Youth Advocacy Refresher Institute

Workshop Report

Asia Safe Abortion Partnership

7th September, 2017 – 9th September 2017
Mumbai, India

About the Asia Safe Abortion Partnership:

Formed in March 2008, the Asia Safe Abortion Partnership (ASAP) is a network that seeks to advocate on behalf of those who are seeking access to safe abortions. The only safe abortion advocacy network in Asia, ASAP seeks to create a forum for experience sharing, capacity building and strategizing, to build South-South collaborations and ensure that voices from our region are heard and represented in global spaces. Members and partners at the country level are supported in their work through our small grants project, capacity-building sessions, and networking opportunities.

About the Youth Champions:

Recognizing the critical need for young people to take on the role of promoting, protecting and expanding their own sexual and reproductive rights, the Asia Safe Abortion Partnership instituted the Youth Advocacy Institutes. The programme has been designed to enable the Youth Champions to understand the gender and rights dimensions of safe abortion and to build their capacity to hold their respective country governments accountable. In addition, ASAP supports the Youth Champions by helping them build alliances across country networks and engage key stakeholders via both on-ground and online advocacy.

We would like to acknowledge the contributions of the following Youth Champions to the process of writing this report: Aashna Bhandari, Meghna Gangopadhyay, Rajvi Goradia, Nikita Gupta, Avi Harisingani, Nandhini Iyer, Phusanisa Jiratuchakul, Anushka Kale, Suyash Khubchandani, Shrishti Mainali, Shreeya Mashelkar, Priyal Mehta, Nitish Nadkarni, Harshal Rawtani, Chanoknan Ruamsap, Vinay Samant, Riti Sanghvi, Shwetangi Shinde, Sunita Thapa, Jeshad Todiwalla, and Dema Wangchuk.

Photographs by: Niket Kotecha, Shilpa Shroff, and Swetha Sridhar.

Introduction:

The Asia Safe Abortion Partnership conducted its 6th Safe Abortion Advocacy Youth Refresher Institute in Mumbai from 7th - 9th September 2017. We were joined by 23 Youth Champions from across Bhutan, India, Nepal, and Thailand to explore a range of issues related to safe abortion access and the rights debates related to it.

Objectives:

- Share experiences and progress since the Youth Advocacy Institute
- Learn about a wider range of issues, and gain a depth of knowledge on aspects of safe abortion advocacy
- To assess the value of mentoring
- To strengthen the alumni network and strategize for future work

This report is intended as summary document of the proceedings, and includes reflections by the participants on their work as well as narrative summaries of the sessions.

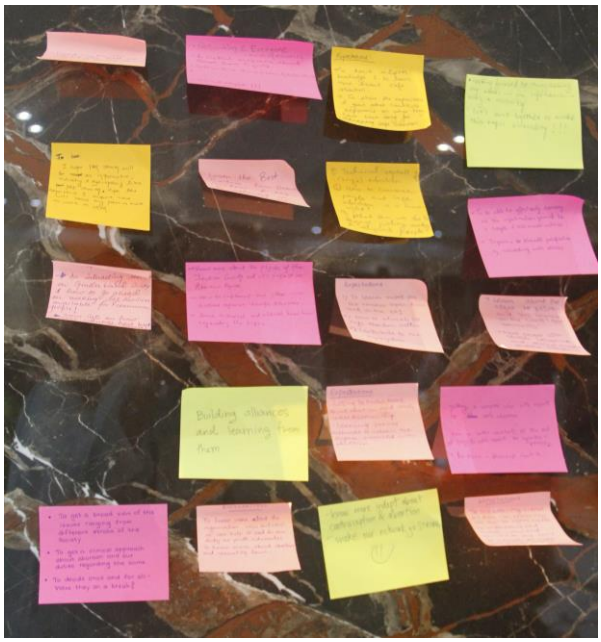
Setting the Stage:

Before kicking the Refresher off, participants were asked to share their expectations from the three day engagement so as to better tailor content to their needs. This was conducted as an anonymous baseline exercise. A sample of their expectations has been reported below and as far as possible, expectations have been reported in their original form. Participants expected to the workshop to enable them to:

- Build a holistic picture on the issue of safe abortion, including the technical aspects of safe abortion
- Gain a thorough understanding of 'pro-choice'
- Comprehend the clinical aspects of the abortion debate, and the role of doctors
- Learn from their peers' advocacy efforts in their respective countries, get insight on 'best practice' in the advocacy and learn how to translate that across context
- Release the stigma associated with abortion.
- Effectively convey the information gained to larger, and less aware, audiences
- Understand the concept of sexuality

And finally,

- To make new friends!



DAY 1

Session 1: Experience Sharing by Country Advocacy Networks

The first session of the day saw participants from the different country networks share their work, the progress that they've made since the Youth Advocacy Institute, the challenges that they faced on the way, and their learning from the process.

Nepal:

Aashna Bhandari, Shrishti Mainali, and Sunita Thapa started by talking about the work that they have been doing in Nepal as part of the Youth Champion Advocacy-Nepal (Youth-CAN). Y-CAN was formalized in January, 2015, with the aim of dedicating youth champions' efforts to advocate for young people's SRHR, with special focus on promoting access to safe abortion as human right. In order to do so, Y-CAN works in close collaboration with the government, other stakeholders, and youth networks in advancing the sexual and reproductive health and rights of people, especially of women and girls.

After explaining to the participants what the vision and objectives of Y-CAN were, Aashna, Shrishti, and Sunita gave the participants a comprehensive overview of the activities Y-CAN has been involved with. The activities ranged from conducting the first National Youth Advocacy Institute to holding an orientation program for Female Community Health Volunteers (FCHV) on the ground, the first Country Seminar in Nepal and awareness programmes for college students. In addition, they provided a sample of the national and international platforms that they had been a part of such as International Congress on Women's Health And Safe Abortion, the UN negotiations, Asia Pacific Conference On SRHR, International Family Planning Conference, National Midwifery Conference, and so forth, to name a few. The team finished by presenting a few ideas for the future, including a

commitment to continuing regular advocacy, both through seminars and online and the creation of discussion groups.

Bhutan:

Dema Wangchuk introduced the work that the Druk- Youth Initiative on Sexual Advocacy (D-YISA) was doing and the importance of it in the context of severe restrictions on who can access safe abortions. She shared how the initiative had to be informally established due to the politics associated with the issue. This was reflected even in the change of the name of the group from the Druk- Youth Initiative on Safe Abortion, which had to be changed in order to gain greater social acceptability.

D-YISA
Druk-Youth Initiative of Sexual Advocacy

The class aspect of access was highlighted in her presentation, where richer women could afford to fly to Nepal/India to have safe abortions, as well as the fact that abortions do happen, but they do not refer to them as such in order to avoid formal recognition.

Finally, she outlined the approach and activities the team had organised which included:

- Engaging the youth through Reproductive and Sexual Advocacy workshops, and innovative Social media such as an essay competition for International Women's Day.
- Meeting with health personnel at the Jigme Dorji National Referral Hospital, coordinating with the Adolescent Friendly Health Services and conducting sensitisation workshops for students and other young people.

Going forward, the team envisaged conducting a series of side meetings with other relevant partners like police personnel, health workers, and vulnerable groups such as sex-workers, girls who have dropped out of school, and so on.

Thailand:

The Choices Network was established in 2007 with the aim of making all options available to women who experience an unintended pregnancy. Phusanisa Jiratuchakul and Chanoknan Ruamsap presented the work that the Network has been doing to the participants of the Refresher. After quickly laying out the objectives of the network, the two of them presented a summary of the activities that the network has been involved with.

The two activities that they focussed on was the hotline run by the network, the blog, and the group of volunteer physicians that work towards ensuring access to safe abortion. The hotline is focussed on providing services to women who face an unintended pregnancy or sexual violence, women facing domestic violence, women in poverty, and women unable to access healthcare via Universal Health care or Social Security. The volunteer group works with a range of stakeholders to enable access to healthcare to women who don't have access to healthcare.

India:

Suyash Khubchandani spoke about the work of the India Safe Abortion Youth Advocates (I-SAY). Although the law in India is considered to be among the more liberal ones, the implementation, awareness within the medical community, and access to safe services is often lacking. He also cited the 'anti-culture' argument as a major challenge to this work.

The team's work focussed on

- Conducting Youth Advocacy Institutes to ensure that more and more medical students are aware of the gender and rights dimensions of safe abortion in India
- Sensitisation to issues gender and rights issues through social media as a tool for thought leadership.
- Awareness campaigns on the gaps and biases in medical texts.

Nirbha Ghurye and Suradha Radhika then presented their research on MTP Care Seeking in Tertiary Care Hospitals of Mumbai. The aim of the project was to assess the situation amongst women who attend a tertiary care hospital in a metropolitan city, Mumbai, for MTP services.

Based on the cross sectional interview with these women, and a retrospective examination of hospital patient records, the study seeks to explore the reasons for women seeking out an MTP and the problems they face in obtaining the service.

The two of them then presented and discussed some of their results based on an analysis around the following indicators: age-wise distribution, education, reasons for an MTP, education, the number of children, the sex of the children, the use of contraception, and gravidity.

Session 2 and 3: Update on Contraception and Abortion: Dr. Suchitra Dalvie

This session was intended primarily as a refresher for the concepts that had been addressed in the Youth Advocacy Institute earlier in the year. Consequently, the session was structured around four role plays that the group worked through and then discussed.

Scenario 1: A girl is pregnant because she misses her periods after she has unsafe sex with her boyfriend. She has no clue about what to do in this situation, and is shy to consult a doctor, or to buy a pregnancy test from a chemist. She first calls her girlfriend for advice, who gives her a hotline no to talk to, then she discusses this with her boyfriend and they seek help from the hotline.

The discussion after this role play focused on the various barriers the couple face like

- The lack of knowledge on emergency contraception,
- The challenges and qualms that women have in accessing hotlines, which often results in male callers who are not fully aware of the situation,
- The stigma that women face at the chemists and doctors.
- the confidentiality and privacy issues around the use of a hotline

Scenario 2: Two friends go to a rural area for office work and a friend forgets her oral contraceptives pills in the city.

This scenario was interpreted as a couple who travels to a village, when the wife forgets her pills and is scared that she will become pregnant. She consults her friend, who accompanies them for help as he seems to know about emergency contraception. But she is unable to obtain it given the scarcity of contraceptive supplies in the village.

The discussion in this case was framed around the

- Lack of knowledge about how the oral contraceptive pill works and its impact on the body.
- Emergency Contraception pills do not have any major or long term side effects.
- These pills are not to be confused with the Medical Abortion Pills.
- Oral Contraceptive Pills are meant for routine contraception and need to be taken on a regular basis to be effective.
- The understanding of what ‘sex’ means, and the range of options not limited to peno-vaginal sex, especially in the context of preventing pregnancy.

Scenario 3: An unmarried woman seeks an abortion for the third time in the same hospital, and is rebuffed by the doctor even though other healthcare providers are supportive.

In this scenario, the topics that were touched on during the discussion were:

- The need for sensitive and considerate healthcare practitioners and providers. In the role play, mirroring real life, the doctor questioned why doesn't she use contraception, but nobody actually empathizes with her to know the root cause of her need for multiple abortions. Participants shared their experience of witnessing gynecologists being ignorant and judgmental towards those who need an abortion.

Scenario 4: Doctors on a panel discussion are challenged by journalists about the ethical basis of abortion and an argument breaks out between a "pro-lifer" and a "pro-choicer".

This role play got the participants thinking about

- The use of language and how to debate the question of rights. Dr. Dalvie pointed out the importance of the referring to it as 'pro-choice' and 'anti-choice' rather than 'pro-life' and 'anti-life' which have different implications to the listener.
- How to communicate with people who rely on emotion rather than fact in order to discuss issues like abortion, and the need to engage the silent audience with a factual rebuttal rather than responding to the emotional debate.

The key point that emerged from this session is that multiple safe abortions are not harmful, although one should see if there is sexual violence or any other reason why the woman is unable to protect herself from repeated unwanted pregnancies. Addressing the lack of awareness and stigma around the access to safe abortions is crucial to extending the right to all.

Session 4: Ethics, Abortion and the Question of Conscientious Objection: Dr. Amar Jesani

Dr. Amar Jesani began the afternoon with a discussion on the role of ethics and the question of whether one can learn how to be ethical, or be socialised into doing the right thing?

The participants were asked to define what they understood by the term 'ethics', eliciting a range of responses, which can be encapsulated by an understanding of ethics as a set of rules/guidelines to help make a judgement about what is right and wrong, which is in common interest.

He then nuanced the discussion by asking what the link between ethics and (a) private self-interest, (b) morality was. We finally concluded that given a certain fact, the value that you associate with it, resulting in certain duties, can be understood as morality. The value may have its underlying rationale in science, or any other mode of thought. Finally, what you believe as an individual can be understood as morality whereas what you do is ethics, within which framework morality can be understood as a foundation on which ethics are built.

This provided a useful guide to understanding how and why ethics are important in the context of healthcare and specifically, reproductive health. Dr. Jesani made an interesting observation that "*The distinction between pathology and physiology is what marks the particular case of those who are users of reproductive health*". In other words, the providers of reproductive health care are more often than not, dealing with healthy patients whose bodies are doing what they are meant to. It is in this context that he went on to look at the range of ethical standpoints that influence the access to, and provision of safe abortion.

Dr. Jesani then walked the participants through a quick evolution of the various ethical standpoints on abortion. Early conservative standpoints were built on religious objections to the issue of abortion. Here, participants were encouraged to look at their own religious texts to identify the standpoints that each of them took on the matter. One of the participants unearthed an interesting section from the Vedas (Hindu sacred texts) that launched a debate about the links between the soul and the foetus, and the ethics of abortion when a soul is involved and not. This provided the perfect segue into the next section of the timeline.

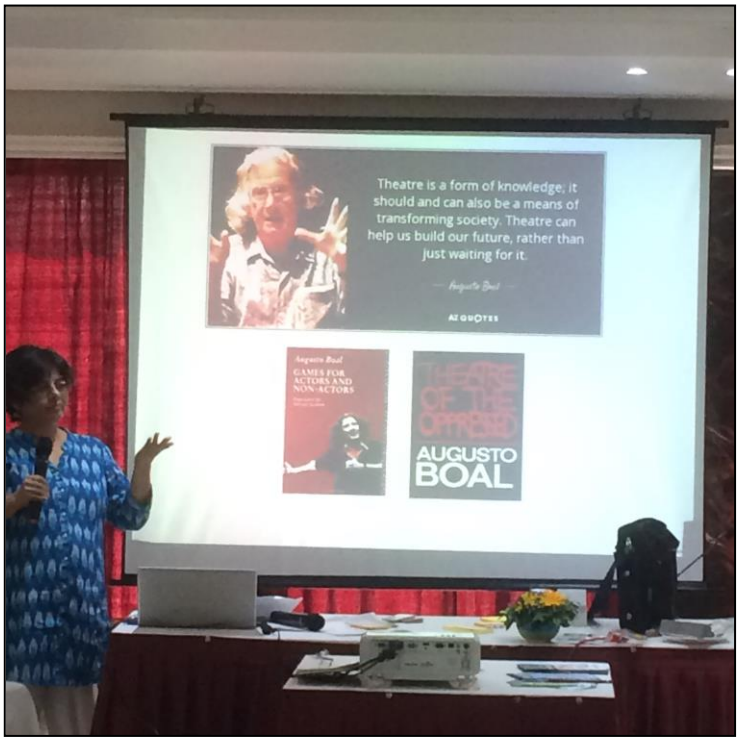
The religious code of ethics was soon replaced by a traditional "professional" code of medical ethics such as Hippocratic Oath, pointed out Dr. Jesani, which then prompted participants to ask who the doctor pledged the Oath to – the woman requiring an abortion, or the foetus. New forms of objections are based on the foetus being considered a human being that focuses on questions such as '*When does a foetus gain consciousness? Does it have rights? How do you value the rights of one over another?*' This discussion opened up the space for participants to consider under what moral conditions the right to safe abortion is created/ensured. The question of morality was also linked to key historical events such as wars, or phenomena such as climate change, which become focal points around which rights are extended or taken away from women.

Finally, Dr. Jesani introduced the idea of the 'conscience' defined as "*the individual judgment about the morality of an act to be done or omitted or already done/omitted*". This allowed for the notion of a "Conscientious objection" or the interference of personal conscience in the practice of medicine. Especially in the context of the debate on the right to safe abortion, the practice of conscientious objection is seen as the middle ground to the Conservative and Liberal points of view on the issue. The session wound up with participants pondering whether such an objection could be ethical, and how it intersects with the Hippocratic Oath.

Section 5: Building Alliances with Other Movements:

Theatre of the Oppressed: Vandana Khare

The last session of the day saw the participants learn about allied but relevant tools at hand through which one could advocate for access to safe abortion.



Vandana started her session off by explaining the difference between the usual street theatre which is structured around performance, to understanding theatre as a process (as a means of engaging the participants) rather than a product (delivered by actors – the actors, to a passive recipient – the audience).

In order to illustrate her point, she presented some of her work with UNICEF in Chandrapur, Maharashtra where she conducted a series of workshops with women from the community that led to the emergence of a script around an issue – in this case, menstrual health.

Such work is based on the idea of Boal's "Spect-actor" where the audience is simultaneously engaged in creating and generating the message of the performance while performing. In this form, process theatre comes to be seen as 'rehearsal for the revolution' an idea that resonated with many participants. Vandana ended her session by walking the participants through the various techniques of process theatre such as image theatre, forum theatre, and cops in the head, with illustrations and examples of each.

Role of Legal Advocacy for SRHR: Advocate Anubha Rastogi

Anubha structured her session around the question of 'How can we understand and appreciate the role of law as an advocacy tool? What are the strengths and weaknesses of such a tool?'

The session began with a discussion of rights as a concept and the how they are inherent to the human person. As a result they cannot be conferred or given to people by states, rather they exist as is and need enforcement. The framework to ensure this is codified in the Universal Declaration on Human Rights, International Convention on Civil and Political Rights, International Convention Social and

Economic Rights. Drawing from this aspect of international law, the discussion then moved into a discussion on the Convention on the Elimination of Discrimination against Women (CEDAW).

The specific articles that relate to the struggle for the right to safe abortion:

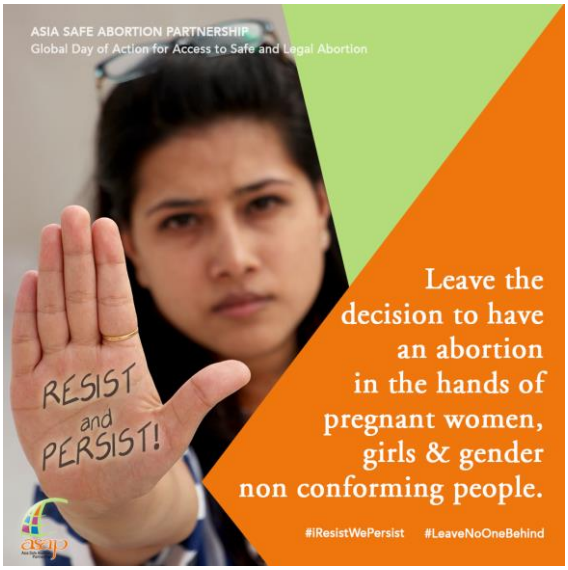
- Art 12: protects women's right to health and requires States to remove discrimination in the realm of health care, including reproductive health,
- Art 16: Protects women's rights to decide on the number and spacing of children.

These are bolstered by the Optional Protocols (on enforcement) which can be taken to the CEDAW Committee.

Having established the international legal context, Anubha went on to discuss the country context of law-making and the way in which the system can be framed and used, using the Indian example. This part of the session was marked by a discussion on a range of Indian laws ranging from those dealing with domestic violence against women, to child sexual abuse. Through this juxtaposition, participants were able to gain clarity on how the various provisions of different laws can come into conflict with each other, and need to be brought into alignment especially in the case of SRHR.

Participants also made time on the side-lines of the workshop to take photos for the upcoming photo campaign to commemorate 28th September or International Safe Abortion Day.

A few of the photos can be found below



DAY 2

We began the day with a quick sharing from all the participants of the one new thing they had learnt or felt strongly about from the earlier day. Some of the things that participants shared were:

- The law session was eye-opening – especially the ways in which the law creates its own loopholes
- The question of language: focus on anti-choice, rather than pro-life.
- The value of the insight into the fact a woman can have more than one abortion safely, as long as it's safe.
- The use of theatre for advocacy, and the introduction to a new tool of advocacy
- How to debate, how do we convey a message to an audience that may not actually engage with the content, but rather focus on emotion

Session 6: Building Movements from Small Grants: Rola Yasmine

The first session on the second day began with Rola Yasmine from Lebanon sharing with the participants her journey; from implementing a Small Grant Program, to eventually building a much larger project from it.

Started six years ago, the A-Project began as a telephone helpline; the grant paid for a telephone, website, and for the translation of material into Arabic. From that it has grown into "a platform that reaffirms agency and autonomy in sexuality and mental health, while advancing practice and theory, a political discourse around sexual, reproductive and mental health".

The project itself focuses on three pillars of work:

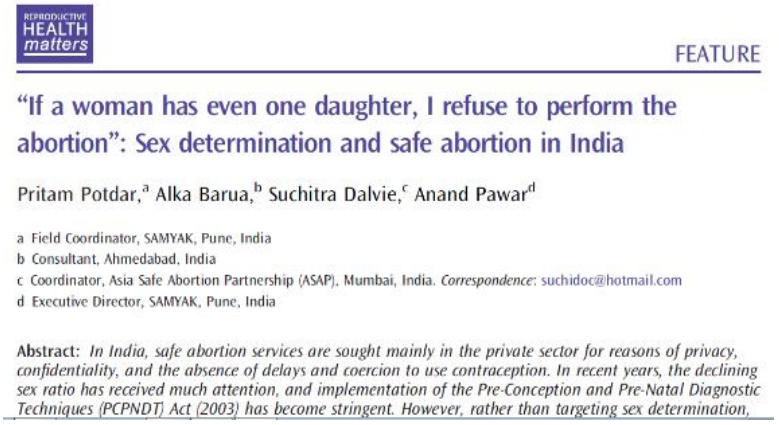
1. Producing and creating a corpus of feminist knowledge
    a. Database of narratives collected through the hotlines
    b. Disseminating research findings
    c. Translating feminist knowledge into Arabic – need to cross-educate amongst groups
    d. Creating a bridge between theory and practice- how do you make each feed into the other in productive ways
2. Decentralizing knowledge:
    a. Training and workshops for health care providers and other service providers, but also creating access to resources for women and trans-folx on SRH.

    b. Creating training and tool kits
3. Strengthening individual and community access to health
    a. The hotline serves this function by creating a bridge between the individual and the health infrastructure
    b. Database of healthcare providers

During the course of her session, Rola reflected on the process of setting up, and the important role that ASAP played in mentoring her through the process. Being accountable to a grant-making organization brought with it the attendant challenges of transparency and accountability, and it also created spaces for interactions with her peers. This interaction was crucial for two reasons – first, exposure to other groups in the field was reassuring for the knowledge that you're not 'fighting the fight alone', and second, it provided exposure to other funders and other actors in the network.

Crucially, Rola spent a while discussing the need for the politics of the organization to constantly evolve and inform the role and vision of the organization itself. In doing so, she provided insights on how running a hotline was in and of itself a political act of resistance. Given the lack of information and safe spaces in mainstream healthcare provision, the hotline creates a space for women to gain access to feminist safe spaces and gives them the tools they need to make decisions about their own lives. She further nuanced that point by calling attention to the need for such safe spaces to be intersectional in their outlook. She noted that even as the hotline serves as a tool to combat sexism and create a safe space for conversations about SRH, they also served as an active site where xenophobic and racist assumptions had to be challenged.

The second half of the session saw Dr. Dalvie present on the work done by Preet Manjusha, a Youth Champion from the first Youth Advocacy Institute. Currently working at Samyak, a Pune based NGO; Preet conducted a small study with 20 private Ob-Gyns about their knowledge, attitudes and practices around abortion and sex selection. The study was published in Reproductive Health Matters, an international peer-reviewed journal. The research showed that given the manner in which the PCPNDT Act is implemented, the law targeting sex-determination has had a negative impact on legal abortion services, which has led to many private medical practitioners facing negative media publicity, defamation and criminal charges. As a result, they have started turning women away not only in the second trimester but also in the first. Consequently, safe abortion services are difficult for women to access, or outright denied to them. There is an urgent need to recognize this impact which is forcing women towards illegal and unsafe abortions.


REPRODUCTIVE HEALTH matters

FEATURE

"If a woman has even one daughter, I refuse to perform the abortion": Sex determination and safe abortion in India

Pritam Potdar,[a] Alka Barua,[b] Suchitra Dalvie,[c] Anand Pawar[d]

a Field Coordinator, SAMYAK, Pune, India
b Consultant, Ahmedabad, India
c Coordinator, Asia Safe Abortion Partnership (ASAP), Mumbai, India. *Correspondence*: suchidoc@hotmail.com
d Executive Director, SAMYAK, Pune, India

Abstract: *In India, safe abortion services are sought mainly in the private sector for reasons of privacy, confidentiality, and the absence of delays and coercion to use contraception. In recent years, the declining sex ratio has received much attention, and implementation of the Pre-Conception and Pre-Natal Diagnostic Techniques (PCPNDT) Act (2003) has become stringent. However, rather than targeting sex determination,*

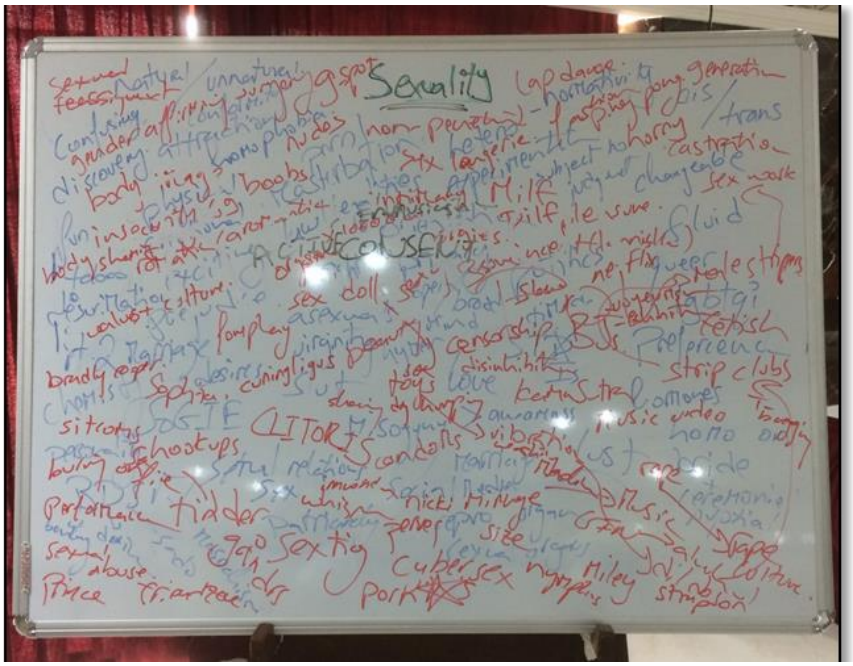
Having done this first study, both Preet and Samyak were interested in understanding what the women who are turned away do. This resulted in the second paper "*If the Doctor Says No to Abortion, Then Where Will Women Go?*" which chronicles the struggles that women face while attempting to access safe abortions. This paper has now been submitted for review and publication.

Dr Dalvie also spoke about the Marjee hotline where Preet regularly receives calls, through which she busts the myths and misinformation about abortion pills and abortion being banned. The session ended with Dr. Dalvie cautioning the group that although hotlines play a crucial role today – as evidenced by the mushrooming number of hotlines, including corporate ones – they should not be considered a replacement to the existing system. Further, the creation of corporate hotlines are

especially problematic as it leads to the establishment of a separate system, which then weaken advocacy claims around the lack of information and access to it.

Session 7: Politics of Abortion: Rola Yasmine

Rola continued the day by leading the next session in the discussion of the politics of abortion. The session began with participants building word clouds around the words 'abortion' and 'sexuality'. She then urged the participants to think about the connections that were being made as well.



The objective of the session was to call attention to the how discussions about abortion are largely medico-legal, and lack conversation on pleasure. Given this, Rola asked '*What words do we use as sexual rights activists/advocates when we talk about sex?*' The discussion of the act of abortion as a medical/legal process often ignores the context in which it takes places and defines access to it and she urged participants to remember that '*Abortion is about sex. Sex is about sexuality. Abortion is inherently about sexuality.*'

The session highlighted the fact that abortion isn't just about health – it's not just about safe/unsafe, legal/illegal – but it's also fundamentally about sex.

Rola then highlighted the need to nuance the way that context itself is discussed by looking at the norms that impact abortion. She walked the participants through the various ways in which norms are constructed and maintained focusing the tripartite framework of
(a) Religion and Culture, including Mass Media, and Family,
(b) Science/Evidence, including Medicine, and Law and finally,
(c) Government and Authority.

In order to provide a background to this, she introduced the group to work by Gayle Rubin titled 'Thinking Sex: Notes on a Radical Theory on the Politics of Sexuality'. Here, she called attention to what Rubin calls 'the politics of respectability' which is constructed around what is considered the norm.

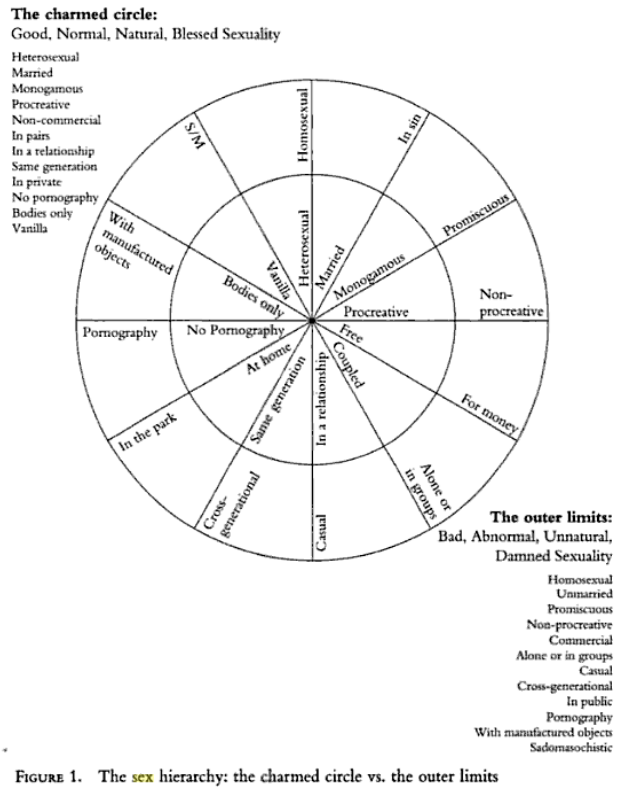


FIGURE 1. The sex hierarchy: the charmed circle vs. the outer limits

In order to illustrate this, she led the group in another interactive exercise where she asked them to compare and contrast the movement for marriage equality for the LGBTQI+ community, with the movement advocating access to safe abortion. The participants were urged to think through how the respectability of institutions such as marriage, and the "proper" expression of sexuality within wedlock led to a greater success of the former as opposed to the latter.

She used this as an opportunity to address how compulsory hetero-normativity and hetero-patriarchy limit women's sexualities to gendered expectations and the social roles they are meant to play, and how the norm then becomes a way of maintain status quo. On this note, she ended the session by leaving the participants with the question of whether the language of queer politics and sexual rights, and sex-positivity could be productive while advocating for abortion.

Session 8: Building alliances with other movements:

Agents of Ishq: Paromita Vohra

The first session of the afternoon was led by Paromita Vohra from 'Agents of Ishq'. The participants were encouraged to think about what was left out of conversations about sex-positivity, calling attention to the politics of gender and desire, which are very often ignored.

In particular, she argued that there was a need to change the narrative of sexuality away from a focus on violence and risk. Further, she rued the fact that sexuality is often spoken about it in a silo, as if different from the rest of one's identity, and implicitly questioned the idea that one couldn't be gay *and* Indian *and*….In her words, such an isolated view doesn't allow for a '*mix-and-match identity*', which is fundamentally who we are as human beings. The danger of simplification, she said, is that it doesn't account for class, biology and other intersectional positions which make the navigation of the territory of the sexual much harder.

In this scenario, Paromita highlighted the need to ensure that sex-positivity doesn't become a façade for a lack of knowledge about sex and safety. She said that this is especially important given that "*Buzzfeed and pornography produces everything we know about sex*", and that there is a dearth of relatable content in the Indian context which does not allow for a frank and open discussion about sexual life. The lack of Indian content also creates the misconception that sexuality is somehow outside of the realm of 'Indian culture', and this needs to be challenged.

She then introduced the work that her organization 'Agents of Ishq' does in this realm by creating informative content that is rooted in the Indian context, showing examples of the 'Kiss Map' and the poetry that they had translated. The importance of this work is the counter it provides to the assumption that traditional Indians are sexually backward, and modern Indians are sexually

progressive – where "modern" is used as a euphemism for upper class, upper caste, urban India. Further, she showed how such catchy content can be used as tools to generate awareness amongst the public on issues that are otherwise taboo and difficult to talk about. Here, she showed the group a video that she had made called 'Megha's Confusion', a traditional *lavani* performance that was about consent.

Paromita ended her session by asserting that when you talk about sex and pleasure as if it's a part of life, there are more nuances that emerge from the conversation, and it becomes a useful and productive process. This enables better decision making, and the age at which young people experiment goes up. There is a need to bring the confusion and the ambiguity that is inherent to sexuality to the surface rather than hide it, this allows for conversations to happen where all the information is available.

Building a Feminist Internet: Shreya Ila Anasuya

Talking about another tool through which the public engagement is fostered was Shreya Ila Anasuya. A journalist and writer on questions of sexuality and disability with the e-magazine Point of View, Shreya reflected on the need for, and what it means to create a feminist internet.

She started by telling the group a story about a consumer-call at Target (the department store chain), to demonstrate the intensity of what she calls 'the datafication of our lives'. In doing so, she suggested to the participants that technology can no longer be called a neutral spectator, and has rather become an actor that is both influenced by our behavior, and influences our behavior through multiple processes such as surveillance, data collection, and information mining. She illustrated this through a series of examples such as advertising on Facebook, and mobile aps that are marketed as safety measures, but function as trackers. As a result, our online lives, which so far were seen as distinct from offline lives, have in fact become part of each of each other, and the false separation of the two as problematic.

She then went on to talk about how technology is thus inherently not neutral, and the user can also not afford to be neutral. This is particularly important for marginalized communities, because it provides such groups the space to express themselves. It is in this context that the demand for a feminist internet should be placed. After laying out the history of the how the Feminist Principles of the Internet were developed, Shreya led a session with the participants where she read select principles out loud and fostered a discussion on the intersections of gender, sexuality, and the internet – not only as a tool – but as a new public space.

She finished with some thoughts on the role of the internet in advocacy. The key insight from the session that participants were left with was the

idea of the ‘movable middle’. The movable middle refers to the silent audience in any debate that is on the fence and is likely to be the audience that is convinced by evidence or logical argumentation. Shreya pointed out that other than a small population of trolls, the internet essentially had a large movable middle looking for information to make up their minds, and it reaching this audience that is key to effective advocacy.

Session 9: Political Economy of Safe Abortion: Ravi Duggal

The last session for the day was conducted by Mr. Ravi Duggal who sought to elucidate the role of market forces and the global political economic models and their impact on women’s access to safe abortion services. Specifically, the session was an attempt to get participants to ask questions about the contexts in which decisions about spending on healthcare budgets are made.

The session started with him laying the ground on what is meant by the term ‘political economy’. In doing so, he introduced the participants to a range of market-state arrangements, contrasting healthcare service provision in Canada, the United States and India. Data was provided to demonstrate the impact of the market-state arrangement in each case, and to evaluate the effectiveness of each arrangement.

Then, the session turned to an analysis of the Indian trajectory with a focus on the impact of liberalization on healthcare in particular. Of particular interest was the way in which he traced the changes in technology alongside the changing market structures in India, and the implications of that for access. Each of these trends was illustrated with the use of an example from contemporary affairs to make it more relatable for the participants.

Once the ground was set to understand the larger context of decision making, he then presented a case for why healthcare should be considered a public good, and the gaps in today’s market-state arrangement that did not allow for this. Specifically in the case of SRHR, he pointed out that it was not only a case of access being defined by the political and economic context, but also the socio-cultural context.

In the Indian context, the right to safe abortion has depended on a range of other forces. Although socially sanctioned historically, the act was criminalized during colonial rule. Post-Independence, it was legalized in the context of population control through reproductive control and the Medical Termination of Pregnancy Act comes into force from 1971. However, the trajectory of the safe abortion debate in India is intertwined with the narrative of the sex-determination debate and Pre-Conception and Pre-Natal Diagnostic Techniques (PCPNDT) Act. Furthermore, the act of abortion itself is governed by social stigma and not recognized as a fundamental right. All of these issues are exacerbated by inadequate public investments in abortion services in particular, but healthcare at large. The private sector continues to be unsafe, unregulated and exploitative. This illustrates how access to safe abortion is controlled by technological tools as a driver, subservient to patriarchy, the market forces and the demographic fixation of policy making on the one hand, and the control of

women's bodies and sexualities on the other. This makes excavating the framework of decision making even more important.

The session wound up with him offering suggestions on how to remedy the current situation. The political commitments required would begin with policy reform that provided universal and comprehensive primary healthcare, and integrated SRHR services. This would necessarily involve funding such infrastructure, which comes with the attendant needs of transparency and accountability in financial flows. In addition, there would need to be concrete policy measures required to structurally address patriarchy. More specifically, on the issue of abortion, it would be necessary to improve the geographical spread of the service, affordability, confidentiality and compassion, and access to allied services such as post-abortion counseling. Education campaigns about the access to safe abortion services and dangers of unsafe abortion, simple technologies like MVA and non-invasive and non-surgical techniques would complement this. Final mile reform would include collaborating with the private sector. At the policy level, it would require a simplification of registration procedures, the notification of standards for abortion services, and the shifting of the onus of observance of standards to providers.

Day 2 ended on this note of optimism, leaving participants with concrete points of entry that could be changed in order to increase access to safe abortion.

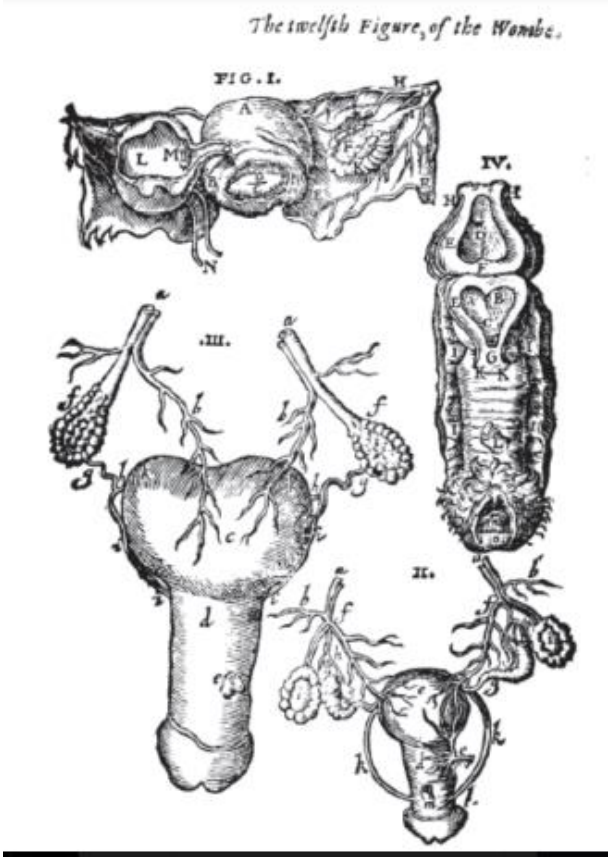
DAY 3

We started the day with a quick reflection and feedback session where the participants noted that the following sessions from the previous day were particularly interesting to them:

- Agents of Ishq session: The Consent Lavani, and particular need for the creation of relatable vernacular content
- Small Grants and the question of how to translate thought into actual change on ground
- The linking of sexuality and abortion and on creating a new language
- The concept of Political Economy – new insight into what drives healthcare provision and how the structure of healthcare is structured
- The process of creating a feminist internet – the need to create safe space online, including
    - The need to creating message, but also a messenger
    - The idea of addressing messages to the "movable middle" or the "silent audience"

Session 10: Women, Medical Science and Patriarchy – A History: Rola Yasmine

The first session of the day was led by Rola explained the history of medicine and the interaction between science, gender and society. The presentation looked at two aspects of this relationship – first, she looked at how medicine as a body of knowledge has gaps that are gendered, and second, she traced the evolution of medicine as a discipline and the impact that gender had on its codification.



Women's bodies have historically been less understood by the medical establishment. This stems from the fact that medical science held male genitalia to be the true form, of which women's genitals were a poor imitation. Until 1966, the details of the woman's body and sexual organs were absent or not described and sections of the body were left out in depictions. This was rectified later, by women's groups who started documenting and presenting drawings of their own bodies. In 1989, the clitoris was "discovered" by Renaldus Columbus, bringing a fuller understanding of the female sexual body. However, it was still described in comparison to male genitalia in both form and function. Of course, once there was an understanding of the components of the female body, it soon followed that there was the emergence of the idea of 'normal' female genitals. This led to the creation of a social value around the 'right kind of body', and was used to foster discrimination.

Rola also spoke about the codification of medicine as a discipline in the Middle Ages with an examination of witchcraft as a practice. The practice of witchcraft was born in feudalism and carried on till the 'Age of Reason' dawned, and was marked by a corresponding period of witch-hunting. She spoke of the witches being the healers who used herbs with known medicinal properties and who had an understanding of physiology and pathology. However, such women healers came to be seen as dangerous because they led the peasant rebellions against feudalism, and represented a challenge to the dominance of the State. The rise of

the European medical profession was a direct response to the 'disruption' that the witches posed, and rose under the aegis of the Church. And so doctors were seen as a counterpoint to witches: where the former was on the side of God and law, the latter on the side of darkness and evil.

On the other side of the Atlantic was the rise of the American medical establishment which saw itself as a counterpoint to the Popular Health Movement. The rise of the popular health movement also coincided with the beginnings of the organized feminist movement and was concerned with women's rights, women's health and women's access to medical training, and ironically relied on prevailing sexual stereotypes to argue that women were more equipped to be doctors. This was challenged by the establishment of the American Medical Association which was created to give regular doctors more legitimacy, and remove women from the field entirely through paternalist and essentialist arguments. Ironically enough, these same arguments, were used by the establishment to professionalize the work of nursing and care. Nursing came to be seen as the embodiment of femininity and it was argued that nursing was a natural vocation for women, second to motherhood.

Although Rola presented only the highlights of the trajectory, it was enough to demonstrate to participants the manner in which patriarchy has had an impact on the provision of healthcare today; Curing seen as the doctor's job, and the nurse's job to care, in her role as a woman, not a professional.

Rola's presentation set the stage perfectly for the second half the session where Riti Sanghvi presented her analysis of some contemporary medical textbooks in India today. She pointed to the fact that although the role of the medical curriculum is to provide a framework for diagnosis, it doesn't address the social context of disorder, and thus is an incomplete process of care provision. Riti went on to illustrate this with examples of how textbooks portrayed and discussed She concluded by saying that there is a need for gender sensitive medical education that respects the autonomy of individuals, and recognizes and deviates from the prevalent biomedical model.

Session 11: Patriarchy and power structures: Manisha Gupta

The next session for the day was led by Manisha Gupte, founder of the Mahila Sarvangeen Utkarsh Mandal (MASUM), where she spoke to the participants on how patriarchy maintains hegemony, and the role that gender plays in this process.

Manisha pointed out that gender is one of the fundamental ways in which patriarchy exercises power by teaching entitlement as if it were natural, and right. This hegemony is then policed through violence, where the ideological position of patriarchy is maintained through the physical control of women's bodies and lives. Crucially, she called on participants to think on the ways in which women are trapped in a system that is not sympathetic to them, and become 'agents of daily transactions' who are central to the maintenance of the structure and form of patriarchal oppression. It is for this reason

that women's movements focus on language of survivorship rather than victimhood, because women are seen as surviving a system that seeks to put them down.

Manisha went on to lead a reflection on how marriage is the primary way in which this control is exerted through a system of forced monogamy for women which ensures that children born to women are legitimate, thus ensuring that power and resources can be passed through a straight line of male children. This institution also functions as a way to control the process of 'production' – through controls over what kind of work, what kinds of shifts, what kind of organizations and so forth are acceptable for women to work in, all conditioned around making women available to the family life; and 'reproduction' – by constructing women as solely responsible for the production of babies (biological reproduction) and care work within the house (social reproduction). Both of these kept in place through controls on mobility, decision making, and access to inheritance which ensures the economic subjugation of women meaning that they have no option but to subject themselves to the system of patriarchy.

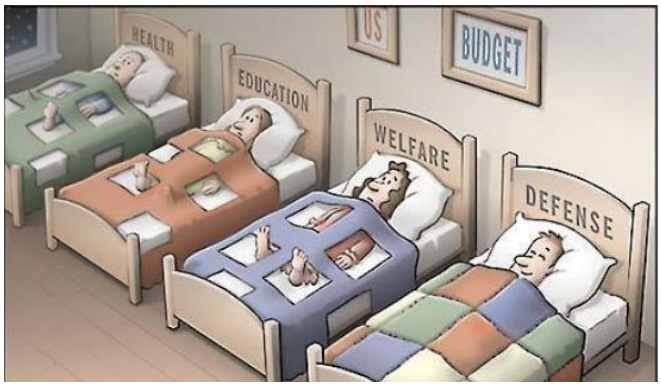
This opened up the discussion to an analysis of Sylvia Walby's notion of 'private and public patriarchy' and how the two systems work hand in hand to exercise control over women. The participants then did a group exercise to list the various institutions of patriarchy that influence decision to have an abortion or not such as:

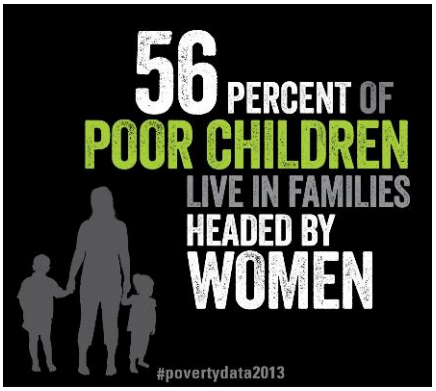
- Family/Partner,
- Society/Community,
- Knowledge/Education,
- Religion,
- State, Laws and Law Enforcement,
- Medical Profession,
- Media,
- Market, and
- Culture/Tradition

Participants were then urged to classify these institutions into 'private' and 'public' patriarchies and examine the ways in which they interact. The key question that they were asked to address through this exercise was 'Given this network of oppression, how do we negotiate advocacy?' The session ended on a hopeful note with participants ruminating on solutions to some of these challenges, and sharing their ideas on how to tackle them.

Session 12: Neoliberalism, the Sustainable Development Goals and Abortion: Dr. Suchitra Dalvie

The last session of the day was led by Dr. Dalvie with the aim of getting participants to understand the FP2020, the SDGs and the positioning of safe abortion within this framework. This was done by providing participants with case studies and having them discuss each of the cases within the context of all that they had learned over the previous two days.





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Rapes occur in India, not Bharat, says RSS chief Mohan Bhagwat

India | Edited by Shamik Ghosh | Updated: January 04, 2013 18:28 IST

TRENDING

Movies: Baahubali's Secrets Revealed: The 'Baby' in the River Was a Bottle

EMAIL PRINT COMMENTS

NEW DELHI: In defiance of statistics, Mohan Bhagwat, chief of the right-wing RSS or Rashtriya Swayamsevak Sangh (RSS), believes that rapes are an urban crime shaped by westernisation, and are not a matter of concern in rural India where traditional values are upheld.

The RSS is the ideological mentor of the main

Participants were able to call attention to the following questions

- The role public healthcare, and the attendant question of funding and the links to the abortion debate
- The need for a critical evaluation of the role of INGO's work in developing contexts and the way that they set agendas for access to healthcare provision.
- The need to debate reported data and question sources in order to ensure that the discourse is always relevant and not sidetracked by a misrepresented narrative.

In addition, Dr. Dalvie called attention to the manner in which macro-economic processes such as the WTO and global fund flows, structured on-ground access to health care via public-private partnerships, and its impact on healthcare, and the access to safe abortion. The session ended with Dr. Dalvie presenting a few videos for debate on privilege.

ANNEXURES

Annexe 1: Agenda

Day One: Thursday 7th September			
Timing	Session	Objective	Facilitator
9:00-9.30 am		Welcome and introductions	
9:30-10:30 am	Session 1: Experience sharing	Objective: Sharing of the work of Country Advocacy ne Tworks	Bhutan, India (Mumbai team + Nirbha & Radhika research), Nepal, Thailand, Shilpa Shroff overall update
10:30–11:00 am	Tea break		
11:00 am-12:00 pm	Session 2: Contraception	Objective: To ensure that participants can convey accurate information about these issues. Role plays and discussion	Suchitra Dalvie + Suyash Khubchandani
12:00-1:00 pm	Session 3: Abortion	Objective: To ensure that participants can convey accurate information about these issues. Role plays and discussion	Suchitra Dalvie + Suyash Khubchandani
1:00-1:45 pm	Lunch break		
1:45-3:00 pm	Session 4: Ethics, Conscience and being Pro Choice	Objective: At the end of this session the participants should be able to: • 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
3:00-3:30 pm	Tea break		
3:30-5:00 pm	Session 5: Building alliances with other movements:	Using theatre for community advocacy: Vandana Khare Legal advocacy: Anubha Rastogi	
Day Two: Thursday 8th September			
9:00-9:30		Recap and reflections	
9:30-10:30 am	Session 6: Building movements from small grants projects	Objective: Participants can learn about the trajectory and processes through which small grants have expanded into larger programmes.	Preet, Rola
10.30-11.00 am	Tea Break		

11:00-1:00 pm	Session 7: Sexuality and abortion	Objectives: Participants will: Understand the concept of sexuality, sexual health and rights. Understand the impact of sexuality on the issue of safe abortion access	Rola Yasmine
1:00-1:45 pm	Lunch Break		
1:45-3:00 pm	Session 8: Building alliances with other movements	Agents of Ishq: Paromita Vohra Creating a Feminist Internet: Shreya Ila Anusuya	
3-3:30 pm	Tea Break		
3:30-5:00	Session 9: Political Economy of Safe Abortion	Objective: Participants understand the role of market forces and the global political economic models and their impact on women's access to safe abortion services.	Ravi Duggal
Day Three: Thursday 9th September			
9-9:30 am		Recap and reflections	YC
9:30-11:00am	Session 10: History of medicine	Objective: Participants recognize the role of women healers and the history of medicine and its patriarchal structure.	Rola Yasmine
11:00-11:30 am	Tea		
11:30-1:00 am	Session 11: Patriarchy and power structures	Objective: Participants understand how internal and external patriarchies function, how to recognize them and how to prevent them from creating barriers to safe abortion.	Manisha Gupte
1:00-1:45 pm	Lunch		
1:45-3:00 pm	Session 12: SDGs and beyond	Objective: Participants understand the practical implications of certain global programmes and their impact on safe abortion rights.	Suchitra Dalvie
3:00-3:30 pm	Closing and Tea		
3:30-5:00 pm		Networking and strategy sharing session	
5.00 pm		End of Day	

Annexe 2: Participant List

	Name	Country	Email Address
1	Dema Wangchuk	Bhutan	wangkachen@gmail.com
2	Mubasshir Babar	India	mubasshirbabar@gmail.com
3	Meghna Gangopadhyay	India	meghna.gangopadhyay@gmail.com
4	Simran Garg	India	simran.garg312@gmail.com
5	Nirbha Ghurye	India	nirbha97@gmail.com
6	Rajvi Goradia	India	rajvigoradia168@gmail.com
7	Nikita Gupta	India	97niki@gmail.com
8	Avi Harisingani	India	avih1997@gmail.com
9	Nandhini Iyer	India	nandhini98@gmail.com
10	Anushka Kale	India	anushka18.kale@gmail.com
11	Chaitanya Kalra	India	chaitanyakalra@yahoo.in
12	Suyash Khubchandani	India	suyashkhubchandani97@gmail.com
13	Shreeya Mashelkar	India	shreeya.mashelkar@gmail.com
14	Priyal Mehta	India	pearl.8897@gmail.com
15	Nitish Nadkarni	India	nitishnadkarni369@gmail.com
16	Suradha Ramkrishna	India	radhika.ramkrishna97@gmail.com
17	Harshal Rawtani	India	harshalrawtani7@gmail.com
18	Rupalee Sachdev	India	rupaleesachdev@gmail.com
19	Vinay Samant	India	vinaysam88@gmail.com
20	Riti Sanghvi	India	riti.sanghvi10.rs@gmail.com
21	Shwetangi Shinde	India	shwetsshinde@gmail.com
22	Jeshad Todiwalla	India	jeshad@hotmail.com
23	Soham Virani	India	sohamvirani96@gmail.com
24	Aashna Bhandari	Nepal	aashna.bhandari05@yahoo.com
25	Shrishti Mainali	Nepal	shristimainali123@gmail.com
26	Sunita Thapa	Nepal	sunitathapa326@gmail.com
27	Phusanisa Jiratuchakul	Thailand	Phusanisa@path2health.or.th
28	Chanoknan Ruamsap	Thailand	chanoknan.r@gmail.com

The Asia Safe Abortion Partnership

http://asap-asia.org/

@AsiaSafeAbortionPartnership

@asapasia

@safeabortion_asap