The Department of Social Development (DSD), in partnership with the Critical Studies in Sexualities and Reproduction Research Programme, Rhodes University, the Sexual and Reproductive Justice Coalition and the International Campaign for Women’s Right to Safe Abortion officially opened the international conference titled Abortion and Reproductive Justice: The Unfinished Revolution III in Grahamstown.

The conference, attended by 285 delegates from 26 countries across the globe, builds on the two previous conferences that were held in Canada in August 2014 and in Northern Ireland in July 2016.

The programme themes for the conference are:

- Health systems, histories of abortion, and abortion politics
- Education, interventions and treatment
- Theory and methods in research
- Social contexts and communications
- Activism and advocacy

Jacques van Zuydam, the Chief Director of Population and Development at DSD, opened the conference and affirmed the South African Government’s position on reproductive justice.

"Madam Chairperson, Deputy Vice Chancellor, distinguished delegates.

When you made your plans to travel to this conference, you were coming to Grahamstown. But when you arrived, you arrived in a town that is now called Makhanda. Graham was a brutal enforcer of colonial rule in this part of the world. Makhanda was a freedom fighter. As we open this conference, this local transition should remind us that with colonialism and subsequently apartheid came laws that institutionalised gender inequality, laws that restricted women’s reproductive rights, and laws that out-lawed abortion.

But as much as it took us 24 years to change this town’s name, we are also mindful of the fact that, after more than 20 years since the democratic South Africa entrenched sexual and reproductive rights and the right to bodily integrity in its Constitution, and adopted legislation that provided for the right to choose to terminate a pregnancy, we are still struggling to enable women to live these rights. Such is the legacy of colonialism and apartheid, which deeply entrenched itself into our society.

Indeed, as the conference theme says, the revolution is unfinished.

Madam Chairperson, the government of South Africa is very proud to be a partner in hosting this conference. When we evaluated progress with the implementation of the ICPD Programme of Action in South Africa in 2014, we found that many challenges remained in our endeavour to realise the full sexual and reproductive health and rights of our people. Many challenges were identified in the delivery of services that are essential for sexual and reproductive health. But equally, persistent gender inequality in the economic, social and private spheres continue to undermine the sexual and reproductive rights of women. Hence, South Africa’s Cabinet decided in 2015 that SRHR must be one of our country’s Population Policy priorities. This specifically included the sexual and reproductive health and rights of adolescents, and a recommendation that a reproductive justice approach should be developed to guide our work in all spheres.

When the CSSR won the bid to host this year’s conference, we saw it as a fantastic opportunity to learn more about reproductive justice, and to learn from all the experiences that you have gained across the world. We also saw it as an opportunity for the academic research community, civil society organisations, and the government to work together to collectively achieve more than what we would have been able to do if we all just worked in our own corners. The conference is however not going to be the only result of our collaboration. It must be the start of something more, bigger, transformative and, I believe, revolutionary, to fully achieve reproductive justice for all the women of South Africa, Africa and the world.

The government that I represent was elected to continue to fight this struggle, as well as to advocate globally, for the full realisation of all women’s rights, including the right to sexual and reproductive health and justice. We are committed to do our best to contribute to finishing the unfinished revolution.

We wish you fruitful deliberations over the next four days, and a pleasant stay in this beautiful town of Makhanda, in the friendly Province of the Eastern Cape.

Thank you very much."
Prof Cathi Albertyn, Professor at the Wits School of Law, speaking at the Abortion and Reproductive Justice Conference opening, reminded delegates of the journey South Africa has traveled when it comes to reproductive justice dating back to the 1970s. She spoke about her work in claiming and defending abortion rights in South Africa.

In the early 1990s, the South African transition to democracy created space for women to make successful claims for equality and reproductive choice in the new constitution and in the law. South Africa was not alone in recognising reproductive rights, as many constitutions of the ‘third wave’ of democratisation in Africa and South America paid particular attention to women’s rights.

In countries such as Colombia, Uruguay and South Africa, this provided a conceptual framework for differing levels of abortion law reform in parliaments, courts and practice. However, South Africa arguably stands out for the robust nature of its formal rights framework and has been globally praised for the substantive protection given to reproductive rights in its 1996 Constitution, and its Choice on Termination of Pregnancy Act, 92 of 1995, (CTOPA). This transformed the legal framework for abortion from limited access, defined by race and class and policed by medical necessity and the criminal law, to a rights-based framework that effectively enables abortion on request up to 20 weeks of pregnancy.

In this article, I argue that the rights framework established in the early 1990s was driven by both feminist and public health concerns, and had significant transformative potential in shifting public norms of women, reproductive choice and gender equality; as well as establishing an enabling framework for implementation of the CTOPA; and finally providing safe legal abortions for a growing number of women.

Disappointingly, in recent years, these advances have been pushed back in the face of a declining health-system, pervasive stigma and normative resistance, a less visible non-governmental sector and unclear political will. It is little surprise to learn that poor, black women have borne the brunt of this, once more putting their lives and health at risk in unsafe backstreet abortions. On the first part of this article, to contextualise these developments, I describe the meaning of abortion under apartheid and the dominance of pro-life, medical necessity and conservative moral narratives, before turning to the achievements triggered by the transition to democracy in the early 1990s.

I identify these conditions that enabled the substantive constitutional and legal changes of this period and the multiple narratives that surrounded them. As a result, I suggest that the feminist narratives on abortion capture an incipient and transformative rights framework of reproductive justice that is a significant gain, despite the ebb and flow of actual protection. This idea of reproductive justice lies in a mutually reinforcing and substantive relationship between freedom and equality, which requires careful attention to the social, economic, legal and political conditions that limit or enable reproductive choice, especially for the most vulnerable and marginalised women.

On the second part, after discussing the enactment of the CTOPA, I turn to the nature and scope of progress under the CTOPA over the past twenty years. At this point, I consider the important advances in access to safe terminations for women."
Deborah Ewing  
Advocacy Manager for the Aids Foundation of South Africa  

Q: Why are you at the ARJC?  
A: We are doing the advocacy around sexual and reproductive rights in Eastern and Southern Africa, in particular. We are here at the conference to help build networks and strengthen the movement for comprehensive Sexual Reproduction Health and Rights (SRHR) for everyone by linking up with other people who are involved in advocacy and in providing services around abortion and reproductive justice. Our objective is to share information, invite people to join the network and to make rights that exist in South Africa become real for all girls and women as well as boys and men. We would also like to see how we can work in solidarity with SRHR activists and practitioners in other countries where their legal framework is not supportive of access to safe abortion even though all of these countries have signed these legal commitments to make safe abortion available. We are trying to bridge that gap between what is on paper and what is happening in reality.

Ferfid Abubeker  
World Health Organization: Ethopia Representative  

Q: Why are you at the ARJC?  
A: Participating in the conference has made me realise that women’s rights to free abortion are violated globally. I am here to learn how can we better advocate for safer abortion services in communities and efficiently provide quality service to those in need of information about the regulations from different countries and the different programmes that are working to support women with safe abortions and the impact these programmes have in their communities. This week, I’m hoping to engage with multiple delegates and leaders and to understand their ideas of procedures that support the pro-choice approach on women’s rights to freely access safe abortions.

Andrea Alexander  
Delegate from UCT African Gender Institute  

Q: Are you a feminist and if you are, what does feminism mean to you?  
A: Yes, I’m an intersectional feminist. Intersectionality speaks to understanding power relations that exist in the world we live in. It is about the relationship between race, class and gender. Whenever we do feminist work, we take into consideration those power relations that govern our existence. To me, feminism means freedom for not only women, but all bodies because the feminist movement seeks to fight against patriarchy. Feminism is not a movement only for women, but for all bodies especially because patriarchy affects males as well and feminism is also about social justice which allows people to be free about who they are. Our main mandate as the Young Women’s Leadership, is to fight for sexual reproductive health drugs. Abortion rights fall under that category.

Ariana Munsamy  
Delegate from UCT African Gender Institute  

Q: Are you a feminist and if you are, what does feminism mean to you?  
A: I identify as an intersectional feminist. I also identify a queer, so my feminism is informed by my lived experiences as a queer person, these being the everyday experiences of oppression from different structures. On every single level including law and jurisdiction. The way people live their everyday lives! To live through feminism is to live in a more equal way and not to be bound by your gender.
Abortion procedures

- Abortion is the voluntary ending of a pregnancy.¹
- There are two main methods of safe abortion: medical abortion, where medication is used to end a pregnancy, and surgical abortion, involving a medical procedure performed by a trained professional.
- Abortion is safe when it is performed by a trained provider under sanitary conditions in the case of surgical abortion, or when a person has access to high quality medication, information and support to undergo a medical abortion.¹ Safe abortion is safer than giving birth.¹ (See Appendix 1: Common myths about abortion for more details on health myths.)²

Legal restrictions on abortion

- Restrictions on abortion exist around the world. These are laws or regulations, defining who can have an abortion, who can provide an abortion, when an abortion can be provided and under what circumstances.³
- Most countries restrict access to abortion in some way, however the extent of these restrictions varies widely from country to country. In some countries, abortion is highly restricted and accessible under only a few circumstances such as if the pregnancy is the result of rape or if the pregnant woman's life is in danger. In other countries, the range of circumstances under which women can access an abortion is much broader, for example for socio-economic reasons.
- However, it is important to note that in many countries there is a difference between what the law states and how it is applied in practice. For example, abortion may permissible under the law, but in practice a lack of awareness of the law and/or too few trained providers results in abortion services not being easily available or accessible.
- Laws and policies that prevent access to abortion do not reduce the rate of abortion: instead, they often increase the number of unsafe abortions that occur, which are associated with higher incidence of injury and in some cases, death.⁴
- Laws and policies that facilitate access to abortion do not increase the rate of abortion. Instead, as people are better able to access safe abortion services, the number of abortions that are unsafe decreases.⁵,⁶

Abortion as a human right

- At the 1994 International Conference on Population and Development, 179 governments agreed that free and informed decision-making about pregnancy and childbirth is a basic human right.
- Access to safe abortion is often not viewed as a human right in many societies. However, abortion is firmly associated with a number of established human rights, including the right to autonomy and bodily integrity. Denying women access to abortion services is a violation of these rights.¹ It also prevents women from exercising choice and control over their reproductive health, which may reinforce gender-based discrimination.
- United Nations human rights monitoring bodies are increasingly urging governments to ensure women’s ability to access safe abortion and post-abortion care in accordance with existing laws, and to review legal restrictions on abortion because of potential conflicts with human rights commitments.

Abortion as a public health issue

- Abortion is a common reproductive health experience. Most women around the world will be sexually active and fertile for up to 40 years and therefore may want to (and have a right to) control if and when they have children during this time.
- Globally, approximately 41 per cent of all pregnancies are unintended.³ This means that approximately 85 million women each year will experience an unintended pregnancy.
- Individuals may struggle to access contraceptive information and services, choose not to use it, or experience contraceptive failure as no method is 100 per cent effective. IPPF advocates for better access to contraception, education, and support for parents and those choosing adoption, but even with these
- in place there will always be a need for abortion.
- If those who do not want to continue with a pregnancy are unable to access an abortion through safe and legal means, many of them will likely access an unsafe abortion.³ Each year, an estimated 22 million unsafe abortions occur resulting in the death of 47,000 women and injury for an additional 5 million women.⁶
- Almost every death and injury as a result of unsafe abortion is preventable through the provision of safe abortion services.

Abortion and young people

Young people who are pregnant, and in particular those who are unmarried, often feel that they will be stigmatized whatever choice they make, whether that is to have an abortion or continue with the pregnancy.

According to the World Health Organization, complications during pregnancy and childbirth are the second most common cause of death among 15-19-year-old girls and every year, approximately 3 million girls aged 15 to 19 undergo unsafe abortions.⁷

Young people can face specific barriers to accessing abortion services. They relate to:

- Capacity: A young person may be considered by their parents, guardians or service providers to be incapable of making informed decisions about pregnancy due to their age and/or social status. This lack of recognition of young people’s rights can create an environment in which young people are refused abortion services, made to feel uncomfortable accessing them, or are required to provide parental or spousal consent in order to do so.
- Compounded stigma: As young women in many societies are discouraged from having sex until they are older and/or married, they can face additional stigma when seeking abortion and contraception services as it indicates that they are sexually active.
- Law: Laws and policies relating to sexual and reproductive health services (such as contraception and abortion) can often be more restrictive for young people (e.g. by restricting services to individuals over a certain age or requiring parental or spousal consent). Even where laws and policies are less restrictive, they may still be interpreted in a more restrictive way by service providers when working with young people.
- Lack of access to services: Young people need quality services which are accessible and appropriate to their needs and address specific barriers they may face (e.g. payment of fees or ability to attend during clinic operating hours).
- Lack of information: Young people are often not familiar with what an abortion involves, the abortion laws in their country, or where they can go to access youth-friendly abortion services. Stigma around abortion can lead to a lack of practical understanding about how to access safe abortion services, and confusing misinformation about the safety of contraception and abortion.
ARJC in Pictures

The Department of Social Development in partnership with the Critical Studies in Sexualities and Reproduction Research Programme, Rhodes University, the Sexual and Reproductive Justice Coalition and the International Campaign for Women’s Right to Safe Abortion are currently co-hosting an international conference titled: Abortion and Reproductive Justice: The Unfinished Revolution III from 8 – 12 July 2018 in Grahamstown, Eastern Cape.
ARJC in Pictures
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ARJC in Pictures
ARJC in Pictures
In 2018 South Africa will mark the centenary of the life of Albertina Sisulu, a fearless champion of democracy and human rights. The centenary celebrations will run for the entire year and will be marked by a series of commemorative events.
THE YEAR OF NELSON MANDELA
CENTENARY
BE THE LEGACY

This year, South Africa will mark the centenary of the life of our nation’s founding father Nelson Mandela under the theme: “Be the legacy”. The celebration is a major milestone in the incredible story of Nelson Mandela and our nation’s journey.

The centenary celebration will extend across the continent and the globe as the former President was one of the world’s most revered statesmen. He was a central figure in the struggle for liberation from the unjust apartheid system to an inclusive democracy.

Nelson Mandela left an indelible mark on our society having laid the foundation for a united, non-racial, non-sexist, democratic and prosperous society. His legacy lives on in our commitment to ensure a just and fair society for all, including the rights to dignity and freedom of expression.

To celebrate Madiba’s life, we need to stay true to his ideals, including his unwavering commitment to justice, equality and a non-racial South Africa. All South Africans have a responsibility to promote freedom and defend our democracy in honour of Madiba’s life-long commitment to these ideals.

During his inauguration on 10 May 1994, Madiba outlined his vision for South Africa. He said: “We enter into a covenant that we shall build the society in which all South Africans, both black and white, will be able to walk tall, without any fear in their hearts, assured of their inalienable right to human dignity — a rainbow nation at peace with itself and the world.”

The 100 year anniversary of his birth is an opportunity to recommit ourselves to his principles and building the nation we envisioned at the start of our democracy. The centenary will be marked with a year-long series of awareness, educational, celebratory and legacy commemoration events. It will build up to main centenary celebration on the 18 July 2018 which is former President Nelson Mandela’s birthday.