

# WATCHDOG



## youth coalition

### FEATURED ARTICLES

Global Day of Action  
for Access to Safe and  
Legal Abortion

Pg 3 Stigma

Pg 4 Abortion: Looking Beyond the Curriculum  
in Nepal

Pg 5 Mosquitoes and Politicians: During the Zika  
Crisis, Brazilian Politics Bite Women Harder

Pg 7 Forced to Flee

Pg 9 Experiences of Healthcare Providers in the  
Provision of Abortion Services in Malawi

Pg 10 The Stigma of Abortion and the Societal  
Expectations of Women in Kenya

Pg 12 Relic



Madonna  
Yağmur Araz  
24 | Turkey

# International Safe Abortion Day Watchdog



Around the world, people are prevented from speaking out about and accessing a vital healthcare service: abortion. This is especially true of marginalised and minority groups, such as youth and adolescents, people living with disabilities, economically marginalised people, those who live in rural or remote locations, indigenous peoples, sex workers, refugees, undocumented migrants, trans, gender non-conforming and queer people, and others.

These groups face multiple challenges in accessing abortion services and realising their rights. For example, mandatory parental involvement or spousal consent and notification laws and policies are barriers that prevent young people from accessing safe abortion care and put them at risk of violence. Such policies deny young people the opportunity to make decisions regarding their own bodies and lives.

Without safe, accessible and legal abortion services, people cannot realise their sexual and reproductive rights, and so many have paid the price: with their freedom, their health, even their lives. However, the compounding factors of stigma, discrimination and controversy over abortion lead to the erasure and silencing of marginalised groups in the abortion rights discourse. Indeed, these factors erase and silence most people, especially those who access abortion services, or those who want or need to access them but cannot. It is for these reasons that we must make space for diverse voices and stories as they speak out for abortion rights.

This Watchdog is authored, edited and designed entirely by young people. In it, you will find artwork, poetry, essays and videos from Malawi, Nepal, Turkey, India, Kenya, Brazil, Pakistan and Ireland. You will see, hear and feel the stories and emotions of the people most qualified to speak about abortion rights: those who use or provide the service, and those who can't access it.

Please note the content warning for the piece *Relic* on page 12. It is a very important and moving piece but please take heed that it contains accounts of sexual violence and rape.

We hope you will enjoy and learn from this edition of our Watchdog and we especially hope you will feel moved to action on this International Safe Abortion Day, and every day. A great start would be to share, like, discuss and comment on this piece of work. All of this contributes to breaking the silence on one of the biggest taboos concerning young people's rights today.

In solidarity,

Youth Coalition for Sexual and Reproductive Rights

## On the Cover Madonna

Yağmur Araz  
24 | Turkey

---

Mixed media, 70x100cm on paper



## The Power

Beatriz O. I. Rótoli  
22 | Brazil

## Stigma

Jonathan Brew  
28 | Ghana

*Why do you watch me with shock  
 The choices I make are mine.  
 I know what is right for me and what I stand for.  
 Why do you tag me with disgrace when all I meant to do was to protect my future  
 Why do you silence me when it is my right  
 Do you think your shame, discrimination and isolation would do any good to my future  
 You can say all that you want  
 You can curse all that you want  
 I believe the stands I take is greater than the tag of disgrace  
 My Life MY CHOICE  
 My life my future  
 This is my right  
 Save your words, your shock and your surprise for yourself  
 I have my future to protect and it's my right  
 I want to live a quality life and it's my right  
 My heart is filled with joy for I know my future is secured  
 My family My society it is time for change accept it  
 My family My society it is time for transformation embrace it  
 My family My society it is time to move along face it  
 The termination with no regrets*

# Abortion: Looking Beyond the Curriculum in Nepal

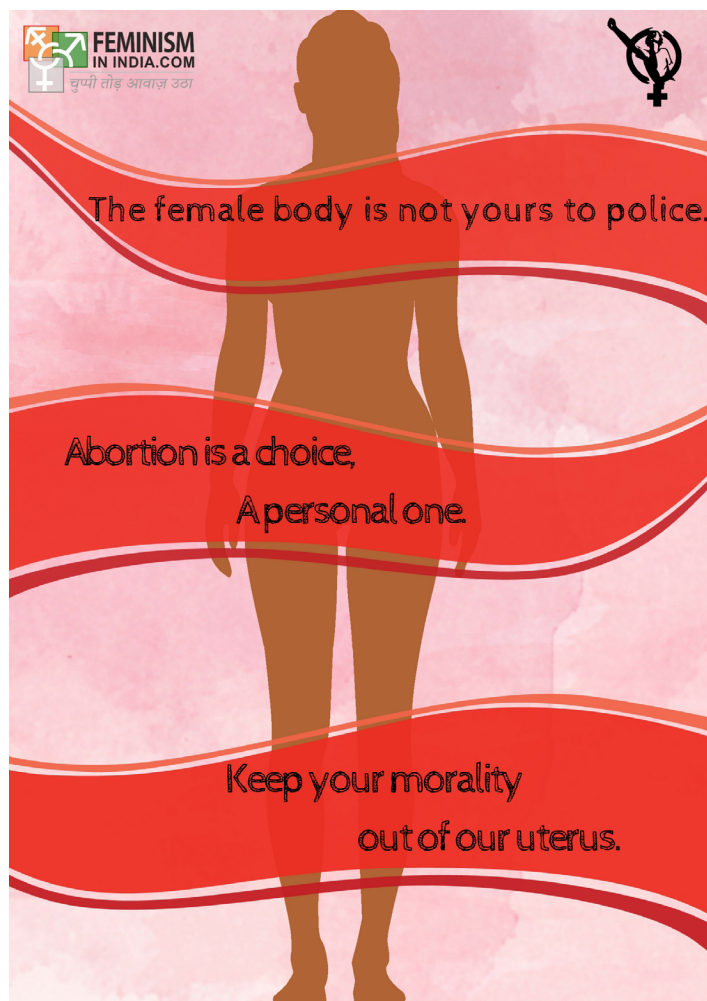
Shibu Shrestha  
21 | Nepal

Part of my job as a peer educator involves informing young people on components of sexual and reproductive health. One of the components that I cover is safe abortion and the legal policies on it in my country, Nepal. After completing a series of peer education sessions, I sat down one afternoon to have a nice, long chat with my sister who was a tenth grader. I was talking to her about the educational sessions I had taken, during which I had come to find out that most young people are unaware of the provisions of safe abortion in Nepal and where the services are available. This was a common scenario among the students of public schools. But what about private schools which are known to offer better quality education in Nepal? To find out about where private schools stood in this regard, I asked my sister about safe abortion. She had a vague idea about it but was completely clueless that abortion is legalized in Nepal. Her overall reaction was: “Wow! I did not know

Nepal had come this far in terms of providing abortion services.”

Abortion has been legalized in Nepal since 2002 -but how many people are actually aware of it? The students I had come across certainly were not. I can only imagine how many people of such age go about bearing unwanted pregnancies or undergoing unsafe abortive services simply because of a lack of knowledge of the law. Various medical institutions provide safe abortion services in Nepal. These institutions are certified by the government and bear a logo indicating it is a safe abortion service provider. Do young people know about it? The people I have come across definitely have no idea, even when the topic of safe abortion has been included in their curriculum.

I have observed first-hand the gap between the content meant to be covered in school and the amount of information actually attained by the students. The materials being taught have not been complemented with information on where such services are accessible and what they should do if they face such a scenario. Having been through the same educational system and now currently working as a peer educator, I can see how little information I had on the topic, and I am sure hundreds and hundreds of students feel the same. The question I ask repeatedly is whether merely including one to two pages of information on safe abortion will suffice in ensuring that these young people take up these options? Will it be enough to save the lives of young Nepalese women from being the victims of unsafe abortion? I fear the answer is no.



## Feminism in India

[www.feminismindia.com](http://www.feminismindia.com)

Feminism In India (FII) is an award-winning digital intersectional feminist platform to learn, educate and develop a feminist consciousness among the youth. It is required to unravel the F-word and demystify all the negativity surrounding it. FII amplifies the voices of women and marginalized communities using tools of art, media, culture, technology and community.

# Mosquitoes and Politicians: During the Zika Crisis, Brazilian Politics Bite Women Harder

Letícia Zenevich  
27 | Brazil

Renowned doctor Mahmoud Fathalla, after 50 years working in maternal health, was asked for the one prescription women needed most for their health. His answer: power. In Brazil, this is the one prescription we need to fight back against the Zika crisis. However, just like abortion pills, power is on the list of highly restricted medicines.

As word about the Zika epidemic spread last year, many people were called to speak out: doctors, politicians, epidemiologists, and policy and decision-makers. A plethora of professionals discussed the issue so that women themselves wouldn't.

Around the body of the pregnant woman a battlefield was produced. In the barracks, women found themselves in the midst of a shortfall of services and information. On the frontline, everyone else was deciding what the women should do and especially what they shouldn't. Now, with over a thousand cases of microcephaly confirmed, too little was done for them, and too much was denied.

In 2001, Walters and Avotry<sup>1</sup> investigated how discussions on women's health in the developing world have been predominantly shaped by the concerns of policy makers, health care professionals and other experts. They found that when women themselves are engaged in the projects, a different set of issues emerges which are often completely distinct from the experts' perspectives.

Following from this, Women on Web<sup>2</sup>, partnered with researchers to show, through statistical data, what Brazilian and other Latin American women wanted during the Zika crisis<sup>3</sup>. The results were clear: with an increase in demand for abortion of almost 110 per cent since the crisis was announced, women wanted the possibility of safe abortions.

<sup>1</sup> "We Women Worry a Lot About Our Husbands': Ghanaian women talking about their health and their relationships with men", Joyce Yaa Avotri and Vivienne Walters, *Journal Of Gender Studies* Vol. 10 , Iss. 2, 2001.

<sup>2</sup> Women on Web is an organization that provides information and access to safe abortions. See <https://www.womenonweb.org/> for more information.

<sup>3</sup> "Requests for Abortion in Latin America Related to Concern about Zika Virus Exposure", *N Engl J Med* 2016; 375:396-398. July 28, 2016. DOI: 10.1056/NEJMc1605389, available at <http://www.nejm.org/doi/full/10.1056/NEJMc1605389>

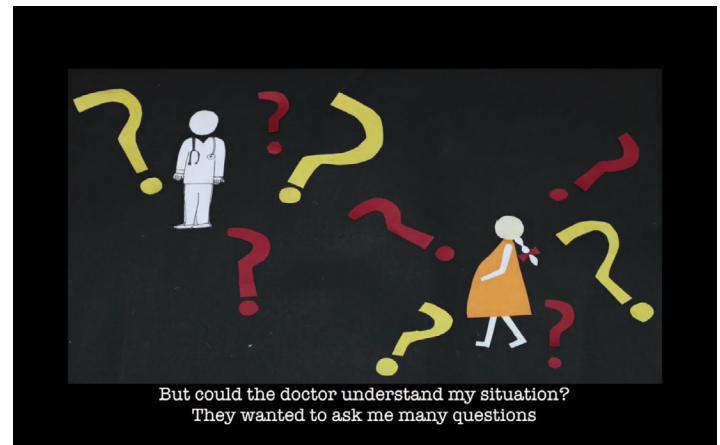
As well as this research, Women on Web answered countless emails from Brazilian women during this period. Many did not know whether they had Zika, but they saw what happened to those who had it: many were abandoned by their partners; all were abandoned by their state. They couldn't cope alone with the very personal burden of a global epidemic. Yet that's precisely what the state demanded from them. The ones who refused, the Brazilian state decided, should be locked up in jail.

A law proposal for harsher penalties for abortion in cases of microcephaly was developed in Congress. This project is not only cruel, but it underscores an absolute lack of knowledge on reproductive health from the persons legislating on it. Globally, the majority of all abortions occur before 12 weeks. However, at this gestation, it's impossible to know whether the embryo will develop microcephaly. The law only aims at triggering a witch-hunt to hide the absolute historical neglect of the Brazilian state towards vulnerable communities where Zika hit hardest.

By portraying desperate women looking for a choice as monsters, the state allows itself to treat them monstrously. And this has always been the case.

After the very sexist coup in Brazil took place, the government plan is to reduce access to the health system. For now, Zika-affected pregnant women who seek abortions can choose to violate the law or to be violated by it.

In Brazil, women fear the Zika virus. But they fear their politicians even more.



## सुनी अनसुनी (Heard Unheard)

Ankita Rawat, 'Roles, Camera, Action'

27 | India

*Full video can be found on YouTube*

Ankita is a Youth Champion Initiative Fellow and is currently leading the project 'Roles, Camera, Action' in Delhi with in and out of school adolescents and youth, which provides comprehensive sexuality education, sexual and reproductive health and rights information, as well as technical training on digital story telling.

*"Here is one of the links of our films, made by 16 youth leaders from low resource communities on the issue of lack of youth friendly sexual and reproductive health services in India. This short film shows the experience of a young unmarried girl from a low resource background that is denied access to abortion services by a doctor because of her unmarried status. This film also shows the violence one faces being pregnant outside of marriage in the society."*

This project is supported by the Public Health Institute and the David and Lucile Packard Foundation.

# Forced to Flee

Alice O'Connell  
24 | Ireland

---

When I left Ireland, 2 years ago this August, it was with a heavy heart. Although I was moving to the Netherlands to pursue my Masters in International Law and indeed always wanted to explore life in a different legal and cultural environment, I can't say that I necessarily felt proud to be Irish.

I left the country one month after "Miss Y", a young asylum seeker who fell pregnant as a result of being raped, was denied an abortion despite stating that she would "rather die than have this baby". When she initiated a hunger strike, the Health Service Executive obtained a court order to forcefully rehydrate and sedate her. On the 6th of August 2014, while I was boarding a flight to Amsterdam, Ms Y was undergoing a caesarean section against her will.

At home in Ireland, abortion is unquestionably taboo. Despite the estimation that 12 women a day travel to the U.K in order to access terminations, abortion is not something that is discussed openly. If you try, as I have done on many occasions, you will be met with people averting their gaze, shuffling from foot to foot, amongst hushed mutterings of "Ah sure, 'tis terrible alright". Women of all ages, from all backgrounds, make the unbearably lonely journey to the U.K and other European countries every.single.day. A trip shrouded in secrecy and shame, involving pitiful glances and comforting words from doctors and nurses when they realise that you're the "Irish girl". Women fly back to Ireland, often on the same day as having had the procedure, and for

the vast majority of women, they remain silent. They have to remain silent. Here's why:

A 21 year old Northern Irish woman was handed a suspended sentence in April of this year having been found guilty of procuring her own abortion by using a poison, and of supplying a poison with intent to procure a miscarriage. Can you imagine having a criminal record because you simply wished to exercise your right to not to be pregnant?

Imagine it. This is the daily reality for Irish women back home. Fear of prosecution, fear of being found out, societal shame. It doesn't have to be this way and, while wonderful work is being done by abortion rights activists at home, the simple truth is that in Ireland a woman is a vessel and absolutely nothing more.

The theme of this article is about overcoming abortion related stigma. While I come from an incredibly liberal and supportive family, the same cannot be said for many women across the island. Overcoming the stigma simply isn't possible when women are forced to remain faceless, nameless and voiceless as a result of a cowardly and ineffective government who are unwilling to initiate change.

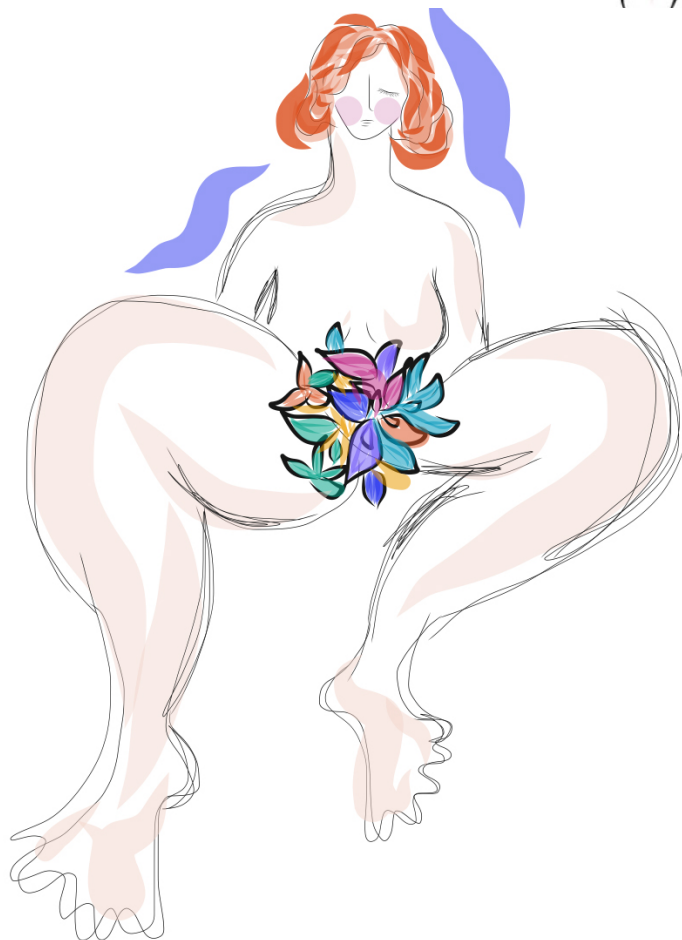
As long as Irish women are treated as a reproductive tool, abandoned and discarded by the government of Ireland, the Netherlands will remain my adoptive home.

# Peace

## Abortion

Yağmur Araz  
24 | Turkey  
Digital media

*"I'm not very good at expressing how I feel about abortion rights and that's the reason I chose instead to use art. All I can say is that while the majority of our society thinks that women do not have a right to abort, I have several friends who have had secret abortions. Drawing these women brought tears to my eyes. I find all the arguments over whether women should or should not have an abortion rather humiliating. It's a fundamental human right and we shouldn't even be talking about it anymore. I painted these women who are wise and strong and can CHOOSE to have an abortion without any reason or explanation needed."*





# Experiences of Healthcare Providers in the Provision of Abortion Services in Malawi

Louis Kabanga, Nurse and Midwife  
28 | Malawi

This is Bembeke Health Centre, a healthcare facility situated in a remote area of Dedza about 30km from the main district hospital of Dedza, a district located in the central region of Malawi. This facility serves a population of over 20,000 people, most of whom are youth. It is owned by the Catholic Health Commission, a member of the Christian Health Association of Malawi. At this facility, modern family planning methods are not provided due to Catholic ethics, which do not allow these methods of family planning to be provided in their health facility. This puts young people at greater risk of sexually transmitted infections and unwanted pregnancies.

A closer look at the antenatal clinic shows it is mostly patronized by youth as young as 14 years old. Those who come to the clinic are just a few among the large numbers of young people who become pregnant. Many get an abortion from unprofessional service providers and in turn report to the health facility with abortion complications. This is because in Malawi legal and safe abortion is restricted by the law. Malawian women, including young women, are only allowed to have a safe abortion when they are in danger of losing their lives due to pregnancy-related complications. This law is really punishing the youth who make up a large proportion of this country who hence resort to seeking unsafe ways of aborting their unwanted pregnancies. Because of this practice, many young people are losing their lives in the process of having unsafe abortions as most of them report to the health facility with complications at an advanced stage, in turn rendering hardships on us healthcare providers trying to save their lives.

Having seen these punitive laws that restrict people from exercising their health rights to legal and safe abortion, a concerned citizen group comprising both health and non-health professionals was formed called 'Coalition for the Prevention of Unsafe Abortion in Malawi' (COPUA). This group strongly advocates for the amendment of the abortion bill into law so that women and youth can access abortion services in hospitals freely.

As a health worker I strongly agree with the work of this group as lots of young lives are still being lost in accessing these unsafe abortions, which is a violation of their right to access health services. In support of this initiative, I have been personally conducting awareness



campaigns in various youth clubs in the district to mobilize young people to join the campaign. In this regard, I call upon my fellow health workers, youth, non-governmental organizations, churches and all citizens to take an active role in advocating for the amendment of the abortion bill into law so that all young people can freely access safe abortion in our hospitals.

**Remember: Legal and safe abortion is a right for all youth. Abortion must be legalized in Malawi.**

# The Stigma of Abortion and the Societal Expectations of Women in Kenya

Infographic and Essay by Marion Michelle  
23 | Kenya

*"Every person has the right to life. The life of a person begins at conception [...] Abortion is not permitted unless, in the opinion of a trained health professional, there is need for emergency treatment, or the life or health of the mother is in danger, or if permitted by any other written law."*<sup>1</sup>

This is what the Kenyan constitution stipulates on the rights and freedoms of citizens and fundamentally the right to life. Firstly, it is worth bearing in mind the pervasive issues that Kenyan women have to face, some of which include the lack of fair income, disadvantages in economic opportunities, abuse, traditions that subordinate women, persistent demeaning attitudes towards women and many other issues.

When it comes to abortion, Kenyan women bear the brunt of a much harsher society, a society that holds "morals and values", which are undefined and subjective, to a higher standard. Even though abortion is available to protect a woman's health according to the constitution, it's not uncommon to hear people who oppose this procedure argue that women who chose to engage in sexual intercourse and became pregnant ought to have abstained, taken birth control pills or better yet, used protection, rather than "abort an innocent child".

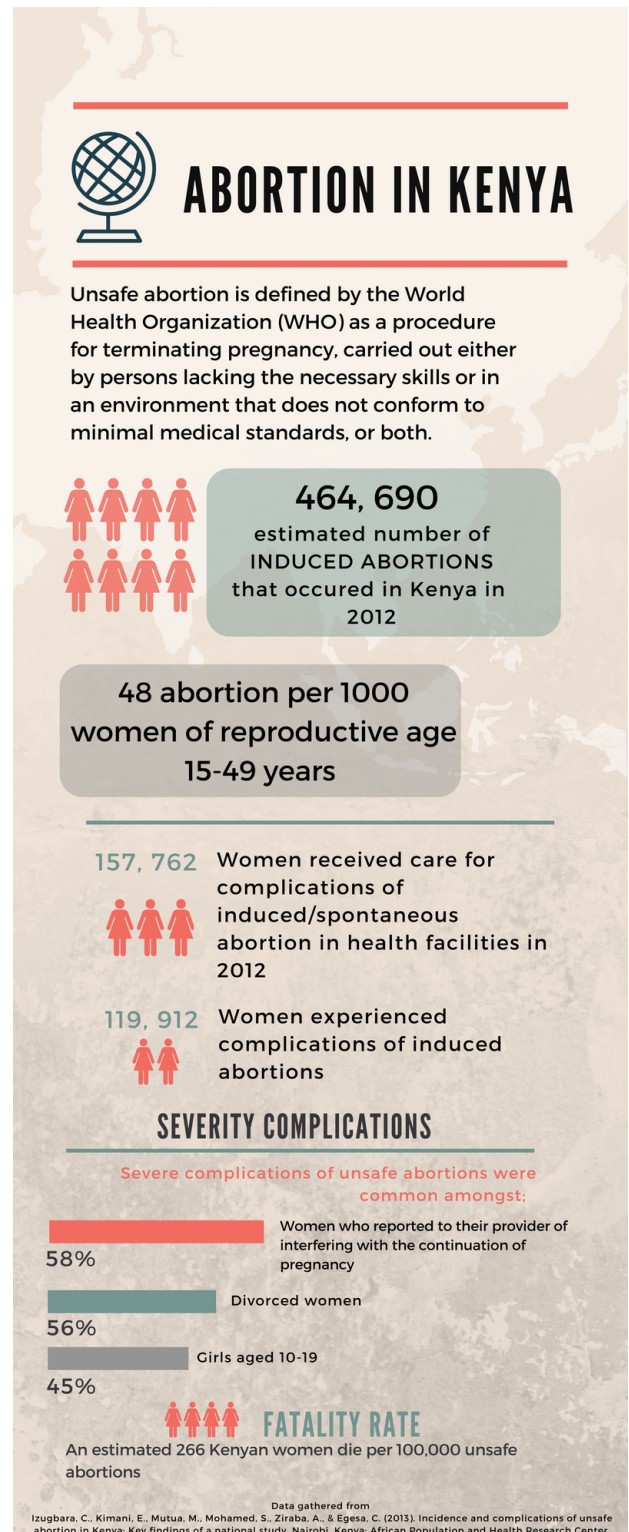
Of course, preventing unwanted pregnancies are not as simple as society may think. An estimated 464,690 induced abortions occurred in Kenya in the year 2012, a rate of about 48 induced abortions per 1,000 women aged between 15-49 years<sup>2</sup>. This indicates a high incidence of unwanted pregnancies.

In Kenya, unsafe abortion is a huge problem as it is a leading cause of maternal morbidity and mortality<sup>3</sup>.

<sup>1</sup> Constitution of Kenya. 2010. Available at <https://www.kenyaembassy.com/pdfs/the%20constitution%20of%20kenya.pdf>.

<sup>2</sup> African Population and Health Research Center, Ministry of Health, Kenya, Ipas, and Guttmacher Institute. 2013. Incidence and Complications of Unsafe Abortion in Kenya: Key Findings of a National Study (Nairobi, Kenya).

<sup>3</sup> Ziraba, A.K. et al. 2015. "Unsafe abortion in Kenya: a cross-sectional study of abortion complication severity and associated factors". BMC Pregnancy and Childbirth 15:34. Available at <https://bmcpregnancychildbirth.biomedcentral.com/articles/10.1186/s12884-015-0459-6>



The incidence of unsafe abortions in Kenya is due to the incidences of unwanted pregnancies, the unmet need for family planning and our restrictive abortion laws.

Strangely enough, a 2011 study found that unwanted pregnancies were not always due to the woman's internal needs but mostly due to the external perceptions (the society). The study found that pregnancies were unwanted largely because they did not subscribe to the societal notions of motherhood and the acceptable forms of procreation. Moreover, unwanted pregnancies also reveal women's sexual activity, which is deemed as culturally inappropriate<sup>4</sup>. When it came to abortion, another study found that most Kenyan women wanted anonymity so as to protect their reputation, their social relations and their livelihoods and to preserve their respect within their communities<sup>5</sup>.

Unfortunately, what these studies reveal is the dark cloud of societal expectations that Kenyan women have to abide by. Now you can imagine why women may opt for unsafe abortions because according to the constitution,

<sup>4</sup> Izugbara, C.O. et al. 2011. "Gender scripts and unwanted pregnancy among urban Kenyan women". *Culture, Health & Sexuality* 13:9. Available at <http://www.tandfonline.com/doi/abs/10.1080/13691058.2011.598947>.

<sup>5</sup> Izugbara, C.O. et al. 2015. "'High profile health facilities can add to your trouble': Women, stigma and un/safe abortion in Kenya". *Social Science and Medicine* 141. Available at <http://www.sciencedirect.com/science/article/pii/S0277953615300356#bib38>.

## Human Sexuality in Developing Nations

**Sarmad Muhammad Soomar (Concept/Editing)**  
21 | Pakistan

**Salman Muhammad Soomar (Drawing/Sketching)**  
23 | Pakistan

While talking about matters regarding sexuality and reproductive rights in developing nations, people become the classic example of the three monkeys, which depict the concepts of NOT listening, NOT watching and NOT speaking.

This sketch reconceptualizes the theme of sexuality and the significance of how it is discussed in society. The monkeys' hands are positioned on sensitive or taboo areas of the body (buttocks, chest and genitals) instead of the traditional placement (ears, eyes and mouth).

unless it is suggested by a trained health professional in the case of an emergency or for the sake of the life or health of the mother, then most women have to find an alternative route to terminate their pregnancy.

What is not mentioned in this article is the great influence religion has on the social perceptions of women, sexuality and family planning in Kenya. But essentially, the stigma that is attached to women's sexuality is what seems to be profoundly problematic and consequently what brings about stigma against unintended pregnancy and abortion. As mentioned above, there are many issues that most Kenyan women have to endure, but having limited reproductive rights as well as the added societal pressure, is what has resulted in unnecessarily high maternal mortality and morbidity rates, all because women are trying their best to be socially acceptable.



If people feel shame in talking or sharing these sensitive issues, it becomes even more difficult to convince society that abortion is a right. As people start talking about these topics, it will help decrease stigma around sexuality and help us to achieve reproductive rights, including the right to safe abortion.

# Relic

Anusha Maharjan, 'We' for CHANGE  
18 | Nepal

---

*Content warning: this article contains accounts of sexual violence and rape*

It has been 4 months but I still feel the same fear when a male character touches me, be it a friendly handshake or a casual pat on the back. Regardless of their intentions I feel petrified, a whirlpool of disgust engulfs me when a male organ bounces at the outer part of my skin near the edges of my skirt. I avoid taking overcrowded buses that incline at a 45-degree angle, those buses with a set of blaring masculine headlights like a peering set of eyes that find me pretty. Instead I wait for a cab. But still I feel caged in, with insecurities rushing through my veins and my skeptical eyes calculating the steering hands of the driver. A male driver.

It has been exactly 56 J duplex and 4 months.

These three letters have been engraved on my mind with a 3 inch razor leaving a metal impression impossible to erase. 56 J duplex, a faded yellow marking in the parking lot that stood still when my nails scratched it, till it bled. That stood still; a hard concrete, when I was stomped across, handcuffed with sharp hands and penetrated over and over again, when I fought for air, when I screamed and bit my tongue. It stood still.

I was found with blood trickling down my thighs, a painful sensation in my womb and flashes of how men are monstrous beings. 19 years old and they told me I was lucky to have survived. When you live in a small town like mine, in a small country like mine where everyone seems to know everyone, the thought of aborting seemed a bureaucratic nightmare. I was told I needed the consent of a father figure, a boyfriend. I needed consent to let the doctors operate on me, from the very same male species that did this to me to begin with. It was a stark reminder that I live in a small world where men are stronger. But I decided I won't, I won't be another voice that breaks in silence. I have my mind my body and my choice. I have the right to choose, and the law to back me up. I, and only I, have the right to decide. And so I decided, decided to discontinue.

It's been a year now but I still don't feel safer on the streets. I still can't make people understand abortion rights, how it is her choice, her body and her safe haven. But I decided and so will others.

## CONTRIBUTORS

Alice O'Connell  
 Ankita Rawat  
 Anusha Maharjan  
 Beatriz O. I. Rótoli  
 Feminism in India  
 Jonathan Brew  
 Letícia Zenevich  
 Louis Kabanga  
 Marion Michelle  
 Salman Muhammad Soomar  
 Sarmad Muhammad Soomar  
 Shibu Shrestha  
 Yağmur Araz

A publication of

Youth Coalition for Sexual and Reproductive Rights  
 71Bank St, 6th Floor  
 Ottawa, Ontario K2P 1X3  
 Canada

Website: [www.youthcoalition.org](http://www.youthcoalition.org)

ISBN 978-0-9921579-6-8

Copyright © 2016 Youth Coalition for Sexual and Reproductive Rights. The Youth Coalition for Sexual and Reproductive Rights aims to ensure that the sexual and reproductive rights of all young people are respected, guaranteed and promoted and strives to secure the meaningful participation of young people in decision-making that affects their lives, by advocating, generating knowledge, sharing information, building partnerships and training young activists with a focus on the regional and international levels. This publication may be reproduced in whole or in part for educational or nonprofit purposes without special permission from the copyright holder, provided that acknowledgment of the source is made. The Youth Coalition for Sexual and Reproductive Rights would appreciate a copy of any document that uses this publication as a source. No part of this publication may be used for commercial or resale purposes. The contents of this booklet solely represent the opinions of the authors and not necessarily the views or policies of its financial contributors

September 28, the Global Day of Action for Access to Safe and Legal Abortion aims to build an international movement to promote universal access to safe, legal abortion as a health and human rights issue.

Learn more about the campaign at [www.september28.org](http://www.september28.org).

## CONTACT US

[outreach@youthcoalition.org](mailto:outreach@youthcoalition.org)  
[www.youthcoalition.org](http://www.youthcoalition.org)

## EDITORS

Ankit Gupta  
 Anna Szczegielniak  
 Evdokia Romanova  
 Hazal Atay  
 Kesaya Baba  
 Lova Randrianasolo  
 Magnhild Bøgseth  
 Oluwaseyi Adeyinka  
 Sarah Hedges-Chou

## DESIGN

Sarah Hedges-Chou

Follow us and find out what we are up to.



YouthCoalition.org



Youth\_Coalition



Youth Coalition for Sexual and Reproductive Rights



[www.youthcoalition.org/yc-news/](http://www.youthcoalition.org/yc-news/)



youthcoalition



[www.youthcoalition.com](http://www.youthcoalition.com)