



Report

Asia Safe Abortion Partnership

The Youth Advocacy Refresher Institute

Wed 1st March to Fri 3rd March 2017

Venue: Narai Hotel, Bangkok, Thailand



We conducted our 5th Youth Refresher institute on safe abortion advocacy with 18 youth champions from Bangladesh, India, Indonesia, Lebanon, Mongolia, Pakistan, Philippines, Sri Lanka and Vietnam. This youth refresher brought together participants from local Youth Institutes conducted in Bangladesh and Sri Lanka.

Objectives:

- To share experiences and progress since the YAI
- To learn about a wider range and more in-depth aspects of safe abortion advocacy
- To assess the value of mentoring
- To strengthen the alumni network and strategize for future work

We would like to acknowledge the contributions of the following Youth Champions to this report: Alison Hoover, Ajar Pamungkas, Dinna Lay, Chanthuru Thiveegan, Karla Michel Yu, Mehala Mahilrajah, Madhusha Udayangini, Mai Thuy, Nirbha Ghurye, Nikita Gupta, Radhika Ramkrishna, Md. Anwar Sadad, Sabuj Miah, Suyash Khubchandani, Tanzila Khan and Zolzaya Batkhuyag.

DAY 1

Session1: Politics of the Internet, Inna Hudaya



As advocates we need to understand the political forces behind the internet and thereby learn how to use it to spread our messages.

The Internet is a medium to reach out to the audience through many different platforms. It is a kind of telecommunications network that uses telephone lines, cables, satellites and wireless connections to connect computers and other devices to the World Wide Web.

The Internet is a space where people can express their opinions and ideology but we should recognize that the online world does reflect the 'offline' or real world and there is patriarchy, power and control struggle and misogyny on these spaces also. Our role is to occupy these spaces to amplify women's voices.

Today, most people who read news would do so on their smart phones or devices. Almost 80 % people use the Internet to connect with people they know. Governments, NGOs, corporates, artists etc. use the virtual world for spread information, campaigns, awareness and for marketing and promotional purposes.

Politicians from all over the globe are using social media platforms for mass communication purpose, such as raising support, connecting with voters and spreading their agendas. The Internet plays a vital role for election campaigns using social media platform such as Facebook, Twitter, Instagram. For example, during the last presidential election in USA last year, Donald Trump used the media to the fullest extent to spread his agenda among the American citizens.

The properties of Internet were discussed and how Internet plays an important role in spreading awareness on a variety of topics. In various countries, government keeps a check on what is posted on the web and influences and misleads the masses by what they post on the Internet without complete understanding of a certain topic. However, they use Internet to promote their ideas and beliefs and not what is important is being conveyed to the citizens. Concepts of 'Subversion' and 'Hegemony' were explained in detail. There is a huge misconception that we are controlling the data on Internet but in reality the Internet is controlling us since it has all our data.

The fact that Internet can be used to educate the users through various social media platforms and claim our space on the internet and it's necessity was spoken about. The Internet is a place where like-minded people can be recruited to work towards a common goal and maybe redefine the perspective of others during the journey. Therefore, it is necessary to encourage more women to engage with technology and stand up for what they believe in.

Inna then spoke about the situation in Indonesia. She said that every year in Indonesia, 2 million women are obtaining an abortion. But not all of them get a safe abortion. This is really dangerous for those women who do not have enough information. How can we, as advocates and activists use these spaces to give information to women ?

Inna Hudaya said that Youth Champions can post more information or material on social media regarding women's rights especially safe abortion rights. She also added a crucial point that how patriarchy and misogynistic behavior shows up in our home feeds. We should use every opportunity to respond express our perspective on these issues.

According to one of the Youth Champions from India there has been a successful social media campaign in India called *"Save girl child, educate girl child"*. It aims to generate awareness and improve the efficiency of welfare services meant for girls. Another example from Malaysia is focusing on Gender Based Violence through social media platforms. A Youth Champion from Bangladesh said that the situation in her country was not congenial to operate social media campaigns regarding safe abortion. Extremists have been killing people who say anything they do not accept, so they need to operate more quietly. She also said that in Bangladesh the deputy telecommunication minister Tarana Halim has blocked porn sites. If you share or publish anything against present government on social media, you will be arrested.

Session 2: Using Social Media for Advocacy, Inna Hudaya

The objective of this session was to orient the participants on what effective communication entails, how to produce content: curating and creating and how to create media forms used for the web, including blogs, videos, photos and audio slideshows.



Inna started by discussing the importance of Content and how it plays an important role in Social Media Strategy. It can be a text, a photo or audio. She

then asked the participants which medium do they use for social media. Most of them said, Facebook, Instagram, Twitter, Podcasts. She explained how important it is to know the audience and then post accordingly. The participants were asked, what kind of text do they like to share? Some said they like the text, which are to the point, personal stories, stories having credible sources and funny stories. It was concluded that when one tries to influence the targeted audience they need to use their perspective and then share. One needs to know what will the audience like and would share it further.

Then three ads were shown and the participants were asked to comment on them.

[Act like a Girl](#)
[Child Campaign Syria](#)
[UN Women Autocomplete Truth](#)

One was related to how it is to act like a girl, the other was related to save the child campaign in Syria and the last was related to the current situation of women globally.

Different points were brought up, like few corporate companies use such ads to promote their brands and gain sympathy from their customers, while a few do it for just to complete their corporate social responsibilities agenda.

In most of the ads, women were shown as the victims. So, one needs to be careful while sharing the ads. One of the best ways would be using a caption while sharing it, so that your audience knows why have you shared it.

We also had a discussion on recognizing the politics behind the storylines and perhaps there is white privilege or male privilege responsible for the way a certain story is told. We also discussed about how important it is to end our message on a positive note rather than a depressing or negative one.

Then the session moved towards explaining how the content should be. Content should have proper objectives; they should be created with an intention. Every organization has its own different objectives, all the organizations want their audience to share and like the posted content. So, one should know the characteristics of a good online content.

- create original contents
- create strong headlines
- have engaging and provoking content,
- Add videos, photos
- Have short and pointed content



At the end of the session, few tips were given on photos, videos and audios. Based on one's audience, one should decide on the duration of the audio and video.

She also intrigued the participants with idea that to post something in social media, we also have to think from our audience point of view in order to get the best result. For example, if we want our audience to share our post, we also have to think what kind of post or content that will make the sharer look cool in their own audience. Contents that make you look cool most likely will lead our audience to share them to their audience and get viral. It also advised to put local context into our content to make audience feel relate to the content and willing to reshare it to others.

Session 3: Small Grants sharing, Youth Champions

Participants who had implemented small grants projects shared their experiences and some films.

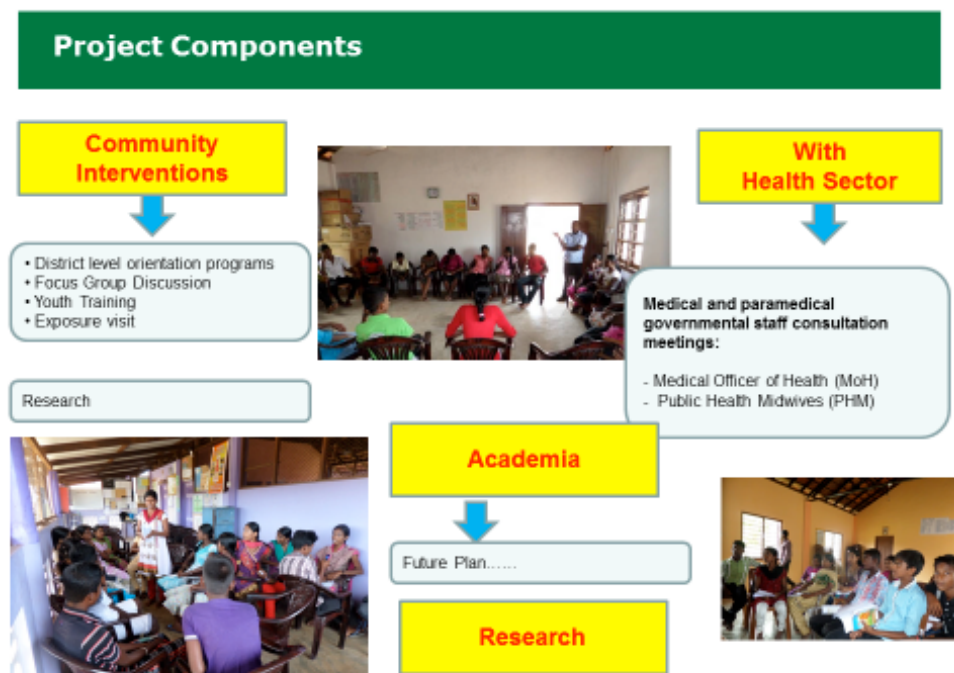
Bangladesh: Anika Habib shared about the setting up of [YouthAID](#) (Advocacy Institute for Development)



Mongolia: Zolzaya Batkhuyag shared photos and reports of the workshop they had conducted with young women in Ulanbataar.



Sri Lanka: The [YANSL](#) members shared the outcomes of the projects they had implemented.



India: The Youth Champions from Mumbai, Nirbha Ghurye and Suradha Radhika shared the preliminary findings for their study on abortion care seeking in a tertiary hospital in Mumbai. Riti Sanghvi, Nikita Gupta and Suyash Khupchandani spoke about the YAI they conducted for other medical college students and their own experience with it.



Vietnam: The Vietnam Youth Champion Thuy Mdt shared about the work they have been doing with a series of meetings called Tea and Talk and the workshops they have conducted in other colleges.



Vietnam Youth Action For Choice

4 CHIẾN LƯỢC TRƯỚC QUYẾT ĐỊNH ...LÀM "CHUYỆN ẤY"

- 1** CHỈ QUAN HỆ TÌNH DỤC KHI CẢ HAI **THỰC SỰ SẴN SÀNG** & HIỂU ĐƯỢC CHUYỆN GÌ CÓ THỂ XẢY RA SAU ĐÓ
- 2** NẾU CẢ 2 ĐÃ **ĐỒNG THUẬN**, **HÃY QHTD AN TOÀN** SỬ DỤNG ÍT NHẤT 1 BIỆN PHÁP TRÁNH THAI
- 3** NẾU THẤT BẠI Ở BƯỚC 2, **TRÁNH THAI KHẨN CẤP** LÀ ĐIỀU BẠN CẦN THỰC HIỆN NGAYYYYYY
- 4** NẾU THẤT BẠI Ở BƯỚC 2 VÀ 3, & CHƯA CÓ MONG MUỐN CÓ CON BẠN CÓ THỂ TÌM ĐẾN DỊCH VỤ BỎ THAI AN TOÀN TRONG THỜI GIAN SỚM NHẤT

#YÊUNHAUTẶNGNHAUANTOÀN #HAPPYVALENTINE #VYAC

Reception Dinner

We then changed into our national costumes and spent a wonderful evening with folk dancing, Bollywood dancing and dinner.



DAY 2

Session 4: Contraception and safe abortion, Dr. Suchitra Dalvie

We revised our knowledge about contraception and safe abortion through three role-plays.

Scenario 1: A family planning clinic.

A newly married couple shows up. The wife doesn't want kids for another two years, and the husband wants a boy next month! The physician shows them the WHO assisting diagram where one can figure out which contraceptive is best for them. The husband seems to be a bit difficult, says he doesn't want condoms but wants to have sex like all the time. They leave saying they'll be thinking some more between short and long term contraceptives and coming back.

The next person who shows up to the clinic is a young woman who says she is unmarried and wants to keep having casual sex and partying her whole life, no kids. She said she usually goes for withdrawal but she had a pregnancy scare, so now she is thinking of hormonal methods, but is afraid it'll make her fat. In the midst of all this the receptionist was really hostile to the visitors.

After the scene was done we discussed our thoughts on what had happened and what should be done better. We discussed that although the doctor was sensitive and the receptionist was hostile, it is also the doctor's responsibility it is to make sure that she should behave properly with the patients.

When asked what was missing in the contraceptive counseling, one participant said that the myth of infertility due to hormonal contraceptives didn't come up. So the actor physician said that she have told them that infertility is less likely due to long term hormonal contraceptives than from two abortions. This sparked a conversation on why there was a misconception that abortions might cause infertility!

A distinction between safe and unsafe abortion was made, and it was clarified that a woman can have many medical abortions and it wouldn't affect the fertility of a woman since they are all safe abortions. Suchitra made a great point, that we can't remember every myth and misconception, but we need to think critically of what we hear through thinking of the information we have about the way the body works.

The next point of what was missing was that both the women left the clinic without being asked what they will do when the method fails. This opportunity should be seized especially seeing that there are very obvious gendered power dynamics in those relationships and the woman may well come back pregnant and should know her options.



Scenario 2: 1st year university woman on a scholarship in toxic abusive relationship has an unwanted pregnancy and calls the University Helpline.

After the excellently performed scenario, there was a discussion about men calling hotlines, and those who work on these said that sometimes women hang up if a male voice answers, or they ask for women counsellors, but when men calls sometimes they try to get too much information about the abortion and then they always ask to talk to the woman directly. Then there were questions about when demographics and data are taken on a hotline, and usually it's after trust is established, and maybe after the sharing of an alias.

Suchitra also said that in countries where the situation is sensitive, we should never give out the names of the providers. We should give the contacts of the person looking for an abortion to said provider so that they can verify if it is genuine call or a reporter or cop.

Scenario 3: Doctors on a panel discussion talking about women's rights on IWD and get attacked by a journalist about dangers of medical abortion.

Comment was on the choice of words used, try not to say negligible when talking about grave complications because journalists and others will take you as uncaring. Someone said that maybe it would useful in defense to compare to a frequent and normalized procedure like dental surgery or childbirth. The panel got dragged into a talk of complications and statistics and moved away from discussing the main issue of women's rights, international women's day, women having control over her body. Many people are ignorant about these details and health so there's no need to get into the details.

Don't say baby and mother; go with mother and fetus.

Bleeding not a side effect of medical abortion it's the effect. What is wanted?

Session 5: Ethics, Conscience and being Pro Choice, Dr. Amar Jesani

Dr Jesani spoke about why we need to understand the ethical issues related to advocating for safe abortion as a women's right. Ethics plays a mediating role in power relationships. The

providers have more power over the person seeking care. This is where ethics

Ethics

- **Ethics is a *second-order, systematic, reflective consideration* of our moral beliefs & practices.**
- **The *explicit and philosophical reflection* on our moral beliefs and practices. In other words, it is a conscious stepping back and reflecting on morality.**
- **It is "systematic" reflection because it is a discipline that uses special methods and approaches to examine moral situations.**
- **It is a "reflection" because it consciously calls into question assumptions about existing components of morality – habits, customs, traditions, beliefs, etc.**

becomes a very important mediating issue. Once both sides accept that women have the right to safe abortion and the doctors have the duty to provide abortion care, that's when rights and ethics match.

If one party does not accept, then you'll find that those seeking care will have to struggle. That's why we tell doctors that ethics means understanding the other side.

The ethics and morality of a society is very peculiar- you need to get away from it a little bit and reflect to think about the moral cohesion of a society.

Reviewing the role of Medical Ethics and Abortion we find that there has always been some religious opposition - some absolute, some partial. Almost all the traditional codes of medical ethics have been opposed to abortion such as the Hippocratic oath, Charaka Samhita etc.

Moral Judgments

- Any judgement that consists of approving or disapproving of an action in such a way that we state our (dis)approval in some sort of detached and quasi objective way.
- It is about judging an action as good or bad.
- Such judgments are based on the standard one uses for approving or disapproving an action.
- Morality and ethics are often used interchangeably, but they could be looked at separately in order to distinguish moral judgments based on considered reasoning from those based on first order beliefs.

But then what is the role of 'Professionalization'? It means that - whatever your personal values and morality, you cannot practice them in the medical profession. If you accepted being a doctor, it is with a

condition that you will rise above your personal morality. When professionalization becomes weak in any society, then personal morality will take over.

It is important to understand that the early abortionists were lay women- they were also healers for the rural people. But the 18th and 19th century saw the rise of professional medicine which competed with traditional women healers and in 1859 the American Medical Association said that abortion should be outlawed. Soon after, in 1869 Pope Pius IX of the Catholic Church made an ex cathedra (infallible) statement- abortion a transgression of faith and ground for ex- communication.

So we can see that medicine and religion joined forces to criminalize abortion for a century. In 1967: UK passed the Abortion Act and this was followed by the 1973 USA- Supreme Court judgment in Roe vs. Wade case, 1971: India- MTP Act. In Ethical Debates around abortion there can be three positions:

Conservative- that it is immoral and should not be provided

Liberal- it is a human right and women should be given access

Moderate- you need to do a balancing act

Conservative Standpoint: The early positions were religious but are now more refined and may or may not take support of religion. They claim that a fetus is a human being and has the same rights as any human being. If they believe this then they are even opposed to contraceptives such as IUD, morning after pill. So, is a foetus a human being? Essentially it is, because it is a product of human conception. But can all humans depending on the stage of any biological process, can be given the same rights as a full human being?

Some unresolved questions and statements from the discussion might be of interest to the reader:

T: For women in the process of giving birth, there are certain rights that the carrier should take care of herself?

X: You are accepting that the fetus has the right to be healthy when they are born?

Y: Then what would you propose doing to a woman who smokes when she's pregnant?

R: Women are being held to negligence laws, but she has the right to do what she wants to do to her body.

A: If I'm a smoker, I can smoke but cannot harm others. This is the same thing when pregnant women act a certain way she can be held criminally liable, it can be interpreted that fetus have rights.

S: The sperm is also alive! Every cell in our body is alive.... The issue is not whether or not the fetuses have rights but whose rights should have more weight?

D: Abortion is considered killing as that it deprives its victims of a valuable future- " A Future Like Ours"

Liberal Standpoints and Beyond

Acknowledge that foetus is human or potential human in biological sense

But deny full moral status to foetus

Even if personhood granted to foetus, it does not necessarily give it right to use pregnant mother's body against her wishes (Judith Thomson) - how can society force a woman to have a parasite in her body?

Woman is primary in this consideration, not the fetus.

Beyond liberalism:

Primacy of woman's rights arguments- reproductive rights and choices (society should not interfere)

Social system arguments - oppressive system and dis-empowerment

Abortion without death of foetus? Potential of ectogenesis? (Eric Mathison, Jeremy Davis- 2017)

Not murder but also not necessarily moral (Margaret Little)- abortion justified on the basis of conflict of duties (e.g. duty to already born children)

Moderate Standpoints

Agrees with liberals that early abortion is not murder as foetus is not a person but also agrees with conservatives that late gestation foetus is virtually identical to born infant- issues of viability or survival of new-born.

So early abortion is acceptable.

Most of moderate to liberal abortion laws based on this position

There is an inherent instability of the moderate position. Presently foetal viability cut-off is at 20 or 24 weeks and this will hamper 2nd trimester abortions. Development of medical science is further reducing the timeline.

What is CONSCIENCE?

Conscience is the judgment about the morality of an act to be done or omitted or already done. So how is it relevant to the doctors being able to refuse to perform an abortion on these grounds?

Three Positions:

1. An absolute right to object : Professionals cannot be made to forsake their morals as a condition of employment- it would be discrimination, it is a democratic right , violation of personal integrity and thus, subjected to moral anguish
2. No Right to Object : Person voluntarily enters profession, so bound by fiduciary duties of the profession , Objection would thus violate professional integrity and adversely affects patient's health. Objection has great potential for abuse and discrimination. May reflect not conscience, but unpleasant, less remunerative task; Personal values start superseding professional values
3. Limited Right to Object : Is it possible to find balance and ensure service access without forcing professionals to act against their personal morality ? In long term- like all moderate positions based on balancing, this position is also unstable

Suchitra shared the example of Savita Halpannavar in Ireland, who had a wanted pregnancy but had a complication and developed infection. Doctors refused to evacuate the uterus until the heartbeat of the fetus stopped but by the time they did this she was already too infected and therefore died. Doctors have the responsibility to refer the woman to a provider who could have performed an abortion if they were against this.

She also added that we should subvert this entire debate by using the argument of conscience for doctors to provide abortions even in cases when the law is against providing it. They can say it is against their conscience to turn the women away!

Session 6: Internet Security, Garima Shrivastava

This session intended to address the security concerns for Youth Champions while engaging in online activism and operating hotlines and giving information

on safe abortion through websites and blogs in countries where access to abortion is restricted by law. It provided hands-on training on digital security and brainstormed on issues concerning online security with respect to our work, activism and data.



The session covered a range of issues addressing increasing online threats to the freedom of expression and association. Some of the key discussions focused around tracking via mobile phones, restrictions on access to content pertaining to data, computer confiscation, censorship etc. that can prevent them from working safely

The discussion focused on tools and strategy to use the internet safely, securely and effectively including secure emailing, browsing and transfer of data Garima oriented the participants with the Risk assessment model that would help them analyze the risk;

Risk assessment: what kind of risks do we face? Threat x vulnerability x impact / capacity (ability to mitigate vulnerability)

Participants were provided hands on training in anonymous browsing; secure emailing and creating strong passwords. The session ended with problem solving and installing applications.

Session 7: Sexuality and abortion, Rola Yasmine

The session helped participants to understand the concept of sexuality, sexual health and rights and also the impact of sexuality on the issue of safe abortion access.

Rola started with doing a Word Association exercise to help participants understand the politics– Abortion and Sexuality

Abortion language was half clinical/technical (MVA, MA, MR, trimesters, hemorrhage etc) part rights (freedom, choice, rights, discrimination, stigma) and part emotions and feelings (depression, relief, secret, judgment)



Sexuality was mostly non-medical (STI, HIV as the exception) and tells more of a “before” story, how someone might have ended up having the abortion conversation

The analysis of the associated words helped participants understand the layers in the debate. The following issues were highlighted:

- Sexuality can be anything, a color, a top, a food
- Role of patriarchy in altering the discourse- the egg absorbs the sperm, not the other way around, but patriarchy has altered the story
- Someone who is thinking about having an abortion is not thinking about the medical, they’re thinking about the “before”
 - So why is it we rarely talk about sex when we talk about abortion? Why didn’t the terms relating to sexuality make their way to the abortion page as well?
 - Sex didn’t even make the list for abortion words

Abortion isn’t about health, it’s about sex, and sex is about a lot of things. Thus, it’s the sex, which is stigmatized, and not abortion.

Moving on, Rola stirred the discussion towards the sexual politics of abortion; Heteronormativity – assumes everything is structured to the pleasure and whims of men seeking women.

- Abortion is being used to avoid shame behind sex
- Abortion has a terrible name because sex has a horrible name
- Changing the way we talk about sex will change the way we talk about abortion
- Abortion is a time of vulnerability, not because of the procedure itself, because of how it is construed
- Abortion stigma is compounded by the opportunity to exercise other oppressions
- Abortion and sexuality are inextricably linked
- Sexuality is influenced by capitalism, sectarianism, ageism, ableism, sexism, state and laws, war and conflict, classism and racism
 - Ableism is assuming everyone is able
 - Cis is physically and emotionally representing the gender you were born with
 - Sexuality is influenced by power dynamics because they dictate norms and stigmas
 - Ageism and sexuality is normative older man/younger woman but aberrant older woman/younger man
 - Classism and sexuality is honor killings among high caste women sleeping with lower class men

Class, caste, age, race and privilege affect sexuality, and affect pregnancy as a potential outcome of sex and sexuality

DAY 3

Session 8: History of Medicine, Rola Yasmine



The session started off in an interactive way with Rola engaging everyone in an active discussion about their own personal experiences of feeling the tilting power balance at any doctors or while consulting any medical personnel.

A common 'stereotype' of doctors was found all over Asia despite diverse traditions and customs. Some of the common concerns that were highlighted were their lack of concern for patient's privacy, intellectual arrogance and fostering their own personal beliefs on the patient seeking their help.

This raised a key question about how this attitude developed and how deeply rooted the patriarchy was in this discourse. Participants learnt that science was used as a tool to promote the propaganda of patriarchy. Medical anatomy textbooks in 1634 stated that female genitalia were simply a colder interior version of male genitalia. With further development in the sciences, the epistemology of arrogance continued in the anatomical sketches of the genitalia the clitoris; the erogenous zone in a woman's body was excluded from its discovery till the 1980's to 1990's when published by a female feminist journal.

Even then it was described with respect to the penis of the male genitalia and doctors came up with spurious theories of describing how the vulva of the normal and sex variant were very different and the deviant vulva was very vulgar. The portrayal of women as unstable and irrational by the virtue of a uterus being present was also seen in the clip of the movie hysteria.

From the 14th century onwards women were primarily involved in the arts of healing but were executed as 'witches' under false pretenses where the actual reason was they were a political, social threat associated with many of the peasant uprisings.

The women were accused of having sex with Satan and using their 'powers' for harming people. In fact these women healers were entrepreneurs of the medicine we know today discovering the medicinal properties of nature - ergot, digitalis, belladonna. These were branded as 'magic' while the so-called science at the time comprised of astrology, alchemy and theology!

It was said these doctors were carrying out duty by god and were supported by the church where as the women healers skills were passed off as old wives tales and people were dissuaded from accessing their services.

Florence Nightingale established nursing during the Crimean war. It was meant to embody feminist virtues and was considered as natural women's work. Nursing required no license unlike medicine hence it grew on to be low paid heavy-duty work. The doctors got what they wanted-- a nurse who would do all the 'dirty work' and would not compete with their profession as they had centuries before.

Doctors were meant to be curing while the nursing would be a mere extension of them in the caring with the explanation that caring came more naturally to

females. This made the women more powerless with absolutely no claim to credit.

Rola concluded by highlighting that "medicine is a part of our heritage as women, our history, our birthright."

Session 9: Political Economy of Safe Abortion, Ravi Duggal

The session started out with a simple question put forth – “what is political economy?” In general, it could be defined to be the decision making interlinked with available resources.



Ravi Duggal highlighted that the Political Economy of Neoliberalism spoke about how capitalism and financing of the capital entered the functioning of governments and brought us to the Political Economy Context of Health. He also spoke about viewing the functionality and healthcare structure for the public good.

Mr. Duggal then conducted a short exercise wherein the Youth Champions were divided into groups and were asked to study the factsheets given and discuss the political economy of the given case study of the country (Bangladesh, Vietnam, Pakistan, and Indonesia), which included status of abortion and advocacy issues to be addressed.

The results showed how the Bangladesh has effectively tackled the restrictions on abortion in the law by substituting it with Menstrual Regulation procedures. In Indonesia, where also the law is extremely restrictive, it takes a month's wages to undergo an abortion. In Pakistan, also a conservative democracy,

religiously driven beliefs hinder the normal safe abortion services. However, services are available but procedures might be unsafe. Lastly, Vietnam is the ideal model for safe abortion services, and shows no restrictions of any form.

The session-helped participants understand the economic impact of unsafe abortions and the impact of economic systems (neoliberalism) on women's access to safe abortion.

Session 10: SDGs and Beyond, Dr. Suchitra Dalvie

The last session assisted participants in understanding FP 2020, SDGs and the positioning of safe abortion and analyze different perceptions related to abortion and feminism ideology. They were provided with five case studies for group work. The following topics and key points were discussed.



At the end of the session participants were able to understand the 'big picture' and macro- economic global structure that have a very real impact on individual women's lives. Participants were given handouts that highlighted such aspects, which then led to a very vibrant discussion.

Some of the key points highlighted were

- Increasing inequalities
- Humans reduced to social capital/ labours without unions
- Withdrawal of funding from public sector and privatization of basic goods such as health, education, water.
- Using tradition as a front for preventing liberalization of gendered issues
- Feminization of poverty

Valedictory



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