Youth Coalition at Women Deliver!!!

After months of planning and hard work, the “Women Deliver” conference has now begun! From October 18th to 20th, 2007, in London, one of the world’s largest gatherings on women’s health is taking place. A wide range of activists, academics, health professionals, representatives of international organizations and, of course, young people, will meet to reflect upon and discuss women’s health issues.

The conference will provide us with a unique opportunity, as members of a global society, to come together for the fulfilment of common goals.

In recognition of the importance of this conference, the Youth Coalition for Sexual and Reproductive Rights - made up of young people from the ages 15 to 29 - have planned several activities throughout the conference. Among other things, we will be:

• Launching two completely youth led and youth written Abortion publications (October 18th, 5:30 PM, at the Speaker’s Corner).

• Presenting a panel on “Maternal health challenges through different lenses” (October 19th, 11:00 AM)

• Speaking at the Youth Closing Networking Plenary (October 20th, 11:00 AM)

• Speaking at the closing plenary (October 20th, 1:00 PM)

Join us in making this conference one to remember!!!
Our young black women are dying and nobody seems to care:  
a young woman’s call for a strong women’s movement!  
By Thokozile Budaza, South Africa, member of the Youth Coalition

As a young woman in today’s Africa I often feel like I belong to a doomed generation. Because of the AIDS epidemic, we are the girls who have to stay away from school to take care of our families; we are the youth who get buried by their grandmothers, the young women who are parents even before we can enjoy our youth, the young people who attend a friend’s funeral every other weekend. Yet, we are also like women in previous generations; we still find it hard to advance professionally unless we pay homage (sexually or otherwise) to the men above us. Does the women’s movement, if it exists speak of our issues or it is still stuck in our mother’s era?

Growing up, I quickly learnt that men held the power in society, for how else I could explain the torturous nightly visits by my uncle’s friends to my bed. I also couldn’t explain the frequent beatings my aunt received from my uncle. The power that I saw was mainly physical and this was completely acceptable in my community. I also observed that macho women seemed more respected by the men than those who were feminine. I wanted to be like them.

By the age of 14 I had successfully molded myself into an image of a young man; I smoked, drank and acted tough, and for five years I didn’t wear a dress. Yet I felt miserable; caught between a hollow space where boys never really accepted me, and girls brushed me off as being too boyish. How many young girls are in the same situation as me? I was defining myself as something I didn’t want to be: weak, girlish and vulnerable. I needed to define myself as what I wanted to be: strong and confident regardless of the position defined by society for me in relation to my sex. Due to the lack of a strong women’s movement we are still raising young girls who are learning from the streets, and because of the violent nature of our society that is dangerous and confusing.

Everything I knew about gender was from TV. Through a workshop at university I learned about gender activism and I immediately felt that this new language provided the platform I had been looking for all my life.

I now had a way to express all the fear, pain and angst I had experienced. I could understand that I wasn’t the odd one out, that there was a system of gender inequality that made my experiences common amongst women.

Three years into this journey I still struggle to fully articulate the issues. When I try to read more in order to get a fuller understanding of women’s issues, the articles are written in an academic language that often doesn’t connect to my heart. I have attended countless conferences on gender, and I am often bored. The discussions don’t speak to me. Instead they are aimed at my mother’s generation, as though nothing has changed in the last twenty years. I am a university graduate for crying out loud if I am struggling, what more of my sisters who have not had the privilege to attend university.

The women’s movement in Southern Africa needs to move beyond meetings in which gender types talk to each other about how little leadership there is in the movement or about how little participation there is by young women in advocating for gender equality. We need to engage and debate over issues that are relevant to us. Young women within and outside the movement need to energise this debate and start asking questions like: what difference would it make to us if it is a woman? What should we demand from any candidate whether it is a woman or a man?

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Too many young women think that feminism is about women keeping up with men, have sex as much, with as many different partners as our male counterparts. Yet the movement needs to understand that they have raised a generation of young women who have more choices economically, sexually, and socially. As a movement we now need to define what it means to accept that different generations of women have different needs; we are not all the same. Surely we need a reference point that doesn’t define strength as ‘being like a man’ and doesn’t treat feminism like a dirty word. This can only be done if the women’s movement is able to reach out to all women in our communities especially young women. The women’s movement or what is left of it should give us a reason to stand up and be counted on the feminist platform.

Unsafe abortion in Trinidad and Tobago:
Gynecologists respond to women’s on-line accounts

By Cedriann J Martin, Advocates for Safe Parenthood: Improving Reproductive Equity (ASPIRE)

The women who have anonymously shared their stories about abortion on a local website, describe complicated experiences wrought with lack of knowledge and dodgy doctors. With support from the UK Feminist Review Trust, Advocates for Safe Parenthood: Improving Reproductive Equity (ASPIRE) has created an online forum where women can tell the whys and hows of their decisions to terminate pregnancies.

For seven years ASPIRE has planted its abortion law reform lobby on public health ground. The NGO has cited disturbing statistics culled from Ministry of Health records: every year three to four thousand women are treated in public hospitals due to complications arising from unsafe abortion. Thousands more are never admitted.

The premise of abortion law reform is that the nineteenth century criminal legislation fails utterly as a deterrent. Instead, it creates a furtive, unfettered environment in which women are often injured, and sometimes killed. The studies bear this out; a 1997 Pan-American Health Organisation (PAHO) report identified unsafe abortion as the country’s second leading cause of death during pregnancy.

These are some anonymous testimonies from women who visited our website: “I went to the doctor and he administered me eight Cytotec tablets,” another Anonymous said. “That was the worst. In a matter of two hours there was my four-month-old foetus lying on the ground, lifeless.” Another said: “About five months after the abortion I started to bleed heavily with big chunks of clots coming down I was sent for an ultrasound and it showed a mass in my womb but it was not viable. I was lucky because the remains could have rotted inside me.”

Go to www.aspire.org.tt to read more real stories from women about their experiences with abortion or to share your own.
In May 2007 having just turned twenty-six, I walked across the stage at the University of British Columbia in Vancouver, Canada eager to receive my Bachelors of Midwifery degree from the Faculty of Medicine. After four years of learning and practicing midwifery and a previous four years studying life sciences, I felt I was ready to join the cadre of healthcare providers. We were a closely-knit class of ten, since midwifery is a relatively new autonomous profession in Canada and even more recent to our university.

Most fellow graduates of other professional programs did not know the features of midwifery care: that it was publicly funded in the province of BC; that we specialize in normal pregnancy, birth and the neonatal period; that we work well within the healthcare system; and that we offer comprehensive care, emphasizing continuity of care and informed choice.

Regardless of that fact, midwives are in demand and I started my first day as a midwife on June 1st. I was fortunate to join a rural practice with a supportive and experienced midwife and I had a full case load from the beginning.

This article gives me the opportunity to reflect on my ‘entire’ four months of practice. I have come to recognize that addressing barriers and challenges faced by new healthcare professionals may aide in acquiring and retaining such needed people. Below as some of the greatest challenges that I faced.

Financial issues are always a consideration, students fresh out of a professional program carry a paramount load of debt, coupled with buying equipment for a practice (we do homebirths and require a significant amount), professional insurance dues and clinic costs are to be paid all before billing for any patients.

Furthermore as a new graduate, most of the positions available are temporary (locums) of which you get paid 50–70% of what you would bill the government for the same services provided. Although I understand and support financial compensation for guidance and support that a new midwife needs, I do not excuse financial exploitation under the guise of gaining experience.

Bureaucracy was another prime example of the difficulties. The amount of paper work to become registered, to gain hospital privileges, to notify the healthcare community of your arrival was painful. There were always glitches that a laboratory or the cancer agency doesn’t have your name and you have to start over again. Hospital privileging is one process that can clearly discriminate against new healthcare professionals. I recognize the limitations of number of beds within a hospital and need to protect patient safety, however there is much power over who works where and for what when privileging is in the hands of the elite few.

This was all prior to actually practicing midwifery, which in itself is stressful. You have to walk a fine line between acting confident and knowledgeable, but knowing when to ask questions and ask for help. Nurses and doctors evaluate all of your moves to determine your level of competency and caring. Many patients are understandably weary of a new practitioner, especially someone who is clearly young and still learning the ropes of a new hospital and healthcare team.

There have been many other incidents that have led to further anxiety and stress in the first few months of becoming a midwife and I have numerous questioned my ability to work in this profession. However, I do feel well supported and well trained, and know that I will slowly feel more comfortable in my skin. Regardless it has not been easy, and any means of alleviating some of the challenges of becoming a new healthcare professional will go a long way to providing quality maternity care.
Sharing some Advocacy Messages from Paraguay

Advocacy for the decriminalization
Why keep holding?
Abortion is a reality. Is the first maternal death cause in our Country
Decriminalization to LIVE

Advocacy por la Despenalización
¿Porque seguir aguantando?
El aborto es una realidad. Es la primera causa de muerte materna en nuestro país.
Despenalizar para VIVIR.

Advocacy for Abortion in Adolescents Women
% of women quit their studies because of a pregnancy during adolescence
STUDIES, FRIENDS, SEXUALITY, CLOTHES, CINEMA, WORK, PARTY, MOTHERHOOD
I want to choose my future… This decision is also mine!

Advocacy para el Aborto en Mujeres Adolescentes
% de mujeres que abandonan sus estudios por embarazo en la Adolescencia
ESTUDIOS, AMIGOS, SEXUALIDAD, ROPA CINE, TRABAJO, FIESTA, MATERNIDAD
Quiero elegir mi futuro… ¡Esta decisión también es mía!

Advocacy for abortion rights in case of sexual assault
¡Stop the Sexual Violence!
Legal Abortion for cases of sexual assault.

Advocacy para el Derecho al Aborto en casos de Violación
¡Que la violencia sexual no continué!
Aborto Legal para los casos de Violación.

The Youth Coalition for Sexual and Reproductive Rights (YCSRR) made 5 separate national level safe abortion workshops, focusing on advocating for safe abortion care. Workshops were held in Paraguay, Nigeria, Trinidad and Tobago, India, and Ecuador. Each workshop was facilitated by two YC members, and explored the issue of abortion specific to each country. Participants discussed what needed to be done in each country in order to ensure that women (in specific young women) have access to safe abortion care. Two publications are going to be launched as part of this initiative: An Advocacy Guide for Abortion Rights and a Youth Perspectives Booklet on Abortion. Follow up activities are being planned.
Who we are: The Youth Coalition for Sexual and Reproductive Rights

The Youth Coalition for Sexual and Reproductive Rights (YCSRR) is an international network of young people that works to increase access to, and quality of, sexual and reproductive health and the rights of adolescents and young people throughout the world. The Youth Coalition envisions a world where the diversities of all young people are respected and celebrated, and where they are empowered and supported to fully and freely exercise their sexual and reproductive rights. Sexual and reproductive rights are human rights, and therefore apply equally to young people. Young people have a valuable contribution to make to society and must be given a voice in all policy and decision-making processes that is respected and fully incorporated.

The Youth Coalition also believes that all women, irrespective of age, have the right to access medically safe and legal abortion care. Unplanned and unwanted pregnancies are a common situation faced by women throughout the world. Many circumstances can put a woman in a situation where she must decide whether or not to continue her pregnancy. Ethical, legal, medical and social situations can influence her decision. However in the end, regardless of the legal or moral prohibitions, or the lack of economic or social resources, millions of women elect to terminate their pregnancies even if it could cost them their lives.