



VOL 2. MARCH 2024

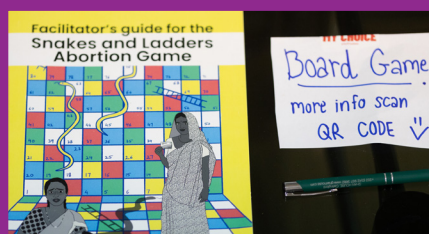
ABORTION AND REPRODUCTIVE JUSTICE: WHAT DOES IT MEAN?

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EDITOR:

Suchitra Dalvie is the Coordinator of the Asia Safe Abortion Partnership since its founding in March 2008. She is a gynaecologist and has over two decades of experience working in the development sector.



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Charity L. Woods Barnes is the Founder of the Reproductive Justice Resilience Project (RJRP), a national reproductive justice organization dedicated to making the love, healing, self-care, and resiliency of BIPOC women a priority. She is a founder and former first President & CEO of Interfaith Voices for Reproductive Justice (IVRJ) and has a background in political and issue organizing.

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WHY THIS GAZETTE?

The **Asia Safe Abortion Partnership** is the only safe abortion rights advocacy network in Asia. Founded in 2008 it has members from over 20 countries across South Asia, South East Asia, South West Asia and the Oceania region.

As new members and partners join the safe abortion rights movement we realized that there are hardly any collated or curated resources that they can engage with in order to gain a deeper understanding of some of the key issues or challenges in this work.

There are search engines and journals and many websites dedicated to safe abortion rights information and even services which people can access. However, there is no dedicated space where you can get a snapshot of a core topic within safe abortion rights that can offer someone the highlights of the scope of the issue and a range of perspectives that are relevant to us as a movement.

In order to address this gap, we have launched The Abortion Gazette.

This will be an immersive repository for a reader who would like to learn more on the landscape and depth of the issue in a relatable and practical way without having to search through pages and pages on the internet and sifting through multiple sources.

It will be a short quarterly publication and will include lead articles, clinical updates, thought pieces, interviews, statistics and of course links to other key articles, videos and other relevant material.

It will be published on the ASAP website as a PDF that can be downloaded and printed for use by anyone in the safe abortion rights movement. For those who would like to engage in deeper learning and a structured program, stay tuned for more updates!

01 INTRODUCTION

Editorial

Suchitra Dalvie, Coordinator

At the recently held **Abortion & Reproductive Justice Conference (ARJC) 2024** organized by ASAP in collaboration with Mahidol University, Department of Family Health, Ministry of Public Health, Thailand and ARSA, we had the privilege of welcoming and interacting with 340 participants from 63 countries!

Safe abortion rights activists, advocates, program managers, artists, writers, theatre activists, feminists, persons of all ages, genders, sexual orientations, religions, abilities, all gathered under one roof for a unique conference.

ARJC is the only conference of its kind in the world. Its focus is on abortion in the context of reproductive justice and it remains true to its roots. It was founded by Professor Colleen MacQuarrie, at the University of Prince Edward Island in 2014 and has always been held in a university campus since.

Why Reproductive Justice?

Why not Reproductive Choice? Why not Reproductive Health? Or Reproductive Rights?

As SisterSong Women of Colour Reproductive Health Collective argued, one of the key problems addressed by reproductive justice is the **isolation of abortion from other social justice issues** that concern communities of colour: issues of economic justice, the environment, immigrants' rights, disability

rights, discrimination based on race and sexual orientation, and a host of other community-centered concerns.

By shifting the focus to **reproductive oppression** – the control and exploitation of women, girls, and individuals through our bodies, sexuality, labour, and reproduction – rather than a narrow focus on protecting the legal right to abortion, Reproductive Justice is developing a more inclusive vision of how to build a new movement.

The reproductive justice lens is therefore used to address issues related to abortion, contraception, immigration, welfare, HIV/AIDS, environmental justice, racism, indigenous communities, education, LGBTQ+ rights, and disability, among other issues impacting people's reproductive lives.

For example, the right to parent in safe environments would encompass issues such as police brutality, refugee status, water crisis, climate change, prenatal policies and other issues that are largely absent from pro-choice advocacy which focusses mainly on services and the law.

Thus, the focus of RJ is on **structural and systemic changes** that can support rights.

No one said it better than our Chairperson Dr. Subatra Jayaraj in her keynote address at the opening of the Abortion & Reproductive Justice Conference 2024.

Read it in the next section! →



The Unfinished Revolution

Dr. Subatra Jayaraj, Chair, ASAP



Around 20 years ago, a twenty something brown skinned young lady landed in the Republic of Ireland, from halfway around the world; headed to university hoping to improve healthcare in her generation. Ireland was a country so vibrant and loving, where people were wonderful. She fell in love, was in relationships, had sex, could access contraception and yet, because of the **intersection of colonialism, socio-political and religious dogma**, safe abortions were still very much illegal and not accessible.

That young lady flew back home to work in this part of the world. To Malaysia- where safe abortion care was legal, despite many challenges. That young lady was me. And I stand in front of you today, as **the only young, female, openly public, safe abortion provider in my country**.

Savita Halappanavar, on the other hand, was not as lucky. She was my age, we both started our careers in healthcare around the same time, and she came to continue her work in Ireland. In 2012 she became pregnant, till she had an antenatal event at 17 weeks of pregnancy. Her request for an abortion could have saved her life. Savita died from infection after her request for a termination of pregnancy was denied on legal grounds.

2 similar people, 2 different outcomes – and if you ask me, it all came down to luck. Luck of where we are in the world, luck of the colour of our skin, luck of access to healthcare and luck of evading the patriarchy. **A cat and mouse game where we gamble individual lives everyday to uphold a system of global power based on the gender of men, that is totally unacceptable in 2024.**

Well, I've had enough. And that is why I continue to fight. Along with feminist activist in countries globally, such as in Argentina, in Sierra Leone, and of course, here in Thailand.

Women in Ireland decided it was unacceptable too. In the wake of a nationwide outcry over Savita's death, and the wonderful work of Reproductive Justice campaigners with The Repeal campaign, Irish voters passed a landslide amendment to legislate for abortion- and the fight continues so that every abortion should be safe, free, legal and local.

As it should be around the world. **Without compromise.**

✿ And yet, we continue to see poor access to reproductive health, options and care globally.

Technology has come a long way in improving safe abortion services. But it is not reaching the communities where it is needed the most. Everyone has the reproductive right to decide if they want to have children, when they want to, and how many they would like to have, if any. But there cannot be expression of rights without justice.

And we cannot talk about Reproductive Justice without **addressing power**.

We, at the Asia Safe Abortion Partnership, brought this 4th ARJC to this part of the world, because it is essential, that our voices here are heard as well, over the power of global hegemony. We set out to plan this conference to **challenge the cis heteropatriarchy** that attempts to control sexual and reproductive health. We also wanted to challenge the notion of medicine that sees **women's health as a health industrial complex**.

We realise, despite being a small organisation struggling with our own issues, that we are also positioned within the larger area big picture. We see it as essential, that we situate our advocacy in reproductive justice within grassroots organizations from the Global South- who are most affected by injustices. Our journey in ASAP over the past 15 years has also focused on youth advocacy in countries across the region, which have empowered Youth Champions that you will meet over the next couple of days.

Friends, we cannot talk about Health as a Right without addressing the **neo-liberal capitalist system** that champions development but only for the select few. That is also why we need to **decolonise our movement**.

If, as the Nobel laureate economist from the global south, Amartya Sen outlined; when he described true development as the freedom to choose, then, (I always thought why the hell) should women be left out of the equation?

This is why we fight for our voices. Because **disempowered healthcare is not justice**.

Non-inclusive healthcare is not justice.

✿ **Medical patriarchy is not justice.**

The COVID-19 pandemic magnified health inequalities globally and within countries. I remember, once at the height of the crisis, being in a moonsuit and faceshield deep in the emergency response, and I was on a phone call with a colleague, where nearly every bed in her ICU was occupied by a pregnant person - something which we never saw before. In Malaysia, our Maternal Mortality Ratio doubled in the period of a year, cancelling out gains that we had accomplished over decades. The pandemic proved what we keep saying – how that in crises, when push comes to shove – services, funding, and political will for women's health and SRHR is the first to go.

The unmet need for healthcare is stark.

We hear the voices of women in conflict, and they keep shouting that: **Miscarriages in Gaza have increased 300% under Israeli bombing** and that Palestinian women undergo C-Sections without anaesthesia; **Congolese women** take contraceptives for fear of getting pregnant due to rape as a weapon of war. **Rohingya women** have no menstrual hygiene products; and Indian pregnant persons wonder whether ending their lives if raped is a sin.

Decolonisation is not a buzzword to us. We live it every day.

Health inequalities exist because of long term systematic disadvantages, not necessarily what we do as individuals. So our focus should be on health, not just the healthcare industry. And on social determinants of health and for example, de-medicalisation as one of our joint strategies in reproductive justice.

When we speak about health inequalities, I also believe that we should be critical of knowledge in relation to health equity. And also to be critical of ethics in health – specifically for this conference, thinking about the **ethics of where knowledge is generated, how knowledge is distributed and how it is consumed.**

We take note also, that as a movement, we haven't been entirely welcoming to other social justice efforts. The queer community, people with disabilities and people living with HIV are frequently left out of reproductive justice conversations because yes, it takes more effort, more thought, more resources at times. So we put it on the back burner - because we are already fighting so many fires.

But we are not free unless everyone is free. And we must commit to being a more inclusive movement in practice not only in words.

Granted, we know that it is not easy. As an Asian woman of Indian heritage, practising in the medical patriarchy, inclusivity is not something that was taught to me. In fact, it was more of a realisation that I am not the only person left out of the system.

Medical education fails us from the get-go, complete with **misogyny from textbooks**, discrimination from our colleagues, and punitive action by policymakers. We need to **mainstream the gender lens in medical practice**, because ultimately, it is the experience of our service seekers that is the most important. Our next panel kicks off this conference exactly because of that, because we know that abortion seekers are the most important stakeholder in all our conversations.

Lived realities matter.

It is not enough to me in 2024, that abortion is still a question about life and death. It is also not enough that women merely survive. I want all of us to be free and to have thriving lives!

Everyone should have the choice over their own reproductive decisions, no matter who I am, what the colour of her skin is, where in the world they are to live or what gender identity he chooses to have.

And so, the revolution continues...

How are we going to finish the revolution? How are you going to take things forward?

I am a challenge to the patriarchy just by being me – a 40 something, brown-skinned, never married, IUD wearing, Malaysian woman, who has sex whenever I choose to, who provides safe abortion care no matter to who- **I am radical just by being me.**

And every single one of you in this hall today is radical in your own right. So my challenge to each and every one of you, is to ask yourself, "What radicalised you?"

And rekindle that energy over the next couple of days of the conference, and channel it into our Global SAFE Campaign, which we will launch here on our last day. The **Safe Abortion for Everyone Campaign** will be our Call to Action that we commit towards, here at the ARJC, to take our movement forward.

And over the next 3 days, please come up and say hi. We hope that this ARJC is a good space to share, learn, laugh, cry, and find your tribe. Stand in solidarity with our Reproductive Justice colleagues of movements from more than 65 countries around the world.

Find your spark, amplify your voice, and take bold steps to think outside the box.

Because God knows, **the Revolution HAS to continue.**

Thank you very much, Khap Khun Ma Kha, and have a wonderful conference.



What does RJ mean?

Charity Woods Barnes,

Guest Co-Editor, Founder Reproductive Justice Resilience Project

“

Greetings everyone! I am Charity Woods Barnes, reproductive justice leader and advocate, and Founder of the Reproductive Justice Resilience Project (RJRP), where we center the healing and resilience of Black, Latina, and Indigenous women using our spiritual, cultural, and ancestral ways of knowing.

This summer reproductive justice, or as we call it, **RJ, turns 30!**

It is amazing to see how the theory and framework have evolved and been adopted around the world. The movement has progressed phenomenally and is increasingly used as the lens from which to understand, analyse, and organize around the issues and impact of reproductive policies.

We should not be discussing and using this framework without the historical knowledge of the Founding Mothers and the political moment that gave birth to this work. Although it has been expanded by, and been applied to other women of colour and even white women, it is imperative that the **12 Black “Mothers of RJ”** receive the recognition for creating this theory.

RJ is based on human rights AND Black Feminist Theory.

Black feminist theory challenges assumptions and norms at the intersection of sexism and racism and arises from an **understanding of intersecting patterns of discrimination**. It is grounded in a sense of communality and responsibility for the larger community and is the balance to the individualism of human rights. It also allows us to see how our struggle is interconnected with the struggle of other marginalized people.

At its core is also intersectionality, a term coined by Black pioneering scholar and writer on civil rights, critical race theory, and Black feminist legal theory, Kimberle Crenshaw. Intersectionality is the interconnected nature of race, class, gender, etc. as they apply to a given individual or group. Intersectionality also addresses the overlapping and interdependent systems of discrimination.

In short, **systems of oppression are interlocking** and the impact of them on marginalized communities are also interlocking. This is how issues like religion, climate change, access to transportation, access to food and education, among other things, can impact the reproductive and sexual lives of people. Reproductive justice also demands that we interrogate and challenge white supremacy on a macro and micro scale. We understand the insidious nature of white supremacy and that often, it can be most destructive when it is not blatant and touted in words and political rhetoric, but perpetuated in systems, policies, places of worship, schools, and so on.

In its most simplistic explanation, RJ stands on four principles:

1. The right to **HAVE** a child/children.
2. The right to **NOT HAVE** a child/children.
3. The right to parent the child/children you have with all the resources and support needed. And the last principle that was added later,
4. The right to sexual pleasure without procreation. We believe that every individual is granted the agency and autonomy (human rights) to determine their lives free from coercion.

Furthermore, those of us who work at, and value the impact of, the intersection of reproductive justice and faith and religion, know that **we also have moral authority over our decisions** and should be trusted to use it. Contrary to some beliefs, reproductive justice was not created as a counter movement to the reproductive rights movement, which historically has been dominated by abortion and led by white women. But rather it is a complimentary frame to reproductive health and rights, understanding that we do not live single issue lives.

The Founding Mothers of RJ were advocates and activists who were brought together because they felt their lives and experiences were not reflected (and had never been) in the discourse and strategies in support of universal healthcare and reproductive freedom. RJ is also a framework that is used for movement building, particularly intersectional movement building. Whether we are working around issues of abortion access and legalities, LGBTQIA rights, the environment, immigration, education, and so on, we understand that we largely face the same opposition and hurdles.

In the US we are experiencing an unprecedented level of attacks on reproductive freedom since the passing of Roe over 50 years ago. The detriment to our reproductive and sexual lives is enormous and many people are living in fear and experiencing trauma. These oppressive efforts are rooted in **white supremacy, hurtful theology, and patriarchy**, among other things.

In closing I am so happy to be connected to ASAP Asia and the ARJC conference space and commend not only the organizers and sponsors, but all those who attended. There is a wealth of knowledge, experience, and resources in our spaces as well as endless possibilities to expand our efforts to achieve true reproductive autonomy and freedom.

Most of us have a reproductive story to tell. We know that our reproductive lives are impacted by a myriad of intersectional dynamics and circumstances. Although people of color and women have unique perspectives and considerations, many people have reproductive justice stories and experiences. There are numerous individuals, organizations, and resources to support one on their reproductive justice journey, many of which are shared in this month's Abortion Gazette issue.

My question to you: what's your reproductive justice story?

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02 WHAT IS MY RJ STORY?

Safe abortion in China: Not just a means to an end

Yu Yang, Steering Committee Member, ASAP

As one of the earliest SRHR peer education activists in China, I am honoured to have been part of the inaugural cohort of Youth Champions at ASAP.

It was ASAP's empowerment that introduced me to and enabled me to understand the topic of "safe abortion," and I have since incorporated this topic into peer education materials and practices in China.

Prior to this, because abortion has always been legal and easily accessible in China, the issue of abortion was often overlooked: this led to abortion being seen merely as a remedy for contraceptive failure. What is a safe abortion? Why do we advocate for safe abortion? And why is safe abortion an important part of women's reproductive health rights? These questions were rarely discussed.

In my observation, even during the peak years of the feminist movement, "safe abortion" did not enter the advocacy agenda in China. In China, the focus was more on gender equality, sexual harassment, and other issues. However, my experience with ASAP made me realize that abortion is a complex and richly nuanced issue that should not be ignored!

Unlike in some countries, the accessibility of abortion in China has not been influenced by religious reasons. However, in China's patriarchal society that has persisted for thousands of years, abortion is far from being a right that women can freely, autonomously, and stigma-free exercise.

In the era of the one-child policy, abortion existed as a means of birth control, depriving women of control over their bodies and health. Faced with the traditional Chinese bias towards boys, abortion also served as a means of sex selection, controlled by men and families, often carrying stigma. In today's context where abortion services are easily accessible, abortion has become a remedy for contraceptive failure, and commercial service providers may harm the health of women seeking help in pursuit of profit.

In today's context of China's negative population growth, we do not want abortion to be alienated into a "means" again.

Therefore, even in China where abortion is legal and easily accessible, abortion is a topic that must be discussed and scrutinized. We should advocate for comprehensive sex education and reproductive health services, ensuring that "what is a safe abortion" is known to everyone who needs it, and that "safe abortion" is always safeguarded by the laws.



Applying reproductive justice principles to examine the intersections of faith and abortion

Emilie Weiderud, Kellie Turtle, Fiona Bloomer

Discussing abortion and faith often invokes an assumption that all faiths are anti-abortion and that in turn, to be a person of faith is to also be anti-abortion. Whilst abortion has often been utilized as a focal point for the religious right and conservative forces globally, a collective of activists, academics and faith leaders sought to examine some of the alternative narratives that exist at this intersection.

Our preliminary efforts have been published in a new book **Reimagining Faith and Abortion: A Global Perspective**.

The book documents the work of liberal faith actors and their efforts to provide alternative religious approaches that affirm reproductive justice and freedom. Authors (*Selina Palm, Charlene van der Walt, Emilie Weiderud, Syarifatul Adibah, Brian Ligomeka, María de los Ángeles Roberto, Dakshitha Wickremarathne, Rabbi Danya Ruttenberg, Nóirín MacNamara, Kellie Turtle, Fiona Bloomer*) examine how abortion can be explored in faith settings and how the principles of reproductive justice, as advocated and coined by Sistersong, can in fact be welcomed in these spaces as a way to explore the intersections of faith and abortion.

The authors argue that within the broader structural analysis of the social, economic, cultural and religious realities that influence reproductive decision making, there also emerges grounded, compassionate, liberating religious discourses that have the potential to reduce individual and population level experiences of abortion stigma.

Looking at the intersection of faith and abortion is a small field of activity, which has been under-researched in social sciences. In the book we present a diversity of perspectives that often remain hidden from mainstream discourse and make a case that such diversity exists and has always existed. Insights are provided from around the globe - Argentina, Malaysia, Malawi, Northern Ireland, the Republic of Ireland, South Africa, Sri Lanka, Sweden, and the USA, drawing on Christianity, Jewish, Muslim and Buddhist perspectives. The authors analyze current and historical theological and ethical scholarship as well as reflecting on their own practical and lived experiences.

A panel at the 2024 ARJC in Bangkok provided an opportunity to explore key themes from the book with conference attendees, to consider the practical steps of how faith actors can affirm the reproductive rights and freedoms of pregnant people. The panel (Selina Palm, Charlene van der Walt, Emilie Weiderud, Kellie Turtle, facilitated by Fiona Bloomer) began with acknowledgment that people of faith provide abortions, have abortions and can be supportive of access to abortion, despite these perspectives having been drowned out, or ignored in both faith and secular settings.

Joined by faith leaders from a second panel on faith and abortion including Rev Andrea Vassell (pictured with the panel here), the attendees considered how to approach this work, providing practical suggestions for participants who were considering engaging on the topic of reproductive justice and faith for the first time.

Our next phase of work is to grow a network of those interested in the intersection of faith and abortion – if you are interested in this email fk.bloomer@ulster.ac.uk.



Bridging Borders: Creating Space for Faith at an Abortion & RJ conference!

Rev. Dr. Andrea Vassell, DMin, MDiv, RN, SACReD-Spiritual Alliance of Reproductive Justice

From February 15 to 18, 2024, Bangkok, Thailand became a hub for advocates, faith leaders, healthcare providers, and organizational leaders in safe abortion and Reproductive Justice (RJ) from around the world. The occasion? The Abortion and Reproductive Justice Conference, meticulously organized by ASAP-Asia Safe Abortion Partnership and hosted at the prestigious Mahidol University School of Public Health.

As I stepped into the vibrant atmosphere of the conference, I was welcomed by a diverse array of – physicians, lawyers, and organizational leaders. Dr. Suchitra Dalvie, one of the primary conference organizers, greeted us at the registration table with a wide smile and welcoming eyes. I loved that despite this conference's focus on the Global South, its appeal transcended geographical boundaries, attracting attendees from all regions.

The conference kicked off with Dr. Subatra Jayaraj reminding us of the importance of centering those who are seeking or having an abortion experience. They are women and birthing persons who are real humans with real lives that include families, children, and communities. Their lives are not simply a political issue or policy, they are not simply a region or a demographic.

As a faith leader and Reproductive Justice advocate representing SACReD-Spiritual Alliance of Reproductive Justice, I was welcomed into the conference. Many attendees shared that my presence in this conference was unusual for them since in most places around the world most of the opposition to safe abortions are religious organizations. They also said there are very few if any religious leaders who will advocate for comprehensive reproductive health that includes safe abortions in their local settings.

Several other faith leaders, theologians, and abortion and faith research specialist from Northern Ireland, Malawi, Australia, Kenya, Canada, and the United Kingdom were present. Among the things we had in common was the awareness of the responsibility of faith leaders to provide pastoral support to those who are experiencing or have experienced abortion. Abortion is not an easy decision for most abortion seekers whether it be for economic, health or other reasons and care of souls requires us to provide care and compassion.

Throughout the conference, attendees were treated to a rich tapestry of inspiring plenaries, informative workshops, and invaluable networking opportunities. However, beyond the wealth of information and expertise shared, what truly resonated with me was the cross pollination of experiences, wisdom learned, and spirit of solidarity and camaraderie that permeated the halls. Old friendships were rekindled, and new connections were forged between individuals united in their commitment to advancing safe abortion and reproductive health, rights and justice.

For me, the conference was more than simply a professional gathering – it was a reaffirmation of the collective power of grassroots activism, high level policy and advocacy for global solidarity. As I bid farewell to Bangkok, I left full, filled with renewed determination and inspiration to continue the fight for reproductive justice in my own community and beyond. After all, it is through collaboration and solidarity that we can truly effect meaningful changes to abortion laws, policies, and practice in the world.



Hands off My Disabled Uterus!

By Nu Misra, Revival Disability, India

Hands Off My Disabled Uterus is a campaign that was born out of preparation and utter excitement for the ARJC conference that took place in Bangkok in Feb 2024.

Structures such as SRHR, Healthcare and abortion rights have always excluded disabled folks, particularly those that are persons with vulvas. Those with non-normative bodies are mostly excluded from these movements and social discourses. For instance, there is little to no support for a chronically ill trans body undergoing transition, or a disabled body seeking birth control measures. Biomedical systems are made without keeping disabled bodies in mind.

Situations like abortion are always seen as the decision of the family, rather than the individual. We all have markers of agency on our body and to an able-bodied world, disabled bodies are considered empty vessels of abuse. Forceful hysterectomies and medical decisions are often taken without a disabled person's consent.

In India, the MTP Act makes abortion partially legal. When a disabled woman seeks out an abortion, she often has to be "accompanied" by a guardian and get the abortion approved by a registered doctor. Thus, access to knowledge structures and medical agency is often taken away from the disabled individual.

As a survivor of disability-based violence, I've often wondered whether the law has any space for me and my journey. Is there any place for my abuse, my r*pe within Indian law? Is there a formula, a recipe, a code to describe disabled abuse? Is access to justice reserved only for certain people within the disability community, of a certain caste, religion, gender and sexuality? Are you more likely to receive legal aid if you're visibly disabled, and possess a medical certificate? Is the testimony of deaf women or those with speech disability considered credible?

How do we even begin to realise the myriad ways in which our agency and consent is violated everyday just because we require help and support from others, so naturally dependency entails our bodies belong to the able-bodied world.

Right? Wrong!

This attitude often leads to abuse and proves how little autonomy and self-determination disabled queer individuals have over their own bodies. Isolation is the norm because structures are unwilling to accommodate bodies that might work or function differently.

How do we ensure Reproductive Justice for persons living with disabilities?



Abortion and Reproductive Justice in South Korea

Na Young / SHARE, center for Sexual rights And Reproductive justice / South Korea

In South Korea the abortion ban was legislated during the Japanese colonial era. However, in the 1970's the Korean government created some legal grounds that permit abortion by the legislation of the Mother and Child Health Act.

The purpose of the legalization was the success of population control and economic development. Also the provisions that allow termination of pregnancy if parents have a eugenic disease or disability shows clearly the purpose of the government which intends to succeed both in population control and in restraining disabled people considered "unproductive" people.

Fortunately our ongoing struggles succeeded and in 2019 we finally achieved the decriminalization of abortion.

Applying the perspective of SRHR (sexual and reproductive health and rights) and also reproductive justice allowed us to shift the paradigm of arguments surrounding abortion, moving beyond the 'life vs. choice' dichotomy.

However, recently the South Korean government has been trying to build an anonymous birth-giving system instead of building a supportive system for safe abortion and childbearing for marginalized women. This system will influence women to choose to maintain their pregnancies and opt for anonymous childbirth instead of opting for pregnancy termination during pregnancy counseling sessions.

What are the implications of this?

The budgets would now flow towards supporting the owners of institutions such as orphanages and adoption agencies instead of supporting women who need support in having safe abortions. Korean adoptees sent abroad by the government in the 1970s and 1980s argue that the institutionalization of anonymous childbirth is merely a repetition of history, where the government exported the children of unmarried mothers and mixed-race children overseas for the benefit of the nation and institutions.

We also recognize that expanding decriminalization to other domains, including sex work, HIV/AIDS, and migrant policies is an ongoing challenge toward reproductive justice because criminalization has been used as an effective measure to control sexuality and borders.

So we can not achieve reproductive justice as long as marginalized people are controlled and oppressed through criminalization. And we need to build a 'glocal' network since criminalization in each country has global impacts.

After all, life is an ongoing process, not just a birth!

So we must remember and emphasize that the most important thing is building a society supporting living conditions for every person. Once we exist in this world, we need to relate to other people, and the social, economic, and political system affects our living and choices as a structural matter.

I believe that this is why we are conducting a reproductive justice movement, and we can keep making changes with our solidarity.



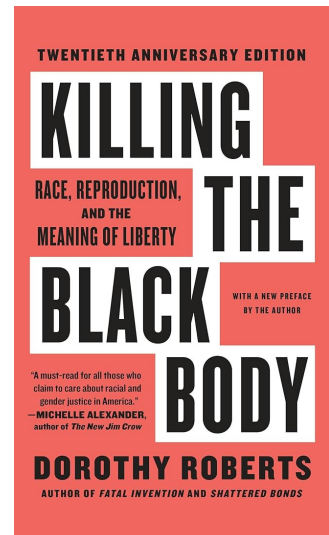
03 REPRODUCTIVE JUSTICE ROUND UP

Interview with Loretta Ross of SisterSong: She is one of the Founding Mothers of RJ, a MacArthur Foundation award winner, and human rights activist



Killing the Black Body by Dorothy Roberts

"In 1994, while I was writing Killing the Black Body, a group of Black women met at a pro-choice conference and coined the phrase "reproductive justice" to describe a holistic approach that puts Black women at the center and incorporates our experiences of having our childbearing decisions punished and devalued. While the mainstream reproductive rights movement focused on abortion, we expanded the definition of reproductive freedom to include not only abortion but also [freedom from] state interference. Reproductive justice includes the right to abort a pregnancy and also to raise a child in a safe and supportive community."



Reproductive Rights, Reproductive Justice: Redefining Challenges to Create Optimal Health for All Women. Chukwudi Onwuachi-Saunders. J Healthc Sci Humanit. 2019 Summer; 9(1): 19–31. PMCID: PMC9930478. Linked [here](#).

This article acknowledges the history and challenges of reproductive health and rights, while offering a non-polarized, more inclusive ethical course of action, using an optimal health approach with new alliances for the reproductive justice movement today. Before attending the ICPD, a group of black women in Chicago coined the term reproductive justice, defined as the complete physical, mental, spiritual, political, social and economic wellbeing of women and girls, based on the full achievement and protection of women's human rights (Ross, 2007).

Bell Hooks, a black feminist, expounded on this when she wrote in 1999: "highlighting abortion rather than reproductive rights as a whole reflected the class biases of the women who were at the front of the movement."



"We have to restore feminism as a political movement. The challenge to patriarchy is political and not an identity or lifestyle."

- Bell Hooks

Five Black women on the frontlines of reproductive rights (and what they say about the next phase of abortion rights) Published: Feb. 16, 2024, 12:00 p.m. Linked [here](#)



"Transformative reproductive care is culturally relevant and responsive. It focuses on bodily autonomy and ensuring that birthing people understand all of their options, regardless of race, class, location, etc." It goes beyond birth, and includes postnatal, mental health, abortion, trauma-informed medical wellness staff and more to impact the totality of a person's wellness.

A Reproductive Justice History

This history calls attention over and over to the vulnerabilities of people without institutionalized power.

We see how, as enslaved persons, parents were unable to protect their children from sale or to assert their authority as parents. After white settlers and armies began moving westward across the North American continent, many Native Americans lost their land and also lost their pregnancies and children to genocidal wars and forced marches, and then to the boarding school system that aimed to drain Native culture from the minds of children who were being remade as “Americans.”

Abuses included coerced sterilization; welfare and fostering policies that punished poor women for “illegitimate” motherhood; and the Hyde Amendment, which denied federal aid to poor women seeking abortions

One piece of reproductive technology that seemed to support sexual liberation for all women was the birth control pill, first marketed in 1960, after extensive testing, largely in programs, such as the one in Puerto Rico, that used women of color as guinea pigs, including massive sterilization campaigns. The Indian Health Service was particularly aggressive in this arena, although it is difficult to know exactly how many sterilizations were performed under its auspices since the IHS neglected to keep complete and accurate records. A Native organization, Women of All Red Nations, has estimated that on some reservations, the rate of female sterilization was as high as 80 percent.

The head of obstetrics and gynecology at a public hospital in New York reported, “In most major teaching hospitals in New York City, it is the unwritten policy to do elective hysterectomies on poor black and Puerto Rican women, with minimal indications, to train residents.”

On the other hand, a white woman typically could not be sterilized unless her reproductive output satisfied a formula devised by the medical profession: her age multiplied by the number of children she had already given birth had to equal the number 120 or greater. The permission of two doctors and a psychiatrist were also required for sterilization.

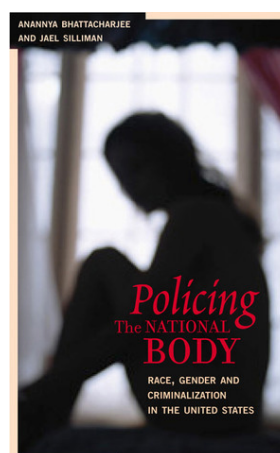
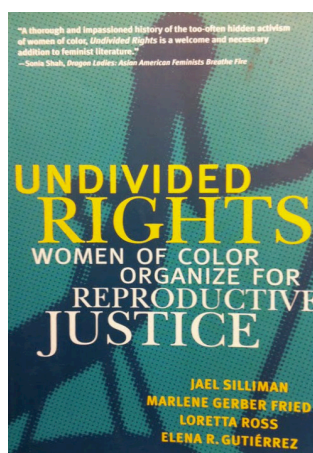
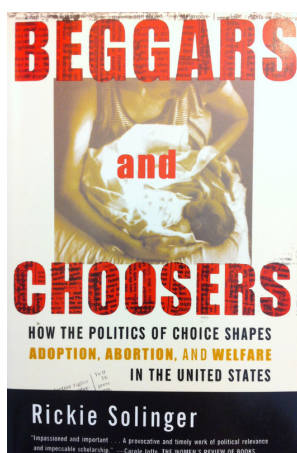
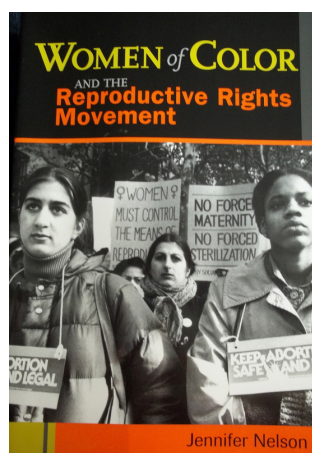
Beyond fertility figures: towards reproductive rights and choices.

Jolene Tan. Humanities and Social Sciences Communications volume 11, Article number: 112 (2024). [Linked here.](#)

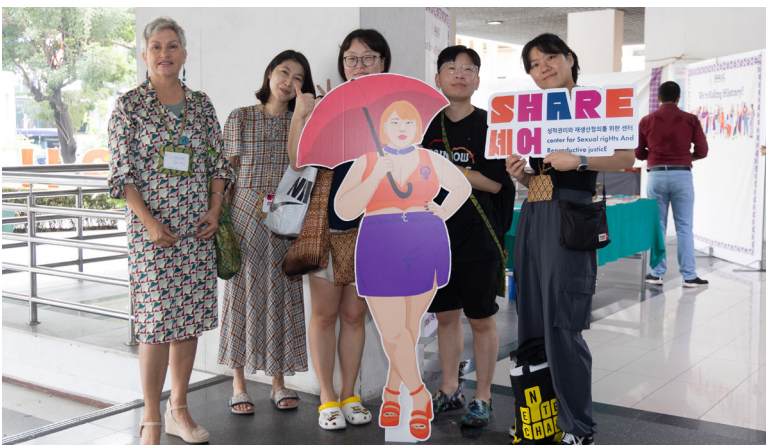
It is widely documented that population growth is closely related to overall economic growth. Given the close link between the two, the global decline in fertility rates has led to an increasing number of governments implementing pro-natal policies aimed at encouraging childbearing. However, this article seeks to emphasise the significance of policy solutions that prioritise the needs, choices, and decisions of individuals.

“A woman is not a basket you place your buns in to keep them warm. Not a brood hen you can slip duck eggs under. Not the purse holding the coins of your descendants till you spend them in wars.”

- Margaret Piercy



Abortion & Reproductive Justice Conference, February 2024



04 FROM THEORY TO PRACTICE:

Reflections on RJ at ASAP

By Nandini Mazumder, Assistant Coordinator

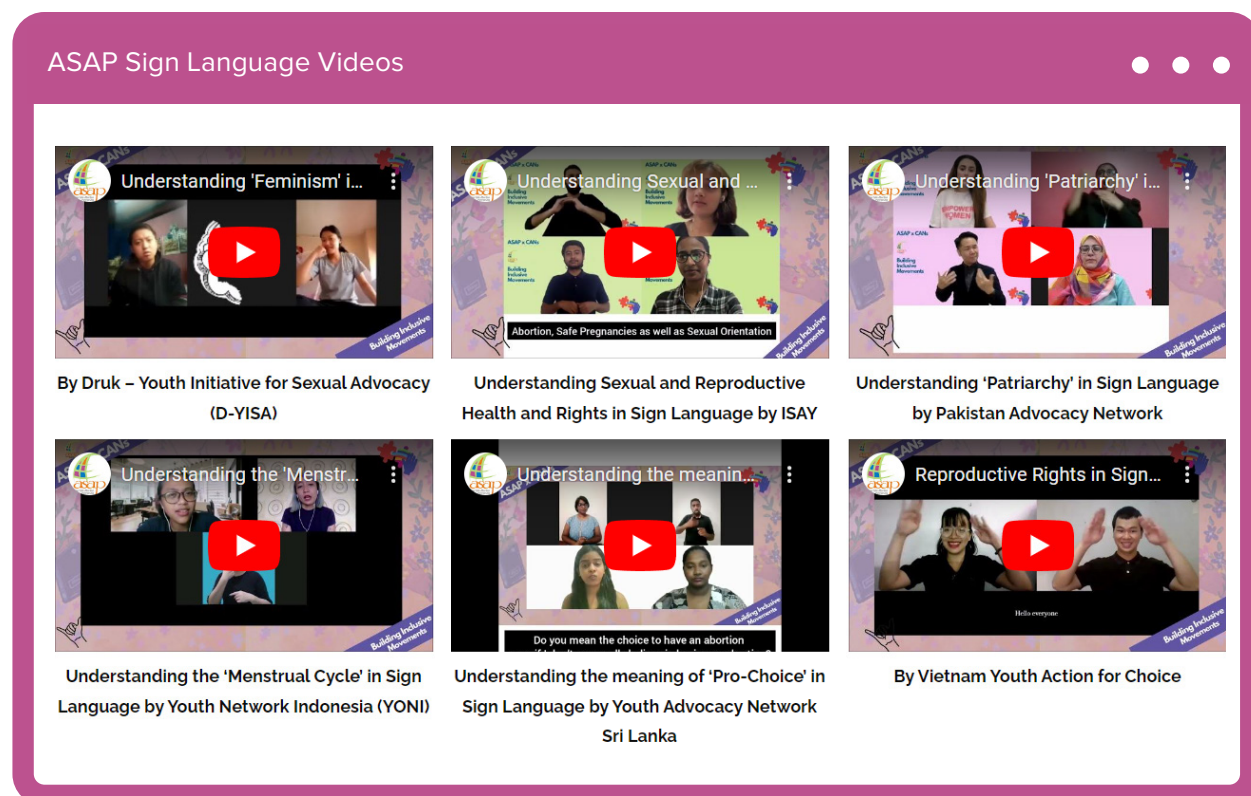
I. RJ framework in our work at ASAP:

At ASAP we acknowledged that the universal access to safe abortion is not achievable in isolation and unless we include several marginalized communities and movements that still get left behind from the mainstream conversations.

In 2020 as a result of a webinar we collaborated in which had sign language interpreter we learnt that there are over 300 different sign languages! We also realized the complexities of conveying key SRHR terminologies and concepts through signs as there was usually no equivalent sign.

As a result of this we decided to formalize our Strategy for Building Inclusive Movements.

We started our work with the deaf and hard of hearing community, working closely with our CAN in Sri Lanka- YANSL. We created primer videos on basic SRHR terminology and concepts in sign language. These videos [here](#) are a pioneering initiative and received great reviews.



We also started engaging with trans men and non-binary people who are Assigned Female At Birth (AFAB). Their testimonies and interviews with service providers gave us an insight into the challenges faced for safe abortion access. These findings were presented at

International LGBTQ+ rights conference, ILGA World Conference 2022 which was a major step towards inclusion as ASAP was the only safe abortion rights group to be invited to present at the conference!

It continues to be a challenge to truly build solidarities, yet we as a network we firmly believe that the cost of exclusion is higher than the cost of inclusion. inclusive spaces.

From ASAP's Building Inclusive Strategy Document:

Human rights movements, including those for Sexual and Reproductive Health and Rights (SRHR), LGBTQIA+ rights and Safe Abortion rights share several commonalities: they emerged as a response to unjust patriarchal norms and are rooted in the idea that all human beings are equal.

As Audre Lorde had said, “there is no thing as a single-issue struggle because we do not live single-issue lives”; and this also holds true for our social justice movements.

Public and private patriarchal systems consistently and systematically continue to violate both safe abortion rights and the rights of the marginalized communities. Therefore, these movements must come together in solidarity, to collaborate on issues that often overlap, face similar challenges and strive towards common goals.

II. At ARJC:

Inclusivity which is at the heart of the RJ framework and is critical but also challenging since it requires resources, planning and strategizing. Right from the planning and preparing stage we ensured **diversity** as one of our key inclusivity criteria. The Global Advisory Group (GAG) included members from Australia, Bangladesh, China, India, Indonesia, Kenya, Lebanon, Malaysia, Nepal, Pakistan, Peru, South Korea, Sri Lanka, Thailand, USA, UK and Vietnam. They represented intersectional movements and spaces. We also ensured that the abstract selection process gave weightage to geographical diversity and create space for countries from the political global south. Eventually we had a conference of about 350 people from 63 countries including participants from Argentina, Bhutan, El Salvador, Fiji, Japan, Kyrgyzstan, Malawi, Maldives, Poland, Rwanda and others.

We started the main conference with a panel on the service seekers' challenges and the first presentation was from our partner in Palestine, followed by others from Afghanistan, Lebanon and Kenya. We had our own presentation about the importance of sign language for inclusion of millions of deaf and hard-of-hearing people. We had also planned and had a ramp built to ensure that our participants with access requirements were able to join everyone on stage.

We also had simultaneous language interpretation in Thai and Spanish.

We recognize that true inclusion is a learning process and it also needs resource allocations to make it happen –both financial and human.

Although ASAP has taken quite a few steps in the right direction in our work and particularly at ARJC IV, the safe abortion rights movement needs to be more proactive to truly create intersectional movements and inclusive spaces.

Sabreen MOhammed from HEART speaking on Islam and RJ

MPH. Manager of Health Equity and Education at HEART



Who is HEART?

Founded in 2010, [HEART](#) is a national public-health nonprofit organization dedicated to promoting sexual health, uprooting gendered violence, and advancing reproductive justice by establishing choice and access for the most impacted Muslims. We strive to create a world where all Muslims are safe and exercise self-determination over their reproductive lives in the communities where they live, work, and pray.

On abortion and Islam

The following excerpt is sourced from "[Sex Talk Book: A Muslim's Guide to Healthy Sex & Relationships](#)" authored by [Nadiyah Mohajir](#), [Navila Rashid](#), and [Haddijatou Ceesay](#). In this segment, the authors delve into the complex intersection of Islam and abortion, providing insightful perspectives on the topic within the framework of Islamic teachings and principles.

"For those from faith communities, abortion—whether elective and/or medically necessary—is an option that is often considered taboo and controversial, and many might try to pressure you to continue the pregnancy to term, regardless of the circumstance. You are your best advocate, and you know what is best for you and your future. The Islamic opinion on the permissibility of abortion varies. The majority of scholars will agree that abortion is permissible if it is before a certain time period, although there is a difference of opinion regarding the gestational age of the pregnancy. Some say it is only permissible until 40 days into the pregnancy while others say it is as long as 120 days. are regarded on a case by case basis.



THE SEX TALK: CHAPTER 4



POINT OF INTEREST

Abortion in the pre-modern period (before Western imperialism) was a decision that often did not include religious scholars, men, or the state. The decisions were generally between pregnant people and their providers.¹⁶⁴ Scholars have documented that there were numerous classic Islamic texts in the 9th-11th centuries that explained in detail ways to prevent pregnancy and induce abortion.¹⁶⁵ Most abortions occurred at home with women being the ones to implement the procedures, and the "knowledge of these medicines and procedures gave women the power to determine their fertility to some extent."¹⁶⁶ Despite this, there were male scholars in the past that did attempt to "use religious discourses to reassert male authority over reproduction in rejection of the previously held exclusivity of women caring for women in childbirth."¹⁶⁷ Yet this exclusive female control over maternity no longer exists in contemporary Muslim societies, due to the introduction of colonialism and medicalization of reproduction, and now instead "the Islamic decision-making process which discusses permissibility of abortion is carried out by male jurists and scholars."¹⁶⁸

05 HIGHLIGHTING RJ CASE STUDIES FROM AROUND THE WORLD



01. AFRICAN CONTINENT

Decolonizing Sexual and Reproductive Health and Rights: Laying a foundation for an African-Centered Approach September 2022. Ahaki. By Prof. Charles Ngwena, Professor of Law, Center for Human Rights, Faculty of Law, University of Pretoria

European colonisation of the African continent, which began in the latter half of the nineteenth century, has been the most enduring colonisation of the continent, far surpassing the earlier intrusions by the Greeks, Romans and Arabs.

The partition of Africa into Westphalian states by Belgium, Britain, France, Portugal, Spain and Italy during the Scramble for Africa following the Berlin Conference of 1884-1885, culminated in a profound reconfiguration of Africa with Europe taking direct control of nearly the entire continent's economy and political administration.

The persistence of a colonially-founded moral order to regulate the sexual and reproductive economy of Africans implicates deep-seated coloniality which calls for decolonisation and epistemic justice. Abortion is one of the areas where the African state has remained resistant to inclusive citizenship and retained gendered citizenship bequeathed by the colonial state.

Abortion is an age-old tradition on the continent. Prior to colonisation, in subSaharan Africa, abortion was not considered to be a matter in the public domain. Abortifacients were certainly known and used and in precolonial society, abortion was regarded as a private matter for resolution by the family rather than indigenous courts, with women playing a preeminent role.

African spiritualities did not equate foetal life with born life. The advent of the colonisation of the continent radically altered the position. **Criminalisation of abortion in colonial abortion laws was intertwined with the 'misrecognition' of women.** Beyond just conceiving deliberate termination of pregnancy as a mortal sin, the laws also stereotyped women as physiological and procreative beings.

Decolonising abortion is only consistent with laws that respect, protect, promote and fulfil reproductive autonomy, including permitting abortion on request. The primary function of law when regulating abortion should not be to curtail choice but to ensure that termination is carried out safely. Decolonisation requires a paradigm shift; a shift from a crime and punishment approach to a reproductive health approach.



02. CHINA

The One-Child Policy and Reproductive Justice: Son Preference, Sex Selection, Violence and Demography Isabel Pastoor St. Catherine University.

Initially, the OCP targeted everyone, but particularly those living in highly populated urban areas. Generally, those in urban work zones were allowed one child; those in rural areas were allowed 1.5 children, meaning they were permitted a second child if the first was a girl, resulting in an average of 1.5 children per woman. (Ebenstein, 2010). Later on, the nature of enforcement and punishment for violating the OCP favoured the wealthy, resulting again in a sort of class-based eugenics.

Scale, extremity, and violence characterize the OCP and distinguish it from other family planning campaigns in human history. The Chinese government estimates that over 300 million births were prevented as a result of the policy (Nie, 2014), nearly equal to the population of the United States.

The OCP was enforced ruthlessly. Women who exceeded their allowed pregnancies had to pay fines that could be as high as over 54,000 USD in an extreme 2013 case involving a woman who attempted to sell a kidney to pay her birth permit fine (Wee, 2013).

Children born to parents who had failed to pay their fines were not granted hukou- an identification document that allows Chinese citizens access to education, healthcare, transportation, employment, financial services, and even marriage. There are an estimated 13 million undocumented children living in China as a result of this.

The most extreme enforcement of the OCP was forced abortion. In addition to dismissal from employment, destruction of homes, hefty fines, and intimidation, some family planning officials took things several steps further, and kidnapped women and used coercion or physical force to terminate their pregnancies, sometimes past the legal gestational limit, even into the third trimester of pregnancy.

The most well-known case of forced abortion in China is the infamous case of Feng Jianmei, who at age 22, was forcibly aborted at 28 weeks' gestation in Ankang, Shaanxi province (Jiang, 2012). Feng's account includes allegations of stalking, kidnapping, intimidation of her family, and coercion, culminating in a forcible lethal injection of her fetus and subsequent induced delivery of the stillborn baby.

Wujian also testified that the Family Planning government officials searched all over "trying to arrest me, and while they could not find me, they caught my father instead. They put my father into the detention center and beat him every day. On the fourth day one neighbor came and told me that my father was dying: they would continue beating my father – even to death – until I went to the local hospital to get abortion." Her nurse allegedly told her that ten thousand forced abortions had already been completed in China in that year alone (Testimony, 2009).



03. INDIA

“For Reproductive Justice in an Era of Gates and Modi: The Violence of India’s Population Policies.” By Kalpana Wilson. *Feminist Review*, no. 119, 2018, pp. 89–105. JSTOR, <https://www.jstor.org/stable/26776503>

This article addresses India’s contemporary population control policies and practices as a form of gender violence perpetrated by the state and transnational actors against poor, Adivasi and Dalit women. **The long-term construction of particular women’s lives as devalued and disposable, and of their bodies as excessively fertile and therefore inimical to development and progress.** In particular, it argues that the violence of population policies is being deepened as a result of three central and interrelated aspects of this framework: corporate dispossession and displacement, the intensification and extension of women’s labour for global capital, and the discourses and embodied practices of far-right Hindu supremacism.



04. PHILIPPINES

The spectre of unsafe abortions in the Philippines. Comment/ Volume 32, 100655, March 2023. Juan Raphael M. Perez et al

Unsafe abortion contributes significantly to preventable maternal mortality in the country yet remains the sole option for many young, low-income, and rural women, **as 75% of Filipino women seeking abortions are financially unable to raise another child.** Disturbingly, over 10% of women are victims of sexual violence.

Unsafe abortive methods include unsupervised catheter insertion, abdominal manipulation or massage, and self-induction with unapproved herbs. These frequently result in mortality from hemorrhage, sepsis, genital trauma, and bowel necrosis, with many survivors suffering long-term complications (e.g., poor wound healing, infertility, and incontinence).

Though the provision of humane post-abortion care is constitutional, Filipino women face both societal stigma and maltreatment from healthcare providers, the latter ranging from verbal abuse and religious sanctimony to outright refusal of care.

Filipino healthcare providers themselves risk criminal prosecution, license revocation, and ostracisation from peers for participating in abortion-related activities.



05. UNITED STATES OF AMERICA

The racist history of abortion and midwifery bans. ACLU

In 1851, Sojourner Truth delivered a speech best known as “Ain’t I A Woman?” to a crowded audience at the Women’s Convention in Akron, Ohio. At the time, slavery remained in full force, a vibrant enterprise that fuelled the American economy. Various laws protected that system, including the Fugitive Slave Act, which resulted in the abduction of “free” Black children, women, and men.

Black women were forced to plough, plant, herd, and build — just as men. But they were also made sexual chattel and then sold off the children. This was human trafficking in the American form, and it lasted for centuries.

Ms. Truth pleaded: “I have borne 13 children, and seen most all sold off to slavery, and when I cried out with my mother’s grief, none but Jesus heard me! And ain’t I a woman?”

Following the Supreme Court’s decision in *June Medical Services v. Russo* this week, it is worth reflecting on the racist origins of the anti-abortion movement in the United States, which date back to the ideologies of slavery. **Just like slavery, anti-abortion efforts are rooted in white supremacy, the exploitation of Black women, and placing women’s bodies in service to men.** Then, just as now, anti-abortion efforts have nothing to do with saving women’s lives or protecting the interests of children.

Today, a person is 14 times more likely to die by carrying a pregnancy to term than by having an abortion, and medical evidence has shown for decades that an abortion is as safe as a penicillin shot—and yet abortion remains heavily restricted in states across the country.

Prior to the Civil War, the persons who performed all manner of reproductive health care were women. Midwifery was interracial; half of the women who provided reproductive health care were Black women. Other midwives were Indigenous and white.

However, in the wake of slavery’s end, skilled Black midwives represented both real competition for white men who sought to enter the practice of child delivery, and a threat to how obstetricians viewed themselves. Male gynecologists claimed midwifery was a degrading means of obstetrical care. They viewed themselves as elite members of a trained profession with tools such as forceps and other technologies, and the modern convenience of hospitals, which excluded Black and Indigenous women from practice within their institutions. To better understand racial injustice in the anti-abortion movement, remember that American hospitals barred the admission of African Americans both in terms of practice and as patients.

History would later reveal that it was literally on the backs of Black women’s bodies that such tools were developed. Dr. Marion Sims famously wrote about his insomniac-induced “epiphanies” that stirred him to experiment on enslaved Black women, lacerating, suturing, and cutting, providing no anesthesia or pain relief.

In the wake of both *Whole Woman's Health* and *June Medical Services v. Russo*, keep in mind that both Texas and Louisiana, where these cases originated, are considered the deadliest in the developed world for a woman to give birth. Many of these states (though not all) are former slave states, such as Texas, Louisiana, Mississippi, Alabama, and Arkansas. As Black people in these states continue to fight for equal access the reproductive care they need, Sojourner Truth's 1851 speech continues to resonate.

And as the Supreme Court demonstrated this week, the fight for justice in reproductive health care and equality in abortion access is far from over.

For indigenous peoples, abortion is a religious right.

By Abaki Beck and Rosalyn Lapier

"Our grandmother taught us that Blackfeet women used both medicinal plants and ritual practices for reproductive health. The Blackfeet used over a dozen plants to regulate menstruation, for abortion, for the birth process, and to address symptoms of menopause. Blackfeet women also held a religious ceremony during which a sanctified belt decorated with religious symbols was worn to regulate fertility and prevent pregnancy. "

06 CURIOUS TO LEARN MORE?

- [A beginner's Guide to Reproductive Justice by Rina Lipsitz](#)
- [What my abortion made me realize about Reproductive Justice by Brittany Mostiller](#)
- [What is reproductive justice by Reproductive Justice Initiative, Manna Mostaghim and Luci Pina](#)
- [Reproductive Rights vs. Reproductive Justice: Why the Difference Matters in Bioethics By Danielle M. Pacia](#)
- [Why Decolonization is necessary for RJ by Makenna L](#)
- [Reproductive Rights, Reproductive Justice: Redefining Challenges to Create Optimal Health for All Women by Chukwudi Onwuachi-Saunders](#)
- [Taliban bans the selling of contraceptives in Afghanistan](#)
- [The Intersections of Advocacy and Art: Exploring Reproductive Justice in Feminist Artwork By Leah Barry](#)
- [Deeply rooted: Faith in Reproductive Justice](#)



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NEXT ISSUE:

Vol. 3 June 2024

Decriminalization & Decolonization of Abortion

Guest Editor: Shelani Palihawadana