABORSIE-MEISIE UIT HOSPITAAL

**\* VERVOLG VAN BL. EEN \***  
 gewys. Hy het nie redes ver-  
 strek nie.  
 In 'n beedigde verklaring  
 sê die vader o.m. dat sy dogter  
 in 'n beedigde verklaring voor  
 landdros Beyers aangevoer  
 het dat sy in Oktober 1979  
 in 'n inryteater in 'n motor  
 verkrag is terwyl sy met 'n  
 gebreekte bottel gedreig is.  
 Hy het eers heelwat later  
 van sy dogter se swangerskap  
 gehoor en hy het eers gemeen  
 sy word vir 'n nierkwaal in  
 die hospitaal behandel. Hy  
 het ook verklaar dat sy drie  
 dogters was baie bang vir  
 hom omdat hy met goeie  
 bedoelings aan hulle gesê het  
 hy elkeen van hulle wat voor

hul huwelik swanger raak,  
 die huis sal uitjaag.  
 'n Bekende regspraktisyn  
 het, gister aan **RAPPORT**  
 bevestig dat die meisie slegs  
 sowat ses dae oor het waarin  
 daar 'n aborsie uitgevoer kan  
 word . . . Hy voel dat die  
 saak regtens aan die einde  
 van die pad gekom het.  
 Daar bestaan egter drie  
 praktiese uitwee waarvolgens  
 die aborsie nog kan plaas-  
 vind:

\* Die ginekoloog van die  
 Universiteits-hospitaal kan van  
 plan verander en wel die abor-  
 sie uitvoer. Hy het die regs-  
 aspek van hul weiering bestu-  
 deer, en glo dat indien hulle  
 die aborsie uitvoer, hulle  
 geensins van onwettige vrug-

afdrywing aangekla kan word  
 nie.  
 \* Die aborsie kan deur 'n  
 ginekoloog van elders in die  
 land uitgevoer word, maar  
 die operasie kan net in die  
 Universiteits-hospitaal gedoen  
 word omdat regter De Wet  
 se beslissing slegs vir daardie  
 hospitaal geld. Indien 'n  
 ander hospitaal bereid sou  
 wees om die aborsie uit te  
 voer, sou daar van vooraf  
 by die Hooggeregshof aan-  
 soek gedoen moet word

\* Die meisie kan oorse-  
 geneem word, na Londen of  
 na Swede, waar 'n aborsie  
 wettig uitgevoer kan word.  
 Die regsman sê daar sal  
 gou gespeel moet word, want

ginekoloog stem oor die alge-  
 meen saam dat 'n aborsie  
 nie na die 26ste week van  
 swangerskap uitgevoer moet  
 word nie.  
 Die regsman opper die  
 vraag: as die meisie in dié  
 laat stadium, met die onder-  
 steuning van haar ouers en  
 die regte psigiatrisiese hulp,  
 met die swangerskap voort-  
 gaan — sou dit nie minder  
 geestelike skade beteken as  
 die verdere trauma om 'n  
 aborsie te probeer bewerkstel-  
 lig nie?

## , Ek veg nou vir my kind'

**MARISSA VAN NIEKERK**  
 "EK stel nie belang in  
 wette nie. Ek veg vir my  
 kind," sê die ma van die  
 Vrystaatse meisie oor wie  
 se ongewenste swanger-  
 skap 'n regstryd woed.

**RAPPORT** het gister met  
 die ma op hul tuisdorp ge-  
 praat. Die meisie is gisterog-  
 gend deur haar pa in Bloem-  
 fontein gehaal. Sy gaan nou  
 na vriende van haar ouers  
 toe op 'n plaas „ver van die  
 dorp af" om te rus, sê haar  
 ma.

Daar sal sy bly totdat hulle  
 verder besluit wat om te doen.  
 Daar is nog geen besluit ge-  
 neem oor die toekoms van  
 die ongebore kind nie

Die 20-jarige meisie het na  
 bewering al vier keer probeer  
 selfmoord pleeg oor die swan-  
 gerskap wat die gevolg van  
 'n beweerde verkragting was  
 Saam met haar dogter op  
 die plaas sal 'n opgeleide per-

soon wees, daarom vrees hulle  
 nie dat sy weer sal probeer  
 selfmoord pleeg nie.

"Dit sal jare kos om weer  
 van my kind 'n mens te  
 maak," sê die ma Die herrie  
 wat die koerante oor die saak  
 gemaak het, het ook meer  
 skade gedoen as goed, sê sy.  
 Wat die effek van die hele  
 drama op die meisie se twee  
 jonger susters was? „Hulle  
 weet mos nie dit is hul suster  
 nie," sê die ma wat ook nie  
 die berigte in die koerante  
 volg nie.

Die ma sê sy gaan nie  
 weer met koerante praat of  
 verklarings doen nie. „Daar  
 is al te veel gesê en geskryf.  
 Al hierdie dinge ontstel my  
 kind.

„Ons neem haar nou na  
 'n plek toe waar net ek en  
 my man weet sy is en „wat  
 ons ook al oor die ongebore  
 kind besluit, niemand sal  
 weet wat gebeur het nie  
 „Ek veg nou vir vrede vir  
 my kind."

15	157795R	HAKKE	STEPHEN	105105	LATIN
17	1535620	HUCHI	WAYNE HARADLEY	102101	AFRIKAAN
19	156581X	COMFIM	WAYNE MILES LUTHER	102101	AFRIKAAN
21	155042E	CHUM24	MOHAMED FAIQ	105104	LATIN
23	157855G	DE KUI	JU-JAHAD-SHANT	102101	AFRIKAAN
25	1543431	BUKEX	EDWARD RADOR PETEP	105104	LATIN
27	155623Y	FISHI	LAUREN-GENEF	105104	LATIN
29	1501966	GIH4			
31	156317F	BUKOU			
33	1585031	DAK2			
35	058176	ANK			
37	1154491	HE44			
39	159727P	KANE			
41	1625245	KEAY			
43	161000M	LEFAT			
45	157638A	MAHATEY			
47	155155X	MCQUEEN			
49	156593Z	WEIKING			
51	153752X	UNSA			
53	158337F	WIE4			
55	154145P	POTTS			
57	156056B	MUSIN			
59	154272M	SHALALA			
61	154933F	SMITCHER			
63					
65					

231

16 14R 15R 16 18 20 22 24 26 28 30 32 34 36 38 40 42 44 46 48 50 52 54 56 58 60 62 64 66

# Aborsie-meisie praat oor haar groot vrees

# EK SAL MY KIND ALLES VERTE

MY  
ALLES  
Rapport 30/3/80 (237)



Van STEPHAN TERBLANCHE

HEILBRON

**KOBIE RALL, ongetroude tikster van hierdie Vrystaatse dorpie wat 'n uitgerekte regstryd om 'n aborsie verloor het, het tot berusting gekom en kon vandeeweek met oortuiging aan RAPPORT sê: „Ek sal die kind eendag die volle waarheid vertel.”**

*Diep in haar gemoed is daar egter een groot vrees — dat die gif en pille wat sy gedrink het in haar pogings om selfmoord te pleeg, 'n permanente letsel aan haar baba kan laat*

Selfs al gebeur dit ook, sy sal nie afsien van haar plan om die baba te behou en self groot te maak nie. „Kom wat wil, ek wil my kind hê. Ek sal vir die kind lief wees. Ek sal net baie, baie sleg voel as die kindjie met 'n gebrek gebore moet word,” het sy in haar ouerhuis aan RAPPORT gesê.

En haar pa en ma, mnr Albert (Seun) Rall, 46, en mev Kotie Rall, 43, het bevestig dat hulle hul twintigjarige dogter na die beste van hul vermoë sal help om die kindjie groot te maak

Kobie, wat uiteindelik beken het dat sy verkrag is in 'n motor in Heilbron se inrybioskoop, het vier keer haar eie lewe probeer neem nadat sy besef het sy is swanger. Uit vrees vir haar pa het sy stilgebly — totdat haar ma haar gedwing het om alles te vertel.

Toe sy agttien weke swanger was, is sy in die Universitashospitaal in Bloemfontein opgeneem. Hoewel die Vrystaatse Hooggeregshof 'n aansoek toegestaan het dat sy 'n aborsie mag ondergaan omdat haar swangerskap haar gesondheid kan benadeel, het dokters geweier om die operasie uit te voer.

Verdere hofgedinge het gevolg. Uiteindelik het Kobie en haar ouers besef niks kan meer aan die saak gedoen word nie. Verlede naweek — ses weke nadat sy in Bloem-

fontein aangekom het — is Kobie huis toe gebring en het sy haar op die bevalling begin voorberei.

Hoewel haar identiteit kragtens 'n hofbevel tot sover geheim gehou is, het Kobie self vandeeweek besluit dat die wêreld mag weet wie sy is. Sy gaan mense vierkant in die oë kyk, en ook vir haar kind niks wegsteek nie is haar houding.

Sy besef dit sal nie maklik wees nie. Maar sy besef ook dat dit beter sal wees vir haar kind om die waarheid by haar te hoor en nie by ander kinders of ander mense wat dikwels so wreed kan wees nie.

„Ek sal die kind ook vertel wie die vader is, maar ek sal nie toelaat dat die vader, Johan Human, die kind oit sien nie. Ek wil met Johan ook niks te doen hê nie.”

Kobie sê sy het die man wat haar verkrag het, geken as Johan Human. Maar dit kan wees dat dit nie sy regte naam is nie. Hy het nou verdwyn en dit is ook goed so, want sy wil hom nooit weer sien nie.

Sal sy dalk eendag trou? — ja, sê Kobie en voeg by dat sy graag nog kinders sal wil hê. „Ek is nie bang vir

VERVOLG OP BL 6

SY sal haar kindjie eendag alles vertel, sê Kobie Rall, die meisie in die opspraakwekkende aborsie-saak, terwyl sy 'n babakombersie vashou. Na 'n stryd om die aborsie te laat doen, kan sy nou nie uitgepraat raak oor haar liefde vir die baba nie. Foto: Denis Goddard.

EXAMINATIONS RESULTS IN FACULTY ARTS

YEAR : 3

FIRST NAMES

STUD NO	SURNAME	FIRST NAMES	MARKS	GRADE	STUD NO	SURNAME	FIRST NAMES	MARKS	GRADE
1025211	BARROTT	PETER HARRY	57	4	1025211	BARROTT	PETER HARRY	57	4
0772011	ANDREWS	DAVID	56	4	0772011	ANDREWS	DAVID	56	4
1011401	BAKIN	WELMARE	54	5	1011401	BAKIN	WELMARE	54	5
1011875	BURSE	PETER GRAHAM	52	4	1011875	BURSE	PETER GRAHAM	52	4
1121401	CHURCH	JOHN GEORGE	51	4	1121401	CHURCH	JOHN GEORGE	51	4
1154101	COOPER	ODILE ARLENE	50	4	1154101	COOPER	ODILE ARLENE	50	4
1114051	DEGRIFF	HIGGINS	55	4	1114051	DEGRIFF	HIGGINS	55	4
1009971	FALKER	LESLEY SHARON	41	5	1009971	FALKER	LESLEY SHARON	41	5
0980971	FALKER	SUSAN	57	4	0980971	FALKER	SUSAN	57	4
1136121	GAIZOURIS	EUSTRATIOS JOHN	53	4	1136121	GAIZOURIS	EUSTRATIOS JOHN	53	4
1011851	GLID	HELENA JANE	50	4	1011851	GLID	HELENA JANE	50	4
1023811	GRONAUSS	INGRID GERTRUDE	50	4	1023811	GRONAUSS	INGRID GERTRUDE	50	4
0978551	HELEMAN	AURA JEAN	50	4	0978551	HELEMAN	AURA JEAN	50	4
1011581	ONSTERBAAN	WILLEM DINANT	58	4	1011581	ONSTERBAAN	WILLEM DINANT	58	4
0948351	POPPELL	ANATHESE LYNETTE	53	4	0948351	POPPELL	ANATHESE LYNETTE	53	4
1113311	PLUTKIN	MADINE BETTY	53	4	1113311	PLUTKIN	MADINE BETTY	53	4
1035191	SHUMAN	MILDRED	53	4	1035191	SHUMAN	MILDRED	53	4
1027191	SMALLHURNE	AMANDA JANE	58	4	1027191	SMALLHURNE	AMANDA JANE	58	4
1022571	TAYLOR	GOLDFIN JANE	58	4	1022571	TAYLOR	GOLDFIN JANE	58	4
0339091	VALLEY-O'HAR	FAROUK ISMAIL	58	4	0339091	VALLEY-O'HAR	FAROUK ISMAIL	58	4
1011541	VAN DER EIJS	JEAN-PAUL RICHARD	51	4	1011541	VAN DER EIJS	JEAN-PAUL RICHARD	51	4
1121051	VAN LUYCKARDI	ANNE MARIE	55	4	1121051	VAN LUYCKARDI	ANNE MARIE	55	4
1166061	VENISER	GILDA MARIA	50	4	1166061	VENISER	GILDA MARIA	50	4
1331001	WILLIJS	AGNE	67	4	1331001	WILLIJS	AGNE	67	4

# 'Ek sal my kind

## alles vertel

**\* VERVOLG VAN BL. EEN \***  
 mans nie. Maar ek sal baie versigtig wees.  
 Indien 'n man met haar 'n verhouding wil begin, sal hy bereid moet wees om eers 'n paar keer by haar ouerhuis vir haar te kom kuier, sê sy Eers wanneer sy seker is oor haar gevoel vir so 'n man, sal sy bereid wees om met hom ernstig te raak, meen Kobie.  
 "Op die oomblik glo ek dat mans my net wil misbruik Hulle dink waarskynlik dat ek 'n goedkoop meisie is Die regte man vir my sal die waarheid oor my moet weet — en bereid moet wees om my kind te help groot-  
 maak"  
 In haar slaapkamer, waar Kobie voorheen pille en roetgif gedrink het en twee keer met haar pa se rewolwer selfmoord probeer pleeg het (haar pogings is telkens geker deur haar suster, Ronel, wat die kamer binnegekroon het), maak sy nou babakleertjies bymekaar  
 Kobie Rall is dikwels nog verslae en verward. En treuring oor alles wat met haar gebeur het Dikwels vra sy nog waarom dit juis sy moet wees  
 Maar sy is verbasend kalm Die bohaai en die pyn van Bloemfontein sal sy graag wil vergeet. Indien so iets moontlik sou wees  
 \* Lees verder op bl. 5

UJET

# Man dies under bus

QUEENSTOWN — An unidentified man died here yesterday after he fell under a bus

A spokesman for the ambulance department said he believed the man had slipped and fallen out of the bus as it entered the bus terminus in Calderwood Street

The man was certified dead and taken to the mortuary

All was quiet at other centres last night. Police in East London, King William's Town and Stutterheim agreed it was one of the quietest starts to an Easter weekend in years

No accidents were reported in these areas, and a spokesman for the Provincial Traffic Department in King William's Town said the roads were "almost deserted"

In Durban 28 people were injured, some of them critically, when a heavy truck ploughed into the back of a stationary bus in Westville last night

to be compensated in  
rea's light industries,  
at least some  
Western Cape were to  
e to be alleviated  
ctions on Black workers  
h the coloured has  
n the Western Cape  
activity.  
standards fare very  
oured workers who  
the Western Cape in-  
me conclusion. Manage-  
oes not exist and the  
f the coloured community  
rily compete with  
oured, on the assump-  
py vacancies  
ntial area. Therefore,

for which the area w  
adverse implications  
remain the same, it  
and the policy regard  
relative to Whites  
no particular pencha  
labour market - ma  
The Blacks fulfil sp  
favourably in levels  
even upon comparison  
variably have high p  
ment of well organis  
factual position also  
are of opinion that s  
Coloureds. Certain  
tion that Blacks woul  
that cannot be filled  
Black workers are onl  
The Western Cape is a

## 2.6.3 Labour

unimpeachable.  
to establish an enterprise unless his case was virtually  
attitude adopted was that an entrepreneur is not allowed  
commercial development; in fact, in several instances the  
positive attitude towards encouraging new manufacturing and  
The BER was told that not all local authorities adopt the same

## 2.6.2 Local authorities

towards increased employment opportunities.  
organised less formally, could make a marked contribution  
sation, possibly an export house. The smaller enterprises,  
an activity that could be handled by an autonomous organi-  
well serve a useful purpose particularly in exports markets;  
To this end assistance in marketing of their products could  
preneur must under these circumstances be accentuated.  
potential. The need for development of the small entre-  
economic community particularly those with entrepreneurial

# Don't forget the baby

4/4/70  
237  
J.M. Inchausti

**GRAHAMSTOWN** — Late registration of births among the African population was a national problem, Mr J L Heyman, control officer at the magistrates court in Grahamstown, told members of the Albany National Council of Women

He said of 1 504 Africans registered in Grahamstown last year only 413 were registered before they were a year old

Late registrations numbered 1 091

He accepted figures that the African population here, given conservatively, was 35 000. With a recognised growth rate of five per cent a year, the birth figure thus should have been nearer 1 800, not 413

Mr Heyman spelt out the many inconveniences attached to not having a birth certificate other than the extra cost of R2 for late registrations.

He said a birth certificate was seen as evidence for residential rights, accommodation employment, reference

books, school entrance, drivers' licences and travel documents

A birth certificate could be used as proof that a person was under 18 and not liable for income tax. It was needed for insurance purposes and workmen's compensation

A birth certificate proved a person under 18 were he to appear in court as a juvenile

Mr Heyman said the overall importance of a complete and exact record of the birth to the authorities was vitally necessary. It was the task of the relevant authorities to work out the growth rate in the interests of forward planning — for housing, employment, education and medical services among other things

He said "Obviously if 1 400 estimated babies are not on record in 1979 it is impossible to predict what will be required in way of housing, job opportunities and schooling in six, ten or 20 years time."

Mr Heyman said Africans should be encouraged to register their infants at birth by every possible means. He said in some countries, hospitals and maternity homes did not release babies until a birth certificate was

forthcoming

He said Afrikaans churches required a birth certificate before baptism

The birth date was required for church records. Clinics, too, should insist on a birth certificate before treating children, he said. He suggested it might also be possible to insist on a birth certificate in case of maintenance complaints

Mr Heyman said the figures he had extracted for last year's registrations showed that most of the births which were registered early were those of illegitimate children. Late

registrations showed a bias towards elder legitimate males

Four of the late registrations last year were of people born between 1900 and 1910. These certificates were required for old age pensions or disability grants

Ten of last year's registrations were of people born between 1911 and 1920. 23 of people born between 1931 and 1940, 57 of people born between 1941 and 1950. 445 of those born between 1951 and 1960, 365 born between 1961 and 1970 and 163 born within the last decade

# 32 killed on roads

237 7/4/80  
JOHANNESBURG — This year's Easter weekend death toll could be the lowest in years. By late last night the known death toll was 32.

Last year more than 40 people were killed on South Africa's roads over the Easter holiday.

But traffic authorities throughout the country are preparing for today's homeward exodus of holiday-makers from coastal and inland resorts.

Most road accidents have occurred in Natal and the Eastern and Western Cape. Roads in the Transvaal, Free State and Northern Cape have been generally quieter.

In the Western Cape the legal adviser and a director of the Tollgate Holdings group of companies, Mr Dean Ronquest, 35, was killed instantly yesterday outside Cape Town when his car struck a concrete pillar.

Six pedestrians were killed in the Peninsula.

A Knysna man, Mr Willem Welkom, died when a truck in which he was a passenger overturned on the Ecce Pass near Fort Brown.

In Paterson, a five-year-old boy died after being run over by a car.

A middle-aged man, a Witbank couple and a motorcyclist are among the eight people killed on Natal roads.

In the Free State, Kroonstad police reported a young man was killed in the town when his motorcycle collided with a heavy vehicle.

In a separate accident in the area a man was killed when the heavy vehicle he was driving overturned.

Reports from Volksrust said three men were killed on the roads. — SAPA.



# Five die violently in townships

EAST LONDON — At least five people are known to have died violently in townships here during the Easter weekend

Two people suffered bullet wounds after they were terrorised by robbers at Mdantsane early on Saturday

Miss Ntombam Sihu, 35, a mother of two, and Mrs Nelhe Nayithi Xhinti, 71, both of Zone 7, were treated and discharged at Cecilia Makiwane Hospital for bullet wounds after they were shot at by a gang who demanded R1 000

Miss Sihu gave them more than R300 after they stormed her house, broke windows and fired shots

Neighbours came to her rescue and Mrs Xhinti was shot in her left shoulder, while Mr Gladstone Baba escaped death after several shots were fired at him

Police are investigating and no arrests have been made

A 25-year-old woman was killed instantly after she was crushed by a bus in Zone 8 on Saturday

According to police the unidentified woman was apparently getting off the bus when the accident happened

A man was reported to have been stabbed to death in a shebeen

At Duncan Village three youths were killed when a truck ploughed into them

They were Madoda Ondala, 11, Siphon Ondala, 12, both of Florence Street, and Zandisile Fosi, 11, of Zikansileni section.

Mr Wilson Makapéa, 65, an ex-schoolteacher from Butterworth, who was also involved in the accident, was admitted to Frere Hospital with serious injuries

His condition was described last night as satisfactory

The accident happened on Douglas Smit Highway near the ICU Hall. Police have detained a man in connection with the incident

A man and a woman were slightly injured in an accident in John Bailey Road at noon on Friday

An elderly woman was rushed to the Frere Hospital on Saturday after she was involved in an accident in Adelaide in which she received serious neck injuries. Her condition was described as satisfactory

Five people were injured in a car accident near Hluzi beach on Friday and they were taken to Frere Hospital

A spokesman for Frere Hospital said they had received 12 motor vehicle accident cases and seven people had been admitted. They also had 53 assault cases of which three people were admitted —  
DDR

Pictures, page 7.

# 75 die violently over Easter

JOHANNESBURG — At least 75 people died violently in South Africa and South West Africa over the Easter weekend — 38 of them in road accidents

Twenty-nine people died in shootings, stabbings, drowning and faction fights

Of the 46 road fatalities, 10 occurred in the Eastern Cape and Border areas, 10 in Natal, eight in the Transvaal, seven in the Western Cape, and nine in the Free State. Two people died on South West African roads

The figures are still well below those recorded over the weekend last year when 92 fatalities and 898 injuries were reported

Traffic authorities throughout the country were optimistic yesterday the final figure this Easter

ND 814180 could yet be a record low.

Most of the holiday weekend accidents occurred during Thursday night and Friday in Natal and in the Eastern and Western Cape

Five people died in road accidents on Border roads. On Saturday a 25-year-old woman was killed instantly after she was crushed by a bus in Zone 8, Mdantsane, and at Duncan Village three youths were killed when a truck ploughed into them

In the latest accidents to be reported seven people were killed in the Free State, a Port Elizabeth woman died in Natal and two motorcyclists and a man died in separate accidents in the Transvaal

Miss Welda Wittal, 19, of Port Elizabeth, died after being involved in an

24 (237) accident near Pietermaritzburg.

A young man and a woman died yesterday when their motorcycle skidded in Standerton and they were thrown against a car. They have not yet been identified.

The latest reported accident in Natal was six men injured when their car overturned at Cliffdale on the Durban-Pietermaritzburg highway yesterday

Natal traffic police said there was tremendous congestion on the road between Umkomaas and the Pietermaritzburg highway

Cars were reported to be bumper to bumper along many stretches of the freeway and most Transvaalers could expect a 12-hour journey to Johannesburg

# Eight die in Cape horror smash

237  
19/4/80  
Argus

**KIMBERLEY** — Eight people were killed and 51 injured when a bus carrying about 50 passengers collided with a tractor and trailer — carrying about the same number of people — between Pamperstad and Hartswater yesterday.

Four trailer passengers died on impact, two more died on their way to Kimberley Hospital, and two more died in hospital. Altogether 20 people were transferred to City Hospital.

## 16 SERIOUS

The condition of the remaining 16 were described as serious. Twelve people were admitted to the Connie Vorster Memorial Hospital in Hartswater, where an additional 21 people were treated and discharged.

In another accident, four children were killed and at least 20 injured in a collision between a school bus and a lorry near Bronkhorstspuit this morning.

The bus was carrying 79 children from Rayton and Cullinan to the Erasmus High School in Bronkhorstspuit. The lorry driver, apparently, ran away from the scene.

The four who died were Martha Hitge, Anette Lubbe, Alida Steynberg (all of Rayton) and A Strydom of Cullinan.

Sixteen injured children were taken to the H. F. Verwoerd Hospital in Pretoria. The condition of three is critical.

Five others have head injuries and one has broken legs, arms and neck injuries.

Meanwhile, three people were killed and 45 injured after a train hit a bus in Rustenburg yesterday.

The bus was on its way from Thabazimbi to Capital Park, Pretoria. — Sapa and Argus Correspondents.

# SA womans group's 'no' to abortion law changes

EAST LONDON — Most members of the National Council of Women of SA do not want the Abortion Act changed

The NCW last year conducted a free vote of its members and affiliated societies on the desirability of amending certain clauses in the Abortion and Sterilisation Act, 1975

From a report released in East London yesterday by the NCW on the eve of its 46th conference in East London, it is evident only a minority of NCW members favour the proposed changes

The proposal that received the most support from individuals was that the word "permanent" be deleted from clause 3(1)(b) — that referring to damage to mental health.

In all, 33,85% of the valid votes were in favour of this, but this was only 20,3% of the total membership

The proposal that found the least favour was that the words "procure an abortion" be amended throughout the Act to "perform an abortion"

Twenty of the 32 NCW branch councils participated in the vote, but the votes of three branches were not in accordance with the stipulated procedure and were declared invalid

One branch council, with 211 members, did not conduct a vote, stating that branch approval had been given to a proposed motion for a resolution in 1979

Of the 519 listed affiliated societies, 94 were accounted for in the vote

As there was no full compliance with the voting procedure laid down for affiliated societies, it was impossible to obtain an accurate assessment of the actual membership of these societies in favour of the proposed amendments

It appeared that 14,83% of the affiliated societies registered votes predominantly in favour of the amendments

Pro-Life, an affiliate of the Cape Town branch council recorded a national vote of its total voting strength of 13 469 — all against.

The board of officers of the NCW believes the organisation can play a positive, educative role in bringing about a situation where no woman should need an abortion, except for therapeutic reasons

But the report said the situation where the only pregnancies would be wanted ones was probably an unattainable Utopia.

The claim was often heard that women should have the right to decide what use was made of their bodies, and the report asked whether this right should not be exercised at all times and not merely demanded when a woman was faced with an unwanted pregnancy.

Women should be aware of the facts of life and their "rights, duties and responsibilities" — Sapa

ns are called for), adhering is that used for the data above, prefer, with short notes any calculations. Both jobs re being done or are likely

enses amount to about

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ne) in the financial accounts.

£1,600 is the year's depre-

for Southampton has been

ed locally from week to

A revised budget (1) as far as possible showing which job would last 12 months to be offered.

Required:

OFF: 31, (f)

INT: 31, (d)

REQ: 31, (b)

ALL: 31, (b)

WEE: 31, (b)

# Abortion: Changes favoured

237

CT 25/4/80 By BOB MOLLOY  
Science Reporter

MOST South African gynaecologists favour a change in the country's abortion law, according to a survey carried out last year

This finding was given in a paper presented by a Cape Town gynaecologist to the South African Obstetrical and Gynaecological Congress at Tygerberg Hospital yesterday

Dr J Dommissie, an executive member of the SA Society of Gynaecologists (SASG) and national president of the Family Planning Association of South Africa, told the congress that 70 percent of the 230-strong membership of the society had replied to a questionnaire on attitudes to the abortion law

Of these, 82 percent were in favour of minor or major changes and 18 percent were satisfied with the law as it was

Almost 50 percent of the members who lived in Bellville were satisfied, but only three percent of Johannesburg gynaecologists found the law acceptable

The survey also showed that 32 percent or almost one gynaecologist in three would support abortion on request before the 12th week of pregnancy, but only 10 percent would support termination of a more advanced pregnancy

## Less than 500 terminations a year

Under the present law, less than 500 terminations of pregnancy were carried out annually. The law permits termination when there is a serious risk to the life or health of the mother, or a danger of permanent damage to mental health, or a significant risk of major fetal abnormality and in cases of rape or incest

Dr Dommissie said that in the United Kingdom, one-third of doctors were originally in favour of their present abortion law, which now seemed almost totally accepted, to the extent that 100 000 terminations were performed every year

The Family Planning Association and the SA Society of Psychiatrists had asked the SASG for an opinion of the following recommended changes to the law

- The psychiatrists suggested that the words "permanent damage" be changed to "lasting interference with mental function". Ninety percent of gynaecologists agreed
- Almost 80 percent of gynaecologists favoured termination for patients under the age of 16 years. This attitude was "probably due to the high incidence of obstetrical, mental and sociological problems associated with pregnancy in the young teenager"
- Seventy percent supported termination on request for women over 40 due to the increased maternal and foetal risk in that age group
- Sixty percent supported termination on request for sixth and successive pregnancies
- Seventy-six percent advocated termination following failed sterilization, but it was agreed that this was an "emotive issue" with medico-legal implications. It was pointed out that "difficult ethical problems arise should pregnancy follow vasectomy"
- Sixty-six percent were in favour of terminating a pregnancy resulting from proven failed contraception, but "very few commented on the virtual impossibility of establishing such a diagnosis"

## No difference to illegal abortion rate

Half of those who replied to the survey felt that abortion on request would make no significant difference to the illegal abortion rate. "In other countries, such as the United Kingdom, the illegal abortion rate has fallen dramatically and it is not clear to me why members felt this could not happen in South Africa," Dr Dommissie said

Dissatisfaction with the abortion law concerned "unnecessary delay" in reaching a decision and doctors felt that procedures and documentation could be simplified without diminishing the intention of the law

"No doctor can support a law which in its application humiliates a patient or causes unnecessary invasion of privacy," Dr Dommissie said. Critics should look not only to the application of the law, but also to the role of the doctor. There was a tendency to pass on responsibility without becoming involved

Doctors hesitated to be sympathetic in case the request was turned down and therefore adopted the attitude of "there is nothing I can do. Patients requesting termination desperately needed support and sympathy, whatever the outcome might be"

Dr Dommissie said there was sufficient support for change and enough dissatisfaction with the law to request the Minister of Health to appoint a commission of inquiry

# Baby deaths in E Tvl 'very high'

A DETAILED socio-economic and health investigation into a black rural community in the Eastern Transvaal has disclosed an extremely high infant mortality rate, low household incomes and low rates of immunisation.

The investigation was undertaken by a research team from the metabolic and nutrition research unit, Department of Paediatrics, Baragwanath Hospital, and the University of the Witwatersrand.

The researchers said that while data about mortality, misery and disease patterns in rural areas were scanty, at least one survey, published two years ago, has shown an infant mortality rate comparable with those of very poor developing countries.

A survey was made of the community living in the tribal trust area of Driefontein, Eastern Transvaal.

The survey disclosed a high infant death rate (198 deaths per 1 000 live births). The death rate among infants aged between one and two years was 39,9 per 1 000.

Twenty-nine households (26,4 per cent) owned their own land and the remainder leased land from the land-

owners. The number of people in a household ranged from two to 36, with an average of 10,8.

One hundred and six households (95,5 per cent) had a pit latrine on their plots and 27 households (26,5 per cent) had a water-source on their property, and 76 (71 per cent) had a "safe" water supply.

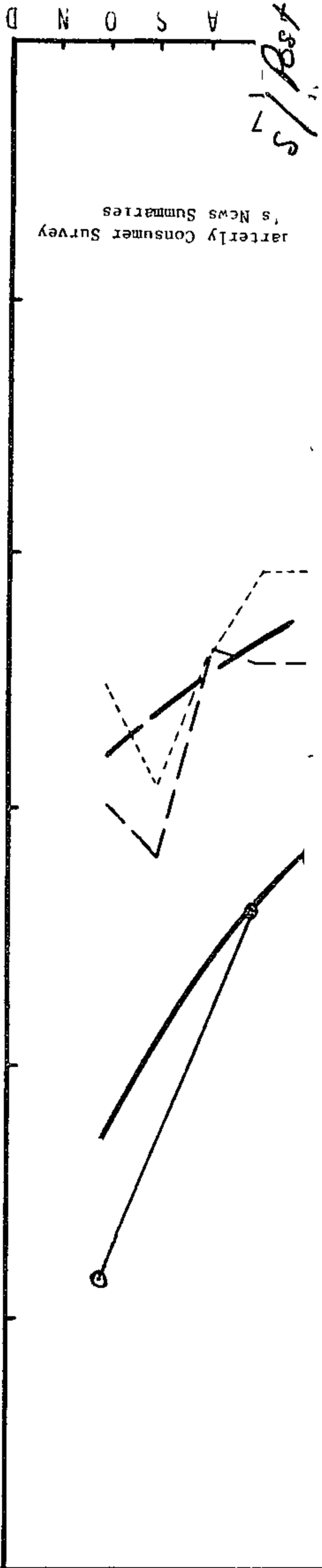
The first choice of consultation when ill was: General practitioner (ordinary doctor) (86,2 per cent), traditional doctors (8,3 per cent), clinics (2,8 per cent), chemist, home remedies, faith healers (0,9 per cent) each, while the second choice was traditional doctors (30,3 per cent) and faith healers (11,9 per cent).

The most important needs as perceived by the community were:

Shops (43,2 per cent), employment (32,4 per cent), improved water supply (15,3 per cent) and improved roads (15,3 per cent)

Priorities relating to health were: clinic (73 per cent), hospital (9 per cent) and doctor (7,2 per cent).

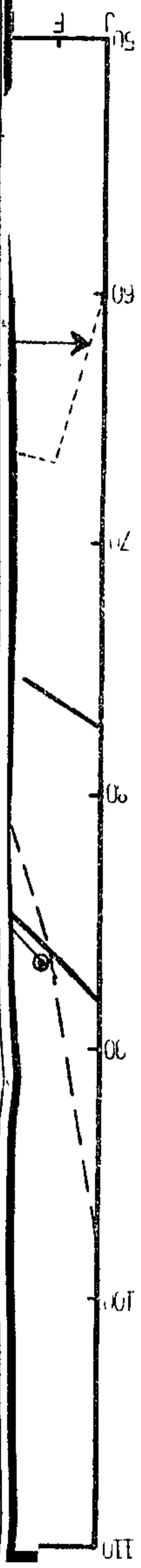
The investigation revealed that 60,6 per cent of children under the age of 12 had been immunised. Of the 39,4 per cent not immunised, this was due in 88 cases to the parents not being aware of the benefits of immunisation or because it was not available. — SUNDAY POST Correspondent.



Weekly Consumer Survey News Summaries

237

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# POPULATION - VITAL STATISTICS

~~HA~~

7 MARCH 1980 — 20 NOV, 1981

517-17 Abortions 237  
\*4 Mrs H SUZMAN asked the Minister of Health

How many notifications of abortions procured in terms of section 3(1)(d)(aa) of the Abortion and Sterilization Act were received by his Department during 1979?

The MINISTER OF HEALTH

14

*Answer!*

Abortion and Sterilization Act  
\*5 Mrs H SUZMAN asked the Minister of Health 237

Whether any cases of treatment in connection with the removal of the foetus of a pregnancy were reported in terms of the Abortion and Sterilization Act during 1979, if so, how many?

The MINISTER OF HEALTH

Answer  
The hon. member is referred to annexe 12 of the Department's annual report for 1979



22/4/80

237

Abortion + Statutory  
Amendment Bill

See S. Hansard 5 cols 1047 - 1058

Hansard 7 Quest Col 388-390

17 3-80

237

7(388) Abortions -  
17 3 80  
292 Mr N B WOOD asked the Minister of Health

How many medical practitioners performed (a) abortions in accordance with the provisions of the Abortion and Sterilization Act during 1979 and (b) more than (i) 20 and (ii) 50 such abortions during that year?

The MINISTER OF HEALTH:

MONDAY, 17 MARCH 1980

390

162

(i) and (ii) none

Locations at which abortions may be performed

35 (i) 17 3 80 (237)  
Mr N B WOOD asked the Minister of Health:

(a) How many institutions, other than State-controlled institutions, at which abortions may be performed in accordance with the provisions of the Abortion and Sterilization Act did he designate in terms of section 5 (2) of the Act from its commencement to 31 December 1979,

(b) at how many of these institutions were (a) such abortions and (b) more than (i) 20 and (ii) 50 such abortions performed during 1979?

The MINISTER OF HEALTH:

(1) None

(2) (a), (b) (i) and (ii) falls away

Medical practitioners: abortions

384 (i) 17 3-80 (237)  
294. Mr. N B WOOD asked the Minister of Health

(1) How many (a) medical practitioners, excluding psychiatrists, and (b) district surgeons gave certified opinions for abortions in accordance with the provisions of the Abortion and Sterilization Act during 1979,

(2) whether any (a) medical practitioners and (b) district surgeons gave more than (i) 20 and (ii) 50 certified opinions for such abortions during that year. if so, how many in each category in each case?

The MINISTER OF HEALTH:

(1) (a) 276

(b) 10

(2) (a) (i) 1

(ii) None

(b) (i) and (ii) None

7(390) Psychiatrists' abortions  
17 3 80 (237)  
295 Mr N B WOOD asked the Minister of Health

(1) (a) How many psychiatrists were employed by the State and (b) how many of them gave certified opinions for abortions in accordance with the provisions of the Abortion and Sterilization Act in 1979,

(2) whether any of these psychiatrists gave more than (a) 20 and (b) 50 certified opinions for such abortions, if so, how many psychiatrists in each category?

The MINISTER OF HEALTH:

(1) (a) 162

(b) 28

(2) (a) Yes, 4

(b) Yes, 1

Hansard 8 Ques. Col. 438 24/3/80

237

**Persons over/under 18 years of age in Republic**

492 Dr Z J DE BEER asked the Minister of Statistics (24/3/80) 237

(1) What was the estimated number of persons (a) over and (b) under 18 years of age in each race group in the Republic as at 30 June 1979,

(2) what is the estimated number in each race group who were economically active at that date?

The MINISTER OF STATISTICS

(1) Whites (a) . . . . . 2 895 324  
(b) . . . . . 1 550 676

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439		TUESDAY, 25
	Coloureds (a) .	1 303 355
	(b)	1 229 645
	Asians (a) .	434 467
	(b)	357 533
	Blacks (a)	8 208 307
	(b)	8 111 593

Abortion and Sterilization Act

14(796) 23/5/80 (237)

607 Mrs H SUZMAN asked the Minister of Health, Welfare and Pensions

How many cases of treatment in connection with the removal of the residue of a pregnancy were reported in terms of the Abortion and Sterilization Act during (a) December 1979, (b) January 1980, (c) February 1980 and (d) March 1980?

The MINISTER OF HEALTH, WELFARE AND PENSIONS

(a) 1 946

(b) 2 602.

(c) 1 889

(d) 1 860

The statistics reflect the information available as at 21 May 1980 and are subject to updating

Hansard 7

Quest Col 427

21/3/80

Abortion and Sterilization Act  
Hansard 7 Quest Col 427  
The MINISTER OF HEALTH replied to  
Question \*13 by Mrs H Suzman

21/3/80

(237)

(237)

**Question:**

Whether he will consider the appointment of a commission of inquiry into the application of the provisions of the Abortion and Sterilization Act?

MARCH 1980

428

**Reply:**

I have already discussed the appointment of a commission of inquiry into the application of the Act since its promulgation, with two deputations. These deputations were led by Dr P G Baxter, National President of the "National Abortion Reform Movement" and the hon. Senator Adrienne Koch.

Before considering the appointment of a commission, I would welcome further motivated representations.

Mrs H SUZMAN Mr Speaker, arising out of the reply given by the hon. the Minister, will he give the assurance that women will be appointed to sit on the commission should he decide to go ahead and appoint it, and, secondly, that the commission will be multiracial? Thirdly, I should think the motivation is very obviously the case of the Bloemfontein girl.

The MINISTER Mr Speaker, it is clear to me that the hon. member for Houghton, by way of an additional question, wants to lay down the conditions under which I must appoint a commission on which I have not even taken a decision yet. As I have said, motivated representations will be considered. If the hon. member wants to put all her suggestions in writing, I shall spend some time considering them in order to see whether they are of any value.

2/5/80  
SH  
CT 1/5/80

# Thousands at 'disciplined' protest rallies

### Staff Reporters

THOUSANDS of Cape Town pupils and students gathered yesterday in the first mass protest rallies held since the start of the schools unrest earlier this month.

Teachers, most of whom accompanied their pupils to the rallies, report that their activities were disciplined and orderly.

Police vans and plainclothes policemen stationed around the schools and the University of the Western Cape kept a low profile.

At Grassy Park High School, about 3 000 pupils from Parkwood High School, Zeekoevlei High School and Grassy Park marched around the school.

A pupil stood in the centre of the school grounds, directing the march with a loud hailer.

Officials, wearing white arm bands, stood at intervals on the route of the marching pupils, ensuring that order was

maintained.

One pupil carried a placard with a picture of the late black consciousness leader, Steve Biko. A huge banner stating

In Silence We Suffered In Patience We Bore Gutter Education We Want No More hung across the front of the school.

Thousands of University of Western Cape students and pupils from Bellville South schools staged a demonstration at the entrance to the university in Modderdam Road, Bellville yesterday morning.

Some of the placards attached to the fence read: 'Detain Steyn Minister of Agitation and Workers, Join Us'.

Pupils from Trafalgar High School, Harold Cressy High School and Salt River High School gathered at Zonnebloem Training College in Walmer Estate, where they read protest poetry, acted plays and sang freedom songs.

Pupils from Belgravia Senior

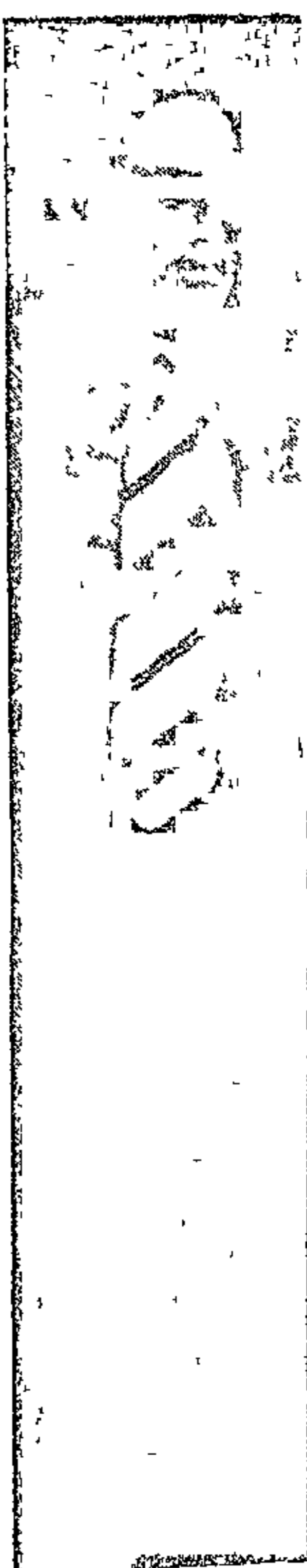
Secondary, Athlone High School and Bridgetown High gathered at Rylands High School in Rylands Estate. A mother, one of several parents who waited outside the school throughout the morning, said she was going to wait there until her son came out to make sure he came to no harm.

'But the situation in this country is so out of hand that my child could be harmed at any time. So he must just do what he thinks is right,' she said.

Wynberg pupils started their placard protest at 7 30 yesterday morning so that workers going to Wynberg station would be able to see it.

At Oaklands High School in Lansdowne, pupils from surrounding schools gathered for lectures on job reservation and 'South Africa since 1976'.

They went home at lunchtime, leaving the school in small groups 'so as not to provoke the police'.



12(12) Births/deaths 232  
 614 Mr H E J VAN RENSBURG  
 asked the Minister of Statistics

How many (a) births and (b) deaths were registered in each of the last 10 years in respect of (i) Whites, (ii) Coloureds, (iii) Indians and (iv) Blacks?

The MINISTER OF STATISTICS

	(a) (i)	(a) (ii)	(a) (iii)
1970	88 886	74 429	21 082
1971	89 596	74 459	22 129
1972	90 458	74 863	22 462
1973	90 501	74 992	22 158
1974	83 727	70 021	20 946
1975	80 026	67 537	20 298
1976	78 568	66 114	19 785

713

WEDNESDAY,

1977	74 037	65 114	18 881
1978	73 216	66 824	19 019
1979	71 810	66 108	18 824 (preliminary)

(a) (iv) data not available

	(b) (i)	(b) (ii)	(b) (iii)
1970	34 452	28 938	4 376
1971	33 321	27 919	4 468
1972	33 686	27 743	4 638
1973	33 757	28 443	4 727
1974	34 974	29 479	4 795
1975	35 035	27 615	4 834
1976	36 508	28 650	4 883
1977	35 280	25 620	4 597
1978	36 442	24 631	4 379
1979	36 647	24 237	4 370 (preliminary)

(b) (iv) data not available

# Beware of census con tricksters

Post 14/5/80  
237

POST Reporters

CENSUS enumerators have also felt the brunt of the Zulu faction fighting — they met with difficulty in going about their business.

This fact came out yesterday as an official of the Department of Statistics, the department responsible for the census, gave a brief run-down of the progress made.

According to the official the census had gone very well in the rest of the country with enumerators getting co-operation from all sectors of the community. In Zululand the Government had run out of census questionnaires and a special car left Pretoria yesterday with 20 000 additional copies.

Meanwhile the Department has warned residents against "bogus enumerators."

Members of the community are requested to first check the identity of people who claim to be enumerators before allowing them in.

This warning was issued after a Soweto family had been robbed of furniture and household goods last week.

"The family invited the men in after being told they were census enumerators. The men took advantage of the goodwill blacks have towards the census enumerators. The family was assaulted and injured and the men removed furniture and household goods," an official said.

According to the official, census enumerators should be asked to identify themselves:

- They have an orange lapel tag.

- The enumerator's name is printed at the back of the tag, and

- the enumerator has a letter of appointment with him.

Meanwhile an unusual story of a tribe that has language differentiation based on the sexes has emerged. The Tembe people of Zululand (Tongaland) speak two languages — the men speaking speak Tonga.

The explanation given is that the women, mostly Tembe, speak Tonga and cling to their language, while the men are Zulu.

This is so far the only tribe in the world known to do this!



**CO-OPERATION BRIEFS**

**No data on black births and deaths**

THE Government is unable to give the number of births and deaths of black South Africans because the data is "not available", although figures for other race groups are kept. This was disclosed yesterday by the Minister of Statistics, Dr Andries Treurnicht, who replied to a question by Mr Horace van Rensburg (PFP Bryanston). Mr Van Rensburg said yesterday: "It is absolutely essential that the Government should take steps to register the births and deaths of black people in South Africa, particularly from the point of view of planning of services for future generations."

DD 8/5/80 (237)

# No record of black births, deaths

CAPE TOWN — The government is unable to state the number of births and deaths of black people in South Africa because the data is "not available"

Figures for births and deaths registered for

other race groups are, however, kept

This was disclosed by the Minister of Statistics, Dr Andries Treurnicht, when he replied to a question tabled in the Assembly by Mr Horace van Rensburg (PFP,

Bryanston)

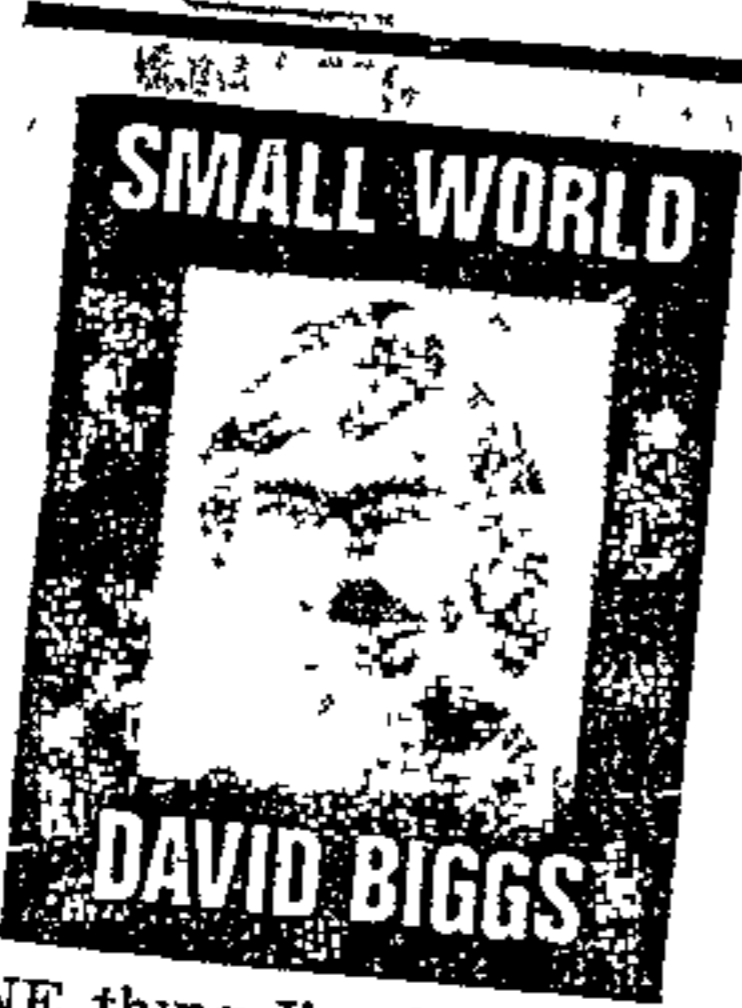
Mr Van Rensburg said yesterday "It is absolutely essential that the government should take steps to register the births and deaths of black people in South Africa, particularly from the point of view of planning of services for future generations"

The government had never been able to provide accurate statistics for black population in either the urban or the rural areas of South Africa and this had resulted in serious underestimates of several hundred thousand

in places like Soweto

In his reply, Dr Treurnicht revealed a declining birth rate between 1970 and 1979 for whites, Coloureds and Indians

There were 88 886 white births in 1970 but by last year this had declined to 71 810 Coloured births declined from 74 429 in 1970 to 66 108 last year while Indian births declined from 21 082 to 18 824 White deaths increased from 34 452 a year to 36 647, while Coloured deaths decreased from 28 938 to 24 237 and Indian deaths remained constant at 4 370 — PC.



August 26/5/80

# No way to plan a family

(237)

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ONE thing I've learned by now is that you can't shout against thunder. Or to be more specific, it's no use trying to beat the mighty SAR and H, because hell hath no fury like a railwayman scorned. Way down south of Fish Hoek is a semi-arid area inhabited by a few rather mangy seagulls and a whole lot of Port Jackson trees. And me I live with my back to the mountain and my face to the sea — all very dramatic. Actually, my face is to the railway line, but the sea is beyond that. Perhaps I should say the sea USED to be beyond

that, and I suppose it still is, but the railways have allowed someone to erect a large billboard alongside the line, effectively blocking out the view of where the sea used to be.

What's more, the billboard faces away from the line, so that I can read it easily. It must be a complete mystery to commuters, who can see only the back.

And the billboard urges me to plan a smaller family for a bigger future, which is rather late as my family is well past the planning stage.

Last time the railways erected a big signboard in Fish Hoek it advertised booze. This infuriated the good people of the town, which, as you may know, does not allow any trade in the demon rum, or even the demon apple cider if it comes to that. The Town Council spoke

sternly to the railways and the advertisement went away.

But family planning is something else again.

I wrote an angry letter to the council and they passed it on to the railways, saying they agreed that the sea used to be quite pretty down our way before the signboards moved in.

I appear to have aroused the wrath of the SAR for daring to want my view back.

First their infantry arrived. Hundreds of burly men with sledgehammers piled out of large orange lorries and began pounding the railway line in front of my house. Unfortunately, they had to go home at night, so I managed to sleep round one to me.

Then they sent on the artillery — large machines that roared and had grind-

ing wheels attached to the sides. I'm not sure just how they work, but they appear to have filed a series of notches in the line so the trains go clattering past with a tremendous crash instead of rumbling quietly by as they used to do.

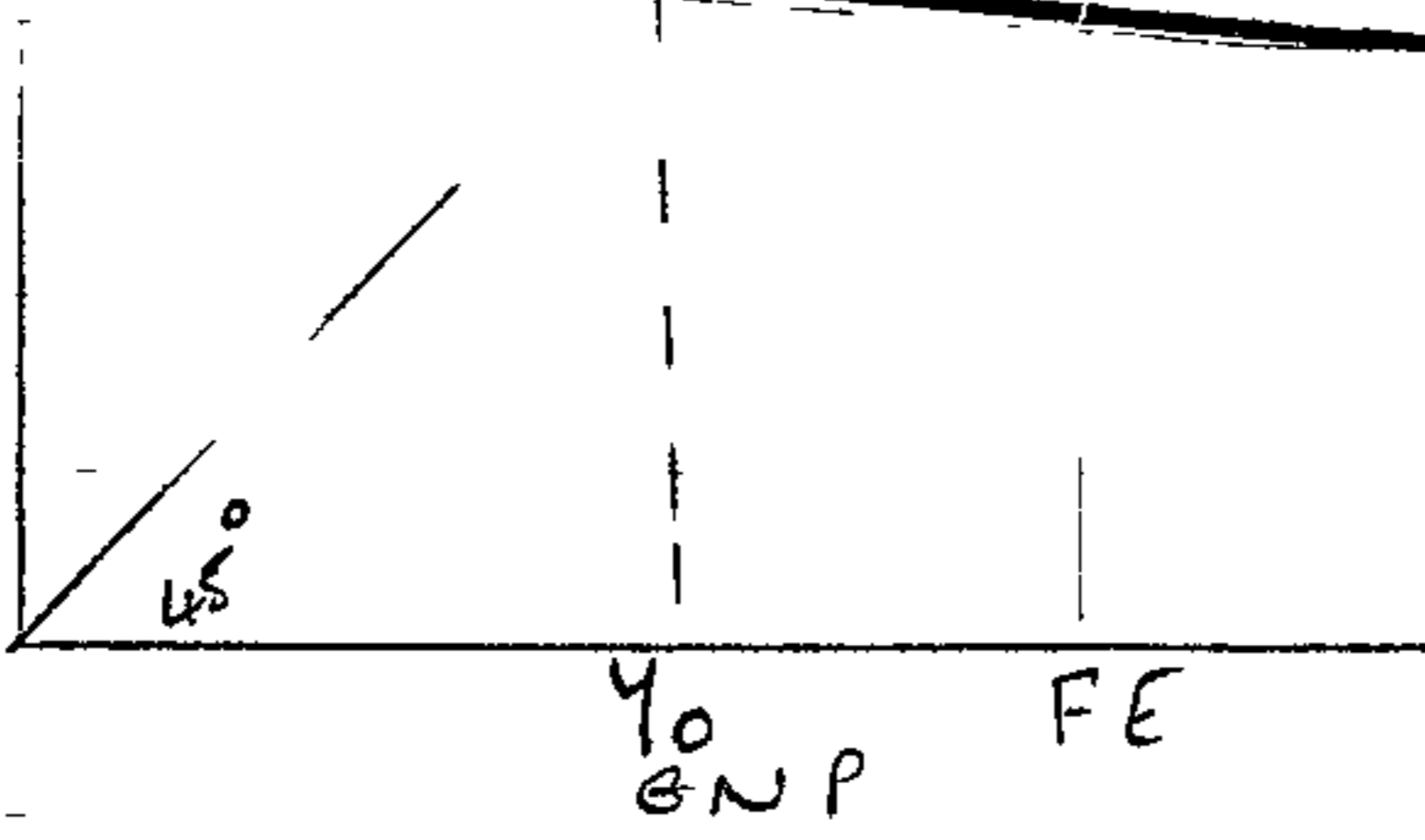
Okay, okay, SAR, you win. I give up. Just stop the clatter and you can keep the billboard. I was never all that keen on the view anyway.

But let me just warn you family planning people about one thing.

The clattering trains keep me awake most of the night. They keep the missus awake too.

And having people lying awake together at night is no way to limit the size of family.

You'll have only yourselves to blame if there's a population explosion down in our bleak section of the line.



By definition, actual saving must equal actual Investment. According to the Keynesians, there will be equilibrium where planned [ex-ante] Saving = planned Investment. If  $S \neq I$ , then the whole level of National Income changes until the two are once again equal.

# Census man dismisses bungle report

237  
ADM  
2/6/80

## Pretoria Bureau

REPORTS that the 1980 census were "bungled" have been dismissed as "gross exaggeration" by a demographer consulted by the Department of Statistics before the census got under way

A spokesman for the department said 170 organisations were consulted and a test of the census conducted prior to the launching of Census 80

Professor J L Sadie, a demographer and professor of economics at Stellenbosch University, and Mr Neville Gouws, chief statistician of the Department of Statistics, were responding to a report in a Sunday newspaper

The report quoted Prof Gerhard Schutte of the sociology department of the University of the Witwatersrand, who said the questions in the census had been poorly phrased and, the

result could be up to 30% out and that poor control of "invisible" blacks — "those living in certain areas illegally" — had been exercised

Mr Gouws said "Before we started, we consulted 170 organisations. We spoke to universities, including Wits, the larger municipalities, government departments, private businesses, the CSIR, the Human Sciences Research Council

"They helped us compile the form and we consider it a joint effort

"The extension of the census should not affect the results materially. In many other countries they conduct the census over a much longer period than we have done

"The census in Soweto is practically complete. We have been amazed by the co-operation we have received from

blacks

"We have been to houses with more than 30 occupants who have completed the forms because they know we will have nothing to do with prosecuting them for overcrowding"

Prof Sadie said "The criticism of the census seems to be a side swipe at the Department of Statistics or the Government

"There are always inaccuracies, especially among the less developed populations. It is the fault of the people who complete the form, not the form itself

"With any exercise like this we have to 'cook' the figures using projections and control data to make up for this. However, I feel the prediction of a 30% error is a gross exaggeration. I think we should wait for the results before we criticise"

STAR 6/6/80 (237)

South Africa's negative abortion laws forced people to have abortions in non-sterile surroundings, Dr Selma Browde said today. She was referring to the death of a 7-year-old schoolgirl who tried to abort herself.

A Johannesburg mother described her anguish when she found her younger daughter in a coma at the weekend and watched her slowly die as a result of an attempted abortion.

# SA abortion laws 'negative'

The schoolgirl has not been named, at the request of her parents.

The mother, heavily sedated, described her daughter as a quiet, well-behaved child and could not explain how the at-

tempted abortion had been performed.

Dr Browde, Johannesburg city councillor and therapeutic radiologist specialising in cancer treatment, said she did not believe abortions were

desirable, but South Africa's laws forced "desperate people" to lose their health — and sometimes their life — through backstreet abortions.

"People who oppose an enlightened abortion law

do not realise how arrogant they are.

### REFORM

"People cannot impose their moral standards on other people, people who are often the vicinity of

circumstances."

Dr Browde said a reformed Abortion Act would act positively in allowing inescapable abortions to take place in medically approved conditions and

in proper measures to minimise the number of abortions.

Dr Browde said she had worked at a maternity hospital and had seen several hundred women in just three months, coming to "clean up" after dingy backroom abortions.

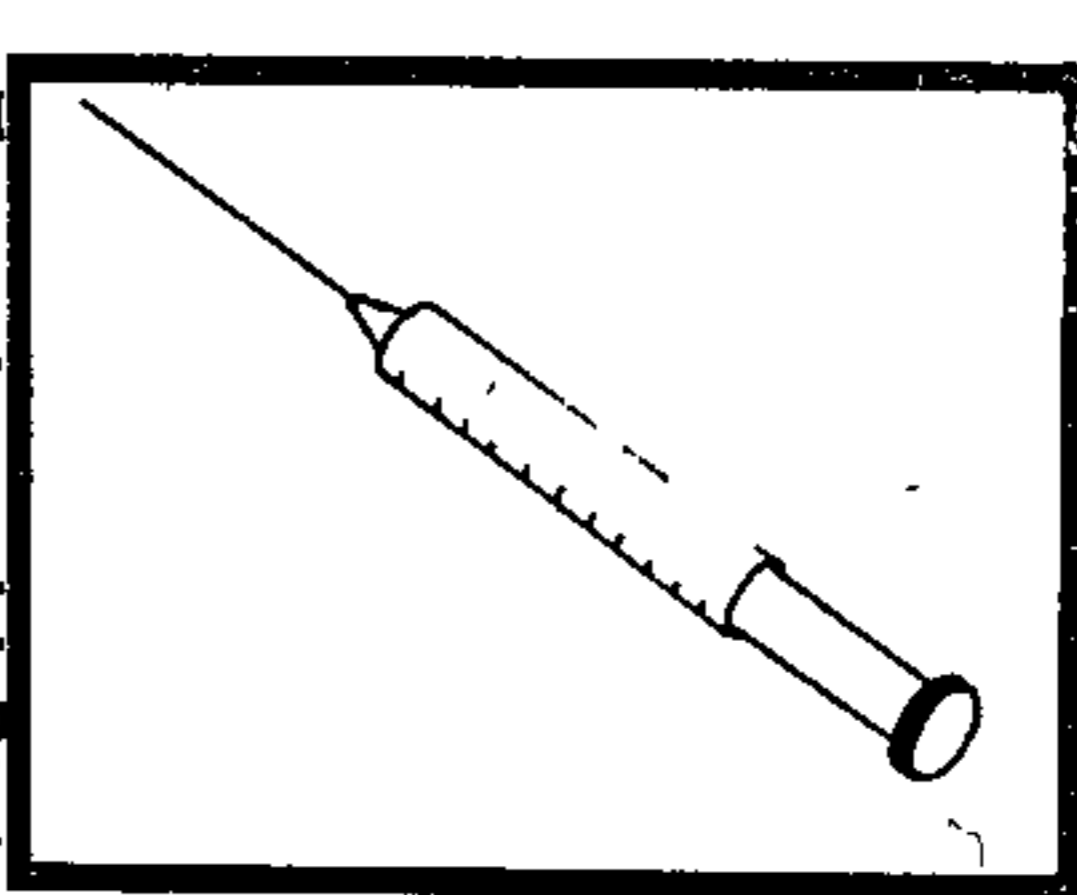
"You have to see the trauma and pain to realise that this kind of thing must not continue," Dr Browde said.

12/3

POST WOMAN

# DP women are observed

Post 10/6/80  
237



The controversial Depo Provera injection.

SEVEN thousand Bangladeshi women who were injected with the controversial Depo Provera contraceptive at a clinic about 48 kilometres north of Dacca, are being kept under close observation.

Dr. Gasem Chowdhury, the director of the People's Health Centre at Savar is worried that some of the women might develop cancer. Western prestige will take a nose-dive throughout the Third World if his fears are realised. Depo Provera is also widely used in Thailand, Indonesia and Egypt. Many Bangladeshis feel that expendable Africans are being used as human guinea pigs to try out a possibly dangerous form of contraception.

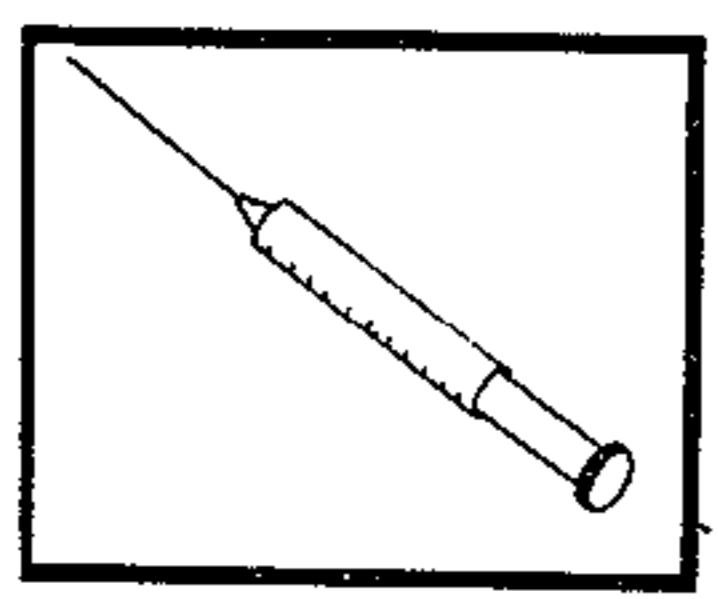
Not only is the drug banned in the United States, but American aid agencies are not allowed to distribute it. The decision was taken after beagle bitches treated with Depo Provera developed breast cancer. Two out of 12 rhesus monkeys which received the drug also developed cancer, and others suffered shrinking of the womb.

But Depo Provera is freely marketed in developing countries, where they are not bound by Western restrictions. They find ready takers in countries which are faced with daunting population problems and are frantically searching for a quick, effective and cheap way of keeping down numbers.

Bangladesh is one of the most troubled, with about 87 million people multiplying at the formidable rate of 25 per cent a year. Unchecked the population is expected to reach 131 million by the turn of the century. Conventional contraceptives have not made much impact. Condoms are perishable as well as expensive. The Pill involves calculation and is often misused. Sterilisation raises orthodox hackles and demands prolonged post-operative care.

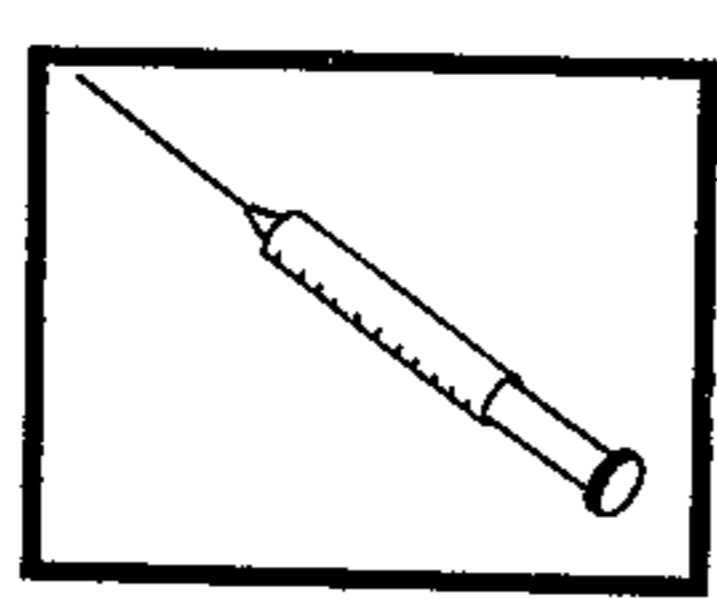
In contrast, a single Depo Provera injection protects a woman against pregnancy for three months and does not call for elaborate persuasion there is no absence from work and no loss of wages. The drug was introduced at Savar in 1974

and other equally respected organisations seem inclined to give the drug a clean bill of approval, read in conjunction with America's continued ban, have only helped to convince Bangladeshis of a Western conspiracy to persuade them to use a drug that is not thought to be safe enough for Americans. — London Observer Service.



Dr Chowdhury is now waiting for America's Johns Hopkins University to report on urine and tissue samples from the patient. Meanwhile, the clinic, which is run on idealistic principles of self-reliance, has suspended Depo Provera injections.

Britain's Committee on the Safety of Medicines has licensed Depo Provera for short-term use, apparently on the assumption that human beings do not react in the same way as beagles. Likewise, the World Health Organisation questions the relevance of monkey tests. The US Centre for Disease Control has not found a higher incidence of breast cancer among users of Depo Provera.



and proved easily the most popular form of contraception until January this year, when one of the centre's clients, a young married woman, complained of continuous bleeding and was found to be suffering from a tumor.

# Whites told: Have more children

RPM  
18/7/80  
237

By ARNOLD GEYER  
POTCHEFSTROOM — Whites had to have more children if they wanted to make a meaningful cultural impact in Africa, a white Nederduitse Gereformeerde Kerk (NGK) minister told Afrikaans students yesterday

"If we want to tell Africa it needs us, then we must have the numbers and stop this unwillingness to extend our families," Ds Piet Strauss of Pretoria said at the Afrikaner Studentebond's annual congress

He expressed fears that whites would only form about 12% of South Africa's population by the end of the century

"Our annual population growth is only about 1% but that of blacks and coloureds 2,3% and 1,9% respectively,"

he said  
Students were also warned against certain Afrikaans artists and writers, particularly Professor Andre Brink, who had become "slaves of a new neo-Marxist and humanist outlook"

"Mr Brink cannot be allowed to claim a monopoly of the truth — he was even reported in the foreign Press as saying that Braam Fischer, former leader of the South African Communist Party, was one of the leaders of the struggle for liberation in Africa," said Ds Strauss

He suggested that Afrikaans artists and writers should become members of the Afrikaans church

Asked by students whether blacks could be allowed into white churches, Ds Strauss said in certain cases blacks could

attend church services, but he rejected a single non-racial church

"We all have different languages and cultures and it is not practical to sit in the same service"

He also attacked several well-known NGK theologians because they were becoming "too political"

ASB delegates were warned against

- The negative tendency towards so-called spiritual multi-racial meetings,
- A Marxist onslaught against the Afrikaner's culture,
- A rejection of Afrikaner cultural organisations such as the Voortrekkers and the ASB

Ds Strauss deplored the fact that more than 70% of Afrikaner youth was not organised in any Afrikaans cultural organisation

# Infant mortality reduced in City

Municipal Reporter

CAPE Town has been recognized as a world leader in achieving dramatic success in reducing infant mortality rates — the number of deaths occurring for every 1 000 births up to the age of one year

This emerged yesterday from the annual report for 1979 by the city's Medical Officer of Health, Dr R J Coogan, who said that infant mortality rates were generally accepted as the most sensitive index of the quality of an environmental, promotive and preventive health service

Last year the South African Medical Journal drew attention to the city's successful record and soon afterwards the Lancet, an influential medical journal published in London, in a round-the-world survey said that "the reduction in the infant mortality rate of coloureds in Cape Town shows what can be done"

Dr Coogan said the population of Cape Town at the end of 1979 was estimated at more than 918 500. This included 255 040 whites, 532 980 coloured, 11 980 Asian and 100 500 African people

Birth rates for the various groups were 10,2 for every 1 000 white persons, coloured 23,9, and African 36,9

The infant mortality rates in Cape Town were White 10,4 for every 1 000 live births, coloured 19,3, and African 34,0

Dr Coogan said that for whites the death rate was markedly lower than for the city of London in 1977. For the coloured group it was the lowest figure ever recorded, and the first time it had fallen below 20. It was now as low as that for whites only ten years ago

He pointed out that Los Angeles, California had a white (excluding Hispanic) infant mortality rate of 12,5 and for blacks 22,0 in 1977

Dr Coogan paid tribute to the paediatric and maternity services of the University of Cape Town Medical School in achieving Cape Town's impressive record

Other points made were

- The city's health department now operated 23 polyclinics, supported by 22 satellite clinics throughout the city
- Family planning clinic attendances were up 36 percent to 174 647
- The mother and child health clinic attendances topped a half-million for the first time, with the increase since 1975 being 64 percent
- Immunization coverage for children had increased
- Specialized clinics to combat malnutrition had been established
- The community development branch had been formed to encourage community organization and participation and to promote cultural and social upliftment to meet the needs of urbanization
- Since the establishment of the faculty of community medicine at UCT the city health department had been increasingly involved in in-service training programmes
- Tuberculosis remained the major communicable disease problem in Cape Town. Meanwhile, there had been a noticeable decrease in the number of new cases of sexually transmitted diseases attending council clinics — down from 12 984 in 1978 to 11 783 last year

C. Times  
23/7/80  
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There has been a marked increase in the number of deaths in Johannesburg this winter.

Worst hit were sick, elderly people and sufferers from respiratory illnesses.

A leading Johannesburg undertaker said at least 600 people had died in July — the highest death rate in the city in 16 years.

"There was a marked increase in the death rate in April, May, June and July. The flu outbreak hit the frail and

# Winter death rate on Rand hits new high

elderly hard. Also hard hit were people suffering from lung trouble."

Reef hospitals reported an increase in the number of flu, pneumonia and bronchitis cases this winter.

Virologists disclosed an increase in the number of respiratory infection cases but could not

say how many people had died of flu complications.

Professor Barry Schoub, deputy director of the Institute for Virology, said flu was not a notifiable disease and it could not be said accurately how many people had died of it on the Rand.

Professor O W Prozesky, director of the institute, said: "This has been a bad winter for respiratory infections. Flu does not do too much damage to healthy people. Complications can arise in people suffering from chronic respiratory disease, heart trouble, cancer and diabetes."

Newspapers have placed a record number of death and funeral notices this winter. "Often an extra 100 advertisements were placed daily over the coldest winter period," said a spokesman for The Star's classified advertisement department.

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# White growth rate falling

IF SOUTH Africa's white population growth continues to decline at the present rate it will reach zero growth by the end of the century

Latest official figures show that the coloured and Asian population growth rate is twice that of the whites, and the black rate is three times greater

Mr Fanie Botha, Minister of Manpower Utilisation, said this week the latest figures showed that South African white population was at the stage where "their numbers can no longer grow".

He said it was therefore impossible to build a strong economy without working with the blacks, browns and other population groups

A senior official of the Department of Statistics said the latest population growth figures indicated that the white population was growing at 0,88% — the lowest figure on record — coloured population at 1,58%, Asians at 1,77%, and blacks at 2,8%.

The Progressive Federal Party's spokesman, Mr Alex Boraine, said that among the sociological reasons for the decrease in the white population growth was the proven fact in other parts of the world that where living standards rose birth rates tended to fall

Another was modern society's tolerance of unmarried childless couples living together

Dr Boraine said there was no point in starting a birth control campaign among the black population as it would not work. The only proven way of controlling family sizes was to improve the quality of life and standards of living of blacks

The negative response of black leaders to birth control campaigns was regrettable but understandable, said Dr Boraine

The fear among whites was that they were getting fewer and fewer and blacks were getting more and more "with only one ultimate result"

The solution was not to encourage whites to have more babies, but to give blacks far greater economic opportunities than they had at present

"It's absolute rubbish to claim, as the Government claims, that we are making significant efforts to train blacks. We are tinkering with the problem. We need training and the creation of jobs on a massive scale," Dr Boraine said

# SA white population growth heads for nil

ROM  
5/9/80  
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By GERALD REILLY  
Pretoria Bureau

THE Government is seriously concerned at the fast shrinking white population growth rate, which, if it continues at the current rate, will be nil by the end of the century.

The Department of Statistics confirmed in Pretoria yesterday that the latest official figures show the coloured and Asian population growth rate is twice that of whites. The black rate is three times greater.

In Brits last week the Minister of Manpower Utilisation, Mr Fanie Botha, said the latest figures showed that South African white growth rate was declining so quickly "that their numbers can no longer grow".

"It was, therefore, physically impossible to build a strong economy without working with the blacks, browns and other population groups, he said.

Mr Botha said the most re-

cent statistics showed that whites would not increase their numbers in the future. This was the first time in history that this had happened.

The stagnant white population would have a powerful impact on the country because of every 75 babies born at the close of the century, only one would be white.

A senior official of the Department of Statistics said the latest population growth figures indicated that the white population was growing at 0,88% a year — the lowest figure on record. The coloured population was growing at 1,58%, Asians, at 1,77% and blacks, at 2,80%.

A Progressive Federal Party spokesman, Dr Alex Boraine, said that among the sociological reasons for the decrease in the white population growth was the fact, proved in other parts of the world, that where living standards rose, birth rates tended to fall. Another

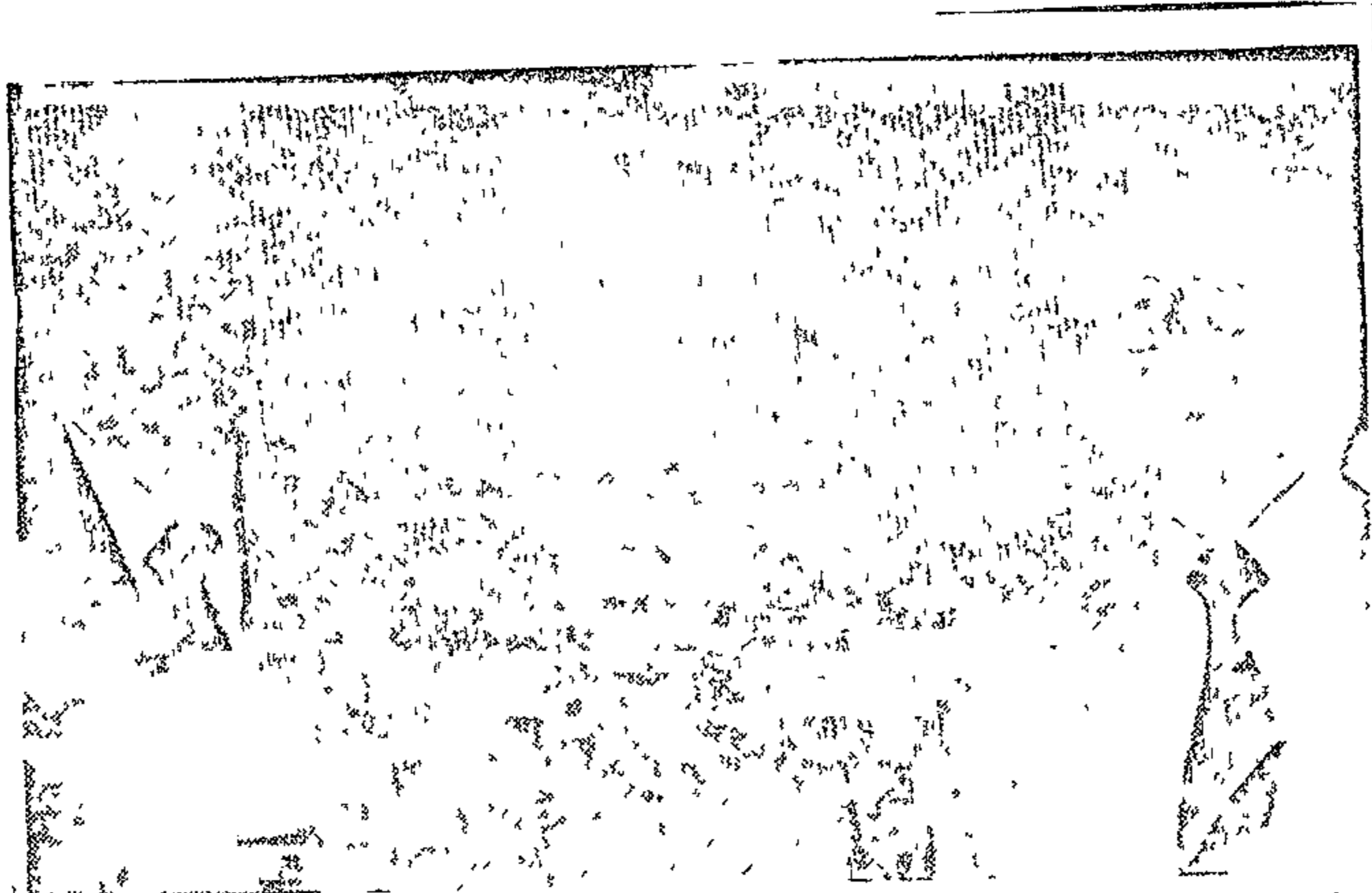
reason was society's tolerance of unmarried, childless couples living together.

Dr Boraine said there was no point in starting a birth control campaign among the black population. It simply would not work. The only proven way of controlling family sizes was to improve the quality of life and standards of living of blacks.

The fear among whites was that they were getting fewer and fewer and blacks were getting more and more — "with only one ultimate result".

The solution was not to encourage whites to have more babies, but to give blacks far greater economic opportunities than they had at present.

"It's absolute rubbish to claim, as the Government claims, that we are making significant efforts to train blacks. We are tinkering with the problem. We need training and the creation of jobs on a massive scale," he said.



With Dr Thomas (centre) at the luncheon yesterday were Mr B. C. Jardine, president of the service club, and Mr R. C. Allen, the club's chairman, in vocational services.

## Doctor tells of high black infant mortality

EAST LONDON — A total of 107 out of every 1 000 children born in Mdantsane did not reach their first birthday, paediatrician at Cecilia Makiwane Hospital, Dr Trudi Thomas, said here yesterday

Dr Thomas, a noted authority on malnutrition problems in the Ciskei and author of a book on the subject, *Their Doctor Speaks*, was addressing a service club luncheon on malnutrition

She said the figures did not compare favourably with figures of white children in South Africa where the infant mortality rate was below five in every 1 000 children

"And don't forget that Mdantsane is the best health area in the Ciskei," she said

"In rural areas one out of every four children born does not reach the age of one"

The problem had intellectual implications because children deprived of food were also inclined to be mentally deprived

Referring to problems of learning mathematics in black schools she said that children with a history of malnourishment were known to have problems even after their diet had been improved

The problem also had economic implications. It cost R30 a day to keep a child in hospital which meant that curing malnourished children was far more costly than stopping the process of malnourishment

Dr Thomas referred to a survey carried out by

Tygerberg Hospital doctors on Ciskei schoolchildren. The survey showed that 83 per cent of them in rural areas were malnourished. The figure for urban areas is 75 per cent

A survey at Potsdam a year ago showed that 25 of 27 children in one school were suffering from overt forms of malnutrition, she said

Among adults problems were experienced with married women both for themselves and their expected children

Dr Thomas said malnutrition was an indictment on the society and the main solution would be the provision of jobs but there would have to be other interim measures to get over the reconstruction period — DDR

# State's birth control plan is killing White SA's future — doctor

WHITES in South Africa face a population collapse within 20 years

This is the startling view of Dr Edward S Williams, medical officer with a large industrial corporation in South Africa, in a newly-published book "Where have all the children gone?" — an analysis of the South African family planning programme

Published by Ernest Stanton the book sets out to show the effect of the programme on the potential mothers and the unborn children of South Africa

Dr Williams believes family planning propaganda, which specialises in the art of deception, is morally indefensible. But Dr Williams says his book does not condemn adoption as such, "but is directed at the Government-inspired propaganda which encourages the indiscriminate use of contraceptives to achieve its political aims"

"Is it right for a Government to use propaganda to persuade its people to have fewer children? Surely, in a free society, which ours claims to be, the individual has the right to decide the size of his family without being influenced by Government propaganda"

Dr Williams (the father of only three children, although he advocates large families in his book) brings some interesting thoughts and facts to light

- Since 1970 the White birth-rate has dropped by more than 90% and is now at its lowest point in history

## 'CONTRACEPTION PLAYS INTO OUR ENEMY'S HANDS'

BY ANGELA HAMMERSLEY

effects of vasectomy are as yet unknown, but the possibility of premature senility could not be excluded. "Imagine the horror of no children, and young men old before their time"

He asks whether a small nation such as South Africa can afford to go on sterilising 70 000

people each year and still survive as a nation. He points out that a nation as small as Israel has forbidden sterilisation to protect its future generations

"The greatest danger facing our nation is not the terrorist war on our borders, as most people think, but the mass ster-

is dangerously near the replacement figure of 2,11 children per family and means South Africa is entering a phase of negative population growth. It is estimated that the White population has already lost more than 100 000 children in the last five years

● Family planning has had hardly any influence on the Black birthrate. A projection from Stellenbosch University's Bureau for Economic Research put the Black population by the turn of the century at more than double that of 1970

● Maternity homes have been forced to close down the Oxford and the Frangwen maternity homes in Johannesburg and the Booth maternity home in Cape Town

Dr Williams points out that the Oxford maternity home has significantly been converted into an old age home — "a sign of the times in which we live. It seems birth beds are becoming death beds"

● Some adoption homes have been forced to close down because of a shortage of babies, ● By about 1984, there will be approximately one third fewer children in primary schools around the country

● Within 10 to 15 years, the number of young men available for the army will be reduced by one third. From a military point of view, the White population decline is a disaster and plays into the hands of South Africa's enemies

● An executive member of the Family Planning Association, Professor Ben Piek, said he had never heard of Dr Williams and would like to read his book before commenting

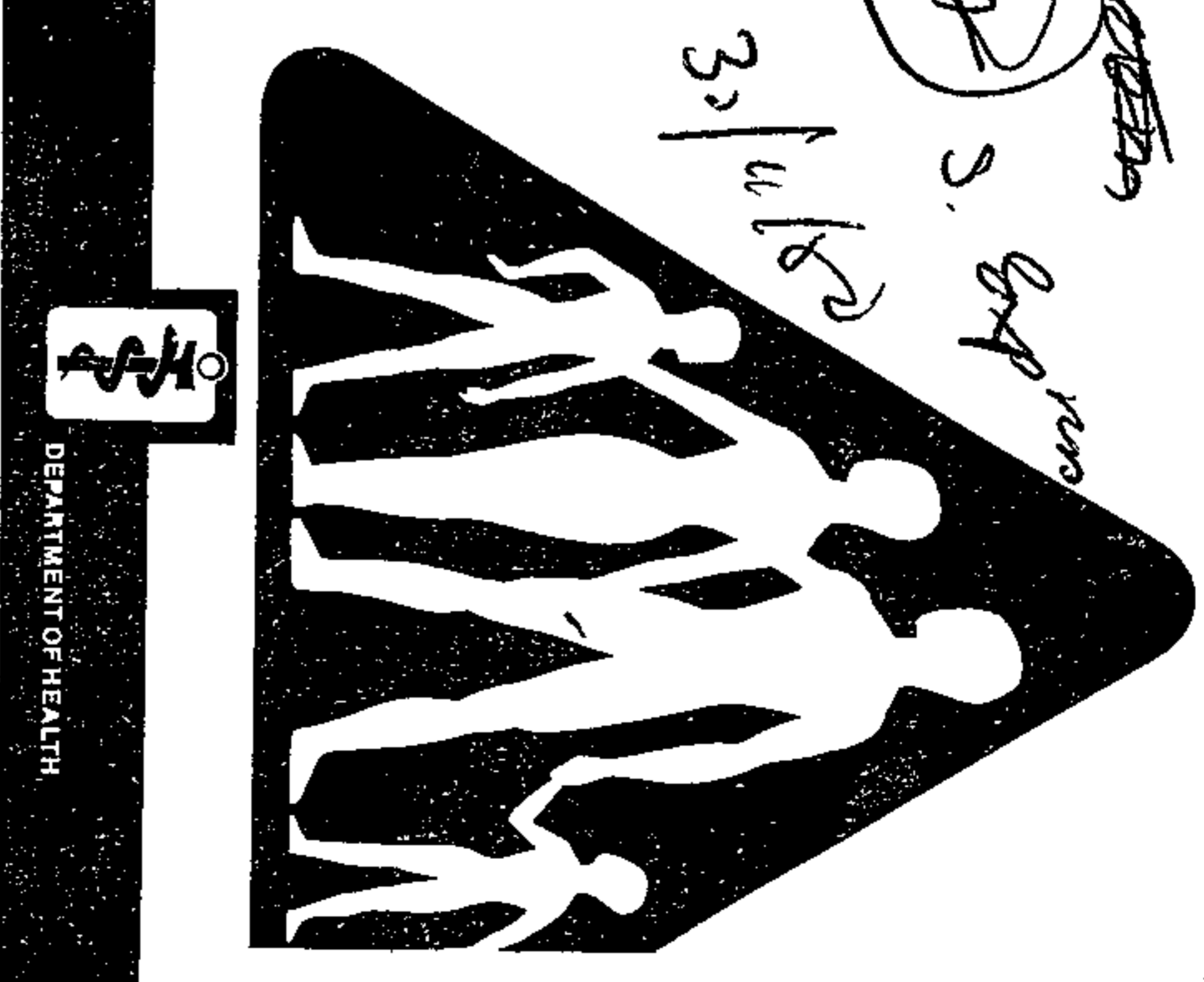
"If it is an unfounded argument, I would be very cross" he said. "I have lashed out at people who advocate more babies time and again"

● A director of the Human Sciences Research Council has pointed out that the relative decline of the White population by the end of the century must influence political developments in South Africa and would certainly have an impact on economic policy

● There are no longer enough people to keep farms cultivated. South Africa's northern borders are rapidly becoming depopulated

"With the threat of terrorism, this is a frightening state of affairs," says Dr Williams

● Reducing family size has a profound influence on family life. In small families, children are likely to be lonely, liable to be spoilt, and given too many material possessions



● A family planning poster dismissed by Dr Williams as "Government propaganda"

Dr Williams attacks the current sterilisation "epidemic" and believes it does not take a statistician to recognise the danger facing South Africa

"It appears the Department of Health is practising a policy of autogenocide"

Williams says the long-term

TABLE 14: U S DIRECT INVESTMENT IN SOUTH AFRICA, 1969 - 1978  
 BOOK VALUE AT YEAR END  
 (millions of dollars)

Date	All industries	Mining and Smelting	Petroleum	Total manufacturing	Food products	Chemicals & allied products	Primary & fabricated metals	Machinery	Transportation equipment	Other manufacturing	Other industries	Trans- portation, Commu- nication & public utility	Trade	Finance & other industries	Other
1969	755	84	158	373							140				
1970	864	90	172	438							163				
1971	965	108	189	488											
1972	1027	137	215	482											
1973	1167	(D)	(D)	501	6										
1974	1457	(D)	(D)	624	8										
1975	1582	(D)	407	700	88										
1976	1665	(D)	(D)	705	102										
1977	1792	(D)	(D)	714	115										
1978	1994	(D)	(D)	743	(D)										

**Growing call for abortion law probe** *2/12/80*  
*argus*  
*237*

THE Civil Rights League has joined the growing call for a commission of inquiry into the Abortion and Sterilisation Act in South Africa.

The League requested at its annual meeting last night, that the Minister of Health, Dr L. A. P. A. Munnik, set up a commission of inquiry into the workings of the Act 'consisting equally of men and women of all races.'

Mrs D Maister, a league member, said the Minister had already indicated his willingness to set up such a commission should he receive support for it.

Organisations which had already requested a commission include the ACVV, Abortion Reform Action Group, President 100 Club, Business and Professional Women's Club, the Soroptimists, and societies of medical and university women.

Mrs Maister said that at Baragwanath Hospital in 1978 there were 2 881 admissions for complications of illegal abortions. Nine women died and 26 women had to be treated by hysterectomy for gangrene, or perforation of the uterus by backstreet abortionists.

Percentage distribution by sector

1969	100,0	11,1	20,9	49,5							18,5				
1977	100,0	45,6	10,4	39,8	6,4	5,7	3,0	14,3	0,1	11,2	-0,6				3,9

Source: U S Department of Commerce, Survey of Current Business, various issues.

Note: (D) denotes suppression to avoid disclosure of data of individual companies.

During the past five years the divorce rate among South African Indians has climbed by a phenomenal 53 percent. The increase is seen as further evidence of the breakdown of traditional close family life among this population group

In general, divorce is still a rarity among Indian couples. Last year 391 of them were divorced, in 1974 divorces numbered only 226.

But the rate per thousand in population has increased from 0.32 to 0.49 during the five-year period, a steady increase each year even during a time when the white divorce rate hovered around 2.50 until it took a swing up to 3.11 per thousand after new divorce legislation became effective

Not many years ago there was one divorce among Indians, pro rate, for every 10 among whites. But latest Census figures show that the breakdown of Indian marriages has risen at a faster rate compared with that of whites

The divorce rate among Indians is still however only one-sixth of that among whites, or one in 35 marriages.

Indian community leaders to whom I spoke, point out that as a 20th century and Western phenomenon matrimonial problems in the community have grown with increased Westernisation, the education of a new generation solely through English the growing independence of Indian women with more job opportunities and the rise of clubs, sports, drinking and even brothel

For the first time Indian call girls have now made their appearance in central Johannesburg.

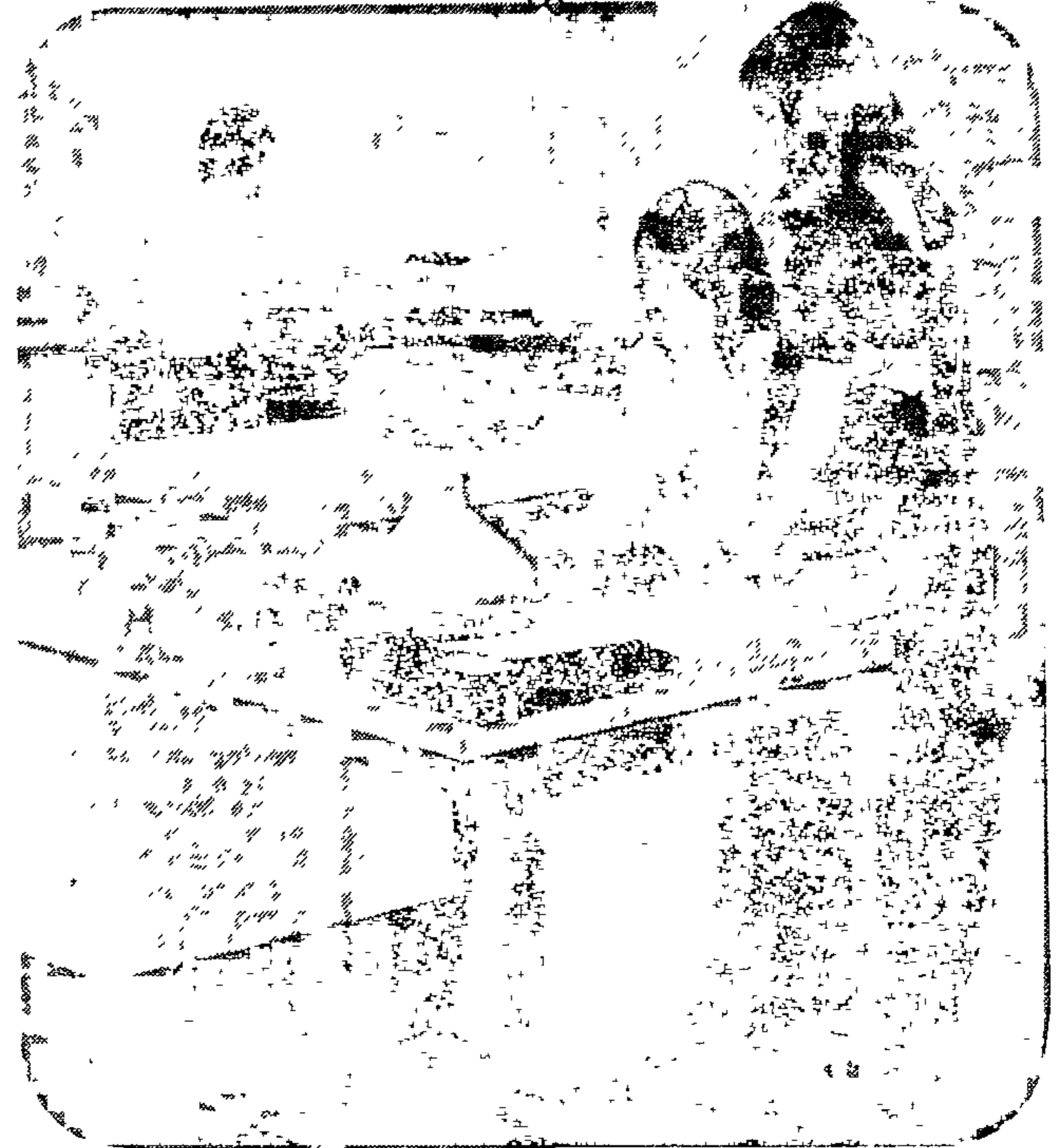
"All this, and the soaring divorce rate, have become a talking point in the community," a woman leader said. "Only a minority of Hindu women, for instance, still get married by religious rites, preferring civil law marriage.

"In other ways also, strict traditions are being relaxed. Under Hindu law, for instance, there cannot be divorce. But a priest, usually untrained, can be found to remarry a divorced man or woman."

Mr E. A. Salojee, direc-

The relaxation of strict traditions, and changing life-styles are a couple of reasons for the rapid increase in divorce among the Indian population, reports JAAP BOEKKOOL.

# Indian divorce rate is climbing



**INDIAN WOMEN** — now enjoy a new economic independence, one of the elements that have led to a spiralling divorce rate.

tor of the Johannesburg Indian Social Welfare Association, says a reason for the growing divorce rate is that younger Indians, now in conflict with older generations, are exposed to different lifestyles which include easier divorce

But the main explanation for the phenomenon is that growing divorce figures merely reflect legitimisation of separations among Indian couples, he says

Indian women now have more access to legal aid

and this enables them to convert a long separation into a legal divorce, especially if they need that divorce to have legal tenancy in a housing estate like Chatsworth, for instance

"During the last five or 10 years the type of extended family life so typical of the Indian community has been gradually disappearing in favour of the nuclear family, and many women have become economically active

"The Indian family now goes through stresses and

strains that did not exist before. And social workers expect the divorce rate to keep on rising."

Legal divorces are easier among the one-third of Indians who are Muslims than among Hindu, but social workers estimate that the number of lengthy separations among both groups is much the same

The new advantage among Hindu women is that they now have greater access to legal divorce because more are married under civil law

Star 4/12/80

(237)

4/2/80  
JMR  
175  
**How to overcome skills shortage**

By Sue Garbett

Firms which follow a progressive policy with regard to working mothers can also benefit as much as the individual woman concerned.

So we read in a pamphlet put out by the National Committee for Manpower 2000.

**SHORTAGE**

The committee is clearly concerned about the lack of skilled workers to meet the requirements of the '80s in South Africa and in the latest of its information series entitled simply "Womanpower" it details ways in which employers can overcome the skills shortage.

"Firms which help in such ways as subsidising crèche costs, creating morning jobs, instituting flexitime, allowing a responsible woman to take work home when her child is ill, and being considerate about maternity leave, are likely to attract a more career-orientated woman," comments the committee in the pamphlet.

**TRAINING**

"They are also likely to get such a woman back between babies, and for about 30 years after she has completed her full time home responsibilities. In this way, they need not lose what they invested in her training"

The committee admits what many still try to deny — that discrimination on the grounds of sex has been a serious impediment in the past and continues to be so, "because many 'enlightened' employers continue to use most of their women employees well below their real potential"

What a pity its taken a national skills crisis for the nation to at last realise what its been losing by the discriminatory policies followed by employers, and allowed by law, all these years.



# Keep down birth rate'

237  
SFAR  
16/12/80

By David Breier  
Pretoria Bureau

Former Cabinet Minister Mr Braam Raubenheimer today called for all race groups in South Africa to reduce their population growth rate to the level of the white group.

Mr Raubenheimer, who is now a committee chairman on the President's Council, was addressing a Day of the Covenant ceremony at Wonderboom in Pretoria.

In a conservative speech he also

- Warned against those who were prepared to make so many concessions that it was doubtful whether there would be enough left over for survival.
- Said there were people who hated whites and especially Afrikaners and wanted to destroy them
- Said the Day of the Covenant was the property of the Afrikaner nation although other language groups were welcome to identify with it.

"Certain population groups are exceeding the bounds to such an extent that meaningful education, training and job provision are not possible," he said.

"Despite all the natural resources in our country we cannot exceed the bounds of what is humanly possible," he added.

Mr Raubenheimer said the alternative to reducing birth rates was "misery for all."

"I want to ask in all

To Page 3, Col 3

# 'Fewer babies' plea

From page 1

fairness if it is unreasonable to expect that all population groups try to reduce their natural growth rate down to the level of the white population group

"I know this is an emotional and delicate matter, but why flinch from it? It is not a racist approach but a realistic and Christian one

"The white is the chief generator of development and economic and political stability and his powers are overtaxed by underdeveloped people who come forward in unmanageable numbers with legitimate claims for education, training, jobs and more

"We cannot keep taking loads until the camel's back is broken," he said

The central labour bureau is coordinating the regional labour bureaux and local labour bureaux. In the homelands there is a system of work bureaux for work while requisit territorial or district bureaux

of labour to agriculture) - a local labour bureau for every prescribed area (townships in urban areas).

# Divorce

237

(b) Summary  
1980

rate on

Reef is  
soaring

STBR  
17/12/80

% of total M, F.  
Masculinity ratio  
% 15-64M  
% 15-59F

Metropolitan	M	F
20,9	74	61
	78	

By Stuart Flitton  
The annual Witwatersrand divorce figure has risen by more than 1 700 in the past two years — about 50 percent.

In 1978, 3 935 couples were divorced — a monthly average of nearly 328. This year there were 5 148 divorces up to the end of last month and the monthly average was 470. The total number of divorces granted this year could be as high as 5 600. Last year 4 848 couples were divorced in the Rand Supreme Court with an average of 404 divorces a month. Court staff pointed out that there had been an increase in all civil cases this year compared with last year. In 1979 they issued 16 800 civil summonses and so far this year 18 474 summonses had been issued, they said.

only (continued)

1	Homelands	
	M	F
3,5	46,3	55,9
48	44	51

Notes to Table 1(b)

- (a) '% of total M,F.' indicates living in the region-type of males (or females) population.
- (b) 'Masculinity ratio' indicates females in each region. of males for every 100
- (c) '%15 - 64M, 15 - 59F' indicates economically active age groups of people in the population as some of the men and 15-59 for women. Note that this does not include all economically active population as some of the population of the women in these age ranges will not be on the labour market.

Source: Simkins, 1980: Tables 1, 2 and 4.

Table 1(b) shows how effective government policies in respect of the distribution of the African population have been. In the absence of these, it is hard to see how the proportion of Africans in metropolitan and other urban areas could have failed to rise substantially between 1960 and 1980. Yet the proportion of men has declined slightly in metropolitan areas (while remaining roughly constant in other urban areas) and the proportion of women in both region-types has declined more rapidly with a consequent rise in the masculinity ratio. The proportion of people in the economically active age ranges has increased in other urban areas. All this is in line with a policy that aims to reduce

EXPRESSSCOPE AFTER LAST WEEK'S TB BUNGLE...

Now — big new row breaks out over birth-control drug

237 S. Express 28/12/80

A CONTROVERSIAL birth control injection, banned from general use or export in the United States, is being widely administered to South African women and girls — some as young as 14.

A Sunday Express investigation this week uncovered startling facts about South African use of the birth control drug, Depo Provera

The company which manufactures it says the drug should only be given to women who are satisfied they have completed their families — but in fact it is being used on women who have never had children and teenage girls

The drug — meant to be effective for three months — can cause permanent sterility, according to some claims Yet it is allegedly often administered to patients without its possible side-effects being explained

The internationally known, influential American consumer magazine, 'Mother Jones', claimed "Depo-Provera can cause nodules in the breast, cancer, menstrual chaos, sterility, birth defects"

Most or all of these claims are denied by a spokesman for Upjohn, the company that manufactures it, and also by the head of the South African Family Planning Association, an information centre closely linked with the State Department of Health

But family planning experts and the manufacturers themselves list a large number of potentially harmful side-effects

The Sunday Express has been told from a variety of sources that many of the women who attend family planning clinics are not fully warned about the numerous side-effects or dangers They are not told that the drug is disapproved of in the United States

In Britain, the drug has unlicensed status and the lobby to have it banned altogether is growing in ferocity

A senior official at a South African family planning clinic told the Sunday Express this week "In young women Depo can destroy their menstrual cycles and make them menopausal

"Depo can cause effective sterility for life To give it to young people, who have never had babies, is criminal

"The issue isn't one of totally banning Depo, because it does have a place for women over the 35-40 age limit, who have already completed their families

"But the problem lies with the way Depo is abused

"At family planning clinics people definitely aren't properly told of the side-effects of

The drug has been in use in this country for more than ten years, but despite its effective banning in the USA in 1978, it continues to be used here, in South America and many other Third World countries

Although the United States Food and Drug Administration's disapproval of the drug also disallows its export, the Upjohn company continues to manufacture and distribute it through its Belgian subsidiary

The continuing export of the drug has the support of the UN-linked, International Planned Parenthood Federation, as well as the UN Family Planning Association

During the Sunday Express investigation into the use of the drug, one doctor in a hospital's gynaecological department maintained that drugs are never administered to patients without their effects and possible dangers being explained This also applies to Depo, he said

However, the Sunday Express was told by patients at the hospital that although lectures on contraception are given to patients, they are given very little detail of the side-effects of Depo-Provera

When I phoned Dr Boet Dommissie, president of the Family Planning Association — she told me it was incorrect that Depo-Provera was banned in the US He asked for time to consider other questions put to him about the drug



A British feminist calendar included a poster by the 'Campaign against Depo-Provera' lobby

more frequently with the Pill "It is our present opinion," he said, "that Depo-Provera is a safe and valuable contraceptive and is particularly indicated in certain circumstances where other methods are either contra-indicated or ineffective"

Asked whether patients are fully informed of the side-effects of Depo-Provera, Dr Dommissie was adamant that it was important that patients are fully informed of these

He said, however, "there is no guarantee that this is done, especially because of the huge number of people who visit family planning clinics But where it is not done that is the fault of the administration"

The State-run family planning units see about one million patients a year

An independent gynaecologist, who for professional reasons cannot be named, said the side-effects listed by Dr Dommissie were valid but that it was incorrect, because of the drug's side-effects, to say that it was "safe"

He added high blood pressure to the list of side-effects and said this, plus weight gain, are two of the side-effects to be taken most seriously

However, he was adamant that Depo-Provera only has a place in the rural areas, where it is difficult to get women to use oral contraception or intra-uterine devices

"For use among an urban population," he said, "Depo-Provera is completely unacceptable"

The acting head of the State Health family planning unit, Miss Natalie Stockton, confirmed that unmarried single women who have never had Provera

She said the drug is administered to these, often very young girls, "only after their history, which includes medical and obstetric history, has been carefully considered"

She said that many Black women bring their daughters of 13 to family planning clinics asking that they be given the injection, because they don't want their daughters taking the

Pill, which they might not always take

She said that in these instances, and where the girl herself insists on having the Depo-Provera injection, it is considered

Miss Stockton said that the policy of the family planning clinic was to give Depo-Provera only to women who have proven their fertility Some Black women of 14 had proven their fertility

In contrast to claims that patients are not always given full information about the drug, Miss Stockton told me

"When a woman comes to a family planning clinic, irrespective of race, she is told about all forms of contraception We then recommend what we think is best But ultimately, it's up to her"

She said that the training programme and the programme followed by family planning clinics in South Africa was among the best in the world

Miss Stockton said the Women's Labour Party, in Britain, was lobbying against Depo-Provera but she felt that their lectures were biased and their quotes incomplete

A doctor who has worked in South African family planning clinics agreed that South Africa's family planning units were among the best

"But," she insisted, "this is only in theory In practice the clinics are too overloaded to carry it out and patients are too often left uninformed about what kind of contraceptive they are given

"Up to now the studies done on Depo-Provera are incomplete It is true that people often ask for Depo-Provera themselves because they have heard of it and are afraid of the fear that they will not get employment if employers know they aren't 'on anything' or if they are not going to a family planning clinic"

She said "Even if it is claimed by the authorities that Depo is only given to single girls and women in a minority of cases — the fact is that it shouldn't be given to these people at all"

SUNDAY EXPRESS EXCLUSIVE By BARRY LEVY

A few days later, when I called back, he told me "The Depo-Provera is not approved for general use in the United States by the Food and Drug Administration

"This, however, applies to numerous other drugs in general use in other countries as the FDA has a very strict criteria

"This is also influenced by the fact that Depo Provera has a limited place in contraception

in a sophisticated society where other methods are equal... Dr Dommissie agreed it was probably correct that Depo was mainly used in the Third World "This is because Depo-Provera has its place in family planning among people of lower socio-economic status and where manpower and clinic facilities are limited"

He listed its side-effects ● It produces amenorrhoea (lack of menstrual periods) for six to nine months,

- It occasionally produces irregular bleeding which can be troublesome and difficult to cure but will always eventually resolve itself Injections shouldn't be repeated in such cases, ● It may prevent pregnancy for up to 12 months, but there though there was a time when this was thought to be the case, ● Recent evidence has suggested that progesterone — the active ingredient in Depo — may, like the Pill, be associated with a slight increase in heart attacks, particularly in overweight, older women who smoke, ● Weight gain and decreasing libido (sex urge) are very occasional side-effects, occurring

Health Dept promises investigation

DR JAMES GILLILAND, deputy director-general of the Department of Health, said when approached by the Sunday Express on the Depo-Provera issue this week that his department would "certainly go into the matter. Very definitely"

He added, however, that he could not comment on the matter as the drug was only given to patients on the instructions of a doctor

"Normally," he said, "a doctor will only give it to girls who have proved their fertility — and only on medical instructions"

Mr John Korsten, MD of Upjohn, the pharmaceutical company which produces Depo-Provera, generically known as "medroxyprogesterone acetate", told the Sunday Express that "because Depo-Provera isn't registered for use in the USA, this doesn't mean it can't be used elsewhere"

The drug was first produced in the Sixties by Upjohn's mother company in Canada Although the drug is distrib-

uted to almost 80 countries around the world, most of these are in the Third World However, Mr Korsten includes in the company's consumer list of Depo, countries such as Germany, Belgium, and Sweden

Mr Korsten said that his company was aware of the drug's side-effects but maintained that these were not incurable or permanent He said that Depo's good effects outweighed its side-effects

The good effects of Depo-Provera, he said, lay in the fact that women who take it can live more naturally and manage a far easier life because they are no longer afraid of falling pregnant

However, Mr Korsten emphasised that his company insists that Depo-Provera only be administered to women who have completed their families, and only after they have been told exactly what the drug is all about

He said that the company does its level best to tell people how Depo should be used and is in close contact with family planning clinics to bring this about

But, he said, he could understand how the drug gets abused "The longer the line gets before you get to the doctor, often the less time he (the doctor) has to give proper counselling"

He added "That's not our fault We do our best Used properly on women who have completed their families, Depo

is an excellent and effective contraceptive"

In South Africa protest against the drug is growing although so far it is mostly confined to students, a few young doctors and independent social and developmental researchers who work among Blacks — the biggest users of Depo-Provera

A Cape Town doctor told me "In the kind of work I do, from time to time, you get women who come along with a similar problem six to nine months after coming off Depo-Provera after using it for about two years they have still not had a period

"These women are worried that they will never be able to fall pregnant again"

The consumer magazine 'Mother Jones' said of Depo-Provera "To the Third World consumer, a new product from the US may seem to represent the latest scientific research

"But the overseas consumer of Depo doesn't know that the latest research is what prevented the contraceptive from being approved for use in the US"

Other side effects of Depo claimed in the "Mother Jones" article are that "it reduces the body's resistance to infection In some women it causes weight gain, headaches and dizziness Its effects are not readily reversible use may be followed by long-term or even permanent sterility"

Giving a history of the drug's appearance in America, the article says "For 11 years, starting in 1967, Upjohn battled to

get FDA approval for Depo-Provera But in 1971, after studies done on Beagle dogs showed that Depo was carcinogenic (cancer-inducing) in high doses, the FDA was alarmed enough to call a halt to all clinical tests of the drug

"On March 7, 1978, the FDA sent Upjohn a letter notifying the company of its final decision Depo-Provera was 'not approvable' for use in the US"

An International Planned Parenthood Federation fact sheet marked "for background information only" and dated November 1978, seven months after the USFDA had disapproved the use of Depo-Provera in the US, asserts

"Since January 1, 1977, 42 countries around the world have requested and received Depo-Provera from IPPF Other international organisations such as the World Bank continue to endorse and finance the use of Depo

"The World Health Organisation, after extensive and continuing investigation of the drug, sees no reason to disapprove of Depo-Provera and is encouraging its wider use in developing countries through its UNFPA assisted programmes"

The IPPF says further "In some countries where many types of contraceptives are available, as well as legal abortion, such as the United States, the absence of Depo may make little appreciable difference in the rate of fertility

"However, in other coun-

tries, where resources are limited, Depo-Provera might make the difference between family planning and no contraception at all

"If no alternative contraceptive is practical or acceptable then one must judge what would be the implications for a country of a higher fertility rate (such as increased maternal and infant mortality, economic hardship, etc) without the use of Depo-Provera"

"It has been well demonstrated that women in the Third World are more likely to die in childbirth and have poor health because of repeated pregnancies

"Thus health officials have been encouraged to base their decisions on Depo-Provera on the risk/benefit ratios in their own countries"

The Central Medical Committee of the IPPF is quoted as saying "that although there may be a delay of four to six months in the return of fertility as compared with people who stop using other effective contraceptives, this is not permanent and by 24 months fertility has returned in most cases"

But, adds the IPPF, "it is imperative that injectables be given only in response to the woman's fully-informed demand casualness in the prescribing of an injectable is not only poor medical practice but an infringement of human liberty"

Advertisement for DANAVOX 771 IN-THE-EAR HEARING AID. Features: NO WIRES, NO TUBING, NO CORDS, NO FUSS. Includes contact info for Mr D.A. Smith.

# Govt starts its <sup>21/81</sup> <sup>23/5/81</sup> preparations for census in 1985

By Arnod Kirkby,  
Pretoria Bureau

Even though the preliminary results of the 1980 census are still being compiled, work on the 1985 head count has begun.

The Department of Statistics in Pretoria has set up branch offices in Cape Town, Port Elizabeth, Maritzburg, Pretoria and Bloemfontein to do the delimitation in the provinces in 1985, and they will not be using magistrates as they did in this year's census.

At present the five major centres have only got the skeleton staff of two members each. But as the 1985 census — to be held in February — draws closer, another 40 branch offices will be opened to handle all districts in the country.

Each office will have an average of seven magisterial districts under its administration. About 750 enumerators will be re-

ruited for the delimitation

A spokesman for the Department of Statistics said it was decided by the Cabinet that a census should be held in 1985 because the geographical distribution of the population expanded too rapidly over a 10-year period.

The 1985 census questionnaire will be abridged and have only eight or ten questions compared to last year's form which had close to 100 questions.

The skeleton staff at present operating in the five main branch offices are being trained to be able to recruit and in turn train enumerators for the 1985 census.

It will also be their task to break down districts into sub-districts for the enumeration.

They will also be in charge of the actual enumeration and will have to post census checks of the questionnaire returns.

# Black babies face bigger death odds

RDM 7/1/81 (237)

By ALISON GILLWALD

BLACK infant mortality in Johannesburg is still more than double the toll for white infants — despite substantial improvements in health care in Soweto

This is disclosed by two doctors from the department of paediatrics at the University of the Witwatersrand and Baragwanath Hospital, Dr H Stein and Dr E U Rosen, in the latest edition of the South African Medical Journal

They say that although preventable disease is still prevalent among Soweto children, viewed from "a hospital perspective", there have been substantial improvements in overall paediatrics

While an earlier study in the

journal demonstrated an alarmingly high infant mortality rate of 111 per 1 000 for blacks in certain magisterial areas of South Africa, the figures for blacks in the Johannesburg area is substantially better, according to the article

Although the figure for black infant mortality in the Johannesburg municipal area was still more than double the figures for whites, it showed a marked improvement, with a decrease from 142 per 1 000 in 1956 to 42 per 1 000 in 1977

The figures for whites were 28 per 1 000 in 1956 and 16 per 1 000 in 1977

Improvement could be seen in the areas of infant mortality,

admissions and mortality due to malnutrition and gastro-enteritis, and the severity of and number of admissions for rickets

Regarding newborn infants, the improvements were reflected in lower mortality rates before and after birth, and the incidence of low-birthweight babies

Baragwanath was virtually the only hospital serving the needs of the populations of Soweto — more than 1-million people, of whom 45% were under 25 and more than 33% under 10 years

The latter group has a high morbidity and mortality rate and much of the disease pat-

tern remains preventable, the doctors say

Infections such as gastro-enteritis, pneumonia, tuberculosis and measles and its complications were still prevalent and the incidence of malnutrition was high

"However, there are many indications that conditions have been improved dramatically"

There was little doubt that the relative incidence of the more preventable diseases had markedly decreased

"Hopefully the developments in primary care and community paediatrics in Soweto, coupled with further improvements in the socio-economic status of the community, will make a significant further impact"

STAR 15/1/81  
237

# Interim census for SA in 1985

## Own Correspondent

Another census is to be held in South Africa and the national states in 1985 — five years before the next full census is due.

The Government has already given its approval for the scheme and preparatory work has started with the opening of offices throughout the country.

The Secretary for Statistics, Mr A J Louw, said today it would be the first time that an "interim" census had been held.

Normally a census was held every 10 years and the next one was only due in 1990.

The 1985 census would not be as comprehensive as the one last year but would contain a lot of information vital to planners.

"Although we had a

census last year we find it necessary to update some of the information collected at shorter intervals.

"This is basically the aim of the interim census and it is possible that we may have them more regularly in future," Mr Louw said.

The preliminary work would also include dividing South Africa and the national states into sub-districts.

For the 1980 census there were about 28 000 of these sub-districts.

In each a census enumerator would be appointed.

Mr Louw added that a committee of experts would be appointed later to help with the preparation of the census questionnaire.

This would probably be only next year or early in 1983.

RDM 16/1/81 (237)

## Another census planned for 1985

ANOTHER census will be held in South Africa and the national states in 1985 — five years before the next census was due — the Secretary for Statistics, Mr A J Louw, said in Pretoria yesterday

The Government had approved the scheme and preparatory work had started with the opening of offices throughout the country

Mr Louw said this would be the first time that an "interim" census would be held. A census was normally held every 10 years and the next one was due in 1990

The 1985 census would not be as comprehensive as the one held last year. Questionnaires would be shorter, but would nevertheless contain much in-

formation vital to planners

"Although we had a census last year, we find it necessary to update some of the information at shorter intervals

"These interim censuses are nothing new in countries like Britain, the United States and Canada and it is possible that we may have them more regularly in the future," Mr Louw said — Sapa

Women's World

237

# Family planning brings big white birth rate drop

By YVONNE STEYNBERG  
Woman's Editor

THERE has been an alarming decline in the white birth rate in South Africa, largely due to the efforts of family planning, but the planning has, as yet, had hardly any effect on the black birth rate

Because the white population is more vulnerable to propaganda, it is they who have suffered the greatest number of casualties in the propaganda war, and consequently have the most to fear in the future

In a book which is sure to cause some controversial reaction, Dr Ted Williams in "Where Have All the Children Gone?" quotes some very disturbing facts and figures on the steady decline of white births, not only in South Africa but also other parts of the world

The author is a highly qualified medical doctor who supports his reasoned arguments with detailed graphs and illustrations to reinforce his view that we are endangering the existence of future white South Africans

Since 1970 the white birth rate has dropped by over 30% and it is now at its lowest point in history

In 1970 there were 23,5 births per 1 000 whites and in 1977 there were 17 — what will the position be in 1985?

A Johannesburg gynaecologist, Dr J J van der Walt, has warned for many years against indiscriminate sterilisation

He states in the foreword to this book that man has no adequate protection against the anti-child and depopulation propaganda with which our country has been flooded

"The white birth rate is plummeting and if the trend continues the country's white population will soon stop growing altogether, while that of other

racings in South Africa will continue to soar," writes Dr Williams

Thus the whites who made up about 17% of the population in 1970, will have decreased to about 11% by the turn of the century, if present trends continue

The author points out that it is quite apparent that a remarkable demographic change is taking place in multiracial South Africa

The white population of 4,4 million people is in a state of stagnation, while the less well developed black population of about 20 million is rapidly increasing in size

Recent experience of the Obstetrics Department of the Cape Town Medical School reflects this change

During the period between 1974 and 1978, in the hospitals under the care of this medical school, the number of black babies increased by 80% and the number of coloured babies by 20%, but the number of white babies decreased by 36%

In order to understand the change, it is also necessary to look at what is happening in the rest of the industrialised world

The birth rates have dropped by 50% in 13 years, not only in Western Europe and the US, but also in Eastern Europe, the USSR, Canada, Japan, Australia, New Zealand and South Africa

This involves one quarter of the world's population, who occupy territories totalling a third of the world's surface, and who possess 85% of the world's technology and creativity

Dr Williams further points out that a birth rate of 2,2 to 2,6 children per family is required to ensure normal replacement of a generation

In 1977 it was noted that in the industrialised countries mentioned the birth rate had dropped to 1,9

children per woman, and from 1978 onwards the figures are even worse

In 1978 the North American woman had only 1,6 children — below zero for survival

A country with serious future problems is Western Germany, which now has the lowest birth rate in the world, where births have dropped from one million a year to half that number, and where one quarter of all married couples have no children and over 30% have only one child

From 1924 to 1928 the average number of children per white South African family was 3,5 — by 1978 this had dropped to 2,12

The figure of 2,11 is the minimum number of children required to replace a generation

From 1970 to 1979 the number of white births in Johannesburg dropped from 10 673 to 6 147 and in the Durban municipal area the numbers dropped from 3 733 to 2 350

All these figures are illustrated in clear graphs in Dr Williams' book

Dr Williams points out that if this trend continues, in both these cities the figure will be zero by about 1990

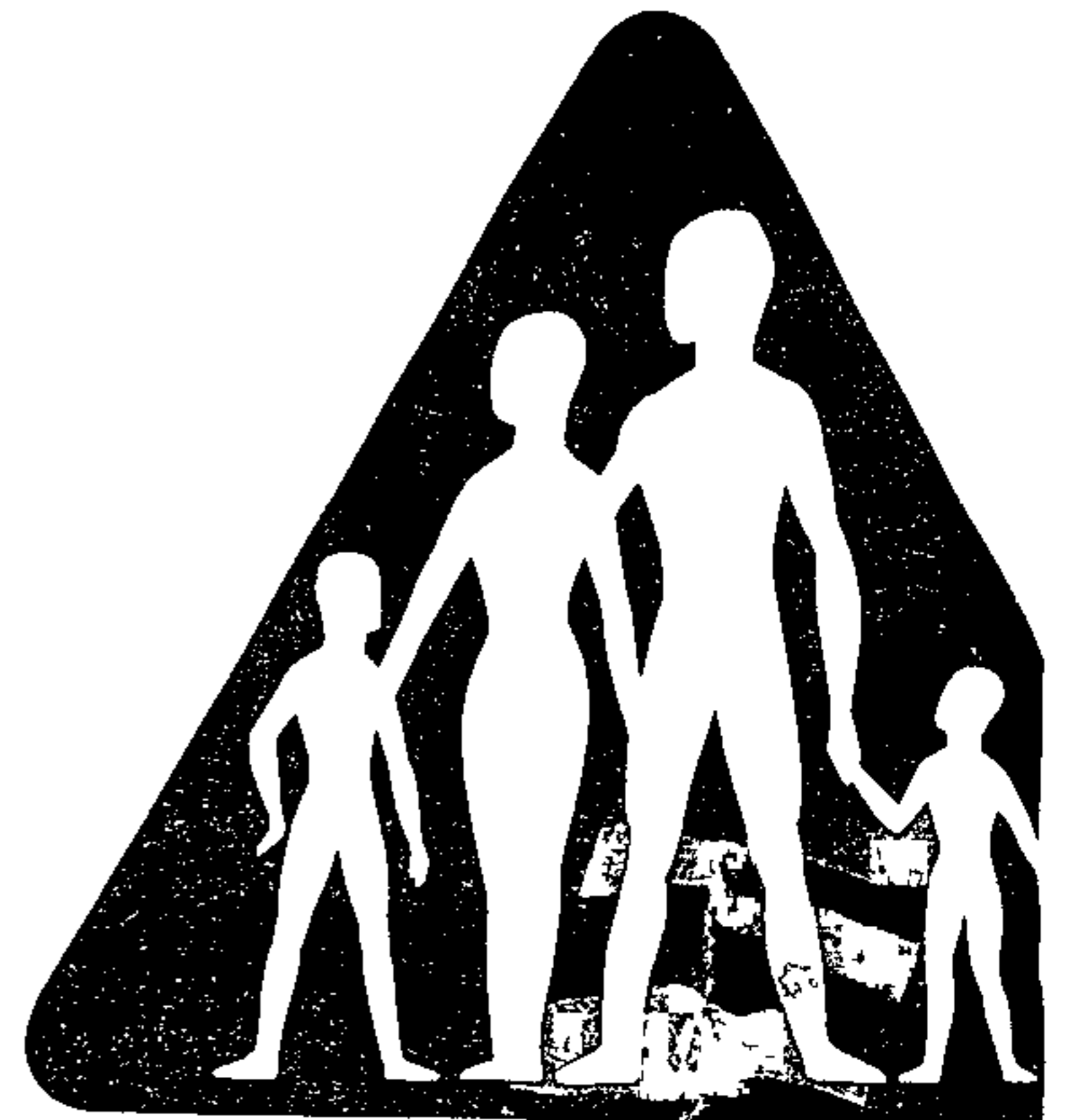
Another graph shows that Family Planning expenditure, from a nominal amount in 1966, had rocketed to over R9 million in 1978

Information on family planning stresses that there are more than 2 000 family planning clinics throughout South Africa, and the intra-uterine device, the pill, contraceptive injections and sterilisation for both men and women is advocated in pamphlets

The aim of the propaganda is to change our attitude towards family size and, consequently, to reduce the number of children born

Has this propaganda war against the concept of large families sparked off a situation which could become extremely dangerous

## SUCCESSFUL FAMILY PLANNING



DEPARTMENT OF HEALTH

The two-child family, emblem of the Family Planning Movement. Are the propaganda and subsequent success of family planning going to have a long-term adverse effect on the future of white South Africans?

to survival in the not too distant future? 70,000 people each year and still survive as a nation?

This is the question which Dr Williams asks in his very comprehensive book

He gives facts and figures about sterilisation of women and men, and deplores the increasing practice of sterilisation in this country, and the increasing number of men who are having vasectomies, with the greater number under 40 years of age

Dr Williams asks: Do the people of South Africa know what is happening? Can we do anything to stop it?



131 Mr J F MARAIS asked the Minister of Statistics

Births 5/10/81 257  
(1) How many (a) White, (b) Coloured and (c) Indian births were registered in 1980.

(2) how many of these births in each race group were illegitimate?

The MINISTER OF STATISTICS.

Preliminary Data for 1980	
(1) (a)	72 932
(b)	67 871
(c)	19 227
(2) (a)	3 285
(b)	33 402
(c)	2 324

*Abortions*  
*Hans. 2 Ques. of 63* **237**  
64 Mr N B WOOD asked the Minister  
of Health, Welfare and Pensions:  
*6/2/81*

- (1) (a) How many psychiatrists were employed by the State and (b) how many of them gave certified opinions for abortions in accordance with the provisions of the Abortion and Sterilization Act in 1980,
- (2) whether any of these psychiatrists gave more than (a) 20 and (b) 50 certified opinions for such abortions, if so, how many psychiatrists in each category?

The MINISTER OF HEALTH, WELFARE AND PENSIONS

- (1) (a) 94
- (b) 39
- (2) Yes
- (a) 3
- (b) 1

*Abortions*  
*Hans 2 Ques of 64* **237**  
65 Mr N B WOOD asked the Minister  
of Health Welfare and Pensions  
*6/2/81*

- (a) How many women have had more than one abortion in accordance with the provisions of the Abortion and Sterilization Act, 1975, since the Act came into operation and (b) how many of these women had their second abortion on the same grounds as they had their first one?

The MINISTER OF HEALTH, WELFARE AND PENSIONS

- (a) Individual records are not kept,
- (b) falls away

For the best student in each of the 2nd, 3rd and final years.

Second Year (Bronze Medal)

Miss G C Littlewort

Third Year (Silver Medal)

Miss N C Davidson

Fourth Year (Gold Medal)

P M Salmon

T J Cumming

D P Weeks

J H Rens

B F McClelland

Professor George Menzies Prize  
Awarded on results of final examinations to the best male student in Land Surveying or Civil Engineering.

J H Rens

Sammy Sacks Memorial Prize  
Awarded to the student with the best classwork in Engineering Drawing.

L Menegaldo

A E & C I Prize

For the first year student obtaining the highest average mark.

G L Cragg

EDM 10/2/81  
Now for  
a new  
all-SA<sup>(237)</sup>  
Pill

Own Correspondent

CAPE TOWN — The first all-South African contraceptive pill, locally developed and using only indigenous ingredients, was officially launched in Cape Town yesterday

Known as Pregvent, it has been exhaustively developed and tested over a period of about three years by Petersen Limited — one of the country's oldest pharmaceutical manufacturers

As it wasn't ethically possible to test the pill directly on women, the company opted for the next best thing — men

"That's because we were basically testing the bio-availability of the substances, not its contraceptive quality which we already knew," said Mr R M Brown, the company's managing director

"We had to prove that the active substances were actually getting into the bloodstream without harm — that's where the men came in"

Overseas experience had shown that the hormones used in the manufacturing process were so potent that they could cause the growth of breasts in men and change their voice register to more female tones

To combat this, employees in certain sections of the plant wore isolation suits which covered them from head to toe and carried an air supply Spot checks ensured no over-exposure

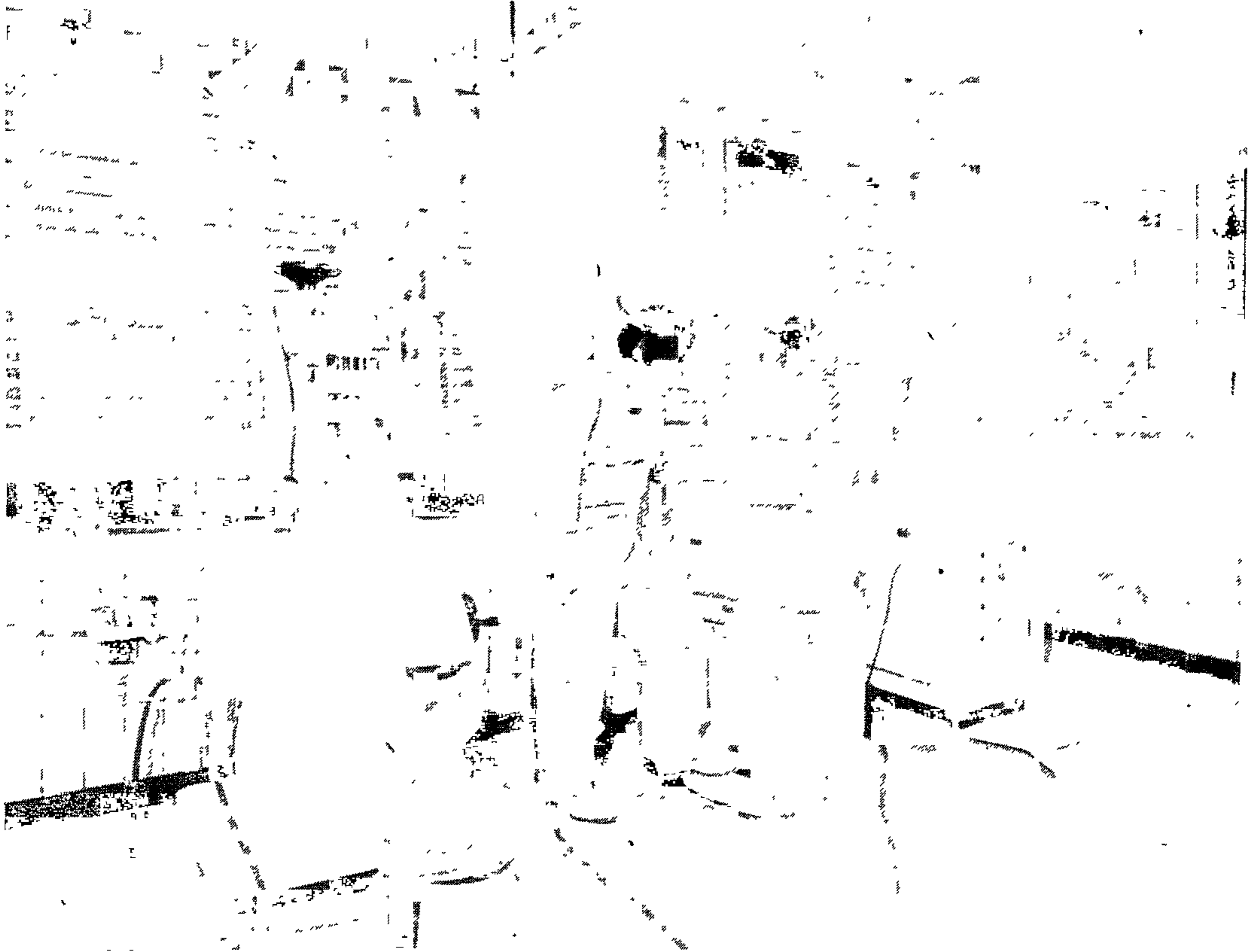
The pill was unveiled to doctors last night at the opening of a four-day post-graduate course at the University of Cape Town by the SA Institute for Obstetricians and Gynaecologists

The new pill, which has been commercially available for some time, enters the market as a contender against some 12 other brands of oral contraceptives imported and sold on behalf of overseas-based multinational companies

Mr Brown said Pregvent was a low dosage pill

"The trend today is towards minimal dosage This means that there are fewer side effects but the chances of pregnancy increase if a pill is missed Pregvent is close to the middle range and missing a day would not be quite so critical," he said

All materials used in production were local and none was imported Most had come from the company's medicinal plant farms in the Transvaal



**Above:** Hormones used in the production of oral contraceptives are so potent that employees work in total isolation wearing cover-alls pressurized with their own air supply. This picture was taken in one of the production rooms at the plant. **Below:** Mr R M Brown, managing director of Petersen Limited, with the new all-South African oral contraceptive.



# SA-made contraceptive pill launched in City

CT 10/2/81 (237)

## Science Reporter

THE FIRST all-South African contraceptive pill — locally developed and using only indigenous ingredients — was officially launched in Cape Town yesterday.

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It was unveiled to doctors last night at the opening meeting of a four-day postgraduate course, held at the University of Cape Town by the SA Institute for Obstetricians and Gynaecologists.

The new pill, which has been in production for some time, enters the market as a contender against various other brands of oral contraceptives imported and sold on behalf of overseas-based multi-national companies.

Mr R M Brown, the company's managing director, told the Cape Times that Pregvent

was a comparatively low dosage pill.

"The trend today is towards minimal dosage which means there are fewer side-effects but the risk of pregnancy increases if a pill is missed. Pregvent is a proven formulation close to the middle range of pills available and offers less risk."

All materials used in production were locally available. Some had come from the group's medicinal plant farms in the Transvaal.

"Tests were stringent and to a level greater than required by legislation," Mr Brown said. "As it was not ethically possible to test the pill directly on women, the company opted for the next best thing — men."

"That's because we were basically testing the bio-availability of the substances, not its contraceptive quality which we already knew. We had to prove that the active substances were actually getting into the bloodstream without harm, that's where the men came in," said Mr Brown.

Production of the pill was not without strange job hazards. Overseas experience had shown that the hormones used in the manufacturing process were so potent that they could cause enlargement of breasts in men and change their voice register to female tones.

To combat this, employees in certain sections of the plant wore isolation suits which covered them from head to toe and carried an air supply. Spot-checks were carried out on all factory staff to ensure that nobody was over-exposed.

Petersen Limited has been operating in Cape Town since its foundation about 125 years ago by a Danish apothecary. Originally housed in Barrack Street, the firm moved to Epping in 1953 and the entire production plant was modernized in the mid-seventies.

The pill represents another breakthrough to the company's credit. It hit the headlines a few months ago with a well-received anti-cancer drug also developed by South African technology.

# Whites get sterility warning

7/10/2/81 (237) Wm

**Mercury Correspondent**  
JOHANNESBURG—White women were sterilising the white race out of existence in South Africa, the Mayor of Johannesburg, Mr Carel Venter, said yesterday

Speaking at a meeting of the National Council of Women, Mr Venter said that, between 1976 and 1979, 300 000 whites had been sterilised, most of them women

'This means that more than 70 000 whites are being sterilised yearly — they are sterilising them-

selves out of existence,' he said

White South Africans were only just above stagnation level in terms of population growth

## First

Statistically, just more than two children a family were required to replace a generation and the average white family in South Africa had 2,12 children

Our Cape Town correspondent reports that the first all-South African contraceptive pill, locally de-

veloped and using only indigenous ingredients, was officially launched yesterday

Known as Pregvent, it has been exhaustively developed and tested over a period of about three years

by Petersen Limited — one of the country's oldest pharmaceutical manufacturers

It was unveiled to doctors last night at the opening meeting of a four-day post-graduate course, held at the University of Cape

Town by the South African Institute for Obstetricians and Gynaecologists

## Competition

The new pill, which has been commercially available for some time, enters the market as a contender against about 12 other brands of oral contraceptive imported and sold on behalf of overseas-based companies

Mr R M Brown, the company's managing director, said that Pregvent was a low dosage pill

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Corporation Medals  
For the best student in each  
of the 2nd, 3rd and final years.

Second Year (Bronze Medal)  
Miss G C Littlewort

Third Year (Silver Medal)  
Miss N C Davidson

Fourth Year (Gold Medal)

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Professor George Menzies Prize  
Awarded on results of final  
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Civil Engineering.

J H Rens

Sammy Sacks Memorial Prize  
Awarded to the student with the  
best classwork in Engineering  
Drawing.

L Menegaldo

A F & C I Prize

For the first year student  
obtaining the highest average  
mark.

G L Cragg

# Sterilization threatens whites — mayor

Own Correspondent

JOHANNESBURG — White women were sterilizing the white race out of existence in South Africa, the Mayor of Johannesburg, Mr. Carel Venter, said yesterday.

Speaking at a meeting of the National Council of Women (NCW), Mr. Venter said that between 1976 and 1979 300 000 whites had been sterilized, most of them women.

"This means that more than 70 000 whites are being sterilized yearly — they are sterilizing themselves out of existence," he said.

White South Africans were only just above stagnation level in terms of population growth.

Statistically, slightly more than two children a family were required to replace a generation, and the average white family in South Africa had 2,12 children.

During his speech, on co-operation among the races, Mr. Venter said each South African of every colour was entitled to his own house and to earn a living. "We must work out a formula for peaceful co-existence. After the coming general election the leadership

must give a strong positive lead for a bright and acceptable future for all in the country."

Two problems that would have to be solved by the formula were job opportunities and wages.

Workers' wages were much lower than they ought to be and a substantial increase in the lower echelon salaries was essential, Mr. Venter said.

"A hungry man who is unable to feed and clothe his children is a misfit and a danger to any society," he said.

While labourers in South African industry earned only R25 a week, co-

existence and co-operation could not progress, he said.

"I go to the supermarket with the same amount as these peoples' weekly earnings and return with two tiny little bags — I do not know how they live."

The wage gap had remained static since 1977 and previous efforts to reduce it seemed to have come to a halt, he said.

It would be necessary in terms of the anticipated population growth and their increased education level to create another eight million jobs by the year 2000, Mr. Venter said.

Abortions  
Han 3 Ques 10/85 (237)  
61 Mr N B WOOD asked the Minister of Health, Welfare and Pensions

10/2/81  
How many medical practitioners performed (a) abortions in accordance with the provisions of the Abortion and Sterilization Act during 1980 and (b) more than (i) 20 and (ii) 50 such abortions during that year?

The MINISTER OF HEALTH, WELFARE AND PENSIONS

- (a) 158
- (b) (i) None
- (ii) None

Abortions  
Han 3 Ques 10/85 (237)  
62 Mr N B WOOD asked the Minister of Health, Welfare and Pensions.

10/2/81  
(1) (a) How many institutions, other than State-controlled institutions at which abortions may be performed in accordance with the provisions of the Abortion and Sterilization Act did he designate in terms of section 5(2) of the Act from its commencement to 31 December 1980,

(2) at how many of these institutions were (a) such abortions and (b) more than (i) 20 and (ii) 50 such abortions performed during 1980?

The MINISTER OF HEALTH WELFARE AND PENSIONS

- (1) (a) 1
- (2) (a) 1
- (b) (i) None
- (ii) None

Abortions  
Han 3 Ques 10/85 (237)  
63 Mr N B WOOD asked the Minister of Health, Welfare and Pensions

10/2/81

- (1) How many (a) medical practitioners, excluding psychiatrists, and (b) district surgeons gave certified opinions for abortions in accordance with the provisions of the Abortion and Sterilization Act during 1980,
- (2) whether any (a) medical practitioners and (b) district surgeons gave more than (i) 20 and (ii) 50 certified opinions for such abortions during that year, if so, how many in each category in each case?

The MINISTER OF HEALTH, WELFARE AND PENSIONS

- (1) (a) 262
- (b) 14
- (2) (a) (i) None
- (ii) None
- (b) (i) None
- (ii) None

South African citizenship

115 Mr D J DALLING asked the  
Minister of Internal Affairs

*Hans 3 Aug 1981*  
*10/2/81*

FEBRUARY 1981

90

- (1) How many persons became South African citizens by naturalization in 1980, *237*
- (2) whether any applications for South African citizenship were refused in 1980, if so, how many?

The MINISTER OF INTERNAL AFFAIRS

(1) 1 779

(2) Yes, 19



# White divorces double in 10 years

South Africa's divorce epidemic is now breaking up twice as many white marriages as it did 10 years ago and has doubled the number of minor children without a parent in 13 years.

Apart from the virtual doubling of white divorces, the number of divorces among coloured people during one decade rocketed by 112 percent. Among Indians divorce rates went up the fastest: a doubling in divorces in a mere six years.

The latest annual report on marriage and divorce by the Department of Statistics shows that the median (average) duration for a civil marriage among whites is now a mere 6,6 years.

## Church marriages last longer than civil ones, according to the latest statistics on marriage and divorce, reports JAAP BOEKKOOI.

Church marriages last longer, their median duration is given as 7,9 years. There is no significant difference in the duration of marriages among those who marry with antinuptial contract, or in the community of property, the Department says.

During 1978, the last year for which figures are available, almost 15 000 minor white children became the victims of broken families through divorce. In 1965 such chil-

dren numbered only 7 385. The divorce rate per 1 000 marriages is also fast rising, at least by some 15 percent during the last year before the latest statistics report.

The rate of marital breakdown is now 11,6 a year for every 1 000 marriages. This means that over an average married life of 30 years one out of three marriages can be expected to end in divorce.

In actual fact, however, the average person does not spend 30 years of his life married, and this could affect final divorce rate figures.

Officially divorce rates among coloured people are less than half the white rate. But the Department warns that these cannot be compared as less than one in four coloured people is legally married while 45 percent of all whites have marriage certificates.

Growing divorce rates do not, it seems, adversely affect divorced people's desire to get married again. There are now more than a million married white couples in South Africa, based on the fact there were 991 000 in 1978, both all-time records.

And of those who married, 17,2 percent of white men, and 14,2 of white women, had been through the divorce mill before.



Since 1968!  
A 23%

could affect final divorce rate figures.

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And of those who married, 17,2 percent of white men, and 14,2 of white women, had been through the divorce mill before. In contrast to this, the

rate of remarriage for an Indian girl who has gone through divorce is officially less than one percent.

A feature of the recent divorce epidemic is the rate at which brand-new marriages are falling apart.

In nine years the number of white couples who obtained a divorce within a year from their wedding date has more than doubled. Couples who divorced soon after one year increased about 24 times.

The increase in the divorce rate is the lowest

among settled white couples who have been married between 15 and 20 years about 35 percent since 1967.

The average age of whites and Indians who get divorced is 34 for males, and 31 and 30 for females. Among coloured divorcees it is higher, 31 and 33.

Johannesburg was again the capital of divorce in South Africa, with 392 divorces registered, followed by Cape Town with 2910 and Pretoria with 2573.

Star 12/2/81

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# Doman methods may be used in South African clinic

Mike Downey intends to start a clinic in South Africa which will offer therapy for brain-damaged children, based on the methods followed by Dr Glenn Doman.

An adherent of the controversial Dr Glenn Doman is keen to establish a clinic here which would use the Doman programme to help brain-damaged children, reports BARRY RONGE.

Mr Downey, the parent of such a child, will be visiting South Africa in March to speak to interested parents as a preliminary to establishing the clinic.

His visit is likely to provoke more controversial debate about Dr Doman's methods of treatment, which are regarded by the medical profession

with scepticism and even outright scorn

During a visit in 1979, Dr Doman explained his programme to South African audiences in a series of lectures and television appearances.

He claimed he could produce dramatic results in even the most severely brain-damaged children, results which years of treatment on conventional lines had never been able to achieve.

Achievement of Human Potential, in Philadelphia, USA

Children who could not stand unaided, are now able to run eight kilometres a day. A child who had not moved for six years, is now able, with support, to walk.

These claims were bitterly contested and leading members of the medical profession condemned Dr Doman for breeding false hopes in the minds of parents with promises which he could not possibly keep.

Against this background of controversy, one must set the accounts of parents who have actually taken their children to Dr Doman's Institute for the

Despite the constant warnings by South African experts that these results are not conclusive,

parents of brain-damaged children have continued to visit Dr Doman.

They all stress that Dr Doman offers no miracle cure. The financial costs are high (in excess of R10 000 a year). The therapy programme in which parents are trained is very taxing physically, and it requires a 12 hour day seven days a week commitment.

This has also been a point of contention, for psychologists feel that this strenuous programme can disrupt the normal pattern of family interaction, and can work to the detriment of other members of the family. Nonetheless, there are at



DR GLENN DOMAN — plans are afoot to establish a South African clinic using his methods of therapy for brain-damaged children.

least 20 families who visit the Institute every year.

Mike Downey was one of those parents. So impressed was he with the progress made by his own son that he left his Cape Town practice as a veterinary surgeon, and went to live in Philadelphia, where he spent two and a half years studying the methods used by Dr Doman.

He then started a clinic of his own in England and has recently formed an association with a number of ex-staff members from Philadelphia.

Mr Downey stresses that he is not in competition with Dr Doman, and that there is not any formal association between them. He will, however, be using Dr Doman's programmes as he learned them, and his intention is merely to make the therapy available to more parents.

# Divorce increase due to court 'realism' — prof

By John Murray

The number of divorces has increased on the Witwatersrand by more than 2 000 in the 18 months since the promulgation of the 1979 Divorce Act because of "more honesty and realism in the courts," according to a family law expert

Courts now accept consent between husband and wife as grounds for divorce as well as a unilateral breakdown of the relationship, Professor June Sinclair of the University of the Witwatersrand said.

There were 5 617 divorces last year compared to 4 848 in 1979 and 3 935 in 1978.

In the six months immediately after the Act there were 718 more divorces than in the same period in 1978.

There was an increase of 736 divorces in the first half of 1980 and 769 in the second half compared to the same period in years prior to the Act. This means a total increase of 2 223.

Each week of December last year there were 170 divorces heard at the Rand Supreme Court, said the registrar.

There were about 90 a week in December 1979 and 80 a week in December 1978.

Last month there were only 333 divorces against 418 the previous January and 382 in January 1979.

Professor Sinclair said the new laws had drastically simplified court procedure.

A final divorce order could be granted on the day of application, "within five minutes"

Previously a restitution order was issued to show cause why the "guilty" party should not return to the marriage.

There could be at least six to eight weeks' delay between first and final order

"Then parties could not afford to tell the truth that there was agreement between them. If they did the case could be thrown out," said Professor Sinclair.

Under the old system even after many years of living in adultery a marriage partner could not get a divorce if it was contested

"In two cases last year judges were willing to ac-

cept a one-sided breakdown as grounds for divorce. This is a much more realistic attitude," Professor Sinclair said

She said: "For the future, numbers are going to increase. The situation will get worse"

The immediate increase was the backlog of those who wanted to get divorced before 1979 but could not.

She attributes the divorce boom to the emancipation of women, who are financially and emotionally more independent and "more tuned to the idea of life alone"

Laws governing the financial consequences of marriage and divorce were "lagging" behind the

"liberalised" Divorce Act, she said

"Women under the Ante-nuptial Marriage Contract for instance are seriously at risk

"Even those under the Community of Property Contract are not adequately protected. Something needs to be done urgently"

For these reasons she was disappointed that the Matrimonial Property Bill would not be heard in Parliament this year.

Provisions allow for the fair share of assets after future marriages have broken down. "This is not sufficient. It does not protect those already married," she said

12/26/81  
239  
STAR

# DIVORCE

*Divorce 1978*  
THE latest vital statistics of marriage and divorce from the Department of Statistics show that:

★ Twice as many white marriages break up today, compared with 10 years ago.

★ The number of divorces among coloured people has rocketed by 112 percent.

★ The divorce rate rose fastest of all in the Indian community: 100 percent in six years.

★ The average length of a civil marriage among whites is only 6,6 years. Church marriages tend to last a year longer.

★ In 1978 almost 15 000 minor white children were the victims of broken families — compared with 7 385 in 1965.

★ The divorce rate doesn't seem to affect people's desire to get married again. There are more than a million married couples in the white population and 17,2 men and 14,2 women have been married before.

★ Compare that with the rate of remarriage among Indian women, which is only one percent.

★ Brand-new marriages are falling apart twice as often in the first year and 2½ times as often shortly after the first year as they did nine years ago. The lowest increase in the divorce rate is among settled white couples who have been married 15 to 20 years — 35 percent in 10 years.

★ The early 30s is the average age for divorce and Johannesburg is the divorce capital (3 923 in 1978), followed by Cape Town (2 910) and Pretoria (2 573).

August 18/2/81  
**Birth control drug approved**

Medical Reporter

AN INTERNATIONAL family planning body has given the green light to the continued distribution of the long-term contraceptive injection, Depo Provera (DMPA)

The drug, which is effective from three to nine months, was branded a cancer risk in Britain about a year ago. It is used in South African hospitals and family planning clinics after having undergone rigid tests.

It has now been approved by the International Medical Advisory Panel to the International Planned Parenthood Federation after the panel heard expert opinion from world health authorities

**NO EVIDENCE**

The panel concluded that it continues to be a responsible act to make DMPA available as a contraceptive

It found that during the 15 years in which DMPA has been used by an estimated 10-million women, there has been no evidence that it causes uterine cancer

It also found no evidence of increased malignant and pre-malignant disease of the cervix and breast in users.

Available data indicated that while about one-third of DMPA users stop menstruating, their cycles return to normal within six months of the last injection and fertility is not permanently impaired.

CHEMICAL

g the highest average  
 first year student  
 I Prize  
 Aldo  
 to the student with the  
 Bucks Memorial Prize  
 s  
 Engineering.  
 in Land Surveying or  
 tions to the best male  
 on results of final  
 or George Menzies Prize  
 McClelland  
 Rens  
 Weeks  
 Cumming  
 Salmon  
 th Year (Gold Medal)

Miss N C Davidson  
 Third Year (Silver Medal)  
 Miss G C Littlewort  
 Second Year (Bronze Medal)  
 For the best student in each  
 of the 2nd, 3rd and final years.  
 Corporation Medals

The tuberculosis incidence has diminished much in some areas, e.g. the members of the 1912-14 Tuberculosis Commission found that there was a case incidence of 5.38 per thousand and a death rate of 2.15 per thousand per annum on De Beers mines, while the annual wastage rate of indentured Indians (who did most of the heavier work) on coal mines was 23.15 per thousand male employees, the mortality figure being 7.36 and repatriation rate 15.79. The incidence on other mines, in urban locations and on

high. The incidence on other mines, in urban locations and on comparable to the annual infection rates or notification the present situation can be gained from surveys Research Council. The annual infection risk is the best criterion by which the TB situation

Replying to a question by Mrs Helen Suzman he said he took the decision because he was not yet satisfied that the appointment of such a commission was justified or warranted at this stage

## No inquiry into Abortion Act

HOUSE OF ASSEMBLY, The Minister of Health, Dr L A P A Munnik, said today he had received a number of requests for a commission of inquiry into the application of the Abortion and Sterilization Act but had decided against appointing

### ANAL INFECTION RATES FOR TUBERCULOSIS IN RECENT S.A.M.R.C. SURVEYS

Province	Estimated annual infection rate - % of uninfected population	Estimated prevalence (radio-logical evidence)
Tr.	7,55%	19,00%
Tr.	4,30%	
Eas	7,60%	
Cis	4,20%	
Por	4,30%	
Gen	2,30%	
Bopl	2,20%	
Kimberley	2,00%	
Kimberley 'Coloured'	0,89%	
Kimberley White	0,12%	
Johannesburg	1,90%	
Gazankulu/Venda	1,30%	
KwaZulu	1,30%	
Lebowa	1,10%	1,10%

Figures are for Africans, unless otherwise specified.

Sources: Annual Reports of the Tuberculosis Research Institute, Medical Research Council of South Africa, and P. Burney (\*56, Vol.2).

The table above shows that Transkei and the Eastern Cape have a relatively high infection rate for tuberculosis. In order to research the social, economic and environmental parameters related to tuberculosis, a survey was carried out in the location of Ntshogo in Transkei (Burney, Vol.2). His research is detailed in Vol. 2.

Pearson (Vol.2) discusses quite a different problem in the management of TB in urban areas. He discusses the new four-drug regime, including rifampicin and lasting 100 days of supervised treatment (5 months altogether), as against the conventional regime, and outpatient treatment against hospitalisation. He argues that outpatient treatment with rifampicin is the most cost-effective alternative, and also has the lowest default rate (around 1%).

From his figures, it appears that the costs of these alternatives are as follows:

TABLE 4: COST OF TB TREATMENT (R) PER PATIENT

Type of treatment	Direct cost (hospital, drugs, etc.)	Indirect costs (lost production grants, etc.)	Total
Hospitalisation (per month)	167,3	238	405,3
Conventional regime hospitalisation (per month)	189,5	238	427,5
4-Drug regime Outpatient treatment Conventional regime (1 year)	866,5	238 (1 month)	1 104,6
Outpatient treatment (5 months) 4-Drug Regime	500,0	238	738,0

Notes: Figures used in calculations: hospital costs at R5,50 per inpatient day, excluding rifampicin, total: R66,60. Rifampicin for 4-drug regime, total: R124 per month. Average national earning reflects productivity loss: R124 per month. Average disability award: R114 per month.

16005 Births/deaths (237)  
304 Mr H E J VAN RENSBURG  
asked the Minister of Statistics

23/2/81  
How many (a) births and (b) deaths  
were registered in 1980 in respect of (i)  
Whites, (ii) Coloureds, (iii) Indians and  
(iv) Blacks?

The MINISTER OF STATISTICS

(a) Preliminary 1980 data

(b) Preliminary 1979 data

(i)	(a) 72 932	(b) 35 814
(ii)	67 871	23 549
(iii)	19 227	4 769
(iv)	not available	114 148

# FINGERPRINTING:

## How the Govt

will have

its thumb

on everyone

RDM

6/3/81

By SHEENA DUNCAN of the Black Sash

(237) ~~237~~

FINGERPRINTING is an integral part of the total control exercised by the State over the freedom of movement, citizenship and life chances of all black South Africans.

They have had to submit to having their fingerprints taken as a matter of course which are stored permanently in the Reference Bureau in Pretoria together with other particulars of each person's life-long residence and occupation, movements and family affairs, from birth to death.

Now compulsory fingerprinting and control is to be extended to all of us — so-called coloured and Asian people and white people.

The Population Registration Draft Bill published on the January 14 amends the iniquitous Population Registration Act of 1950 which provides for the classification of all South Africans into racial groups and into ethnic subdivisions of those groups, and for the compilation and maintenance of a register of the whole population of South Africa.

It is this Act on which the whole apartheid structure is built and as long as it remains on the statute book race discrimination remains the most fundamental characteristic of our society.

The new Bill provides for uniform identity documents to be issued to people of all population groups, and for their fingerprints to be included in the population register.

This will apply to all people who are permanently resident in South Africa and to all South African citizens who are resident in South West Africa or in the independent homelands.

With the fingerprints will be stored (as is required at present) a person's identity number which tells his sex and date of birth, his race classification and whether or not he is a South African citizen. The identity numbers of black people will be changed to show these particulars as they apply for new identity documents.

Also included in the register is a person's place of birth, his place of residence and postal address, his electoral district, the date of his naturalisation or registration as a South African citizen if he was not a citizen by birth, and, if he is an alien, his country of origin and date of arrival in this country.

Also included are his photograph particulars of his marriage particulars of his passports

requests a person to produce his identity document, he shall forthwith comply with the request.

If the identity document is not with the person concerned he must be allowed to fetch it if it is within a distance of 5 km. The peace officer concerned may use his discretion to allow the person concerned to produce the document at a police station within 7 days. The penalty for failing to produce is a fine of up to R100.

It is astonishing that this proposed legislation should have aroused so little public protest.

Some people seem to think that it will serve white South Africans right to be subjected by black people for so long. This argument fails to take into account that the extension of fingerprinting and control to all groups in a sense "legitimises" and entrenches the fingerprinting of Africans because it can no longer be fought on the grounds that it is discriminatory.

But the removal of "hurtful discrimination" in this respect does not make the proposals morally right. It merely extends a grievous wrong to more people.

Nor will it be members of the white group who will suffer the most. It will be the so-called coloured and Asian people who, by the nature of the practicalities of South African life, will be increasingly victimised.

To consent to this legislation is to willingly become subservient to the bureaucrats who in the name of the State are already much too powerful and whose present role in this society is far removed from the democratic concept of the "civil servant".

Parliament has never been representative but is now being side-stepped altogether. Unelected and unrepresentative officials are our rulers.

The power which has been handed over to officials does not make them infallible or even efficient. One of the most commonly presented causes of human problems in the records of the Black Sash Advice Offices is the sheer ineptitude, carelessness and arrogance of officials who deal with the public.

The storing of information in a computer does not ensure its accuracy but officialdom claims that this is so and claims it even more



RDM  
6/3/81 (237)

Also included are his photograph, particulars of his marriage, particulars of his passports and permits to leave South Africa and the dates of his departures and returns, his driver's licence, gun licences, his occupation, the official language he prefers and eventually his death or permanent departure from the Republic.

Most of these particulars are also shown in his identity document, as is now to be his thumbprint. After a date to be fixed by the State President, an endorsement to show that he has voted in an election may also be made.

People who already have identity documents will not need to have their fingerprints taken until they apply for a re-issue. The Minister of Internal Affairs, Mr Chris Heunis, has said that people applying for endorsements in their identity documents would have to submit to having their fingerprints taken.

Fingerprints of blacks which have already been taken and stored in the Reference Bureau will now be included in the population register.

This very comprehensive recording of every person's particulars -- made possible by modern computer technology -- will now be supplemented by more effective means of maintaining a record of every person's movements as he changes his place of residence and postal address.

To make sure that people who are over the age of 16 comply with the requirement that they must within 14 days notify The Director General of Internal Affairs, or a representative of his department, of any change of residence or postal address, the Bill places onerous duties on all employers and on anyone who sells or rents property to anyone else.

Clause 5 amends Section 10 of the Act and lays down that "no person may employ any person or grant permission that anybody resides permanently on premises belonging to him or sold by him to such person" unless that person has within 14 days provided evidence to the employer, landlord or seller that he has an identity document and has notified the Director General of his change of address or that he has applied to be issued with an identity document. The penalty for contravening this Section is a fine of up to R100.

In a statement reported when the Bill was published, Mr Heunis said his department was engaging in a programme to decentralise the system to the point where every city and town -- "however small" -- would have its own representative of his department.

Those representatives would be in constant contact with local offices of Government departments, other governmental authorities and private sector organisations such as banks, building societies, life insurance companies and estate agents. They would all be used to assist with the immense task of keeping an up-to-date register of the population and the addresses of registered persons.

One of the purposes of the Bill, as set out in the preamble, is "to set up a network controlling the identity of the holders of identity documents and registered residential and postal addresses". This wording is repeated in the sub-title to the proposed new Section 10 A: "Network for examining of identity documents and notices of change of address".

The section provides that any State department, statutory body, educational institution or any other body or person may, if requested by the Director General (or departmental representative) require that any employee or client produce his identity document to have his identity and address checked.

Not only will a landlord and an employer be concerned with policing a person's movements, but so also may his bank, his building society, his doctor, dentist, hospital, lawyer, Minister or anyone else with whom he has dealings.

If he does not have an identity document or if it does not correctly reflect his address they can take steps to make sure that he fills in the necessary application forms or notification of a new address and ask him to deliver it, or deliver it themselves, to the regional representative of the department.

To complete the control, if any peace officer

does not ensure its accuracy, but officialdom claims that this is so and claims it even more stridently when the inaccuracies are attached to a set of fingerprints.

Mr X has spent his whole adult life vainly attempting to refute information stored about him in the Reference Bureau's computer in Pretoria. When he was young, before he had applied for his first reference book, he was arrested and charged with "failing to produce". His fingerprints were taken for the first time when he was arrested.

He states that because he was arrested with a group of Rhodesian men, some official wrote him down as being born in Rhodesia. Now the computer says his fingerprints belong to a Rhodesian -- a prohibited immigrant -- and because the computer never lies, no proof he can produce will persuade the department that he is a born and bred South African.

Mr Y is accused of having a forged reference book because someone else's fingerprints matched up with his identity number. How can he prove that the error is not his dishonesty but someone else's mistake? The computer never lies.

Dozens of the cases in our files are concerned with the errors made by the officials who feed the computer. Someone is now said to be a citizen of BophuthaTswana and not a South African anymore because a Tswana-speaking clerk spelt his name in the Tswana way long ago when he first applied for a reference book.

Someone else cannot get a birth certificate because his birthplace was written on the application for his first reference book (and in the computer) as being the place where his father was born. Because he cannot obtain a certificate of the late registration of his birth he cannot have his Section 10 (1) (a) qualification recognised, so he cannot rent or buy a house and is not allowed to have his wife and children live with him.

Someone else who has lived and worked in South Africa since 1952 is not allowed to stay or work here because 20 years ago he was jailed for three years for theft. In 1979 his application to register in his employment was "not recommended" because when his fingerprints were checked the computer disgorged that long-ago offence for which he has now been punished over and over again.

In this case there is no error in the computer but how many of us can contemplate with confidence what it means to be forever and irrevocably tied to the mistakes of our past?

As important as all this is the violation of the concept of individual privacy. Section 17 of the principal Act provides that the particulars in the register and identity documents are not to be published or communicated except in certain cases.

But the certain cases turn out to be not at all specific. The Director General can give any particulars in the register relating to any person to any State department or local authority, or any statutory body. Furthermore, he can give these particulars to any person who applies in writing giving reasons for the request and pays a fee if he (the Director General) "is satisfied that it is in the interests of the person to furnish such particulars".

Silicon chips and the Director General make a deadly combination which will succeed in subjecting all of us unless we attempt to intelligently understand the processes at work in our society and determine to assist them by all means within our power.

Mr Heunis is reported to have said that it is in the interests of all citizens -- black and white -- "to enjoy the same privileges and protection under the Population Registration Act".

The Minister's choice of words is reminiscent of the ordinances and decrees of the world's most authoritarian and oppressive dictatorships. It is all in line with total strategy as enunciated by the Prime Minister.

It has nothing whatsoever to do with that justice and peace and individual independence which characterises the free peoples of the world.

(237) 11/2 9131 0

## Big white families dwindle

The chances of white parents planning larger families are "virtually nil" writes a Johannesburg researcher in the SA Medical Journal

Dr A R P Walker of the SA Institute for Medical Research says because of the vulnerable position of the white minority in South Africa, from time to time there are entreaties for white parents to have large families

Figures released by the Department of Census and Statistics show that the rate of increase of the whites is declining to zero

"It is intriguing to note that the birth rate of the whites of Bloemfontein is about a third greater than those in Durban Johannesburg and Cape Town, whose rates are among the lowest of those found in large cities in Europe," he writes

"There are other aspects to be considered

before asking for more babies. In the wise management of an invaluable asset, it is not only the extent of the supply of the new material that is crucial, but the husbanding of available supply

"What, then, of life that is wasted, for example, the needless high mortality of the young, primarily young men, dying on the road? The soliciting of large families could hard-

ly be taken seriously until the public were wholly convinced, inter alia, that determined efforts are being made, and seen to be successful, in conserving the supply of life available"

Even among individual families not under threat, in the blow-by-blow struggle of "keeping up with the Joneses," size of family does not rank as a competitive item

GEN

19/3/81  
SIMP  
237

## Rise in legal abortions

### Medical Correspondent

A total of 3 000 legal abortions had been reported in South Africa since 1975, said Dr James Gilliland, deputy Director-General of the Department of Health, yesterday.

Dr Gilliland was speaking at an international forensic medicine symposium held in Johannesburg.

He said since 1978 there had been 1 500 legal abortions. In about five percent of cases rape, incest or intercourse with an imbecile was involved.

Instances of suspected illegal abortions were higher among blacks. Septic abortions were not common among whites.

Almost 50 percent of legal abortions procured between 1976 and 1980 were granted on psychiatric grounds.

The greatest number of women who had legal abortions were in the 20 to 24 age group.

He said since 1976 a total of 119 abortions had been performed on the grounds of rape, incest and intercourse with an imbecile. In 60 percent of cases the woman was under 20.

proportion of available labor to them at the expense of those t  
less labor intensive, less demanding in terms of the timeliness  
attention, or of less importance to the family. Tobacco and c  
were given priority over corn, corn over manioc , and manioc  
small subsidiary crops.

Fuchs has found for developed countries using three types of d  
section within countries, cross section among countries, and sc  
series) that the negative association between mortality and per  
income is disappearing. However according to Fuchs "The margi  
contribution of medical care to life expectancy, holding the st  
art constant, is also very small. Current differences in mort  
across and within developed countries are primarily related to  
diet, exercise, smoking and psychological stress".

# Abortion CT 20/3/81 Act is 'working well' (237)

Own Correspondent

JOHANNESBURG — Statistics showed that more black women than white resorted to illegal abortions, the deputy Regional Director of Health said on Wednesday

Dr James Gilliland was speaking on abortion at the sixth South African International Symposium on Forensic Medicine here

He said that instances of suspected criminal interference in pregnancies were more common among blacks

Dr Gilliland said that more than 3 000 legal abortions had been procured in South Africa since the implementation of the Abortion and Sterilisation Act of 1975, and that psychiatric followed by physical problems were the main reasons

Most legal abortions occurred in women aged between 20 and 24 years, and the rate of abortions to live births was highest in women under 20 and over 35, he said. In 1980 one in four abortions involved women under 20. But the total number of abortions per year in women older than 35 had dropped

Since 1976, 98 percent of the 142 abortions procured under the "rape, incest or intercourse with a female idiot" clause involved unmarried women, and 50 percent were in the 15 to 19 age group. Coloured women had the most abortions under the rape clause, followed by whites, blacks and Asians

Dr Gilliland said it appeared the act was working well so far

"The present legislation is a solution to a vexed problem. It provides for abortion in exceptional circumstances only and gives expression to the widely-held view that abortion on demand is not in the public interest," he said

Dr H Bukofzer, Chief District Surgeon in Johannesburg, said there were movements to have the Act liberalised to allow abortion on demand

"On purely moral grounds, this will never be accepted in our country," he said

Professor S A Strauss, head of the Department of Criminal and Procedural Law at the University of South Africa said it was thought that the procedure for was too cumbersome and should be streamlined

There was a case for abortion being extended to include sterilisation failure



The Transkei Siamese twins who were flown to Cape Town yesterday

CAPE TOWN — Siamese twins born in Umtata this week arrived at the Red Cross Children's Hospital here last night to undergo tests to determine whether they can be separated.

The girls, joined at the sternum, are Amanda and Thandeka Makobeni.

Two Filipino doctors delivered them by Caesarian section at St Barnabas Hospital, near Libode, on Tuesday and

## Hospital tests for twins

they are perfectly normal otherwise. They weigh 4.22 kg.

The Red Cross Children's Hospital superintendent, Dr A. Mohr, said last night the girls were in a fair condition after being flown

from Umtata by emergency flight.

She said that extensive tests would have to be done to establish which organs each baby had. They could be sharing a liver or a kidney, she said.

The tests will take

some time and it will be months before it will be decided whether an operation will be feasible.

The babies are feeding well and are accompanied by their mother.

An East London doctor said yesterday the Siamese twins were not the first born in Transkei. A pair were born in the Isitya area about 15 years ago and he saw them regularly after their separation. DDC DDR

**3 000 legal**  
Argus 20/3/81  
**abortions**  
237  
**since 1975**

Argus Correspondent

JOHANNESBURG. — A total of 3 000 legal abortions had been reported in South Africa since 1975, Dr James Gilliland, Deputy Director General of the Department of Health, said here.

He was speaking at a symposium on forensic medicine.

Almost 50 percent of legal abortions procured between 1976 and 1980 were granted on psychiatric grounds.

The greatest number of women who had legal abortions were in the 20 to 24 age group.

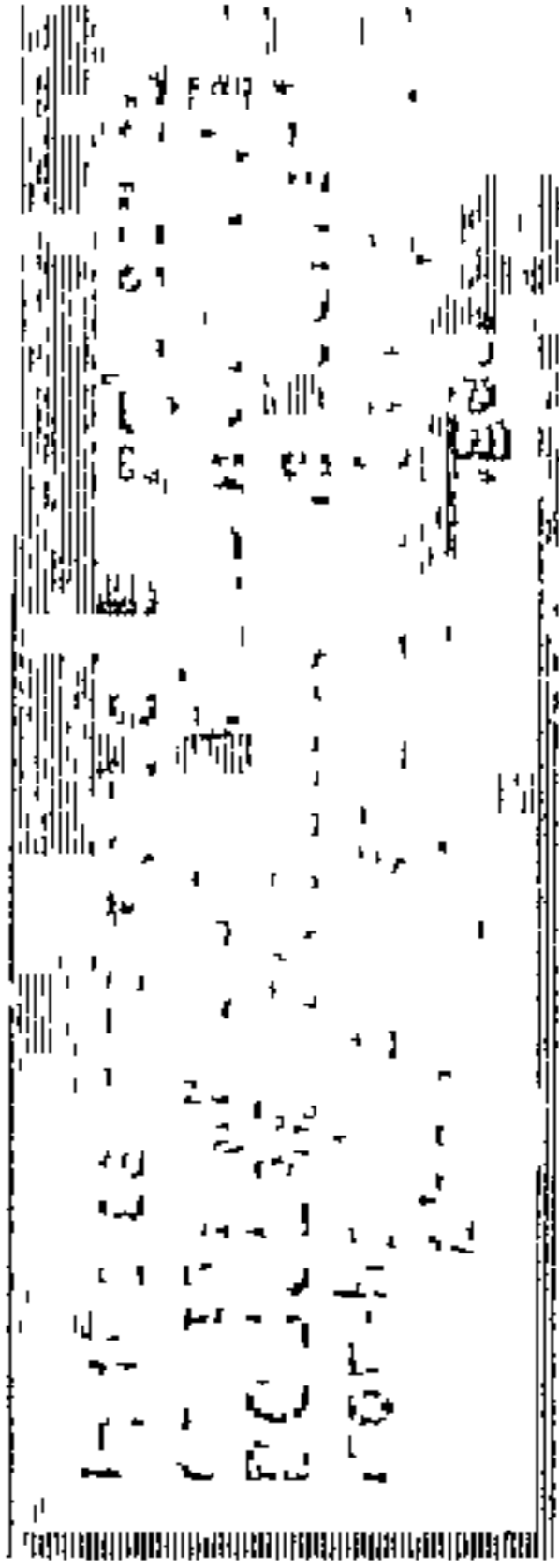
Since 1976 a total of 119 abortions had been performed on the grounds of rape, incest and intercourse with an imbecile. In 60 percent of cases the woman was under 20.

In one in four cases of legal abortion in 1980 the woman was under 20.

Dr Gilliland said between 1975 and 1976 the rate of legal abortions had risen 46 percent.

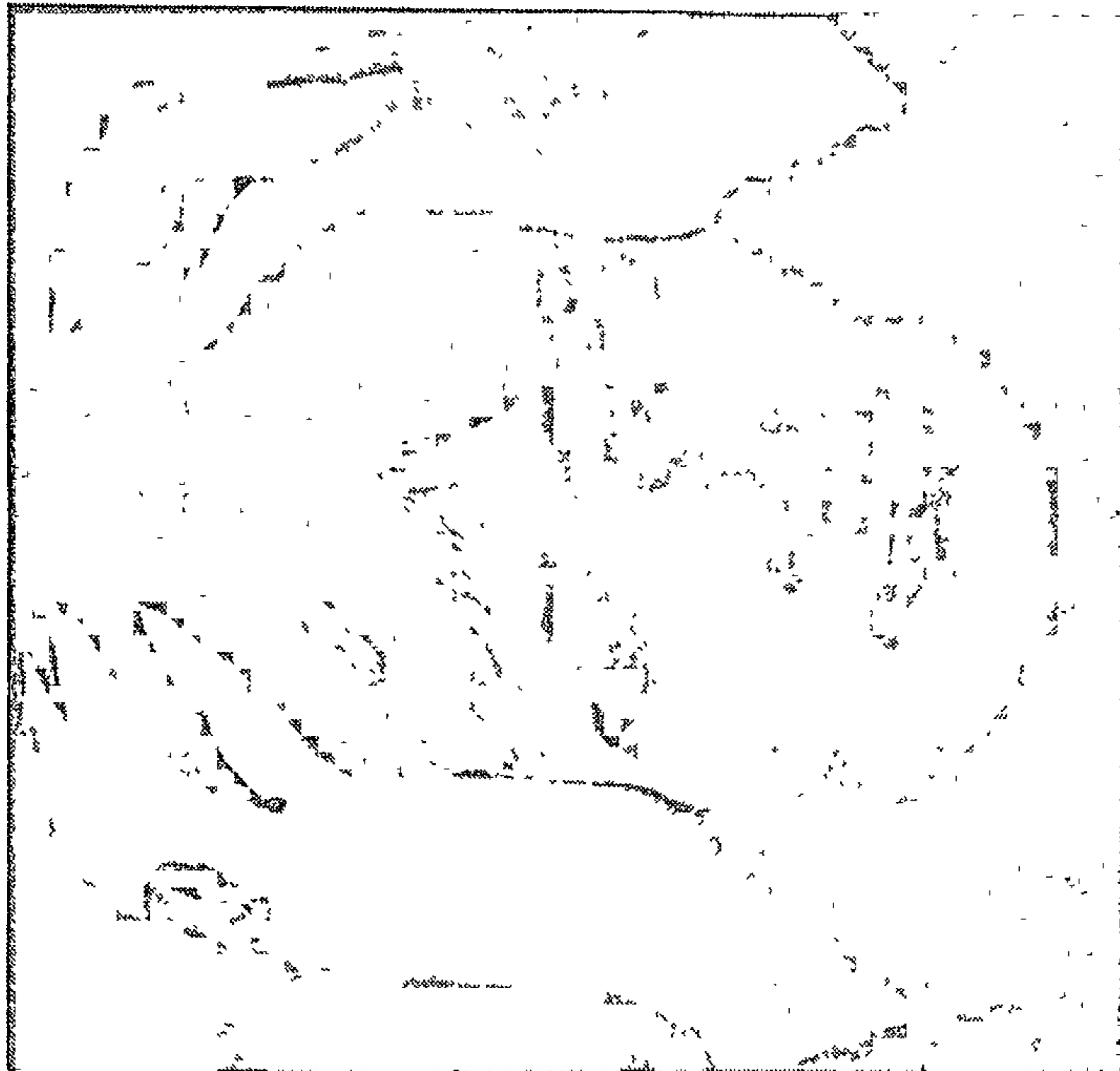
# Must I threaten myself to have an abortion?

S. Express  
29/3/81  
237



WHAT do you have to do to get a legal abortion in this country?  
Threaten to kill yourself?  
No, that's no good — they've heard that one before  
Pretend to be insane?  
That might work, but you could end up for longer than you think in a mental home  
The abortion laws of this

serious threat to her physical health  
• Continued pregnancy constitutes a serious threat to her mental health  
• A serious risk exists that the child to be born might suffer from a physical or mental defect  
• Conception is a consequence of rape or incest, or



Abortion Law women sometimes threatened to commit suicide if they didn't get an abortion That sounds strong enough grounds  
But it isn't anymore  
"The law does not recognize the threat of suicide It opens the door to blackmail," says Dr Becker  
"And many doctors think that we need to assess a woman's threat of suicide in terms of the number of White women who commit suicide during pregnancy The answer is none  
"Among Indian women, on the other hand, the highest rate of suicide is seen during pregnancy  
"So, how do you decide whether suicide is a threat to health or not?"  
It is a sad reflection on the quality of the law when women have to reduce themselves to suicide threats to procure an abortion and even sorrier when their cries for help fall on deaf ears  
Another ridiculous anomaly in the Abortion Law is the lack of protection for girls under 16  
At 15 you may be prepared to bring up a family and face all the responsibilities but it's unlikely However the law makes no special provision for pregnant youngsters who really cannot be expected to become mothers  
Then there is the older woman, say 40, who has six children and no desire for more  
She runs a risk of a malformed child, who is not wanted in the first place Why isn't she protected?  
The law has been with us for over five years now Five years of inadequacy It is inappropriate to the needs of women  
But Helen Suzman takes hope, however faint, from the fact that the Minister of Health recently said he did not intend appointing a new commission of inquiry on abortion because he is not yet satisfied that one is warranted  
A vital "yet" Are we to

through  
But the general rules require that the woman seeking an abortion must consult two doctors from different practices each registered for more than four years  
A third doctor is required to make the application for an abortion and then perform the operation  
If the woman is granted an abortion on grounds of mental health — and most of the legal abortions fall in to this category — she must then see a State psychiatrist who is employed on a fulltime basis  
The latter is ridiculous, as

in State hospitals  
In the homelands there is only one  
Apart from the obvious difficulty of seeing a psychiatrist, the State has cut off its own nose by drastically overloading their employees  
Dr Becker, principal psychiatrist at the Johannesburg Hospital, sees maybe 6 patients requesting abortion on psychiatric grounds in just one clinic every week  
Recently one of the gynaecological wards at the hospital was closed, restricting even further the number of beds available

give preference to? A woman needing a bed because she has cervical cancer or is it more important to give that same bed to a woman who wants an abortion?  
From the psychiatrist's point of view the law also poses insurmountable problems in the form of interpretation  
What exactly does "permanent impairment of mental health" mean?  
Can a psychiatrist, however expert or qualified, foretell the future and judge what is going to be permanent and what is not?

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country?  
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Pretend to be insane?  
That might work, but you could end up for longer than you think in a mental home

The abortion laws of this country are chronically restrictive  
But that is exactly what was intended when the laws were first drawn up by a committee of men

"The Government," said the Minister of Health at the time, "is completely opposed to abortion on demand"

Evidence of the Government's stance is clear in the statistics — as few as 2% of all abortions in this country are estimated to be legal

One Johannesburg lawyer summed up the situation "At the moment there is really not much of a choice for a woman who wants to end her pregnancy

"She either has an illegal abortion which is physically horrendous or she has a legal abortion which is mentally horrendous"

Those few who do succeed in getting a legal abortion have undergone rigorous tests and lengthy cross-examination by social workers, gynaecologists and psychiatrists  
It's a gruelling process

Why, asks a woman lawyer, should women, who are surely the ones who know what is best for themselves, suffer the indignities of such a procedure and then be forced into accepting a decision made by other people — usually men?

But those who designed the law — and a fair many others — have no objections to deciding the destiny of people who are perfectly capable of making up their own minds

The "doctors" concerned can only grant a yes to abortion on four basic grounds covered in the Act

Continued pregnancy endangers the life of the woman concerned or constitutes a

Continued pregnancy constitutes a serious threat to her mental health

A serious risk exists that the child to be born might suffer from a physical or mental defect

Conception is a consequence of rape or incest, or results from unlawful carnal intercourse with a female idiot or imbecile in contravention of the Immorality Act

Although, in legal terms, the wording of the Act is far from precise, there are few loopholes and the consequences of exploiting possible grey areas are dire

In fact, the Government specified that drastic action was to be taken against abortion performed outside the legal provision

Helen Suzman who is a major driving force behind the move to reform the current laws, said of the legislation

"The commission has been so vigilant in trying to prevent possible abuses that the Bill may very well have the effect of increasing and not decreasing the number of backstreet abortions"

Now, with over five years of implementation of the law, she has not changed her opinion at all

"Those who drew up the law have bent over backwards to satisfy a narrow-minded and conservative point of view"

Surely she's right when we know that 25% of all gynaecological beds are filled with seriously ill women being treated for the side-effects of self-induced or backstreet abortions

But, turning to the women who apply for legal abortion, what is their lot?

For a start the excessively long, drawn out procedure and red-tape is enough to put anyone off trying

Most hospitals have a fairly strict standard procedure that a prospective patient must go

If the woman is granted an abortion on grounds of mental health — and most of the legal abortions fall in to this category — she must then see a State psychiatrist who is employed on a fulltime basis

The latter is ridiculous, as Helen Suzman points out, because there are only 28 full-time psychiatrists employed

tients requesting abortion on psychiatric grounds in just one clinic every week

Recently one of the gynaecological wards at the hospital was closed, restricting even further the number of beds available

The situation puts doctors and hospital administrators in a dilemma. Who should they

What exactly does "permanent impairment of mental health" mean?

Can a psychiatrist, however expert or qualified, foretell the future and judge what is going to be permanent and what is not?

Then, what qualifies as impairment to mental health? In the early days of the

fact that the Minister of Health recently said he did not intend appointing a new commission of inquiry on abortion because he is not yet satisfied that one is warranted

A vital "yet" Are we to clutch at straws or is it time to push for a change in the laws surrounding abortion?

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# 'Third World Pill' — banned in US, limited in UK

237 Argus 4/4/81

From SHERYL RAINE in New York and VIVIEN HORLER in London

US Food and Drug Administration (FDA) that there was no demand for another form of contraception in the United States.

The relevance of the experimental findings to humans has also been questioned by researchers.

after such an immunisation could be born deformed) or when her partner has undergone a vasectomy and until his sperm count has reached zero.

discontinued in family planning programmes. A spokeswoman for the International Planned Parenthood Federation said the federation's international medical advisory panel had studied Depo-Provera, and concluded it continues to be a responsible act to make (Depo-Provera) available as a contraceptive.

● Because it is administered only once every three months, fewer personnel are required.

● Because it is injected it is not, like the Pill, subject to extremes of climate.

DEPO-PROVERA is a highly effective contraceptive drug injected at three-monthly intervals. Its use is banned in the United States and it is not freely available in Britain. It is being used in about 80 other countries, most of them in the Third World.

Another reason was that the substance appeared to cause breast tumours in beagle dogs and cancer of the uterus in Rhesus monkeys and that it could contribute to congenital birth defects in babies.

The American manufacturers of Depo-Provera, Upjohn Limited, have met with refusal after refusal to have it marketed freely in Britain.

The World Health Organisation (WHO) has studied the contraceptive carefully, and conducted controlled clinical trials several years ago. A spokesman for the WHO said in Geneva that Depo-Provera was a 'very convenient' contraceptive, adding: 'There seems to be no toxicological reason why the use of Depo-Provera should be

The IPPF distributes Depo-Provera to 80 countries, many of them in the Third World where the contraceptive has unique advantages: ● Once injected, contraception can be forgotten for three months.

● In crowded living conditions, contraceptives like the cap might be neglected because of lack of privacy, and the Pill might be found and eaten by children.

Miss Penny Kane of the IPPF commented: 'There are only two problems with Depo-Provera. Because it is an injection, you can't withdraw the drug from your system the way you can stop taking the Pill. And doctors have been known to give the injection to women without their realising it. This, we believe, is wrong.'

The American ban on Depo-Provera — because of what US authorities called 'potential health risks' — is under review. Some of the main reasons for its banning included the belief of the

Many researchers now believe these reasons are invalid. The likelihood of congenital defects is virtually non-existent because of the effectiveness of the contraceptive.

The British Committee of Safety of Medicines recommended in 1974 that the drug be used in two instances only: Either when a woman has had an injection to immunise her against German measles (a baby conceived immediately

Depo-Provera to 80 countries, many of them in the Third World where the contraceptive has unique advantages: ● Once injected, contraception can be forgotten for three months.

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# SA WOMEN 'BULLDOZED'

237  
Argus  
4/4/81

By Annamia  
van den Heever

WOMEN are being 'bulldozed' into receiving injections of the controversial contraceptive Depo-Provera at some South African hospitals and family planning clinics without being properly informed about the drug and its side-effects.

This claim was made this week by doctors, anti-abortionists and family planning workers

But it was rejected by Dr M A Kemp, senior medical officer in charge of family planning in the Western Cape.

Dr Kemp said any complaints about undue pressure put on women to take contraception would be 'thoroughly investigated' if brought to the attention of her department

A doctor who has two surgeries in the Boland told Weekend Argus this week that women were under extreme pressure to accept Depo-Provera by hospital staff soon after they had given birth.

'Sometimes they don't even know what the injections are for and accept them because they think it is just another medication they have to take.

## SIDE-EFFECTS

'They are given insufficient information not only about the drug, but also on its possible side-effects,' the doctor said

Cases in which women had been threatened

with police action if they did not return on time to receive subsequent injections had also come to his attention

The doctor said he knew of young unmarried mothers who had to produce evidence of being on Depo-Provera or the Pill before receiving Government grants



Mr Peter Docherty, a member of the anti-abortion organisation Pro Life, said many women who had just given birth were put under strong pressure to take the Pill or be injected with Depo-Provera before leaving hospital with their babies.

'This is psychological bulldozing — an out-

geous invasion of privacy,' he said.

## PRESSURE

A spokesman for the Domestic Workers' Association said although members of the organisation had not discussed in detail the manner in which Depo-Provera was issued, cases where extreme pressure was used in hospitals and family planning clinics were reported from time to time.

Research has shown that the main side-effect of Depo-Provera is the disruption — and often complete cessation — of menstruation. Many women, particularly those who have not been properly informed about the drug before it had been given to them found this frightening.

## FERTILITY LOSS

Other possible side-effects are reported to be temporary loss of fertility for four to 21 months after the last injection and weight gain

Unlike contraceptives that contain the hormone oestrogen, the progestogen-only Depo-Provera does not appear to have any significant effect on blood clotting factors.

Doctors advise that Depo-Provera should never be given to young girls whose menstrual cycles have not been established. There is suspicion that if this is done, they may never be able to have children.

Depo-Provera can be given to women soon after giving birth because it does not affect their milk supply. In fact, it improves it

No R 850

sg 7549  
237

16 April 1981

REGULATIONS UNDER THE BIRTHS, MARRIAGES AND DEATHS REGISTRATION ACT, 1963 (ACT 81 OF 1963)

I, Pieter Gerhardus Jacobus Koornhof, Minister of Co-operation and Development, hereby, by virtue of the powers vested in me by sections 36 and 50 of the Births, Marriages and Deaths Registration Act, 1963 (Act 81 of 1963), amend Government Notice R 2385, dated 19 December 1975 in accordance with the Schedules hereto.

P. G. J. KOORNHOF, Minister of Co-operation and Development

(File PE 2/4)

SCHEDULE 1

1. In regulation 1—

(a) delete the definition "Provisional death certificate";

(b) insert the following definition after the definition of "deaths register":

"Director-General" means the Director-General Co-operation and Development."

2. Substitute the following for regulation 2 (1) (f):

"(f) to cause searches to be made in registers and to issue on written application certificates of registration of births, still-births, marriages and deaths."

3. Substitute the following for regulation 7:

"7 (1) Any person who has in accordance with a provision of any law held an inquest or other inquiry into the death of a person or, if a summary trial has

No R 850

16 April 1981

REGULASIES KRAGTENS DIE WET OP DIE REGISTRASIE VAN GEBOORTES, HUWELIKE EN STERFGEVALLE, 1963 (WET 81 VAN 1963)

Ek, Pieter Gerhardus Jacobus Koornhof, Minister van Samewerking en Ontwikkeling, wys hierby kragtens die bevoegdheid my verleen by artikel 36 en 50 van die Wet op die Registrasie van Geboortes, Huwelike en Sterfgevallen 1963 (Wet 81 van 1963) Goewernementskennisgewing R 2385 van 19 Desember 1975 ooreenkomstig bygaende Bylaes.

P. G. J. KOORNHOF, Minister van Samewerking en Ontwikkeling

(Lec BE 2/4)

BYLAE 1

1. In regulasie 1—

(a) skrap die woordskrywing "voorlopige doodsertifikaat";

(b) voeg die volgende woordskrywing in na die woordskrywing van die Wet:

"Direkteur-generaal" die Direkteur-generaal Samewerking en Ontwikkeling."

2. Vervang regulasie 2 (1) (f) deur die volgende:

"(f) om registers te laat nasoek en om op skriftlike aansoek sertifikate van registrasie van geboortes, huwelike en sterfgevallen uit te reik."

3. Vervang regulasies 7 deur die volgende:

"7 (1) Iemand wat ooreenkomstig in bepaling van 'n wet 'n geregtelike doodsondersoek of ander ondersoek na die dood van 'n persoon gehou het of, in hierdie verband 'n minnere verhoor in 'n laer hof gehou het, die oerker

for full text see sg. 7549

# Living

# Abortion

## Inside an abortionist's mind

WHAT motivates someone to perform an illegal abortion?

Money? A genuine belief in the right of women to decide for themselves on issues that affect their own bodies? Perversion?

The army of backstreet abortionists who thrive in the seedier sectors of our cities may have any one of these motivations

The qualified doctors who perform illegal operations act, similarly, according to their own convictions

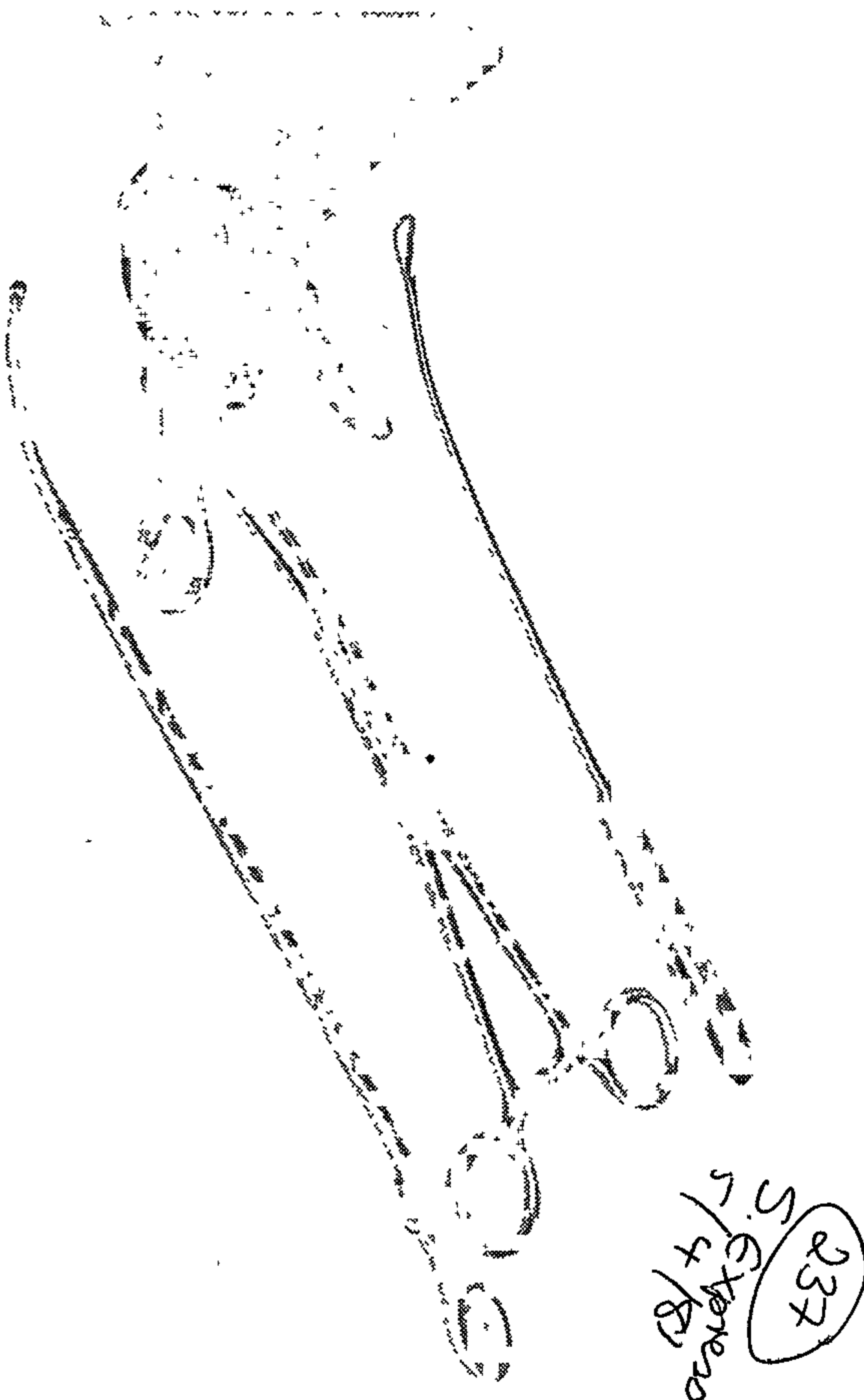
The problem that the existing laws create is that a woman may resort to consulting someone outside professional circumstances

On a doctor-patient level she is protected by the law and a strict ethical code of conduct

By seeking an illegal abortion she immediately removes herself from this controlled environment and opens herself to abuse

Take the case of Kathy, raped by her abortionist, (Living, March 22)

Take the cases of the 38,000 women reportedly admitted to hospital in just one year with serious complications resulting from illegal abortion. Or the women who die



● Some of the instruments used during an abortion

Abortion is illegal except under special circumstances. Most women have to resort to desperate measures to abort unwanted pregnancy. See DOUGLAS investigation.

More often than not, women go to backstreet abortionists to terminate an unwanted pregnancy.

mind, throw caution to the wind and perform abortions under some other guise, is called for. A local gynecologist says "It's easy enough to do a routine dilation and curettage (D and C) on a girl who is just a couple of weeks pregnant. It is the most common gynecological operation. "There are other ways of getting round the problem in early pregnancy. "Fitting the loop or coil (which strictly speaking should only be introduced when the woman is bleeding and therefore not pregnant) causes abortion." Other doctors will occasionally give a smallpox injection. The woman (who is pregnant but wishes to acquire an abortion), then goes for screening tests. The presence of the vaccine in her blood is a contra-indication to continued pregnancy and she may then be eligible for legal abortion on the grounds of a threat to the health of her child.

It all seems so ridiculous. The lengths women have to go to in order to obtain an abortion — and the risks some doctors take to help them

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A sharp instrument used to promote abortion can inhibit the heart by a feedback mechanism called vagal shock. The woman can die seconds later.

"I have seen young girls die within 12 to 48 hours of an illegal abortion because of septicaemia," says a nurse at the Johannesburg Hospital.

Legalising abortion on demand is not going to stop all this overnight. In

countries such as the UK, where abortion is legal, a backstreet trade still exists.

But how, in the face of the type of suffering seen in South Africa, can anyone deny a woman the right to choose a legal abortion?

Doctors whose work is concerned with the quality of life are not often opposed to abortion — ex-

cept perhaps on religious grounds.

But they must have extremely strong convictions to face the penalties for performing illegal abortion and to contravene the Hippocratic Oath they take on entry to the medical profession.

The decisions facing a doctor who is essentially pro-abortion are hard. For a second or third convic-

tion the penalties may be as steep as 10 years imprisonment.

Ten years in jail for helping someone out of a desperate situation seems barbaric.

But on the other hand, all at the backstreet abortionist is not rosy — however honourable the intentions of the abortionist. "Done under sterile conditions an abortion is a

very safe operation," says Dr Becker, principal psychiatrist at the Terrington of Pregnancy Clinic (TOP) at the Johannesburg Hospital.

"However, in unsterile conditions the hazards are unbelievable. Patients who end up here with septicæmia are sometimes lucky to die."

And the condition of patients admitted to Baragwanath for illegal abortion complications is often too terrible.

"You see, there is no way a backstreet abortionist can be as efficient as a doctor in a hospital. Generally he lacks the skills required — we had one girl come here with two long catheters pushed up, inside her and left there."

□ □ □

A nurse at the Johannesburg Hospital explains how someone with medical knowledge is not necessarily equipped to perform an abortion.

"I have often had phone calls from desperate women seeking help. They'll say 'You're a nurse — can't you help me?'"

"But I can't. I've seen the consequences of abortions that have gone wrong and I don't want to be responsible for someone's death."

She is also justifiably frightened of the consequences for herself. She, like any other person working in medicine, has a good career to think of. She has a family and friends who might be affected by her actions.

Admiration for the qualified doctors who, with only the best interests of their patient in

I have ruined my life because of my willingness to help women who needed me," says one ex-doctor who was struck off the roll after his second conviction for abortion.

He paid a R5 000 fine and got a five-year suspended sentence.

"What I did was not morally wrong and yet I have suffered, and my family has too."

His motive, he insists, was not to amass vast amounts of money, but to help patients under stress.

His clients — who met him in his far-from-salubrious rooms — were from a cross-section of the population.

Rich actresses, young schoolgirls, married women, divorcees. And he charged a price which varied according to his estimation of their means.

A Black woman might be charged R120, a personal friend nothing and anyone else between R400 and R500.

But even after paying a backstreet abortionist you are assured of nothing.

A high percentage of those who opt for illegal abortion end up in hospital.

Nurses tell horrendous tales of women bleeding to death or dying from an air embolism — air enters the blood through the broken placenta and death can follow in as little as 10 minutes.

A law that permitted women seeking an abortion to see qualified doctors in suitably sterile surroundings could erode the need for the backstreet abortionists.

With their disappearance we'd also see a lot less suffering — and death.

# A call for freedom

In the last of our articles on abortion **SUE DOUGLAS** sums up the arguments for abortion on demand. Liberalising the law does not force anyone who objects to have an abortion — it simply gives people the choice.

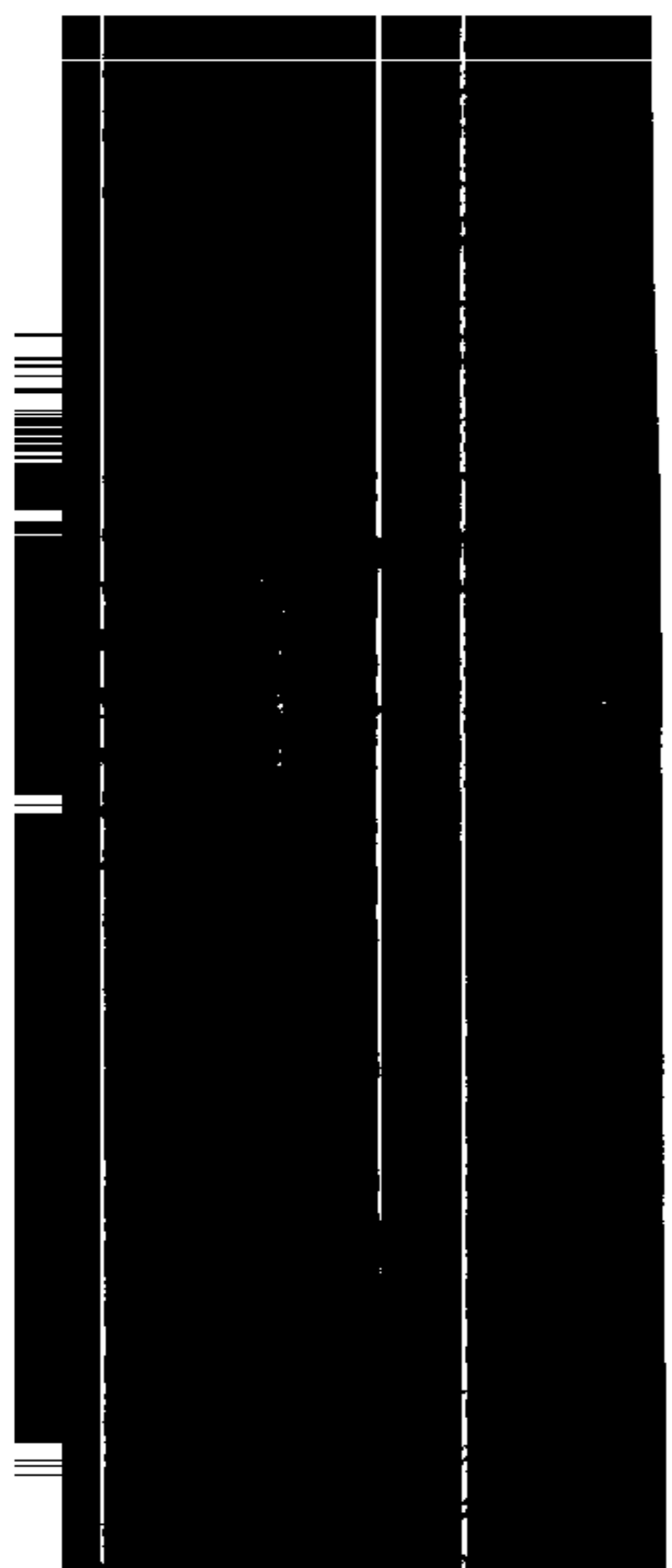
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IT WON'T happen to me so why should I care? It's such a common attitude. Why should you care about the abortion laws if they don't affect you? Really, how could you fall pregnant? But just suppose you did because of contraceptive failure. It happens more often than you imagine

Unwanted children have to be born because then the interests of the innocent child are protected. But are they? Who would want to be born into misery, life in a succession of children's homes? The existing restrictive abortion laws certainly don't respect the quality of the woman's life. So

Organisations like ARAAG have been active over the last few years, but they themselves are cramped. "In 1975 and 1976 we ran petitions in local shopping centres and collected 6 000 signatures in favour of abortion on demand. "The petition was sent to the Minister of Health

● The human foetus



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Even the Pill is not 100% safe

In fact, the overall contraceptive failure rate is around 6% — which means a lot of women who think they are protected could be in for a big surprise

Or maybe you find yourself pregnant when you've just landed a great new job with travel opportunities and a promising future in store. What then?

In this country there is nothing you could do

You accept your predicament and get on with it. You bring into the world the child you didn't plan and manage as best you can.

But if we put so high a value on human life we surely have a responsibility to ensure that those who are born are wanted, loved and cared for.

"Only then," says Dr M Dyer, Cape chairman of the Abortion Reform Action Group, "will those children have the opportunity to reach their full potential, and in their turn, become useful members of society."

But South African society seems to struggle over precisely when it comes to the question of the equality of its members.

who were they designed for?

You'd have to ask the men who drew up the abortion laws. You'd find MPs like Dr E L Fisher, in favour of the Abortion Bill, who said

"There are ultra-liberalists who want abortion on demand because the woman is the mistress of her soul and her body."

"This is the opinion of a very small group in this country. I am happy to say the majority of people are responsible."

Women desperately need better representation in Parliament.

In England the Lane Commission was set up under a female judge to investigate the working of their Abortion Act.

Out of 16 members on the committee 10 were women, and they included social workers, gynaecologists and a headmistress.

Here the Committee of Inquiry investigating the issue of abortion consisted of 10 politicians — every one a man.

The omission of women was, to Helen Suzman, "a calculated insult to women, perpetrated by a lot of male chauvinist people."

It is time women did something about the situation.

who later said that he had not received it. That was 6 000 signatures down the drain.

Another petition sent some time ago was dis-counted by the Minister as being signed by irresponsible people.

But it must be harder for the Government to ignore scientific reports detailing the deaths of women who have undergone illegal abortions.

Harder still to ignore are the 1979 hospital statistics of over 38 000 admissions for incomplete abortion and serious side-effects resulting from self-induced and back-street abortions.

All this suffering is hard to overlook, but still there are no changes.

What about the battered and abandoned children?

All children are wanted once they've been born. The Government, pointing to the long waiting lists for adoption.

But the Government are ignoring the vast majority of South Africans — the Black population.

There are no queues for the little Black children shunted from home to home.

The queues are outside the abortionists. In 1979 at Baragwanath

Hospital alone almost 3 000 women were admitted at risk of dying, chronically ill or sterile as a result of illegal abortion. Nine women actually died, in spite of medical help.

"There is no doubt that the lack of sensible abortion services in a national family planning programme is a particular disservice to the poorest and most underprivileged in society," says Dr Dyer of ARAg.

South Africa's Black people are largely unable to take advantage of even the slight possibility of abortion by legal means. In 1978, for example, 423 legal abortions were performed on White women and only 118 on Black.

But that's not to say that White women are adequately protected by the law either. Failure of birth control methods can affect anyone. What are we supposed to do to prove our

worthiness for an abortion — take along the broken condom, asks Dr Dyer. The law doesn't cater for this possibility. Nor does it protect teenagers who fall pregnant.

Then there are the women who already have too many children.

Shouldn't they be given the option? And the women over 40 who risk their own health and the child's by continued pregnancy.

The iron-hard abortion laws of this country cause unnecessary suffering, the break-up of families, and even death.

Marcella Martinez, of the United Nations Secretariat says

"Whenever a country outlaws abortion the number of abortions remains virtually constant — but the death rate for women rises sharply."

In the same vein, if we could change to abortion on demand there would be no sudden flood in the number of abortions —

they'd just be legal. And that would mean a drastic cut in the number of deaths.

If you object to abortion on your own religious or moral grounds that's fine, but why force your standards onto other people?

Abortion on demand simply gives you the choice to make up your own mind.

Let's fight for that right, for as Bill Baird, a prominent pro-choice American says

"I don't see the issue as abortion. I see the issue as freedom."

"Do females have the right to be free? Look at it that way and there's nothing ambivalent about abortion."

What do you think?  
Write to Abortion,  
Sunday Express,  
Living, Box 1067,  
Johannesburg 2000





# 347 legal abortions in SA last year

medical care index of the C.P.I.

Apr 29/4/81  
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## Medical Reporter

A TOTAL of 347 women had legal abortions last year, according to the 1980 report of the Department of Health, Welfare and Pensions.

Almost half of these (156) were granted because the continued pregnancy posed a serious threat to the mental health of women concerned, while 99 were performed because they were threats to the health or life of the pregnant women.

Seventy foetuses were aborted because there was a serious risk that they would be born with a physical or mental defect, and 21 pregnancies were terminated because conception was alleged to have occurred during rape or incest

## RAPE

Twenty of the women who had abortions were 14 years old or under, 59 of them were between 15 and 19, and seven women were over 45.

Other facts disclosed by the report were that.

The department last year increased its expenditure on tuberculosis from R27 495 049 in 1980 to R31 517 800 for 1981.

The number of leprosy cases in South Africa decreased from 132 in 1979 to 90 last year.

Preliminary guidelines for the reclaiming of waste water for domestic use have been drafted.

More doctors last year contracted back into medical schemes than in 1979.

A total of 4 111 foreign patients were treated in South Africa. The majority of them (2 884) received treatment in the Cape

Notes

Year	GNP per Capita (R)	Health Expenditure per Capita (P)
1959/60	356	14
1969/70	596	23
1974/75	705	25
Annual Growth Rate	4,4	3,9

Table 5 Health Expenditure Per Capita in Constant 1970 Prices 1959/60 - 1974/75 (a)

(13)

Year	Private Health as % of Private Consumption	Public Health as % of Public Consumption	Public Consumption as % of GNP
1959/60	2,8	18,7	11,3
1969/70	3,3	17,6	12,0
1974/75	2,8	16,8	14,4

Table 6 Percentages of Private and Public Consumption Expenditure Allocated to Health Services 1959/60-1974/75

(14)

Sources. For Expenditure and GNP data see Table 4, Consumption expenditure data - South African Statistics 1976, Table 21, 15 and 1970, Table W-5. The consumption data is adjusted to the fiscal year ending in March.

# Call to face facts of future demand for jobs

**Political Staff**  
CAPE TOWN — By the year 2000 South Africa would have to create 1 000 jobs every working day just to provide work for new male entrants to the labour market, the executive director of the South African Federated Chamber of Industries, Mr I C A van Zyl, told a plenary meeting of the President's Council yesterday.

A drop in the national birth rate would not significantly reduce the prob-

lem, since most of those who would be seeking work between now and the end of the century had already been born.

"There is no way the problem can be avoided," Mr van Zyl said. "We are dealing with hard facts on the supply side of the labour market which we can ignore only at our peril."

He told the council that the country's total population was expected to reach

48 million by the year 2 000 and that the proportion of whites would decline in the absence of gains through immigration from 16,1 percent at present to 11,2 percent.

A growth rate of at least 5 percent a year in the real gross domestic product would be needed to absorb the increases in the labour force, Mr van Zyl said.

He predicted that South Africa's future economic

growth would take place largely in the existing urban areas, and not in outlying areas.

By the year 2000, about 90 percent of all whites, coloureds and Asians would be living in urban areas. In the case of blacks, estimates varied between a 50 and 70 percent urbanised population by the end of the century. Last year, 38 percent of all blacks were living in the cities.

"Whatever the rates of urbanisation are, great demands will be made on housing, the social administrative and physical infrastructure and the provision of employment opportunities."

"There are also serious implications in terms of satisfying the political aspirations of very large numbers of urbanised people," Mr van Zyl said.

S. Tribune 10/5/81 (237)

# Report: Alter abortion law

By WILLIAM SAUNDERSON-MAYER

A RELAXATION of South Africa's strict abortion control laws may be imminent following research done secretly by the Human Sciences Research Council for the Government

The top-secret studies of the council are studied by the Government at Cabinet level as a basis for future policy decisions.

The research found that a majority of people in all race groups were in favour of what amounts to abortion on demand-when con-

traceptive measures have failed

This would be a departure from the current legal position which allows abortion only when there has been rape or incest, when the continued pregnancy would seriously threaten the physical or mental welfare of the woman, or when there is a serious risk of the child being physically or mentally deficient.

The study was requested by the Department of Health, whose senior staff aided in drawing up the questionnaire. It states that the Health Service Research Council "has already been working with the Department of Health

on refinements of the national family planning programme."

It was conducted personally by the director of the council's Institute for Sociological Demographic and Criminological Research, Dr Johan Lotter, along with another researcher, Lorraine Glanz. It was completed in July last year.

The Health Service Research Council said in the study that opinion polls, conducted over the past two decades, indicate the public's attitude to legal abortion has gradually become more favourable

When asked whether

abortion should be legalised for all women, irrespective of race, the majority of respondents in all race groups were in favour.

Among whites, 28 per cent of the respondents said no, whereas 54 per cent of the men and 50 per cent of the women were in favour.

Almost two thirds of Indian men were in favour, with only a fifth opposed. Indian women also came out in favour, but by a much narrower margin of 38 per cent to 35 per cent

The margin of coloured men in favour was even narrower, with 39 per cent saying yes to 37

percent saying no. Coloured women were in favour by 44 percent to 32 percent.

Black men were in favour by a margin of 51 percent yes to 2 percent no. Black women were slightly more conservative, being in favour of such legalised abortion for all women by 47 percent to 39 percent

South Africa has not escaped the abortion debate. Recently people were set thinking by wide coverage in the media of the case of a Free State girl who, it is claimed, became pregnant following a rape but did not succeed in getting an abortion

# Population growth problems ahead

337  
237  
STAR  
12/18

By Bob Davis

BLOEMFONTEIN — Even a drastic drop in the birth rate would do little to reduce the problems created by South Africa's population explosion

Mr P Steyn, general manager of Sanlam, said this in an address to the annual congress of the Afrikaanse Handelsinstituut on the economic implications of South Africa's population growth. He said there would be 50-million people in South Africa by the year 2000

The present demand for new jobs was 300 000 a year but by 1990 it would be 400 000 a year

### IMPROVEMENT

Mr Steyn said it was clear that political and economic stability depended directly on the improvement of the living standards of other races

The solution did not depend only on economic growth but also involved switching to labour development

The establishment of small businesses was essential he said because of experience in the USA

and Japan showed that in relation to investment small businesses created more job opportunities than large businesses

Mr Steyn said it was of particular importance that black entrepreneurs he helped to start small business undertakings

### TEACHERS

Highlighting the need for black employment and training, he said in education alone more than 333 000 teachers would be needed by the end of the century, requiring the training of an additional 10 000 a year

The housing needs for the next 20 years totalled five million units therefore the present building rate of 60 000 units a year would have to be stepped up to 250 000 a year if the backlog was not to become increasingly serious. The cost would be more than R1 000 million a year

Solutions to the population growth problem could be found in more rapid homeland development, a high rate of economic growth and family planning

(2) "responsible person" means anyone aged 18 years old or older who is a member of the household.

(3) "female person" means a woman between the ages of 15 and 49 years (both ages inclusive) who has ever married (including a woman who is living together with a man as husband and wife)

2 If so required by an employee of the Department of Statistics of any person defined in regulations 1 (2) and/or 1 (3)—

(1) a responsible person shall submit the particulars and information referred to in regulation 3 (1), and

(2) a female person shall submit the particulars and information referred to in regulation 3 (2),

during the period May 1981 to October 1982 at his or her usual place of residence to the Secretary for Statistics

3 (1) The particulars and information in respect of a household must be given on the relevant questionnaire (07-06H) This questionnaire contains questions on—

(a) the number of persons comprising the household and the sex of those persons

(b) pregnancies in the household

(2) The particulars and information about fertility must be given on the relevant questionnaire (07-06F) This questionnaire contains questions on the respondent's background, history of pregnancies, knowledge and use of contraception, marriage history, fertility regulation, work history and current (last) husband's background

4 Any person who, without reasonable cause, fails to comply with one or more of the provisions of the preceding regulations, shall be guilty of an offence and liable on conviction to a fine not exceeding R200 or, in the case of a continuing failure to comply therewith, to a fine not exceeding R10 for every day on which such failure continues

DEPARTMENT OF TRANSPORT

No R 1044 15 May 1981

THE REGULATIONS FOR THE USE OF VESSELS OF LESS THAN THREE METRES IN LENGTH — SECTION 72A (2) OF ACT 57 OF 1951

The Minister of Transport Affairs has in terms of section 72A (2) of the Merchant Shipping Act 1951 (Act 57 of 1951), made the regulations set out in the Schedule hereto

SCHEDULE

DEFINITIONS

1 In these regulations the expression "the Act" means the Merchant Shipping Act, 1951 (Act 57 of 1951), and any expression to which a meaning has been assigned in the Act bears the meaning so assigned and unless the context otherwise indicates—

"low-water mark" means the low-water mark as defined in section 1 of the Territorial Waters Act, 1963 (Act 87 of 1963),

"local authority" means a local authority as defined in section 1 of the Sea-Shore Act, 1935 (Act 21 of 1935), and

"vessel" means a vessel which is less than three metres long.

(2) "verantwoordelike persoon" iemand van 18 jaar of ouer wat deel uitmaak van 'n huishouding

(3) "vroulike persoon" 'n vrou tussen die ouderdomme 15 en 49 jaar (albei jare inbegrepe) wat ooit getrou het (met inbegrip van die wat met 'n man saamleef as man en vrou)

2 Indien 'n werknemer van die Departement van Statistiek dit van iemand soos omskryf in regulasie 1 (2) en, of 1 (3) verlang moet—

(1) 'n verantwoordelike persoon die besonderhede en inligting bedoel in regulasie 3 (1) en

(2) 'n vroulike persoon die besonderhede en inligting bedoel in regulasie 3 (2),

gedurende die tydperk Mei 1981 tot Oktober 1982 by sy of haar gewone verblyfplek aan die Sekretaris van Statistiek, verstrek

3 (1) Die besonderhede en inligting oor 'n huishouding moet in die betrokke vraelys (07-06H) verstrek word Hierdie vraelys bevat vrae oor—

(a) die getal persone waaruit die betrokke huishouding bestaan en die geslag van die persone

(b) swangerskappe in die huishouding

(2) Die besonderhede en inligting oor fertiliteit moet in die betrokke vraelys (07-06F) verstrek word Hierdie vraelys bevat vrae oor die respondent se agtergrond, geskiedenis van swangerskappe, kennis en gebruik van kontrasepsie, huweliksgeskiedenis, fertiliteitsbeheermaatreels, werksgeskiedenis en huidige (laaste) man se agtergrond

4 Enigiemand wat sonder redelike oorsaak in gebreke bly om aan een of meer van die bepalings van voorgaande regulasies te voldoen, is skuldig aan 'n misdryf en is by skuldigbevinding strafbaar met 'n boete van hoogstens R200 of, in die geval van 'n voortdurende versuim om daaraan te voldoen, met 'n boete van hoogstens R10 vir elke dag waarop sodanige versuim voortduur

DEPARTEMENT VAN VERVOER

No R 1044 15 Mei 1981

DIE REGULASIES VIR DIE GEBRUIK VAN VAARTUIG VAN MINDER AS DRIE METER LANK — ARTIKEL 72A (2) VAN WET 57 VAN 1951

Die Minister van Vervoerwese het kragtens artikel 72A (2) van die Handelskeepvaartwet 1951 (Wet 57 van 1951), die regulasies in die Bylae hiervan uitgevaardig

BYLAE

WOORDOMSKRYWINGS

1 In hierdie regulasies beteken die uitdrukking "die Wet" die Handelskeepvaartwet, 1951 (Wet 57 van 1951) en het 'n uitdrukking waaraan daar in die Wet 'n betekenis geheg word, daardie betekenis en tensy uit die samehang anders blyk, beteken—

"laagwatermerk" laagwatermerk soos omskryf in artikel 1 van die Wet op Territoriale Waters, 1963 (Wet 87 van 1963),

"plaaslike bestuur" 'n plaaslike bestuur soos omskryf in artikel 1 van die Strandwet, 1935 (Wet 21 van 1935) en

"vaartuig" 'n vaartuig wat minder as drie meter lank is

**DEPARTMENT OF STATISTICS**

No R 1052

15 May 1981

REGULATIONS UNDER SECTION 17 OF THE  
STATISTICS ACT, 1976 (ACT 66 OF 1976)

**HOUSEHOLD AND FERTILITY SURVEYS**

The Minister of Statistics has under section 17 of the Statistics Act, 1976 (Act 66 of 1976), read with Government Notice R 139 of 4 February 1977, made the regulations in the Annexure hereto in connection with the collection of statistics relating to households and fertility

**ANNEXURE**

1 In these regulations, unless the context otherwise indicates—

(1) "household" means—

- (a) any family living on its own (without non-family members) in a dwelling unit, or
- (b) any group of non-related persons who form a unit in so far as the household budget is concerned and who share a dwelling unit (including a family with whom non-family members live), or
- (c) any single person living in a dwelling unit

The definition of "household" is qualified further by adding that in the case of two or more families and/or groups of non-related persons and/or single persons as defined in (a), (b) and (c), respectively, sharing one dwelling unit, each with its own household budget, the number of separate household budgets will determine the number of households in that dwelling unit

**DEPARTEMENT VAN STATISTIEK**

No R 1052

15 Mei 1981

REGULASIES KRAGTENS ARTIKEL 17 VAN DIE  
WET OP STATISTIEKE, 1976 (WET 66 VAN 1976)

**HUISHOUDINGS- EN FERTILITEITSOPNAMES**

Die Minister van Statistiek het kragtens artikel 17 van die Wet op Statistieke, 1976 (Wet 66 van 1976), geleen met Goewernementskennisgewing R 139 van 4 Februarie 1977, die regulasies in die Bylae hiervan in verband met die versameling van statistieke oor huishoudings en fertilitet uitgevaardig

**BYLAE**

1 In hierdie regulasies tensy uit die samehang anders blyk, beteken—

(1) "huishouding"—

- (a) 'n gesin wat op sy eie (sonder nie-gesinslede) in 'n wooneenheid woon, of
- (b) 'n groep nie-verwante persone wat as 'n eenheid sover dit die huishoudelike begroting aangaan, 'n wooneenheid deel (met inbegrip van 'n gesin by wie daar nie-gesinslede inwoon), of
- (c) 'n alleenlopende wat in 'n wooneenheid woon

Die omskrywing van "huishouding" word verder gekwalifiseer deur by te voeg dat indien twee of meer gesinne en/of groepe nie-verwante persone en/of alleenlopendes soos onderskeidelik in (a), (b) en (c), omskryf een wooneenheid deel, elk met 'n eie huishoudelike begroting, die getal afsonderlike huishoudelike begrotings, die getal huishoudings in daardie wooneesheid bepaal

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# Divorce Act doesn't forget the wife — but is it enough?

Ev. Post  
27/5/81  
937  
RSP

By YVONNE STEYNBERG  
Woman's Editor

LAST year, the effects of the new Divorce Act of 1979 were beginning to be felt, and many women learnt to their discomfort that they were not fully aware of all the implications of the new laws affecting divorce.

In a previous article, in which I spoke to a woman attorney in Port Elizabeth, it was pointed out that one could actually be divorced without knowing it!

Undoubtedly, the most important change introduced by the new Divorce Act is that the guilt principle has almost entirely been banished from the South African law of divorce.

Not surprisingly many women are now asking how a wife — who is the innocent party — could protect her marriage and future, if her husband (as the guilty party) were to insist on a divorce.

It has also been suggested that the new Divorce Act may favour the guilty husband in that it may facilitate divorce for him.

Whereas the woman advocate whom I interviewed in Port Elizabeth, pointed out all the pitfalls of the new Divorce Act as it affects women, an article in the latest issue of Her Own Financial Forum, but written by a male advocate

points out the advantages of the new law.

Whatever the pro's and con's of the issue — and it is a matter of vital importance when seen in the light of the soaring divorce rate in this country, and the number of "second" marriages which also go on the rocks — there are certain aspects of the new law which should be considered on merit.

The advocate states that, to a certain degree, we are still enslaved by the idea that, it is unfair that a "guilty" party should be entitled to divorce.

When, however, one tries to observe objectively the role of guilt in divorce certain truths come to the fore that simply have to be recognised in modern divorce law.

In the first place one does not have to be a sociologist to know that the marriage relationship is far too complex to blithely label parties "guilty" and "innocent" when it comes to a matter of divorce.

Under the old divorce law the unsavoury search for evidence of guilt was often to put it mildly an extremely unpleasant affair.

All sorts of questionable techniques of detection were put to use and there were even cases where "decoys" were used to produce evidence of "guilt".

Secondly many a legal practitioner can testify to the ex-

tremely disadvantageous conditions that the guilty party was sometimes forced to accept.

Under the old law the innocent party could for instance, prevent a divorce by simply withholding consent.

This often resulted in a kind of blackmail, with the innocent party stipulating all sorts of unreasonable conditions, such as total control and custody of the children, as well as prohibitive maintenance payments in exchange for consent to divorce.

Thirdly — and this is very illuminating — according to statistics, more than 90% of all divorces in South Africa prior to 1979, were actually undefended.

The guilt-factor was, therefore, relevant in less than 10% of all the cases.

Taking into consideration these deleterious results it would definitely appear that, statistically speaking, there was little to say in favour of retention of the guilt principle.

Where both parties desired divorce, the guilt principle became nothing less than sheer fiction and, as already mentioned, this was actually the position in 90% of cases.

Under the old divorce law, retention of the guilt principle often led the parties involved to fabricate evidence, such as malicious desertion, or even adultery, in order that their

case could be made to fit in with "letter of the law".

The irony was that both the parties, their legal representatives and, with due respect, even the Judge himself, were fully aware of the fact that the whole thing was, a complete charade.

Obviously, such a state of affairs did little or nothing to enhance the public image of the administration of justice.

Viewing it objectively, when one sees the abolition of the guilt principle against this background, it immediately becomes clear why the South African legislature thought fit to introduce "the irretrievable breakdown of a marriage" as the basic ground of divorce.

"At first glance it may seem "unfair" that the guilty party can force a divorce by simply alleging that the matrimonial bond has been irreparably broken, but the question is after all what is the sense in trying to keep alive, artificially as it were, a marriage which is already dead?"

Sociologists agree that it is futile to force the existence of a marriage where it simply is no longer viable.

In these circumstances, the breaking of the marriage bond is clearly in the best interests not only of the innocent party but of the children as well.

In a report on divorce, the Archbishop of Canterbury said:

Divorce law founded on the doctrine of breakdown would not only accord better with social realities than the present law does but would have the merit of showing up divorce for what, in essence it is, — not a reward for marital virtue on the one side and penalty for matrimonial delinquency on the other, not a virtue for one spouse and a reverse for the other, but a defeat for both, a failure of the marital "two-in-oneness" in which both its members, however unequal their responsibility are inevitably involved together."

He referred to the criticism that the new law ostensibly favours the husband as guilty party, since he can now obtain divorce easily and leave his wife as it were impecunious.

"In this regard it must be remembered very clearly that the new law does not completely do away with the guilt principle in our divorce system.

Provision is specifically made that the court may take cognisance of the parties' conduct in so far as it may be relevant to the breakdown of the marriage when an order for maintenance is granted" — (Section 7(2)).

Provision is also made that the court may take cognisance of "any substantial misconduct" of the parties when an order for the forfeiture of patrimonial benefits is made.

The "innocent" wife fearing to be left destitute has therefore, not been forgotten by the legislator.

However, despite this a warning is necessary.

It would be foolish for her to adopt a careless attitude when it comes to such questions as maintenance, or the forfeiture of patrimonial benefits and costs.

The help of an able legal practitioner is always preferable to a do-it-yourself approach however financially tempting.



The man who dictates to famous women and all others who follow slavishly how they should wear their hair, does not seem to care about the appearance of his current girl friend. Famous hairdresser Vidal Sassoon and his latest girl friend, Jane Branneky, pose for photographers at Heathrow airport before flying to New York. Blonde Jane, 26, from California, rolled her cuddly leg warmers down to her ankles for photographers but firmly clutched her mink, while Vidal, 54, twice married, said: "We're just having fun."

# Abortion: we demand the right to choose

S. Express 31/5/81 (237)

ABORTION should, most definitely, be made legal in this country'

Females do indeed have the right to freedom of choice when faced with either an unwanted pregnancy, or a pregnancy which if continued could be fatal to either mother or unborn child, or to both

Legal abortion is not murder since I believe the unborn child has not lived until it has breathed with its own lungs, ingested food through its mouth and defecated itself. The unborn child is the promise of life, life which its parents have created and therefore have every right to take away by means of a legally performed abortion, if they so choose

Abortion is murder when performed illegally, by an unqualified backstreet abortionist. These backstreet abortionists are mainly in this sick game for their own financial profit, and at the risk of either death or sterility of the desperate mother

So, if abortion is legislated, it promises a healthier, happier future in South Africa for mothers, wanted children born, and for all those concerned

*A once desperate mother*

Living's series on abortion has prompted a flood of letters and phone calls. It is good to know that so many of you do care about an issue that seemed to have been avalanched by other pressing problems faced by South Africans. Here, we print a few of the letters and apologise that through a lack of space we cannot cover all of the interesting points you raised.

and even the Bible makes this quite clear

I sincerely hope that your series of articles will draw society's attention to this serious matter. Women's organisations should set up centres to give guidance to girls generally, and especially to those in difficulties. Parents are often not equipped to deal with such matters

*Professor Leila Bronner, Department of Biblical and Hebrew Studies, Wits University*

WHAT is ultimately going to be the answer to this very real problem? How is it going to be possible to overcome the fearful prejudices of the anti-abortion "Pro-life" forces, so that abortion may be removed from the corridors of power and of the church, and placed in its right perspective?

A great deal of trouble, I believe, is that anti-sexuality has taken such a firm hold in this country that even the broadest-minded people are afraid

'mentionable' in 'polite' society

I believe that something drastic should be done to counteract the ineffectable Rev Ian Webber, who writes a weekly column in "Family Radio & TV" — whose advice to unselecting "writers-in" must pollute their minds beyond imagination

I believe we should have easily available media — or media supplements — of the order of "She" and "Cosmopolitan", which take the mystery out of sex, and restore it to its rightful place as a part of human living

It seems to me that our society should somehow establish a 'truth' department, which takes every myth ever spoken or published about these matters, and places them in their right perspective — such as the myth that "every child is wanted by someone" — which simply isn't true

How disgusting all this is! How appalling it is to think that the section of the community which has no interest in sex at all, is in a position to dictate to the other section, which has How frightening it is

197 816 IN-





31/5/81

SUE Douglas, in taking a very necessary look at the problems of women experiencing unwanted pregnancy, focuses only on abortion as a solution ('Living', 22nd and 29th March, 5th April)

Of the 38 000 women she mentions who were hospitalised in one year for complications after illegal abortion, the vast majority were black. We can assume that the overwhelming problem was poverty and that had these women, failing any normal source of income, had access to livable Maintenance Grants, abortion might not have been their choice.

One wonders, too, how many of these women would have been unable to keep their babies with them in terms of Group Areas Legislation. Meanwhile, single parents of all races who are not affected by poverty or adverse legislation often face agonizing problems in caring for their children. We are as yet nowhere near providing the necessary facilities (day care services being the most obvious example) to enable them to function

Sue Douglas points out that "no woman wants an abortion, it is always a last resort". Let our priority be to ensure that no woman need see abortion as her only option.  
*Ms J Loffell, Senior Social worker.*

I READ with great interest the article depicting the sad plight of Kathy. She is but one of the thousands of girls who are so badly abused.

It is time society worried more about the woman, actual life than the foetus; potential life. Abortion is not murder

A FOETUS, a thing without experience, without thought, incapable of independent existence, can be said to exist, but not to live in the proper sense of the word.

To call the transition from mere existence to non-existence ("death" presupposes the existence of life as we know it) murder, is not only melodramatic, the word is simply inapplicable.

The taking of a life, and the termination of mere existence are two entirely different things and that's what abortion is, the termination of mere existence.

It is a process whereby a foetus becomes an ex-foetus. Nothing more. True, it can also be seen as destruction of potential, but it's time we stopped romanticising about that too. After all what the eye doesn't see the heart doesn't grieve after, the harshness of which lies in its truth. (As the poet said "Mankind cannot

bear too much reality").

I do not see the injustice in a woman having the freedom to make this decision, one which so drastically affects the quality of her life. I do see the injustice in depriving her of it.

*Jenny Boberg, Saxonwold, Johannesburg*

I AM a woman and I would like to choose whether I may have my baby or have "it" aborted! It's about time women made decisions about women's things.

*Ms M Baird, Kensington, Johannesburg.*

to open their mouths.

This is all part of censorship and propaganda to the effect that sex is the one, single underlying reason why "the west" is declining.

The forces that apply these restrictions are determined that no loophole shall ever be found through which South Africans shall discover that sex is good, happy, decent and loving — and so it remains the sneaky, twisted wretchedness it has actually become.

And if only those same authorities could see that the unwholesomeness of sex in places where it is unwholesome, is due to past repression more than to present freedom, perhaps we could get somewhere. (People always make gluttons of themselves when something which was formerly restricted now becomes freely available — but this is a cycle they have to go through in order that a balance is struck).

As an individual, I have a totally different attitude to sex from that of most men I have ever met. This is probably because I believe, with Wilhelm Reich — (who took over where Freud left off) — that repressed sexuality leads to most of the psychiatric problems to which mankind is heir.

This includes vices like alcoholism and drug dependence — and a whole host of character defects which make mankind (including womankind) the difficult animal he/she is.

It also includes certain 'desirable' phenomena, like over-achieving, and power hunger; and a lot of other very much less desirable ones, like the rape syndrome.

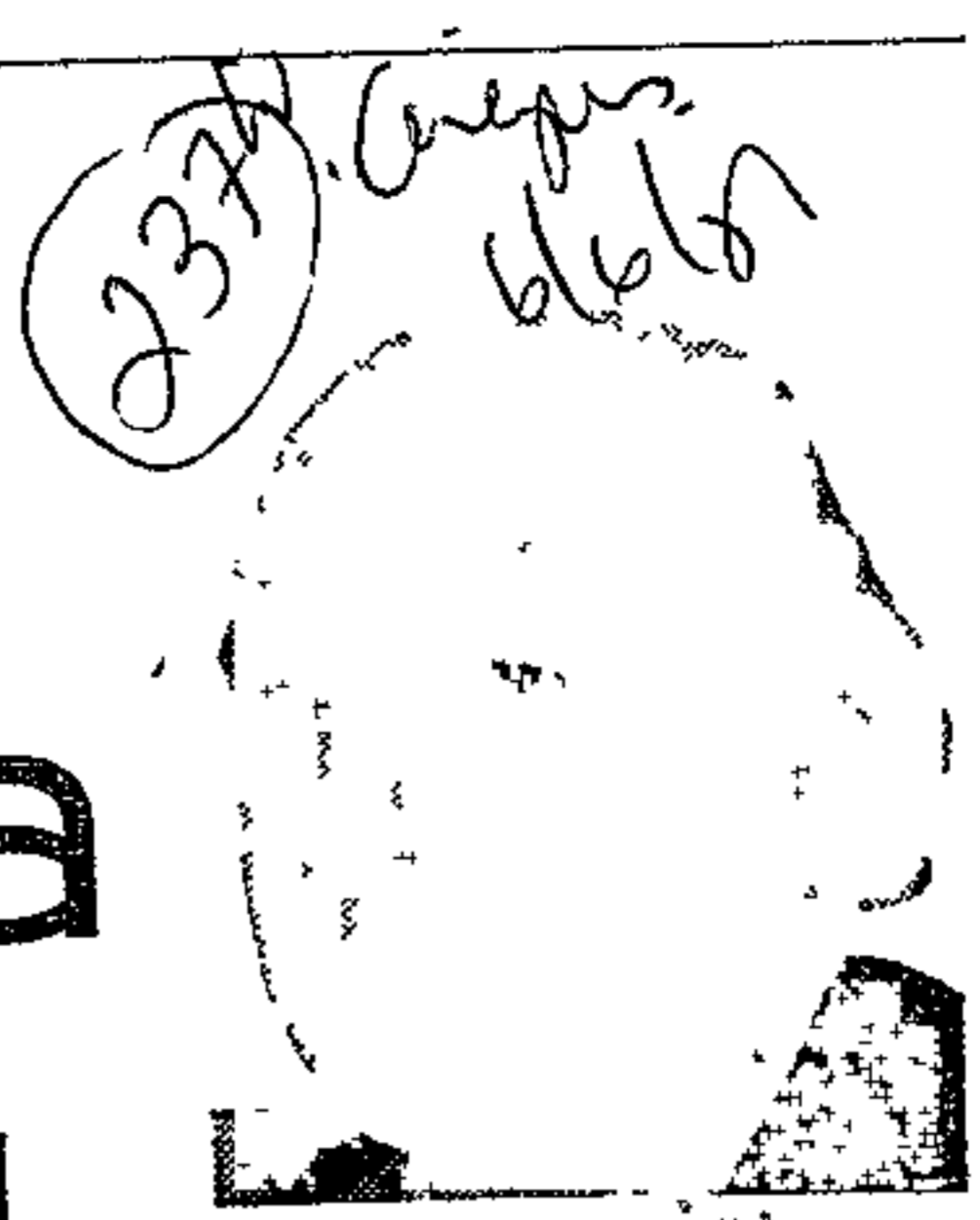
I believe that before we can satisfactorily solve the abortion problem, we have to solve the sex problem, so that it is not 'un-

creasingly successful in distorting sexuality, so that an increasing number of young people regard it as 'shameful', and thus threatening harmonious sexuality among growing numbers of couples.

I am totally convinced that the South African attitude towards sexuality is sheer lunacy, and that we are already reaping the harvest this attitude has

*Mr D Sargeant, The Humanist Association of South Africa, PO Box 23117, Joubert Park*

# Abortion: New plea to Munnik



Dr L A P A Munnik

**THE Abortion Reform Action Group (ARAG) is to appeal, for the second time, for a commission of inquiry into the workings of the 1975 Abortion and Sterilisation Act.**

At a recent meeting of the Cape branch of ARAG, members expressed disappointment that the Minister of Health, Dr L A P A Munnik, had failed to appoint a commission of inquiry.

When executive members of the group saw Dr Munnik in February 1980, their request had been sympathetically received and they had been informed it would be seriously considered if other support was forthcoming.

ARAG had elicited strong support from the women's branch of the Medical Association, the Soroptimists, Business and Professional Women, the Society of University Women, the ACVV, the Civil Rights League, the National Council of

Women and other local organisations such as the President 100 Club

But Dr Munnik had given an arbitrary 'no' in Parliament in January 1981.

An executive member of the Cape branch of ARAG said this week Dr Munnik may have made the decision in fear of appearing 'too liberal' by probing such a controversial issue before the general election.

Therefore he should be approached again to impress on him the urgency of an inquiry into the effects of a law that was 'injurious to the health of women and consequently of the nation'

ARAG asked those organisations and people who communicated with the Minister of Health, to do so again

ARAG states that an obvious defect of the Abortion Act is the denial of abortion to women who have suffered genuine contraceptive failure, even failure of surgical sterilisation.

Hospitals — their services severely stretched — are burdened with traumatic, septic cases of backstreet abortion. In one year alone the official minimum figure of hospitalised backstreet cases in South Africa was 19 000

ARAG was also concerned with the serious problems such as housing, schooling and pollution — all the result of a high population growth

ARAG regretted that the recent Department of Statistics sex and birth control survey had been suspended.

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18 Van der Horst, Women as an Economic Force in

Southern Africa.

PLEASE CIRCLE ITEMS REQUIRED

ORDER FORM

SA is to have another census

By Chris van Gass Pretoria Bureau South Africa is to have another census in 1985 — five years before it is due.

The Cabinet has already given the green light and the new census is expected to replace data gathered in last year's census — considered by many to have been incomplete — and which cost the country more than R17-million.

The 1985 census, taking

inflation into consideration, could cost the country much more.

Serious allegations about the effectiveness of the 1980 census were made last year after it became clear that thousands of blacks and whites in various centres — especially Soweto and Johannesburg — had not been enumerated.

Staff problems were

To Page 3, Col 10

For Intergroup Studies, Republic of South Africa

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able in

Another census for SA

from page 1

also experienced during enumeration

This led to many being overlooked

Planning for the 1985 census, which aims at eliminating problems experienced with the 1980 census will begin soon

By law a national census must be held every 10 years, or at the discretion of the Minister concerned

The Minister of Statistics, Dr Treurnicht, apparently decided that the next one should take place five years before it is due

Although officials of the Department of Statistics have admitted that the 1980 census was not "one hundred percent effective," there was not a country in the world which could claim an 100 percent effective census, they said

There had been a measure of "underestimation" in 1980 and it was felt there would be a need, because of South Africa's rapidly changing situation, for updated information by 1985

"The results of last year's census are being processed, which shows we are satisfied with the outcome," said a spokesman for the Department.

"We always look to improvements and the census in 1985 will be applied more intensively, with better applications of methods for a more effective census," he said

Verdere Toelighting met 'n Steekproef van Studente. 18 Van der Horst, Women as an Economic Force in Southern Africa.

PLEASE CIRCLE ITEMS REQUIRED

# Old age population rises as births fall

BY GERALD REILLY  
Pretoria Bureau

SOUTH Africa's old age white population is growing — and the birth rate is falling sharply, according to figures supplied by the Department of Statistics

Although all the results of the 1980 census are not yet available, the authorities say it is clear the 1970 figure of 395 000 whites over the age of 60 will be shown to have risen to between 470 000 and 500 000 by 1980

Demographers also say whites are moving steadily towards zero population growth (ZPG), with a current estimated natural increase of only 0,9%

This follows a trend apparent in most Western — and some East European — countries for the past 15 years

According to the latest International Demographic Yearbook, the natural population increase in Britain between 1970 and 1977 was 0,1%, in the United States it was 0,8%, in West Germany 0,2%, in East Germany minus 0,2% and in France 0,6%

Meanwhile, South Africa's black population continued to rise sharply between 1970 and 1980, with the department's statistics reflecting the current rate at 2,8%

According to the Bulletin of Statistics, total white births fell from 83 727 in 1974 to 73 216 in 1978

At present whites constitute 18,7% of the total population. The projection is that by the end of the century this will fall to between 11% and 12%, if current trends continue

According to the vice-presi-

dent of the Human Sciences Research Council, Dr P Smit, the trend towards ZPG among whites is indicated by the average number of births per capita — 2,12

This is close to the figure estimated to signify ZPG — 2,06%

Fertility norms have also changed. In a previous HSRC survey, only 2% of those polled regarded a family with four children as being large. In 1975 37% supported this view

It is estimated the present white population of 4 500 000 will have grown to between 5 200 000 and 5 600 000 by the end of the century

According to the Department of Health, Welfare and Pensions, nearly 25 000 whites now qualify for old-age pensions

However, according to the Progressive Federal Party's

finance spokesman, Mr Harry Schwarz, there are many thousands of old people whose meagre incomes disqualify them from claiming pensions, and who eke out a living from interest on investments — which falls well below the inflation rate

Mr Schwarz commented "The country's growing aged population is becoming an enormous problem. Part of the solution is the scrapping or drastic amendment of the present means test"

The test was outdated, and should be redesigned in terms of the present prices of essentials and the inflation rate

The meagre pension increases granted in this year's interim Budget were totally inadequate to counter soaring living costs, particularly rents, Mr Schwarz said

## DISEASES OF THE DIGESTIVE SYSTEM

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5-24	0,02	0,01	0,03	0,01	0,04	0,03	0,05	0,05	0,05
5-44	0,11	0,09	0,39	0,10	0,41	0,19	0,23	0,22	0,22
5-64	0,92	0,42	1,60	0,72	1,31	0,67	0,80	0,68	0,68
65+	1,80	1,16	1,61	2,44	1,91	0,75	1,44	0,91	0,91
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NO.	653	430	116	56	370	201	533	329	329

# GPs always abort

## (but it's all quite legal)

DESPERATE women who cannot get their pregnancies terminated legally are being helped by sympathetic South African doctors, who funnel them to abortion clinics in Europe.

South African women are using clinics in Holland and Britain to circumvent the strict local abortion laws with the full knowledge, consent and assistance of their local GPs

And it is perfectly legal

Professor S A Strauss, professor of law at the University of South Africa, confirmed this week that local doctors could — without fear of prosecution — refer patients to clinics in countries where abortion has been legalised

“Although there may be a moral problem involved, there is nothing illegal about the referral in terms of existing South African law,” said Professor Strauss

He knew of cases where this had happened but emphasised that there was usually good cause for the doctor co-operating

“Amateur abortionists” are responsible for many women dying here each year, according to a top gynaecologist

The cases of women being admitted to hospitals on the brink of death because of il-

PROFESSOR STRAUSS

237

S turns 21/6/81

legal abortions had become quite common, he said

“In terms of the Abortion Act”, said Professor Strauss, “a woman who already has several children and whose husband may be an alcoholic, and thus not capable of supporting another child, would not have legal recourse to abortion

### Certificates

“I would imagine that such a person could easily persuade a doctor to provide her with the address of a European abortion clinic and assist her with the red tape involved”

Since the Abortion Act of 1974, about 3 000 legal terminations have been performed in South Africa

The requirements for legal abortions are that the mental health of the mother has to be in serious danger

Certification has to be carried out by two psychiatrists, one a State psychiatrist

Other qualifications allowed for by the Act are proven incest; proven rape, and where there is a reasonable chance that the baby could be born with abnormalities.

Certification in these cases have to be carried out by two

doctors not in partnership

The actual termination has to be carried out by a third doctor

But would a doctor who referred a patient to a clinic overseas face disciplinary action in South Africa?

Professor Strauss said “Where a man simply acts as a pipeline to assist his patient in procuring an abortion in a country where it is legal, any form of action would be difficult, if not impossible”

He questioned a decision of the South African Medical and Dental Council, reached in 1973, which reads “Any medical practitioner who contravenes any law of the country, including being an accessory to an illegal abortion, irrespective of where it is performed, exposes himself to disciplinary action”

### No qualms

The professor commented “Although the terms of reference of the Medical and Dental Council are wide and far-reaching, I think even they may have

some difficulty in proving unethical behaviour”

A senior lecturer in gynaecology at a South African university said he would have “no qualms” in referring “deserving” cases to abortion clinics overseas

### Difficult

“In most of these instances, I would be prepared to co-operate fully to procure an abortion, providing I was not breaking South African law”

Professor Guy de Klerk, chairman of the South African Medical Association, said “I would think that if a doctor went as far as actually supplying his patient with a letter of referral to one of these abortion clinics, he could run the risk of disciplinary action by the Medical and Dental Council”

Professor Frans Geldenhuis, president of the South African Medical and Dental Council, said “As we have, to the best of my knowledge, never had a case like this, it would be difficult for me to speculate on the findings of the council”

G L Cragg

# 10 000 Soweto divorces a year!

TWO hundred couples from Soweto are divorced every week

That's more than 10 000 broken marriages every year

What's wrong?  
The Rev John Tau, director of Soweto Society for Marriage and Family Life, has told a seminar convened by the Black Housewives League, that the high divorce rate could be attributed to "deep underlying factors rather than causes"

He talked about problems

By STAN HLOPHE

married couples experienced and urged the league to form small groups of "marriage savers" who could consult professional people such as doctors, nurses, lawyers, psychologists and marriage counsellors for help

The shock is not that so many marriages failed, but that so many succeeded

There was, for instance, apparent ignorance of the psychological differences between men and women, ignorance about differences in the body and ignorance of the nature and sanctity of the sex act itself

Because of this, many a marriage which appeared to have gone wrong, had in fact never gone right from the beginning

"Add to this a general lack of preparation for parenthood

and you have an idea of the alarming dimensions of this problem," Mr Tau added

"One often discovers that couples, particularly young couples, come from one-parent families

"Then there is the widowed mother, the divorced mother, the deserted mother, the unmarried mother of an illegitimate child or the unmarried mother with an adopted child

"And there is the married mother who finds herself a victim of influx control measures

due to the migrant labour system

"The boy who grows up without a father is at the mercy of irresistible instinctive forces

"He possesses no reliable base that would enable him to know himself or guide his conduct. He has never known his father

"Individuals who come from one-parent families already have problems that become manifested in marriage relationships through other problems," Mr Tau concluded

Star 3/7/81

237

# Denial of birth control allegations

The Deputy Director-General of Health, Dr James Gilliland, yesterday denied that a controversial birth control drug was being used on black South African women without their knowledge

He was commenting on a report from London saying a United Nations panel on South Africa had been told the drug Depo Provera was used on blacks who were not told what it was

The report said Depo Provera was approved in the United States as treatment for uterine cancer but lacked the formal approval of the Federal

Drug Administration as a contraceptive

The drug was used in Britain but some limitations on its use were recommended, the report said

Dr Gilliland's denial was echoed by Dr Eln Hammar, chairman of the Johannesburg branch of the Family Planning Association

But she said she could not guarantee that every woman who was given Depo Provera knew what it was. She said women had a choice of contraceptives

Depo Provera is a contraceptive injection that gives protection for three

months. Dr Gilliland said "I wish to deny in the strongest terms that drugs are used by my department on people without their knowledge or against their will"

He said it was used in South Africa under the strictest supervision and was given only to women whose fertility had already been proved

Denying that the drug was administered without the knowledge of women in national family planning projects, he said the drug had to be injected and it would be difficult to treat a woman without her knowledge

Dr Hammar said Depo Provera was usually given to middle-aged women "who are now recognised as being at risk when taking oral contraceptives."

She said Depo Provera was also used by whites, but added "It is used more among blacks than whites because whites are more likely to be sterilised"

Regarding the danger of the drug, she said a 10-year study on 16 monkeys in the United States had disproved one of the cancer stories and found the drug to protect against cancer of the lining of the uterus

URBAN & REGIONAL

Student Prize

K Strong

For the second best student in the subject of Building Construction.

C W von Düring

For the best student in the subject of Building Construction.  
S A Brick Association Prizes

III: No award

II: A R Low Keen

I: N D G Sessions

For the best student in each of the courses of Building Economics I, II and III in the third, fourth & fifth years respectively.  
LTA Prizes

P R Swift

For the student obtaining the highest marks in Professional Practice.  
Cape Chapter of Quantity Surveyors' Prize  
The Committee of the Western

P C Key

For the best all-round student in any year of study.  
Bell-John Prize

QUANTITY SURVEYING (Continued)

EDM 13/7/81 (237)

# Plea for easier abortions

By MARIKA SBOROS

THE abortion law should be liberalised for moral reasons, a law students' conference has been told

Miss Denise Meyerson, of the University of Cape Town's philosophy department, was speaking on "Abortion and the South African law" at a UCT law students' conference

"I would argue that the foetus is not a person, so it doesn't have a right to live — even less a special right to the preservation of its life," she said

Miss Meyerson called for

abortion to be allowed when a woman becomes pregnant through contraceptive failure or negligent conception

She said the same reason that justified abortion in rape cases justified abortion through contraceptive failure

"I am sure a lot of the precautions which people take are sufficient to show they have not tacitly consented to an unwanted pregnancy or assumed special responsibilities for a foetus"

If the foetus could be extracted and raised outside the womb, as may become possible

in the future, the woman involved would not be entitled to prevent that, she said

Women who negligently conceived did not tacitly assume responsibility

"The law should allow them an abortion too, at least up to a certain point in their pregnancy"

There were good arguments for aborting only early-stage foetuses. This was because the side-effects on the mother, medical staff and society of killing later-stage foetuses would be "too enormous", Miss Meyerson said

of the first year.  
greatest promise at the end  
For the student who has shown  
Student Planners Award

URBAN &  
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PLANNING

K Strong  
For the second best student in the  
subject of Building Construction.

C W von Düring  
For the best student in the  
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The Committee of the Western

P C Key  
For the best all-round student  
in any year of study.  
Bell-John Prize

QUANTITY  
SURVEYING  
(Continued)



# Planning ROM 17/7/81 to control the jobless rate

## Pretoria Bureau

A MILLION women were being protected from pregnancy by the Department of Health's family planning programme, the chairman of the Manpower Commission, Dr Hennie Reynders, told Assocoms Pretoria branch yesterday

Outlining population control as one of the means of controlling unemployment, Dr Reynders said the aim was to increase this total to a million and a half by 1983-84

Black population growth, he said was showing a slight downward tendency"

But according to Department of Statistics figures, the black population was mushrooming at a rate of about 430 000 a year, and was about eight times greater than the actual white population increase

Figures released in Pretoria yesterday put the black population in April this year at 17 500 000

Of this, 5 653 000 were economically active These include 1 129 000 engaged in agriculture, 634 000 in mining, 845 000 in manufacturing, 255 000 in construction, 570 000 in commerce, 204 000 in transport, and 1 483 000 in services

Demographers point out that the white population increase during the current year is expected to be about 53 000

The white population is rising by 1,2% and the black population by 2,8%

The vice-president of the Human Sciences Research Council, Dr Flip Smit, claims that whites are sliding fast towards a zero population growth

According to his calculations, whites at present constitute 18,7% of the total population, but by the end of the century the figure will be between 11 and 12%

It is estimated that the average number of 2,12 births per white women is close to the 2,06 which is accepted as virtually zero growth

Fertilisation norms among whites, Dr Smit said had changed dramatically In an earlier Humans Sciences Research Council survey only 2% of those questioned regarded four children as a big family

By 1974-75, 37% regarded a family of four as big

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QUANTITY  
SURVEYING  
(Continued)

URBAN &  
REGIONAL  
PLANNING

# Govt plans to curtail growth of population

Own Correspondent

PRETORIA — A million women were being protected from pregnancy by the Department of Health's family planning programme, the chairman of the Manpower Commission, Dr Hennie Reynders, said in Pretoria this week

Outlining population control as one of the means of controlling unemployment in a talk to Assocom's Pretoria branch, Dr Reynders said the aim was to increase this total to 1,5-million by 1983-84

Black population growth, he said, was showing a "slight downward tendency"

However, according to Department of Statistics figures, the country's black population is mushrooming at a rate of about 430 000 a year — about eight times greater than the actual white population increase

The figure will exceed 500 000 next year

## Figures

According to figures released here this week, in April this year the black population totalled 17 500 000

Of them 5 653 000 were economically active — 1 129 000 in agriculture, 634 000 in mining, 845 000 in manufacturing, 255 000 in construc-

tion, 570 000 in commerce, 204 000 in transport, and 1 483 000 in services

Demographers point out that the white population increase during the current year is expected to be about 53 000 — eight times less than the black increase

On a percentage basis, the white population is rising by 1,2 percent and the black population by 2,8 percent

The vice-president of the Human Sciences Research Council, Dr Flip Smit, claims that South African whites are sliding fast towards a zero population growth

According to his calculations, whites at present constitute 18,7 percent of the total population, but by the end of the century the figure would be between 11 and 12 percent

It is estimated that the average number of 2,12 births per white woman is close to the 2,06 which is accepted as virtually zero growth

Fertilisation norms among whites, Dr Smit said, had changed drastically. In an earlier Human Sciences Research Council survey only two percent of those quizzed regarded four children as a big family. By 1974-75, 37 percent regarded a family of four as big

CT 23/7/81 237

# SA men shun voluntary sterilization

Staff Reporter

OF THE 26 625 people sterilized in South Africa in 1980, only 2 125 men underwent the operation, according to statistics in the annual report of the Association for Voluntary Sterilization of South Africa (AVSSA)

The statistics, compiled by the Department of Health, Welfare and Pensions, show that more than half of 24 500 South African women sterilized during 1980 were from the Cape

Sterilization operations on women in Cape provincial hospitals numbered 12 904, representing 52,6 percent of the total for the country,

while men in the Cape — 774 — represented 36,4 percent of the South African total

The association emphasizes in its report that it will continue to fight for legalized abortion after failed sterilization, which it says provides the assurance for accepting the operation and also protection of the medical team against possible litigation

Dr E P Woodrow, honorary secretary of the AVSSA, this week ascribed the low number sterilized men to the fact that they were still afraid of sterilization

"Men still have a feeling that it might affect their sexual activities." She said it had been found that a more intelligent and confident male was likely to agree to a vasectomy

"He likes to know he is the one who is taking the decision"

In a recent survey in Britain it was found that where husbands had had a vasectomy, 43 percent of women said it improved their own health, Dr Woodrow said.

"In another survey about 90 percent of sterilized men were fully satisfied and their sexual function had not been affected at all"

A breakdown of figures for men

shows that in 1980, whites had the highest number of sterilizations — 1 700 compared with 1 670 in 1979. Coloured men followed with 190, compared with 230 in 1979, and Asians, 120 compared with 100 in 1979, 115 black men were sterilized last year compared with 155 in 1979.

The association says recent surveys by the Human Sciences Research Council have shown that in every race group the average family size is below four children a family

The average figure for blacks is the highest at 3,9 children, coloured is 3,6 children, whites 3,1 and Asians 2,9.

# Macho SA men

THERE were 24 500 women sterilised in South Africa last year — but only 2 125 men volunteered for the cut.

This emerges in statistics in the annual report of the Association for Voluntary Sterilisation of SA

And last night Dr E P Woodrow, honorary secretary of the AVSSA, blamed it on the fact that men still shared the myth that sterilisation would ruin their "macho" image

The statistics, compiled by the Department of Health, Welfare and Pensions, show more than half the woman sterilised were from the Cape

Sterilisation operations on women in Cape Provincial hospitals totalled 12 904 — 52,6% — while 774 Cape men, or 36,4% of the total, were sterilised

## Protection

The association pledges in its report to continue to fight for legalised abortion of pregnancies after failed sterilisation

It says this would provide "assurance" in accepting the operation and protect medical teams against possible litigation

Dr Woodrow said "Men still

# afraid of the cut

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237

## Mall Correspondent

have a feeling that it might affect their sexual activities"

She said it had been found that a more intelligent and confident male was likely to agree to a vasectomy

"He likes to know he is the one who is taking the decision," Dr Woodrow said

In a recent survey in Britain it was found that in 43% of cases where husbands had had a vasectomy, their wives said it improved their own health

"In another survey about 90% of sterilised men were fully satisfied and their sexual function had not been affected

at all," she said

A breakdown of figures for men shows that in 1980 1 700 whites were sterilised, 190 coloured men, 120 Asians and 115 blacks

For 1979, the vasectomy figures for men were 1 670 whites, 190 coloureds, 100 Asians and 150 blacks

## Contraception

But AVSSA says figures for privately-performed sterilisations are not included in the department's figures, as notification of the operation is not required by law

The association says recent surveys by the Human Sciences Research Council have shown that in every race group the

present average family has less than four children

The average figure for blacks is the highest at 3,9 children, coloured families average 3,6 children, whites 3,1 and Asians 2,9

Surgical contraception has proved the safest and most convenient method to prevent unwanted pregnancies, says AVSSA

"Our target to meet the need is 150 000 voluntary sterilisations per year."

"We take pride in the fact that this organisation has played a part in the Cape in pioneering a controversial concept and making it acceptable"

subject of Building Construction.

For the best student in the  
S A Brick Association Prizes

III: No award

II: A R Low Ken

I: N D G Sessions

fifth years respectively.

II and III in the third, fourth &

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Cape Chapter of Quantity

The Committee of the Western

P C Key

in any year of study.

For the best all-round student

Bell-John Prize

(Continued)

QUANTITY  
SURVEYING

Sunday Express Report

JOHANNESBURG motorists have become the dumping ground for still-born babies — many of them the result of illegal abortions

And the bodies are usually, carelessly hurled from passing cars. These shocking facts were confirmed by senior police officers in Johannesburg this week

In few cases are police able to trace the parents but sometimes detectives are not even able to establish the race or cause of death of the abandoned babies

Detective Sergeant R Cenci, inquest investigation officer, said 17 stillborn foetuses had been found alongside Johannesburg roads in the past seven

# 17 abandoned corpses are only

# 'the tip' of the unknown icebergs

we aren't even aware of them

"It has become an enormous and horrifying problem"

The doctor said the dumpings were the outcome of unwanted pregnancies, when the mother could not face keeping the child or bear going through the procedures of having it adopted

"The statistics for unwanted pregnancies must be astounding"

"Obtaining accurate figures is an impossible task but I have so far ascertained that about half of all the pregnancies in South Africa are unwanted"

"These cases of foetuses being

dumped come as no surprise they were unwanted and regarded as disadvantages"

According to the doctor, unwanted pregnancies which are not terminated can result in later psychological and sociological problems such as child battering and a soaring divorce rate

"And then everybody wants to know why this happens at a time when contraception has been revolutionised"

"The reason is very simple the age of consent in South Africa is 18 and no woman under 18 can consult family planning clinics for contraception without her parents' permission"

"We would have very few of these horrifying problems if the age of consent was lowered and the Abortion Act updated," the doctor said

# Three jobs of million foetuses

EACH YEAR, South African hospitals treat about 20 000 women left dangerously ill after back-street abortions

In a call for the repeal of South Africa's Abortion Act medical experts released these alarming figures to the Sunday Express this week

The Sunday Express was told certain feminist movements had now established a way of circumventing the country's draconian abortion legislation by sending pregnant women through the 'Lesotho connection' for clinical abortions in Maseru

They said nothing was being done in South Africa to eliminate the anguish of pregnant young women who — if they had no money — either had to have a back-street abortion or have the unwanted child adopted

This was the kind of dilemma a 17-year-old pretty and perky Eastern Transvaal girl recently faced

After much soul searching she decided to abort

## ABORTION: DEATH

## IN A BACK STREET

## OR A BORDER RUN

in South Africa's abortion laws, said Dr Dyer, was that no specific provisions were made for abortions for the very young

"Children are having children a few years ago it was estimated that 75% of teenage births in Cape Town were illegal"

to have hysterectomies was 16 to 43 illegal abortion can therefore be a lifelong disaster"

Arag has repeatedly pointed out that South Africa's Abortion Act of 1975 is restrictive and cumbersome

Thus they made abundantly clear that Parliament whether any steps had been taken

ing patched up in our hospitals

"We feel the time is ripe for an official commission of inquiry into the Act with major representation by women of all race groups" said Dr Dyer

The Minister of Health, Welfare and Pensions Dr Lapa Munnik was asked by Arag to appoint a commission of inquiry before last year's Parliamentary session

Dr Dyer said Dr Munnik had initially stated a commission would be a "good idea" but wanted support for Arag's request from other organisations

"We received tremendous support from countless women's organisations, welfare groups and institutions. But before the announcement of a General Election Mrs Helen Suzman P.P. M.P. for Houghton, asked Dr Munnik in Parliament whether any steps had been taken

**As Sterility Is Processed All Lives of Abortions**

any steps had been taken to appoint a commission -

He turned it down for no apparent reason and said he decided it was best not to have the commission "Dr Munnik told me however, that he decided not to appoint a commission because "it would not be in the public's interest to re-open the matter of the Abortion Act The provisions for abortions in the Act are liberal enough"

clear by referring to the 400 to 600 legal abortions performed annually 75% of them on White women who obviously had a much better chance of wading through the red tape involved in each abortion

"At the same time it now appears that at least 20 000 illegal abortions a year are being referred to the 400 to 600 legal abortions performed annually

When girls as young as this report to back-street abortions they may survive but Dr Dyer said they had a 1 in 3 chance of permanent sterility

"In the Baragwarath study the age-range of those who had gilmate with the biggest increase in the 13-year-old age group"

But now a Sunday Express investigation has revealed desperate women with unwanted pregnancies have another alternative provided they have the cash on hand

South African doctors aware of the 'abortion connection' across the border have been unwilling to acknowledge it for fear the South African Government might clamp down

Lesotho has provided many young women and teenage girls with their only salvation As little attention as possible should be drawn to the matter otherwise there could be ways of stopping it," a doctor said

Neither the women nor the neighbouring state are at fault It's our very own antiquated and useless abortion legislation which must be revamped Only then would these desperate bids for help across our borders cease

Information on the number of abortions performed at Lesotho hospitals could not be obtained and I could not find out if the country's "Slack abortion legislation" would in future be tightened up

Dr Marjorie Dyer, chairman of the Abortion Reform Action Group (Arag) in South Africa, said the horror of back-street abortions should continually be emphasised as this had been the main motivation in the liberalisation of abortion laws in other countries

"The main reason for repealing formerly restrictive laws has been to give women a safe alternative to back-street operations," she said

A medical survey at the Baragwarath Hospital in 1978 revealed that 2 881 cases were admitted for complications after illegal abortions There were nine deaths and four of these women had four or more children, Dr Dyer said

"The women who do survive back-street operations are often desperately ill, as evidenced by the 26 who had to have hysterectomies"

But the most serious flaw

She can't afford the clothes so how can she afford an unwanted pregnancy?

SEPPRESS  
9/17/81  
937

S. Express 26/7/81 (28)

# ASTONISHING SCENES OF CONFRONTATION AND RECONCILIATION AS BLACK

TEARS and anger marked the eight day "grass roots" conference of the Methodist Church of southern Africa was an historical and moving event. Angry Black and White Christians were involved in dramatic, bitter and emotional confrontations.

At one stage the conference seemed close to complete breakdown and to be splitting along racial lines, but it ended with a "miraculous reconciliation", after many of the White delegates went through an agonising and traumatic process of introspection, prayers and tears.

Held at the Milner Park, Johannesburg, showgrounds from July 10 to July 17, the conference, Obedience '81, was attended by 800 delegates — ministers and laymen.

It was essentially a discussion on the problems of a multiracial church in a racially divided society and what it meant in practice for a Christian to obey God in the present political situation in South Africa.

Never before have White people — conservatives, moderates and liberals — been exposed on such a scale to the harsh realities of South African society.

In open sessions, in groups and in intimate talks, delegates were, for the first time in their lives, confronted with the true feelings of their Black fellow Christians — and they were confronted with brutal frankness and honesty about their fellows' life in an apartheid society.

No church has ever before deliberately and systematically allowed its members to analyse, dissect and criticize all aspects of its work — spiritual, leadership, ecumenical and in the field of race relations.

The focus was on the Methodist Church itself, and its obedience to Christ in the next decade.

Apartheid, and other social and economic and political injustices could not be criticized by the church if it was not itself in order.

The conference brought into the open that the Methodist Church was riddled with apartheid practices and racial discrimination, yet on the final day two documents were approved by the delegates in an attempt to reverse that situation.

The "Message of Obedience '81" was a spiritual manifesto that stressed the twin concerns of giving priority to the Proclamation in Jesus Christ and demonstrating His grace in visible social action.

## God seeks a free South Africa

The message stressed "God seeks a free South Africa" and called upon every Methodist to reject apartheid and witness against "this disease which infects all our people and leaves none unscathed in our church and country".

The second document was remarkable. It listed the spiritual, social and structural weaknesses of the Methodist church — especially apartheid practices such as racially-divided circuits.

And as a result, the annual conference of the church, scheduled for October, will be asked to take formal constitu-

tional decisions to reform the Methodist church from within.

Throughout the conference, Black and White delegates differed on the fundamental issue of the role of the church and Christians in politics. The conservative Whites claimed that the Blacks were dragging politics into religion, that it was sufficient to be a Christian.

But Dr Simon Gqubule, the new Black president-elect of the church, told the conference on the opening day:

"There is a dangerous heresy in South Africa today that separates spiritual from material things, that separates religious belief from social, economic, political, cultural and educational issues."

"We have been told that ministers should keep out of politics, stick to the pulpit and leave politics to the politicians. I submit that it is our Christian duty to insist that those who rule have something of the mind of Christ, His justice, His compassion, His love and His mercy."

Apartheid was a sin to be rejected on scriptural grounds. Christians should apply God's word ruthlessly to themselves and the society in which they lived.

"We must seriously consider what it means to love our neighbours as ourselves in concrete situations," Dr Gqubule

declared. White Christians should fight for their Black fellow Christians to have the same rights as they had.

In a dramatic moment, Dr Gqubule tore up his permit to be in "White" Johannesburg for the conference.

"Whites, Coloureds and Indians do not have to have permits," he said. "Permits allowing Africans to remain in 'White' areas symbolize the thefts of Black peoples' citizenship."

## We want the right to move freely

"This is unjust. I, as an African, regard myself as much a citizen of South Africa as anyone else."

"I should have the right to move freely wherever I wish."

These remarks were too tough for many Whites at the conference although the mild looking Dr Gqubule is regarded as a moderate.

Remarks on the two walls

# ANGRY TEARS

By J H P SERFONTEIN

S. Express 26/7/81 28

# AND WHITE METHODISTS THRASH OUT WHAT IT MEANS TO BE CHRISTIAN IN SA

full of graffiti — specially provided by the organizers to allow delegates to voice their feelings and blow off steam on any issue — reflected the mood of the Whites

One note expressed disappointment that the president-elect had raised political issues. "Sin is sin irrespective of whom commits it, as Christians we must condemn it"

And next to it "Because you are prejudiced, you are not affected. You carry no permit"

And others "All we can do is eat, sleep and talk politics", "Be obedient Praise God, not politics"

"I feel isolated", was a note reflecting the deep anguish of many White delegates "Because as a White I feel rejected by the Black ministers conference"

And, a poignant note "Apologies for God Cannot be with you at Obedience '81. Have not got a permit — am Black" To which there was an indignant reply "Sis"

The debate waged in open plenary session, in seven separate groups — "schools" — and in small covenant groups

In the groups the discussions were "Lifestyles", "My brother and me", "Church growth", "Evangelism" and "Contemporary spirituality"

But it was the racial and political issues that lead to confrontation. Many of the White delegates were angered, confused and hurt by their Black fellows, who did not accept the contention that spirituality and oneness in Christ was enough and would solve all political, social and economic problems

## Too many bleeding (White) hearts

Such was the tension after the first few days that some delegates threatened to leave. The Whites felt they were being insulted and humiliated and the Blacks that nothing concrete was being achieved. "We have been through these assurances of Christianity, love and brotherhood from White Christians with bleeding hearts too often," the Blacks declared

Mr Jerry Mosala, of the Theology Department of the University of Botswana told the conference "Only Blacks can liberate

South Africa. The responsibility to deliver society and the church from ideological enslavement belongs to the oppressed. I do not believe (Blacks and Whites) can save it together"

One White delegate responded that the conference would be a farce if Mr Mosala was speaking the truth. And another that Christianity was born in racism and that Blacks were at fault because they had veered from the word of God

And when a White delegate told a discussion group that Whites were not prepared to give up their land and European roots, the Rev Hector Tshabalala retorted "Until Whites are prepared to share this land, there can be no reconciliation. There can be no true reconciliation without confrontation"

Mr John Rees, director of the SA Institute of Race Relations, who initiated the idea of Obedience '81, made a stinging attack on the hypocrisy of church leaders and ministers

"Some of you are hundering the laity of the church — it wants to move," he said

"People in the church are mouthing all the right sayings but acting in a different way. The social structures of this country have shaped the

church more than the word of God

"The church is unfortunately a pale reflection of our society. We have all the divisions. We may try to plaster them over, but they exist"

Matters were brought to a head by a sermon delivered by the Rev Wesley Mabuza of Durban (Fully reported below)

After he was accused by White delegates of advocating violence, there followed a dramatic 24 hours of confrontation and debate in both private and open sessions

But eventually the conference accepted unanimously the Message and Concerns of Obedience '81

Reflecting the sweat and tears of the Christian dialogue of the week, the Message said "As we wrestled with our diversity and division, we became angry and hurt, the seeds of our own violence and fear exploded to the surface redoubting our pains. Yet He was there"

Aligning itself totally with active opposition to apartheid, the Message declared

"In listening to the cries of those in our body who endure our land's apartheid laws and other discriminating practices and attitudes, we know that we have touched only the edge of their pain

"We have experienced how hard it is to abandon long held prejudices and long felt bitterness. But we have seen God work this miracle in us"

The Concern included many recommendations to remove racism in the church

## Sunday fellow-ship is not enough

"The church is seen as a community, committed to non-violent change, and capable of saving South Africa from the very real possibility of violence and self destruction," it read

Although many White Christian (Methodists) had in the past given lip service support to church resolutions condemning government actions and discriminatory policies, at Obedience '81, for the first time most of them realized and understood what professing Christian ideals should mean in everyday life

Christian fellowship between Black and White inside the

church on Sundays or at special occasions was not enough. It must be extended to all aspects of life

Many delegates saw the conference as a spiritual revival. At the beginning of the week, Mr Mosala had expressed Black scepticism: "Whites do not really know what Black Christians think and suffer. Unless people are beginning to say 'You are hurting me, but I know why you cannot understand why you are hurting me', we are wasting our time"

Describing White Methodists as "liberal — conservative tolerant" he had complained about Black methodists being "stuffed by the structure of the church"

But on the last day of the conference, Mr Mosala referred to "the new mood" "I came refusing to be impressed. But now I must admit there has been some progress," he said

And Mr Stanley Mogoba, the Black secretary-general, elected declared "The conference went beyond expectations"

But he cautioned that that things would not change overnight

"The conference made it clear the house of the Methodist Church was not in order. But God is greater than the church," he said

# SCALD THE CHURCHMEN



**THE Rev Wesley Mabuza, a Black minister from Durban, and the Rev Piet Taljaard, an Afrikaans minister from Kroonstad, symbolised the dramatic confrontation and eventual reconciliation between Black and White Christians at the recent Obedience '81 conference of the Methodist Church of southern Africa.**

A sermon by Mr Mabuza on the Tuesday night, July 14, of the week-long conference caused the simmering conflict to erupt — and brought the conference to the brink of a racial split

It was not until 24 hours later, after a day of often bitter and angry discussion, that a moving statement by Mr Taljaard — a hardline conservative — brought about reconciliation

Using the text "You will know the truth and the truth shall make you free", Mr Mabuza poured out his heart about what it meant in daily life to be a Black Christian in South Africa

Shocked Whites listened in a hushed silence as he preached "Sin is disobedience to Christ. Therefore, in our present context in the South African setting, obedience to Christ should

mean active disobedience to that which enslaves"

It was necessary to have absolute truth and absolute sincerity in the church, he said and spoke movingly of the bitterness and anger of Blacks who suffered "the permanent insult and injury" of apartheid

He rejected the claims of White delegates who said "Peace, peace, Christ will solve everything"

"Blacks who had felt the ef-

fects of apartheid were like Rachel crying out with bitter weeping. They refuse to be comforted," Mr Mabuza said

Blacks had to work out their own salvation "We love God. But loving God and loving my neighbour may be different things to different people

"Christians must be spiritually equipped to face oppression — with so much courage that we must be able to say 'If blood must flow let it flow'"

Expressing growing Black resistance to the conference, which he first called "an exercise in futility", he said

"The next time I come to something like this, it will be to celebrate, not before. We have paraded ourselves far too long and almost made fools of ourselves"

White delegates were angry, hurt and bewildered

The debate around his remarks raged

Black secretary-general elect the Rev Stanley Mogoba warned about the dangers of Black and White churches being isolated in their "respective ghettos"

The Rev Kenneth Meaker of the Orange Free State, declared that political liberation could never be confused with salvation. He warned about certain dangers of Black theology

The Rev Begbie — a Black — countered "Salvation includes political liberation"

A young White delegate, voicing the anguish of many of his race, pleaded with his Black fellows "What do you want us to do to show that we are Christians"

A grey-haired White woman charged Mr Mabuza "I was dismayed. (You) threatened and blackmailed us with violence"

And other Whites accused Mr Mabuza of lacking Christian faith and hope

But the White, Rev Donald Cragg, defending Black consciousness, said "Blacks are today walking tall with heads high. They are no longer afraid

S. Express 26/7/81  
**Then came a  
'miracle'  
for a Taljaard  
that's a hell of  
a thing to say**

to say what they think. I want to hear their true voices. I have a desire for real unity, not a false unity"

An elderly White delegate pleaded emotionally "Give me another chance, I want to be part of the solution, not part of the problem. I promise before God that my remaining years will be spent in solidarity with (Blacks) in bringing about that church we pledged to bring about at a conference in 1957. God bless Africa"

The debate was followed by a hour long emotional session of prayer, after which Mr Taljaard asked for permission to make his statement

He said "Something happened to me last night — a miracle. After Wesley Mabuza spoke, I became very angry. I could have hit him. Sitting at the end of the hall, I ran out afterwards into the dark where I sat and wept"

He described how he wrestled with himself and spoke to God

"Eventually I realized, through my prayers, that I was hurt because I had sobbed for Wesley. I had cried because there was such a situation which had driven Wesley to such bitterness

"If God can change the soul of one man like myself, then He can make a church a whole church

"And for a Taljaard this is one hell of a thing to say"

He then apologised to Mr Mabuza for his original resentment

Mr Mabuza said afterwards "There is no doubt from what many Whites told me, that they experienced a change of heart

"Piet Taljaard came to me this morning. He took my hand and said, 'I could have hit you'. I have to say, if he can change then he is putting the burden on me to accept him

"But I really think this is the last chance our church has to make a contribution to a peaceful South Africa"



29/7/81

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# STAATSKOERANT

VAN DIE REPUBLIEK VAN SUID-AFRIKA

REPUBLIC OF SOUTH AFRICA

# GOVERNMENT GAZETTE

*As 'n Nuusblad by die Poskantoor Geregistreer*

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Voi 193]

KAAPSTAD, 29 JULIE 1981

[No 7684

CAPE TOWN, 29 JULY 1981

## ALGEMENE KENNISGEWING

DEPARTEMENT VAN GESONDHEID WELSYN  
EN PENSIOENE

Die volgende konsepwetsontwerpe word hierby vir algemene inligting en kommentaar gepubliseer

Kommentaar daarop en vertoe daaromtrent moet voor of op 31 Augustus 1981 aan die Direkteur-generaal Gesondheid, Welsyn en Pensioene, Posbus 3879, Kaapstad, 8000 gestuur word

- (a) Wysigingswetsontwerp op Gesondheid, 1982,
- (b) Wysigingswetsontwerp op Vrugaafdrywing en Sterilisasie, 1982,
- (c) Wysigingswetsontwerp op Aptekers, 1982

## GENERAL NOTICE

DEPARTMENT OF HEALTH, WELFARE  
AND PENSIONS

The following Draft Bills are hereby published for general information and comment

Any comment and representations thereon should be forwarded to the Director-General Health, Welfare and Pensions, PO Box 3879, Cape Town, 8000 on or before 31 August 1981

- (a) Health Amendment Bill, 1982,
- (b) Abortion and Sterilization Amendment Bill, 1982,
- (c) Pharmacy Amendment Bill, 1982

# Changes to laws on abortion

CT 3/8/81  
Staff Reporter

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ABORTION on the grounds of unsuccessful sterilization and greater discretionary powers for doctors in granting abortion are provided for in proposed amending legislation published in the Government Gazette

In addition to the Abortion and Sterilization Act,

amendments are also proposed to the Health and the Pharmacy Amendment Acts

In terms of the Health Act the new proposals seek to redefine black management committees and community councils as local authorities with responsibility for transport and burial of human remains

23A  
1985 census  
expected to  
list 27,5-m

Own Correspondent

An estimated 27,5-million South Africans are expected to take part in the next census on March 5 1985.

This figure represents a growth of about five percent on the population figure obtained in last year's census. At the time about 23,75-million people were counted.

A Department of Statistics official said yesterday these figures only applied to South Africa and not to the National states.

It was not clear yet whether people in the states would be included in the 1985 cen-

sus. The matter was still being discussed with the Department of Foreign Affairs

The spokesman said a start had been made with planning of the census, which would be the first held after a five-year period. In the past a census was held every 10 years.

The reason why another census was being held so soon after the last one was to obtain accurate information on the country's growth at shorter intervals. The tempo at which development was taking place made up-to-date information essential for planners.

not be hit by the section as it was then worded. The 1959 amend-  
ments were intended inter alia to bring such transactions within  
the net of the section and based on the decision in Smith's case  
(supra) the amendment has achieved this result.

# Row over 'enforced' sterilisation

Apr 23  
14/8/81  
232

## Divisional Council Reporter

A MOVE to have people on disability or subsistence allowances forcibly sterilised will be discussed by the Association of Divisional Councils at its annual congress next month.

News of the resolution, put forward by Kareeberg Divisional Council, has shocked people in public life in Cape Town.

The Mayor of Cape Town, Mr Louis Kremer, described it as 'absolute madness — an intolerable intrusion on people's freedom'.

## PUNISHMENT

Dr John Sonnenberg, a medical doctor who is a member of both the City Council and the Provincial Council, said it was 'unbelievable — like an Old Testament punishment'.

The Rev David Botha, Moderator of the Ned Geref Sendin'kerk, said 'This is absolutely impossible. One cannot think of such a thing'.

Dr Jack Joffe, a medical doctor who is a city councillor, said it was 'an intolerable inroad on individual privacy and reminiscent of Nazi Germany'.

The resolution states 'That the Department of Health, Welfare and Pensions be requested to provide the necessary measures whereby persons receiving a disability and subsistence allowance can be forced to submit to family planning treatment'.

Dr Sonnenberg said it was clear that this was a euphemistic way of describing surgical means of sterilisation, since there was no method of forcing people to take the pill or use contraceptives.

'This is an unbelievable resolution,' he said.

'It is incredible that it was actually accepted for inclusion in the agenda of the congress and I have no

doubt that if it is passed the Department of Health will reject it'.

Dr Sonnenberg said family planning was purely voluntary and could be successful only in conjunction with a programme of economic uplift and education.

A good case could be made out for 'strong genetic counselling' in favour of sterilisation in the case of families suffering from a disabling hereditary disease but even then it should be voluntary.

Mr Kremer said that obviously it was a good thing to educate people to the advantages of family planning, but no one should be forced to submit to it.

'It is an individual decision. This Kareeberg council must be crazy to suggest this resolution,' he said.

Mr Botha said it was difficult to tell from the resolution exactly what the Kareeberg Divisional Council had in mind — he thought it 'jumping to conclusions' to deduce that they meant sterilisation.

But family planning was a voluntary thing, involving pills and other contraceptives which could be carried out only with the cooperation of those concerned.

## IMPOSSIBLE

He therefore thought the resolution impossible.

'One cannot think of such a thing as forcing people to submit to family planning,' he said.

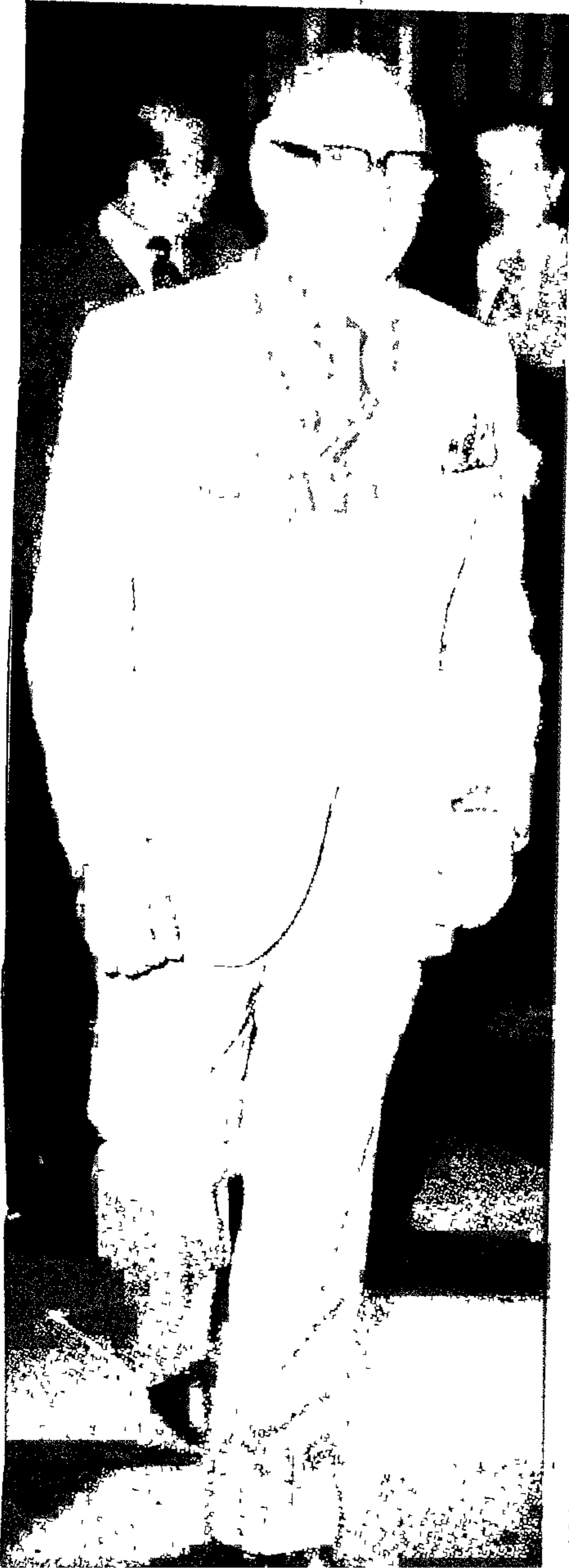
Dr Joffe said it was clear that the resolution meant sterilisation.

'They did that sort of thing in Nazi Germany to people who did not conform to their Germanic standard,' he said.

If this resolution were passed it could apply to a perfectly healthy man who lost a leg in an accident and applied for a disability grant'.

# I broke the law to help women

By MIKE LOUW



A DOCTOR pleading in mitigation of sentence told the Johannesburg Regional Court yesterday his primary motive in performing illegal abortions was sympathy with women who had unwanted pregnancies

He said abortion was a major problem in South Africa and he was among doctors who supported the legalisation of this step

Dr Norman Morris Gnesin, 62, of Greenside Extension, Johannesburg, pleaded guilty and was convicted of performing 14 illegal abortions between July last year and February this year

Appearing before Mr H J A van Eeden, Dr Gnesin said some of his clients threatened suicide if they could not terminate their pregnancies

Although he charged between R400 and R500 for an abortion, money was not a decisive factor

He said his patients included girls as young as 15 and married women who became pregnant through adultery

Mothers approached him to help their young daughters because they did not wish them to have illegitimate children

He said that in some cases he succeeded in persuading wouldbe clients to have their babies and put them up for adoption

Dr Gnesin said South African women often went to "enlightened" countries abroad to have legal abortions. He knew of an "abortion factory" in a neighbouring state

He cited tragedies resulting from abortions by unqualified people and told the court he had treated women in hospital for complications following backstreet abortions

Dr Gnesin said abortion was a major problem in South Africa

He and several other doctors supported the idea that abortion should be legalised

Dr Gnesin also pointed to the fact that Mrs Helen Suzman had said in Parliament that a commission of inquiry should be established to consider the legalisation of abortion

He told the court he qualified in 1942. He was struck off the roll after being convicted on eight charges of abortion in 1955

He was readmitted as a medical practitioner, but was again struck off the roll after being convicted on five charges of abortion in 1979

He was divorced three years ago and this had an adverse effect on his life, Dr Gnesin told the court

He had been offered a job by a private company and would no longer perform illegal abortions if given a chance

He was under psychiatric treatment

A Klerksdorp woman, whom the court ruled may not be identified, told the trial Dr Gnesin refused to perform an abortion on the unmarried daughter of a friend because the pregnancy was advanced

The witness said Dr Gnesin told them abortion would endanger the girl's life

Convicted doctor's plea on abortion problem

23/8

18/1/88

2008

# Black baby deaths top 1950 white rate

## Mall Reporter

BLACK babies still die in their first year of life at a greater rate than white babies did 30 years ago, says the chief paediatrician at Baragwanath Hospital, Professor Harry Stein

In his inaugural lecture on "The sick black child" at the University of the Witwatersrand this week, Prof Stein said that while white baby deaths in Johannesburg had dropped from 32 to 17 in every 1 000 between 1950 and 1979, black baby deaths for the same period had dropped from 232 in every 1 000 (one in every four) to 35 in every 1 000

Prof Stein said it was estimated that a third of Soweto's population of more than 1-million were under 10 years of age

This meant that Baragwanath Hospital's paediatric department was responsible for 300 000 children who, in spite of a general improvement in the health of the community, still suffered from a substantial sickness rate

Prof Stein said that while child deaths in developed countries were mainly due to accidents (vehicle deaths and poisoning), cot deaths, congenital malformations, malignancy such as leukaemia and baby battering, in developing countries children died mainly from infections — such as gastro-enteritis, pneumonia, measles, TB and meningitis, or from malnutrition

Black children in Soweto were still prone to malnutrition, he said. In 1956 there were

1 400 admissions for malnutrition out of a total population in the black city of 300 000. In 1980 there were 1 089 admissions for malnutrition out of a population of 1-million. In 1956 40% of those admitted with malnutrition died. In 1980 the death rate was 8%.

Gastro-enteritis remained a problem, Prof Stein said, but admissions had fallen from a peak of 4 673 in 1969, when the population was far smaller than it is now, to 2 953 admissions out of a population of 1-million in 1980.

Treatment of severely dehydrated sufferers from gastro-enteritis had been so successful at Baragwanath that the "drip room", where babies are given intravenous fluids, was being halved in size.

rom  
237  
25/8/81

- (1) In what year did the State (a) introduce family planning and (b) initiate the advertising campaign on family planning,
- (2) what has been the annual cost to the State of family planning advertising since its inception?

The MINISTER OF HEALTH, WELFARE AND PENSIONS

- (1) (a) 1964
- (b) 1978

**Family planning**  
 Hans S a c. 243 31/8/81  
 193 Mr A B WIDMAN asked the  
 Minister of Health, Welfare and Pensions

237

(2)	1978-'79	1979-'80	1980-'80*
Magazines and Newspapers ..	225 900	104 900	313 000
Display Boards	245 900	276 800	360 000
Radio and TV	183 500	281 100	511 000
Buses	67 600	82 200	97 000
Bioscope and Other	77 100	55 000	19 000
Total	800 000	800 000	1 300 000



70 babies born in the townships every day — 25 000 a year

# SOWETO'S BABY BOOM

By SAM MABE

ABOUT 25 000 babies are born in Soweto every year, which means between 65 and 70 every day.

And in the last two years, about 35 of every 1 000 babies — amounting to 875 a year — died before reaching the age of one

This was revealed yesterday in an interview with Professor H Stein, Chief Paediatrician at Baragwanath Hospital, who said the figures had dropped substantially, compared to those of about 30 years ago when the infant mortality rate was 232 out of every 1 000

Prof Stein said 25 percent of the 25 000 children born in Soweto annually — almost 4 000 — required specialised care

Although the socio-economic conditions in Soweto were not too impressive he said, it was due to their improvement that in spite of the sharp increase in population figures, there has been a drop in infant mortality rate and a reduced incidence of malnutrition and gastroenteritis

Broncho-pneumonia and bronchitis, which are common in Soweto, were caused by poor nutrition, but we think it is also heavily contributed to by the Soweto smog

## ELECTRICAL HOPE

With the advent of electricity in the townships, figures of respiratory sicknesses would also drop considerably, Prof Stein said

He commended improved preventive services and the fact that most children were brought to hospital earlier and with less advanced diseases

Baragwanath, which at the moment has 2 500 beds, needed a minimum of 5 000 beds to operate properly. And Soweto, which has a population of between one and two million, had to be served by at least four hospitals with around 1 300 beds in each, he said

Professor Stein said Soweto and Baragwanath Hospital are anomalies "Anomalies that are contradictions in themselves. Thus the overcrowding, the poverty, the tremendous crime rate of Soweto contrasts sharply with the throbbing vitality of this township and its will to survive

"Furthermore, there are parallels between Soweto and the hospital that serves it. Soweto is the biggest city South of the Equator

'Baragwanath on the other hand is by any standard too big for one hospital, the buildings relatively unsophisticated, the pressure too great and the patients' turnover too tremendous'

## TURNOVER

Baragwanath is one of Transvaal's 64 hospitals and 33 percent of all black

children born in the province are born at Baragwanath and its associated clinics

Prof Stein said Baragwanath's paediatrics department treated 300 000 children for a variety of diseases including kwashi-kor, gastroenteritis and malnutrition

In 1978 1 104 children were admitted to hospital suffering from malnutrition, but in 1980 the figure dropped to 1 089

CHIEF PAEDIATRICIAN: Prof H Stein

# LESOTHO abortion patients

find 27/9/81

asked 9/11 to (237) help

THE South African Police have been asked by the Lesotho Government to help locate South African women who have had abortions via the "Lesotho connection".

A Lesotho police spokesman said that although investigations concerning Dr K C M's abortions had been completed on the Lesotho side, the SA had been asked to trace women who had been helped by Dr C M at the small government hospital at Teyateyaneng.

The Chief of the Lesotho CID, Lieutenant-Colonel Nkomo, said police had encountered difficulties in obtaining evidence and contacting witnesses to testify.

This comes amid unconfirmed rumours at Teyateyaneng that the police had discovered a 'fetal graveyard' at the back near the hospital.

Local residents said stories were circulating among residents that the remains of foetuses had apparently been found several weeks ago - most of them scattered about and others found buried in cardboard boxes.

But the Lesotho police have denied there is any truth in the

## DR CHOI FIGHTS FOR HIS NAME

Dr Choi has been accused of... (text is partially obscured)

We have completed our investigations and referred the matter to the Director of Public Prosecutions at the start of the year. It is expected that the Director will be proceeding with a police spokesman said.

Although abortion is a criminal offence in Lesotho, someone known for a charge and Dr Choi denied the problem was in the so-called 'patients' who came from South Africa, he never gave local people abortions.

Dr K C M who was a student of the hospital, was suspended from his duties at the end of the year.

Express reported he opened his abortion clinic in Lesotho in 1977. He was considered illegal in Lesotho by the Secretary for Health, Mr Thomas Mabasa, told me that Dr C M was in the country, despite reports that he had left Lesotho and is on the police's 'wanted' list.

Dr Choi, who has a South African passport, had performed more than 100 abortions in Lesotho since he arrived in the country in 1977. He is now in Lesotho because he is determined to clear his name, Mr Mabasa said.

He was named in a letter from the Lesotho CID in 1977 and Dr Choi denied the charges. He said he was a doctor and not a politician. He said he was in Lesotho because he was a doctor and not a politician.

A police spokesman said that he was a doctor and not a politician. He said he was in Lesotho because he was a doctor and not a politician.

## Mayor to lodge appeal

SALISBURY - A Black Zambian policeman who was charged with the murder of a white woman has appealed against his conviction. The appeal is being heard by the High Court in Salisbury.

The policeman, Mr. M. M. M., was charged with the murder of a white woman, Mrs. M. M. M., in Salisbury. The appeal is being heard by the High Court in Salisbury.

Mr. M. M. M. is appealing against his conviction for the murder of Mrs. M. M. M. in Salisbury. The appeal is being heard by the High Court in Salisbury.

# CONTRACEPTIVE CONTROVERSY

Arguo Oct. 1981

237

**NEW doubts have been cast over the controversial contraceptive drug, Depo-Provera, which is injected into thousands of South African women each year.**

In America, the Food and Drug Administration has banned its use as a contraceptive, although allowing it for the treatment of certain ailments. In Zimbabwe, where 120 000 women were using Depo-Provera, a Cabinet-level decision was made to phase out the drug. The Zimbabwe Minister of Health, Dr Herbert Ushewekunze later banned the use of the drug outright, saying it was 'a serious threat to the health of our women and children.'

Now a study which was used to encourage the use of Depo-Provera has been labelled 'clearly unscientific.' JOHN D'OLIVEIRA reports from Washington.

The American magazine, Mother Jones, which has won a string of awards for investigative journalism has placed a fresh question mark over the effects of Depo-Provera — a long lasting injectable contraceptive being used by millions of women throughout the world.

Mother Jones's latest award, the 1980 National Magazine Award for reporting excellence, came from an article The Corporate Crime of the Century which detailed the American corporation which exported to Third World countries drugs which were banned or unsafe in America.

In its latest issue, Mother Jones referred to a study which, it said, had played a major role in dispelling doubts over the cancer risk associated with Depo-Provera.

Author Stephen Minkin labelled the study 'clearly unscientific' and said that it had been used to dispel fears raised by animal studies of Depo-Provera and to 'justify a conclusion that affects the lives of millions of women throughout the world.'

The study was conducted in Thailand's Chiang Mai province, where more than half the female population had used

The researchers also concluded that the data on monkeys given large doses of Depo-Provera for 10 years should not apply to women given normal doses for prolonged period.

Mother Jones claimed that, after publication of this report, Indonesia, Thailand and other Third World countries stepped up their Depo-Provera programmes.

The magazine claimed the original 60 cases were reduced to nine as follows:

● Nine cases simply 'disappeared.' Despite initial reports, only 49 cases were reported during the period of the study.

● Twelve more cases were eliminated because no pathology reports were obtained to confirm the diagnosis.

● Another 10 were discarded as 'disproven by negative pathology reports' However, a careful reading of the text of the report showed that, rather than being disproven, these pathology reports had not arrived at the medical room in time for the study.

● Eleven cases were eliminated because the women did not come from Chiang Mai province — but no mention was made of whether they had used Depo-Provera at any time.

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**'IN the United States the Food and Drugs Administration refused to approve Depo-Provera for contraceptive use primarily because it caused malignant breast nodules in beagles in laboratory tests.'**

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Depo-Provera over a number of years. Since monkeys had developed cancer of the uterine lining after being given the drug, the researchers set out to determine how many Thai women had developed this particular cancer and whether or not they had used Depo-Provera.

Initial reports, Mother Jones claimed, turned up 60 cases of cancer of the uterine lining among women admitted to Chiang Mai hospitals between 1974 and 1978.

The study never determined how many of these women had used the drug — instead the researchers 'examined a carefully-selected fraction of the diagnosed cases.'

Of the original 60 cases, the researchers followed up on only nine women, none of whom was found to have used the drug.

From this sample of nine Thai women came the conclusion that widespread and long-term use of Depo-Provera could and should be continued.

● Finally, seven were eliminated for a variety of reasons which appeared legitimate

Mother Jones referred to a confidential World Health Organisation report which said there had been a 'marked increase' in hospital admissions for cancer of the cervix and the breast from the Chiang Mai province.

In the United States the Food And Drugs Administration refused to approve Depo-Provera for contraceptive use, primarily because it caused malignant breast nodules in beagle dogs in laboratory tests.

Later it was found that two rhesus monkeys who had been injected with Depo-Provera had cancer of the uterine lining.

In the article Mother Jones added that the United States Food and Drug Administration was also 'troubled' by the risk of side effects to children born to women inadvertently injected with Depo-Provera while they were pregnant.

'Such side effects may include congenital heart defects, abnormal development of the penis or the vagina and the possibility of genital cancers later in life.'

## Rape in South Africa — the shocking truth

S. Express 4/10/81 (237)

**A WOMAN is raped every three minutes in South Africa according to the findings of a recent report by the Medical Association of South Africa**

**And annually, 300 000 women are raped.**

**According to a Cape Town Rape Crises report, during the period June 1976 to June 1980 41 341 men were prosecuted for rape, 22 408 were convicted and 19 were sentenced to death.**

**"The youngest victim was a three-year-old child who was raped by a 15-year-old boy known to the family. The oldest victim was a 70-year-old grandmother.**

**"Of 41 cases of children under the age of 17, only six girls were raped by strangers"**

**Only 10 of the estimated 400 daily rapes are reported to the police.**

**The majority of cases involve victims aged between 15 and 25.**

**More than 95% of rapes occur within the same ethnic group and the incidence for false reporting was the same as for other crimes — about 2%**

# 'Family structure is collapsing'

By NORMAN NGALE

MRS Elizabeth Mokotong, a Pretoria marriage counsellor and sociologist attached to the University of South Africa, yesterday expressed concern about the high divorce rates among urban families.

Mrs Mokotong, the Johannesburg Jaycees' nominee as one of the four outstanding South Africans spoke to SOWETAN for the first time about her career yesterday.

She was awarded for her achievement in this regard at the Carlton Hotel, Johannesburg last weekend

**HONOURS**  
Presently studying towards an honours degree in sociology with Unisa, Mrs Mokotong became the

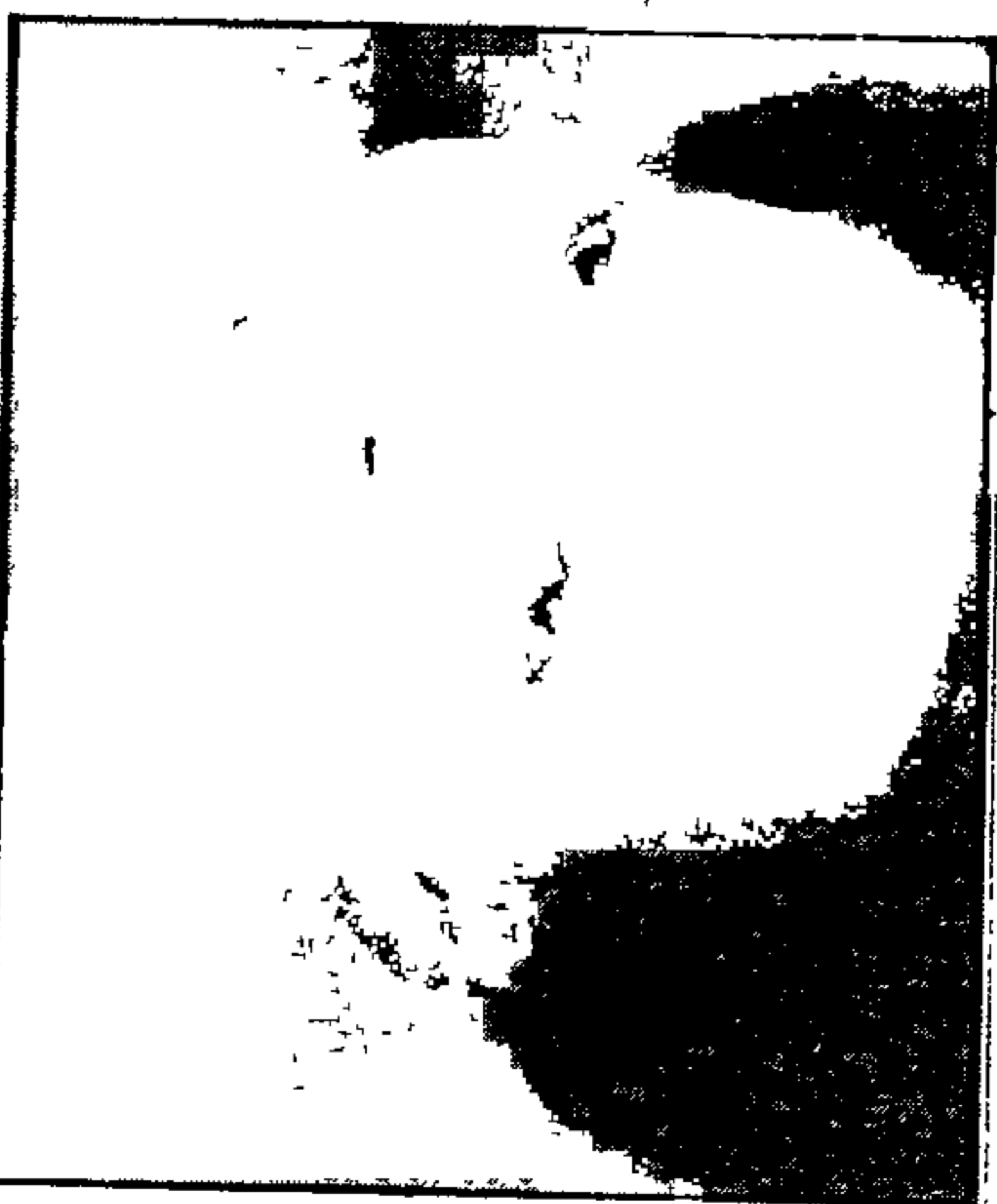
first woman early last year to launch a marriage counsel office in Mamelodi

The office, which she claims has made an impact among Mamelodi residents, is presently run by another social worker, Mrs Winnie Mashloane

Mrs Mokotong, who is regarded as an expert on the black family, has recently returned from Israel where she participated in the international symposium on the single parent family

She said because of high divorce, death and separation rates the numbers of children deprived of proper family care were in the increase

**DIVORCE**  
On reply to a question she said the cause of the high divorce rate among urban blacks was that people no longer took marriage seriously



**EXPERT ON BLACK FAMILY LIFE: Mrs Elizabeth Mokotong, one of the first black marriage counsellors in Pretoria.**

She said instead of couples saw the divorce striving to solve their court as a solution to problems or seek guidance whatever problems they

had  
Unlike in the rural family structure where the young adults used to get pre-marital lectures on marriage young couples particularly in urban townships find it hard to cope for lack of some form of pre-marital lesson on marriage.

Mrs Mokotong said another factor was that unlike in kinship family structure where decisions had only to be taken by the head of the kraal, young people now had to take up responsibility without prior preparation

She said during her participation in a research on marriage and family life for the UNISA Department of Sociology she discovered a high rate of separation where a man would desert his family and stay with another woman.

This was more common, she said, in Atteridgeville and Mamelodi where it was found some men had left their wives and children to stay with single mothers in Soshanguve — a new township north of Pretoria.

**DESERTED**  
She said divorce and separation had terrible effects on the affected children as they suffered from maternal and emotional insecurity.

She appealed to the Mamelodi community for material support of her counsel office to facilitate it for bigger responsibility.

Among other things, she said, she wished to take counselling to local schools, church groups, women and men's social clubs. She hopes to obtain a doctoral degree in Sociology and write several books on marriage, "not for the shelves but to read"

# White power going to 'shrink'

POLITICS BY JAN VAN HUNKS

ATGus 31.10.81

237

AN ELEMENT of scientific realism has been added to crystal gazing about South Africa's future by the demographers, those unemotional experts who take a set of reliable statistics and from them project the likely future condition of society.

One of the striking features of their public statements so far has been their unanimity, not only about their statistics but also about the deductions — political and otherwise — which they have made.

Without exception, they envisage a white minority far smaller in relation to other race groups than it is at present, and they predict the consequential demise of white control and influence in almost all fields, even those where it is now paramount.

All of them agree that because of a lower birth rate and a longer life expectancy, whites on average will be markedly older than members of other race groups. This means, for instance, that they will require less in terms of educational expenditure and more in terms of pensions and health care.

Though few demographers have suggested what action this dwindling and ageing minority should take to safeguard its survival, their projections have made two things clear. Firstly, in the next 20 years there is going to be a vast devolution of power, influence, wealth and importance from whites to other races. Secondly, the change will be inevitable, whether we like it or not.

With this certainty staring us in the face, is there anyone who would sincerely claim that the National

Party under the leadership of Mr P W Botha is preparing the whites, or the country, for what is bound to be a traumatic transition?

By the turn of the century, the demographers warn, there will be as many coloured children at school as there are whites. There will be more coloured and black students at university than whites — far more. The existing 'white' universities will be (some already are being) plagued by dwindling enrolments, crushing financial problems, shrinking research facilities.

But Mr Botha's Government has ignored the advice it got in the De Lange report, the most exhaustive expert probe ever made of South African education, and has opted to cling to the chaotic, racially provocative apartheid system — even announcing the creation of yet another black university to rub in its decision.

South Africa's future will be decided in its cities, the demographers all tell us, and there is already an irreversible migration of all races to the existing metropolitan areas.

Yet Mr Botha has insisted that South Africa will continue to have increasingly costly separate facilities

for the different races and he has turned down proposals by the President's Council to provide inner city living space for coloured people in District Six and Indians in Pageview.

The teeming millions of the future all making demands on housing, roads, schools, recreational facilities, welfare and so on, all in close proximity to each other in the same cities, will place prodigious demands on the country's political structures, the demographers have warned.

Yet in seeking constitutional change, the Government mulishly excludes blacks who will be the majority group in almost all metropolitan areas.

In fact, as far as change is concerned, Mr Botha's record is hardly impressive. In a matter of a few weeks, his Government has rejected key recommendations in the De Lange report, it has rejected key recommendations from the President's Council on District Six and Pageview, it has denounced moves to challenge the Mix Marriages Act, there has been a crackdown on people evading the Group Areas Act.

When Mr Botha took over as NP leader, an opinion poll showed that upwards of 60 percent of blacks thought he was doing a good job. Any bets on what this rating would be today?

NO ONE can condone rape, assault, murder, political acts such as sabotage and arson or acts of violence by State officials who misuse their authority.

Indignation about such acts is felt by everyone who could be a potential victim, as everyone would like to believe that his or her human dignity or safety can be ensured.

A responsible attitude towards the problem of rape, which has become a sensitive and emotive issue, however, implies that one tries to find answers to some questions.

Why do people rape? What are the root causes? Is there something wrong with the individual, or his social structure or both?

How widespread is rape? Has it in fact increased or has law enforcement, arrests and prosecutions increased? What specific patterns can be observed? Do these coincide with the public's perception of the problem?

How does the mass media's presentation of the problem affect the public's perception of it? Does the media create moral panic?

Isn't it possible that where there is an outcry for law and order it is done in such a manner that it reinforces racial stereotypes and prejudices and consequently can aggravate the occurrence of the very problem (such as rape) which the outcry wants to curb?

How effective is severe punishment for rape? What options are there for a judge or magistrate who handle such cases daily?

How is the victim of rape affected and what can be done for

# Are we all panicking too much about rape?

Sunday Times 11/10/81 257

**A WOMAN is raped every three minutes in South Africa according to the findings of a recent report by the Medical Association of South Africa.**

**And another woman is raped every three minutes.**

**Press reports . . . They need proper perspective**

her/him? (Not only women are raped)

What can the ordinary person do to eliminate possibilities of rape or to handle the situation?

From analysis of about one hundred research surveys on rape, the following motives for rape were extracted

● A deep-seated hatred and anger by nonwhite males against a system of political discrimination — aimed at white women

● A frustration against women generally due to some insecurity or inability to relate to them

● Strong heterosexual impulses — although there is very little evidence to support this motive

● Defence against strong homosexual tendencies

● The effect of isolation from sex when in institutions (such as prisons) resulting in men raping men

● Psycho-pathological tendencies, for example the Yorkshire Ripper, Hooded Rapist and Beast of Jersey

● The result of a tradition of coercive sexuality where men to a large extent still see themselves as the dominant sex and observe women as objects

With this in mind, one may ask whether Mr Justice Munick's recent description of acts of rape as "the winds of lust" is adequate. According to many studies, rape is seldom for sexual stimulation

In this country rape by coloured and black men must be interpreted within the total context of violence and its meaning in deprived communities. Violence has become a daily occurrence in such communities

**Condoned**

In a study soon to be released by the Institute of Criminology, University of Cape Town, it has furthermore been established that television and films are saturated with violence and in almost 90 percent of cases the hero uses violence as a way to solve problems. It is condoned as a way out

For people who have not experienced political deprivation, which hits the average coloured and black family in many ways, it is difficult to grasp that violence as a result can actually be functional, and can create a sense of power in the politically powerless, become a way of voicing or illustrating anger, frustration, and hatred

How widespread is rape? Official statistics do not always give the full picture, but from available statistics, the following observations can be made

The increase in cases reported to the police from 1979 to 1980

were from 64,27 per 100 000 of the population to 67,93 per 100 000 of the population, but the number of cases prosecuted for the same period are from 38,36 per 100 000 of the population to 68,93 per 100 000 of the population

The increase of cases reported was not significantly higher, but the prosecution of such cases had doubled

Convictions for this period were 20,17 per 100 000 of the population

For the period 1978/79 non-white cases of rape are five times higher than white cases of rape and one would expect the same ratio to hold for prosecutions and convictions. This is not so. The prosecution rate for non-white cases is nine times higher and the conviction rate ten times higher than for whites

So about fifty percent more non-whites who are accused of rape are prosecuted and

**By MANA SLABBERT of the Institute of Criminology, University of Cape Town**

So about fifty percent more non-whites who are accused of rape are prosecuted and

convicted than white accused. The overall incidence of rape in the category "non-white to non-white" is much higher than the category "white to white". In looking at other categories, it is interesting to note that more white men per 100 000 of the white population rape non-white women than non-white men per 100 000 of the non-white population rape white women.

## Outcry

There is a general outcry against rape at present, which gives the impression that it is more prevalent than other violent crimes. But violent crimes such as assault reported to the police are much higher than the incidence of rape. The most recent ratio for assault is 87 times higher than the ratio for rape.

In 1979/80 cases reported to the police indicated that the ratio for assault of non-whites by whites was 149,37, and for whites by non-whites was 10,56. It is quite clear that there is a much higher ratio of assault of whites on non-whites.

The mass media can have the effect of creating a sense of panic or public anxiety about a social problem by the way in which the problem is described and commented on. To highlight a problem one needs to put it in proper perspective. This is not always done by the media.

The result is, that in the case of rape, for example, the public starts believing that its incidence has increased markedly where this is not so. Reaction to such a problem through letters of concern, condemnation and suggestions of castration can, in the long run — and this has been shown through research — have the effect not of lessening but of increasing its incidence.

The media can do much to provide the public with knowledge about the problem, with suggestions for self-protection and information about bodies such as Rape Crisis which can aid victims, rather than to focus mainly on dramatising of rape cases.

Law and order can only be effective if it aims at protecting all groups equally well, and if some groups are not more exposed to arrest and prosecution than others. Where law and order does not imply justice, its credibility is questioned.

It is generally felt the indignation about incidences of rape will not in itself change the situation unless the causes are tackled seriously.

Sunday Times

11/10/81

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## Factors

To punish rapists and put them out of circulation does not prevent more persons developing into future rapists. If attention is not given to the factors which cause hatred and frustration, our measures are all interim ones. Furthermore, as suggested earlier, an outcry alone can aggravate the situation rather than improve it.

The ratio of trained staff to assist offenders in prison with adaptation, rehabilitation or any plan involving their future is roughly 1 staff member to 500 offenders.

Numerous surveys all over the world indicate that the way institutions function at present, long-term sentences mostly do not yield positive results.

The immediate practical question is what does a magistrate or judge do when he has a number of offenders accused of rape in front of him? At present he has little choice but to sentence such people to prison. The public demands this.

Prisons are overpopulated and understaffed. Suggestions have been made for the reduction of court loads and for alternative methods for dealing with petty offenders.

Unless these suggestions are implemented, conditions in prisons will not improve. The locking up of a person for a certain period protects society for a while, without sorting out the motives which caused his offence.

Rape is not condoned by anyone. There are various issues around the problem, though, that need to be understood responsibly.

The incidence nationally has not increased as markedly as the public believes it has. It cannot be eliminated by punishment only, but the root causes must be tackled. These are not just individual but socio-political.

Violence has become a response to anger, frustration and hatred and the solution to the problem will demand an honest analysis on a number of levels.



# Munnik hits at 'panic' over birth rate of SA whites

Syar  
14/10/87  
237

Political Staff

CAPE TOWN — The Minister of Health, Dr L A P A Munnik, turned down suggestions at the Cape National Party congress yesterday that State family planning programmes should deal with the racial composition of the South African population.

He said his department did not have a separate family planning programme for whites only. It was a programme for the whole population.

The whole programme could be wrecked by "storming in" with a wrong approach to family planning.

The Minister was reacting to fears expressed by delegates about South Africa's growing black and coloured population and the diminishing white birth rate.

One delegate said it had been estimated that by the year 2020 there would be 44-million blacks in South Africa, compared with only 8,7-million white, 7-million coloured and 1-million Asian people.

"We are busy committing suicide," the delegate said. "Every married couple should have at least three children if we are to survive."

A delegate from Uitenhage said "something radical and drastic" had to be done to curb the rapid population growth. If this was not done, the situation could get out of control by the year 2020.

Replying, Dr Munnik said people should not allow themselves to panic about population projections and speculation about the situation by the year 2020.

Family planning information was being made available on a large scale throughout South Africa. The amount spent on this work had been increased four-fold in the past six years.

The more prosperous a community was, the fewer children its people would have. In Soweto, for example, where people were becoming more prosperous the average family had only three children.

## Call for heavier sentences

CAPE TOWN — The Minister of Justice, Mr Kobie Coetsee, said yesterday he would consider appointing an advisory body to advise the Minister on the release of prisoners in certain instances.

Replying to a resolution at the Cape National Party Congress calling for stronger action against serious offenders, Mr Coetsee said sentences were a matter for the courts, but that it would appear the courts passed heavier sentences for serious offences.

"I will consider appointing an advisory body to advise the Minister on the release of prisoners."

"This body will review serious cases, such as rape, before a prisoner is released on parole."

"I shall try to get a judge as chairman of such a body."

He said he hoped this would guarantee greater protection of the public and reassure them. — Sapa.

# Contraceptive Controversy rages on

WASHINGTON — An American magazine which has won a string of awards for investigative journalism has placed a fresh question-mark over the effects of Depo-Provera—the long-lasting, injectable contraceptive now being given to millions of women throughout the world.

In the United States the Food and Drug Administration refused to approve Depo-Provera for contraceptive use, primarily because it caused malignant breast nodules in beagle dogs in laboratory tests.

Later it was found that two rhesus monkeys who had been injected with Depo-Provera were suffering from cancer of the uterine lining. The FDA forbids United States pharmaceutical companies from exporting products banned for domestic consumption. However, the California magazine Mother Jones reports in its latest issue that Depo-Provera, a product of the Upjohn company of Kalamazoo, Michigan, is

## CAN YOU HELP?

The controversy over Depo-Provera, the substance injected into women to prevent conception, continues to rage, with new evidence of its harmful effects. SOWETAN is now conducting an investigation into this form of contraception. If you have heard of any woman being given an injection of Depo-Provera without her full consent and knowledge of its implications, please contact us.

Sowetan 15/10/81

237

cases"

Of the original 60 cases, the researchers followed up on only nine women, none of whom was found to have used the drug.

From this sample of nine Thai women came the conclusion that widespread and long-term use of Depo-Provera could and should be continued.

The researchers also concluded that the data on monkeys given large doses of Depo-Provera for 10 years should not apply to women given normal doses

for prolonged periods

Mother Jones claimed that, after publication of this report, Indonesia, Thailand and other Third World countries stepped up their Depo-Provera programmes.

The magazine claimed the original 60 cases were reduced to nine as follows

● Nine cases simply "disappeared" Despite initial reports, only 49 cases were reported during the period of the study

● Twelve more cases were

eliminated because no pathology reports were obtained to confirm the diagnosis

● Another 10 were discarded as "disproven by negative pathology reports" However, a careful reading of the text of the report showed that, rather than being disproven, these pathology reports had not arrived at the medical room in time for the study

● Eleven cases were eliminated because the

women did not come from Chiang Mai province—but no mention was made of whether they had used Depo-Provera at any time

● Finally, seven were eliminated for a variety of reasons which appeared legitimate

Mother Jones referred to a confidential World Health Organisation report which said there had been a "marked increase" in hospital admissions for cancer of the cervix and the breast in

the Chiang Mai province In the article Mother Jones added that the United States Food and Drug Administration was also "troubled" by the risk of side effects to children born to women inadvertently injected with Depo-Provera while they were pregnant

"Such side effects may include congenital heart defects, abnormal development of the penis or the vagina and the possibility of genital cancers later in life."

manufactured in Canada and Belgium to avoid the export ban

It is exported to countries throughout the world — including South Africa — where it has proved especially useful in birth-control programmes among low-income segments of the population

Mother Jones referred to a study which, it said, had played a major role in dispelling doubts over the cancer risk associated with Depo-Provera

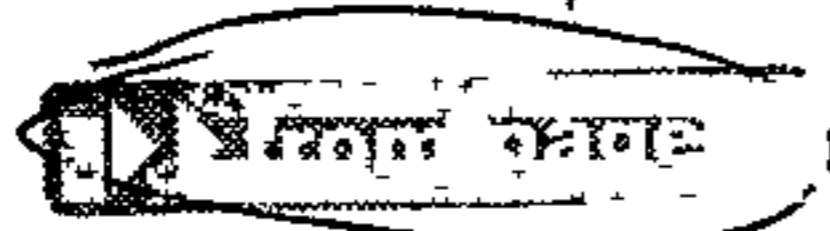
The study was labelled "clearly unscientific" and the article said it had been used to dispel fears raised by animal studies of Depo-Provera and to "justify a conclusion that affects the lives of millions of women throughout the world."

The study was conducted in Thailand's Chiang Mai province, where more than half the female population had used Depo-Provera over a number of years. Since monkeys had developed cancer of the uterine lining after being given the drug, the researchers set out to determine how many Thai women had developed this particular cancer and whether or not they had used Depo-Provera.

Initial reports, Mother Jones claimed, turned up 60 cases of cancer of the uterine lining among women admitted to Chiang Mai hospitals between 1974 and 1978

The study never determined how many of these women had used the drug — instead the researchers "examined a carefully-selected fraction of the diagnoses

# Woman 'pretended to be a white'



positive act of acceptance rather than an absence of challenge," said Mr de Villiers.

He was satisfied that the State had proved beyond reasonable doubt that Miss Freeman was not obviously white and the onus fell on the defence to prove on the basis of probability that she was accepted as a white person.

Evidence was that Miss Freeman, born of a white father and a coloured mother, had lived in a white area since 1973. She travelled on the white sections of public transport for her own safety, went to white cinemas and was served in the white section of post offices.

She had naturally blonde hair and a light complexion.

Miss Freeman had a white boyfriend for three years and a child was born to her at Parktown Hospital. Her race was never queried, either at the hospital or her place of employment.

Mr de Villiers found that, when asked, Miss Freeman said she was coloured. She had coloured relatives and coloured friends.

"Her claim that she was accepted as a white person was not genuine," he said. "She used white facilities but lived as a coloured."

STW  
'Try for  
white' 16/10/81  
237  
woman  
fined

By Zenaide Vendelo,  
Court Reporter

Miss Cynthia Freeman (38), was convicted in the Johannesburg Magistrate's Court today of illegally occupying a flat in a white area.

She was fined R100 (or 50 days), suspended for three years.

Miss Freeman, address given as Ivanhoe Mansions, Wolmarans Street, Johannesburg, had pleaded not guilty to a charge under the Group Areas Act.

The basis of her defence was that she was obviously white in appearance and was accepted as a member of a white group — even though she was classified as a coloured person.

The magistrate, Mr J L de Villiers, found that she "pretended to be white to enjoy the conveniences and facilities which were open to white people but not to coloureds."

Miss Freeman had claimed she was accepted as white but "she was judged solely on her appearance which could be either white or coloured. This could be due to some

To Page 3, Col 1

**DEPARTEMENT VAN STATISTIEK**

No 2176

16 Oktober 1981

BEPALING VAN DATUM VIR BEVOLKINGSSENSUS, 1985, KRAGTENS ARTIKEL 3 (2) VAN DIE WET OP STATISTIEKE, 1976 (WET 66 VAN 1976)

Kragtens artikel 3 (2) van die Wet op Statistieke, 1976 (Wet 66 van 1976), bepaal ek, Andries Petrus Treurnicht, Minister van Statistiek, hierby dat 5 Maart 1985 die datum is waarop 'n sensus van die bevolking van die Republiek van Suid-Afrika gehou sal word

A P TREURNICHT, Minister van Statistiek

**DEPARTMENT OF STATISTICS**

No 2176

16 October 1981

2  
DETERMINING OF A DATE FOR THE POPULATION CENSUS, 1985, IN TERMS OF SECTION 3 (2) OF THE STATISTICS ACT, 1976 (ACT 66 OF 1976)

In terms of section 3 (2) of the Statistics Act, 1976 (Act 66 of 1976), I, Andries Petrus Treurnicht, Minister of Statistics, hereby declare 5 March 1985 to be the date on which a census of the population of the Republic of South Africa will be held

A P TREURNICHT, Minister of Statistics

4/8 7832 (237)

# Whites living longer than other races — Sadie

ARGUS 20-10-81 (237)

## Political Staff

SOUTH Africa's whites were becoming older on average than members of other race groups because of better health and a lower birth rate, Professor J L Sadie, director of the Bureau for Economic Research at Stellenbosch University, told the science committee of the President's Council today.

Apart from an increase during the depression, the white birth rate had been declining since the beginning of the century, he said. It now stood at about

17 a 1 000 with a mortality rate of 8,2 a 1 000.

Blacks, by contrast, were just passing the peak of a population explosion and now had a birth rate of 39,1 a 1 000 and a mortality rate of 11 a 1 000.

The coloured population's birth rate, which used to be 47,5 a 1 000, was now 31 a 1 000 with a mortality rate of 10,3 a 1 000.

The Asian birth rate, which used to be about 44 a 1 000, had dropped to

about 20 a 1 000 with a mortality rate of 6,1 a 1 000.

Declines in the coloured and Asian birth rates could be ascribed almost entirely to the improved economic circumstances of the two communities, Professor Sadie said.

Whites could not expect to improve their proportion of the country's overall population even if immigration were stepped up. The annual increment in the white population

was only 48,8 a 1 000 and that of blacks 57,4 a 1 000.

Professor Sadie said cultural factors had become an important determinant in fertility. It had been found, for instance, that breast feeding tended to postpone the advent of fertility, thus slightly reducing the breeding potential of breast-fed children.

Also, women who joined the labour force were markedly less likely to have a large number of children.

# High worker birth rate 'aids capitalists'

237

RDM 211081  
Mail Correspondent

WORKERS were "playing into the hands of the capitalists" by failing to exercise birth control, a Stellenbosch economist, Professor J L Sadie, told the science committee of the President's Council yesterday.

Reduced fertility would diminish the size of the workforce, increasing its bargaining power and boosting wages, Prof Sadie told the committee, which is investigating demographic trends and population growth in South Africa.

By failing to exercise birth control, the underdeveloped and unskilled workforce was making it easier for the entrepreneurial class to make more money, he said. Prof Sadie is the director of

the Bureau for Economic Research at the University of Stellenbosch.

He said the large supply of unskilled labour, especially on the mines, meant that return on capital remained high, enabling entrepreneurs to perpetuate their "historic advantage".

Prof Sadie also said "proliferating" families in the rural areas were increasing pressure on land, resulting in the transfer of underemployment and poverty to squatter camps fringing on cities.

Speaking "purely aesthetically", he said, it was preferable to have poverty and squalor in the rural areas where it was "not so easily visible" than in the cities where it was more concentrated.

# Boost pay by birth control? <sup>CT 21/10/81</sup> (237)

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He said the large supply of unskilled labour meant that return on capital remained high, enabling entrepreneurs to perpetuate their "historic advantage"

Nor were the interests of the unemployed served by trade unions, which did not represent the totality of people seeking work. Rising wages won for the worker "elite" would induce employers to employ more (scarce) capital

Professor Sadie also said "proliferating" families in the rural areas were increasing pressure on land, resulting in the transfer of underemployment and poverty to squatter camps

Speaking "purely aesthetically", he said, it was preferable to have poverty and squalor in the rural areas

# Birthrate of SA whites declines

RDM 23 10-81

By GERALD REILLY

THE slide of the country's white population towards zero growth is continuing, according to figures released by the Department of Statistics in Pretoria yesterday

At the same time the natural increase of the black population groups was accelerating

The 1980 census figures show that the black population's natural increase rate is more than three times that of the whites

The white natural increase was 8.3 per thousand, that of coloureds 17.5, Asians 18, and blacks 28 per thousand

Between 1975 and 1980 the white population increased from 4 233 000 by 248 000 to 4 481 000, and the coloured population by 237 000 to 2 570 000

During the same period the Asian population increased by 79 000 to 806 000

The number of white births was 80 026 in 1975. By 1980 this had decreased to 74 777. Meanwhile, coloured births increased by 7 438 to 72 975

The vice-president of the Human Sciences Research Council, Dr Flip Smit, has warned that whites are on course to zero population growth



RDM 29.10.81 (237)

# SA opposed to abortions 'on demand'

HUMAN Sciences Research Council studies have found that "only about" 25% of South Africans favour abortion on demand.

The vice president of the HSRC, Dr J D Venter, who made the surveys, pointed out in a statement in Pretoria yesterday that researchers in the United States claimed that 40 abortions were carried out for every 100 live births worldwide.

Some put the figure at between 35-million and 55-million a year and about half of these were carried out legitimately.

The researchers also found that people were increasingly in favour of abortion on demand.

To determine the South African population's attitude, or

By GERALD REILLY

change in attitude, towards abortion was the main purpose of Dr Venter's investigations, which involved about 3 800 respondents.

Two separate surveys were made in 1978 and 1980 and — in contrast to findings of research in other countries — between the surveys attitudes shifted towards greater opposition to abortions.

## Demand

It appeared that more than 90% of the respondents approved of abortion in cases where the life or health of the mother was threatened, or where there was a possibility the baby would be born with serious defects, "as opposed to only about 25% of the respondents who were in favour of abortion in cases where the parents do not want any more children — abortion on demand".

The views on abortion of Afrikaans-speaking and English-speaking groups did not differ significantly, but the English-speaking group appeared to respond far more positively to the question about whether abortion should be available on demand.

It also appeared that people in the higher income groups generally had more positive views on abortion.

However, the attitudes of different age groups towards abortion did not differ significantly.

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1980 census figures show that the black population's natural increase rate is three times that of whites, whose birth rate is declining towards zero growth

-FM 30/10/81

# 'Government must act to prevent diseases'

By ADA STUIJT

A SENIOR paediatrician in Natal says the Government should be spending more money on primary health care rather than on sophisticated health care in towns. And Dr Walter Koenig, senior paediatrician at Natal's King Edward VIII Hospital who has completed a survey on primary health care facilities in four Natal communities, revealed that the Government does not have reliable statistics on black infant mortality, one of the criteria on which a country's quality of primary health care is judged.

Primary health care directs attention to the root causes of diseases, such as unsafe drinking water, lack of sanitation and poverty.

"Most of the public money is spent on sophisticated health care in towns to cure patients, with the result that many people still die prematurely from infectious and other preventable diseases," he said.

## Four deaths

Only a month ago, a major cholera outbreak in BophuthaTswana 40km north of Pretoria, was traced to the heavily-polluted Apies River, used as the only water source for the hundreds of thousands of people living along its banks. Four deaths resulted and hundreds of victims were treated on an emergency basis.

Five ways of evaluating the quality of a country's primary health care are the availability of enough clean, treated water and safe sanitation, the infant mortality rate, prevalence of preventable diseases, nutrition of children in particular and the community at large, and how important the Government rates primary health care facilities in its budget.

But the major problem — and primary health care's first concern — is the availability of clean

## Doctor slams lack of data on infant deaths

water. Among the communities on which he based his study, Dr Koenig noted that two of them relied almost completely on a stream for their water source and the earth's surface for their sanitation.

In only one community — KwaMashu — there were outside taps and toilets available. Hlabisa, Inanda-Ndwedwe and Mawela have pit and surface sanitation exclusively.

"It is thus not surprising that water-borne diseases (typhoid, cholera, malaria) continue to be a major problem."

Dr Koenig attacked the Government for not providing reliable statistics on black infant mortality, quoting from the Department of Health's latest publication which said that "data on blacks for the outlying rural areas were not available because of the customs, mores and level of education of those communities concerned."

"It is interesting to note how the blame has been placed on the shoulders of the community and no mention is made of the task of health care facilities," Dr Koenig said.

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**Study finds that**  
*Natal Mercury 19/11/81*

# 97 out of every 1 000 Zulu infants die in Natal region

**Mercury Reporter**  
ABOUT 97 Zulu children out of every 1 000 die before they reach the age of one in Natal and Kwazulu, according to a study carried out by a team from the University of Natal's Medical School.

These figures were released by Dr Walter Loening, senior lecturer in the Department of Paediatrics and Child Health at the University of Natal's Medical School in a talk on primary health care at the South African Institute of Race Relations offices yesterday.

Dr Loening said a study carried out in four Zulu communities had shown the infant mortality rate to range from 53,5 in Kwamashu to 134,1 in the Mhanda-Ndwedwe area.

It was also noted that in black urban areas 14,6 percent of childhood deaths were not recorded, and this percentage reached as high as 73,2 in the more remote rural areas, Dr Loening said.

The official figures for other racial groups in South Africa were coloured 122, Indian 35 and white 20 infant deaths out of every 1 000 live births.

The infant mortality rate was one of five universally accepted criteria whereby primary health care in a country or community could be evaluated, and

these criteria could give some idea of the state of primary health care in the Natal-Kwazulu area, Dr Loening said.

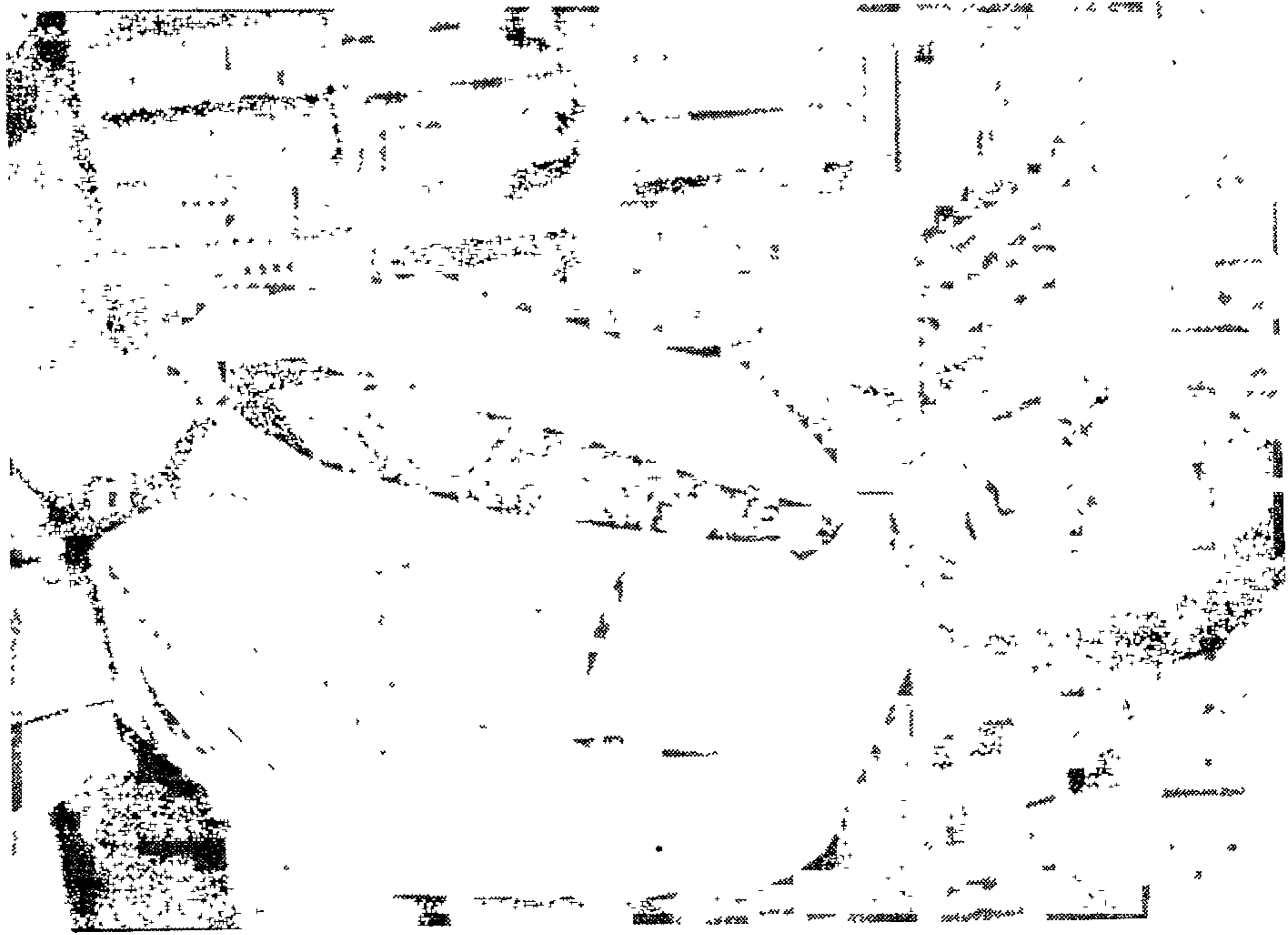
The other criteria were morbidity (the prevalence of preventable diseases), nutrition, the availability of adequate potable water and safe sanitation, and the delivery of health care (the priority rating that primary health care had in a country's planning and budgeting).

Dr Loening said that in the light of these criteria and the available data it was clear that 'formidable and yet eminently preventable diseases were a major problem amongst the majority of people' in the Natal-Kwazulu area.

## Prestige

He criticised the Government for continuing to pour money into prestige institutions such as Grootes Schuur, which according to Dr Loening had just been granted R140 million for expansion, while the Kwazulu Government could not obtain 1 percent of that sum for capital expenditure on clinics that would provide primary health care.

'This does not make sense, because it is obvious that if a small sum of money is spent on primary care, vast hospital complexes would not be needed for tertiary care,' he said.



DR Walter Loening . . . 'It does not make sense'

## A primary problem

PM 20/11/81  
Large numbers of people living in rural KwaZulu are still succumbing to diseases which could quite easily be prevented, according to Dr Walter Loening, senior paediatrician at the King Edward VIII hospital in Durban

According to Dr Loening, the hospital took in 2 000 tuberculosis patients last year. Of the children admitted, 74% had a respiratory infection or gastro-enteritis while 45% were malnourished. Studies carried out on infant mortality rates show that in the Inanda/Ndwedwe area as many as 134,1 deaths/thousand are recorded. In other areas like Mawela, the figure is around 111,4. This compares with the national rate of 122/1 000 for coloureds, 35 for Indians and 20 for whites.

Loening says there is a direct correlation between high infant mortality rates and poor primary health care. For example, in the Inanda/Ndwedwe district and Mawela, almost 100% of the inhabitants draw their drinking water from streams. At the same time, there are no proper facilities for the disposal of excreta. Consequently, debilitating water-borne diseases are a danger.

Loening criticises government for spending money on sophisticated institutions like Tygerberg, Johannesburg General, and Groote Schuur hospitals, without treating the root cause of the problem. He points out that Groote Schuur has just been allocated R140m for expansion, yet the KwaZulu government cannot obtain 1% of that figure for the provision of primary health care. He argues that this hardly makes sense as it is obvious that a small sum of money spent on primary care could obviate the need for vast hospitals for tertiary care.