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From Late Apartheid to Post-Apartheid Reproductive Justice:

South African Advocacy in the Early 1990s

On February 1, 1991, South African President F.W. de Klerk announced his intention to appeal apartheid laws.[[1]](#footnote-1) As a white member of the South African National Party, which established apartheid in South Africa, Klerk faced ridicule and hostility. Despite this, his announcement represented a significant political and social turning point in South African history.[[2]](#footnote-2) Clearly, apartheid was coming to an end. Over the next few years, as apartheid laws were repealed and government control shifted to the African National Congress, activists, politicians, and ordinary citizens debated what the new South African government would value and what rights it would protect. One of the topics that a changing South African society fiercely debated was reproductive justice, primarily access to contraception and abortion. Over several years in the early 1990s, as apartheid was being repealed and a new government was forming, advocates for reproductive justice asserted the need for access to contraceptives, sex education, and abortion. However, these activists faced pushback as they had to contend with the long history of birth control as a tool of white supremacy in South Africa.

From 1990 to 1994, advocates of reproductive justice in South Africa, especially women of color, focused on education to counteract the eugenist goals of the state-run healthcare system put into place by the Apartheid government. They recentered the goal of women’s reproductive healthcare as encouraging the agency of each patient and organized collective action to protect reproductive health under the new government. Analyzing magazines, petitions, and studies from this period reveals the changes and continuities in advocacy goals and strategies as apartheid ended and a new government formed. An exploration of literature analyzing the wider academic work on reproductive justice in South Africa, specifically the formation of abortion and family planning policies in the 1970s that shaped the political landscape of abortion in the 1990s, situates this analysis in the wider discourse around reproductive rights.

Beginning with the rise of the pro-Afrikaner National Party in 1949, the South African government implemented the policy of apartheid as a means of more aggressive racial segregation.[[3]](#footnote-3) Under the Population Registration Act of 1950, South African citizens were classified into racial groups as Bantu (Black Africans), White, and Coloured (mixed race).[[4]](#footnote-4) The implementation of apartheid policies extended to all areas of life, from the forced resettlement of non-white citizens whose homes were now in designated “white” areas to government-controlled educational curriculums for native Africans that emphasized their subordinate place in South African society.[[5]](#footnote-5) Despite strict government control, there was immediate organized pushback and advocacy that asserted the unjust nature of apartheid policy and called for radical change.[[6]](#footnote-6) This pushback included advocacy against the unsafe and eugenicist reproductive health policies of the National Party. The fight for reproductive justice during apartheid-era South Africa had a distinct racial element, since using birth control was encouraged by the government for women of color with the primary goal of limiting Black and Coloured population growth.

There is very little scholarly work on reproductive health during the transition from apartheid to post-apartheid South Africa using a historical lens. The lack of historiography around late and post-apartheid reproductive health can be explained by how little time there has been to do this research. The period I am analyzing, the early 1990s, ended about thirty years ago. This is a considerable barrier to a substantive historiographical conversation since the events occurred so recently by the standards of historical study.

Instead, much of the work takes a sociological or economic perspective and focuses on quantitative data, since this research is often done during the time being studied or shortly after.[[7]](#footnote-7) Sarah Burgard’s article “Factors Associated with Contraceptive Use in Late- and Post-Apartheid South Africa” compares data on birth control use in South Africa between 1987 and 1998. Her work relies on charts that differentiate based on factors such as race, age, marital status, and rural or urban housing.[[8]](#footnote-8) Much of the paper focuses on data analysis, and she finds that the racial distribution of birth control use did not become significantly more equitable in the eleven-year period.[[9]](#footnote-9) Although Burgard offers several possible explanations for why this could be, these explanations come as suggestions in the last section of her paper, rather than a point of analysis.[[10]](#footnote-10) A historical lens on changes in reproductive health would complement and strengthen existing scholarship that focuses heavily on data. A historical analysis that explores the narratives illustrated in primary sources allows for more nuanced and in-depth conversations about why the data looks the way it does. I hope that adding to the scholarship around healthcare during the transition away from apartheid with a historical analysis focusing on reproductive justice advocacy will help define the political actors responsible for the patterns in data and explain changes and continuities in the data.

Despite the lack of historiography around these specific years, there is a great deal of historiography around reproductive healthcare in South Africa more broadly.[[11]](#footnote-11) The works most relevant to my analysis focus on reproductive healthcare in South Africa beginning in the 1970s. The 1970s marked the establishment of centralized government policies to encourage family planning, which greatly reflects the landscape of South African reproductive healthcare in the early 1990s.[[12]](#footnote-12)

One of these works, Emily Callici’s article “‘Injectable Development’ Depo-Provera and the Creation of the Global South,” explores the history of Depo-Provera as a form of birth control. Depo-Provera was illegal in much of the global north due to health risks and side effects, but encouraged by “a network of donors, population control advocates, and pharmaceutical companies” as a form of birth control for women in the Global South.[[13]](#footnote-13) Doctors concerned about a “population bomb” emphasized overpopulation as the root cause of poverty and Depo-Provera as the saving grace of women in the Global South.[[14]](#footnote-14) Medical professionals justified lower standards of care for women in the Global South by explaining they would have greater efficiency “prevent[ing] much maternal morbidity and mortality by the prevention of a large number of unwanted pregnancies (and criminal abortions)” by skipping the medical examinations that women in Europe and the United States were required to get before taking Depo-Provera.[[15]](#footnote-15) The history of Depo-Provera contextualizes the primary sources around advocacy, as it explains why Depo-Provera was the primary method of birth control available to women in South Africa and why women experienced concerning side effects. The history of Depo-Provera also contributes to the mistreatment of women of color seeking reproductive healthcare.

Although Callaci’s research touches on many of the same healthcare concerns that my primary sources address, her analysis focuses on the perspective of the donors and medical professionals encouraging Depo-Provera in the Global South and therefore does not differentiate between countries in the Global South politically or culturally. The history of apartheid creates a truly distinct racial environment in South Africa which adds elements to the discourse around racialized reproductive healthcare that cannot be captured in a broad discussion of the Global South. Additionally, Callaci explores the pronatalist, anti-Depo-Provera movement that formed as a backlash to its use in the Global South.[[16]](#footnote-16) While this activism certainly contributed to the activism I explore twenty years later, the anti-Depo-Provera movement was a loosely affiliated group bound only by pronatalist beliefs that included Catholic clergy, African nationalists, and traditionalists concerned with sexual promiscuity.[[17]](#footnote-17) By focusing my work on activists primarily concerned with the health and agency of the individuals using birth control, rather than just the use of birth control, I am able to explore a more cohesive movement with entirely different motives.

In “Medical History of Abortion in South Africa, c. 1970-2000,” Rebecca Hodes undertakes an extensive and nuanced historical analysis of abortion in South Africa at the end of the 20th century. She addresses the changes in policy from the apartheid government to the post-apartheid government.[[18]](#footnote-18) Her sources are very technical, as she focuses on interviews with medical professionals and discourse in medical journals.[[19]](#footnote-19) She also addresses the policy changes around abortion, but this is also through a very technical lens analyzing legislation.[[20]](#footnote-20) I will discuss many of the same events and issues as Hodes, but through a different lens, with a focus on the experiences of the individuals using reproductive healthcare services and advocating for reproductive justice.

Finally, I find it notable that almost all the scholarly work on this subject was created by women. In the next section of the paper, I will discuss how many of the reproductive resources were directed only at women, and how activists struggled to have their concerns taken seriously by men, even male activists. It is outside of the scope of my paper, but I am interested in how this dynamic is reflected in the scholarship today.

Through a variety of primary sources, I have isolated three main aspects of reproductive justice activism during the years of transition in South Africa from the pro-apartheid government to the anti-apartheid government. First, there was a consistent effort in the knowledge production around medical practices and women’s health. This information was accessibly disseminated to South African women, especially women of color, through periodicals focusing on women’s issues and activism. At the same time, there was a reframing of the discourse around reproductive health in response to changes in government. Activists aimed to integrate the issue of women’s health into a wider activist platform and change the negative perception around contraceptives and abortion, which had been tainted by their use as tools of forceful white supremacy. Lastly, women organized and directly petitioned the government to assert their needs during this time of rethinking South African policies. Although there is plenty of primary scholarship during this time period analyzing trends and policies, I am focusing on periodicals and petitions since written materials were created or consumed by a wide range of South African women, and reflect a more colloquial discourse on the topic.[[21]](#footnote-21)

In a July 1975 issue of *Reality Magazine*, Marjorie Dyer published an article titled “The ‘Legalisation’ of Abortion in South Africa.”[[22]](#footnote-22) Although this article appears fifteen years before the time period I am analyzing, it provides a necessary comparison point for the continuity of activism in the early 1990s. The appearance of this article in response to South Africa’s Abortion and Sterilization Bill of 1975, which would greatly restrict access to abortion in South Africa, illustrates that periodicals were established as a platform for reproductive justice long before the activism of the 1990s. *Reality Magazine* describes itself as “A Journal of Liberal and Radical Opinion,” and the other articles in the magazine also address political topics such as the intersection of government and religion and how South African history should be taught in schools. The issue contextualizes all the activism that laid the groundwork for the changes in the 1990s. In Dyer’s article, she blames the “apathy and ignorance of South African women” as “the main obstacle in the path of a realistic attitude to abortion” and highlights the need for political advocacy and collective action.[[23]](#footnote-23) Clearly, she is conscious of the need to educate and mobilize women, and she sees a magazine as the right platform to do that.

Dyer’s article clearly outlines and explains the effects of the Abortion and Sterilization Bill of 1975. Crucially, she explains that this bill is much stricter than the original draft from 1973 as the bill “virtually excludes abortion on psychological grounds” and gets rid of the exception for girls under the age of sixteen.[[24]](#footnote-24) She then details the dangers of illegal abortions, and the difficult process of getting an abortion if the bill were to pass.[[25]](#footnote-25) Dyer’s creation of materials that educate a wider population on health issues and political issues is very consistent with the later activism of the 1990s. She brings attention to the risk to women’s right to abortion, then clearly explains the consequences and dangers associated with an abortion ban. The legal status of abortion was already an issue South African activists were fighting for.

It is also notable that, along with emphasizing women’s health, Dyer describes abortion as “a most constructive and significant weapon against our overwhelmingly high population growth.”[[26]](#footnote-26) Although Dyer does not mention race specifically, she mentions the advantage of fewer children being born into poverty, as that has a “direct influence on criminality,” a racially-charged stereotype that is associated with the Apartheid government’s goals of reducing Black population growth.[[27]](#footnote-27) There is no information available on Dyer’s ethnic or national identity, but no matter her identity, this history of harmful ideology contextualizes much of the suspicion around reproductive health with which later activists must contend.

Helen de Pinho’s 1993 article on “Post-Coital Contraception and the ‘Morning-After’ Pill” highlights the continuity of empowerment through sexual education circulated by periodicals. The article appears in *Agenda: Empowering Women for Gender Equity*, a magazine that began in 1987 and “facilitates dialogue and debates between academic gender researchers, activists within the women’s movement and other segments of civil society.”[[28]](#footnote-28) Pinho explains that “[e]ffective post-coital contraception (PCC) has been available since the mid-1960s,” but “has not been widely advertised and few women are aware of its existence.”[[29]](#footnote-29) By describing what post-coital contraception is, how it works, and how it is inserted, Pinho is contributing to knowledge production that helps give women agency in their healthcare.

In another article from the same 1993 issue of *Agenda*, Desiree Lewis and Elaine Salo highlight why producing and publishing information about reproductive healthcare options and policies is crucial work. In “Birth Control, Contraception and Women’s Rights in SA: A Cape Town Case Study,” Lewis and Salo interviewed eighty-five female birth control users from Heideveld, “a coloured township in Cape Town,” most of whom used state-run clinics.[[30]](#footnote-30) They found that not only were women not given agency in their healthcare decisions, but in many cases, they did not even have the information to know what care they should be receiving. For example, Lewis and Salo found that “[a]lthough 75 percent claimed to have been given choices and explanations, 67 percent revealed a knowledge of less than half of the birth control methods availabe [sic].”[[31]](#footnote-31) This gap illustrates the importance of articles like Pinho’s, which give women of color the knowledge they need to be better advocates for themselves in a system that is not working for their benefit. Lewis and Salo also noticed a “total respect for medical knowledge and a belief in the infallibility of medical prescriptions and sources” among the women they interviewed despite “negative responses to certain methods, general unease with the methods they use, or knowledge of women who had experienced problems with specific methods.”[[32]](#footnote-32) By adding to the discourse around both healthcare options themselves and the treatment of women receiving healthcare, Lewis and Salo emphasize that patients should trust themselves and not allow medical institutions to intimidate them when advocacy is necessary.

Effective advocacy is especially crucial since Lewis and Salo provide evidence to show that state-run health services providing contraception to women of color were not primarily concerned with the health and agency of their patients. Lewis and Salo point out how many researchers have explored the “sinister availability (compared with other health services) of contraceptive services for blacks in South Africa” because of the “state’s interest to limit the black population increase.”[[33]](#footnote-33) Lewis and Salo go on to explain that “state attempts to control black population growth as systematically as possible” were the direct cause of the government-run birth control program that began in 1974.[[34]](#footnote-34) The accessibility of birth control compared to other types of healthcare is notable, since it proves women of color’s health is not a priority for the South African government. If it were, the government would also be ensuring access to maternal healthcare, information about breast cancer, and other health services specific to women. However, Lewis and Salo specify that access to birth control is a departure from policies for other types of healthcare, showing that the government’s goal is only to prevent Black population growth.

At the same time that South African magazines were providing crucial medical information, they were reporting on the fight to change the discourse around contraception and abortion in light of the independence movement and the gradual end of apartheid. Two articles from the June 1991 issue of *Critical Health* illustrate this change. In one article, “Family planning as a human right in South Africa,” Beverly Oskowitz and Stephanie Moore examine the importance of distancing the discourse around family planning from the history of population control in the Global South. Instead, Oskowitz and Moore emphasize the right to “reproductive self determination,” the “benefits of access to information, education, and the means to freely exercise this right,” and policies that would bring this right to fruition in South Africa.[[35]](#footnote-35) They also mention that the right to reproductive self-determination has been acknowledged by the United Nations, which had denounced apartheid policies since the 1970s.[[36]](#footnote-36) By detailing goals for reproductive healthcare with an emphasis on self-determination, Oskowitz and Moore are contributing to a new vocabulary and discourse around birth control that focuses on agency rather than population control. The magazine format offers a significant advantage over academic journals in spreading awareness. The wider dissemination of the information that reproductive self-determination is a priority of reproductive justice advocates can reduce the stigma associated with birth control stemming from its eugenicist history.

In the following article in this issue of *Critical Health*, “Our Bodies, our Lives: Women, Health, and the Workers Charter,” Kate Truscott, a member of the Worker’s Organization for Socialist Action, outlines the gender-related issues discussed at the 1990 Cosatu Worker’s Charter conference. The goal of the conference was to “[put] forward clear working-class demands for inclusion in a new constitution.” The conference had a gender commission that underscored the importance of male solidarity and pointed out that “all too often at trade union conferences [men] would smile and snigger when ‘women’s issues’ were raised.”[[37]](#footnote-37) Truscott emphasizes how both campaigns for women’s rights and workers' unions would be more successful if workers' unions were to “launch a major campaign on reproductive rights as a way of building women’s support.”[[38]](#footnote-38) Truscott then goes on to describe the overlap between women's issues and workers' issues. Truscott is strategically using her article as a way to place the fight for reproductive rights in the discourse on workers' rights and progressive reformation in the new South African government.

Finally, primary sources from a crucial moment in South Africa’s transition to a new, anti-apartheid government—the drafting of the Interim Bill of Rights—provide unique insight into how activists organized and attempted to secure the right to abortion in the Interim Bill of Rights. The University of Witwatersrand Women’s Health Project, the Women’s Legal Status Committee, and The Women’s Lobby all sent petitions in the summer of 1993 emphasizing the necessity of abortion as a fundamental right.[[39]](#footnote-39) The petitions from the University of Witwatersrand Women’s Health Project and the Women’s Legal Status Committee contain detailed information about the importance of legal abortion, including reasons contraception is not always enough and data revealing that “legal abortion reduces the total number of abortions.”[[40]](#footnote-40) The information sections of these petitions demonstrate that even when activists are writing directly to the government, rather than to inform the public, they still see education as one of the most important parts of their platform. It emphasizes the internalized belief that education about reproductive health will always be beneficial to women’s rights. The University of Witwatersrand Women’s Health Project asks that if the Technical Committee on the Interim Bill of Rights will not add abortion to the Bill of Rights, they should at least mention the issue needs to be further debated, so anti-abortion activists cannot take this silence as a definitive answer that abortion is not a constitutionally protected right.[[41]](#footnote-41) This strategic concession is less ambitious than much of the informational writing distributed to the general public by activists. In this case, political compromise as a form of damage control must have taken precedence over gaining support by outlining ideal government policies and healthcare institutions. The multitude of women’s groups sending similar letters shows the emphasis on collective action during this time.

In the 1990s, as sweeping social and political changes took place across South Africa, advocates for reproductive justice continued the educational work they had been engaged in since the 1970s, reframed the conversation around contraceptives as a conversation around agency rather than population control, and rallied for constitutional protection of abortion by the new South African government. This snapshot into a specific moment in activist history sheds light on work that has been done across the globe for generations and the unique ways it took shape in this specific geographic and historical context.

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