

**The 4th International Congress on Women's Health and Unsafe Abortion  
(IWAC 2019)**

**Theme: Universal Access to Safe Abortion: We Trust Women  
19-22 February 2019 at Asia Hotel, Bangkok, Thailand**



IWAC 2019 was attended by a large team from ASAP.

ASAP Chair Thuy Bich Phan, Former Chair Dr. SP Choong, Coordinator Dr. Suchitra Dalvie, Assistant Coordinator Garima Shrivastava along with Youth Champions Anika Binte Habib (Bangladesh), Ignatia Alfa Gloria (Indonesia), Naureen Lalani (Pakistan), Priskila Arulpragasam (Sri Lanka), Wangchuk Dema (Bhutan), Ugyen Dema (Bhutan).

**Symposium:**



Dr. Dalvie chaired the session on **Research and Innovation in Late Abortion**; panelists in this session presented perspectives and experiences providing services, information and abortion beyond 12 weeks of pregnancy within the formal and/or informal health sectors in three countries; Indonesia, South Africa and the United States. The speakers included Inna Hudaya (Indonesia), Kelly Blanchard (USA), Tshego Bessenaar (South Africa).



### **Abortion Access- women's rights VS the religious -political partnership - Dr. SP Choong, Malaysia**

Youth involvement is often difficult in advocacy for reproductive rights and abortion as it involves rejection of adult 'social norms'. Many religious ideas get inculcated from childhood through school curriculum, church and temple. Youth involvement is important because they are future arbiters of social norms, youth should be addressing rights from a more rational non-religious position. It is important for youth to recognize that responsible sexual activity by mutual consent of any kind is not a

moral issue, most sexual activity is not for procreation, modern science has made non-procreational sexual activity safer. The proscription of such activities is a violation of human rights.

### **Creating Youth Champions through Youth Advocacy Institutes- Dr. Suchitra Dalvie**



Asia currently has the highest proportion of young people than it has ever had in history. This population has special and unique sexual and reproductive needs. Recognizing this need ASAP decided to work with young people across the region to build their capacity for advocating for their own sexual and reproductive health and rights. In November 2012 ASAP launched a range of programs to create a cohort of Youth Champions.

Since 2012 ASAP has conducted over 20 youth advocacy institutes at regional and country level. These institutes are intensive 4-day residential workshops, which give participants an in-depth understanding of gender, power, patriarchy as well as human rights and the connection to safe abortion.

### **Strategies for Introducing abortion into practitioner training – Dr. Suchitra Dalvie**

In many parts of Asia abortion is taught in theory and practice as part of ObGyn residency training. It may however be missing from the training provided to MBBS students as well as Nursing and Midwifery students. One of the ways to expand the provider base is to ensure that these pre service professionals are also taught about safe abortion. Beyond the biomedical component it is also important that gender and rights dimensions are taught. ASAP has been working with medical students for some years, in her presentation Dr. Dalvie shared the important leanings from this experience.

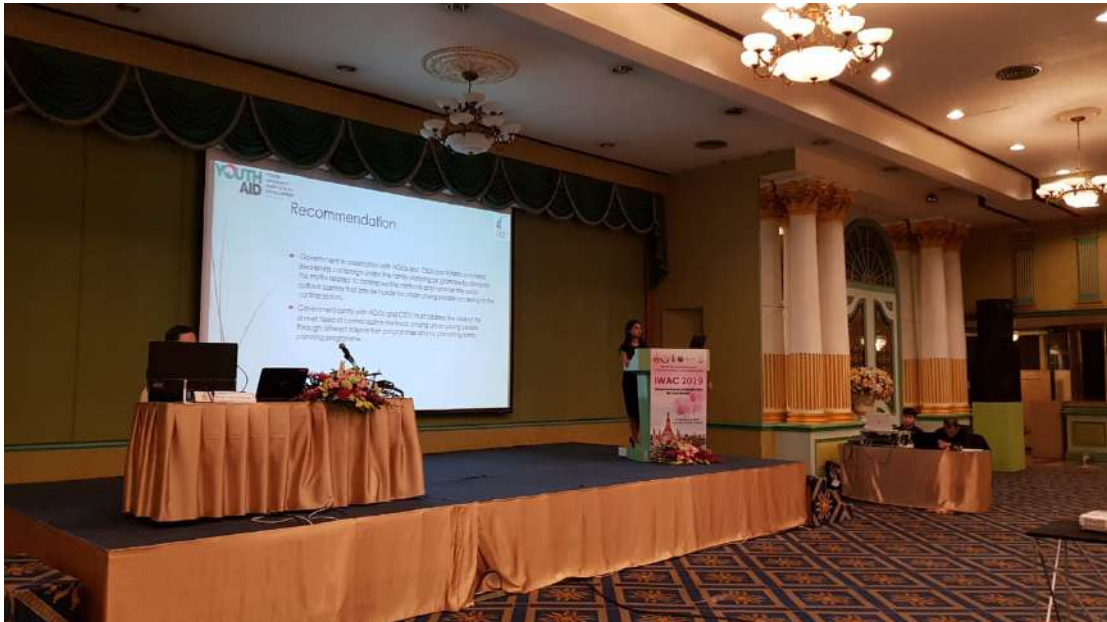
### **Advocacy for attitude change among future healthcare professionals in Bhutan – Wangchuk Dema**

She talked about abortion in the Bhutanese context with focus on the impact of advocacy on the attitude among future healthcare professionals. Bhutan is a Buddhist country and Buddhism says killing is wrong and sinful (abortion is viewed as killing or murder). What people don't know is that, according to the Penal Code of Bhutan 2004 (it was amended in 2011 but section on abortion was not amended) abortion is in fact conditionally legal in four conditions; firstly for the purpose of saving the life of mother, secondly when the pregnancy is a result of rape or incest, when the mother is of unsound mental condition and also in the cases of fetal abnormality.

With support from ASAP the Youth Champions came together to form a Country Advocacy network called Druk-YISA which has been carrying out various activities. Recently they conducted a sensitization workshop with 30 young people including 20 medical students. Participants underwent a 3-day training known as Youth advocacy Institute (YAI) that was very effective. Advocacy was used as a tool to engage with 300 medical students and few lecturers through a 3-hour sensitization program at the only medical university in the country. It helped bringing about shift in the mindset of young people with regard to abortion. It gave them hope that efforts toward removing stigma and completely legalizing abortion with the support from health workers may be possible!

## Paper Presentations:

### Access to Contraception among Educated urban youth- Anika Binte Habib (Bangladesh)



In Bangladeshi society, contraceptive methods are only considered for married people. There is a growing need of contraceptives among unmarried young people these days, which are looked through the lenses of taboo. The unmet need for contraception still persists. Unmarried youth in Dhaka are usually vulnerable to unsafe sex, unintended pregnancy and unsafe abortion and they need adequate knowledge on contraception to have sex and safe life.

### The “conflict” in young people’s sexual life in Vietnam – Phan Bich Thuy (Vietnam)



The “conflict” in young peoples sexual lives leads to unsafe behaviors with problematic consequences for their reproductive health and lives. This should be

increased through increased social sympathy, support and targeted interventions, especially from policy makers, mass media, reproductive health providers and counselors, parents and teachers.

**Abortion myths and perceptions: findings from an online survey - Souvik Pyne (India)**

Abortion myths are unscientific and deceptive misinformation that deters provision of and access to safe and legal abortion services. The survey aimed to gauge the presence of some common abortion myths among netizens and their perceptions about abortion. The survey reiterated the pervasiveness of abortion related myths. Though many had positive attitude towards abortion, myths still prevailed substantially. Thus, there is a pressing need to spread evidence based abortion related awareness to thwart the perpetuating myths.



**Building support system for sexual violence survivors through community based education - Ignatia Alfa Gloria (Indonesia)**

In Indonesia where patriarchal values are deeply rooted in society, women experienced the violence in gender-specific ways and sexualized forms. Sexual violence takes many forms, not limited to rape and merely sexual abuse. The Annual Report (2017) of National Commission on Violence Against Women wrote sexual violence reached 34 % or 3,495 cases. To build awareness on sexual violence, One Billion Rising movement (OBR) Yogyakarta has conducted mini workshop "Stand Against Sexual Violence"

targeting communities and campuses in Yogyakarta. This workshop is inclusive and communally held. The facilitators are expected to dig up the participants' experiences regarding sexual violence, either as a survivor or perpetrator. The participants are also asked to identify sexual violence forms, to differ myths from facts, and share what to do when it happens to them and the people nearby. It aims at providing sufficient information on sexual violence cases, knowing what to do, building supporting system for survivors and encouraging them to report.



### **Embedding abortion into SRHR via sexuality hotlines - Rola Yasmine (Lebanon)**

In Lebanon there has not been any public mobilization around abortion as there has been with sexual violence and sexual orientation. Abortion stigma persists, even though penal code abortion articles 539-546 are mostly unimplemented. The stigma relates to personal freedoms, sexual freedom and body politics.

A country where addressing abortion directly is criminalized, there needs to be other ways to discuss the value and importance of bodily autonomy and agency. Abortion rights activists have

been isolated for too long from other sexuality-related movements. This relationship between the all tabooed sex and abortion does not get addressed as often as it should.

### **Value Clarification and attitudinal transformation- an approach to overcoming barriers to abortion services in conservative context- Naureen Hussain Lalani (Pakistan)**

The aim of the project was to build the capacity of the health care providers (HCP) and midlevel providers working within public health systems in two districts of Sindh (Pakistan). It was found that HCPs and midlevel providers are key to transforming the preset minds of clients with discomfort and stigma attached to abortion. It is challenging to work on abortion in conservative environment therefore VCAT plays a pivotal role in



sensitizing service providers.

### **Mapping Women- Garima Shrivastava (India)**



In India abortion despite being legal remains inaccessible to women. The reasons for this are varied, thus it's important to understand the ethical dilemmas inherent in the politics of sex selection and safe abortion in India. Sex selection is a practice rooted in daughter discrimination and gender inequality it cannot be addressed through bringing in more stringent laws. What is needed is a change in perspective and attitude towards women and girls where they are respected and valued. The state in it's drive to achieve some 'ideal ratio' of men and women neglects the fate and future of the girls who are living in extreme poverty and lack basic resources of well-being. This puts them at a risk of early child marriage; early pregnancy and higher fertility rate thus, putting them in a never-ending loop of destitution and discrimination.



### **Gender perspective and training in medical education- Suyash Anil Khubchandani (India)**

Doctors can act as agents of change and champions for women's right to safe abortion by creating an environment of trust and care for women that is respectful, non-judgmental and presents safe and effective choices. The work of ISAY aims at providing gender and rights sensitization to medical students in order to fill the gaps within the overly biomedical curriculum that is taught at present. It is critical for medical students to understand and engage with issues if social determinants,

exclusions, unequal access and impact of market economics on health seeking behavior and access. Integrating a gender perspective in medical education will result in greater awareness among future doctors leading to better provision of dignified, non-discriminatory services.

