



ABORTION & REPRODUCTIVE JUSTICE THE UNFINISHED REVOLUTION III

08-12 JULY 2018 - RHODES UNIVERSITY / GRAHAMSTOWN / SOUTH AFRICA



BARRIERS TO ACCESS

Dr Suchitra Dalvie presents on medical students who are turned into insensitive healthcare providers by a system that is deeply prejudiced.



The biggest barrier to safe abortions may not be the stigma attached to the procedure by society, but the judgements attached by medical professionals working in the health sector, writes **Shalen Gajadhar**

“Doctors should have a moral obligation to speak up on behalf of those that are victimised or marginalised,” says Dr Suchitra Dalvie who is an Obstetrician/Gynaecologist in India. During her presentation titled: Reaching out to medical students before the system turns them out as insensitive doctors Dr Dalvie stated that the medical curriculum and spaces specialising in teaching medicine are deeply misogynistic.

It is always stated that medicine is gender blind, however, it is in this blindness that archaic misogynistic ideas of the female body has been allowed to perpetuate and thrive. “Since modern systems of medicine have arisen from a patriarchal system that suppressed women healers and even prevented them from admission to formalised medical colleges, the teaching environment as well as textbooks are not exactly conducive to creating a gender sensitive and rights based awareness among medical students,” said Dr Dalvie.

Dr Dalvie went on to state that it is critical that healthcare workers play a role in the global discourse on healthcare rights. She stated that this was critical, especially in Asia where women and young girls lack information, autonomy and access to services which could enable them to make and carry out decisions pertaining to their own sexual and reproductive health, especially those regarding sex, contraception, abortion and childbirth.

Against this responsibility, barriers to informed healthcare need to be broken down by healthcare workers, however, many healthcare workers

themselves are said to have bias towards girls and young women seeking healthcare services. Gender role ideology and gender inequality negatively influences treatment of cases where termination of pregnancy services is sought.

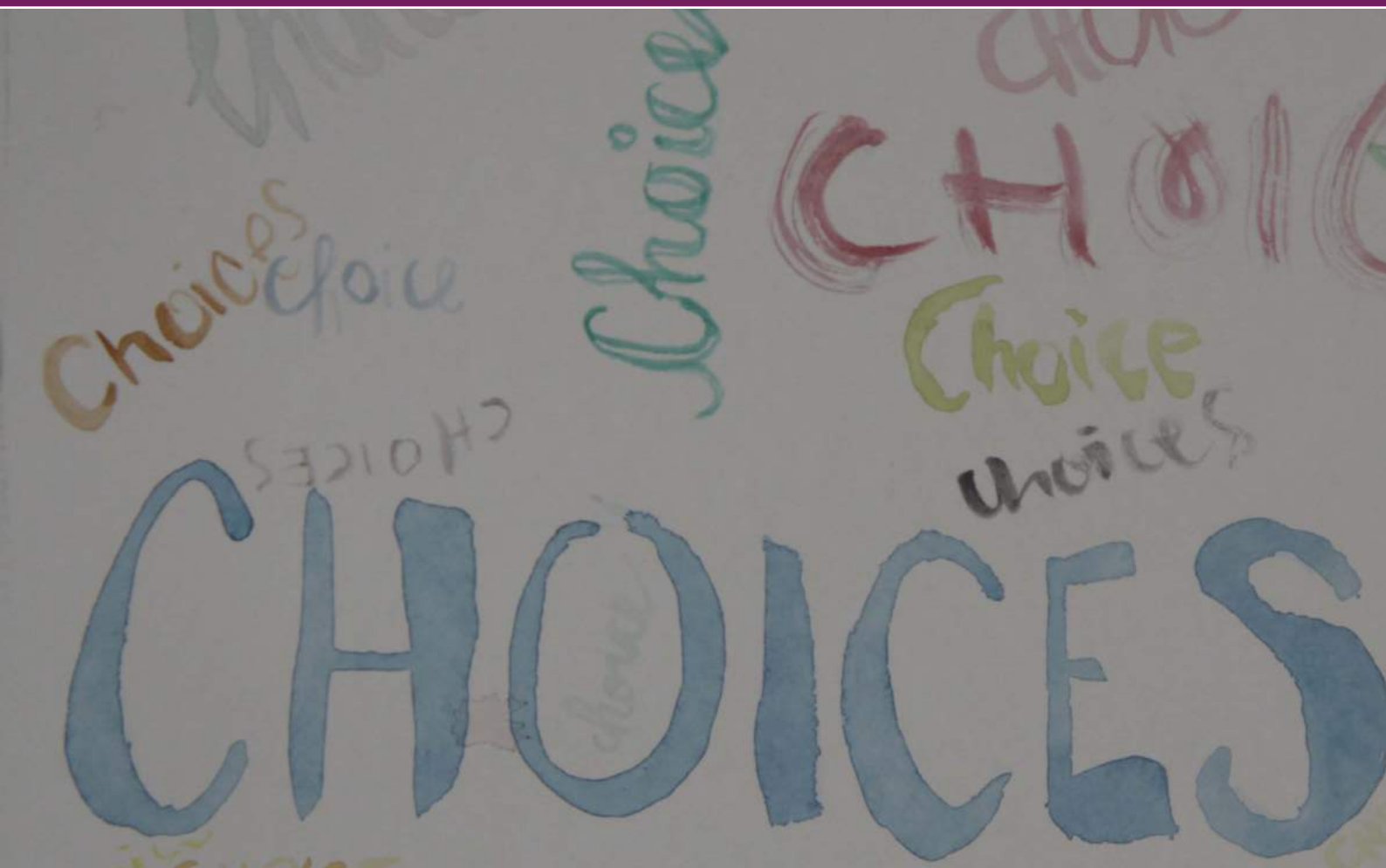
During discussions, delegates shared stories of medical caregivers who presented their own bias in the way they treated young girls and women seeking termination of pregnancy services. “This is one of the leading causes of girls and young women seeking unsafe options to terminate a pregnancy,” said one delegate. Another delegate lamented that this stigma on the part of health caregivers was driving women to their deaths, and being done by the very same people who are meant to save lives.

Dr Dalvie stated that medical students are not exposed adequately to issues of sexuality, gender and patriarchy and even when they recognise misogyny in the teaching and textbooks they are still helpless at being able to openly protest since medical education spaces were themselves deeply misogynistic.

Abortion has been legal in India since 1971, however, in a recent study questioning medical interns on their attitude towards abortion almost one quarter of the respondents considered abortion to be morally wrong. “This is a major problem in India and around the world, and if we do not address this, our efforts in developing legislation to give girls and young women the right to choose, will be in vain,” concluded Dr Dalvie.

ABORTION IS NOT ABOUT MORALS

By Shalen Gajadhar



The abortion conference took a closer look at the health profession and how abortion is rendered to women who choose to get the service. During a day of presentations titled: Health Systems, Histories of Abortion, and Abortion Politics speakers looked at legislation reform focussed on shifting lawmakers to understanding sexual and reproductive health and rights as sexual and reproductive health justice.

“The fundamental shift is that power now shifts from legislation where power is enshrined in the laws of a land, to powers residing with women,” said Cathi Albertyn who delivered the keynote address titled: Abortion and Reproductive Rights, Justice and Equity: Contestation in a Global Arena and the Global South. Albertyn is a Professor of Law at University of the Witwatersrand whose areas of interest include Equality and Gender Studies. In her presentation, touching on the theme of this Conference (Abortion and Reproductive Justice: The Unfinished Revolution III) Albertyn explained that this power is taken away from archaic or patriarchal societies to focus on the power women can exert of their own bodies through their own choices. Recognising that these choices are made within difficult contexts is very important, as it does not put the burden on women to commit to choices, but rather, pushes for access to choice within societies. This, she stated, is the push from seeking reproductive rights to seeking reproductive justice.

Presentations looked at countries in the southern African region and across Africa where termination of pregnancy is illegal, unless there are cases in which the life of the pregnant woman is in danger. South Africa is the only country where abortion rights are recognised by government. Countries like Uganda and Malawi (amongst others) permit abortions only in very specific situations. Dr Judith Daire presented on Malawi’s restrictive abortion laws stating that in 2015 over 141 000 unsafe abortions were performed in the country.

A presentation by Antonella Lavelanet from the World Health

Organisation (WHO) revealed work in exposing policies on abortion. “This tool makes policy and regulations on abortion transparent so that the world can look at your views on abortion,” said Lavelanet. The Global Abortion Policies Database has so far surveyed 197 countries and 213 jurisdictions scanning and verifying over 1000 source documents and is full accessible at <http://srhr.org/abortion-policies>

Patricia Nudi says young people aged 10-24 makes up 36% of Kenya’s population. This is over one third of the population but laws on sexual and reproductive justice are very restrictive leading to youth becoming despondent with their government.

Countries like Namibia, Malawi, Mozambique and Zimbabwe have laws on abortion however, at community level the stigma is so ingrained, that most youth rather seek illegal and unsafe options when attempting termination of pregnancy.

Kristen Askilewicz (University of Cape Town) in her presentation titled: Law, policy and Abortion: Implications for Adolescents stated that up to one in five teenagers in these countries are pregnant, or parenting and most are not ready for parenting. Askilewicz further stated that unsafe abortion was the leading cause of maternal mortality in these countries.

The Protocol to the African Charter on Human and Peoples’ Rights on the Rights of Women in Africa, better known as the Maputo Protocol adopted by the African Union in 2003 is the principal instrument in protecting the rights of women in Africa, however, most countries fall short of adhering to the guidelines agreed to.

Presentations on the day outlined the need for African countries to examine and implement these protocols in pieces of legislation meant to protect girls and young women to ensure better access to sexual and reproductive health services.

ABORTION FOR CONVENIENCE

By Zama Khwela



Men in Zimbabwe would only accept abortion as being a rightful act, when they would be financially affected (child support) or when their reputation would be damaged from a pregnancy resulting from a casual sexual encounter. Dr Chamunogwa from the Bindura University in Zimbabwe presented this at the conference on abortion currently underway at Rhodes University. Dr Bindura with his colleagues Nzira Lukwa and Chipo Nyoni conducted the study in Zimbabwe.

“The data gathered from a sample of 148 respondents comprising 16 key informants and some 132 respondents, clearly displayed that men generally do not view abortion as a woman’s right and they tended to believe that ‘taking a life’ is unacceptable, regardless of the circumstances. However, there were a few male respondents that felt abortion is acceptable under limited circumstances, but not the limited circumstances one might expect.

Women argued that men were inconsiderate towards women’s needs and positions in society, and elevated themselves above women.

The stigmatisation placed on the abortion procedure and the women who chose to terminate, was a fundamental issue. Most men and women who categorise themselves as religious, consider abortion to be literally and directly associated with ‘loose’ and ‘undignified’ women.

Men generally distrust women who are in any way linked to abortion, even if it is only by association. The majority of the respondents believed that abortion negatively ‘taints’ women by making them unfit for marriage. They believe such women should be branded as ‘killers’. This is in addition to the shame already placed on women who fall pregnant outside of marriage. None of the same stigmatisation is placed on men.

On the issue of when a foetus becomes a ‘person’, most respondents

considered conception to be the point at which life begins, making abortion an infringement on the rights of the ‘child’.

Despite the anti-abortion views of the majority of the respondents, there were some women and some service providers interviewed that believed that women should have a right to choose, and this should already be an undisputed right in Zimbabwe. One of the pro-choice respondents even posed the question, ‘How many more women should die from unsafe abortions in order for Zimbabwe to legitimise abortion?’

Most men in Zimbabwe are not interested in the pro-choice fight, as they see it as a ‘woman’s problem’. No man has ever been pregnant, as they put it.

Women left with the burden of an unintended pregnancy felt that they did not want to take on the responsibility alone, which was often the driving force behind their choice to terminate. Men have the choice to abandon their duties, simply because the result was not in their best interest. Women bear the brunt of the responsibility to care for children when it should, in fact, be shared between two parties.

One female respondent shared her struggle with coming to terms with her choice to terminate her pregnancy, since she classified it as a ‘death in the family’ she never shared with her family members. Her body will heal but her conscience never will.

“Our study clearly shows the variety of beliefs regarding legalising abortion in Zimbabwe. The country is at a crossroads when it comes to abortion – there are too many clear differences between the opinions of men and the reality of women, and the religious influence is an undeniable hurdle.”



People have different thoughts and views on abortion

By Morapedi Sibeko

Even though abortion has been legal in South Africa for the past 21 years, women still have to contend with the stigma attached to abortion. “Stigma embarrasses and mutes women looking at an option of terminating a pregnancy. It is the reason women choose unsafe routes which can often be fatal,” said Ms Judith Merckel, Country Director for Ipas South Africa, during her presentation at the Abortion Conference at Rhodes on Tuesday 10 July.

The stigma around abortion, she continued, is complex as it is tangled with a number of other issues around gender stereotypes, sexuality and power. Eliminating the stigma would need careful lessons and involvements based on well-studied evidence as it is also riddled with sensitive cultural and religious implications.

The stigma negatively affects women, abortion-services providers and communities at large. It can pose as an obstacle in accessing safe services and can make it hard for people to talk about their experiences. This therefore makes women feel alone and forces them to seek unsafe abortion options.

“Discussing abortion is not done in the same manner as when talking about fashion, for example,” said Ms Allie Buehler from the International Network for the Reduction of Abortion Discrimination and Stigma (Inroads). She said there is a negative stigma attached to abortion and that it hugely emanates from geographical, cultural and religious beliefs.

Inroads believes that a conversation on abortion and to get to know people’s views is needed worldwide. “We believe that the stigma and its roots need to be addressed because it is a contributor to the marginalisation of women and only then can the real change around abortion take place,” Ms Buehler asserted.

ACCESS TO SAFE ABORTION IN UGANDA

By Zama Khwela

Jacqueline Nassimbwa, Researcher at the Center for Health, Human Rights and Development in Uganda began her presentation with a story of a young girl in Uganda (20) who chose to have an abortion from an “elder”.

“The young lady bled for three years, during which time she sought help from three different herbalists, but adamantly refused to seek help from a medical health facility. This is just one story of the reality that many women and girls in Uganda face. This is predicated by the country’s national constitution, where abortion is legally restricted only in cases where it is necessary to save a woman’s life. The law is punitive, and affect the provider who conducts the procedure, the woman who procures the abortion and the supplier – which includes anyone that supplies medication from a pharmacist to a drug shop owner. The law in the country is so confusing that even the people who enforce it view any service linked to abortion to be illegal and that includes post-abortion care. The law states that there is no criminal liability for a medical person who provides a service in good faith. Nassimbwa refers to this as a ‘blank check’. “The idea of ‘good faith’ is subjective, since it can be interpreted differently by different individuals, such as court judges.”

Abortion in Uganda is not less common than in other countries, despite legal restrictions. Although unsafe abortion rates have fallen from 54 per 1000 to

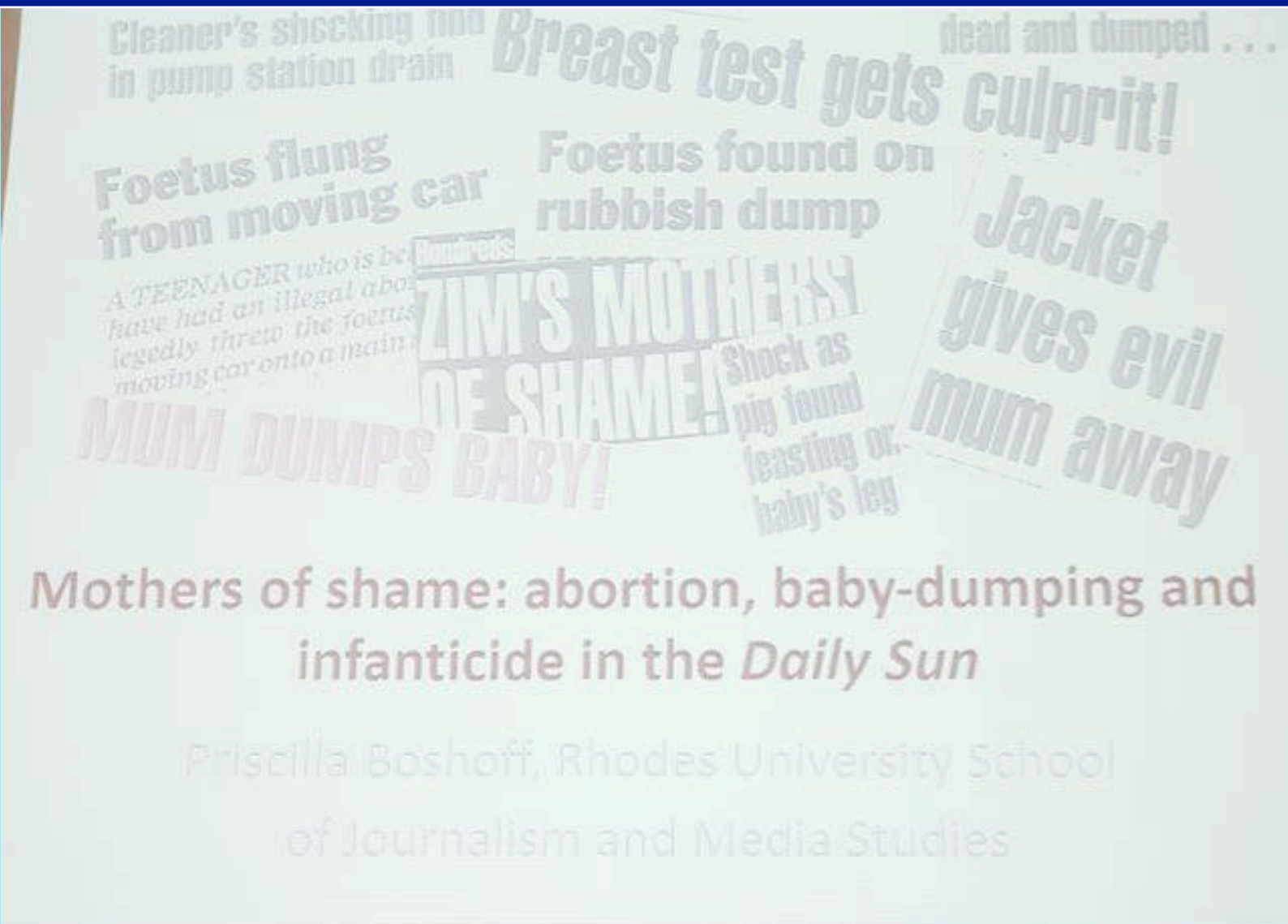
39 per 1000, women aged 15-45 years over a decade, absolute figures show a rise from 294 000 in 2003 to 314 000 women having unsafe abortions in 2013. Unfortunately, only 50% of the women who develop abortion complications are able to reach facilities for post-abortion care. Of the women and girls who undergo unsafe abortions, 1200 die annually and even though the data varies, it contributes to about 18-25% of the maternal mortality rate in the country. Despite the clinical evidence and the stories from undocumented cases, debate on access to safer and legal abortion is constricted, moralised, and stigmatised.

There is opportunity for health care providers to render safe abortions through The Harm Reduction Model. From other countries, specifically Uruguay, they have learnt that safe abortion services can be provided in restricted environments through this model. The Harm Reduction Model is inherent in the Ugandan Constitution. “The principles are that the health worker should provide access to the right information - in its totality - to the girls who come to them, seeking a service,” explained Nassimbwa.

The Model has shown evidence of benefit in reducing maternal mortality and morbidity due to unsafe abortion while addressing related stigma and discrimination and advancing women’s reproductive health rights.

PATRIARCHAL REPORTING PERSISTS IN SA

By Shalen Gajadhar



Dr Priscilla Boshoff, Senior Lecturer at Rhodes University School of Journalism and Media Studies presented her paper titled: Mothers of shame: abortion, baby-dumping and infanticide in the Daily Sun. In her presentation Dr Boshoff posited that the way the paper reported on abortion, baby-dumping and infanticide painted a picture of a patriarchal society where citizens still believed that only women were responsible caring of children. The presentation noted stereotypes which defined women as caregivers and serving the primary role of that of being a vessel to bear children. In other cases women who 'dumped' babies are vilified, as someone who has no feelings, is sub-human and should be locked up for life. The presentation highlighted the need for sexual and reproductive justice within unequal societies so that women were able to access health services and facilities to relinquish rights to children to allow for adoption. "Socio-economic conditions greatly affect women's ability realise the rights they have, and this leads them to be portrayed as 'evil', which is a second level of ostracization," said Boshoff.





abortion revolution

ABORTION & REPRODUCTIVE JUSTICE THE UNFINISHED REVOLUTION III

08-12 JULY 2018 - RHODES UNIVERSITY/GRAHAMSTOWN/SOUTH AFRICA

Building a Caring Society. Together.

www.dsd.gov.za



social development

Department:
Social Development
REPUBLIC OF SOUTH AFRICA



ARJC in Pictures

The Department of Social Development in partnership with the Critical Studies in Sexualities and Reproduction Research Programme, Rhodes University, the Sexual and Reproductive Justice Coalition and the International Campaign for Women's Right to Safe Abortion are currently co-hosting an international conference titled: Abortion and Reproductive Justice: The Unfinished Revolution III from 8 – 12 July 2018 in Grahamstown, Eastern Cape.



ARJC in Pictures



ARJC in Pictures



ARJC in Pictures



ARJC in Pictures



ARJC in Pictures



ARJC in Pictures

But
I've seen the rain
in her tales of renewal.
improbable but possible
a flood of freedom
from --a uterus emptied,
she is a gleam of
brilliant sunlight
all turned to gold.

ALBERTINA SISULU *Centenary* 2018



In 2018 South Africa will mark the centenary of the life of Albertina Sisulu, a fearless champion of democracy and human rights. The centenary celebrations will run for the entire year and will be marked by a series of commemorative events.

A Woman of Fortitude



#MaSisulu100



<https://www.gov.za/masisulu100>



REPUBLIC OF SOUTH AFRICA



THE YEAR OF NELSON MANDELA CENTENARY

B E T H E L E G A C Y



This year, South Africa will mark the centenary of the life of our nation's founding father Nelson Mandela under the theme: "Be the legacy". The celebration is a major milestone in the incredible story of Nelson Mandela and our nation's journey.

The centenary celebration will extend across the continent and the globe as the former President was one of the world's most revered statesmen. He was a central figure in the struggle for liberation from the unjust apartheid system to an inclusive democracy.

Nelson Mandela left an indelible mark on our society having laid the foundation for a united, non-racial, non-sexist, democratic and prosperous society. His legacy lives on in our commitment to ensure a just and fair society for all, including the rights to dignity and freedom of expression.

To celebrate Madiba's life, we need to stay true to his ideals, including his unwavering commitment to justice, equality and a non-racial South Africa. All South Africans have a responsibility to promote freedom and defend our democracy in honour of Madiba's life-long commitment to these ideals.

During his inauguration on 10 May 1994, Madiba outlined his vision for South Africa. He said: "We enter into a covenant that we shall build the society in which all South Africans, both black and white, will be able to walk tall, without any fear in their hearts, assured of their inalienable right to human dignity — a rainbow nation at peace with itself and the world."

The 100 year anniversary of his birth is an opportunity to recommit ourselves to his principles and building the nation we envisioned at the start of our democracy. The centenary will be marked with a year-long series of awareness, educational, celebratory and legacy commemoration events. It will build up to main centenary celebration on the 18 July 2018 which is former President Nelson Mandela's birthday.

Be the Legacy



#Mandela100

#BeTheLegacy



<https://www.gov.za/mandela100>