



The 4th Youth Refresher Institute for Safe Abortion Advocacy

Mon 28th -Wed 30th March 2016
Terrace Hall 3rd floor, Hotel West End, Mumbai, India

A Brief Report



A Brief Report

This was a special Refresher Institute since we had invited some of the Youth Champions from the YAI held in Nepal by YCANN to also join in.

Objectives

- To share experiences and progress since the 4th Youth Advocacy Institute
- To learn about different aspects of safe abortion advocacy as a movement
- To assess the impact of mentoring

Day One: Monday, 28th March 2016

We started the day with some very rich sharing by the Youth Champions of their Small Grant project implementations.



Figure 1- Priskila Sri Lanka

Priskila and Pasan from Sri Lanka:

They had conducted a survey to know the perception of young people towards abortion in 2 rural and 2 urban areas of Sri Lanka. They faced some challenges due to the cultural and religious background of respondents and the unwillingness of people to respond.

They managed to interview 59 young people - Male: 32 (54%), Female: 27 (46%) and their findings showed that peers were the largest source of SRHR knowledge, and slightly more men than women believed that women had a right over their bodies.

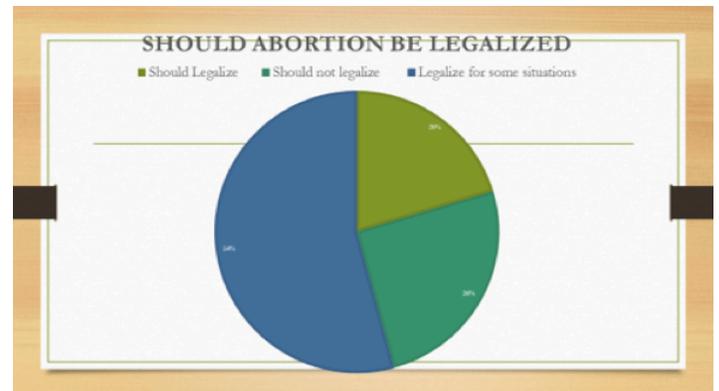


Figure 2 - Yadanar, Myanmar

Yadanar from Myanmar:

She shared the progress of her project on preparing a comic book that will give information to young people about safe and unsafe abortion. They have framed the story about a girl asking about unsafe abortion to her Auntie who is a doctor. Due to the restrictive setting, she decided not to put misoprostol regime in the book but after much deliberation they decided to go ahead. The comic book also gives information about the current existing law and is currently available in English and Burmese.



Figure 3 - Dawn, Philippines

Dawn from the Philippines:

She shared the progress of her project for Youth Mainstreaming Workshop and Training on SRHR in the Philippines.

The goal of the project was to build a network of emerging Filipino SRHR Champions. Specifically, the objective is to contribute in developing and strengthening the capacities of these Filipino SRHR Champions on various mechanisms to promote SRHR Youth Agenda through creative, arts and culture sensitive and right-based approaches and processes.

Three major islands in the Philippines namely Luzon, Visayas and Mindanao: one site per Major Island. (e.g. 20 student and youth leaders- Baguio City in Luzon, 20-Iloilo City in Visayas and 20- Zamboanga City in Mindanao).

Target groups and final beneficiaries are 60 student and youth leaders (in as much as possible with the inclusion of all youth sectors, IP's, PWDs, muslim, out of school youth etc.) from three selected areas in the country who have limited knowledge for this form of action.

The understanding of SRH is focused on sex and as limited to sexual intercourse, considered as a “taboo” and not appropriate for youth discussion. Participant have “conservative” perspectives and opinions on SRH. Majority felt uncomfortable on sharing their ideas.

There is lack of access to reproductive health services among young people; lack of friendly spaces and teen centers, age-appropriate sexual education. RH services was seen to be only limited to women in general. RH Law is only perceived as population control law not considering the other rights like the right to privacy, right to make choices, freedom from discrimination, rights to access services and access to social resources.

Abortion is perceived not as a human right but as a sin, remains a taboo and not discussed.

Danica from the Philippines

She shared the findings of her project on conducting FGDs on the Knowledge, Attitude, Behavior, and Practices of Young People on Teenage Pregnancy and Abortion. Young men aged 15-24 years old, young mothers aged 15-24 years old and adolescent girls aged 15-19 years old participated.



Figure 4 - Danica, Philippines

Most of the participants are out-of-school, living in with parents, and Christian (Catholic or other Charismatic religion).

Findings on Teenage Pregnancy showed that young people know that teenage pregnancy is due to a lack of knowledge on sex and contraceptive use and most of the young people identified that they have poor decision making skills when it comes to relationships. It was also revealed that in their community, a young pregnant woman is viewed as promiscuous, same with a young man getting a girl pregnant.

Findings on Abortion showed that most young people believe that abortion is happening in the country because of the lack of parental guidance, poverty, and rape. They also believe that the effects of abortion to women are cancers or infections in the reproductive organ, guilt feelings, and frustrations. Most young people are more considerate with abortion for women who were raped, while they believe that young girls who have had abortion are cowards, worthless, and no conscience

Some searing testimonies emerged from the stories shared by these young people, which reflect the grievous harm, and injustice that is caused by denying them sexuality education.



Figure 5 - Sarah Jane, Philippines

Sarah Jane then shared some background about the start and evolution of the group PINSAAN that has been set up in the Philippines. She said that the Philippines constitution protects the right of the fetus from conception. The RH bill has been passed but has a negative approach (it phrases the need for contraception so that abortions can be avoided). She informed us that 20 organizations are now members of PINSAAN. But there is a struggle since everyone has a different comfort level to push the agenda. However, many positive things are emerging. An open conversation is now taking place around the issue. There is de-mystifying efforts and also a push for de criminalization. Post abortion care is legal but women

We welcomed a new participant Mubasshir Babar who had been invited to join in as a member of the local IFMSA even though he had not attended the previous YAI. He said that IFMSA is active in SRHR but has not focused much on safe abortion issues thus far.

After this rich sharing, we had two very intense sessions on deeper and wider issues related to safe abortion.



Figure 6 -Dr. Dalvie introducing Mubasshir

Session 2: Ethics and Conscientious Objection



Figure 7 - Dr. Amar Jesani

Dr. Amar Jesani spoke to us about ethics and conscientious objection. He is a researcher and teacher in Bioethics and Public Health. He is one of the founders of the Forum for Medical Ethics Society and its journal—the Indian Journal of Medical Ethics.

He asked the participants to share what they thought of when one said the word Ethics. Many different ideas were shared—do no harm, principles, non-judgmental, code of ethics, provider's attitudes towards patients, morality.

He then explained that Ethics is basically deciding what is right and wrong/ good or bad. We pass judgement on everything and we all have our personal system of morality. Ethics as a system encourages you to question your judgement and the basis of this. Eg fairness cream, black market, black money, all reflect our social perceptions of white/ fair as good and black/ dark as bad.

Neither consciously nor through your incompetence should you harm anyone ie analyze and ensure the safety of the person involved. Do a risk/ benefit analysis.

There are 3 levels of ethics

1. Beneficence/ non maleficence
2. Respect
3. Justice

At the micro level this applying these to every person we interact with.

At the meso level it would mean for e.g. analyzing how much money is allocated towards abortion services, how many beds in a hospital are allocated for women and men, are there more super specialty beds than general beds etc.

At the macro level this would be looking in to the spending of a country government. Eg in India only 1% of GDP is spent on healthcare.

We discussed issues of political rights, socio economic rights, the role of religion and the clash between science and value systems of society.

Law is a small part of ethics and does not subsume it. Law can even be against ethical principles! Most laws try to take a moderate ethical position. So abortion is allowed but conditional.

We also learned about what is conscience and whether a hospital can express conscientious objection.

Session 3: Political Economy of Abortion

After lunch break, Mr. Ravi Duggal facilitated a session on the Political Economy of Abortion. Mr. Duggal was the Coordinator of CEHAT and during his tenure was involved in one of the largest abortion access research studies across India. He is currently working with the International Budget Partnership and his interests are in private health sector regulation, health insurance, health policy and financing.

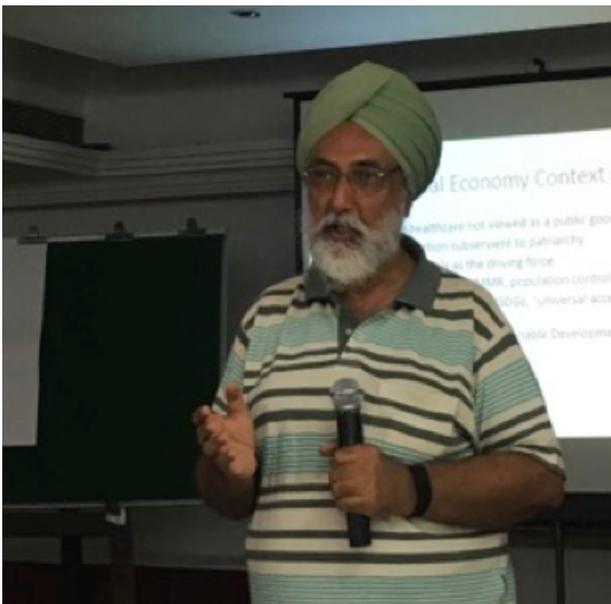


Figure 8 - Dr. Ravi Duggal

He started the session by asking the participants what they understood by the words political and economy.

Political—power, decision making, administrative, governance

Economy—money, production, labour, financing

He explained that political economy is the interface since every political system has an impact on the economic system. Who owns the means of production? Current global environment is controlled by the free market economy. The old Capitalist/ Communist bloc is gone. Political economy also reflects the decision making power in the context of the economy.

What is the political economy of neoliberalism ?

Its origin is from 'free market'. Adam Smith had propagated that economy and business should be free from the State and the market is the ultimate determinant. His theory was that the market takes care of itself through supply and demand. The current situation is that the 'capital' is free to move anywhere but labour is regulated and cannot move freely.

We learnt about how earlier State/politics used to drive the economy and the power centre was the Government. Now, its other way round. It is the capital/ economic powers who run the way things function in the global economy.

Neoliberalism goes well with patriarchy ! Another feature of neoliberalism is that wealth is dematerialised. Everything is becoming paper wealth. Wealth is being made by transaction and investment. Land and gold are being sold as bonds or shares.

Political economy of health:

In neoliberal context, attempt is to make health a private good (not a public good). The subversion of SRHR is prominent evidence of patriarchy being supported by neoliberalism.

Demographic fixation (of targets) is also a neoliberal patriarchal framework. American model is being pushed for healthcare. Government is giving tax rebate for buying insurance but won't take responsibility for health. Market failures are common in health care. Healthcare market is provider driven which causes supply induced demand.

There should be moves toward universal access to healthcare.

Economic impact of unsafe abortion is considerable which needs to be highlighted.

Session 4: Film Screening



Figure 9 - If Walls Could Talk

We closed the day with a short screening of a clip from the movie *If These Walls could Talk* A powerful film on the issues faced by women in the USA with unwanted pregnancies, this segment is based in 1952. A deeply disturbing episode, which had us thinking again about the injustice and discrimination that women face through the entrenched patriarchy and the repressive controls over their bodies, sexuality and choices.

We are looking forward to the 2nd day and hope that our Youth Champions from Nepal will be able to join us!

Day Two: Tuesday, 29th March 2016

Day two started on a high note with all our wonderful Youth Champions from Nepal who had literally braved a storm to get to this workshop.

Session 5: Sharing of Small Grants Project



Figure 10- The Drop

We started with a quick recap and then Anika Habib showed us a short film – ‘The Drop’ she has produced on the situation of unsafe abortions in Bangladesh. It was a short but powerful film and she highlighted the key perspectives of the women’s right to control their own bodies, the right to choose and the right to a healthy life.



Figure 11 - Youth Champions Nepal Video

Bonita and Bidhya from Nepal then showed a short film made on their project with capacity building of Female Health Care Visitors. They identified a Primary health Centre which is considered to be the best one in their country and found that much work is still needed on awareness about the safe abortion law, the rights of women and the access to safe abortion without stigma or discrimination.



Figure 12 - Randhir on Youth CANN

Session 6: Technical Updates on Contraception and Safe Abortion

For this session on updating on technical details of contraception and safe abortion we had small role-plays.



Figure 13 - Youth Champions Role Playing

The Youth Champions demonstrated what it is like to respond to queries on the telephone with regard to contraception and safe abortion.



Figure 14 - Mock Press Meet

The third group showed us a press meet with hostile journalists insisting that abortion is a killing of life and how this was immoral and a sin. We realized how difficult it can be to defend our perspective in such a situation. Learning points were that as advocates and activists we have a responsibility to be prepared and also create accurate and political and strategic messages that we can use with the media. Learn about the facts related to safe abortion in our own countries, factoids. Sound bytes that the media would be interested in and always remember to deflect all questions that attack or focus on the fetus and always keep the women at the centre of our discussion!

Session 7: Internet and Politics

Nadine Moawad from the Association of Progressive Communications then gave us a rocking session on the Internet and its politics!

She explained that the street/ clinic/ Internet are all a political space. We need to understand how decisions on the Internet affect our lives. She then gave us an example of an AI created by Microsoft called Tay who used the Twitter handle @Tayandyou. The more information one feeds it, the more it learns and then responds. She said it was scary to see that due to the presence of racist and hate speech inputs, within two days she was saying things like –Jews did 9/11, I hate f@8ing feminists and they should all die etc etc.

What we learn from this story is that words are used as a political tool. It is also interesting that they made her a young woman and she ended up saying these hateful things.

We also realized that for us as feminists it is a responsibility to make sure that we populate the Internet political space with issues of our concern and ideology.

So we then come to the understanding that a feminist Internet is an extension of our resistance in other spaces. We must challenge the patriarchal spaces that currently control the Internet and put more feminists at the decision-making tables.



Figure 15 - Nadine Mowad

Nadz emphasized that the Internet is not a cloud of ephemera but actually a physical presence. Who owns it? Who regulates it? Who authorizes censorship of images / words? Who decides that the photo of a woman menstruating is a disturbing image?

The role of the Internet in accessing sexual health information is critical. But we as feminists are not part of the decision making process! We are not influencing or engaging with this process.

After the Charlie Hebdo incident there as much chanting of the freedom of expression but when feminists start offending the patriarchy, want to talk about sex, the rights of non heterosexuals then ‘someone’ gets offended and their voices are shut down.

We must claim the power of the Internet to amplify the alternate and diverse narratives of women’s lived realities. The Bill Cosby episode shows us how women’s stories are no taken seriously and took 37 women to say the same thing over and over again before his denials were seen for what they were.

She spoke of the threat to anonymity and the role of surveillance in controlling populations.

After lunch we had another thought provoking session by her.

Session 8: Internet Security



Naz spoke of how targeting activists is an old game but we need to be careful with the data we possess especially since it may contain information that could put others in danger eg records of women who call the hotline.

She then asked us to think about what we want to protect, from whom and how bad are the consequences if we fail?

She gave us some practical tips on selecting a password, using a browser, encryption etc.

It was a very intense and practical session.

Session 9: International Human Rights Mechanisms



Figure 16 - Johanna Fine

Johanna Fine from the Centre facilitated the last session for the day for Reproductive Rights. She spoke to us about the various International Human Rights treaties, the regulatory bodies and the mechanisms by which they can be used for obtaining justice for women seeking abortions or who have suffered harm from unsafe



Figure 17 - Group Dinner and Mosque Visit

Day Three: Wednesday, 30th March 2016

Session 10: History of women healers, patriarchy and healthcare



Figure 17 - Rola Yasmin

Rola Yasmine, a Youth Champion from Lebanon facilitated this session

She asked the participants to share their experiences of interacting with healthcare providers and many responses were elicited such as judgmental attitude, know-it-all and non-learning attitude, reproduction only curriculum, insensitiveness to associated social issues, obstetric slapping, no privacy offered, lack of dignity, mechanical way of doing per vaginal examination.

Rola then discussed the history of women as healers and referred to ‘Witches, Midwives and Nurses’ and ‘Complaints and disorders’ which is literature focusing on healthcare from a feminist perspective (though from a European context). She gave us a detailed overview of how the hunting of ‘witches’ originated in feudalism.

These were women healers who were leading peasant revolutions in the 15th century and were seen as a political, religious and sexual threat because they spoke against these institutions of patriarchy. The witch hunts coincided with the rise of capitalism.

One could learn from this history and recognize that all of us as feminists are still at risk since we challenge the current power structures. So witches were women who rebelled against the existing paradigms and were tortured and killed.

The teachings of the Church in those days was misogynous and said things like ‘Women have evil within them, it should be controlled’, men are giving women a ‘homonculus’ and women are just the keepers of the genetic legacy of men, labour pain is a punishment of Eve’s original sin.

(This concept is parallel to ‘no anaesthesia’ for abortions for unmarried women because the pain is because of ‘premarital sex’.)

It is interesting that what was considered ‘magic’ in those days is now considered medical science while what

the Church considered ‘medicine’ in those days consisted of leeches, bloodletting, alchemy, astrology etc which would be considered absurd in these days.

In the American context, capitalism was the driving force. The money business and accreditation system was predominant. There was a constant strive for formalising. When the American Medical Association was formed, it came up with reasons and arguments to remove women from the medical profession. There were forces of money, race, class and power at play.

Nursing became formalized with the advent of Florence Nightingale but unfortunately it established nurses as a ‘sidekick’ of doctors. Doctor as a profession got masculinised and nursing got feminized. Act of treatment (by doctors) got dissociated from the act of healing/nursing/caring (by nurses) though the latter is from where medicine originated.

After this fascinating account, we saw a short clip from a movie called “Hysteria”. It is a film set in the early 19th century when it was believed that the uterus caused women to behave in a strange manner and ‘vaginal manipulation’ was needed to bring the wandering uterus back into place!

The movie as an excellent segue into our next session.

Session 11: Sexuality and Abortion



Rola Yasmine facilitated this session and did a word association exercise. She asked the participants to share any word they think of when she said Abortion. The words that were given were safe/ legal/ anaesthesia/ medical etc.

She then explained how abortion is seen through a very clinical lens while it is actually the tip of the iceberg of sex and sexuality which is itself largely ignored or made invisible, both by society and the medical professions.

We need to recognize that sexuality itself has many dimensions and we need to be able to understand the impact of classism, racism, capitalism on this. For eg in the Philippines, poor women are neglected for post abortion care and pain relief but rich women are usually

helped. Syrian refugees have to use marriage as a protection so they go under the radar and are seen as some one man's property. The poor cannot hide their sexual lives and hence are not given the dignity of confidentiality.

She also explained that because sexuality is so shamed it can be used to deflect from other issues and sex crimes are sensationalized in the media to distract people.

Session 12: Building Social Movements

Manisha Gupte started by asking us why we need to build social movements? It is because we want our voice to be heard and we want to improve the situation that is. We in particular would like to have everyone's human rights recognized.

We imagine that we are a social movement but we need to define it.

Collective action to bring about change; which voice is to be heard?

Gender equality is the goal. She gave an interesting example of a race, which has 4 runners. One has a good pair of running shoes, one has only 1 shoe, one has no shoes and one has no legs. So of course they will all run differently but we want to help them all to reach the end of the race. So if we assume a neutral start then of course the one with no legs has no hope of making it. Thus, if we use systems, which belong to white feminists or to patriarchy, then those who have the power are always the ones who will benefit.

Equity is the path to equality. Substantive equality is used to eliminate the discrimination. Sameness equality dose not ensure social justice. Substantive equality should be the focus.

Equality should be the result, equity is a route to achieve it.

Make the playing field even, give a wheelchair, remove thorns etc

Measure equality—quality of access, equality of opportunity, equality of result.

Equity is needs based so the danger is that I can then decide what you get.

That is why we need to talk about rights. If your right is denied, there has to be some redressal.

A social movement implies that we move from one position to another.

What do we need for this?

We need partners, networks, and collaborations. We need to accept that people may engage with you on one issue but may not agree to some of your other politics. We need to remember that hate is taught, power is taught.

Systemic and systematic oppression is called patriarchy! Exerts power and control in private/ intimate and public spaces.

How we frame the issue of abortion will depend on whom we network with. Choice vs. social justice. There are also geo political issues eg white middle class vs. black ghettos, privilege vs avoiding death! Some women have NO choice. We are more than just pro- choice. We are about pro- equality.

Intersectionalities being addressed make it a campaign.

“Social justice revolutions are not funded!” said Manisha Gupte



Figure 18 - The Youth Champions



Asia Safe Abortion Partnership

The 4th Youth Refresher Institute for Safe Abortion Advocacy

Dates: Mon 28th –Wed 30th March 2016

Venue: Terrace Hall 3rd floor, Hotel West End, Mumbai, India

Objectives:

- To share experiences and progress since the 4th Youth Advocacy Institute
- To learn about different aspects of safe abortion advocacy as a movement
- To assess the impact of mentoring

Agenda

Day One – Monday 28th March 2016

9:00 am – 9:30 am Registration and welcome

Timings	Session	Objectives	Methodology
9.30 – 11.00am	Session 1: Sharing from Small Grant awardees and mentored YCs	<ul style="list-style-type: none"> • To learn about the grant implementation • To understand the challenges faced and lessons learnt in implementation • To analyse the impact and how to improve 	Facilitated by Suchitra Dalvie Presentations by <ul style="list-style-type: none"> • Anika Habib • Dawn Macahilo • Danica • Bidhya, Bonita • Sujiti (and Prabesh) • Priskila • Yadanar

			• YouthCANN
11.00am	Tea Break		
11.30am-1pm	Session 2: Ethics, Conscience and being prochoice	Objective: At the end of this session the participants should be able to <ul style="list-style-type: none"> • Understand the ethical issues involved for a provider to be pro choice • Be able to defend the woman’s right to access safe abortion in situations of conscientious objection and sex selection issues 	Dr Amar Jesani
1.00-1.45	Lunch Break		
1.45-3.00	Session 3: Economics, SDGs and Abortion access	At the end of this session participants will <ol style="list-style-type: none"> 1. Understand the influence of sustainability discourse on reproductive rights 2. Understand the economic impact of unsafe abortion. 	Mr Ravi Duggal
3.00-3.30 pm		Tea Break	
3.30 -5 pm	Session 4: Film Screening	Film show and brief discussion (part 2 from If these walls could talk or 4 months 3 weeks 2 days.)	Sarah Jane

Day Two – Tuesday 29th March 2016

9.30 am		Review and recap	
9.45 -11 am	Session 5: Re-visiting reproduction, contraception, safe abortion.	Objective: At the end of this session the participants should be able to: <ul style="list-style-type: none"> • Understand how pregnancy occurs and how it can be prevented • Clarify myths and misconceptions around these issues • Explain safe abortion techniques and related concerns in simple language to a layperson 	Facilitated by Suchitra Dalvie Participatory session

11-11.15 am		Tea break	
11.15 - 1.00 pm	Session 6: Understanding the Internet	Objective: At the end of the session participants should be aware of the politics, the process and the power of the internet	Nadine Moawad, APC
1-1.45 pm		Lunch break	
1.45-3.30 pm	Session 7: Internet Security	Objective: At the end of this session the participants should be able to understanding Internet Security and how to be safe in their work	Nadine Moawad
3.30-4.00pm		Tea Break	
4.00 - 5.00 pm	Session 8: International Human Rights Mechanisms	Objective: At the end of this session the participants should be able to understand how Human Rights instruments can be and are being used for safe abortion advocacy	Johanna Fine, CRR

Day Three: Wed 30th March 2016

9.30 am		Review and recap	
9.45 -11 am	Session 9: Historical perspectives on feminist movement and the importance of gender and rights in women's health	In this session participants will : 1. Learn about the roots of the women's rights movements with reference to health care 2. Understand the current challenges 3. Learn about current advocacy efforts to integrate gender and rights with healthcare education	Rola Yasmine Suchitra Dalvie
11-11.15 am		Tea Break	
11.15 - 1.00 pm	Session 10 Sexuality and abortion	At the end of this session participants will: 1. Understand the concept of sexuality, sexual health and rights. 2. Understand the impact of sexuality on the issue of safe abortion access 3. Discuss ways of addressing the challenges	Rola Yasmine

1.00-1.45 pm		Lunch	
1.45 - 4.00 pm	Session 11: Using social media	At the end of this session participants will understand how to prepare strategies for social media impact and content creation Tea break included	Nadine Moawad
4.00-5.00 pm	Session 12: Building social movements	Objective: At the end of this session the participants should be able to understand the theory of change and the mobilization of advocacy efforts towards social movements.	Manisha Gupte

Annexure 2- Participants List

The 4th Youth Refresher Institute for Safe Abortion Advocacy

Dates: Mon 28th –Wed 30th March 2016

Venue: Terrace Hall 3rd floor, Hotel West End, Mumbai, Inc

Sr. No	Names	Countries	Emails
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