



**ABORTION AND REPRODUCTIVE JUSTICE CONFERENCE (ARJC) :
THE UNFINISHED REVOLUTION -2018**

**ABORTION & REPRODUCTIVE JUSTICE
THE UNFINISHED REVOLUTION III**

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



ABORTION AND REPRODUCTIVE JUSTICE CONFERENCE (ARJC) : THE UNFINISHED REVOLUTION -2018

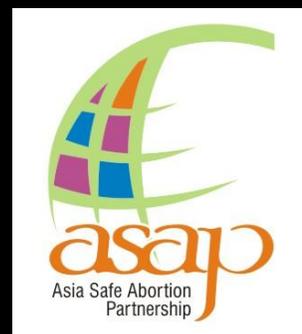
Suchitra Dalvie and Shilpa Shroff, represented the Asia Safe Abortion Partnership (ASAP) at the Abortion Reproductive Justice: The Unfinished Revolution III held in Rhodes University, Grahamstown, South Africa.



Shilpa Shroff attended the 'Youth and Abortion Advocacy' Workshop, on 8th July, 2018, conducted by the Youth Coalition for Sexual and Reproductive Rights, Just.CHOICE & Sexual and Reproductive Justice Coalition (SRJC). It was surprising to know the lack of awareness of the participants in relation to abortion. There was a

lot of discussion around unborn fetus and abortion as a sin and there was a much felt need for a detailed values clarification exercise. The participants discussed about 'cleansing' of the woman who has undergone abortion. There was a strong belief amongst the participants that if a man has sex with a woman who has undergone abortion, he will die. There was no concept about marital rape and they had no knowledge about the methods of abortion. SS was then asked to conduct the session on technical update on safe abortion methods for the participants.

The main Conference was from 9th-12th July, 2018. The key note was given by Cathi Albertyn, a Professor of law from Johannesburg, her



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speech focused on the women's movement in trying to influence the constitutional negotiations after 1994, on several policy and law reform processes which included the Choice of Termination of Pregnancy Act of South Africa. She laid down the trajectory of the changing content of rights struggles around abortion in South Africa.

Dr Suchitra Dalvie presented two papers at the conference.

1. When sex selection and safe abortion are in conflict: universal lessons from the Indian experience

She spoke about how the conflation of abortion and sex selection at the level of interpretation and implementation of the policy, also has its roots in social, cultural and political processes that have preceded the policies related to safe abortion and determination.



She spoke about the problem that forms the bedrock to the issue of conflation: the sociocultural-political consciousness of the society towards abortion. This consciousness shapes the way people's perception about the gendered expectation from women to bear children for the family, how they understand and recognise a woman's right to access abortion, her right to control her body and express her sexuality, and ultimately the role of

the State and society in supporting a woman's decision not to continue her unwanted pregnancy. This has been and remains the most difficult issue to tackle from the personal to the political levels.

As more and more stakeholders enter into campaigns against sex selection, synergies between activists who campaign against gender biased sex determination and those who work on abortion rights is essential for gender discrimination to be addressed from a feminist perspective and so the right to access safe abortion does not come under further attack.

2. Reaching out to medical students to create sensitized doctors for the future

Suchitra Dalvie spoke about how the Asia Safe Abortion Partnership has been working with young people across 20 countries in Asia, in order to build a regional youth led movement for safe abortion rights.

She explained that the modern systems of medicine have arisen from a patriarchal system that suppressed women healers and even prevented them from admission to formalized medical colleges, the teaching environment as well as textbooks are not exactly conducive to creating a gender sensitive and rights-based awareness among the medical students.

Our interactions and mentoring of these students reveals that not only are they not exposed adequately to issues of sexuality, gender and patriarchy but even when they recognize the misogyny in the teaching and textbooks they are still helpless at being able to openly protest since the teachers expect these same answers in the exams.



The medical students we have worked with have reviewed their own ObGyn, Forensic Medicine and Preventive and Social Medicine textbooks and written articles which have been submitted for publication and also made presentations at regional conferences on the topic.

We conclude that while amending the syllabus and textbooks may be a longer-term advocacy agenda, working directly with medical students and some interested and committed faculty members could help change the process of teaching by introducing a gender sensitive perspective to critique existing material and to provide an alternate narrative.

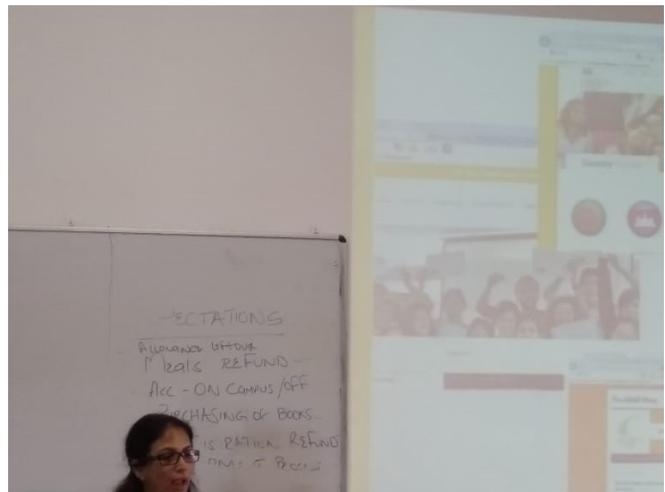
Shilpa Shroff spoke on Youth Advocacy Institutes.

Creating youth champions through youth advocacy institutes

Shilpa Shroff spoke about the need of youth leadership in Asia to protect and advance the sexual and reproductive health and rights movement in Asia, especially safe abortion rights, ASAP has been working to create a cadre of Youth Champions and mentoring them to lead Country Advocacy Networks. Through these processes we now have over 230 Youth Champions across 20 countries in Asia, with CANs emerging in 8 countries.

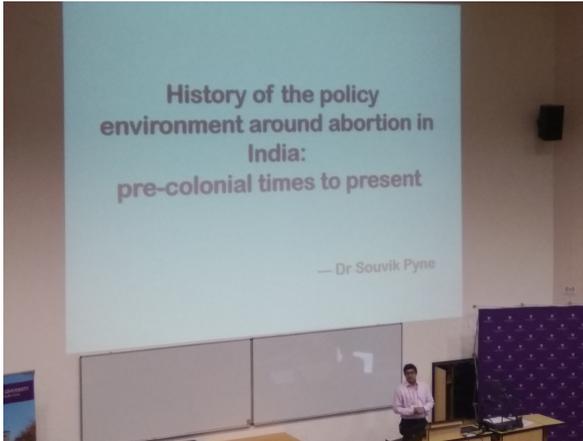
She explained how these Youth Champions and the CANs are engaged in community advocacy, working with medical students on attitudinal change, discussing with policymakers, publishing articles and using social media for shifting the discourse on the issue. We see them emerging as leaders in the movement in the coming years as they move into higher education and take up positions where their pro-choice sensitization will make a difference to the way safe abortion is perceived as a gender and rights issue.

One of the questions that was asked was 'How does ASAP select the right kind of youth for the YAIs?' SS responded that these candidates have to go through elaborate application process where they are having to write essays on their past and present work in SRHR and Safe abortion, why they want to work in this field and what would they take home from this institute. Based on their essays they are selected and then mentored to be ASAP's Youth Champions.



ASAP's Youth Champion, Souvik Pyne, *The YP Foundation* presented two topics at the conference:

History of the policy environment around abortion in India: pre-colonial times to present



He explained about the Medical Termination of Pregnancy (MTP) Act. MTP law how it came into existence in India, what it includes and its amendments. He also briefly spoke about the PCPNDT law and how implementation of the MTP Act has been adversely impacted by erroneous conflation with India's anti-sex determination law creating public misconception about legality of abortion.

Making safe abortion a public health priority

Souvik spoke how the Public health syllabus lacks focus on safe abortion although being a priority concern. To address this gap, he shared about a seminar he had organized through a small grant from ASAP. This was organized in a leading public health institute which included sessions on public health perspective, technical perspective, legal and human rights perspective with panel discussions followed by a colloquium and screening of videos on abortion. The participants comprised of medical doctors, academicians and students from medical, public health and nursing disciplines. The seminar created a space for public health students and academicians to recognize safe abortion as a priority concern. Lastly, he spoke that through this seminar he was able to sensitize the faculty at the school at public health and that Safe Abortion Advocacy was included in the next module of the Public health syllabus.

Highlights from some other sessions at sessions at ARJC

1. Feminism and psychology special issues of abortion in context - Marion Stevens

She spoke about how abortion is represented in psychology journal articles. She explained how location may work in the context of privilege and power and foregrounding certain readings while silencing others. The methodology included an analysis of:

- What are the conditions for knowledge generation and its power relations?
- What is the dominant topic being researched on this?
- Frequency of articles by decade, region of research and where author is located

Her findings were that this is dominated by empirical quantitative research and it does not provide the nuance and complexity required for research in our field. Consequences of abortion is the top subject and next is attitudes. Studies are seen only when abortion is legalized.

2. There was an excellent Plenary Roundtable facilitated by Susan Wood, IWHC.

Combating The Use Of Conscience Claims To Deny Services. The speakers were Michelle Truong (IWHC), Monica Oguttu (KMET), Sr. Judy Ranape



(SRJC), Mandivavarira Mudarikwa (LRC), Willie Parker (Provider and author).

Dr Willie Parker mentioned a quote by Martin Luther King “Ask not what will happen to me if I stop and help. Ask what will happen to the women if I don’t stop to help them. And so not helping women became an un-ethical option for me.”

He also inspired the youth sitting in the audience by quoting the saying “Young Horses run faster but old horses know the way. So the youth of today must take the learnings from the old horses, so that young horses run fast in the right direction! “.

4. PUTTING THE POWER TO MAKE ABORTION CHOICES IN WOMEN'S HANDS

Jedidah Maina (Trust for Indigenous Culture and Health, Kenya)

She spoke of the desperation faced by women when it doesn’t matter how far you are pregnant but you just can’t have it. Uterus is the only body part that is legislated. Position and power determine access. Described not as a ‘choice’ but a ‘lack of choice’, it is not an empowering way but an act of desperation and for survival. The most basic instinct of evolution. We need to always consider her life as whole and not just that moment in her life when she has an unwanted pregnancy. The battleground is always someone’s body and politics makes some bodies less valuable than others.



THE CHAMPION AWARDS

ADVOCACY AND ACTIVISM AWARD: Marion Stevens

Marion Stevens from South Africa. She has an academic background as a midwife, in medical anthropology and in public and development (management). She has worked in the area of sexual and reproductive justice for over 35 years. As a midwife she witnessed the injustices of compounded inequalities during apartheid. After further studies she worked at the Women’s Health Project from 1994. She was the policy analyst for the 1994 SA Women’s Health Conference leading to the drafting of the new abortion law.

HEALTH AND SERVICE DELIVERY AWARD: Monica Oguttu

Monica Oguttu is the founding Executive Director of the Kisumu Medical and Education Trust (KMET), an indigenous organization established in 1996 to promote innovative health and education among underserved communities, including adolescent girls. She is a renowned Registered Nurse Midwife who managed the busy maternity unit at Kenyatta National Teaching and Referral Hospital and doubled as an Honorary Lecturer at Nairobi University's Department of Nursing for 15 years before Co-founding KMET. Through her leadership, KMET has trained and created a network of over 350 public and private health providers, drawn from underserved and rural communities to expand access to quality maternal and adolescent sexual and reproductive health services with a focus on Post abortion Care.

RESEARCH AWARD: Chimaraoke Izugbara

Chimaraoke Izugbara currently serves as the Head of Population Dynamics and Reproductive Health at the African Population and Health Research Centre (APHRC) based in Nairobi, Kenya. During his time at the APHRC, Dr Izugbara has led ground breaking work attempting to understand the dynamics that affect reproductive health and sexuality, particularly for adolescents and youth in sub-Saharan Africa

ASAP Advocacy:

ASAP distributed reports, stickers and Misoprostol cards at the Conference. Dr Suchitra Dalvie was interviewed by local TV Channel about doctors as change agents.



Some Reflections:

It was an interesting conference to learn from and understand about the different struggles related to abortion globally. It was an honour to get to know eminent personalities involved in the abortion movement. The discussion ranged from the policy reforms being drafted in Ireland, the Swedish Nurse suing the hospital on conscientious objection, the struggles of midwives and nurses in Malawi and South Africa to provide safe and affordable services to poor women seeking abortion (as no providers are willing to do so), to the bold safe abortion providers practicing in the US, and also to the insistence of women to look at the products of conception after being aborted.

In Asia things are a bit better since in most countries (except for the Philippines) safe abortion is legal for at least a few conditions.

The struggle then is to get providers to interpret this law to its fullest extent, to hold governments accountable for ensuring free and quality safe abortion services in the public sector and to remove the stigma that prevents women from obtaining accurate and timely information.

It is indeed an unfinished revolution and we need to work hard to reach closer to the finish.

The Asia Safe Abortion Partnership has bid to host the next one In Asia and has supported a proposal for the same.

Some Moments from the Movement:

