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AFRICANA

'YOU CALL THAT DEMOCRATIC?' STRUGGLES OVER ABORTION IN SOUTH AFRICA SINCE THE 1960s

Helen Bradford

The rights to the vote and to an abortion do not usually appear simultaneously on the historical stage. But in 1994, three months before the world's last racist regime collapsed, the African National Congress announced it favoured abortion on demand in early pregnancy. Late entry to the world of democracy seemingly had some advantages: neck and neck arrival of the most basic and the most advanced rights.

Numerous ANC intellectuals and supporters had for years been calling for 'a woman's democratic right: the right to control her own body.'[1] This was allegedly 'the *most* basic human right', central to attaining equality with men.[2] Their borrowings from western feminism were unmistakeable. Academic voices had long been insisting that democracy had never existed for women, and that male supremacy was closely related to controls over female fertility and sexuality. More pertinently, ordinary women had defined for themselves a crucial arena where they wanted to take charge of their lives. In struggles to legalize abortion in America, many had identified unwanted pregnancies as their single most important problem. In Britain, campaigns to defend the right to legal terminations could mobilize more women than any other demand. Understandably, many western feminists have posited access to free, legal, safe abortion as central to winning female self-determination and attaining greater democracy. Denying such a right, argued Anne Phillips, is to treat women 'as if their bodies belonged to someone else. Democracy is not supposed to coexist with slavery, and no society can present itself as fully democratic if it compels women into unwanted pregnancy'.[3]

But in South Africa, extending the principles of political democracy to the domain of reproduction hardly has mass appeal. 'You call that democratic?' asked a working class 'coloured' father of twelve incredulously, counterpoising his own belief that woman's 'Right full Role on Earth' was childbirth, and prophesying damnation for 'Learneth evil cloaks' who wanted to murder babies.[4] The ANC was itself riven with conflict. It compromised by minimising awareness of this aspect of its programme among voters, and presenting its policy shift as a response to the prevalence of backstreet abortions. This, too, has little popular appeal. 'Why was she pregnant in the first place?', exclaimed an extremely hostile African nurse. 'When all over the Family Planning is all over, on the video, on the media, there is Family Planning all over?'[5]

The plaint is common among those with education and video recorders. But it also skates effortlessly over the power relations of both the present and the past. For most women, in most countries, for almost all of recorded history, abortion has been an absolutely central form of birth control. As horrified Victorian officials in the Transkei reported in the mid-nineteenth century, it was 'almost universally practised by all

classes of females in Kafir society'.[6] Sotho women, wrote a shocked white gynaecologist in the late nineteenth century, believed blood

> collects in the woman for three months, it hardens, becomes flesh, and then the child is formed in the centre. Up to the third month it is not a child, it is *only* blood...a native doctor is nowhere unless he possesses some powerful medicine to bring back the blood.[7]

Such beliefs were typical in pre-industrial societies worldwide. Indeed, to the distress of countless male theologians, the Bible was written by men characteristic of their time, and contains not a word on either life at conception or abortion. Nonetheless, male physicians and priests could step in where Scripture feared to tread. During an upsurge of abortions among American and European women in the nineteenth century, first doctors, then the Pope, then Protestants, abandoned centuries of Christian consensus: that the male foetus was alive only after forty days, and the female, inferior as ever, after eighty. Both the clerical and medical professions then struggled to convince ordinary people that motherhood was female destiny, that abortion at any time was murder. Unfortunately, winning hearts and minds for an imperial cause took time in the colonies. While abortion has now been widely internalized as homicide, older notions linger on in South Africa to this day. A woman has the right to bring back her blood; this is quite distinct from murder.[8]

Debased folkloric remedies, however, became ever less capable of inducing late periods. Yet there were nonetheless class dimensions to replacing indigenous methods of birth control with the newfangled products of multinational companies. The poor, the rural, the uneducated, repeatedly spurned commodities that typically assumed bourgeois lifestyles. Being black in South Africa was also reason enough to find contraception problematic. Since the 1960s, when the state began to finance 'prevention', this was all too clearly the white man's idea to limit black numbers. Resistance was embroidered with a host of beliefs, including the notion that blacks received inferior products. Yet white women also had reason to complain - and being female was another good reason for jaundiced responses to contraception. Commodities developed primarily by men, for profit, did and do produce in women's bodies a 'grisly collection of contraceptive-induced disease'.[9]

For many women willing to gamble with their health, an additional obstacle loomed. Male opposition to birth control was strong - and intimately connected to desires to control female fertility and sexuality. For many black men, the prime function of women was to produce babies; they policed contraception with tactics ranging from confiscation of pills to assault. Moreover, if intercourse could be separated from reproduction, what stopped others from stealing their sexual property? *'Dis die mans'*, insisted a 'coloured' woman, explaining widespread hostility to birth control; *'hulle wil hê die vrouens moet altyd swanger wees, anders loop sy na ander mans.'*[10] As an African male 'family

planning' official dolefully noted, men were partly responsible for women turning to abortion: a form of birth control needing neither male knowledge nor co-operation.[11]

So for reasons relating to history, class, race and gender, women sought terminations despite the availability of 'prevention'. Yet abortions were relatively rare among Africans in the 1940s. As in Nigeria, and unlike East African countries with far lower levels of industrialization and urbanization, they attained epidemic proportions only in the 1970s. By the 1980s, according to one guesstimate, one in six pregnant women induced her own miscarriage. In the early 1990s, there was perhaps one backstreet abortion every two and a half minutes.[12]

What propelled this rush for catheters and coathangers? Firstly, worldwide, incorporation into paid employment has been one of the single most important factors forcing females to restrict their fertility. African women began trickling into industry and commerce from the 1950s; by the mid-1970s, after the frenetic boom of the preceding decade, almost one in two was economically active outside her home in non-bantustan areas. Secondly, secondary schooling for African girls has grown exponentially since the late 1950s. As in the rest of sub-Saharan Africa - where education for women underpinned soaring abortion rates - black women hurtled into spheres previously reserved largely for males and for whites began seeking fertility control.[13] Thirdly, 'town girls' have been strongly associated with abortion: this is perhaps particularly true of first-generation urban dwellers. Once again, a dramatic transition was sardined into three decades. Some time between 1960 and the mid-1980s, due not least to forcible resettlement of millions on 13% of the land, the largely rural African populace became predominantly urbanized.[14]

Finally, these vast upheavals impacted on women's intimate lives. Neither 'family' nor 'planning' were appropriate terms for a world dominated by massive disruption of older controls over fertility and sexuality, abandonment of pregnant women by mobile men, and the explosive growth of homes without fathers. In a racist, sexist society, off-loading responsibility for children onto women alone could impose intolerable financial strain. (In 1973, 62% of African female industrial workers - but only 13% of African men - earned under R10 a week, due largely to discriminatory wages based on gender, and to women being herded into economic ghettoes.) Understandably, the typical woman seeking an abortion throughout this period was probably African, unmarried, urban - and poor.[15]

To be sure, many failed to fit this profile. If 'the democratization of birth control' was one of the most significant social developments worldwide in the twentieth century, democratization of a special type occurred in South Africa.[16] Backstreet abortions were sought by the wealthy and the poor, by 'coloured' workers and Indian schoolgirls, by childless women and mothers of nine, by urban whites and rural blacks, by females ranging between thirteen and fifty years old, by wives, single mothers, widows and unmarried women. They crossed geo-political borders in their desperate searches; they ignored racial

boundaries as well. They shared one common feature, and one alone: being female of reproductive age in a patriarchal world.[17]

Significantly, support for legalizing abortion on socio-economic grounds has consistently demonstrated rather more specific patterns. To be crude: education, income, occupation, proficiency in English and urbanization, not race or gender, appear to have been the really significant variables. Moreover, in a country where illiteracy and poverty have been far more widespread than tertiary education and wealth, abortion on demand has always attracted the support of only a small minority. According to the most recent survey, it was favoured by 47% of white women, 28% of black women, 20% of all men, 18% of rural blacks, and a mere 15% of those who were illiterate.[18]

Nonetheless, abortion on demand has now been placed on the agenda by those who have historically favoured it: an urbanized, educated, English-speaking, upwardly mobile minority. A debate intensifying for years has now exploded. It consists largely of starkly contrasting claims. ('The will of God is against abortion', 'abortion in our culture is not practised', 'giving women the right to choose is the only democratic way'...) Typically, these assertions are all presented as transhistorical, transclass truths. They ignore, completely, the context in which women have sought to terminate pregnancies. They are also infused with the common sexist assumption that female reproduction has no past, belongs to the timeless realm of nature.

Yet there is a history of passing interest to both feminists and democrats. Firstly, there is a story of how the law currently under debate for repeal or reform came to be passed. And that in itself is an account of deep-seated inequalities in power and wealth, impacting profoundly on whose voices were ultimately enshrined in legal clauses. Secondly, this is a tale of discordant discourses, encoding very particular class, racial, gender, generational and professional interests - and passing them off as universal truths. Thirdly, it is also an account of an elite pro-choice minority, making tactical and ideological decisions - and then both losing the battle and marginalizing women who had terminated their pregnancies. Finally, it is a history that points, insistently, to the similarities between struggles over reproductive rights in South Africa and those elsewhere. The issue was and is not abortion. This merely provides a fulcrum for much broader conflicts. In America, for example, the real bone of contention was feminism: 'virtually all antiabortion sentiment arises from some kind of response to the women's movement'.[19] In apartheid South Africa, there was an additional twist to this tale. White supremacy was also, crucially, at stake. For black and white nationalists alike, the issue was not simply whether women could decline to be mothers of men. Above all, it was whether they could repudiate being mothers of racially defined nations. Consequently, those who entered the fray focusing narrowly on abortion got riddled with bullets. Fundamental racial, class and gender interests were also involved - and these continue to haunt the present.

ORIGINS OF A GREAT DEBATE

In the 1960s, a revolutionary drug allegedly changed millions of lives and transformed social orders. Reality was more mundane for many black South African women. The 99% effective pill, developed in response to mushrooming metropolitan fears about population explosions in the peripheries, pitted their bodies against pharmaceutical firms. The battle was unequal and quickly concluded. 'Why do so many women give up?', asked a white doctor at a birth control clinic despairingly, noting how many then had unwanted pregnancies. The answer was simple. 'Side-effects' was the single most important reason, black females informed her.[20] Physicians casually confirmed their plaints were more than justified. They also noted that investing in products less hazardous to female bodies was 'an embarrassment to firms who had spent large sums popularizing their earlier preparations.'[21] Yet if profit and politics overrode female health, women with unwanted pregnancies nonetheless had other options.

Abortion was licit only if performed to save a woman's life. But the dogmas of seventeenth century male legal authorities meant little. In 1959-64, there was an average of one death a week from illegal abortion in Johannesburg. Assuming safety standards in the backstreets of *eGoli* were similar to those in Durban, this translated into about 200 induced miscarriages a week, or some 10,000 a year in South Africa's industrial heartland.[22] The phenomenon was clearly more widespread and also accelerating. A high rate of illegal terminations in the reserves was reported. Conviction rates of (overwhelmingly African female) abortionists doubled in just over a decade. Clinics were besieged by ever more black pregnant women naively requesting help. By the early 1970s, a bantustan doctor working among the Tswana was confronted almost daily with illegal abortions. In Soweto alone, guesstimated rates had soared to 500 a week.[23]

Yet although backstreet abortions were overwhelmingly concentrated among Africans, the debate exploded among whites. Admittedly, a shared female experience transcended colour: a desire for greater control over reproduction, rooted in transformations with profound class and racial modulations. For one thing, 'around 1970 white South Africans overtook Californians as the single most affluent group in the world'.[24] As always, prosperity was reflected in plunging birth rates. For another, ever more white women (including older housewives who hoped their childbearing days were over) were gatecrashing into paid employment. In addition, the very availability of the pill made unwanted pregnancies increasingly unthinkable. Contraception and abortion rates frequently rise simultaneously, precisely because those who seek terminations have typically tried to practise some form of birth control.[25]

As horrified conservatives viewed it, 'permissiveness' had also crossed the Atlantic and infected the white body politic. Illegitimacy and divorce rates were rising; eroticism was being harnessed to marketing goods; sex was hitting the headlines; contraception was becoming a fashionable topic of discussion. Not

only were discursive taboos surrounding fertility and sexuality being broken: the metropoles were also exporting their subversive ideas about abortion. In the early 1960s, these were linked to 'thalidomide babies': a sedative prescribed to pregnant women was producing a terrifying wave of armless, legless children. Then worldviews in the periphery were even more fundamentally challenged. In one of history's magnificent ironies, just as many South Africans were at last internalizing that abortion was murder, the theologians and doctors who had exported this notion were changing their minds.[26]

Whether abortion is homicide or a woman's right is a matter of socially constructed opinion. As in the past, the ideas of a British elite were veering in response to seismic shifts in social structures and struggles. Once again, their new views reverberated among ordinary parishioners and patients. After all, if abortion is seen as identical to infanticide, there are few grounds for supporting it in industrialized societies. If it is not, then space opens up for debate as to when it is permissible. The sea change in the position of doctors and establishment churches - in 1965 the Church of England ruled it was justifiable to terminate a pregnancy on a woman's request - was a crucial precondition for legalizing abortion in Britain in 1967.[27]

Where Britain, Japan and much of the socialist world had led, could South Africa be far behind? It could. Churches were still debating whether contraception was sinful; Afrikaner nationalists were imploring white women to have more babies. Pronatalism, anti-communism and virulent xenophobia continued to obsess many whites - but numerous professionals nonetheless found lagging behind their metropolitan counterparts galling. This was especially true of doctors. As in Britain, self-interest drove them into the fray: they wanted to legalize their illegal 'therapeutic' abortions.[28]

Their therapy was but a drop in the ocean of demand. In exceptional circumstances, they granted cures to abnormal women. Otherwise, the profession was permeated with contempt for a simple operation associated with 'quacks', and violating ideas about appropriate feminine behaviour. In one hospital in 1967, doctors performed two such abortions. 99% of the pregnancies terminated within its precincts presented as septic or incomplete miscarriages illegally or spontaneously induced elsewhere.[29] Nonetheless, medical men were protected from prosecution for their therapy by no more than a flimsy gentlemen's agreement with officialdom. Unfortunately, at a time when the knout of apartheid law was being more vigorously brandished, the overseers of racist courts had increasingly less sympathy for medical discretion. Some '10,000 European children (foetuses) had been killed' by one convicted doctor-abortionist, complained an Attorney General bitterly.[30] Consequently, ever more physicians perceived the problem as oppression of the medical profession. Unlike their British counterparts, their freedom of action was being limited by an impossibly narrow law.[31]

Thus from the mid-1960s, a white vanguard dominated by self-interested doctors and elite English-speaking women dragged others into a debate centred on separating the deservedly from

the undeservedly pregnant. In drawing the boundary line, organizations and individuals infused their own very particular concerns. The *Afrikaanse Calvinistiese Beweging*, for example, added women who had taken LSD to their list of those who might be awarded abortions. But drugs that might result in 'thalidomide babies' worried most far less than sex that created black offspring. Many were outraged that 'a White woman raped by a non-White could not have the resulting pregnancy - and the birth of a Coloured child - legally terminated in South Africa.'[32]

State apparatuses largely tried to hold the line at that deemed acceptable in the seventeenth century. But in 1971-2, a rearguard action became a rout. Numerous doctors were prosecuted for performing abortions bearing no relation to saving maternal lives. The trials of those who had terminated pregnancies on demand were carefully stage-managed: their black and married clients were rendered invisible. But while many whites were shocked by the apparent concentration of abortions among unmarried members of the dominant race, most also swung leftwards rather than rightwards. The law did indeed seem antediluvian, if a gynaecologist could be hauled into court for terminating the pregnancy of a white 'sub-normal fifteen year old incestuously [raped] by a moronic brother'.[33] Consequently, the debate among elites spilled over into a far broader arena. The antiquated and unenforceable law was placed in the dock; pressures from below became uncontainable; reform from above was placed on the agenda in 1972-3.

Although a swollen state was obliged to embrace the shameful domain of abortion, it also tried to minimize the impact of liberalizing the law. Running alongside easier access to terminations for whites - and proposed by the same Parliamentarian - was intensified commitment to contraceptives and anti-natalism for blacks. Moreover, the drafters of the 1973 Abortion and Sterilization Bill, itself saturated with the assumption that 'woman' meant 'white woman', had absolutely no intention of following the United States down the road to abortion on request. The conditions for legal access were strictly defined: pregnancy in circumstances relating to rape, incest, imbecility, sex under the age of consent (sixteen), or serious endangerment of female or foetal health.[34]

In a request given minimal publicity, the broader populace, so long the tail waving the dog, was then invited to comment. In time-honoured ruling class fashion, the opinions of Africans were not desired. Nor was the white minority expected to think too deeply or democratically. The organizations solicited from above for their opinions were peremptorily asked to respond within less than six weeks - which often made it impossible to consult members at all. Nonetheless, an authoritarian state profoundly committed to undemocratic practices was unable to suppress radically divergent views.

PRO-CHOICE POLITICS: CLASS AND RACE

Between 1971, when the trickle of interest in abortion became a flood, and 1975, when the final Act was passed, pro-choice politics was completely dominated by a tiny segment of the white middle classes. Ardent supporters of abortion on demand in the first trimester (or rather, abortion on request to doctors, as most deferentially preferred to express it, avoiding too close an identification with American feminists), tended be wealthier, better-educated, English-speaking women and men. Crucially, they derived predominantly from the professions (doctors, academics, ministers, lawyers, politicians, psychiatrists, journalists); a handful were self-employed or white collar workers. Activists undoubtedly made inroads into other social groups: the ten thousand Natalians who signed petitions for abortion on request were allegedly drawn 'from all walks of life. Matron, saleslady, farmer, fitter, car technician, health educator, nutrition educator, teacher, mother of five children, housewife, student - they were all there.'[35] Perhaps so - but this is nonetheless a list strongly focused on the salariat, and walks of life excluding those of the working class seem somewhat limited. Significantly, too, the only political grouping where pro-choice arguments resonated was the Progressive Party, long associated with upper middle class, English-speaking urbanites.

Class knows no racial boundaries, despite the efforts of South African rulers to disprove this theorem. Blacks supporting abortion on request included African, Muslim and Asian doctors and academics, a female trader-cum-Zulu politician, Gatsha Buthelezi, and the nominated elite incorporated into the South African Indian Council.[36] Like Buthelezi, however, they often hovered uneasily between their personal opinions and allegiance to the state or a conservative constituency; their support but faintly coloured the white face of pro-choice politics. Of far greater significance in the whistle-stop petition campaign - which omitted rural Africans completely - were some 1,500 black nurses, clerks and workers in Durban. The proportion of labourers in the 'voteless crowds...standing five deep around the tables' is unclear, but workers able to read an English placard and sign their names were certainly exceptions to the rule.[37]

Thus the class and racial underpinnings of pro-choice politics were fairly starkly etched; they in turn helped sustain a discourse with elitist and racist overtones. For many whites, the alleged population explosion in the underdeveloped world was only a township away. By one calculation, South Africa's demographic growth rate in 1973 was some 28% higher than Nigeria's, 40% greater than India's, and 220% higher than that of the United States. More pertinently, the boom was ending; economic growth rates were sliding downwards to the point where they were uncomfortably close to rates of increase in population.[38] The 'determining factor in history', an old-fashioned philosopher once alleged, is the production of both material necessities and children.[39] Nonetheless, it took both time and struggle, in the form of economic crisis and successive

black uprisings, for these factors to nudge numerous white businessmen and bureaucrats into the legalized abortion camp. White pro-choice activists were far quicker off the mark. Presenting abortion as a form of population control of the black under classes was simultaneously a way of decontaminating it.

Consequently, the national question encouraged a much swifter convergence between pro-choicers and population controllers than occurred in America. Indeed, the alliance began at birth for the Cape-based Abortion Law Reform League, founded in 1971 in response to a doctor's suggestion that legal abortion would help solve overpopulation. In barely coded language, League supporters repeatedly spelt out their desire to target lowlier people, who were breeding too fast. They were 'too stupid or irresponsible' to use contraception, and were dragging the living standards of the privileged down (like 'a powerful swimmer besieged by a mass of struggling, drowning weaklings'.[40]) Deploying the imagery of dirt as a racial metaphor, the League promoted abortion on demand not only as an individual freedom, but also as population hygiene.[41]

The Natal-based Abortion Reform Action Group, formed in 1972 in response to both a backstreet death and the proposed legislation, was far more cautious, not least because key organizers were black. But it, too, prioritized high rates of population growth. At a time when mass Natal strikes had ended a decade of African political quiescence, it appealed to the politically conservative by linking this spectre to bantustan land demands. The sexually conservative were also targeted: although maternity offered many unmarried black women some fulfilment, ARAG repeatedly associated the illegitimate with the unwanted.[42] Others, both 'coloured' and white, swelled the chorus of middle class voices proposing abortion for blacks for the good of patriarchal morality and civilized government. This appealed in particular to numerous white male doctors, at least some of whom assimilated family planning to 'pollution control', and illegitimate black children to a drain on state coffers.[43] Understandably, an African anthropologist angrily claimed blacks saw legalized abortion as one more culling device.[44]

Enthusiasm for population control spilled over into another facet of the pro-choice campaign, which focused on reproductive technology. Partly in response to limited success in controlling demographic growth with contraceptives that women resisted, scientific resources were flowing into what was euphemistically termed post-conceptual or post-implantation fertility control. Medical men could and did engage in this new version of cultural imperialism - and ministers wearily recognized that the prestigious and powerful were usually victorious in the sphere of ideas. Nonetheless, like lawyers, men of religion accurately labelled these commodities as abortifacients.[45] So did a white doctor-cum-population controller, who opposed abortion on demand, and guesstimated there were some 2000 backstreet terminations a month in Soweto in 1973. As he also noted, the intra-uterine device was now promoted among blacks rather than the pill. It was dirt cheap, could be inserted within hours of childbirth, could not be removed by the woman herself, and was strongly recommended

for lower class females who resisted contraception. But as he well knew, imprisoning a foreign body in a sexually active woman's womb did not prevent fertilisation. For the fortunate, it simply induced miscarriages whenever conception occurred. 'This is a perfectly legal termination' he concluded, having overseen the insertion of some 20,000 IUDs among black women since the late 1960s, 'and just as well when one has to admit that one is responsible for over 20,000 terminations every month.'[46]

His admission to being an abortionist on this scale was unusual. Typically, it was only in the privacy of their professional journals that doctors confessed to subjecting black women to implantation followed by early abortions, to health risks remarkably similar to those of illegal terminations, and to a disturbingly high danger of septic late abortions, with severe and sometimes deadly complications.[47] Nonetheless, it was impossible either to conceal medical hypocrisy - or to prevent women from appropriating the new technology for their own purposes. The 'loop' effectively caused early miscarriages, insisted both the League and a Natal Anglican commission on abortion. Clinics prescribed IUDs when they received requests for terminations, alleged a convicted abortionist bitterly. Some doctors inserted an IUD in a woman with an unwanted pregnancy, admitted a physician. 'They'd put in a loop, and then that would start, usually would start, bleeding and cramps', explained a white woman who helped others end unwanted pregnancies. But as she also warned, 'it's a very, very painful and horrible way of having an abortion.'[48]

In sum: the pregnancies of a tiny minority of women in the know - and of tens of thousands of unwitting and overwhelmingly black women - were being terminated with products known to endanger their health and flout the law. Significantly, at a time when white South Africa was convulsed with debate about reproductive morality, the forces of law and order turned a blind eye. Prosecutors did not rush to charge population controllers or manufacturers of the world's largest selling IUD with illegal terminations. Indeed, when this infamous Dalkon Shield was banned in the United States in 1974 - because too many deaths resulted from septic late abortions - suppliers dumped them on the Third World, to the approval of the same South African population controller responsible for 20,000 terminations a month.[49] Unsafe abortion on command was clearly both permissible and desirable. The really disturbing idea was safe abortion on demand.

Interestingly, the pro-choice movement focused on scientific progress rather than scientific profiteering, misogyny and racism. Accusing fingers were also wagged at the morning-after pill, at other new abortifacient drugs like prostaglandins, but individuals deeply committed to population control concentrated on the emancipatory potential of the new technologies. Firstly, they promoted abortion techniques lasting only a few minutes, appropriate for paramedical clinics, freeing women from the sway of a medical elite. Some longed to eliminate specialist intervention altogether: why not leave decision-making absolutely to the woman herself, possessed with a 'vacuum pump in her own do-it-yourself abortion kit?'[50] Secondly, they (and others)

tried to stretch the legal grey area, by challenging the discourse through which the medical and legal elite constructed reality. If, for example, the early miscarriages induced by IUDs were not abortions in the eyes of the law, why not reserve this word for terminations of pregnancies extending beyond three months? Indeed, why not substitute the process of 'menstrual regulation' for early 'abortion' - with techniques inducing late periods without determining whether the woman was pregnant?[51]

These linguistic and technological shifts of gear had considerable political leverage. They reoriented visions: away from the foetus observed by the detached clinical gaze of the medical man, towards the late period that was the felt experience of a pregnant woman. Moreover, although pro-choice supporters proudly proclaimed the modernity of menstrual regulation, the wheel was simply turning full circle. Tens of thousands of African women were simultaneously resorting to over-the-counter 'Tablets for Women' when experiencing late periods. The pills they favoured had been among the best abortifacient drugs introduced in the early twentieth century, when they were enthusiastically embraced by whites.[52] '[E]verybody goes to the Parade to this herb woman', explained an elderly, church-going, 'coloured' domestic worker in Cape Town.

> You say, your monthly didn't come, you're worried...it is better than going to someone and, and, uh, uh, have abortion. Abortion is sometimes a big child already. But that is when it is in the second month or so. You know. That you feel you didn't get it last month, and then you have to drink the herbs.[53]

Yet neither the beliefs nor the practices of black working class women were prominent in reproductive-rights discourse. To be sure, in a society where many African languages deployed the same word for mother as for adult female, a fascinating attempt was made to garner support for abortion on demand by appealing to maternal identities. 'Our daughters are dying', was the way an African ARAG activist expressed it.[54] In addition, numerous whites were well aware that abortion legislation stripped of economic clauses was effectively class law, which in South Africa meant racist law, discriminating against the vast majority of women. Poverty, they insisted, was the prime reason an African woman sought an abortion; the poor had the same right to safe terminations as the rich who discreetly visited doctors. Nonetheless, 'the poor' and 'the African' tended to be rhetorically invoked, not least because they proved an elusive constituency. As women in the strongly working class township of KwaMashu asked an ARAG leader: 'How can we fight for these rights when our men are not free?'[55] In 1973, whites constituted less than one-fifth of the populace, but had both the vote and nearly 70% of the income. Africans constituted over 70% of the population, but received only 21% of the income. The central political issue was the rights of blacks, not the wrongs of women.[56]

PRO-CHOICE POLITICS: FEMINISM AND WOMEN

As an organized movement, feminism has historically been associated primarily with middle class women. The founder and the secretary of the League - a publisher in her sixties and a retired doctor - certainly chose this route. Inspired partly by American feminists, they ridiculed male clerics unable to bear children dictating to those who could; they compared their battle for freedom to other all-female struggles for access to male-exclusive domains. Backed by some 1500 signatures, they also insisted to Parliamentarians that women be regarded as citizens with gendered needs. Abortion on demand was thus 'a *fundamental right*', 'a human right that every women of any colour should have'.[57] Why so? Because this had been won in struggle: by the women's movement sweeping the west. Because, too, those with unwanted pregnancies could otherwise be reduced to machines or animals, colonized by an uncontrollable process. In addition, women had inalienable rights over their own bodies: 'MY UTERUS BELONGS TO ME'.[58] Finally, justice, freedom, dignity and privacy - for those whose bodies differed from the minority sex - necessitated abortion on demand. Independent females, insisted the League, were tired of being treated as madwomen. '[I]n early pregnancy the meaningful life of the mother - as *she* reads it - must at all times take precedence over the life of the fertilized cell.'[59] Others added an additional string to this bow. If both the state and Protestant churches had ceded that abortion could be condoned in some cases, argued a female minister-cum-doctor, then it was unjust for anyone other than the woman concerned to decide what these circumstances were.[60]

These were significant assertions, with important political implications. Admittedly, the association of citizenship or human status with abortion rights - and the insistence on reproductive control if liberal slogans were to have meaning for women - had no impact on deeply conservative male Parliamentarians. But the lexicon of liberalism and feminism, of individualism and property rights, certainly had wider resonance - in a constituency that once more was profoundly shaped by the contours of class and race. 'I don't really see how the decision concerns anyone but the mother', argued a female executive; 'it's her body, her life.'[61] At a time when feminist movements were emerging on university campuses, and the thoroughly respectable Family Planning Association was displaying posters of a pregnant man ('Would you be more careful if you had become pregnant?'), support for radical feminism was perhaps greater than anticipated by pro-choice activists.[62] Numerous white women and the occasional man - all typically those who were no strangers to wealth or tertiary education - were certainly willing to pursue gender issues. They asked why women should suffer and male lovers escape free. They also denounced arrests of women for abortions as discrimination; shouted down male priests suggesting wives might end pregnancies for frivolous reasons; objected to any single group imposing its morality on all, and declared that pro-choice policy would help wives whose marriages subjected them to

rape and prostitution.[63]

Yet in a profoundly patriarchal and authoritarian society, 'women's lib' was little more than a scatological term of abuse. The male rector of a so-called liberal university banned the 'pregnant man' poster; some men thought reform was necessary because the woman, not the abortionist, was the real criminal. Moreover, antagonism to feminism was hardly confined to men. Although marriage itself transferred rights over female fertility, persons, property and children to husbands - including the rights to rape and to deny contraception - white wives could be far less troubled by sexism than the black women to whom they typically bequeathed the drudgery of housework. If they were discriminated against on gender grounds, they were enormously advantaged by race. In 1978-9, only 6% of a female sample of largely middle class white employers of domestic servants approved of the women's liberation movement. As one tellingly observed, 'All the women I know are already liberated.'[64]

Not surprisingly, pro-choice activists tended to trim their feminism. The League chose to focus first on converting doctors and social workers; its organizational efforts among females were initially almost non-existent; it claimed but 207 members in 1974. In the absence of a mass female base, racial prejudices pulled it inexorably closer towards population controllers. ARAG, as conservative in the sexual domain as the League was in that of race, sternly warned against feminism. 'The image of the literated woman', it proclaimed in a revealing slip, 'is quite clearly foreign to the portals of our parliament, and point of contact could easily be sacrificed by this emphasis'.[65] With only two members in 1972, and some eighty in 1974, it demonstrated even less desire or ability to win popular support. Like other privileged females in Africa, leaders of both movements had chosen to try to manipulate males rather than mobilize women. In essence, theirs were legalistic campaigns with racist overtones, relying on lobbying and endorsements from the prestigious, addressing themselves in a dignified fashion to the all-white, almost all-male Parliament. Others were quick to note these tactics were doomed to failure. As a convicted abortionist sourly noted, pro-choice women gave press interviews and talked. Or as the very men they sought to manipulate perceived it, groupings with such tiny memberships, promoting cock-eyed ideas about female rights, could be ignored completely.[66]

Leading organizers, frequently cash-strapped, and typically wives and mothers in full-time jobs, had little choice. Moreover, they were often dismayed by the lack of white female support even when they eschewed feminism. Compared to white men, however, white women tended to be concentrated on the bottom rungs of income, occupational and educational ladders. Despite dramatic changes during the boom years, most remained absolutely financially dependent on males; two-thirds were not employed outside the home; the great majority had far less access to tertiary education than men. Since males controlled the resources, most women were understandably educated not for the world but for men. Many a woman also firmly adhered to the notion that her body was meant for children, her mind was infused with

maternal instincts, her place was in the home. Not only were such views sanctioned by male-dominated religion, media and medicine: becoming a mother in a patriarchal family, as the vast majority of white women did, also offered some power, some emotional satisfaction, and crucial identities.[67]

Consequently, organizations representing predominantly housewives, such as the National Council of Women, were vociferously hostile to pro-choice politics. For many, an induced miscarriage was a sordid secret which sullied women in the eyes of men. Abortion was the province of bad girls, bad wives, bad mothers (and even bad employees - a nurse who had terminated her pregnancy was then ordered to marry her lover or resign.[68]) Indeed, it was replacing loss of virginity as a signifier of female vice and impurity. The polar opposites of abortion and maternity, on which the media insisted, also deeply worried many wives.[69] A woman who had terminated one pregnancy anxiously tried to reposition herself as a 'good mother'. Those who signed the League's petition for termination on request, she claimed, were also 'nice, responsible and wonderful mothers'. Desperate to remain feminine, others who had internalized hegemonic tenets were too fearful to sign.[70]

Unfortunately for pro-choice activists, anxiety about motherhood was not simply male-imposed false consciousness. There was also good physiological reason, located in the very body that supposedly belonged to a pregnant woman. For her, a foetus was not necessarily a person - but it was certainly in her, of her, becoming a child through a pregnant body that was itself changing dramatically. No woman, claimed one who had terminated her third pregnancy, and was haunted by the memory of 'the tiny life', could have an abortion without distress and regret.[71] Female needs and actions were often in conflict with bodies, beliefs and emotions. It was not that they had made the wrong decision. Those who returned three, four, even eight times for abortions added weight to the claims of others that guilt would not deter them from such a course.[72] 'It should be up to the woman' declared a white teenager, who supported legalization and thought marriage to her lover would have been as bad. But for months after her own termination, 'I felt very dirty and a non kind of person.'[73] Typically, women expressed considerable shame, grief, ambivalence - and simultaneously relief and conviction that their decisions had been correct. Yet in the polarized political debate, as some pro-choice leaders talked of fertilized cells and guiltless females, their right to *all* these feelings was not validated.

In part, too, this was because pro-choice groups were barely shaped by a crucial constituency. The voice of those who had terminated pregnancies, as one bitterly noted, was conspicuous by its absence.[74] The route they had travelled in reaching their decisions was also obscured, not least because organizers trying to manipulate men were talking a different language. They spoke of rights, of research, of reasons for liberalizing the law; they contested arguments and provided academic explanations. ('CAUSES OF UNWANTED PREGNANCIES. 7.1. Lack of Education with attendant irresponsibility...the average Coloured wife interviewed has no knowledge of contraceptive measures.'[75]) But in addition to its

obvious class and racial biases, such a discourse is not gender-neutral. In morally ambiguous situations, Carol Gilligan has claimed in examining abortion in America, male perspectives revolve around abstract, allegedly rational rules and rights which contribute to constructing their masculinity; those of women around their responsibilities in concrete situations, and a desire to minimize pain.[76] Greater class and racial specificity might add weight to this argument, but undoubtedly most South Africans seeking abortions were in a different world from pro-choice activists. They were wrestling with needs rooted in very specific contexts; enmeshed in a web of competing ideas and pressures, they were typically very far from irresponsible.

Consider another 'Coloured [ex-]wife interviewed' - and how she represented her unwanted pregnancy. As a divorcée from a working class background in 1975, she in fact had considerable knowledge about birth control. But like so many others, she fell pregnant because women have minds as well as bodies, and contraceptives acquire cultural connotations. 'I've always heard people say, it's necessary to take a break, to give your body a break from this foreign thing' she recalled, explaining why she periodically abstained from the pill. As a working single mother, she had already experienced the difficulties and remorse of coping alone, of effectively depriving her child of both father and mother. As a woman pregnant with her second baby, she also felt shame: 'here I am having a loose child, and it's a white man's child, at a time when you know, it's just *not on*.' She was barred from marrying her lover - by law and his own desires. She was also working full-time in a white collar job, and trying to further her education. 'I needed to improve my situation because I needed to look after [my daughter]...the social security's bad in this place... no-one's going to take care of you, you have to be responsible'. She certainly wrestled with competing ethical claims: weighing up 'killing a life' with giving birth to a baby she could not afford to provide with what she considered children needed. She also experienced considerable ambivalence about her ultimate decision, not least because her own morality was impugned. Close to death in hospital, she confessed to her backstreet abortion. '*Horrors*! You know. What a horrible person.'[77] But as a woman who put her own life at risk, having weighed up what having a baby mean to her existing child and herself, having considered the prospective life of her unborn child in a society that paid minimal attention to the needs of black parents and children, she was acting like innumerable females. She was making a hard, morally responsible decision, in a situation where 'You have a limited choice', where 'There was nothing else to do'.[78] The choice between an abortion and an undesirable marriage, or becoming a single mother, or abandoning a baby to the care of others (or no-one); the choice between terminating a pregnancy and imposing greater hardships on existing children, or being forced out of school or out of a job; the choice between the chance of dying and the certainty of suffering did and does not offer much freedom of manoeuvre.

Yet the context in which women took painful decisions was not of prime concern to abortion-rights activists. An Indian

mother of three girls, for example, appropriated the right to choose: she died in the course of ending a pregnancy because she feared she was bearing a fourth daughter, when her husband wanted a son.[79] But pro-choice activists typically veiled the inequalities and power relations, the oppressive institutions and histories, underlying such terrifying 'choices'. Instead, they often patronised or denigrated the women themselves as they focused on persuading a white male elite of the justice of abortion on request. ('Estimated cost to the State of fatherless Coloured - R14 000 000 per year'.[80]) Whether by harping on the so-called social costs of illegitimacy, population growth and backstreet abortions, or by articulating a liberal feminist ideology couched in universal claims, middle class reformers were blurring the experiences of women they claimed to represent, and obscuring the contexts imprisoning them. The key issue for feminists, as Rosalind Petchesky has argued, is not so much women's abstract rights, let alone the burdens borne by the state. It is rather women's needs, rooted in concrete historically determined circumstances, which brutally constrain their choices.[81]

DOCTORS AND ABORTION: 'MEDICAL PRACTITIONERS PROTECTION BILL'

Worldwide, twentieth century doctors have been almost as central in liberalizing legal access to abortion as they were in criminalizing it in the nineteenth century. In South Africa, their class profile boded well for a repetition of metropolitan trends. In 1977, reaping the rewards of long years of tertiary education, the average general practitioner earned more than 93% of all taxpayers (*excluding* Africans). In addition, the changed worldviews of their counterparts affected even the most conservative. As a deeply religious doctor asserted, the argument that a human life existed from the moment of conception was antique, absurd, extra-Biblical. '*Regte* (rights) *behoort aan persone, en die ongebore fetus is nog geen persoon nie!*'[82]

If the unborn in early pregnancy were not 'people' for most doctors, mothers and children were. The prevalence of abandoned black babies dying of malnutrition, the morbidity and mortality consequent upon backstreet abortions, the strain on hospitals (and blood transfusion services) as victims filled up a quarter to a third of gynaecological wards: these concentrated the minds of some. Like the South African College of Medicine's Baragwanath gynaecologist stressed that illegal terminations imperilled the poor and posed a colossal problem. At the single hospital catering for one of the biggest urban conglomerations in Africa,

> We treat between 15 and 20 induced abortion cases a day. And we see only a fraction of the number of abortions that do take place...They come to the hospital in a shocking state. Some have lost about one-eighth of their blood. In their insides are pieces of wood, barbed wire, knitting needles or

> some virulent solution...if we think she can take it, we perform a D and C operation. And then we'll probably find a hole in the uterus. Then we have to open her belly and take out the uterus. She's probably only 17 years old.[83]

Yet the perforated wombs of blacks were not high on doctors' agendas. Instead, a profession that in 1973 was almost 90% white, almost 90% male, shuffled African women to the margins of the abortion story. 'The Bantu are a closed book', declared one doctor-expert on terminations blandly, when asked about black attitudes to abortion.[84] To the profound ignorance of many was added lack of interest in enlightenment. Illicit 'therapeutic' abortions, it seems, were performed overwhelmingly for whites. Africans allegedly induced their own miscarriages; no white doctor was 'going to be so sympathetic towards a black person' as to terminate her pregnancy.[85] Impelled into the fray largely by a desire to legalize their lawbreaking, most doctors certainly attached connotations of whiteness to the category 'woman'.

How did South African physicians define 'the woman'? According to the hegemonic view, females were separate and subordinate, their lives fundamentally determined by one biological feature distinguishing them from males. Like racists fixated on skin colour, medical men stressed and degraded her reproductive system. Her existence revolved around this 'Heath Robinson invention'; her mind, attractiveness and 'need to be courted or groomed' all followed ovarian rhythms (which accounted for her unpredictability); her main physiological function was producing children, which (somehow) explained her ability to 'do work that not many men would consider'.[86] Patriarchal medical culture supplemented patriarchal medical science. At South African conferences, there would be 'Ladies' Programmes' for doctors' wives. (Female physicians were invisible.) In 1975, one such event included a drama programme ('A Woman's World'), a tour to Sandton ('which abounds in boutiques'), a trip to a produce market ('surely a "must" for all wives'), and an 'exceptionally interesting visit to the African township of Soweto'.[87] Prevalent assumptions about class, race and gender could hardly have been broadcast more loudly. Doctors were white, male and intellectual; blacks were exotica; women were decorative housewives, immersed in a bourgeois, ladylike world.

For many medical men, it followed as night followed day that those who abandoned their male-defined places had to be forcibly reinstated. From the late 1960s, as the ratio of female to male students at one medical school approached the ominous level of one in five, authorities imposed quotas, bluntly refused individuals entry, or declared that females might have to be barred completely.[88] An alarmed delegate to an American conference also reported that feminists were demonstrating against gynaecologists, threatening to hold them responsible for backstreet abortions. Admittedly, their South African counterparts were far more sedate, but up to eight women a week, pouring into consulting rooms, all clamouring for terminations, trying to dictate to doctors, drove home an equally unpalatable message. For many, such patients did not have problems: they were

problems - a 'mushrooming social evil'.[89] Consequently, they were publicly denounced in crowded waiting rooms, or deliberately subjected to painful internal examinations. (When she protested, recalled an Indian woman, she was told 'I had enjoyed "sleeping around" and that now I had to face the consequences'.[90])

Collective action supplemented punishments meted out in the privacy of consulting rooms. Threatened as a profession - by women abandoning roles deemed appropriate by medical science, by intellectually and economically inferior lay people debating when doctors should perform abortions - many joined battle. They were led by the white male guardians of the profession. Significantly, these men were typically neither representative of nor accountable to ordinary doctors. For one thing, specialists tended to hold more conservative views than general practitioners, subject to constant pressure from patients. (In a 1975 survey of the latter in Natal, 40% favoured terminations on demand.) For another, control of medical associations had increasingly passed into the hands of state-sanctioned appointees and Afrikaners who were, as ARAG sourly expressed it, *'verkrampt'*.[91] Rendered elitist and conservative by privilege, racism, sexism and affirmative action, these luminaries distinguished themselves by being to the right of the governments of John Vorster and Gatsha Buthelezi on the issue of abortion.

As in Britain, the crucial obstetrician-gynaecologist patriarchy outdid all others. For these specialists - 95% of whom were white men - deskilling was also at stake. Engaging in vigorous crafts-unionism, many refused to be reduced to technicians, unable to utilise their expertise because hospitals, particularly those treating blacks, would be packed with patients demanding abortions.[92] Their raw anger was more than adequately distilled by the Afrikaner President of the Society of Obstetricians and Gynaecologists. He was also central in formulating the policy of the Nederduitse Gereformeerde Kerk on terminations; he thought a pregnant woman's desire for an abortion was hormonally induced; he subsequently became a patron of the Pro-Life movement. To be sure, he went through the motions of consulting members, including the pro-choice minority of perhaps 25%. But when he drew up a memorandum in the name of the Society, it reflected only the most conservative of opinions.[93] When he spoke to it with two other white males, one was a population controller with the schizoid ability to condemn almost all abortions, while vigorously promoting IUDs among blacks. When the opinions of those they supposedly represented were canvassed in Natal in 1975, 71% thought the memorandum too conservative.[94] It was, however, of little relevance what they thought. An organization had substituted itself for gynaecologists; spokesmen had substituted themselves for the organization; a President's document had substituted itself for the spokesmen.

If male medical dissidents could be suppressed by sacrificing internal democracy, WASP women were an even easier target. Having annexed abortion as medical terrain, various white male cartels engaged in vicious gender struggles as they vigorously defended their turf. Interestingly, the one discourse

they largely eschewed was that of physical health. The fact that childbirth was a greater risk than a legal abortion, the fact that opposing reform in the name of true womanhood too often resulted in a 'grossly infected, necrotic or gangrenous uterus': these items of information were conspicuous by their absence.[95]

Instead, as medical men translated older religious condemnations into the code of psychiatry, they infused content into claims that doctors treated females like idiot children. A woman wanted an abortion? 'Very often', diagnosed an eminent professor, 'they end up spending three months in hospital because they are mentally ill'.[96] She thought pregnancy was a serious threat to her mental health? So did 75% of women who sneaked through the British Abortion Act; South Africans should rather be committed to psychiatric hospitals. She threatened suicide? Once again, she should be incarcerated in an institution or given shock treatment.[97] Could she be referred to Britain instead? The South African Medical Council sternly ruled that any doctor who was an accessory to an illegal act, 'irrespective of where the contravention occurs, exposes himself to disciplinary action by the Council.'[98] Her already precarious physical health might deteriorate in the course of a pregnancy? The foetus - conceptualized as male - had a right to life; in any event the decision would have to be referred to her lover or husband.[99] She supported abortion on demand? She was one of those 'inflamed zealots' who had to be brought to her senses; in his interview with an ARAG representative, the Chairman of the Medical Council performed this task by fondling her thigh under the table, forcing her to leave the room.[100] This was a Bill to legalize certain abortions? It would fail if the existing number of terminations approved by medical men increased; the number of wives giving birth or babies for adoption should on no account decrease.[101] She had an alcoholic husband and nine children? She was a teenager with an incestuous relationship with her stepfather? She was under sixteen and had therefore been legally raped? *'Ons kan nie op daardie grond 'n sertifikaat gee nie.'*[102]

All they wanted, insisted these luminaries, was a law legalizing past practices, while according maximum weight to their own expertise. 'He should be the first man' to advise on a termination, urged the President of the Society of Obstetricians and Gynaecologists on behalf of his speciality.[103] That the black woman herself might have some say - let alone the first and final decision - was beyond the imaginations of those concerned exclusively with pegging white abortions at their existing levels, and with pecking orders among white men. Not that the views of the *crème da la crème* were widely contested: many whites agreed that doctors should be in the forefront of decision-making. Indeed, a Christian grouping perceptively suggested the name of the draft legislation be changed: to the 'MEDICAL PRACTITIONERS PROTECTION BILL.'[104]

CHURCHES AND ABORTION: 'PROMISCUITY' IN A 'PERMISSIVE' SOCIETY

Although church practices and theology had for centuries made second class citizens of females, Christianity, not politics or feminism, gave many women a role in the public domain. Pro-choice activists sadly recognized that those who had internalized the conservative message of most churches - to which some 98% of white women belonged - were particularly opposed to their position. Their arguments must, after all, have seemed bizarre to those worshipping under the Greek Orthodox Archbishop. Rather than abortion for a raped pregnant woman, he urged that the rapist be forced to marry his victim. And he should not be allowed to divorce her unless he committed adultery.[105]

If Christianity and misogyny were effectively identical for some men of religion, a wedge was being driven between Christianity and anti-abortion absolutism. Living in a class-differentiated society linked to the wider world was taking a toll. Some whites were insisting that the equation of early terminations with sin was simply a notion propagated in some centuries, by some people, with very particular interests. Anglicans, who in the 1960s had urged that a stern anti-abortion message be imparted in pre-baptism, confirmation and marriage instruction, demonstrated this in practice. A 1973 Natal commission, consisting entirely of professionals addressing primarily the province's white English-speaking elite, found that abortion on request was 'an ideal towards which society should be aiming'.[106] Most religious bodies were far more conservative, but it was widely accepted that secularity, science and gender transformations had rendered key beliefs outmoded. Humanity from the moment of conception jarred with the absence of baptisms, burials and death certificates when miscarriages occurred, it was conceded. Doctors had the right to perform 'therapeutic' terminations. These could be permissible when there were conflicts of interest between the foetus and the mother.[107]

These ideological shifts were fuelled by pressures from below. Although most Catholics adhered to the worldview of their male superiors, a surprisingly large number was also challenging the orthodox opposition to all abortions (as well as to female equality and contraception.[108]) God would prefer terminations to having too many suffering people in an overpopulated world, argued one woman. Others were more daring in reading the mind of the Lord. 'God was on our side...and I have saved the happiness of many women', claimed a white midwife running a Johannesburg 'hospital', providing abortions for up to twenty females a day.[109] Caught between the pincers of subversive ideas from below, and metropolitan thought from above, numerous white religious bodies welcomed the draft legislation, proposed minor amendments, or simply asked for more time since opinion was divided.[110]

Far and away the most forceful opposition derived not from English-speaking Catholic organizations, as comparative history would suggest, but from churches associated with Afrikaner nationalism. The Nederduitse Gereformeerde Kerk - to which two in

five whites belonged - carried particular weight. Throughout the 1960s, it was riven with conflict as to whether the Bible permitted contraceptives. In the early 1970s, it called for state controls, because the God-given sex drive existed solely to reproduce. More to the point: opposition to birth control had political as well as theological dimensions. For one thing, the church acknowledged that disseminating ideas about contraception would 'accelerate the collapse of the White nation'.[111] For another, NGK male ministers had an illustrious past of proclaiming that God and the Bible opposed votes for women, work for women, women who were not mothers within patriarchal homes. They had a long history, too, of suggesting that feminism undermined the nationalist cause. After all, educated women, independent women, women entering public life, were allegedly the single most important cause of falling white birth rates.[112]

So far as abortion was concerned, gender and nationalist politics once again coincided with the will of the Lord. To an even greater extent than medical men, the church eschewed consulting dissidents, such as Pretoria-based NGK doctors who favoured terminations on demand. Instead, an all-male commission in the northern Transvaal interpreted the Bible as follows. High fertility rates were important to God the Father; the foetus was alive from the moment of conception; abortion was therefore murder, forbidden under all circumstances; due to the sinful reality of the world, certain terminations were permissible. If this hinted at male irrationality, there was perhaps more evidence for racism, elitism and sexism. The woman seeking a termination was conceptualized as white; the poor mother was imagined as one with *'geen bediendes, wasmasjiene'*.[113] But since reproduction allegedly gave meaning to her life, since the last six months of pregnancy could be her happiest ever, abortions had to be granted on far more restrictive terms than either doctors or the draft legislation proposed.

Thus terminating the pregnancies of raped women was highly problematic. And out tumbled myths so archetypal, so permeated with the projection of male aggression and sexuality onto females, that these obscure Afrikaners deserve admission to a worldwide fraternity. By the mid-1970s, South Africa had the unenviable distinction of the highest rape rate in the world. But these learned men did not merely sidestep the issue of male violence: they also turned rape into an attack by the woman on the man. Charges were almost invariably fabricated, they declared. The unmarried woman was often motivated by sexual disappointment or unpredictable emotions; she might have initially tempted the man and then become scared. Moreover, they garrulously insisted, even if she offered half-hearted resistance at the start, her *'genieting'*, her *'volkome ontsluit'*, her *'klimax'*, was almost invariably present at the end.[114]

Having constructed this extraordinarily prurient image, these professional men then proceeded to overlay other unwanted pregnancies with their pornographic fantasies. Their views were then transmitted to various NGK committees for the Promotion of Public Morality; ultimately, the male hierarchy moved only a millimetre away from the old doctrine that life-threatening

circumstances were the only grounds for an abortion. Rape was out. So were terminations for those under sixteen. Little girls were sexually precocious; the spectre loomed of *'grootskaalse lighartige ontug onder skooldogters'*.[115] Incest was not acceptable either. Had not Lot's daughters wilfully seduced their father - and did not their pregnancies go to term? Moreover, sexual games between most siblings were allegedly over by age seventeen. But if access to abortion was dangled before them, then *''n broer en suster vrolik sou kon voortgaan'*.[116]

Afrikaans homes inhabited by incestuous couples and teenage nymphomaniacs: good Christian men were seemingly haunted by images of female libidos, held in check - if at all - only by fear of pregnancy. Yet peculiar as the dynamics of patriarchal Afrikaner families might have been, the *vryery* of the *volk* cannot explain these deeply disturbed hallucinations. Firstly, these emanated from minds long deranged by the madness of nationalism. At a time when the Broederbond, chaired by a Dutch Reformed minister, was urging white immigration to counter falling fertility among Afrikaners, opposing all abortions was surely the least contribution the NGK could make to the cause.[117] Secondly, if its antagonism to terminations was therefore greater than that of most English-speaking churches and synagogues, its obsession with female sexuality merely exaggerated the ecclesiastical norm. These institutional guardians of sexual morality spawned processions of white men, solemnly opposing liberal reform on the grounds that fear of pregnancy was indispensable in keeping daughters chaste, wives faithful, sex restricted to married couples. (According to an Anglican minister, many Protestant churches were reluctant to accept terminations on request precisely due to their 'fear of encouraging promiscuous sexuality'.[118]) The wanton youth was clearly of enormous concern to many, and once again afforded middle-aged men the opportunity for sermons infused with repressed longings. (Couples were 'consorting with each other unblushingly, in public and alone, in spaces, either closed, in subdued light, or in complete darkness, or open, in fields, in motor cars...'[119]) 'Promiscuity' in a 'permissive society': this, not unwanted pregnancy, was the central concern of many clerics. For those unable to bear children, the most disturbing issue was unmarried white women conducting their sex lives as though they were men.

Interestingly, while medical men had targeted the fertility of the white mother, and many churches the sexuality of the white teenager, the focus shifted to wealthier white women among some fundamentalists. In the hostile words of Baptists, 'the middle and upper classes seek abortion more frequently than the lower classes'.[120] In an era when many churches were abandoning older values, and when both social stratification and gender transformations were proceeding apace, anti-abortion sentiments fusing class hostility and anti-feminism were waiting to be tapped among marginalized English-speakers. A badly spelt document, sprinkled with capitals for emphasis, from Westonaria's Full Gospel Church of God; emotive handwritten appeals to Members of Parliament, often the same letter copied by people in embryonic 'pro-life' organizations: these did not derive from the

professional elite. Typically, these white English-speaking women and men identified themselves simply by name, or as 'people with families'; they argued that women had maternal instincts, and men had rights, which had to be 'set over against those which are alleged to be solely her's'.[121] Using the vocabulary of American Pro-Life publications - which skilfully stressed class resentments - they warned that South Africa's Watergate loomed as 'the sluice gates of vice' flooded their country.[122] They wanted their Parliamentarians to prohibit, completely, all abortions, all murders of the most defenceless and weak.

Once again, this was colour-coded morality - somewhat more pronounced than the racist norm. Vulnerable social groups were identifying with the white unborn ('99,9% of them will be white'.[123]) The black weak and defenceless - 'as many as half their children in rural areas at least will be corpses by the age of five years' - completely escaped their field of vision.[124] Yet the point was not simply that these fundamentalists were racist. Nor was it that too many seemed to believe life began at fertilization and ended at birth. Rather, the point was that by initiating a debate on abortion, an elite located in a very different social milieu was directly attacking *them*.

Understandably, the less educated, less privileged, less committed to birth control, resented these professionals promoting a 'pernicious new intellectualism', and propounding middle class notions of planned children with a good quality of life.[125] They also opposed physicians favouring abortion if a child would not be socially useful, and a selfish meritocracy allegedly seeking to destroy the weak and select the strong. After all, where would an elite obsessed with the population explosion draw the line? If abortion were justifiable, would there not be calls for euthanasia 'when I am old and grey and possibly occupying a hospital bed in an even more overcrowded world?'[126] Deeply threatened by ranking of human beings, many fiercely rejected social criteria for abortions. They turned to religion and biology instead. All were equal at the moment of conception; God was an authority greater than any secular force.

Although they ignored an elite palpably attacking the vulnerable - the aged, the unproductive, the 'superfluous appendages such as [African] wives' - white fundamentalists were ideologically and economically close to a large black constituency.[127] The appeal of pro-natalist African Zionist churches to the downtrodden is well known. They were generally profoundly conservative in both political and sexual domains (condemning not only promiscuity but dancing, films, all medication); their female membership alone in the early 1970s was well over a million and rapidly rising. Perhaps less familiar are the religious choices of those who were typically slightly better educated. In 1970 the NGK had almost a million African members; the Catholic church, with considerably more, was an overwhelmingly black movement. When the Trankeian wife of a migrant labourer, six of whose nine children had died, decided to seek help from God, she selected the Catholics as best 'for poor people like myself': a poignant indication of the potential for a cross-racial alliance of black mothers and white 'pro-

lifers'.[128] So was the fact that not one of a class-differentiated group of twenty-eight women in the backwaters of this bantustan supported abortion for a single mother ('a great sin to kill a child'.[129]) Ironically, a pro-choice organization like ARAG, which made the greatest efforts to cross racial boundaries, had infinitely less ideological appeal to millions of blacks than patriarchal 'pro-lifers', who utterly ignored the majority of the population.

POLITICIANS AND ABORTION: 'MURDERING ONE'S NATION'

Who was to judge whose rights outweighed whose, asked white fundamentalists repeatedly. Politicians from the racist Parliament was the answer. More specifically, the same ten, middle-aged, white, male politicians constituted the Select Committee and Commission of Inquiry of 1973-4. They more than adequately represented the medical profession and Afrikaner male elite: half were doctors; seven belonged to the Nationalist Party; at least two (including the chairman) were Broederbond members. A future Minister of Health explained why those capable of falling pregnant were not present. Women were redundant when making moral judgements, claimed Dr Munnik loftily; 'if one wanted to abolish capital punishment today, surely one would not appoint a bunch of murderers to go into the matter'.[130]

If white women were beyond the pale, these committee-men nonetheless held strong opinions on their essential natures. Either they were 'on a pedestal' (unless toppled by abortion to a subhuman status), or they were sexually voracious, 'at it all night. Next morning, you're still at it. And then you get off your beds and find you're pregnant'.[131] Madonna or whore: medical and clerical male stereotypes clearly loomed large in the minds of these elected representatives. Once again, black females were marginalized. Men, too, were shunted to the sidelines. The problem instead was 'these ladies', who, unwilling to take responsibility for (parthenogenetic?) sex, allegedly contributed to the great bulk of an estimated 100,000 abortions each year.[132]

Once these preconceptions had been brought to bear on the prejudices saturating most written and oral submissions - 1% derived from those whose skin colour was other than pink, over half were from medical or religious bodies - a draconian law emerged. Although an NGK minister boasted this was due to the influence of his church, the baton had passed to the medical profession - and to the obstetrician-gynaecological speciality in particular. As in the metropoles and in white South Africa at large, misogynist men with technical expertise had been accorded legitimacy as the central authority on female fertility. (Or as Helen Suzman of the Progressive Party expressed it to a gynaecologist, 'your damned colleagues' were responsible for the reactionary changes.[133]) True, *apparatchiks* would not budge on what doctors found bizarre. Since the chairman effectively

equated abortion with barrenness, the law continued to straddle both terminations and sterilization of those classified mentally retarded. In other respects, it was very closely based on the proposals of the Society of Obstetricians and Gynaecologists.[134]

What were the contents of this legislation? State regulation of female bodies would be mediated by physicians in general, and by state-employed doctors in particular. But since the Society was obsessed with overly liberal practitioners, the law limited medical discretion. Rape, incest and imbecility all remained legitimate grounds for doctors to consider. Gone was the provision for abortion after statutory rape. Gone were almost all conceivable loopholes in other clauses. (Thus a pregnancy could be terminated for psychological reasons only if the mental disorder that might otherwise ensue was permanent - of the order of brain damage.) Gone was any commitment to truth by functionaries of a state that had increasingly abandoned notions of the rule of law or freedom of expression. There were 11,500 signatures supporting abortion on request? They disappeared from print and from sight, frozen in the archives for the next fifty years. There were numerous representations favouring a more liberal law? The committee-men mendaciously asserted that except for one organization (the League), everyone wanted terminations only in exceptional circumstances. There were statistics offered in a verbal presentation, indicating that abortions were concentrated among Africans - and were running at 14-20 admissions a day at Baragwanath, an estimated 40% of them septic? They were simply omitted from the published report. Mouthing the rhetoric of abiding by the democratic will of the nation, vice paid tribute to virtue with censorship and lies.[135]

In early 1975, the final say rested with the legislature, allegedly the sovereign body within the state. This lily-white institution contained Suzman as the sole woman; its shallow political culture was deeply misogynist; most of its members believed that discrimination against females was essential. (Aside from justifications revolving around women being created from male ribs, this was because 'One of the two must have control, and...that person must be the man'.[136]) Naively hoping for liberal reform, numerous white women encountered parliamentary cretinism instead. Incapable of representing their interests, the vaunted Westminster system of democracy for whites largely rendered them politically invisible. With a handful of exceptions, male leaders did not articulate concerns of the female led; many were not even accessible. Afrikaner women supporting the Nationalist Party wasted their time in asking their representative to voice their problems in the legislature. Similarly, ARAG supporters found it impossible to buttonhole key Parliamentarians; they could not extract public answers to their questions; with pompous mendacity, the United Party spokesman on the Select Committee declared the matter *sub judice*.[137] The sanctum that supposedly represented the will of the white nation was little more than an aggressively manipulative, aggressively masculine, aggressively racist, white man's club.

Its members were, however, spellbound by the legislation

placed before them by self-proclaimed law-makers. Before rubber-stamping it, politicians who disagreed on almost every other topic flocked to articulate canonical wisdom. Thus pregnant women who wanted abortions were 'hormonally drugged', unable due to their 'ductless glands' to make rational decisions.[138] The rape clause was ultimately sanctioned as an indulgence to 'Women's Lib', but not before men swopped endless jokes about sex-starved women who 'were raped very easily, very easily indeed'.[139] Only fifteen females advocated abortion on demand, proclaimed the Minister of Health, adding snidely that they enjoyed the support of thousands of men. Dissatisfied with smearing pro-choicers merely with promiscuity or ultra-liberalism, a future organizer of the 'pro-life' lobby claimed abortion on demand led to dialectical materialism, totalitarianism, the 'gas chambers, the Stalin purges', and, clearly, political death.[140]

What is madness to some is sanity to others. For many members of the white brotherhood, this was the voice of reason. Anti-feminism saturated these anti-abortion sentiments - but female reproductive capacities had to be controlled by the state in the interests of white as well as masculine supremacy. Thus the notion of decreasing black births through a population control programme incorporating legal abortion clearly had some appeal. Unfortunately, this allegedly never worked in 'primitive societies'; in any event, 'only a very irresponsible Government would think only of one part of the population, such as the Black people.'[141] A government that thought white men were a rather more significant sector had an able ideologue in Dr Munnik, who seized the opportunity of explaining why white women's reproductive capacities were more important than their minds or their rights. There were those, he declared, who believed of a female that

> she alone has say over her own body. Sir, a pregnancy does not affect the mother only. A pregnancy affects the mother and it affects the foetus and it affects the father and it affects the doctors who are involved in the case; it affects the State and it affects the very being of the nation - in fact, it affects the soul of the nation because it determines whether the nation will survive or whether it will deteriorate and disappear...If one allows abortion on demand one is murdering one's nation.[142]

His argument was both compelling and illuminating. For politicians, imperialist claims to female bodies were motivated primarily by nationalism, infused with but followed by patriarchy. Consequently in 1975, when some 60% of the world's population had access to abortion for socio-economic reasons, when Britain, the United States, France, Austria and Sweden had all legalized first trimester abortion on request, the apartheid state resuscitated the policies of Nazi Germany. A woman's body belonged to the *volk;* sterilization would eradicate the unfit.[143] Or as a black abortionist expressed it, taunting a white student before inducing her miscarriage, abortion was illegal in South Africa 'because the state wants white

babies.'[144]

Yet male fiat could not even curb, let alone eradicate, a practice rooted in the political economy of dire female need. At most, the threat of five years imprisonment and/or a R5000 fine caused a temporary retreat by white doctors and nursing homes previously offering discreet terminations. Some of their clients were therefore pushed onto the backstreets: abortion-related admissions to private hospitals in Natal increased by a third in the year after the passage of the law. For the wealthy, the alternative was the price of an air ticket away. South African women were spending some seven million rands a year on obtaining terminations abroad, estimated a gynaecologist in early 1977.[145]

Among the poor, the law had almost no impact whatsoever. The same year it was passed, a woman in her thirties fell pregnant in Cape Town. Like one in three employed African women, she was a domestic worker: poorly paid, vulnerable to dismissal on pregnancy, without legal access to maternity benefits or unemployment insurance. Like many black women, too, she was a single mother, supporting with her paltry wages not only her child but also her lover. She 'didn't want this baby, because the father of the baby was not working, you know. He was, just kind of cool, didn't like to work'.[146]

She delayed her abortion, as did many black working women with other pressures on their time and resources - including lovers who wanted pregnancies carried to term. Five months pregnant, having waited anxiously for a night when her boyfriend was away, she underwent an abortion in her room. The prating of white men in a Parliament less than ten miles away, their rulings that four doctors were needed before a termination was granted, might as well have occurred on the moon. A domestic worker friend simply followed the instructions of a char-cum-abortionist acquaintance. She first boiled a decoction of gin and Dutch medicines used by nineteenth century Afrikaner women for the same purpose. Then she inserted a catheter bought from a chemist. She used no gloves: non-sterile conditions were as typical as late terminations among the poor. She took slightly longer than usual to push it in, she reckoned - five minutes rather than three. 'I was a bit scared, you know', although 'in our township, you always hear about the catheter.' The following day, the woman was found half-conscious behind her locked door, lying on a pile of bloody newspapers next to a five month aborted foetus. So far as hospitals were concerned, she entered statistics as one more septic abortion.[147]

In the years to come, black youths would try to stamp out what the white man's law was patently incapable of controlling. During the 1976 uprising, one of the student demands was 'Everybody get pregnant or we'll be wiped out' - and birth control was on the boycott list along with Bantu Education.[148] During the next major insurrection of 1984-6, Pedi youths bitterly opposed the ubiquity of abortions while they were dying for their cause. They patrolled a slum in a bantustan singing:

Informers, we will destroy you. Haai! Haai!
Witches, we will burn you. Haai! Haai!
Those who commit abortions, you will be destroyed. Haai! Haai!
Mrs Botha is barren - she gives birth to rats. Haai! Haai!
Mrs Mandela is fertile - she gives birth to comrades. Haai!
Haai! Haai! Haai! Haai![149]

Unlike other major anti-abortion social forces, such youths helped usher in a new political era. But like them, they were identifying women with their racially classified wombs. If an enormous chasm separated black from white females, they had one feature in common. Their needs were subordinated to those of patriarchy and nationalism. And they paid a heavy price: with their blood, with their bodies, with their lives.

CONCLUSION

In 1975, a 99% white male Parliament passed a law for white men, to control white women, in the name of apartheid South Africa. It was based on the illusion that abortions were concentrated among the dominant race; it was much more restrictive than the legislation originally proposed; it encoded the views of a society of gynaecologists. These were otherwise known as those of the 'pro-life' President of the most conservative medical body, located within an overwhelmingly white male profession constituting 0,1% of the South African adult population. Understandably, gynaecologists congratulated themselves on procuring a 'law made for doctors, not for the people'.[150]

Mouldering in the archives, there were more signatures supporting abortion on request than there were physicians in South Africa. Yet there were underlying reasons for the passage of such a law in the heyday of apartheid, in International Women's Year, in a period when IUD-induced terminations were probably far and away the most common type of abortion. Firstly, democracy in a patriarchal, capitalist society is a contradiction in terms. Those with property, power and organizational dominance had both motive and ability to defend their privileges and disseminate their views. The clash of opposing opinions, when parties to the conflict were profoundly unequal, had a predictable result. Medical men outflanked *dominees* and whites unable to spell; leaders outwitted the rank and file; pharmaceutical companies and population controllers flouted the law; white men laid down rules for black and white women who had played no part in formulating them.

Secondly, democracy for the minority is also a contradiction in terms. The maintenance of white supremacy overrode almost everything, generating a pathological body politic in which arbitrary power was exercised by the megalomaniac and the mad. To ensure that white females continued to breed, ministers opposed terminations for the raped because they had orgasms. A self-proclaimed abortionist responsible for 20,000 black terminations a month opposed abortion on demand. An overwhelmingly white pro-

choice movement sanctioned the imposition of abortions on the black poor, while the Medical Council threatened disciplinary action if a second opinion about an unwanted white pregnancy was sought in Britain. Police, politicians and doctors suppressed evidence to bolster the delusion that 99,9% of terminations occurred among whites, and Parliamentarians raving about Stalinist purges equated all white women to murderers. The question as to who should have been incarcerated in psychiatric institutions does not appear to have been adequately answered.

What of today? There are two key differences between then and now. Firstly, once whites had conceded loss of both the birth race and the state, sacrificing female bodies on the altars of nationalism lost most of its *raison d'être*. Secondly, once the incubus of white supremacy was removed, a sizeable black constituency publicly supporting pro-choice positions promptly emerged.

Nonetheless, the past lives on. Deeply entrenched patriarchy remains; black feminists have claimed that gender discrimination was and is worse than that based on racial, class or any other grounds.[151] Following in the footsteps of ARAG, a pro-choice black elite is countering pervasive hostility to the 'literated woman' by focusing on minimizing backstreet abortions. Yet to argue for legal reform on the grounds of health is to play straight into the strongest suit of the medical profession. This is not a social group with a long history of taking either democracy or the health needs of the majority of the population seriously. (Tellingly, although support for abortion on request in the Society of Obstetricians and Gynaecologists had risen to 41% in 1990, its council was only willing to support changes to which 75% of its members agreed.[152])

To play the game by the rules of misogynist men, the past suggests, is to lose. To detach the struggle for reproductive rights from women's needs and an organized feminist movement is to mortgage the future. Firstly, it makes substantial legal change less likely. With 'the exception of state socialist societies, in every case where [liberal] reform or repeal of abortion laws occurred, this did not occur without bitter struggles carried out by feminists'.[153] Secondly, this tactic cedes control to powerful patriarchs - be they doctors, population controllers, ministers or Parliamentarians - all of whom have gendered and professional interests in female bodies. Thirdly, winning the right to a legal abortion does not alter the material conditions under which women make appallingly painful choices. Or as a white student who had terminated her pregnancy insisted, legalization was not enough.

> You must also look at birth control, and the fact that the pharmaceutical industry is fucking women around, basically. They're making us pay for ridiculous unsafe drugs, when we know that they could be doing so much better...And we need to look at support for mothers, so that having a child doesn't mean we have to depend on some arsehole man.[154]

Yet patriarchs are not the only obstacle. All the

circumstances that fostered absolute opposition to abortion in the past - marginalization, fundamentalist Christianity, links to American 'pro-lifers' - have become far more pronounced in the wake of economic crisis, the emergence of a substantial African middle class, and reincorporation into the world economy. Now that the debate is focused on blacks, there is an infinitely larger reservoir of anti-feminist and anti-elitist sentiments waiting to be tapped. As an woman who had encountered the prevalence of abortions among black students noted, it exists not least among African females, who 'don't want their daughters following in the "bad footsteps" of educated women.'[155]

What constitutes democratic politics in a society where inequalities are so stark? Is it simply a right to a tiny say in which male-dominated party misrepresents the populace? Will ten white men in a Select Committee then be replaced by eleven 'learneth evil cloaks' in a constitutional court, overriding the opposition of the majority of the population to abortion on demand? Should countless warnings that democratization requires some racial equalization be applied in class and gender domains as well? For Cheryl Carolus of the ANC, men and women could only have the same say in decisions about abortion 'when we actually level the playing ground in terms of the relationships between men and women.'[156] Are not the playing fields of class at least as central if democratic ideals are not to be travestied?

But the questions are academic. As the passage of the Abortion and Sterilization Act of 1975 aptly demonstrated, the meaning of democracy is determined in struggle, which is usually won by the more powerful man. Nonetheless, women have already had the last word on many malestream versions of this elastic concept. Abortion on demand already exists in South Africa. It has for many decades. The choice between withholding or granting what some call a democratic right is not open to us. Our choices range instead between turning a blind eye to crude surgery that can kill women as well as foetuses, or struggling to transform profoundly undemocratic conditions transmitted from the past, that harshly constrain women's reproductive choices in both the present and the future.

1. *Weekly Mail*, 6 Nov. 1992.

2. S. Bazilli, 'Introduction' in S. Bazilli, ed., *Putting Women on the Agenda* (Johannesburg: Ravan, 1991) p.17; see also B. Mabandla, 'Promoting Gender Equality in South Africa' in Bazilli, ed., *Women*, p.77; A. Sachs, *Protecting Human Rights in a New South Africa* (Cape Town: Oxford University Press, 1990) pp.59, 68-9.

3. A. Phillips, *Engendering Democracy* (Pennsylvania: Pennsylvania State University Press, 1991) pp.109-10. See also C. Pateman, 'Feminism and Democracy' in G. Duncan, ed., *Democratic Theory and Practice* (Cambridge: Cambridge University Press, 1983) p.204; M. Mackintosh, 'Reproduction and Patriarchy: A critique of Claude Meillassoux, "Femmes, Greniers et Capitaux"', *Capital and Class*, 2, 1977, p.122; L. Gordon, *Women's Body, Women's Right: Birth Control in America* (New York: Penguin, 1990) p.401; M. Barrett, *Women's Oppression Today: Problems in Marxist Feminist Analysis* (London: Verso, 1980) p.44.

4. J. Stoffberg to 'H. Bradford & Clan and Your Clan of Anti Birth and Abortionist Imbeciles', 28 June 1990.

5. Interview with K. by M. Mhlauli, Khayelitsha, 16 Aug. 1992.

6. J. Maclean, *A Compendium of Kafir Laws and Customs* (Cape Town: Saul Solomon, 1866) p.62.

7. G. Casalis, 'The Phenomena of Menstruation and Parturition among the Native Women of Basutoland', *South African Medical Journal* (hereafter *SAMJ*) 4, 2, June 1896, pp.30-1.

8. J. Noonan, 'An Almost Absolute Value in History' in J. Noonan, ed., *The Morality of Abortion: Legal and Historical Perspectives* (Cambridge: Harvard University Press, 1977) pp.37-9; J. Keown, *Abortion, Doctors and the Law: Some Aspects of the Legal Regulation of Abortion in England from 1803 to 1982* (Cambridge: Cambridge University Press, 1988) p.23; J. Mohr, *Abortion in America: the Origins and Evolution of National Policy, 1800-1900* (Oxford: Oxford University Press, 1978) pp.35-7, 73-6, 187-95. For the existence of beliefs today, see below.

9. Editorial, *British Medical Journal*, 10 Jan. 1976, p.59.

10. M. Brindley, *Western Coloured Township: Problems of an Urban Slum* (Johannesburg: Ravan, 1976) p.83. ('It's the men; they want the women to be pregnant all the time, otherwise she runs to other men.')

11. *Post* 18 Jan. 1970.

12. *Star* 9 March 1985; L. Ajabor, 'Contraceptives and abortions in Nigeria', *Nigerian Medical Journal* 6(3), 1976, pp.367-70; R. Rochat et al. to Ed., 'Induced abortion and health problems in developing countries', *Lancet*, ii, 30 Aug. 1980, p.484; J. Mbere and A. Rubin, 'Abortion - a major problem in Southern Africa', Gynaecology Supplement to *SA Journal of Hospital Medicine*, June 1979, p.199; H. Bradford, 'Herbs, Knives and Plastic: 150 Years of Abortion in South Africa' in T. Meade and M. Walker, eds., *Science, Medicine and Cultural Imperialism* (New York: St. Martin's Press, 1991) p.137. Guesstimates since the late 1980s range between 30,000 and 300,000 a year.

13. J. Cock, *Maids and Madams: a Study in the Politics of Exploitation* (Johannesburg: Ravan, 1984) pp.250, 253; J. Caldwell and P. Caldwell, 'Marital Status and Abortion in Sub-Saharan Africa', draft chapter for inclusion in C. Bledsoe and G. Pison, eds., Nuptuality in Sub-Saharan Africa (Oxford: Oxford University Press, forthcoming) p.17. There was almost a seventeen-fold increase in numbers of African girls in secondary schools between 1958 and 1990.

14. P. Mayer, *Townsmen or Tribesmen* (Cape Town: Oxford University Press, 1971) pp. 73, 123, 243; see also *Report of the Select Committee on the Abortion and Sterilization Bill* (Pretoria: Government Printer, 1973), SC 8-73, p.54. Urbanization claims are based on statistics in F. Wilson and M. Ramphele, *Uprooting Poverty: the South African Challenge* (Cape Town: David Philip, 1989) pp.24, 26; B. Freund, 'Forced Resettlement and the Political Economy of South Africa', *Review of African Political Economy* 29, 1984, p.58.

15. I. Berger, *Threads of Solidarity: Women in South African Industry 1900-1980* (Bloomington: Indiana University Press, 1992) pp.254, 256, 280; J. Larsen, 'Induced Abortion', *SAMJ* 53, 27 May 1978, p.853.

16. L. Fourie, 'The Economic Aspects of Abortion' in G. Oosthuizen, G. Abbott, M. Notelovitz, eds., *The Great Debate: Abortion in the South African Context* (Cape Town: H. Timmins, 1974) p.163.

17. Bradford, 'Herbs', pp.137-8.

18. *Sunday Times* (hereafter *ST*) 10 April 1994; J. Venter, 'Houdings van en Houdingsveranderings by blanke Suid-Afrikaners ten opsigte van aborsie', *Humanitas* 7(2), 1981, pp.136-8; M. Cloete, 'Abortion: a Criminological Review' in Oosthuizen et al., *Debate*, p.148; J. Lotter and L. Glanz, *Sekere Houdings jeens Aborsie*, quoted in *ARAG Newsletter* 20, Feb. 1982. It is no accident that Azapo - representing primarily a black intellectual elite - was the first political party to support abortion on demand in the 1990s.

19. Gordon, *Women's Life*, p.408; see also R. Petchesky, *Abortion and Woman's Choice: The State, Sexuality and Reproductive Freedom* (London: Verso, 1986) pp. vi, 126.

20. S. Woodrow, 'How Successful are Oral Contraceptives?', *South African Journal of Obstetrics and Gynaecology* (hereafter *SAJOG*) 4, 3 Sept. 1966, p.60. See also *Argus* 30 June 1971; K. Luker, *Abortion and the Politics of Motherhood* (Berkeley: University of California Press, 1984) p.111.

21. Report on Conference on Problems of the Expanding World Population, *Journal of Obstetrics and Gynaecology of the British Commonwealth*, 73, April 1966, p.331.

22. *Select Committee*, p.64. Between the mid-1950s and early 1970s, 1 in 200 African women admitted to King Edward VIII hospital in Durban for an illegal abortion died. In the early 1970s, an identical mortality rate for women who obtained backstreet abortions through injections of irritant fluids was calculated for the world at large.

23. University of the Witwatersrand (hereafter UW), E. Fisher papers, Bc3.2, ud memorandum from Dr T. Spilhaus, Family Planning Association, 1973; *Argus* 22 April 1968; *Cape Times* (hereafter *CT*) 17 March 1971; G. Roux, 'Die Geneeskundige Etiek van Eerbied vir die Lewe van die Mens', Part 2, *Geneeskunde* 24 June 1972, p.102; A. Bertrand, 'The Abortion and Sterilization Act 2 of 1975: A Third Opinion (Part II)', *South African Journal of Criminal Law and Criminology* 2, 3, Nov. 1978, p.269.

24. R. Johnson, *How Long Will South Africa Survive?* (London: Macmillan, 1982) p.28.

25. L. Clowes, 'Making it Work: Aspects of Marriage, Motherhood and Money-Earning among White South African Women 1960-1990' (University of Cape Town (hereafter UCT), MA, 1994) pp.60 -1; Petchesky, *Abortion*, pp.169-170. Crude white birth rates fell by 24% between 1960 and 1975; the really dramatic changes began around 1970. The percentage of women in the white labour force rose from 21% to 34% between 1960 and 1975; those who were wives rose from one in ten to one in three between 1951 and 1971.

26. UW, Archives of the Church of the Province of Southern Africa (hereafter ACPSA), AB1326f, Report of a Commission on Family Planning and Related Matters, 1964;'Resolutions passed by the Annual Assembly at Johannesburg, October, 1960', in *The South African Baptist Hand-Book for 1960-61* (np: Baptist Union of South Africa, nd), pp.138-9; J. Hemson, 'The Woman' in Oosthuizen et al., *Debate*, p.102.

27. R. Ellis, 'The Free Churches' in Oosthuizen et al., *Debate*, pp.41, 43; J. Weeks, *Sex, Politics and Society: the Regulation of Sexuality since 1800* (London: Longmore, 1981) pp.261-7.

28. UW, ACPSA, AB1326f, *Seek*, June 1967, and Report of a Commission on Family Planning, 1964; J. Cope, *A Matter of Choice: Abortion Law Reform in Apartheid South Africa* (Pietermaritzburg: Hadeda Books, 1993) pp. 10-11, 46; Keown, *Abortion*, p.159.

29. A. van Rooyen, 'Die Komplikasies van Kurettasie van die Uterus', *SAMJ* 42, 19 Oct. 1968, p.1084.

30. UW, Fisher papers, Bc3.2, Sekretaris van Justisie na Sekretaris van die Volksraad, 2 April 1973, enclosing memorandum from the Natal Attorney-General.

31. C. Simonz, 'Psychological Indications for the Termination of Pregnancy', *SAMJ* 42, 20 July 1968, p.715; J. de Villiers, 'The Indications for Therapeutic Abortion: an Obstetrician's Point of View', *SAMJ* 42, 20 July 1968, p.718.

32. *CT* Magazine, 16 Oct. 1971. See also *Rand Daily Mail* (hereafter *RDM*) 9 Feb. 1972.

33. B. Schmahmann, 'Sociological Aspect and the Woman' in Oosthuizen et al., *Debate*, p.104. See also UW, Fisher papers, Bc3.2, ud Memorandum from South African Police; Cope, *Choice*, p.23; S. Strauss, 'Therapeutic Abortion: Two Important Judicial Pronouncements', *SAMJ* 11 March 1972, p.278.

34. *RDM* 7 Dec. 1971; Cope, *Choice*, p.38.

35. Cope, *Choice*, p.49; see also pp.15, 17, 34, 37, 44, 50, 52; *ST* 5 Sept. 1971, *RDM* 20 Aug. 1971; Rev. Ratter to Ed., *Argus* 15 Feb. 1973; *CT* 10 Feb. 1975; *Star* 4 March 1975; A. Becker, 'A Psychiatric Point of View', *Medical Proceedings*, 17, 5, 24 July 1971, p.229.

36. UW, Fisher papers, Bc3.2, Memorandum from M. Naidoo, 27 March 1973; Cope, *Choice*, pp. 42, 45, 48-9; S. Navdi, 'Islamic Approach to Abortion' in Oosthuizen et al., *Debate*, p.49.

37. Cope, *Choice*, p.44; see also UW, H. Suzman papers Fa1.1, J. Cope to H. Suzman, 6 May 1974; *ARAG Newsletter* April 1979.

38. *World*, 21 June 1977; Johnson, *How Long*, p.84.

39. F. Engels, *The Origin of the Family, Private Property and the State* (New York: International Publishers, 1972) p.71.

40. *CT* Magazine, 4 April 1973; UW, Suzman papers, Fa2.9, Representations to the Select Committee...from the League.

41. UW, Suzman papers, Fa1.1, ud memorandum of the League, 'Some of the Usual Arguments against Legalised Abortion'.

42. UW, Suzman papers, Fa2.2.1, Memorandum to the Select Committee on Abortion, ARAG, April 1973; Cope, *Choice*, pp.48, 53.

43. A. Keast, 'Therapeutic Abortion', *SAMJ* 45, 14 Aug. 1971, p.890. See also UW, Fisher papers, Bc3.2, memorandum from Dr Spilhaus, 1973 and Dr D. Barron to E. Fisher, 9 Aug. 1974; *Argus* 19 June 1971; *Herald* 26 Aug. 1972; *Select Committee*, p.47.

44. *Sunday Tribune* 6 May 1973.

45. UW, ACPSA, AB1326f, Report of a Commission on Family Planning and Related Matters, 1964; UW, Fisher papers, Bc3.2, Die Nederduitse Gereformeerde Kerk (hereafter NGK) van Noord-Transvaal, Verslag...[oor] Aborsie, p.14; A. Bertrand, 'The Abortion and Sterilization Act 2 of 1975; a Third Opinion (Part I)', *South African Journal of Criminal Law and Criminology*, vol. 1, 1977, p.266.

46. UW, Fisher papers, Bc3.2, memorandum, Dr T.M. Spilhaus, Family Planning Association, 1973; see also M. Spilhaus, 'The Intra-Uterine Device in Soweto and other Townships', *SAMJ* 48, 22 June 1974, p.1302.

47. J. Dommisse to Ed., *SAMJ* 49, 6 Sept. 1975, p.1544; 'Bulletin, Family Planning Association of South Africa', *SAMJ* 50, 20 Nov. 1976, p.2018; J. Dommisse, 'Intra-uterine Contraceptive Devices', *SAMJ* 52, 10 Sept. 1977, pp.495-6.

48. Interview with C. by Helen Bradford (hereafter HB), Cape Town, 27 Feb. 1990. See also UW, Suzman papers, Fa2.9, Representations to the Select Committee...from the League; UW, Fisher papers, Bc3.2, 'Report of the Bishop of Natal's Commission on Abortion - March 1973', p.4; *ST* 26 March 1972; *Argus* 9 Feb. 1973; *Sunday Tribune* 16 May 1976.

49. V. Seal, *Whose Choice? Working Class Women and the Control of Fertility* (London: Fortress, 1990) p.33; M. Spilhaus, 'The Copper T Intra-Uterine Device', *SAMJ* 49, 6 Dec. 1975, p.2154.

50. *Argus* 24 Feb. 1973.

51. UW, Fisher papers, Bc3.1, A. Cope to Select Committee, 30 March 1973, and Bc3.2, memorandum, Dr T. Spilhaus, 1973; D. Maister to Ed., *CT* 24 Aug. 1972.

52. *Star* 31 Aug. 1978; B. Brookes, *Abortion in England 1900 - 1967* (London: Croom Helm, 1988) p.4; Bradford, 'Herbs', p.125.

53. Interview with I. by HB, Cape Town, 3 April 1992.

54. Cope, *Choice*, p.48. See also D. Gaitskell and E. Unterhalter, 'Mothers of the Nation: a Comparative Analysis of Nation, Race and Motherhood in Afrikaner Nationalism and the African National Congress', in N. Yuval-Davis, *Woman-Nation-State* (London: Macmillan, 1989) p.72.

55. Cope, *Choice*, p.45. See also UW, Suzman papers, Fa2.2.1, Memorandum to Select Committee, ARAG, April 1973; UW, Fisher papers, Bc3.1, A. Cope to Select Committee, 30 March 1973; T. Thomas, *Their Doctor Speaks* (College of Careers pamphlet, 1973) pp. 21, 23.

56. Johnson, *How Long*, p.184.

57. D. Maister to Ed., *CT* 4 June 1971; UW, Suzman papers, Fa2.9, Representations to the Select Committee...from the League.

58. UW, Suzman papers, Fa1.1, ud memorandum of Abortion Law Reform League; see also Fa2.9, Representations to the Select Committee...from the League; *Select Committee*, pp.89, 93.

59. D. Maister to Ed., *SAMJ* 46, 28 Oct. 1972, p.1601. See also *Select Committee*, pp. 93, 95; UW, Suzman papers, Fa1.1, ud Memorandum of Abortion Law Reform League, ud League memorandum, 'Some of the Usual Arguments against Legal Abortion'; D. Maister to Ed., *Argus* 17 Sept. 1971.

60. *Star* 28 Jan. 1975.

61. *Herald* 22 July 1972.

62. *CT* 10 Feb. 1973.

63. UW, Fisher papers, Bc3.2, Mrs. M. Waller to Select Committee, 23 Feb. 1973; *Sunday Tribune* 28 March 1971; *Burger* 31 Aug. 1972; *Argus* 15 Feb. 1973.

64. Cock, *Maids and Madams*, p.160, see also p.116; *Star* 21 June 1971; *CT* 22 Feb. 1973.

65. *ARAG Newsletter* 5, Nov. 1974. See also UW, Suzman papers, Fa1.1, D. Maister to H. Suzman, 24 May 1971, Fa2.9, Abortion Law Reform League Newsletter, 11 June 1974.

66. *House of Assembly Debates* (hereafter *Hansard*) 10 Feb. 1975, col.478; *CT* 9 Dec. 1972; *ARAG Newsletter* 6 July 1974; C. Robertson and I. Berger, 'Introduction' in C. Robertson and I. Berger, eds., *Women and Class in Africa* (New York: Africana, 1986) p.20.

67. J. Hemson, 'The Woman' in Oosthuizen et al., *Debate*, p.102; Cock, *Maids and Madams*, pp.128-9, 158-9; Clowes, 'Making It Work', pp.18-79. In 1966, wives contributed but 11% of the income of wage- and salary-earning families. In 1970, white women constituted 29% of whites awarded Bachelors degrees in South Africa. In 1976 only 34% of adult white women were employed.

68. *Scope* 5, 20, 2 Oct. 1970; *ST* 30 July 1972; *Herald* 27 Jan. 1973; *CT* 31 Jan. 1973; *Hansard*, 10 Feb. 1975, col.518.

69. 'Live and Let Live' to Ed., *Argus* 6 Oct. 1971; *CT* 31 Jan. 1973; *Scope*, 4 Sept. 1970; *Scope* 5, 20, 2 Oct. 1970; Cope, *Choice*, p.79.

70. UW, Suzman papers, Fa2.9, Representations to the Select Committee...from the League.

71. Live and Let Live to Ed., *Argus* 6 Oct. 1971.

72. *CT* 6 May 1972, 31 Jan. 1973.

73. *CT* 6 May 1972.

74. Live and Let Live to Ed., Argus 6 Oct. 1971.

75. UW, Suzman papers, Fa2.2.1, Memorandum to Select Committee from ARAG, April 1973.

76. C. Gilligan, *In a Different Voice: Psychological Theory and Women's Development* (Cambridge: Harvard University Press, 1982) pp.19-21, 65, 69, 73.

77. Interview with S. by HB, Cape Town, 15 Oct. 1992.

78. *Scope* 5, 20, 2 Oct. 1970; *CT* 31 Jan. 1973.

79. *Herald* 22 July 1972.

80. UW, Suzman papers, Fa2.9, Representations to the Select Committee...from the League.

81. Petchesky, *Abortion*, pp.7-11.

82. G. Roux, *'Die Geneeskundige Etiek van Eerbied vir Die Lewe van die Mens'*, Part I, *Geneeskunde* 27 May 1972, p.84 ('Rights belong to *persons*, and the unborn foetus is no person!'). See also C. Jones to Ed., *SAMJ* 59, 18 April 1981, p.586; C. Muelenaere, 'Die Oomblik van Menswording', *SAMJ* 52, 10 Sept. 1977 for a 1975 survey of Pretoria doctors (the majority regarded a foetus as a person only after the 24th week); K. McDonnell, *Not an Easy Choice: A Feminist Re-examines Abortion* (Toronto: Women's Press, 1984) p.96.

83. *RDM* 6 May 1972. See also UW, Fisher papers, Bc3.2, Memorandum from College of Medicine, 1 May 1973; Thomas, *Doctor*, pp. 4-5, 21, 26; Cope, *Choice*, pp.9, 36-7.

84. *Select Committee*, p.12. See also *Census of Health Services 1972-3* (Pretoria: Government Printer, 1976) pp. viii, 25. African doctors constituted 1.5% of the profession in 1973.

85. Cope, *Choice*, 81. See also *Select Committee*, p.13. From the mid-1970s until today, those able to procure legal 'therapeutic' abortions have been overwhelmingly white.

86. *SAMJ* 48, 17 April 1974, p.962; Editorial, *SAMJ* 47, 27 Oct. 1973, p.1982; P. Caterson to Ed., *SAMJ* 44, 21 March 1970, p.367.

87. 'Jubilee Congress of MASA', *SAMJ* 49, 12 April 1975, p.681.

88. Editorial, *SAMJ* 46, 8 July 1972, p.946; G. Beaton to Ed., *SAMJ* 56, 22 Sept. 1979, p.506; M. Botha to Ed., *SAMJ* 55, 23 June 1979, p.1055; K. Dovey, L. Laughton and J. Durbant, *Working in South Africa* (Johannesburg: Ravan, 1985) p.269; Cock, *Maids and Madams*, p.277.

89. C. Harison to Ed., *SAMJ* 47, 17 Feb. 1973, p.244. See also *Select Committee*, p.22; A. Rubin, 'Abortion: the Gynaecologists' View', *Medical Proceedings* 17, 15, 24 July 1971, pp.230-1.

90. *Scope* 5, 20, 2 Oct. 1970; *Cosmopolitan*, Nov. 1991, p.238, reporting on an abortion in the mid-1970s.

91. UW, Suzman papers, Fa1.2, J. Cope to H. Suzman, 16 March 1977 ('narrow'). See also L. Thompson, *A History of South Africa* (New Haven: Yale University Press, 1990) p.188; Cope, *Choice*, p.92.

92. UW, Fisher papers, Bc3.2, M. Notelovitz to P. Bremer, 7 March 1973, and Memorandum...deur M. van Niekerk, 11 April 1973; *Census of Health Services*, p.11; M. Notelovitz, 'Abortion Reform and Responsible Cohabitation', in Oosthuizen et al., *Debate*, p.189; Keown, *Abortion*, pp.87, 91.

93. UW, Fisher papers, Bc3.2, Die NGK van Noord-Transvaal, Verslag...[oor] Aborsie; Memorandum of Medical Christian Fellowship of South Africa; Memorandum van die Suid-Afrikaanse Vereniging van Verloskundiges en Ginekoloë, and attached letters referring to branch meetings; UW, Suzman papers, Fa2.7, Pro-Life letter, April 1979. When canvassed in 1979, 32% of members of the Society supported abortion on request in the first trimester.

94. Cope, *Choice*, p.92. These statistics are based on responses to the law but, as argued below, this was almost identical to the memorandum. See also Dommisse, 'Contraceptive Devices', pp.495-6.

95. E. Strasburg and D. Davey, 'The Management of Septic Abortion at Groote Schuur Hospital', *SAJOG* 7, 22 Nov. 1969, p.9; see also Keown, *Abortion*, p.129.

96. *Select Committee*, p.27. See also M. van Biljon, *SAMJ* 50, 5 June 1976, p.912.

97. UW, Fisher papers, Bc3.2, Memorandum van die Suid-Afrikaanse Vereniging van Verloskundiges en Ginekoloë; Memorandum, Professor W. van Niekerk, 11 April 1973; *Select Committee*, pp.11, 22, 33.

98. F. Geldenhuys, 'Medical Aspects of Abortion' in Oosthuizen et al., *Debate*, p.27.

99. *Select Committee*, p.22; H. Gordon, 'Genetical, Social, and Medical Aspects of Abortion, *SAMJ* 4, 2, 20 July 1968, p.729; A. Ferguson to Ed., *SAMJ* 46, 26 Aug. 1972, p.1194.

100. C. Harison to Ed., *SAMJ* 47, 17 Feb. 1973, p.244; see also *Select Committee*, p.46; Cope, *Choice*, pp.54-6.

101. UW, Fisher papers, Bc3.2, Memorandum, Prof. W. van Niekerk, 11 April 1973; *Select Committee*, pp.6, 13.

102. *Select Committee*, p.31 ('We cannot give a certificate on that ground'); see also pp.45, 57.

103. *Select Committee*, p.35.

104. UW, Fisher papers, Bc3.2, Memorandum from Westonaria churches, 27 March 1973.

105. UW, Fisher papers, Bc3.2, Memorandum from the Greek Orthodox Archbishop of Good Hope, 4 March 1973; *Select Committee*, p.90; *Star* 31 Jan. 1975; *Population Census 1970, Religion* (Pretoria: Government Printer, 1975) p.1.

106. UW, E. Fisher papers, Bc3.2, 'Report of the Bishop of Natal's Commission on Abortion - March 1973', p.5; see also UW, ACPSA, AB1326f, Report of a Commission on Family Planning and Related Matters; UW, Suzman papers, Fal.1, ud memorandum of the League, 'Some of the Usual Arguments against Legalised Abortion'; P. Gaest to Ed., *Argus* 14 March 1973.

107. UW, Fisher papers, Bc3.2, National Council of Catholic Women's League Memorandum, 27 March 1973, and 'Report of the Bishop of Natal's Commission on Abortion - March 1973', p.4; *Hansard* 12 Feb. 1975, col.624; Rev. Dunstan to Ed., *Argus* 21 Nov. 1970; Roux, 'Geneeskundige Etiek', Part I, p.84.

108. UW, Fisher papers, Bc3.2, Memorandum for Select Committee, National Council of the Catholic Women's League, 27 March 1973; *Argus* 28 May 1971; *ST* 17 Sept. 1972; Cope, *Choice*, p.33.

109. *CT* 6 May 1972; see also N. Harris to Ed., *Argus* 12 April 1973.

110. UW, Fisher papers, Bc3.2, Memorandum by Church of the Province of South Africa, Methodist church, Presbyterian Church, and the United Congregational Church; Hoof-Sekretaris van Die Apostoliese Geloof Sending van Suid-Afrika na Sekretaris van die Volksraad, 4 Me 1973; Rev. Pakendorf of Evangelical Lutheran Church to Secretary of the Assembly, 27 March 1973; Memorandum of National Council of Catholic Women's League, 27 March 1973.

111. *Argus* 27 July 1971; see also *CT* 3 Aug. 1968, 30 Nov. 1968, Mrs. S. Merson-Davies to Ed., *Argus* 3 Nov. 1970; Johnson, *How Long*, p.174.

112. *Natal Mercury* 6 Nov. 1946; Gaitskell and Unterhalter, 'Mothers', pp.63-4; J. Albertyn, P. du Toit, H. Theron, *Kerk en Stad: Verslag van die Kommissie van Ondersoek van die Gefedereerde N.G.Kerk na Kerklike en Godsdienstige Toestande in the Nege Stede van die Unie van Suid-Afrika* (Stellenbosch: Pro-Ecclesia Drukkery, 1947) pp.225-6, 234, 235.

113. UW, Fisher papers, Bc3.2, Die NGK van Noord-Transvaal, Verslag...[oor] Aborsie, p.24 ('no servants, washing machines'.) See also Muelenaere, 'Oomblik van Menswording', p.471.

114. Ibid., pp.21, 25-27 ('enjoyment', 'completely letting herself go', 'climax'.) See also D. Russell, 'Rape and Child Sexual Abuse in Soweto: an Interview with Community Leader Mary Mabaso', paper delivered at Centre for African Studies, UCT, 26 March 1991, p.29; L. Vogelman, *The Sexual Face of Violence: Rapists on Rape* (Johannesburg: Ravan, 1990) pp.61-68.

115. G. Roux to Ed., *SAMJ* 14 April 1973, p.596 ('largescale lighthearted fornication among schoolgirls'.) Roux gave evidence to the Select Committee; see also UW, Fisher papers, Bc3.2, Memorandum deur die Algemene Kommissee vir die Bevordering van Openbare Sedlikheid van die NGK; Kommentaar...deur 'n kommissie van vakkundiges van die NGK in Noord-Transvaal'; Memorandum ...deur die Algemene Kommissie vir Openbare Sedelikheid van die NGK, in samewerking met die Kommissies vir Openbare Sedelikheid van die drie Transvaalse Sinodes.' To life-threatening circumstances, the church added only a 'katkop' foetus: without a brain, and in any event destined for death.

116. *Select Committee*, p.51 ('a brother and sister could merrily continue'). See also UW, Fisher papers, Bc3.2, Kommentaar...deur 'n Kommisse van vakkundiges van die NGK in Noord-Transvaal; Verslag van die NGK van Noord-Transvaal, p.28; Memorandum deur die Algemene Kommissie...van die NGK.

117. Cope, *Choice*, pp.124-5.

118. *Daily News*, 30 March 1976. See also UW, Fisher papers, Bc3.2, Vice-Chairman, Southern African Catholic Bishops' Conference to Secretary, 26 March 1973; ud Memorandum to Select Committee by the Christian Citizenship Committee of the Baptist Union of South Africa; ud Memorandum from Medical Christian Fellowship of South Africa; Prof. B. Duvenhage na Die Sekretaris, 20 March 1973, on behalf of Die Gereformeerde Kerk in Suid-Afrika; A. Weiss, 'The Jewish Attitude to Abortion' in Oosthuizen et al., eds., *Debate*, p.38.

119. UW, Fisher papers, Bc3.2, Memorandum from the Greek Orthodox Archbishop of Good Hope, 4 March 1973.

120. UW, Fisher papers, Bc3.2, ud Memorandum to Select Committee by the Christian Citizenship Committee of the Baptist Union of South Africa.

121. UW, Fisher papers, Bc3.1, Petition to the Prime Minister, received 15 Feb. 1973; UW, Suzman papers, Fal.1, series of petitions from 'people with families'. See also UW, Fisher papers, Bc3.1, R. Paulsen to MP for Rosettenville, 4 Oct. 1974, M. Sharp to Dear Sir, 12 Oct. 1974, Petition from Westville, 8 Dec. 1974; Bc3.2, Memorandum from Westonaria, 27 March 1973; ud Memorandum from the Christian Citizenship Committee of the Baptist Union of South Africa.

122. UW, Fisher papers, Bc3.1, ud Sister Fidelis Dymond to B. Deacon, c May 1974; see also Bc3.1, Pro-life clippings.

123. UW, Fisher papers, Bc3.2, petition to Prime Minister, received 15 Feb. 1973.

124. B. Brown, 'Facing the "Black Peril": the Politics of Population Control in South Africa', *Journal of Southern African Studies* 13, 2, 1987, p.269.

125. *Total Freedom* (Journal of the Church of Scientology) 1, 15, Feb. 1973; see also UW, Fisher papers, Bc3.2, Memorandum, National Council of the Catholic Women's League, 27 March 1973; Luker, *Motherhood*, pp.137-57.

126. A.P. Sierra to Ed., *Argus* 16 Sept. 1971. See also UW, Fisher collection, Bc3.2, Petition to Prime Minister, received 15 Feb. 1973; The Vice-Chairman, S.A. Catholic Bishops Conference, to Secretary, 26 March 1973; Marie Habib to Ed., *Argus* 24 Aug. 1971.

127. Cock, *Maids and Madams*, p.245.

128. A. Silk, *A Shanty Town in South Africa: the story of Modderdam* (Johannesburg: Ravan, 1981) p.40; see also *Population Census 1970, Religion* (Pretoria: Government Printer, 1975), Report No 02-05-03, pp.1, 99; B. Sundkler, *Zulu Zion and some Swazi Zionists* (Oxford: Oxford University Press, 1976) p.79; J. Kiernan, 'Where Zionists Draw the Line: a Study of Religious Exclusiveness in an African Township', *African Studies* 33, 2, 1974, p.87.

129. F. Ames and W. Daynes, 'Some Impressions of Family Life in Tsolo (Transkei)', *SAMJ* 48, 21 Sept. 1974, p.1962.

130. *Hansard*, 12 Feb. 1975, col.659. See also *Select Committee*, p.vi.

131. Cope, *Choice*, pp.64-5.

132. *Select Committee*, pp. 24, 80, 106.

133. UW, Suzman papers, Fa1.1, H. Suzman to Dr M. Kriseman, 30 Aug.1974; see also *Select Committee*, pp.iii-v, *Hansard*, 10 Feb. 1975, col.512; Cope, *Choice*, 123.

134. *Select Committee*, p.94; *House of Assembly, Debates of Standing Committees*, 19 May 1983, col. 291.

135. UW, Fisher papers, Bc3.4, 'Abortion Notes'; *Report of the Commission of Inquiry into the Abortion and Sterilization Bill*, R.P. 68/1974, pp.4-5; Cope, *Choice*, pp. 60, 67, 72, 75.

136. *Hansard*, 18 Feb. 1975, col. 982, see also cols. 967, 969.

137. *Hansard*, 12 Feb. 1975, col.656; Cope, *Choice*, p.53.

138. *Hansard* 12 Feb. 1975, cols.644, 647.

139. *Hansard*, 10 Feb. 1975, col.482, see also col.508; *Hansard*, 12 Feb. 1975, col.654.

140. *Hansard* 10 Feb. 1975, col.482, 12 Feb. 1975, col.652. See also *Hansard* 10 Feb. 1975, col.478.

141. *Hansard* 12 Feb. 1975, cols.646, 669.

142. *Hansard* 12 Feb. 1975, cols.659, 669.

143. UW, Suzman papers, Fa2.12, J. Cope speech to 1976 National Convention to Advance Women's Legal Rights; C. Koonz, *Mothers in the Fatherland: Women, the Family and Nazi politics* (London: Jonathan Cape, 1986) pp.149-150.

144. Interview with N. by K. Flint, Cape Town, 28 Aug. 1992.

145. *ST* 31 Jan. 1977; Cope, *Choice*, p.94.

146. Interview with J. by HB, Langa, 30 April 1992; Cock, *Maids and Madams*, pp. 49-53, 73, 80, 144, 322.

147. Interview with J.

148. C. Hermer, *The Diary of Maria Tholo* (Johannesburg: Ravan, 1980) p.139. There was an estimated 50% fall in attendance at 'family planning' clinics countrywide in the year after the revolt began.

149. E. Ritchken, 'Rural Political Violence: The Meaning of Anti-Witchcraft Attacks', unpublished paper, UW, 1989.

150. *Star* 30 April, 1976; *Population Census 1970. Age, Marital Status and Type of Dwelling* (Pretoria: Government Printer, 1976) pp.26, 170, 309, 439; *Census of Health Services*, p.viii.

151. M. Mzamane, 'Gender politics and the unfolding of liberation in South Afrika', Northwestern University, *Programme for African Studies*, 3, 5, Summer 1993, p.11; see also Russell, 'Rape', pp. 18, 19, 25.

152. *Femina* Feb. 1994, p.76.

153. M. Molyneux, 'The Politics of Abortion in Nicaragua: Revolutionary Pragmatism - or Feminism in the Realm of Necessity?', *Feminist Review* 29, May 1988, p.126.

154. Interview with N.

155. *Femina*, Feb. 1994, p.76. See also E. Walker, The Responses and Understandings of a Group of Primary Health Care Nurses, Based in Soweto, to the Issue of Abortion (UW, unpublished MA, 1993).

156. C. Carolus, Keynote address, UCT Medical School Conference, 20 - 22 July 1992.