FEATURED ARTICLES

Global Day of Action for Access to Safe and Legal Abortion

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International Safe Abortion Day Watchdog

Over time, and especially in the past year, political and economic elites have passed laws to reverse and hinder the progressive achievements of social and reproductive justice movements around the world.

These laws affect everyone, but especially impact marginalized and stigmatized groups such as youth and adolescents, people living with disabilities, indigenous peoples, economically marginalized people, sex workers, people who live in rural or remote areas, undocumented migrants, trans, gender non-conforming and queer people, and others. These regressive changes further limit the freedom of young people and their ability to access sexual and reproductive health services, especially abortion health care.

Youth Coalition for Sexual and Reproductive Rights decided to publish this Watchdog to create a space for young people to express what abortion stigma and restrictions mean to them, how these restrictions affect their communities and how they themselves are promoting reproductive rights.

This year, we join the Women’s Global Network for Reproductive Rights’ Global Campaign, “Resist and Persist” because we believe that these actions are crucial in standing up against the rollback on abortion and reproductive rights. When we resist as a collective, we persist as a worldwide intersectional movement.

The Watchdog is authored, edited, and designed entirely by young people. In it, you will find photographs, essays, research, infographics, artwork, and poetry from all around the world, including: Pakistan, the Philippines, Venezuela, Ecuador, the United Kingdom, the United States of America, Colombia, Turkey, Canada, Egypt, and Chile.

We hope you enjoy and learn from this edition of the Watchdog and we especially hope you will feel moved to act and speak up for the rights of young people in honor of International Safe Abortion Day - and every day moving forward. By sharing, liking, and discussing this Watchdog, you can help us challenge abortion stigma, and resist and persist against attacks on our reproductive rights. Thank you for reading!

In solidarity,

Youth Coalition for Sexual and Reproductive Rights

**On the Cover**

**El aborto es un derecho**

Karin Watson

20 | Chile
Resist and Persist: About the Campaign

September 28 is part of campaigning and advocacy activities undertaken to build an international movement for universal access to safe and legal abortion, from a human rights and reproductive justice approach. September 28 has been a regional campaign for the decriminalization of abortion in Latin America and the Caribbean for nearly thirty years, before being taken on by SRHR activists all over the world, through the initiative of Women’s Global Network for Reproductive Rights (WGNRR), as a Global Day of Action in 2011. WGNRR organizes September 28 annual campaigning activities in collaboration with its members, partners, and allies around the world, and as a member of the International Campaign for Women’s Right to Safe Abortion.

Given the challenging political context, it is imperative that we tap into both past and present forms of ongoing collective resistance, reminding ourselves of important achievements in the abortion advocacy movements, and the power of collective organizing and mobilizing, propelled by local and individual actions. Our aim this year is to thus highlight, promote, and support the many different ways activists are currently individually and collectively challenging the status quo and resisting in diverse contexts, thereby inspiring activists, allies and collectives to continue their important abortion advocacy. RESIST AND PERSIST: Our bodies, our abortions, our rights! Fighting rollbacks and restrictions on abortion via collective & individual action. #iresistwepersist
Feminist Street Protest
Lissette Figueredo
27 | Venezuela

Buenos Aires, Argentina. Plaza de Mayo Marzo 8 del 2017. Mi llegada al país suramericano fue una sorpresa abrumadora debido a las numerosas manifestaciones político-sociales que el transcurso de tres meses pude observar después de mi llegada de Venezuela.

Una de las manifestaciones con mayor movilización fue la transcurrida este año bajo el marco del Día Internacional de la Mujer (8 de marzo). La actividad fue convocada por diversas agrupaciones militantes y activistas sociales que hoy en día defienden los derechos de la mujeres en un país donde cada vez son más frecuentes los hechos de violencia, persecución sexual y femicidios hacia las convatientes y aguerridas mujeres argentinas.

En la movilización el activismo social involucra no sólo al género femenino desde temprana edad, sino también a hombres trabajadores y padres de familia que se suman a una causa por conservar y respetar los derechos de las mujeres en el país. Temas relacionados al aborto, educación sexual, seguridad, ayudas sociales, igualdad de oportunidades y reconocimiento de las mujeres en actividades políticas fueron algunos tópicos que se visibilizaron en el canto de mujeres luchadoras y empoderadas bajo la consigna de “Ni una menos, vivas nos queremos” siendo el lema oficial de campañas para la protección de la mujer.

Actualmente 1 mujer muere cada 35 horas sólo en Buenos Aires. 254 femicidios ocurrieron el pasado año (2016) dejando a 244 chicos huérfanos según cifras manejadas por el Registro Nacional de femicidios de la Justicia Argentina. Por otro lado ese mismo año cerró con un total de 298 muertes por causas de abortos sólo en la capital argentina por malas praxis debido a que aún no se termina de legalizar el derecho al aborto en el país, poniendo cuesta arriba las cifras de mortandad de cientos de mujeres que exigen sus derechos establecidos en algunos reglamentos legales que hoy en día la justicia no termina de ceder.
Me llamo Andrea
Andrea Paola Hernández
22 | Venezuela

por eso quieren verme rotx
porque creen que lloro cuando sangro
por eso quieren verme rasgadx
porque creen que soy un pedazo
no saben que soy de arena
que tengo estrellas en las uñas
que llevo una guerra en el pecho
células amazónicas me escriben
¿por qué se alimentan de mentiras?
¿por qué creen que tengo factura?
si mi herida sagrada se abre con cada luna
¿por qué me amenazan con quebrarme?
si somos un millón de piezas
si somos un millón de grietas
si somos un millón de manos
si somos un millón de úteros
si somos un millón de gargantas elevando el clamor de un pueblo
que se niega a ser domestica dx como una jauría de perros
no soy una isla no seré conquistada
tengo un rostro un nombre una cámara cien libros y una planta medio seca
me llamo Andrea quiero ser astrónomx
me llamo Andrea quiero ser humanx
me llamo Andrea quiero ser mi piel
y no hay un solo odio que pueda evitarlo
Unsafe abortions cost lives: understanding abortion as a human right and maternal health pandemic

Helen Wishart
25 | United Kingdom

Originally published on @feminism_is. Republished with permission.

Every day across the world, women are arrested, harassed, and prosecuted for having abortions. Whatever your position on the pro-choice/pro-life debate, we need to raise awareness of how aggressive and inhumane the punishments on women can be, when they reach the point where they feel that abortion is their only option.

In most of the ‘developed’ world, abortion is legal, which means that though there are often social and financial barriers which remain set against women, they should still be able to receive a medically controlled abortion that is safe, and responsible post-abortion care, without fear of imprisonment or persecution. However, in the majority of the world, abortion is almost totally illegal. Exceptions are made in some countries in the case of rape, or if the life of the mother is at risk, however in parts of Latin America there is a total ban in all circumstances. This leads to tragic consequences for women, such as the case below.

...A 28-year-old woman became pregnant as the result of rape. She attempted to self-induce an abortion and ended up in the hospital with severe complications. While in the hospital, she was reported to the police authorities by her doctor, was apprehended and handcuffed on charges of illegal abortion. She spent her 10-day hospital stay under police custody and was then transferred to a prison where she spent eight months in preventive detention (Ipas, 2015).

For the very poorest, however, it may be impossible to scrape together money for the procedure. The options available to them are likely to be crude, brutal, and they are unlikely to receive advice or support either pre or post-abortion. They may have to borrow, and get themselves in debt, through unregulated lending- to prevent further poverty in the longer term. Many are coerced to have sexual relations with the provider in exchange for the procedure- an outrage against human decency, but sadly widely reported (Casas and Vivaldi, 2014).

Those who identify as ‘pro life’ on the grounds of their own convictions, be they based in religious, cultural, or personal moral feeling, are perfectly within their rights to hold these views. However, whatever viewpoint you might take, there is one key consideration to bear in mind: the criminalisation of abortion is not shown to be effective whatsoever in reducing the rates of abortion procedures taking place each year. Statistics from the World Health Organisation demonstrate this: ‘The abortion rate is 29 per 1,000 women of childbearing age in Africa and 32 per 1,000 in Latin America—regions in which abortion is illegal under most circumstances in the majority of countries. The rate is 12 per 1,000 in Western Europe, where abortion is generally permitted on broad grounds. (WHO, 2012)’. Further, in 2003, and again in 2008, WHO undertook studies which found that, in both years, ‘complications from unsafe abortion
accounted for an estimated 13% of all maternal deaths worldwide’. The criminalisation of abortions therefore inherently cannot be considered pro life, when evidence proves that it necessarily endangers life.

On the wider scale, it is because women are forced to have unwanted children and remain trapped in an ideology of ‘natural’ womanhood that is part of a gender binary that is damaging to both sexes, that they are restricted from securing intellectual, economic, and sexual equality with men. This inequality has a very real human cost: because women are denied the right to make decisions over their own bodies and futures, too many die each day in inhumane, poverty struck circumstances- circumstances that could have been avoided had they had access to adequate healthcare and the freedom to make informed decisions.

It is for this reason that one of the key focuses in world health in our time must be to address inhumane denial of adequate reproductive health to women. Because 47,000 deaths of women a year equates to 129 women dying every day- and around one woman dying every ten minutes. Probably the time that it took you to read this article.

Abortion in Turkey

Hazal Atay
26 | Turkey
I was born as a machine

María Camila Zapata Cardozo
20 | Colombia

I grow flowers in my belly, they say
I feel ravens instead
And fire
And burn
And pointing fingers where I go
I was born as a Machine.

I grow heaven in my belly, they say
I feel demons instead
And rage
And fear
You'll go hell, that's what I hear
I was born as a Machine.

I grow life in my belly, they say
I feel death instead
They agree from the crowd
While I walk to the guillotine,
They don't know I'll be who die.

They keep clapping
They encourage
Bring the birds,
Make them coming.
 Doesn't matter if I want
Or the life the child would have
Keep them coming
Make them coming
I was born as a Machine.

Me, the crockery slave
Me, the erotic slave
Me, the seeds slave
Me, the death slave...
Cause I was born as a Machine.
**Do my social media contacts know about abortion and contraceptives? Using a talk session technique to discuss components of sexuality**

Sarmad Muhammad Soomar
22 | Pakistan

*Background:*

It has long been shown that stigma is strongly attached with sexual health, sexuality, sex and components of sex education. Young people often don’t dare to initiate discussions about these very themes because of religious barriers, cultural preferences, gender roles, definite social norms and a prejudice of ideas about sex and sexuality. This ultimately prevents them from practicing safe and secure sexual interactions and cherishing their rights with healthy environment and resources. So, I decided to explore this phenomenon in my home country of Pakistan!

*What did I aim to achieve?*

I conducted my investigation as part of a learning exercise gained through a project. No single theme or hypothesis was analyzed, but rather the awareness and opinions on a few major components was retrieved.

*What did I do?*

I decided to talk to people on a few basic components of sexuality, consisting of communication, sexual violence, puberty, masturbation, family planning, safe abortion practices and sources of sexual health information. These talks were titled “talk sessions on sexuality” and they were based on a value clarification and attitude transformation (VCAT) model.

Selected participants were interviewed in Urdu and English through a semi-formal pattern. Their responses were noted down in a written format. To reflect on their responses, the written answers were re-read and assembled to generate baseline information to understand the basic elements of developing future interventions or projects.

In the future, I also aim to hold the same sessions with teens/adolescents and with parents.

*How were the participants selected and interviewed?*

In order to see how social media is an active and safe source of disseminating sexual health information, I randomly chose 11 contacts from my Facebook friend list and contacted them to request an interview. Of 11 participants, three were interviewed through phone calls, two were interviewed through virtual means of social media (Facebook chat), two were interviewed face to face in an open place and four were interviewed face to face in closed rooms. All of the areas were chosen based on the preferences of participants and the mutual understanding of the interviewer.

*Who were the participants?*

In total there were 11 participants between the ages of 19 to 30 years old. Four were female and seven were male. The participants were from diverse professional and educational backgrounds.

*What did I find?*

What comes in your mind while idealizing or listening to “sex” or “sexuality”?

“Intercourse” was the common response from majority of the participants. In addition words like “private,
pleasure, bonding, basic need, hygiene, health, behaviors and gender” were commonly heard. The terms that came up minimally were “trans, without stigma, self-awareness and environment”.

Do you know about contraceptives? Are you aware about any of the family planning methods?
Almost everyone had heard that word in terms of planning kids, spacing and in terms of referring to the use of condoms for birth spacing. The majority of them were aware of condoms, pills and the chala or ring (the local terms for pessaries and intrauterine devices). Only a few named spermicides, female diaphragms and surgeries. Most of them were agreed on providing youth and teenagers with information and access to family planning methods. One participant agreed on providing information but denied on access to youth and teenagers. And only one denied on both information and access.

Should everyone have access to safe abortion / safe abortion care?
Eight out of eleven said YES for the statement and remaining three said NO to access to abortion for everyone. Surprisingly all of their answers varied when they were asked to provide opinions on access to abortion in specific ideal situations. The table below describes this:

<table>
<thead>
<tr>
<th>Access to everyone</th>
<th>For unmarried pregnant woman without regard to reason for pregnancy</th>
<th>Sex selective abortion</th>
<th>Abortion in the case of fetal abnormalities</th>
</tr>
</thead>
<tbody>
<tr>
<td>YES (8/11)</td>
<td>YES (5/11)</td>
<td>YES (1/11)</td>
<td>YES (4/11)</td>
</tr>
<tr>
<td>NO (3/11)</td>
<td>NO (3/11)</td>
<td>NO (10/11)</td>
<td>NO (4/11)</td>
</tr>
<tr>
<td>“When there’s a serious threat/possibility of death of mother/child” (1/11)</td>
<td>No idea (1/11)</td>
<td>Depends upon situation (2/11)</td>
<td></td>
</tr>
</tbody>
</table>

abortion would be considered illegal.

What are the common sources for youth and teenagers in regard to gaining sexual health information?
All of the participants were describing similar thoughts that in Pakistan youth have access to both healthy and unhealthy sexual health information and the major and common source of gaining this information are friends (social circle), internet websites and social media.

Understanding of contextually relevant terms
In order to understand the familiarity of participants with the sexual health terms in their own contextual linguistic pattern, words in Urdu (national language) were shared with them and they were asked to share the definition or the English terminologies for these terms. The majority of them knew that “hum jins” in Urdu means “homosexuality” because this term is more frequent and common in comparison to other terms. Out of all participants only one identified the correct contextual term for “abortion” that is “isqat e hamal”. The remaining terms were identified by none and almost no one had heard them before. Those include “musht zani” which means “masturbation” and “furj” which means “vagina”. Few of the men were aware about the contextual term for “ejaculation” - it is called “ehtelam” in Urdu.

**Conclusion**

Sexual health is considered taboo; people don’t describe use of contraceptives by them and are afraid of reaching a safe and proper platform to access abortion services. But it doesn’t mean that sexual health is not primary to them. The talk sessions highlighted that:

- Even educated people require awareness; they can’t be left to their own judgment.
- Sexual health information and service provision requires value clarification first. Because of cultural barriers and strong social values, even if people want to talk about abortion or family planning they still don’t because they think it will be not good to discuss. Running values clarification and attitude transformation can help these populations address sexual health issues later on in discussions.
- Talking to random contacts created an obstruction among them to look out for these themes, i.e. it created questions in the participants’ minds about sexuality that strongly relates with their values, and they start to think over it when they go back (as defined by a value clarification and attitude transformation model).
- Social media, apps, phone and peer discussion could be effective in disseminating sexual health information, if positively utilized.
- Lastly, people are shy because of values and culture but they need someone to initiate discussion and talk to them to come up with solutions.
Derechos al aborto a la luz del creciente conservacionismo y populismo

Majito
24 | Ecuador

Intentar romper los esquemas de una familia religiosa y una sociedad que se preocupa por el qué dirán de sus semejantes permanece presente a pesar del cambio de siglo. Como futura profesional de la salud me siento responsable por la vida y bienestar de miles de mujeres que buscan el cumplimiento de sus derechos sobre su cuerpo y acceso al aborto. Cientos de historias se tejen en hospitales, bibliotecas o cafeterías de la ciudad. Mujeres que actualmente son madres, relatan tristes los sueños que dejaron de lado por no acceder a un aborto seguro y falta de apoyo familiar. Niñas que en trabajo de parto llenan las salas de Emergencia y siempre acompañadas de sus madres, que entre gritos y lágrimas las culpaban por el nuevo nieto. Las historias se repiten más de una vez, incluso con la misma protagonista, pero en la sociedad en la que vivo son historias ajenas, leyendas urbanas o secretos a voces. Acceder al aborto no lo considero un acto de rebeldía o deshonor a la religión o a la familia, es en sí el empoderamiento de la mujer que busca que se escuche su grito de: “Resistir y persistir - nuestros cuerpos, nuestros abortos, nuestros derechos”
My experience as a clinic escort

Kalila Kirk
21 | United States of America

Clinic escorting was my first hands-on abortion activist experience. I spent hours in the parking lot, watching out for clients and helping them enter the health center safely and comfortably. My fellow volunteers were fierce, older women, who told me stories about when abortion was illegal. They spoke of classmates who disappeared, roommates who used strange chemical concoctions in the bathroom, and of their own abortion stories. This introduction to the world of reproductive justice showed me how critical it is to get knowledge from our elders. I moved forward from this knowing that abortion’s legality, although precarious, is something we can never take for granted. Our bodies, our abortions, our rights!

Venciendo el estigma internalizado, de la familia y la sociedad

María Belén Villacrés Martínez
22 | Ecuador

El estigma del aborto ha sido atribuido como una acción negativa que marca en varios contextos a una mujer, generando una idea de inferioridad, pérdida de autoestima y marginación por parte de la sociedad, familiares y por la misma persona.

En muchas partes del mundo hablar de aborto significa hablar de asesinato; y al colocarlo como un crimen muchas mujeres, adolescentes y adultas, sin consultar con un especialista de salud, sin información segura y con el único apoyo de si mismas acuden a clínicas clandestinas, lugares sin la asepsia adecuada, sin el personal capacitado, y de esta manera las tasas de mortalidad van en aumento. Actualmente 47000 mujeres mueren anualmente por abortos realizados en malas condiciones a nivel mundial (Family Planning Association, 2014). Lastimosamente la mayoría de fundamentos que se oponen a la práctica del aborto son arraigados a creencias culturales, religiosas, machistas, legales y la crítica y percepción creada es muy difícil de erradicar.

El estigma del aborto (Zamberlin, 2015) se expresa en varios niveles: percibido cuando la mujer es consciente de las críticas del resto; experimentado a través de la sociedad que criminaliza y juzga libremente; e internalizado cuando la mujer incorpora las críticas negativas que recibe por parte de la sociedad generando sentimientos de culpa, vergüenza, aislamiento. Este estigma afecta tanto a mujeres que han tenido un aborto, aquellas que al tener una gran carga emocional prefieren ocultar su situación para evitar ser juzgadas generando una mayor carga emocional; personas que trabajan en la provisión del aborto, son desacreditados por colegas que están en contra del aborto, estrés laboral y síndrome de Burnout; y partidarios del aborto. Para vencer el estigma del aborto, una problemática a nivel mundial lo primero que se necesita es realizar una mejora en la salud y educación, explicar acerca del aborto y sus implicaciones, técnicas seguras, higiénicas y personal especializado, clínicas capacitadas y con instrumentación necesaria para realizar los procedimientos; hablar acerca de la educación sexual,
tema del cual por prejuicios no es explicado de manera profunda, explicar acerca de los métodos de anticoncepción, sus ventajas y desventajas, y de la seguridad sexual. Fomentar en toda adolescente y mujer en edad reproductiva visitas al servicio de ginecología; con asesoría en salud reproductiva y contracepción. En el ámbito cultural y religioso es necesario tratar de vencer mitos y creencias mediante el uso de los recursos de la ciencia, estadísticas e información actualizada para evitar muertes clandestinas, el maltrato, y el rechazo por parte de una sociedad que juzga sin conocer y ataca sin pensar.

En el ámbito legal es importante dar a conocer las leyes de cada país y modificarlas; vencer la criminalización del aborto e incentivar por parte del Estado, campañas que dejen atrás prejuicios y críticas y que generen en la mujer libertad para decidir, libertad para expresarse y libertad para actuar.

En el ámbito familiar establecer el concepto de la unidad, del apoyo y de la confianza, que son la base para crecer en amor y poder tomar la mejor decisión como mujer, como persona y como dueña del futuro. Finalmente es importante recalcar que una buena educación, con información actualizada y explicada de manera correcta tiene como objetivo romper mitos y creencias absurdas, crear conciencia acerca de métodos de anticoncepción y planificación familiar, dar a conocer la realidad de un tema tan controversial y juzgado, disminuir tasas de mortalidad por procedimientos realizados de manera clandestina y eliminar estigmas que atacan a la mujer en la sociedad.

References:


Defend Choice Ottawa

Thane Robyn
24 | South Africa
Biography:

Thane Robyn is a trans guy of colour, who is originally from South Africa. He has lived and learnt in many different places, from Africa to Central Asia and now Canada, and because of this Thane values community. The kind of community that can only be created by sharing a meal with folks, or working together towards a common goal. Thane believes that it is community like this that gives us the ability to bring about change.

He is passionate about media creation and is rarely seen without a camera. He has been documenting and discussing trans issues on his youtube channel, working on his own media startup and collaborating with other artists on projects. Through this he has worked to run media and film making workshop series with marginalized youth in Ontario. He is focused on actively challenging systemic oppression by creating radical and accessible opportunities that support individuals in telling their own story.

Instagram: @r.bynmedia
Twitter: @thanerobyn
Facebook: @R.byNMedia
Email: info.robynmedia@gmail.com
An Interview with Sharmin Hossain, Manager of Youth Organizing at Planned Parenthood of New York City

Interview by Ankit Gupta
24 | India

How do you see your work as youth coordinator relevant to young people you work with?

As the Manager of Youth Organizing at Planned Parenthood of New York City, I know that access to quality reproductive health care is pivotal for young people. A huge part of Planned Parenthood’s work is providing resources, quality education around bodily autonomy, consent, and sexual health through our Youth Health Promoters program, where young people are in neighborhoods and schools facilitating those important conversations. In New York State, minors do not need consent for healthcare services, which allows us to practice a model that centers young people’s personal autonomy and center their needs as patients. Although we encourage young people to invite adults they feel comfortable with to accompany them to our health centers, we recognize that not all young people have supportive figures in their life...

Our work requires an understanding of how economic justice - the radical notion that the most marginalized populations must be prioritized in a capitalist economy that seeks to disenfranchise and limit access - is interconnected to the urgent issues of immigration, police brutality, and the rising costs of education and unemployment.

How do you see the rise in fundamentalism in the US and rest of the world impacting reproductive rights?

Over 78,000 women die every year from unsafe abortion globally, mostly because they are unable to access abortion care in a safe and legal setting. This statistic could be eliminated by the provision of appropriate health information and services and law reform efforts. Before our current alarming Presidency, the Bush administration worked closely with Evangelical and Republican forces to limit access to reproductive health services at some point in their lives. Planned Parenthood is popular even among the majority of Trump supporters and Americans generally support abortion access. Despite everything, American people are overwhelmingly supportive and using resources like Planned Parenthood and we need to stop letting Republican legislators and their right-wing supporters control the conversation to strip vulnerable populations of their rights.

What role do you think young people can play in fight for access to safe and legal abortion?

Young people are at the forefront of our movement to protect reproductive healthcare access. We at Planned Parenthood take leadership development seriously: we have opportunities for young activists to become leaders in our advocacy and organizing work. Generation Action is a network of young activists across the country who organize events on their campuses to mobilize advocates for reproductive freedom. We raise public awareness about reproductive health and rights, while educating young people about sexual health. Young people can become advocates, educators and organizers to create lasting change in their communities.
Biography: Sharmin Hossain is the Manager of Youth Organizing at Planned Parenthood of New York City, working to build and uplift PP Generation Action youth organizing initiatives with leaders, campus groups, and coalition partners across the 5 boroughs. Alongside social media advocacy, she designs and leads trainings for youth leaders focused on organizing and advocacy skills, leadership development, and issues connected to reproductive health, rights, and justice.

A graduate from CUNY Hunter College, Sharmin founded the Bangladeshi Historical Memory Project, a political theatre initiative reconciling histories of trauma and displacement. Sharmin was a core member of the Jackson Heights Cop Watch team, working to challenge systemic racism and police violence in NYC.

Our bodies, Our abortions, Our rights...or are they?

Ebaa El-Kalamawi
26 | Egypt

When the guy I really liked asked me to take off my clothes, I panicked. A million scenarios raced through my head and they all had the tainted color of shame. It was then when I knew that deep within, I don’t believe for a second that I own my own body, that what I proudly claimed to be my very own blood, flesh and hymen are truly possessed by the social and political weight of being an Arab Muslim woman living in Egypt.

One of those dark fear-oozing shame-filled scenarios was me entering walking through a dark alley in a slum-like area to a shady apartment with old posters hanging on the wall of pregnant women glowing with what I can only assume to be gloating smiles. I walk up to that one guy sitting behind a desk. No words exchanged, I give him the money. I try to shake off the weight of his stinging judging stares but I fail.

“The doctor will see you now”. I smile ironically remembering how seven years into medical school didn’t prepare me to sit where I am today. I go in. “How old are you?” “How far along?” “Did you take anything before you come here?” and I whisper faint answers. “Go lie down, please”. I do as I am told because let’s face it, how much left do I have to lose? I get the answer in a rising sense of panic as I feel the metal coldness near my vagina. “Did he wash his hands from the last lady that laid here before me?” my mind chooses to overcrowd itself with thoughts. I halt it with one sharp deep breath that does close to nothing combating my upcoming panic attack.

In my head, my imaginary visit to the shady doctor in the clandestine abortion “clinic” stops here. My mind fails to imagine what’s next and it fails me even more when I try to know the kind of power it takes for women in my country to live such scenario and much worse ones too.

Looking back, I realized that this scenario is just the fruitful outcome of one of many horror stories I grew up hearing as a cautionary tale from my mom and the many dramatic plots I watched in +18 Arabic movies I used to sneak behind my mother’s back as a teenager. And it did teach me the lesson society wanted me and many other women my age to learn: Abortion - the direct result of unsafe premarital sex- is an abomination that no self-respecting Egyptian woman would ever choose to accept.

This complicated socially discriminatory stand against a woman’s right to choose doesn’t stop at individuals or even communities frowning upon or ostracizing women who choose to abort. The legal system in Egypt is a very guilty and even a more powerful accomplice in this crime. Abortion in Egypt is prohibited by the Penal Code of 1937. It gives a little wiggle room though as exceptions may be granted in cases of necessity. This necessity was vaguely interpreted as permitting an abortion to save the life of the pregnant woman and may be extended to in some cases of fetal impairment. Such cases are to be done by a physician when two specialists approve, unless the woman’s life is in imminent danger.

Looking at how these discriminatory social and legal stands have taken their toll on Egyptian women, it seems that despite women undergo unsafe abortions every day, there is almost no data describing the reality of the situation, leading to an even more vicious circle of an increasing number Egyptian women undergoing unsafe abortions.

So, what to do? I can’t tell you I have a quick fix. As for me, I only have my will to speak up about it - sexual education, safe sex, family planning and safe abortion - all of it. For the rest of us, I believe that once we raise our voices loud enough, and by us I mean civil society and community members together, stigmatizing policies and social frameworks are bound to fall hard, leaving room for more of us women to freely choose.
Women are stripped of their right to choose and often times they experience unnecessary judgment from people who perceive their decisions to be taboo due to misconceptions and social stigma. Women are deemed as fragile beings, but they can be brave and bold too. They will continue to fight the good fight to be liberated from shame and societal expectations.
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.

CONTACT US

outreach@youthcoalition.org

www.youthcoalition.org

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