



Report:
Regional Youth Advocacy Refresher (R-YAR)
Organized by Asia Safe Abortion Partnership (ASAP)
Moonlight Hotel, Kathmandu, Nepal
24th June to 26th June, 2022



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Introduction

The Regional Youth Advocacy Refresher (R-YAR) was organized by Asia Safe Abortion Partnership (ASAP) from 24th June and 26th June, 2022, in Moonlight Hotel, Kathmandu, Nepal. 33 participants from 8 countries (from Bangladesh, Bhutan, India, Indonesia, Nepal, Pakistan, Sri Lanka and Vietnam) attended the institute. 20 local YAI participants who attended the YAI organized by ASAP and YoSHAN from 22nd to 24th June 2022 were invited to join the YAR sessions on day 1 in the 2nd half.

The objectives of the Institute

1. To share experiences and progress since the YAI
2. To learn about a wider range and more in –depth aspects of safe abortion advocacy
3. To strengthen the alumni network and strategize for future work

Introduction

Dr. Suchitra Dalvie, Coordinator, ASAP, welcomed everyone and there was a round of introductions. This was followed by deciding and agreeing on a set of agreements for engagement at the Institute over the next 3 days. The YAR began with presentations by each CAN on the work that they were doing in their respective countries and the plans for the future.

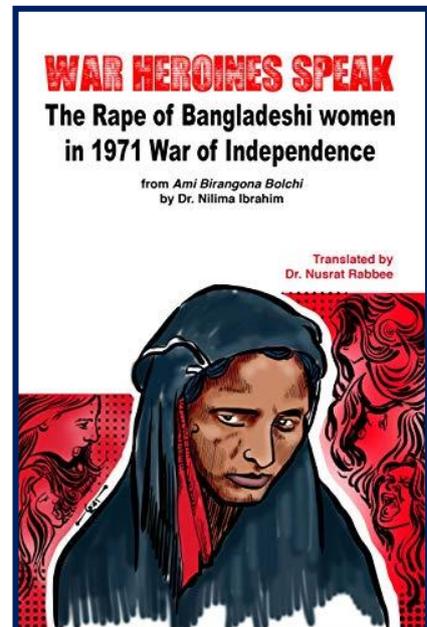
Day 1

CAN Presentations

The CANs shared about the context of their countries particularly around the issue of safe abortion rights. They also shared the timeline of the CAN and their journey as advocates, some key achievements, major challenges and learnings and some ways forward to expand access to safe abortion rights for all.

YouthAID, Bangladesh

Their presentation started with the country's history and the liberation war in 1971 and how the women who fought the war were subjected to sexual assaults and rape (and popularly known as the 'war heroines'), resulting in the legalization of menstrual regulation. Despite this many challenges still exist since abortion is restricted by law:



Challenges

- Extremist groups
- Lack of awareness about MR and MR facilities among young people
- Biased attitude of service provider towards unmarried women and girls

Druk Youth Initiative for Sexual Advocacy (DYISA), Bhutan

Although access to safe abortion is restricted in the country and there are many socio-cultural barriers and religious stigma, the Youth Champions of DYISA continue to organize interesting cultural events and raise awareness on safe abortion rights and the need to view it as an essential human right.





CHALLENGES:

- ✓ Law (abortion rights).
- ✓ Religious belief (sin)
- ✓ Lack of accessibility to information and resources.
- ✓ Acceptance.

- ❖ No proper association/organization
- ❖ No full time worker/ very few members
- ❖ Difficult to meet and act

India Safe Abortion Youth Advocates (ISAY), India

ISAY presented on their work in, the training and sensitization of medical students, challenging patriarchy in medicine, and approaching abortion as a feminist public health as well human rights issue through their various initiatives:

Youth Advocacy Refresher 2022, Kathmandu

WHAT IS ISAY?

We are a network of medical students, our aim is to establish ourselves as an advocacy group working to sensitize key stakeholders (primarily medical students and healthcare workers) on SRHR and promote the right to safe abortions in India.



Youth Advocacy Refresher 2022, Kathmandu

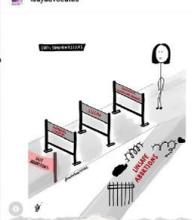
OUR JOURNEY SO FAR...



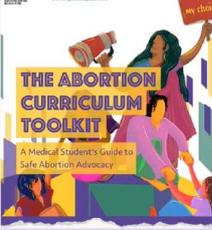
- 10 Sensitisation workshops
- 12 Abortion Curriculum workshops



500+ alumni base and members from 35+ medical colleges



Social Media Advocacy



The Abortion Curriculum Toolkit



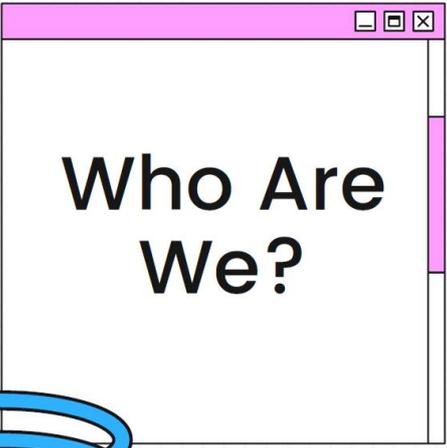
Substack Blog



Research and Publication

Youth Network Indonesia (YONI), Indonesia

Igna from YONI presented on behalf of the CAN and here are two slides from her presentation. This presentation highlighted the journey so far, the challenges amplified due to the pandemic, some key achievements and highlights of YONI's journey and an important reminder, "it does not matter how slowly you go as long as you do not stop."

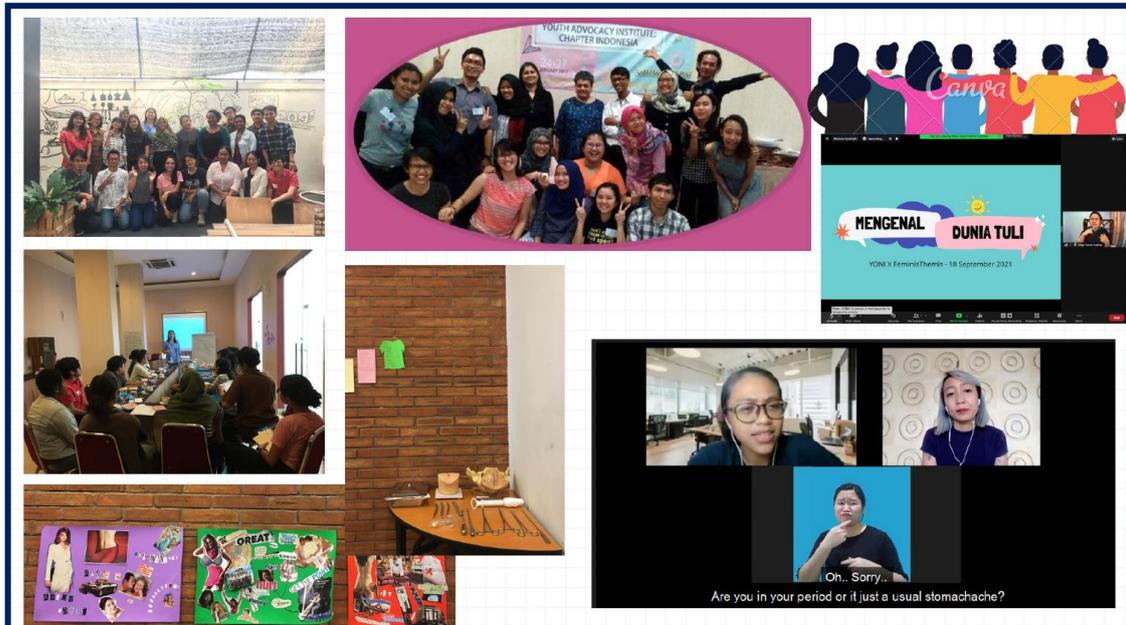


Who Are We?




We are part of ASAP Country Advocacy Network in Indonesia

YONI was started in 2017 after the first Local YAI held in Yogyakarta and established in 2018 after the second local YAI in Jakarta



Youth led SRHR Advocacy Nepal (YoSHAN), Nepal

YoSHAN team presented about the CAN's journey, key achievements and plans for the future. Here are two slides from the presentation:

OUR LOCAL WORK- HIGHLIGHTS

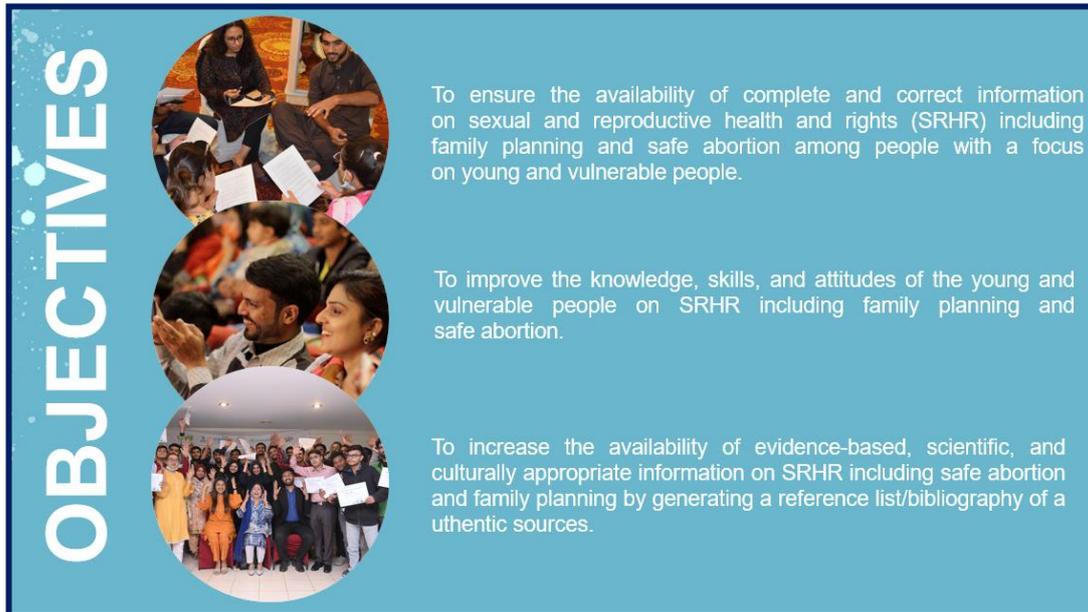
- Local YAI
 - targeting local community leaders with a passion for social change and SRHR
 - 3 editions so far
- Gender Sensitization for Midwifery Instructors
- Gender Sensitization for Medical Students
- Digital Story Telling Workshop
- Youth Engagement: Guff4youth, campaigns, competitions, webinars, blogs feature
- Working with people with disability
- National YAI

OUR NATIONAL WORK- HIGHLIGHTS

- Policy level
 - YoSHAN, a member organization of RHRWG Nepal working towards more inclusive SRHR provisions in the constitution
 - Policy Dialogue on : Integrating safe abortion services with OCMC from Right Based Approach, organized by Family Welfare Division and Ipas, Nepal.

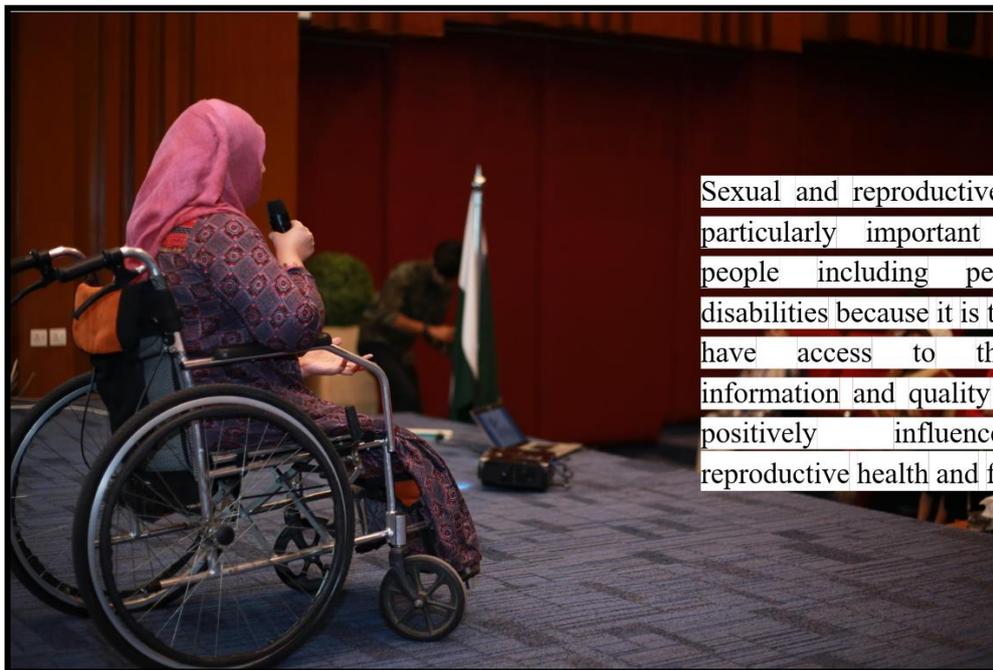
Pakistan Advocacy Network (PAN), Pakistan

PAN shared about their objectives and goals, highlighted some key achievements and their plans for the future. Here are two slides from their presentation:



OBJECTIVES

- To ensure the availability of complete and correct information on sexual and reproductive health and rights (SRHR) including family planning and safe abortion among people with a focus on young and vulnerable people.
- To improve the knowledge, skills, and attitudes of the young and vulnerable people on SRHR including family planning and safe abortion.
- To increase the availability of evidence-based, scientific, and culturally appropriate information on SRHR including safe abortion and family planning by generating a reference list/bibliography of authentic sources.



Sexual and reproductive rights are particularly important to young people including people with disabilities because it is their right to have access to the correct information and quality services to positively influence their reproductive health and future lives.

Youth Advocacy Network Sri Lanka (YANSL), Sri Lanka

YANSL members shared their journey so far, the work with ASAP's support and beyond, achievements including official partnership with the Family Health Bureau of Ministry of Health, Sri Lanka. Here are two slides from the presentation:



My body my choice E - course Site



Historical and Political Trajectory of Legalizing Safe Abortion

mbmc101.com

ASAP Funded Projects

Youth Advocacy Institute Colombo

Project "Pahara"

YOUTH ADVOCACY NETWORK SRI LANKA PRESENTS WEBINAR SERIES ON SOBV During Covid - 19

MY BODY, MY CHOICE, MY RIGHT!

GUEST SPEAKER
Paba Deshapriya
Director,
The Grassrooted Trust

Moderated by:
R.M. Supelika Rathnayaka,
Psychology Counselor, Motivational Speaker,
Assistant Lecturer UCC
Founding member - Think in pink academic
activational program

10TH NOVEMBER
7:00PM ONWARDS

zoom | facebook | yansl live



OFFICIAL PARTNERSHIP WITH THE FAMILY HEALTH BUREAU OF MINISTRY OF HEALTH SRI LANKA

FORTE 9.0



#16DAYSOFACTIVISM CAMPAIGN AND NIRBHAYA DAY WEBINAR



INTERNATIONAL PEACE DAY VIDEO PRODUCTION COLLABORATION WITH SEARCH FOR COMMON GROUNDS (SFCCG)

PARTNERSHIPS AND WAY FORWARD

INSTAGRAM LIVE: MEN AND THEIR SUPPORT FOR WOMEN'S SRHR DURING COVID19 PANDEMIC.

10TH ASIA PACIFIC CONFERENCE ON SEXUAL AND REPRODUCTIVE HEALTH AND RIGHTS



COVID-19 AND GENDER-BASED VIOLENCE: TWEETATHON ARCHIVES



FPASL YOUTH CAMP TRAINING MODULE



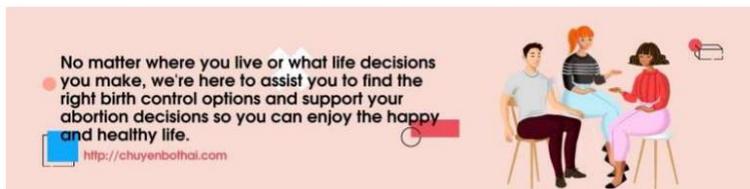
ලිංගික හා ජීවන ක්ෂමත සහ ස්ත්‍රී විච්චිකම් පිළිබඳ මාර්ගගත තරුණ කඳවුර

Online Youth Camp on Sexual and Reproductive Health and Rights

Vietnam Youth Advocates for Choice (VYAC), Vietnam

VYAC presentation focussed on their activities and achievements so far. They also shared their future plans and here are two slides from their presentation:

Abortion stories Website



Future

- A more well structured operation for CAN
- Membership for professionals
- Reconnection to SRH organisations/ public offices
- Community projects focuses on culture and social change.

Contraception and Abortion by Dr. Suchitra Dalvie, Coordinator, ASAP

After a tea break the next session that followed was on Contraception and Abortion and was facilitated by Dr. Suchitra Dalvie. This session was conducted through roleplays on perceptions around and experiences of accessing contraception and safe abortion services.

1st roleplay on contraception: The roleplay had two scenes and in the first scenario the doctor asked questions and passed judgements based on their own personal biases. In the second scenario the doctor was non-judgemental and asked no such questions. After confirming that this was a result of consensual sex, they affirmed that terminating an unwanted pregnancy was a completely okay if the individual decides so. Some key points that emerged during the discussion with participants was the need for healthcare workers to pass on information without biases, to not be judgemental and create a safe space for service seekers to share openly. However, there is also a need to be sensitive towards nuances such as human emotions and avoid going on a preachy mode.

2nd roleplay on contraception: In this roleplay a 23 years old unmarried woman had gone to a pharmacy in search of Oral Contraceptive Pills (OCP). The manager at the pharmacy was extremely biased against contraceptive pills, denied the pills and asked her if she was from here or from somewhere else. When the woman replied that she was from another place, the pharmacist made a prejudiced statement that “women in our village are not like this” implying that the local women have better characters and moral values and hence do not need OCP. The pharmacist suggested that the woman to go to another shop which is 10 kilometres away where the pills might be available. The key points that came up were that across religions and communities there are similar ideological opposition against SRH services particularly for young people. Few of the participants suggested that the young woman should have been informed about other alternative contraceptive choices as she was traveling to a remote area for work. There was also a discussion around conscientious objection when the pharmacist denied OCP to the woman and if conscience can be higher than the law if contraceptive is legal in the country? And if the reverse is also a possibility, and can people agree to provide a service even if the law does not allow it? There were also discussions around accountability and who should address the denial of basic health services, the power imbalance between the service provider and the service seeker and finally, the need to have awareness and provisions for post-contraception abortion.

1st roleplay on abortion: the roleplay had a journalist who asked panellists about the medical abortion pill, the rights of the foetus and the harm caused by abortion. This scenario explored the role of media in reproducing and perpetuating the social biases and stigma against safe abortion rights (information and services) and project it as something wrong and sinful to the public. One of the panellists in the scenario was a gynaecologist who was a man and therefore had a certain amount of power and privilege that he could exercise to step in and answer the journalist confidently. The panellists also argued back citing evidence and that highlighted the importance of having information (statistics and data) to counter people who oppose safe abortion rights.

2nd roleplay on abortion: the roleplay was about a couple discussing the possibility to have an abortion. Important points that came up were regarding the role of the husband, the influence of the relatives and how imbalanced gender power dynamics influence discussions

around abortions as more often than not the husband's opinion and support can be the decisive factor for terminating an unwanted pregnancy.

The politics of sex determination by Dr. Suchitra Dalvie, Coordinator, ASAP

This session delved into the politics of sex determination and explored the issue in order to unpack and understand the ethical issues involved for a provider to be pro-choice. The session also aimed to help participants be aware of the nuances of sex determination and how it is wrongly conflated with abortion so that they are able to defend the woman's right to access safe abortion in the context of sex 'selection' issues. It also delved into the politics of conscientious objection and facilitate discussions around it.

How does it affect safe abortion rights?

- Although sex selection has been practised through home remedies and female infanticide for hundreds of years, the use of USG followed by an abortion (mostly early 2nd trimester) is what led to campaigns and rhetoric against the abortion procedure in the 1980s in India.
- This has unfortunately moved attention away from gender discrimination issues and social ,cultural, patriarchal norms which are so much more difficult to change or control.

The governmental and non-governmental campaigns to 'save the girl child' in countries like India highlight the value of girls/women/females by emphasizing their domestic roles as good daughters and future wives who take care of the home and the hearth. These campaigns strengthen the patriarchal mindset by limiting the value of the girl/women/females within the domestic sphere. These campaigns have also created an extremely negative opinion against 2nd trimester abortions and mobilized public opinions that oppose them, leading to increased monitoring through sting operations (discreet operations) in healthcare centres that has left service providers afraid enough to refuse services. These campaigns mistakenly conflate sex determination with abortion but leave out a crucial aspect of it – sex determination also implies finding out the foetus is male and continuing with the pregnancy to full term.

The session left the participants with a lot of information on this conflation of sex determination with abortion, particularly 2nd trimester abortion and the vigilantism around this in order to "save the girl child". The strategy is clearly populist but lacks substance and does not address the real issue of why the girl child needs saving in the first place and the intense patriarchal cultures that devalues girls/women/females and over-values the son as the one who will take the family name forward.

Building alliances with other movements with partners from CANs and allied SRHR movements and organizations: a panel discussion

The panel was moderated by Nandini Mazumder, Assistant Coordinator, ASAP, and panellists included: Rajeshwari from sex workers rights movement in Nepal and Nir Shreshtha from disability rights movement in Nepal, Zargoona Wadood from Pakistan

Advocacy Network (PAN) representing disability women and their rights, Ignatia Alpha Gloria from YONI representing the safe abortion rights movement in Indonesia, Rola Yasmine from The A-Project Lebanon representing the safe abortion rights issues faced by marginalized, immigrant and refugees and in conflict torn areas.

Rola Yasmine from the A-Project, Lebanon, shared about issues faced by those left stateless due to conflicts and wars such as refugees from Afghanistan, Iraq, Palestine (Israel), Syria, Yemen and so on. Host countries where they seek refuge often fail to meet basic needs including health and SRH needs of refugees and they continue to survive in dire conditions.

Zargoona, a member and leader of the Pakistan Advocacy Network (PAN) shared how women and girls with disability are neglected and their SRHR needs are violated. They are often treated as a liability by the family and society at large and this leads to grave brutalities against them such as removal of breasts and uterus and forced sterilizations in order to “prevent sexual violations and pregnancy”.

Nir, a disability rights activist from Nepal and a part of ASAP’s network reiterated what Zargoona shared and added that the issues related to SRHR is very new for the disability rights movement. There is more emphasis on other basic unmet needs such as access to education, employment, social protection while there is a silence around SRHR issues that remain steeped in stigma within the disability rights movement as well.

Ignia, leader of the YONI, Indonesia shared that abortion is seen as a sin and a crime. Allied movements such as the LGBTQIA+ rights are not intersectional and do not consider abortion rights as an issue that should be incorporated within their advocacy and programmatic agenda. Challenges for the safe abortion rights movement in Indonesia further increased when a safe abortion clinic was raided and a doctor was arrested in 2020. He died in custody and this created a ripple effect of fear among safe abortion service providers and advocates and led to the shutting down of many clinics for a while.

Rajeshwari, a sex workers’ rights activist shared that advocacy and awareness raising on safe abortion rights for sex workers had to be stopped due to the USA government’s Mexico City Policy which is popularly known as the [Global Gag Rule](#) and was reinstated and expanded under President Donald Trump. She shared that sex workers face a high level of violence and stigma from across society and those in positions of authority. And sex workers and sex work are seen as social evils which leaves them with multiple rights violations with no recourse to seek justice. She reiterated that sex work should not be conflated with human-trafficking and it should be decriminalized, access to safe abortion rights (both information and services) should be freely available for sex workers.

Panellists agreed that there is also a need to interrogate and challenge the patriarchy within our movements whether it is the disability rights movement, LGBTQIA+ movement, sex workers rights or even feminist movement. It has to be ensured across these diverse movements that women and female bodied people have access to safe abortion rights related information and are empowered to be more vocal about their bodily autonomy and rights.

All panellists agreed that these diverse issues of SRHR affect each community differently and yet they are ultimately interconnected as these violations serve to protect and perpetuate patriarchy. Therefore, there is a need for an intersectional approach and the different human rights and social justice movements have to adopt more inclusive ways of working with each other, engaging with each other's issues and supporting each other.

Day 2

George Carlin on Abortion

The second day started by playing the video of the brilliant satirist, George Carlin.

We also stood in silence and solidarity for women, girls and pregnant people in the US who are going to be seriously affected by the Hobbs Amendment rolling back the Roe v Wade judgement that allowed them to seek safe abortions.



**Asia Safe Abortion Partnership
Stands in solidarity with the Women & Trans Men
across US whose bodily autonomy and life is directly
being attacked by the overturning of Roe Vs Wade**

Recap

This was followed by a round of recap and here's what participants shared about their experience of day 1:

- A participant shared that the presentations of all the CANs, the situation in each country and how the CANs continued to work during the COVID19 lockdowns and restrictions were inspiring and very informational.
- A participant shared learning about son preference and daughter unwantedness was very critical for them.

- Another participant added that sex selection made them think of their own context and though the issue is not spoken about in their country (Indonesia) they are sure that it is taking place there as well due to the rampant son preference in the culture.
- A participant also shared about the role plays and how they made them think about the nuances of being a victim, negotiating for one's rights, etc.
- A participant shared that the panel discussion was an eye-opener and they were moved by the sex worker rights activist who spoke at the panel and shared how the police uses their power over sex workers and violate their rights. It is often ignored that sex workers too can be raped.
- A participant shared that they realised the importance of being inclusive and thinking about the disabled community and the need to take into account the diversity among people.
- There was also a discussion around Conscientious Objection and how it is being misused.
- A participant shared that the rampant idea of celebrating motherhood and yet the contestations around it. The idea of motherhood is pitted against which ones are valid and which ones or not, and similarly how some abortions are considered okay (if the woman is considered a victim) while some are not (if it is the woman's choice).
- Another participant shared that the panel discussion was significant for them as they learnt about the intersectionality between abortion rights and queer community, the refugee context and how all these different communities are affected by restricting their access to safe abortion rights (both information and services).
- A participant shared that the sessions of day 1 helped them understand structural inequalities and how they affect policies, and the importance of language particularly as safe abortion rights advocates.
- The importance of inclusive advocacy and recognizing the class and privileges within the advocacy space. For example, activism in Nepal is impacted by those who come from privileged positions while there is a need to bring people from the marginalized and oppressed communities to lead the work.
- A participant expressed that they realised how fragmented our movements are and even the people who call themselves feminists and work in the field of SRHR, often regard abortion solely as a medical issue. However, it is also a basic health service and should be treated as one and abortion rights is best understood as an issue that intersects feminist human rights and public health.
- The importance of community led movements for example when it comes to advocating for the rights of the disabled community, the leadership should consist of people with disabilities as they are best suited to advocate on issues that are rooted in their experiences.

Crime and Punishment by Nandini Mazumder, Assistant Coordinator, ASAP

The next session was on crime and punishment and was led by Nandini. The objective of the session was to explore the idea of 'crime' and how arbitrary it is as it changes over time, place and from one society to another. Therefore, the punishment to address a crime is also arbitrary and often those who are in positions of power decide what is a crime, the degree of offence - whether it is a lesser offence which is a violation of a civil code or if it is a severe crime and needs to be dealt with punitive measures invoked under the countries penal code.

The presentation also talked about the English Scholar Jeremy Bentham and his design of the ideal prison called, panopticon. The design of the panopticon is such that it has one watch tower in the middle of a spherical prison which makes the prisoners feel that they are being constantly watched because they cannot see the guard while the guard can see them and that makes it easier for controlling prisoners with very less resources. Michel Foucault applied the concept of the panopticon to describe a social reality in which we live known as surveillance society. The way the panopticon is designed to make prisoners feel watched and thereby self-regulate themselves, similarly people in a society too are being watched and being made to feel that they are constantly under a watch/surveillance and hence self-regulate.

Finally, the session connected the arbitrariness of crime and punishment around the world (which is decided by those in power to control and maintain the status quo) with abortion rights. In many countries abortion rights are restricted, in countries where abortion is legalized, contradictory punitive codes may exist which makes it precarious for all, finally there are countries in Asia like Laos, Iraq and Philippines that completely prohibit access to abortion services. All these factors continue to put service providers, advocates and millions of abortion seekers at grave risk.

The session ended on an exploratory note and asked questions like: if the punitive justice system should be challenged and if we need more of a reformative justice system, is the road ahead of us leading us towards decriminalisation and/or is there a need for legalisation, and what would be the conditions that would expand and ensure safe abortion rights for all.

America America War Par da

The session was followed by a screening of the satirical song American War Par Da. The video uses humour to critique of USA's imperialism and foreign policy particularly leading to wars that unleashed violence across the world. Participants appreciated the video because it explains USA's hegemony and how it controls the world. They also felt that this shows how issues are interconnected through the example of geo-politics and what happens in one part of the world has an impact on what happens in other parts of the world.

Money, Markets and Motherhood by Dr. Dalvie, Coordinator, ASAP

In the next session Dr. Dalvie explored the concept of money, markets and motherhood and how they are inter-connected. She started by unpacking terms that are used widely such as, 'Global South', 'Latin America', 'Asia', 'Africa' and 'Oceania' and how they are often grouped together even though geographically they are not necessarily in the south. They are also known as the 'third world' but even that falls short.

The 'Global North' consisting mainly of USA and countries in Western Europe controls four fifth of the world's economy and it would be useful to take note of this to understand the discriminatory practices of the Global North against the Global South. She explained that one of the major discriminatory policies is the Mexico City Policy or the Global Gag Rule which the USA imposes periodically (depending on who is voted to power in the country) to prohibit and restrict SRHR related work across the world under its aid programmes. The other is the widely popular Malthusian Theory which propagates the idea that population growth is potentially exponential ($5 \times 5 \times 5$) while the growth of the food supply or other resources is linear ($5 + 5 + 5$) and population control is the only solution for environmental and

economic issues. However, this has logically and factually proven wrong as resources are between the countries in Global North and Global South are shared rather skewedly with a vast majority of resources going to the North. These policies have affected the implementation plans related to SRHR from forced sterilizations under family planning programmes to restrictions and silencing access to safe abortion services.

The session explored the concept of money and how it is currency that can be printed or minted but money cannot (implying currency and money are two separate things.) Governments and people in power choose who will control what and the size and reach of the public sector (or resources owned and regulated by the government).

Dr. Dalvie explained that money is a concept and linked to debts and production systems. Production systems are owned by the dominant classes who harness the labour power of the people to create goods that fetch value (money) for the benefit of the owners of the production systems. The bearers of labour power are people who need to be replaced from time to time to ensure continuous production and to keep the profits higher by keeping labour costs lower. The social reproduction of labour happens at home where the person rests before going to labour the next day. It is also the home where labour is further segregated based on gender and the unpaid and care-giving roles are placed on women who are expected to run the house, make the meals, care for the children and sexually gratify the man. While the man can rest and be prepared to go to engage in paid-work the next day and carry out the economic production.

The current global economy has systems in place to maintain the hegemony and status quo through mechanism such as the structural adjustment programmes such as in Africa where in some countries the government was forced to cut financial aid to public water companies. The gendered economic system has also led to leisure time poverty among women who bear a disproportionate burden of unpaid household work. It has also created a pool of cheap labour of women in countries like Bangladesh, India and Sri Lanka among others. There is also the gender pay-gap or the practice of paying women less amount of money for the same amount of work than their male counterparts. Marriage and motherhood are found to be major factors in gender pay gap, leisure time poverty among women and so on. The overemphasis on motherhood also undermines bodily autonomy and right to make critical decisions for oneself which is particularly grave in the context where 40% of world's pregnancies are unwanted.

The session led to a lot of discussion around the dire steps women take to get rid of an unwanted pregnancy including putting their lives at risk. Another participant shared an example of baby-dumping or abandoning when the woman was forced to carry an unwanted pregnancy to term. There was also a discussion around surrogacy and how restrictive laws around surrogacy further put vulnerable women at risk. For example, some clients abandoned the surrogate person and fled and even with-held payments, and as there was no legally binding document nothing could be done against them. Religion too highlights the woman's role as a good mother or in the domestic sphere and is complicit in the exploitation of women's labour. The session concluded on the note that our realities differ and we have to be very open to be learn, unlearn and be open to change.

History of Medicine by Rola Yasmine, resource person from Lebanon

Rola was a Youth Champion in the first Youth Advocacy Institute (YAI), founded the A-Project in Lebanon and has done extensive work in the field of SRHR. Rola led the discussion on health systems and the patriarchy within it. She talked about the way science and healthcare is seen – as objective with no room for questioning it. However, in reality science and healthcare can be discriminatory as well – when a doctor judges a young and unmarried woman for being sexually active. The anatomy text books also either omitted or misrepresented female bodies, especially the female sexual and reproductive organs. Not only did the anatomy text books omit the clitoris for decades as it does not serve a role in reproduction and is only related to female pleasure, medical text books also classify sexual organs of homosexual women as ‘deviant’ and different from heterosexual women, or explain the ‘difference’ in the vulva of a virgin and a sexually active woman.

Rola also spoke about the rise of capitalism, medicine as a male dominated profession and the attack on independent women, especially, people’s healers and mass leaders for peasant’s uprisings. Rola particularly referred to a book called, *Witches, Midwives and Nurses* by Barbara Ehrenreich which explores the role of women’s role in medicine and how it evolved in the European/Western context. In the Middle Ages before medical science as we know it today began to evolve there were community-based women healers who often also advocated for the rights of the common people such as the farmers and other working classes. When modern medicine led by rich and upper-class men started to evolve in Europe/in the West, these women started to face accusations of witch-craft and they were often pronounced to brutal death sentences based on absurd grounds. The women healers who were branded as ‘witches’ in Europe and North America were independent and sexually active who could not escape persecution reserved to punish a witch. And thereby, the state, the society, law and medicine all colluded against women, particularly women healers and leaders. For example, someone too ugly or too pretty could have been branded a witch. Even the trials were absurd: once accused one of the ways to prove innocence was if she was put in a cage and thrown into a river or sea and then if she somehow survived, it would be proven beyond doubt that she is indeed a witch and had to be recaptured and killed. However, if she drowned it was finally agreed that she was innocent after all!

Rola also explained modern medicine as it evolved over the years was based on the premise that it had to maintain the status quo. Medicine was/is classist as it segregated between those who were permitted to study medicine and a vast majority who could not simply because they could not afford it because it demanded long duration of time (courses were 4 years) and was not affordable. The same system keeps midwifery in a lower position and particularly the gendered scope of nursing work has to be analysed and critiqued through a feminist lens and critiqued. Nursing as established and consolidated by Florence Nightingale who hailed as a great historical figure further gendered it as it was associated with being inherently subdued and a good nurse was someone good at following orders of male doctors, it was seen as predominantly women’s work as care-giving is inherently feminine, and therefore to be done for free or for very little money.

Rola’s session also explored the racist nature of modern medicine and how unethical practices took place on black people’s bodies to advance medical knowledge. For example, the syphilis experiments on black men who were being injected with arsenic to treat syphilis and even when penicillin which was an effective drug was invented, the men were not given

the medicine so that doctors could study the natural course of the disease. Or Henrietta Lacks who belonged to a former slave family and died of cervical cancer. However, the cells from her biopsy were found to survive in vitro. These cells were immortal and were used to do a lot of tests for vaccines and develop drugs, etc. and neither was her family informed or credited for these breakthroughs in medical science. A journalist found out about the case and brought this to light and eventually her family was given credit and compensated.

Finally, this session pushed us to think of health not just a science but also as a political issue and science itself not free of the biases that already exists in society.

Theatre for Advocacy by Ayesha Susan Thomas, an independent theatre artist

The last session of the day was on how theatre can be used as a tool for advancing safe abortion rights. The session started with a round of introductions and was led by Ayesha Susan Thomas. Ayesha presented about theatre for development and how it could be used for SRHR – she encouraged participants to share and interact throughout the session.

Ayesha asked the participants why is theatre for development important and some of them shared: theatre often makes complex ideas and knowledge accessible to a large majority, it helps create empathy among the audience and present nuances for people who would otherwise not agree/see them. Ayesha summed that theatre is not a solo act and it creates communities – different people come together and share stories; it can be adapted to the geographical and temporal context.

Ayesha shared that theatre is always political and gave the example of Augusto Boal, the Brazilian theatre practitioner and the founder of the forum theatre. Augusto Boal became a politician while continuing as a theatre artist because he believed that art and politics is intricately connected and the social dialogues should progress to political action. The session left us with a lot to reflect on the role of theatre, its various forms and techniques and the power of using theatre for safe abortion advocacy and changing the narrative.

Day 3

Feedback on Day 2

This was followed by a round of recap and here's what participants shared about their experience of day 2:

- A participant shared that the definition of crime stayed with them and how crime is linked with power and therefore, ambiguous. For example, an act could be a sin/wrong but still not considered to be a crime because the act is producing wealth. This made the participant recall the movie Water (that was a part of the YAI curriculum) and particularly the scene where a young widow is sold to rich men for sex and this was done so that they could survive in an ashram (or a religious refuge for destitute women). This showed the hypocrisies that exist in society and religion and further exploited the most vulnerable.
- Most participants shared that they liked theatre for advocacy session and the activities they engaged in.

- A participant shared that they reflected on 'patriarchy' and how it is a power dynamic, and how to maintain the status quo women are constantly being branded as 'good' versus 'bad'.
- Another participant shared that whether it's about crime, money market or medicine, it's ultimately about power and maintaining the current hierarchies. And this particularly affects abortion rights adversely as religious ideologies stigmatizes it and provides legitimacy to the social, political and even economic positions against abortion rights.
- Participants shared their own experiences of gender and sexual harassment and discussed domestic violence against women. They shared how culturally accepted these violations are and therefore most women continue to suffer in silence.
- Another participant shared that women's empowerment also needs engagement with the men. There is a need to change the narrative and counter patriarchy with ideas of feminism and demand equality for all.
- A participant discussed the issue of contraception and the gender-politics around it; that there are no male contraceptives except a condom and the male contraceptive pill has been under research for decades now leaving women to bear the burden of contraception.
- A participant brought up the issue of lack of sex education for children and even if there is then it usually revolves around abstinence (or staying away from sex). This leaves them unaware of how to practice safe sex – prevent unwanted pregnancies and STIs including HIV.

Patriarchy and Power Structures by Rola Yasmine.

Rola led the next session and explored patriarchy as reproduced in private and public spheres. Rola referred to Sylvia Wallaby, a scholar who worked in the concepts of patriarchy in the private sphere and in the public sphere. In the private sphere the dominance of men has been well established which has gradually also entered and impacted the public sphere.

She explained that the concept of 'masculinity' which in itself is not violent and that is an idea that trans masculine people try to explore. The danger is in the stereotyping of the concept of masculine and feminine – strength associated with masculine and weakness with feminine and so on. Under the current patriarchal set up which has boxed the masculine and feminine within its narrow frameworks, feminine people are at a greater disadvantage. If they show strength then they may face retaliation and if they are polite then that is seen as a vulnerability and a permission to violate.

Rola also explained that these concepts get internalized and we accept violence as the norm. For example, many women accept violence from their partners in the name of 'love' as women/females are taught to be subservient. Rola then went on to explore the idea of fatherhood which is based on speculation and motherhood which is certain. She connected this with the concept of patriarchy and how it is a socio-economic system that evolved when humans started settling in one place and owning property, in order to ensure the 'father' so that the man knows for sure he is passing his property to his own son/s. This led to greater control of women and their bodies and restricting them from going out and participating in the public sphere.

Rola explained that this control over women is perpetuated in popular culture by peddling myths like jealousy is love and even the need to question mainstream ideas of romance or romantic love. Romantic love as propagated in popular culture creates unrealistic expectations including the idea that an individual cannot exist solely as themselves, and all of this is bound to lead to failure and disappointments. She also unpacked the ideas of desirability and that rape or sexual violence has nothing to do with desirability but it a tool of exercising power over someone and dominating them.

She reminded us that gender is also there in medicine and medical science and that private and public spaces are inter-related, as in it is convenient to delineate the two when needed and overlap them when needed and therefore, patriarchal norms and gender and sexual violence flows across the two.

Sexuality and Abortion by Rola Yasmine.

The next session led by Rola explore the politics of abortion in the context of sexuality. She played the interview of Shon Faye who talks about mental health and why it is political. Not only are women’s problems dismissed, mental health issues are viewed as a reason to invalidate a person. Similarly, under our current capitalist framework illness is also seen as a moral failure of an individual as it reduces their capacity to be productive. Therefore, illness is seen as a burden and there is a need to put the ill person away in a home. Furthermore, when the mind is viewed as unstable one also loses control over their own body and treatment.

Gendered notions and patriarchy within medicine shapes how it approaches sexuality and abortion. The policing of female bodies in society at large and within the medical sphere is ultimately beneficial to maintain the status quo.

Rola then did a words association game for abortion and sexuality, and asked participants to come up with the first word they thought of when the heard the words. Below are some of the responses:

<p>Abortion: Rights, safe, choice, restricted, autonomy, medical, criminalized, stigma, unsafe, sin, religion law life back-alley, crime, health, murder, heart-beat, violating a child’s rights, emotional, conditional, access, barriers, surgical, miscarriage, poverty, politics, dead/maternal mortality, hard decision making-partner approval, lack of awareness, privacy...</p>	<p>Sexuality: Exploration, fluidity, CSE, spectrum, taboo, control, biasness, judgemental, scent, confusion, discrimination, love, outcaste, diversity, fashion, pornography, erotica, flavours, health, rights, justice, existence, label, labour, bdsm and kink, sexual violence, consenting, partners, polyamory, monogamy, open relationships and all kinds of relationship formats, domination-submissive, movies, arts, books, comics, anime, web series, desire, attraction, orgasm, grooming, age of consent, ageism, emotions, deprivation/thirst-trap, sex toys/vibrators/strap-on, sexting, sex tapes, revenge porn, censorship, laws, foreplay – this could be sex for some people,</p>
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	penetration, cuddles, masturbation, body image, confidence, shy, law-crime, surveillance, privacy, fantasy, fetish, asexuality...
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She compared the two responses and asked why is it that when we talk about sexuality, we relate it to a lot of things but when we think about abortion our thoughts are limited? She also highlighted how the words for sexuality were both positive and negative but for abortion the words were mostly negative. Abortion is thought from a medical perspective and not from the larger cultural perspective. Abortion is viewed as an individual's issue and focussed on one person, while sexuality is viewed as a more diverse concept and can include a range of issues.

She asked the participants to revisit the board and add more words for abortion and here's how participants responded:

Trans men, non-binary and intersex, sex workers, migrant women, disabilities, sex selection, geographical structures – access, self-managed...

Participants shared how abortion is often viewed as a cold and medical topic. One of them shared that they gift flowers to women who seek their help for accessing safe abortion to reiterate the human aspect of the abortion experience of everyone who needs it. Others shared about other health conditions that also play a role, along with various cultural factors that make it difficult to abort (for example, if one is unmarried and so on.) Popular culture also glorifies motherhood even when it is unwanted and/or unplanned. Very few films such as Grandma that normalizes the narrative around abortions. Ultimately, one has to address a range of issues including questioning marriage and cis-heteronormativity (cis implies that everyone will accept the gender identity assigned to them at birth, heteronormativity implies that everyone will be heterosexual and follow norms such as marriage etc.), issues faced by LGBTQIA+ groups, race and caste issues, and even the current neo-liberal economy. In order to ensure access to abortion is open to all, that access to abortion is not dependent on private corporations or MNCs, and that the state is accountable for providing access to safe abortion services.

Shaping Safer Online Spaces by Ayesha Bashir, Communications and Networking Officer, ASAP

Ayesha Bashir, the Communications and Networking Officer led the last session of the day and it was about shaping safer online spaces for abortion rights advocates. She explained about digital footprint or the data that we leave online and how it can be mis/used to track us and even other people we communicate with. The tracking mechanism in social media sites predict us and even those we are in touch with by following our activities, showing us the same advertisements.

She also highlighted the issue of accessibility and that there are a range of disabilities including intellectual disabilities while online spaces (like offline spaces) are designed for able bodied and able minded people which are seen as normative and have greater visibility. In such a context, how can people with disabilities occupy online spaces? She shared that accessibility of content is important and we have to ensure content is useful for people across the neuro divergent spectrum by adopting ways like using large font size, etc.

Ayesha explained how certain stigmatized and contentious issues are censored by monitoring words related to these issues. For example, even using the acronym LGBTQ can result in tracking and surveillance. It has also become evident how online platforms are used to track down and punish people who are vocal on human rights and SRHR related issues and they often face backlash for their advocacy online and offline in countries around the world. As safe abortion rights advocates who use social media and online spaces, we need to be aware of the risks that may occur and how to manage and minimize them. She reiterated that we need to be responsible for how we manage our safety online and its repercussions offline as well.

Social media platforms use censorship and shadow ban human rights and SRHR related posts which prevents us from getting our word out. This is particularly important as 50% of the world's internet users are in Asia which means our ability to reach out using online mediums has immense impact on ensuring information reaches people. Needless to say, across websites and platforms 'abortion' is one of the most contentious issues and safe abortion rights advocates are the most targeted and most vulnerable online and offline.

However, online spaces are important as at times they are the only space available to us to share our stories. In some countries, access to safe abortions is possible only for online platforms like Women on Web. Yet we have to be aware of the politics and know that opposition can come from random and unexpected sites, we have to combat/challenge myths with correct information. We need to occupy online spaces too to bring our Asian experiences to the surface as narratives continue to be dominated by the Western voices from USA and Western Europe.

Participants shared their own stories of being banned from platforms for using the word 'abortion' or being harassed by authorities. In this context, everyone agreed that there is a need to review the networks communication objectives and strategy, to ask critical questions around online safety and build credibility through sharing information and resources on co-related topics like gender, feminism, etc. Everyone agreed training to use the internet safely and securely was also needed for members across the network. There is also a need to build a strong collective voice from the region by cross-sharing and amplifying each other's (the CANs) issues and social media posts.

Organizational Effectiveness and ASAP's TOC by Dr. Suchitra Dalvie, Coordinator-ASAP

The three days came to a closing by a final presentation by Dr Suchitra Dalvie who presented on an activity conducted last year by consultants Barbara Klugman and Davine Thaw on Organizational Effectiveness (OE). She shared some critical findings from the exercise such as: alumni engagement and continuity with ASAP, impact of ASAP on members and their personal and professional growth, ASAP's role as providing thought leadership in a domain that is usually not talked about as vocally as ASAP and the CANs do, and the unique model of ASAP that allows for flexibility and yet there is an accountability. She also shared the plans for the next phase of the initiative. She ended the session by sharing ASAP's Theory of Change (ToC) to motivate the CANs visualise their own ToC over the next few weeks that will guide their own work over the next few years.

Conclusion

The three-days came to an end and participants were asked to fill-up the feedback form which will be shared separately. All CAN members and leaders returned back re-energised and re-motivated to continue and/or restart the activities in the country level. The ASAP team too acknowledged once again the amount of work ahead of us especially after the 2 years of isolation imposed by the COVID19 pandemic. The team re-committed ourselves to revisit our work and particularly to support the CANs through organizing local institutes and regional refreshers to boost membership and reactivate CAN level activities in the coming months.