

*Our Streets Now presents*

# Our Words

LITERARY MAGAZINE



ISSUE  
11

# HELLO FROM THE EDITOR

Dear readers,

In this issue, we are looking into **reproductive rights and the healthcare system**.

Our first piece talks about the experiences of trans women when it comes to reproductive rights by discussing the book *Detransition, Baby*. Our second piece is a book review of *Breasts and Eggs*, in which the ethical and philosophical stances of birth and death is discussed through the eyes of three Japanese cis women. Our third piece is a poem about abortion and supporting the women behind it. In our fourth piece, we go to Egypt through our writer's eyes, to understand the healthcare system's campaigns on breast cancer. Our fifth piece discusses the gender bias within the UK's healthcare system, exploring how data collection, medical teachings, and patient care need to be improved. Finally, our sixth piece is the last chapter of the novella *Her Story*. In this chapter, Radha faces the painful reality of having polycystic ovary syndrome and the challenges of being taken seriously and receiving proper treatment.

We hope you enjoy your readings.

**Renata Guimarães Naso**  
Editor



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## trigger warnings

This issue covers some sensitive topics and may be triggering for some readers. Each article will be marked with a specific TW and we advise readers to seek support if needed.

# REPRODUCTIVE RIGHTS AT THE MARGINS

Written by VERA SIBILIO

Illustration by [ADRIENNE SHELFORD](#)

**TW** racism, transphobia.

Reproductive rights have long been a concern of feminist struggle. The conversation, however, can exclude marginalised groups in favour of the white, cisgender experience. What happens when we decentre this dominant perspective? The novel *Detransition, Baby*, by Torrey Peters, provides some useful starting points to begin reflecting on this.

Reproductive rights address sexual health and reproduction issues, such as the provision of free or affordable contraception, inclusive sex education, and the right to abortion. Given the patriarchal regulation of women's bodies, reproductive rights have been a concern of feminist struggle for a long time. These days it is not uncommon to read about the right to abortion in newspapers and media outlets - examples include the protests in Poland in 2021 and the legalisation of abortion in Argentina in 2020. Generally, the stance on the matter follows the sentiment of the famous slogan *my body, my choice*. Yet, despite the validity of discussing the right to abortion and its inalienability, we must delve deeper into the question of reproductive rights and ask ourselves: who is excluded from this conversation? As it often happens with contentious issues regarding oppression and liberation, the rights and demands of certain groups tend to take centre stage. Consequently, those who do not fit this mould are further deprived of visibility.

An intersectional approach to feminism highlights that there is no single experience of womanhood that can synthesise the struggles of all women. However, the mainstream discourse surrounding women's issues seems to mostly embrace the stance of what Françoise Vergès calls "civilisational feminism."<sup>(1)</sup> That is a feminism that strives for formal equality - obtaining the same rights as those granted to men - without critically considering the history of the institutions that have generated such rights for men, nor the profoundly patriarchal and colonial logic that underpins them. As a result, civilisational feminism - often referred to as white feminism - centres on the experiences and demands of white, cisgender, middle-class women from Europe and the West. >>

>> Within this framework, reproductive rights are often discussed without ever questioning what other experiences of womanhood look like and what needs stem from those experiences. In other words, if we take a step back and provincialise the white-European and cisgender stance, how does this conversation change?

The debut novel *Detransition, Baby* by American author Torrey Peters, offers fascinating insights into how women who are part of marginalised communities have dealt with the structural obstacles they face in building a family and freely deciding on matters concerning their own lives and bodies. *Detransition, Baby*, set in New York, is the story of three women starting a non-conventional, queer family. The topics of transphobia and racism emerge throughout the whole book. Notably, the characters of Reese and Katrina exemplify two experiences of womanhood that have historically been pushed towards the margins.

Reese is a trans woman whose objective is to solve what she calls "the Sex and The City Problem". According to Reese, "when a woman begins to notice herself ageing, the prospect of making some meaning out of her life grows more and more urgent." There are four options to solve this issue, which mirror the life paths chosen by the four protagonists of the show *Sex and The City* (hence the name of the theory): "find a partner, and be a Charlotte. Have a career, and be a Samantha. Have a baby, and be a Miranda. Or, finally, express oneself in art or writing, and be a Carrie." For Reese, all generations of cis women have, in one way or another, ascribed to this formula to escape the patriarchally-induced feelings of worthlessness that come with the loss of one's youth and beauty - attributes which constitute the most valuable assets possessed by women in most societies.(2)

## meet our writer

Vera is an Italian writer and translator based in London. She is interested in anti-capitalist and decolonial feminist perspectives and women's literature. She writes and produces her own feminist Italian newsletter called *Guastafeste*.

However, Reese points out that no generation of trans women has ever been able to solve this problem: "only the rarest, most stealth, most successful of trans women ever had the chance to even confront it. The rest were barred from all four options at the outset. No jobs, no lovers, no babies, and while a trans woman might have been a muse, no one wanted art in which she spoke for herself."(3) During Reese's long-term relationship with another trans woman, Amy, they almost solved this problem by crowning Reese's dream of becoming a mother. However, when Amy decided to detransition the two broke up, and Reese's hopes vanished into thin air.(4) Reese is excluded from cisheteronormativity, impacting how she navigates reproduction issues as she is unable to access the privileges granted to those bodies who do not threaten the norm.

The very existence of a norm depends on the exclusion of those who do not fit into it; those considered 'monsters.' As Paul B. Preciado notes in his address to the École de la Cause Freudienne, the identity marker 'woman' did not exist before the nineteenth century "in terms of sovereign subjectivity."(5) In other words, up until quite recently, the paradigm of sexual identity was *mono-sexual*. This paradigm dates back to, at least, Aristotle. Within this framework, women are considered an anomaly: men are fully human, women are a deviation; they are creatures that are *lacking* and partially unknown.(6) When the mono-sexual paradigm shifted towards the gender binary, to which we are nowadays accustomed, it has been non-binary identities that have effectively taken up the spot of the 'monsters.'

Living in bodies that refute the binary norm, trans people are barred from partaking in those practices that function as a confirmation of the existence of the sexual difference implicit in the binary system. For trans women specifically, this includes being discouraged from engaging in reproduction and embracing motherhood. As Reese speculates with her characteristic cynicism and sarcasm, trans women are only ever allowed to play - and to torture themselves - with the idea of motherhood, to contemplate it endlessly without ever being allowed to turn this wish into something tangible. Because motherhood and reproduction are staples of the cisheterosexual norm, as they underpin it and supposedly confer validity to it, any trans woman taking active steps towards becoming a mother is a threat to the binary epistemology.

With new scientific developments that make reproduction possible by way of biotechnology, the possibility to reproduce has expanded enormously beyond the mere abilities of the human body. However, such technologies, known as Assisted Reproduction (AR) or Medically Assisted Procreation (MAP), are sometimes held hostage and become inaccessible, supposedly in the name of bioethics. >>

>> Furthermore, despite the existence of anatomical variations that disprove the binary and make reproduction possible outside of cisheterosexual relationships, trans and non-binary bodies are still largely and forcibly excluded from having the freedom to bear children at will in the same way heterosexual couples are instead encouraged to do.

In a study carried out in Canada, social scientists gathered data regarding trans people's experiences with AR. The results demonstrate that trans people largely encounter issues in three main areas. Firstly, there are problems of inclusivity pertaining to clinical documentation. This means that standardised forms utilised by clinics to register their patients' salient information do not accommodate trans identities in terms of providing the option to select the correct pronouns for oneself or to modify one's name during the transition process. Secondly, trans people trying to benefit from AR services faced the cisheteronormative assumption of the medical professionals with whom they interacted. This is because biological essentialism – a tendency to reduce everything to an undeniable biological "truth" – is still very widespread in the medical world. Finally, some trans people were also met with blunt rejection: certain clinics would flat out refuse to treat trans patients and aid them in having children.(7) Other studies carried out across North America showcase similar issues.(8)

Returning to the novel's storyline, after several years, Amy/Ames asks Reese to join them and Katrina (Amy/Ames's partner with whom they are about to have a child) in starting a family. Katrina is a cis woman who is a descendant, on her mother's side, of Chinese immigrants to the US. Her perspective as a racialised woman also shapes her understanding of the right to reproduce. Reese and Katrina openly discuss this topic. During one confrontation between Reese and Katrina, the latter asks Reese about her desire for motherhood. Reese is deeply offended by Katrina's curiosity, "because that's not the question that cis women have to answer."(9) As Reese highlights, motherhood is a *given* for cis women, who only elicit doubts if they do *not* want to have children. On the contrary, as a trans woman, Reese continuously has to explain and justify a desire that others deem *unnatural* of her.

This exchange between the two is key to understanding how their different experiences of womanhood play a role in their relationship to reproduction. Katrina's rebuttal underlines a key aspect pertaining to racialised motherhood and reproduction: "I don't know, Reese.

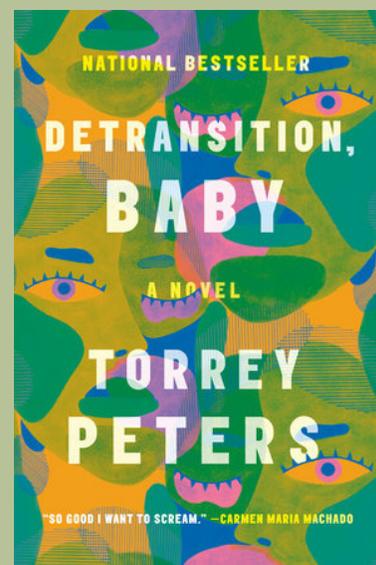
It doesn't sound like you're talking about all women, it sounds like a certain kind of woman. Like, women now, here in this country [the US] – white women." And she continues: "When my grandma arrived here from China, she wasn't encouraged to have kids. The opposite. She had to justify the basic desire to reproduce." (10) Katrina's account regarding the experience of racialised women resonates with the colonial and racist history of contraception and abortion, which has played a role in the relations between the Global North and the Global South.

In *The Wombs of Women*, Françoise Vergés provides a critical historical account of the abortions carried out without consent, along with forced sterilisations, on the island of Reunion, a French "department" in the Indian Ocean. The episode, dating back to the 1960s, elucidates the plural experiences embedded in the regulation of women's bodies throughout history. As Vergés notes, "if we analyse all human activities linked to the production of life, it becomes clear that there is no single reproductive politics."(11) In other words, reproductive politics are always historically and culturally situated.

During the decade in question, working-class Creolophone women of Reunion were subjected to abortions and tubal ligations that they never consented to as an attempt to regulate the problem of overpopulation that, according to French authorities, was the principal hindrance to the economic development on the island – completely disregarding centuries of colonial predation and exploitation. The number of abortions carried out in such a way amounted to thousands per year between 1960 and 1970. At the same time, abortions were illegal in continental France.(12) >>

## book information

TITLE *Detransition, Baby*.  
AUTHOR Torrey Peters  
PUBLISHER Serpent's Tail  
YEAR 2020  
LANGUAGE English  
GENRE Fiction



>> Many doctors and nurses were tried as several women came forward with testimonies accusing doctors from Reunion's Saint-Benoît clinic of carrying out abortions without consent. The main line of defence of those accused was that the regulation of births on Reunion was encouraged by the authorities, and they were simply implementing such recommendations, thus, acting in the name of the state. Vergès explains that "a masculine white world defended the need to regulate their [racialised women's] bodies, and it had the support of the state, the Order of Doctors, the media, the Church hierarchy, the police, and the justice system."<sup>(13)</sup> Essentially, the blame was not to be found in individual doctors and nurses. Rather, this case exemplifies a colonial state policy that rested on the "dispossession of women's wombs."<sup>(14)</sup>

The case of Reunion is not an exception. The regulation and objectification of racialised bodies are perfectly inscribed in colonial history. For instance, in the United States, the management of enslaved bodies engendered what Vergès calls a "slave-breeding industry", whereby the systematic rape of enslaved women ensured a steady supply of exploitable, servile labour force.<sup>(15)</sup> The facts laid out by Vergès make it apparent that patriarchy is also a racialised system.

It is worth mentioning that the brutalities carried out by the medical-colonial establishment against racialised bodies do not stop at cis women. Elías Cosenza Krell discusses the fact that racialised trans people are at a much higher risk of being entirely stripped of their right to obtain health services and are more likely to be refused care. In addition, many trans racialised people, because of social stigma and lack of opportunities, are pushed into practising sex work in unsafe conditions to a greater extent than their non-racialised counterparts.<sup>(16)</sup>

Reproductive rights need to be contextualised. As Vergès teaches us, in this process of culturally and historically situating these matters, we must always pull several threads at once, grappling with the multidimensionality of oppression and questioning dominant narratives as well as universalising ones. Discussing reproductive rights, thus, must entail conversations about the right of trans and queer people - as well as of the social loci inhabited by them in terms of race, class, etc. - to have children without facing stigma or being barred from obtaining the proper support to embark on such a journey.

It is of utmost importance that these conversations are inscribed in practises that operate against the binary epistemology perpetrated by society, the state and cultural institutions for trans identities to be liberated from being marked as the perpetual anomaly in an otherwise regular system.

It is also imperative that the European perspective is provincialised, meaning that the historical, social and cultural developments of the West are regarded as *one* of the many histories within which the regulation of bodies has been implemented; also, that this one perspective is not the most important, nor the one that is most deserving of being heard at all times. To ensure reproductive rights, we need to start thinking about them all over again; this time, let's start from the margins. (17) ●

(1) F. Vergès. (2020). *Un feminismo decolonial. ombre corte*. Verona. p. 12. Also available in English: F. Vergès. (2021). *A decolonial feminism*. Pluto Press, London.  
 (2) T. Peters. (2020). *Detransition, Baby*. Serpent's Tail, London. p. 9.  
 (3) *Ibid.*, p. 9-10.  
 (4) Going by the names of Amy and Ames, this character's gender identity is not straightforward. Even after detransitioning and being normally addressed by he/him pronouns, Ames makes it clear that they do not fully ever identify as a man. Reese continues using she/her pronouns for Ames despite their decision to detransition.  
 (5) P. B. Preciado. (2021). *Can the monster speak?* Fitzcarraldo Editions, London. p. 48.  
 (6) R. Braidotti. (1994). *Nomadic Subjects: Embodiment and Sexual Difference in Contemporary Feminist Theory*. Columbia University Press, New York. p. 79.  
 (7) S. James-Abra et al. (2015). 'Trans people's experiences with Assisted Reproduction services: a qualitative study', *Human Reproduction*, 30(6): 1365-1374.  
 (8) J. Sperber MSW and MPH et al. (2005). 'Transgendered Persons: Results of a Needs Assessment in Boston', *International Journal of Transgenderism*, 8(2-3): 75-91. And also: J. Bradford PhD et al. (2013). 'Experiences of Transgender-Related Discrimination and Implications for Health: Results from the Virginia Transgender Health Initiative Study', *American Journal of Public Health*, 103(10): 1820-1829.  
 (9) T. Peters. (2020). *Detransition, Baby*. Serpent's Tail, London. p. 176.  
 (10) *Ibid.*, p. 177.  
 (11) F. Vergès. (2020). *The Wombs of Women: Race, Capital, Feminism*. Duke University Press, Durham and London. p. 82.  
 (12) *Ibid.*, p. 54.  
 (13) *Ibid.*, p. 44.  
 (14) *Ibid.*, p. 82.  
 (15) *Ibid.*, p. 85.  
 (16) E. C. Krell. (2017). 'Is Transmisogyny Killing Trans Women of Color? Black Trans Feminisms and the Exigencies of White Femininity', *Transgender Studies Quarterly*, 4(2): 233-235.  
 (17) The idea of the margins has been deployed by decolonial and black feminists to bring attention to those social groups that are pushed aside as an effect of oppressive systems of power. It has also been indicated as the place where the most revolutionary power resides. An example is bell hooks's work on marginality and resistance.



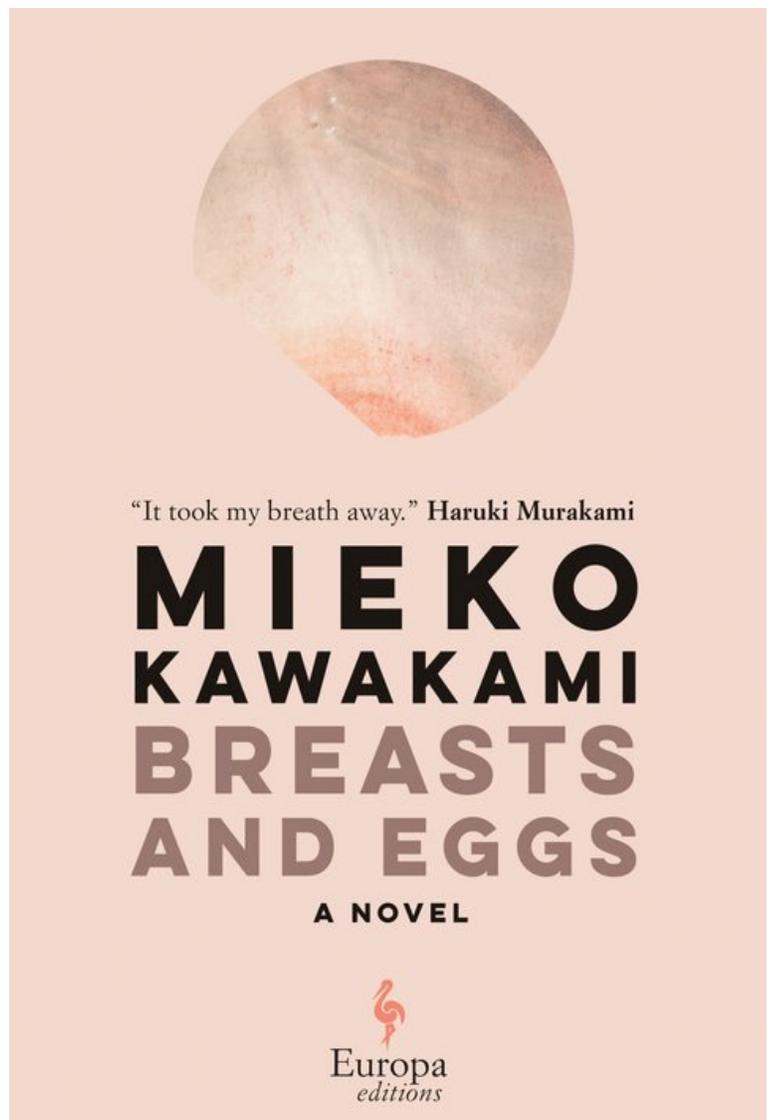
# EXPLORING THE SEXUAL AND REPRODUCTIVE FREEDOM OF THE FEMALE BODY

Why are we born? Why do we choose to become parents? These are central questions to Mieko Kawakami's *Breasts and Eggs*. Kawakami raises issues linked to women's bodies in pregnancy, puberty and motherhood, and the unrealistic beauty standards imposed by Western society.

The woman's body has an extended history of facing political debate, confinement, sexualisation and abuse, and therefore its liberation has long been fought for. Best Selling Japanese author, Mieko Kawakami, explores the sexual and reproductive freedom of the female body in her intimate and honest book *Breasts and Eggs*. Set in contemporary Japanese patriarchal society, with dominant themes of class inequality, birth and death, motherhood, gender and politics, reproductive rights, and unrealistic beauty standards for women, Kawakami traverses issues faced by women and highlights the subjugation of their bodies. The book is split into two parts, part I is a reissue of a short novel from 2008 (Kawakami intended for the book to be a novella at first), and part II returns to the story eight years later. >>

Written by LUCY HOLMES

TW body image, skin bleaching, surgery, trauma, sexual abuse.



>> In part I, we meet thirty-year-old Natsuko, greeting her older sister Makiko and Makiko's twelve-year-old daughter Midoriko. The book's first part is fast-moving and powerful, revealing that all three women face queries with their bodies and livelihoods while also demonstrating their strength and resilience. Kawakami flashes between Natsuko's childhood memories, unveiling the deprived childhood she and Makiko had, and the present day where she and Makiko are still poor despite the long hours they work. Makiko explains her struggles of feeling that her body is worn out and unattractive and thus goes to Tokyo for breast implants. She works as a hostess at a bar targeted for men and, therefore, is under pressure to look conventionally attractive for her job; a tiring job, which she has no choice but to continue doing, as she has no other means of earning money. Kawakami portrays Makiko as a victim of Western beauty standards. Through the practice of skin bleaching - Makiko describes the painful bleaching chemical she uses to make her naturally brown nipples appear pink - Kawakami successfully highlights a prevalent issue within Asian and African communities where the Eurocentric and Western media portray white women as the beauty ideal, which means lighter skin and pinker nipples. It is through Makiko's negative body image, desire for cosmetic surgery on her breasts, and concern over youth that Kawakami touches on unrealistic beauty standards placed upon ageing women.

Interestingly, breast implants are the third most popular cosmetic procedure in Japan, whereas over a decade ago this procedure was not common at all.(1) This increase in popularity for breast augmentation possibly inspired Kawakami's choice to address the complexities of this procedure. Studies have shown that media portrayals of unrealistic beauty standards contribute to negative body images among young and older women alike.(2) Nevertheless, such depictions and academic literature often neglect middle-aged and older women.(3)

## book recommendation

TITLE Breasts and Eggs

AUTHOR Mieko Kawakami

PUBLISHER Picador

YEAR 2020

LANGUAGE Translated to English - Japanese (original language)

GENRE Literary Fiction, Feminist Literature

A 2004 study that included in-depth interviews with 29 Japanese women showed that the participants' conceptions of attractiveness matched Western-media definitions of feminine beauty such as "mini skirts, permed hair and Caucasian facial features".(4) A recent study analyses the paradox involving the pressure for women to undergo cosmetic surgeries and the subsequent shaming of those who choose to do so. The research argues that unrealistic beauty standards encourage women to feel the need for cosmetic procedures, whilst also fostering negative attitudes towards these procedures through the current popularity of 'natural beauty'.(5) But the irony remains that the media will continue to advertise natural beauty with edited and photoshopped models.

At the same time that her mother is obsessed with acquiring breast implants, Midoriko is navigating the fear towards her own body changing during puberty as she learns about breasts, wombs and eggs. Midoriko describes learning about human reproduction in school and how girls are born with all of their eggs only to see them decreasing in number as a girl gets older. Midoriko experiences immense anxiety when her period comes, and she feels disgusted at the thought of sperm and eggs. She says, "I wish I could rip out all of those parts of me, the parts already rushing to give birth".(6) Kawakami presents Midoriko as resenting her body's reproductive system, which has been forced upon her, and how her body is beginning to prepare for childbearing, even though Midoriko has "already decided. I'm never having kids. No way".(7) Here, Kawakami accurately captures the second-wave feminist argument that not all women want children and, even more importantly, that not all women want to be pregnant. More so, the author is reminding us of the importance of proper sex education in schools, in which the teachings go beyond scientific reproduction to include consent, pleasure, choices surrounding fertility, and the emotional impact of bodies changing. Midoriko feels that financially her mother should not have chosen to have her because she did not come from an economically privileged family and is now having to exhaust herself through work in order to provide for herself and her daughter. Consequently, Midoriko blames herself for her mother's exhaustion, body image struggles, and financial problems when Makiko expresses that her body deteriorated after giving birth.

On the theme of women being child bearers, in part II Natsuko is a writer living in Tokyo desperate for a child of her own and is unwilling to let her age, asexuality and singleness get in the way. Kawakami problematises the traditional notion of motherhood, showing Natsuko choosing to use her body for childbearing without the influence of a man. >>

>> This isn't a question about whether a woman needs a man; it's a statement. Natsuko *knows* she doesn't need a man. Natsuko does consider that the child will grow up not knowing their biological father, but she concludes that she would "rather fail than let it go" and will do all she can to ensure the child has a happy life.(8)

During Natsuko's research into artificial insemination (AI), as a single woman, she is greeted by a movement of people who oppose these treatments, as individuals speaking out about the burdens they carry when they learn they are a child of AI with a sperm donor. Kawakami explores the issues of deceit, as these children are lied to by their families and cannot track down their biological fathers. Still, she also brings in the question of why their parents underwent the procedure in the first place. The character Yuriko, introduced as a child of AI, expresses her views on becoming a parent when she questions Natsuko's motivations for having a child. Yuriko had a troubled childhood where she was brutally violated and sexually abused, so she believes that bringing a child into the world without this child being able to give permission to be born is a selfish act, being done purely for the parents desires.

Throughout the book, Kawakami raises the critical question: why do we exist? This philosophical notion of why we are born and why we lead the life we live underpins Kawakami's work giving the reader something to think about beyond the book's story. A review of *Breasts and Eggs* by Zakia Uddin also explores the philosophy behind why we are born. Uddin references the work of philosopher Alison Stone who writes, "we can explain, at least to a point, why the particular body that I happen to be born with was conceived (my parents met, a particular sperm fertilised a particular egg on a given occasion - and the rest). But that does not explain why this body is the one whose life I happen to be leading and experiencing directly, from the inside. This is just a fact, and because it is inexplicable, a dimension of mystery pervades my existence."

Kawakami does a brilliant job of considering both the ethical and philosophical stances of birth, death, and parenthood. The writing blends philosophy, politics, and vivid descriptive writing to portray the complex thoughts of Natsuko and the ramifications of birthing a child. However, it would have been interesting to see even more points of view covered in the novel. For example, Kawakami does not explore women who do not want children simply because they do not want them. In the book, the women who do not wish to have children feel that way because of a trauma or work and life rhythm clash. In Midoriko's case, she is a pre-pubescent girl experiencing anxiety and disgust at her body changing.

Still, there were no women who simply reflected on the prospect of having children and decided they did not want them. In addition, Kawakami only explored cis-gendered women's perspectives on beauty standards, puberty, childbearing and motherhood, whereas the views of transgender and non-binary persons would have been extremely eye-opening. There is a reference to a transgender woman when Natsuko and Makiko go to a public bathhouse, and someone, who is described as a transgender woman, gets into the bath that they are in. The scene is problematic and uncomfortable to read; it shows Natsuko getting overwhelmed and confused by this woman's body. This could have been Kawakami's attempt to portray or make a critique of Japanese societal views of transgender people. Or, this could have been an accidental exposure of Kawakami's own ignorance and prejudice towards transgender people. Either way, including transgender and non-binary experiences of puberty, beauty standards, parenthood, and reproduction would have allowed a more accurate understanding of these topics. ●

- (1) Miller, L. (2021). Deracialisation or body fashion? Cosmetic surgery and body modification in Japan. *Asian Studies Review*, 45(2): 217-237.
- (2) Ando, K.; Giorgianni, F.E.; Danthinne, E.S; Rodgers, R.F. (2021). Beauty ideals, social media, and body positivity: A qualitative investigation of influences on body image among young women in Japan. *Body Image*, 38: 358-369.
- (3) Cameron, E.; Ward, P.; Mandville-Anstey, S.A; Coombs, A. (2019). The female aging body: A systematic review of female perspectives on aging, health, and body image. *Journal of women & aging*, 31(1):3-17.
- (4) Darling-Wolf, F. (2004). Sites of attractiveness: Japanese women and Westernized representations of feminine beauty. *Critical Studies in Media Communication*, 21(4): 325-345. p. 329.
- (5) Bonell, S.; Barlow, F.K.; Griffiths, S. (2021). The cosmetic surgery paradox: Toward a contemporary understanding of cosmetic surgery popularisation and attitudes. *Body Image*, 38: 230-240.
- (6) Kawakami, M. (2020). *Breast and Eggs*. London: Picador, p.110.
- (7) *Ibid.*, p.76.
- (8) *Ibid.*, p.417.

## meet our writer

Lucy is passionate about feminist topics and recently graduated with a master's degree in Sociology. She currently works in a school and wants to pursue a career in education.



# EGYPTIAN HEALTHCARE JOURNEY WITH BREAST CANCER

Written by NESSMA ADEL  
MOHAMMED

Illustration by [EMMA GRAHAM](#)

TW breast cancer, disease.

**Egypt took important steps in fighting breast cancer with the engagement of society, non-profit institutions, research centres, social media, and the government. Our writer explores some of the programmes created.**



Among all the diseases currently present in our world, there is one particular challenge facing medicine and science: cancer. According to the *National Cancer Institute website*, “cancer is an abnormal growth of the cells of a specific organ, forming a mass that can invade other tissues and travel to other parts of the body through the blood and lymph nodes”. Breast cancer has become a particular concern for scientists as it is the most common type of cancer globally.

Although it can also affect men, breast cancer is most often found in women. Recent research by the *World Health Organization (WHO) website* states that 2.2 million women globally were diagnosed with breast cancer in 2020, with 685,000 dying. The mortality rate and the ability of breast cancer to affect other organs encourage many countries to take serious steps to defeat it. One of these countries is Egypt, which made revolutionary changes in its healthcare system to stop breast cancer from spreading. >>

>> So what causes breast cancer to develop in women? The *National Health Service* (NHS) website affirms that a specific cause is yet to be identified, but some predisposing factors can lead to it. These include age, breast tissue density, family history, certain types of food (e.g. alcohol or foods with added sugar), obesity, and smoking. Breast cancer can be detected by a wide range of symptoms such as swelling or pain in the area, overall discomfort, change in colour or size of breasts, discharge from one or both breasts or irritation. As a result, women are advised to perform a breast self-examination every month to check if any changes require further interventions.

"In Egypt, breast cancer is the most common malignancy in women, accounting for 38.8% of cancers in this population, with the estimated number of breast cancer cases nearly 22,700 in 2020 and forecasted to be approximately 46,000 in 2050". The belief that girls and women don't have the right to speak about their problems publicly has been reinforced as a norm in Egypt, contributing to the lack of discussion on issues such as breast cancer. However, social shame has been challenged with the rise in social media usage, and women started to talk about their experience with this disease. Women from different social backgrounds, non-profit organisations and the Ministry of Health and Population highlighted the importance of raising awareness when combating breast cancer.

One of the most important government-funded health programmes is *100 Million Healthy Lives*, launched in 2019 and still taking place. This initiative includes several campaigns aimed at eliminating several diseases such as Hepatitis C, diabetes, hypertension, and breast cancer. The *Woman Health Campaign* targeted around 28 million Egyptian women focused on breast cancer and was located in the health centres, with a well-trained staff consisting of experienced female doctors and nurses. The campaign covered the disease's treatment, full awareness of the aetiology of the disease and self-examination mechanisms. Another initiative dedicated to awareness-raising and disease control is *The Pink Month*, launched in 2006 and taking place in October every year. Many institutions, such as the *Egyptian Foundation for Breast Cancer Control*, *Bahia Hospital* and *National Cancer Institute*, conduct free or nominal examinations to detect breast cancer. Alongside it, many educational seminars are held to educate women about the dangers of this disease and explain how to conduct self-examinations.

Another critical step in fighting breast cancer was the engagement with the media and the opening of non-profit organisations. The press helped raise awareness towards the disease by spreading advertisements in newspapers and magazines, short films, TV, and the internet.

## "The psychological care of patients is as crucial as medical treatment."

Non-profit organisations, such as the *Breast Cancer Foundation*, founded in 2004, provided a high level of care, diagnosis, treatment and rehabilitation services for women from different social and economic backgrounds around the country. For example, the *Bahia Foundation*, founded in 2015, focused on suitable medical and psychological treatment to support patients when going through their illness and after their cure. The psychological care of patients is as crucial as medical treatment. Fundraising marathons, concerts and other events were also organised in collaboration with institutions and had the presence of many celebrities. Such events allowed the voices of those fighting breast cancer to be heard and enabled them to share their own stories of bravery and fight, overcoming feelings such as fear and losing hope.

Although we still have a long journey to end breast cancer, the actions taken so far were crucial to change Egypt's relation to breast cancer and improve its healthcare system. The country should continue investing in research, campaigns and programmes in order to prevent, fight and end this disease. ●

## book information

**TITLE** The woman who saved me  
(My journey with breast cancer)  
**AUTHOR** Ghada Salah Gad  
**PUBLISHER** Dar El-Shorouk  
**YEAR** 2017  
**LANGUAGE** Arabic  
**GENRE** General health and diet

## meet our writer

Nessma is from Egypt; she is a dentist, bookworm, and a woman who loves writing. She has always wanted to talk about women's issues in her country and worldwide.

# GENDER BIAS IN THE HEALTHCARE SYSTEM

Written by JESSICA BARNES

Illustration by [CHLOE POWELL](#)

**TW** misogyny, mental health, chronic pain, menstruation.

When it comes to data collection, medical teachings, and even patient care, gender bias plays a huge part in the UK's healthcare system. Outdated and restrictive research models and sex-based stereotypes continue to affect medical perceptions to this day and have profound impacts on people's health.

Gender bias in the UK is everywhere. It infiltrates all aspects of our lives - it is prevalent in the workplace, in representations on screen and print, and in our healthcare systems. Those who benefit from gender bias - mainly but not exclusively cis-gendered men - may find it easier to ignore. But the statistics around gender bias are irrefutable and paint a damning picture, particularly in the medical sphere. We're confronted by figures such as how on average women suffer from chronic pain in higher numbers than men, and yet medical professionals are more likely to dismiss female patients, believing they exaggerate their pain, are overly sensitive, or waste staff time.

Almost from birth, people are socialised based on cultural gender norms and taught to express pain and discomfort in different ways. Women are often seen as more vocal, emotional, and weaker than their male counterparts, and this affects how they are treated socially and medically. In a review of medical article databases, it was revealed that doctors are more likely to diagnose women with psychological causes for their pain, whereas men receive far more physical diagnoses. This means that while doctors will often look for physical symptoms and cures for male pain, female patients are often dismissed without the help of practical remedies. While it is widely acknowledged that there are sex-based differences in the frequency and experience of pain, this rarely translates to patient care. This is further complicated when someone's gender expression could be perceived as different from their biological sex. Prejudices and misinformation based on societal constructs of gender often affect the quality and effectiveness of someone's medical care.

Modern healthcare can be a minefield of biases that have severe consequences for women and marginalised genders. In an anecdotal case detailed in Caroline Criado-Perez's book *Invisible Women: Exposing Data Bias in a World Designed for Men*, a female patient was continually told that her severe abdominal pain was "in her head." After a decade of misdiagnosis and dismissal by medical professionals, the patient was eventually diagnosed with irritable bowel syndrome (IBS) and ulcerative colitis. As a direct result of these delays, she is now left with an increased risk of colon cancer.(1)

Criado-Perez goes on to explain how many of these gender biases stem from the assumption that the male is the medical 'norm,' with ubiquitous references to the "typical 70 kg man" as the standard, despite that not being an accurate representation of all males, let alone a global average of all genders.(2) Male bodies are used three times as often as female bodies to show neutral body parts such as lungs or stomachs in medical textbooks, and "results from clinical trials were presented as valid for men and women even when women were excluded from the study." This tendency to see the male body as representative of all genders is incredibly detrimental, not least because it means we're using data collected from a small proportion of the population to account for everyone, even though we know there are biological variations based on sex.(3) >>

>> Sex differences are prevalent in all areas of medicine. Researchers have discovered that there are, in fact, “sex differences in every tissue and organ system in the human body,” which shows how potentially harmful ignorance of female-based variations can be.(4) Despite these acknowledged physiological divergences, some modern medical researchers actively advocate against the inclusion of women in medical research, saying that female bodies are “too complex, too variable, [and] too costly to be tested on.”(5) It seems paradoxical to infer that female bodies are too complex to be counted, yet their complexities are not different enough to warrant further study.

This inability to consider female reactions to drugs, diseases and other medical conditions has been proven to be inherently harmful. Most recently, anecdotal evidence indicated that some COVID-19 vaccines affected the severity and length of periods, despite this not being listed as a side effect or seemingly not being accounted for in medical trials. While we don't yet know the true extent of the vaccines' impacts or whether they will be long term or not, the fact that it appears to have escaped the notice of researchers prior to the vaccine rollout shows how female differences are so often forgotten at crucial stages. As a large portion of the population menstruates, it is significant that this was thought unimportant or not worth a mention in the list of potential side effects and is a clear demonstration of the dismissive behaviour that is rampant throughout medical care when it comes to female-based issues.

Another historical example of the medical bias towards male bodies was with the prescription of Thalidomide during the 1960s. The drug had been a mild over-the-counter sedative for many years and was thought initially to be safe as it did not have any widespread adverse effects when used by men. However, once Thalidomide began to be prescribed to combat morning sickness in pregnant women, the drug was found to affect foetuses profoundly. Before it was removed from circulation in 1962, “10,000 children had been born around the world with Thalidomide-related disabilities.”(6)

Once again, the male norm was seen as universal, to the detriment of thousands of women and their unborn children. When anyone other than a biological man is seen as a deviant from the so-called ‘universal average,’ they are often not accounted for properly in research, medical testing, and patient care. As Criado-Perez writes, “for millennia, medicine has functioned on the assumption that male bodies can represent humanity as a whole,” and when this is the case, women and minority genders inevitably suffer as a result.(7) Although medicine continues to evolve and adapt to societal change, cultural progress, and scientific discovery, this change is often not coming fast enough for anyone who isn't male.

Race and socioeconomic differences also contribute to medical biases. Even if medical professionals are not explicitly aware of these prejudices, they feed into the type, duration, and extensiveness of the care they give patients. Assumptions in countries like the UK that white people are ‘nicer’ and more ‘polite’ than black or brown people means that healthcare professionals may be inclined to spend more time with specific patients and find out more about their conditions than with others, inevitably leading to better diagnoses. Like the lack of female representation in medical texts and images, people of colour feature significantly less in educational materials. Through an analysis of over 4,000 images found in mainstream curriculum textbooks, only 4.5% depicted dark skin.(8) Although there are many reasons why biases enter the medical sphere, omissions in representation are definitely one cause.

It's shocking to realise that – even though in many instances medical knowledge has come an incredibly long way from the first days of physicians and traditional healthcare – some aspects are uncomfortably similar to a pre-modern era. Medical texts in Ancient Greece detail a bizarre belief called the ‘wandering womb’ – described by Greek physician Aretaeus as “like an animal within an animal.” >>



# meet our writer

Jessica works part-time for a charity and lives in Leeds. The rest of her time is taken up with writing, be it for a video game website, literary magazines, or her own fiction.

# inspiring reading

**TITLE** Invisible Women: Exposing Data Bias in a World Designed for Men

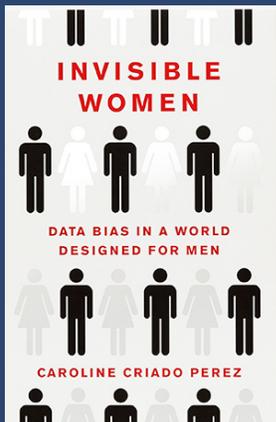
**AUTHOR** Caroline Criado-Perez

**PUBLISHER** ABRAMS

**YEAR** 2019

**LANGUAGE** English

**GENRE** Non-fiction



(1) Criado-Perez, C. (2019). *Invisible Women: Exposing Data Bias in a World Designed for Men*. ABRAMS, London. p.196.

(2) Marts, S. A., Keitt, S. (2004). 'Principles of Sex-Based Differences in Physiology', *Advances in Molecular and Cell Biology*, 34(1), p.34.

(3) Criado-Perez, C. (2019). *Invisible Women: Exposing Data Bias in a World Designed for Men*. ABRAMS, London. p.197.

(4) *Ibid.*, p.198.

(5) *Ibid.*, p.202.

(6) *Ibid.*, p.201.

(7) Criado-Perez, C. (2019). *Invisible Women: Exposing Data Bias in a World Designed for Men*. ABRAMS, London. p.215.

(8) Louie, P., Wilkes, R. (2018) 'Representations of Race and Skin Tone in Medical Textbook Imagery,' *Social Science and Medicine*, Volume 202. p.39.

(9) Adam, F. (2018). *The extant works of Aretaeus, the Cappadocian*. Franklin Classics, London. p.312.

(10) *Ibid.*, p.312.

(11) Harrow Fern, R. (1996). 'Keeping the Balance: Ancient Greek Philosophical Concerns with Population and Environment,' *Population and Environment*, 17(6): 447-458.

>> Aretaeus explains how the womb would move "hither and thither in the flanks" and that any organ or part of the body to which it moved would subsequently experience issues.(9)

At the time, Greek and Roman medical professionals had profoundly different views of the physiology of men and women, believing one to be wet and cold and the other to be hot and dry. According to their thinking, women did not possess the necessary warmth to digest their food correctly and so would store this excess material as congealed menstrual blood. Once a month, they would expel this fluid and therefore dehydrate the womb, which would need to search for moisture. This migration of the womb was considered one of the leading causes of illness in women.(10) For example, if the womb attached itself to the heart (where they believed the mind was located), women would suffer from depression or other mental afflictions. Or, if it moved to the stomach, women would experience a digestive problem. The treatment for any of these afflictions was usually sexual intercourse with a man, as semen would provide moisture to the womb and stop its search for fluids throughout the rest of the body.

Ancient Greece was an area in a constant population crisis, and this so-called treatment was also a self-serving endeavour that would help to solve demographic imbalances.(11) Carrying a child in the womb would weigh it down, further reducing the likelihood of it going 'wandering' and lowering the frequency of female illness. Of course, high death rates during pregnancy and childbirth were not considered, and women were expected to pursue this 'treatment' regardless of the dangers it presented. This ultimately represents a patriarchal society, where women's needs are subverted to men's, and their usefulness is judged by their ability to bear children.

It is clear that medicine hasn't evolved much past this fixation on menstrual cycles and the womb as the nexus of all female health issues. Whenever I go to the doctor, I am questioned about my period, regardless of my symptoms or complaints. Several years ago, when I was at university, I attempted to investigate some unusual abdominal pains and was told by a medical professional that having a child might solve them. Not only did this abstract piece of advice not offer any guarantees or short-term solutions to my pain, but it also made several assumptions, including that as a cis-woman, I would have biological children at some point. This heteronormative response didn't consider that I might not be straight, want or even be capable of having children. It is still considered the societal norm that cis-straight-women will at some point have children with a male partner, even if that is increasingly not the case for everyone. In addition, the idea that I was essentially given the same medical advice as women who were being treated by Ancient Greeks who believed the womb wandered about the body was appalling.

The evidence that women and marginalised genders are being dismissed, let down, and endangered by the healthcare system is damning. The fact that they are frequently being misdiagnosed or told they're exaggerating their health problems is not an issue that belongs in the 21st century. There is no reason why it should take years longer to diagnose women than men for the same diseases, even though this is frequently the case. Biases in the healthcare system have real-world impacts and lead to alienation, avoidable suffering, and even death. Research done on and data collected from men should not be considered the default, as when it is, over 50% of the human race are being ignored and undervalued. ●

# A Survivor

Each month until March 2022, we will release one chapter of the Novella, *Her Story*. Follow Radha's journey as a young woman experiencing episodes of gender-based violence, including public sexual harassment and rape, acts of racism, navigating dating life, reflecting on her own body and her reproductive rights.

## Chapter Six

Radha's graduation passed by quickly with no hiccups. She had been dreading the day, and her heart had felt like it was in her mouth as she walked across the stage, but the cheering she could hear from Kai and her family had been enough. After three years of ups and downs, she had finally graduated university, and there was a whole, frightening world out there, but at that moment, the only faces she could see were those of her loved ones.

In the evening, Kai and Radha went to a graduation party full of their friends, people they had lived with and on their courses. It was being held at a friend's house, and by the time they got there, it was under full swing. The loud chatter, smell of perfume and alcohol, dim lighting and bodies moving on an improvised dancefloor, marked out by sofas, would be something that Radha would miss. She spent most of the night dancing with Kai, drinking and laughing until she felt a stabbing pain blooming in her stomach. It coursed throughout her lower body, her legs, her back and tugged, making her feel like she was going to throw up. And that was how she found herself in the bathroom of her friend's house, curled up on the floor in pain.

"Radha?" Kai knocked at the bathroom door, waiting for her in the corridor, too worried to go back down to the party like she had insisted he do, in case she needed him.

"I'm fine," Radha replied through gritted teeth, clutching her stomach. Her period had washed over her quite unexpectedly as it always did. Radha had started her period incredibly young, at the age of nine, and she had never had what was considered 'normal' periods.

Written by ASHA ASKOOLAM

Illustrated by [LACUNNA](#)

TW depression, anxiety, rape, eating disorder, medical misconduct.

For the longest time, she had heavy, painful periods that would usually span about 14 days of constant bleeding. But no matter how much she complained of her period being far too cumbersome and far too painful, her doctors never wanted to conduct further tests. The only thing they ever offered her was contraception or stronger painkillers.

"Baby, please let me in," Kai implored, worrying laced in his voice, "I can't just leave you in there. What's wrong?"

Radha let out a sob, tears rolling down her cheeks, and that was enough for Kai to open the door quickly, locking it behind him. Immediately, he dropped to his knees and wrapped his arms around her, pulling her to sit on his lap.

"Honey, what's wrong?" he asked, concern etched out onto his face. He stroked her back as she wept, clinging on to him as she did after a nightmare. With one hand cupping the back of her head, he looked her over as if checking for injuries. "I only lost you out there for ten minutes...what happened? You're scaring me, Radha. Did someone do something?"

"N-No," Radha shook her head, sniffing. She squirmed in his hold, coiling against him in guilt, "it's...my period. It's come, and it's really heavy. I forgot to bring a pad with me, and...it's gone through my clothes."

For a brief, tiniest moment, Radha feared he would throw her off him in disgust, as Luke had. Her whole life, she had grown up feeling shame and guilt at her own body, the boys in her classes had all shown disdain and had called periods "nasty", and this was something that she had experienced even as an adult. Men had no problem sexualising women's, gender non-conforming, non-binary and trans bodies. Still, god forbid they actually learnt about what it was like to live as a person with a period, a pregnancy, menopause or abortions. >>

>> "Radha," Kai said, cupping her face. He wiped away her tears and placed a chaste, sweet kiss on her lips, then trailed kisses all over her face. "It's okay, sweetheart. It's okay. I'm sorry you're in so much pain, and it's made you feel like you need to hide."

"My tummy really hurts," she whimpered, "and it ruined my dress. You bought this for me."

"Shh, it's okay. I'm sorry, baby," Kai rubbed her stomach gently, keeping his other arm wrapped around her. He smiled softly, kissing her forehead, "we'll wash it out, okay? And I'll buy you another one if the stain doesn't come out."

Radha nodded, then buried her face in his neck. He smelt like caramel and cinnamon, "how are we going to go home from here?"

"Shall I go and ask Beth if you can borrow some clothes and if it's all right to use the shower? I'm sure she has pads too," Kai said, kissing the top of her head when she leaned against him, resting her cheek on his chest.

"Yes, please," Radha responded, already feeling exhausted.

"Do you want to make a doctor's appointment? Maybe they can help," Kai suggested, "I know you haven't had the best experience with them, but this isn't normal."

Radha shrugged, then sighed sadly, "maybe."

But she didn't go to the doctor. Radha knew they wouldn't do anything. She had never felt safe or heard in her doctor's office. The doctors never took her problems seriously, preferring to blame it all on her mental health or when she had been a teenager and struggling with an eating disorder. They blamed everything on the fact that she was underweight or on her family's history of having heavy periods. Now, they didn't ask about her weight because she was in a better place, but they never failed to objectify her by weighing her in every appointment to check that she hadn't had a relapse.

It was a blaring, sweltering late summer's morning, and Radha hadn't had a day's break from her period in two months. Gradually, over the weeks since her graduation, the length of her periods became longer and longer. She was in constant pain and discomfort, having to layer up her pads and constantly wear dark colours in the boiling heat. Her skin prickled with an uncomfortable fire, and most of the time, all she wanted to do was cry. Most days, she felt so awful that she had to force herself to eat or drink anything, and no amount of hot water bottles seemed to help. She was irritable constantly, and even in sleep, she was woken by her period. Leaning against the glass wall of the building where she had exited, she hoped it would radiate some kind of coldness to cool her down, but it only offered fire.

"Hey baby, how did the interview go?" Kai asked once he picked up the phone.

Radha rested her head against the pane of the window, closing her eyes, "it went well. They really liked me, I think. They said they'd let me know by the end of the week."

"That's great!" Kai exclaimed down the phone, and it made Radha laugh, hearing him whoop and celebrate on the other side.

"It is! I really hope I get it. It would be amazing to intern at this publishing house," she replied, hunching over when she felt a stabbing pain shoot through her stomach. It happened suddenly, the moment she lifted herself from the wall to begin walking, the world started spinning, and Kai's voice sounded distorted, fading into the background, behind the heavy beating of her heart.

"Radha? Radha, what's wrong? Are you okay?" she could hear Kai's frantic voice as he heard the pained noise that left her lips before she fell to the floor in a crumpled mess. She remembered that moment in flashes, people swimming in and out of focus around her, Kai's voice on the phone and then darkness.

Consciousness came back to her slowly. She could feel sheets under her fingertips, could smell the stench of disinfectant and antibacterial gel and hear the incessant sound of both the hospital tannoy and the beating of her own heart on the machine she was hooked up to. Opening her eyes, she was greeted with the white ceilings of a hospital, and then Kai's face swam into view.

"Radha," he said, his voice shaking, and she could see that his eyes were red from crying. "Hey, you're awake. It's okay, don't panic. How are you feeling?"

Radha winced, sitting up slowly with Kai's help. The hospital bed was uncomfortable, and the sheets felt scratchy against her skin. Turning to look at him, she smiled sadly, wiping away his tears. Without saying a word, he wrapped his arms around her and hugged her tightly.

"I was so worried. I didn't know what had happened to you...you collapsed, and luckily someone picked up your phone and told me where you were," Kai said frantically, pulling back only to kiss her and then cup her face. "Are you okay? Does it hurt anywhere?"

"I'm sorry for worrying you," Radha replied, tears pooling in her eyes, "I'm so scared. What's wrong with me? What's happening to me?"

"Nothing, sweetheart, nothing," Kai said gently, wiping away her tears, "we just need to find out what this is, okay? Your mum is outside asking the nurse how long it'll be for you to see the doctor."

The doctor was as useless as they had always been. He was a tall, pompous man with grey facial hair and glasses.

"Have you been eating and drinking well?" he asked. It was the first thing he said. >>

>> Radha scoffed, shaking her head. Kai's arm around her tightened, and the grimace on his face gave away his emotions.

"I have been," Radha replied, rolling her eyes, "but I've been having heavy periods, and they don't stop -

"Right, so there's no chance that you're pregnant? Are you sexually active?" he cut her off, writing something down on his notepad.

"I just told you..." Radha shook her head, feeling exasperated, "yes, I am sexually active. No, I am not pregnant. We're safe. The problem is because my periods -

"Have you taken a recent pregnancy test?" he butted in again. Radha took a deep breath, clenching her hands. She was growing more and more frustrated by the second. Her hands felt hot, sweaty and she wanted to punch him in the face. Kai's arm around her tightened yet again, and he gritted his teeth.

"Can you stop interrupting her?" Kai snapped, "she's trying to tell you what's wrong, and you keep speaking over her."

The doctor laughed, removing his glasses for a moment to dab his eyes as if he had said something hilarious. "My apologies, but as you can imagine, we have many patients here with serious health problems."

"My daughter collapsed," Sunita said. She took Radha's hand in hers. Radha didn't have to look at her mother to know that she was furious. "And I would like to know what made her faint, all alone where *anything* could've happened to her."

"It could have happened for many reasons, but I suspect the heat," the doctor replied, closing his notebook as if he had resolved the matter. "Perhaps not eating and drinking enough. Your daughter did suffer from an eating disorder in the past, from looking at her notes."

"It wasn't because of the heat or because of my past eating habits!" Radha exclaimed, tears coming to her eyes, "I am in constant pain, my periods are so heavy, and I bleed for months on end. Are you seriously not going to do any tests at all to see what is wrong?"

The doctor sighed, "yes, we will run some tests, but they will confirm that it is nothing serious."

It was, in fact, something. After undergoing some blood tests and an ultrasound, Radha finally had an answer two weeks later. The doctor called them into his office, and her results were laid out in front of him. Despite being diagnosed with polycystic ovarian syndrome (POC), Radha enjoyed watching the flustered doctor fret and backpedal on his words.

"You see, many women, I mean people, come in complaining of problems but -

"No," Radha said, cutting him off this time, feeling triumphant. It was the end of the summer, and she finally had an answer for what was wrong with her.

"You dismissed me on unethical grounds and made my problems seem insignificant, which is on-brand for how the medical field treats people with vulvas."

The doctor cleared his throat, loosening his tie awkwardly, "yes, I do apologise."

Sunita took Radha's hand in hers and gave it a proud squeeze, "what is the treatment for this?"

Much to Radha's dismay, there wasn't a lot they could do. The only advice they gave was watching her diet and taking contraception. Radha opted for the implant, preferring to have something constant that she wouldn't have to remember taking, and it meant she was safe for three years until she'd have to change it. It also meant her periods would, hopefully, start to be something near the norm. Anything was better than what she was currently feeling.

"How did it go?" Kai asked, standing up immediately once Radha appeared from the doctor's office.

Radha started crying without realising it, and Kai's warm embrace was around her instantly. The months of pain and turmoil finally hit her, and she couldn't hold onto the thin string that had been holding her up. She had pushed everyone away from her in that period, aside from her family and Kai, and she hadn't made it easy on Kai, though it was no fault of her own. She felt guilty for the times she snapped at him over silly things and tried to push him away, but he would never leave. He knew that when she lashed out, it was a defence mechanism she used to protect herself preemptively from getting hurt.

"I'm sorry," she mumbled into his chest. He rubbed her back soothingly, nodding over Radha's head when her mum said she would bring the car around.

"What are you sorry for, eh?" Kai asked, kissing the top of her head.

"For being so awful lately," she replied, looking up at him.

"I love you, Radha," Kai smiled, wiping away her tears and kissing her forehead, "nothing to say sorry for. I know you've been in so much pain lately."

"I love you too," Radha sniffed, "he said I have polycystic ovaries. The only thing they can do is offer contraception."

Kai nodded, sighing sadly, "I know. The whole system is useless. Are you going to go for it?"

"Yeah, if it's the only thing that will help, then I have to. I can't carry on like this," Radha said dejectedly. "They're fitting the implant at the end of the week. Can you come with me? Mum's working and can't take time off."

Kai brought her close again, "of course, baby, of course."

>>

>> The end of the summer brought a new job for Radha and a new lease on life. She started working as an editorial assistant for a publishing house under a grad scheme. It was full time, and the pay was good, but the experience was even better. She finally felt like she was in a much better place. The stress and memories of the time she was at the university that still crawled up on her in nightmares and moments of anxiety seemed less scary, less overpowering. She knew she would never be free of them, but she had come to accept that it was okay to be a little broken, jagged in places.

The night sky was dotted with stars, and the air was still warm, a gentle reminder that the summer was slowly fading. Radha and Kai laid next to each other, on a thick blanket on his sister's rooftop, with the taste of bailey's still on their tongues.

"Radha?"

"Hmm?" she responded, turning her face to look at Kai. He leaned up on one elbow and looked down at her, a soft smile ghosting his lips.

"Where do you think we'll be in ten years?" he asked, lifting his hand to trace her jaw tenderly.

Radha smiled and wrapped her arms around him, snuggling into his chest. "I'll be still working with books, and you'll be this amazing, famous artist."

Kai laughed, rolling over so that he pulled her on top of him. "I don't know about that."

"It'll happen. You're already working as an illustrator. I mean...it's gonna happen," Radha said, "I know it will."

Kai pulled her down by the back of her head until their lips were inches apart, "in ten years, I hope I'm wherever you are."

"Baby," Radha whispered, feeling a lump forming in her throat, tears springing to her eyes, "you're never getting rid of me."

Kai's smile was brighter than any of the stars above them.

"Don't forget me when you're all big and famous," Radha laughed, nuzzling his nose with hers.

"Never, Radha, never," Kai said, kissing her softly.

Melting into the kiss, Radha felt her heart sing. A warm feeling settled over her body, utterly content. She was frightened, excited and anxious about the future, but whatever was out there couldn't touch her right now. At this moment, the only thing she was thinking about were the stars, the moon and the man she loved dearly.

And she hoped she would have many more of these moments to come. ●

**We will release the  
Novella, *Her Story*, with all  
the chapters together  
soon. Stay tuned.**





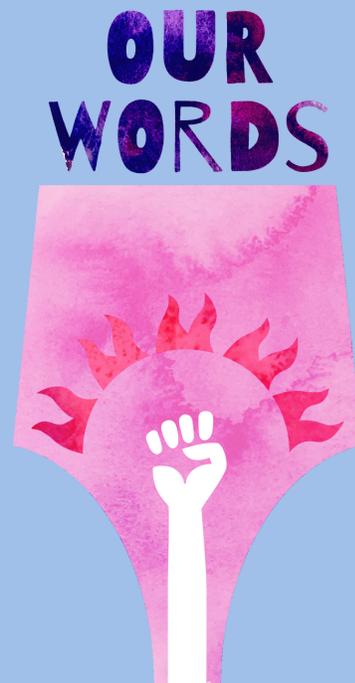
# about us

#CRIMENOT  
COMPLIMENT

*Join the  
movement now!*



Our Streets Now is a campaign demanding the right of women, girls and marginalised genders to be safe in public space. How it has started? Two sisters, 15 and 21, spoke about how they experience the world as young women. About feeling afraid walking home at night. About being harassed in their school uniform. About how their lives were restricted by the fear of harassment. Channelling this anger into change, they decided to start a petition. Hundreds of women, girls and marginalised genders went online to share their stories of being insulted, followed and assaulted on the streets of Britain. Soon enough, thousands of voices were joining the Our Streets Now movement, tired of harassment being a 'normal' part of growing up a girl. Our Streets Now became a community determined to challenge the myths and taboos stopping this topic from being discussed and challenged, out in the open.



*Our Words* is part of Our Streets Now (OSN). Within Our Words, we have a Literary Magazine, a Book Club and events. We feature various writing pieces on topics covered by inspiring books in the Literary Magazine. The Book Club is an opportunity for the OSN community to engage with one another, creating spaces of dialogue. At events, we promote interviews, lectures, and poetry gatherings. Our Words' primary aim is collective learning. We appreciate our members' experiences, knowledge, and interest.