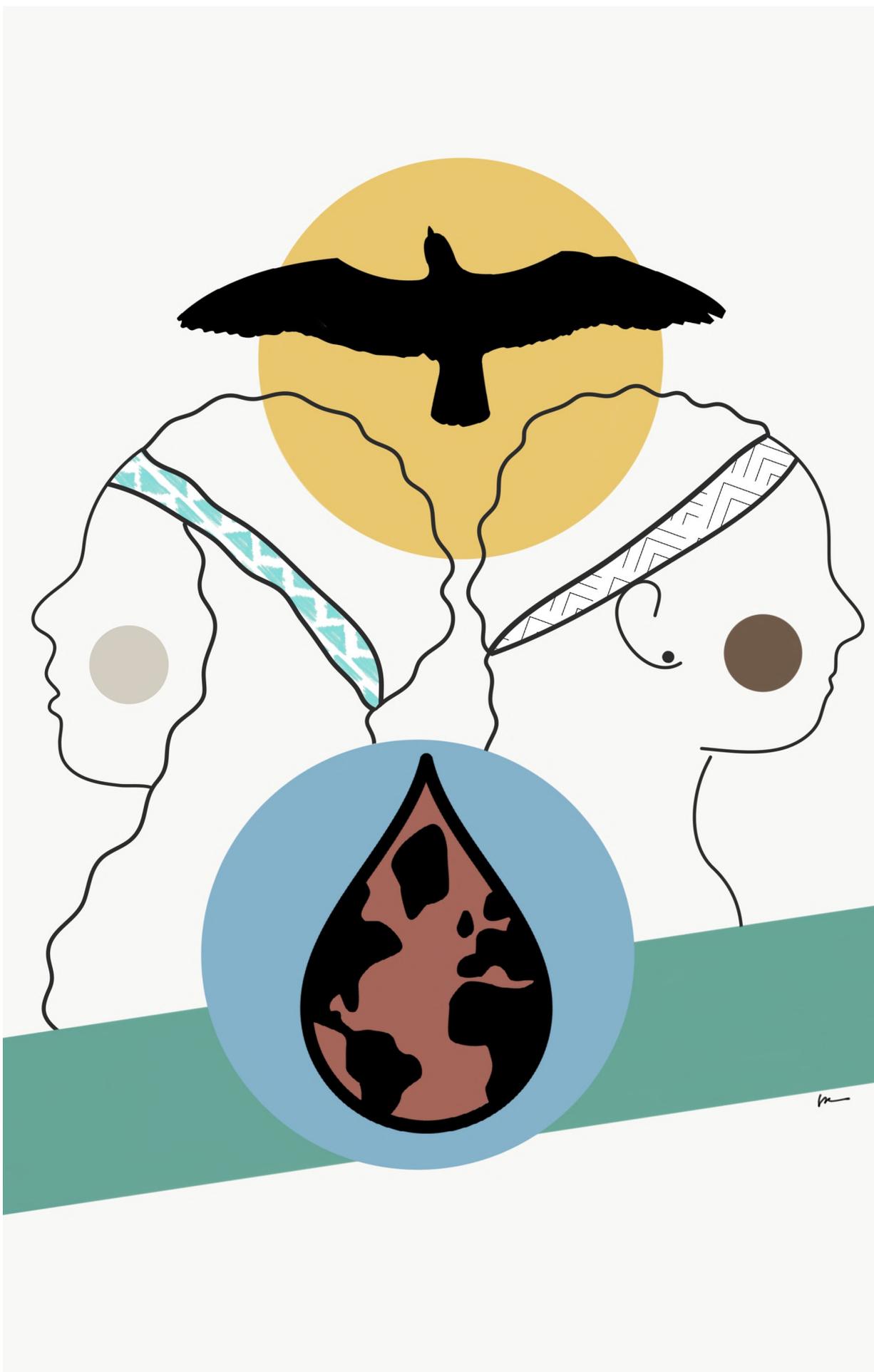


# Disrupted

The Reproductive Rights & Justice Issue



Spring  
2020

# A big thanks.

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# About us.

**Become a  
member &  
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work of the  
Centre for  
Feminist  
Foreign  
Policy.**



## *our story*

Founded in 2016, the Centre for Feminist Foreign Policy (CFFP) is a research and advocacy organisation promoting the values of equality, transparency, justice, and solidarity in foreign policy.

Disrupted provides a space for disruptive feminist conversations around a wide variety of themes under the foreign policy umbrella. We value both emerging and established voices and use a variety of mediums to shake up the foreign policy status quo.

## *our mission & vision*

Our mission is to promote a people centred foreign policy. And our vision? To see an intersectional feminist framework adopted in foreign policy, globally.

# Letter from the Editor-in-Chief.

*Katie Washington*



*Issue  
no. 4*

This journal began with the aim to reject and disrupt the ‘single-story’ of mainstream foreign policy through highlighting both experienced and emerging voices from across the globe. Throughout the last four issues of *Disrupted*, we have sought to understand, challenge, and critique mainstream foreign policy.

Through a post-colonial feminist analytical lens, our contributors from all around the world, have questioned the unquestioned objectivity of elitist, Western-centric foreign policy, and unpacked the complex connections between gender, race, ethnicity, sexuality that are embedded in the everyday actions and politics of people from across the world. We truly believe that Feminist Foreign Policy brings all voices to the table, through whichever medium they choose to express themselves, and alongside our expertly written articles, we aimed to challenge the academic and un-inclusive paradigm that foreign policy is embedded in by including artwork, poetry, and more.

Regrettably, this issue will be the last of its kind and – for now – *Disrupted* as a project will be on hold. *Disrupted* was a passion project that was started with lots of good intentions but no budget. Until very recently, CFFP has been an entirely volunteer-run organisation, so the volunteer-run journal fit within that scope. No one, including CFFP volunteers and staff, has ever been reimbursed for this project. However, we strongly believe that we cannot continue producing a feminist journal without paying all editors and contributors for their labour.

While members have received access to the journal in the past, in no way does the money generated from membership come even close to covering the cost of producing even a part of the journal. The small pot of money generated by *Disrupted* purchases/membership has only ever covered the cost of printing the journal, but even printing became very unsustainable (financially and environmentally) so we decided to go digital. Charging a small amount for access (£5 for a digital issue) was a path we thought we could use to generate money to offset project and event costs and pay for labour, but again, the numbers haven't got close to balancing out. It's been a bit of trial and error to see how we could make *Disrupted* sustainable. Indeed, over the past year, we've gotten done a wonderful job at figuring out how to source sustainable funding for projects and pay people for their time. However, *Disrupted* is one of the pieces of the CFFP puzzle that we haven't quite figured out a solid funding model for, nor found someone willing to fund it (yet!).

This brings us to our final issue of *Disrupted* in its current form. With a thematic focus on Sexual and Reproductive Health, Rights, and Justice, our contributors tackle issues from decriminalising abortion to menstrual equity and sustainability, to reproductive health conditions, to the Trump Administration's global gag rule, and more. Across the world there is an urgency of providing a platform within foreign policy and beyond for women and minorities' voices on these issues that directly, and often violently, impact and oppress their daily lives. We hope that we have contributed to building this platform, making foreign policy more feminist, more transparent, and more intersectional.

Thank you to every single one of the contributors and volunteer Editors, past and present, who have helped make *Disrupted* a reality. A special thank you to Louise Scarce – without you, this issue wouldn't have been possible. And, finally, thank you to you, our members and readers, for supporting us. With your support, we have amplified a different and more nuanced conversation that can better inform policy decisions and begin to alleviate global inequality. I am extremely proud to have been Editor-in-Chief of *Disrupted*, and I hope that this is only goodbye for now.

**Katie Washington**  
Disrupted Editor-in-Chief

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*Chella Quint*

# How Can a Feminist Foreign Policy Support Sexual and Reproductive Health and Rights?

*by Dr Jennifer Thomson and Dr Claire Pierson*

**Sexual and reproductive health and rights (SRHR) are one of the most explicitly 'feminist' areas for national and international policy.** They are concerned with women's bodily autonomy and freedom; with their ability to exercise decision-making over their future; and they are essential for women's health and well-being. They are, in short, "preconditions of women's full and free access to the public sphere" (Lister, 2003: 126).

Yet, SRHR have struggled to gain widespread acceptance in international foreign and development policy. This is due to individual countries' domestic interests; the work of religious interest groups and the growth of transnational conservative and right-wing lobbying (Bob, 2012). In areas where SRHR have been mainstreamed, they have been criticised by practitioners for becoming "watered down, more technical and [have] lost their political meanings" (Washington and Tallis, 2012: 6). In the contemporary era of American-dominated development funding, SRHR have been attacked at the global level, most notably with regards to abortion. The Trump administration's reinvigorated 'Global Gag' rule (a US policy which blocks funding for non-governmental organisations that provide abortion counselling or referrals, or that advocate for reform of abortion law and services) has severely affected the work of SRHR organisations and has had huge impacts on women's ability to access reproductive health services globally. In just one country, Nepal, the reinstatement of the policy has led to job losses across the development sector, the loss of huge amounts of funding from USAid, and has had a clear impact on the government's plans to draw up a ten year plan to combat maternal mortality (Adhikari, 2019). Furthermore, SRHR have struggled to gain acknowledgement outside of the field of development, and to be understood more fundamentally as part of women's security needs.

The role that SRHR play within the UN Security Council Resolutions on Women, Peace and Security (WPS) highlight the difficulty of integrating abortion into international security policy. The series of 9

Resolutions, beginning with Resolution 1325 in 2000, attempt to enhance women's participation in peacebuilding, protect women from gender-based violence and prevent further conflict. The WPS agenda is a clear precursor to, and influence on, certain states' development of what they term Feminist Foreign Policy (FFP; notably Sweden, Canada and France) and WPS is now well established in international security policy. 82 countries have now produced national action plans (NAPs) which lay out in detail how they will pursue the WPS agenda in their national and international policy. Yet, content analysis of both the Resolutions and NAPs shows little sustained discussion of or commitment to reproductive rights, and even less to abortion (Thomson and Pierson, 2018). SRHR have had little explicit focus so far in the WPS agenda, despite the growing focus the agenda has had on stopping sexual violence and providing care to victims of sexual assault and rape during conflict.

The difficult passage of the most recent WPS Resolution, UNSCR 2467, highlights even more strikingly how tenuous a place SRHR hold in the making of international security policy. UNSCR 2467, passed in April 2019, has been described as unnecessary, given past commitments and a clear set of prior resolutions, and was particularly difficult to pass in the current political context of the Security Council (Rees, 2019) and contemporary global politics. During the negotiations on UNSCR 2467 a formal working group of the UN Security Council on sexual violence in conflict and the SRHR of victims of sexual violence was proposed. However, Russia, China, and the US opposed the creation of such a group. Furthermore, the US also threatened to veto the Resolution if it included the proposed language on SRHR (Allen and Shepherd, 2019). As a result of this threat, "the words were not in the final text" (Rees, 2019) and it made no direct reference to SRHR. When the Resolution was passed, the preamble did contain reference to previous resolutions which discuss SRHR. France, Belgium, South Africa, and the United Kingdom also referred to the importance of sexual and reproductive health and rights (SRHR) for survivors of sexual violence (Rees, 2019) in their speeches following the passage. Yet the lack of an explicit reference in the main body of UNSCR 2467 and the publicised debate on the retraction of SRHR language represent another instance of the global rollback on women's reproductive rights. Moreover, such a public setback for the agenda "sets a dangerous precedent for other contentious issues as well" (Taylor and Baldwin, 2019), and potentially opens the door for further retreats around WPS policy.

In light of these regressions, it is crucial that those within the global community who support SRHR work to restate their commitment. The growing material implications of the global gag rule coupled with the potential of a second-term Trump presidency could mean that SRHR funding and services continue to be severely impacted for years to come. The advent and growth of the concept of FFP, and

its increased uptake across state and international NGO discourse, represent a key opportunity for SRHR. Feminist foreign policy, and the organisations and individuals working to further it, provide a vehicle through which the SRHR community can work to embed their message.

The Netherlands-led international initiative She Decides is one such example of bold action around SRHR. She Decides was launched by the Dutch Minister for Foreign Trade and International Development in collaboration with the governments of Denmark, Sweden and Belgium. It was created in direct response to President Trump's reinstatement and expansion of the Global Gag rule when he came to power in 2017 and aims to plug the funding gap left by this action. She Decides is "guided by a vision" of "a new normal where girls and women decide about their bodies, their lives, their futures. Without question." It has mobilised not only states, but also grassroots involvement and activism, and is now "backed by over 50,000 individuals, 300 organisations and more than 40 global champions – one third of them Ministers – from across the world." The SheDecides manifesto is broad and bold in its scope, reaching beyond the more apolitical language of some SRHR discourse. It not only specifically references abortion, but also pleasure, consent and stigma around women's sexuality:

She is free.

To feel pleasure.

To use contraception.

To access abortion safely.

To decide.

Free from pressure.

Free from harm.

Free from judgement and fear.

The clear language around abortion and consent; the harnessing of citizen activism alongside states; working in concert with multiple countries from the outset; a clear focus on funding and resources and not just discourse – in terms of both tactics and content, She Decides presents key 'bottom-up' policy making ideas which might in turn be taken up by advocates and policy-making within FFP (other grassroots organisations such as Inroads and Catholics for Choice provide tangible examples of how to tackle reproductive rights). Doing so would not only ensure a commitment within FFP to SRHR but would also bring two worlds of international advocacy together and strengthen both platforms.

SRHR face a hostile international environment. The momentum that FFP is seeing at a global level can work in synergy with SRHR, helping both to fight against the backlash that SRHR are currently experiencing and to ensure that an understanding of bodily autonomy and reproductive rights, and a set of global minimum standards, are embedded within FFP.

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*Reed valley under her arms*  
by Sena Kwon



# Back to the Past: Brazil's Backlash of Reproductive Justice in its Domestic and Foreign Policy

*by Aline Beatriz Coutinho & Kristina Hinz*

**With its recent votes against the inclusion of 'sexual and reproductive rights' and 'sexual education' in the resolutions of the United Nations Human Rights Council (HRC), Brazil, alongside countries like Egypt, Iraq, and Saudi Arabia, is breaking with its foreign policy tradition of the last 25 years.** This is characterised by the unfettered defence of the universalism of human rights (Lafer, 2009, Komniski, 2017, Chade, 2019a).

Under the administrations of Michel Temer (2016-2018) and Jair Bolsonaro (2019 - current), ultra-conservative and religious fundamentalist forces have gained significant political power, putting already fragile sexual and reproductive health and rights (SRHR) in their crosshairs (Mussi and Bianchi, 2018, Anderson, 2019). In its attempt to formulate domestic policies and international resolutions centred on combating so-called 'gender ideology' and protecting 'the traditional family', Brazil is among the main countries to articulate a conservative transformation in the understanding of human rights, especially relating to SRHR (Corrêa et al, 2018). This push towards a religious-ideological interpretation of SRHR is taking place in both the domestic sphere of Brazil and the international sphere (Mello, 2019, Lima and Albuquerque, 2019).

## **SRHR and the universalism of human rights as the basis of Brazil's former foreign policy**

Brazil is considered a country with somewhat backward SRHR legislation. Abortion is not only forbidden in Brazil, it is considered a crime against human life, punishable with imprisonment for physicians and pregnant women (Presidência da República, 1940). Yet, notable progress was made under the previous Worker's Party governments led by Luiz Inácio da Silva (2003-2011) and Dilma Rousseff (2011-2016). In 2012, for example, abortion became legalised in the case of diagnosed

anencephaly in the foetus (Supremo Tribunal Federal, 2013). In addition, in 2013, the Rousseff administration passed a law that guarantees comprehensive counselling and care to the victims of sexualised violence (Presidência da República, 2013).

Internationally, Brazil has, in the past, taken an even bolder stance in defending SRHR, adopting the universal defence of human rights as the guiding principle of its foreign policy. Establishing itself as a world leader in defending the rights of women and LGBT+ groups in the HRC, the country even presented, together with South Africa, the first resolution on Human Rights, Sexual Orientation and Gender Identity in 2016 (Komniski, 2017).

### **Pact with the devil? Neo-Pentecostal churches and the governments of Temer and Bolsonaro**

With the 2016 impeachment of Rousseff, and the subsequent governments of Temer and Bolsonaro, a rupture was introduced in both domestic and foreign policy. Under both of the latter governments, religious-conservative and, particularly, Neo-Pentecostal forces were able to expand their influence in the legislative and executive branches. Currently, approximately 30% of all deputies in the lower house of the National Congress of Brazil (Congress) are affiliated with the so-called 'Evangelical Parliamentary Front' - a political interest group made up of various politicians who position themselves against gender equality, abortion, and homosexuality (Machado, 2017, Coutinho, 2019).

In addition, under the Bolsonaro government, the Evangelical Parliamentary Front was able to secure strategic positions, such as the appointment of the Evangelical pastor Damares Alves as Minister of Human Rights, Family and Women. As early as in her inaugural address, Alves declared that "a new era had arrived where 'boys wear blue and girls wear pink'", resonating with Bolsonaro's first presidential discourse in which he promised to "value the family" and to combat so-called "gender ideology" (Veja, 2019, Pains, 2019).

Alves, a well-known "pro-life" activist, effectuated the first public and political gesture against SRHR, when she endorsed the launch of the 'Parliamentary Front in Defense of Life and Family' in Congress (Portinari, 2019). This new ideological turn in the executive branch has already expanded to the legislative. Under Bolsonaro, 12 new legal projects pertaining to the interruption of pregnancy have been presented, seeking to limit access to an abortion even in cases where it is already legal, including after rape or when the pregnancy constitutes a danger for the mother's life (Carta Capital, 2019).

### **For the family and the foetus: An ideological and religious turn in Brazil's foreign policy**

The strategic influence of religious and other conservative forces is noticeable not only in Brazil's domestic sphere, but also in its foreign policy. The nomination of Ernesto Araújo as Minister of Foreign Affairs was made upon the recommendation of Olavo de Carvalho, a well-known conspiracy theorist and the "intellectual guru" of the Bolsonaro government. Araújo's articulated disbelief in so-called "globalism" and "climatism" - meaning globalisation and global warming - marks the start of a new era in Brazilian foreign affairs. Similarly, the fight against so-called "gender ideology" and reproductive rights now constitutes one of the flagship projects of Brazilian foreign policy (Mello, 2018, *O Globo*, 2018, Araújo, 2019).

At the Inter-American Court of Human Rights and other international bodies, the Brazilian delegations have, under the instructions of their new government, vetoed any use of the word "gender" in UN resolutions, which had been introduced by consensus at the Cairo and Beijing Conferences of the 1990s (Campos Mello, 2019). The new Brazilian pro-life and pro-family discourse has won supporters at the international level, bringing Brazil in line with other nations with similar ideological positions, including the US, Hungary, and even Saudi Arabia (Chade, 2019a, Cha, 2019). This new alignment in foreign policy exposes the rise of political-religious factions that are spreading internationally (Chade, 2019b). In opposing the guarantee of women's reproductive and sexual autonomy, these factions are provoking a backlash against the rights women have gained since the 1960s. If, until 2018, Brazil was one of the key countries in favour of these rights, the Bolsonaro government has reversed this reputation.

Now, unfortunately, Brazil stands against women's lives.

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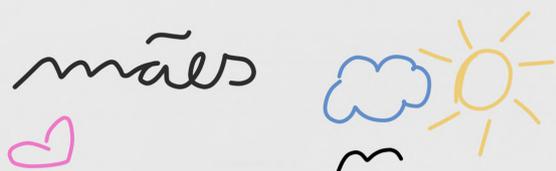
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niñas no  
madres  
girls not  
mothers  
meninas não  
mães



# Flying Home to Vote: International Influence and Foreign Policy Lessons from the Irish 8th Amendment Referendum

*by Katherine Connolly*

**In June 2018, the Irish electorate overwhelmingly voted Yes to repeal the Irish Constitution's 8th Amendment, which prohibited abortion.** Ireland had voted to create the 8th Amendment - enshrining a constitutional "right to life" - only thirty years prior and, unsurprisingly, commentators largely focused on domestic trends which had changed in that time, particularly declining religiosity in a deeply Catholic state. However, beyond the domestic changes, the referendum also reflected realities of the global political landscape in 2018. Three elements of the Irish referendum demonstrate broader patterns applicable to countries with similar conditions: the influence of colonialism on the country's history and perception of foreign support (as in Brazil); the requirement to return to vote in person (as in Israel); and the enduring influence of strategic, grassroots-driven communications (as in Northern Ireland).

Reproductive health services have long been a subject of controversy in international political relationships and global development. The United States' Mexico City policy - reinstated in 2017 by the Trump administration - requires any non-governmental organisation (NGO) that receives US global health assistance funding to confirm that they do not "perform or actively promote abortion as a method of family planning" (Kaiser Family Foundation, 2019). This has negatively impacted NGOs' efforts in many countries, including the predominantly Catholic country of Brazil (Columbia Mailman School, 2017). Brazil is highly sensitive to its status as a former colony, which colours internal perceptions of foreign NGOs' and governments' motivations for campaigning around women's reproductive health (Carless, 2015). Brazil has strict restrictions on abortion, and the majority of Brazilians are against legalisation.

There has been a recent move, however, towards liberalising policies around "hard" cases – e.g. pregnancies involving rape, incest, or a high risk to the mother's health - with prominent politicians (including the Vice President) voicing his personal support (Wurth, 2019).

Ireland has likewise always had a contentious relationship with the language of colonisation, and Irish nationalists often rejected the diminutive designation of a "former colony" (Cleary, 2002; Fletcher, 2001). While in the UK "White Irish" is still considered a separate ethnic category to "White British", on a global level the country's position in Europe has given it privileges beyond those experienced by Britain's other former colonies (ONS, 2016). However, the historic repression of Catholics under English rule has persistently lent an anti-colonialist tone to the abortion debate in Ireland (Fletcher, 2001). This likely influenced the decisions of a majority of foreign governments, including the UK, to avoid overt statements or any perception of intervention during the 2018 debate. Instead, European states such as the UK and France created pressure through highlighting the discrepancy between the stance of Ireland and its neighbours (Hughes and Doyle, 2018). International bodies might follow that example in Brazil and focus on soft power influences such as healthcare aid and international norm-based pressure.

Fears around international interference have been exacerbated in the aftermath of the anti-establishment politics of 2016: the year of Brexit, Trump, and (equally unexpected) the Irish marriage referendum. In this setting, Ireland's 2018 referendum risked becoming an unintended proxy in a global battle of ideologies. Advocacy groups on the 'Together4Yes' campaign, for example, were criticised for accepting donations from liberal billionaire George Soros's Open Society Foundation (Bardon, 2017). On the other side of the debate, 'Save the 8th' retained Kanto, a UK-based campaign company whose director Thomas Borwick was Chief Technology Officer for the 'Vote Leave' Brexit campaign, and formerly consulted for Cambridge Analytica. The 'Pro Life Campaign' retained UCampaign, a conservative political communications firm, with clients including 'Vote Leave' and Donald Trump (O'Loughlin, 2018). With key figures from each side of a global divide once again poised for battle, authorities and election-observers grew increasingly concerned. In the Irish case, however, intervention came not from the public sector but the private. Two weeks before the vote, Facebook banned all foreign-funded election ads, and Google banned any advertising concerning the referendum. The decision removed the easiest mechanisms for large-scale foreign non-state interference in the Irish referendum. LoveBoth and Together4Yes both stated after the referendum that Facebook and Google's decision, effectively self-regulating, was a pivotal moment swinging the campaign towards Yes (McGee, 2018). However, it led to the accusation that the bans themselves were

non-state interference by socially-liberal multinationals as the decision had a disproportionate impact on the digitally-oriented No campaigns (Dougherty, 2018). There is an alternative explanation. The unusual combination of international-scale ideological conflict and a country of Ireland's relatively small scale gave tech companies the ability to trial-run a potential solution for larger markets, while avoiding negative publicity for their actions in a low-revenue market. In October 2019, Twitter announced that they would be building on that example by banning political and issues-advocacy ads ahead of the 2020 US presidential elections, in stark contrast to the 2016 campaign (Wells and Glazer, 2019). The Irish election provided a direct precedent because it allowed social media companies to see, for the first time, what impact a ban would have, and accordingly inform their decisions.

While regulators attempted to block foreign financing, and tech companies prevented foreign ads from airing online, foreign involvement continued at the grassroots level. Retain/Vote No organisations were supported by congregations and conservative organisations around the world. 'Abroad For Yes' coordinated the most visible pro-repeal effort, by targeting the diaspora and encouraging eligible voters to fly home. "#hometovote" was tweeted 43,096 times in the 24 hours before the referendum; the total 'Home to Vote' population was estimated to be several thousand (Fordham, 2018; Griffin, 2018). Campaigners knew from the 2016 marriage referendum – when "#hometovote" ranked fifth in Twitter's news trends of the year – that the movement would not only deliver individual voters, but build the messaging for the broader campaign (Griffin, 2018). The use of social media turned a lonely multi-day trek to reach a drab voting centre on the other side of the world into a collective pilgrimage motivated by identity and civic duty as Irish citizens. This model has already begun to be imitated: like Ireland, Israel prohibits postal voting in most circumstances to mitigate the impact of its sizeable diaspora population on elections, and Israelis have taken notice of the #hometovote movement's success. Connect IL, a group organising cultural events for Israelis in New York, used language from the Irish movement to urge Israelis to fly home for the 2019 election, describing their efforts as an 'activism tool' (Ziri, 2019). While Connect IL is expressly non-politically aligned, many of the expats interviewed by Ziri fell into the same category as Irish returners: young, liberal, seeking to reform the elements of their conservative homeland that they find out-of-step with the global world.

Northern Ireland is the most pertinent example for the lessons of the 8th Amendment referendum.<sup>1</sup> Northern Ireland has for decades eschewed the political pressures of its two closest neighbours, voting against Brexit while criticising the Irish government over its handling of tech reform (BBC, 2016). What is key, though, for any referendum in Northern Ireland – whether it is to do with abortion, unification or other reforms – is the power of stories. In the lead-up to the referendum, campaigns such as In Her

<sup>1</sup> Since writing, UK parliamentary legislation has decriminalised abortion in Northern Ireland. However, there are no medical centres that officially provide these services in Northern Ireland (this will be introduced in 2020), and in the event of a Northern Irish Assembly convening in Stormont, they will be able to overrule the legislation. (BBC, 2019)

Shoes saw women recounting the stories of their own flights to the UK to procure abortive medicines, or of ordering illegal abortifacient pills online. Irish women living in the UK contributed too, contrasting their experiences living in neighbouring countries. Like the Home to Vote voters, these individual accounts were not necessarily momentous in and of themselves. Instead, the Home to Vote and women's individual stories served as both motivation and encouragement. Irish citizens heard women's stories and were motivated to do something, anything for individual, vulnerable, relatable members of the community, the 'women who came before'. Simultaneously, there was an encouraging sense of community action, of being part of something greater than oneself, of belonging to the sort of swelling movement that could make people cross oceans and travel for days to be there, even if you yourself only had to walk ten minutes down the road.

While seemingly intangible, the impact of these stories are actually quantifiable. A poll by the Irish national broadcaster RTE found that after the referendum, 43% of "yes" voters said that personal stories in the media had influenced their vote (McCullagh, 2018). The Irish Times found that 39% of voters cited some form of discussion as having the greatest impact on how they voted (Loscher, 2018). Thus, although the referendum had all the elements of high drama - global ideological clashes, high and low politics, international religious organisations, bots, dark money campaign ads - the decisions came down to a vote of informed conscience, driven by interpersonal conversations with those affected.

That should provide some solace to those concerned by the growing coercive influence of dark money, "fake news", and the public trust deficit in democratic politics. The Irish referendum provides a poignant case study of a democratic process that was truly representative of its time, but still reflected universal truths on how international influence can be deployed through normative pressure and a mobilised diaspora. It also demonstrates a newer truth: in this era of connectivity, the same blurring of borders that lends itself to corrupt attempts to interfere in foreign elections can have a more beneficial impact: expanding the possibilities of interpersonal communication and information sharing at both the domestic and international scale. These lessons are crucial as we look to the elections and democratic processes ahead over the next eighteen months, where high ideologies will once again clash. The private sector has already taken its lessons from the 2018 referendum. Now, it's time for governments and advocacy groups to start considering the ramifications: both for their own domestic issues, and for influencing policy around the world.

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# The Unity of Them

by Rhea Malik

*“The weather bureau will tell you what next Tuesday will be like, and the Rand Corporation will tell you what the twenty-first century will be like. I don't recommend that you turn to the writers of fiction for such information. It's none of their business. All they're trying to do is tell you what they're like, and what you're like—what's going on—what the weather is now, today, this moment, the rain, the sunlight, look! Open your eyes; listen, listen. That is what the novelists say. But they don't tell you what you will see and hear. All they can tell you is what they have seen and heard, in their time in this world, a third of it spent in sleep and dreaming, another third of it spent in telling lies.”*

- Ursula K. Le Guin, *The Left Hand of Darkness*

**Ursula K. Le Guin's *The Left Hand of Darkness* might be to science fiction (SciFi) what feminism has been to foreign policy.** Everyone I know to have read it (so far, it has always been women) invariably remarks that it made them feel at home with SciFi for the first time; that in all the rubble of alien invasions and supersonic jets, they had found an account of another world that moved and stayed with them; an account at once staggering and warm, despite all its ice. This response takes me back to the first text of feminist foreign policy that I read. In it, J. Ann Tickner set out to explore why there were so few women in the field of international security. The women she wrote of, students of international relations (IR), streamed towards political economy or development studies, but avoided the area that was in the 1960s the core of IR: security. They didn't feel that the discipline, with its emphasis on military and nuclear strategy, could be “theirs” to master (Tickner 1992). These women now seem to me analogous to the girls and women who read magic and fantasy fervently, but hardly ever dip into SciFi. Octavia Butler - Le Guin's contemporary and fellow literary goddess, whose own work pierced the limits of women's consciousness in SciFi - laments the genre's reputation as stuff

"14-year-old boys read," to be abandoned for "real literature" past the age of 14 (Butler, Mehaffy and Keating 1991). Ursula K. Le Guin writes in the introduction that science fiction is a thought experiment, like Schrödinger's Cat; science fiction isn't meant to prescribe the future, but to describe reality as it is. And while it may come to us through space travel or alternate biologies, its purpose has never been to portend or warn, but to seek the truth through "elaborately circumstantial lies." And so, it's little wonder that the spaceships and androgynous bodies in *The Left Hand of Darkness* are mere vessels for something else entirely: our whole beings.

The book reads like the interweave of two personal journals. One is that of the ethnologist Genly Ai, sent from an interplanetary council or Ekumen (a kind of United Planets, if you will) to the planet Gethen, which has no gender. The genderless Gethenians can become male or female during each mating cycle, like goldfish. The job of the ethnologist is to understand the strange planet and convince Karhide (Genly's host nation on the planet) to join hands with the Ekumen of known worlds. The second journal is of Estravan, a native Gethenian brandished a traitor by Karhide and a closet sympathiser to the cause of interlinking worlds. The weave of diaries is sprinkled with mythologies that root Gethen's ideas of time, family, faith, and the future.

The androgyny of Gethenians implies that dispositions and emotions are not segregated by bodies themselves- each person comes with the whole range of feelings marked up for most Earthlings by gender. They navigate their vulnerabilities with a kind of wisdom that comes from being both sympathetic and suspicious, nurturing and conquering, mother and father, at once. Their dispositions, separated not by bodies as on Earth, are instead delineated by time. Their sexualities exist in periods of kemmer, understood as a period when they are capable of reproducing and feeling aroused, becoming one gender and inducing the other in their partner, who must also be in kemmer. Thus, they are, in Earthly terms, bisexual, as it is noted in the book. In kemmer, incitation burns intensely, almost debilitatingly in the Gethenians. Lust is seen not as perversion, but vulnerability. Kemmering beings are welcomed at bathhouses throughout Karhide, as if sexual longing was but another kind of corporeal need, like hunger. As the vulnerable soul is not shunned by the country people, they also feel no need to force their desire onto another. And so Karhide, even with its elaborate social norms that perplex Genly Ai, embodies a fluidity that at once avoids both shame of one's flesh, and rape.

Trust, too, comes on and off like a curtain, as shifgrethor - the Karhidish principle of prestige, of being shrewd in dealings towards a perpetual upper hand, of treating conversations like games of chess - can

be waived in the right company. The two journals that weave the book reveal that both their authors, who end up on a daunting journey across the ice, are baffled by each other. Genly is deeply suspicious of Estravan's intentions in offering to help his cause, and Estravan, who for his part has waived shifgrethor, cannot fathom the cause of Genly's prolonged distrust. It is only in a humbling, and breathtaking denouement, that Estravan tells Genly "teach me [your mindspeech], and then ask me why I did what I've done." That candidness and craftiness, perhaps traditionally understood as feminine and masculine attitudes respectively, are instead practiced by all carefully, is to me a comment on the maturity we humans might harness if flung into our possibilities of being unfettered by the genital code. While Genly Ai is alien to shifgrethor, his people - who are at a more advanced stage of civilisation - have instead harnessed mindspeech. Mindspeech is the biological epitome of empathy, by which two people not only try their best to comprehend another's thoughts, but manage to telepathically read them, as two friends or aides attempt to reach each other until they are able to soundlessly activate speech centres in the other's brain. The reader here surmises that mindspeech is a symptom of a world that has recognised the truest form of trust - laborious and total transparency - as the condition for a universal order. If it is so, it not only presents a critique to the universalist methods by which Public International Law and Human Rights Law operate (making very little room for cultural-moral variations and histories in their charters), it also suggests a resolution to the Fermi Paradox. The Paradox begs, given the high chance of alien life in our galaxy, why have no aliens come to us yet? One of the fears theorists hold today is that if an alien civilisation has advanced enough to make interstellar travel, it must've first conquered the other species on its home planet, and thus will likely be hostile if they encounter us. The Ekumen's practice of mindspeech suggests instead that interplanetary gossamer had thus far failed, and only the harnessing of absolute empathy (and not conquest) could support a web of alien relations.

Gethen's concept of time can be traced to an origin myth. According to it, a being called Meshe had a revelation in the middle of his life, in which he perceived all that ever was and ever would be. As all are seen by Meshe, who is in the centre of time, Gethenians believe that every moment is in the centre of time, and thus each ongoing year on the planet is called Year One, with past and future years changing their names to fit the new Year One. The present is thus eternal, and the eternal, always present. "The people of Winter, who always live in the Year One, feel that progress is less important than presence," Le Guin writes. Genly Ai's journey through the planet offers a glimpse of what a more present society and government might look like. The virtue of presence is, to me, best captured in this definition Ai attempts on page 56:

*I can't properly define that Orgata word here translated as "commensal," "commensality." Its root is a word meaning "to eat together." Its usage includes all national/ governmental institutions of Orgoreyn, from the State as a whole through its thirty-three component substates or Districts to the sub-substates, townships, communal farms, mines, factories, and so on, that compose these. As an adjective it is applied to all the above; in the form "the Commensals" it usually means the thirty-three Heads of Districts, who form the governing body, executive and legislative, of the Great Commensality of Orgoreyn, but it may also mean the citizens, the people themselves. In this curious lack of distinction between the general and specific applications of the word, in the use of it for both the whole and the part, the state and the individual, in this imprecision is its most precise meaning.*

The State and its institutions are thus understood as extensions of a smaller social unit, namely, people gathered around a dining table. This metaphor shrinks the distance, and the abstraction, that come between organising a household and a society. It suggests a key belief of political anarchism - that governance, if abstracted to the degree that it is no longer about serving people's material needs, is dishonest and illegitimate. It is Gethen's emphasis on presence over great pipedreams that Genly believes has averted the disposition for war thus far. This resonates with the Existential argument (exemplified in Simone de Beauvoir's *Ethics of Ambiguity* [1947]) that grand theories designed towards future utopia - calling for, say, a Catholic moral order or an 'Aryan' state or even a Western Liberal Democracy - with their abstraction and mobilising power, had made Europe ravage itself multiple times through the centuries.

The book's most clever take on time comes in the visit to the Foretellers. Inquirers journey far and wide to the cult of the Foretellers in search of the future, of moral guidance. But it is only when Ai breaches their circle that he's told that the Foretellers do not actually see the future, which would require an a priori future in linear time. Rather, they have only "domesticated their hunches" through a kind of religious discipline. With this mysterious practice, they had tamed their intuition to serve them such that they had valuable things to say of what will come. This secret of the Foretellers is, to me, a remarkable allegory of how important state institutions function, especially the judiciary. Just as the future is not a priori, much of the practice of law and judgement is not about finding the right answer to a problem in a determined corpus, as it is touted to be. Adjudication instead is a curious confluence of carving principles and policies where they feel right, one's sympathies, and trickery, wherein know-how often trumps know-what. Yet the business of justice insists on presenting itself as a science of sorts, a mechanism to seek a priori and certain truth. It is precisely this veil of certainty and objectivity

that Critical Legal Studies have been gnawing at, to reveal the hypocrisies, biases, and injustices of the law. They, for instance, debunk the idea that there is an objective standard of 'reasonability' in conduct when a dispute arises and demonstrate how such a construction of the 'reasonable' fails the expectations of women, indigenous communities, people of colour and the sexually marginalised. To let go of the notion that the future, or the law and its obligations are a divine or predetermined force, opens the process of adjudication to tremendous new scrutiny and offers a sense of hope for those oppressed by it.

The Left Hand of Darkness unfurls much about both speculative science and government. Similarly, feminism expands and interrogates the subjects and concerns of foreign policy, looking past missiles and military strategy, bringing back to the fore local actors and communities who feel the consequences of these policy decisions. Feminism pierces the "private sphere" to pay attention to the politics within families and their relations to the "public sphere." While Feminist Foreign Policy seeks to disrupt the current practices of foreign policy, Le Guin's book seeks to disrupt typical notions of science fiction; the mind in *The Left Hand of Darkness* is not only bent by the twists of time, but by language, cognition, and culture. It is bent by the knowledge that the great beyond comes to rest on the way one chooses to live in the present moment.

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*Our Utopia*  
by Sena Kwon



# Assessing the "Green Tide": An International Human Rights Advocacy Analysis of the "National Campaign for Legal, Safe and Free Abortion" of 2018 in Argentina

*by Agostina Allori*

**The National Campaign for the Right to Legal Abortion gained special momentum in 2018, as it marked the first time in the history of Argentina that abortion was discussed in the National Congress.** The social and political mobilisation around the campaign and its installation in every societal space makes this campaign especially worth analysing.

This article seeks to provide a landscape of the history, importance, and the symbolism of the campaign and the context of the decriminalisation and legalisation of abortion in Argentina in 2018. It also seeks to assess the campaign from a human rights advocacy perspective. I believe it is possible and beneficial to lay bridges between academia and advocacy. We know that in the field of women's rights this is not only possible but necessary. We also know the personal is political, and in the case of this campaign, the political is turned personal.

With these purposes, this work will be divided into three sections. In section I, I will briefly provide the context of the campaign, how it was "born and raised" as well as explain its symbols and aims. In section II, I will analyse the set of strategies and networks designed and deployed by the campaign. In Section III, I will address the challenges and obstacles that the campaign faced throughout 2018 related to the struggle to generate a persuasive narrative, the link to unruly politics, and the pushback generated in a country where religion and Christian morality are considered important values and

national traits. Finally, I will reflect on the overall effectiveness of the campaign. I conclude that although a law decriminalising and legalising abortion was not passed in Congress, the campaign contributed to progress in multiple other ways.

### **I. The National Campaign for the Right to Legal, Safe and Free Abortion in Argentina (“Campaña Nacional por el Derecho al Aborto Legal, Seguro y Gratuito”)**

The “National Campaign for the Right to Legal, Safe and Free Abortion” (henceforth “the campaign” or “campaign”) was born in the “Women Encounters”<sup>1</sup> of 2003 and 2004 and launched in 2005 (34<sup>o</sup> Encuentro Nacional de Mujeres, 2019). The symbol of the campaign is a headscarf, as a tribute to the Mothers of Plaza de Mayo, key actresses for the human rights movement in Argentina. The headscarf is green, to symbolise the colour of hope, and the slogan is: “Educación sexual para decidir, anticonceptivo para no abortar, aborto legal para no morir” (Sexual education to decide, contraception to avoid abortions, legal abortion so we don’t die.).

As explained by Keck and Sikkink (1998) and Sikkink (2017), the legacy of resistance to the dictatorships in the South Cone gave birth to a strong human rights movements in Latin-America, and Argentina is no exception (Peruzzoti, 2002). Despite the importance of the feminist movement within human rights movements, abortion has always been treated as a taboo topic (Ariza & Saldivia, 2015). In recent years, sexual rights advanced significantly with the legalisation of same sex marriage and a gender identity law, but until 2018, the feminist movement was not able to convince congresspersons to discuss abortion (Ariza & Saldivia, 2015).

#### *a). How it Happened? Embracing the Opportunities*

In the beginning of 2018, the controversial presenter of a gossip TV show invited a group of women on to talk about sexual harassment and rape. One of the women said she had had an abortion. The following day, the same TV presenter invited a feminist journalist, Luciana Peker, onto his show, who said “the topic we are not discussing, and we must, is abortion”. The TV presenter, who also saw an opportunity for a ratings boost, answered her: “You have a space to discuss the topic here” (Gómez and Morales, 2018). From that moment, the campaign was activated. Campaigners sent green scarves to the TV presenter and the issue exploded in the media. The campaign called for a pañuelazo, a large-scale gathering of women wearing the green scarf, in front of Congress on February 17th, 2018, asking

1. The “National Women Encounters” are once a year cooperative meetings which have occurred since the return of democracy, where women from different parts of Argentina meet and discuss important topics in around 300 simultaneous workshops. They are characterised by their democratic, pluralistic, federal, and horizontal approach.

for a new abortion law (Gómez and Morales, 2018).

The former President, Mauricio Macri – a Catholic and family values advocate – said five days later that “he took note of the pañuelazo” and that he was not going to obstruct the debate. Furthermore, he was going to give the freedom to the congresspersons of his party to decide and vote according to their own conscience (Braslavsky, 2018).

### *b). The Campaign's Aims*

On 5 March 2018, a legal argument for the “Voluntary Interruption of Pregnancy” was presented for the seventh time before the Chamber of Deputies. As Sally Merry Engle (2009) maintains, it is important to highlight – especially from an advocacy perspective – the switch in the “naming and framing”. The campaign changed the term “abortion”, which carries stigma both for women who abort and for the doctors and obstetricians that perform abortions, to “Voluntary Interruption of Pregnancy” (IVE in Spanish) or “Legal Interruption of Pregnancy” (ILE in Spanish). Ariza and Ramón Michel (2018: 24), state that: “It is more than a change of name [...] the frame of meanings also changed, and we are leaving the paradigm of criminalisation for one of legality.”

Core goals of this campaign include the decriminalisation and legalisation of abortion, ultimately with the aim to secure state-provided free abortions. Equality is at the heart of the campaign as there are many current inequalities reflected in the process of accessing the safest possible options for illegal abortions. Women who can afford an abortion do so in private clinics, while poorer women are often left with no other option than to perform abortions themselves with knitting needles or coat hangers, or go to “informal healers” who perform them in often medically unsanitary conditions.

The current Criminal Code (1921) punishes abortion and only allows it in three exceptions: 1. If the pregnancy is a product of a rape; 2. If the woman has a mental incapacity; or 3. If the health of the woman is in danger. These exceptions were secured by the Supreme Court of Argentina, which insisted on the elimination of obstacles by public authorities (Supreme Court, F.A.L s/ medida autosatisfactiva, 2012). In accordance with the Convention on the Elimination of all Forms of Discrimination Against Women Committee's and the Human Rights Committee's comments, the Bill Project proposed by the campaign states in Article 1: “In exercise of the human right to health, every woman has the right to decide voluntarily the interruption of her pregnancy during the first 14 weeks of gestation”.

### II. How to build a “Green Tide”: The Strategies Deployed by the Campaign

#### *a) Abortion as a Political Matter: The Importance of Public Deliberation*

In March of 2018, the Chamber of Deputies formed a Special Plenary with representatives of the different Commissions of General Legislation, Health, and Criminal Law. From March to May, every Tuesday and Thursday, experts from different fields and of differing opinions presented their thoughts in public and on televised hearings before the Chamber of Deputies. This was the first time Argentina experienced a sort of concretisation of the ideal of deliberative and qualitative democracy. Arguments for and against abortion were represented in the hearings and a some went viral on social media with the hashtag #abortolegalya (#legalabortionnow).

On 13 June 2018 the bill was discussed by the Deputies. There was a vigil in front of Congress, which I participated in as well. The blocks surrounding the congressional building were packed with women of all ages dancing, singing, and painting green and purple glitter on their friends. The media covered it as the “green tide” (“marea verde”). A photoshopped picture of the famous artwork “The Great Wave of Kanagawa” by the Japanese artist Hokusai portraying a green wave embracing the Congress started to circulate on social media. For me, Callao Avenue was a party, all purple and green. Congress spent the whole night deliberating and approved the bill at noon the next day. Scholars commented that “[w]e gave birth to rights, we made history” (Saldivia, 2018).

#### *b) The Importance of Lobbying and Coalitions at Different Levels*

The following days were filled with intense pro-abortion advocacy. I discussed the topic myself at my workplace and had my colleagues watch and re-watch the presentations from the hearings. The activists and scholars lobbied in Congress, spoke in the hearings, met with Congresspersons, appeared on TV shows, and continued to draft the Bill Project.

The campaign set up a tent in front of the Congress and called every Tuesday and Thursday “Green Tuesday” or “Green Thursday”. Thousands of women visited the tent every week in acts of solidarity; NGOs in Argentina tend to support each other and form coalitions, despite their specific areas of focus (Campaña Nacional por el Derecho al Aborto Legal Seguro y Gratuito, 2018).<sup>2</sup>

Following Sikkink (2017), the campaign was also successful in networking with human rights institutions

*2. This report was collectively published by many organisations including ELA, REDASS, and CEDES, and is an example of this kind of partnership and coalition.*

and international NGOs, though not everyone was on the same page; there were some who questioned the campaign. However, many important public officers advocated for the legalisation of abortion before the Chamber of Deputies, including the National Minister of Health, Dr. Alfredo Rubinstein; the former Dean of Buenos Aires National Law School, Dra. Mónica Pinto; and the Special Rapporteur for the UN for the Promotion of Truth, Justice, Reparation and Non-Repetition, Fabián Salvioli. For its part, the Public Ministry of Defense published a report informed by empirical data about the quantity of criminal investigations for abortions to showcase the inefficacy of the current system.

Deliberation in the Senate took place on 8 August. The day before, Amnesty International published a full page ad in the printed edition of The New York Times which said: “The World is Watching”. This advertisement went viral on social media and lent a sense of accountability for the Senators on a wider global scale. In the end, though, the Chamber of Senators ultimately rejected the bill.

### *c) Other Key Actors: Let’s Talk About the Glitter Revolution*

The 2018 campaign had a commitment to equality across the board: class, race, ethnicity, sexual orientation, gender identity, ability, and age. Some refer to it as “The Glitter Revolution” or the “Revolution of the Daughters”. Teenagers in particular were deeply committed to the cause and were vocal about the right to make decisions about their own bodies (Peker, 2018; Demirdjian, 2018).

As this was happening, the Association of Argentine actresses (Actrices Argentinas) were moved, encouraged, and empowered by the mobilisation for the legalisation of abortion. Actrices Argentinas started the Argentine #MeToo movement called #MiraComonosPonemos (“look how we put ourselves”) to decry the rape of a young actress by a well-known actor. They held a press conference to show solidarity for victim-survivor, in which they were all wearing the green scarf. One of the representatives explained the reason: “We see a relationship between the patriarchy and its hegemony over our bodies; a rape committed against us and the obligation to conceive and give birth without wanting it are both illegal” (Stuart, 2018).

## **III. Reflecting on the Challenges to the Green Tide**

### *a) Religion, Federalism and Narratives*

The first challenge derives from the fact that Argentina is a Catholic country. The principal resistance

to the campaign came from conservative sectors, closely linked to the Catholic Church. That the current Pope comes from these lands is not an irrelevant factor, and evangelist groups play an increasingly important role as well.

A woman named Mariana Rodríguez Varela led the pushback against the Bill Project, carrying a baby doll everywhere she went and even bringing it to Congress. The slogan of the pushback was “Let’s save both lives” (“Salvemos las dos vidas”), proposing that the problem here was the killing of “an innocent person”,<sup>3</sup> who could be given up for adoption. This strategy was accompanied with the use of a “blue scarf” to countermeasure the symbolism of the “green scarf”. This kind of opposition is the most difficult challenge for the campaign to overcome as it uncovers the lack of unarticulated narrative.

Another challenge is the federal division of the country. Argentina is composed of 23 provinces plus the City of Buenos Aires. People from the provinces tend to be Catholic and fall in line with the religion's stance on abortion. When the debate began in Congress, many provinces were opposed to even having the conversation to begin with. For instance, the City Council of the province of Tucumán declared through a Resolution that if the Federal Congress passed an Act legalising abortion, Tucumán was not going to comply with such a law (Allori, 2018). The Resolution was unconstitutional but many people in Tucumán felt that the City Council was defending the values of the province. It is not inconsequential that the Senate was the Chamber that rejected the Bill, since the Senate represents the will of the provinces, while the Chamber of Deputies represents the will of the inhabitants of the Nation.

Lastly, there is a lack of a strong narrative in the campaign. Some parts of the “green movement” are not open to compromise or speaking to members of the “other side”, although the same can be said about those against abortion. As Philip Alston states, persuasion and compromise can be seen by some as signs of weakness in human rights defenders (Alston, 2017). In this sense, the campaign is struggling with the partisanship of our times. We live in a polarised landscape where we only speak to and share spaces with those who think like us. This is often exacerbated by social media “bubbles”, which make us believe that the people we surround ourselves with are representative of the opinions of the wider population.

### *b) Radicalised Groups, Unruly Politics and Pushback*

The campaign brings together different sectors from feminism and human rights movements. Although the agenda overlaps regarding the objectives and aims; there are differences on the

3. To use the same terminology they do.

strategies to achieve those aims. In relation to the polarisation I mentioned before, there are also some forms of violent expression that tend to cloud the main goals of the campaign. For instance, after every women's march before the Congress or the Presidential House, the walls of public buildings end up with graffitied slogans against the patriarchy, the killings of women, and machismo in general. We can frame these expressions as what Lettinga and Kaulingfreks (2015) define as "unruly politics": namely, "disruptive" or "violent" interventions in the streets. While I do not see that graffiti is a threat to public security, especially when women are worried about being killed, I am deeply concerned by the way the media treats these expressions, the impact this has on people who are against abortion, and the potential pushback, especially in times where "feminism" typically remains a taboo word and "gender equality" is disregarded as "an ideology" by many opposed to it. I understand the anger of my fellow advocates and I feel it myself, but I believe that today's challenges require patience, empathy, and the art of persuasion for those who do not agree with us.

### Conclusions

In order to assess the effectiveness of the campaign, a holistic analysis is needed. First, it's important to understand the history behind such a campaign, and the difficulties of speaking to an issue that is controversial. The efficacy of the campaign should not only be measured by the success or failure of the Bill Project. For the first time ever, Argentina's Congress seriously deliberated about a sensitive matter with the required respect and rigour. Younger generations became involved in politics. Abortion was discussed in every house and at every workplace in the country. Some people who are not yet in favour of the State providing abortion services still came to understand that abortion is an action that should not be penalised: a "social decriminalisation of abortion" (Ariza Navarrete and Ramón Michel, 2018).

The Green Tide has many challenges to overcome and needs to better articulate its narrative in order to be more persuasive. But we cannot forget that in 2018, every single achievement related to the legalisation of abortion was celebrated by feminists with joy and hope. And more joy and hope is exactly what we need today.

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# Born a Woman

*by Mariyam Haider*

In my mother's womb I  
grew Arms. Legs Body.  
Mind Heart. Soul Taking  
shape Taking form Only to  
learn That every space I  
enter Is given on lease to  
me Subject to my body  
Born a woman

...

A room. I must seek permission  
To enter A bed. I must honour the  
man I sleep with A street. I must  
pay respects Fully clothed A  
future. I must validate Before  
dreaming

...

Breathe, breathe it all in Stick yourself to the wall  
Shrink yourself to the size of a keyhole So small, that  
even you cannot find your reflection in the mirror So  
quiet, that even you cannot hear your footsteps as you  
walk So misgiving, that you lose your way inside  
your own house

...

Legs closed  
Breasts hidden Laugh  
suppressed Opinions  
negated Thoughts  
drowned  
Pain ignored Abuse appropriated  
Fear normalized ... My identity,  
contextualized Into words that cry  
hollow That scream into the void  
Shadowed in perceptions Of what  
being a woman meant. Modesty  
Obedience Suffering Woman's  
honour They said.

...

Soon. I learned to give space Not just  
to other's opinions But also make home  
for them My mind, that was my sacred  
space I turned into a gall of invective  
Towards every inch of my body  
Narrated by millennia-old cadavers  
Singed by traditions and expectations  
Embalmed off the self I now sought  
permissions To take space Even within  
my own head

...

Covering all spatial dimensions A  
woman holds This world convinces her  
She must agree to the tenancy Before she  
is validated Of being whole Her self is  
not pronounced by her own Her self is  
defined by those outside

## Disrupted: The Reproductive Rights Issue

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...

But, my mother did not howl  
Giving birth to me  
She released a battle cry To  
announce my being Nurturing space  
within her She bestowed me with  
the energy To carve my own space  
To create a destiny

...

A lesson this world forced me to forget  
A lesson I now carry every day Space. Is  
not an affirmation Space. Is not a quest  
Space. Is miscarried hope That I try  
giving birth to Wherever I am Wherever I  
go ...

# Biopolitical Interventions and the Necropolitics of Population Policy

*by Professor Navtej Purewal*

**The projected 'population crisis' on gendered bodies of the global South and other racialised communities in the West has provided a sustaining policy framework for biopolitical neo-colonialism and interventions.** Through international population policy as a global concept and as a dimension of international and domestic foreign policy, United States (US) and other foreign policy agendas have aided and facilitated the assertion of Western capitalist hegemony. This is reinforced through a history of justification for European colonialism, eugenics policies of Western countries towards indigenous and racialised groups, and subsequently a logic of international development discourse projected on the global South. Malthusian doctrine, which continues to shape population, development, and foreign policy, is hinged on racialised dichotomies between populations that count (deemed to have reproductive 'rights') and those that do not (subjected to population control). Biopolitics, as the administration of life and population, enables the state to intervene in matters of society (species and population), which, according to Foucault, enables state racism as a political rationality "against those who deviate from that norm, against those who pose a threat to the biological heritage" (Foucault, 2003). Necropolitics, as "a theory of the walking dead" (Mbembe, 2003), furthers this by arguing that contemporary forms of subjugation locate bodies differently on a spectrum of life to death. Population control, as a form of biopolitical and necropolitical power, frames how bodies are located on this spectrum through the instruments of international population and development policy.

Malthusianism, based on the underlying principle that finite resources and high fertility rates pose a 'crisis' to the depletion of the earth's resources, has shaped neo-Malthusian approaches to birth control as a means to achieve population control. This has been implemented through policy agendas which seek to extend and deepen the connections across global institutions, neoliberal economic policies,

and the social and biopolitical realm of population control (Wilson, 2017). While feminist critiques of neo-Malthusian policies have highlighted the violence of population control in its denial of reproductive 'rights' (Petchesky, 2000; Hartman, 2016), there is need for further feminist analysis of population control as a necropolitical and biopolitical foreign policy instrument. Beneath the surface of population control and its contemporary neo-Malthusian discourse lie structures and agendas of foreign policy seeking to utilise, control, and even weaponise the value of life and the right to kill or expose humans to social or civil death (Mbembe, 2003).

The liberal principles of 'rights', justice, equality, and liberty which had informed the pro-choice, women's and reproductive rights movements are insufficient for a feminist understanding of biopolitical intervention in contemporary times. There is need for feminist introspection in relation to the very notion of reproductive 'rights' within the past and current US-led neo-colonial trajectory which upholds global capitalism while binding post-colonial states to it through the spread of security, population and other aligning discourses. For example, as the 'war on terror' has been used to justify military occupation of strategic and resource-rich regions of the world such as Iraq and Syria, 'overpopulation' and high fertility have provided validation for biopolitical intervention in other regions, notably in Asia and Africa. This is seen through international agencies seeking to exert biopower over states through time-bound targets, funding packages, conditionalities, and coercive population programmes. Archives of United Nations agencies, the World Bank, International Planned Parenthood Federation, the Ford Foundation, and the Population Council reveal how some of the most draconian population control measures deployed during the 1950s and 1960s were in fact designed not only with the complete cognisance but under the direction of these agencies (See: Connelly, 2006 and Cream, 1995). The Cold War provided a significant foreign policy dimension in leveraging the biopower of western agencies over formerly colonised global South countries into accepting such packages and programmes. Coercive leveraging of biopolitical intervention over gendered and racialised bodies of formerly colonised populations found new modes and methods. In the case of India, USAID had threatened in the early 1970s to withdraw funding towards development assistance until the Indian government was seen to be sufficiently targeting population growth. This threat was exerted during the height of the Cold War wherein India was viewed as a strategically important zone of influence, not least for its proximity to Southeast Asia, China and Afghanistan. In attempting to prove to the US that it was tackling its "population problem," Prime Minister Indira Gandhi's government embarked on a highly unpopular forced sterilisation campaign during the 22-month "state of emergency" between 1975 and 1977. During this time, an estimated six million men— mainly poor— were sterilized by force

or coercion, showing how politically charged the population question had become in India. The unpopularity of this approach saw Gandhi's loss of political power and a quick turn towards women, birth control, tubal ligation, and long-acting methods of birth control. Coercive and incentivised measures continued during this time and prevail to this day. Despite the International Conference on Population and Development (ICPD) in 1994 when 'reproductive health and rights' became the new mantra through which NGOs would enact decentralised models of service provision through global institutions and coordination, the ICPD embracement of the rhetoric of decentralisation and 'rights' has not excluded the continuing use of draconian and coercive methods. The election of the Hindu nationalist Bhartiya Janata Party (BJP) in India in 2014 nearly four decades later has seen another use of population control against the Muslim community in propagating Islamophobia, by drawing on the global anti-Muslim discourse in blaming fertility rates on a minority community by proposing laws steeped in eugenics (Purohit, 2019). This can be seen in the Citizen Amendment Bill (CAB), approved by parliament on 11 December 2019, which seeks to exclude Muslims from eligibility for citizenship through the hyping up of the supposed threat of illegal immigration and a growing Muslim population. While the international community had been placing pressure on India for decades to address its 'population problem' (Abbamonte, 2019), the right-wing majoritarian agenda in political power since 2014 have now appropriated this discourse to a distinctive necropolitics of social death through state racism by turning its attention towards the Muslim population within.

The threat of cutting development assistance and funding is an ongoing feature of biopolitical neo-colonialism and intervention. US international development and foreign policy continue to leverage US biopower in implementing neo-Malthusian intervention. The Mexico City policy, also known as the 'Global Gag Rule,' which was first introduced by US President Ronald Reagan in 1984, blocked US federal funding to non-governmental organisations which provide abortion counselling or referrals, advocate for the expansion of access to abortion, or campaign for the decriminalization of abortion. With each Republican president's inauguration, the Gag Rule has been reinstated, which has not only threatened access to safe abortion but has cut funding for frontline, essential healthcare services in many countries. As part of the Gag Rule, a reversion to Malthusian ideas has meant that 'pro-family,' morally framed funding, which had previously gone to frontline services, is now being redirected to anti-reproductive health and Christian right groups. This has promoted Malthusian ideas of abstinence, such as the Focus on the Family's (FOTF) 'purity pledge' programme in South Africa (McLean and Israel, 2018), and other groups such as the World Congress of Families which, in addition to having far-right connections and racist ideology, actively promotes anti-LGBTQ and anti-abortion propaganda (Open

Democracy, 2019). Population programmes are increasingly exposing their embedded necro politics of social (life and) death (Mbembe, 2003) by deeming essential services as non-essential for identified populations while also denying access or reproductive 'rights' to ascribed populations. Minorities, the poor, racialised groups, and non-binary bodies illustrate necro-subjectivity by being positioned outside of and beyond the realms of citizenship while being targets of the biopolitics of population control.

Biopolitics and necropolitics of population policies, as a distinct modality within neo-Malthusianism, has an implicit sentence of social death within current global and foreign policy. By posing this contention here, I am arguing that this trajectory stands central to the formation of, and not outside of, global and foreign policy as co-constituted by governance (institutions and the state), conflict and war (military), and social policy (population/biopolitics). This rapidly evolving and tightening scenario of hegemony requires an engagement from feminist international relations and feminist foreign policy studies in order to deepen our understanding of these processes. It is simply no longer sufficient for feminist scholarship to uphold and defend reproductive 'rights' while social death is simultaneously being sanctioned within the same apparatus of population policy.

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# Decolonising Sexual & Reproductive Health

*by Dr Annabel Sowemimo*

**Sexual and reproductive healthcare (SRH) is under siege, again.** Many may argue that the threat never ceased – given that SRH determines if a community continues to both survive and thrive. SRH policy makes for a fertile battleground in a time where interest in climate change and environmental resources is at its peak and nationalism is rising with several countries including the United States (US) and United Kingdom (UK) tightening their control on migration, citing limited resources as a key factor. Yet traditional frameworks for understanding SRH such as rights-based approaches (UNFPA, 2013) fail to adapt and continue to exclude important colonial narratives, thus limiting the breadth of solutions that can be applied to SRH interventions by those working in the field. Poor SRH outcomes remain relatively unchanged amongst Black and Asian diaspora communities (Public Health England, 2019) as well as amongst Black & Brown communities in the global south, with lower socio-economic status and educational attainment often failing to account for these differences; it is time that we engage in a more radical understanding of how our SRH has been shaped and continues to be governed.

## **The decolonising movement: A breath of fresh air**

Within the last five years, we have seen a renewed interest in decolonising methodologies following on from protests across university campuses from South Africa to the United Kingdom where both students and academics have interrogated conventional teaching methods and demanded that a broader range of intellectuals particularly those working in the global south are incorporated into their curriculum (Muldoon, 2019). Too often decolonising is incorrectly framed as diversifying. This asks for the inclusion of more racial diversity in the hopes this will solve inequality driven by racism. Decolonising poses much deeper questions about how our knowledge has been derived and for what purpose. Smith (1999) writes in *Decolonizing Methodologies*, that to decolonise is to acknowledge the

often, harmful role that colonisation has played in distorting knowledge and restructuring our society; it asks how we may dismantle epistemologies derived through colonialism and instead centre the experiences of indigenous populations. SRH is built on the foundations of race-based science; for example, linking differences in human anatomy to racial stereotypes about hypersexuality (Washington, 2006) to using ethnic variation in the pelvis to explain reproductive potential. SRH has often assisted in maintaining colonial regimes from the use of contraception for population control to the continued unethical experimentation on predominantly Black and Brown bodies to derive knowledge (Washington, 2006, Sowemimo, 2018). The legacy of racial stereotypes on our practice continues to manifest, demonstrated by research that Black patients receive less pain medication (Singhal et al., 2016) and reports that the pain of Black women is taken less seriously (Chuck, 2018).

Diaspora communities have consistently called for an acknowledgement of colonial influences on SRH and a fresh approach by medical professionals working in the field. Often, those with dual identities articulate best the juxtaposition on how differently SRH interventions are perceived amongst non-indigenous and indigenous populations:

*'Many paternal and apparently sympathetic doctors have persuaded Black women to accept an abortion or contraceptive she did not really want, out of a concern to control our fertility. And such attitudes are reflected not only through our experiences here in Britain, but in our countries of origin, where myths about the need for population control are used as an excuse for unleashing of mass sterilisation and birth control programmes on Black & Third World women, often as part of the West's 'aid' package.'*

Heart of the Race: Black Women's Lives in Britain (1985: 103)

However, discussion on the impacts of colonisation have widely failed to permeate mainstream discourse and translate into alternative approaches both nationally and globally. Within the United States (US), there has been greater success with reproductive justice frameworks created by women of colour which demand an intersectional (Crenshaw, 1989) approach accounting for how facets of people's identities may be implicated in how they experience poor healthcare (Silliman et al, 2004). Reproductive justice continues to be used by women of colour led organisations like Sister Song.

### How has SRH policy been colonised?

The curtailing of abortion rights disproportionately affects women of colour who often lack the economic means or social connections to travel to safer locations and obtain an abortion on the black market (Silliman et al, 2004). In the US, we have witnessed the Trump administration seek to further restrict abortion access with the extension of abortion bans across the US leaving many states with one or two functioning clinics (Guttmacher, 2019) and their attempts to undermine *Roe v. Wade* (the United States Supreme Court case that grants abortion access in the first two trimesters as a women's right) (Family Planning Perspectives, 1973).

Coloniality is consistently implemented and being expanded through the Mexico City Policy (commonly referred to as the 'global gag rule'). Devised by the Reagan administration in 1984 and reinstated by every subsequent Republican president (Starr, 2017), the policy freezes US funding to any non-governmental organisation (NGO) that mentions abortion as a reproductive option. This has devastating consequences on the reproductive lives of those living in the global south, one study showed that on previous reinstatement 16 countries in Sub-Saharan Africa, Asia and the Middle East had shipments of their contraceptives cut off (Sedgh, 2007). That one nation has been permitted to control the reproductive freedom of so many others, particularly those in the global south, is an alarming oversight at best and at worst a well-kept, bargaining tool.

In the United Kingdom, successful pro-choice campaigns to legalise abortion in both the Republic of Ireland and Northern Ireland give the impression that our own reproductive choices are better protected. However, the SRH sector continues to experience devastating cuts under the Conservative government with professional bodies including the British Association of Sexual Health & HIV (BASHH) and British Association of HIV (BHIVA) issuing statements condemning the undermining of service provision and linking it to the rise of sexually transmitted infections (Kirby, 2018). That funding cuts disproportionately impact people of colour is grossly overlooked despite the fact that poor sexual health can link to poor mental health and general wellbeing. Recent data by Public Health England (2019) demonstrated that Black populations are consistently at heightened risk of poor sexual health; for example, the rates of gonorrhoea being ten times higher amongst some groups, Asian men who have sex with men (MSM) and Black African women are at particular heightened risk of HIV infection.

In England, there is a lack of consistent commissioning structures and policy that supports the provision of contraception (Advisory Group on Contraception, 2014), which is creating delays in

patients accessing their chosen methods. Again, those most likely to be impacted are women of colour who have worse reproductive health than their White counterparts, from higher rates of unplanned pregnancy to higher maternal mortality rates (Black et al, 2016; Toorabelly et al, 2019; MBRACE-UK, 2017).

Despite clear evidence that pre-exposure prophylaxis (PrEP) against Human Immunodeficiency Virus (HIV) is a highly effective method for preventing new HIV infections amongst demographics at high risk of infection (McCormack et al., 2016), the preventative intervention is still not fully funded on the National Health Service (NHS). Those most at risk of new infection are MSM, trans\* communities and people of colour who have historically suffered deliberate attempts to undermine their reproductive freedoms and health.

Without a radical shift in our approach to SRH, the nuances of policy implications and the devastating consequences that they have on people of colour will consistently be overlooked. By applying decolonising methodologies, we may shift our focus to those communities who have historically had their sexual and reproductive needs oppressed and underline how SRH is too often used as a political tool.

### **Can we decolonise our minds?**

Firstly, it must be acknowledged that those that have been educated and continue to practice in Western institutions face an insurmountable challenge: our epistemologies are grounded in colonial ideology (Smith, 1999). Lorde (1984) stated that ‘the master’s tools will never dismantle the master’s house’ in her examination of how patriarchal tools are frequently used to understand racism and sexism. There can be a struggle to decolonise our own thinking, challenging deeply ingrained ideas about what methods to use and who holds value. However, I suggest those working within SRH from clinicians, policymakers to researchers start to consider some basic questions to identify how colonial ideologies continue to exert dominance on our daily practice and disproportionately affect certain groups:

1. What have been the colonial impacts on this community?/How has this community been impacted by colonial relations of power?
2. What are the key issues facing this community now?
3. How do other global processes/policy exert influence or dominance on this community?
4. Who are the most vulnerable within the community?
5. How best can the community be supported to meet their own needs?

6. Are the participants within the community active or inactive?
7. Has the issue been reimagined utilising tools constructed by the affected community?
8. Is the solution ethical by your standards or by theirs (the researched group/the group targeted by this intervention or policy)?

These questions provide a starting point for us to examine how certain communities are disproportionately affected by colonisation and its effects on how communities continue to engage with SRH services. If colonial impacts within SRH remain unaccounted for, we will continue to overlook policies that persistently reinforce dominant structures and replicate systems that are designed to maintain health inequities.

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# The Case for Menstruation: The Path Towards Equality, Sustainability, and Social Change

*by Mariana Lopez*

*“Logic has nothing to do with oppression... if men could menstruate and women could not... menstruation would become an enviable, worthy, masculine event... sanitary supplies would be federally funded and free.”*

*- Gloria Steinem, 1986*

**Despite making up half of the population, women and their requirements are often overlooked and neglected, sometimes even deliberately ignored.** When it comes to menstruation, unequal access to menstrual products has been found to have significant impacts on women’s lives.<sup>1</sup> In many countries, women and girls lose days of school and work and continue to be subjected to cultural restrictions with far-reaching implications for their well-being and livelihoods. For instance, in Nepal a practice called chhaupadi requires Hindu menstruating women to sleep in small sheds that are excluded from the community. This can expose women to venomous animals, hypothermia, dehydration, pneumonia, asphyxiation from fires and rape (Baumann et al., 2019). In Kenya, girls have been found to engage in transactional sex for goods such as sanitary pads (Sagala, 2019). In the UK, one in 10 girls between the ages of 14 and 21 have been unable to afford sanitary products (Tingle and Vora, 2018). Paraphrasing Weiss-Wolf (2017), the ability to access menstrual products affects a person’s freedom to study, work, be healthy, etc.

Menstruation matters because it unites the personal and the political. In many countries, menstrual products are taxed as “luxury items” whilst other items like condoms are not. In the U.S., 34 states still charge a “tampon tax” (Bach, 2019), and in Hungary these products are taxed at a rate of 27% (Koschyk et al., 2019). The prevalence of these policies reflects a misunderstanding of this particular bodily

1. Menstrual products can be used by all individuals who menstruate, most of whom, but not all, identify as women.

function, which is an essential component of the human condition. Political work is needed to contest laws that are discriminatory and rooted in a limited, if not erroneous, conception of the female body. Challenging the political and social infrastructure that deems menstruation unimportant can open up the discussion of other, inherently female, issues, such as menopause and reproductive health. The fight to support all individuals who menstruate is part of the pursuit of gender equality and the enduring project to build a more inclusive society.

In recent years, intensive product marketing, international aid, NGO encouragement, and progressive media have begun to popularise menstruation. A growing buzz around Menstrual Hygiene Management (MHM) has meant increased funding towards helping women access disposable menstrual products (i.e. pads and tampons). Sanitary pads have been called the new “it girl” of development (Zhu, 2019). These trends are impacting industry growth, especially in emerging markets, where an expanding population and women’s growing disposable income are making hyper-growth a possibility, if not already a reality. In India, sales of sanitary protection products have grown 41% over 2012 to 2017 (Euromonitor, 2019). Yet, the country continues to have the greatest unmet volume growth potential in Asia Pacific, which is estimated to be USD 5.3 billion or 100 billion units (Aylward et al., 2018).

While thriving sales can be an important reflection of increased access to menstrual products, this growth can also have other implications. In 2018 alone, 5.8 billion tampons were discarded in the U.S. (Borunda, 2019). What is more, if the 121 million women of reproductive age in India used just eight sanitary pads a month, that would amount to 12 billion pads each year (Muralidharan, 2018). As a result of lack of information, taboos around menstruation, and the insufficiency of waste management mechanisms, menstrual products often end up in landfills or sewage systems. A recent study conducted in Jharkhand, India, found that 17% of the women interviewed dumped their pads in the same pond where they bathed. “If you search the bottom of the lake, you will find the whole bed covered with napkins” (Mukherjee, 2017). In many cities in India, especially in schools and public toilets bins are often overflowing with soiled pads (Kilpadi, 2018).

The increased use of menstrual products also has consequences for waste pickers and sanitation workers whose livelihoods depend on waste management, and who often collect these products manually. In addition to exposure to diseases, the stigma associated with menstruation can bring distress to the management of menstrual waste. This reduces the likelihood that these products are collected, properly segregated, and destroyed (Lopez, 2020). In light of this evidence, the question that

we need to ask is, how can we ensure that all women have access to alternatives to manage their menstruation that improve their wellbeing and reduce the environmental and social burden caused by waste?

While there are reusable and 'eco-friendly' products available in the market, such as menstrual cups, the convenience of pads and tampons should not be understated. It is important to also consider that reusables might not be feasible for those without access to clean water and soap, and that biodegradable products or those made with natural materials can be prohibitively expensive for many. Furthermore, as Archana Patkar, thought leader of Menstrual Hygiene Management argues, "first women's experiences of menstruation have been denied and stigmatized... and now we're supposed to tell them that they have to think about the environment and the Sustainable Development Goals... Why do women always have to take responsibility for everything? For the environment, the children, the families, everything!" (Bobel, 2018, p. 83–84). Disposing of menstrual blood can have different social, cultural and religious connotations, and the breadth of these needs to be fully understood before championing solutions. All users deserve choices in line with their physical needs and their cultural and socio-economic circumstances.

The fight for menstrual equity calls for interrogating the context-specific factors that forge our desires and limit our choices. The explanation that all menstrual taboos result in women's oppression is reductionist and fails to consider the historical and ethnographic diversity, and biological and symbolic complexity that these taboos entail (Buckley and Gottlie, 1988). Yet, it is important to recognize and understand the ways in which these norms can reflect and perpetuate women's social status, as well as the wider implications that these solutions can have on the environment. This calls for further research to examine the motivations behind women's choice of menstrual products; the ways they access, use, and dispose of them; and, ultimately, the consequences that these behaviours have for the environment. Only then can enterprise, activism, and advocacy be leveraged to implement interventions that work and truly empower individuals who bleed. Menstruation is the beginning of a bigger conversation about gender equality, feminism, and social change.

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*Dancing Queen*  
by Alejandra Lopez



# The Rhetoric of Reproductive Choice in Postfeminist Culture

*by Alex Wilk*

**According to scholars such as Rosalind Gill and Angela McRobbie, contemporary neoliberal society is increasingly characterised by a postfeminist 'sensibility' that entangles 'both feminist and anti-feminist themes' through a repackaging of pre-feminist ideals as postfeminist freedoms (Gill, 2007: 149).** Within this culture, the feminist gains of the 60s and 70s are 'taken into account' in order to suggest that equality has been achieved and therefore this original kind of feminism is no longer needed (McRobbie, 2004: 255). Supposedly as the result of these gains, today's woman is constructed as an empowered consumer, sexually liberated, with the freedom to form her selfhood, according to her own individual needs and desires (Gill, 2007). The notions of freedom and choice are key tropes in this rhetoric (McRobbie, 2004). Indeed, the freedom to choose is considered as the crux of contemporary (post)feminism, demonstrating the empowerment of women who are today unconstrained by the apparently surpassed inequalities that feminism previously dealt with.

Yet, as Gill points out, "if women are just pleasing themselves, and following their own autonomously generated desires' how can we account for the fact that 'the resulting valued "look" is so similar – hairless body, slim waist" etc. (Gill, 2007: 154). Furthermore, Yvonne Tasker and Diane Negra stress how the subject of post feminism is "white and middle class by default", with class, race and other discriminatory issues, side-lined or disregarded (Tasker & Negra, 2007: 2). These scholars understand post feminism's emphasis on the freedom to construct the self, masquerading as a feminist ideal, as rather, entirely rooted in consumption, neoliberalism and patriarchal discourses of femininity.

This article explores how a postfeminist rhetoric of choice plays out within the arena of hormonal contraception within contexts such as the UK and USA, selected due to their strong neoliberal characteristics that, according to Gill & McRobbie, propel post-feminist trends. This particular analysis is, therefore, limited to these contexts. Further research across global contexts would be beneficial to

interrogate post-feminism's hypothesised correlation with neoliberal governments and cultures. The article, then, will examine how within the various discourses that surround it (for example, medical or advertising), female hormonal contraception is pitched as providing women with even greater freedom and choice through such things as: the ability to engage in "planned parenthood" in order to pursue their careers for longer; to alleviate the symptoms of PMS that interfere with beauty, productivity and sexual availability; even removing menstruation all together.

Of course, these ideas are not untrue, nor undesirable per se. Access to effective female contraception is certainly an important, feminist issue. Indeed, the launch of the contraceptive pill in the USA in 1960 played a key role in the women's liberation movement, giving women autonomy within their reproductive lives.<sup>1</sup> However, as will be discussed, today, female contraception has transformed in ways (and failed to transform in other ways) that are telling of a more complex state of affairs that certainly does not always align with feminist ideals.

This article argues that, much like Gill's observation, the discourses which promote hormonal contraception through the rhetoric of choice, self-determination and equal opportunity, offer a very narrow version of "choice" since they construct women in line with hegemonic discourses of femininity and neoliberalism. Furthermore, the issues and inequalities deeply embedded within these reproductive choices are often omitted. These include the side effects of hormonal forms of contraception; the lack of scientific research into female reproductive processes and disorders; the lack of progress towards a male contraceptive pill and other forms of non-hormonal contraception for women; as well as the inequalities when it comes to contraceptive promotion by healthcare practitioners and governments.<sup>2</sup>

### Hormonal regulation

Since the launch of the contraceptive pill in 1960, hormonal contraception has undergone many variations in terms of the ratios and dosages of its ingredients, and today, there are countless brands available on the market. Even the modality in which its ingredients are ingested has been through

1. *Whilst initial launch of the contraceptive pill may have aligned with feminist ideals, the same cannot be said for its scientific development. The first large-scale human trial of the drug was carried out in 1956 in Rio Piedras – a Puerto Rican housing project – and involved two hundred and sixty-five, mostly low-income, women (Sole-Smith, 2019: 23). Many of them were recruited without the level of 'informed consent' that is required today (Ibid). 22% of these participants dropped out after reporting side effects such as nausea, vomiting, headaches and dizziness and even the study's director concluded that there were too many side effects for the pill to be 'acceptable' (Ibid). Nevertheless, the pill went to market due to the women being discounted as 'unreliable historians' (Liao & Dollin, 2012: 757). As Liao and Dollin describe it, the pill's 'history is marked by a lack of consent, a lack of full disclosure, a lack of true informed choice, and a lack of clinically relevant research regarding risk' (Ibid).*

2. *This latter is a complex and important topic that unfortunately cannot fully fit within the scope of this paper. An examination of how the rhetoric of choice plays out within LARC (long-acting reversible contraception) promotion, such as intrauterine devices and implants, would be beneficial to further this research. See Dusenbery, 2019.*

multiple iterations (e.g. IUDs, the ring, the patch, the injection, the implant). These variations support the idea that there is a wealth of options to choose from, yet, the method of preventing pregnancy by suppressing a woman's reproductive cycle through hormonal intervention remains the primary method of female contraception, despite the fact that there is significant, albeit underdeveloped, research to suggest that there are other non-hormonal methods to be explored, such as through enzyme blocking (Dusenbery, 2019). Consequently, underneath the numerous guises, the essential components of most female contraceptive options – oestrogen and progestin – have always remained the same.<sup>3</sup>

As a result of this method and the ingredients it entails, hormonal contraception comes with an extensive list of side effects, including increased risk of life-threatening conditions such as breast and cervical cancers, blood clots and strokes (Sole-Smith, 2019). These risks are justified, as they are for all pharmaceuticals, by assessing the risk-benefit ratio of the drug. However, the fact that the prevention of pregnancy is placed within this same framework is one of the main factors that has prevented the development of alternatives with fewer side effects (Dusenbery, 2019). It has also hindered progress towards a male contraceptive pill which has been close to completion for decades, though never quite materialising on the market – pregnancy is not considered a direct risk to the man, therefore the standards that these drugs have to meet are much higher (Ibid.).

Whilst female hormonal contraception has remained fundamentally static in its method and ingredients, it has undergone transformations in its usage and promotion. Today, hormonal contraception has also become a panacea for many other kinds of “women's problems”, apart from pregnancy: hormonal acne, polycystic ovaries, premenstrual dysphoric disorder, dysmenorrhea, endometritis, to name a few (Sole-Smith, 2019). According to Elizabeth Kissling, it should be stressed that the contraceptive pill and other forms of hormonal contraception, are not actual treatments, but rather, ‘a way of refusing to treat them’ (Sole-Smith citing Kissling 2019: 27). The deficit of knowledge as to why these conditions occur in the first place, and thus, the lack of actual treatments, beyond the mere management of symptoms, indicates less the complexity of the science, rather, a chronic shortfall of research in the area (Sole-Smith, 2019). This is arguably in part due to a persistent tendency to dismiss the symptoms that women report as part of the parcel of their womanhood and therefore, as personal, private problems to “manage”. We should therefore understand hormonal contraception as not so much a panacea, rather, an effective biopolitical apparatus that serves to quieten those complaints: increasing the productivity of the body through the management of debilitating symptoms

3. *There are non-hormonal methods of female contraception such as barrier methods, fertility awareness and the non-hormonal IUD (copper coil). However, the barrier and fertility awareness methods are typically much less effective at preventing pregnancy and the non-hormonal IUD, whilst 99% effective, comes with its own significant side effects and risks (NHS 2017; 2018).*

whilst diffusing its political potential through the process of shifting responsibility to the individual; this process is also exacerbated by the taboos that surround menstruation that restrict open public discussion.

It is estimated that 140 million women worldwide are on the contraceptive pill, and therefore are subjected to the risks it entails (Bardaweel et al., 2019). These side effects must not be brushed away as the side effects of the women's liberation movement, nor, the unavoidable price to be paid to alleviate the risk of unwanted pregnancy. Rather they should be understood as clear evidence of power relations that are, quite literally, internalised, absorbed and embodied on a daily basis.

### Non-menstruating bodies

A further example of hormonal contraception's transformation is that, today, it is no longer used purely for the prevention of pregnancy or as a treatment for chronic medical conditions. In the US, cycle-stopping birth control pills have been on the market since 2003, and in January 2019, the Royal College of Obstetricians and Gynaecologists in London released a press release stating that "women can avoid monthly bleeding and symptoms that come with it by running pill packets together so that they take fewer (or no) breaks" (Kissling, 2013; FSRH, 2019). Hormonal contraception is increasingly sold through advertising, and prescribed by doctors, as a convenience item – a tool for alleviating the monthly inconvenience of menstruation, along with its cumbersome symptoms.

An example can be seen in an advertisement that was released in the USA for one of Bayer's best-selling pharmaceuticals: the contraceptive pill Yaz (also branded as Yasmin). The advert, which was, in fact, pulled after a warning from the FDA in 2008 for giving a "misleading impression of its benefits" (Reuters, 2008), shows active women kicking, punching and swiping away words that read 'irritability', 'moodiness', 'bloating', 'acne', 'fatigue'. Another brand, Seasonique, sells its birth control primarily on the fact that it reduces periods from 12 a year to 4. Again, the advert portrays active women stating: "did you know that when you're on a birth control pill, there is no medical need to have a monthly period?" (MLCip, 2009).<sup>4</sup>

Gill argues that one of the integral paradigms of postfeminist culture is an increasing focus on a sexualised body that is "presented simultaneously as women's source of power and as always already unruly and requiring constant monitoring, surveillance, discipline and remodelling (and consumer

*4. It should be noted that scientists are not unified on the safety or accuracy of this. Some argue that the long-term effects of exposure to higher levels of hormones are too unknown to be endorsed. Indeed, Kissling equates the use of birth-control for long-term suppression as 'the largest uncontrolled medical experiment on women in history' (Sole-Smith quoting Kissling 2019: 28).*

spending) in order to conform to ever narrower judgments of female attractiveness" (Gill, 2007: 149). In the arena of hormonal contraception, we can see this postfeminist discourse that utilises the logic of neoliberalism combined with a pre-feminist grammar of femininity, which is re-packaged as self-determination. The women in these adverts are depicted as empowered consumers taking advantage of the feminist gain of female contraception to seize control of their unruly, inconvenient and intermittently unattractive bodies. The contraceptive pill is pitched as means of empowerment, but one that is also, implicitly, an efficient means of normalisation to help women achieve the ever-increasing standards of femininity as well as productivity.

Whilst presenting women as active, free-choosing subjects, contraception adverts tend to be imbued with female heterosexual stereotypes that narrow the possibilities of this free choice. Those aimed at the younger generation, emphasise the characters' romantic and sexual availability, amidst their consumer driven lives. Characters might state in the adverts their openness to the possibility of children "when the time is right", prioritising participation in the workforce whilst being sure not to eliminate motherhood, as an integral part of femininity, all together. Women are therefore endowed with a supposed self-determination yet are invited to choose from a very narrow repertoire of desired subjects.

Non-menstruating bodies, or bodies not hindered by menstruation's symptoms, align with an idealised neoliberal and patriarchal subject – a subject that may be productive, feminine and sexually available without interruption. As Kissling frames it, we can read these adverts and products as disciplinary forces – as mechanisms of power that regulate individuals – that attempt to solidify a subjectivity that "imposes an idealized, docile, non-menstruating feminine body, ready for full-time participation in the neoliberal economy" (Kissling, 2013, 490).

With this in mind, it is vital that we reconceptualise the risk-benefit ratio that justifies the risks of hormonal contraception and acknowledge the fact that it is no longer purely for pregnancy prevention. Nor is it an essential and immutable part of female sexual liberation. Rather, hormonal contraception is increasingly sold and used for wider and more insidious "benefits" that undermine that feminist gain. The rhetoric that pitches hormonal contraception as liberating women through choice and self-determination should also be understood as part of an intricate entanglement with a cultural shift towards individual self-regulation. This not only liberates men from joint contraceptive responsibility as well as the pharmaceuticals industry from innovating new solutions to pregnancy prevention and reproductive disorders, but furthermore, constructs women in line with hegemonic

discourses of femininity, within a neoliberal logic of economic utility.

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## Disrupted: The Reproductive Rights Issue

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*by Gloria Wille*



Arm knit sweater, Merino Wool, November 2017, Photography: Detlef Nehls/Gloria Sophie Wille

# (Not your) Eye candy

*by Gloria Wille*

I am Woman.

Too bossy. Too loud. Too unattainable. Too feminist. Too sexy. Too yummy-yum-yum. Too gawd daaang. Too noisy. Too hard to get. Too easy to get. Too bloody. Too Yikes. Too Yet-Again. Too present. Too presumptuous. Too obvious. Too mysterious. Too needy. Too greedy. Too emotional. Too strict. Too direct. Too thick. Too thin. Too average sized. Too smart-ass. Too intimidating. Too delicious. Too boobie-licious. Too rub-a-dub-dub. Too picky. Too cool.

I am at my most beautiful.

*by Gloria Wille*



Apparel & Creative Direction: Gloria Sophie Wille  
Model: Lisa Altekriiger  
Photography: Detlef Nehls / Gloria Sophie Wille

# The Globalisation of Punitive Abortion Laws: The Colonial Legacy of the Offences Against the Person Act 1861

*by Rosie Dutch*

**Abortion law in the United Kingdom (UK) is underpinned by sections 58 and 59 of the Offences Against the Person Act (UK, 1861) (OAPA), the oldest legal framework governing any specific medical procedure still in use today (Sheldon, 2015; UK, 1861).** In July 2019, the UK Parliament signed a bill to repeal sections 58 and 59 of the OAPA in Northern Ireland through an amendment to the Northern Ireland (Executive Formation, etc) Act (UK, 2019) resulting in the decriminalisation of abortion. This means, as of October 22nd, 2019, the procedure is no longer enshrined in criminal law. The amendment was passed in accordance with recommendations laid out by the Committee on the Elimination of Discrimination Against Women (CEDAW Committee), rebuking the state member (the UK government) for the systematic denial of the right to safe and accessible reproductive healthcare through the enforcement of sections 58 and 59 of the OAPA (United Nations, 2018). Due to the enactment of the Northern Ireland (Executive Formation, etc) Act, the region has gone from having one of the most restrictive and punitive abortion policies in the world to becoming one in only a handful of countries, and the first within the UK, to remove abortion from its criminal statute completely rather than liberalising the extant framework through various amendments as other countries have done (BBC, 2019). For example, whilst the Abortion Act (Great Britain, 1967) liberalised access to abortion across Great Britain (England, Scotland, and Wales) by allowing grounds for mitigating punishment, the procedure still remains the only health care to be specifically regulated through the jurisdictions criminal statute. The reframing of restrictive laws on abortion as state-enforced reproductive oppression, not solely a denial of reproductive choice, allows for a shift from regulation based on criminal law towards situating abortion as a matter of “human rights, human dignity and social justice,” as demonstrated in the case of Northern Ireland (Ross, 2006: 14; Cook & Dickens, 2003: 2).

The imposition of the OAPA on abortion legislation is not isolated to the UK, whilst the motivation behind challenging abortion law shares the commonality of being fuelled by reproductive injustice globally, they are also often fighting the same origin of oppression built within frameworks of colonial law. Although the impact of British colonial rule in certain areas, such as the promotion of anti-LGBTQ+ legislation, has received wide scholarly attention, Britain's colonial legacy on the criminalisation of abortion remains relatively unexplored (see: Han & O'Mahoney, 2018). This article seeks to explore the impact the OAPA still has on abortion legislation around the world, demonstrating why criminalisation is inimical to reproductive justice, acting instead as a pillar of institutionalised patriarchal imperialism.

### **The OAPA and the Restriction of Bodily Autonomy**

The OAPA was enacted in 1861, at a time when women were largely situated on the periphery of medical and legal debates surrounding their reproductivity, their voices, for the most part, bypassed as their rights were decided by male jurists and doctors. The outcome of this continues to influence jurisprudential principles pervading many laws today (Gleeson, 2016). The OAPA states under its sections 58 and 59 that the procurement, attempted procurement or assistance in the procurement of a miscarriage is a criminal act if committed "unlawfully," and that those convicted "shall be guilty of felony" and liable "to be kept in penal servitude for life" (OAPA, 1861). The use of such vague language has allowed actors operating within the legal framework of the law to let "patriarchal understanding[s] of [its] historical foundations [...] bear [...] precedent," permeating through legislation today (Chitnis & Wright, 200: 1319). One such permutation of patriarchal understanding is the denial of bodily autonomy, a principle based on having self-determination over one's body. The OAPA's persistent presence undermines the notion that someone who is pregnant can exercise control over their body or determine the reproductive and social uses to which it may be put through the framing of such basic autonomy as a matter of criminal law (Petchesky, 1980).

### **The Colonial Legacy of the OAPA**

The OAPA has had an everlasting global impact due to British colonial rule, with Britain having one of the most influential legislative frameworks facilitating the institutionalisation of abortion criminalisation in the world (Berer, 2017). In the colonial context, legislation often served "as the handmaiden for processes of domination, helping to create new systems of control and regulation," impacting cultural transformations under colonialism and capitalist expansion (Merry, 1991: 917). Colonial relations of power built on areas of production and reproduction were reinforced through

legislation that continues to control reproductivity today, permeating through areas of authority, sexuality, knowledge, and the economy, reinforcing the coloniality of being (Maldonado-Torres, 2007). Controlling reproductivity through law instils a specific value on human life based on the patriarchal control of those who can become pregnant, impacting how their bodies are perceived and how they may perceive themselves. Although there are variations in terms of liability and punishment between the criminal codes originally exported in the regions that were colonised and the individual laws established after independence, the disposition of the OAPA on the matter of abortion is pervasive in its construction of the procedure as a criminal act (Dickens & Cook, 1979). The Global Abortion Policies Database shows that, of the 18 Commonwealth countries in Africa subjected to British colonial law, 11 still have statutes directly derived from the OAPA. In the Caribbean 9 out of 12 and in the Pacific 9 out of 11 countries do - situating reproduction under a “shadow of criminality” and demonstrating the direct role colonisation has had, and continues to have, on reproductive law worldwide (Cook, 2014: 349).

Some jurisdictions that retained legislation modelled on the OAPA have moved towards liberalisation, or, as in the case of New Zealand and Australia, are even pursuing abortions decriminalisation. Both countries are following paths similar to that of Canada, where the procedure was decriminalised in 1988, governed instead under medical and provincial regulations alongside every other type of health care. What sets these countries apart in terms of the evolution and current status of their reproductive legislation may have to do with the particular relationship they had to the metropolis as “white settler colonies,” bestowed with liberal democratic governance and a degree of political autonomy that was not permitted in other countries subjected to colonial rule (Falconer, 2003: 153). Legislation in other jurisdictions continues to uphold the OAPA as only permitting abortion if the pregnant person’s life is at risk, namely due to patriarchal and religious influences (Ngwena, 2015). The Gambia, Jamaica, and Malawi all still have abortion laws almost identical to the OAPA’s original wording, prohibiting abortion even in cases of rape, incest, or severe foetal impairment (Jamaica Offences Against the Person Act, 1864; Malawi Penal Code, 1930; Gambia Criminal Code, 1934). The impact of mitigation only to save the life of the pregnant person relegates their physical existence alone as being worthy of protection, preserving the precedent originally set through the OAPA’s enactment in 1861 (Cook, 2014). The legislation in Trinidad and Tobago retains the direct wording of the OAPA in its own sections 58 and 59, and further stipulates in its section 3 that “every offence mentioned in this Act which would be an indictable offence according to the law of England shall be and is deemed to be an indictable offence in Trinidad and Tobago” (Trinidad and Tobago, 1925). The inclusion of such a provision demonstrates the pervasiveness of British colonial law in positioning itself historically as the arbiter of reproductive

morality with a rippling impact on jurisdictional law (Dickens & Cook, 1979). In some countries, even with parliamentary support for liberalising abortion access, decriminalisation remains withheld. Such is the case in Sierra Leone where, although the Safe Abortion Bill was passed in parliament with a two-thirds majority in an attempt to replace the OAPA, it has failed to become law as former President Ernest Bai Koroma refused to sign the legislation (McGee, 2018). The case of Sierra Leone highlights the struggle for freedom the OAPA's framework has created for citizens living within it - in the face of strong resistance, citizens' rights remain inhibited as patriarchal colonial law is upheld against popular support. These examples demonstrate the breadth of influence the OAPA has had on abortion legislation on a global scale, ranging from being directly present to presenting challenges to decriminalisation despite local support, impacting everyday lives around the world.

### **The Case for Decriminalisation**

Criminal law is a legal and social construct used by the state to determine who has transgressed societal norms and how they should be punished, creating frameworks that define morality, assign degrees of wrongfulness to conduct, and, consequently, attribute social meaning to behaviour, influencing the way we view the world and ourselves in it. Therefore, the positioning of abortion in criminal law has contributed towards its stigmatisation, with a detrimental impact on public health (Cook, 2014). It has been continuously proven that the criminalisation of abortion does not stop it from happening, as abortion rates in countries with broadly restrictive or broadly liberal legislation governing the practice are relatively similar, while complications from unsafe abortions are much higher in areas where the law is more restrictive (Guttmacher Institute, 2018). The creation of abortion as a criminal act simply impacts the safety of those more vulnerable in society who cannot afford or access safe illegal methods of abortion (Petchesky, 1980). Unsafe abortion remains the fifth leading cause of maternal mortality in the world, in part due to highly restrictive laws and its stigmatisation which impacts how abortion is framed and understood (WHO, 2019). The retention of criminal prohibition signals that the state deems criminalisation a necessity to control pregnant bodies and their reproductive choices, despite abortion being classified as one of the safest medical procedures when done according to World Health Organisation guidelines (Cook, 2014; WHO, 2019). Although some countries have moved towards the liberalisation of their OAPA-based legal framework, this does not necessarily result in an equal improvement in conditions for everyone. One of the main concerns continuously raised by the CEDAW Committee in relation to abortion care provision where the law has been liberalised, such as in Ghana and Zambia, is stigma, which results in a lack of knowledge of the law in spite of liberalisation and a continuing high frequency of clandestine abortions (CEDAW, 2011,

2014). Abortion's criminalisation -- no matter how liberalised -- is thus counter-intuitive to public health, instead facilitating and reproducing its internalised and societal stigmatisation through legislation constructed to penalise, not protect.

### Conclusion

The UK's abortion legislation has institutionalised the punitive moral and social values characteristic of the Victorian era it came into effect under across jurisdictions impacted by its colonial legacy. The law, as framed in 1861, maintains its impact on people's lives, restricting bodily autonomy as it continues to shape domestic legislation, regulation, and practice over 150 years later (Maher, 2018). Although former colonial powers and their legislative legacies are not the sole reason behind the promotion of the criminalisation and restricted access to abortion, the role of colonial legislation has been fundamental to institutionalising anti-abortion practices as they exist in their current legal frameworks. Therefore, whilst the OAPA is challenged within the context of the UK, it is important to recognise the wider historical impact it has had as a consequence of colonialism. The current failure to recognise Britain's impact on abortion legislation worldwide must be addressed to acknowledge Britain's influence on the global criminalisation of abortion and to prevent the erasure of those impacted by the law's experiences of reproduction. The relationship between the OAPA, reproductivity, and colonialism cannot be ignored, we must work towards contextualising the OAPA's role in the facilitation of reproductive injustice today as a pillar of patriarchal imperialism in the criminalisation of abortion.

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*Jahanamiya*  
by Taylor Miller



"The impact of the crisis on women is significant. More than 250 women were killed, including at least 16 pregnant women [from recent Israeli military operations]. Due to damage to six hospitals and extremely unsafe operations in some Gaza Strip locations, six [maternity units] were closed. Furthermore, the high number of wounded patients overloaded hospitals and made it necessary to transform part or all of maternity wards into surgical care units. This resulted in reduced care for women in need for emergency obstetric care, including surgical interventions, and reduced post-operative care, as women were immediately discharged after giving birth."

# "Open for Business" – At What Cost? Social Entrepreneurship and Maternal Healthcare in Somaliland

*by Emily Clifford*

***"Our doors are open for business"; depicting a nation of entrepreneurs, the Republic of Somaliland's current Minister of Finance, Dr Sa'ad Ali Shire, is well versed in this familiar neoliberal adage (Somaliland Intellectuals Institute, 2018,).*** Joined by colleagues from his internationally unrecognised nation, he champions a business-friendly climate in which the private sector, diaspora, and civil society contribute to economic development (Abdi, 2017; Shire, 2017). For the secessionists in this breakaway corner of north-west Somalia, this is the edge needed to establish themselves globally. Yet, Somaliland's business development goals appear to be often at odds with those of its healthcare. With a maternal mortality rate amongst the world's highest, claims of equitable, holistic development here are largely unconvincing. By investigating how this fledgling state both jeopardises and supports women-centred maternity care, I seek to illuminate some of the tensions between the reality of Somaliland's post-war economic progress and its caring, enabling development rhetoric.

Since declaring independence in 1991, Somaliland has achieved relative success recovering from a painful civil war. Hybrid, 'home grown' reconciliation, known in Somaliland as the 'beel' system of government, fuses indigenous organisation with 'modern,' institutionalised state-building mechanisms (Ibrahim and Terlinden, 2010: 76). Defying pessimistic 'failed state' status, Somaliland has been heralded as the "lone example of a functioning sovereign state" in the Horn of Africa (Upsall, 2014: 1), with the potential to become the "fastest growing economy in Africa" and even the "next Dubai" (Fenwick, 2016). This impressive recovery is grounded in an ambitious, enabling, caring development

trajectory, comprising the nation's National Development Plans I and II and its National Vision 2030.

Enabling driven, self-determining citizens, the story goes, will unlock the door to peace, productivity, and prosperity. Equally, it is argued, supporting women's bodily autonomy is a cornerstone of development discourse, the foundation of the feminist project, and – ultimately – crucial for delivering Somaliland's caring promises. Yet, the likelihood of a safe childbirth for mothers in Somaliland, attended to by trained professionals in a secure environment with adequate pre and post labour care, remains dangerously low. While quality, consistent, women-centred care can significantly reduce maternal and new-born deaths (Koblinsky et al., 2016: 2308), Somaliland's chronically low public health capacity means many women suffer unseen, escalating the occurrence of unnecessary, avoidable deaths.

Although data is sparse, Somaliland's Ministry of Health estimates 1,000 to 1,400 maternal deaths per 100,000 live births, which it calls "one of the worst maternal mortality ratios in the world" (Ministry of Health, 2011: 9). This is despite, or perhaps in spite of, a lucrative shadow health economy that is flourishing relatively unregulated, and is encouraged by Somaliland's financial openness, coupled with its weak public infrastructure (Mazzilli et al., 2009: 12-13). Private health entrepreneurs, traditional healers, and 'modern' clinics substitute public health provisions by importing drugs and providing for technical needs (Tiilikainen 2012; Zizzola, 2013; Buckley et al, 2015). Yet, while the capital-holding and capital-seeking dominate health discourse, socio-political agency translates into consumer agency as citizenship becomes contingent on purchasing power (Brown, 2015: 10).

Positioning the consumer at the centre of efficiency equations, then, empowerment is refashioned as economic engagement. Far from enabled, women and those engaged in the traditionally private ventures of reproductive labour, domestic and care work are consequently deemed unproductive, and their social value is discounted (Cox, 2013: 493). This is particularly perilous for Somaliland's rural women, who are frequently unable or unwilling to engage with an urban-centric healthcare marketplace. A recent study by Abdillahi and colleagues (2017: 123) revealed the majority of Somaliland's maternal deaths and near-misses to be due to delayed intervention or non-intervention into delivery complications experienced by rural women from low-income backgrounds with little to no formal education.

A transaction-driven dynamic thus ultimately undermines social responsibility, allowing caring and the caregiver to 'disappear' (Spoel, 2007: 17) when faced with the invisible hand of the marketplace. This

social market failure augments concerns over adverse health outcomes for those either without access, or those giving hard-earned incomes to under-trained pseudo-health professionals (Buckley et al, 2015: 3).

Despite this grim report, Somaliland's reproductive justice narrative is ultimately optimistic. Rather than seeking to replace a public service ethos with economic maximisation, private sector innovation is perceived as integral to the rebirth of Somaliland's public health system. Broadly defined as "social value-creating activity" across business, non-profit, or government (Austin et al, 2006: 2), social entrepreneurship enhances Somaliland's public sector capacity-building by fostering comprehensive social participation, alongside accountable private investment (Zizzola, 2013: 7). Entrepreneurial public-private partnerships thus ultimately boost the quality, accessibility, and trust in women-centred service delivery.

Pioneering this is Dr Edna Adan Ismail, a midwife, anti-Female Genital Mutilation (FGM) activist, former first lady, and prominent diplomat with a longstanding ministerial presence. The Edna Adan University Hospital (EAUH) she built launched in 2002 as a private institution. Although the hospital technically charges fees, in practice, its payments are often waived. By January 31st, 2018 it had delivered 22,144 babies, performed 247 fistula surgeries, and trained 540 midwives (Devi, 2018: 829), maintaining maternal mortality reportedly at a quarter of the national rate (Ismail, 2012: 22). Aiming to provide on-site comprehensive care, as well as the training and dispatching of midwives countrywide, many graduates of EAUH go on to find employment in the public sector (Ismail, 2011: 15).

Committed to the professional development of Somaliland's carers, Dr Ismail's work generates greater discursive and institutional space for the practice of caregiving. In co-creating the nation's first post-civil war nursing and midwifery qualifications, she has helped elevate the status of caregivers, their contribution to the effective strengthening of the healthcare system is now recognised. This enhances both the quality of care being administered and the caregivers' sense of career fulfilment and protecting against health-worker migration. Dr Ismail's ongoing partnership with Somaliland's Ministry of Health, London's Kings College Hospital, and the Tropical Health and Education Trust pays particular attention to primary healthcare and community outreach. With the aim of rebuilding local, regional, and national capacities for sustainable, women-centred care, training programmes are accompanied by infrastructure development under a strengthened Regional Health Board (Leather et al., 2006: 1121).

Despite these promising developments, there is still a long way to go. Ultimately, social

entrepreneurship is hindered by a deficit of capital investment, trapping Somaliland in a cycle of underdevelopment. In the post-conflict atmosphere, the lion's share of government spending is diverted to security (Mesfin, 2009: 3). Meanwhile, chronic droughts cause emergency relief to capture both government and donor attention (The New Humanitarian, 2012). Additionally, while considered an autonomous region of Somalia, Somaliland's lack of official international recognition means it is barred from unilateral access to international financial institutions. Without international legitimacy, limited options are available for large-scale investment, diluting aid's ability to support national-level programmes (Jeffrey, 2016).

Within this environment where funds are scarce, women's relationship to the state deeply affects their prioritisation. The overpowering authority of Somaliland's kinship structures reduces the impact of potentially progressive gender policy, perpetuating resistance to women's socio-legal protections (Rossi, 2014: 15, 16, 26, 28). For example, women in Somaliland are not legally entitled to an emergency caesarean section without consent from a male family member (Abdillahi et al, 2017: 123). Furthermore, despite lacking definitive religious bases, early marriage and FGM are embedded into the value system of many of Somaliland's families (Koronya, 2011). Although reliable data is scarce, anecdotal evidence suggests that FGM in Somaliland is "ubiquitous" (Edna Adan Hospital, n.d.). In a study undertaken in Somalia, all women between ages 15 and 49 reportedly had undergone some form of cutting, the majority of which being Type 3 'Pharaonic' circumcision (Mohamud, 1991: 204). Despite the well-known life-threatening health risks, the cultural prominence of these practices continues to undermine efforts to eradicate them (Tungaraza, 2010: 29).

To help enhance and promote reproductive justice whilst respecting Somaliland's unique, 'home grown' post-conflict reconstruction, participatory state-building needs foundations of human development and ethics of care. Yet, external development practitioners must proceed with caution. In honing their fusion politics, Somalilanders are actively seeking to avoid international 'rescue' missions. Alternatively, social entrepreneurship is an innovative way of establishing holistic development discussions whilst retaining grassroots legitimacy. International recognition becomes critical here for supporting women-centred philosophies, as it creates opportunities for these entrepreneurs to attain the essential attention, funding, and social impact.

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# iCare

*by Lily Reynolds*

**Self-tracking technology exists as a self-care mechanism amidst our capitalist climate.** Period tracking apps imagine the period experience as a vehicle for feminist empowerment - apparently to get in control of your cycle is to get in control of your life (Anderson, Burford and Emmerton, 2016). I disagree with this commercial selling point but have discovered how period-tracking apps can help those who menstruate survive (and even thrive) in their bodies.

Self-care and survival are complex and nuanced concepts to make sense of as a menstruating person in a global climate rife with discrimination, repression and bias. Period tracking technologies like Eve, Flo and Clue can be used in a way that the user is aware of their breaches, advantages and biases whilst still benefitting from the data, information, and tracking services they provide. If we are to live in such a system that continues to stigmatise, discriminate against, and erase our bleeding bodies, then why not attempt to make its technologies work for us rather than the other way around? Perspectives like these are needed to raise awareness of the positive possibilities and potential dangers that are associated with period tracking apps so that the user is able to act and track from an informed position. Eve, Flo, and Clue allow you to become literate of your hormonal body in a way that your high school education never could. The spectrum of pain, confusion, curiosity, and fear one experiences throughout their menstrual cycle can alienate them from other bleeding bodies due to their consciousness of stigma and taboo (Kissling, 2006). Technology can potentially bridge the gap of misinformation and isolation as suddenly, you're no longer alone - you have Eve, Flo or Clue to help you when doctors, policy and the education system have failed to do so. Sure, your information is being sold to Facebook and you're scrolling past more fertility ads than you'd like in your Instagram feed, but the intimacy of self-tracking and consequential care for oneself could help you survive within a bleeding body in a biased healthcare system.

In my personal experience it seems that pain is all about perspective - except apparently when it comes to interactions with medical professionals, when it's never your own.

## Disrupted: The Reproductive Rights Issue

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“Describe your pain on a scale from 1-10” the physio says, pushing at my right hip.

“It’s like a firework exploding up the side of my right ribs that makes my right thigh feel like this” I reply, referring to my clenched fist that goes white in the face of their furrowed brows.

“That’s not a number”

It turns out that the pain you live with is actually frustratingly unquantifiable.

The back of my thighs itch against the bristles of the cheap chair at an ironically expensive medical practice where I state my case for the government’s chronic pain subsidy for physios.

“So is the pain chronic?”

I shift and scrunch my face, a Google images database of what I thought chronic pain ‘looked’ like flashing in my mind. *You’re not disabled by your pain – you just did yoga this morning! That subsidy is for those with **proper** chronic pain, don’t exaggerate.*

“It hurts all the time and I feel like I’d be better to stop using my right leg all together if it meant the pain would go away”

“But is it attached to a disease? An illness? Are you sick?”

I feel claustrophobic in a wide-open room. *It hurts all the time, right? I had to hit feeling back into my thigh the other day, didn’t I? It’s not in one spot but everywhere at once. This isn’t normal but I’m not sick, I’ve just been in constant pain for a year now. It’s a temporary injury; it must just be an abnormally long-term, extracurricular activity injury. From yoga. Yes, from yoga.*

“No, I’m not”

“It must just be an aggravated, temporary injury. I can refer you to a physio but unfortunately you don’t meet the official requirements of chronic pain”

*It must just be temporary.*

Pain is a spectrum: period pain is its own planet with orbiting moons, burning stars and shapeshifting alien life forms. You yourself feel much like the latter in the dizzying tension of the menstrual cycle in which three weeks of every month are essentially, fucked. Type period pain into your search engine and you're greeted by scientific words like "Dysmenorrhoea", explanations of menstrual cramps and a 'People also ask' section that reads as agonised pleas: Why is my period pain so bad? How do you stop period pain? This thesis speaks to the myriad of period pain as something that doesn't only occur as cramps in your lower back. The intangibility of Pre-Menstrual Syndrome, Pre-Menstrual Dysphoric Disorder and Post Menstrual Syndrome mimic the feeling of sand through your fingers: the shells rough on your skin, cutting and bleeding yet never staying still, never enough to explain yourself or to help others just like you.

This idea of the period being popularly understood as merely the days that you bleed is detrimental to a person with a vagina's understanding of their mental health. I spent countless therapy sessions contemplating, categorising and analysing my childhood, social life, sexual experiences, relationships with my parents – but never my menstrual cycle. By now I could have bought a 1997 Volkswagen Golf GL Convertible with the money I spent trying to differentiate my period self from the self that sat in the pale blue couch opposite yet another psychologist. Severe depressive episodes, seething rage, sensitive skin that lights like a match and desperate breaks in concentration attributed to either my enmeshment issues, the self-entitlement in my psychological schema or my anxious avoidant attachment style: a diagnosis that never once questioned the potential havoc of my hormones. Period pain, both physical and psychological, is chronic in the sense that you live with it, yet it's tainted by the gendered expectation that you would anyway despite a diagnosis because: you've just got your period.

Technology seeks to resist unfair systems and create new mainstreams for those in need. It just so happens that this kind of revolutionary action can take the form of a smartphone app rather than another government policy or brick and mortar clinic. Apps can exist in the folds of self-care and self-expertise vs institutionalised medicine as they can directly serve the individual whilst establishing, dismantling, or promoting public health campaigns. Clue is effectively your pocket menstruation expert as well as an international leader in reproductive health research and policy. Eve is attempting to breakthrough such societal taboos as sex and menstruation by positioning itself as your own digital journal. Flo mines a database of advice, research and networking that infiltrate our social media feeds and subsequently our social imaginaries. Your period tracking app is your ultimate confidante – which sits uncomfortably in one's subconscious next to our awareness of surveillance capitalism – so for it to be emotional is necessary.

In terms of reproductive health, the effect of stigma and shame on the menstruating body is so high that to have an anonymous technological buddy throughout it all could suit a majority of people who don't wish to share the ins and outs of their flow with other human beings. Research and my own personal experience attest to the self-tracking success of technology in aiding someone in cyclical pain, no matter its two-dimensional limitations and metallic casing (Roberts, 2006; Johnson, 2014; Anderson, Burford and Emmerton, 2016). I believe that you can use self-tracking technology as a self-care practice throughout your period experience. To be literate in your hormonal body is to be aware of how to care for yourself in your cycle. I believe that in order to live in a system in which to survive is radical (Lorde, 2017) one can employ products of said system, like period tracking apps, to navigate, comprehend, and care for their bleeding body.

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*Dauphine*  
by Gloria Wille



# Dauphine

*by Gloria Wille*

Elegant and playful  
becomes noble and strong  
A liberating combat.  
I don't mind  
to find  
blood under the bridge  
Succumb your fate,  
to create  
something new.  
After midnight,  
we knew.

*Dauphine*  
by Gloria Wille



# Assessing reproductive justice in Israel: Narrations by refugee women on embodied experiences of discrimination in South Tel Aviv

*by Hannah Reintl*

**Women refugees are among the most disadvantaged populations worldwide, facing a variety of social, political, and economic constraints.** The situation is no different in Israel, where the simultaneity of discrimination that women refugees experience within the interlocking dimensions of gender, class, and race is contextualised by the state's unremitting refusal to grant refugee status to the vast majority of asylum seekers currently residing within its borders. With less than 1% of asylum claims having been accepted (ARDC, 2019), most of the around 33,000 asylum seekers in Israel (HIAS, 2019) are status-less and only tolerated by virtue of a policy of non-deportation. This article argues that the consequences of such a policy are disproportionately borne by the around 7,000 female asylum seekers in Israel, and that their embodied experiences of discrimination reflect the lack of reproductive justice at the margins of Israeli society.

Drawing from several interviews with women asylum seekers and Israeli activists in South Tel Aviv,<sup>1</sup> this article maps some of the challenges women asylum seekers in Israel face in accessing reproductive rights and presents elements of narration directly from the interviewees. The purpose of this is twofold: firstly, to recognize the limitations of the author's vantage point as a white academic who has only temporarily lived in Israel, and, secondly, to establish a normative framework for analysis that is intended to highlight the importance of centering the marginalized when assessing reproductive justice in Israel.

In Israel's current political framework, which denies all but a few asylum seekers legal recognition as refugees, the reproductive health of women asylum seekers is severely compromised by their lack of

1. Seven interviews conducted between September 20th, 2019 and October 10th, 2019. The interviews were semi-structured, ranged in length between 30 and 60 minutes, and were held in English. For the sake of anonymity, interviewees are only identified by the initial of their first name and their category (i.e. activist / asylum seeker) in this article.

official status. Except in the case of emergency, asylum seekers are not entitled to access public health care (Guthmann and Kaufmann, 2019: 14). The high costs of medical check-ups and contraception, therefore, must be covered out of pocket or through the purchase of private health insurance, preventing many women from seeking basic family planning services. “These women and their families, they don’t have health insurance. If they want to see a gynaecologist, it costs them like 1,000 Shekels, a third of their monthly salary. And then you also have to pay for contraception which is expensive” (S., Israeli activist).

Women who successfully obtain work permits are entitled to health care coverage through their employer and can, for instance, access limited antenatal care through these insurance schemes (ASSAF & PHRI, 2019: 12). Yet, in a submission to the Committee on the Elimination of Discrimination Against Women (CEDAW), the Aid Organization for Refugees and Asylum Seekers in Israel (ASSAF) pointed out the shortcomings of such an arrangement, including the need for reliance on the employer due to the inability of workers to directly insure themselves, the lack of enforcement, and the lack of coverage of preliminary conditions (ASSAF, 2016: 7).

In cases of pregnancy, women refugees who are employed also report a fear of being fired due to the employer’s unwillingness to cover maternity leave. *“When I was pregnant I didn’t want to share with my employers because they fire you when they find out. When I told my last employer that I was pregnant, she fired me. [...] It’s so hard, it’s scary, when they fire you, you don’t have food for your family - so you always have to hide, you don’t have any power. It depends on your employer’s mercy.”* (B., Eritrean woman asylum seeker). Women who are not entitled to health insurance due to unemployment or informal employment are left either to pay the medical expenses themselves, or to seek antenatal care provided at reduced costs by volunteers at the single state-funded health clinic or at one of the few NGO-run medical centres. The clinic and the medical centres are exclusively located in South Tel Aviv and run by volunteers, with medical appointments often requiring long waiting hours (ASSAF & PHRI, 2019: 12), effectively banning women asylum seekers residing in other parts of the country from accessing their services (ASSAF 2016: 7). *“When I was pregnant, I didn’t have insurance, so I called one non-profit, and they give check-ups. But they are short-staffed and there is only one [clinic], so there is a long waiting list [...]. Pregnant women wait hours, one day I stayed there from 09:00 to 15:00. There are services, but it’s not enough”* (B., Eritrean woman asylum seeker and activist).

Israel’s Deposit Law, which came into force in 2017, further exacerbates the precarious conditions of

women refugees in the country and has forced many into making risky choices for their own and their children's health (Guthmann and Kaufmann, 2019: 21; ASSAF & PHRI, 2019: 8). The law requires employers of asylum seekers to deduct and deposit 20% of their employees' basic salary in an account that asylum seekers have access to only after they have left the country (Guthmann and Kaufmann, 2019:4-8; ASSAF & PHRI, 2019: 7). Its introduction has inflicted severe economic pressure across the refugee community in Israel: 88% of asylum-seekers reported having to reduce their spending on vital needs, including medicine and hygiene, and many of those previously paying privately for health insurance are no longer able to afford it (Guthmann and Kaufmann, 2019: 21). Most severely, the law is affecting single mother asylum seekers who face particularly serious hardships to financially support themselves and their children. Since these women are not officially recognized as residents of Israel, they are not eligible to receive the support from the National Insurance Institute that is normally offered to single parents in the country (ASSAF, 2016: 14). *"It's not enough, you have to pay for insurance, for food, for school, for clothes, so for many women it's not enough, especially for single mothers. So, they go into prostitution, especially single mothers"* (H., Eritrean woman asylum seeker). Indeed, the number of female asylum seekers in Israel working in prostitution has seen a significant increase: while in 2014 40 women asylum seekers were reported to be working in prostitution, this number had risen to 400 by 2018 (Lee, 2018), constituting almost 6% of the female asylum seeker population across the country.

For other refugee women, economic precarity increases their dependence on the support of others and their vulnerability for exploitation and abuse within these relationships (ASSAF, 2016:14). *"Domestic violence is so high and the government doesn't only not care but provides more opportunities for things to happen"* (B., Eritrean woman asylum seeker and activist). 60% of female asylum seekers in Israel report to have experienced intimate partner violence (ASSAF, 2015), as a result of stress caused by past traumas, challenging economic and political realities, and the difficulties of integrating into the host society (Ibid.). Yet, high economic and social pressure combined with a lack of free legal services force many women refugees to remain in these abusive relationships (ASSAF, 2016: 4, ASSAF, 2015: 1-2).

While the narrations highlighted in this article can only form a starting point for a deeper investigation of the multifaceted constraints women refugees in Israel face in accessing their reproductive rights, they reveal a common theme: the bodies of female asylum seekers have become a site for the state's political, economic, and social marginalization of refugees. For women refugees in Israel, the interviewees' accounts revealed, reproductive health is not a matter of choice; it is a matter of access. This access continues to be highly limited in a political framework that fosters economic coercion and imposes legal impediments on the asylum seeker community in Israel. It is therefore imperative to

embed analyses of reproductive justice in Israel into a broader discourse of human rights and to centre in the discussion those who currently exist at the margins of Israeli society.

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# A woman's anger

*by Aleksandra Kusnierkiewicz*

I'm nineteen when the condom breaks  
And I lay in bed staring at the ceiling in horror.  
The boy (still a boy) is older than me  
And shrugs his shoulders when he says: I guess you'll get the pill.  
'yes, and you'll go with me to the pharmacy'  
But he never did.

I'm really embarrassed when I walk in  
(I bet they all know what I did)  
'emergency contraception please'.  
Silence. Rushed moves.  
'Don't worry, we'll get you what you need';  
But I didn't worry. It just felt weird  
To hear their whispers,  
As if it required sympathy  
To be a Woman.

I sit down at my kitchen table  
And swallow the saviour of a pill.  
Nothing changes, I just feel relieved.  
And then I remember that if I was back home,  
Not away on this island of sun,  
I would've been denied the right  
To own my body,  
Just like that.

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But I am a Woman  
Which means I had to be taken out of my body  
Many times until the burning rage  
Brought me back.  
Now  
My anger is a force  
My anger is mine.

*Rainbow women*  
by Eve Nicholson-Smith



# The Period Positive Pledge: An International Standard for Co-Operative, Non-Corporate Menstrual Literacy Policy

*by Chella Quint*

**This article is for anyone who wants to change the way they think about periods or influence the way other people treat those who menstruate.**

Many current interventions into period poverty and menstrual equity aspire to provide short-term, product-based solutions, and can be prey to the bias of historic taboos peddled by corporate media. In this fast-growing area of global development, underserved communities can become particularly at risk of being exploited by those with underdeveloped campaigns, unexamined menstrual shame, or even unscrupulous principles. Many people immediately feel swept up by a crimson wave of enthusiasm when they first discover these issues but can miss some important sensitivities in the details. Associate Professor at the University of Massachusetts, Boston and former president of the Society for Menstrual Cycle Research, Chris Bobel, a leading expert in global menstrual literacy describes this in sensitive yet critical depth in 'The Managed Body: Developing Girls and Menstrual Health in the Global South'. This 2018 book is essential reading for anyone hoping to synthesise the current paradigm with the recommendations below and it is both a cautionary tale about what can go wrong when menstrual policy is reductive or too product-focused, and a roadmap for how to develop 'trained and trusted' leadership in a new literacy-focused paradigm.

Communicating a new mindset or method is difficult in a swiftly evolving field such as improving the menstrual discourse. In this article, I will present the rationale for a new framework to create a future of taboo-free menstruation-related policy, product provision, school- and community-based education and accurate and understandable public health messages.

The Period Positive Pledge - and the rationale behind this guided and nuanced holistic approach - follows a comprehensive literature review; one-to-one sessions; workshops; interviews with service users, clients, and members of the public; and advisory meetings with key decision-makers at a number of UK-wide and global public services, NGOs, and companies. This resource is the culmination of case studies with pilot and partner projects in the UK, EU, and the Global South, reporting successful outcomes, and opportunities for improvement. My research process concluded with recommendations for developing best practice using the Period Positive Pledge (The Pledge) as a global benchmark.

I found my way to these ideas through a number of formal and informal research projects since first discovering the Ad\*Access Archive in 2005, and it's important for readers and supporters to know where the ideas came from. The archive is a collection of vintage adverts with, I noted, surprisingly familiar sounding messages. When I realised modern ads carried the same negative tropes, I began responding with art, activism, and research. My route into this field is detailed in a recent chapter I wrote for the monograph 'Down the Pan' (Quint, 2019), and my research since moving from art to activism and into scholarship including interviews, action research in education settings, focus groups, questionnaires, practice-based research involving critical artefacts created in response to close readings of adverts from the archive and from the present day. Menstrual discourse analysis is a growing field of research and there are already some excellent and respected examples in the literature that support this work and represent some of this fascinating field of study. I would invite more colleagues to explore this work. Once you notice the examples of shame in menstrual media they can't be unseen - this is just one aspect of menstrual literacy.

Dr. Elizabeth Kissling, a noted scholar in menstrual media, and her 2006 book, 'Capitalizing on the Curse', was crucial to my understanding that the patterns I was noticing in old and modern advertising messaging were not the product of an overactive imagination. I became determined to take my newfound interest into my classroom-based research. After finding very little in UK journals contemporary to my research I was pleased to discover a 1994 book by Shirley Prendergast, a Cambridge senior research fellow. She interviewed pupils in 1989, but my own pupils responded to the same focus group questions in the same way twenty-five years later. I knew the reason was related to something that we weren't seeing - we would have to think outside of the current paradigm.

It is also important to note that my MA research coincidentally developed in parallel with Vicky Newton's research while she was also studying in Sheffield and those with a particular interest in

school- or youth-based menstrual work should absolutely check out her book, 'Everyday Discourses of Menstruation' (Newton, 2016) as the teens we are each working with lived in broadly the same area during the same time. I was also not just sticking to traditional research; I was carrying on menstrual activism outside of my teaching and research roles in my free time and sharing installations and comedy sketches on social media. Breanne Fahs' (2016) 'Out for Blood: Essays on Menstruation and Resistance' catalogues mine and others' acts of menstrual activism and the rationale behind it. Developing the ideas behind the actions into a shareable resource has been a long, slow process. From improvised and impassioned beginnings, I have begun to learn how to influence policy in a way that focuses on social justice and inclusion and challenges messages of shame.

The Pledge serves as a set of proactive guidelines to elevate the burgeoning global policy dialogue around an improved menstrual discourse without undue sway from highly influential multinational disposable menstrual product corporations (or Big Tampon for short). Statements in the Pledge are presented visually in the style of the Universal Declaration of Human Rights or the Sustainable Development Goals to guide and align menstruation advocacy for allies and policymakers. On a more accessible level, the Pledge also serves as a general entry point to championing global menstrual literacy, regardless of the size or type of organisation or number of individuals, at any level of expertise.

### **The Period Positive Pledge**

1. It's Period Positive to say menstrual products, not sanitary products\*, because periods aren't dirty.  
*\*or feminine hygiene, or sanpro, or CSPs, or femcare*
2. It's Period Positive to include all genders, because whether you menstruate or not, everybody had a room that was a womb.
3. It's Period Positive to teach yourself and others about sustainable menstrual products, because single use plastics and disposable culture are unsustainable.
4. It's Period Positive to learn and teach about the entire menovulatory lifetime, because we all deserve to know what happens from menarche to menopause and beyond.
5. It's Period Positive to audit your environment to make sure it supports people who menstruate and doesn't reinforce taboos.

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6. It's Period Positive to read more about the biology of menstruation and reproductive health, because knowledge is power, and it empowers those addressing ignorance.

7. It's Period Positive to advocate for menstruators on the margins because oppression is intersectional.

8. It's Period Positive to centre education, training, and choice in rigorous holistic solutions to period poverty because anything less is ineffective long-term.

9. It's Period Positive to challenge corporate messages that reinforce shame or bias and challenge companies\* to find more ethical models for promoting their product.

*\*including within your own company*

10. It's Period Positive to cite your sources and give credit where it's due because this movement only has a future as long as it celebrates and draws from its history.

11. It's Period Positive to ensure your research - and any other research you share - is robust, because of the need to be trained and trusted.

12. It's Period Positive to set ethical boundaries when working with corporations\* and put the focus on media literacy, because periods come before profit.

*\*and for corporations, to honour these boundaries when working with non-corporate partners*

13. It's Period Positive to call in before you call out, because everyone is learning.

14. It's Period Positive to remember that there is always something to learn, because you might not know what you don't know, and learning is amazing.

15. It's Period Positive to reject embodied shame, because acknowledging it may be hard but living with it is far harder.

16. It's Period Positive to challenge negative media messages, because they have been plaguing us for a century.

17. It's Period Positive to say menstruation, because euphemisms allow people to hide from the subject.

18. It's Period Positive to talk about periods, good or bad, because even when they're a pain in the uterus, sharing and understanding our own and others' bodies will help people now and in the future.

19. It's Period Positive for anyone of any age, class, gender, ability, race or culture to talk about menstruation, and for everyone to include those on the margins or affected intersectionally in this discourse.

20. It's Period Positive to update and revise these statements because we are learning and growing as a society and these views may grow with us as we learn more.

Some of the Pledge's statements are fairly prescriptive, such as the first, which points out the pervasive reframing of periods as dirty by corporations that profit from masking menstruation. Others are more of a light-hearted reminder of good practice. Pledges 9 and 12 include corollaries that explicitly include corporations *within* the frame, albeit in a more non-hierarchical way than they may be used to. The final pledge reminds us that navigating the menstrual discourse is a bit like going through puberty. We are learning and growing as a global society and have begun questioning and rejecting the accepted pervasive culture of menstrual taboos.

The next stage of this process is to write up pilot case studies and develop a toolkit that can be disseminated to help people develop resources for evaluating their output in relation to the pledges in academic, commercial, social, and policy contexts. In the meantime, these pledges should learn and grow with us. This is their first incarnation and I invite readers to use them as a tool to reflect on their own practice and feed back to me through the website with observations and reflections. I expect that the dissemination of The Pledge will serve as an example of the challenges in developing new mindsets or methods.

*The #periodpositive campaign and the concept of period positivity started as a phrase coined by artist, activist, researcher and former teacher Chella Quint. It has grown into a trademark, a charter program, and a movement. If you'd like to earn the charter mark and apply for a licence to use 'Period Positive' or the logo, please get in touch at [www.periodpositive.com](http://www.periodpositive.com).*

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Katie is a researcher and editor, with degrees in politics, international relations, and diplomacy from the University of Oxford and Royal Holloway University of London. She is currently finishing her doctorate in International Development at the University of Oxford, where her research focuses on the role and impact of gender, faith, and identity in the experiences of young British women who have joined or supported violent and non-violent extremist causes.

## **Louise Scarce - Assistant-Editor-in-Chief**

Louise is an Australian living in London. She has degrees in law, international relations, and political science. She works in politics and is a writer, focusing on feminism, sport, and culture.

## **Tatiana Cary - Editor**

Tatiana is a PhD candidate in Social Policy at the University of Edinburgh. Her research focuses on philanthropy, global women's movements, and development financing. She has experience in the social entrepreneurship sector working as the Venture Manager for Ashoka UK leading the search and selection of Ashoka Fellows in the UK and Ireland for the past four years. She was also the Development and Administrative Assistant for the GenderEd initiative led by the School of Social and Political Science and hosted by the Institute for Advanced Studies in the Humanities (IASH). She holds an MSc from the London School of Economics in Gender, Development and Globalisation and served as a Peace Corps volunteers in Morocco focusing on sport for development..

## **Claire de Tassigny - Editor**

Claire is an international lawyer with over ten years of experience working at an intergovernmental organisation in The Hague and Mauritius and at law firms in France and Canada. She started gathering experience – and developing a strong interest – in editing work during her university years, most notably when she joined the editorial team of the UBC Journal of International Affairs and sat on the Editorial Board of the McGill Law Journal. Claire feels passionate about using the law to help advance social justice and human rights in the world, including with regards to women's issues. She is also an avid meditator and into all things related to wellness. Most importantly, she is the proud mother of a four-year old girl and a six-year old boy, who keep her active and on her toes. Since 2018, she and her family are based in Berlin.

## **Adalmiina Erkkola - Editor**

Adalmiina is interested in gender and international relations, and is currently interning with the Women's International League for Peace and Freedom to learn about advocating for women's rights in practice. She is getting ready to start her Master's degree studies on Gender, Peace and Security in London.

## **Carina Minami Uchida - Editor**

Carina Uchida is a recent masters graduate in Latin American Studies at the University of Oxford. She specializes in transitional justice processes in post-civil war arenas in Latin America, and as an avid International Relations theorist, interested in critical disruptions of human security, post-colonial spaces and gendered experiences of international politics. Currently, she is based in Bangkok working at the International Labour Organisation, researches protracted conflicts for the University of Oxford and hopes you enjoy the latest Disrupted issue for Centre for Feminist Foreign Policy!

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Julia specialises in education diplomacy, inter-Korean relations, and social dynamics of the Korean diaspora. She is a graduate of St Cross College at the University of Oxford. A Vancouver native, she is currently a Program Manager at the School of Public Policy and Global Affairs, UBC.

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Marianne's research and work interests include gender and education policy, intergovernmental affairs, body politics, intersectional feminism, feminist economics, and international agriculture. She holds an MSc Gender, Policy & Inequalities from the London School of Economics and Political Science and an MA in Public and International Affairs from York University. She currently works as a bilingual analyst at an intergovernmental organisation in Canada where she supports Canada's participation in an international project relating to education policy.

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Marissa Conway is the Co-Founder of the Centre for Feminist Foreign Policy, a current doctoral candidate earning her PhD in Politics at the University of Bristol, and is on the Forbes 30 Under 30 list. Follow her on Twitter: @marissakconway.

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Agostina Allori is a Public Interest Lawyer and Scholar from Argentina. In her country, she has worked in the Direction of Regional and International Cooperation of the Public Prosecutor's Office for several years. She has been a Law Professor at Universidad Torcuato Di Tella, Universidad de San Andrés and Universidad de Palermo as well; where she taught Human Rights, Constitutional Law and Professional Ethics. She is also an alumna of the Inter-American Institute of Human Rights, in Costa Rica. She holds and LL.M from Michigan Law School and nowadays she is finishing her Master of Laws in Human Rights at Central European University. Her main areas of interest are International Human Rights Law and Women's Rights.

Special thanks to Sejal Parmar, Aluminé Moreno, Ana Belén Amil and Silvina Pezzetta for their thoughtful comments.

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Aline Beatriz Coutinho is a feminist activist for Reproductive Rights based in Rio de Janeiro and a member of the collective Now it's our Time to Legalize Abortion (NHILA-RJ). She researches Sexual and Reproductive Rights, gender, movements and feminist theory, co-coordinating the Gender Working Group of the National Association of History (Anpuh / RJ). She graduated in History from the Federal University of the State of Rio de Janeiro (UNIRIO), holds a postgraduate degree in Gender and Sexuality Studies from the State University of Rio de Janeiro (UERJ) and is currently pursuing a master's degree in History at UNIRIO, writing her master's thesis on the political disputes over Sexual and Reproductive Rights in Brazil.

## **Emily Clifford**

Emily is a PhD student in Feminist Security Studies at the University of Exeter. My main interests are sexual violence and reproductive health in conflict.

## **Katherine Connolly**

Katherine Connolly is a crisis strategy consultant living in the Washington D.C. area. She brings an international perspective coloured by her experiences as a dual citizen living and working across four continents. She graduated from Trinity College, Oxford with an honours degree in History & Politics.

## **Rosie Dutch**

Rosie is a Politics and International Relations undergraduate at the University of Sussex, currently studying for a year in Madrid. She is interested in public health and reproductive politics. Over the summer she completed an internship at British Pregnancy Advisory Service where she undertook a research project on the global impact of British colonial law on abortion legislation.

## **Mariyam Haider**

Mariyam Haider is a writer, poet, and communications consultant in Singapore. She is the researcher of the book 'The Billionaire Raj: A Journey Through India's New Gilded Age' by James Crabtree. Mariyam regularly writes on mental health, feminism, and civil rights, and her poems explore the intersectionality of everyday life with the natural world. Her writings have appeared in Hindustan Times, Livemint, Feminism In India, New Asian Writing, Kitaab, Jaggery Lit and Asian Review of Books.

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## **Kristina Hinz**

Kristina Hinz is a lecturer, writer and policy advisor specialized in gender-based violence, security policy and feminist movements in Brazil. Currently, she is working as a researcher at the Center for Studies on Inequalities and Gender Relations (NUDERG), State University of Rio de Janeiro (UERJ), and writing her PhD dissertation “Women and the War on Drugs: The Militarization of Female Marginality as a Mechanism of Social Control in Democratic Brazil” at the Free University of Berlin, funded by Rosa Luxemburg Foundation.

## **Aleksandra Kusnierkiewicz**

Aleksandra works at the European Network of Migrant Women in Brussels and she is a recent International Relations graduate. She studied at King’s College London and the University of Sydney. She’s a passionate writer investigating gender and sexuality politics, women in militarism, migration and geopolitics. She’s interested in performing arts, literature and creative writing.

## **Sena Kwon**

Originally from South Korea and having lived in various countries such as Japan, Canada and Australia, Sena Kwon has developed a deep appreciation for different cultures, which is often reflected in her work. She currently resides in New York where she works as an illustrator and graphic designer.

## **Alejandra Lopez**

Alejandra Lopez is a visual artist and historian. Her work focuses on issues of war, feminism, and violence in Mexico. She trained as an artist at the Yucatan School of Arts, and as a historian in the Ibero-American University. Alejandra has also taken literature and history courses at the Freie Universität Berlin and Boston University. Since 2018, she has been participating in a research seminar on forced displacements in Latin America, and she regularly presents her work at various art forums in Mexico. She also a self-defence instructor and volunteers as a children’s art tutor.

## **Mariana Lopez**

Mariana is Senior Advocacy Manager for the GSMA, the association that represents the interests of mobile operators worldwide. In this capacity, she develops evidence-based research and advocacy positions for mobile money relevant policy areas, such as financial inclusion. She also leads GSMA’s engagement with key partners, such as the Alliance for Financial Inclusion, the World Bank Group, UN agencies, regulators, and fintech companies.

She is also a PhD Candidate in Development Policy and Management in the University of Manchester where she is conducting a study of the gender and environmental dynamics behind the disposal of menstrual products in India.

## **Rhea Malik**

Rhea Malik is a student of law and philosophy, a Chomsky touting lefty, and massive bookworm.

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## **Taylor Miller**

Taylor Miller completed her BFA and MA in Art & Visual Culture Education at the University of Arizona. As a PhD student at the University of Arizona, her research interests include the contemporary cultural and political geography of Palestine, and the aesthetics and critical spatial practices of the Israeli occupation. Her transdisciplinary projects incorporate photography, poetry and critical architectural and urban theory.

## **Eve Nicholson-Smith**

Eve is an artist and mother living in London, Ontario, Canada.

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Hannah Reinl is a graduate student of International Development Studies with a focus on gender and development at Hebrew University Jerusalem.

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Lily Reynolds is a Gender Studies Honours student.

## **Chella Quint**

Chella Quint is a writer, designer, performer, educator, and the UK's leading expert on menstruation literacy. She is the founder of #periodpositive and researches shame and taboo.

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Dr Annabel Sowemimo is a Community Sexual & Reproductive Health Registrar with a background in Medical Anthropology & MSc in Sexual & Reproductive Health Research. At medical school, Annabel assisted in developing training for medical students on Gender Based Violence and continues to teach medical students on SRH. She is a contributor for online platforms including Black Ballad and gal-dem.com and a freelance writer engaging on a range of health, social justice and cultural issues.

Annabel is founder of Decolonising Contraception (DC) a Black & people of colour collective aimed at addressing the unethical history of sexual and reproductive health (SRH) and use of race-based science. Decolonising contraception is about understanding how we can learn to think about sexual & reproductive health differently and create new solutions to reduce health inequalities. They are currently planning the first sexual health and well-being festival for Black and people of colour to take place in London in 2020.

## **Alex Wilk**

Alex Wilk was born in London and holds a bachelor's in Art and Visual Culture from Bristol UWE, and a masters in Cultural Studies from Goldsmiths, University of London.

## **Gloria Wille**

Gloria is a Crochet Couture designer and artist. In her work, she combines classical crochet and knit patterns with contemporary designs to develop a new form of fashion perspectives. She uses crochet as her weapon of choice to provoke, to hold a mirror up to society... and sometimes just for creating a utopian fairytale. Gloria Sophie Wille draws her inspiration from music, current, as well as historical events.

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