

My body is mine

Mama Cash's approach
to reproductive justice

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‘The personal is political’

The struggle to secure sexual and reproductive rights is a clear illustration of this well-known feminist slogan from the 1970s. For women, girls, trans and intersex people, being able to make their own sexual and reproductive decisions – decisions often labeled ‘personal’ – has fundamental consequences for their freedom to live self-determined lives.

Reproductive justice at Mama Cash

Mama Cash has always supported women’s sexual and reproductive rights, and over the past decade, we have adopted the frame of *reproductive justice* in our approach to this work.

The term ‘reproductive justice’ has been in use since at least the early 1990s.¹ Women of colour in the United States, for example, saw that a focus on *reproductive rights* (e.g., access to safe contraception and safe, legal abortion), while important, did not sufficiently address the complex weave of issues, including economic and environmental factors, that affect so many people’s sexual and reproductive lives. They knew from lived experience that many layers of oppression and discrimination impact people’s sexual and reproductive choices, and that marginalisation and exclusion affect not just individuals, but also families and whole communities. Those who have been excluded by mainstream women’s rights movements – Black women and other women of colour, Indigenous women, working-class women, sex workers, disabled women, lesbians and bisexual women, and trans and intersex people – have worked for decades to build an affirmative, inclusive vision of reproductive justice.

Reproductive justice is a core area of feminist organising. For example, during the three-year period from 2016-2018, Mama Cash made approximately €2.12 million in grants to 34 organisations in 27 countries working to advance reproductive justice in their contexts. Many of these groups are long-term partners who have received funding from Mama Cash for many years. Our grantee-partners challenge oppressive social norms, laws and policies and are working to create new norms based on **pleasure, freedom and choice**. They demand that all women, girls, trans and intersex people have access to the rights and resources to live self-determined lives, including autonomous sexual lives and the freedom to decide if, when and how to have children. For the women, girls, trans and intersex people whose social exclusion is taken for granted or seen as unimportant, access to justice means challenging deeply embedded social norms and attitudes about whose lives, bodies and sexualities ‘matter’ and deserve visibility and respect.

Our grantmaking in support of reproductive justice, 2016-2018

€2.12 million in grants — 34 organisations — 27 countries

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At the heart of the concept of reproductive justice is the fundamental right to make one's own sexual and reproductive decisions. Yet, despite decades of feminist activism around the world, women, girls, trans and intersex people continue to confront social norms, laws and policies that restrict their sexual and reproductive rights and choices.



Malawi Human Rights for Women and Girls with Disabilities

Mama Cash prioritises funding to groups that are raising contested or under-addressed issues. Many of our grantee-partners and their constituencies are particularly restricted and seen as 'unfit' to engage in relationships or become parents. Women and girls living with disabilities, for instance, are often seen by their communities, and even their families, as asexual – that is, people who do not need love, sex and romantic relationships. Feminist disability rights activists reject this pathologised view of disability. But changing this view means that social norms have to shift. An individualised approach – that is, creating greater choice for individual disabled women in the realm of sexuality and relationships – does not address the underlying problem. A change in social norms that ensures that all disabled women and girls are seen as whole, healthy, sexual beings is the only way to remove a stigma that affects a large group of people.

Malawi Human Rights for Women and Girls with Disabilities (MHRWGD)², for example, organises disabled women and girls to speak for themselves and credits this as a key factor in their success. According to MHRWGD: '...change comes from within. If you do not believe in yourself, no one will. Change starts with the individual [...] and from there, we collectively change society'. MHRWGD emphasises the importance of collective organising to secure change that benefits a whole community of people – in this case, women and girls with disabilities. The group has developed national radio programmes that have successfully challenged the de-sexualised view of disabled women and girls. They also work with healthcare providers, hospitals and birth attendants so that disabled women and girls can access respectful sexual and reproductive health services.



Colectiva Polimorfos

Namibian Women's Health Networks

In Colombia, **Colectiva Polimorfos** finds the very term disabled to be stigmatising. They speak instead of 'functional diversity', emphasising the many different bodies that exist in the world. The Colectiva creates community-building spaces that give functionally diverse women, who are often isolated from one another, a safe place to talk together and provide each other support. In these conversations, women are able to safely discuss previously unnamed issues, such as violence from family members and other care-givers. Together, they talk about addressing this type of violence. Some women come to the conversations fearful and insecure because they have been shamed and abused. Natalia, a member of Colectiva Polimorfos, pointedly asks: 'Why can't we paint our lips, and dress in an attractive way? [People] see our situation as something pitiful. But we are neither asexual nor hypersexual..., we just have sexual desire, like anyone else.'

Other groups of women and girls, such as those living with HIV, may also be seen as 'unfit' to have sexual lives or become parents. The **Namibian Women's Health Network (NWHN)** was founded in 2008 in response to a study of women living with HIV that showed that a majority had experienced violations of their rights in accessing health care services. The NWHN participated in filing the cases of three of its members with HIV who had been sterilised without their consent. These cases eventually went to Namibia's Supreme Court, which found in 2014 that the women's rights had been violated. This decision set a precedent, and its impact has been felt beyond Namibia. Similar investigations into cases of forced and coerced sterilisation have taken place in several other African countries, including South Africa and Kenya.

Knowledge is power

For many of Mama Cash's grantee-partners, access to information is a critical tool for consciousness raising and securing reproductive justice.

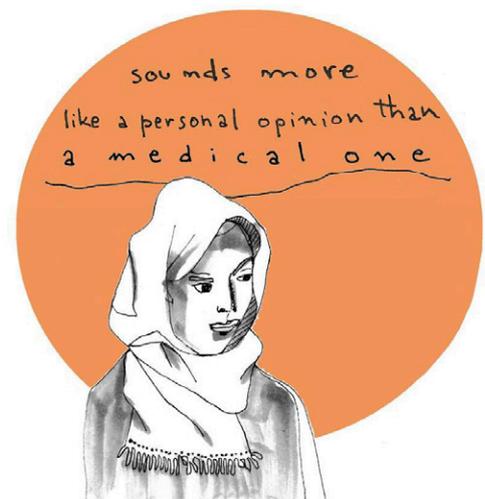
Ponton Group of Sex Educators

In Poland, the Catholic Church is very influential and sexual (mis)education is offered in lessons with names such as 'Preparation for Family Life'. Our grantee-partner **Ponton Group of Sex Educators** offers an alternative: comprehensive sexuality education through schools, street actions, publications, and online and telephone helplines. Ponton not only provides information about sexuality and reproduction, but also emphasises self-esteem and healthy relationships. Ponton's message of sexual and reproductive autonomy for young women, girls and LGBTI people is urgently needed as Poland's political climate becomes ever more conservative. In recent years, Ponton has been denied access to schools; in response, it is collaborating with student associations and newly formed informal groups that do have access to the schools in order to continue sharing its expertise and materials.

The A Project

In Lebanon, **The A Project** seeks to foster sexual and reproductive *agency, alternatives and autonomy* for its constituencies. The A Project envisions a world where women, trans, queer and gender non-conforming people can freely express their gender and sexuality, and can choose to accept or reject marriage and parenthood. Through sexuality hotlines, support groups, podcasts, research and referrals to politically-aligned healthcare providers, the group challenges medical paternalism and the notion that 'professionals' are the only authoritative voices on health and sexuality.

The A Project's sexuality hotline, staffed by trained volunteers, provides sexuality and reproductive health information and referrals. The group rejects the 'moralistic' information that women, trans and queer people often receive, asserting that they themselves are authorities on their bodies and lives. The hotline received nearly 200 calls in its first 15 months, the majority coming from young women and trans people. Unplanned pregnancies, menstruation and sexually transmitted infections were the most common concerns. Callers said they appreciated both the information provided and the non-judgmental spirit in which it is offered. The hotline has also been an important resource for Syrian refugees, more than one million of whom have come to Lebanon since the Syrian uprising began in March 2011. Gender-based violence and early marriage, a lack of emergency obstetric care and limited access to contraception are common in refugee camps and communities. In the period of Mama Cash's most recent grant (2017-2018), about 70% of hotline callers were Syrian and Palestinian refugees.



End abortion stigma

Abortion remains one of the most embattled issues in women's health and reproductive rights. Most countries in the world still have laws that restrict access to abortion in some way. Many of our grantee-partners working to advance women's access to safe and legal abortion cannot safely talk about this work openly. And even in contexts where abortion is legally available, stigma often remains significant.

Fondo MARIA

In Mexico, where abortion is only legally available in Mexico City, and even there is often difficult to access without personal financial resources, **Fondo MARIA** advocates to change Mexico's restrictive laws and shares data with federal health officials about how and why women seek abortions. Fondo MARIA recognises, however, that legal changes alone are not enough to achieve respect for women's reproductive autonomy. In a climate of silence, fear and criminalisation, women with an unwanted pregnancy often feel terribly isolated. Fondo MARIA provides financial assistance to women traveling to Mexico City to access abortion, and its abortion doulas disrupt the isolation women often feel, providing compassionate accompaniment and support to women who have decided to terminate a pregnancy.

Nosotras Decidimos Valparaiso

In Chile, **Nosotras Decidimos Valparaiso** wants to *socially decriminalise* abortion. Until recently, abortion was totally illegal. In 2017, Chilean law changed to allow abortion in a few cases (e.g., rape, risk to a woman's life). But even in cases where abortion is now legal, it is often difficult to access because it remains socially sanctioned. Abortion remains deeply stigmatised by families, communities and health facilities, and powerful religious voices promote the view that women have a responsibility to be mothers.



Both Fondo MARIA and Nosotras Decidimos Valparaiso are working to change the conversation. They re-frame abortion as an opportunity to promote women's autonomy and leadership. Deciding to end a pregnancy may be the first time a woman makes a choice based on her own needs, putting herself, rather than others, at the centre of her life. Fondo MARIA and Nosotras Decidimos Valparaiso encourage women to see abortion as personally affirming. As Fondo MARIA says, 'investing in abortion is investing in justice' because trusting women as the experts in their own lives promotes their autonomy and recognises their personal power, capabilities and agency.

Conclusion

Women, girls, trans and intersex people around the world face barriers in accessing reproductive justice because their sexual and reproductive freedom is perceived as a threat to deeply-rooted social norms.

As the organising of Mama Cash's grantee-partners shows, women, girls, trans and intersex people are organising around the world to demand respect for their agency and bodily autonomy. Women and girls with disabilities are challenging the notion that they need to be 'protected' by family and care-givers. Feminist activists around the world are challenging the traditional control that religious and medical institutions have exercised over the bodies of women, girls, trans and intersex people and are demanding access to comprehensive, empowering information about sexuality and reproduction. And abortion rights advocates are putting forth a view of abortion as an empowering experience, challenging the patriarchal assertion that women are 'naturally' mothers.

One powerful lesson that we have learned from our grantee-partners is that reproductive justice necessarily incorporates a range of diverse issues. Listening to our partners' stories has taught us to remain alert to the variety of issues that obstruct full sexual and reproductive autonomy and justice for women, girls, trans and intersex people. We support and are inspired by our partners' work to challenge restrictive and violent norms and to lift up affirming new norms that centre choice, pleasure and freedom.



Photo: Namibian Women's Health Network

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Mama Cash is a global women's fund that annually supports more than one hundred courageous groups, organisations, networks and women's funds that are led by women, girls, trans and intersex people. Our grantee-partners are at the forefront of movements

advocating for the rights of those who have most often been ignored or excluded not only by society but also by many funders. We are proud to acknowledge the groundbreaking work of the grantee-partners included in this brief.