



ABORTION IN SOUTH AFRICA

A reporting guide
for journalists



“Because I was able to get an abortion, I moved beyond being the typical girl from the township who gets pregnant. I made it. I made it out of that poverty and patriarchy.” - Puleng

Puleng credits being able to access a safe abortion during high school with allowing her not only to matriculate but go onto graduate from university and have a successful career.

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Based in Johannesburg, Bhekisisa produces solutions-based analysis, comment and narrative features on health issues in South Africa and around the continent. The centre also provides media training and convenes public forums on health topics.

To learn more about our work, visit **bhekisisa.org** or follow us on Twitter and Facebook **@Bhekisisa_MG**. You can also contact us via **health@mg.co.za**

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Bhekisisa accepts sole responsibility for any errors contained in this document.

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Introduction

Abortion has been legal in South Africa for decades. Until 1997, however, access to termination of pregnancy services was extremely limited and largely confined to white women.

But on 11 December 1996, South Africa's first democratically-elected Parliament enacted the Choice of Termination of Pregnancy Act. The legislation guaranteed women of all ages the right to seek an abortion during the first 12 weeks of pregnancy. The law also allows women to obtain abortions up until 20 weeks in certain circumstances such as rape, incest or economic hardship provided two healthcare providers agree to it.

The legislation replaced the 1975 Abortion and Sterilization Act, which discriminated against black, coloured and Indian women. The apartheid-era law allowed women to seek out abortions, in theory, in instances such as rape or incest (which had to be proven), or when a pregnancy threatened their health¹. But the Act also required that two independent and largely private physicians approve each procedure. This meant few abortions were carried out, especially in underserved areas that did not often have private doctors and specialists. Sometimes even a psychiatrist's or

magistrate's permission was required. But then 1994 came and who led the charge for change? None other than anti-apartheid leaders such as Albertina Sisulu and Nkosazana Dlamini-Zuma, who were tired of seeing black women — especially in rural areas — die from a lack of access to safe abortions, Dr Eddie Mhlanga says.

Mhlanga is the Mpumalanga health department's specialist obstetrician and gynaecologist as well as one of the authors of the 1996 Act, which came into effect on 1 February 1997.

Today, access to safe abortion in South Africa may be a right for all, but it remains out of reach for many. Although the country has thousands of public clinics and hospitals, those providing termination of pregnancy services number in the mere hundreds².

More than 20 years after South Africa's landmark Act, we know that safe abortion saves lives. But it's so stigmatised that, even when local health facilities do provide terminations,

1. Guttmacher S, Kapadia F, Te Water Naude J, and De Pinho H. "Abortion reform in South Africa: A case study of the 1996 Choice on Termination of Pregnancy Act." *International Family Planning Perspectives* (1998): 191-194. <http://www.jstor.org/stable/2991980>. Accessed 5 March 2018.

2. A 2017 Bhekisisa telephonic survey of designated abortion facilities found that less than 5% of the country's public health facilities offered the service. <http://bit.ly/SizaMap> As of early 2018, the national health department is working to improve its tracking of abortion providers.

“A gap remains between the legally enshrined rights of women and their actual access to legal and safe abortions. The supply and demand of unsafe, illegal abortions thrive on this divide, mostly through brazen advertising to which no counter-narrative exists to inform women that abortion is legal and can be done safely in most public hospitals.”

- Dr Indira Govender

Govender has worked at a public, regional hospital as a doctor and abortion provider. She has also managed the complications of illegal abortions.

the humiliation women face from staff is enough to drive them to illegal abortions anyway.

If a friend asked you right now for help on where she could access a free, safe abortion would you know what to say? Many of us don't, and that's a problem because as a journalist, your story could be the only information a person hears about safe abortion all year.

But don't worry, we got you.

The subject matter covered in this manual is based on input from almost a dozen journalists from the country's leading media houses across print, radio and TV following a February 2018 media training workshop held by the Bhekisisa Mail & Guardian Centre for Health Journalism and Global Health Strategies.

It's not meant to be read from cover-to-cover. Use what you need when you need

it – so that may be as a go-to source to help you explain when abortion is legal in South Africa and who can provide it, or to help you explain how abortions actually work (page 14), for instance.

Stuck on how to explain medical terms? Maybe you want to cut and paste some handy definitions from page 4. Need a story for that morning diary meeting? See page 27 for some new angles on abortion reporting.

And for our latest list of sources and experts working on abortion or free infographics in IsiZulu, IsiXhosa, Tshivenda, Afrikaans, Setswana or English, visit <http://bit.ly/FreeAbortionGraphics>

Because a woman's Constitutional right to choose means nothing if she doesn't know about it.

Definitions and terms

More than 20 years after abortion became legal for everyone in South Africa we're still not talking about safe, legal terminations, whether at the dinner table or in the tabloids.

Posters for dangerous, illegal abortions are on every street corner in most cities. Yet, information on where to get a safe, legal abortion is hard to come by—that makes the accuracy of our reporting all the more important.

Below are some terms³ you might encounter while reporting on abortion and what they mean. If you like them, feel free to use them in your stories.

REPORTING TIP



Translate medical terms

Health reporting often involves medical language. When you use a medical term, define it in a way that your readers will understand and avoid jargon. Not sure if you've explained a term correctly in everyday language? Think about asking an expert to check it. On a tight deadline? Listen for terms while you interview experts and, during the interview, get them to help you translate what they say by asking, for instance: "Would it be okay to explain what you just said like this...?"

ABORTION

When someone chooses to end a pregnancy by taking medication or having a surgical procedure. In everyday language, abortion is not the same as a miscarriage, which for most people is when a pregnancy ends naturally but not in a live birth. Abortion is also sometimes referred to as "termination" or "termination of pregnancy".

"CONSCIENTIOUS OBJECTOR"

A term commonly used to describe doctors or nurses who will not perform abortions because it violates their personal or religious beliefs. In non-emergencies, these health workers can refuse to participate in an abortion, but they must explain their decision to patients in a non-stigmatising way while affirming that a patient has a right to terminate her pregnancy. Health workers must make the necessary arrangements to enable the patient to be seen by another health worker who can provide the abortion⁴.

3. Some of these definitions were taken from the International Campaign for Women's Right to a Safe Abortion and the International Planned Parenthood Federation's "How to educate about abortion: A guide for peer educators, teachers and trainers", April 2016. Accessed 21 February 2017 <http://bit.ly/2FeRqXw>

4. To learn more about this, you can read Govender, Indira. "Medical conscientious objectors who scupper abortions deny women their rights." Bhekisisa. 11 October 2016. <http://bit.ly/2dGc7zx> Accessed 6 March 2017. For legal arguments around the issue, read Smyth, John J. "State doctors, freedom of conscience and termination of pregnancy revisited"; *South African Journal of Bioethics and Law* 4, no. 1 (2011): 5-6. <http://www.sajbl.org.za/index.php/sajbl/article/view/116/86> Accessed 6 March 2017.



Did you know? Misoprostol is one of the two medicines used not only as part of medical abortions but also as part of so-called surgical procedures.

While many people may use this term, it is worth mentioning that technically “conscientious objection” only applies to military service. Because “conscientious objection” is not a recognised term within medicine, some may also refer to it as “dishonourable disobedience”. The national health department has adopted the term “refusal to treat.”

EMBRYO

When a sperm fertilises an egg it becomes an embryo. About eight weeks after conception an embryo develops organs and then becomes known as a foetus, a status it retains until birth.

FOETUS

An embryo beyond the 10th week of gestation (or from the 8th week after conception) until birth.

GESTATION

Gestation refers to the time during which the embryo / foetus develops inside the body. It starts at conception,

or when a sperm successfully fertilises an egg, and ends at birth.

“Gestational age” is another way of saying how far along a pregnancy is and is measured from the first day of a woman’s last menstrual period. Gestational age is usually given in completed days or weeks. The average pregnancy lasts about 40 weeks.

LAST NORMAL MENSTRUAL PERIOD

Ultrasound scans are used to determine gestational age, or how far along a pregnancy is, but these scans aren’t always available. In those cases, nurses and doctors calculate how far a pregnancy is — also called the “gestational age” — using the date of a woman’s last period, which is usually about two weeks before the date of conception.

MATERNAL MORTALITY

Maternal mortality measures maternal deaths. When a person with a uterus⁵ dies during pregnancy, childbirth or within 42 days of giving birth or the end of a pregnancy, this is a maternal death, according to the national health department⁶. The cause of death could be accidental or otherwise, a termination, a miscarriage or even a car accident.

MEDICAL ABORTION

When someone takes medication, namely Mifepristone and/or Misoprostol, to end a pregnancy. This is not the same as emergency contraception (“the morning after pill”), which works to prevent pregnancy. In South Africa, a midwife, trained nurse or

5. This manual uses both the terms “women” and “people with uteruses” to recognise that not all people who identify as women have uteruses. Conversely, not all people with uteruses identify as women.

6. Massyn N, Padarath A, Peer N, Day C, editors. District Health Barometer 2016/17. Durban: Health Systems Trust; 2017.

“Objectors can occur at all levels of the public health service, from denying a prescription to refusing to dispense abortion tablets or even refusing to perform an ultrasound scan. In this way, an entire service comes to a standstill.” - Dr Indira Govender, public sector doctor

doctor may perform medical abortions up until nine weeks of pregnancy.

MIFEPRISTONE

Mifepristone, also sold under the name Mifeprex, is one of the two drugs taken to terminate a pregnancy. The medication blocks the hormone progesterone needed for a pregnancy to develop normally. Without progesterone, the uterus lining thins and prevents the embryo from staying implanted and growing⁷. Mifepristone is usually used together with another medicine called Misoprostol that works to help the uterus contract and push out the embryo/foetus, placenta and other pregnancy-related tissues.

MISOPROSTOL

Also sold under the brand name Cytotec, Misoprostol is one of two drugs taken to terminate a pregnancy. The medication causes the uterus to contract, expelling the embryo/foetus, placenta and other pregnancy-related tissue out through the vagina⁸. Misoprostol is usually used together with another medicine called Mifepristone, which blocks the hormone needed to keep an embryo or foetus implanted in the womb.

REPRODUCTIVE JUSTICE

Reproductive justice is a concept that recognises that many aspects such as race, class and even sexual identity affect a person’s ability to exercise their reproductive health and rights or, in other words, to create the family they want. This could mean a partner and lots of children or a partner and no children. It could also mean no partner and no children⁹.

REPRODUCTIVE RIGHTS

Reproductive rights relate to our individual freedom to decide if, how and when we might choose to give birth/ have children. This can include the right to contraception; safe, legal abortion; good quality maternal healthcare; and the right education to make informed choices.

SEXUAL AND REPRODUCTIVE HEALTH AND RIGHTS (SRHR)

This term refers to everything connected to someone’s sexuality and fertility such as their rights and responsibilities and physical and mental health.

7. Mayo Clinic, “Medical Abortion: Overview”, Accessed 21 February 2018, <http://mayoclinic.in/2oGD4sJ>
8. *Ibid.*

9. This definition borrows from the writing of gender blogger Miriam Pérez. Pérez, Miriam. “The Meaning of Reproductive Justice: Simplifying a Complex Concept,” *Rewire News*. 8 February 2013. Accessed 4 March 2018. <https://rewire.news/article/2013/02/08/communicating-complexity-reproductive-justice/>

STIGMA

If something has stigma attached to it, people think it is something to be ashamed of. Abortion stigma is the negative attitudes that some people still hold about the procedure. Stigma can also apply to those who seek out abortions and those who provide them. Sometimes stigma can be internalised, meaning that people begin to believe the unfair things people say or think about themselves or their actions. This can lead to feelings of shame and guilt among people who seek out abortions. Stigma can also occur within communities, mass media, culture or even healthcare or legal settings.

SURGICAL ABORTION

Surgical abortions don't actually involve any cutting. In South Africa these types of terminations often use the same drugs, Mifepristone and Misoprostol, used in medical abortions, but they also include an additional procedure in which pregnancy-related tissue, such as the foetus and placenta, are suctioned out of the uterus. Health workers will

then scrape the uterus to remove any remaining pregnancy-related tissue and may also prescribe antibiotics afterwards to prevent dangerous infections.

TRIMESTER

Where the length of the pregnancy is divided into three periods of three months each, there is a 'first' (0-12 weeks), 'second' (13-27 weeks) and 'third' trimester (28 weeks until birth).

ULTRASOUND SCANS

Ultrasound scans use high-frequency sound waves to capture live images of the inside the body, including those of the womb. Ultrasound scans may be performed at public and private hospitals as well as private clinics to determine how far along a pregnancy is. These types of diagnostics are often not available at public clinics or community healthcare centres offering abortions. At such facilities, health workers may calculate how far along someone is based on their last menstrual period (see previous page). Many people use the term

“Relationships now are only casual. You get used to the voices, they become a part of you. Knowing someone loves you – it’s shocking. I can’t connect to men, because I have been failed and abused by them.”
- Puleng

Puleng has had two terminations. In the years since, she says her new partners have stigmatised her for her choices. A lack of acceptance around the choices she made to improve her life and that of her family have left her struggling with issues of self-worth despite her accomplishments.

“sonar” or “sonogram” and “ultrasound” interchangeably when it comes to these types of scans. However, the ultrasound refers to the actual exam while the image produced is called a sonogram.

UNSAFE ABORTION

An unsafe abortion is one performed by someone lacking the necessary skills and

/ or which takes place in an environment that does not meet medical standards. These types of procedures are often called “backstreet” abortions, a reference to historically hidden and illegal terminations. In the past, backstreet abortions were usually surgical. Today, they are often medical, although they may involve incorrect drugs and dosages.



DID YOU KNOW?

The term “backstreet abortion” can be misleading

Today, many illegal abortionists use slick marketing and even websites to look legitimate, warns the non-profit abortion provider Marie Stopes South Africa. They may even operate out of places that look almost like regular clinics or offer to deliver pills, liquids or other remedies to people to induce a termination.

But these unsafe procedures can turn deadly and complications can include severe bleeding, infections, blood poisoning and, in some cases, permanent damage to the reproductive organs. In many cases the medication unsafe providers give women is incorrect. It makes women sick briefly, but doesn’t terminate the pregnancy.



Illegal abortion providers use all sorts of tricks to appear legitimate, including turning to slicker, online advertising to appear professional. (David Harrison, *Mail & Guardian*)

What does South African law say about abortion?

CONSENT

There is no age of consent for abortions.

Any woman at any age can request the procedure. Minors (people under the age of 18) do not need their parents' / guardians' permission.

Only in two cases does abortion require the consent of a woman's guardian, spouse or a court-appointed curator:

1. When a person is unconscious and health workers do not expect her to regain consciousness in time to have an abortion; or
2. When a person with a uterus is so severely mentally disabled that they do not understand / appreciate the nature or consequences of a termination.

In these cases, two health workers — or a medical practitioner and a trained midwife — must also give consent.

This same medical team can deem that a woman who is comatose or severely mentally disabled is in need of an abortion beyond the 13th week of pregnancy for medical, social or financial reasons or because the pregnancy was a product of rape or incest. In this case, guardians, spouses

or curators will be consulted but cannot block the procedure.

COUNSELLING

Counselling should be offered to everyone before and after a procedure but it is not mandatory. No one can force a person with a uterus to undergo counselling before a termination.

The law also says that this counselling can't be "directive", meaning no one should tell a person whether they should or shouldn't undergo an abortion.

Ideally, a woman should be told about different abortion methods so she can choose the one that is most suitable for her.

People should also be informed about what to expect during and after the abortion, including how to recognise signs, such as excessive bleeding, that may mean they need follow-up care.

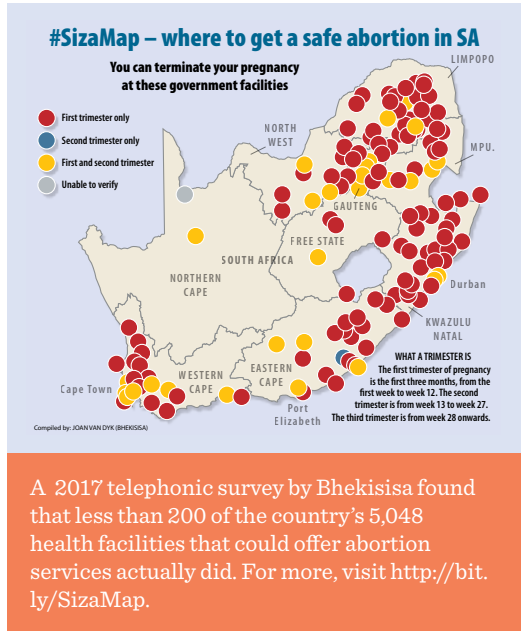
Healthcare workers should also let women know where they can get help if they think there has been a complication after the appointment.

If people choose, counselling can also include contraceptive information.

ILLEGAL PROVIDERS

People who are not medical practitioners or properly trained or licensed to perform abortions, and who do so anyway, can face a fine or up to 10 years in prison if convicted.

Additionally, anyone who prevents a person from getting a legal abortion or obstructs access to an abortion-providing facility can also be fined or sentenced to up to 10 years in prison if convicted, according to the 1996 Act.



REPORTING TIP



How to spot an illegal abortion provider

Trying to verify whether someone has accessed an illegal abortion? Legitimate providers will always be able to give you or a patient their Health Professions Council of South Africa (HPCSA) or South African Nursing Council (SANC) registration number. You can provide these numbers to either the HPCSA or the SANC to see if they are a registered healthcare worker.

You can contact the HPCSA in Pretoria via its website <http://isystems.hpcsa.co.za/iregister/> or by phoning on 012.338.9300/1. The body can also be reached via email at info@hpcsa.co.za.

To reach the SANC, you can go to www.sanc.co.za or call the council on 012 420 1000. Alternatively, you can email registrar@sanc.co.za.

HOW FAR ALONG CAN YOU BE AND STILL GET AN ABORTION?

Stage of pregnancy: **12 weeks or less**

An abortion is available if:

You want to have it done.
A woman can request an abortion for any reason.

Who can perform the procedure?



A doctor, trained registered nurse or midwife at a designated clinic, community health centre or hospital.

Stage of pregnancy: **13 to 20 weeks**

An abortion is available if:

- The pregnancy is a danger to the woman's physical or mental health.
- The pregnancy is as a result of rape or incest.
- The foetus is likely to die.
- The birth will affect the woman's socioeconomic status.

Who can perform the procedure?



Only a doctor at a designated hospital.

Stage of pregnancy: **More than 20 weeks**

An abortion is available if:

In limited circumstances - and only if there is a severe threat to the life of the woman or if there are serious congenital problems.

Who can perform the procedure?



Only a doctor at a designated hospital.



Gaopalelwe Phalaetsile started a Facebook support group for women who have had abortions or are looking to access them or have been victims of illegal abortion providers. (Madelene Cronjé, *Mail & Guardian*)



'I SHARED MY ABORTION EXPERIENCE ON FACEBOOK AND IT WENT VIRAL'

I remember looking at the white ceiling while lying down on the hospital-like bed. My legs were wide open. The two women working on me were talking about their boyfriends. The unbearable pain prompted me to scream, but my cries fell on deaf ears. Instead, my yells were met with emotionless expressions. Cold faces.

The process was so painful that whenever I think about that day, I still feel the pain.

Only I was not in an actual hospital. I was in a dirty flat where I was having an abortion at an illegal provider.

Next to my bed was a bucket filled with the remains of the foetus of the person who had lain there before me.

One day I felt the need to share my experience. I wanted the world to know the pain and consequences of an illegal abortion. So I shared my experience on Facebook.

My post went viral, and many women and girls flooded my inbox with their experiences. They voiced their fears, loneliness and

desperation. Some simply thanked me for “coming out”. I then created a group called Black Womxn Healing Garden. It’s a haven where we share our pain and help women who need to access a safe abortion. Termination of pregnancy is a right that every woman should have, just like everybody else has the right to the autonomy of their bodies.

On that day, in that illegal abortion clinic, on that bed, I could have died. Many women probably do die.

It’s important that we give women and girls access to the information they need. They are still the most vulnerable people in our society.

Abortions are legal in South Africa. You can terminate your pregnancy safely. Back then, I didn’t know this.

— Gaopalelwe Phalaetsile, the founder of the Black Womxn Healing Garden, a support group for people who have had terminations or are trying to access safe abortion services

How does abortion work?

As of March 2018, the national health department was drafting the country's first national abortion guidelines.

Because there are no official guidelines yet, health facilities may offer a different combination of services to women at different times of their pregnancies. This means that how abortions are performed, may differ slightly between provinces and even health facilities in the same area. This section is therefore based on interviews with several experts.

When someone comes to a health facility for an abortion, they'll undergo a physical examination to confirm the pregnancy and how far along it is. They will also receive a general health check for things such as blood pressure and heart rate. A health worker will examine a person's abdomen and will determine if there are any reasons that particular drugs or procedures shouldn't be used. For instance, it may be dangerous for women who have uncontrolled seizures to use the abortion drug Misoprostol, according to the US health research non-

profit Mayo Clinic¹⁰. In South Africa, two drugs — Mifepristone and Misoprostol — are used as part of both medical and “surgical” abortions. Medical terminations rely solely on pills, but these same tablets are also used as part of “surgical abortions” where a procedure is required to remove the contents of the womb.

MEDICAL ABORTIONS

Medical abortions are performed up until nine weeks of pregnancy. As part of these procedures, a doctor, trained nurse or midwife will give a woman Mifepristone to take orally at the clinic or hospital. The person will then be sent home with other pills, Misoprostol, which they will take between 24 and 48 hours later.

Mifepristone helps prepare the uterus to expel the foetus and placenta. Misoprostol, also known as Cytotec, then makes the uterus contract to get rid of these tissues. People will generally experience painful cramps and vaginal bleeding, so many providers recommend that people invest in heavy-duty pads before the procedure. Side effects also include nausea, vomiting and diarrhoea, but healthcare workers can control these by administering medication.

People should be given anti-inflammatory pain medication, such

10. Mayo Clinic, “Medical Abortion”, <http://mayoclinic.in/2oGD4sJ>, Accessed 20 March 2018.

as Brufen, ibuprofen or diclofenac, as soon as they take Cytotec. This will help control the pain associated with contractions. Any pain medication that causes blood to thin, for instance Aspirin, is not recommended during a medical abortion process.

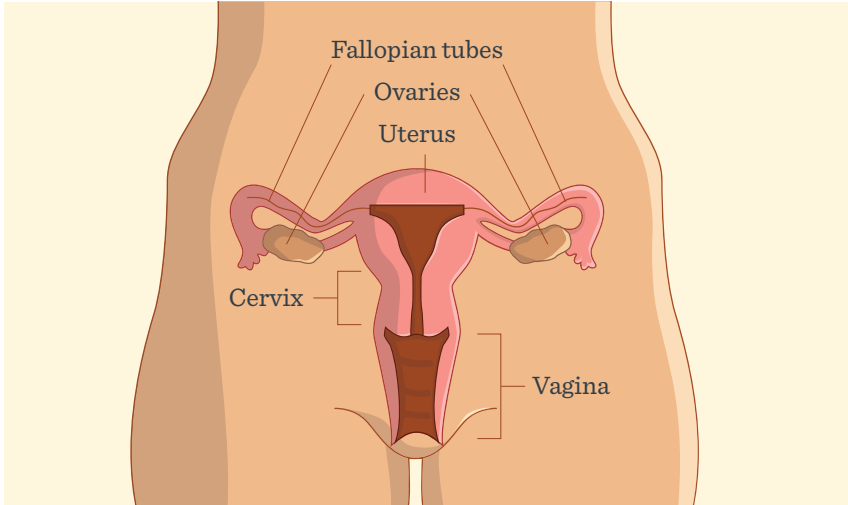
SURGICAL ABORTION

In some cases particularly after nine weeks, health workers usually use a combination of medical and surgical procedures to terminate a pregnancy. Despite the name, no actual incisions are made during surgical abortions.

Surgical procedures use the same drugs employed in medical terminations but, extra steps are used to ensure the womb is cleared of any pregnancy-related

tissues. It's important to note that the dosages and timing of medication for surgical abortions vary between health facilities.

In some clinics or hospitals, women will be given Mifepristone and sent home. Over the next 24 to 48 hours, this pill will open up the cervix before they return to the health facility for the procedure. If they have also have been sent home with Misoprostol, they may take this tablet orally or vaginally right before they head back to the clinic or hospital so that, when they arrive, the cervix has already begun opening up. (There are fewer side effects if pills are inserted vaginally). When they are at their health facility, they will be given another dose of Misoprostol.



Doctors will scrape the womb, or uterus, to remove pregnancy-related tissues as part of surgical abortions

At other facilities, people who need same-day terminations will receive Misoprostol and will usually wait two to four hours for the medication to take effect before undergoing the procedure.

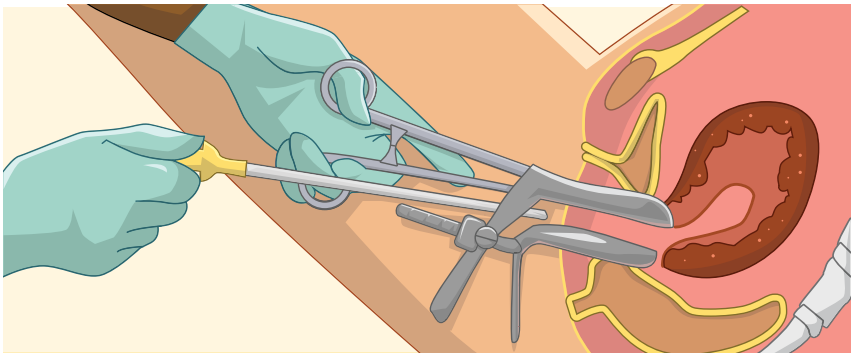
After a woman has taken Misoprostol, a midwife or trained nurse (or a doctor for terminations after 12 weeks of pregnancy) will insert a metal or plastic device called a speculum into the cervix to open up the vagina.

Then, health workers will suction out any pregnancy-related tissues through a syringe connected to a plastic tube, or cannula. This procedure is known as a manual vacuum aspiration (MVA). Once this is done, a looped, metal tool may be used to scrape the uterus to remove anything that remains.

Patients will be asked to lie down for up to an hour before being sent home with pain tablets. They may also be given antibiotics to help prevent infection, especially if they have weaker immune systems due to conditions such as diabetes or HIV.

Tailoring procedures to help ensure women get the best outcomes is important. Patients should tell their healthcare providers if they, for instance, don't have access to clean running water or flush toilets, as a strictly medical abortion may not be the best option for them.

Similarly, if people are very young or survivors of sexual violence, they can ask health workers to provide light sedation so that they feel less of the procedure and are not (re)traumatised.



As part of medical abortions, a speculum is inserted into the vagina to allow health workers to pass a cannula or tube into the uterus. A large syringe will be attached to the end of this tube through which pregnancy-related tissues will be drawn out as part of a procedure called manual vacuum aspiration.

Watch your words

If media is a mirror of society, the same stigma around abortion we experience in our communities can creep into our reporting. Here's how to mind your language.

DO SAY	DON'T SAY	WHY?
<ul style="list-style-type: none"> ✔ Pregnant woman or person ✔ Pregnant women's partner, boyfriend, girlfriend, husband, wife 	<ul style="list-style-type: none"> ✘ Mother/father ✘ Parent 	<p>Being pregnant does not automatically make you a mother. That is, not all pregnant women are mothers of children nor are all partners fathers or mothers.</p> <p>In the case of abortions, these procedures happen before a foetus scientifically becomes a child. Pregnant people may choose to call themselves mothers but this may not be the case for people with unwanted pregnancies. Using the term may not only be inaccurate, but also judgmental.</p>
<ul style="list-style-type: none"> ✔ Abortion rights advocates ✔ Safe abortion advocates ✔ Pro-choice 	<ul style="list-style-type: none"> ✘ Pro-abortion 	<p>Avoid "pro-abortion", and use "pro-choice" instead. "Pro-choice" stresses a woman's right to choose, rather than abortion itself.</p> <p>Providing safe abortions is about giving pregnant people the right to make their own reproductive decisions. If abortions are safe, women can decide whether or not to continue a pregnancy. If abortion is unsafe and illegal, only those who are opposed to abortion have a choice¹¹.</p>
<ul style="list-style-type: none"> ✔ Anti-abortion ✔ Anti-choice ✔ Believe abortion should be illegal 	<ul style="list-style-type: none"> ✘ Pro-life ✘ Pro-family 	<p>"Pro-life" inaccurately suggests that those who support access to safe, legal abortion are "anti-life", when in fact they make the woman's life the priority. "Pro-family" implies that abortion and motherhood are mutually exclusive, when in fact the same women who have abortions also have children.</p>

11. Portions of this section are adapted with gratitude from the International Planned Parenthood Federation and International Campaign for Women's Right to Safe Abortion's guide, "How to report on abortion: A guide for journalists, editors and media outlets." 2017. Accessed 19 February 2018. <http://bit.ly/2HO1p56>

“I don’t want to hear that it’s ‘a sin’. There’s always that tone to abortion stories.” - South African journalist Gaopalelwe Phalaetsile.

Gaopalelwe had her first termination when she was in university. Now a reproductive rights activist, she created a Facebook group that provides support for people who have undergone abortions or are seeking the procedures. (For more about Gaopalelwe’s story, see page 15).

DO SAY	DON'T SAY	WHY?
<ul style="list-style-type: none"> ✓ Embryo (up to 10 weeks gestation) ✓ Foetus (from 10 weeks gestation to delivery) ✓ The pregnancy 	<ul style="list-style-type: none"> ✗ Baby ✗ Unborn baby/child 	<p>An embryo or foetus is not yet a baby. It must be born first. The term “unborn child” is a recent anti-abortion invention and a contradiction in terms. Legally, human rights begin only at birth in South Africa.</p>
<ul style="list-style-type: none"> ✓ Terminate/end a pregnancy ✓ Have an abortion 	<ul style="list-style-type: none"> ✗ Abort/get rid of a child ✗ Kill an unborn child 	<p>Language that criminalises people with uteruses around abortion is offensive. A foetus only becomes a baby at birth.</p> <p>Instead, use language that reflects women’s agency and how abortion is a responsible legitimate decision.</p>
<ul style="list-style-type: none"> ✓ Abortion or termination 	<ul style="list-style-type: none"> ✗ Late-term abortion 	<p>A full-term pregnancy is between about 39 and 40 weeks. The phrase “late-term” actually describes a pregnancy of about 41 to 42 weeks in length.</p> <p>Abortions are not performed during this time¹².</p>

12. Grimes DA, and Stuart G. “Abortion jabberwocky: the need for better terminology.” *Contraception* 81, no. 2 (2010): 93-96. <https://doi.org/10.1016/j.contraception.2009.09.005>. Accessed 4 March 2018.

DO SAY	DON'T SAY	WHY?
<p>✔ More than one abortion</p>	<p>✘ Repeat abortion</p>	<p>“Repeat” abortion has negative connotations of irresponsibility, such as “repeat offenders”.</p> <p>It’s important to remember that women can become pregnant from early adolescence to menopause, i.e., every month for as many as 40 years.</p> <p>Contraceptives can fail, and can fail more than once in a lifetime. Women may not always be able to obtain or use them effectively.</p>
<p>✔ Prevent unintended pregnancies</p> <p>✔ Reduce the number of unintended pregnancies</p>	<p>✘ Prevent abortion</p> <p>✘ Reduce the number of abortions</p>	<p>It is unintended pregnancy that needs to be prevented and avoided, not abortions so be careful when framing your sentences as to what is the problem.</p> <p>People need a range of tools, as abortion, to prevent unintended pregnancies—these include education, contraception and abortion.</p>
<p>✔ A woman’s right to life and health</p>	<p>✘ The right to life of an unborn child</p>	<p>It is worth repeating that it is the pregnant woman who has a right to life and health.</p> <p>The embryo/foetus is totally dependent on the woman’s health and life, which should be put first.</p> <p>Legally, a foetus remains a foetus until it is born, at which point it becomes a child with rights in South Africa.</p>

Picture do's and don'ts

Even the best-told stories can be ruined by a poorly chosen photo. Abortion stories are difficult to illustrate — people in the stories are often unnamed and file photos are not only hard to come by, they can also be stigmatising and inappropriate, especially if you are pulling them from the internet

Here are some ideas for file photos you could use to illustrate a story about safe abortion in South Africa:

- An empty exam room or ward in a hospital or clinic
- Clinics or hospitals that provide safe abortions
- Either of the medications commonly used in abortions
- Abortion demonstrators
- Clean medical instruments used to perform abortion
- Non-identifiable photos of women: either in silhouette or just their hands or feet

So before the layout department runs your award-winning story alongside an inappropriate picture, here are a few common photo mistakes to avoid:

1. THE OMNIPRESENT ILLEGAL ABORTION POSTER

Great if you're talking about illegal abortion, bad if your story focuses on the safe, legal kind. Pairing illegal abortion posters with stories on safe abortion risks confusing the two in the public's eyes.

2. BABIES

Abortions involve embryos and foetuses, not babies. Using photos of babies to illustrate abortion stories is inaccurate. Such pictures are often used by anti-choice groups to create feelings of shame and guilt around abortion.

3. PREGNANT BELLIES

Abortions by choice take place before many women's pregnancies would be showing



physically. Depicting people with large bellies far along in pregnancy is therefore inaccurate.

4. ULTRASOUND SCANS

Available guidelines recommend that ultrasounds be used to determine how far along a pregnancy is, but they are not required. Many people therefore won't receive an ultrasound scan. But anti-abortion groups, especially internationally, have long advocated that people should be forced to look at scans before they undergo termination procedures, hoping that it will help change their minds, even in the absence of scientific evidence to back this.

A 2014 study published in the journal *Obstetrics and Gynecology* reviewed almost 15,200 pregnancy records at 19 reproductive health clinics in the US city of Los Angeles. About one in two women who had come for an abortion opted to see their scan, the research found¹³. This made no difference among the bulk of women who sought out abortions and described themselves as being very certain they wanted the procedure. For the most part, seeing scans only affected a very small percentage of the few people who said they weren't sure about having a termination to begin with¹⁴.



Not everyone in South Africa who gets an abortion will undergo an ultrasound.

13. Gatter M, Kimport K, Foster DG, Weitz TA, and UpadhyayUD. "Relationship between ultrasound viewing and proceeding to abortion." *Obstetrics & Gynecology* 123, no. 1 (2014): 81-87.

14. Pre- and post-termination counselling should be offered to anyone undergoing an abortion, but women can choose whether they would like to receive this. Increasingly, activists are calling for different types of counselling to be developed, each tailored to provide slightly different resources to women, i.e. emotional support or more information about the procedure.

PICTURE DO'S AND DON'TS





DID YOU KNOW

Access to safe abortion saves lives

In 1994, researchers looked at the records of about 800 women who presented to 56 hospitals across South Africa with incomplete abortions during a two-week period. The study used this data and population estimates to calculate that almost 45,000 women were admitted to hospital annually as a result of terminations gone wrong and 425 would die.

Published in the *South African Medical Journal*, the work helped bolster the argument for the 1996 change in legislation that democratised access to safe abortion in South Africa¹⁵.

After the 1996 law was introduced, researchers repeated the study, surveying 47 hospitals in five provinces in 2000, although with slightly different methods. This new study, published in a 2005 edition of the journal *Obstetrics and Gynecology*¹⁶, found a significantly smaller proportion of women were being admitted to hospital with abortion-related complications such as infections. It also found fewer women presented with the kind of physical or chemical injuries often associated with illegal abortion.

But the new data couldn't tell them what kind of reduction the country had seen in abortion-related deaths. To determine that, researchers used figures on these kinds of deaths from

the country's initial two national maternal death audits between 1998 and 2001^{17,18}. Then, they took the average of those deaths and compared it to the estimates from their original 1994 study.

The data suggested that expanding access to safe abortion had reduced deaths from unsafe abortion by about 91% between 1994 and 2001, according to a 2008 letter to the *South African Medical Journal*¹⁹.

But, the researchers cautioned, the true range of this decrease could also be anywhere between 51% and 95%. Why? Because it depended on how accurately they had worked out 1994 figures, which themselves were calculated based on population estimates.

But, whatever the exact figures are, research shows that access to safe abortions saves lives and that's why the World Health Organisation identified unsafe abortions as a leading yet under-reported and preventable cause of maternal deaths as early as 2004²⁰.



International and local research proves safe abortion saves lives.



Nongovernmental organisation Marie Stopes South Africa is contracted by the state to provide abortion services in some areas of the country such as the Western Cape. (David Harrison, *Mail & Guardian*)

15. Rees H, Katzenellenbogen J, Shabodien R, Jewkes R, Fawcus S, McIntyre J, Lombard C and Truter H. "The epidemiology of incomplete abortion in South Africa." *South African Medical Journal* 87, no. 4 (1997): 432-437.
16. Jewkes R, Rees H, Dickson K, Brown H, and Levin Jn. "The impact of age on the epidemiology of incomplete abortions in South Africa after legislative change." *BJOG: An International Journal of Obstetrics & Gynaecology* 112, no. 3 (2005): 355-359.
17. Moodley J and Pattinson B. "Saving mothers: report on confidential enquiries into maternal deaths in South Africa, 1998." (1999).
18. Mothers, Saving. "Mothers 1999-2001: Second Report on Confidential Enquiries into Maternal Deaths in South Africa." *Government Printer, Pretoria* (2003).
19. Jewkes R and Rees H. "Dramatic decline in abortion mortality due to the Choice on Termination of Pregnancy Act." *South African Medical Journal* 95, no. 4 (2008): 250.
20. World Health Organization. Safe abortion: technical and policy guidance for health systems. World Health Organization, 2012. <http://bit.ly/2Gc7Uni>. Accessed 20 March 2018.

Facts and figures

What we do – and what we don’t – know about abortion in South Africa

Today, tens of thousands of safe, legal abortions happen every year in South Africa. In 2017, 73 072 abortions were performed at state health facilities, according to the national health department²¹.

In fact, how many terminations are performed in the public sector is one of the few things we know for sure about abortion in South Africa.

Data on many aspects of abortion are still difficult to trace.

The health department tracks how many abortions between 0 and 20 weeks happen at its facilities in a central database as part of its District Health Information System. This means you can ask the national health department for figures on how many abortions were performed in a province, in a district, or at a facility.

The public health system does not collect information about why people accessed abortion services.

WHY IS THERE NO LIST OF PUBLIC HEALTH FACILITIES THAT PROVIDE ABORTIONS?

Historically, the health department hasn’t been able to track which health facilities provide services regularly. That’s because our abortion services are so fragile they often rely on a single trained nurse and when that nurse goes, services collapse, making it hard to document running services.

WHAT DO WE KNOW ABOUT ILLEGAL ABORTIONS?

No one can say for sure how many people undergo illegal abortions. That data just doesn’t exist.

We also don’t know how many women die each year from illegal abortions. This is because of the nature of the procedures, and because “illegal abortion” is not itself a category on the death certificates completed by doctors when women die.

Statistics South Africa, via national vital statistics data, does collect figures on deaths certified by doctors to have been related to “abortion”. But this is a broad category²² that includes everything from natural miscarriages to deaths

21. Personal correspondence dated 13 March 2018 with Yogan Pillay, deputy director general for HIV, tuberculosis and mother and child health at the national health department.

that occurred due to complications from terminations of pregnancy. This category does not include disaggregated data about why a pregnancy was terminated (whether it was for a medical emergency beyond 20 weeks or by choice) or if doctors certifying these deaths through terminations were legal or illegal. So if you're working on a story

that needs a figure for illegal abortions or related deaths, be honest with your readers and viewers and let them know that no one knows.

But you can use international research to give them an idea of what the problem of illegal abortion looks like globally and even regionally.



Good data on abortion in South Africa is hard to come by but a lack of this kind of information doesn't have to stall your story. Instead, explain why there is a lack of data. Sometimes, the absence of information can also be a story in itself. (Kacper Pempel, Reuters)

22. Specifically, this category of deaths includes those related to eight different ICD-10 codes, i.e. codes O00 to O08. ICD-10 codes are an international system used by physicians and other healthcare providers to classify and code all diagnoses, symptoms and procedures.

Five tips for using research in your reporting

On a tight deadline it can be hard to squeeze in time to read the latest research on an issue, but, if you can, it can take your reporting to a whole new level.

You can use research to help you:

- Show how big a problem is
- Explain concepts and show relationships between things
- Find new angles to your reporting
- Ensure your health reporting is responsible
- Evaluate solutions and hold the people who should be implementing them accountable

1. Good research has been peer-reviewed, meaning it has been published in an academic journal and, as part of this, has been independently evaluated by a panel of experts. (Hint: Not used to finding academic research? Try using the Google Scholar search engine.)

Alternatively, proper research has been publicly released by a reputable organisation. It tells you how it collected its data, i.e. how many people were involved, where and for how long etc., and what limitations it has. It also tells you who funded it and declares any conflicts of interest.

2. When you're looking for research, try to make sure it's recent and applicable. If you're looking at South African problems, try to find research that is specific to South Africa or a similar country. If there isn't any, then

let your reader or listener know that. Then look to see if there are regional or global figures that might be able to give your audience an idea of what the problem looks like in places similar to South Africa.

3. Always cite the year the research was conducted or published in and what journal published it. Include a hyperlink to it in the online version of your story so your audience can read it for themselves.

4. Remember to be honest about the numbers and their limitations: if it was a small study, say so. To do this, try to read the whole study.

5. The abstract will tell you the key findings, but it won't tell you all the limitations. In a hurry? Read the abstract, the methodology and the conclusion and discussion sections.

New angles for an old story?

Late for that diary meeting and need a fresh angle on this story? Here are 12 new story ideas for reporting on abortion:

1. SHOW ME THE DATA
Good data on both safe and illegal abortions is lacking in South Africa, and we can't fix what we don't track. What do we know and how do we know it? Interrogate why decision-makers are collecting this kind of information, the challenges and what can be done to solve this? Can South Africa learn from similar countries?

2. VOX POPS
How much do South Africans know about legal abortion? Find out. Hit the streets and ask people to tell you when a person can get an abortion. Or how many contraceptives can they name?

3. NEW HEALTH WORKERS, NEW WAYS OF WORKING?
South Africa has introduced a new type of health worker called a clinical associate. These are health professionals trained at a higher level than nurses but ranked lower than doctors. They are not permitted to work without a doctor's supervision. Could these new health workers be used to help expand access to legal abortion in South Africa? If so, how and what could be the challenges?

How much would it cost and how might other countries be using this kind of health worker in similar ways?

4. PUBLIC-PRIVATE PARTNERSHIPS (PPPS)
Some provinces, including the Western Cape, outsource some termination services to partners, such as Marie Stopes. Does the private sector have a roll to play in expanding access to safe abortion and, if so, how? Is there anything that can be learned from the state's partnerships with NGOs — what's working, what's not and can a PPP learn from this?

5. 'CONSCIENTIOUS OBJECTORS'
"Conscientious objectors" are health workers who refuse to perform abortions due to religious or moral reasons. By law, this category only applies to the doctors and nurses — which includes midwives — that physically perform abortions. But in reality, even pharmacists and clinic cleaners will say they cannot perform duties in relation to abortions such as dispensing tablets or cleaning a room. Explore what conscientious objection means for patients and health workers. What does the law actually say about it and what consequences do those who flout it face? What is the national health department doing to address it? What are providers legally required to do and what can't they do?

23. Lince-Deroche N, Fetters T, Sinanovic E, Devjee J, Moodley J, and Blanchard K. "The costs and cost effectiveness of providing first-trimester, medical and surgical safe abortion services in KwaZulu-Natal Province, South Africa." *PLoS One* 12, no. 4 (2017): e0174615.

6. STIGMA ISN'T JUST FOR PATIENTS

Many health workers who provide terminations face stigma from colleagues and the communities they serve. What does this feel like for a health worker and what can be done to improve working conditions? Do we need to start combatting these negative attitudes in medical school, including ongoing training for health workers?

7. MEDICINE PRICES

One of the two drugs needed to perform a medical abortion, mifepristone, was approved for use in 2001. But medical abortion was only introduced in South Africa's public sector in 2013. The procedure is still not available in some provinces, partly due to concerns over the high cost of medication, according to authors of a 2017 study published in the journal *PloS One*²³. Is this still the case? Why are abortion drugs so expensive? How do prices compare between the public and private sectors and what does that mean for patients?

8. PAIN-FREE ABORTIONS?

Women and providers report varying use of pain medication during abortion procedures. What influences women's ability to access pain medication during and after abortions? Is it price? Is it being able to ask for it? From the side of nurses and doctors, what influences the choices they make to administer pain medication? Is it availability? Cost? Or could it be something more, for instance, a lack of empathy? What can we do to expand access and could this be particularly important for people such as survivors of rape or incest?

9. THE WAR ON ILLEGAL ABORTION

How easy is it to catch an illegal abortionist and whose responsibility is it? The police? The Health Professionals Council of South Africa (HPCSA)? What is being done by law enforcement and legitimate medical providers to expose these networks? Are we training enough real health workers to fill gaps in services that allow illegal abortionists to thrive?

“One senior hospital manager once recounted his staff’s fear of being labelled ‘baby killers’ by the very community they served should they provide abortions. He said he felt powerless to protect his staff from these insults – or worse.” - Dr Yogan Pillay

Pillay is the deputy director general for HIV, tuberculosis and mother and child health at the national health department.

10. WHO IS GETTING IT RIGHT?

Some provinces, such as Mpumalanga, have begun to train more nurses to provide terminations. Is this working? What lessons are provinces learning? Remember, what hasn't worked is just as interesting as what has. The more we evaluate all sides of a solution, the more others (like provinces) can learn from it and apply it.

11. WHAT DOES THE “GAG RULE” MEAN TO SA?

US President Donald Trump has reintroduced the Mexico City Policy, popularly known as the “gag rule”. The law allows the US government to cut its funding to foreign organisations if they perform or even advocate for abortions — including referring women to other service providers or financially supporting organisations that conduct such activities.

These restrictions apply regardless of whether the services are directly funded by the US government or not. How is this affecting South African organisations that provide or even educate about reproductive health services? What does it mean for the people who use them?

12. HIV

HIV and maternal health guidelines say that women living with HIV should receive a series of these antibiotics after an abortion. Is this happening? Why or why not? What type of special care is needed for this population and what happens if women don't know their HIV status at the time of a termination?

*In the
NEWS*

In February 2017, we surveyed 12 journalists from 12 different print, radio and TV outlets and asked them how many stories they had produced on abortion in the last two years.

A third reported having written or produced three or more such stories while almost a quarter said they had done one or two.

Nearly four out of 10 said they had produced none at all. A similar proportion said that illegal abortion had been the sole focus of between one and two of the stories they had produced in the last two years.

REPORTING TIP



Include basic information on the right to safe termination in every abortion story

Criminal syndicates and deadly, underground networks — stories focused on illegal abortions may grab headlines but can also crowd out reporting on issues around legal abortions.

Think about incorporating information on legal abortions into your coverage of criminal operations.

Maybe you profile a woman who was forced to turn to an illegal abortionist — ask her why she couldn't use a state facility. Look at the push factors that drive people with uteruses to have to use illicit providers.

And always include a few sentences that tell your readers what they are legally entitled to in South Africa

when it comes to legal abortions, such as:

In South Africa, a woman can choose to terminate a pregnancy for free for whatever reason up until 12 weeks at designated health facilities. Pregnancies that are further along than this, between 13 and 20 weeks, can also be terminated by a doctor if the pregnancy is a result of rape or incest, or it poses a danger to a woman's physical, mental or socioeconomic status.

A 2005 *International Journal of Obstetrics & Gynecology* study revealed that just more than half of a sample of about 50 women in South Africa who had undergone illegal abortions did so because they “did not know about the law”. Fifteen percent knew about their legal rights, but “did not know about a legal facility”.

Including accurate information on legal abortion in every story we do on terminations — legal or otherwise — can help bridge this gap.

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