



**YOUTH
CHAMPION
ADVOCACY
NEPAL
(YOUTH
CAN)**

SECOND NATIONAL YOUTH ADVOCACY INSTITUTE, KATHMANDU, 2017

Summary of 3 days enriching experience of Youth Advocacy Institute in Nepal

ACKNOWLEDGEMENT

Firstly, team Youth CAN considers it our privilege to express our sincere gratitude to our mentor organization Asia Safe Abortion Partnership for providing us an opportunity to carry out 2nd youth advocacy institute in Nepal.

With a sense of honor and pride we owe our sincere indebtedness to our mentor and facilitator Dr. Suchitra Dalvie, Coordinator ASAP for her continuous guidance and supervision, vital encouragement and undue co-operation and believing in us for YAI. We also sincerely thank her for having patience on team despite our flaws and delays.

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Ms. Smriti Thapa

President

I. BACKGROUND

Youth Champions Advocacy Nepal was formalized on 17th Jan, 2015 with the mentorship and support of the Asia Safe Abortion Partnership (ASAP) to ensure young people's sexual and reproductive health and rights by promoting access to safe abortion as a right. It also aims to serve as a forum for information, experience sharing and exchange of ideas, strategic thinking and planning for a collective vision aimed towards advocacy of safe abortion services, enhances collaboration and cooperation among organizations and institutions involved in young people's SRHR issues especially issues surrounding safe abortion services. It aims to do so by its working on advocacy and research on SRHR, documentation, networking with organization of similar interest and by promoting leadership and capacity building of its members.

With the support of its mentor organization for the past three years, youth champions have been working in the area creating projects and awareness surrounding safe abortion. They have reached a wide network of audience form media person to the health care providers in making abortion view through gender lens. Our works have been highly acknowledged at the national level through agencies and national daily.

After the formalization of the network, 5th youth advocacy institute (1ST National YAI) on safe abortion was the first major event funded by Asia Safe Abortion Partnership which aimed to build an important platform to bring together young women, activists, lawyers, engineer, medical students (doctors and nurses), social worker and men and women of different spheres to discuss on issues surrounding safe and legal abortion in Nepal and Asia. After the support for 1st National YAI, they again mentored Youth CAN for the 2nd National YAI. The main objective of this institute was:-

1. To create a community of trained and sensitized youth champions who have an understanding of access to safe abortion as a gender and sexual and reproductive rights, as well as human rights issue.
2. To facilitate the utilization of social media and other community level networking and communication by the youth champions through capacity building and ongoing mentoring.
3. To support the ongoing engagement of the youth champions, within and outside their community to ensure implementation of the above strategies in order to advocate effectively for improved access to safe abortion services, including medical abortion.

The alumni will be facilitated to emerge as members of the newly formed network with a strong voice on discourse surrounding issues of safe abortion at local, national and regional levels.

YOUTH ADVOCACY INSTITUTE

After the success of 1st National YAI on Safe Abortion Advocacy Institute for Youth Champions, a 2nd national level youth advocacy institute began in Nepal from the 14th September 2017. A total of 16 youths from the country participated in the advocacy institute which was scheduled for 3 days.

A.DAY ONE

First Half

Breaking dawn of Thursday morning our second national Youth Advocacy Institute started with the new and energetic faces. It was held on 14th September, 2017 in Park Village Resort, Buddhanilkhanta, Nepal. It started on 9 am with registration along with the briefing of objectives and agendas by President Ms.Smriti Thapa. Before delving into the session everyone gathered in the Hall for “**Ice Breaking**” introductory session where participants had to introduce themselves with one added adjective in front of their name that define them and the participants following should recall all the name from the beginning, in this way the repetition made it easy to remember names of all the Trainee and the facilitators.



Figure 1 President Smriti Introducing the program

Pretesting was done with the set of question and 10 minutes time was allocated to complete the questionnaire which was followed by the expectation from the participants. Following were the expectations of the participants which were in line to the objective of the institute.

- To get the knowledge about the reproductive status of Women in Nepal.
- To understand the role of youth regarding abortion and its rights.
- To gain the detailed information regarding abortion, safe practice and current practice.
- To know about the relation between SRHR and gender equality.
- To gain the information regarding laws of Nepal related with the abortion.
- To know about networking.
- To know about abortion and interlinkages of human rights issues.
- To understand gender, sex and patriarchy in a comprehensive way.
- To know about ASAP and YAI.
- To know about abortions and paradigm shift of thoughts at the end of the yai.
- To know about the methodologies regarding advocacy in social media.
- To gain the information about the gender equality, contraception, abortions and changed mindset after the new information and session.



Participants were encouraged to set their own ground rule which were punctuality, respecting other views, let one person speak at a time, open mindedness, humor and engaging in discussions were few to mention.

SESSION I: “UNDERSTANDING GENDER AND PATRIARCHY AND ITS LINKAGES WITH SAFE ABORTION ISSUES”: MANISHA GUPTE

The session started with brief revisions on the type of biological sexes seen in nature, and discussed how it is determined at birth.

Hospital scenario: Intersex baby is born. Someone asks the mother what the sex of the baby is? The parents succumb to reassigning the sex of the baby, by mutilating the external/internal genitalia without consent leading to the violation of human rights. Meanwhile there exist no support groups that will advocate on waiting till the baby grows up and behaves like a certain gender.



Figure 2 Ms. Manisha Gupta on Gender and Patriarchy



Figure 3 Mr. Homendra, participant asking question during the session

Ms.Gupte further explained the general shift of authority over labelling an intersex child from religion, law and ultimately how the advent of surgery shifted it finally to the medical field. Manisha then gradually shifted the discussion over to the various gender identities present in society, and discussed about Cisgender, Transsexual, Bisexual and Transgender. Terms like pansexual were introduced, and it was the first time many of the participants had heard terms such as these, and the interest to learn more about them could be seen on their faces as clear as day. Ms. Gupte introduced the concept of “labeling the majority” which would then remove the “abnormal” label from the minority.

She then asked the participants how children are determined as a “boy” or a “girl” before puberty. This turned into a lively discussion, as participants reflected onto their own childhood and shared about how they had to dress a certain way, or behave a certain way to portray their gender role. The most bold and beautiful line stated during the session:

This made them realized that none of these behaviors are determined by the biological sex, adorned by the previously laid out gender roles. The concept of the “Genderbread Person” was introduced, in which Ms.Gupte explained that the mind determines one’s identity, the heart, one’s attraction, and the body language is a reflection of one’s expression. The term, heteronormativity was introduced and that only heterosexuality is termed as normal which perpetuates the bias and stigma for homosexuality.

DO WOMEN COOK WITH THEIR VAGINA? OR DOES UTERUS OR A PENIS GIVE YOU THE BIGGER BRAIN?

Chief chefs are always men. Because however, when it comes to the home cooking women are confined to the kitchen. It shows that when it comes to economy, men have always invaded the spaces where women could be part of it.

Patriarchy as the rule of the fathers and the system that allows privileges to males was discussed in detail. The privilege perpetuates from the early childhood institutions of the family, the community, the market, the state, religion, culture, media, law medicine, and so on perpetuate gender inequality and patriarchy. She explained on how control of sexuality in patriarchy where the woman has to be a virgin, and remain in monogamy. This will allow them to have proof over the child. Also, daughters were never given money because they were made dependent over their husband. So, patriarchal control is not only material, but also ideological, creating a hegemonic acceptance of patriarchy, not only by men but also by women.

Finally the session was concluded by introduction of the term **“Hegemony”**. This was certainly a lively discussion. Ms.Gupte explained how, under hegemony, the dominant ideology is also considered the right ideology. Participants related how hegemony is displayed openly by the current patriarchal society. Manisha then advised everyone that in order to challenge hegemony, the ideologies need to be changed and patriarchy needs to be replaced by equality, which is termed as **“Counter-hegemony”**.

On the tea break a short “Water” was shown. a brief discussion which shown in the movie clip relation, widow and child child as widow is forced to with the confinement of privileges to remarry or even enjoy. Violation of Sexual and reproductive life following the death of husband at age when she barely understood the meaning and role that comes along with marriage.

Feminism is not against men but it's among the systems that oppress women who suffer maximum under patriarchy. She even made us to question the normality of the society by asking oneself that if we make a compromise, we even have to understand why we're making it, and should determine whether it's absolutely necessary or not:
Manisha Gupte

video clip from the film Following that, there was highlighted key issues like Gender and power marriage where how the live in self-denial along ashram without having

SESSION TWO: “HUMAN RIGHTS, SEXUAL AND REPRODUCTIVE RIGHTS” – MANISHA GUPTE

The session started with the brain storming of what human rights are “All human beings are born free and equal in dignity and rights. They are endowed with reason and conscience and should act towards one another in a spirit of brotherhood.” – Article 1 of the United Nations Universal Declaration of Human Rights (UDHR).

She explained the history of human rights is foundation of French Revolution and its core principle of Liberty, fraternity, and equality –

Principles of Human Rights which are:

- **Universal**
- **Intrinsic**
- **Inalienable: Can't be taken away from an individual**
- **Indivisible: can't separate one human right from another**
- **Inter-dependent**
- **Inter-related**
- **Non-hierarchical**
- **Inter-sectionality exists even in human rights. One right strengthened or eroded impacts upon other rights. Also human rights are not exercised.**

She further explained how rights can be created by formal law or a constitution or may be based on custom and tradition. To be able to claim rights, they have to be codified through law and policy. Violations have to be addressed and remedies claimed through institutions and procedures of redress. Rights can be temporarily limited when there is a political emergency or curtailed for reasons of culture and tradition. She clarified the needs and right based approach with examples below:

Needs and Rights:

- Needs and rights are inter-linked and inter-dependent
- Discussion with examples
 - o Ayesha needs and abortion
 - o Abortion is Ayesha's right
 - Need: linked with unsafe abortion. Not protected by law and they may not get what they need.
 - Right: Right based abortion, means the government is held accountable for the safety of the women. If they need it, if they want it, they will get it. But the right is based around the women, not around everyone who surrounds her.

Participants defined the human right approach as a right based more than a need based approach.

Needs based approach:

- May or may not be met
- May fluctuate, can be arbitrarily decided or withdrawn

Rights based approach:

- Enforceable by law
 - Not arbitrary but according to established principles and standards
-

- Identified by provider – a client/ patron relationship is established
 - May be reduced
 - Sense of benevolence
 - No consequences to the provider if not met
 - Non-fulfillment becomes crucial only when needs of a large section of society are affected (eg. Many deaths due to malnutrition, destruction of a huge number of homes due to earthquake)
 - Are negotiated and the bearer of rights has a say. (Eg: Doctor must understand their incompetence, and should refer to a more competent health professional)
 - Dynamic and open to expansion (not regression)
 - Fulfilled because there is a right
 - Consequences in terms of accountability to mechanisms and remedies for claiming rights
 - Violation of a single individual's rights is a wrong (single woman sent back without an abortion is a wrong)
-

Control over reproduction is a basic need and a basic right for all women. Linked as it is to women's health and social status, as well as the powerful social structures of religion, state control and administrative inertia, and private profit, it is from the perspective of poor women that this right can best be understood and affirmed. Women know that childbearing is a social, not a purely personal, phenomenon; nor do we deny that world population trends are likely to exert considerable pressure.

After the healthy discussion, participants were in line definition to Sexual rights as a basic human right. They came to know that Sexual and reproductive rights overlap with each other, but they are not the same and all reproductive rights are not necessarily sexual rights and vice versa.

Later on **MS .Smriti** gave an overview on how women right movement has led to the foundation of Sexual and reproductive health and rights in the UN spaces and how further these international agreements have impacted the national law in countries like Nepal to make women friendly laws. She also highlighted the connection between human rights and health, linking new concepts of health to the struggle for social justice and respect for human dignity. It further helped participant to understand the significance of the paradigm shift at the ICPD from demographic goals to individual reproductive rights. The missing link i.e. SRHR in MDG was discussed and now as the world move ahead beyond MDG to SDG post 2015 and the role of youth in coming years to make SDG reality was also discussed. This provided clarity on the rights based perspective toward safe abortion and how right to safe abortion is advocated by tireless effort from the women human right defenders across

the world and gets jeopardize most of the time by the people in power and class and further influenced by religious fundamentalist who act as lobbyist in doing so.

SECOND HALF

SESSION THREE: VALUES CLARIFICATION AND CASE STUDIES – DR. SUCHITRA DALVIE AND MANISHA GUPTE

The second half of the program began with the value clarification session, during which the participants were asked if they agree or disagree on certain statements, in order to clarify their values relating to those statements. The participants were asked whether they agreed or disagreed that;

- Should HIV positive women be allowed to have children?
- Should poor women allowed to have children?
- Is abortion violating the fetus' right to life?
- Should women be allowed to choose the sex of her child?
- Should a woman stay with her husband if she suffers from violence, but he truly loves her?
- Can a sex worked be raped?





Figure 4 Participants and Dr. Dalvie and Ms. Gupte during the Value Clarifications Session

Dr. Suchitra Dalvie and Ms. Manisha stimulated the participants to put their perception and have valid reason to prove the given statement whether they agree or disagree. Dr. Dalvie also encouraged the participants to look at the larger picture while arguing on SRHR, and not just what is being projected to us. She also added how our values are bound by the social norms, culture, and religion and by the manner we are brought up. She explained that we have to be clear about what needs to be analyzed and how we should argue and advocate by developing our own values relating to SRHR.

The value clarification session was followed by a group exercise on values related to sexuality, RH and abortion in relation to family, peers, school, religion and mass media. The participants were divided into 3 groups, to brainstorm and share the prevalent values and whether they agree or disagree on those values. Later on, she added SRHR is impacted by values, as values will dictate our actions and the values come from society, parents, religion, books etc.

This really helped the participants to appreciate the impact social 'values' can have on individual rights and further understand the nuances of policy interpretations being enabling or disabling and develop strategies to tackle and deal with the counter statements made by anti-choice groups with facts.

Screening of documentary filmed in the very remote Achham district of west Nepal, which showed the dreadful reality of women in Achham named Sushila, who had to lose her life due to unsafe abortion by the process of inserting a hot rod with a herbal paste into the uterus. After the screening of the documentary, the reaction and views of the participants were collected. The participants also discussed on the need of the resources, accessible and affordable health care services, in fractures like road, availability of trained health workers in a remote district like Achham.

After the short exercise we had session of film screening where we showed multiple sarcastic SRHR video and some of the video was like Not pro – life, but ANTI – WOMEN. Not every ejaculation deserves a name. Catholics are against homosexuals and abortion. Who has fewer abortions than homosexuals? Dead people give less than shit about the sanctity of life and Hans Rosling.

After the interesting, interactive and more informative session, we had another session called Power Walk or Privilege walk led by **Ms.Pushpa Joshi, Swikriti Thapa and Bonita Sharma**. We had this session to cross check the value clarification knowledge on the participants. It's to make them feel, how it feels to stand in the shoes of someone or how privilege one is. Every participant was all made to stand in one line at the beginning and was asked to pick up a closed piece of paper from a bowl. After everyone had gotten their paper, they were asked to unfold it and read it to themselves and no sharing at all. .Later on for the self- reflection they were asked certain question like:

- How did you feel in the role of the person you were portraying in this activity?
- Where should you have been started if you had been representing yourself in this activity rather than someone else?
- What did you learn from this activity?

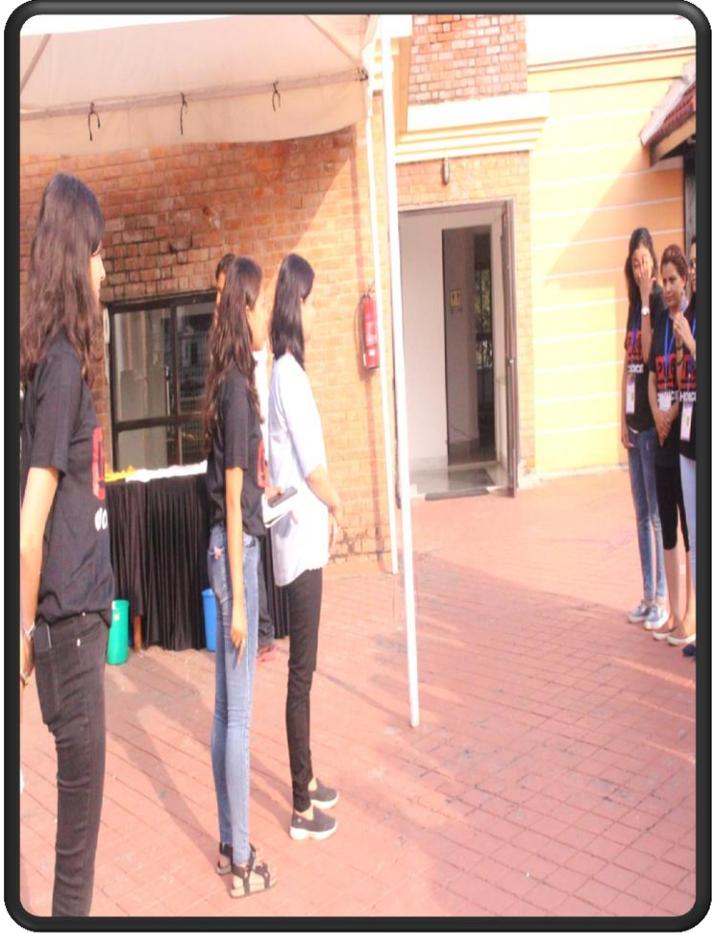




Figure 5 Participants during Power walk

Participants had mixed emotions following the activity. Some of them were overwhelmed in the role they received while the others felt privileged in the role they enacted. This is how they could understand the privilege in the society.

The main aim of this session was to impart two important lessons:

Lesson 1: Although we may be taught to believe that all people are created equal, in reality many factors influence the opportunities, successes, problems, and outcomes we experience in our lives. Because of social structures, including class and gender structures, some of us enjoy privileges that others don't enjoy.

Lesson 2: This activity also emphasized that young people are not a homogeneous group. Life experiences and opportunities or disadvantages create huge differences among various youth populations in terms of needs and desires, and interventions that are relevant to their circumstances. When we work or advocate for young people, we have to keep their differences in mind to make sure that we address the needs and opportunities of specific youth populations.

At the end session of the very first day we had shown them the Hollywood movie called "Dirty Dancing" where participants were asked to watch it through gender lens and study the scenario of the movie how it portrays the sexuality, safe abortion ,contraception's, class issues on it. Dirty dancing is an English movie based in the U.S.A during the 1960s; it shows the difference between the different socio-economic categories within the community and the class differences and privilege of rich over poor.



Figure 6 Felicitating Manisha Gupte for her amazing time and energy

B. DAY TWO

First Half

After the wonderful day one, we found the participants to be more energetic. We had the quick review and recap of first day which was done in participatory approach and a quick summary was done by Youth Champion Anjila Thapa.



Figure 7 Ms. Anjila and other participants on the Recap of earlier day

Session 4: “Basic updates on reproduction, contraception, and safe abortion”- Dr. Dalvie and Youth Champions Deepa Shrestha and Ashna Bhandari

Deepa Shrestha and Ashna Bhandari asked participants to draw anatomy of their reproductive organs in small sticky notes. Furthermore two participants were asked to draw the picture of Male and female reproductive organs in the chart and explain it. Rupesh and Homendra drew female and male organs respectively.



Figure 8 Participants drawing the picture of Human Anatomy

To facilitate the discussion further, participants were divided into different groups and asked them to prepare and present on contraceptive devices. Each of the group presented uniquely and the further explanation on each contraceptive device was done by Dr. Dalvie. Moving forward in the session she explained the various surgical and medical method of abortion and how medical method is getting popular over surgical and as oppose to the common myth if taken correctly medical method are also more than 93% effective for safe abortion. She explained how in countries with restrictive laws, drugs like misoprostol which has also been used and approved as the medicine for gastric ulcer and bleeding is helping women to terminate unwanted pregnancy in a safe way. The various surgical procedures were also explained and the importance of family planning in post abortion care was highlighted too.



Figure 9 Dr. Dalvie, further explaining the mechanisms of Menstruation and Contraception

To visualize it more clearly we had a fertility dance on the terrace which was conducted by Dr. Dalvie, Deepa and Ashna. Lots of laughter and fun as the sperms tried to run to the

ovum and were held back by the condoms or blocked by the strong arms of the IUDs. The participants were able to better visualize the anatomy and physiology and also the mode of action of each contraceptive device.





Figure 10, 11, 12, 13 Glimpses of Fertility dance

Session 5: Patriarchy in Medicine

The next session got shifted after the lunch break but before that we had small tea break. We had the session of patriarchy in medicine which was led by Mr. Prabesh Bikram Singh. The very first question was, is there patriarchy in medicine and why? Various reasons were given for the existence of patriarchy in medicine. Some are below:

- Not strong enough to perform surgeries that require brute strength.
- Not enough girls are even allowed to study medicine or pursue their post graduate studies because their only purpose is to get married, not to become great doctors.
- Females are regarded as nurses or “sisters”.

Prabesh further explained why medicine as subject is gendered itself. He explained it with example from a known disease Heart Attack also known as Myocardial Infraction (MI)E.g. Major symptoms experience by patients suffering from Acute MI:

For males:

- Crushing chest pain
- Pain radiating into the left arm
- Feeling of Acute indigestion

For females:

- Shortness of breath
- Weakness
- Unusual fatigue
- Cold sweat
- Dizziness

However, women <50 years have a 24% higher chance of dying from an MI than males do.

The signs and symptoms of acute MI only centered around male patients but not towards female. This shows how it has been pertinent to not only talk about but to find ways in which we can have better understanding of gender within medicine.



Figure 11 Prabesh leading session on patriarchy in medicine

We need to include in our visions both male and female patients/bodies while learning about some disease or body structure/process. There should be the solution too towards it. They had a discussion on the article by attorney of Pakistan which was below:

- A 50 50 quota for girls and boys seeking admission to the country's medical and dental colleges
- In Pakistan, 70% of the graduates were women
- 50% out of them were practicing
- The problem was not enough females are practicing, that is 50% of the graduated females are not practicing.

The solution was that the Pakistani Society should be responsible in removing the patriarchal influence, because after passing, female doctors are not allowed to practice, in order to fulfill her role of being a house wife, or a provider for her family's needs.

We had a session as "Abortion laws in medicine" which explained how the laws existed in medicine and how the ancient civilization was and forms of herbal medicine used .why women were tagged as witches and the reason behind it. Women were suppressed from an earlier time itself.

Second Half

Session 5: Abortion laws in Asia

The session begun with real life scenario led by Pushpa Joshi and Swikriti Thapa where the session begun by the division of participants into 3 groups. They were given 5 case scenarios of



women requiring safe abortion services and further asked to choose 3 cases out of five and they were made to rank them. This exercise was meant to make them understand that women have abortion because of various reasons and by prioritizing one over another we are making assumptions and discrimination on the basis of age, sex, marital status, number of children etc. that We gave this scenario to check further help them understanding regarding the various conditions under which abortion is legally available in various countries across in Asia and in Nepal. People are often judged and do gets emotional. We were taught of need based approach and right based approach. More of people should get right based approach.



The another session begun with the Abortion laws in Asia led by the Purna Shrestha where she explained right to abortion as secure, accessible and legal. The session also gave participants to understand the implications of law and its impact on the services. She also gave the overview of positive amendments to country laws such as Nepal. The participants were taken to the journey of safe abortion services in Nepal of past 15years, its challenges and issues surrounding it. For preparing the future advocates, detail understanding of existing laws and policies is needed that will help them to be better advocates in future.



Session 6: What does it mean to be Prochoice? : Suchitra Dalvie

We had another session as **“What it means to be Prochoice?”**

Dr. Dalvie, further explained if you are a pro-choice only for the choice that you think is right, you are not a true pro-choice. For example, if you are telling a woman that she is discriminatory for choosing male fetus over female, because she has no other option as she will have to face difficulties if she gives birth to a girl child, then you have to question your ideology. She also talked about the limited option women are given to choose. For example, some male partners of women are very violent and controlling that they do not let their partner use any contraception and refuses to use condom by himself; she never has the privacy to visit doctors too. The only option she is left with is keep taking emergency contraceptive pills. Hence, we should never judge the person without knowing where they are coming from.

Dr. Dalvie reminded a sanskrit phrase **“sada suhagan bhava”** which means, may your husband be always alive which also means, may you die before your husband. The phrase is used as blessing in the hindu communities because people are aware about the fact that women will be treated worst when they are widow. After this little background, Dr. Dalvie began the discussion on sex selection. Dr. Dalvie tried to differentiate the selection” and terminologies “Sex selection” and “Abortion” by saying that if women go for not mean that they will have abortion. For example if a woman example if a woman want to have son and she goes for sex determination of the fetus, if she finds out that there is a male fetus, she will not terminate her pregnancy. Hence, all sex selection does not end with abortion; it also ends with not having an abortion. The facilitator also talked about antenatal and post natal sex selection. The participants gave some examples of Post natal sex selection as female infanticide, abandonment, massive and conscious neglect of girl child (no nutrition, no health care, no immunization)(the death rate of girl child is massively higher than the boy child) This is also sex selection.

“Prochoice: The choice we take over our body, the choice related to pregnancy”---Youth Champion



The discussion also took place on myths around sex selection, people going for sex determination of their fetus to the babajis and some norm that people follow to have the desired fetus in their womb.

Dr. Dalvie further added that the above argument of desiring equal sex ratio of males and females is very hetero-normative. By assuming that equal sex ratio of males and females is natural and perfect, we are excluding the population with diverse sexual orientation. Similarly, we are also assuming that everyone will marry, which might not be true. It is very problematic to use numbers to solve social problems. D. Dalvie emphasized that the problem is very deeply rooted to the patriarchy and the numbers will not solve the problem. She used the story of Birbal to clarify it. As per the story, the king Birbal searches for his lost ring under the lamp. One person also accompanies him and helps him the search the ring. They both become unable to find the ring and the person asks the Birbal whether he has lost his ring at the same place they have been searching, Birbal replies that he had lost his ring in some other place but it was too dark there so he searched for the ring under the lamp instead. Like this story, people are targeting the sex selective abortion because it is the easier one. Government does not want to control the social structure that encourages gender inequality but they want to control the women's body because the later one is easier. The root problem is patriarchy and gender inequality which are in shadows and people do not want to talk about it because they cannot challenge it. She encouraged the participants to question everything and think from the different perspective.

The discussion was followed by interesting discussion on the myths and misconceptions that people follow blindly for the process of sex determination. The facilitator also showed some pictures of the campaigns and advertisement which was emphasizing the notion of saving girl child, which was very hypocritical. Some of the posters were personifying the fetus, which was very problematic. Dr. Dalvie also gave example from India on how the sex selection has threatened the whole safe abortion issue and has moved attention away from gender discrimination issues and social cultural patriarchal norms which are so much more difficult to change or control.

In this way, the session provided a space for the participants for starting the conversation on the issues that has been in shadows for ages. The session facilitated the discourse on sex selection and abortion and convinced the participation that abortion cannot be viewed in isolation.

C. THIRD DAY

First Half

Finally the morning of the final day started with the recap and review done by youth champions and asked them to state one thing that they learnt on the previous day which was new to them. Following which we received following response from the participants.

Bishal: Brainstorming, and contemplating on different subjects

Rupesh: Fertility dance, quite different, pragmatic, we can know the actual way of what we have learned, and how we can implicate it

Bindu: Patriarchy in medicine, faced daily in the hospital setting, signs and symptoms of acute MI only centered on male patients

Roshna: Discussion surrounding nurses, witches and midwives and the interpretation of witches was really shocking, men started suppressing women from such an early time

Subina: Being a non-medical student, learned so much about contraception, and the discussion surrounding witches

Samira: Clarifications about the laws and regulations in Nepal, we need to be pro-choice, not just the laws, but we should also focus on our conscience, use it while practicing

Homendra: Abortion laws in Asia and in Nepal and the concept of pro-choice, didn't know anything before, still have one confusion, choice is the freedom given to the women and pro means you are supportive of their choice

Aakarshan: Video documentary in Accham, hard unknown reality of Nepal.

Anjila: We should always hear what women have to say and trust them and help them.

Insha: other workshops, we were separated into groups named "penis" or "sex". We used to draw the reproductive organs by looking in a book, and we used to try and perfect it, but yesterday we drew what we already knew

Aakansha: Patriarchy in all other fields, parental leave should be implemented, i.e. father should also be allowed to take time off to take care of the baby. Pro- choice is not pro-abortion.

Durga: Got to become sensitized on so many things, we do not always need to follow our seniors or leaders; we should be able to argue in favor of human rights.

Parmita: Family planning and fertility dance.

Rastriyata: Learnt to realize there a reason behind everything, and we need to search for the explanations. We need to keep challenging everything.

SESSION 8: INTERPERSONAL COMMUNICATION

Day three mainly revolved around the topic of communication, its importance and methods of effective communication. The session was led by the president of Youth CAN **Ms. Smriti Thapa**. A game named '**CHINESE WHISPER**' was played which taught that communication

is a two way process and there shouldn't be any barriers in encoding and decoding process for the best possible flow of messages.



People might have had felt message was too long, irrelevant use of language, methods of communication might be different as well as the perception too. For the message to flow positively, we just need the intent of the listeners, simple use of language, should be relevant. Sometimes we need to flow a message that is relevant to the receivers and it must be very specific about the type of message they are trying to convey. They were even taught to project ways in overcoming

communication barrier in communication process.

When we talk about communication, what it really means? Participants should know what it exactly means; it's just a process of transmitting information and common understanding from person to another or between many people and is also a tool for interaction.

There are different modes of communications which is direct and indirect. We even know about the direct mode which either take place verbally or non-verbally whereas for indirect mode u portray a message through media like television, email, poster etc. There is even a barrier in a communication .So, we should be very careful and sensitive while using the medium of communication, language and the target of the listeners.

There was a role play played by Aakarshan , Insha and Roshna. Roshna played the typical, judgemental and a horrible counselor and aakarshan and insha played an unmarried couple who needed an abortion. From the above role played we can conclude that Legality of the situation does not always guarantee that the abortion will be safe.

<https://www.facebook.com/youthcann/videos/1728368410792982/>



Figure 13 Chinese whisper

Then, Ms. Smriti took concise session of social networking, its benefits, proper usage and the impacts it can bring. Following which Dr. Dalvie briefly facilitated about sexism and misogyny in media, including movies, advertisements, songs and other areas. We watched a few videos with sexist contents and discussed about each video. The main stream media has filled large part of our subconscious through these sexist and misogynist messages that we subconsciously take it as new normal. This entire session had a powerful message that what we are and what we become is because of what we feed our brain.



We also learned about content creation and curation and how to communicate our content. We worked in groups to create our own 'CONTENT' about the knowledge and experiences that they came across in these 3 day Institute and the things they have been passionate about in the field of sexual and reproductive health and rights. They also talked about their future plans about utilizing this knowledge to bring about change in their community.

Some youth champion created powerful content, it was clear that past three days were so powerful in making youth champion question the existing norms and condition and whether they concede to it or be the change



Figure 14 Participants with their unique content

The most emotional of all was the valedictory session, where we were not only certified to be Youth Champion but also received our first visiting cards. This was super exciting for me and most of my colleagues. The amazing memorable photo shoot at the end was something to remember forever.

The summary of all the three days is given in the link below:

Day

one

https://www.facebook.com/pg/youthcann/photos/?tab=album&album_id=1729377534025403

Day Two

https://www.facebook.com/pg/youthcann/photos/?tab=album&album_id=1729383074024849

Day Three

https://www.facebook.com/pg/youthcann/photos/?tab=album&album_id=1729388440690979

The entire program had various games and refresher in between which participants enjoyed very much.



OUTCOMES:

1. The YAI created a platform for young women and men from different background to learn advocacy for young people's sexual and reproductive rights at national and international level within the human rights framework with special focus on safe abortion.
2. With new champions from the institute, formation of strong network of youths working on diverse movement (Social work, Public Health, engineering, Medicine, Youth, Research etc.) to work on sexual and reproductive rights with focus on safe abortion services.
3. With the session on social media, participants learned to utilize social media for networking and communication.
4. Participants had an increased understanding on SRHR and enhanced leadership following the institute as measured by the pre-test post –test evaluation.
5. Youth champions will be supported for their ongoing engagement within and outside their community to ensure they advocate effectively for improved access to safe abortion services, including medical abortion. It will be done either through mentor ASAP small grants or other through their engagement in other future projects of the network.

CHALLENGES

The challenges were minimal in comparison to first national YAI where we conducted in dire national situation. However, we had some last minute administrative and logistical challenge due to some miscommunication over with the hotel administration and Youth CAN core team. Some participants despite the earlier pre notice missed some session due to their emergency task.

LESSONS LEARNT

- Involvement of young people from diverse movements/background helped to understand different perspectives and angles to the issues of SRHR faced by young people--which the institute did by involving mix of fresh and experienced advocates/activists. This created sharing of experiences and has helped to build strong SRHR advocates in different arenas by enhancing their knowledge and advocacy skills.
- There was sustained and enhanced cohesion between the members of the network during the preparation of the YAI and country seminar.
- There was transformation in knowledge, skills and attitude among the youth champions in working as team, managing logistics and carrying out an important 3 days institute with team effort.

CONCLUSION

Youth Advocacy institute Nepal coordinated by the Youth Champion Advocacy Nepal (Youth CANN) and funded by Asia Safe Abortion Partnership is further stepping stone for Youth CAN. It has provided an excellent learning sphere for the old Youth Champions. New youth champions became the part of newly formed network. They are now a solid foundation of the network which strives to serve as a forum for information, experience sharing and exchange of ideas, strategic thinking and planning for a collective vision aimed towards advocacy of safe abortion services.

Annex A

PREPARATORY PHASE:

In order to guide the events and get inputs the old Youth champions who had attended the earlier youth advocacy institute meet ample of times in person and communicated through social media through various preparatory meetings. All together of 10 pre and post meeting was held. The team members were basically responsible for the providing necessary suggestions for the implementation of strategies and activities mentioned before, during 3 days YAI and country seminar. The various meeting helped the team to better understand the event and delegation of activities to each member. Decisions were made by consensus. When required subgroup meetings were also arranged through Skype or phone. All the members of the group were assigned a role before and during the YAI which suits their interest and area of expertise.

The team was expected to fulfill the following roles:

- Provide the expert opinions in regards to one's experience and working area for effective implementation of the project.
- Attending all scheduled Group meetings for the preparation and the proper implementation of the program.
- Share all required communications and information across all Advisory Group members.
- Selecting the participants for Youth Advocacy Institute.
- Make timely decisions and take action to support the program.
- Fostering collaboration within the team member.
- Removing obstacles to the successful delivery of objectives of the project.
- Notifying members of the Group, as soon as possible, if any matter arises that may be deemed to affect the implementation of the program.
- Managing the funds and the logistics of the for YAI and the seminar which includes and in order to do so the members of the team was supposed to carry out following activities:
 - Coordinating with Hotel Manager as and when necessary. Booking hotel rooms, coordinating with the manager on the rooming list, keeping ASAP in the loop.
 - Bookings for Seminar venue.
 - Managing conference menus (such as vegetarian food, water bottles) for all the days of the meeting.
 - Managing the funds sent and keeping a note of disbursement of the per diems.
 - Buying of stationery: bag/ pad/pens/ folders /name tags. (YAI + seminar).

- Printing agenda and other resource material, making sets to give to the participants.
- Printing of annual report/ small grants reports.
- Managing the registration desk and being present on the days of the meeting in turns .
- Registration list to be printed.
- Coordinating and managing the Reception Dinner on Day 1 for participants of YAI Nepal.
- Helping with taking photos during the meeting.
- Informing YAI participants about their selection, venue, agenda, travel etc.
- Invitations for Seminar and sending them information on venue/agenda and travel.
- Managing Menu for seminar.
- Prepare financial report for all the cash transfers made other than the hotel.

The participation of the youth champions for the preparation was on voluntary basis, and youth champion who were available in Kathmandu were part of the team. Members were acknowledged for their effort with certain travel cost, daily allowances during YAI and communication allowances. Members were also provided with reasonable time to make decisions as well as complete, accurate and timely information was shared among the team by the team lead.

SELECTION OF THE PARTICIPATION

After the overwhelming number of applications from Nepal, ASAP conducted its 1ST National Youth Advocacy Institute in Nepal on 29th September ,2015 .As a success of its First YAI ,Youth CAN and ASAP collaborated again for the second National YAI. We then made a call for application. The majority of the participants were selected through the application process. To add the variety to the participation, some were selected by the recommendation from the old youth champions. Fifty applications were received so far and out of which 25 applicants were chosen from application. The chosen candidate had to go through the process of skype/phone interview. All the 16 chosen participants were given full scholarship including the cost of lodging and local travel

LIST OF PARTICIPANTS

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The link to further details is in the video below!!

<https://www.facebook.com/youthcann/videos/1727377530892070/>

**ANNEX C
ANALYSIS**

TABLE 1: FREQUENCY OF THE RESPONSES

N=16

	KNOWLEDGE REGARDING	Pre test		Post test		% DIFFERENCE
		Correct answer	Frequency (%)	Correct answer	Frequency (%)	
1	Sex	15	93.75	16	100	6.25
2	Gender	16	100	16	100	0
3	Human rights	6	37.5	16	100	62.5
4	Reproductive rights	15	93.75	15	93.75	0
5	Reproductive health	11	68.75	13	81.25	12.5
6	Unsafe abortion	15	93.75	16	100	6.25
7	Pregnancy	5	31.25	8	50	18.75
8	Contraception	16	100	16	100	0
9	Safe abortion methods	11	68.75	13	81.25	12.5
10	Abortion & its effects	8	50	12	75	25
11	Pregnancy after abortion	4	25	7	43.75	18.75
12	Hormonal contraception	11	68.75	15	93.75	25
13	Medical abortion	7	43.75	9	56.25	12.5
14	Risks of medical abortion	14	87.5	14	87.5	0
15	Misoprostol efficacy	8	50	9	56.25	6.25
16	Sex Ratio	14	87.5	16	100	12.5

Above table depicts that there is significant change in knowledge among participants in regarding reproductive health contraception, safe abortion methods, and pregnancy after abortion, hormonal contraception and sex ratio. However, they had previous knowledge on definition of sex and gender.

This illustrates that there is significant difference in the knowledge of the participants before and after the intervention. Thus, this advocacy program was found to be effective

ANNEX -D

TEAM BIO

Ms. Smriti Thapa

Smriti Thapa is the Founder President of Youth Champion Advocacy Nepal and also Founder Advisor of young women led feminist organization called Young women for Change. She holds Graduate degree in Nursing in Women's health and development and is faculty in women's health in department of Nursing. Along with that with more than 10 years of working in youth leadership and advocacy particularly on Sexual and Reproductive Health Rights (SRHR), Safe Abortion, and young women's leadership, she feels blessed to have this rare opportunity to work with diverse stakeholders in advancing the agenda of

linking health with human rights. She is committed to working on issues of women's health and rights and gender equality and has been contributing actively and regularly to taking these issues forward, both in her country Nepal, as well as at the regional and international negotiations spaces, conferences and seminars. She has also been awarded with various youth leadership awards. You can reach out to Smriti at : smriti.thapa17@gmail.com



Ms. Pushpa Joshi

Pushpa Joshi started her career in the development sector as a volunteer at Bhaktapur youth Information Forum in 2010. With a more than five years of hands on experience in the field, she has worked on various issues like Sexual and Reproductive Health Rights (SRHR), safe abortion Advocacy, gender, Sexuality, young women's leadership and so on and has also some solid experience of working with grass roots. She got introduced to Youth Champions Advocacy Nepal (Youth CAN) in 2015 during 1st National Youth advocacy institute (YAI) and has been a part of core team of Youth CAN ever since. She is currently working at LOOM, a feminist organization and serving as a panellist in United Nations youth Advisory Panel (UNYAP). You can reach out to Pushpa at pushpajoshi23@gmail.com



Ms. Swikriti Thapa

Undergraduate in Telecommunications and ardent advocate of gender equality and women empowerment, Swikriti feel extremely blessed to have this rare opportunity to follow her dream both in technology and working for women human rights. She is also founder of young feminist organization called young women for change. After attending Youth Advocacy Institute in Kathmandu and Youth Advocacy Refresher in Mumbai she has been working as core team member of Youth Champions Advocacy Nepal. Her hard work and dedication towards her work is an asset to the team. Introvert by nature her interests mainly surrounds on program management, networking and strategic planning. You can reach out to Swiriti at: thapaswee23@gmail.com



Dr. Randhir Sagar Yadav

Randhir graduated from Institute of Medicine. Currently, he serves as the in charge of Tokha Chandeshwori Primary Health Center. His Journey of SRHR advocacy began with Youth Advocacy Institute (YAI) held in Nepal and is the founder secretary of the organization. Steady and consistent in the journey to various national and international forums on SRHR and safe abortion advocacy. He was also active member of International Federation of Medical Student Association (IFMSA) and been part of various national and international conferences and seminars. He is energetically involved in ongoing research activities and have also penned down few medical text books. Dr. Yadav is determined to reduce the provider's stigma and barriers for access to SRHR services for women and girls of Nepal. You can reach out to Randhir at : sagar.randhir@gmail.com



Ms. Elisha Joshi

Energetic and inquisitive, Elisha Joshi who is completed her graduated degree in nursing with her specialty in Women Health and Development strongly believes that perseverance is the very key to success. She has been actively engaged in Youth CAN as core team member. Currently also working as study site coordinator in life line, she sees being youth champion as an ultimate platform where she can stride towards her goal of contributing towards sustainable social development, strengthen her weakness and convert them into valuable assets. Determined and motivated, she had worked in a literary club named 'Parikrama' in Dharan and currently is also working in the editorial team in Youth CAN and manages blogs and social media. You can reach out to Elisha at: ejoshi03@gmail.com



Dr. Prabesh Bikram Singh

Prabesh Bikram Singh is a Medical Doctor who recently graduated from the Institute of Medicine, Kathmandu, Nepal. He is the Vice President of YCANN. He has received Training on Abortion issues from Asia Safe Abortion Partnerships and has also taken the Refresher Course. He is one of the co-founders of International Youth Alliance for Family Planning and its Country Coordinator to Nepal. He is one of the 200 Women Deliver Global Young Leaders worldwide. He works as a volunteer at Family Planning Association of Nepal, a member associate of IPPF. He has the experience of working as a Regional Director on Sexual and Reproductive Health and HIV/AIDS in the Asia Pacific Region at the International Federation of Medical Students' Associations..

Prabesh is actively involved in various activities related to young people and women's sexual and reproductive health and rights. He has participated in various workshops and trainings related to SRHR and Abortion as well as been a Trainer on Comprehensive Sexuality Education. He is interested in advocacy and is involved in different youth organizations working in different areas of health and youth development issues in Nepal.

You can reach out to Prabesh at : [**nucleon.prabesh@yahoo.com**](mailto:nucleon.prabesh@yahoo.com)

