

■ ORIGINAL ARTICLE

A Report on Illegal Abortions in Transkei Region of South Africa

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ABSTRACT

Background: The Choice on Termination of Pregnancy Act of 1996 (Act 92 of 1996) has so far had very little impact on criminal abortions in the Transkei region of South Africa. This raises the serious question why the women opt for an illegal abortion rather than go to designated legal abortion clinics which carry out safe abortions in South Africa.

Objective: To study the underlying reasons women prefer to go for an illegal abortion in Transkei region of South Africa.

Method: Two medical students voluntarily found out the facts regarding illegal abortions in Transkei region of South Africa. These students went to an illegal abortionist and then described in a student research assignment what they saw there.

Results: In 2015 two medical students consulted both a legal and an illegal abortionist facility in rural pretending to want an abortion. Their conversations were recorded. The legal clinic was not user-friendly, misbehaved with the girls, cast doubt on their confidentiality and took a long time to do the abortions, while the illegal abortionist charged money for their service, but they were quick and kept confidentiality.

Conclusion: Illegal facilities are more user-friendly and ensured confidentiality which leads to women going to an illegal abortionist instead.

Keywords | Abortion, Confidentiality, Illegal abortion, Abortion clinic.

INTRODUCTION

The Choice on Termination of Pregnancy Act of 1996 (Act 92 of 1996) has had no impact on criminal abortions in the Transkei region of South Africa.¹ The Act permits abortion to be done legally but there is no significant difference in criminal abortion before and after the Abortion Act of 1996.⁴

When women with unwanted pregnancies do not have access to safe abortions, they often resort to unsafe abortions.² An abortion is unsafe when it is carried out either by a person lacking the necessary skills or in

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an environment that does not conform to minimal medical standards, or both.² An unsafe abortion can lead to immediate health risks, including death as well as long term complications, affecting women's physical and mental health and wellbeing.² A gap remains between the legally enshrined rights of women and their actual access to legal and safe abortions. The supply of and the demand for unsafe, illegal abortions thrive on this divide, mostly in the region where people are illiterate.³

There is no shortage of literature on fetal death or dumping in dustbins. The medico-legal investigation requires in this care but generally end up without any conclusion.⁵ The purpose of this report is to highlight the problem of illegal abortion through a face-to-face deal with illegal abortionist in their facility.

METHOD

Two students voluntarily chose to find out about legal and illegal abortions by visiting two sites. The legal abortion site was in a hospital where it was not difficult to get access as they were medical students, but the illegal abortion place was difficult to access

and gain information from it. They planned a strategy. Within two days they managed to find first-hand information about illegal abortion site. One student became a client (using an informer) of abortionist and the other became her friend to accompany her. The conversation with the illegal abortionist was recorded, and the site was visited. The description of how they carry out an abortion was recorded. The students also interviewed a 15-year-old girl who was a client of the illegal abortionist. This was carried out by medical students voluntarily keeping full confidentiality and ethical values in their mind.

RESULTS

Verbal communication recorded at the illegal abortion clinic with informer and illegal abortionist is as follows: They went as students into town to look for different advertisements. One student pretended to be pregnant, while the other pretended to be her friend. A large number of posters are displayed on the town's streets in the Transkei region of South Africa (Photograph 2). The students' conversation started by referring to the poster advertising abortions:

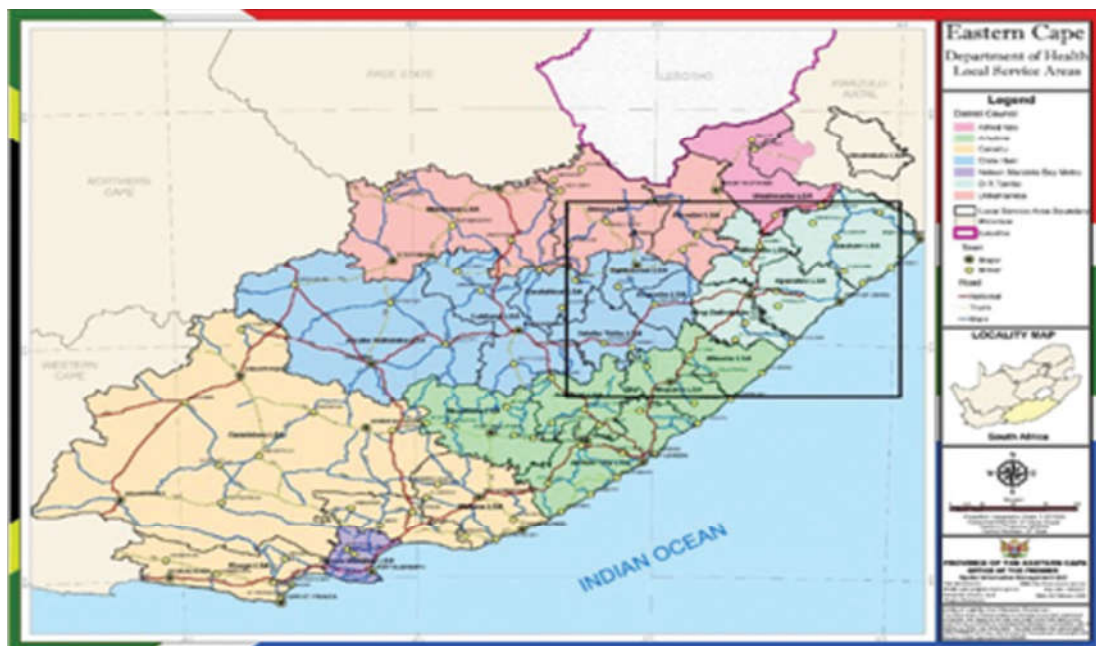


Fig. 1: Map of Transkei sub-region of South Africa population catered for by Forensic Pathology Laboratory indicated by a square.

Student: Hello, I saw your advert and I am interested in your services, but I want to know how the procedure is done and how much it is.

Guy: Okay, where are you so that we can talk?

“We then told the guy where we were, and he asked us to go and stand by the entrance of the Bank on [enter name of street here lol]. He asked us what we were wearing, and we then went to where he had instructed us to go. He called us back using a different number. We located him and he led us into a dirty old building on the same street. We went up about two flights of stairs and we were led to a room on the corner. The door of the room was covered with a curtain and the door was locked. We went inside into a very dim room with a TV and some old sofas for sitting. The room was very small, perhaps about two metres across. Inside were sitting a man and a woman. The guy asked us to enter another very small room behind a curtain. This room had a blanket which was laid on the floor and next to it there were numerous small glass containers containing some powders and some candles. When entering this room, one had to take off their shoes. However, we refused to enter this room with the excuse that we wanted to know more about the procedures. After some small amount of convincing the guy finally allowed us to remain in the room with the sofas.”

We then asked about the procedure.

Student: Please tell me how the procedure is done and how long it will take.

Guy: We will give you one tablet to drink and we will insert another one vaginally.

Student: How will I know that the abortion has happened?

Guy: Trust me, you will know.

Student: But how?

Guy: Ey, I am telling you, you will just know

Student: Will there be any pain?

Guy: No, not really.

Student: Then what will happen that will show me that it has happened?

Guy: Okay, there will be a bit of pain but not too much.

Student: Are there any complications?

Guy: No, not really as long as you insert the pill correctly. That's why we prefer to do it ourselves.

Student: So, can I take the pills home and do it myself?

Guy: Yes, but you have to do it correctly.

Student: How much will it be?

Guy: How much do you have?

Student: I need to know the exact amount so that I can tell my boyfriend. He will be paying.

Guy: Well, I will talk to him. We can discuss the price.

Student: But I want to know the price.

Guy: Okay, I will be right back.

The guy then left us alone for several minutes and then he returned.

Guy: How many months?

Student: Three months along now.

Guy: Okay, that will be R600 including free womb cleaning.

Student: Okay then does the price charge according to the months?

Guy: Yes.

DISCUSSION

This is probably the first report of its kind that gives the real picture of illegal abortion. It is known to almost everyone, including the police, but there is no action. In Mthatha streets, nearly every street lamp, tree and on most walls, you will find adverts for “Safe and pain free abortion” by so-called doctors with the asking price of anything between R150 and R300.

These two students then called doctor M. According to the pamphlet that was handed to them by someone at Owen Street, the abortion could be done on the same day and would be painless. They then went to call on Dr M and spoke to someone who claimed to be Dr M's secretary. The abortion would cost R200. The person would not go into detail as to what the procedure would entail but did say the student would get some pills to make her numb. The next day when they tried to call Dr M, the number was not available.

They then managed to get hold of a girl who had had an abortion with Dr M. The girl was only 15 years old when she started having unprotected sex with her boyfriend. She was too scared to go to the clinic to get contraceptives because she thought that the nurses would shout at her. Her boyfriend did not want to use condoms because they were in a committed relationship. After about three months she found out that she was pregnant. Scared to tell her parents, she decided to have an abortion. One of her friends recommended that she try Dr M who could help her for only R200. She contacted him and he gave her two tablets, one to take immediately and the other to take after two hours. She says that after an hour she began to have severe period pain like cramps. She could barely walk but decided to also take the second pill. A day after while at school she again had cramps, but they were not as severe as the ones before. While in the bathroom she noticed that she was bleeding when suddenly she expelled what looked like a baby's head. After that she could not walk, and her friends called her mother who took her to the doctor.

In May 2015, the two students made a call to one of the abortion clinics, a so-called women's clinic. It also renders other services apart from abortion such as job promotion to get babies to be loved more. The informers could not find where the clinic was located, and met with two men only at a Shell garage. These men were the ones performing these abortions.

The information received from these two men indicated that they use a pill to do the abortion. A pill is given to pregnant woman, and the number of pills given depends on the number of weeks of pregnancy or the number of months the woman says she has not had a period. There is nothing they use to at least confirm the number of weeks of pregnancy. They rely on the information given by the pregnant lady. Because there were two informers who managed to speak to these men, the first informer had to pretend to be pregnant and the other informer acted as a friend who was accompanying the pregnant

one. The informer who pretended to be pregnant said she had missed her periods for two months, and then the men said that, because it was two months, she hadn't had her periods, then in her case she would get three pills to use. The route of administration would be one orally and two vaginally. It was indicated that they recommended giving the pills also vaginally because its mechanism of action would be faster compared to the one given orally.

The students could not get enough information concerning the pills, for example, the dosage and the name of the pills. The men indicated that they could still administer a pill to a woman who said she was about three, four, or five months pregnant. How these tablets would work is that they would cause vaginal bleeding, and the woman would feel as if she were having her period. The woman would bleed for a period of about three to four days. On the first day, the bleeding would be heavy and there would be blood clots also. From the second to the third day the bleeding would be lighter.



Fig. 2: One of the advertisement in the city of Mthatha.

The men indicated that when performing this procedure, a woman can do it either at their clinic or they can take the tablets to drink at home, as at home it is more convenient as they can take the tablets in their own time, and they wouldn't have to walk to home from the clinic. Seemingly most patients prefer that, and they themselves recommend that also to their patients.

From what these men said, most of their patients don't experience any complications, because they believe they treat their patients well. It was indicated that after the bleeding has stopped a woman must come back to the clinic to receive another pill that is used to clean the womb. They said that some women do come back for cleaning of the womb, and

some don't come back. The risk is that if you don't come back to clean the womb, you might get an infections and one of the advantages indicated for cleaning the womb is that it delays another pregnancy. The total costs of the pills amounted to R480.00 - R580.00 for the first three pills to perform the abortion and R100.00 for the cleaning pill.

There is always a danger with an illegal abortion as there is lack of immediate intervention if severe bleeding or another emergency develops during or after the procedure, and post abortion check-ups and care are also not provided. The data suggests that expanding access to safe abortions has reduced deaths from unsafe abortions by about 91% between 1994 and 2001, according to a 2008 letter to the South African Medical Journal.⁶

Illegal abortionists use unsterile instruments that might introduce foreign organisms leading to infection. Most people performing these abortions are not trained but they do them anyhow and this could lead to serious complications such as shock, air embolism, amniotic fluid embolism, deep venous thrombo embolism, disseminated intravascular coagulation and infection.

Illegal abortionists are in the hundreds and are scattered in almost all towns in the former Transkei region where they run their illegal practices. It is not difficult to catch them as they advertise openly. Their advertisements are on main roads where many important officials and politicians are passing through, but they keep their eyes closed to them. Who should put a stop to this illegal and dangerous threat to women health? There are lot of discussion on gender issues, and a month declared every year for the health of women in South Africa, but no one is prepared to talk about the issue of illegal clinics. Are the legal medical clinics not reporting illegal abortionists? What about law enforcement agencies? It is difficult to estimate how many women or young girls are dying of post-abortion complications. It always remains a

secret as they will never disclose to anyone. 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? From another perspective, are we training enough real health workers to fill the gaps in services that allow illegal abortionists to thrive?³

CONCLUSION

Illegal abortions are a public health issue and must be addressed as soon as possible in the Transkei region of South Africa. It is difficult to know how many illegal abortions are carried out each year and how many deaths occur because of them.

Government must take note of this situation, so that the noble purpose of the Abortion Act of 1996, which was promulgated by the honourable President Nelson Mandela to save the lives of mothers, could be fulfilled. Moreover, the legal abortion clinics must become more user-friendly to contribute more positively to addressing the problem.

UFMP

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