GROWING INTO OURSELVES:

ON BODIES, RIGHTS, AND ABORTION



yanaa
YOUNG ACTIVIST NETWORK FOR ABORTION ADVOCACY



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Introduction

There is so much about sex, bodies, abortion and rights that goes deliberately unspoken as we grow up, and even after that, for most of us. When women and trans people chance upon information about their bodies, we begin to see all that has been withheld from young people. And when we encounter media, the internet, community of friends, activists and comrades, or intimate partners who are willing to answer our questions, the world begins to make sense, and we feel a little less lonely.

Growing into Ourselves: On Bodies, Rights and Abortion is an anthology of deeply intimate stories written by women, trans and queer abortion rights activists. Our contributors share how they make sense of bodies, abortion and rights in a deeply unequal world, and they also share their experiences of working with their peers to make rights a reality.

These stories move across continents, identities and genres. Our contributors are activists and researchers from Kenya, Lebanon, Malawi, Nigeria, Sri Lanka, Ecuador, Pakistan, and India. These stories do not follow a homogenous style or form of writing. They are partly observational, partly autobiographical and partly fictional. All of them offer an insight into how rights and justice should be upheld in healthcare settings, in media and online, in the everyday flow of abortion information, in intimate relationships, in the legal and justice system, in laws and policies, in our communities, and in our intimate relationships.

We begin with Christine Akinyi's "Abortion Stories: Privileges and Representation," which interrogates how abortion is depicted in literature and visual media, from silences in Kenyan classrooms to the politics of representation in series like Pose and Sex Education. Christine traces how privilege, race, and class shape who gets to speak about abortion and who is forced into secrecy.

We then move into the terrain of shame, stigma, and the urgent need for sexuality education through "Abortion, Shame, and the Urgency of Sex Education," an anonymous testimony from

Nigeria. The author walks us through her story of experiencing a lack of care in intimate relationships, being forced to get unsafe abortions, and ultimately, her transformation into a sexuality educator who supports many young people online.

In “See Me for Who I Have Become,” Jan Daoudi writes a deeply reflective and autobiographical narrative about trans embodiment, youth, medical transition, and the policing of trans bodies in Lebanon. Jan threads together trans adolescence, medical gatekeeping, chosen family, dysphoria, and care networks, showing how abortion rights and trans rights meet at the crossroads of bodily autonomy.

Gabriela Sinchi Gómez Toaza’s “Abortion Is Ancestral” brings us into the world of Indigenous accompaniment, where abortion is a ceremony of memory, healing, and sovereignty. Gabriela writes from her Panzalea-Kitu Kara lineage, tracing how ancestral knowledge, plants, ritual, and community care become a shield for Indigenous women navigating unsafe systems. Her piece reminds us that reproductive justice is inseparable from the long struggle against coloniality.

From Malawi, Jessie Mzemba’s “Breaking the Silence: Living with HIV and the Right to Choose” brings forward the voices of young women living with HIV. Jessie writes about stigma, unsafe methods, and the loneliness of silence, while insisting on the dignity, rights, and reproductive agency of young HIV-positive people.

Then, in a completely different register, Aqilah Nikhat Naleem’s “The Unstory” takes us into a fictional world where truth is written on skin and abortion becomes an act of resistance against a state that claims ownership over the body. Through allegory, Aqilah reveals how control over reproduction is always a battle over whose stories are allowed to exist.

From Pakistan, Komal Qidwai’s “‘But I still committed a sin’: Exploring Pleasure Frameworks in Abortion Discourse” examines how guilt, pleasure, sin, and desire weave through women’s abortion experiences. Through a gathering of women in a village, she shows how shame is socially constructed – and how friendship creates space for desire and tenderness. It is something lacking in the way health service providers

communicate about sex, by advising women to practice abstinence.

In “What Dalit Women Taught Me About Reproductive Health, Abortion, and Caste in Urban India,” Pragya Roy traces the story of Rani, a Dalit woman navigating self-managed abortions, medical neglect, and caste-based marginalisation. Pragya reflects on how caste shapes maternal and abortion experiences in India, exposing the gap between legal access and lived reality.

Faiza Ruksar Arif ’s “Making, Unmaking: Hidden Cartographies of the Trans Body” ties together Muslim identity, queerness, caste, trans masculinity, hijra kinship, and the politics of becoming. Through a “council of selves,” Faiza explores abortion as survival, resistance, existential agency, and a reclamation of the body in a world that polices gender.

Together, these stories remind us that abortion is more than a health service; it compels us to think deeply about care within healthcare. They point to a world in which abortion and healthcare are not a single story, but many — medical and political, marked by uneven access yet also liberating, personal and communal, emotional and mundane.

- Shruti & Dominique, December 2025

Abortion Stories: Privileges and Representation

Christine Akinyi

The information on abortion during my time in primary school was morbid and vilifying. Mostly, it was taboo. This was intensified in songs and movies which portrayed it as a crime or something to be ashamed of. I was about to sit the Kenya Certificate of Primary Education, and you would think the memory that stuck with me would be the beating of my heart as I waited for the test, or the array of intense emotions, given that I would be sitting for national examinations for the first time.

But in fact, what I remember is a girl bleeding in the washroom, in the company of her classmates helping her through abortion after care.

I grew up wary, with little to no comprehension of my body's reproductive capabilities and even far more removed from abortion as a whole. It was a weighty subject that I pushed to the peripheries of my mind. Abortion began to shift for me years later, when someone confided in me about hers. I met her words with silence, without judgement. And in that quiet moment, I understood more deeply the fragile space of the choices women are allowed to make. I would soon discover that many writers have felt the same, caught between silence and revelation when it came to abortion.

Annie Finch, an American writer, after having an abortion in 1999, was stunned by the absence of any major literary anthologies on the topic. This absence, however, was not due to a lack of women's interest, understanding, or vulnerability, but rather because of the silencing of their experiences. Determined to fill that gap, Finch issued a call for submissions and, over the next two decades, gathered responses from writers across countries, cultures, genders, and sexualities on the matter.

The result was ***Choice Words: Writers on Abortion*** (2020), an anthology that illuminates how class, patriarchy, race, and

wealth shape our collective understanding of abortion.

From the collection's shared tributes, confessionals and limericks, abortion emerges as more than a tale of shame, beginning right from the foreword written by American poet and essayist, Katha Pollitt:

"There is one kind of abortion you won't find here though, and that is the mythical one of anti-abortion propaganda: the frivolous abortion for no good reason, the abortion of sluttish, worthless women who just can't be bothered," she affirms.

Through the anthology's division into five sections: 'Mind', 'Body', 'Heart, 'Will', and 'Spirit', all the contributors succeed in providing alternative narratives for abortion with their stories of defiance, healing, pain and reclamation.

Abortion lies at the heart of sisterhood, in waiting rooms where women soften toward one another as they wait their turn. It lives in the quiet secrets kept for years, in the mutual sharing of stories that reveal just how different each experience can be.

Still this sisterhood is marked by deep inequalities. Access to abortion remains contingent on privilege, on geography, race and class, structuring who exercises choice safely and who must endure danger or silence.

American writer, Lindy West, sheds light on this reality in ***Shrill: Notes from a Loud Woman*** (2016), acknowledging that her ability to decide "ultimately and indisputably" rested on the privilege of growing up white, middle-class, and in a city where abortion was legal. Something else also reveals itself about privilege and who gets to tell their abortion stories.

In ***Choice Words***, writers like Audre Lorde and Annie Finch can openly share their experiences without needing to disguise themselves. In contrast, Aminah, Hajra, and Sarai – pseudonyms of the students in Pakistan whom Soniah Kamal interviews in *The Scarlet A*, from the same anthology, about their abortions – must remain anonymous. Living under restrictive laws and patriarchal norms, they struggle to access

safe medical care, their stories revealing how dangerous it can be to speak openly about abortion in Pakistan.

Beyond written texts, abortion appears with clear links to privilege in ***Pose*** (2018), the American television series set in 1980s and 1990s New York. It follows the lives of Black and Latin trans women in the ballroom scene as they navigate love, survival and social marginalisation.

Elektra Abundance, a Black trans woman lead, together with her friends, is at the receiving end of hostility and exclusion in one of the episodes. During dinner at a restaurant, a white woman approaches their table, insulting their presence there by stating that the establishment is not the place for women like Angel, Lulu and Elektra. Elektra responds by pointing out her aggressor's privilege, noting that her wealthy father had probably paid for the abortion that allowed her to continue her education and go to college.

While her response is justified, it also serves as a public accusation, made loudly enough for everyone around to hear, marking Elektra as the clear winner. By invoking abortion, she exploits its moral stigma to undermine a woman whose identity depends on preserving respectability. This scene also reveals something deeper: the only abortion that is spoken of here belongs to a white woman.

Even within a show centering Black and Latin trans women, the lore of abortion stays incomplete, hinting at the silences surrounding the reproductive lives of those more marginalised.

In that particular restaurant episode from ***Pose***, access to abortion becomes a marker of privilege, exposing how inequalities across class, race and even individual upbringing, shape an abortion experience. Money allows some women to access abortions, while other women face ostracisation from their communities, on top of the procedure being expensive.

In a different series, ***Sex Education*** (2019), based on the lives of British teenagers contending with personal dilemmas related to sexual intimacy, abortion gets a more subtle and dignifying

portrayal. Immediately after Maeve Wiley sees the positive results of her pregnancy test, she stares into the mirror calling herself an idiot, similar to many other women who, in the same circumstances, express disappointment in themselves and their bodies.

The weight of her decision to have an abortion is apparent, even as she goes to the clinic unaccompanied, chatty with the doctors before the anaesthesia takes hold. As the plot unfolds across other episodes and scenes, the incident is never brought up again. Instead, Maeve's life carries on, as she grapples with friendship, career prospects and family. The show grants her continuity, without making it a traumatic event of her life. Many women are denied this feeling, often as a result of social, cultural and religious norms.

Taken together, these portrayals invite a deeper reflection: whose abortion stories are heard and celebrated, and whose are silenced? What do the patterns in how we consume stories about abortion reveal about the hierarchies that determine who is seen as deserving of sympathy?

The way we interpret stories about abortion often reflects our own biases and collective apathy. Even with something as complex as abortion, society tends to deem it acceptable only in limited circumstances, such as when the pregnant person's life must be saved over the foetus's, or when agency belongs to survivors of sexual assault, whose suffering makes their choices seem more understandable, even palatable.

To consume without holding room for the contradictions, further veils the whole truth of abortions, simplifying it into a yardstick of moral judgement: seen either as an injustice or as an act of personal freedom and autonomy.

We need more stories that push the binaries on what is considered in the mainstream as "acceptable." As Katha Pollitt observes in the ***Choice Words*** foreword, "it took women writers to give the subject both bloody realism and emotional and social complexity."

Even before the women's liberation movement of the 1960s and 1970s, she notes, "women wrote about abortion as simultaneously a personal experience and something more general: a necessary form of self-defence against poverty, stigma, exhaustion, crushing social expectations, one's own sheer fertility, and brutal men."

Even the Egyptian writer and activist, Mona Eltahawy, illustrates how narrow the binaries of acceptability are. In an article she wrote, published by *Feminist Giant*, she recounts having had two abortions: one in Egypt, where it was illegal, and one in the United States, where it was legal. Despite their differences, both experiences were shrouded in stigma and silence, further revealing that legality does not necessarily mean freedom.

Even for someone as outspoken as Eltahawy, a woman who has continuously challenged patriarchy, censorship and state violence, abortion was a subject she hesitated to name.

Her story is an exemplary reminder that the limits of acceptability persist even among those who defy them. And, perhaps, the way forward is to witness these silences, to make room for honesty about abortion, and to insist on complexity rather than erasure. To envision a world of reclaiming the narrative, of speaking of abortion on our own terms

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About the Author

Christine Akinyi is a Kenyan writer, feminist and freelance journalist whose work spans fiction, nonfiction, and poetry. Her work has appeared in Ibua Journal, Voices of a Revolution, Volume 3 of Stripes Literary Magazine and the African Griot Review.

She has written a feature for The Star newspaper, on a documentary by filmmaker Kiana Rawji, and is a former cohost of The Three Muskerqueers, a podcast exploring queer life and culture. She has spoken on panels addressing femicide, 16 Days of Activism and sex positivity. She is also exploring queer sex, shame and pleasure with Kisumu Feminists Society where she is a member.

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Abortion, Shame, and the Urgency of Sex Education

Anonymous Author

My fingers trembled as two pink lines appeared on the pregnancy test, sharp against the plastic. I was twenty-one, fresh from my very first sexual experience, and I felt the world tilt beneath me. My mind went blank as I had no idea pregnancy could happen from just one encounter. The silence around sex had left me completely unprepared, and now that silence echoed inside me like a punishment.

Thankfully, I had a best friend who connected me to a medical student. Because abortion pills cannot be accessed without a doctor's prescription, the medical student helped us get them. At the time, the pills cost under ₦20,000 (about 20 USD), which the person I had sex with paid for. But that was the only support I received from him.

Within hours of inserting the pills, the bleeding began, and after about two weeks, it stopped completely. To be sure, I took a pregnancy test again, and it was negative. I also went for a pelvic scan to confirm that the abortion was complete. But I didn't know then that post-abortion counselling or care even existed.

Maybe if I had, I would have started contraception right away, or at least known that ovulation could resume as early as two weeks after an abortion, even before your period returns. Nobody told me what to expect emotionally or physically. I just relied on what I found online and moved on.

But silence has a way of repeating its harm. Using the pull-out method, I got pregnant almost immediately after the abortion. I was devastated and angry at myself. I was too ashamed to tell my best friend again, so I went behind her back to the same medical student and lied that the pills were for someone else. I couldn't bear her knowing I was pregnant again so soon, and I didn't want her to see me as careless.

I used the pills, but this time nothing happened. I waited for the bleeding, but it never came. Fear gripped me. Based on what I read online, I went to a clinic for a pelvic scan, desperate to know what was wrong. After the scan, the nurse asked if I had attempted an abortion and told me I had retained products of conception. She quietly asked if I wanted her help to "flush it out."

At that moment, I had no choice. I was desperate. She wrote her number on a piece of paper and handed it to me discreetly. She told me to come to her house the next day at 6 a.m., before she left for work.

Her home was battered, with peeling walls and a small mat spread on the floor. She told me to lie down and open my legs. She wrapped her hands in nylon instead of gloves and inserted a plastic instrument into my vagina, scraping its walls as she worked. There was no anaesthesia, no sterile equipment, nothing to protect me from pain or infection.

The pain was indescribable, sharp and raw. The whole experience went on for about 15 minutes, but it felt endless. She charged me ₦ 30,000 (about 30 USD), which I paid from my few savings. I left her house shaken, scarred, and painfully aware of how dangerous silence and stigma could be. Luckily, I had no complications or infections.

A year later, I got pregnant again. I took emergency contraception after unprotected sex, not knowing that they don't work during ovulation. This time, I had a supportive partner. I reached out to the same nurse who had carried out the evacuation after my second abortion.

By then, she had her own clinic and she told me to come in very early in the morning. Unlike before, this time there was proper space and better equipment. It was a surgical abortion, done in a low-lit room.

And yet, even with safer conditions, the emotional weight remained. I battled with guilt, dreaming of holding a dead child in my arms. Worse, I couldn't even tell my best friend about the second and third abortions because I feared she

would judge me for being reckless. So I carried it all inside. In a society where even one abortion attracts stigma, having three feels like a scarlet mark. I knew better than to tell my best friend, so I buried it within myself.

All of these experiences fuelled my drive to become a sex educator. I realised that so much of what I went through was preventable if only I had been taught how my body worked, how contraception really functioned, and what safe abortion care should look like.

Today, as a Certified Sex Educator, I talk openly about abortion, contraception, and post-abortion care on social media. I use my TikTok and IG platforms to share short, educational videos on topics like safe abortion methods, what to do after an abortion, warning signs not to ignore, and post-abortion care.

These videos have reached thousands of viewers, and many of the messages I receive come from people who discovered me through them. Women reach out to me daily, asking how to access abortion pills or what to do after incomplete abortions. Most of these messages come through TikTok DMs, Instagram, and emails. Since abortion is illegal in my country, I have to protect both the seeker and myself. I ask for a pregnancy scan first, not only to confirm that they are actually pregnant but also to protect myself from being scammed or criminalised.

Once I see the scan and confirm their identity, I direct them to reliable online resources like HowToUseAbortionPill.org and WomenHelp.org, which provide step-by-step guidance in multiple languages on how to safely use abortion pills. My role is not to provide pills or perform abortions, but to make sure people have access to the right information to protect their health and lives.

Afterwards, I send their details to a close friend of mine who is an abortion rights activist. She has a small directory of clinics and healthcare providers who offer safe abortion and post-abortion care services. Because I have a larger platform and

more people reach out to me, my role is to connect seekers to her.

Doing this kind of work is not easy. The fear of being reported or misunderstood is constant. Sometimes, I receive hateful messages or threats from people who believe I'm promoting a 'sin.' Other times, the emotional toll of hearing desperate messages, some from girls as young as eighteen, feels unbearable. But I keep going because I know the cost of silence. Every time a woman tells me she felt seen or safe after our conversation, it reminds me why I do this.

In my ongoing master's research, I interviewed over 20 women about their abortion experiences. Listening to them often tied my stomach in knots, because their stories echoed mine. They spoke of getting pregnant due to contraceptive failure, lack of access, lack of knowledge, and even through rape or forced sex. They described stigma from friends, rejection by partners, and the crushing loneliness of carrying a secret society tells you to bury.

I heard about abortion failures, weeks of heavy bleeding, multiple procedures, and the deep guilt that made them feel like a 'bad woman' for making decisions about their own bodies. Many also described using unsafe methods like inserting sharp objects such as hangers or sticks into the vagina, drinking harmful dyes or concoctions, taking dangerous injections, or deliberately falling on their stomachs. These are not just "alternatives." They are risks to women's lives.

The truth is simple: abortion is common. One in four women of reproductive age will have an abortion in her lifetime. Yet in Nigeria, abortion is treated as shameful, criminal, and unspeakable.

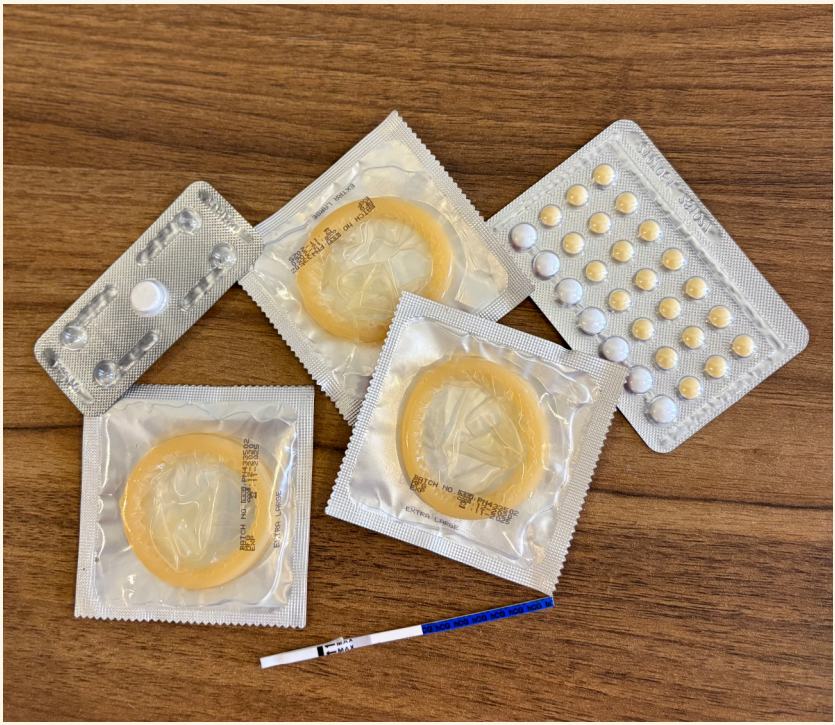
Legally, abortion is only permitted to save the life of the pregnant woman.

Everything else, whether it is rape, incest, contraceptive failure, or being unready for motherhood, is criminalised. That legal restriction does not stop abortion, but it forces

young people into unsafe conditions, strips them of dignity, and leaves them traumatised.

Abortion should be safe, accessible, and legal.

Young people deserve rights-based access to abortion, accurate information, affordable healthcare, and compassion instead of judgment. Nobody should be forced into silence or pushed into unsafe procedures. Nobody should be shamed for making a decision that is about their body, their life, and their future.



A symbolic photo showing contraceptive methods (condoms and pills), and a pregnancy test strip. It reflects the central themes of the article: lack of information , contraception failure, and the urgent need for safe abortion care.

Reflecting on the journey of my life, I've come to see that abortion was never just about me or my body. It was about control, control exercised by men, by families, by society, and by the State. Control over what I could do with my body, and

even over how I was allowed to feel about it.

Each abortion was necessary for me at that point in my life. They were not failures, but decisions made in the only circumstances I had.

With time, I stopped allowing other people to dictate what those experiences should mean. Refusing to be shamed became a way of reclaiming power, a way of saying that my body, my story, and my healing belong to me.

I share my story to insist that abortion is healthcare. It should never cost a woman her health, her dignity, or her life. For me, abortion was the beginning of my purpose. Out of fear and silence came a determination to break the cycle, for myself, for the women I have interviewed, and for the countless others navigating these decisions in secrecy.

We deserve better. We deserve safety. We deserve education. And above all, we deserve the right to make these decisions without shame.

About the Author

The author is a certified Sex Educator and a Public Health researcher based in Nigeria. Her work focuses on abortion, contraception, and the fight against stigma.

Through research and digital education, she advocates for rights-based access to healthcare and supports young people to make informed choices about their bodies.

See Me for Who I Have Become

Jan Daoudi

As I approached the hospital, I felt immersed in the world around me. I paused for a moment as time began to slow down. It was a big day, and my headphones could no longer drown out the world. I was on my way to my endocrinologist's appointment, with the goal of starting testosterone for Hormone Replacement Therapy (HRT), marking my first step into medical transition.

As I stood there, I observed the nurses and doctors heading to start their shift, cars and buses making their way through traffic, and the trees on the road ahead. My mind was in search of something memorable within that day's ordinary significance. I pulled my phone out of my pocket, and I began to record my footsteps on the pavement as I continued my walk. I thought, maybe, I could include it in a video edit one day.

I enjoyed recording video diaries to mark my coming of age and set future milestones. When the erasure of my identity consumed me, I would come back to these videos to regain my sense of self. Over time, these diaries became a tool to plan out my transition.

I began my social transition at 14, living two separate lives that only later converged into one. From an early age, I carried an intrinsic sense of my masculinity, but as I entered my teenage years, I felt an increasing dissonance between my body and my identity. Over time, I was drawn toward a fuller embodiment of my masculine self, and by 19, I sought out hormone replacement therapy.

Today, at 22, I live as a transgender man in Beirut, Lebanon.

During my first visit to the endocrinologist, I remember giving my deadname at the reception desk. While waiting in the waiting room, I quietly went over my therapist's letter. The letter had detailed out my improvement in therapy, and my

years-long struggle with gender dysphoria. I was a moment of comfort as I read the affirmative word-choice, however, I had to keep my joy to myself.

That sense of caution has followed me throughout my transition, my journey showing me the extent to which our bodies are policed by heteronormative and patriarchal values within institutions. The lack of inclusivity means that our queer identities and traits must be erased to appeal to society. The same prejudice lingers even within the medical spaces that are meant to affirm our identities.

I've been met with this erasure firsthand, when the gynaecologist insisted on complimenting how healthy my uterus is during a general checkup prior to HRT, and when my endocrinologist seemed more concerned with prescribing me a diet pill rather than understanding my actual goals for my body. I've had doctors ask to see my chest for no apparent reason. These moments taught me how easily care becomes surveillance when one's body does not conform to expectations.

I did not realise how truly inadequate my medical experience was until I met people who transitioned abroad, whose doctors had educated them on aspects of transition I've never heard of. I felt this gap to be life-threatening. It's as though it stands as a barrier between my pain and its relief. In the long run, well-intentioned doctors available to us begin to feel like oppressive figures, by mere fact of not humanising us enough through this process. Trans resources for embodiment and care remain scarce, and as a result, our networks of support grow weaker.

Those who grow into their transgender identity, come to feel the perception of others as a force that tears at their very being. Close families view our personal challenges as consequences rather than systematic issues. In building relationships, we have to constantly reinstate the weight of our experience to those who see it lightly.

Chosen families continue to be the most reliable system of care I have ever known. Born from necessity, they embody the

deepest form of solidarity. Still, our communities are forced to exist in the shadows of NGO hierarchies that reward visibility over empathy, and outcomes over care.

When the pharmaceutical sector collapsed and essential medicines became scarce, it wasn't NGOs or official programs that kept me alive, but it was a friend who was also struggling that helped me find hormones when they were completely inaccessible.

When I first met him, I learned that he crossed borders on foot to transition. His physical health suffered immensely from the systematic barriers that prevent impoverished individuals from accessing care. Through all that, he has done more for my survival than any institutional initiative. The networks of care we build are stitched together with genuine solidarity, not funding.

Through these networks of care, we exchange our lived experiences and learn how to navigate our medical journeys.

This opened my eyes to how biased, prejudiced, and sometimes outright racist, many doctors can be. If the very people who claim to affirm our identities carry heteronormative and anti-migrant biases, then how can we move past an oppressive condition? I began to see the reasons trans men in my community become inconsistent with their hormonal transition. From skipping shots, not following dosage instructions, to dismissing health risks.

The way we navigate bodily changes and reproductive health through hormonal therapy is completely dismissed. The focus of the doctor is solely results-oriented. In the medical path, transition is stripped from its personalisation and subjectivity, and the expectation of a linear transition path is enforced on us. Doctors seem to be so disconnected from our realities that trans people often experience doctor's appointments less like patients and more like clients.

We live in a world instilled in beliefs that police bodies, shame sexuality, and categorise character traits on the basis of sex.

By default, trans people are reduced to a bare body. As we shed old skins and mature, we learn and adapt in ways that allow us to short-cut each interaction, to integrate just enough to have our basic needs met. I have seen the ways in which trans people often never fully settle in any community, in fear of the way people may react to us. To appeal to society, we have to understand the layers that form their perception of us, while simultaneously forming our own identity.

In all this noise, my own joy was forgotten. I never celebrated my transition, never shared the things I love about it. Even within our circles, reactions often oscillate between curiosity and distance. The lack of support on big days, the weight of challenging spaces, and the pile-up of invasive attitudes become their own kind of trauma.

Anyone undergoing hormonal therapy needs support. It is necessary that our doctors gain genuine, ongoing engagement within the LGBTQ+ community, beyond surface-level awareness



An original artwork created for this story. Painting has been a central part of my transition, and this piece reflects the emotional landscape of that process. It is offered as a visual companion to the themes of embodiment, change, and becoming explored in the text.

Doctors need to be trained by people who have lived through the realities of social and medical transition. As long as medical professionals work with transgender patients from a bubble, a healthy doctor-patient relationship cannot form. From my experience with care-providers, I know that bias cannot be unlearnt in isolation, but it needs communal involvement.

With social constraints and limited individual capacity, the only way to transition for most is non-linear. Our bodies can only transform so much when we do not have a supportive environment. In just the same way a seed needs specific conditions to sprout, trans people need inclusive and healthy pathways in society.

I've had people tell me that trans men have it easier than trans women, as if "becoming a man" gives me leverage, completely dismissing the fact that patriarchal oppression is enforced on what's perceived to be a feminine body – the same one I walk the world in. Even my most intimate relations have invalidated my transness the moment I dropped the perfectionist mask.

My transition into manhood never gave me leverage; it gave me adaptation strategies.

Heteronormative society has shown me that no matter where I am in transition, I am still subjected to the forces of misogyny. I face the same shaming and invalidation that women experience when they express their sexuality, and I encounter even greater barriers when seeking reproductive health services.

The more I grew into my body, in both masculine and feminine expressions, the more I solidified a feminist lens. Learning about my body's reproductive health, needs, and my lived experience in the loopholes I have to find to access care, have revealed just how deeply the female body is policed, robbed, and shamed out of its autonomy. Patriarchy has long tried to dictate who can give birth, who can parent, and under what conditions. It punishes those who step outside these rules, whether they are women seeking abortions or trans people

seeking alignment between body and self. Abortion and transition share a common struggle: both are acts of reclaiming the body from systems that claim to own it. Both subvert the patriarchal fantasy that there is only one correct way to inhabit a body or reproduce through a body.

With HRT, the possibility of losing my reproductive ability feels like a sacrifice, but I wanted to be in alignment with myself and my body. I didn't have the resources or support to even imagine building a family or belonging to a community. Isolation and systemic injustice were all I knew. Given that reality, then and now, it makes sense that, despite wanting children, I've chosen not to have biological ones.

Being transmasculine is partly a process of deconstructing femininity while also redefining it. I've made peace with the female and feminine parts of myself, but many struggle to see me past these fractions. To them, these parts are definitive, while for me, what defines me is my masculine expression and walk of life. It is very rare for someone to acknowledge my transition beyond shallow observations, to see me wholly in my experience and see me for the person I have become.

And yet, I have learned that joy and grief are not opposites, but companions.

Trans grief teaches us how to live, how to grow into ourselves through the pain of misrecognition. Trans joy, on the other hand, is so empowering because it is the ripened fruit of a healing process. We are not just subjects, but we are active agents in society through our walk of life.

Our grief is the pathway to verbalising our cause beyond labels and definitions. Our joy brings out a rare glimpse of life beyond conformity, and in that sense, it is the most valuable. We are, in essence, storytellers.

About the Author

Jan Daoudi is a writer and visual artist based in Beirut, Lebanon.

His work is centred around exploring identity, lived experience, and re-imagining community. Jan has written for Shado, Samfiftyfour Literary, and Inspire the Mind.

Abortar es ancestral

Experiencia del acompañamiento entre mujeres indígenas para abortar

Sinchi Gómez

Nota en el Ecuador el aborto es legal solo en tres causales: cuando corre riesgo la vida, la salud y cuando el embarazo ha sido producto de una violación para otros casos es punible tanto para la persona que aborte como para quién le asista (Art 149 COIP) Por ello decido que este testimonio sea publicado de manera anónima para resguardar mi seguridad.*

Soy una mujer indígena de ascendencia panzalea - kitu kara, mi territorio es reconocido por la producción campesina agroganadera, ubicado a dos horas de la capital, está rodeado de volcanes, Nueva para ser exacta, es una pequeña ciudad que todavía guarda caracteristicas antiguas, pero también por contexto marcado por la colonialidad herencia del sistema de hacienda que despojó de la tierra, la lengua y algunas memorias a nuestros abuelos y abuelas. Los conocimientos ancestrales transmitidos por las abuelas son esos vínculos directos con la matriz de la que somos originarios, es resistencia mediante la memoria que se niega a morir y busca alternativas para mantenerse vigente, la palabra.

Crecí guiada por la voz de mis abuelas, cuidadoras, matriarcas, sabias y rebeldes. Desde pequeña me llamó la atención cómo llegaban las vecinas y conocidas de mi abuela a pedirle que sane a sus wawas (niños en kichwa) que les cure el espanto con sus plantas y brebajes. Mi abuela también hizo las veces de partera, suya propia y de mi madre, me recibió en sus brazos cuando nací y me cuidó desde niña hasta cuando tuve a mis hijos me cuidó en el posparto, siempre con cariño, siempre enseñando cada cosa que hacía. De esas experiencias y relatos nació mi interés por conocer de las plantas, sus recetas.

Me llamaba más la atención esos rituales místicos, tan presentes en la cultura popular pero a la vez tan condenados por las iglesias. “India hereje” alguna vez escuche a una persona cercana llamar así a mi abuela y desde ahí me quedé con esa frase en mi cabeza, no como un insulto, más bien como una inspiración y desde donde construí mi camino.

Hablar con mi abuela era cargarla de preguntas y rebuscar respuestas que a ratos ni ella podía explicar, nuestros diálogos siempre se guiaban por mi afición por conocer sobre el saber ancestral que guardan las plantas, desde curar un dolor de estómago, un mal de ojo o el postparto. Pero no había una explicación "científica" solo es, está ahí.

Desde muy joven, entendí que el cuerpo de la mujer es un universo, sagrado y soberano. En ese universo, la autonomía es la primera ley. Aprendí del dolor de mi abuela a decir "No" a la violencia, a decidir sobre mi maternidad y a romper el ciclo de la maternidad que a mi bisabuela, a mi abuela y mi madre les tocó atravesar.

Mi bisabuela fue obligada a casarse a los 13 años con un hombre de casi 30, ella es mi inspiración para luchar en contra de maternidad forzada infantil, Mi abuela tuvo 6 embarazos, un de ellos fue aborto del cual hablaba con cariño y paz, con alivio y sin culpa. Mi madre, a la edad que yo tengo al escribir estas letras ya tenía 5 hijos a quienes nos tocó habitar la precariedad y a ratos abandono. ,Mi madre también fue ejemplo de lo que puede hacer la desinformación, el miedo al conocimiento de la sexualidad, por ello yo estaba decidida a romper esos mandatos: Elegí la maternidad de mis dos hijos, proveo información a otras mujeres y lucho por la justicia sexual y reproductiva.

Mi camino me llevó a ser una voz para los derechos sexuales y reproductivos. Como vocera, activista, y como profesional de la comunicación, reafirmé lo que mi experiencia ya sabía, que para las Mujeres racializadas, la decisión de interrumpir un embarazo se convierte en una situación de riesgo. El racismo estructural nos orilla a abortos inseguros, la criminalización o al maltarto en un sistema de salud precarizado. La violencia estructural sobre nuestros cuerpos es más fuerte, yo misma lo viví en mi proceso de aborto en el sistema de salud pública en donde recibí mucho maltrato, pero también el estgima social y el posterior castigo moral ejercido por la comunidad en la que viviamos con mi familía.

Entonces entendí que el aborto para nosotras no solo implica un

proceso físico, sino también una profunda batalla con la culpa, un eco de siglos de opresión, colonialidad y juicios. Por eso, mi acompañamiento va más allá de la simple información; es un ejercicio de sanación.

He creado una metodología que une el conocimiento médico con el saber ancestral. En mi trabajo, las píldoras de *misoprostol* y *mifepristona*, que las mujeres de pueblos afrodescendientes y favelas brasileñas nos legaron como símbolo de resistencia, se unen a las plantas que nos heredaron nuestras abuelas, en distintos momentos para cumplir un proceso que busca completarse con armonía.

Para iniciar armo el corazón de este acompañamiento que es la mesita o nuestro altar ancestral que siempre, siempre acompaña cada actividad que hacemos las mujeres indígenas, sea para aperturar una reunión, una fiesta o situación que amerite, es una forma de empezar algo, pidiendo permiso a nuestros *apus* (Montañas), *ayas* (espíritus), *taitas* y *mamas* (ancestros y ancestras). Para ello uso flores, velas, algunas frutas, este es un espacio íntimo, rodeadas por el humo del *palo santo*, *agua florida* y sonidos de naturaleza (ríos, aves, ranitas, etc), mediante cada uno de los elementos sagrados guío una conversación cargada de significado, afectos y confianza. Los cuatro elementos son la tierra, el fuego, el aire, y el agua; que juntos permiten la armonía. Es en este espacio sagrado donde la sanación toma forma.

• **La Tierra:** Hago un símil entre la tierra y nuestro cuerpo. Una tierra que es maltratada, contaminada o deforestada, se vuelve árida e incapaz de dar vida. De la misma manera, el cuerpo de una mujer que vive en violencia y desigualdad no puede ser un hogar para una vida en ese momento. Cada una conoce su realidad y las motivaciones de su decisión. La autonomía de una mujer para decidir es tan vital como el cuidado a la autonomía territorial que protege a la tierra.

• **El Agua:** El agua es el siguiente paso, es lo que nutre la tierra, en esta parte comparto información de lo que abona para que la decisión de esta mujer esté protegida: qué medicamento vamos a usar incluso el marco legal que tenemos en el país y

reafirmo la confidencialidad y el soporte hasta el final del proceso. Además, en esta parte es que ofrendamos en la mesa el Agua de Purgas: una infusión de hierbas que no solo limpia, hidrata y acompaña el proceso físico sino que también es un puente hacia nuestras ancestras. Explico como está elaborada, le hablo del *ataco*, que junto a otras hierbas, como la *Santa María, el llantén, escancel, caballochupa, retama, taraxaco*, un tubérculo que se llama *mashua*, entre otras. Esta agua nos conecta con la sabiduría de nuestras abuelas, con las historias de las mujeres que, antes que nosotras, tomaron decisiones apoyadas en el conocimiento de las plantas. En ese sorbo, el agua se convierte en memoria y sanación. Pero no se bebe toda en ese momento, esta se reserva para el final del proceso, es decir dos días a partir de esta ceremonia. En esta parte también honramos las lágrimas que muchas veces acompañan este proceso, sea por miedo, vergüenza, desinformación o culpa.

• **El Fuego:** El fuego son las emociones. Si se descontrola, puede causar un incendio destructivo; si se canaliza, nos da calor y luz. Así son los sentimientos que rodean al aborto, como la culpa y la tristeza, que pueden desbordarse. El fuego de nuestra mesa nos permite meditar, encauzar estas emociones y verlas como una parte natural del proceso, no como una condena.

• **El Viento:** El viento es la voz, la palabra y el respiro. En este acompañamiento, el viento es el sonido de mi voz que acompaña, es la palabra de confianza que me entregan. Una voz que pide acompañamiento y no será juzgada sino honrada. En esta parte se realizan todas las preguntas sobre cómo será el proceso. Con esta parte vamos cerrando la mesita, el viento es ese suspiro profundo que las mujeres dan, el alivio y el aliento que cierra un ciclo y que las deja más tranquilas para continuar con su proyecto de vida.

Una vez terminado este ritual o ceremonia. Procedemos a iniciar con el uso del *misoprostol* que en algunos casos, y cuando tenemos suerte para conseguir, usamos también la *mifepristona*.



Imagen de una ofrenda con un fuego encendido al centro

El medicamento en Ecuador debería ser relativamente fácil de conseguir y asequible, pero no lo es tanto, cada vez más son más los controles para la venta del producto en las farmacias. Por ello quienes acompañamos recurrimos a otras redes de médicas y obstetrices que muchas veces nos apoyan con el medicamento.

Estos acompañamientos son especiales, solo los realizo si son mujeres o jóvenes indígenas. Para mujeres de otros contextos no realizo el mismo proceso porque cuando lo he intentado me doy cuenta que lo sienten como algo malo, y no es así. En cambio, entre hermanas indígenas entendemos nuestros códigos.

Además, son complementos especiales porque los realizo en mi casa, y cuido de ellas hasta que termina el proceso, por ello siempre intentamos que sea en un fin de semana. Cocino y estoy pendiente de sus requerimientos. Al final, pasados dos o tres días de iniciado el proceso, cuando ya hubo una expulsión, se procede a tomar el agua de purgas, un litro a lo largo del día. Esta agua produce contracciones ayudando a expulsar posibles restos.

Cada acompañamiento es una ceremonia de vuelta a una misma. Es un acto de curación profunda que honra a nuestra historia, a nuestras ancestras y, sobre todo, a la soberanía de la mujer. No somos madres por naturaleza, somos territorios autónomos con capacidad de decidir cuándo y de qué manera queremos serlo.

Acerca del Autor

Gabriela Sinchi Gómez Toaza - Comunicadora Social, Comunicadora, Comunitaria, educadora popular, productora radial Feminista comunitaria que reflexiona sobre la interseccionalidad y el antiracismo.

Durante su trayectoria ha acompañado procesos de empoderamiento, liderazgo e incidencia conmujeres, jóvenes y diversidades, sobre derechos sexuales y reproductivos, género, violencia basada en género y derechos humanos en Ecuador.

Abortion is ancestral

The experience of accompaniment among indigenous women seeking abortions.

Sinchi Gómez

Note: Abortion is legal in Ecuador only under three grounds: when life is at risk, when health is at risk, and when the pregnancy is a result of rape. For all other cases, it is punishable both for the person having the abortion and for anyone who assists them (Art. 149, COIP). Therefore, I have decided that this testimony be published anonymously to safeguard my identity.

I am an indigenous woman of Panzalea-Kitu Kara ancestry. My territory is known for the peasant livestock and agricultural production, located two hours from the capital, surrounded by volcanoes. Nueva, to be exact, is a small city that still preserves ancient characteristics, but is also marked by a context of coloniality inherited from the hacienda system that dispossessed our grandparents from their lands, their tongue and their memories. The ancestral knowledge passed down by our grandmothers is the direct link to the matrix from which we originate, it is resistance through memory that refuses to die and seeks alternatives to stay alive: the word.

I grew up guided by the voice of my grandmothers – caregivers, matriarchs, wise and rebellious. Since I was little, I was fascinated by how my grandmother's neighbors and acquaintances would come to ask her to heal their wawas (children, in Kichua), to cure their *espanto[*1] with her plants and brews. My grandmother was also a midwife for herself and for my mother. She received me in her arms when I was born and took care of me since I was a child. She even took care of me postpartum when I had my children, always with love, always teaching me through everything she did.

My interest in knowing about plants and their recipes came from these experiences and stories. I was more interested in those mystical rituals, so present in popular culture yet so condemned by the churches. "Heretic Indian", I once heard someone close call my grandmother and, since then, that phrase has remained in my head, not as an insult but rather as

an inspiration and from where I built my path.

To talk with my grandmother was to load her with questions and search for answers that even she could not explain at times. Our dialogues were always guided by my desire to learn about the ancestral knowledge held in plants, from healing a stomach ache or an evil eye, to postpartum recovery. But there was no "scientific" explanation, it just is, it's there.

From a very young age I understood that a woman's body is a universe, sacred and sovereign. In this universe, autonomy is the first law. From my grandmother's pain I learned to say "No" to violence, to decide over my maternity and to break the cycle of motherhood that my great grandmother, my grandmother and my mother had to go through.

My great grandmother was forced to marry at 13 years of age to a man of almost 30. She is my inspiration to fight against forced child motherhood. My grandmother had six pregnancies, one of those was an abortion of which she spoke about with love and peace, with relief and without guilt. My mother, at the age I am now as I write these words, had already had five children. We had to live in precarious circumstances and, at times, abandonment. My mother was also an example of what disinformation and the fear of knowledge about sexuality can do, which is why I was determined to break those mandates. I chose the motherhood of my two children, I provide information to other women, and I fight for sexual and reproductive justice.

My path led me to become a voice for sexual and reproductive rights. As a spokesperson, an activist, and a communications professional, I reaffirmed what my experience had already shown me: for racialised women, the decision to interrupt a pregnancy becomes a situation of risk. Structural racism pushes us towards unsafe abortions, criminalisation or mistreatment within a precarious healthcare system. The structural violence towards our bodies is harsher. I experienced it myself during my abortion process in the public healthcare system where I suffered a great deal of mistreatment, as well as the social stigma and the subsequent moral punishment exercised by the community in which my family and I lived.

I then understood that, for us, abortion not only implies a physical process but also a profound battle with guilt, an echo of centuries of oppression, coloniality and judgement. That is why my accompaniment goes beyond simply providing information; it is an act of healing.

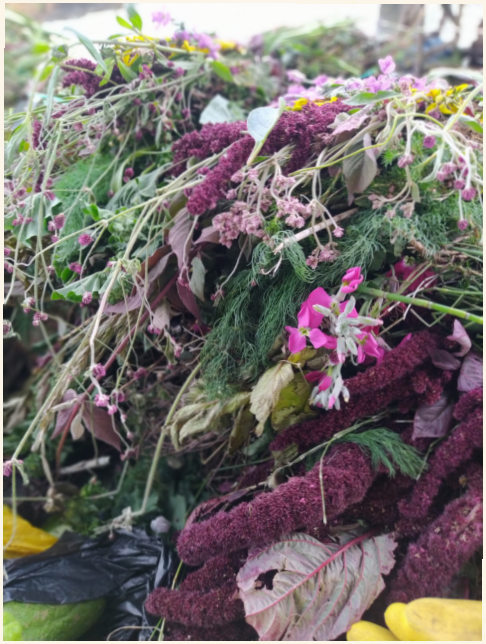
I have created a methodology that brings together medical knowledge and ancestral knowledge. In my work, *misoprostol* and *mifepristone* pills, which women from Afro-Brazilian communities and favelas passed on to us as symbols of resistance, are combined with plants we inherited from our grandmothers at different times to fulfil a process that seeks to be completed with harmony.

To begin, I set up the heart of this accompaniment, which is our little table or ancestral altar that always – always – accompanies each activity we Indigenous women undertake, whether it is to open a meeting, a celebration or any other meaningful situation; it is a way to start something, asking for permission from our *apus* (mountains), *ayas* (spirits), *taitas* and *mamas* (ancestors).

For this, I use flowers, candles, some fruits. This is an intimate space, surrounded by the smoke of *palo santo*, *agua florida* and the sounds of nature (rivers, birds, frogs, etc.). Through each of the sacred elements I guide a conversation loaded with meaning, affection, and trust. The four elements are earth, fire, wind, and water; together, they allow for harmony. It is in this sacred space that healing takes shape.

• **Earth:** I create a simile between the earth and our body. A mistreated, contaminated or deforested earth becomes barren and unable to breed life. Similarly, the body of a woman who lives in violence and inequality cannot be a home for life at that moment. Each woman knows her reality and the motivations behind her decisions. A woman's authority to decide is as vital as the care for the autonomy that protects the land.

• **Water:** is the next step; it is what nourishes the earth. In this part I share information that contributes to protecting this woman's decision: which medication we will use, the legal framework that we have in the country, and I reaffirm the



confidentiality and support until the end of the process. Further, in this part we offer Purging Water at the table: an herbal infusion that not only cleanses, hydrates and accompanies the physical process, but also serves as a bridge to our ancestors. I explain the way it is elaborated: I tell her about *ataco,* which I mix with other herbs like *santa maría, llantén, escancel, caballochupa, retama, taraxaco*, a tuber called *mashua,* and others. This water connects us with the wisdom of our grandmothers, with the stories of women who, before us, made decisions supported by their knowledge of plants. In that sip, the water becomes memory and healing. Not all the water is drunk at that moment, it is reserved for the end of the process, two days after this ceremony. In this part we also honour the tears that often accompany this process, whether from, fear, shame, misinformation, or guilt.

● **Fire:** Fire represents emotions. If it gets out of control, it can cause a destructive fire; if it is channeled, it provides us with warmth and light. This is how the feelings that surround abortion are, such as guilt and sadness, which may become overwhelming. The fire of our table allows us to meditate, to channel these emotions and to see them as a natural part of the process, not as a condemnation.

● **Wind:** Wind is the voice, the word, the breath. In this accompaniment, the wind is the sound of my voice that accompanies, it is the word of trust placed in me. A voice that asks for accompaniment and will not be judged, but rather

honoured. In this part, all questions about the process are asked. With this part, we close our table. The wind is that deep sigh that women take, the relief and the breath that close a cycle and that leaves them more at peace to continue with their life project.

Once this ritual or ceremony is finished, we proceed with the use of *misoprostol.*

In some cases, and when we are lucky enough to obtain it, we also use *mifepristone*.

In Ecuador, this medication should be relatively easy and affordable to access, but it is not. There are increasingly more controls in pharmacies for the sale of the product.

For this reason, those of us who accompany rely on other medical and obstetric networks that often support us with the medication.

These accompaniments are special, I only provide them to indigenous women or youth. I do not carry out the same process for women from other backgrounds because, when I have tried it in the past, I have realised that they perceive it as something negative, which it isn't. However, among indigenous sisters, we understand each other's codes.

Furthermore, the sessions are special because I carry them out at home, and I take care of them until the process is complete, which is why we always try to do them on a weekend. I cook and I attend to their needs. Ultimately, after two or three days of having begun the process, once the expulsion has occurred, we proceed to drink the purging water – one litre throughout the day. This water causes contractions, helping to expel any possible remaining tissue.

Each accompaniment is a ceremony returning to oneself. It is an act of profound healing that honours our history, our ancestors, and, most of all, the sovereignty of women. We are not mothers by nature, we are autonomous territories with the capacity to decide when and how we want to become mothers.

[1]*espanto:* A cultural explanation of distress with varied, non-specific symptoms, often seen as a state of weakened resistance to external forces.

About the Author

Gabriela Sinchi Gómez Toaza - Social communicator, community communicator, popular educator, feminist community radio producer who reflects on intersectionality and anti-racism.

Throughout her trajectory, she has supported empowerment, leadership and advocacy processes with women, youth, and sexual and gender diversities on sexual and reproductive rights, gender, gender-based violence, and human rights in Ecuador.



Breaking The Silence: Living with HIV and the Right to Choose

Jessie Mzemba

I was only a teenager when I learned I was HIV positive. One afternoon, a group of health workers arrived in our village and set up a tent, offering sexual and reproductive health services, such as condoms, family planning, blood pressure checks, and HIV testing. My friends and I went together, giggling and curious, our hands sticky with dust and sugarcane. It felt like an adventure, but one that would soon change everything.

They received their results almost instantly with smiles of relief and soft laughter. But when it was my turn, the nurse's face changed. Her eyes softened, then hardened again, as if she was deciding how much truth I could carry. She told me I was too young to receive my results on my own and asked me to come back the next day with a guardian.

The following morning, my aunt walked with me to the hospital. I was called into an HIV testing room and asked to sit alone, while my aunt waited outside. The nurse pricked my finger again with the needle, the tiny sting blooming across my hand. Then, she finally spoke the words, "You are HIV positive."

My chest tightened, my palms dampened with sweat, and I could barely breathe. I had never had sex, so I knew I must have been born with it, passed on from my mother, who had died when I was only five.

I was too young to grasp what it all meant. I only knew I didn't want it to be true. For three years, I lived as if those words had never been spoken, refusing the medicine, refusing the thought. Until 2018, when sickness pinned me to a hospital bed and denial could no longer hold. That was when I finally began treatment.

Growing up with HIV was not only about medicine, it was about stigma. I learned quickly that people like me were often spoken

about with shame, as though our existence was a mistake. At clinics, I sometimes felt my body was judged before I even opened my mouth. I saw how young women living with HIV were told their bodies were “too risky” to carry life. I heard stories of women pressured into sterilisation or denied access to long term contraception.

And when it came to abortion, the silence was even louder.

Being young, female, and HIV positive made it nearly impossible to ask openly about safe abortion care. The stigma layered upon us was heavy: first for being young, then for being women, and finally for being HIV positive. It was as though our dignity could be stripped away without question. Yet beneath all that shame, I carried a small, stubborn knowing: that our lives still had worth, even if our access to sexual and reproductive health services was constantly limited.

That truth hit me the hardest when someone I loved went through it herself. A friend of mine faced an unplanned pregnancy and tried to end it in secret, using unsafe methods. She went to a woman in the village who promised help through herbs. The woman gave her a bundle of dark roots and a stick, instructing her to drink the mixture and, once the pain began, to push the stick inside herself, moving it back and forth until the bleeding started. She lost her womb because of it.

I will never forget the fear in her eyes, or the silence that surrounded her afterwards. Her story is not unique as many young women in my community carry the scars of silence, secrecy, and shame. These are urgent, lived realities that place our lives at risk.

Through these experiences, I came to realise that reproductive rights are about dignity, freedom, and survival. The language of “choice” has always been complicated in many spaces. But for young women living with HIV, it represents something different. It represents the freedom to live a dignified life, especially when faced with so much paternalistic behaviour. It means being seen as capable of making decisions about our own bodies.

It means imagining a future where we are not only surviving, but living fully.

Now I work as a social worker with Human Rights For Women and Girls With Disability. During trainings with young women living with HIV, I often share parts of my own story.

I remember one session about stigma and reproductive rights. At first, the room was silent, eyes lowered. But when I spoke about the time I refused treatment because of fear, a young woman approached me afterward and said softly, "I thought I was the only one." That moment reminded me why I do this work: to break silence not just with words, but through connection.

Each time I share, I witness shame slowly giving way to courage, the kind that empowers others to claim their right to health, to choice, and to hope.

To deny access to abortion because of religion, restrictive laws, or HIV status is to double our discrimination. It reinforces the harmful idea that our bodies belong to others whether family, church, or state rather than to ourselves.

But when women like me are given information, access, and support, we make choices that honour life, health, and dignity. This is why conversations about reproductive justice must include the voices of people living with HIV.

Too often, our stories are silenced or spoken for by others. Yet our lived realities show clearly why access matters. For us, it is not just a right written on paper, it is the difference between life and death, between secrecy and dignity, between surviving and truly living.

Breaking the silence around HIV and abortion is not easy. It means confronting stigma, challenging deeply held beliefs, and demanding recognition of our humanity.



Facilitating a community dialogue with women on using their voices to demand access to sexual and reproductive health services.

But I share my story because I know there are young women who feel alone, who think their voices don't count. I want them to know that they do.

Growing into myself has meant reclaiming my body as mine, and my choices as valid. My HIV status does not erase my right to dignity, and it does not erase my right to access abortion.

Our bodies, our rights, our choices. This is the only way forward for true reproductive justice.

About the Author

Jessie Mzemba is a 24 year old young woman from Malawi, living openly with HIV and passionate about advancing sexual and reproductive health and rights. She holds a Diploma in Public Health and is pursuing a Bachelor's Degree in Social Work.

With over four years of experience working with communities, Jessie has focused on supporting women, youth, and marginalised groups to access health services, promote gender equality, and challenge stigma. She is an advocate for reproductive justice and mental health, using her lived experience to amplify the voices of young women.

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The Unstory

Aqilah Nikhat Naleem

To exist is to write.

The Age of Lies was an era when truth became a commodity – manufactured through official decrees – and where historical records could be completely rewritten overnight. In response, the First Scribes created the Covenant of Permanence to protect reality. After digital records became deletable and printed histories faced destruction at the hands of powerful individuals, the Covenant declared that truth must be preserved through the body itself. According to this law, ink became the vessel of truth.

Every person, from birth, receives body markings that record their identity and existence. People use ink to display their skills and ambitions and their historical background on their bodies through chosen stories that shine with light. A perfectly arranged manuscript creates opportunities, but a minimal or damaged text blocks access to them. Our bodies are living archives, and we are both authors and evidence. I serve as a Scribe who preserves this ancient practice. The silver lines across my hands demonstrate my apprenticeship journey which required multiple years to achieve mastery. The gold blueprint running along my arm demonstrates my dedication to join the Architect's Guild. My lines are my language and my proof, each stroke a testament to my existence.

But that was all before the spill.

Before *The Ink*...

An accident.

A moment of shared, unintended chaos in a back-alley workshop. A consequence I never authored. It started as a smudge on my stomach, no larger than a thumbprint, with the flat, dead colour of a bruise. A blemish in my otherwise perfect text. I hid it, hoping it would go away. Unfortunately, the smudge has turned into a pattern of black, thorny vines that

drink the light from my own luminous ink and starve my own narrative. My silver has been swallowed by pewter, my gold paling into something sickly yellow. My light is being devoured without my permission, the Scribe being unwritten.

And *it* whispers. At night, when the city is silent, I hear *it*, a voice that is not mine, eerily coiling up from my own skin. *It* does not speak in words, but in pure, unfiltered need. *It* wants more of me. *It* wants my light. *It* wants my future. *It* wants my skin. *It* wants to devour **MY STORY.**

But…do I want to give *it* all that's mine?

My fading ink did not go unnoticed. A patron at the library averted her eyes. A fellow apprentice pulled away when our arms brushed. A corrupted body is a sign of instability, of a life spiralling out of control. Shame became a cloak I wore everywhere. My carefully composed narrative, my very identity, was becoming a source of public disgrace.

Today, I found myself motionless at the Registry of Marks. This place is a quiet sanctuary, crafted from cold white stone. As I stepped inside, the air seemed dense, filled with the stories of countless writings. The only noises were the soft swish of an Adjudicator's clothing and a barely noticeable hum from sacred Inks, echoing lives tied by rules. It smelled like ozone and clean paper, a reminder that this space is about order, not creativity. As I moved through the expansive hall with its towering columns carved with endless laws of the Covenant, my glowing manuscript seemed overly bright, something to be fixed. My heart pounded as I stood there amidst flawless, state-approved works.

At last, a clerk announced my turn. I faced the Adjudicator whose own tale was written in strict lines of lawfulness. The Adjudicator didn't glance at me; but eyes were on The Ink instead.

"An appeal to erase?" the Adjudicator asked, the voice sounding as dry as rustling leaves while pointing towards the dark mark on my stomach.

"The Covenant is clear. All Inks are sacred. All stories have a right to be told."

The Adjudicator looked up at me again but saw only the page I was writing on.

"Your body is public trust, a page in the great manuscript of our society. Your personal ambitions are secondary to the preservation of a new text."

"This is **NOT** my story," I insisted, my voice fraying at the edges. "*It* is a corruption. *It's* unmaking me. My own lines are fading. My ambition. My future. It's disappearing. **I DID NOT CHOOSE** this mark!"

"This is a new form of narrative. You should feel honoured. You are the vessel for a story no one has ever seen before."

The Adjudicator's words struck me with the force of a physical blow. A vessel. Not a Scribe. Not an author. Just the parchment.

The law does not distinguish between the chosen and unchosen Ink," droned the voice, devoid of empathy.

"Once the Ink touches skin, it falls under state protection. An erasure is a violation against the public record, an act forbidden by law. This is not a matter of choice, it is a matter of preservation."

I stood there, silenced by the cold, unyielding wall of the Adjudicator's doctrine. The state, the very system built, in theory, to honour authorship, was now the force compelling my erasure. They saw The Ink, but not The Scribe gasping for air beneath it. They celebrated the *"new story"* while allowing the death of mine. I left the registry with the final words I heard there gnawing my brain and echoing in my ears,

"Embrace this new chapter. It is **YOUR** purpose now."

Walking home through the city, I saw the other Scribes with their bright, glowing narratives, and I felt like a ghost. I am a

walking palimpsest, the ghost of a story being scraped away to make room for another. The law will not save me. Society will celebrate my destruction. My choice is not between one story or another. It is a choice between my story and no story at all.

For several weeks, I pushed forward. I pressured myself to view my life as a sacrifice for this "new narrative." I withdrew my arm and told myself my ambitions were selfish. But the whisperings grew louder, and the depletion became severe. I felt myself dimming from the inside out, my thoughts dissolving into the dark that lived on my skin. The last straw was the morning I woke to find a new thread of black ink creeping up my arm, piercing the golden lines of my blueprint, the very heart of my life's work.

In disbelief, I traced the fading gold lines on my arm. A memory of my ambition. The whispering from my stomach grew stronger now, insistent, confident. *But the Covenant protects The Ink, not The Scribe*, I kept telling myself.

So be it, then. If the lawmakers make self-preservation a crime, then I must become a criminal to remain myself. If the state sanctions my erasure, then my survival must be an act of rebellion. Soon, I was about to find out that I was not alone in this revolution.

Somewhere, in the shadows of this city, there are the Whisperers of Removers, artisans who practice the 'forbidden' act of Unmaking. They aren't a group fighting for a cause, but instead, they're an underground market of skilled workers, exchanging secrets and scars for coins.. Rumours about them circulate like contraband, half legend, half desperate hope. The Unmaking is said to be a brutal ritual: ointments that burn the skin, blades that scrape away the ink, and pain that peels the story from the flesh, piece by piece, until only blankness remains.

A new resolve hardened within me, sharp and clear. The idea that there could be rebellion in our world is terrifying. The Removers are not only outlaws, they're cautionary tales told to children before sleep. They leave behind the Void, a patch of

dead, tortured skin, that tells your crime to the world. To be a Blank is to be a pariah. Unemployable, untouchable.

A wisp of nothing, with no story to tell. The price of rebellion is absolute: social death at worst, a botched, agonising procedure if I'm lucky. Still, the Void is somehow less frightening than this slow, state-sanctioned erasure I am now enduring.

My resolution didn't come about suddenly, as a flash, but rather as a slow, cold hardening of determination. I learned to ignore the whispers coiling from my skin, listening instead to the murmurs that haunt the dark alleys of the lower city. I sold my drafting tools for unmarked pulses. I learned the phrases, signals, and signs. The constant danger left a permanent metallic taste in my mouth, one that was sharper and more real than the dull despair I had known for so long.

Tonight, my path will begin. I am standing at the mouth of a narrow alley, dew-soaked and damp, and the address I paid dearly for sits in my hand. The law says I am a vessel. Society says my story is no longer my own. The ink on my skin is a thief, and my body is the scene of the crime. The procedure is referred to as Unmaking.

The outcome is referred to as a Void.

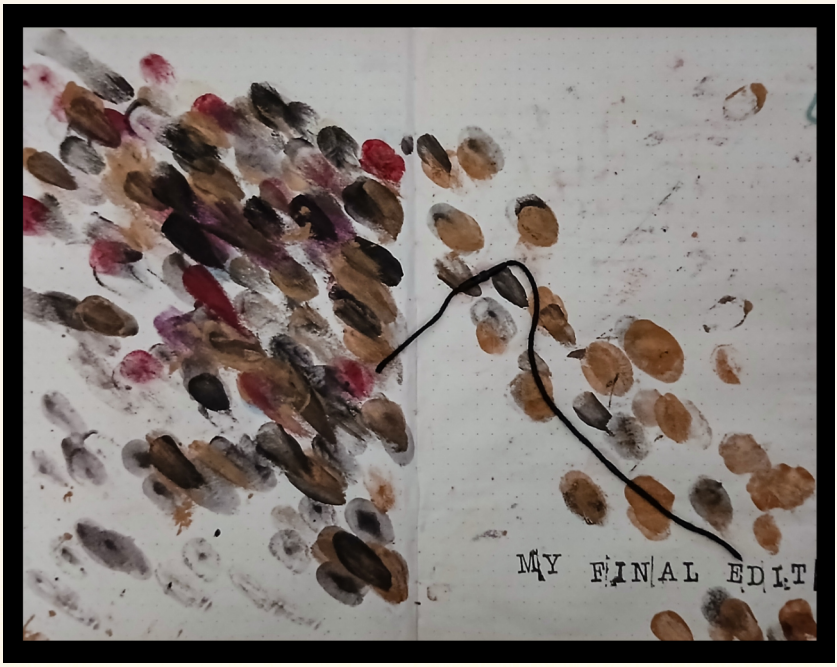
I am called a criminal.

I tighten my collar against the dampness and step into the dark. My heart is no longer fluttering with fear. Now my heart is pounding a steady, defiant beat against my ribs.

I will not be overwritten.

I will not be just a page.

They call it a crime… I call it an author's final edit.



This image powerfully depicts the story's core conflict. The chaotic fingerprints symbolise the parasitic ink overwriting the Scribe's identity. The thread represents the act of removal, reframing the choice as "My Final Edit."

About the Author

Aqilah Nikhat Naleem is a communication coordinator and teacher from Sri Lanka. In her free time, she can be found completely immersed in the arts – painting, journaling, or getting lost in a museum (she'd happily live there!).

She collects magnets as colourful memories from her adventures. This deep connection to creativity fuels her core mission: to use literature and art to create awareness about issues affecting women.

She is passionate about these mediums because she believes they are uniquely powerful, capable of articulating truths and inspiring change in ways we often underestimate.

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"But I Still Committed a Sin" - Exploring Pleasure Frameworks in Abortion Discourse

Komal Qidwai

I sat with a group of eight women on a hot day in a village in Sindh, Pakistan. They were all friends with each other, and we had gathered at one of their houses. I was there to learn about their experiences of abortion as part of a research study I was conducting. This was a unique study in Pakistan because, alongside discussions with healthcare providers, legal experts, and law enforcement officials, it set out to capture women's lived experiences with abortion in the province.

By the time I reached this village, I had already spoken to women in other towns. Their stories were as expected: failed contraceptive methods, multiple abortions from small clinics with unqualified providers, a mix of manual vacuum aspiration and dilation and curettage, high rates of infection, and complications.

Still, something about this particular group felt different, though I could not name it yet. They shook my hands with warmth and told me their stories as if I was one of them. Some got married as teenagers; most were the second wives of their husbands, jealous of the first ones. They told me of the pills and devices that failed, the abortions that followed – one, two, three. They were not reserved in their tellings. We felt a shared sense of belonging. We laughed and joked around. But beneath the surface, within the stories they shared, lingered an unease.

One of the women finally voiced that unspoken tension when she said, "I know I had to get that abortion, but I still committed a sin." The laughter softened, and the others nodded in agreement.

It was as if the room shifted. Everything they had said – their justifications, their anger at doctors who had insulted them and turned them away – was swallowed by that one confession. The word sin hung heavy in the room. It wasn't just personal

guilt; it was the weight of a moral code present in the doctor's clinic, the bedroom, the house, the family, present within society itself – continually shaping how they spoke about their own bodies.

Seeing this act as a sin reflects a structure that teaches women to measure their worth through motherhood. Within this structure, the mother is the highest ideal: patient, giving, tireless. Pain becomes virtue, sacrifice becomes salvation. Abortion, by contrast, becomes its opposite, an act that privileges one's own health, body, or desire over others'. To choose oneself, even briefly, feels like betrayal.

The guilt these women voiced obscured circumstance and nuance. Pleasure, intimacy, and desire struggled to find a place in the language around their abortions.

For one of the women, contraceptive methods had repeatedly failed, and her gynaecologist had offered no real alternatives beyond a cold suggestion that she move back to her mother's house to live apart from her husband – as if abstinence could be a solution, as if her need for intimacy did not exist. As if it would be her fault if she couldn't stay away from her husband and got pregnant again, which would lead to further health complications. In that moment, I saw how tying healthcare procedures to moral and religious narratives turned systemic failure into individual shame.

In clinics, women are rarely asked about their comfort or preferences, and the idea that pleasure could be a legitimate concern seems almost unthinkable. After an abortion, guilt and relief often coexist. They told me they felt lighter for a moment, only to be swallowed by shame the next.This shame is, however, engineered, planted in us by the stories that insist abortion must wound, that to feel relief is to be heartless, to be immoral. Clinics show no interest in emotional well-being – in fact, they cause emotional and mental harm by perpetuating this narrative of guilt.

In contrast, sitting together in that room, through laughter and camaraderie, we created space to hold these contradictory emotions, to grab an eraser and start clearing away some of

the shame that had been continually instilled in us.

These women were not activists, yet in each other's company, they were able to voice the complexities of their desires. One said she did not want to use hormonal contraception because it made her gain weight; another said she decided not to get an abortion after her fourth pregnancy because she feared her husband might leave her for another woman.

Their honesty stayed with me long after I left that room. It made me think about how many of us working within sexual and reproductive health and rights circles still struggle to build our work around these realities. In South Asia, where abortion is still framed through population control and religious conservatism, centring pleasure feels almost impossible. This is not because we as advocates or activists lack empathy, but because our frameworks have been shaped by urgency: saving lives, ensuring access, and staying legitimate in hostile environments. And in that urgency, the emotional and sexual dimensions of reproductive life have been neglected.

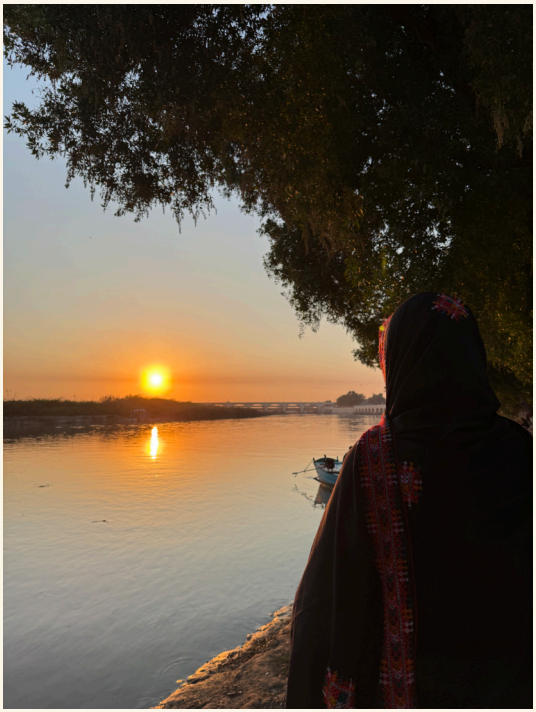
At the end of our conversation, the heaviness lifted. We found laughter again.They told me not to let their stories scare me off marriage and invited me to join them on a girls' trip they were planning to the mountains, having saved for months and excited to leave their husbands and children behind.

That's when I realised it was their friendship that opened a circle where the layers of choice and desire could unfold... They were angry at the doctors, but it wasn't just because they were denied healthcare services.

They were denied recognition as full human beings – as desiring individuals whose lives are not solely about preventing pregnancy or spacing births, but also about love, camaraderie and sex without suffering the side effects of contraceptive methods imposed on them by family planning clinics and gynaecologists.

In laws and policies, abortion continues to be debated as a matter of maternal mortality, population control, or family welfare, rarely as part of women's sexual and emotional

well-being. This framing echoes the moral logic of religion, where sex is tolerated only when it leads to motherhood, and abortion is forgiven only when it ensures survival. Within this logic, pleasure has no place. It is something to resist, not to celebrate. This silence around pleasure amplifies guilt.



It says, "You could have gone to your mother's house to avoid a seventh pregnancy, a second abortion."

This is the lingering unease, the shadow that sat with the women in that room, even as they laughed with me.

Left: A woman in a traditional Sindhi embroidered chadar looks out toward the horizon in Sukkur, Pakistan. Women from nearby areas once travelled here, one to two hours each way, to reach an NGO-run clinic that provided abortion services. When it closed, and with government providers in their own areas refusing them, many were left to rely on costly, often unsafe private clinics. This is the reality at the heart of this story. This picture was taken by me during a field visit.

Right now, pleasure is still absent from both clinical care and the way we train ourselves and others as advocates. What I saw in that circle of women was that friendship had already created an organic space for desire, laughter, and tenderness to coexist – a space where pleasure could be spoken without fear or shame. Our task is to emulate what happens naturally in kinship and bring it into our political frameworks.

If we explore pleasure as a framework, then well-being can be understood more broadly than through the idea of having a choice. It would allow us to name and work through the

emotional realities of abortion beyond the narrow confines of a clinical gaze – to see guilt, grief, relief, and joy as part of collective care. We must centre pleasure so that abortion rights are not just about survival, but about the fullness of people's lives.

About the Author

Komal Qidwai is a researcher and writer specialising in sexual and reproductive health and rights and gender.

Her research focuses on abortion access, maternal health, comprehensive sexuality education, gender and education, and adolescent health in Pakistan.

She is currently Manager of Research, Learning, and Evaluation at Aahung, a Pakistan-based NGO.

What Dalit Women Taught Me About Reproductive Health, Abortion, & Caste in Urban India

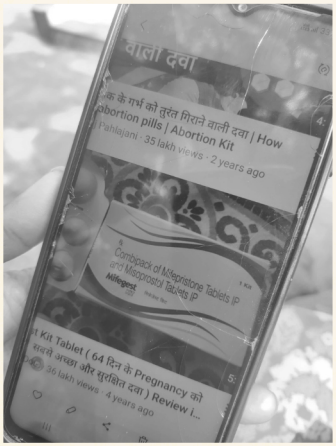
Pragya Roy

Note: This is an individual case study, based on the personal account of Rani (name changed), a Dalit woman who generously shared her experiences for my PhD project.

It was just after 9 am, and I was on my way to a distinctly Dalit (lowest caste)-marked slum in central Kolkata; a slum associated with historically appointed caste-based occupations. Prior to this, I had learned that Dalits live segregated lives in this metropolis, often lacking the most basic resources like in-house water and toilets; facilities absent in this slum as well, despite being central to reproductive safety and hygiene.

Once there, I was introduced to Rani (name changed), a 23-year-old Dalit woman, who had only studied till class 6, was married at 17, and had a daughter right after her marriage.

Her natal and marital family were both inter-generationally involved in low-paying, high-risk and stigmatising caste-based sanitation work. A health worker discreetly informed me that Rani was seeking an abortion.



Rani's YouTube search, a digital alternative in the absence of institutional support.

After a brief chat, Rani pulled me into a corner, took out her phone and showed me a YouTube video she had been watching to identify appropriate over-the-counter abortion pills.

I nodded while listening to her, but was simultaneously reminded of a pregnancy scare that sent me into a spiral of frantic Googling, desperate for reliable information and terrified of being judged.

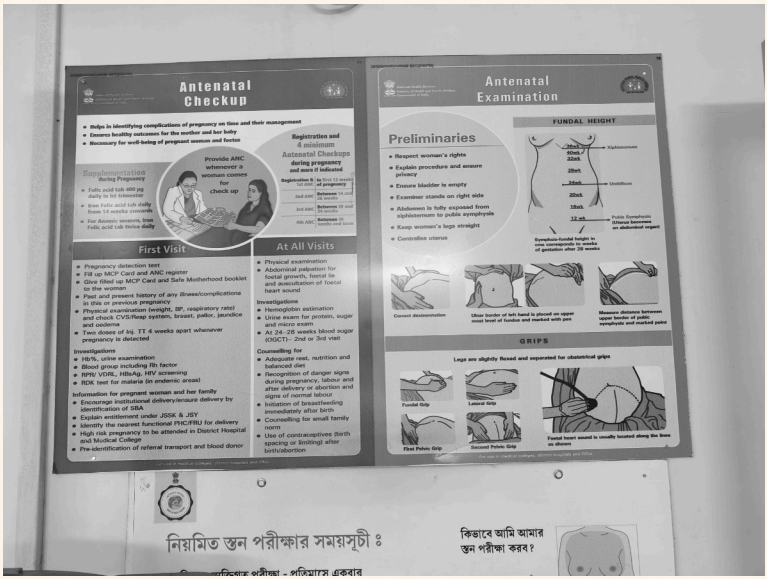
I felt connected with Rani for the first time.

But there were differences, differences that mattered. While I was surrounded by friends guiding me to non-judgemental and reliable health and support systems, Rani had no one.

This wasn't her first abortion. Anaemic and experiencing side effects from the *Antara sui*, a contraceptive injection she had received from the local urban primary health centre (UPHC), she reported prolonged bleeding and *safed paani* (white discharge). Expecting follow-up care, she returned to the UPHC, but was instead advised to go to a hospital, or a private doctor—an option beyond her means.

During this period, Rani discontinued the contraceptive. Her husband refused other methods of contraception, and soon she was pregnant again. She had no intention of continuing the pregnancy.This was her second, self-managed abortion. She asserted,

"Didi, I don't want any children right now. I just want to take care of my health. I want some kind of medicine that can keep me free from all this pregnancy tension. Every month I have to



IEC materials at the UPHC exclusively focused on pregnancy care.



IEC materials at the UPHC focused on pregnancy care. No information on abortion or contraception was found during my fieldwork.

worry. 'Did I miss my date? Why haven't I gotten my period?' I want to be free from this constant stress."

On paper, abortions are legal in India, and medical abortions require a doctor's consultation. But in practice, they remain elusive, especially for socio-economically marginalised Dalit women like Rani.

She had already spent what little money she had on consultation, blood and urine tests and medicines for the contraceptive side-effects. Wanting an abortion now, she anticipated more costs. With no money or support from her partner and in-laws, she bought abortion pills from a local dispensary for 550 INR ($6.24), without seeing a doctor.

Her local UPHC, a government initiative built for maternal care for marginalised groups, offered nothing for abortions. No medical advice. No abortion pills.

Rani's abortion journey highlighted how public maternal health in India often narrowly focused on pregnancy and childbirth, even though empirical evidence shows low contraception use and higher risk of unsafe abortion among Dalit women. This was also evident in how prenatal and antenatal care were widely promoted and relatively more accessible around the slum, whereas abortion and contraception care were sidelined, obscured and treated as shameful.

After managing her abortions, Rani faced judgments both from her in-laws and frontline health workers, who blamed her for these unwanted pregnancies. "They (health workers) say a lot of things," she told me.

"They tell me to control myself. They ask, 'If you don't want it, then why do you have sex with your husband?' Everyone in the in-laws' house knows that I've had abortions again and again. Everyone was very angry. They kept saying, 'Keep the baby, keep the baby.'"

Rani's account pushed me to unlearn idealised notions of motherhood that I was socialised into from my childhood. Motherhood was often framed as an aspiration, a milestone, a choice. But for Rani, and many like her, pregnancies are often imposed, unsupported, and/or involuntary. Her abortions were not isolated medical events, but were a part of a lifelong, physically and emotionally burdensome management of her maternal health, undertaken without support and safety.

From a small town myself, I grew up believing that caste would dissipate in bigger cities. But listening to Dalit women's

maternal health narratives showed how it continues to persist in urban settings. In these distinctly Dalit-marked slums, I saw lives marked by chronic deprivation with living conditions below standards, absent support systems, and state health infrastructures that systematically abandoned the most marginalised.

As a Dalit woman myself, whose family has experienced relative social mobility over the years, I began to ask myself: How many Dalit women in India actually achieve the social mobility to navigate their reproductive lives the way I do?

Why do their maternal experiences remain so physically and emotionally burdensome? And if my liberation is tied to theirs, what does it mean to act in solidarity?

Rani's maternal health experiences directly challenge mainstream narratives hailed by global health frameworks, which portray India as a progressive example of legal abortion access.

These frameworks homogenise entire regions, disregarding internal inequalities and erasing the institution of caste, while working with simple class-based analysis or binaries of Global North versus Global South. This is what decontextualised healthcare looks like, where upliftment of the country's maternal health metrics obscure persisting inequalities between, and within caste groups.

They also perpetuate the erasure of Dalit women's maternal labour of managing their bodies, families and health systems. At the national and local level, caste remains invisible in healthcare practice. As my fieldwork later revealed, health workers are scared to talk about caste, and receive no caste-based sensitisation, even if they operate in distinctly Dalit-marked slums with added precarity of inter-generational resource deprivation, and unsanitary and under-resourced environments.

Rani's journey reveals that socially-just reproductive healthcare approaches in India (and South Asia) must begin by reckoning with caste. And it must go beyond pregnancy to include

abortion and contraception counselling that actively challenge shame-based narratives.

Frontline health workers must be provided with training in caste and gender dynamics, so that they can build trust with communities they cater to.

Dalit women's bodies and maternal embodied experiences should be centralised and seen as critical sites for historical and contemporary feminist and anti-caste knowledge. Their maternal labour, that is often invisible and unpaid, sustains families, communities, and economies. As feminists, we must centre their (re)productive work, not only to expose structural neglect, but also to honour the forms of care, resistance, and political organising that could potentially emerge from them.

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About the Author

Pragya Roy is a Postgraduate Researcher at the University of Sheffield, UK. Her PhD, funded by the Faculty of Social Sciences, UoS, explores the intersection of caste and maternal health in urban India. Holding a BA and MA in Sociology, and an MA in Social Research, her research interest lies on reproductive experiences and social inequalities in South Asia and among South Asian communities.

Informed by her lived experience of caste and casteism, Pragya's scholar-activism aligns with transnational anti-caste, anti-racist, and Marxist-feminist movements. Outside academia, she finds happiness in cinema, meticulously reviewing and rating films on Letterboxd.

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Making, Unmaking: Hidden Cartographies of the Trans Body

Faiza Ruksar Arif

Abortion in India has never been one thing. It has been cast as a 'murderous' sin in homes, hidden as family shame, and shouted as feminist resistance.

In a world of Roe v. Wade rollbacks and anti-trans policies that police bodies, India seems paradoxical: progressive on paper with its MTP Act, yet deeply conservative in how autonomy is lived.

The Medical Termination of Pregnancy (MTP) Act (1971) did legalise abortion decades ago, but not as an unconditional right; it remains a provider-centric law that places decision-making power in the hands of doctors, not the pregnant person.

Abortions are permitted only under specific conditions when medical practitioners certify risks to the woman's physical or mental health, detect foetal abnormalities, or identify certain social circumstances, making access contingent on approval rather than autonomy.

On the ground, this translates into moral gatekeeping by doctors, control by husbands or fathers who claim authority as decision-makers, and families who tie reproduction to lineage, religion, gender, and caste.

In my work, abortion has revealed itself as deeply malleable, reshaped by the body that carries it, the system that governs it, and the story that names it, appearing at different times as survival, resistance, kinship, or mercy.

I write from many identities at once: Muslim, neurodivergent, queer, and as a researcher-practitioner in gender justice. This positionality is woven into me, shaping my view of abortion in ways that are layered and often in tension with each other.



Note: Self-illustrated for this body of work

They have also shaped how I inhabit my own body, and how I understand its reproductive possibilities and refusals.

To hold these contradictions, I imagine a 'council of selves' inside me: the **Inner Child**, the **Justice Warrior**, the **Disembodied Queer**, and the **Existentialist.** Each carries an argument about bodies, drawn from years of research into lived experiences, on-ground work with marginalised communities, and personal reckonings from my own life.

Together, they re-define what abortion means, especially when trans lives are centred.

The **Child** I once was, born into a conservative Muslim family, learned that the body was a vessel for life. Abortion was haram, the killing of what was meant to be sacred. She never asked: whose body, and at what cost? I tell her the stories from my

my research. Trans men were often forced into "corrective marriages" meant to cast them into heterosexual roles. Sex was demanded as proof of womanhood, conception as a cure. Consent was absent, contraception denied.

"Pregnancy" and "motherhood" became tools of coercion, rape disguised as tradition, imposed to erase queer deviance. Trans men hold some of the deepest traumas. Pregnancy could be profoundly dysphoric: the distress of a body changing in ways misaligned with one's gender identity.

One described it as "watching my body be taken from me," surviving only by detaching: "disengaging from myself was the only way to survive nine months." He carried the pregnancy to term at the cost of his identity.

The dysphoria was at its most unbearable after childbirth, his body lactating, hips widened, old names forced back into use. For him, the possibility of an abortion became a restoration of life , a way to reclaim the self that had been systematically stripped away.

Another participant, a trans man in the midst of transitioning, reminded me that testosterone is not contraception. When he conceived despite stopped periods, it felt like deception: "I was doing everything to become myself, and my body betrayed me." For him, abortion was the only way to stay aligned with his transition. In these narratives, abortion is not a sin but a reclamation, the act that returns autonomy to a body already under siege.

The **Justice Warrior** in me has always declared abortion a right. But rights look different in real bodies. In my work with rural women and adolescent girls, abortion decisions rarely belonged to them. Husbands forbade it "to protect vitality" or "preserve health for future sons."

Families blocked it to "raise our community," reproducing caste and religion through women's wombs. Abortion became a last-mile act, often secret, unsafe, with no aftercare. Some women underwent the procedure more than once, and others turned to

unsafe remedies. Most had resigned to the fact that their bodies were never their own. How can law protect, when culture itself enforces obedience as duty?

For trans people, the barriers multiply. Hospitals misgender them, wards segregate them, and the very idea of a "trans body" is absent in medical training. One trans man recalled:

"At reception, I had to give my old name. They put me in the women's queue. The nurse kept saying I was in the wrong place. I wanted to disappear."

Others were forced to seek psychiatric certificates or were delayed until it was too late. He went on to explain, *"To get the abortion, I had to pretend to be a woman again. I had to erase myself to be treated."*

In these moments, abortion was no longer about healthcare or autonomy, but about conformity: you had access to it only if one's body performed in ways that the system already understood.

The **Queer self** unsettles categories: who counts as a mother, which bodies are allowed parenthood? Parenthood is performed, and it can also be transferred. Trans men often shift "motherhood" into fatherhood or gender-neutral roles, keeping care but discarding labels that misfit their bodies.

Trans women reclaim motherhood through kinship, insisting on recognition that biology once denied. In Indian transgender communities known as *hijra gharanas*, motherhood is both ritual and inheritance.

A *guruma*: the maternal head of the household, adopts younger members through ceremony, marking the symbolic death of the old self and the rebirth of womanhood. The bond is sealed through initiation rites like the *dudh-beti* (milk-and-daughter) ceremony, where milk and blood are shared as symbols of rebirth and kinship. The *guruma* is part mother, part teacher, anchoring care, discipline, and belonging, as one participant explained:

"I am a mother because I am Hijra. I am Hijra because I am a mother."

Within this structure, womanhood is measured through the capacity to mother, to adopt, nurture, and transmit identity. Yet motherhood here is not a neutral or universally empowering role; it is also a social expectation that defines who is recognised as truly *hijra*. The same maternal authority that grants status and belonging can exclude or constrain those who do not, or cannot, embody it.

A *hijra* who resists the maternal role risks being seen as incomplete, her femininity questioned. Motherhood thus becomes both self-making and disciplinary, a site of care and control, choice and coercion.

Beyond the *gharana*, queer kinship continues to reimagine what family can mean: I think of a non-binary couple who chose to have a child before the trans man transitioned. The pregnancy, though painful, became an act of reclamation, a family formed outside lineage, legality, or gender prescription.

Such stories suggest that "motherhood" is not a fixed role but a shifting grammar of care, one that queer and trans people inhabit, rework, or refuse depending on their bodies, desires, and affiliations. In this sense, abortion is not the opposite of parenthood but part of its spectrum: a refusal of systems that dictate who may mother, who may father, and whose bodies count at all.

The **Existentialist** voice is quieter, heavier. It does not take anti-natalism as a doctrine but as a question: what if not creating life is sometimes the more ethical act? In the trans context, this is not only about giving birth but about being born at all, into bodies misaligned, identities denied. The pain my participants spoke of was the psychological weight of living in a body read as "wrong," the relentless work of trying to exist as oneself.

From here, abortion is agency against inevitability, a refusal to pass on suffering, both systemic and bodily. For some trans

men, termination interrupted the trauma of watching their bodies feminise against their will. For others, it was existential mercy: sparing another life from the burden of being assigned, surveilled, and controlled before even beginning. Abortion becomes existential agency, the power to decide that one cycle of suffering ends here.

The 'council of selves' does not vote. The Child whispers of sin; the Warrior insists on rights; the Queer queers kinship; the Existential doubts creation itself. The Warrior also concedes: law on paper is not enough. Feminist and public health movements in India fight hard to claim abortion as a women's right, but if centred only on cis women, justice is partial. Bodies outside the binary remain unseen or forced into categories that do not fit.

For trans men, pregnancy is a violent reminder of womanhood already rejected; abortion restores autonomy to a body in revolt. For trans women, the pregnant body signifies something else, the possibility, through technology, surrogacy, or kinship, of affirming womanhood in a world that denies it. These realities do not cancel one another; they expand the frame.

And yet, as the council falls silent, a harder question emerges: do we need a law at all to govern abortion? Every law that claims to protect also regulates, it draws lines around whose choices are legitimate and whose are suspect. The MTP Act, for all its progressiveness, still demands justification from the pregnant person: medical, moral, or social, before granting permission.

Medically, this translates into panels, signatures, and psychiatric or sonographic validations, each step turning a deeply personal decision into a bureaucratic procedure. Doctors assess "eligibility" rather than need and care becomes contingent on compliance.

But autonomy, by its nature, resists permission. If the right to end a pregnancy must be mediated through clauses and certifications, then it remains conditional, not free. Perhaps

what we need is not a better law, but a deeper ethic, one that trusts people to decide what their own bodies can bear, and refuses to translate care into compliance.

Together, the selves trace a thread: the body. First as vessel, then as resistance, then as kinship, then as burden. And at each turn, abortion is the act that returns autonomy to it. These contradictions live in me, but they echo in you, too, in all of us. The pull between choice and coercion, vessel and self, silence and resistance.

Abortion, for me and for us all, cannot be abstract. At its core, it is about the freedom to inhabit one's body on one's own terms. Until everybody, cis, trans, non-binary, *hijra*, queer is recognised in that freedom, justice remains unfinished and the fight far from over.

If abortion is to mean autonomy in India, it cannot stop at the cisgender body. It must centre trans lives, make space for dysphoric pregnancies, recognise *hijra* kinship, and hold the contradictions of queer and existential refusals. Anything less is ink on paper, not justice in flesh.

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She contributes to research and policy on minority politics, labour, the care economy, and transgender healthcare, always centring the lived experiences of marginalised communities. Beyond research, Faiza is also a mixed-media artist.

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About YANAA

YANAA is a global network of young abortion and sexual and reproductive health rights activists.

YANAA is committed to advancing abortion and health rights in all world regions, exploring the wide range of youth perspectives.

YANAA is also committed to building a strong community of activists to support and learn from each other, especially about different programmatic and advocacy strategies being used to advance sexual and reproductive health, rights and justice.



