THE ABORTION GAZETTE, VOLUME 7

QUEERING SAFE ABORTION

asap
Asia Safe Abortion Partnership

THE ABORTION GAZETTE

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Queering Safe Abortion

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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!

EDITORIAL

Queering safe abortion rights:

Critical milestone in the journey for autonomy, agency and human rights

// Suchitra Dalvie, Coordinator ASAP

In a world that continues to be dominated by the cis-hetero-patriarchal systemic oppression, amplified by capitalist control over means of production and State diktats over means of reproduction, the struggle for safe abortion rights and queer liberation are not really separate.

Both confront the same question: who owns your body, your choices, your life?

And both movements answer the same way--YOU do!

The term 'queer', once a slur, has been reclaimed as a radical act of defiance against rigid norms of sexuality and gender. To 'queer' something is to challenge assumptions and make space for experiences that fall outside socially sanctioned norms.

Historically, for over a couple of centuries, colonial powers imposed strict heteronormative codes, criminalized diverse sexualities and reproductive practices across the globe, erasing indigenous and pre-colonial understandings of gender fluidity, sexual practices and reproductive autonomy. Queering safe abortion rights is therefore also part of the struggle for decolonization that seeks to reclaim control over our bodies and our choices.

Queer rights movements and safe abortion rights movements both challenge the dominant paradigms that dictate how we should live, love, reproduce, and identify. They expose the ways in which power seeks to regulate and exploit not only our sexual and reproductive labour and resources, but our very bodies, our identities and expressions. Both movements demand a radical rethinking of the boundaries of what any government can and should not do in order to respect, protect and fulfil the fundamental human rights of its citizens.

Queer rights movements directly confront the policing of sexuality, gender expression, and choices of intimacy while safe abortion advocacy challenges the structures that deny individuals control over their reproduction and reproductive choices.

The colonial cis-heteropatriarchal State has, historically and globally, leveraged sexual and reproductive control as a mechanism of power. Gender binaries were imposed, abortion and homosexuality were criminalized, legitimization of only sanctioned 'official' marriages were seen as legitimate.

These oppressions have been further amplified by religious conservatism and capitalism, which commodify people's bodies and benefit especially from the unpaid and repetitive social reproduction performed by women as well as the almost compulsory sexual and reproductive labour they are forced into. After all, keeping people in poverty and unable to control their fertility (which again leads to poverty) is a straight path to ensuring a constant supply of cheap and desperate labour.

Unfortunately the system of modern medicine that was set up on the ashes of the women they burnt as 'witches', is also complicit in serving the patriarchy by pathologizing and curating the bodies.

Queering abortion rights is also about framing reproductive justice through the lens of autonomy and intersectionality. Trans men, lesbians, non-binary and gender non-conforming individuals are also capable of pregnancy, yet their experiences are often erased in mainstream reproductive discourse. By queering the conversation, abortion rights advocacy will not default to cis-normative assumptions.

Equally the queer rights movements need to bring in the conversation on safe abortion to the forefront of their advocacy agendas since unwanted pregnancies can affect many queer persons who find it especially more challenging to access safe services.

Autonomy over one's body, whether in the context of sexual identity, expression, or reproduction, is inseparable from dignity, equality, and freedom, and critical to the fulfilment of human rights.

Both movements envision a society where autonomy is normalized, where care is a right --not a privilege, and where the State does not act as arbiter over humans and their bodies and their choices.

Choosing for yourself is an act of resistance against authoritarianism and fascism.

Until every human can make choices about their body, their identity, who they can love and have sex with, how many children if at all they want to have and how to manage unwanted pregnancies in the safest way they can, without judgment, fear or risk to life, human rights cannot be truly fulfilled.

The Invisible Significant Others:

Destigmatizing conversations on safe abortion for female partners of men who have sex with men

//Silvester Merchant, Guest Editor, Regional Community Engagement & Networks Lead, IPPF SARO

When the discourse is about queering safe abortion, it must go beyond the obvious conversations, beyond people with uteruses as there are multiple intersecting realities which are shaped by patriarchy and compulsive heteronormativity which affects not only people with uteruses but way beyond.

Under HIV interventions with MSM (Men who have Sex with Men) and trans communities through the National Aids Control Program in India, it was by sheer chance that I came across women clients accessing services under the 'partner notification' component of the HIV program for gay men. These women were accompanied to the community clinic by their male partners who were in same sex relationships with other men too. It was an FPA India clinic to which MSM communities would get their female partners, since these clinics were seen as 'heteronormative'. They would bypass the community clinics for HIV as those didn't have services for women and would create a risk of the men being 'outed' in such spaces. It was then that I started working closely with female partners of MSM and discovered a wide range of their unmet SRHR and psychosocial needs.

This article is based on my experiences working with and having interacted with more than 150 women in the HIV intervention at my NGO's clinic in Gujarat, India. It explores how agency is denied to people, especially women, and how stigma, heteronormativity and patriarchy are drivers disabling the access to safe abortion especially in Asia where the majority of gay men end up getting married to women.

Falling in line and forced to perform

In the context of South Asia where marriage is a social norm (and compulsion!) a majority of gay and bisexual men get married to women. The reasons range from being closeted, fear of social stigma and discrimination, economic perks such as inheritance of family business and dowry. This is even more true for people from smaller cities and towns where a heterosexual marriage is a norm and way of life. Not just that but marrying a woman is also a way for producing a male heir for the family.

Most of these young women don't have much say in these marriages as they are arranged by the elders of the family, and the decision must be obeyed. Once married, the gay man performs sex more out of a duty than for love/pleasure. Experience also shows that in most cases these gay men have only one female partner (i.e. the wife) but continue to have multiple male partners outside the marriage.

Married gay men then not only become the carriers of the very heteronormativity which puts them in a precarious position but start dragging women in with them too. Fatherhood happens to be a litmus test to prove 'real' masculinity for these men and hence the women cannot really negotiate on unwanted pregnancy. Seeking abortion is only an option after the woman has had at least one or two children and that too only with permission of either the husband or his parents.

This situation leads to emotional coercion and at times violence too. This also leads to a lot of emotional baggage and isolation for the women, who are usually unaware of their husband's sexuality. Even if they discover that their husbands are gay, they are usually dependent on them financially and it is almost impossible for them to move out of the marriage due to lack of agency and the burden of societal pressure to 'maintain' the marriage.

> *"I know my husband is gay, but it's better at least he doesn't have an affair with another woman, if it was a woman she would come in my house and claim my property. With a man as his partner, I don't have that insecurity' – One of the female partner beneficiary of HIV program."*

Gay men married to women are not able to use condoms with their wives as it would immediately raise suspicion of infidelity. Hence these marriages also become an ideal ground for transmission of STIs and HIV.

The politics of silent exclusion

HIV interventions with MSM and transgender women were the historical entry points to work with the communities in all the South Asian countries including the few countries where same sex relationships are decriminalized. But paradoxically none of the HIV programs talk about female partners of MSM even though it is known that the majority of these men will marry heterosexually at some point of time.

The 'partner notification' component under the HIV program majorly mandates male partners to be tested and treated. This gender-blind design of the HIV program bars access to female partners. On the other hand, queer movements are usually led by urban activists who are strongly attached to their lived identity politics and thus wary of any 'heterosexual' connect

ideologically. As a result of this, the formal community groups hardly talk about married gay men or married non-binary people born in male bodies as it is considered politically incorrect to converse about even within the community spaces.

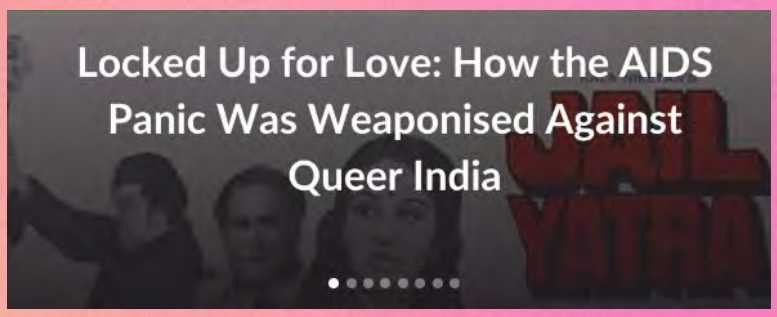
This ostracism further reinforces patriarchal silences within the queer spaces thus erasing out heterosexual experiences within the queer narratives and neglecting intersectional lived experiences of people.

Queering SRHR & Abortion

Deconstructing queerness for all in its holistic perspective is critical. All communities, activists, service providers and policy makers should have a comprehensive understanding of the unmet SRHR and safe abortion needs of queer people. This politics needs to go beyond just identity and towards justice. Queer rights and safe abortion rights movements should confront structures which control people's bodies and reduce agency by dismantling the larger all-pervading patriarchy through integrating queer feminist perspectives.

Inclusive SRHR and HIV programs which are intersectional in communication, service delivery, advocacy are the need of the hour. Reimagining intersectional justice is only possible through stressing the need for cross movement solidarity for which people and ideologies must come together.

@50shadesofgayofficial
I research and share stories often left out of history - like the painful reality of queer love in 1980s India, when being yourself could mean imprisonment, fear, and isolation. *Read the post here.*



Queering Safe Abortion & Reproductive Justice

//Rola Yasmine, Executive Director / The A Project, Samia Habli, Deputy Director / The A Project, Lebanon, Nana Abouelsoud, she/her, Programs and Advocacy Coordinator / Resurj

When raised under compulsory heterosexuality, reproductive coercion is convention and voluntary motherhood is a seemingly absent demand or possibility. The idea of parenting children that have no genetic connection to one's own DNA is seen as strange. The imperative of passing on patriarchal last names, land, and lineage is a duty passed on to children, even when often romanticized and not described as such. Blood is almost always thicker than water, and belonging is tied to family struggles and histories that openly tell befitting and respectable heteropatriarchal stories.

All the while, alternative tales of family members' rebellions are still duly, and discreetly, passed down, preserving parallel stories of survival.

In South West Asia and Northern Africa, like in many places around the world, belonging, blood, and storytelling are the promises of heteropatriarchal family formations; promises that are well anchored and regulated by law and religion. In the absence of social welfare systems and with the systemic and systematic discrimination against heteropatriarchal outliers, upholding these three pillars is often the difference between surviving and not. With little space to question or negotiate reproductive futures, many find themselves unable to imagine or live alternative realities without breaking away from biological families and the socially and politically ingrained expectations they hold.

Spaces of queer feminist organizing have been monumentally crucial in rejecting the notion that bonds and ties can only be sealed with blood, and through flourishing revolutionary ideals they aim to uncover different ways of belonging. The promise of liberation from reproductive coercion and reproductive labor presents itself as a mirage. It brings with it a freedom to imagine a different course, but even these imaginaries are not without restrictions. In the cross between identity politics and the rejection of patriarchal ways, is a space that deems having and making families for queers and non-queers alike as orthodox, traditional, regressive, and a rolling back on the wins and gains of a movement.

Arguably however, our movement needs reproductive justice– whether it be in the fight for trans peoples' right not to be forced to choose between fertility, gender-affirming healthcare, and accurate identification documents, or in the the fight against forced abortions of wanted pregnancies where the societal punishment of unmarried motherhood is steeper than the actual criminalization of abortions.

In imagining reproductive justice as a queer future, we must revisit the ghosts of family formation past, and do so from a place of power that materializes desired voluntary .

Queering the Decriminalization of Abortion

// Na Young, SHARE, center for Sexual igHts And Reproductive justicE

> *"I am non-binary transgender. I had an abortion in early 2011. When I told people around me about my pregnancy, I heard people say, 'You've now fully experienced being a woman.' But that's not true. I am non-binary. There are times when I'm not a woman. Therefore, I chose an abortion without hesitation, and it was my complete decision. As someone who hopes to have a hysterectomy someday, I wanted to pretend I never got pregnant. Contrary to my wishes, I am always gripped by the fear of pregnancy after having fertile sex. No matter how many condoms I use, the fear doesn't easily go away. Had I continued the pregnancy, I might have chosen death. The abortion saved my life and allowed me to continue living as my preferred gender. I completely oppose the criminalization of abortion."*

In 2017, around 30 organizations, including SHARE, gathered in Korea to form the "Joint Action for Reproductive Justice" solidarity collective organization. On that day, a participant raised her hand and spoke as above.

This press conference and performance marked the first time in Korea that a movement to abolish abortion law went beyond simply demanding "guaranteed abortion rights" and moved toward "reproductive justice for all." Instead of appealing to women about how the experience of abortion was an "inevitable" choice and a difficult experience, we chose to connect the experiences of diverse individuals to the historical context of injustice: how, within the Korean government's population control policies, not only abortion but also pregnancy and childbirth were controlled by the state.

So, we invited a diverse range of speakers: a person with a disability who was asked to have an abortion, a teenager forced to drop out of school for having an abortion, a woman in her 50s who underwent laparoscopic contraception at the request of a civil servant due to the government's birth control policy in the 1980s, a person living with HIV who was forced to have an abortion, and a sexual assault victim who struggled to prove her sexual assault to have her abortion legalized. After each speaker, we

connected red lines to each other. But then, a non-binary participant who had not been invited in advance came forward and shared her experience.

Their courageous speech symbolized a turning point for our movement in Korea.

In Korea, transgender people seeking legal recognition for their gender reassignment must document that they have undergone external genital surgery to match the gender they wish to be legally recognized for. This regulation has been revised from a "licensing standard" to a "reference," but due to varying court requirements, transgender people have often had to wait for a Supreme Court ruling to receive legal recognition without genital surgery. Non-binary, genderqueer, and FTM transgender individuals who have not undergone hysterectomy also require medical support for pregnancy and abortion, but in Korea, there are virtually no systems or discussions regarding this. Furthermore, transgender individuals who are legally male are not covered by the National Health Insurance for all obstetrics and gynecology services. Pregnancy and childbirth without insurance coverage can result in medical expenses of at least 5 to 7 million won, and they are ineligible for any postpartum welfare benefits.

Meanwhile, SHARE frequently receives requests for referral counseling and support from youth counseling centers that have received calls from LGBTQ youth seeking advice on pregnancy or abortion. Sex education focuses on sexuality, heterosexuality, and cisgender identity; the LGBTQ+ community struggles to discuss pregnancy and childbirth comfortably; and many women's organizations and medical institutions lack the capacity to counsel and discuss pregnancy and childbirth for LGBTQ+ individuals. LGBTQ+ youth face significant challenges in discussing their circumstances and seeking counseling and support. Furthermore, while many lesbian couples in Korea are now attempting to conceive, we are currently unprepared for the various variables that can arise during this process.

The movement to abolish the "abortion crime" in Korea has overcome the barrier of decriminalizing abortion, but the very structures of reproductive control and management that underpin the "abortion crime" still require significant social discussion. The discussion of how pregnancy and childbirth are demanded or controlled within the context of which bodies and relationships the state manages is itself a queering topic, as it addresses the conditions for punishment and permission for "abortion crime" within the framework of heterosexual, cisgender, and able-bodied bodies. In Korea, our movement continues to find its direction and expand.

Queering Safe Abortion

By Soudeh Rad, eco queer-feminist activist

As human beings, regardless of the quality and number of identities we hold, we constantly seek to satisfy three fundamental needs: dignity, safety, and belonging. These three essential needs are pursued in every moment of our lives. In situations of danger, trauma, or discomfort, when the parasympathetic system activates the five trauma responses (fight, flight, freeze, fawn, and flop), at least one of these pillars is prioritized for survival, while the others may be compromised. This understanding forms the foundation of trauma-informed care. In today's world, everyone seeking abortion is facing some sort of trauma, as abortion is still not normalised and celebrated as a health care service to which everyone has to freely and safely have access to, especially for poor cisgender as well as trans and intersex people.

For brevity and clarity, "trans" serves here as an umbrella term encompassing transgender, transsexual, non-binary, genderqueer, agender, and gender non-conforming identities and experiences. While acknowledging the inherent limitations and reductive nature of this shorthand, it is important to ask the individual how they want to be addressed and identified. Considering an intersectional viewpoint, we recognise that trans and intersex individuals possess diverse identities and experiences that intertwine with their SOGIESC identity. Trans and intersex people span all ages, classes, sexualities, races, religions, cultures, and abilities.

The majority of abortion care services are embedded in more general sexual and reproductive health centres and they focus of reproductive system including the vagina, uterus, ovaries, and breasts. This means anyone with these body parts can benefit from and has to have access to this care, regardless of their gender identity or sexual orientation or behaviour. It is important to move on from the binary categorisation of man/woman and recognise that even after testosterone therapy, some trans men may still have a uterus and ovaries, requiring regular checkups and cancer screenings like Pap smears. In addition to that, trans women who have undergone surgeries may need post-operative care for their new anatomy, as well as hormone replacement therapy monitoring. Gynaecological care is essential for anyone with a vagina, uterus, ovaries, or breasts, regardless of their gender identity or sexual orientation.

For any non-cisgender woman, entering spaces that are explicitly or implicitly gender-segregated, where gender is understood as a binary and cis-heteronormativity prevails, is inherently

challenging. Beyond the often-heavy process of abortion itself, individuals in these situations must also endure the burden and hurt of being misgendered, mispronounced, or at the very least, judged, if not outright violated. This situation deeply challenges the individual's dignity, safety, and sense of belonging.

How can we support creating an inclusive environment?

- Make the space and your language trans and intersex inclusive, in general.
- Stay informed about current vocabulary and be sensitive to local and cultural nuances. The most reliable approach is to echo the language clients use to describe themselves, their body parts, their families and relationships.
- Always ask individuals for their name and pronouns. If their pronouns are unknown, use "they/them," the individual's name, or "that person" until corrected.
- Respect the right of Trans and/or Intersex individuals to educate. Whenever possible, research topics yourself before asking a Trans person.
- Everyone has questions and makes mistakes, whether about individuals, issues, or experiences they don't fully grasp. When errors occur, it's best to apologize, reflect, learn, and move forward.

Queer individuals have historically utilized safe abortion services and knowledge, like anyone else who needs them, but at the cost of their dignity, safety, and sense of belonging. It's time for a radical and sustainable change.

Inclusion is our responsibility, essential for success and allyship, while exclusion leads to failure. Let's achieve this together!

Crown Prince Of Baroda - Isn't It A Shame

@PiersBedfordMedia

This is a piece of film work directed by Piers Bedford in the 1970s, along with some of the 150 music promos of the 1960s & 70s with some commercials, documentaries, etc from 1960s to 2000. *Watch the full video here.*

Expanding the Frame of Reproductive Justice

// Medical Doctors for Choice Rwanda

Why Queer the Abortion Conversation?

For decades, abortion has been framed almost exclusively as a women's health issue. Policy texts, health protocols, and even activist slogans often speak of "women and girls" as the sole subjects of abortion care.

While this language has mobilized crucial reforms to protect women's reproductive rights, it has also produced a narrow, heteronormative, and cis-normative lens, erasing the realities of trans men, non-binary people, intersex persons, and queer women who can also become pregnant. To queer safe abortion is to challenge these rigid binaries and patriarchal assumptions about who seeks abortions, who provides them, and whose voices matter in shaping policy.

It means expanding the struggle beyond women alone, into a broader movement for gender justice and bodily autonomy.

In Rwanda, legal reforms in 2012 and 2024 have clarified grounds for abortion, including rape, incest, forced marriage, and threats to health. Yet the law's language remains gender-exclusive focused on "women and girls" and the lived experiences of queer persons remain absent from public discourse. This silence reinforces stigma, fuels discrimination in healthcare, and undermines the right of all people capable of pregnancy to access safe, dignified, and stigma-free abortion care.

Why is this conversation urgent?

Globally, the World Health Organization estimates that 45% of all abortions are unsafe, disproportionately affecting marginalized communities.

6 out of 10 unintended pregnancies in Rwanda end in induced abortion

4.7–13%

of maternal deaths in Rwanda linked to unsafe abortion

Despite laws that allow abortion in cases of rape, incest, forced marriage, or health risks, providers and clients continue to navigate stigma, administrative barriers, and fear of legal repercussions.

When queer people are erased from these policies and services, they face a double stigma: for seeking an abortion and for their sexual or gender identity. This invisibility is not neutral; it creates real barriers to healthcare, dignity, and survival.

Barriers faced by queer communities in accessing safe abortions

- Systemic Erasure: Most abortion laws, including Rwanda's Ministerial Order, are written in gender-exclusive language, framing abortion as a service only for "women and girls." This makes non-binary people and trans men legally invisible.

- Provider Stigma: Hospital directors and healthcare providers in Rwanda report uncertainty and fear of "being accused" when providing abortion services. For queer clients, this is magnified by misgendering, judgmental attitudes, and lack of training on inclusive care.

- Social Double Stigma: Queer individuals who become pregnant often face rejection from families and communities. Choosing abortion in such contexts risks not only being labeled "immoral" but also being further marginalised for their identity.

- Data Silence: Official statistics do not capture abortion-related experiences of LGBTQ+ people in Rwanda, or anywhere in Africa. This invisibility prevents evidence-based advocacy and perpetuates the myth that abortion is a "straight women's issue."

Field Voices from Rwanda

At the recent **Pride Africa Conference**, organized by Feminist Action Ambition (FADA), LGBTQ+ activists further underscored how stigma compounds the risks for queer communities. One Rwandan LGBTQ+ organization shared a harrowing case:

> *"One of our transgender beneficiaries became pregnant as a result of rape, which is legally recognized as a ground for abortion in Rwanda. Yet, knowing the stigma and discrimination faced by transgender people in health facilities, she felt unable to seek safe abortion care. She attempted an unsafe abortion and nearly lost her life. We managed to take her to a hospital, and she fortunately survived. But many others in our community do not. Unsafe abortions among queer people are widespread, and too many have lost their health or lives in silence."*
>
> – LGBTQ+ Activist, Pride Africa Conference

During recent consultations with hospital leaders and providers, several reflections emerged:

> *"We know the law, but there is still fear of being blamed for providing the service. Many health workers hesitate."*
>
> – District Hospital Provider

> *"Adolescents come in silence, with shame. They fear being reported. For queer youth, the silence is even deeper."*
>
> – Nurse, Southern Province

What Does Queering Abortion Look Like?

- Gender-Inclusive Laws and Policies: Revise language in laws and policies to replace "women and girls" with "all people who can become pregnant." This is not simply phrasing. It is survival.
- Training Healthcare Providers: Hospitals must integrate gender and sexuality inclusion modules into abortion and SRHR training. This ensures providers understand how to serve queer clients with dignity, confidentiality, and without judgment.
- Community Advocacy: Queering abortion also means building alliances between feminist and LGBTQ+ movements. Joint advocacy can amplify calls for reproductive justice that include queer voices, making abortion part of a larger struggle for bodily autonomy.
- Data and Evidence: Collecting disaggregated data on abortion seekers, including gender identity and sexual orientation.

By queering safe abortions in Rwanda and globally, we eliminate not only the stigma around abortion but also the structures of exclusion that deny queer people dignity and care.

Abortion justice is queer justice.

From Margins to the Centre:

Bringing Trans and Non-Binary People (Assigned Female At Birth or AFAB) and Intersex People's voices to shape an inclusive safe abortion rights movement

// Nandini Mazumder, Assistant Coordinator, Asia Safe Abortion Partnership (ASAP)

The work around building an inclusive safe abortion rights movement nationally, regionally and globally is of central importance to us at Asia Safe Abortion Partnership. We were guided by Audre Lorde's saying, "there is no thing as a single-issue struggle because we do not live single-issue lives", as this also holds true for our social justice movements.

The idea that gender is a binary (male or female only) is a European colonial construct. Before western colonization, gender fluidity was the norm in most indigenous cultures around the world. Therefore, in 2021, under the Building Inclusive Movements or BIM initiative we started working closely with trans men and non-binary people who are assigned female at birth and also with service providers.

In 2024, we organized a Focussed Group Discussion (FGD) with about 20 participants. The FGD was held in Pune with the support of the Family Planning Association of India. The discussions that unfolded almost seemed cathartic as many shared that they have never been asked to share these deeply personal and profound experiences.

Most of the participants were Trans-Men including one who had not yet started hormone therapy (to suppress female hormones and enhance male hormones) or had not undergone gender affirming surgery, and one person identified as non-binary (AFAB) and one person as intersex. Participants belonged to diverse geographical, social, and economic backgrounds, including rural and urban contexts. They shared their personal journeys, challenges, and perspectives starting from their childhoods including family and school environment, the dilemma in a few cases but the joy of discovering or accepting their true gender identities and fighting for recognition from family-community, medically and legally.

What was remarkable to note was that each participant shared a distinct story yet each of these distinct stories had common threads. The most important one being how erased their realities were from our society including mainstream culture, law and medicine.

The Intersex participants described early experiences of medical mismanagement and social erasure, where families and doctors made decisions about their gender without informed consent. The trans men participants spoke of growing up with profound gender dysphoria, rejection by families, and hostile school environments marked by bullying and harassment. The non-binary participant reflected on the fluidity of their identities and how exhausting it is for them to constantly having to explain themselves in predominantly heterosexual and cis-normative spaces.

For many of them education was interrupted by stigma, yet personal resilience drove them to pursue studies or livelihoods despite adversity. Stories included dropping out due to harassment, surviving suicide attempts, and eventually finding solidarity in LGBTQIA+ networks. The narratives underscored the high personal cost of exclusion, but also illustrated the determination to claim agency and dignity in their identities.

Health systems emerged as one of the most alienating and discriminatory spaces for participants. Trans men described extreme discomfort and stigma when accessing gynaecological care, where their presence in waiting rooms triggered hostile reactions. Doctors often lacked basic knowledge of trans and intersex health needs, with many dismissing concerns or misdirecting patients to irrelevant specialists. The lack of informed, sensitive, and inclusive care created deep mistrust, discouraging individuals from seeking essential healthcare.

Abortion stigma was described as particularly heavy for trans men and intersex persons, who face a double erasure as they are excluded from both mainstream women's rights discourse and queer health advocacy. Participants highlighted how safe abortion is framed exclusively as a women's issue, leaving them invisible in policy and practice. When abortion care was sought, doctors often expressed disbelief or judgment, creating additional barriers.In many cases, even when medical abortion was sought, doctors failed to provide accurate or respectful care.

An important insight was that abortion among trans men who had not had a gender affirming surgery yet indicates that they have had penetrative sex, which is an extreme taboo even within the community. The taboo of having sex with a cis man and getting pregnant triggered gender dysphoria for many as pregnancies and abortions were considered 'women's issues.'

While the FGD revealed the layered violence participants experienced across family, community, workplace, and state institutions, they also emphasized sources of resilience. Peer networks, NGOs, and community groups provided critical spaces of affirmation and solidarity. Some individuals shared stories of eventual family acceptance after years of struggle, while others found inclusive workplaces that recognized their dignity. Books, queer literature, and online platforms also served as tools for self-acceptance.

These supports played a vital role in enabling participants to survive and resist oppression.

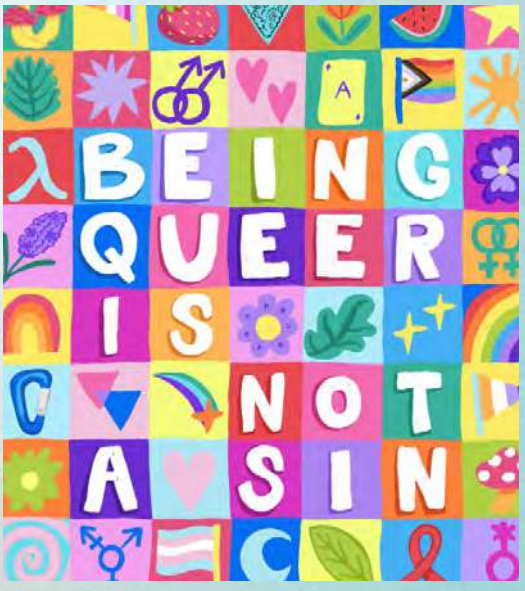
Recommendations emerging from the discussions:

- Training and sensitization of healthcare providers on LGBTQIA+ and intersex health needs.
- Recognition of abortion as a human rights issue beyond the gender binary.
- Development of inclusive health curricula that address sexuality, gender diversity.
- Strengthening legal protections to include marriage rights, adoption rights, and anti-discrimination measures.
- Building stronger solidarity between safe abortion movements and queer/trans/intersex movements.
- Expanding peer-led support systems and knowledge-sharing initiatives.

Safe abortion rights cannot be fully realized without addressing the unique barriers faced by these communities. By bridging movements, centering marginalized voices, raising awareness in society and demanding accountability from health systems and policymakers, it is possible to create a more inclusive, rights-affirming future.

@feminisminindia

Not all queer voices are heard equally... It's time we challenged whose stories get told, and whose queerness is deemed "acceptable." *Read the post here.*



@emily.a.foster

...Being queer is beautiful and magic and deserves to be celebrated... we deserve equal rights, respect, safety and acceptance. *Read the post here.*

Barriers to Reproductive and Inclusive Health Care in Pakistan

// Mani Q

Let's be real: talking about reproductive health or LGBTQ+ rights in Pakistan? That's like poking a hornet's nest. The odds are stacked with old-school laws, cultural hang-ups, and deep-rooted religious vibes. All this mess doesn't just make it tough to get basic care—it basically guarantees women and anyone outside the "norm" get the short end of the stick.

1. Abortion: Legal in theory, impossible in reality

Officially abortion is only okay if the mother's life is in danger, or if it's some "necessary treatment." But what does "necessary" even mean? No one really knows, and nobody wants to be the one to find out. Honestly, the law's so vague it may as well not exist. Pair that with society's collective pearl-clutching, and women are left scrambling for options. Most end up risking their lives with sketchy, back-alley procedures. And forget about talking openly—bring up abortion and watch everyone suddenly become experts in moral outrage. Bottom line? The silence is deafening, and it's costing lives.

2. Getting healthcare in Pakistan?

Yeah, good luck with that, especially if you're anywhere outside the big cities. The system's already hanging by a thread. Now, try finding reproductive or sexual health care. Women, especially those who are not well off or live way out in rural areas, have it even worse. Qualified doctors? You might as well be looking for unicorns. And don't even get me started on the cultural stuff—tons of women can't go to a clinic alone without catching side-eye from the whole neighborhood. Can you imagine what would happen to transmen seeking similar care?

3. The whole religious orthodoxy thing

It's everywhere—laws, policies, even what you can talk about at dinner. Ultra-conservative takes on religion mean stuff like reproductive rights, sex education, or just plain talking about gender equality gets you labeled as some kind of Western agent. Try pushing for better health policies and suddenly your public enemy number one. So, everyone just keeps their mouths shut, shame does its thing, and the real problems never get prioritized because even talking about them is taboo.

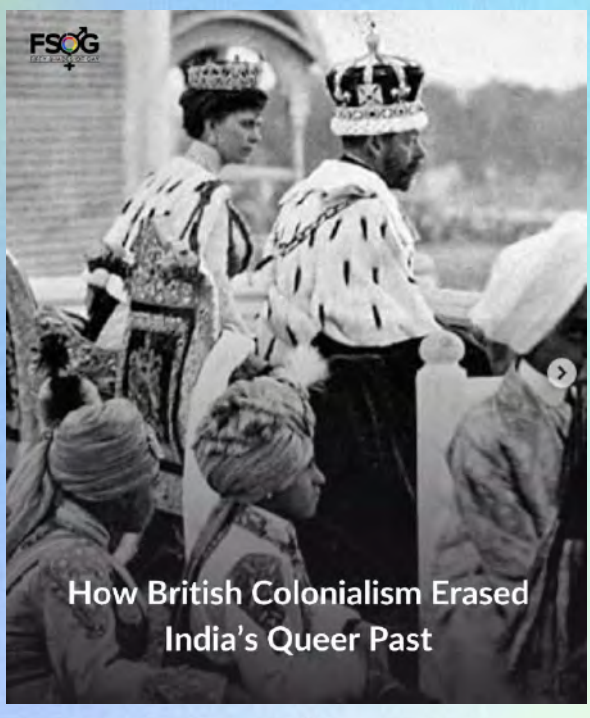
4. Nobody talks about the LGBT community. Like at all.

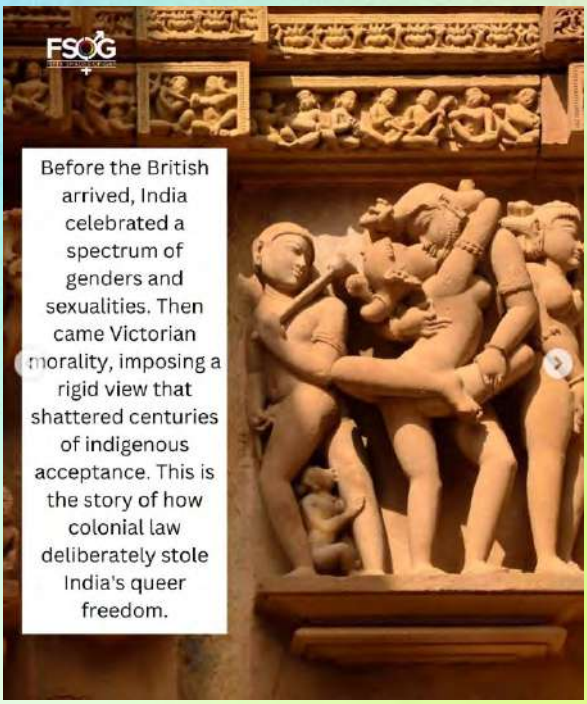
Honestly, being queer in Pakistan is like existing in the shadows. The law literally calls it a crime (thanks for nothing, Section 377), and society isn't exactly rolling out rainbow carpets either. Most folks have to hide who they are, just to dodge the constant threat of harassment or worse. Health care? Forget it. There's barely any info out there that actually speaks to LGBT people, let alone policies or clinics that take their needs seriously. It's all hush-hush, and people end up suffering in silence—left wide open to discrimination, sketchy treatments, or just being ignored entirely.

Conclusion

Here's the deal: in Pakistan, strict laws and a heavy dose of religious pressure team up to make life pretty rough for anyone who isn't straight or male (and honestly, even then, it's not a picnic). Women and LGBT folks get the worst of it—shut out, judged, and forced into risky situations. Fixing this? It's gonna take more than just tweaking a few laws. People actually need to talk about these issues, maybe even listen for a change. The country needs a serious attitude adjustment—more awareness, more open conversations, and actual support systems that treat everyone like they matter. Otherwise, nothing's gonna change.

@50shadesofgay For too long, colonial history has held our queer past hostage. India's ancient cultures once honored diversity in gender and love, until British law rewrote our story with shame and silence. *Check out the full post from here.*





Criminalization of Sexuality and Reproductive Justice:

Fighting Stigma, Claiming Futures

// Tari Youngjung Na, SHARE, Center for Sexual Rights and Reproductive Justice, Queers in Korea for Palestine QK48

Across the world, the struggle for reproductive justice has always meant more than changing laws. It is about dignity, equality, and the power to decide our own futures. South Korea is no exception. The 2019 decriminalization of abortion was a groundbreaking moment, yet the journey toward reproductive justice here reveals a long history of state control, stigma, and resistance.

In a society like South Korea, where abortion has been decriminalized, the task of securing abortion rights cannot be separated from the broader struggle to confront systemic discrimination, state control, and social stigma surrounding sexuality and reproduction. It also means holding the state accountable for guaranteeing the sexual and reproductive health and rights of those historically excluded from reproductive citizenship—disabled people, migrants, youth, and queer communities—and fighting to dismantle the stigma and discrimination that have denied their place in society.

To speak of queer reproductive justice, we must first ask: *how has the state treated queer people?*

South Korea is often described as a country that does not criminalize homosexuality or gender transition. But this is misleading. Under the Military Criminal Act, consensual sex between adult men in the military is still punished as "indecent conduct." In 2017, the army carried out sting operations on gay dating apps, prosecuted soldiers, and secured convictions in military courts. Although the law technically applies only to conscripts and professional soldiers, its reach is far wider. Since South Korea is a conscription state, the law affects almost every man at some point in his life. This Act itself is a colonial legacy, carried over from the Japanese occupation. And it raises further questions: are women, transgender people, and others outside military service also subject to laws that regulate and punish sexuality?

Indeed, the Criminal Code includes several provisions designed to manage and control sexuality. Articles on rape and sexual assault, for instance, were originally categorized as "crimes against chastity" until 1995. This reflected not a concern for survivors, but a desire to protect "sexual morality."

From the beginning, the Criminal Code also contained abortion bans. Until the Constitutional Court struck them down in 2019, these laws violated women's bodily autonomy, denying both the right to bear children and the right not to. The abortion

ban was deeply tied to the old "chastity" framework: if women could not freely choose sex, then they could not freely choose whether to carry a pregnancy. In both cases, the State sought to preserve patriarchal family order and patrilineal bloodlines by controlling women's bodies and sexuality.

Beyond the family, the state also policed those seen as a threat to "social order." Under "crimes against public morals," adultery, sex work, and pornography were criminalized. Women and children deemed "delinquent" were locked in institutions, subjected to moral re-education and forced labor. When HIV/AIDS was first reported in Korea in 1985, authorities targeted transgender women and gay men working in nightlife venues, subjecting sex workers to compulsory testing. Transgender women recall being arbitrarily detained for 48 hours in police cells throughout the 1980s, often under vague accusations of "violating dress codes." These were not isolated incidents: they formed part of a broader apparatus of social control, distinct from but connected to the policing of sex work and same-sex relations.

Outside the Criminal Code, the AIDS Prevention Act further entrenched control. Article 19, which banned "transmission-risk acts," effectively criminalized the sexual lives of people living with HIV. By framing them as dangerous, the State legitimized stigma, discrimination, and surveillance. Fear of HIV was tightly bound to homophobia, producing internalized stigma that continues to weigh heavily on queer communities. Even without explicit laws naming them, queer people were—and still are—subjected to systemic marginalization. They are cast as unhealthy, undesirable, closer to death than to life.

But we know that this stigma does not arise from queer identity itself. It is produced through population policies that have also targeted people with disabilities, single mothers, and now increasingly, migrants and refugees. The State reinforces "normalcy" by designating certain lives as risky and expendable, thereby denying them a future. Across modern history, colonial rulers stripped colonized peoples of reproductive agency and entire groups were excluded from belonging.

Queer movements, in this sense, do more than defend queer rights. They ask: ***Who is being marginalized now? Who is denied the right to a future?*** And they build solidarity across struggles. Human rights, if they are to mean anything, cannot leave anyone behind. They become real only through collective resistance to the deprivation of futures—and through our insistence that every life is worth sustaining.

Reproductive justice means more than securing the right to abortion or contraception. It means dismantling systems that label some lives as less valuable, less healthy, or undeserving of a future. It means envisioning and building a society where queer people, disabled people, migrants, and marginalized communities can not only survive but live a livable and flourishing life. To fight stigma is to claim the future—and this struggle belongs to us all.

Intersex Realities, Rights, and Inclusive Access

// By Hiker Chiu, Executive Director, Intersex Asia

Safe abortion care must serve everyone who can become pregnant—including intersex people. For us, abortion access is inseparable from a history of medical paternalism, coercion, and erasure. True safety requires trauma-informed, intersex-competent, dignity-centered care.

Intersex people are born with sex characteristics that don't fit typical male/female definitions. Many of us underwent "normalizing" surgeries and hormonal interventions in infancy or childhood without consent, leading to infertility, chronic pain, trauma, and deep distrust of healthcare. That history shapes how we experience abortion care: fear of being outed, judged, denied, or treated as a curiosity instead of a patient.

Intersex-specific risks in the abortion landscape:

- Prenatal screening can sometimes suggest an intersex variation. Too often, biased counseling frames intersex as "defect," steering parents toward abortion. This is coercion, not choice. One mother, who was told that her fetus had XXY (Klinefelter syndrome), was strongly urged by an authoritative specialist to terminate. Wanting to continue but overwhelmed by biased framing, she chose abortion; later, other doctors explained the condition was manageable. She experienced profound grief and long-term mental health distress due to the harm rooted in coercive counseling, not abortion itself.

- Non-consensual childhood surgeries can remove or impair reproductive organs, limiting fertility. Some intersex people still become pregnant, sometimes unexpectedly or after sexual assault, and face disbelief or stigma. Care must focus on the person's anatomy and needs, not assumptions about who gets pregnant.

- Legal and administrative systems often enforce binary markers, exposing people to misgendering, denial of care, or forced disclosure. Abortion criminalization and weak confidentiality protections heighten risk for intersex and gender-diverse people.

- Cost, distance, and scarce inclusive services keep care out of reach, especially outside major cities. Economic justice is reproductive justice.

What intersex-inclusive, safe abortion care requires:

- Trauma-informed practice: Ask only necessary history with consent; explain each step; offer control and the right to pause or decline. Protect privacy to prevent involuntary disclosure of intersex status.

- Autonomy and non-coercion: "My body, my choice" applies to all pregnant people. Present all options—continuation, adoption, abortion, post-abortion care—without judgment or bias linked to intersex status.

- Inclusive language and forms: Allow self-described gender, pronouns, and names. Center relevant anatomy and current needs. Avoid pathologizing language.

- Provider competence: Train all staff on intersex variations, respectful communication, sexual violence response, and tailored post-abortion support.

- Accessibility: Reduce costs; expand telehealth and community-based pathways where legal; build trusted referral networks with intersex-led groups.

- Research and accountability: Fund community-led research; collect ethical, voluntary data with strong privacy safeguards; create feedback mechanisms with consequences for discrimination.

- Policy reform: Decriminalize abortion; prohibit discrimination based on sex characteristics, gender identity, and sexual orientation; ensure legal gender processes never block SRH access; ban non-consensual surgeries on intersex children.

Ethical prenatal counseling when an intersex variation is suspected must provide up-to-date, non-alarmist information; acknowledge uncertainty without catastrophizing; offer contact with intersex communities; and respect whatever decision the pregnant person makes. This rejects eugenic framings while upholding full reproductive autonomy.

Reproductive justice demands systems that honor diverse bodies and identities without forcing us into binaries. Intersex-inclusive, trauma-informed abortion care replaces judgment with respect, secrecy with consent, and paternalism with autonomy. When health systems affirm intersex people, they become safer and more responsive for everyone.

A future of reproductive justice in Asia depends on seeing beyond binaries—and ensuring that safe abortion care truly includes us all.

Intersex people have always existed. Our lives are not errors to be fixed or erased.

Queering abortion in restrictive legal contexts:

A Ugandan Case Study

// Primah Kwagala, Advocate & Director at the Women's Probono Initiative in Kampala-Uganda

Committing 'Acts of indecency'

Not too long ago a concerned person called me to report on a case of a queer woman in a prison that was living with HIV. When I reached out to the prison authorities to make contact with this lady, the first thing I was told by the officer in charge of the prison was that this woman, was living with HIV/AIDs, had a miscarriage (abortion) and yet she was queer. Please note that the case arose in the wake of Uganda passing a law banning homosexual relationships.

My client's very existence as a queer woman was being questioned! The fact that someone raped her and she conceived through the rape was not addressed. The authorities that were supposed to protect, promote and uphold her basic rights to dignity, to access health services and justice did not seem to appreciate how she became infected with HIV/AIDs if indeed her partner was another woman.

She was charged with 'committing acts of indecency'. The officer was puzzled and kept asking how that could happen. Many in-mates bullied her and demanded to know how exactly she practices sexual intercourse with another woman that resulted in HIV and an abortion.

Rape, restrictive laws and violence

More often than not, lesbian, bisexual and queer women are raped to correct their sexuality. Due to restrictive laws in place, these women fear to report to the authorities. In the process of reporting the violations against them they fear being outed by their abusers. I have handled quite a number of these cases.

For queer women who walk into my office, the Women's Probono Initiative (WPI), their urgent cry is always how do I get care and support from a community that will judge me or out my sexuality or use it as leverage for funding (civil society), fuel for political gains (anti-gender activists) or make a saucy story for publication (journalism). When they conceive as a result of these violent sexual assaults, it is assumed they cannot choose whether to keep or terminate the pregnancy.

Safe abortion in Uganda is restricted to only situations where a doctor decides that a mother's life is at risk. An individual cannot walk to a facility and demand to terminate a pregnancy that resulted from sexual violence. The violation of the maternal health

right is further exacerbated when the person asking for the service is queer. Queerness is criminal and punishable by law.

Is a queer woman not a human?

Uganda needs to pay keen attention to provision of abortion services to the varying facets of women. Women are multi-faceted and cannot be treated as one size fits all. Women living with disabilities are deserving of health care services tailored to them, women in sex work are recognized and treated specifically and queer women too are entitled to health care that is cognizant of their identity, sexual preferences and behavioural concerns. Queerness doesn't take away anything from their humanity as tax payers or equality before and under the law.

Safe abortion services in Uganda

It is restricted to only situations where a doctor decides that a mother's life is at risk. Currently post abortion care (PAC) is legal in all public facilities in Uganda. But not all health workers are equipped with the skill to provide the services to queer women. The Uganda Ministry of Health has in place outdated SRHR guidelines of 2012 that make an attempt at providing guidance for whom and when a safe abortion may be provided but all efforts to illuminate on clarity of the exceptional circumstances for when a safe abortion maybe provided have been opposed by conservatives who constitute the largest health service providers in the country.

Mifepristone and Misoprostol are categorized as essential drugs that can be provided across the counter of a licensed drug store with a prescription. It is however noteworthy that health workers who may dispense these two drugs with knowledge that they may be applied to induce abortions are susceptible to criminal sanctions. Nonetheless, there are loop-holes being exploited by queer women practicing self-managed abortions.

After all, women have been practicing abortion since the dawn of time. Laws, policies, and homophobes will catch up!

@50shadesofgayofficial
From the imposing laws of the British Raj to the defiant lives of figures like Maharaja Jai Singh of Alwar.... we uncover the hidden stories that were deliberately erased. *Read the post here.*

Centering Rural LBQI Voices in Reproductive Justice

// UTETEZI

Around the world, lesbian, bisexual, queer women, transmen and intersex (LBQI) individuals face unique and often overlooked challenges in accessing safe abortion services and information.

While reproductive health is a universal right, the intersection of stigma, discrimination, and systemic inequality makes it especially difficult for rural LBQTI individuals to exercise autonomy over their bodies. They are often systematically left out of available interventions due to geographical isolation, infrastructural underdevelopment, and social exclusion, remaining invisible in both policy and practice.

In rural areas of Kwale county Kenya, religion, patriarchy, high levels of illiteracy, poverty, and widespread myths and misconceptions shape the narrative surrounding abortion including how feminist movements organize and advocate.

Barriers across Borders

In rural areas even if some services exist, many providers lack training on the specific needs of queer and intersex clients. This lack of knowledge often translates into judgment, mistreatment, or outright denial of care. For those seeking abortion, these barriers are compounded by fear of being outed, lack of confidentiality and deeply rooted social stigma.

Why Queering Abortion Matters

The global abortion rights movement often assumes a heteronormative lens, focusing primarily on heterosexual, cisgender women. While this advocacy is vital, it risks leaving behind those who do not fit this frame. Queering abortion means expanding the conversation: recognizing that LBQTI persons also get pregnant,

also seek abortions, and also deserve care that is safe, dignified, and affirming. By centering Rural LBQTI experiences, we expose the structural inequities that shape reproductive health inequities that are often magnified at the intersections of gender, sexuality, disability, class, and geography.

Building Inclusive Solutions:

- Inclusion of rural LBQTI people in funding/donor spaces and targeted projects to specifically serve these communities.
- Expand healthcare infrastructure to ensure safe and non-judgmental abortion services reach rural, marginalized, and underserved communities.
- Train providers and community health volunteers in LBQTI-sensitive care, equipping them to treat every person with dignity, confidentiality, and respect.
- Push for policy advocacy that safeguards abortion access as a human right, explicitly including queer, Trans, and intersex persons.
- Sensitize the LBQTI communities on self-abortion information and provide access to abortion pills (SMA).

Inclusion is deliberate: For rural LBQTI persons, access to abortion is not just about health it is about equity, safety, and justice. The movement for reproductive rights must reflect this reality.

When we queer abortion, we recognize that reproductive justice cannot be achieved while entire communities remain invisible.

Surviving the Silence

Abortion, Queerness, and Bodily Autonomy in the Caribbean

// Jo Johnson, IPPF ACRO. Community Engagement & Partnerships Lead

Like most formerly colonized spaces, many of us have been taught how to fall in line and keep the peace. Your pain, your reality is your burden to bear. Not too loud now, lest your truth inconveniences the culture and community. They teach us to whisper our truths, silence our desires, and quiet our grief. But there comes a time when '*every rope meets its end*', and the politics of silence and stigma must be confronted.

In the Caribbean, abortion and queerness live in the same hush because both threaten the old order. Both struggles emerge from the same soil: the colonial codes that policed bodies, desires, and autonomy. Colonial laws imported bans on abortion alongside sodomy laws. Religious institutions cemented these restrictions, preaching heteronormative respectability and control over sexuality. Today, these legacies still dominate our laws and social attitudes. Abortion remains fully banned in places like the Dominican Republic, Haiti, and Jamaica, and only partially accessible in Guyana, Barbados, and Cuba. Queerness, too, is still largely criminalized and demonized in many of our societies. The silence around both is not accidental, it is a deliberate form of control.

What happens when two silences intersect?

For queer people with uteruses, reproductive health care is rarely imagined or planned for in our health systems. Clinics assume heterosexuality; doctors ask questions that erase queer realities. For trans and non-binary people, abortion access is even further out of reach, since they are often denied care altogether. The fear of being "outed" in small communities, where everyone knows everyone's business, adds another layer of vulnerability.

Seeking a safe abortion can mean risking exposure not just as someone who broke the law, but as someone who lives outside of '*socially-approved*' heteronormative expectations. This silence breeds harm. People turn to unsafe abortions because legal systems deny them safe options. Queer people avoid clinics and hospitals because discrimination feels deadlier than illness.

But make no mistake - the Caribbean is not merely a site of suffering. It is also a site of struggle, grit, and wins that matter more than outsiders imagine. Cuba's legalization of abortion on request in 1965. Guyana's Medical Termination of Pregnancy Act in 1995. Judicial decisions in Belize (2019), Antigua & Barbuda, Barbados, and Saint Kitts and Nevis (2022), and St Lucia (2025) rolled back colonial criminalization of same-sex intimacy.

These are not small footnotes - they are tectonic shifts in societies that police privacy like it's a revolutionary act.

Looking to our neighbours in Latin America, movements for bodily autonomy have turned whispers into roars. Argentina's "green wave" of feminist organizing won the legalization of abortion in 2020. In Mexico, abortion was partially decriminalized in 24 of 32 states in 2025 after years of grassroots pressure. Significantly, these were not just feminist victories - they were also queer victories. Because both movements recognized the shared ground of bodily autonomy: the right to decide who we are, how we live, and what happens to our bodies without fear, shame, or criminalization.

When abortion rights and queer rights are framed as separate, we miss the chance to build stronger, broader coalitions. These are victories we in the Caribbean are learning from; not to copy wholesale, but to adapt to our contexts of small islands, tight communities, and deeply entrenched conservatism. But we are building.

The Caribbean Observatory on Sexual and Reproductive Health and Rights, a regional knowledge and advocacy hub, is doing the work of stitching together evidence, centering intersectionality, and forcing policymakers to reckon with realities they'd rather ignore. This kind of intentional, region-led documentation matters because it makes us countable: it turns whispered lives into data, into demands, into policy.

Our task is clear: stitch movements together and insist that dignity, care, and bodily autonomy are rights, not privileges. Support region-led documentation, join coalition movements, and demand health systems that respect, care for, and serve everyone — women, people with uteruses, queer and trans communities — without judgment and without exception.

Silence has never saved us - collective action will.

@thesepiavault Before colonialism erased India's dance and drag traditions. *Check out the full post from here.*

Abortions are part of queering the family unit

// Hannah Bambra is a writer, peer support worker and reproductive health advocate based in Australia

One of the most beautiful phrases in the queer lexicon is the idea of "chosen family". Choice is such a flexible word; it's a noun, a verb, an adjective.

While the notion of chosen family often relates to the kinship networks we choose in adulthood, it also applies to the importance of choosing whether or not to have children; and when; and how. In some ways there are more choices inherent in the creation of rainbow families.

Who will carry? When? How? With whose egg and sperm?

As Sophie Lewis says in Full Surrogacy Now: "who gestates for whom, under what terms, with what rights to refuse or terminate". Writers like Maggie Nelson have also written about the inherent queerness of pregnancy, which blurs binaries between self and other, male and female, autonomy and dependence, destabilizing fixed identities and categories.

To think that the decision to end a pregnancy is not a queer issue is to erase experiences of bisexual people, trans people and pansexual communities. While abortion-seekers have often been painted as young, white, middle-classed and childless; data tells us this is only a small subset. As the authors of Liberating Abortion have written: "There is no one type of person who has abortions". People everywhere get pregnant, and people everywhere make choices.

There may be a sense of empowerment imbued in this decision-making; not now, not with this person, not in this place. It could also constitute a loss, a pregnancy that wasn't viable, that may have been wanted but arrived without structures of support in place.

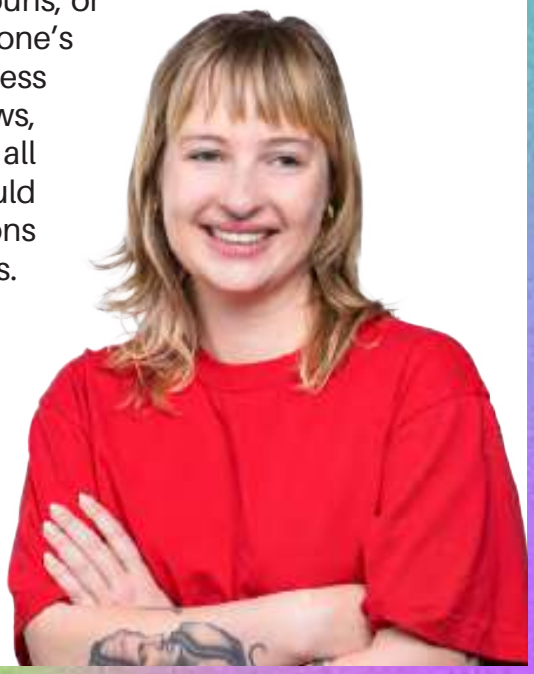
I went to a fertility conference recently where a nurse said she loved working with "same sex patients" because they "had never experienced loss". This is a statement of queer erasure.

IUI failure can be a loss. Inability to access IVF or surrogacy due to cost or discriminatory legislation can be a loss. Terminating a pregnancy that felt impossible - for any reason - can feel like a loss. Queer people are a significant IVF user group in Australia, yet our access has long been referred to as a "social" issue, unsupported by financial or medical assistance and recognition.

Chosen family, at its core, comes from this need to connect outside of formal institutions that have long rejected non-traditional family units. For some, to reject a pregnancy is to reject gestational labour and the stereotypes of care that come along.

As the nuclear, hetereonormative family becomes less of a norm, we need society to catch up. Clinics and hospitals do not need to be inherently gendered spaces to provide gendered care.

It is not difficult for forms to ask someone their pronouns, or for counsellors to not assume the gender of someone's partner/s. These are simple, easy steps to improve access and built trust. Beyond the low-hanging fruit, laws, legislation and health systems need to recognise all experiences of pregnancy and abortion. Doctors should not make assumptions and force contraception options post-abortion without asking respectful questions. Fertility specialists should not assume a queer person has never been pregnant, or never wanted to be.



Like everything with abortion: nothing should be assumed. Some pregnancies are wanted, some abortions are straight forward, access may have been easy or may have been difficult, many abortion-seekers are LGBTQIA+.

In Han Dynasty China, Bisexuality Was the Norm

By Sarah Prager forJSTOR

So tender was Emperor Ai's love for his "male companion" that, when he had to get up, instead of waking his lover, he cut off the sleeve of his robe. *Read the article here.*

'Queerness is part of Palestinian culture. We've existed forever'

By Eliyahu Freedman for +972 Magazine

Elias Jahshan, editor of the anthology 'This Arab is Queer,' discusses sexuality in the Arab world, Israeli pinkwashing, and his dream of a liberated Jaffa. *Read the article here.*

Making Abortion Advocacy Inclusive

Understanding the Abortion Related Needs of LBTQIA+ Communities

// Avali Khare they/them, Programme Officer, Asia Pacific Transgender Network (APTN)

Discussions on abortion rights, abortion services, and abortion related-issues until very recently, did not address, or even cursorily mention, the needs of LBTQIA+ communities (Lesbian, Bisexual, Transgender Men and Masculine Persons, Gender Diverse Persons, Non-Binary Persons, Queer Persons, Intersex Persons, and other identities within the LBTQIA+ umbrella that have the reproductive capacities to sustain pregnancies.)

Why did this happen? Firstly, it is commonly assumed that cisgender lesbian and bisexual women, queer women, trans men and masculine people, non-binary, gender diverse people, and others on the LBTQIA+ spectrum, do not have sex that can result in unwanted or unintended pregnancy. This is based on the assumption that people on the LBTQIA+ spectrum only have sexual relationships with other queer persons assigned female at birth (AFAB), but this is not true.

Secondly, due to the patriarchal nature of societies across the world, and the specific nature it manifests in societies in the Global South, LBTQIA+ persons are also specifically vulnerable to sexual violence and assault. "Corrective rape" is a specific form of violence directed towards LBTQIA+ persons by their own families or police, as a violent attempt to "convert" their sexuality or their gender. Forced marriages are another form of violence, and within these marriages, forcing parenthood by denying the right to use contraceptives or access abortion is also imposed as a 'corrective' measure..

In addition to this, the dearth of LBTQIA+ inclusive information on SRHR also makes it harder to successfully identify their own needs related to contraception and abortion, which leads to their disengagement from further discussion and discourse on SRHR and awareness of safe abortion options. Often, pregnancy also induces gender incongruence among transgender men, masculine people, non-binary people, and gender diverse people, and therefore prevents them from easily opting for safe abortion services.

Lastly, it is also often assumed that transgender men and masculine people, or non-binary and gender-diverse people, going through medical transition processes, cannot become pregnant. But being on testosterone does not immediately cause ceasing of menstruation, and unintended pregnancies can still occur, which are in fact difficult to recognize due to missed or late periods.

Barriers to Accessing Abortion for LBTQIA+ People

- Lack of inclusive language and policies - Discourse, information, laws and policies on abortion care and access are often framed in a binary language. Often self-managed abortion policies dictate a specific time window for taking the pills. This time window is often short, when many transgender and gender diverse persons, particularly those on gender affirming hormone therapy, might not even be able to correctly identify that they are pregnant. In addition to this, the red tape and bureaucracy of acquiring prescriptions and approvals from healthcare providers to access abortion pills can be a traumatic and triggering process, which can discourage them from safely accessing abortion care.
- Moreover, there is also stigma and shame attached to abortion service access in general, which further creates a hostile environment and discourages LBTQIA+ persons from accessing these services in safer ways.
- Inadequate capacity building of healthcare providers - Doctors and medical staff often lack the knowledge or sensitivity to treat LBTQIA+ patients respectfully, leading to misgendering, inappropriate questions about sexuality or past sexual histories, sexual and/or verbal harassment, or even outright denial of care.
- Cost and accessibility - Economic barriers are exacerbated for LBTQIA+ folks, who face systemic employment discrimination, housing insecurity, and limited natal family support. This can make it difficult for them to access and afford expensive abortion care in private hospitals, where costs can be higher than public services.

Towards an inclusive abortion rights movement

- Strengthening advocacy focussed on making amendments to laws and policies governing abortion to use gender-neutral language like “pregnant person” along with woman.
- Pushing for medical institutions to integrate comprehensive, LBTQIA+ inclusive curricula that address the specific reproductive needs of trans and gender diverse people.
- Ensuring LBTQIA-led organizations, queer collectives, and organisations working on safe abortion, are adequately funded to deliver reproductive health services that are affirming and inclusive, provide mental health support and counselling, and create resources with accurate and affirming information on abortion for all genders.

The fight for abortion rights in the Global South for reproductive justice must be inclusive of the rights and needs of the queer communities. Similarly, LBTQIA+ movements must also prioritise SRHR and abortion issues within their advocacy. In the current political climate, when anti-rights movements are attacking both the abortion rights movements and movements furthering the rights of trans and gender diverse persons across the world, it is imperative for our movements to work together.

When abortion rights and LBTQIA+ rights movements find synergies and break existing silos, the dream of reproductive justice for all can truly be realised.

Beyond Visibility, Toward Bodily Autonomy in African Realities

// Benedicta Oyedayo Oyewole (She/Her)| Community Engagement and Partnership Lead, International Planned Parenthood Federation , Africa Region

In many African countries, abortion remains restricted by intersecting layers of law, policy, and social norms that collectively shape access and stigma. Being LGBTQI+ and the relationships, identities, and expressions that come with it are criminalized and deeply stigmatized in most countries within the African region. To live at the intersection of these identities, being both LBQTI+ and abortion-seeking, is to inhabit a double invisibility.

LBQTI+ people who seek abortions often do so in silence, navigating systems not designed to see, let alone serve them.

The legality of abortion in Sub-Saharan Africa varies widely, ranging from outright prohibition to permissive laws with several restrictions. As of 2019, an estimated 92% of women of reproductive age in the region live in one of 43 countries with highly or moderately restrictive laws. These laws either prohibit abortion altogether or limit it to circumstances where a woman's life or health is at risk. This remains the case despite 44 of 55 African countries having ratified the Maputo Protocol, a legally binding human rights instrument that explicitly guarantees the right to legal abortion. Such restrictive frameworks not only endanger those seeking abortions but also erase the realities of queer, trans, and gender-diverse persons who equally need access to safe abortion care.

Within these legal and social constraints, queer persons face compounded stigma. For example, in Nigeria, both the Same-Sex Marriage (Prohibition) Act and restrictive abortion laws combine to create a climate of fear and criminalization. A queer woman or gender-diverse person seeking abortion care may have to conceal their identity from healthcare providers to avoid discrimination or reporting. The result is not only delayed or unsafe abortions but also further alienation from essential health systems.

In Kenya, a knowledge-based session with LBQTI+ persons revealed that safe abortion discourse is often assumed only for cis-heterosexual women, erasing queer and trans experiences. Additionally, research on abortion safety in Kenya and Benin shows that many avoid facilities not only due to medical risks but also because of social stigma and fear of exposure. These findings suggest that "safe" abortion spaces coded by heteronormative and women-only assumptions may unintentionally exclude those whose gender or sexual identities fall outside normative expectations. These experiences remind us that "safe" must extend beyond the medical procedure to include social and emotional safety, respect, and recognition of diverse gender and sexual identities

Yet, across the region, there remains a striking absence of data on abortion experiences among LBQTI+ persons. Research and policy debates continue to frame abortion rights primarily around cisgender, heterosexual women, leaving queer and trans realities largely undocumented and invisible. This lack of data not only weakens advocacy efforts but also perpetuates the misconception that LBQTI+ people do not seek or need abortion care. Without evidence, our stories remain anecdotal and powerful but too easily dismissed, making it all the more urgent to generate and center knowledge that reflects the full spectrum of bodies, identities, and experiences within the fight for reproductive justice.

To broaden safe abortion frameworks to include queer perspectives is to expand the framework of reproductive justice beyond heteronormative and cis-normative assumptions. It means centering lived experiences that challenge the idea of whose bodies matter, whose choices are legitimate, and whose pain is recognized. African feminist and queer movements have long taught us that the personal is political and that abortion, for many, is not only a medical decision but also an act of survival, self-determination, and resistance.

'Queering abortion rights' insists on an intersectional approach, one that acknowledges the full spectrum of healthcare needs that challenge the notion that abortion is a single-issue concern. We must move away from frameworks that view abortion in isolation from other bodily autonomy struggles, such as access to gender-affirming care. Attacks on abortion rights often go hand in hand with the policing of gender expression and the need to control non-cis, non-male, and non-white bodies. To queer abortion, then, is to confront this continuum of control.

When we work to dismantle abortion stigma and advocate for the full range of sexual and reproductive health and rights, we affirm that every person, regardless of gender identity or sexuality, has the right to make decisions about their body free from coercion, discrimination, or violence. This is what reproductive justice demands: that no one be left behind in the struggle for autonomy and care.

Across the continent, small pockets of hope exist. Networks like the Trust for Indigenous Culture and Health (TICAH) and other grassroots collectives have been documenting and supporting queer narratives around bodily autonomy and reproductive rights. Their work shows that queering abortion advocacy is not about creating a new agenda; it is about revealing the fullness of the human experience already present but often erased.

Queering safe abortions in Africa demands a shift from token inclusion to transformation. It calls for abortion spaces that reflect our multiplicity, language that affirms all identities, and laws rooted in care rather than control. In doing so, we move closer to a world where bodily autonomy is not a privilege but a shared, lived reality.

To queer safe abortion is to insist that no one should have to fragment themselves to access care. It is to imagine clinics, movements, and conversations where queer, trans, and gender-diverse people are not an afterthought but part of the fabric of reproductive justice itself. It is a reminder that autonomy is not given by systems; it is reclaimed through solidarity, storytelling, and resistance. As we continue to speak, organize, and dream, queering safe abortion becomes not only a call for inclusion but a declaration of presence: we are here, our bodies matter, and our choices are valid.

Beyond the Binary

Intersectional Abortion Access for LBT individuals in South Asia

// Vinitha Jayaprakasan, Research Coordinator, Commonhealth India, Kruthika Ravindrareddy, Regional Advisor, Center for Reproductive Rights, Brototi Dutta, Senior Advocacy Advisor, Center for Reproductive Rights

Abortion in South Asia operates in a carceral framework of criminalization. The regulatory mechanisms including laws and policies focus on cis-het (heterosexual) experience of pregnancy invisibles the experience of queer women, transgender men, and transmasculine people who. Lesbian, queer women, transmen, and transmasculine individuals (LBT) face heightened discrimination that is only compounded by their other intersecting identities including disability, caste, religion, economic status, gender, race and other identities.

A qualitative comparative study by the Center for Reproductive Rights, authored by Vinitha Jayaprakasan, SARJAI youth advocate critically examined the unique barriers that LBT individuals face in six countries (Bangladesh, India, Maldives, Nepal, Pakistan and Sri Lanka), in accessing abortion. Some of the key barriers include:

Legal frameworks and access to abortion: The study examined the adverse implications of restrictive abortion laws on access to abortion often legacies of British colonialism. Even in countries where abortion access is relatively liberal like India and Nepal, the medical service providers seek extra legal procedures due to stigma, misunderstanding around legality of abortion and fear of criminalization. In Maldives, marriage certificate is sought for a personal accessing any SRHR services which completely erases other identities and experiences. Unmarried individuals, individuals seeking abortion due to rape or assault face barriers due to their unmarried status and stigma.

Criminalization of queer identities: LBT individuals in South Asia having to interact with and navigate complex medico-legal requirements accessing abortion are also mired in the complex web of their identities being criminalized. This impedes the LBT individuals from asserting their rights where they have to conceal their gender and sexual identities, particularly for transgender individuals who cannot rely on natal families due to fear of violence or punitive measures like forced pregnancy. They often rely on chosen families, which the legal system does not recognise as next of kin.

Medical barriers: The medical curriculums espouse discriminatory and problematic narratives around queer identifies casting them as 'abnormal'. Hospitals and medical providers operate from a patriarchal heteronormative approach which exacerbates stigma and access barriers to LBT individuals. Healthcare professionals often ask

invasive, unnecessary questions and approach LBT individuals from a place of voyeuristic curiosity rather than individuals requiring necessary SRHR services. The access becomes more disproportionate with multiple marginalising identities of caste, disability, and religion.

The report stresses the need for advocacy on self-managed abortion, as many queer individuals, particularly transmasculine people, prefer this option due to barriers in accessing clinical care and a strong desire for privacy and autonomy. Increasing access to safe abortion methods and reducing barriers to clinical care are crucial steps forward.

Path to Reform

- Comprehensive reform at legal, policy and social levels.
- Laws that explicitly recognize the rights of LBT individuals must be enacted.
- Abortion must be decriminalized for everyone.
- The medical service curriculum must be upgraded, and service providers must be trained on Sexual Orientation, Gender Identity, and Expression (SOGIE) and specific need of LBT individuals.
- Improve gap in queer representation within reproductive rights advocacy.
- Restructure global funding priorities.

Abortion justice movements and actors must make their demands of realizing abortion rights truly intersectional by including the unique barriers and needs of LBT individuals.

Argentina's law matters

and why it is still just one step towards abortion care for all

// Ines Aristegui and Julia Kors, on behalf of ESTHAR Study Team, Fundación Huésped, Argentina

Argentina stands out as one of the few countries in the world where abortion legislation explicitly recognizes gender diversity. The 2020 law that legalized abortion up to the 14th week of pregnancy refers not only to "women" but also to "people of other gender identities with the capacity to carry a pregnancy", building on the progressive understanding established in the 2012 Gender Identity Law.

It was a monumental victory for the feminist movement, not just in Argentina but across the globe, marking a milestone for bodily autonomy and equality. Yet, as every abortion activist knows, the approval of a law is only the beginning. Ensuring real, safe, and stigma-free access for all — especially for trans and nonbinary people — requires deep cultural, institutional, and health system changes.

That's where Fundación Huésped comes in. We have long worked at the intersection of health, rights, and social justice. In 2025, together with the Association of Transvestites, Transsexuals and Transgender people of Argentina (ATTTA), we conducted a study on access to sexual and reproductive health among trans masculine and nonbinary people who can become pregnant: 587 people took part in the online study and 22 people in focus groups, sharing their experiences navigating the health system.

The results highlight persistent gaps. Nearly two in three (64%) participants said they had faced discrimination or negative treatment in health services because of their gender identity. Many described feeling invisible or misgendered.

"Every time I go to the hospital, they treat me as a woman," said one participant. Another shared, *"I've never been to a gynecologist. The very idea makes me anxious — that space feels like it's for women, and I'm afraid of the symbolic violence. I'd rather skip the check-up than go through that humiliation."*

We found that even when trans and nonbinary people receive support for their transitions, they are often not seen as people with reproductive needs. Additionally, health insurance plans may impose barriers to abortion access for patients who are registered as male, such as requiring extra paperwork, demonstrating how systems are designed to treat people based on their sex rather than their gender.

Our research reminds us that equality on paper is not the same as equality in practice. Our report calls for health systems to bridge the silos between gender-affirming care and reproductive services.

Resources

Queering Reproductive Justice: Mini Toolkit

Jung Chen, August 2023, *Linked here*

The National LGBTQ Task Force works to secure full freedom, justice, and equality for lesbian, gay, bisexual, transgender, and queer ("LGBTQ") people. We recognize that everyone has a fundamental right to sexual and bodily autonomy, which includes the right to decide whether or when to become a parent, parent the children we have, and to do so with dignity and free from violence and discrimination. We support the reproductive health, rights, and justice ("repro⁎") movements because LGBTQ people need access to reproductive health care and services, but we face pervasive discrimination designed to block recognition of our identities and relationships and to hinder our ability to access gender-affirming care and comprehensive sexual and reproductive health care, including what we need to form, raise, and protect our families.

Designing and Delivering Inclusive, Rights Based Sexual and Reproductive Healthcare to Transgender and Gender Diverse People

Ref courtesy Melissa Cockroft, Global Lead, Abortion, IPPF, *Linked here.*

Previews on the next two pages.

#3: Offer services and information around fertility and pregnancy

Transgender and gender diverse people have reported both positive and negative experiences associated with pregnancy, labour, delivery and postpartum care. However, literature suggests that these experiences can be additionally distressing due to increased dysphoria, isolation and depression; therefore, special care is required for transgender and gender diverse people who are or who have been pregnant (3,22,24).

Healthcare providers should offer information and services relating to fertility and pregnancy to transgender and gender diverse clients through existing sexual and reproductive health and maternal and child health platforms. They should discuss fertility desires early on when introducing the topic of pregnancy and contraception, without making assumptions (5,6). Transgender and gender diverse people who wish to become pregnant should receive assisted fertility, preconception and antenatal counselling as well as counselling on breast/chestfeeding in supportive environments (3,22,24). We recommend using a client-led, sensitive approach free of invasive questions and value judgements relating to fertility, pregnancy and parenthood to avoid reinforcing social and gender norms (3,22,24).

Key actions include:

- ☑ Discussing fertility, pregnancy and parenthood desires neutrally without making assumptions or value judgements.
- ☑ Offering preconception, antenatal counselling and/or fertility services to transgender and gender diverse clients who wish to become pregnant.

#4: Offer quality, inclusive abortion care and information

Access to quality, safe abortion and post-abortion care is challenging in many contexts due to social and structural barriers, including legal restrictions, stigma, religion and cultural taboos. For transgender and gender diverse people, these challenges are even greater (26). Due to the limited availability of healthcare specifically for transgender and gender diverse individuals, it is critical that health facilities that already provide abortion care to the general population offer inclusive abortion services tailored to the needs of transgender and gender diverse clients (27,28).

Quality abortion care includes non-biased counselling and information on pregnancy options to continue or end a pregnancy, provision of surgical or medical abortion and post-abortion care including self-care and/or referrals to quality, safe abortion care (29). This can be provided through static facilities, mobile outreach, telemedicine or home-based care. Pre- and post-abortion care, including counselling on contraceptive options, should also be offered.

Providers should be aware of the impact of hormones on reproductive capacity. They should offer appropriate counselling on post-abortion contraceptive options to clients wishing to prevent unintended pregnancy as well as fertility care options for those seeking pregnancy. Medical abortion pills and gender-affirming hormones can be taken safely at the same time (30). As many transgender and gender diverse people prefer medical abortion self-care due to concerns around privacy, confidentiality and discrimination (31), self-managed abortion care, including telemedicine and community-based models of care, should be introduced and/or expanded to be gender-inclusive. Surgical abortions should also be available for those people who prefer them to medical abortion, including at later gestations.

It is critical that clear, accurate instructions are given on how to appropriately take medical abortion pills, and on common side-effects to be expected such as pain and bleeding, as well as what to do in the rare event complications are experienced. Safe referral pathways for follow-up support and care that is sensitive to the needs of transgender and gender diverse individuals should be established (26,28,31).

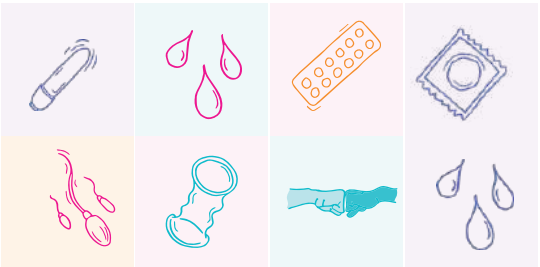
Healthcare providers should also be aware that bleeding and cramping, which are normally experienced as part of the medical abortion process, may trigger gender dysphoria in clients taking testosterone, particularly if they have not experienced bleeding in some time. Clients who anticipate or experience dysphoria should receive appropriate counselling and referrals to relevant support networks (32).

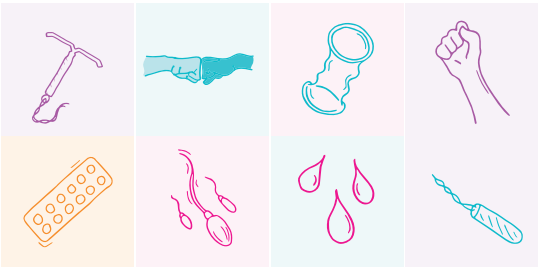
Key actions include:

- ☑ Offering abortion care information and options in an accessible, inclusive manner. This includes avoiding binary language as well as misleading images of visibly pregnant women, foetuses that appear as fully formed babies and women-only imagery. Instead, we recommend using positive images that demonstrate gender diversity. For more guidance and recommendations on de-stigmatized language and rights-based imagery on abortion and trans-inclusive abortion settings, please see IPPF's How to talk about abortion: A guide to stigma-free messaging and Options for Sexual Health's Trans-inclusive abortion services: providers manual parts (33,34).
- ☑ Training providers on medical abortion, including after 13 weeks, so that they are aware that it can be safely used by clients taking gender-affirming hormones.
- ☑ Training providers on the impact of hormones on reproductive capacity and the importance of offering appropriate counselling on post-abortion contraceptive options to clients wishing to prevent unintended pregnancy as well as fertility care options for those seeking pregnancy.
- ☑ Informing providers that transgender and gender diverse people could be more likely to present later in pregnancy for abortion care. Because of previous negative encounters with the formal healthcare system, clients may fear judgement and discrimination, which underscores the importance of providing gender-inclusive, respectful abortion services. This includes offering abortion care after 13 weeks gestation or, where not provided by a specific facility, establishing referrals to quality, inclusive safe abortion care.
- ☑ Adopting the harm reduction model for abortion care (35) in severely restricted legal settings, with clients informed of the potential risks of unsafe abortion and where to access post-abortion care. Links to mail order medical abortion pill services, such as those offered by Women on Web (global), Women Help Women (global) Safe2Choose (global) and Plan C (US-based) should be provided.

#5: Ensure that comprehensive STI and HIV services are inclusive

According to the Joint United Nations Programme on HIV/AIDS (UNAIDS), transgender and gender diverse people are 13 times more likely to acquire HIV than other population groups, with trans women at a 20-times higher risk (36). Despite this increased burden of HIV, transgender people have lower access to HIV services than the rest of the population (37,38). Globally, the median HIV prevalence among transgender people is 9.2% (36). Multiple barriers significantly limit access and uptake of STI and HIV testing, prevention, treatment, care and support services by transgender and gender diverse people. These include structural barriers (laws, policies and institutionalized practices), criminalization (the widespread imposition of punitive laws, practices and policies against transgender people) and societal barriers (such as social exclusion and lack of gender recognition) (39). Uptake of STI testing may also be hindered by concern or fear of physical exams, which highlights the need for trained, respectful providers as well as the use of STI self-testing, for example, for gonorrhoea and chlamydia, where available (4,40).





Further Reading

Queering reproductive justice: Framing reproduction of gay men from a transnational perspective—Taiwan as a case

Jung Chen, August 2023, *Linked here*

This article uses Taiwan as an example to argue that reproductive justice for gay men should be conceptualised within social, legal, and political contexts. Taiwan is the first Asian country to legalise same-sex marriage, yet the law favours heterosexual couples and denies LGBTQ+ reproductive rights. Thus, Taiwanese gay men seek third-party reproduction overseas to become parents.

Queer(ing) Reproductive Justice

Natalie Fixmer-Oraiz and Shui-yin Sharon Yam, November 2021, *Linked here*

The history, principles, and contributions of the reproductive justice (RJ) framework to queer family formation is the nexus that connects the coalitional potential between RJ and queer justice. How the three pillars of RJ intersect with the systemic marginalization of LGBTQ people—especially poor queer people of color—helps clarify how the RJ framework can elaborate the intersectional understandings of queer reproductive politics and kin.

Queering abortion rights: notes from Argentina

Barbara Sutton and Elizabeth Borland, December 2018, *Linked here*

In recent years, there have been calls in activist spaces to 'queer' abortion rights advocacy, to incorporate non-normative notions of gender identity and sexuality into abortion struggles and services. Argentina provides an interesting site in which to examine these developments, since there is a longstanding movement for abortion rights in a context of illegal abortion and a recent ground-breaking Gender Identity Law that recognises key trans rights.

Why trans people need to be included in abortion laws

Sudipta Das and Mia Jose, August 2024, *Linked here*

Excerpt: Surja*, a Dalit trans nonbinary artist, was 19 years old when they found themselves at a private hospital in the Park Street area of Kolkata, seeking an abortion. They had found out about their pregnancy a week ago, in early November 2019. Standing in the hospital corridor, Surja remembers being consumed with shame. The shame was twofold. The pregnancy was the result of a relationship with a partner they considered abusive. It also challenged their sense of selfhood as a trans masc nonbinary person.

"Being pregnant made it impossible for me to see myself as anything but a woman," Surja told me. In a fit of anger, Sujra had hit their stomach with an iron rod and cried. The only thing they knew for sure at that time was that they needed to get an abortion as soon as possible.

The lack of understanding in the medical fraternity about queer trans identities and that they might also need to access abortion was one of the key findings in a series of interviews that the Asia Safe Abortion Partnership (ASAP), a regional safe abortion rights network conducted with both queer-trans individuals and abortion care providers in India, Pakistan, and Nepal in 2020. Nandini Majumder, assistant coordinator at ASAP, told me that in the interviews, healthcare workers said that their medical curriculum is based on cis-heteronoramtive and patriarchal framing that never speaks of gender beyond the binary of male and female.

Vinitha said that it's not just abortion that anti-choice groups are targeting. *"Anything outside the purview of a sacred marriage, where sex is only for procreation, is dismissed. Queer-trans realities fall outside of this framework and are particularly targeted."*

Redefining LGBTQ and Abortion Rights in Latin America: A Transnational Toolkit

Linked here

Throughout Latin America, the Lesbian, Gay, Bisexual, Trans, and Queer (LGBTQ) and abortion rights movements have progressed at divergent strengths and speeds, with significant variation among countries. The region is home to some of the most restrictive and discriminatory laws when it comes to these contentious issues. This Note traces the economic and political history of Latin America to illustrate the climate in which these social movements are operating. Further, this Note offers a brief snapshot of recent global developments in LGBTQ and abortion rights, paying close attention to how the United Nations and the Inter-American Court of Human Rights define and protect said rights.

It's Time for Queers to Take a Stand for Abortion Rights!!! Reproductive and LGBTQ civil rights are closely entangled

M. J. Murphy, September 2021, *Linked here*

In the wake of the passage of some of the most restrictive bans on abortion ever adopted in the United States, it might be difficult for some LGBTQ people to understand why they need to take a stand in support of abortion rights. After all, we're already under attack on multiple fronts, and pregnancy, childbirth, and reproductive healthcare really seem to be in the wheelhouse of heterosexuals, thus abortion bans are not our fight. That logic is faulty.

Here's why: **Queers are having repro-sex and children**

Violations of bodily autonomy are common in the history of LGBTQIA people, in the form of medical experimentation by Nazis; forced institutionalization and subjection to lobotomies, electroshock and conversion "therapies;" eugenics sterilization; non-consensual genital surgery on intersex infants; denial of HIV prevention and treatment medications; and, everyday sexual harassment, physical and sexual assault, rape, and murder. **Asserting and defending a fundamental right to bodily autonomy is a concern that's shared by both LGBTQIA people and abortion rights defenders.**

Control of one's reproduction allows completion of education, full participation in the workforce, and economic independence, which in turn gives access to housing, healthcare, transportation, childcare, increased life expectancy, etc. **It is not possible to fully chart the course of one's life in the absence of reproductive freedom and choice.**

Abortion bans are fundamentally a (racial, gendered, economic) social justice issue. They're about making women 'pay' for sexual activity in ways men don't: through forced pregnancy, childbirth, and care and raising of children — still disproportionately done by women. And, given the high rates of infant and maternal mortality among these populations, compulsory birth can also be a death sentence.

All these burdens will be disproportionately borne by young, poor, rural women of color, making it harder for them to complete their education, work outside the home, and forge independent lives.

The intertwined nature of reproductive and LGBTQIA rights also means abortion bans will harm LGBTQIA people, in both direct and indirect ways. **Queer people need to start understanding that and take a loud public stand against abortion bans and for reproductive freedom!**

LESBIANS AND ABORTION and how queer liberation and reproductive justice (must) go hand in hand

By Quirine Lengkeek, Advocacy Coordinator at CHOICE for Youth and Sexuality

TW: sexual assault, rape, corrective rape, abortion

Access to abortion is a reproductive right we commonly understand to belong to hetero, and maybe whilst pondering... also to bisexual women and girls. When advocating for SRHR like me, both **diverse SOGIESC** and **access to safe and legal abortion** will likely be part of your vocabulary. The two are however, hardly ever connected, especially for the 'L' in LGBTQI+.

And this doesn't serve us. Us, lesbians. Us, queer women. Us, women. Us, youth.

Reproductive justice is a queer issue. You might think of achieving pregnancy, or legal parenthood for lesbian mothers. But abortion is also a queer issue. First of all, because **sexual history doesn't define sexual identity**. Once married to a man and now out & proud, a transgender backstory, you were just experimenting: your identity is your own to define. In these intricacies, one might become pregnant, and need an abortion.

There is unfortunately, also a more sinister reason why lesbian and queer women need to be included in our call for access to safe and legal abortion.

Where most data suggests about 1 in 5 women are raped at some point in their life, this goes for a third of lesbian women (Robson, 2011). Lesbianism can be an aggravating or motivating factor for sexual assault. Revealing you're a lesbian may make the (potential) perpetrator more violent or aroused – the *'You just need a good fuck from a real man'* trope that will sound so familiar for those who share versions of my own lived experience as a lesbian.

The lesbian body is a body 'out of control' in a heteropatriarchal sense, and the cishet perpetrator handles 'in the best interest' of the victim by bringing her back under control.

Rape is not a heterosexual issue. Abortion is not a heterosexual issue. Nor cisgender. Butch, femme, trans masculine, stud, stone bodies – we need abortion too. **Queer your efforts around abortion. It will serve us (all).**

Listening with quiet curiosity: Feminist and queer reflections on interviews with the “wrong” people

By Carol Ballantine, Kath Browne, *Linked here*

Queer and feminist research centralises issues of power and relationalities; methodologies frequently emphasise the process of conducting research with people who are marginalised. The queer and feminist methodological literature also opens a door to complicating binary understandings of “right”/ “wrong” “powerful”/ “disempowered” relations, including those between the researcher and her research subjects. The “wrong” people are those who do not conform with expectations of typical queer and feminist research participants.

You can request an abortion when you are queer (bisexual, trans or lesbian)

How one gets pregnant in relation to one’s sexual orientation or gender identity is nobody’s business, including health providers, unless you offer them information regarding your health needs. If you have an unintended or unsupportable pregnancy it is important that you feel able to request an abortion and do not feel pressured into explaining how you got pregnant.

Unfortunately, queer persons still face challenges when seeking healthcare. As a queer person, you may experience a healthcare provider assuming your gender or your sexuality, or refusing to provide you with abortion services. Know that their resistance to provide you with services is unethical and against the law.

‘How we want the Queer and Reproductive Justice Movements to Love Us Back…’

by Mia Mingus

I am not afraid of love. I am not afraid of my whole self asking your whole self to join me in liberation. I am not afraid of love.

I am not afraid of difference. I have dreamt of you seamlessly weaving together, loving the places you reflect each other, and touching the differences that define you with admiration. You are the kind of beauty that is fierceness in pain, in laughter, in survival. What I mean to say is, we are too precious to turn away from one another. Too precious to think we can leave our work to our respective movements. Because the warriors, the people, who straddle the borders of fear know that we were never enemies. We were always kindred. We were always each other’s gravity and air. Because when the fire comes, it comes to burn us all and your seeds blow over our fences and take root in our soil.

This is a love letter for reproductive justice activists who are too afraid to publicly incorporate a queer politic into their work. A love letter for queer people who are complicit in reproductive oppression every day. A love letter for the heteronormativity and sexism that exists within the reproductive justice movement and the racism and misogyny that exists within the LGBT and queer movement. A love letter for our fears which seek to strangle us every day through criminalization, silence, and isolation. A love letter for repeating our histories.

This is for those of us who know that building intentional families, intentional community, intentional love, genders, and bodies can never be separated from justice; can never be separated from healing, from truth – and will always be transformative. This is for our desires lying down together outside of oppression, outside of ownership, outside of abuse.

This is a love letter for those who have come before us and never stopped pushing their way into the conversation, the family, the agenda.

This is a love letter for those who will come after us and look back with pride and strength at how we wrestled our fears and hate to the ground and didn’t stop until our bodies were whole, our children were free, and our land could breathe.

This is my love, out in the open, reaching a hand to you, asking you to join me in our liberation.

Poetry from Mia Mingus taken from: Ross, L., Derkas, E., Peoples, W., Roberts, L., & Bridgewater, P. (Eds.). (2017). Radical reproductive justice: Foundation, theory, practice, critique. Feminist Press at CUNY.

Fontaines and Friends

Stories of collective self-knowledge and techno-scientific autonomy

// Luna

What you are going to read is an account of personal growth and community empowerment in France, Montpellier. In a dusty basement on the outskirts of town, a self-managed biolab was set up by a local group of biologists, chemists, hackers and friends. The word "hacker" here stands for any person curious enough about a system to break it open in order to understand its working mechanisms, possibly rewriting its instructions in a creative or unexpected way.

Indeed, the very first research projects at LABASE (Laboratoire Autogéré de Biologie Autonome Solidaire Expérimentale) were indeed quite surprising for me to hear about: genital herpes, autonomous gynaecology... they resonated with the inspiring work of another biohacking project called gynepunk, a transfeminist collective from Catalunya which I was just starting to investigate.

During the peak times of the Covid-19 syndemic, LABASE developed a protocol to test the effectiveness of the different types of masks but in the autumn of 2021 I wished to go back to the roots of the lab and re-start the working groups on feminist health issues. We wanted to get together and take back the knowledge of our bodies from the techno-scientific establishment, back into our own hands.

The meeting was held at the lab, mostly attended by new people who had never set foot in LABASE before, and not without reason: the place in which we were gathering was mostly run by cis men, and not particularly appealing to a crowd of cis/trans*women, non-binary, lesbian and queer people. The group decided that unlike the previous feminist health projects, we would like to "keep separate" from the cis men, and start a new autonomous project, which will become known as "Fontaines". The word means "fountains", and refers to females who squirt during sex but also to a book on female ejaculation which had recently been translated and published in France.

In our first meetings, we shared personal stories of homemade remedies for genital trouble, from garlic to emotional support; we talked about our relationship to our bodies, our family and partners; we started reading the book Fontaines together, and discussed further readings, fictions and documentaries we liked (or not) on topics such as childbirth and obstetric violence, gynaecological violence, medical violence against gender/sexual minorities, pornography and post-porn movements.

We set up a mailing list, a Nextcloud -- which is a non commercial open-source software for resource sharing -- and a couple of pads, another open-source tool

for collective note-taking. We organised self-exploration workshops with the local Planning Familial (French equivalent of Planned Parenthood) and at our friends' houses: I was able to see my cervix for the first time, and I took pictures! We talked about the recent re-publishing of _Notre corps nous memes_ (in English, _Our Bodies Our Selves_), the seminal feminist self-help guide originally published in the 1970s in the USA: now available again in France.

This and so many other projects guided us for a year or so: the card game Foune & Flore, developed by a French feminist health collective to provide useful information on the most important micro-organisms living within vaginas; self-made sex toys projects; open-source 3D modelling of genitalia, accurately represented in our diversity; sympto-thermic methods for reproductive autonomy, such as saliva or temperature monitoring to identify fertility windows in our periods. We also laughed with Mary Maggic and her homemade oestrogen recipes, we hacked pregnancy tests following the protocol of our friends from the Kauenn Noz biohackerspace in Rennes, Brittany.

Different kinds of people were involved in Fontaines' activities, and not everyone was comfortable with being in a lab, and using techno-scientific equipment, language, frameworks, and for very good reasons. The medical and scientific institutions have been perpetrating violence on women and minority bodies for hundreds of years in Europe, having almost succeeded in eradicating traditional, women-led forms of knowledge and caregiving, such as those coming from plants in rural areas.

Besides that, most if not all of the inner core of the collective was made of queer bodies, and we started feeling more and more out of sync with the people attending our workshops: these were mostly cis women, not always mindful of the heternormativity of the language we use to describe our anatomic features and feelings; furthermore, the majority of people who attended the self-exploration workshops seemed to experience them as a service brought to them, never taking a serious interest in joining our collective and organising together. The attendees were always thankful for the possibility of a safe space in which they could get to know their own body, but the motivation to push our boundaries and comfort zones, to pursue collective self-knowledge and autonomy in novel ways, eventually came to lack.

In the summer of 2022, three people from Fontaines hosted a workshop in the birthplace of gynepunk, in the community of Calafou, at the TransHackFeminist Convergence. It was our last proposal of the sort, and our mailing list has been mostly dormant except for a failed attempt at resuscitating it in December 2023.

The fountains turned into a sleeping volcano.

Meanwhile, some of us have been working and/or learning with people from LABASE and Planning Familial, on the topic of thermal contraception. This method for reproductive autonomy is suitable for bodies who were born with a penis and testicle, and is recognised as the least invasive, reversible technique for fertility control: the simple knowledge behind it is that a small increase in the local temperature around genitalia can suffice to prevent spermatozooide production over the course of several weeks. Usually, after about 3 months of wearing an underwear device such as a special ring -- easy to fabricate from spare bras ;) -- everyday, we can notice a significant enough decrease in the fertility score of the specimen.

LABASE has been spreading this knowledge and know-how along with the Planning

Familial of Montpellier and its other sections all over the nation, not to mention friends, acquaintances and colleagues all over the French-speaking world. Indeed, a variety of resources on the subject of thermal contraception are available today, from comic books to podcasts and documentaries, being read, listened to and watched not only in France, but in Belgium, Canada, Switzerland...

The rising popularity of this method is owing to the relentless commitment of highly motivated researchers and activists who believe that social justice is also about reproductive justice, of reclaiming ALL of our bodies from capitalist modes of control and questioning the role of Big Pharma in our lives, especially as feminists, as objectified bodies and as feminist allies.

As gynepunk taught us, the history of Western medicine is a his-story of patriarchal and colonial violence, and the contraceptive pill has also been a vector of governability at the service of production imperatives, of alienation from one's physiology for some, of emancipation for others... but not for those who were born as "males". Indeed, in the most common cis-hetero-normative sexual encounters, the question of birth control lies more often than not within the responsibility of the female body, which can even automatically be assumed or expected to be "under control" in countries where the pill is most pervasive. It is time to shuffle the cards and play a different game.

As a Fontaines member, I wish for a world in which every subject has the time, the space, the tools for a deep knowledge of one's self, of one's body, a knowledge constructed not individually, not only on one's own, but mostly in relation to other beings, in connection and exchange. We can educate ourselves, learn and experiment together to act the revolutions we want to see in our everyday lives.

It usually starts with a simple meeting... and you never know when we will erupt.

Indonesian queer histories as solace and resistance

By Kirsten Kamphuis for New Mandala

A colonial record's hint at a forbidden lesbian relationship is a reminder of the potential for historical research to uncover queer life in Indonesia's past and present. *Read the article here.*

The History of Two-Spirit Folks

By Isabella Thurston for The indigenous Foundation

The concept of Two-Spirit folks existed well before the arrival of European settlers on Turtle Island. Indigenous individuals who identified as Two-Spirit folks were seen as gifted and honoured in their community.... *Read the article here*

How Gen Z is Changing Anti-Abortion Extremism Through 'Queering'

// Zelly Martin and Inga Trauthig, 30th June 2023 in Insights

> *I follow lots of feminist pages. I'm in lots of feminist and leftist groups. I'm in different agnostic and atheist groups. There's all sorts of stuff out there, and I do regularly see pro-choice posts. I think it's kind of funny that people stereotype pro-lifers as all right, religious, conservative men, because I'm like, you're speaking freely about abortion in spaces that you think are free from pro-lifers. But little did you know we are here.*
>
> - Treeflower, anti-abortion activist

Excerpts:

In June 2023, which is both pride month in the United States and the anniversary of the Dobbs decision, we have increasingly seen anti-abortion activists mobilise queer discourse and imagery in support of policies that are fundamentally anti-LGBTQIA+. Using these discourses, anti-abortion activists are further polarising society and fostering extremism as they are radically uncompromising in their views.

Treeflower, quoted above, is just one of the many anti-abortion activists that we have spoken to and observed who are working to craft the narrative that the anti-abortion movement is progressive, cool, young, and 'queer'. Anti-abortion is no longer just for "[politically] right, religious, conservative" and especially white people, they argue. The 'post-Roe generation' is cool.

Making Anti-abortion 'Queer'

An Instagram post depicts a drawing of a black platform-heeled boot poised over Planned Parenthood's logo, which appears smeared with blood. The accompanying text says, "Stomp out fascism". A rainbow flag is decorated with a drawing of a small foetus and the text, "Happy Pride!!" A young woman wearing black lipstick, cat eye eyeliner, and a pin of a foetus in rainbow runs through anti-abortion talking points, claiming to "debunk common disinformation." An Instagram user's bio reads, "Queer rights begin at conception ."

The Great Replacement conspiracy theory is tied not only to white supremacy but also to rhetoric that LGBTQIA+ people are sexual predators who plan to replace cisgender, straight people. But increasingly, anti-abortion political influencers are drawing on LGBTQIA+ imagery—like rainbows, platform heels, and counterculture fashion—to rope in Gen Z voters and convince people seeking abortions to continue their pregnancies. This is counter to the typical alliance between anti-LGBTQIA+ and anti-abortion groups.

Further, anti-abortion activists mobilised Reels and TikTok trends—the GRWM (Get Ready With Me) videos in which people put on their makeup and do their hair while speaking directly into the camera, or 'Stitch', in which people share a TikTok and add their own video to it. These tactics make anti-abortion rhetoric salient to Gen Z Instagram and TikTok users—the messaging is put into a form that is palatable for decreasing attention spans.

The final tactic we observed is the anti-abortion movement's goal to make pro-life viewpoints 'hot'. Conventionally attractive women grace the feeds of both large, established anti-abortion organisations and new, emerging activist accounts. "Hot girl summer is valuing life and the preborn," one post reads. Another claims, "Hot girls hate abortion." This is a critical element of the strategy, as it particularly takes aim at young women. It is tied to their goal to make anti-abortion 'feminist', and not only targets women

All of these strategies work in service of making the anti-abortion messaging palatable to a new kind of voter—a young, multicultural, queer voter who might not otherwise vote for politicians who support anti-abortion policies. Yet, the larger narratives of the anti-abortion movement remain the same—that trans people harm the nuclear family; that there is nothing more rewarding than being a 'traditional' wife who stays home with her children and is not a 'girl boss'; and that those who support abortion are 'Satanists'.

Given the existing history of anti-abortion violence, new tactics in rhetoric and recruitment should be watched as they could be combined with offline attacks against reproductive care.

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Sign up for ASAP Academy, a self-paced online learning platform, so we can make the movement stronger together!

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Post Abortion Care and Contraception

Guest Editor: Dr. Subatra Jayaraj