

WATCHDOG



youth coalition

FEATURED ARTICLES

Normalizing Abortion: Reducing Stigma and Opening Opportunities

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@sketchy.browngal
Purvaja S Kavattur
23 | Australia & USA

International Safe Abortion Day Watchdog 2018

Writing about abortion in most places around the world is not free of challenges to our personal and political lives. Several decades after the second wave of feminism that carried slogans such as “the right to abortion without apology” and “reproductive justice for all”, we are still struggling with working towards safe and legal access to the procedure. In fact, the climate surrounding the topic of abortion is only getting more and more hostile with the rise of far right governments and laws that aim to police and control the choices of people who can get pregnant. The space to write about this topic without facing judgment and violence is shrinking.

This is one of the reasons why we, at the Youth Coalition for Sexual and Reproductive Rights, believe that the testimonies, experiences, and opinions of the youth on the right to access abortion should be brought forth through this watchdog. We received submissions from contributors in India, Ecuador, Nepal, Sri Lanka, Lebanon, Indonesia, Peru, Colombia, Australia, and the US.

Our theme for this Watchdog is Normalizing Abortion, and with that, we are stating that abortion should not only be accessible to everyone, safely and legally, in affordable manner, but it should also be normalized, with no stigma surrounding its discourse, and the trauma enforced on it lessened.

Trauma is a word, or a symptom, most associated with abortion, that it is almost impossible to witness a debate on stripping women and people with uteri from that right without pinning it on wanting them to not undergo such a “traumatic” event. What opponents fail to see is that trauma only comes when abortions are either forced or due to the surrounding societal and medical conditions that blame and scrutinize people seeking abortion. It is the constant failure to hold men responsible, and to pin such a normal procedure on sexual deviance, irresponsibility of women in purchasing and using contraception, and the pressure on them to be “perfect” mothers, always, to have as many children as they can-perfect mothers do not abort, they give birth and rear children, and always, always want them.

Then again, we are always expected to give reasons for abortions, and to explain that we had tried and failed to not be pregnant, as if one abortion is more deserving than the other. While we recognize that certain circumstances, like rape, incest, and threats to health, are very grave, we also recognize that forced pregnancies, deliveries and motherhood are severely violent no matter what the reason is.

We wanted to make this platform available for others to share their stories and experiences without shame. While our grandmothers hid their abortions and covered their mouths in shock while hearing other women’s stories, our generation is more likely to undergo or come across others who have had at least one in their lifetime. It is no longer a secret that abortion will remain, so long as fertility remains, but criminalizing it can only mean that more people will die. The more we talk about these experiences, the more we normalize them, and the more likely we are to know how common we are, like the statistics already say.

Patriarchy has divided us and made us feel lonely and unsafe in our most normal experiences. It has made talking about the abortions that we had seem like a confession that predicts backlash. However, we are learning that our lived experiences are very similar. Our struggles when it comes to access differ according to class, country, gender, race, and other factors, but we all have similar demands, and those include not wanting to be shamed for wanting to go through something as normal as terminating an unwanted pregnancy, and having that access on demand.

"Never Again" Abortion Illustration

Islam Khatib
22 | Lebanon



1. *Throwing oneself down stairs.*
2. *Inserting leeches into the vagina.*
3. *Using a turkey baster or some similar instrument to administer boiling water or bleach into the vagina.*
4. *Lifting heavy weights.*
5. *Ingesting ergot, a fungal infection commonly found on rye grain, and thereby contracting ergotism.*
6. *Digging into the cervix with sharp glass tubes, broken soda bottles, and metal bottle caps.*
7. *Scraping oneself with an unwound clothes hanger.*
8. *Ingesting poisonous flora such as pennyroyal or blue cohosh.*
9. *Inserting foods high in capsaicin, such as cayenne peppers, into the vagina.*
10. *Puncturing and removing flesh using crochet hooks or knitting needles."*

Abortion is a right

Montserrat Navas Borja
26 | Ecuador

RETRATOS ABORTISTAS

por: @monse_91



ABORTO LEGAL Y SEGURO PARA TODXS.

Todxs abortamos, en diferentes contextos y situaciones. Es una decisión personal que debería darse sin perjuicio ni discriminación y con toda la información necesaria. Escuchemos a las mujeres que nos rodean y dejemos que ellas sean las que nos digan como poder acompañar sus decisiones.

@monse_91



@sketchy.browngal

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23 | Australia & USA

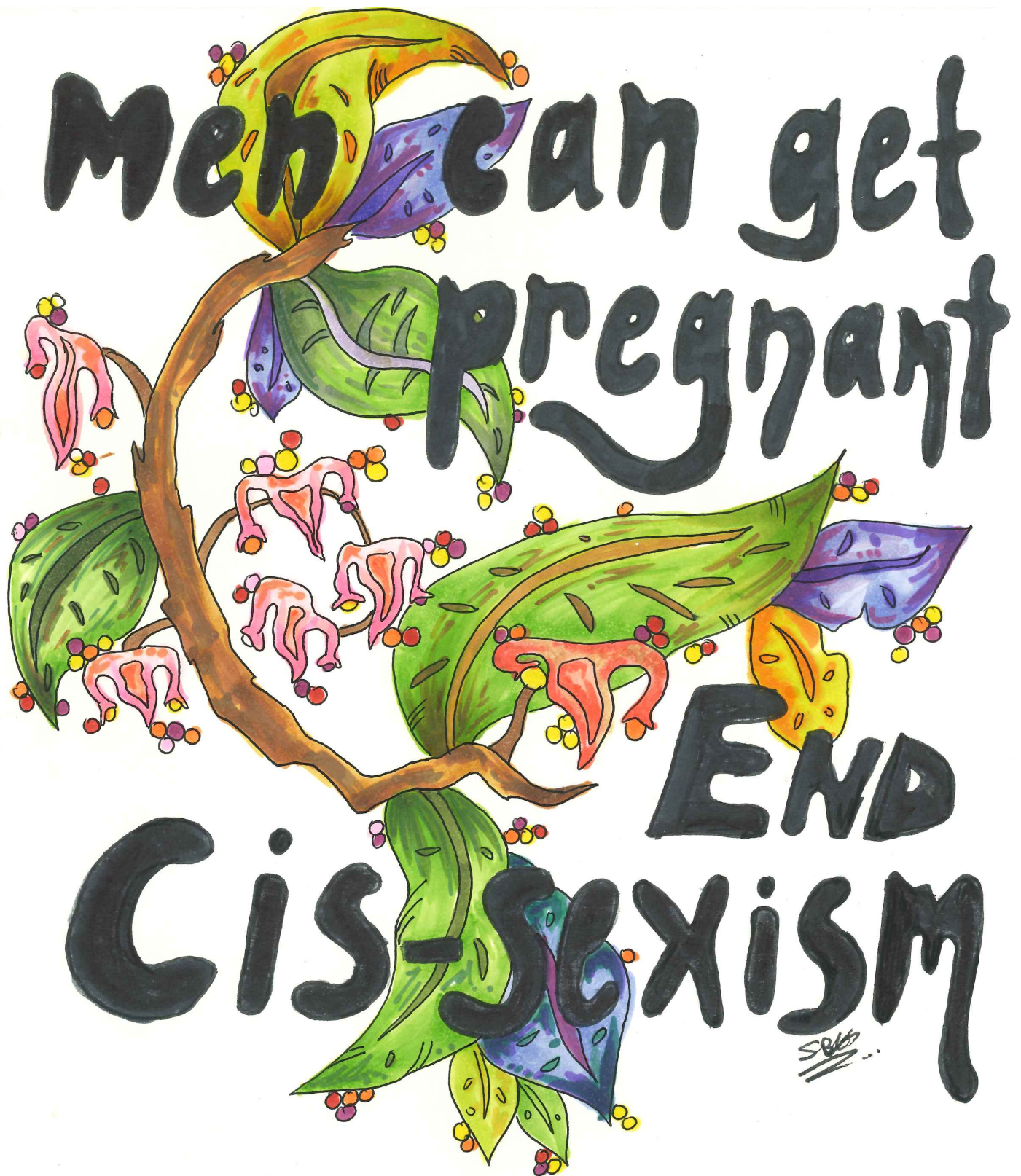




The fight
for

Legal
abortion
continues!

SBB



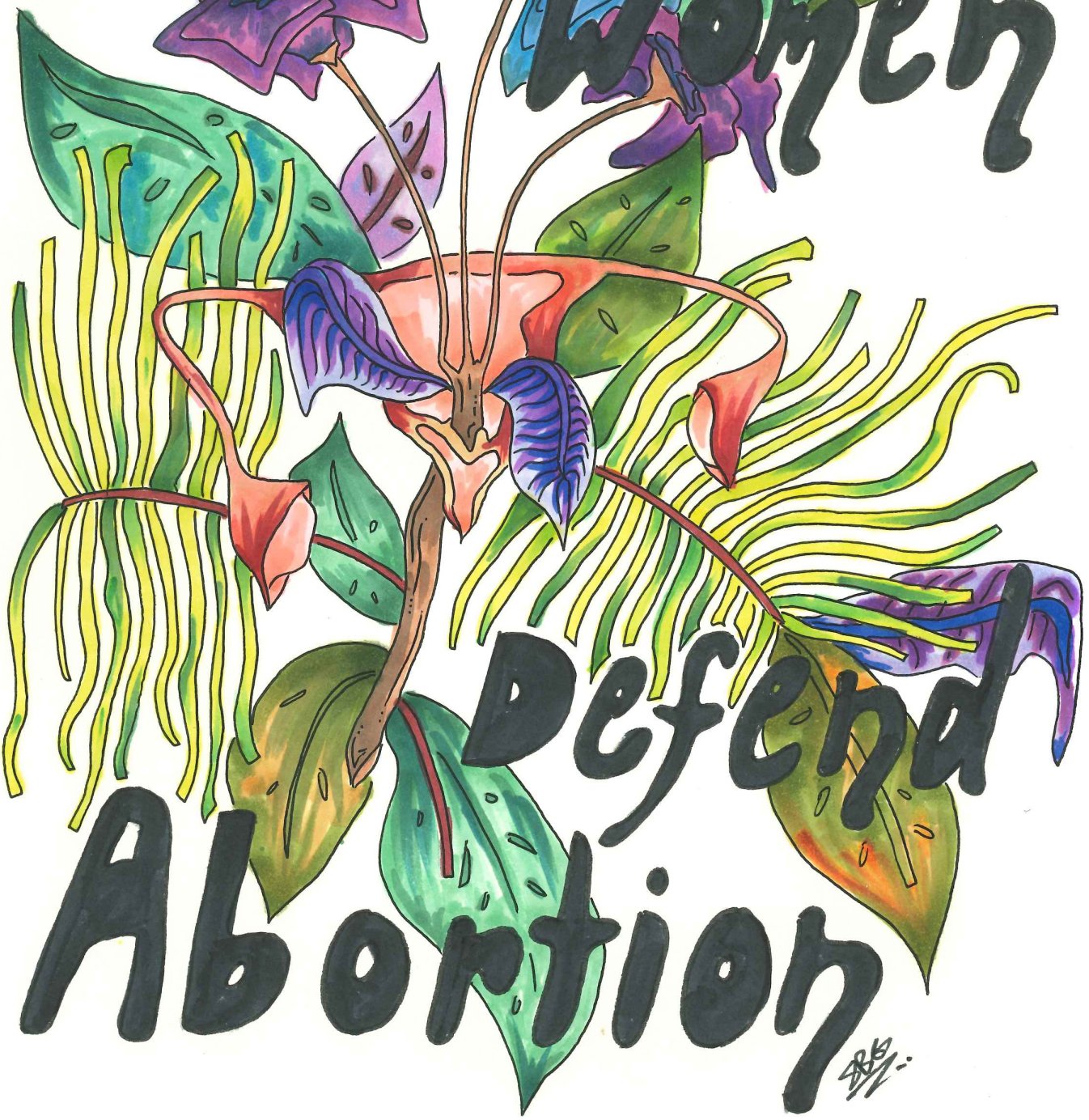
Men can get pregnant

END

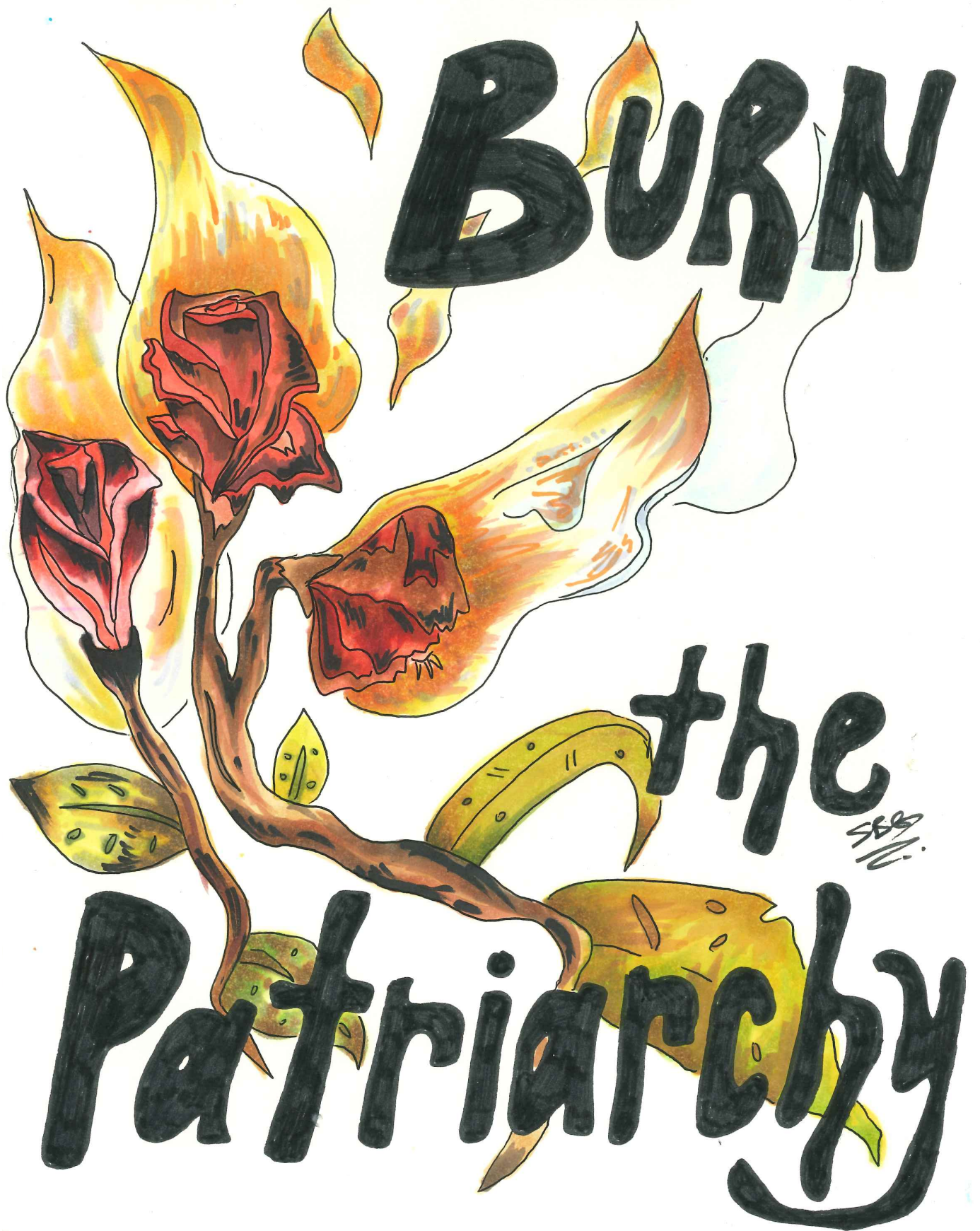
Cis-sexism

SRS

**Believe
Women**



**Defend
Abortion**



No woman does an abortion for pleasure

Caroline Landier

22/08/1989 | French citizen, born in India, living in Colombia.

You go through this loaded process because you know it is better for you to do it than to have an undesired child who won't be happy. It's an act of responsibility and generosity. Some see it as a murder, a proof of the selfishness of the mother. I think it is the contrary. Instead of having a baby, following what patriarchal societies expect of women, some decide that they won't have any, because potential children deserve better, they are the most courageous ones. Stop blaming women for everything that has to do with abortion. Getting pregnant is rarely the pregnant person's own doing. If men were taught to be responsible for their acts and, were taught about the reality of contraceptive methods, and if they were held responsible like the adults they are, abortion would happen less. But it is easier to consider that a woman has to be careful of who she has sex with, and to judge and blame her rather than provide her with access. This has to stop.

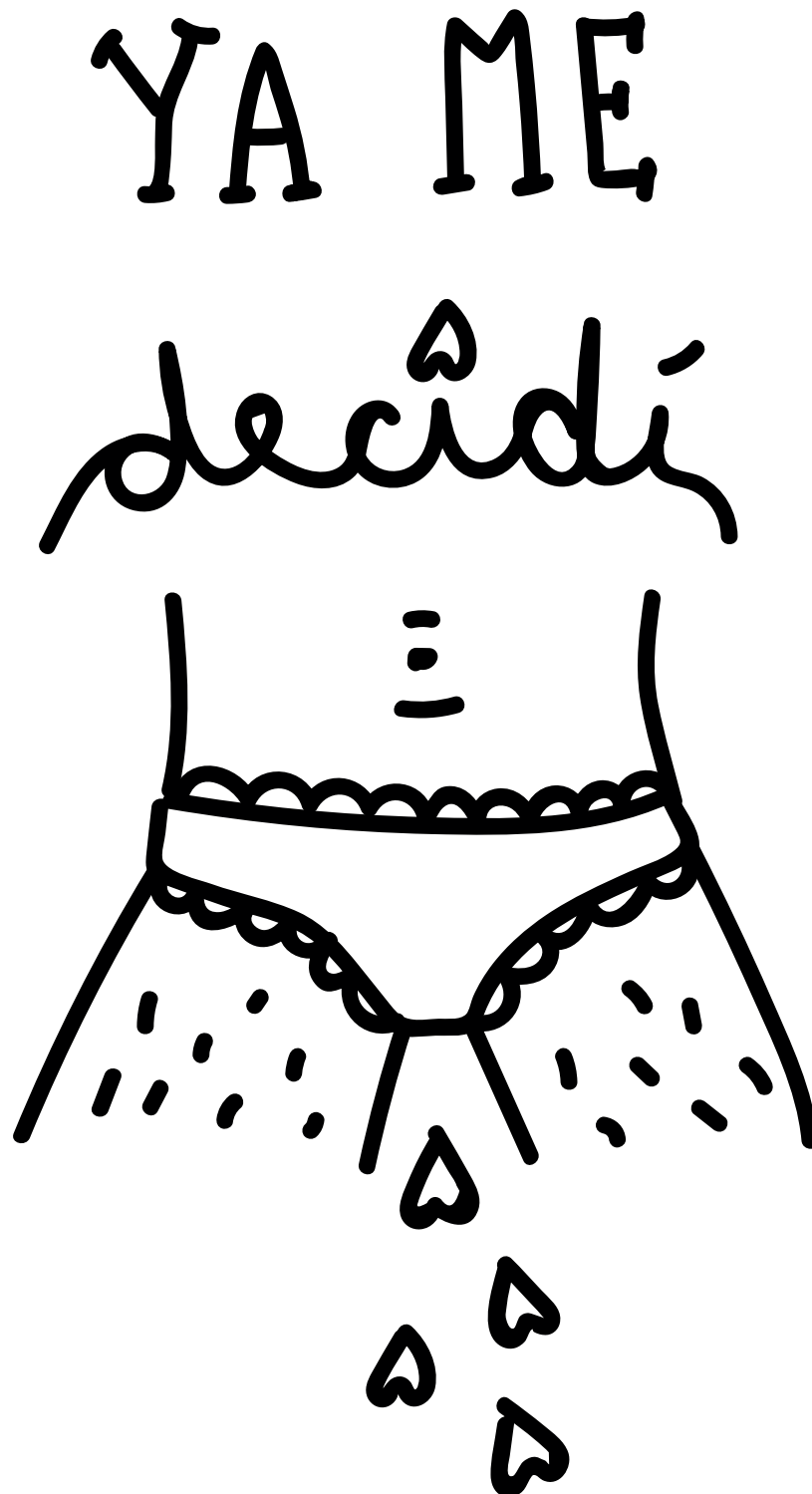
When I went through it myself, I had the chance to be in a country where it is legal, safe and free. And I wish the same for every woman.

We demand abortion for all, without any conditions.



Se llama abortado

Selva Natalia Félix Villalba
25 | Peru



En un país como el Perú,

misógino
machista
conservador
corrupto
fujimorista
religioso
patriarcal

No podemos decidir sobre nuestras
cuerpas.

Hablar de **aborto** es:

~~secreto~~

~~pecado~~

~~asesinato~~

~~mafia~~

~~odio~~

~~desprecio~~



LOS GRANDES ACTORES

"Las estadísticas nos dicen que hay abortos de niñas, pero no es porque hayan abusado de las niñas, sino porque, muchas veces, la mujer se pone, como en un escarapate, provocando".

Radio RPP Noticias en el programa, Diálogos de fé, 30 Julio 2016.



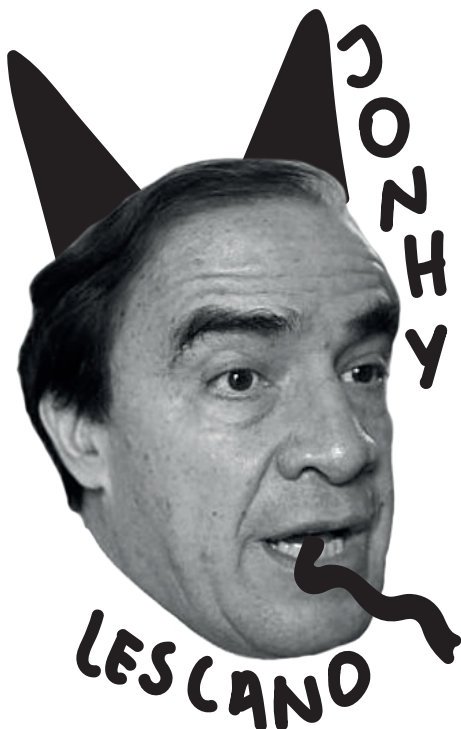
"Las mujeres son seres humanos que llevan en su vientre a otro ser humano y las señoras o señoritas que están a favor del aborto más bien consideran a las mujeres como incubadoras. Esas son, las que creen que a la wawa se le saca y se le bota. No, nosotros pensamos que el ser humano que está dentro del vientre de la madre no es un ser humano que se puede sacar y matar".

Diario Altavoz, 21 de febrero del 2012, presentación de "PROYECTO DE LEY QUE MODIFICA EL CODIGO DE LOS NIÑOS Y ADOLESCENTES PARA LA PROTECCIÓN DEL CONCEBIDO, NIÑA O NIÑO PRODUCTO DE EMBARAZO POR VIOLACIÓN SEXUAL" y "PROYECTO DE LEY QUE REGULA EL NACIMIENTO CONFIDENCIAL Y AMPARA EL EXPÓSITO".



"Para hablar del aborto han tenido que pasar muchas etapas... si ha habido una violencia sexual puedes ir y hacerte un lavado vaginal". "(También) puedes tomar la píldora del día siguiente y tienes muchas otras medidas antes de llegar al tema del aborto".

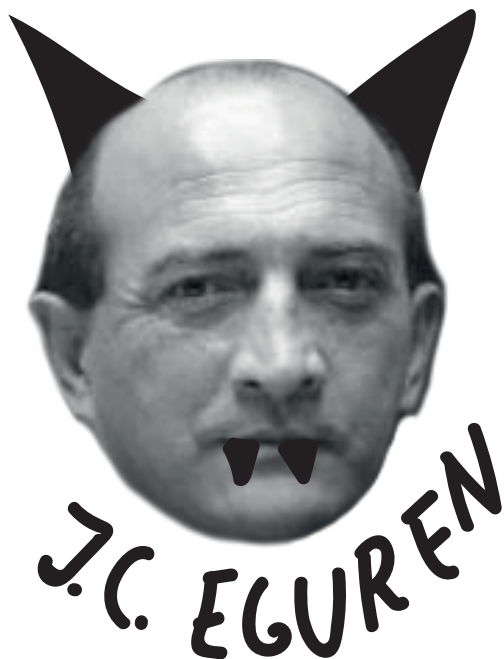
Entrevista Radio Exitosa, 18 de marzo del 2016.



"No vamos a condenar a la muerte a un niño que es producto del incesto. Si un padre viola a su hija, no vamos a cometer un asesinato por esto"

PromSex portal web, sobre el debate de despenalización del aborto, 25 de noviembre del 2015





"Las violaciones, y esto es lo terrible, que pueden ser un evento callejero, no generan embarazo. Es casi imposible que se produzca un embarazo después de una violación eventual, callejera, porque se produce un estado de estrés, un estado de shock en la persona donde obviamente en la mujer no hay ningún tipo de lubricación, etc"

Diario virtual El Comercio, 11 de junio del 2015. Debate sobre la despenalización del aborto en caso de violación.

"El aborto es una segunda violación más traumática que la primera"

Diario wed CitizenGo, 12 noviembre del 2014.



Y FALTAN MUCHOS MÁS...

PERO CLARO, NADIE HABLA SOBRE LAS MAFIAS DE ATRASO CON NUESTRAS CUERPAS, QUE NOS VIOLAN, QUE NOS DESPRECIAN, QUE NOS MATAN. MENSTRUAL QUE LUCRAN

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1000 mujeres al día abortan en Perú.
850 ponen en riesgo su vida.

Nosotras somos Serena Morena, una red de feministas jóvenes que apuestan por la libre información, la salud y la colaboración entre mujeres como principal herramienta política. Informamos y acompañamos de manera segura y gratuita a las mujeres que ya decidieron.

ACOMPANARSE
ENTRE MUJERES ES
TRATARSE CON
carinho





Si ya decidiste
escribenos a
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Ediciones
La Promesa

True Cost of Choice: A policy analysis on abortion cost burdens in Government facilities in Madhya Pradesh, India

Aparna Ananthakrishnan
28 | India (currently residing in the USA)

Background: Concerns of rising out of pocket payments within India's fragmented health system is well documented, with evidence suggesting that these catastrophic expenditures often drive families into poverty. Reproductive health services reveal similar expenditure patterns. For instance, despite a relatively liberal abortion policy, unaffordability of services offers few women the opportunity to seek specialized abortion care. To achieve the third and fourth Sustainable Development Goals (SDGs) of building resilient, gender-inclusive health systems and improving well-being, the crucial issue of affordability must be fully addressed.

Objective: Given the contradiction between liberal legal reform and continuing high rates of unsafe abortions, this study evaluates the role of user costs in being a potential barrier to accessing quality abortion services in India. This study is influential in filling a gap in cost literature as it not only estimates and analyzes user costs, acknowledging intangible costs, but also triangulates findings from the sample with policy understanding so far outlined in the literature, adding validity to proposed policy recommendations of expanded contraception services.

Methods: Average total user costs of obtaining abortion services for 220 patients using government facilities in Madhya Pradesh, India, were calculated, based on estimates of medical (treatment) and non-medical cost pre-collected by the Population Council India and Guttmacher Foundation. These expenditures included transport to and from the facility, food and refreshments, doctor fees and medicines, lab tests and tips paid to staff. Details on asset ownership, previous reproductive health history have also been included. An in-depth policy review on abortion laws and frameworks around the country, from case studies, policy documents, peer-reviewed research and other grey literature sources has been included to complement the statistical analysis. The study is a retrospective using the analysis of data from 2015.

Results: Statistically significant results indicated that average total cost of an abortion in Madhya Pradesh was Rs.710 (\$11.5), with non medical costs, on average, higher than treatment costs. OOP burdens were highest amongst those most vulnerable- the poorest and those younger than 20 years of age. Surgical methods were widely used in abortion cases, with majority using the invasive dilatation and curettage (D&C) method, requiring longer facility stay post-procedure. Few used contraception during the time of conception and a minority were offered family planning options post-abortion. Although intangible cost calculations have been excluded, time cost estimates was highest among those most poor, who spent longer reaching the facility and staying there, as compared to the richest cohort.

Discussion: User costs, medical and non-medical, are crucial demand-side factors, negatively impacting reproductive health seeking among women and their families. Hence, increasing uptake of less surgically invasive abortive procedures is beneficial, as they lower treatment costs as well as inpatient facility time, therefore lowering medical, non-medical and intangible costs burdens. Health financing methods should expand coverage to non-medical expenditure, such as transport and facility costs, which fall inequitably on the vulnerable. Primarily, a variety of contraception methods should be widely accessible and affordable within the government health system, improving the quality of life for women and their partners.

What the Irish Referendum Meant for Us Pro-Choice Campaigners Here in Sri Lanka

Sharanya Sekaram
27 | Sri Lanka

I spent the time that results would be announced with one eye glued to the news, heart in mouth and palms sweating. I scrolled through videos and images of Irish women on the streets their voices and pain refusing to be silenced, feeling a sense of solidarity. I saw feminist friends from across South Asia and the world expressing their solidarity in standing with Irish women demanding the rights to decide what they can do with their own bodies. A year ago, Sri Lanka had just seen moves to amend our own laws on abortion shut down. As I write this, the National Forum on Gender Based Violence has chosen to include abortion rights as part of its collective '16 Days of Activism' campaign. Perhaps that is why this moment in time felt so intensely close to home.

In 2012, the death of Dr. Savita Halappanavar became the catalyst for the referendum that took place almost 6 years later. Closer to home, we all know the cases of women who endure unnecessary suffering, trauma and are exploited all because the law deems us unable to decide what we can do with our own bodies. Our laws are so restrictive that the 13-year-old girl who has been raped by her father is forced to carry her pregnancy and is given no other choice. The concern for the possibility of life (even when medically women are told that life is inviable and will not survive) far outstrips that of the health and lives women and girls, to say nothing of their mental and emotional trauma.

A hashtag used by 'Yes' campaigners stood out chronicling real-life action being undertaken by those who believed the time was long past for such change. #HomeToVote was used by hundreds of Irish women across the world who made their way back to Ireland for the sole purpose of ensuring that they could vote in the Referendum. This is what really made me feel emotional and a sense of solidarity with these women. What I have found in women's movements and feminism is exactly this. It is women coming together, across all the things that divide to stand together against a system that denies us our very humanity. Denies us our agency, autonomy, and the rights over our own bodies. Makes criminals of us for asking very simply for a choice. We are not asking people to be forced to have abortions. We are not asking religions to re-write their scriptures. We are not asking for people to change what they believe. We are simply asking for the right to choose and if we chose abortion to be able to do so in a safe environment that does not put our health and lives in danger.

The Irish Referendum also gives us hope. Hope that the future and rights we fight for can someday be a reality. If a country which identifies as primarily Catholic can see the dawning of this new era, then perhaps Sri Lanka where the Catholic Church has been one of the largest obstacles to preventing amendments to the existing law, still has hope. We are reminded that the fight to change laws that are so deeply rooted in patriarchal systems and beliefs do not go quietly into the good night, and we must keep fighting. And we will keep fighting drawing strength from our sisters across borders who have tasted the first fruits of victory and remind us that when we band together, change is not only possible it is inevitable.

I am left with one question. While the Irish wave towards this moment was sparked off by Savita's death-I wonder how many more women dying and suffering will we have to see before our own catalyst arrives?

Abortion counselor negotiating the dilemma: a story from Indonesia

Prameswari Puspa Dewi and Ryan Febrianto
24 & 26 | Indonesia

This is a common question every time someone asks Juni* about reproductive health, in her capacity as a young counselor in a local health clinic in Yogyakarta, Indonesia. Everyday, Juni handles around 5 clients, most of them are teenagers. Aside from her role in counseling pregnancy and abortion issues, she also provides sexuality education to young people in her community. Her heart instantly breaks whenever she handles very young clients. However, at the very least there is relief in knowing that they know where to go to acquire safe abortion services.

One of her worries is that people in need of abortion would rather buy abortion pills online instead of accessing her counseling service. One day, she called an abortion pill provider that she found from a random online shop, where she chose to buy a 'complete package', a box of pills with a 'comprehensive instruction' attached. The ease of ordering via Whatsapp and having it delivered by the provider to your place, becomes the advantages from this online transaction. Unfortunately, instead of receiving the pills with a valid instruction, she knew that she was given the wrong information. Later, she realized that this is a common trick used by many online pill providers, where they can charge up to 5 times more than the real price, simply by adding the pills with 'an instruction' on how to consume it.

People can also face a particular risk by accessing 'menstruation drug' at the local pharmacy, a drug that is known to abort pregnancy. She once tried to buy this drug, where she later was confronted by a question from the pharmacist. She was asked whether she wants a drug that can abort pregnancy instantly or the 'normal one', without giving too much clarification about it nor having to show a prescription from the doctor. For her, the availability of abortion pills does not always mean a good progression towards safe abortion practice in Indonesia. She believes in the importance of counselors and health professionals' role in advising and performing safe abortion procedures.



Being an abortion counselor is not an easy and safe job in Indonesia as it often includes the risk of being criminalized by the authority. She remembers vividly the moment when her clinic was raided by the local community, and all the health workers had to be detained by the local police. Today, her work becomes more insecure, as the Indonesian parliament is currently discussing to criminalize abortion through the revision of Indonesia's penal code. While the current law legalizes abortion only in the case of pregnancy from rape or medical emergency, the proposed penal code would 'restrict the sharing information on family planning and abortion to authorized officials', prompting fears that it would include health counselors from non-government clinics like her.

For the sake of their own safety, health professionals and counselors would choose not to provide information and to undergo abortion process despite the increasing demand from their clients.

*) Not her real name. Consent and approval have been granted from our informant upon the submission of this article.

Barriers on the way

Nisha Adhikari
20 | Nepal

Abortion legalization in many ways posits a paradigm shift in Nepal: women's reproductive rights are now recognized as fundamental human right and abortion is constitutionally protected.¹ Prior to 2002, Nepal had very restrictive abortion laws that prosecuted and imprisoned women and their family members for undergoing terminations of pregnancy.² But the legal scenario is completely different today.

The law permits abortion with the consent of the pregnant woman for any reason up to 12 weeks of gestation, and then up to 18 weeks of gestation in cases of rape and/or incest. Abortion is legal at any gestational age if a medical practitioner declares that the women's mental or physical health is at risk or that the fetus is deformed.

Nepal has achieved considerable success in the 15 years after the legalization of abortion but many challenges remain. A study released by Nepal's Center for Research on Environment Health and Population Activities (CREHPA) concluded that over half of women are still getting illegal or unsafe abortions. Legalization of the abortion services does not mean that they can be easily accessible. Many women in Nepal continue to face obstacles obtaining safe and legal procedures and are often stigmatized for the decision they make to end a pregnancy.

Despite the impressive progress in the availability of and access to safe abortion services, unsafe abortion has not yet disappeared. One of the major barriers is women's limited awareness on the availability and location of such services. According to the National Demographic Health Survey 2016, 52% of women still don't know where they can access safe abortions. This lack of awareness may lead women to pursue black market sources for medication whose brands and dosages are unknown.³

Out of the 323,00 abortions performed in 2014, only 42% were provided legally in government approved facilities, while the remaining 58% were done by untrained or unapproved providers, or were induced by the pregnant woman herself. This is why even now 7% of maternal deaths in Nepal are due to unsafe abortion.⁴ Nepal's diverse terrain creates geographic barriers that make fair distribution of the services difficult. Consequently, it is easier for women to access safe abortion services in urban areas, but lack of services, long distance and cost of transportation to and from approved facilities in the cities makes it difficult for women living in remote and rural areas. Women have to walk several days to access the services, which are only available at the district hospitals.⁵ These physical obstacles sometimes cause women in remote areas to delay seeking services until later gestational ages.

Governmental as well as non-governmental organizations have been working continuously to increase the access and awareness of safe abortion services.

Abortion is a right of women, and it can be done safely. This is why it is important that it is performed under legal circumstances and by trained practitioners to avoid complications.⁶

For this, safe abortion care should be available and accessible everywhere. Given the gravity of the role of geographic barriers to safe abortions within the country, it is very important to prioritize the decentralization of services and to increase the number of health facilities with the capacity to provide first trimester medical abortion. Additional efforts are needed to safely expand the provision of abortions to second.⁷

To promote equal access, safe abortion services should be safeguarded as a fundamental right. To do so, policymakers must begin by including abortion as a part of the package of basic health care services and integrate safe abortion services into the continuum of reproductive health care.⁸ Along with this, comprehensive sexuality should be provided to all including young people. As social stigma is one of the major reasons behind the unsafe abortions, it should be addressed through awareness and disseminating knowledge, especially among young people.

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Sharing the Pain

Stella James

27 | India

It was 10 p.m. on a regular Wednesday night. I had just come home from work, and was spooning a bowl of oats and when I got the call. “I’m pregnant”, she announced. More than a year of complete silence and one of my closest friends from college opens with this. I’m 22. She lives in a different city. Within minutes, flight tickets have been booked for the next morning. After the call, I sit staring at my laptop, wondering how to ask for leave. ‘My friend is having an abortion and I need to be with her’ seems, I don’t know, not legit. I decide to go with “personal issues”.

Four years later, it is my turn. This time I am older. Living with my partner. This time, I am old enough to be able to walk into a pharmacy and ask for a pregnancy test without raising eyebrows. People assume I am married. People assume I will keep my baby. I don’t plan to.

That first time, the experience was traumatic, even for me, although I wasn’t the one going through it. Abortion has been legal in India since 1971, but legal does not mean not without stigma, does it? The doctor we went to was judgmental, and worse, incompetent. That night my friend lay in agonizing pain, bleeding through her clothes. She was supposed to have had surgical termination the next day but the pill the doctor gave her to dilate the vagina, caused the abortion. I still remember that night. The panicked phone calls to a doctor who wouldn’t pick up. The shame of rushing to the ER like perhaps we should have. The phone call across continents to a friend’s gynaecologist aunt in the US, who talked us through it. The tears running down her cheek. My futile attempt to be brave. The never-ending pain. And the blood. That is what I remember the most. Blood. All over her bathroom floor. Blood that she had neither the physical nor the mental energy to clean up. Blood that I kept scrubbing out but it felt like it would never leave. Like I was Duncan in Macbeth. All the waters of Neptune. And that smell. That horrid smell that clung to our clothes and our brains and wouldn’t let go.

This time, everything is different. I go to a doctor from the crowdsourced list of gynaecologists. She is professional, kind. Only once does she gently ask me whether I want to consider keeping the baby. I was sure. My partner and I had wanted a baby for a long time, but physically and mentally I was in very bad shape. In the balance of things, we decide my health are more important. This time, I have a choice. A real choice. I choose myself.

The procedure was physically painful. But emotionally, it was liberating. If I think of my abortion, I don’t remember the pain. Or the blood. I remember my doctor’s reassuring voice explaining the process in detail. I remember my partner making me hot water bags and tea to help through the pain. I remember my senior at work checking in on me every week. I remember feeling loved and cared for. I remember not feeling judged.

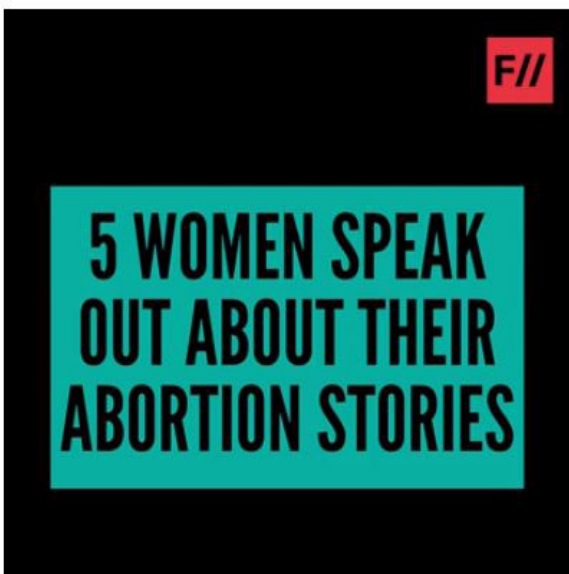
When I was 16, I had written a story about a teenage girl who gets pregnant. Her school expels her, her boyfriend abandons her, her parents are ashamed of her. It was based on a girl from my school, who was shamed, forced to quit her studies and marry the first man who agreed to. My protagonist had a sadder ending. When my mother read the story, she cried, and promised me that she would love me even if I got pregnant when unmarried or had an abortion. In that moment, I realized that the girl from my school hadn’t let society down. Society had let her down.

101 explainer piece on abortion & destigmatizing abortion and breaking the silence around it

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25 | India



Watch the full video of "A Comprehensive Guide To Abortion In India" here : <https://bit.ly/2zNaanO>



Watch the full video of "Women Tell Their Abortion Stories" here: <https://bit.ly/2E7jjTL>

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