

“One reason I opted to render [abortion services] is because I saw women dying from back-street abortions. They came in with coat hangers hanging from their cervixes and lost their uteruses from sepsis. One case that will always be in my mind is a young girl who had shot herself in the abdomen to get rid of the unwanted pregnancy. I want to emphasize that we are saving lives.” (Thom 2003).

— Elizabeth Serobe, a registered midwife from Gauteng, South Africa

Background

In South Africa, abortion-related deaths have declined dramatically since the implementation of the 1996 Choice on Termination of Pregnancy (CTOP) Act. The Act established a woman’s right to safe and legal termination of pregnancy (TOP) upon request up to and including the 12th week of pregnancy and under certain circumstances from the 13th to up to the 20th week of pregnancy.

Before democratic rule, South Africa employed coercive sterilization policies and severely limited abortion. As a result, hundreds of South African women died and thousands more were treated for unsafe abortion-related complications during apartheid. Today, South Africa’s constitution declares that the state “may not unfairly discriminate on one or more grounds, including: sex, gender, pregnancy, marital status, age, and religion.” It also states that “the right for sexual and reproductive health and rights is grounded in a woman’s right to life.”

Based in Johannesburg, Ipas South Africa is currently the nation’s only nongovernmental organization that focuses exclusively on abortion care. In keeping with that unique role, Ipas South Africa will continue to support the government’s efforts to provide legal, safe, affordable and accessible woman-centered sexual and reproductive health care.

Much of Ipas South Africa’s work concerns the full implementation of the CTOP Act. With the legislation’s passage came an increased demand for TOP services; and in 2004, the South African government affirmed its commitment to the expansion of access to TOP services by amending the Act to permit nurses to provide first-trimester abortions and to expedite the designation of facilities certified to perform abortions. In 2008, the amendment passed by an overwhelming majority.

More than a decade after the CTOP Act, South Africa continues to grapple with the legacies of its “separate-but-unequal” system. Racial and regional disparities in health care, poverty, inadequate housing and high levels of sexual and societal violence still pose considerable challenges for the country. South Africa also struggles with reproductive health service-delivery issues, including high turnover of staff in facilities that provide abortions and cases managers acting as “gatekeepers” who illegally obstruct women’s access to abortion services.

Key accomplishments

- Since 1995, when Ipas began providing technical support for the national and provincial departments of health, Ipas South Africa has trained providers; conducted research on abortion care; organized and facilitated values clarification workshops for health-care workers, facility managers and policymakers; and distributed reproductive health technologies and information in all nine South African provinces.
- Ipas South Africa played a leading role in the designation of February as National Reproductive Health Month, which is being used to raise awareness throughout the country.
- In collaboration with University of Cape Town, Ipas South Africa conducted and published “Delays in seeking an abortion until the second trimester: A qualitative study in South Africa” in the journal *Reproductive Health*.
- In collaboration with national and provincial departments of health, Ipas South Africa conducted a national manual vacuum aspirator (MVA) access study to highlight MVA access in the public sector.
- Ipas South Africa played a critical role defending and implementing CTOP and the amendment bill, including disseminating a national strategic plan for implementation and a conscientious objection manual.
- Ipas South Africa expanded TOP services nationwide by working with two distributors and equipping TOP providers in both the public and private sectors.
- Ipas South Africa worked with other community-based organizations (CBOs) to increase knowledge about sexual and reproductive health and to expand access to safe abortion services, particularly among young women and other marginalized groups.

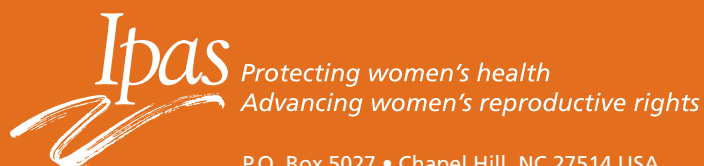
Statistic	Data
National population	47,900,000
Total fertility rate for women aged 15–49	2.7
Maternal mortality ratio (deaths per 100,000 live births)	400
Percent age of married women married aged 15–49 using modern contraception	60

What Ipas’s work means for women

In addition to providing technical support, Ipas South Africa strives to create an environment in which all men and women can enjoy the highest possible standard of sexual and reproductive health. Ipas South Africa’s programs benefit women by providing information and education about sexual and reproductive health and rights, allowing them to make informed decisions about their health, fertility and future.

Works cited

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