



ABORTION & REPRODUCTIVE JUSTICE THE UNFINISHED REVOLUTION III

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DISABILITY AND ACCESS TO REPRODUCTIVE HEALTH SERVICES

Lillian Muthomi, who was forced to start school late due to a disability, now works for an NPO that provides disability training to health care practitioners



Being a woman is already a struggle in a patriarchal society but being a disabled woman is much more difficult and Lillian Muthomi, a counsellor from Kenya, knows this first hand. She spoke to **Morapedi Sibeko**.

Muthomi was born with a spinal malformation and, all her life, she has had to survive being stigmatised.

"I hate stigma!" says the soft spoken Muthomi. She was forced to start school when she turned 14 because in Kenya, school readiness was tested by asking a child to raise the right hand over the head and reach the other (left) ear. If the hand could not touch the ear, a child was denied access to education.

Muthomi says this used to break her heart because she could not touch her ear as she was born with a disability.

She was declined to enrol seven times before she could start her primary education and, regrettably, her parents could not afford private education. Her experience in life gave her the drive to be a counsellor because she wanted to help those who could be in her position.

"Along the way I experienced how it felt like to be stigmatised and during my school years I knew that I wanted to work with disabled people," she said. Generally, healthcare services are hard to reach for disabled women.

"At clinics health care providers do not easily give out contraceptives to disabled women, people do not think of us to be sexually active, they are under the impression that we are not likely to marry or have children".

This has resulted in a perception that disabled women are not sexually

active hence limited access to sexual and reproductive health services. While pregnant with my child people on the street used to ask: "who has done this to you?" She says at the clinic the first question they asked was whether I was raped or not.

She asserts that health care services are designed to address the needs of able-bodied women and are not be flexible enough to meet the special maternity care needs of disabled women. "At times health care providers can have a negative perception that can lead to poor sexual and reproductive health care.

Very often disabled people do not have access to information as it is only available in one format that excludes braille and there are no sign language interpreters!" Muthomi said she strongly believed that she should be able to get the services she needs without involving a third person who is not a health care service provider.

She has made it made her duty to sensitise the communities on disability.

She works for an organisation that provides training to health care providers on disability-friendly services and Non Profit Organisations (NPO) to focus on sexual reproductive health services with a bias to disabled people.

"I will be very happy the day the when disabled women have equal access to sexual reproductive services like able-bodied women," she said.

HER BODY, HER CHOICE!

By Evans Molimi



Denying women the right to access safe abortion is a violation of their sexual and reproductive rights. This is the view of Dr Souvik Pyne from the YP Foundation, a youth run organisation that supports and develops youth leaders to advance the rights of women, girls and other marginalised groups. Dr Pyne says some countries' constitutions claim that everyone has the right and access to basic and reproductive healthcare services on paper but the implementation is poor.

The problem lies with government providing women with relevant pre and post abortion services in all healthcare facilities but not providing abortion services in public health facilities. Women who need to terminate their pregnancy are left with no choice but to seek alternatives which are often unsafe.

Dr Pyne from India, made the remarks when presenting on Making Safe Abortion a Public Health a Priority during a session at the ARJC. He further explained that globally, between 13 and 15% of maternal deaths are attributed to unsafe abortions.

"India is one of the countries grappling with high maternal deaths and 8% of them are attributable to backyard and other unsafe abortion methods. Ten women are dying from unsafe abortions each day," Dr Pyne expressed.

As with most countries, public health courses in Indian medical institutions lack focus on abortion issues. There are no public health curriculums in medical institutions of high learning that dissect the topic of abortion in detail.

"We hold seminars as an attempt to create a space for public health students and academics to learn about safe abortion and how safe abortion is a priority concern to eliminate fatal motility but it is not sufficient," he explained.

Nigerian and Zimbabwean presenters in the same session also expressed that although there is activism on safe abortion advocacy on the ground, more is needed.

Ms Sybil Nmezi from Nigeria added that access to medical abortion reduces both maternal mortality and morbidity from unsafe abortion and expands on the reproductive rights of women. "As activists we believe all women should have access to information about safe abortion and reproductive justice," she explained.

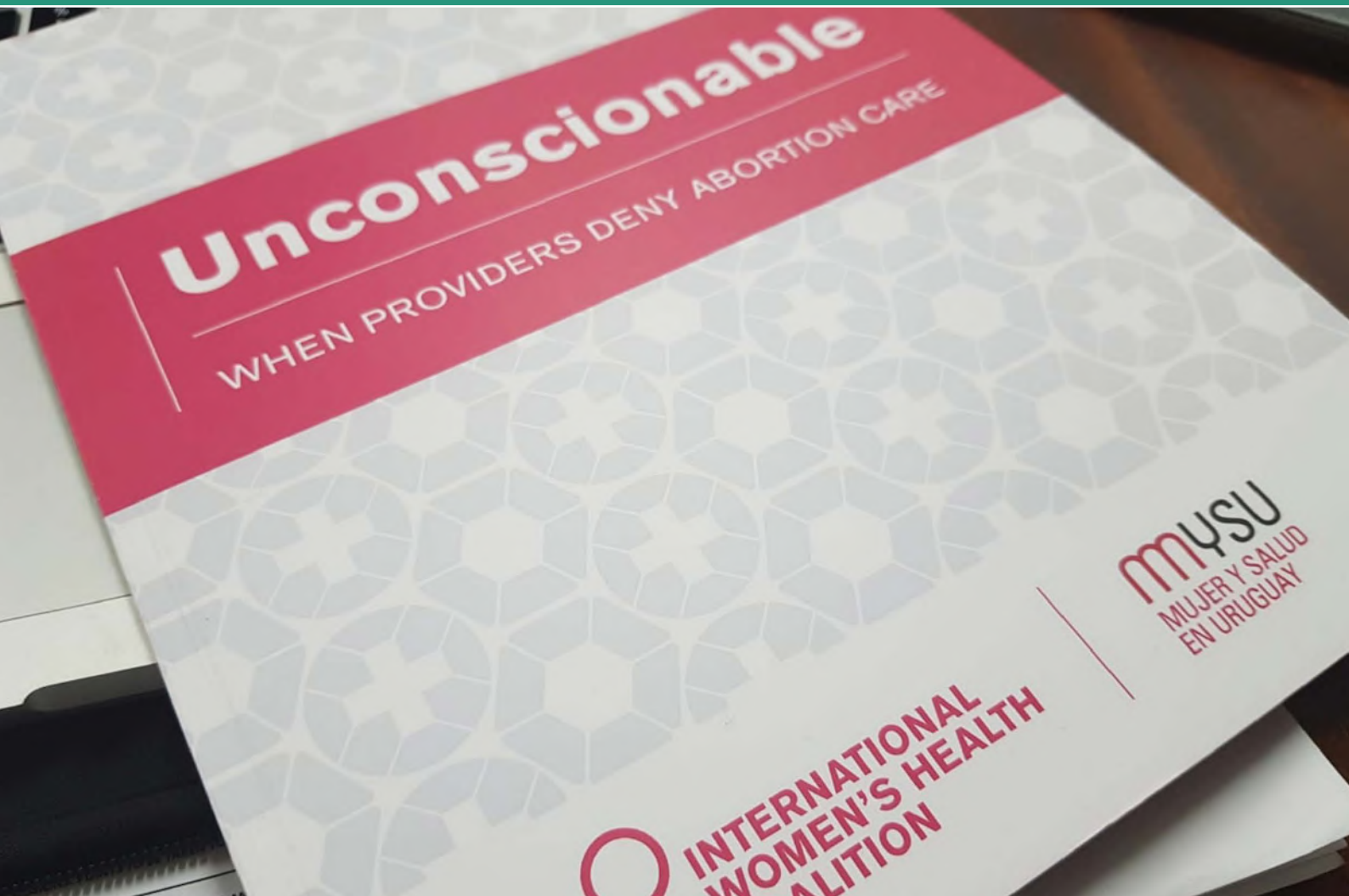
Most activists in Africa use the framework of empowerment of individuals to increase their strength, awareness, communication and independence of women to the humiliation around abortion but they mostly agree that they need the support of government to be more effective in their advocacy.

Clara Samkelwe Munetsi, representing Women's Action Group, further highlighted that abortion in Zimbabwe is restricted and therefore getting support from the government is not regular. "Abortion is regulated by the termination of pregnancy Act of 1977 in our country. This only permits abortion when the life of a woman or unborn child is endangered, or if the unborn child may suffer permanent physical, mental defect, and when the foetus is conceived as a result of rape," she explained.

Ms Munetsi believes that the dilemma lies with the government not providing safe medical abortion services in all health care facilities. "Women should be at the centre of their own decision making. Not giving women the right to choose violates their sexual rights because everyone has the right and access to basic healthcare services and reproductive healthcare is also a basic healthcare right. Basic healthcare services, especially medical abortion, will give women the power to enjoy right to decide on their bodies and health and also allows them to control their childbearing and bodily integrity," she concluded.

THE LINK BETWEEN LAND AND REPRODUCTIVE JUSTICE

By Shalen Gajadhar



At first thought it may be difficult to create the link between South Africa's current debate on expropriation of land without compensation and reproductive justice. People often talk of reproductive justice without fully understanding the obligations it places on government and civil society as a whole.

At the Abortion and Reproductive Justice Conference (ARJC) the shift in language and thinking has been a core discussion point during presentations in which reproductive rights are being broadened to touch on the country's responsibilities to realise reproductive justice for millions of women.

Reproductive justice spells out clear areas of power and inequality, control over the body of a woman and the need for autonomy.

Marion Stevens is the chairperson of the Sexual and Reproductive Justice Coalition (SRJC) and has spoken in various sessions at the conference. Her acceptance speech during the Champion Awards, at which she was recognised for her outstanding work in the field of Sexual and Reproductive Justice, stirred audience members and left international delegates puzzled when she posited that women's disenfranchisement to land is directly linked to reproductive justice.

"The inability of women, especially black women, to access land is linked to their ability to have a medical or surgical abortion," she said. Stevens is referring to the South African Land Act of 1913 under which Africans were prevented from owning land. Specific areas of land were permitted for subsistence agricultural activities as long as this land was owned by one family and was not utilised for commercial activities.

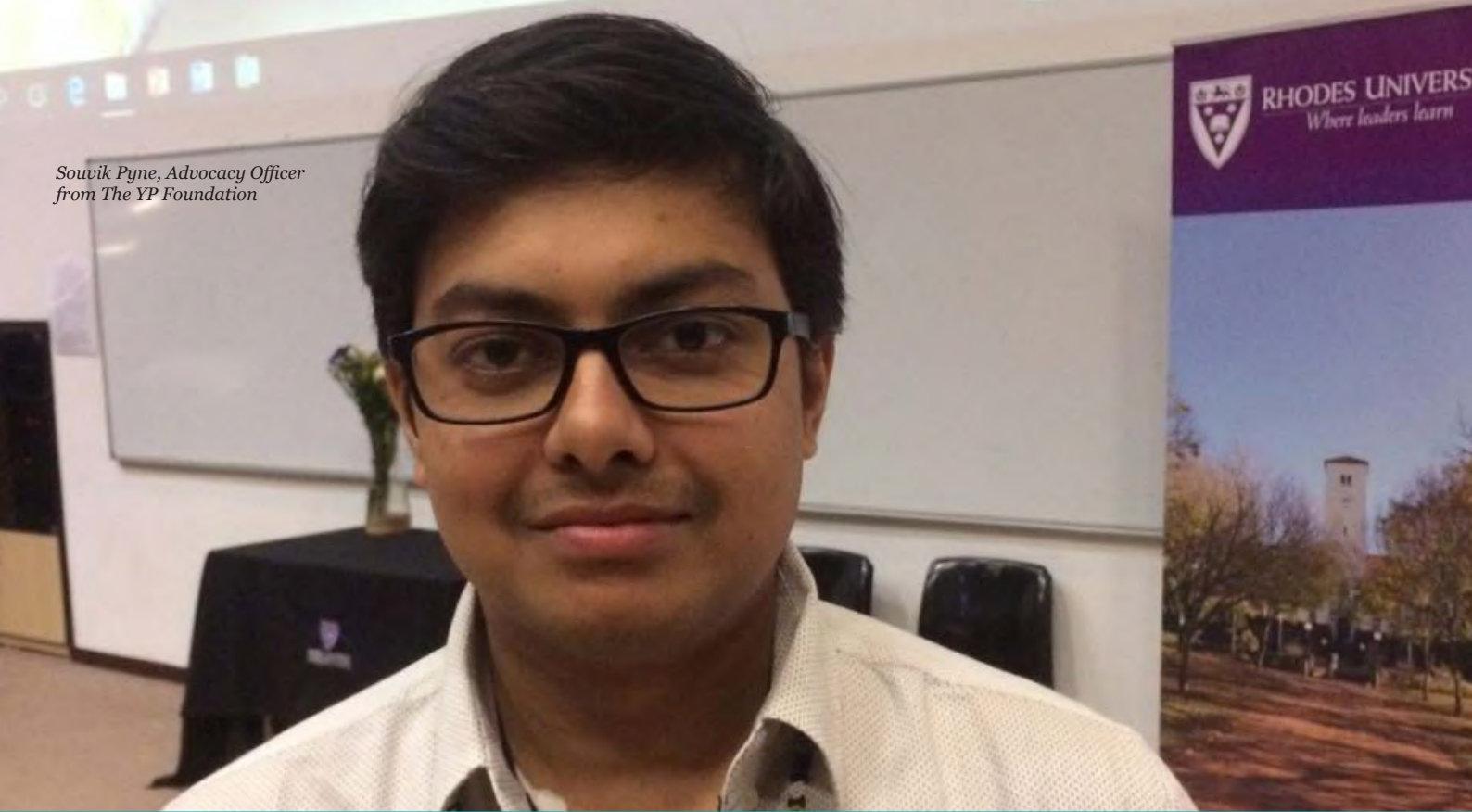
South Africa had already started moving towards spatial segregation

through land dispossession in the 1890s. This move to dispossess Africans off land also applied misogynistic guidelines that prevented women from owning land.

Stevens referenced Albertina Nontsikelelo Sisulu who was one of South Africa's foremost political activists. Sisulu was a nurse and practised as a midwife. "Ma Sisulu would speak of women having rituals to deal with unintended pregnancies. These rituals would involve other women and gave them ground in which they could bury the contents of an unwanted pregnancy which would allow the woman to seek closure. These women had access to land, water and sanitation. This is far from the situation most women experience today. Today it's all loneliness and exclusion," said Stevens. Her reference to Sisulu, during the country's centenary celebration of the icon is poignant given the difficult conditions Sisulu had to work under, as a midwife.

Today women most often get medical abortions but the socio-economic position of the woman does not allow her to seek closure through getting rid of the contents of the pregnancy. Stevens says that this situation is as a direct result of women not having access to land and space both have privacy and to seek closure after this traumatic procedure. "Furthermore, the sensational media reporting of 'baby dumping' has become the legacy of the dispossession of land, where women have no space and privacy to complete their process of fertility regulation. They are then judged as 'mother monsters' and if caught charged with colonial out-dated laws of concealment of birth," she said.

"As such reproductive justice is a land issue with women not owning land, they are denied the opportunity to exercise bodily autonomy and freedom of the person and this is directly linked to exercising reproductive determination," concluded Stevens.



Souvik Pyne, Advocacy Officer
from The YP Foundation

ABORTION: THE INDIAN YOUTH PERSPECTIVE

By Moeketsi Khoaele

In a Social Contexts and Communications session themed: “What Young Indians Think of Abortion” which was hosted by Harsh Chauhan and Dr Souvik Pyne at the ARJC, India was described as a conservative nation of strong beliefs.

It comes as no surprise that the topic of abortion would be immersed by conflicting perceptions. Many people in India believe that abortion has never been a topic of discussion for the youth as religious beliefs suggest that no one engages in sexual intercourse before the legal age (18 years) or before marriage. In India pregnancy is predominantly not expected before the aforementioned times and abortion is considered as a sin by religious communities and families.

More than 80% of women do not know that abortion is actually legal and available in India. There are very few youth who have acquired information about abortion from their immediate families, friends and the general media. Information censorship about

Because information is distributed in an unconventional manner, certain myths develop about what young people resort to concluding about abortion. Some such myths are:

- Abortion is illegal in India
- Women access abortion because they do not want a girl child
- If a woman has an abortion she will not be able to have child in future
- A woman cannot access abortion without her husband's consent
- Abortion will cause emotional damage

Ironically, however, nearly 10 million women undergo abortion in India every year. Ipas India also reported in 2013 that one woman died from unsafe abortions every two hours in India. This accounts for approximately 4600 deaths a year. This is attributed to the fact that men in India are not interested in using any form of contraceptive measures, including condoms, resulting in high rates of unsafe abortion.

Measures taken to respond to the need for education and the improvement of accurate information dissemination about safe abortions in India include lab centres which conduct research about reproductive rights. Unfortunately due to societal stigma around abortion and the role of women as well as the lack of government cooperation, information is still predominantly distributed by activists who, unfortunately, do not receive the vital support from conservative India communities.

Sex Rights Africa Network

Abbey Hudson was a delegate at the conference and works for Sex Right Africa Network, she writes her views on the conference

The third iteration of the Abortion and Reproductive Justice Conference has so far been enlightening, educational, and a valuable opportunity to engage with multiple stakeholders with vested interests in access to, perceptions of, and advocacy around Termination of Pregnancy. Considering the nature of the tracks at the ARJ Conference, there has been opportunity to engage with abortion on multiple levels and consider how we can work together to make abortion more accessible through advocacy, networking, info-sharing and movement strengthening.

The Sex Rights Africa Network's delegate has spent much of the conference in the International Campaign For Women's Right To Safe Abortion sessions, dealing with issues relating to national contexts for the decriminalisation of abortion. One of the most important points that came out of the sessions was the fact that abortion is still not recognised as a right or a choice, and that people in power (who are mostly men) feel obliged to limit women's rights to make decisions about their bodies – the consequence of this is the preventable deaths of thousands of women. This happens whether abortion is legal or illegal because of poor policy implementation and lack of training or providers, and the persistence of patriarchal, cultural and religious mores.

In relation to our work with the Sex Rights Africa Network, the conference has reinforced the importance of solidarity, sharing information, sharing strategies, and engaging in joint advocacy and campaigning, as well as the value of building networks across sectors – civil society, activists, researchers, policy makers, academics, medical professionals so that all the evidence and all the arguments that support and make the case for safe abortion incontrovertible can be brought together and used effectively. This conference presents an opportunity for all sectors involved to learn about the rights arguments, the public health argument, the cost arguments, as well as develop women-centered approaches to provision of abortion. Hypocrisy and double standards have been raised regarding the provision of abortion services and other medical services, which allows advocates for safe abortion to provide parallels between conscientious objection and other real life scenarios.

COMMUNICATION IS THE KEY IN CHAMPIONING WOMEN'S RIGHTS TO SAFE ABORTION

By Evans Molimi



Breaking the silence between government, community leaders, traditional and religious leaders around termination of pregnancy will help in championing women's rights to reproductive justice presented Ms Marge Berer from the International Campaign for Women's Rights to Safe Abortion during her presentation at the ARJC.

"Worldwide, one in every four pregnancies end in abortion and over 56 million women have abortions annually. Unfortunately, 2.6 million of women around the world have illegal abortions every year. Most of these women think that if they go legal route, they are going to be victimized by their healthcare providers. There is also still a stigma and communities, especially African communities, think it is a distasteful to abort," she added.

According to Ms Berer, NGOs need to come together and create a strategy will help in outlining how they are going to convey the messages to those who oppose abortion in unison.

"As a result of miscommunication about abortion, women and girls are terminating pregnancies in their backyards and such practices result in serious health complications and even death, Ms Berer said, adding that this also creates a problem for government health systems as complications from unsafe abortions cost the health care system a tremendous amount in terms of hospital space for medical attention and blood supply for patients.

A Zimbabwean delegate who wished to speak anonymously also agreed that communication and information can be used as a tool of trade to educate, inform and promote safe abortion amongst women and adolescent girls.

"We need to create a worldwide communication network to expand safe abortion activism levels across the world in order to increase awareness and to improve the level of knowledge amongst community members about the termination of pregnancy. Women need to be informed and knowledgeable about self-managed medical abortion because this is also an effective way to improve women's health and empowerment to reduce the maternal mortality due to back yard abortion," the delegate said adding that they blame the government for miscommunication.

"We need to take action to strengthen community, religious organisations and government to speak one language to be able to break the silence around abortion. Women need to be informed about their constitution right to abort," she said.

Presenters concluded by agreeing that government needs to create responsiveness campaigns to engage community members, stakeholders, health workers, local leaders, parents and religious leaders about the danger associated with backyard abortions and the benefit of performing safe medical abortions.

THEORY AND METHODS IN RESEARCH

By Neloufar Khan



One of the key themes at the ARJC this year was “Theory and Methods in Research” and a number of subjects under this narrative were discussed. Speakers included Ryan du Toit, Rishita Nandagiri, Reabetswe Lien Molobela, Caroline Nyandat and Jabulile Mavuso. The dialogues focussed on:

- The awareness of safe and post abortion care services in Kenya
- Pre-abortion counselling in the Eastern Cape, South Africa
- Understanding obstetric violence in health facilities in the Western Cape, South Africa

The Kenyan study confirmed that young people have limited awareness of the constitutional provisions for safe and post abortion care services. Two of the most influential factors of young people seeking an abortion include pressure from one’s partner, family and friends and continuation of education.

One study made a call for improved access to youth-friendly services including contraceptives and abortion where health facilities must be well-equipped with essential commodities and skilled personnel.

Drawing on from the same qualitative data, the second and third presentations concentrated on the pre-abortion counselling provided by

nurses and counsellors and the narrated experiences of women from the Eastern Cape, South Africa.

Both presentations confirmed that little research has been done on how pre-abortion counselling is conducted and experienced. The presentations highlighted the problematic rhetorical strategies deployed by nurses and counsellors during pre-abortion counselling and how these were experienced and internalised by the women being counselled.

In some cases, the delegates said, nurses and counsellors dissuaded women by:

- Personifying the foetus by ascribing a likened personhood
- Providing graphic descriptions of the procedure
- Constructing abortion as risky with implications such as breast cancer and infertility

Women’s narrated experiences of pre-abortion counselling varied. Some expressed hurt with a sense of not having another choice whereas others said that the counselling was healing and informative. By revealing the realities of pre-abortion counselling, both presentations stated the need to consider the implications of such findings for pre-abortion counselling service provision in South Africa.



abortion revolution

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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



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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



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