

REPRODUCE

FREELY



REPRODUIRE
EN LIBERTÉ

A reproductive autonomy zine
Un zine sur l'autonomie reproductrice

Introduction

Telyn Kusalik

This zine is a compilation of artistic work and writing that is engaged in addressing our rights to reproductive choice, autonomy, and justice. We see reproductive autonomy as comprising a person's right to control over their body with regards to human reproduction which includes (but is of course not limited to) access to safe and affordable abortions, access to safe and affordable contraception, freedom from forced sterilization, etc. We also see reproductive autonomy as situated within a broader anti-oppressive framework. We sought to address the effect of intersecting oppressions on the reproductive rights of those who belong to multiple marginalized groups.

This zine is a result of a convergence between two different streams of pro-choice activism in Montreal, Quebec. The first stream started as a response to the debate over bill C-484 that was put before the Canadian parliament. Bill C-484, if it had passed, would have given a fetus limited rights separate from those of the person carrying the fetus, and thus threatened to create a precedent which could result in the criminalization of abortion. The 2110 Centre for Gender Advocacy, at Concordia University, began mobilization against the bill, and began a campaign to raise awareness about access to abortion issues. Bill C-484 died when parliament was dissolved for an election in the fall of 2008, but 2110's reproductive autonomy campaign continued (although changed focus).

The second stream of pro-choice organizing was centered on a pro-life group that was aiming to get established at McGill University. There were concerns from many in the pro-choice and feminist communities that the establishment of a pro-life group would mean that pro-life propaganda might be disseminated in a way that would make campus an unsafe space for those who have had or are considering abortions. A pro-choice group, loosely affiliated with the Union for Gender Empowerment, was started to oppose the presence of "Choose Life" on McGill campus, and to organize protests of pro-life events. Pro-choice McGill, like the folks at 2110 was very interested in helping spread information about people's experiences and viewpoints as they related to reproductive autonomy. This zine is a result of a combined effort by both groups.

Submissions were obtained from people all across Canada and there are a variety of different viewpoints present in the zine, in a variety of different forms. While the creators of the zine are located in Montreal, Quebec, we see this zine as something that is relevant to people everywhere. While the creators of the zine are all primarily Anglophone, we are located in a Francophone-majority city in a bilingual country, and thus have accepted submissions in both English and French. We would like to thank the 2110 Centre for Gender Advocacy, the Union for Gender Empowerment, and the Ste. Emilie Skillshare for help in putting together this zine.

Also a huge thank you to everyone for their submissions! You're wonderful!

If you wish to get in touch with the zine creators (for questions, feedback, or whatever), you can email us at prochoicezine@gmail.com

Introduction

Telyn Kusalik

Ce zine est une compilation de l'art et de l'écriture qui est engagé dans la lutte pour nos droits du choix, de l'autonomie et de la justice reproductrice. Pour nous, l'autonomie reproductrice est le droit de contrôler son propre corps à propos de la reproduction humaine. Ce droit comprends l'accès aux avortements et à la contraception abordable et sans danger, le droit de donner naissance aux ses propre enfants, et beaucoup d'autres chose. Nous situons l'autonomie reproductrice dans une grande lutte contre l'oppression. Donc, nous voulons aborder l'effet des oppressions multiple sur les droits reproducteurs des ceux qui est membre des plusieurs groupes marginalisé.

Les soumissions étaient obtenus des gens autours du Canada et il y a une variété des points de vue représenté dans ce zine, dans une variété des formes. Alors que nous sommes situé à Montréal, Québec, nous espérons que ce zine est pertinent pour les gens partout. Nous sommes une équipe Anglophone, mais nous sommes situé dans une ville avec une majorité des francophones, dans un pays bilingue. Donc, ce zine est bilingue: binlingue dans le sens que il y à des soumissions en anglais et des soumissions en français - nous savons que ce zine n'est pas également accessible aux gens Francophones et aux gens Anglophones, parce que chaque soumission est écrit dans une seule langue.

Nous voulons remercier le centre 2110, l'UGE, et le Ste. Emilie Skillshare pour l'aide dans la production du zine.

Aussi, merci beaucoup à tous qui a envoyé des soumissions!

Si vous voulez contacter les créatrices du zine, vous pouvez nous envoyer un courriel à prochoicezine@gmail.com

Table of Contents

1. Forced by Jessi MacEachern (5)
2. Tough Questions Answered (6-14)
3. My Escorts by Peggy Cooke (15)
4. Reclaiming Our Right to Choice: The Need for a Feminist Youth Pro-Choice Movement in Canada by Denisse Temin (16-17)
5. Photo Submission by Olivia Dunbar (18)
6. Anonymous Poem (19)
7. Free speech or gender discrimination? Pro-life agenda clouds larger issue of sexism in North America by Meagan Wholberg (20-22)
8. "Choice" and "Abortion" by Joy Faith Ruben (23)
9. Hijabs and Abortions: two Rights, two Choices by Patrick Powers (24-27)
10. Villanelle I by Mélanie Bray (28)
11. Ryuzanji: Child Who Has Flowed Away by Rika Moorhouse (29)
12. Le goût de la liberté by Ghislaine Sathoud (30-32)
13. Being a Pro-Choice Mom by Ashley P (33-37)
14. Indian Women and Abortions by Ambika Kohili (38-48)
15. Resources and Information (49-54)
16. Pro-choice flyer (feel free to reproduce) (55-56)

Forced

by Jessi MacEachern

The theatre floor
refuses the summer heat
from the men's heavy breaths
and swallows pressing memories of cold:

her body drops, thuds, echoes.
Cutting turn of wire sculpture
strains, her wrists snap.
Her body drops, thuds, echoes.

Mottled paper pool behind her buttocks,
fluid of an optic nerve and
unformed digestive system,
somewhere an ink stain of her blotted rights.

Fixed jaw of patriarch
opens her knees
and forces an unborn ,
blackened bones of dead thing,
through the scars
(They asked she paint
in rusted, searing metal
upon the toxic dirt of alleyway).
So explodes the heaving curve
of her golden stomach,

(first cry,
simultaneous convulse
of the green feces down her throat)

so bursts her heart.

Tough Questions Answered

Intro by Telyn Kusalik:

This piece is the result of a conversation between Tessa Vikander and myself about situations we've both been confronted with in which we're asked a question by a pro-lifer that we have a hard time answering. There are ways in which pro-lifers talk about abortion which are totally foreign to many pro-choice activists to the extent that there are often two completely distinct debates going on; the pro-lifers want to frame the debate in terms of where life and human rights begin, and pro-choice folks tend to want to talk more about freedom of choice and self-determination. The result of this is that those of us on the pro-choice side don't usually think of the pro-life arguments as legitimate arguments, and thus put little to no work into figuring out ways to refute them. While I think that there are deep problems in the way that pro-lifers tend to frame the debate, I am unsettled by the fact that the pro-life arguments and questions are often times left unanswered. The purpose of this piece is to provide answers to some of the tough questions that those of us on the pro-choice side rarely ever think about. In conversation, Tessa and I discovered that we did not always tend to give the same answers to the same questions, and thus decided that this piece would be best structured in a way that clearly shows that each question can have multiple answers. We decided to pass these questions on to a number of different members of the pro-choice group at McGill University. A number of people (only identified by their initials) answered some of the questions, providing a variety of different viewpoints. Tessa and I then compiled and edited the answers as well as providing "further discussion" on some of the questions where we felt that more needed to be said. We hope that the answers that we have provided here will help out others involved in pro-choice activism when you are faced with similar questions from pro-lifers.

1. This question was asked from a pro-life position: "When addressing ideas of bodily self-determination, how do you deal with situations in which there are two lives involved – e.g. the "life" of a fetus versus the life of the pregnant person carrying the fetus? What do we do about the fetus' bodily self-determination?"

TV: Bodily self-determination, also known as body sovereignty is the concept of each person having complete control over their body, and what happens to it (medical procedures, physical contact with other people etc.). While the "life" of a fetus is something that many people feel strongly about, its growth is 100% dependant on a specific person (it's "mother"). As such, that person cannot hand over the work of carrying a fetus as they

could hand over the work of taking care of a three month old baby. If one were to recognize the self-determination rights of a fetus, it would mean forcing a person to carry a pregnancy to term. Carrying a pregnancy to term requires time, energy, money and good mental health that not everyone has or has access to. Furthermore, not every person that becomes pregnant *wants* to carry the pregnancy to term; carrying a pregnancy to term can only be made consensual if abortion is accessible.

TK: There is a big difference between a pregnant person and a fetus when talking about self-determination. Firstly, self-determination means being able to make decisions about one's own life, and having those decisions respected and supported by others. As far as we know, fetuses are not able to make decisions, and thus cannot self-determine. Secondly, no being's right to self-determination legitimizes the enslavement of any person. For example, for people with disabilities, self-determination sometimes means that a personal assistant must be provided to help the person with disabilities live their life. However, this does not give a person with disabilities the right to enslave the person who happens to be closest to them and force them to work as a personal assistant. When a pregnant person is forced to carry a fetus against their will, they are being enslaved - they are forced to share the contents of the bloodstream with the fetus whether they want it or not. Even if we decided that we wanted to respect the self-determination of a fetus, that would **ONLY** give us the right to provide a **WILLING** surrogate mother to the fetus (while this is currently not medically possible, it could be possible in the foreseeable future), not to **FORCE** the person carrying the fetus to share the contents of their bloodstream against their will.

2. What is the difference (if there is any) between aborting a fetus and killing a baby? Does this have anything to do with personhood, life, independence, etc.?

TV: This question is often asked in a "well if you abort a fetus, might you just as well just kill that baby once it is born?" When a person aborts a fetus it is implicit in their decision that they do not want that fetus to be dependant on them; a baby that is in your arms is different than a fetus in the womb because the person a baby depends on can be changed (through adoption etc.), whereas with a fetus such options are not available.

TK: For me, talking about "when life begins" or whether a fetus has "personhood" is simply arguing over different definitions of "life" and "personhood". So, I feel that the difference between aborting a fetus and killing a baby is something much less philosophical. Given current medical

technology, a fetus cannot survive outside of the womb in which it first begins to develop. However, an infant or child can survive outside of the family in which it was first raised. We accept that people have the right to choose not to continue to raise their children if their circumstances have changed, and we do our best as a society to ensure that a happy life can be found for the children elsewhere. This right must remain the same whether or not we are talking about a fetus or an infant. Thus, a pregnant person has the right to choose not to continue to carry a fetus they are carrying just as much as a single parent or family has the right to give up their children for adoption. Thus the difference between aborting a fetus and killing an infant is that we can keep the infant alive and happy by finding a new family for it, and thus it does not have to die. However, with the fetus, we do not currently have the technology to transplant the fetus into a new womb, and thus the fetus dies when it leaves the womb. This is certainly not a perfect solution, but it is the only possible one that respects the rights of the person carrying the fetus to choose to live without it.

Further discussion:

a) In a certain light, abortion can be seen as a form of self-defense, as carrying a pregnancy to term can be harmful to one's body in many ways, and thus killing the entity which is harming one's body is nothing more than self-defense.

b) Some pro-choice people feel that abortion is equally sad and awful as killing a baby (or a child or adult), but still feel that their right to control what is happening in their uterus (and body in general) is more important, and thus abortion is acceptable and a necessary option (i.e. "Yah, fuck it, I'm a baby killer. Deal with it.")

3. If the world's scientists all agreed that life began at conception, would this be a problem for the pro-choice position? Why or why not?

TK: Firstly, I don't feel that the question of "when life begins" is a scientific question at all, but more of a definitional question, and thus I wouldn't bat an eye if the world's scientists came to a decision on the subject. But even if I was forced to accept that embryos and fetuses are alive, that doesn't change the fact that NO LIVING BEING has the right to force another living being to share the contents of their bloodstream with them. Mosquitoes are alive, yet we have no problem with swatting them when they come to suck our blood. Not that I think that fetuses are blood-sucking insects, but the fact is that if I want to keep my blood to myself, I have every right to, and if there is a living thing inside of me that is living off of my blood, I have every right to ask for it to be removed.

TV: No, this would not be a problem for the pro-choice position. Many pro-choice people believe that life begins at conception, however they feel that the life, and right to self determination of the person who is pregnant far outweigh those of the fetus. Being able to safely carry a pregnancy to term is not something everyone has access to or is able to do, and as such abortion is a necessary option. It is also important that all people have access to the resources that would allow them to carry a pregnancy to term and either adopt out or raise their child, if that is what they wanted to do.

RA: I don't think that scientists are really in the business of defining "life" in an ethical/moral way. Is a fetus "alive" from conception? Yes, of course it is. It is an organic, cellular being. Is a blade of grass alive? Also yes. Do I think that the rights of a blade of grass are equal to mine or that it has its own right to bodily self-determination? Of course not. If it was growing on/ in my body and impacting my ability to lead my life, I would make sure that it was no longer "alive".

DP: (in response to RA) A good point, but the response that this argument received at the crossroads was that a fetus differs from a blade of grass/ fingernail/etc. in that it becomes a human being etc. etc. I don't have any good answers to this to be honest but it's something worth trying to have an answer for...

Further Discussion: (in response to DP) Yes, it is true that some fetuses grow up to become human beings, but blades of grass generally don't. The real question is whether or not this difference is enough to make a moral distinction. In fact, there may be good reasons to make moral distinctions between animal and plant life. However, if the comparison we make is not to a blade of grass, but to a kitten, is there really that much of a difference? Can we actually make a moral distinction between human and non-human animals without being speciesist?

4. What is the problem with pro-life propoganda, given that abortion is already decriminalized in Canada?

TK: While abortion is decriminalized in Canada, it is still very hard to access for many people who are considering abortion, and still comes with a rather daunting stigma. Oppression works in many ways, and not just through the arms of the law. For example just as black civil rights in the United States did not mean an end to racism, decriminalization of abortion in Canada does not mean an end to attacks (psychological as well as physical) against those who receive and perform abortions. Pro-life propoganda aims to make those who receive and perform abortions feel

shamed for the choices they've made, and that sort of shame does very real damage to a person's right to bodily self-determination.

TV: Choosing to have an abortion is often not an easy decision. Pro-life propaganda targets people who are able to become pregnant, and tries to persuade them that they should not have an abortion, under any circumstance. Many women dread the idea of becoming pregnant, because they do not want to have a baby, yet the idea of having an abortion is very painful to them; most women do not take abortion lightly. Pro-life propaganda targets women, who are a historically and currently marginalized group. Specifically, their propaganda targets women who are emotionally sensitive to abortions (albeit adamantly prochoice). While some people are able to "walk past" a prolife display or demonstration, others are not; some people feel attacked, crippled, and personally threatened by the movement; the ultimate goal of the prolife movement is to stop all abortions, and make them illegal. The prolife movement should thus be seen as a threat to the lives of women, who could some day be again forced to seek (unsafe) illegal abortions.

5. How is the pro-life standpoint oppressive? Wouldn't prohibiting pro-life campaigning be more oppressive than allowing it? What is oppression, and how does it relate to these issues? What if someone, who is a member of various oppressed groups, says that they "know what oppression is", and says that the pro-life position is not oppressive?

RA: "membership" does not give license to define oppression for entire social groups.

DP: People experience oppression differently and due to different circumstances.

SG: People are entitled to their own opinions even if they're controversial but they become oppressive when these opinions are expressed in such a way that harms marginalized groups in our society. The pro-life movement frames the person who has had an abortion as being immoral. Sometimes they also depict biased and graphic imagery of abortions and foetuses. This can have the effects of further stigmatizing a minority group in our society (those who have had/are considering getting an abortion) as well as be potentially harmful to the mental health of people who are having difficulty dealing with experiences of abortion. This can have real health impacts in terms of creating feelings of isolation, guilt, as well as impacting public opinion in such a way that may restrict healthcare access which is essential

for safer abortions and support services.

TK: Well, firstly, I'd tell anyone who asked me this question to go take an anti-oppression workshop. But, that aside, oppression has to do with people who have power in society using that power to maintain their own privilege, and to keep other groups oppressed. Pro-life campaign is an active form of oppression because it aims to shame and stigmatize those who are considering abortions. As folks who are considering abortions are often times women, people of colour, sex workers, and members of various other groups who don't have very much power in our society, they are certainly the oppressed group, not pro-lifers, who tend to come from a privileged white, Christian, background. The ability to disseminate propaganda and try to convince others of your own moral beliefs is a privilege, not a right, and thus denying this ability to pro-lifers in fact works to combat oppression. Prohibiting oppressors from exercising one avenue of oppression does not suddenly turn them into an oppressed group.

Further Discussion: When talking about the ability to disseminate propaganda as a privilege, this specifically applies to propaganda based upon moral beliefs. The pro-choice position is based upon harm reduction and not upon morality, and is not trying to convince people to do any one thing, whereas pro-life propaganda does intend to limit people's options. Thus, pro-choice propaganda is not oppressive in the way that pro-life propaganda is.

6. Isn't abortion oppressive to fetuses? Aren't fetuses disadvantaged people? Are we ignoring the privilege we have as "born" people (as opposed to "unborn")?

RA: No.

TK: When talking about oppression and anti-oppression, privilege and disadvantage are supposed to come from the way in which society has been built so as to maintain privilege. As far as I know, most of the "disadvantage" that fetuses suffer is due to biology rather than due to societal power structures. If there is a way in which societal power structures made it more ok to abort male fetuses than female fetuses, then maybe we could say that male fetuses were oppressed, maybe. We could just as easily say that fetuses are privileged in that they are the only stage of human development which lives off someone else's blood stream. But the point is that the difference between the "born" and "unborn" is biological, not sociological, and thus has nothing to do with oppression.

Further Discussion: Any talk about fetuses as "disadvantaged people"

subject to "fetal oppression" presupposes that human fetuses are people. This of course is one of the points of contention between pro-life and pro-choice positions, and thus should not be presupposed. Also, it is possible to accept that fetus are "alive" or are "human" without being "persons" in any sort of ethical/legal sense. Fetuses, being non-persons, are not the sorts of beings which can be oppressed.

TK's response to the above argument: I am actually very uncomfortable with this argument, as, historically many groups of people were oppressed by denying them moral and legal personhood. For example, there was a time at which only white men were persons under the law, and the non-personhood of women and people of colour was used as justification for their oppression and discrimination. Thus, I feel that we cannot use the non-personhood of fetuses as justification for any act which would be oppressive if fetuses were people. I think that the pro-choice position must accept that, even if fetuses WERE people, abortion would still not be oppressive.

7. Why do you care? You're all lesbians anyways?

RA: Have you considered the possibility that abstinence is also murder? (ask a silly question, get a silly answer?)

TV: We're not all lesbians. Even then, some lesbians engage in sexual activity with people who ejaculate sperm, and thus are at risk of becoming pregnant. None the less, having safe access to an abortion is something that affects more than just those who might become pregnant, and it's okay to stand up for your friends when they ask for your help.

EK: (in response to TV) i would maybe elaborate more on the "some lesbians engage in sexual activity with people who ejaculate sperm", because while it seems obvious to me that sexual attraction is fluid, and that some people who do identify as women or as lesbians do ejaculate sperm, i have a feeling the statement could be really confusing to some people. Also making abortion illegal would make it illegal in cases of rape as well, so EVEN if lesbians only fooled around with other sperm-free vagina-type-people, that doesn't mean they couldn't get pregnant...obviously.

SG: Firstly, it's impossible to tell who is and is not a lesbian without asking them first. Your assumptions of everyone being 'lesbian' could very well be wrong. There are people with lots of different sexual orientation identities that really care about these issues. Also, our sexual orientations don't define our sexual actions. A lot of lesbians choose to have sex with people who

have penises and could, therefore, get pregnant. Additionally, not all sex is wanted and there is a potential risk for lesbians to become pregnant through rape. Furthermore, even if there were no potential for a lesbian to become pregnant it still impacts people's friends, families and communities, as well as the right to exercise their own free will over their bodies.

8. Is abortion a "women's rights" issue? Is the pro-life standpoint sexist? What about trans men who need abortions?

RA: Abortion disproportionately affects people who have uteruses, who tend to be women or gender variant/trans folks. "Women's rights" as a concept might be the wrong term, but this issue has everything to do with sexism, patriarchy, and oppression.

TK: Firstly, while there are some men who need abortions, the vast majority of those who receive abortions are women. Secondly, abortion is a "women's rights" issue because part of the reason that it has been criminalized, stigmatized, and shamed over the years is that it has been men (who generally do not need abortions) who have been making the laws and determining the values of society. Thus many arguments that are used to support the pro-life standpoint are sexist. Thus the status of abortion is very closely linked to the status of women despite the fact that some of the people who are oppressed by the stigmatization of abortion are in fact men.

9. How is a pro-abortion and a pro-choice standpoint different?

DP: Those who are pro-choice advocate leaving the decision whether to carry a pregnancy to term to the woman. A pro-abortion standpoint differs in that it would actively advocate for abortion. There is a significant and important (and blatantly obvious) distinction between these two points of view.

TK: Well, being pro-abortion implies that you somehow want there to be more abortions in the world. While I do want there to be more SAFE abortions in the world (as opposed to unsafe back-alley abortions), I can't see that an increase in the number of abortions would be desirable, unless we were faced with a SEVERE case of overpopulation combined with a rape epidemic. So, there are actually very very few people out there who are pro-abortion. Most people are pro-choice in that they don't think it's ANY OF THEIR BUSINESS how many abortions happen in the world. The pro-choice standpoint believes that it's everyone's own choice to have an abortion or not to have an abortion, and that we should not try to push people to do things one way or the other.

SG: The pro-choice stance aims to be non-judgmental. It comes from the position that we cannot be 'pro-abortion' in that we do not necessarily think that abortion is the choice that a person should be making, we just think it's an option they should have. Part of being pro-choice means that we also believe in working towards making choices such as parenting and adoption more accessible in addition to abortion options. The principle is that it is up to the person to choose what is in their own best interest and our goal is to support them and their decisions.

10. How do you approach someone who says "Yes, I'm pro-life, but I'm pro-choice too! I support everyone's right to choose, but I want to make sure that they make the RIGHT choice (i.e. choosing not to have an abortion)."? How might it be equally problematic for someone to assuming that the RIGHT choice is always TO have an abortion?

SG: As I said above the point is not to judge people but rather to support them and help make their options as safe and accessible for them as we can.

RA: It would be equally problematic and equally anti-choice.

DP: Such a point of view is not consistent with the pro-choice movement, likewise for assuming that the right choice is always to have an abortion. Both points of view violate the principle of body-autonomy.

TK: "Making sure that they make the right choice" implies that you know what is right for someone else. As everyone's life and experience is unique, the only person who can determine which choice is right for them is the person themselves. A fundamental part of self-determination is the right of each person to decide what's right for them. Thus if you really support self-determination, you cannot tell someone else what choice is right for them, or try to influence them into making a choice that you think is right for them. Many people who call themselves pro-choice assume that in certain situations (e.g. teenage pregnancy) the right choice IS always to have an abortion, but making that assumption goes against self-determination in exactly the same way as assuming that the right choice is always NOT to have an abortion. Supporting each person's right to choose means supporting self-determination, this means allowing each person to make an informed decision as to what's right for them, and NOT deciding for them which choice is "right".

My Escorts
By Peggy Cooke

My escorts, in their
Bright blue pinneys
Walking women in
Past the angry ninneys
Standing outside
Signs and words, hurtful
And hard as stones
Hitting these women
Breaking fragile bones
Nowhere to hide
My escorts, human
Shields, giving peace
Giving comfort, helping
In the release
Of the unknown
My escorts, my pride
Good and strong
In cold and in sorrow
And all year long
Together, alone

Reclaiming Our Right to Choice:
The Need for a Feminist Youth Pro-Choice Movement in Canada

Denisse Temin

Research and Outreach Coordinator for Canadians for Choice

Everyday I read the newspaper, blogs, zines, and I talk with my friends, work colleagues, my partner, like-minded individuals as well as those who openly disagree with me and whatever the topic, usually at some point I will be faced with the idea that Canada is experiencing a conservative backlash and the rise of the right. Some say that this conservative backlash is creeping up on us. I personally think that we are in the middle and that we are realizing that we are being surrounded by it.

As I stand in the middle of this circle, and I look around trying to decipher the big picture and how it affects me, I realize that there are many angles from which to define this conservatism; the angles as you can imagine are several. For me though there is an anchoring point that connects all of them, and that is the concept of choice.

To have the right to make a choice is to be legally recognized as a full human being with agency. We have fought for the right to have our choices recognized, our humanity recognized, as women, people of colour, LGBTQI individuals and others who have been pushed down. In ongoing public debate, it seems that the most widely discussed issue related to our right to choose centers around our sexual and reproductive right of determining if we want to carry a pregnancy to term, and if not, when, where, and how we want to terminate it.

In the last few months, Canadian society has witnessed the resurfacing of a debate around abortion and the right to choose in the mainstream media. This issue was settled by the law in 1988 by the Morgentaler decision which found that a woman has the right to control her own body. Another important step occurred in 1995, when the then minister of health Diane Marleau considered abortion as a medically necessary procedure. This was really important for making abortions not only legal, but more financially accessible, because it meant they received public funding. Any medical procedure deemed necessary is covered by public funding, as stated by the Canada Health Act. But despite abortion being a legally enshrined and medically necessary act, many continue to challenge it on moral grounds. One of the places where we see this increasing conservatism and challenge to reproductive choice is on student campuses. I am deeply concerned about how anti-choice youth groups are forging a battle within the grounds of

educational institutions and that right now they have taken as their slogan of defense 'freedom of speech'. This has grabbed the media's attention, stirring public debate and backlash against pro-choice university administrations, students and groups, who have been continually having to defend their positions without a lot of support.

One of the ways that we can ensure that reproductive choice and freedom is supported on campuses is by providing pro-choice education, and confronting some of the misinformation and myths that arise from anti-choice rhetoric with strong evidence-based analysis. There are several research studies that have been carried out and published which we can use as tools to confront the myths presented by anti-choice groups. An example of this would be to use the scholarly article presented by the department of mental health at the Johns Hopkins Bloomberg School of Public Health "Abortion and long-term mental health outcomes: a systematic review of the evidence" to counter the well established anti-choice myth that abortion has long-term mental health outcomes and that it harms women psychologically.

I believe that we can no longer be reactive towards the well-organized, and let's admit, heavily funded anti-choice youth movement that has decided to define our educational institutions as their battleground; but rather we need to be proactive. We need to proactively circulate evidence-based information, and we need to proactively share our knowledge and experience in order to forge strong ties between us, we need to reclaim our spaces, and we need to remind Canadian society that there is no debate over our bodies, over our choices.

In doing this, we need to support each other and make our voices heard. Many young pro-choice feminist activists have expressed feelings of isolation within their communities. We need to connect with each other, to make us all realize we are not alone in the ongoing fight for reproductive and sexual rights. As young feminists we need to redefine our own pro-choice movement to meet our needs, we need to regroup and talk to our friends and family; but most importantly we desperately need to have our own spaces in order to network and defeat not only the rise of the right and the conservative backlash but our own feelings of isolation.

The individuals who were part of the pro-choice movement before us fought for our right to choose to be recognized, and now it is our turn to stand proud in our ground and defend our choices; this at least is my choice.



ART DAILY is a project from two Simon Fraser University students; the original sign, as part of a pro-life installation, read "274 Canadians aborted daily. It's been 20 years." The art students felt that the crosses on the hill were in fact very beautiful, and that the pro-life organization seemed oblivious to their installation's blatant association with the history of contemporary art. In the end, 'art daily' seemed like something most people could appreciate, as opposed to the original message that, in our opinion, has no place on campus.

Ode to your faintly beating heart
So faint I cannot hear that you are yet alive
But I can feel you
Growing

I can feel my uterus stretching
Awakening from its barren slumber
Pulsing with anticipation
For the first time

I want to clasp you against my heart
And incubate you
With the warmth of my love
But you are too delicate to embrace
And so, I hold you in my womb

I hold you so tightly it hurts me
But I'm terrified of letting you go

Tomorrow they will take you from me
They will empty the life from my womb
And I will never know you
I will never hear your gurgle or your laugh
I will never even touch you

But when they tear you away
Your heartbeat will merge with mine
And in that rhythmic pulsing
I will hold you forever

Free speech or gender discrimination? Pro-life agenda clouds larger issue of sexism in North America

Meagan Wohlberg

I must say that upon entering the Arts Tunnel on Monday January 26th, I was not surprised to see several large signs flashing the message "I REGRET MY ABORTION." The display in the tunnel was just another in a series of operations brought forth by pro-life organizations on campus at the U of S. This time, however, the signs were not a direct initiative of the U of S group Students for Life (USSL), but rather the message of an international organization called Silent No More which the USSL had brought in to give several presentations on the topic of abortion and its social and physical harms for women.

Silent No More attempts to weave an image supportive of women; indeed, it would appear from the informational materials, the posters, and the organizers that it is a women's organization. However, one glance at the formal organization from which they are a branch indicates that they are in fact a Christian organization run by Anglicans for Life and Priests for Life, neither of which are remotely connected to the women's movement, nor knowledgeable enough in the areas of medicine, psychology, or sociology to give credence to their vast amount of claims on the topic of women's health and welfare.

As their name indicates, Silent No More, like many controversial organizations such as the white supremacist group "The Aryan Guard," appeals to freedom of speech as a validation of their existence rather than an obvious political or religious agenda. While this is certainly the key impetus underlying the message of Silent No More, the Canadian Charter of Rights and Freedoms stipulates that freedom of speech exists as a right insofar as it does not lead to discrimination based on race, class, religion, or gender. But pro-life groups such as Silent No More and our own campus' Students for Life are direct participants in gender discrimination, using students' funding to attack the behaviours of women while thinly disguising their conservative religious underpinnings.

Desiring to remain apolitical and doing so are two obviously different things. Recently, the apparently passive existence of USSL has been brought under review by the USSU based on complaints made to the University Students Council regarding harassment initiated by several members of the USSL towards women on their way to class through the Arts Tunnel. If the complaints are taken seriously, as they should be, the existence of USSL on campus could be revoked. This would not be the first university in Canada to ban pro-life organizations on campus. Campuses in B.C. and Ontario have constitutionally prohibited the presence of such groups based on the fact that they unfairly target one half of the population and create an

unsafe space for women exercising their legal right to free and safe abortions. While I am not personally suggesting a ban on such groups, I do want to question students' funding of such groups. The USSL gets ratified by the USSU like all campus clubs—through student fees.

While *Silent No More* and USSL fervently express that their "intent" is neither political nor religious, their language and conduct shows otherwise. Having attended the *Silent No More* presentation, I was baffled in my struggle as an atheist to find a ground to base the pro-life message on, since everything seemed to be a product of fundamentalist Christian moralizing. The fusion of supposedly objective biological and sociological evidence given against abortion was subjectively experiential, if not Biblical, at best. Each presenter made clear that she felt her abortion alone was the cause of a myriad of struggles, citing addiction, mental illness, and failed marriage among the variety of issues encountered. Each also listed finding God as her solution. I hold personal issue with neither of these claims and, in fact, give credit to any woman who can publicly discuss a painful piece of her history. However, the fact that each and every one of these women also made very clear that they had mental illness, family troubles, drug or alcohol problems, and unsupportive partners prior to their abortions indicated to me more strongly than ever the need for productive social dialogue on the issues of discrimination and privilege.

None of these women were "stupid" or "wrong": they were speaking about their experiences, as they felt and interpreted them. What troubled me was the fact that none of the 7 women could effectively link their struggles with relationships and self-esteem to the fact that they had, for example, been neglected by a father, disowned by a male partner, or put into a bind because of social stigma surrounding unmarried pregnancy—all products of centuries of social inequality disproportionately affecting women. Moreover, when I listened to them complain about their terrible experiences in the hospital with unkind doctors and nurses, it was difficult for me to feel compassion through the wave of irritation I felt at being slammed in the face by hypocrisy. A group creating stigma about the immorality of abortion complaining about being shamed for their abortions! Not to mention that many of these facts were acquired long before abortion was decriminalized—one as long as 41 years ago—thus pointing ever more strongly toward the need for safe and accessible abortions today.

Worse, though, than the presentation itself were the informational pamphlets being distributed by *Silent No More*. I was disturbed by the essentializing language which attempted to objectify women as having the sole purpose of "giving birth to and nurturing babies" and by its presence in an academic institution such as the U of S. Such language is not debate-worthy, and is unacceptable in the 21st century where women's rights, like all individual's rights, include the ability to

freely decide one's own purpose. Unfortunately, sexist language was not all that I encountered in the free written information being distributed. According to the evidence cited in their documents and in their presentation, abortion is responsible for a variety of frightening social epidemics, including racism, violence towards women, and mental health issues. For example, a pamphlet entitled "What's so wrong about abortion?" states that violence towards pregnant women is an "attack on their fertility" brought about "literally because they refuse to abort." Not only are such claims hideously inaccurate, for who could remotely give an account of the motivations behind such attacks, but the propagation of claims such as "Abortion is racist" because it is accessed mainly by low-income minorities lack the most basic logic required of a child. They completely disregard the role of the abuser and the social institutions responsible for perpetuating sexist and racist power relations, instead blaming the plights of women on "abortionists."

Perhaps if groups such as these were as concerned with the plight of women as they claim to be, they would be able to look past their fascination with the "natural" functions of women's bodies to see that the true factors behind mental illness, addiction, and poor physical health have to do with the larger systemic issues of inequality based in race, class, and gender. Unfortunately, the privilege of being a mainly white, middle-class, and Christian sector of society seems to be the key obstacle blocking the effectiveness of a movement overly concerned with "life"—a "movement" whose existence has no apparent function, being neither political nor religious, other than to exhaust pro-choice reactionaries concerned with the spreading of false information.

Instead of wasting resources on unsuccessfully battling the supposedly "anti-life" side of the debate—a debate which has been over since 1988 when abortion became officially decriminalized in Canada—a more useful technique would be to use the financial resources acquired from their so-called "secular" funding to eliminate the pay inequity that drives many low-income women to seek alternatives to bringing another baby into the world. Perhaps addressing that, not to mention a variety of other factors such as the availability of affordable and safe contraceptives for women and access to health and child care, might actually aid in making abortion unnecessary—welcome steps if one can look past the *not so silent* religious agenda.

Choice Joy Faith Ruben

Carry on us peddlers of justice.
Hold high our heads, supporters of
Option and Choice.
In our personal power burns the fire that
Climbs each mountainside to
Enlighten darkness in each valley.

Abortion Joy Faith Ruben

All right, so I got pregnant. Don't
Bother interfering; my body is mine
Only. Its reproductive
Rights come from my heart and my mind only.
Trying to criminalize, stigmatize, demonize abortion will not make it
Impossible to do. Your laws and rules are
Only a smoke and ashes illusion of power:
Nothing breaks the will of a determined woman.

Hijabs and Abortions: two rights, two choices

by Patrick Powers

For the past three years, since I have been deeply involved with the Abortion Rights Coalition of Canada and the Sexual Health Network of Québec, I have inevitably been preoccupied with the fundamental principles underlying issues of choice and rights in the broad area of human sexuality. This seems to have become part of my nature, given also my history of working as a volunteer with Planned Parenthood Montreal from 1986, and having taught Humanities courses at Dawson College for 32 years. I am a humanist, pro-feminist, pro-choice individual, and I believe I have developed a fairly profound understanding of human rights over the years. I also believe that we cannot arrive at a full understanding of the impact and importance of pro-choice ideology without expanding the notion of choice beyond its strict relevance to abortion rights and access. Those who are not particularly supportive of women's rights to choose may, indeed, not fully appreciate the significance of choice in all our lives, of the central role played by our abilities to choose different options and directions. In this essay, I will deal with the element of choice in two phenomena that fall within the realm of women's rights and choices, two particular areas of difficulty where I have had considerable experience.

Abortion Rights

Although abortion rights are assumed by most Canadians and Québécois-e-s as *given*, or somehow magically assured with quality services available, we have learned that this is not the case. And even though the Canadian Supreme Court made a landmark judgment in 1988 (which we celebrated this past January) that affirmed that the decision regarding an abortion was a matter that was to be left to a woman and her doctor,

there remain major obstacles for women who want to access the procedure. Here are some examples:

- there are no abortions available in P.E.I.;

- free-standing abortion clinics (i.e., those not located in public hospitals) continue to have difficulty getting funding, across the country;

- hospital mergers have often threatened access to abortions (and to other reproductive health and medical services), especially in the context of “Catholic” public hospitals (where boards of directors may be dominated by anti-choice Catholics);

- and our supposed government leaders and representatives have been known to turn their backs on abortion services altogether. For instance, our Conservative government in Ottawa is run by an anti-choice Prime Minister and Party who have openly opposed ensuring women’s right to access. Although those of us who have been pro-choice activists over the past few decades were emboldened by the Supreme Court judgment of 1988, we are beginning to realize that anti-choice forces are still able to prevent access. This as a travesty of the Health Act, and a frontal attack on women’s rights.

Religious Freedom

While we continue to pursue the essential struggle for access to abortion services in Canada, I see another current and parallel problem of personal choice for women that also generates considerable opposition. I’m talking about the tradition among many Muslim women of wearing a hijab, basically a two-piece head scarf that connotes their Islamic belief. No, the *Koran* does not “require” that it be worn by women, but, for a number of reasons, many Muslim women choose to wear it. There is probably an equal number who choose not to.

Yes, like the right to choose an abortion, the right to wear a hijab seems to have become another private issue that many feel is open to public debate. Like her uterus, a woman’s head seems to be another domain over which others would like to

exercise control. All this is a little too familiar, isn't it, this assumed legitimacy of interest, opinion, and intervention by others on issues related to a woman's body? Another element that is troublesome is that there can be just as much interest in deciding that women *should have* an abortion, or *should* wear a hijab, as there is in *preventing* these practices. In other words, it is the woman's *right to choose* that is questioned in both cases. And women may face condemnation if they do or if they don't choose either of these options, depending on the judgment of a third party or of third parties. By the way, in a secular society such as ours, it is the public institutions, not the citizens within them, that are supposed to reflect this non-religious image. A Christian student who wears her cross, like a Muslim woman who wears her hijab, is not defiling the public school she attends. In an important way, she is expressing herself, giving others a valuable insight into who she is. We are still in the process of removing crucifixes from the walls of our public institutions and this is an appropriate secular gesture. Why do I raise this issue (the wearing of the hijab and the issue of religious expression) in my capacity as an activist in the pro-choice movement? You may well ask...

Expanding and deepening pro-choice

I certainly understand why we need to concentrate on defending abortion rights per se. Of the many choices open to women faced with an unwanted pregnancy, the abortion option is the most threatened, and it requires our militant focus. However, I am interested in *expanding* the discussion of choice to a discussion of choices, since there are other options women have. Without entering into detail for the purposes of this article, both adoption and the morning-after pill are choices women may make in dealing with the

possibility or reality of an unwanted pregnancy. As abortion-rights advocates, we are certainly in favour of these choices as well. What about a woman's right to refuse to engage in coital

sex? Is that not another choice to prevent an unwanted pregnancy? So promoting alternative passionate and orgasmic sexual activity is another way we can support her choices. These are some ways of *expanding* the notion of choice when it comes to pregnancy-related sexuality.

In terms of *deepening* the concept of choice, I would suggest that we explore the central role that choices play in everyone's life. Choice is our method of declaring our independence, of maintaining our autonomy. Our ability to make fundamental choices in our lives is a human right in general. That it winds up being so threatened in these two areas of women's lives underscores the misogyny that continues to have a grip on our social norms. I am interested in exploring, at another time and in another context, the central role of the concept of choice in the lives of *men*, in countries that conscript men for combat, for example. (Men also have no choice in places where torture is practiced against them, with impunity.) And what of the lives of *children*, whose choices seem to be left to parents who may not have the best interests of the child in mind when they choose for her or for him?

The reason that those who are opposed to abortions call us "pro-abortion" rather than "pro-choice" is precisely because choice is a difficult concept to oppose, isn't it? I am convinced that we win the minds and hearts of our fellow Canadians when we rely on the principle of choice.

Patrick Powers is a member of the Board of Directors of the Abortion Rights Coalition of Canada/Coalition pour les droits à l'avortement du Canada (ARCC-CDAC). The views expressed in this article do not necessarily reflect the views of ARCC-CDAC members.

Villanelle 1

by Mélanie Bray

You are a dream of which I cannot speak,
your spirit a mere whisper in my mind,
the thought of you at this age makes me weak.
Perhaps your name would mean 'the stars' in Greek,
yet you'll remain unnamed, there's no rewind;
You are a dream of which I cannot speak.
You are a game of hide I cannot seek.
Your eyes of blue, I know you would be kind.
The thought of you at this age makes me weak.
I dream up fantasies of you, I peek
into a world unknown; my grief is blind.
You are a dream of which I cannot speak.
Like me, you would be strong but sometimes meek.
Your presence here is fading, still you shined.
The thought of you at this age makes me weak.
The figure of you shall remain oblique,
the fruit of you stay safe beneath the rind.
You are a dream of which I cannot speak.
The thought of you at this age makes me weak.

Ryuzanji: Child Who Has Flowed Away

by Rika Moorhouse

Child who has flowed away,
today I kissed your mother.

She shared with me the story of how you two said goodbye.
She thinks about your different roads. There was Hers, and there was
Yours.

When she does think on You, I wish to fold her in my arms. And touch
her body where you did.
And pull myself around the memory that you shared in the room where
she learned she was not alone.
But where she was also alone.

If she is sad, about that time or about this time, I would like to rock her
like a child.
So her thoughts don't pull her away.
Rock her gently like I need for myself when my body floats away.
When it shakes like a leaf.
Akachan. Like leaves in warm wind. All our bodies float away.

This Kuyo is for You.

I will take her old tears with the heel of my hand and pull them from the
gap.
This is no place for Small Ones. You were a dream she could not speak.
Omiagi. I remember You with Her.

I would like to build a past with okasan.
May I begin with You?

Child who has flowed away,
today I kissed your mother.

--

Japanese translations:

Ryuzanji- Child Who Has Flowed Away

Akachan- baby

Kuyo-Memorial

Okasan-Mother

Omiagi-Gift

Le goût de la liberté

Ghislaine Sathoud

Pensez-vous réellement que la condition de la femme est en évolution dans nos contrées ? C'est quoi l'émancipation de la femme, au juste ? Pensez-vous comme moi qu'il s'agit d'abord et avant tout de la liberté de d'exprimer librement ses choix ? Liberté d'expression, participation de la femme au développement... Tous ces concepts en vogue pour signifier la volonté de changer la vie des femmes apparaissent comme des insoumissions, voire même des explosifs qui viennent démolir les normes sociales : en Afrique, nombreux veulent maintenir le statu quo, encourager l'application des coutumes caduques, dépassées.

Au bout du compte, la femme Africaine, où qu'elle soit, – en Afrique ou sur d'autres continents – est constamment sous l'influence des coutumes et des traditions ; disons-le clairement. Il faut dire que même loin la terre de ses ancêtres, cette poigne étouffante est perceptible d'autant plus que certains compatriotes prennent un malin plaisir de reproduire des comportements irrationnels, de conserver des habitudes fortement réprimandées, de s'ériger en délégués des sages du pays d'origine.

Cela dit, retenons simplement que les traditions africaines, certaines traditions africaines – la majorité ? – maintiennent les femmes dans la marginalité : ces traditions-là oppressent les femmes ; les considèrent délibérément comme des mineures, et ce, sans tenir compte de leur âge, sans même penser aux effets de cette violence psychologique. A quoi assiste-t-on réellement ? En fait, l'autorité du mari s'ajoute à celle des parents ; de l'avis de plusieurs concernées, ce duo est infernal. Ce qui est encore plus éprouvant, c'est le fait que ce sont toujours des « étrangers » qui prennent les décisions importantes à la place des femmes qui sont le plus simplement du monde classées dans la catégorie des subalternes, des sans-voix ; comme des moutons sous la houlette du berger, elle doivent, dit-on, rester docile.

Franchement n'ayons pas peur de pointer du doigt ces incohérences : c'est seulement de cette façon que nous réussirons à changer les mentalités ! Plus grave encore, ces brimades sont même courantes dans le domaine de la maternité ! Qu'elle soit migrante, paysanne ou citadine, pour la femme

Africaine la reproduction est un sujet qui suscite de vives polémiques. Jeune, adulte ou même ménopausée, elle n'échappe pas au débat sur la procréation ; ce débat qui fait rage ; ce débat qui contribue – il est indispensable de le souligner – à renforcer la violence à l'égard des femmes. Mais bon, il faut surtout garder en tête que la violence est encore plus accrue auprès des femmes qui ne sont pas mères ; elles subissent un rejet, elles sont dénigrées. En effet, l'absence de progéniture est considérée comme un grave handicap, voire même un crime de lèse majesté, le traumatisme est évident pour celles qui n'ont pas d'enfants. Figurez-vous que certains hommes véreux bondissent sur cette occasion lorsqu'il faut justifier un divorce, ou encore pour légitimer un changement d'orientation du régime matrimonial et afficher la polygamie. Plusieurs polygames expliquent ce choix par une raison farfelue : ils prétendent vouloir coûte que coûte avoir des « héritiers ». Mais, la facilité avec laquelle on arrive à des conclusions si blessantes fait dresser les cheveux de la tête.

Quand un couple éprouve des difficultés pour avoir un enfant, la femme est systématiquement rendue responsable de ce « manquement ». Et on ne s'arrête pas là hein ! Pour les couples qui ont des filles, c'est encore la femme qui est visée et qui se fait traiter de tous les noms. Et bizarrement, ce sont des accusations gratuites, sans consultations médicales ; une bien triste réalité, n'est-ce pas ? Qu'en est-il alors des mères ? Sont-elles pour autant à l'abri des préjugés ? Curieusement non ! Et oui, c'est ce paradoxe qui tourmente mes méninges.

En réalité, la société a offert tous les privilèges aux hommes ; c'est pourquoi ils trouvent tous les arguments quand vient le temps de maintenir les femmes dans une dépendance : la coutume, la religion, rien n'est laissé de côté pour convaincre les rebelles qui font des pieds et des mains pour réclamer une meilleure considération des femmes. Toutes les options sont sérieusement évaluées pour réussir ce pari.

Moi ? Que devrais-je dire sur mes engagements ? Bien sûr que je mène mon combat à ma manière. Vous savez, une seule idée m'habite, il n'est pas exagéré de dire carrément qu'elle m'obsède : je veux choisir librement de devenir mère ou de ne pas le devenir ; choisir seule car quoi que l'on dise, il s'agit d'abord et avant tout de ma vie, de mon avenir.

- Comment peux-tu oser prendre la pilule, lança d'une voix grave ma tante au téléphone.

- Une femme mariée ne fait pas une chose pareille sans consulter son mari, renchérissait mon oncle.
- Et pourquoi même tenter de limiter les naissances ? hurlait une voix entre deux quintes de toux.

En tout cas, même si je suis dans une société occidentale, mon partenaire veut me maintenir de force dans la tradition. Pour un oui, pour un non, il saisit le téléphone pour appeler les parents au pays ; et ma famille monte au créneau pour me faire subir un procès téléphonique. Excusez-moi pour l'expression, je ne trouve pas un autre mot pour qualifier ce calvaire. Je vous parlais déjà de la forte influence des coutumes, non ? Ce qui est sûr, c'est que je ne me laisserai pas influencer cette fois-ci. Certes j'ai été mariée selon les normes de la coutume, toutefois, cela ne m'empêche pas de décider de mon avenir. J'ai quatre enfants, quatre enfants dans une société occidentale, ce n'est pas évident. Celui qui prétend vouloir des enfants ne s'en occupe même pas, un père irresponsable.

En tout cas pour éviter de retomber enceinte, je prends mes précautions : c'est mon choix car il s'agit bel et bien de mon avenir. Et vous, comment s'est passée votre grossesse ? Était-ce une maternité voulue ou une maternité subie ?

Au fait, il faut que j'en parle avec une cousine qui vient de se réinstaller dans notre pays, après un long séjour en Occident. Justement, elle se plaignait au sujet des difficultés de la maternité.

- Je suis au courant de ce que se passe chez toi, dit-elle, si tu veux mon avis, je te soutiens. Il ne faut surtout pas laisser d'autres personnes faire un choix si important à ta place.
- Merci pour ton avis qui me donne de l'énergie comme tu ne peux pas comprendre

Alors je suis ravie que nous soyons nombreuses à vouloir donner aux femmes une autonomie légitime. Et la véritable autonomie, c'est d'abord la liberté de choix concernant la reproduction. Si les femmes sont libres de choisir dans un domaine si important, on peut dire que le changement est inévitable, que la société tient compte des doléances des femmes.

Pour le reste, je revendique une maternité voulue, une maternité choisie... la maternité subie, je n'en veux plus. C'est assez !!! Je continue de savourer le goût de la liberté...

Being a Pro-choice Mom

Ashley P

“Do you want to discuss your options?” The doctor asked.

I almost laughed. I had been thinking about my options non-stop for the past several hours. I knew my options very well. I had spent the last few years of my university career trying to stop an anti-abortion group on campus from using student funds to lobby to re-criminalize abortion. Therefore, it was imperative that I had done my research on the realities of abortion, adoption and parenting.

I was almost amused in my disbelief. What luck I have! My home pregnancy test had come back positive that morning, as my then-boyfriend tried to remain calm. This news was hardly expected for us. Another failed birth control story.

Enter January 21st, 2008. I was a successful student, on the Dean’s List at the University, senior volunteer at the local Womyn’s centre on campus, I worked out several times a week (usually with my boyfriend), and loved the university life of activism. I was in my final year, set to graduate in June.

“I don’t want to have an abortion.” I replied.

What followed next was a whirlwind. My then-boyfriend of 3 months quickly began to morph into the nightmare from hell. He made me feel like a walking disease..or at least, like I was carrying one. He wasn’t prepared to be a father, and resented my choice to keep our child.

The best yet: he felt as if I had “misrepresented” myself. He had figured that as an outspoken pro-choice activist, any unintended pregnancies would simply end up being “dealt with” by an abortion. He felt liked I had almost lied to him, although we never had a discussion about potential pregnancies.

Between the choruses of “Congratulations!” and “I can’t believe the news!”, I began to feel increasingly proud of my choice. I didn’t feel right about having an abortion. For me, I didn’t consider the zygotic human inside me to be “my boyfriend’s child”, rendering me a passive

incubator. I personally felt a loyalty to it, because it was MY unborn child. However, I did not find myself moving toward an “every life is precious” rhetoric, either.

I had made my choice, and luckily, most people (except the father-to-be) were supportive. The threats he gave were subtle, indicating his imminent departure. “I really want to be with you, but I don’t think I’m ready for us if it involves a child”.

“Your child.” I corrected, indignantly.

It wasn’t long before he jumped ship. Roughly a month after we found out, he said he “loved me but knew he wasn’t ready for a child.” He also knew that I would not stay with someone who would abandon me when I felt like I desperately needed his support. I quickly discovered that being a single parent to one child is monumentally better than being a parent to a child and an overgrown childish boyfriend. The past three years of our friendship and our relationship was flushed down the toilet over our unexpected “surprise”.

With the monumental support of my friends and family, I finished out my fourth year of my Honours B.A. in Psychology at Carleton University, and graduated on the Dean’s list, with Highest Honours.

When I came home after University, I was nearly four months pregnant. Luckily for me, I wasn’t really showing, otherwise it would have been difficult to find a job. I worked at a local tech support company, and tried my best to live a somewhat normal life.

I felt my baby kick for the first time in late April. It felt like, quite literally, a poke from the inside. It made me feel increasingly happy that I did not allow my then-boyfriend to bully me into an abortion. I had made my choice, and I was feeling very proud of it.

After 14 hours of labour, my son Jordan Ryan was born on September 24, 2008. A 9 lb, 3 oz bundle of joy, healthy and alert.

My life has been changed ever since. My son is now six months old, and every day he continues to surprise me. He delights as I kiss his face, laughs as I make funny noises, and slumbers blissfully when I rock him



Ashley P and her son Jordan.

to sleep (he even snores sometimes!) He also is impatient, cries with impunity and is therefore like every other baby. There is good and bad, but in everything there are treasured memories.

We need to be real here. At conception, a human zygote is exactly that. It is not a fish, a squirrel, or a duck. It is a human being in a pre-born stage. If one has an abortion, they are intentionally ending a human life, albeit a pre-born one. It's not autonomous, but it is human. It can also be defined correctly as "a lump of cells." Whether that lump of human

cells has value is dependent on perspective. That is science, plain and simple.

Currently, legal views on abortion in Canada do not consider a pre-born human to have legal rights. Its rights are imparted at the time of birth. But of course, there are two life forms involved in this directly. One does not have legal rights, the other does. The woman has to have the final say.

If a woman is not in control of how her body is used, the result is reproductive slavery. If a rapist cannot use a woman's body without her consent, why can a fetus?

Furthermore, a woman faces additional risks if she is unwillingly pregnant and forced to carry to term. Women who do not want to be pregnant will make it such that they are not pregnant.

Abortion is the intentional ending of a human, pre-born life. How can I, a loving, caring, mother of a beautiful baby boy support such a thing?

Without legal abortion, the death toll is potentially two instead of one. I prefer to go with the numbers. I would rather have one victim instead of two. Abortion is an issue tied up with so much emotion...emotions about the value of pre-born life, about consent to use bodily resources, about readiness and consequences.

It's harsh, it's unfair, some may consider it unethical, but abortions are ALWAYS going to happen. A woman who wishes to abort her unborn and faces legal barriers will find a way to ensure her bodily desires, with the threat of her personal safety. Whether this is accomplished with chemical or physical methods of abortion, she will try to abort. This is the epitome of desperation.

I do not mean to say that abortion is a good, or positive thing. I don't think it is. I have known several women who have had an abortion. Some regretted it, some did not. All of them said it was not a positive experience. Not every pregnant woman will feel an overarching sense of loyalty to her unborn, as I did. I do not have the right to define a moral standard for other people. I have every right to my opinion, as others do. I support the opinions of others want to reduce or even eliminate the number of abortions. My issue is that re-criminalization is not the way to do it.

If any group (pro-choice or otherwise) wishes to reduce the number of abortions happening in Canada, the key is support. Do not re-criminalize abortion. This takes much needed support away from women and is essentially a step backward. Lobby not for more laws and restrictions on abortion. Don't harass women entering an abortion clinic. Instead, make it easier for women to keep their unborn children. Lobby for universal childcare. Promote adoption. Give emotional support to women during their pregnancy. Above all, trust them to make the best choice. We are more than capable. We cannot allow other people to decide what is truly good for us. My biggest support systems during my pregnancy were overwhelmingly female. Our voices are not mistaken. We know what we want, and no one wanting to help women should stand opposed to safe, legal abortions.

Currently, I am seeking child support from my son's father. Naturally, since he is not interested in being a father, he is insisting on a paternity test. At first I was upset that he thought I was unfaithful to him. He

then went on to say that he doesn't believe I was unfaithful, but I may have "been raped and didn't notice." Some people will always look for any reason to avoid responsibility, so we should probably call the martians too and test whether I was abducted, impregnated and 'didn't notice.' Ridiculous nonsense, but I agreed to the test anyway. If he wants to pay over five hundred dollars to have a laboratory tell him what I already told him for free, that's his prerogative. At the time of this writing, his father has seen our 6 month old child once, for about forty minutes. More ridiculous nonsense.

As a mother, I have made the journey of bringing a life into this world a lived reality. Has it changed my perspective on reproductive choice? No. Someone cannot say to me "How would you feel if your son was aborted?" This question is irrelevant, and impossible to answer. My son was not aborted because I listened to myself and not his father. What an idea! A woman might actually know what is best for her!

I simply know that I am Pro-Choice because I made a decision in January 2008. I decided to act in my best interest, not the preference of my son's father. I made a choice, and I feel remarkably lucky that I live in a country that listens when I speak.

A country that does not leave a decision about my body to doctors, to biological fathers, to my family, or friends. A country which respects that I have the mental capacity to understand the consequences of my actions. Women's voices need to be heard and deserve to be heard.

For the right to keep my unborn when others want me to abort,
 For the right to terminate a pregnancy and be the deciding factor in
 how my body is used
 For the right to have my voice heard and respected,
 I am pro-choice.

INDIAN WOMEN AND ABORTIONS

SHE IS THE GODDESS WHO FIGHTS WITH DEVILS,
 SHE IS THE MOTHER WHO TENDERS HER CHILD WITH CARE AND LOVE,
 SHE IS THE SISTER WHO LOVES HER BROTHER,
 SHE IS THE DAUGHTER WHO IS OBEДИENT AND RESCUES FAMILY OWNER,
 SHE IS THE ONE WHO HAS TO DIE IN THE WOMB
 JUST BECAUSE SHE IS AN INDIAN GIRL!

INTRODUCTION:

The lines form to be right for Indian abortions, where abortions are largely replaced by sex-selective abortions (female foeticide). The issue of abortion is encapsulated by morals, the socio-political context, and sexual politics. The issue has been further compounded by sex-selective abortions in India. Although abortions in India are legalized since 1971 under Medical Termination of Pregnancy Act (MTP Act) 1971¹ the law was largely misused for female infanticide which attracted criticism from several NGO's and feminists groups which resulted in the legalization of 1994 Pre-natal Diagnostic Techniques Act². 1971 MTP Act limits scope of women reproductive autonomy by defining and limiting the right to reproductive choices which subsequently leads to gender inequality, mental, physical and health problems. Although the 1994 PNDT Act aims to abolish female foeticide but simultaneously prevents women access to abortion by forcing them to bear unwanted pregnancy. In the following essay I will be discussing how the practice of abortion in India involves state intervention in women's personal lives. Further I demonstrate how significant contradictions arise in state practice towards women's access to abortion. I discuss the implications of these contradictions for women.

ABORTIONS IN INDIA:

Whether a woman can procure an abortion, and under which circumstances she can obtain one, is not her decision, but rather dictated by her country's constitution. This effectively translates into a potential site of oppression based on geographical³ location. Same implies for Indian women, as she can obtain an abortion only under the conditions furnished under the MTP 1971 Act, she can not merely go and states that she wants an abortion. Abortion in India can be categorized as sex-selective abortions and abortions. It can be understand by the diagram below. Below we will have a brief look over Indian abortion laws and debates revolving around them and will discuss how these laws are often at a breach from the concept of reproductive rights.

The Medical Termination of Pregnancy Act (1971)

The History of the Act:

In India the issue of abortion, unlike in the west, is nascent from the womb of population control imperatives rather than from feminist struggle and politics. Here,

the 'right' to abortion has never been nucleus of the feminist debate. My argument is that by conceptualizing abortion as a means of population control, it can be said that Indian abortion law actually attempts to limit the scope of women's reproductive autonomy, by defining and limiting the right to reproductive choices. Here, abortion, and as well as the use of contraceptives, vasectomy and tubectomy and other means of scientific and technological intervention, all are viewed from the magnifying glass of population control rather as an individual rights or choice. Use of these methods to stabilize population is the primary focus of government programs for economic development.⁴

Maria Mies suggests that: the International battle over women's bodies has entailed a dual strategy of discouraging poor women from the South from breeding poor people, while middle-class women of north are encouraged to breed because they add to consumption demand, which drives capital accumulation.⁵ This appears to be the case in India.

Due to unequal distribution of wealth a need to stabilize population is always felt on Indian soil, as poor mostly have big families due to their ignorance about family planning methods. In 1965 the seeds to ratify abortion were sown in Indian soil (as one of the method of family planning), and were nourished by the fertilizers of population control⁶, when a UN mission evaluating India's population policy recommended legalizing abortion. It is noteworthy that idea to legalize abortion was suggested by west as a way to curb increasing population and this idea has nothing to contribute for the Indian women citizens in terms of reproductive rights. In 1966, the Shantilal Shah Committee⁷ submitted its report, recommending that access to abortion be legalized in order to put an end to the large numbers of illegal and unsafe abortions. Albeit the committee specifically denied that its recommendation was intended to serve the aim of population control. However it warned that since the medical facilities to support an intensive abortion program were not available, liberalizing abortion with a view to family planning could in fact be counter productive for the program. In the debate in Lok Sabha (House of the People⁸), the overwhelming majority supported the bill, and insisted on making the point that the real objective was clearly population control. One of the members of Lok Sabha Savitri Shyam stated that the failure of contraception as a ground for abortion and can be justified only in context of population control moreover she said that government should accept that abortion is being introduced as a tool for population control due to the failure of family planning program⁹. Although the bill did not mention as the state lacked resources to provide uniform, high quality, funded abortion services to all women. Following the trajectory of population control imperatives Indian state finally moved towards the legalization of abortion in 1971 and abortion became one of the branches of family planning and not of women's reproductive rights.

The Medical Termination of Pregnancy Act 1971 provides for termination of pregnancy by a registered medical practitioner¹⁰ where the pregnancy does not exceed 12 weeks and where it is approved by two medical practitioners in cases where the pregnancy exceeds 12 weeks but not exceed 20 weeks. Abortion¹¹

according to MTP Act 1971 can be obtained under following conditions:

1. Therapeutics.
2. Eugenic.
3. Pregnancy Caused by Rape.
4. Failure of Contraceptive Devices.
5. The economic status of the family or the parents' inability to provide for a child is also given a valid reason for abortion.¹²

Debate Surrounding Medical Termination of Pregnancy Act 1971:

Having a glimpse of the history of 1971 MTP Act it can be argued that abortion is nothing more than a tool to control population explosion. Abortion as a concept of right over one's body holds no place in the Indian scenario. Government sponsored program as well as private clinics like Marie Stopes, explicitly advocated the use of abortion as a way of controlling population.¹³ It's interesting to note that Marie Stopes opposed abortion. In 1923 Stopes expressed her concern that her members should be able to differentiate between birth control and abortion. She stated that "let the world know that the society for birth control have nothing to do with abortions, in spite of the numerous and often pathetic appeals"¹⁴. But in India abortion is a way of birth control¹⁵ (discussed above), which is certainly not the Indian case.

It may be noted that nowhere in the existing framework of legislations on abortion in India, has a "right to abortion" been guaranteed to women.¹⁶ Abortions in India are dictated by conditions mentioned in the act rather than by women's choice. As a woman cannot simply go and merely state that this is an unwanted pregnancy and she needs an abortion. She has to furnish explanations mentioned under the 1971 Act. One can argue that 1971 Act is a breach of reproductive rights, and feminist principles. In general, however, control over reproductive decisions has not been given to Indian women.

Decisions are largely screened by a range of statutory bodies and voluntary restrictions under the MTP provisions. Let's shift our focus to forced sterilization. Forced sterilization on large scale was recorded during 1975-77 period, still some cases are reported till date. Despite abortion being legal forced sterilizations are implemented over poor in order to curb the population as they are ignorant of their rights, unfortunately most of the times these cases go unreported. During the emergency of 1975 and 1977 forced sterilization was performed in slums. Coercion was used. Unlike China it was not forced abortions but compulsory involuntary mass sterilization of men and women in slums. It included vasectomy of thousand men and tubal ligation of women, either for payment or under coercive conditions. The horrors of forced sterilization didn't end even after the termination of emergency period. Research conducted by the petitioners Health Watch Uttar Pradesh (U.P).. Bihar in 2003 documented disturbing trends of poor standards of care at government health-care facilities, sterilization of minors, high failure rates of sterilization and death resulting from negligence. The research reports "a 15 year old from Kushinagar district was taken by a health worker, without her parent's

knowledge and was forcibly sterilized. In another case, hospital staff beat a woman after she was sterilized after her complaint about the pain following the surgery. The woman learnt later that she had an infection from rotted stitches.” These examples reveal the abuses against women and her treatment when she asks for her basics rights. Moreover there are instances in which employment on famine relief works have been refused to women workers who have not undergone sterilization. Forced sterilization¹⁷ has been always criticized worldwide¹⁸. Ironically forced sterilization in India is the direct violation of Article 21 which entails the right to personal liberty and right to life, it provides the liberty of to be a parent or not to be, the right to sterilize or not to sterilize oneself¹⁹ still practice of forced sterilization continue to exist. The Pre-Conception and Pre-Natal Diagnostic Techniques (Prohibition of Sex Selection) Act 1994 sets an example of contradicting Article 21 by forcing a woman to bear a female child, by curbing her freedom and liberty of choice simultaneously provided by the constitution under Article 21.

The Pre-Conception and Pre-Natal Diagnostic Techniques (Prohibition of Sex Selection) Act, 1994²⁰[Generally known and addressed as PNDT Act 1994]:

The issue of abortion is encapsulated by morals, the socio-political context, and sexual politics. The issue has been further compounded by sex-selective abortions in India. Therefore requirement of a new law was felt, to prevent the misuse of the MTP Act 1971 for sex-selective abortions. Hence the government of India enacted the Pre-natal diagnostic techniques (Regulation and Prevention of Misuse) Act 1994 to deal with the situation.

History of 1994 Pre-natal Diagnostic Techniques Act (PNDT Act):

The history of Sex determination tests can be traced back to 1975. In 1975 the All India Institute of Medical Sciences initiated experiments in using amniocentesis²¹ for detecting fetal abnormalities. Interestingly the use of amniocentesis spread rapidly as a by-product of test was sex-detection of the embryo. The Indian Council of Medical Research (ICMR) directed the AIIMS to stop offering clinical services, and limited the use for research purposes through an order²². In 1982, Prof. Lotika Sarkar picked up a handbill being distributed in railway compartments by a clinic in Amritsar, offering amniocentesis tests to expectant parents (no mention of genetic disorders). The arguments in the handbill claims to offer clinical services for sex-selective abortion. The handbill provided an argument to mount sex-selective abortions it stated: ‘the birth of a daughter in these days is a threat to the family economy and to the nation’. National women’s organization condemned the use of these tests for sex-selective abortions and recommended that they be only permitted at teaching and research institutions for the purpose of preventing genetic diseases. The resolutions were carried to the Health Ministry by the Joint Secretary in charge of the Women’s Bureau, and it brought forth loud condemnations of the practice from the union health minister.²³

In 1984 a broad coalition was formed, the Forum against Sex Determination and Sex Pre-selection (FASDSP). The Pre-Natal Diagnostic Techniques (PNDT) Act, was for the first time was introduced in 1991 as Bill No.155, was unanimously passed in July 1994.

The 1991 Bill seeks to achieve the following objectives:

Outlaw the use of pre-natal diagnostic techniques for determination of sex of fetus, leading to female feticide.

Prohibition of advertisement of per-natal diagnostic techniques for sex determination and sex-selective abortions²⁴.

Permission and regulation of the use of pre-natal diagnostic techniques for the purpose of detection of specific genetic abnormalities or disorders. The act lays that pre-natal diagnostic tests can be conducted for the detection of only five types of abnormalities- chromosomal abnormalities, genetic metabolic disease, haemoglobinopathies, sex linked genetic diseases and congenital anomalies²⁵.

Use of such techniques should be permitted only under certain conditions by the registered institutions.

Punishment for violation of the provisions of the proposed legislation.

Person conducting prenatal diagnostic test should not communicate to the pregnant woman or her relative about the sex of the fetus by words, signs or in any other manner.

The act does not define what female feticide is²⁶. Demand was made by women's groups (Women's organizations like Saheli, an NGO) to make crucial alterations in the bill. Albeit it's different the bill became law in 1994 without taking objections into consideration. The points that women's group raised were as follows:

Only government clinics should undertake pre-natal tests, as registration of private clinics will only lead to privatization of these tests by resulting in continuing the misuse of the test. This demand is not realistic as only 25% of abortion facilities are owned by government, rest are private clinics.

All ultrasound machines and other equipment which can be used for SD tests should be registered. The joint committee earlier considered this suggestion and rejected it as unfeasible because such equipments are used for various purposes other than pre-natal tests²⁸.

Further techniques for sex determination as well for sex pre-selection should be brought within the ambit of bill. Women who abort a female fetus should not be punished at all. Women are vindicated on the grounds that women who abort female fetus, do not practice their autonomous decision rather the woman is under the influence of the prevailing social ethos or is compelled by her husband and family. Studies in Bombay brought out the unsavory fact that 98% of abortions following sex determination tests were of females. About 41% gynecologists performing the abortion felt that the pregnant women were under the pressure of their families. Also, a recent study conducted by National Commission for Protection of Child Rights in Haryana and Punjab, reveals that in most cases, men took the decision to abort the foetus in sex-selective abortions²⁹. In this way the bill is anti woman and misogynist and consequently limits the effectiveness of the Act.

Knowledge of the sex of the child should be hidden not only from woman, but also from her family and relatives. There is nothing in the bill which prevents circulation of knowledge of the sex of the child to non-relatives.

No minimum punishment has been specified, which implies that the actual punishment can remain only nominal.

No provision for setting up of local vigilance committees which could contribute to the effective implementation of the act³⁰.

Law was neither foolproof nor satisfying it not only fails to provide reproductive freedom but also fails to gender equality.

Debate Surrounding 1994 Pre-natal Diagnostic Techniques Act:

Unfortunately a woman identity continues to revolve around the concept of motherhood. Women need a specific recognition other than child bearers and rearers. The biggest irony of this law is that it proclaims to safeguard women's rights. State claims these tests reduce the status of female child, paradoxically and simultaneously women's status is also reduced as she is prevented the access to an abortion subsequently forced to bear unwanted pregnancy. Stopping a woman from practicing her right is a direct denial of her fundamental right³¹ under Article 21 of the Indian constitution which entails the right to life and personal liberty. So it comprises the right to be or not to be a parent, the right to be a parent of a girl child or a boy child, the right to use or not to use contraceptions.

The World Conference on Human Rights, held in Vienna June 1993, laid extensive groundwork for eliminating violence against women. The document declared that "violations of the fundamental principles of international human rights and humanitarian law", and that all violations of this kind-including murder, rape, sexual slavery and forced pregnancy "require a particular effective response". And by implementing the Pre-Conception and Pre-Natal Diagnostic Techniques (Prohibition of Sex Selection) Act, the Indian state is forcing women to bear forced pregnancies. Interestingly female feticide has always been the locus of Indian debate of abortion. Above all 'morality' of sex-selective abortion is only attached with female feticide and not male feticide.

Preventing women from undergoing an abortion pushes her to the world of backstreet and unsafe abortions. For the last 37 years abortions are legalized in the country, yet India has the highest number of unsafe abortions in the world, according to Hindustan Times newspaper, in the article "Most unsafe abortions³² in India" on 9th August 2008³³. According to government estimates 8.9% of maternal deaths in India every year-around 15,000 are caused by unsafe abortions. The legality of abortion would prevent many of these deaths.

One can say that pre-natal sex selection has emerged as a serious problem in our country. Although the national law has brought all pre-natal testing (public and private) under regulations, it is full of loopholes. The banning of use of amniocentesis has subsequently resulted in mushrooming of private clinics offering these services. Forceful implementation of penal provisions like imprisonment, fine and licence revocation is important, but basic need is to improve the status of women can not be ignored. One can argue that 'Abortion in any country depends on its demographic positions.' If the country is suffering from the problem of population explosion abortion will be used as population control method, on the other hand if population policy targets demand for an increase, women are denied these rights. The 1994 Sex-determination act aims to balance sex ratio by denying

the women her right i.e. an abortion. While on the other hand law does not assure to give the girl child a life of dignity. Situation becomes difficult to contemplate i.e. do state really aims to improve the status of a girl child by denying women's reproductive right or it is merely a reproductive politics to zip the lips of NGOs, feminists who run anti-female feticide campaigns.

Conclusion:

French feminist Michele Le Doeuff highlights a global phenomenon 'state organized feminism', which she suggests is replacing feminist politics on the ground in France and elsewhere. This kind of feminism is feminism from above³⁴. The Female Infanticide Act 1870, The Medical Termination of Pregnancy Act 1971, The PNDT Act 1994 including other governmental policies are some of the examples of feminism from above, without bringing changes from below, consequently failing to accomplish the desired goals. One can argue that when state imposes something from above, without bringing any changes from below, it is liable to receive a backlash. People construct illegal inroads and continue to do what they were doing. This is true in the Indian case as the PNDT act was directly launched with an object to curb the imbalance of sex-ratio by banning sex-selective abortions and after the 2002 amendment banning sex-selection too, but without bringing any changes from below.

Abortion law in India begins its journey from the fields of population control imperatives, and still fails to be recognized as women's right. Abortion policy of any country depends on its demographic positions. India and China having the largest populations in the world use abortion as way to curb population explosion. Abortion is something which is out of women's control, and as a political instrument is forced upon them and when there is a population target they are denied the right and are forced to rear when there is a population target. When it comes to the chess of reproductive politics a lay woman is nothing more than a pawn in which she is constructed as mother, who will bear or not bear a child according to the compulsions dictated by the authority or a handful of feminist at the political level who claims to represent women from all over the country. The legally protected decision to abort is made by health professionals, legal professionals instead of the pregnant woman. Women identities are freeze in the tray of motherhood in the laboratory of reproductive politics. Abortion is one of many social conditions that encompass women's education, employment, health, reproductive choice, and economic and sexual self-determination but under MTP 1971 Act women's sexual self determination, reproductive choice seems to fall nowhere. Women's reproductive identity of motherhood has come under the state gaze; emancipation is circumscribed by within the limits of what constitutes good development for state. The issue of abortion laws needs to be seen from different context, law should be more liberal and should give freedom to women to exercise her right. Legal immunity is required. Hence need of the hour is to make law more liberal and safe for the women, rather than restricting her sphere of freedom. Legality of abortion would prevent many of these deaths as Rosalind Petchesky (1990) stated that access to abortion is a necessity for women, which should be provided as 'social good' along with education and healthcare.

The research found that in India abortion is not considered a woman's issue; rather it continues to be a technical, medical and cultural issue and merely used as a method to control population. The practice of female feticide is not a contemporary practice; rather it has a strong existence in India since time immemorial. What has changed is not the complex of son preference, but the practice of infanticide, which has largely been replaced by feticide under the blanket of science and technology. State has ratified stringent laws which fail to take off in the practical life. Laws fail to bring a crucial change in psyche of the masses, whereas the implementation of law has corrupted the whole scenario. For example, illegal providers of sex determination services have cultivated relations with the police and other authorities by bribing them so they can continue their illegal activities with any problem. Whereas women tormented by unwanted pregnancies have opted for illegal backstreet abortions even in the 5th and 6th month of their pregnancies at the cost of their lives. Moreover the research has found that the concept of woman's consent for an abortion is intersected by state policies. Finally, despite witnessing a sudden increase in teenage pregnancies authorities have not paid attention towards this issue. There is a lack of state sponsored programs for teenage girls who land themselves into trouble as they opt for illegal abortions too.

A lot has to be done to improve the conditions of Indian women, and the struggle has just begun. New words and definitions need to be coined in the lexicon of Indian feminist struggle, borrowing ideas from western feminism that are relevant while simultaneously developing their own agenda and issues. This will lead to the emancipation of women, not in theory largely, but in practical life as well.

Notes:

1. Under MTP Act 1971 a woman can abort her pregnancy under following conditions:
 1. Therapeutics (when continuation of pregnancy endanger mother's life, physical health and well being)
 2. Eugenics (if child will be born with physical or mental deformity)
 3. When pregnancy is a result of rape.
 4. Failure of contraceptive device (when pregnancy occurs as a result of failure of any device used for birth control).
 5. Economic Status if the parents are unable to bear the child due to financial problems.
 Under 1994 Pre-natal diagnostic tests act prevents woman to undergo an abortion after sex-detection. See: Nivedita Menon, *Recovering Subversion, Feminist Politics Beyond Law*. "Abortion-When Pro-Choice is anti women." Permanent Black Publishers, Ranikhet, 2004.
2. The act was initially the Pre-natal Diagnostic Techniques (Regulation and prevention of Misuse) Act, 1994, came into force on 1-1-1996. The act was renamed and largely amended in 2002 by the Pre-natal Diagnostic Techniques (Regulation and Prevention of Misuse) Amendment Act, 2002. the said amendment Act came into force on 14-2-2003.
3. From geography here I mean different countries. For example for an Irish woman procuring an abortion will not be as simple as for women of India and New Zealand. Whereas for Indian and New Zealand women obtaining abortion will not be as easy as for British, Canadian and Singapore women. The situation can be well understood by an example of Saudi Arabia. in Saudi Arabia in 1990, 47 women were detained by the police and were dismissed from their jobs, and denied travel papers and above all several mosques broadcast their names on the loudspeakers with the demand that they be beheaded. They suffered with the charges of droving themselves in an orderly manner after dismissing their chauffeurs. Around 13% of women worldwide live in jurisdictions where they have to prove that continuation of their pregnancies could lead to physical-mental illness and, adversely affect their socio-economic status and their ability to care for children. Only 39.3% of the world's population lives in countries where abortion is permitted without restriction as to reason. See: Centre for Reproductive Rights. *The World's Abortion Laws*, http://www.reproductiverights.org/pub_fac_abortion_laws.html.
4. The dominant ideology in, and about, countries such as India presents poverty as a function of rising population. One consequence of this ideology is that population control has been a central focus of governmental programmes for economic development. See: Menon Nivedita, *Recovering Subversions, Feminists Politics beyond Law*. "Abortion when Pro-Choice is Anti Women". Permanent Black Publishers, 2004
5. See: Menon Nivedita, *Recovering Subversions, Feminists Politics beyond Law*. "Abortion when Pro-Choice is Anti Women". Permanent Black Publishers, 2004.
6. It's important to mention here that prior to 1950s, in many countries, laws governing abortions were very restrictive i.e. abortion totally prohibited or permitted completely on medical grounds. Also the legalization of abortion in India was somewhere also the product of what was happening in western world in England legalized abortion, in year 1971 U.S.A. after the case of Roe. Vs. Wade. So things become more easy to accept and launch.
7. Shantilal Shah Committee was appointed by the Indian government in 1964 to study and report about the rise in illegal abortions. On the basis of committee's report, submitted in 1966, the Indian Parliament approved the MTP Act 1971.
8. Lok Sabha is composed of representatives elected by the people chosen by direct election on the basis of adult suffrage.
9. Lok Sabha Debates, Fifth Series, volume:7
10. Section 2(d) MTP Act 1971 reads: "Registered medical practitioner" means a medical practitioner who possesses any medical qualification as defined in sec. 2(h) of the Indian Medical Council Act,

1956, whose name has been entered in a State Medical Register and who has such experience or training in gynecology and obstetrics as may prescribed by rules made under this act.

11. MTP Act 1971 has not defined the term abortion. As per the provisions of the Act, abortion is the termination of pregnancy before the foetus is sufficiently developed to survive independently (foetus less than 20 weeks of pregnancy).
12. Dasgupta Suprio. Lawyers Collective 9(January). "The Right To Abortion". Mumbai. Lawyers Collective Publications. 1994.
13. Amrita Chhachi and C. Satyamala. 'Sex Dtermination Tests: A Technology Which Will Eliminate Women.' Medico Friends Circle Bulletin. New Delhi. November. 1983.
14. Colin Francome. Abortion Freedom, "Debate between the Wars," George Allen and Unwin (Publishers) Ltd., U.K., London. 1984.
15. A way for men and women to prevent pregnancy. Methods include birth control pills, condoms, vaginal spemicides etc.
16. I. Jaising (Ed.), Pre-Conception & Pre-Natal Diagnostic Techniques Act-A Users Guide to the Law, Universal Law Publishing Co., Delhi. 2004.
17. The Declaration on the Elimination of Violence against Women is the first international human rights instrument to exclusively and explicitly address the issue of violence against women. It affirms that the phenomenon violates, impairs or nullifies women's human rights and their exercise of fundamental freedoms. The Declaration provides a definition of gender-based abuse, calling it "any act of gender-based violence that results in, or is likely to result in, physical, sexual or psychological harm or suffering to women, including threats of such acts, coercion or arbitrary deprivation of liberty, whether occurring in public or private life. Definition is amplified in article 2 of the Declaration. Forced sterilization is also a form of violence against women. The statement is taken from Accion, a quarterly newspaper produced by the Peruvian socialist-feminist movement, which was formed in 1973 when it first established women's fight for birth control
18. In March 1979 Peruvian feminists celebrated an international day of action on abortion, contraception and against forced sterilization. They stated we oppose any programme of forced sterilization, mass control over the population and indeed, any population policy in which women have no power of decision. The combined problem of abortion, contraception and forced sterilization is not unique to Peru. It's a problem faced by women every day all over the world. Even in countries like Italy, France, and the USA, where abortion is legal, the use of law by the state and medical profession, together with economic inequalities, continues to restrict these rights which should belong to all women (ALIMUPER).
19. There are seven fundamental rights in India:
 1. right to equality
 2. right to freedom
 3. right against exploitation
 4. right to freedom of religion
 5. cultural and educational rights
 6. right to constitutional remedies
 7. right to life and personal liberty
20. The act was initially the Pre-natal Diagnostic Techniques (Regulation and prevention of Misuse) Act,1994, came into force on 1-1-1996. The act was renamed and largely amended in 2002 by the Pre-natal Diagnostic Techniques (Regulation and Prevention of Misuse) Amendment Act, 2002. the said amendment Act came into force on 14-2-2003. The central act is on the same line as the Maharashtra Regulation of Use of Pre-natal diagnostic Techniques Act, 1988.
21. Amniocentesis as a technology was first used outside India in 1937 and for sex determination in 1951.

22. Ibid.
23. V. Mazumdar, Political Ideology of the Women's Movement Engagement with Law. "Engendering Law-Essays in Honour of Lotika Sarkar, EBC, Delhi.1999.
24. The publisher shares equal culpability as the advertiser there is a punishment of Rs.1000 on violation of this rule.
25. The test is performed under certain conditions i.e. pregnant woman should be over thirty five years, if she has undergone two or three spontaneous abortions, if she has a family history of mental retardation or physical deformities or if there has been an exposure to potentially teratogenic agents like drugs, radiation, infection or chemicals.
26. Source :Saheli Newsletter, 1995, Vol.5, No.2
27. The PNDT Act came into force on 1st January 1996.
28. Report of Joint Committee, 1992; 20-21.
29. Chetan Chauhan. Hindustan Times. "Girls still unwanted in Delhi". New Delhi. 22nd August. 2008.
30. Source :Saheli Newsletter. 1995. Vol.5, No.2.
31. Right to life and personal liberty is the seventh fundamental right of Indian constitution.
32. Unsafe abortions are those performed illegally, by untrained practitioners with faulty equipment, leading to injuries affection and even death.
33. Despite abortions being legal in India on wide-ranging grounds, it is well known that those performed outside the legal framework outnumber those within it.
34. See: Nivedita Menon, Recovering Subversion. Feminist Politics Beyond Law. "Introduction". Ranikhet: Permanent Black Publishers. 2004 .

Abortion Info Sheet

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ABORTION

An abortion is the ending of a pregnancy through various methods and occurrences. Sometimes a miscarriage is called a natural abortion. There are many different types of abortions. Depending upon the duration of the pregnancy and health of the woman, different methods are used. The length of the pregnancy is usually counted from the first day of the *Last Menstrual Period* (LMP) and not the day of conception (fertilization). LMP assumes that your cycle is 28 days long and that you ovulate 2 weeks into your cycle, which means that their calculation of the length of your pregnancy could be off by over 2 weeks. Abortions are safer, easier and less expensive when performed in the first trimester, namely the first thirteen weeks of pregnancy. It may be difficult to get one in the second trimester (14-24 weeks) and even more in the third (25 weeks +).

Three types of abortion exist: surgical, medical, and natural.

Surgical:**Common techniques for surgical abortions:**

- suction-** suction of the uterus lining with a flexible, thin vacuum;
- curettage-** scraping of the lining of the uterus with a metal loop called a curette;
- dilation-** widening of the cervix, used in conjunction with other methods;
- forceps-** using specific instruments to grasp the fetus and remove it;
- injection-** saline solution or prostaglandin, injected through the abdomen to induce contractions and within several hours the body should abort

Common procedures for surgical abortions:

- 1. Preemptive abortion/endometrial aspiration/ menstrual regulation:** By suction technique, performed 4-6 weeks LMP, performed at a clinic or a doctor's office. A syringe is used to create a vacuum as opposed to a motorized pump. There is no dilation needed to insert the flexible cannula (a straw like tube that is passed through the cervix and then into the uterus). This type of abortion is performed sometimes before women are sure they are pregnant. No anesthetic is used usually.
- 2. Early Uterine evacuation:** By suction, performed 6-8 weeks LMP, performed at a clinic or doctor's office. This technique is similar to the first, except the cannula is slightly larger. None or local anesthetic is used.
- 3. Vacuum aspiration:** By dilation, suction, and sometimes curettage. Performed 6-14 weeks LMP at the clinic or doctor's office. The cervical opening is stretched so that a larger cannula can be used. An electrically powered aspirator is used to

perform the suction. None or local anesthetic is used.

4. Dilation and curettage (D&C): By dilation and curettage. Performed 6-16 weeks LMP. Usually done at the hospital and under general anesthetic.

5. Dilation and Evacuation: By dilation, curettage, suction and use of forceps. Performed from 12 to 16 or 24 (The upper bound varies) weeks LMP. This method combines D and C techniques with vacuum aspiration techniques, and it's more complicated so it's done at the hospital under general anesthetic. Since the cervix needs to be more widely dilated because the pregnancy is more advanced, a woman may be asked to come the day before this dilation. Furthermore, an ultrasound is required at times.

6. Induction abortion: Performed 16-24 weeks LMP at the hospital. The doctor injects a solution into the woman's amniotic sac, which surrounds the fetus. This generates contractions hours later and these cause the cervix to dilate. The fetus and placenta are then expelled. Often, a D&C is performed afterward to remove any remaining tissue. Women are required to stay overnight. A local anesthetic is used for the injection and painkillers are also administered for the contractions.

7. Hysterectomy: Performed 16-24 weeks LMP (Later if the woman's life is in danger) at the hospital, under general anesthetic. Similarly to a C-section, the uterus is cut open and the fetus and placenta are removed. The complications for this method are more serious because it is major surgery.

Complications:

Complications of the five previous methods include infection, hemorrhaging, perforation of the uterus, incomplete abortion (some tissue remains and the woman remains pregnant), cervical tear, a reaction to the anesthetic and post abortal syndrome (blood accumulates in the uterus). Signs of complications usually appear within a few days of the procedure. General anesthetics carry a higher risk of complications than local ones. The later the abortion, the more the risk of possible complications increases. However, if an abortion is performed within the first thirteen weeks, the risk of complication is about 1%. It should be noted that abortions generally do not have the effect of decreasing your chances of pregnancy in the future. However, some research does indicate that having several abortions may increase one's chance of miscarrying.

Medical Abortion:

Medical abortions use medication to stop a pregnancy as opposed to aspiration and curettage techniques.

RU-486 and misoprostol: Combines RU-486 and misoprostol to stop the pregnancy. It is reportedly effective in a third of the women who take it. It has been used for 15 years and is available in the UK, France, China and Sweden.

Methotrexate and misoprostol: An inter muscular injection of methotrexate is administered and tablets of misoprostol are inserted into the vagina. Methotrexate stops the pregnancy and the misoprostol generates uterine contractions that expel the egg. This method requires several appointments in the span of five weeks. It is performed at the latest 7 weeks LMP. The woman undergoing this technique must be healthy, not regularly using medication, drugs, vitamins or regularly consuming alcohol, must be over eighteen and accept to not have sexual intercourse for 3 weeks following the injection of methotrexate. This is a relatively new method and may be harder to find a place where it is offered. There are few serious complications that are associated with this method: dizzy spells, shivers, mouth ulcers, drop in white blood cell count, nausea, vomiting and diarrhea.

The Morning-after pill: *This is not a form of abortion, rather it is considered as a method of birth control.* One may choose to use the morning-after pill after unprotected sexual intercourse or if her usual method of contraception failed. It is a back-up method and should NOT be used regularly. It consists of a high dosage of 2 female hormones, estrogen and progestin. It supposedly works to prevent the egg from implanting in the uterine lining.

The morning-after pill should be taken within 72 hours of intercourse. It is most effective in the first 12-24 hours. The success rate is about 75%-90%. The drug used is Ovral given in 2 dosages of 2 pills at a twelve-hour interval. Nausea and vomiting are fairly common side effects. Gravol can be taken simultaneously to prevent vomiting and nausea.

Another drug, named "plan B", is also used as a morning-after contraceptive. It is different from Ovral as it consists only of a dose of one female hormone, levonorgestrel. It may cause less nausea and vomiting than Ovral in some women. The success rate is reported to be the same as with Ovral. Its dosage is similar (2 dosages of 2 pills at a twelve hour interval) and it should also be taken within 72 hours of unsafe sex.

Natural Alternatives:

Natural alternatives to abortion do exist, but they are generally used only within the first 2-3 weeks. The advantage to natural alternatives is that they are not nearly as invasive and you can feel more in control of your body. However, they may not be as effective as traditional abortions. Keep in mind that most natural ways of preventing pregnancy or aborting are most effective in the earliest stages of pregnancy.

One way of preventing pregnancy right after unsafe sex is to insert one non-chewable vitamin C tablet (500 mg) immediately into the vagina. Insert a new tablet every 12 hours for 3 days. Furthermore, take high doses of Vitamin C orally (500 mg/hour, up to 6000 mg a day) for 3 days. (From *Hot Pantz*)

You can also try bringing on your period using infusions (teas), if you suspect you are pregnant but cannot confirm it yet. These methods should also be used as soon as possible. You can also try inducing a natural miscarriage. *Hot Pantz*, (*c'est tout jours chaud dans les culottes des filles*), a guide to natural and alternative gynecology.

Abortion Providers:

Surgical abortions can be done in hospitals or in clinics. If you are considering a hospital abortion, ask about getting an advocate. An advocate is someone that helps you get through the process. Sometimes abortions in hospitals are free with medicare. However, clinics may provide you with a friendlier, less judgmental environment. Please note that not all of these resources may be up to date. Therefore some of these services listed may now vary in cost or procedures, and we apologize for this inconvenience or any inaccuracies. We encourage you to phone ahead to confirm services if possible.

CLSC Centreville, Clinique des jeunes (514) 847-8398

Provides vacuum abortions for women under 18. Up to 12 weeks, will refer to other clinics for abortions after 12 weeks. FREE with medicare.

CLSC du marigot (450) 668-1803

In Laval, vacuum abortions up to 12 weeks.

CLSC Montreal Nord (514) 327 0400

Vacuum abortions up to 12 weeks. Pre-interview 2 days before abortion/post-abortion counseling 3 weeks later contact Louise Lemieux (ex. 645) for appointment free abortion with Medicare card, exclusively for residents of Montreal North.

Hopital St e-Justine (514) 345-4705 or (514) 345-4662

For adolescents up to 18 years old. Provides abortions up to 20 weeks; parental consent needed for women who stay in hospital overnight.

Jewish General Hospital, Medical OPD, Block B (514) 340-8245

3755 Cote-Ste Catherine

Montreal H3T 1E2

7:30 p.m.-11 p.m. weekdays.

Provides abortions up to 7 weeks.

Tip:ask about an advocate

Hospital St.Luc, Pavillon Edouart-Asselin (514) 890-8000 ext.34609

Fax: (514) 412-7370

264 Rene-Levesque east, rm 617

Montreal H2X1P4

Appointments are made Mon. and Wed. 9am-11:30 am. Abortions are performed Monday and Wednesday afternoons and friday mornings. They provide abortions

up to 20 weeks. from 17-20 weeks the abortion is delivered. Two appointments are necessary: The first to consult a doctor, the second for the abortion.

Montreal Children's Hospital (514) 412-4483

Adolescent Medicine Clinic

1040 Atwater, Montreal

For adolescents 12 to 17 years old (under 14 yrs need parents' consent), up to 10 weeks. FREE with medicare card. By appointment only from 8:30-4:30 Monday-Friday can arrange for translators. Follow-up services available.

CLSC du Faubourg (514) 527-2361

1250 Sanguinet

Will perform abortions up to 20 weeks. Up to 14 weeks services are for area locals only. After 14 weeks will take anyone. Counseling and follow-up services available in French only.

Centre Hospitalier Maisonneuve-Rosemont (514) 252-3400 ext 4273

5415 L'Assomption

Provide abortions from 6-20 weeks.

London Health Science Centre (519) 685-8204

8am-4pm mon.-fri.

Womens Health Care Centre provides abortion services up to 23 weeks. (Only place that does over 20 wks in the Ontario/Quebec area!!!) FREE with Ontario Health Card, otherwise can range from 1000-1500\$. The woman needs to make the appointment herself, unless an interpreter is required. There are 2 appointments: the first is 2-3 hours long and is a consultation with a doctor. In the second, the actual abortion takes place. You don't need a referral or parent's permission if a minor.

Clinique Femina (514) 843-7904

1265 Berri, suite 430

In French. Provides medical abortions. Surgical abortions for those less than 12 weeks pregnant. Performs abortions up to 20 weeks!! Fees with a health card are: 5-12 weeks, \$250; 12-14 weeks, \$300; 14-17 weeks, \$400; 17-20 weeks, \$500. Fees without a health card are: 5-12 weeks, \$450; 12-14 weeks, \$500; 14-17 weeks, \$700; 17-20 weeks \$900. *Has an escalator*

Clinique Alternative (514) 281-9848 or (514) 281-6476

Everything is done in a single appointment. Fees with a health card are: 5-13 weeks, \$220; 14-16 weeks, \$400; 17-18 weeks, \$500. Fees without a health card are: 5-13 weeks, \$420; 14-16.6 weeks, \$700; 17-18 weeks, \$900. These costs include a pregnancy test and echogram.

Morgentaler Clinic (514) 844-4844

Private abortion clinic. Prices can be reduced for those who can't afford the fees. Special price for students. Cheaper with medicare. Wheelchair accessible. French and English, possibly Spanish as well. Recommended.

Royal Victoria Hospital (514) 288-9472

Office is wheelchair accessible.

Up to 9 weeks, free, abortion performed at the clinic, local anesthetic. From 9-17 weeks, \$80 fee (with Quebec health card), performed at Royal Victoria hospital, i.v. with local anesthetic.

Centre des femmes de Montreal 514-270-6114

Abortions performed up to 15 weeks. \$200 with medical card, \$400 without. Not wheelchair accessible.

Centre L'envolee (514) 331-2323

Services in French. Open moonday to thrusday from 8:30-9 pm and Friday 8:30am-7pm. Closed 12-1pm for lunch.

A Few Reasons Why Liberals and Feminists *Should* Support the Right to Choose:

* When a person is pregnant, having a choice about whether or not to have an abortion is the right of an individual. Taking away that option is detrimental to the freedom of the individual.

* If you believe that a foetus is a person, and should have rights, too, then you might argue that that 'person' has a right to live. However, consider the rights and abilities of the person carrying the foetus as well. Carrying a pregnancy to term requires time, energy, money and good mental health that not everyone has or has access to. Furthermore, not every person that becomes pregnant *wants* to carry the pregnancy to term, or is *able* to; people should not be forced to do things with and to their bodies that they do not want to do.

* The pro-life movement ultimately has the end goal of making abortion illegal. If abortion is illegal then there is no *real choice*. If abortion is illegal, people who do not want to carry a pregnancy to term will be forced to seek an abortion by illegal means. When abortion is illegal, it means that facilities for abortions are less safe for the person receiving an abortion. In sum, making abortion illegal will not mean that people stop having abortions; it will mean that people are forced to face unnecessary health risks due to lack of proper medical facilities.

Abortion Myths and Truths...

1. Abortion causes breast cancer. FALSE
2. First and second trimester fetuses can feel pain. FALSE
3. The fetus becomes conscious at 8 weeks. FALSE
4. Abortion makes ectopic (tubal) pregnancies more likely. FALSE
5. Abortion is safer than having your tonsils out. TRUE
6. Abortion is 10 times safer than giving birth. TRUE
7. 90% of abortions are performed within the first 12 weeks of pregnancy. TRUE

What does Pro-Choice mean?

* Pro-choice means that no one has to face giving birth against their will.

* It means that thousands of deaths, traumatic injuries, and infections that have been suffered by people who have had to seek out illegal abortions can be avoided.

* Pro-choice means that when someone in any community, with any income, of any age, faces a pregnancy, that they have genuine access to, and information about all options, including parenting, adoption, and abortion.

If someone is pregnant, what are their options?

Options include carrying the pregnancy to term, followed by parenting or adoption (open or closed), -- or-- abortion.

In Canada, medical abortions (a pill or injection) can be administered until the twelfth week of pregnancy, and surgical abortions can be performed until the twentieth week of pregnancy. However, each clinic and hospital may have different regulations. People over the age of 12 do not legally require parental consent for abortions in Canada.

An **open adoption** means that the child will have opportunity to contact its birth parent, either during childhood or as an adult, as arranged by the people or agencies involved. **Closed adoption** means the birth parents are less traceable or untraceable.

Principles of body sovereignty:

1. Every individual owns their body.
2. As owner of their body, each individual has the right to decide:
 - (a) where it is located; (b) how it is housed or clothed;
 - (c) how it is nourished; (d) how it is maintained;
 - (e) how it is trained or disciplined.
3. As owner of their body each individual has the right to decide what is done to and with their body (sex, medical procedures, physical contact.) Every individual owns the products of their body (work, ideas, organs, tissue.)