

2nd National Youth Advocacy Institute, 2022



YOSHAN | YAI: THE REPORT

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Program Details

Date:	22 June, 2022 to 24 June, 2022
Timing:	8:30 am to 6 pm
Venue:	The Address Kathmandu Hotel, Thamel, Kathmandu
Host:	Youth-led Sexual and Reproductive Health Rights Advocacy Nepal (YoSHAN)



Participants and Facilitators: National YAI 2022

Background

YoSHAN is a young feminist-led youth advocacy network of Asia Safe Abortion Partnership in Nepal. We are a group of Youth Champions committed to protecting, promoting and advancing the sexual and reproductive health rights movement in Nepal with a primary focus on safe abortion rights. We challenge the discriminatory norms and amplify our feminist actions through collective efforts.

YoSHAN has received a grant from Asia Safe Abortion Partnership to implement activities under Amplify Change Grant. One of the major activities is to conduct the first national youth advocacy network (YAI) in Nepal for young people (20-30 years) with medical backgrounds (doctors, nursing students, ANM, public health).

The objectives of the organization are neatly delineated by the acronym BADASS:

- B = Build safe abortion rights movements in the community
- A = Amplify pro-choice actions in the community
- D = Dare to challenge harmful social norms
- A = Advocate for Sexual and Reproductive Health Rights (SRHR)
- S = Share our knowledge about SRHR related issues
- S = Support all people who seek abortion

There is a growing need for young champions to promote, protect, and expand the sexual and reproductive rights in Nepal. The most challenging component among the issues is the right to access safe abortion services. Young people need to be able to challenge conservative interpretations that permit the cultural practices restricting the rights of young people, especially young girls and women.

Understanding the gender and human rights dimensions of this struggle is important in building the capacity and to be able to hold governments accountable for fulfilling the rights of their citizens is very crucial. Building alliances with communities and key stakeholders is only possible through the use of social networking platforms as well as offline activities.

Workshop Details

The workshop navigated the situation surrounding abortion in Nepal by exploring the patriarchal context of our society, understanding the anatomical and procedural aspects of sexual and reproductive incidents, deliberating the laws in the same regard, and finally converging these aspects and other intersectional topics to achieve the type of conversation that was anticipated.

About the Participants

There were 20 participants from different parts of Nepal. The participants were from diverse academic and professional backgrounds including medicine, public health, nursing, social sciences, development work, and so on. An online application was announced on social media of YoSHAN through which 20 participants were selected based on the strength of their application forms. They were active in continuing and engaging with the discussion of all topics throughout the workshop.

Understanding Gender and Patriarchy and its Linkages with Safe Abortion Issues

Objectives and Content: At the end of this session the participants should be able to:

- *Understand the difference between sex and gender*
- *Understand the social construct of gender and the role of patriarchy in perpetuating the gender inequalities.*
- *Understand the cascade effects this has on the differential control over resources and decision-making powers.*

Following a healthy breakfast provided by the hotel, we gathered in the auditorium on the top floor to start with day 1, the first session being on *understanding gender and patriarchy, and its linkages with safe abortion*. The session was conducted by **Dr. Suchitra Dalvie**. The session sought to unfold some of how we have normalized certain norms of what sex and gender mean, what roles they play in our lives, and how we view our interactions within these contexts, through an interactive setting.

We started the session brainstorming about a pair of twins – one born a boy, the other a girl. Before getting into the brainstorming, however, we acknowledged that we were restricting this discussion to a binary dimension and that this washed over potential conversations over people of the intersexes. Even when a person is born intersex, there has historically been pressure to assign them to a binary gender identifier – usually on the authority of the priest, father, village patriarch, etc. – to fulfill the social expectations of whether the child is a “boy or a girl.”

We talked about how we would not be able to distinguish them from far apart, except if they were wearing clothes with gendered colors. This would probably remain true till their first birthday too. The boy would get dressed in typically masculine clothes (vests, belts, pants, shirts, etc.), whereas the girl would get dressed in typically feminine clothes (skirt, pink and flowery clothes, etc.). Notably, the children do not decide that those are the clothes they should wear or want to wear. These decisions are imposed upon them by external agents such as their parents, other family members, etc. By the twins’ fifth birthday, when the guests would be looking for gifts, we talked about how the boy would likely get things such as RC cars, toy guns, bicycles, footballs, video games, etc. whereas the girl would likely get things such as barbie dolls, clips, kitchen sets, jewelry, etc.

We were then made to think about the dialogue that would occur within that household if the twins swapped their toys at the ages of 10. If the girl played with the football, she would have to hear comments such as, “It’s only for boys,” “You cannot go out alone,” “Who will you play with,” “You’re not safe outside,” among other things. Similarly, if the boy played with the barbie doll, he would have to hear comments such as, “Are you a girl,” “Who would want to marry you,” slurs such as chakka/hijra, among other things. An interesting thing to note about the likely comments heard by the boy is the nature of insults being such that they demonstrate *manhood* being the highest possible post in the hierarchy, and the accusation of the boy doing the *unmanly* things is for diminishing the dominant dynamic that comes in association with masculinity.

Around this time, the boy would probably go out to play football with other boys at a park nearby. There, he is likely to meet a diverse group of boys, learn to socialize, learn to negotiate, exercise his autonomy when he crosses the road, go out, take his football, etc. among other things. The girl, on the other hand, will play with the kitchen sets and barbie dolls, either alone, or with one close friend. This friend is likely to be someone approved by her parents, belonging to the same economic class and social standing as her. In their plays, the girl would emulate domestic scenarios such as cooking, cleaning, appeasing her husband and children, etc. Within such practices, we are conditioning the boy to anticipate power as he grows up. Conversely, the girl is conditioned to sacrifice and concede in various aspects of life. Neither baby would sacrifice milk when breastfeeding, but as adults, the girl child has to concede her share of the inheritance. If there was a circumstance in which only one child could be sent to school, probably only the boy would attend as there are anticipated returns to that investment, i.e., the boy will take care of the family in the future whereas the girl will get married off.

We did this exercise of brainstorming the life of a pair of twins born at the same time to see how our society follows cis-heteronormative standards at even the smallest turns. Sometimes, these standards are relatively easy to discern. Things such as surnames passing down from the fathers' sides, the caste associated, the significance of a woman's marital status, etc. are some examples. Other times, however, these standards are more subtle. A lot of the paper headlined "the appointment of the first female president of Harvard," as though it was something out of the blue rather than a normal occurrence. The implication is, of course, that this event was a disruption to the status quo, rather than being a part of it. We followed the exercise of the twins with an exercise in word association. We were made to associate words that came to our minds following the words *masculine* and *feminine*.

Feminine

Soft

Suppressed

Emotionally charged

Sophisticated

Shy

Obedient

Sweet voice

Inferior

Resilient

Pink

Passive

Masculine

Brave

Physique

Muscular

Courageous

Dominant

Strong

Aggressive

Energetic

Loud

Combat jacket outfit

Decision making

This illustrates the stereotypes and confined boxes within which we view the binary genders and their respective roles. We talked about how gender roles tend to be dynamic with location (condition of women

in Saudi Arabia vs the US), with time (for instance, men would wear heels in medieval Europe as the horses they rode would excrete on the roads and they did not want to step on it), with culture (aesthetic presentation around things such as ornaments being much more gender fluid in some cultures), among various other factors. The colonial powers also brought about a shift in certain gender roles, especially in South Asia. For instance, men often wore skirt-like bottoms in the past – lungi, dhoti, etc. – but now such clothing is considered feminine. Dowry initially being women getting their inheritance, before the British shift in social structuring making it a transaction between families at marriage is another example.

We then talked about the origins of patriarchy. In early human evolution, the men would go out to hunt, whereas the women stayed back to rear offspring. With the commencement of the agricultural revolution, these roles became more and more redundant. Ironically, however, they were made to be even more rigid for the preservation of private property. At death, people wanted their child to inherit their property. A woman could make sure whose her child, is because she gives birth, but the man could not be so sure. The way the men ensured that their wives gave birth to their offspring was by ways of restricting their freedoms – making sure that the wife cannot go meet other men, that she can only have sex with one man, and insist that she is a virgin before marriage and bleed on the first night – through practices that continue into this very day. In essence, life is narrowed down to whether another penis has entered the wife's vagina to make sure that the person who gets the man's property is the man's son.

'Patriarchy' literally means 'father's rule'. Gender roles can be thought of as the expression of patriarchy, and we find them to be as ingrained in society as fishes living in the water. Usually, the name of the household is of the father. The surname, as aforementioned, is adopted from the father; the mother's name is lost beyond her generation, even though the two parents have an equal genetic contribution. If anything, the women have asymmetrically more contribution as they have to carry the fetus for 9 months, likely sacrifice their education, career, and other aspects of life, etc. to raise the child, whereas the man never has to make such concessions. Men also face oppression when they do not comply with the cis-heteronormative standards. They are laughed at, insulted, beaten, raped, and lynched among various other forms of violence, most of which goes scot-free since the lawmakers/enforcers are also following those standards. Similarly, women who wear skirts, play football, cut their hair short, and upset the set standards in other ways are called tomboys and are told to cover themselves and show decency. This is done in the hopes that their eventual in-laws will think they have not had boyfriends, and that they will be 'good' mothers, wives, and daughters-in-law.

We then talked about how the patriarchal norms manifest in both private and public spheres. In private spaces such as within the family, domestic violence, emotional abuse, financial coaxing, etc. tend to increase as women become more empowered. The police do not want to interfere with 'family affairs' either, and they misclassify cases of domestic violence as general civil disruptions. In the public sphere, there is a gender imbalance in politics to engender men's power. There exists a gender pay gap. In India, adultery laws are defined such that the male adulterer is punished for violating the 'property' of another man. In instances of violence and assault, the victim is blamed by the public eye. In organizations, the decision makers are usually male, whereas females are often appointed to jobs with lesser authority. Even in the case of affirmative action pushing certain females to higher positions, these positions are often tokenized and made effectively redundant from the functioning of the organization. In the rare instances where females do get into leadership positions, they tend to be leaders who reinforce the patriarchal systems and are generally viewed as good 'gender traitors'. It is important to note that there is significant

overlap between the private and public spheres of patriarchal structures, as the family and community often intersect and affect things such as local policing and the appointment of governments.

Religion has played a long and significant role in reinforcing the patriarchy. Depending on the specific traditions in various belief systems, it has withheld mothers from attending their son's weddings. The treatment of widows has been abhorrent, with practices such as the *sati pratha* being prevalent up until recent history, or the widows being viewed as burdens to whichever family they return to. There is church backlash to SRHR advocacy. There is also extremism directed toward abortion clinics and other SRHR faculties, under the guise of maintaining religious purity. During a marriage, customs such as *Kanya dan* and the popularization of asking for the father's permission in movies diminish the agency of women. This is also true in the context of arranged marriages – the men have to be taller and older than the women so that their position of greater power is preserved.

There were questions in the group about what potential solutions to all these problems could be. Dressing children in gender-neutral colors, giving everyone similar gifts (e.g.: books, puzzles, doctors' kits, etc.), etc. are solutions that were discussed. Giving extended maternity leave was also suggested, but it was pointed out that this oftentimes keeps women out of jobs for longer periods, which only goes to deter them from achieving more in the workplace as opposed to their male counterparts. A potential fix is giving parenthood leave, irrespective of gender, instead. A lot of early women's rights movements heavily prioritized enabling women to occupy public spheres, but the men did not resort to responsibilities and tasks in the private spheres. This means that women now often have to do the household work while also performing their occupational duties.

We then went on to do an exercise on what sorts of women are generally considered good and bad by patriarchal standards. Women are generally considered to be good if they do not like sex, if they wake up before everyone else in the family, if they are quick for pujas, etc. The burden of satisfying 'their man' in every aspect is placed upon them and they try to acquiesce to these wants. They are never supposed to say no to sex. They are not supposed to masturbate. They cannot drink alcohol. They should shave off their body hair, always have makeup, and always speak in a high-pitched voice. These standards formed to 'keep husbands happy' are crafted with the supposition that men cannot negotiate and achieve their happiness. The whole fashion industry, for instance, works on women appearing pleasing to a man. Expectations are placed on women to take fasts, not fart, have able bodies that can rare children, and meet conventional norms of beauty, among other things. A woman who does not fit these norms or challenges the patriarchy in other forms is generally considered a bad woman.

Is the good woman treated well? No – she will probably have to endure sexual violence, domestic violence, insults, humiliation, etc. There is no reward for being 'good'. There are impositions placed on men too – earning a lot of money, having a good body, etc. – but the punishment for not fulfilling these roles is much less severe, because of his position as a man. Oftentimes, women's status of power in society tends to derive from their relationships with males. The *mother-in-law syndrome* describes a phenomenon in which the husband's mother is bad/rude to the wife of the husband. She is allowed to have this power and behave in this manner because of her power in a household due to her relation to her son. There are also patriarchal standards that carry over from past generations to the present. Mothers-in-law tend to hate their daughters-in-law because that is what they were accustomed to in their younger years. When a couple comes to know that the fetus growing in the pregnant belly is female, the mother-in-law pushes the couple to abort. In this scenario, it would be convenient for the woman to play the role of the villain

rather than the grandfather enforcing this dialogue. There is passive participation in oppression from men when women take the roles of the active oppressors.

Women are told that the higher role in their lives would be to become a mother. In return, they get no payment, no appreciation, and no compensation whatsoever. Instead, they are expected to have the bed, cook the food, take care of the kids, etc. The men are usually resting after work, watching the news, or relaxing in some other ways. These obligations signify *time poverty* for women. A large reason why the gender pay gap continues to be relevant is because of motherhood rather than lack of qualifications or lack of access to opportunities. Furthermore, the institution of marriage binds a woman to a man. A worker can pay and choose their clients. A wife cannot do either. A woman is raised to idealize the day of her marriage – it is marked as the crescendo of their life before their calendar has even turned a page. A woman is never considered successful if she is not married and with a child.

Around the end of the session, a question was raised about what would happen if patriarchy were to be replaced by a matriarchal structure. Matriarchy is still a set-up with a power dynamic, wherein one *in-group* is benefited, and another *out-group* belittled. The objective should be equalizing opportunities, material conditions of living, and various other important elements of life.

Gender and Sexism in Media

Objectives:

At the end of this session the participants should be able to understand how mass media creates and reinforces gender stereotypes and normalizes them with constant repetition

The second session on *gender and sexism in media* took place following a brief tea break after the first. This session was facilitated by **Pushpa Joshi Pradhan**. In this session, we navigated through various media platforms and observed how sexism is propagated implicitly and/or blatantly in them. This is done with the usage of *gender stereotypes*: the overgeneralization of characteristics, differences, and attributions of a certain group of people based on their gender. It usually creates a widely accepted judgment or bias about certain characteristics or traits that apply to specific genders and is used as a tool for sexism.



We started the session by discussing how some of these stereotypes exist in society. Narratives such as *men do not feel pain*, *guys only think about sports*, *men cannot get penetrated*, *girls love chocolates and romcoms*, etc. all assign and confine the gender binary into boxes. In Bollywood *item songs*, women's bodies are portrayed as sexual objects, made for men's satisfaction. In advertisements, washing powder commercials are often fronted by a female model, implying that the female will do the washing. This also signals to children that these are the roles assigned to them or not to them based on their gender. In parallel, moisturizers are usually advertised by women, motorbikes are usually advertised by men, tobacco products are also usually by men, whereas green teas are associated with weight loss usually by women (more so as a method to maintain body image than to improve health). Beauty products are usually targeted at women and fronted by women and/or cis-gendered people. Gender-specific discounts are also offered on cosmetic surgery.

The adjacent image shows a poster for a certain brand of cement with former Miss Nepal Shrinkhala Khatiwada as the poster girl. She is dressed in her outfit of coronation. However, she also has a background in architecture, which is especially relevant in the advertisement of this product, but that was promptly ignored. We can see this to be an example of how female objectification works within the marketing and advertisement campaigns of companies, even when more relevant routes could be taken.



Advertisement is predatory in other forms too. 'Fair & Lovely' (now 'Glow & Lovely') routinely advertised fair skin as a desirable standard of beauty. This reinforced colorist views of beauty and harmed the self-image of a whole generation and more. In the advertisement for sanitary napkins, a blue fluid is used as a substitute for blood. This implicitly signals to viewers that menstrual blood is dirty in some manner and not something that should be shown. The logo for an Indian fashion company called a company called *Myntra* is one that looks like the spread legs of a female. In cement advertisements, the male models are shown to be engineers with safety helmets on. The female models are made to look like buildings or other objects, even when some of them have backgrounds in the field of buildings. A burger joint advertises a seductive female with their burgers, suggesting that both are desirable *snacks*. Perfumes are portrayed as things that attract women once applied. Shoes have been advertised in the past with nude female models being placed on a level with shoes.

In movies, females are generally portrayed as victims, whereas males have to be the savior figure. The female is always someone who is confounded that has to be consoled and counseled by the males in their lives. Females are portrayed as the poorer people in the dynamic of their romantic, heteronormative relationships. Trans females are also always shown to be flamboyant, sex-driven, and overly expressive characters. They are also shown to always be *hunting* men and have larger-than-life sexualization. *Targeted slurs* are also fairly common in movies with these characters. This sentiment is also reflected in social media, where transgenderism is taken as a subject to be mocked. Social media also sees the endorsements of other narratives that are similarly demeaning too. "I did not choose my husband, but I can choose my jewelry," is a popular sentiment expressed, suggesting that it is okay for women to have no say in whom they marry as long as their material wants are fulfilled.



In conclusion, the mass media reinforces existent gender norms extensively. Arcs of females in stories are usually secondary, male-assisting characters to protagonists as opposed to being the protagonists. Female authors have to change their pen names to sound more masculine, as is the case for JK Rowling. Directors, producers, and writers for movies are overwhelmingly men. Chief editors in print media are usually men. Radio producers are mostly men. It should be the consumers' responsibility to complain about some of these things, correct the jokes we make, and create a consumption pattern that does not empower the once profiteering off of these gender stereotypes. There is psychosocial implantation and magnification of gender stereotypes in the absence of such healthy consumption in modern society.

Human Rights, Sexual and Reproductive Rights

Objectives: At the end of this session the participants should be able to:

- *Know the definition of sexual and reproductive rights and the linkages with other rights in upholding them*
- *Understand the significance of the paradigm shift the ICPD, from demographic goals to individual reproductive rights*
- *Obtain clarity on the rights-based perspectives towards safe abortion.*

We started this session, facilitated by **Dr. Suchitra Dalvie**, with a group work. The participants were divided into four groups of 5 participants each. Each group was given a question to discuss, firstly with themselves and then with the rest of the group. The answers, so to speak, of these discussions were as follows.

1. What is sexual health?

- Knowledge about your own sexuality
- Physical, emotional, mental, psychosexual wellbeing; beyond just penetration
- Sexually Transmitted Diseases
- Contraception and effective safe sex
- Experiencing sex as a primary part of life despite the taboo surrounding it
- Empathizing with other sexual orientations that deviate from your own
- Comprehensive sexuality education
- Access to services and resources for all of the above

2. What are sexual rights?

- Equal opportunity irrespective of sexes
- Able to practice sex in the ways in which they want
- No influence of urban/rural practices over personal sexuality
- Right to choose your partners
- Privacy around sex and sexual health
- An attitude of non-judgement from others
- Respect for sexual orientation and against arbitrary discrimination
- Right to contraception
- Rights to not be objectified/sexualized/slurred at
- Right to health care irrespective of gender orientation
- Right to seek sexual pleasure
- Freedom from sexual violence

3. What is reproductive health?

- Has physical, social, and mental aspects which apply to all genders
- Understanding of things such as menstrual hygiene, safe contraception, safe abortion, access, maternity health, health at pregnancy etc.
- Consent and decision making
- Social aspect of reproductive health such as sex-selective abortions forced by the household

4. What are reproductive rights?

- Autonomy to make their own reproductive decisions
- Not coerced by politics, family, partners, etc.
- Access to quality services for reproductive tools
- Confidentiality about health, consent, information
- A say in policy making aspect
- Accessibility to break myths and taboos
- Rights extend all the way to delivery
- Access irrespective of social and material hardships (inaccessibility, disability)
- Right to reproduce through various means (surrogacy, biological, etc.)
- Right to not reproduce

We noted that despite being very important, these discussions are never had in the context of a medical curriculum. A lot of doctors have the sentiment that intersex people were a *mistake of nature/God*, and they can be *fixed* through gender reassignment surgery. The misidentification of certain identities deters people having those identities from accessing health care; this is prominently seen in the transgender community. When it comes to reproduction, it is generally assumed to be in association with sexual practices. This is not necessarily true, as there are ways for non-heterosexual or heterosexual people to reproduce in ways that are not heteronormative. In family planning conversations, the focus is usually placed on heterosexual contraception, as opposed to things such as surrogacy, adoption, etc.

It is important to note that we cannot discuss sexual and reproductive health rights without having a foundational understanding of rights, to begin with. We began by having an open-ended discussion about what the participants thought of when they heard the phrase 'human rights.' These discussions included topics around who gives human rights, how human rights are universal and inalienable, how it was formally declared in the UN after the second world war, how it protects against arbitrary discrimination, etc. We would then watch a video on the same topic. The video began with a street interview where pedestrians were asked, "What are human rights?" A lot of them did not know how to answer the question, but many others did. Human rights are those rights that are guaranteed to everyone simply for being a human being, without any 'if's, 'and's, or 'but's. They are granted to people irrespective of their race, sex, gender, any other arbitrary measures, and even despite any other material circumstances.

The formalization of human rights as a tangible entity occurred on December 10, 1948, with the Universal Declaration of Human Rights (UDHR). The Universal Declaration begins by recognizing that 'the inherent dignity of all members of the human family is the foundation of freedom, justice, and peace in the world'. It declares that human rights are universal – to be enjoyed by all people, no matter who they are or where they live. However, the concept of a universal right for humans has a long history before this declaration. The first known account of human rights comes in the form of the *Cyrus Cylinder*. This piece of ancient documentation contains details about Cyrus the Great and his policies surrounding religious tolerance, repatriation of displaced people and captives, the liberation of the enslaved, and various other things. This concept of an accessible way of living life to the fullest irrespective of the person in question migrated to many parts of the world.

The Romanized concept of *natural law*, later formalized by St. Thomas Aquinas, would also be vastly influential up to the age of enlightenment and beyond. The concept is that every human being has reason and reason is a spark of the divine. Hence, every human being is sacred and of infinite value, in contrast to any created objects. As such, every human being is equal and should be bestowed with a set of rights that cannot be removed. Despite its vast influence, this general law kept getting trampled over by people in powerful positions to entrench their power further on. A large number of prominent conflicts in history reflect this fact. The Declaration of Independence and the establishment of the United States of America following British oppression, the French revolution following the nobility's treatment of the peasant class, the global struggle against colonialism and slavery, and the two world wars are some examples.

Following the world war, the United Nations was formed, in large part to reinforce the dignity of humanity. A broadly diverse consideration of what human rights means led to the Universal Declaration of Human Rights being adopted by a large number of nations, under the supervision of Elenore Roosevelt. Despite this declaration, human rights are not a fact of life practically. Dr. Martin Luther King Jr. had to march for

rights that technically should have already existed. Nelson Mandela had to fight to ensure things that had already been legally passed would be upheld in places where they were relevant. Forced and exploitative labor, child labor, and slavery continue to exist to this day. The onset struggle for gender equality is also continuing to the modern day. Human rights are choices and actions we recognize to respect, help, and protect everyone in the context of their living, and material conditions. They are meaningless black scribbles on a piece of paper without enforcement. This also applies to sexual and reproductive health rights, wherein the objective is not to provide service simply because someone needs it. Instead, the service should be thought of as a right of the person and hence requiring strong enforcement/provision.

Value Clarification

Objectives and content:

- *Appreciate the impact social values can have on individual rights*
- *Understand the nuances of policy interpretations being enabling or disabling*
- *Counter statements made by anti-choice groups*

In this session, facilitated by **Dr. Suchitra Dalvie**, we visited some of the common notions that exist in the status quo and examined whether we agree or disagree with them. Our stance on these issues depends on the values we hold at heart. *Values* are the set of moral imperatives we consider to be true and significant, and eventually inform our codes of conduct. It is highly influenced by our upbringing, social environment, and surrounding media, among other things. For example, if one of our values is that animals have the same dignity of life as humans, we will intervene in a situation where a dog was being beaten. How we conducted the session was by reading each notion in the form of an *anecdote*, writing whether we agreed or not, and providing some justification or explanation for our stance, whilst also being conscious of the wider impacts of each statement.



"A woman should stay with her husband even if he beats her, if he truly loves her."

Violence is indicative of a lack of love in a relationship, instead exhibiting assertiveness and dominance. These traits and symptoms are not reflective of what healthy and even functional relationships look like. Some suggested leaving the husband would go against the culture of our society, or that the men should be allowed to release their frustrations since they work all the time. However, it was quickly noted that assault is a crime in most laws and frustration does not justify violence. There was another suggestion that these women would not have any places to go or that they would not have evidence of being victims of violence. The women could go to their parents' house, live alone, or ask a friend for help. All of these alternatives would be better than living with a person who is violent towards them. These might not be an option for all women facing violence, however. The negligence or malevolence of law enforcers, such as the police and court judges, towards these cases, because they were deemed to be personal issues or lacking in sufficient evidence can also break spirits. The priority in these instances should be to safeguard these women and their children and collect any potential shreds of evidence such as recording bruise marks that may be helpful later.

"A sex worker cannot be raped."

Sex work is an exchange of material benefits for sexual services. *Retraction* of consent could be deemed unprofessional and unethical in the practice of prostitution, for instance, once the act had already begun. However, consent is layered, reversible, and should be informed. One may consent to a certain act but not to every request from a client. For example, one may want to retract consent when the encounter gets violent or more than the agreed number of participants are present. Consent is not transferable to different points in time. A sex worker may choose to say no if they do not want to indulge in the transaction at any point in their time. The sex worker should also be protected from extortion if the client made a video without consent, for instance. Ultimately, consent is absolute in a society that practices a *rights-based approach* and so is the retraction of consent. An orthodox arranged marriage is also an agreement of the transaction of sex for material benefits in exchange. This does not mean that marital rape cannot occur. There was a suggestion that there would hardly be anything the sex worker could do, as proof of consent changing during the act is unavailable. Furthermore, going to the police often does more harm than good irrespective of the proof. In such instances, it is important to understand and communicate the laws in the country and how they will affect various people seeking professional and legal help.

"Women who have HIV/AIDS should not have babies."

The primary concern here was the possibility of vertical transmission of the virus to the baby, especially in the absence of medical intervention. With evolving technologies such as test-tube fertilization through Intracytoplasmic Sperm Injection (ICSI) and medication, the transmission of HIV from mother to fetus is preventable. These treatments may not be accessible to all sects of society at this point, for various reasons such as expenses, laws, and infrastructure. Even then, there is no guarantee of vertical transmission. It was suggested that procreation should perhaps be suspended until such a time when it is universally accessible. However, the choice of bearing and birthing offspring is an amicable human right and should be granted insofar as it occurred consensually with all parties involved. It would be better if knowledge about sexuality and reproduction were made accessible to all people, especially ones in this predicament. They should be cognizant of what it means to raise a child, with the possibility of the mother

suffering an early death, or the child having the same condition. There are also alternative methods of reproduction such as adoption, surrogacy, etc. which should also be accessible in the same capacity as described above.

"Women who have an abortion are ending life."

The ambiguity in this discussion lies in the definition of life. Some people consider life to begin at birth, while others believe it begins at conception. The ones who related with the latter proposed that we should consider a fetus to be living as it grows, which is a biological indicator of life thriving. When the question of them being fully dependent on external entities to survive was raised, it was noted that old people who are on constant life support also fit the same description. This does not mean that they do not have a life. On the other side, the notion of viability was seen as arbitrary: ovum and sperm are also genetic units of biological significance but we do not consider ejaculation and menstruation as termination of life. The comparison then is between the utility of such life and the choice of the pregnant person. There was agreement that the woman's choice should be the primary factor in deciding what happens with the fetus, whether one considers it to be a living entity or not. If it harms the life of the mother, both in a physical or mental capacity, even at the time of delivery, then abortion should be fine.

"Choosing the sex of one's child is a reproductive right."

Sex selection is a common practice; before, during, and after pregnancy. Before birth, there are facilities for potential parents to choose either X or Y sperm. After pregnancy, there are a high number of cases of murder or the use of infanticides used for sex selection. While these are criminal offenses, the same end can be met by the negligence of the parent towards infants of a particular sex – by starving them, not giving them proper care, etc. During pregnancy, the concerned parties can find out the sex of the child and then decide whether they want to terminate the pregnancy or continue with it. While both abortion and continuation with the knowledge of the sex of the fetus are akin to sex selection, only one of these outcomes is stigmatized. It is generally anticipated that it is the female fetus that is likely to get aborted. This is because of utilitarian considerations such as dowry, investment in the female's safety, the anticipation of her leaving the household, the inability to extend family lineage, etc.

Irrespective of the reasons for pursuing sex selection, which tends to reduce the number of females at any given place, this causes several practical harms. It disadvantages the sex ratio, making it difficult for men to get married. The possibility of future demands for human resources being met or the species thriving into the future also thins down with such disequilibrium. Governments hence try to equalize the ratio through various schemes such as outlawing sex-selective abortions, giving state benefits to parents of female children, etc. In doing so, however, it does not take the women and their rights/desires/needs into consideration, especially over the economic considerations aforementioned. Some women are pressured to have a son by their husbands and in-laws; the consequences of not doing so could be dire for them. There is a generally more liberal view on abortions of fetuses that are likely to be disabled once born because of the pragmatic hardships they will have to face, but the same logic is not applied to female fetuses. If a conditionality is present when formulating a right, it is not a right at all; it is a privilege that can be taken away. The same is true for the right to abort if there is a conditionality of sex selection.

There was an incident in one of the rural villages of Nepal where a 40-year-old woman with two daughters was pregnant with female triplets. She had a mentally challenged husband, was financially unstable, and was facing a lot of pressure from her in-laws to have a male child. Recognizing all these facts, she went to

a health post to get an abortion, only to be guilt-tripped and turned away by the healthcare providers there. The stigmatization against abortion is deeply rooted in society, to the extent that it even affects healthcare work. Due to this, many women and other gender minorities do not seek the services that they desperately require. Healthcare providers think that they can make the best decision for their clients, without listening to or processing the context of their patients. The stigma of abortion is largely threaded around the narrative that it is unnatural. Although the entire medical infrastructure is built around defying what is natural, the problem seems to only be unique to abortions and not things such as treatment, vaccination, etc. It is important to prioritize the values of safeguarding and empathizing with vulnerable people seeking services rather than imposing our choices upon them.

Intersectionality/Power Walk

Following a brief tea break, we did an activity, facilitated by **Durga Sapkota**, where the participants had to roleplay as a random character that they were assigned by closed chits. They were then given certain situations, mostly revolving around SRHR. They had to take a step forward if their character would relate to the statement and take a step back if their character would not. For example, if your character was a well-educated urban man and the situation was whether you had access to condoms or not, you would probably take a step forward. If in the same scenario, you were an uneducated woman in a conservative rural village, you would probably take a step back.

The characters were as follows:

1. *You are a 13-year-old young woman from a rural part of Nepal. You came from a low-income family and were married to a much older man when you were just 11. Your husband forbids you from going to school.*
2. *You are an 18-year-old young man. You just found out that your 16-year-old girlfriend is pregnant. Neither of you wants to be parents now and you haven't informed either of your parents regarding the pregnancy.*
3. *You are a 17-year-old unmarried woman. You were studying in high school and doing good in your studies when your classmates found out that you have a boyfriend in another school. One day, your male classmates groped you with the premise that they wanted to show you what it was like being with a man. Now people in your school have started slut-shaming you.*
4. *You are a 20-year-old illiterate male who just found out that he is HIV positive. You have not shared this news with anyone else including your fiancé whom you love very much. This has caused you a lot of stress.*
5. *You are a 19-year-old female who just graduated high school. Your parents have selected a suitor for you and they want you to get married to him instead of going to a university.*
6. *You are a 17-year-old illiterate female with an intellectual disability. As your parents are unable to take care of you, they have enrolled you in a nursing home where they sterilize you.*
7. *You are a 22-year-old married woman with 3 children. Your husband died recently and you have doubt that he had HIV/AIDS. You are scared of getting tested. You also don't have any source of income to sustain your family and see sex work as your only option.*
8. *You are a 21-year-old married man. You and your wife want 2 children after getting a master's degree.*

9. *You are a 12-year-old girl who comes from a poor background. You have been sent to work as a house help for a middle-class married couple. The man at your workplace has been sexually harassing you.*
10. *You are a 20-year-old man who is currently studying law. You also work at a law firm to support your tuition fees.*
11. *You are an 18-year-old daughter of a doctor. You have found out that your parent is involved in providing abortions to the needy. You are proud of your father and aspire to become a doctor yourself.*
12. *You are a 19-year-old boy from the city who has had sex with sex workers. You recently got tested for HIV/AIDs and the result is positive.*
13. *You are a 20-year-old female student from Kathmandu. You are an HIV/AIDS and GBV activist.*
14. *You are a man who believes that women and their reproductive and sexual rights should be respected.*
15. *You are a young woman with a physical disability. You are struggling to complete your high school diploma.*
16. *You are a 19-year-old gay man who has been in a romantic relationship with another man for the last three years. However, no one knows about this, not even your family members.*
17. *You are a young woman from a village in Nepal. Your boyfriend forced you to have sex with him and you got pregnant as a result. Your mother took you to get an abortion which was complicated by excess bleeding but you survived.*
18. *You are a 20-year-old female from a small town. You love your husband but you are unable to get pregnant. Your husband is abusing you for being unable to give him an heir and he is threatening to leave you for a new wife who can fulfill his wishes.*
19. *You are a young female who was forced to flee from her hometown due to a civil war. You currently work in a factory in Kathmandu. Your working hours are long and you are paid very less. You want to go to school anyway.*
20. *You are a young woman from a village in Nepal who moved to Kathmandu in hopes of a better future. But you didn't find any job and were forced to work as a sex worker to make the ends meet. A client once refused to wear a condom and you got pregnant.*

The scenarios/questions were as follows:

1. *Has anyone ever told you about sex?*
2. *Do you have any information about sex?*
3. *Do you have any information on contraception?*
4. *Do you know where to get any contraception?*
5. *Can you buy any method of contraception?*
6. *Can you insist on the use of condoms or any method of contraception?*
7. *Can you use any method without the other person knowing?*
8. *Can you say no to sex?*
9. *Do you know what to do with an unwanted pregnancy?*
10. *Do you know where to get a safe abortion?*
11. *Can you go and get a safe abortion?*

The activity started with all the participants lining up horizontally in the middle of the room. With every question, the participants, each in the shoes of their characters, either took a step forward for 'yes', or one backward for 'no.' By the end of the activity, some participants had exited the room from the doors

at either end. More specifically, some participants moved forward for almost every question, and also participants moved backward for every question. The participants were then asked to share their reflections on the exercise.

One of the participants at the front end of the room noted that it felt nice to be in the shoes of the character they were assigned. They had access to public health awareness and facilities. They were comfortable in their relationship to make reproductive choices in the absence of coercion. The second participant who shared their experience had remained at around the halfway mark of the room. They expressed the sentiment that although they felt conflicted about their character. While they were an activist and had a good educational background, especially in the context of SRHR, it also seemed likely that they had to make a lot of their decision within the constraints and coercion of their family, partner, etc. The participant at the back end of the room was portraying a character with a disability who was struggling in high school. These two factors meant that they were either unaware of a lot of the rights they could exercise or they were physically unable to reach out for various services which they require. They also noted that it was jarring to think about how many people probably exist who have all the rights everyone else has but are unable to access them due to adverse circumstances.

Other participants also shared their thoughts and emotions following this exercise. Several of them said that their characters had some or no degree of information or incomplete knowledge. Another character had no idea about sexual and reproductive health/rights. She had her first child at the age of 17. Her husband died when she was 22, leaving her with three kids. She suspects he had HIV/AIDS and probably transmitted it to her but her only source of income is likely to be sex work. The participant pointed out how this set of scenarios was both thought-provoking and gut-wrenching. One character was placed in a different country for work and had little to no protection or information there. All these characters depict the broad spectrum within which the context of sexual interactions exists in society. Various groups of people try to sort different circumstances into boxes of black and white but it is usually not the case that any character exists in the room from one of the doors on either end. There are a plethora of other stories that do not fall within this exercise that are also worth empathizing with while talking about this issue. We can recognize SRHR as basic human rights but there should be enough infrastructure and outreach so that these rights are accessible to all characters portrayed in this exercise and beyond.

Screening of the *Accham Documentary*

The Accham documentary was a Kantipur News channel special that was made following the death of a woman caused due to unsafe abortion practices. Susila, the woman in question, had undergone a *traditional abortion* method, following which she was recommended to go to a hospital. She was unable to afford the treatment there and passed away 8 days later. The villagers at this place in Accham were hesitant to talk to reporters about this incident, but a few women finally spoke to them about Susila's case. These women talked about how the usage of contraception is not the norm in this particular village. The husbands and men there were said to be unempathetic towards the women who would have to continually bear children again and again in the absence of contraception usage. In addition to the bodily hardships of these women, they also seemed aloof to the mental and financial struggle that this would create in the entire household. This then compelled the women to use local herbs with toxins in them to create a paste that is then commonly administered to terminate a fetus.

This herb may terminate the fetus but it also leaves a significant risk of cervical cancer and uterine infections, as per one of the women and a healthcare worker interviewed. Susila used to run a tea shop when she was alive. She had a husband, in-laws, and two children. They only had a picture of their mother with which they could remember Susila now. The husband said that he was away during the

administration of the drug and the subsequent events. He now has to do all the household chores such as cooking, cleaning, feeding the children, etc., about which he expressed despondency. Another man from the same village talked about another form of unsafe abortion. Here, a four-inch-long wooden stick is crafted into a sphere of sorts with a sharp end. It is then used to scrape the fetus off of the uterine walls of the pregnant person in this region. There is a significant risk of puncturing various surrounding internal organs in this type of procedure. In yet another procedure, an iron rod is taken and heated to a high temperature. Then, it is inserted into the woman's internal organs in hopes of terminating the fetus. These procedures are extremely unsafe, often leading to suffering and death, but they are commonplace in villages such as the one in Accham.

The villagers described other incidences such as Susila's where these unsafe abortion practices had led to death. In one case, the son whose mother had passed away was suckling on his grandmother's breasts because that was the only way to get him to stop crying. When talking to an officer at the local health post, he was justifying this practice, insisting that it is both natural and humane. He talked about how contraception is something that is not usable in practice, and that impregnation is bound to occur following sexual intercourse. If the household can afford to have a child and the pregnancy is *legitimate* (not conceived out of wedlock or adultery), then it would be continued. If not, he said that the life and wellbeing of the pregnant women were hardly a consideration. He also would go on to describe how he took his pregnant wife to a medical facility only once to get an abortion, and how they were practicing unsafe abortion methods ever since. It was fitting that the women of these villages sang a song of despair and no hope while working in the fields, given that this is the thought process and actions of even the well-educated people in this village.

After watching this documentary, we had a brief session discussing what we felt. There were a lot of discussions around how the people who suffer from these practices are primarily women, whereas the ones who primarily make laws that make safe abortions inaccessible are men. It was jarring to almost everyone how nonchalantly the officer said that the women's lives were hardly a consideration. If women were able to access both safe abortions and effective contraception, they would be able to control significantly more dimensions of their lives than they do now. For instance, their lives would not be a matter to shrug off to the officer aforementioned. It was noted that these were grown women who were undergoing these hardships. Adolescents who got pregnant are even more likely to try unsafe abortion techniques to avoid the judgment and stigma from healthcare workers. A lot of people are also turned away by healthcare providers because they think they can make decisions for the patients better than the patients themselves. They also make those seeking out these services guilty for their decisions. The documentary highlights the importance of making these facilities accessible and having a culture of empowerment and non-judgment.

Screening of *Dirty Dancing*

The aim of screening 'Dirty Dancing' as a part of our advocacy institute was to urge the participants to see the story as something beyond a cheery love story with a happily-ever-after. The movie explores female sexuality and bodily autonomy through the protagonist, Baby/ Frances. As the plot unravels, the participants pointed out the transition of the shy, hesitant protagonist into a woman who takes full ownership of her choices and desires. Her sexual awakening is symbolic of her gaining confidence in her skin. As she transforms into this new person, she becomes more comfortable with herself and is no longer reluctant to point out the hypocrisies around her. She confronts her father, whom she used to idolize, on

his double standards when he shunned her for having sexual relations with Johnny, whom he deemed inferior for being from a working-class background.

This scene implored the participants to reflect on the status quo and the multiple layers on which class and privilege manifest in our society. Another subplot that stuck to our participants was the botched abortion of Penny. As the person who impregnated her was someone from a higher social class, she had to seek an abortion from a quack to keep everything under the wraps. The unsafe abortion resulted in complications that almost killed her. This mirrors the current situation in Nepal, where hundreds of women succumb to unsafe abortion practices every year. To sum up, this movie sensitized our participants regarding bodily autonomy and its intersection with class, gender, and identity, which is a crucial prerequisite for SRHR advocacy.

Basic updates on reproduction, contraception, safe abortion

Objectives and Content: At the end of this session the participants should be able to:

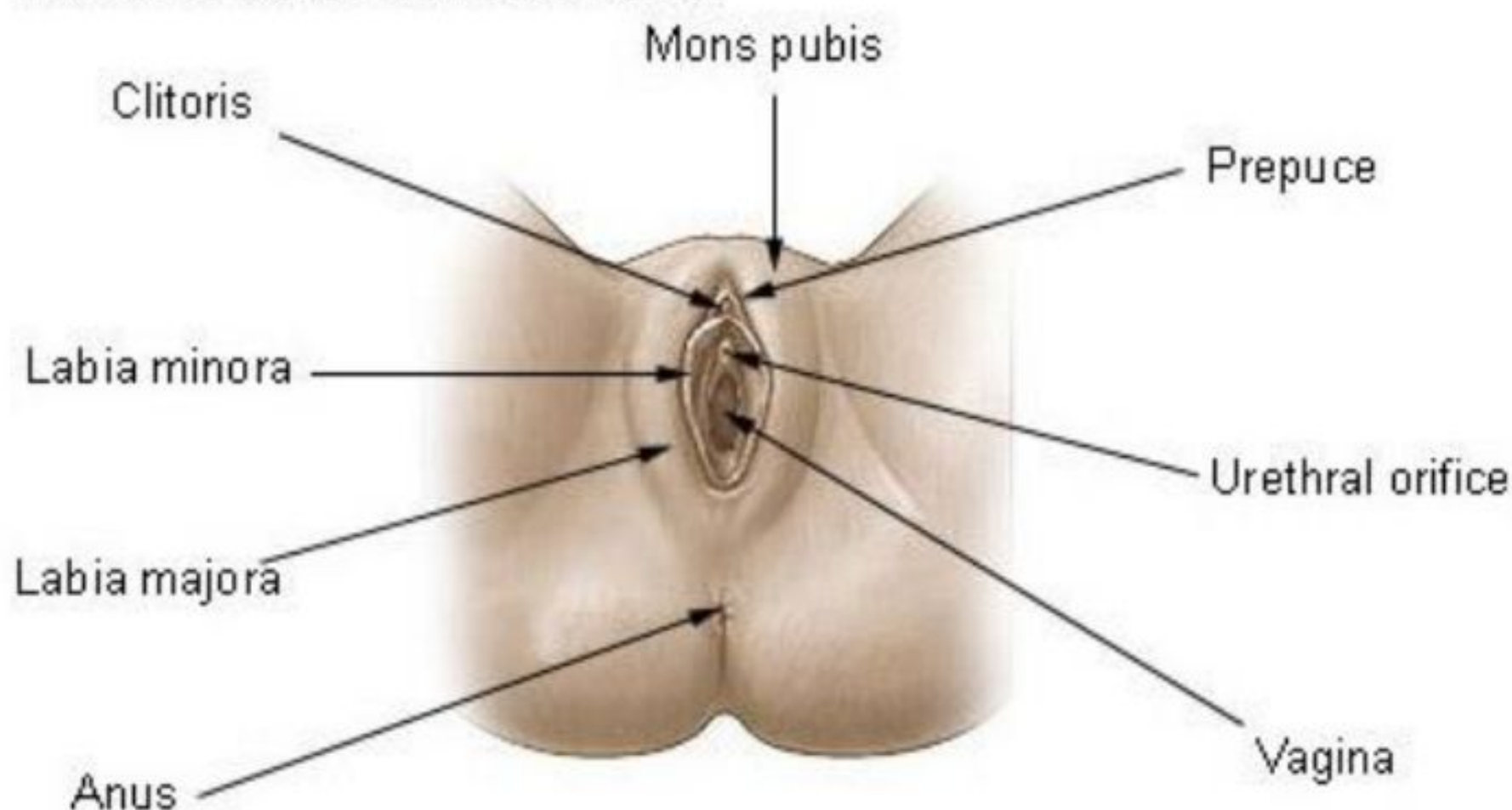
- *Understand how pregnancy occurs and how it can be prevented*
- *Clarify myths and misconceptions around these issues*
- *Explain safe abortion techniques and related concerns in simple language to a layperson*



Following a refreshing breakfast, we started the first session of day 2, facilitated by **Dr. Suchitra Dalvie**. In To be a part of SRHR advocacy, it is critical that we at least know the very basics of sexual and reproductive health. This session was aimed at introducing the most relevant concepts in SRHR advocacy in a language that is simplistic, yet sufficient to help people out meaningfully. We started the session by drawing the structures of internal male and female genitalia on sticky notes and pasting them at the front of the conference room, just to get an idea of where each of our understandings (and drawing capabilities) were. We then started with the very basics.

A volunteer drew the female exterior organs, so we could discuss their structure and their functions:

Female External Genitalia



Mons Pubis	It is the rounded mass of fatty tissues directly above the Labia and is the base for the bulk of the pubic hair. Pubic hair in turn provides protection from contact burns or friction during intercourse.
Labia Majora	It is made of firm flaps of skin and serves the major purpose of protecting the female genitalia.
Labia Minora	It is made of softer flaps of skin and serves as an extra layer of protection under the Labia Majora.
Clitoris	It has a myriad of blood vessels and nerve endings, making it extremely sensitive, and it serves the non-reproductive function of being sexually stimulated.
Urethral Orifice	It is the opening at the intersection of the two Labia Minora, which discharges urine.

Vaginal Opening	It is the opening of the vaginal canal, which has the functions of stretching during child birth, receiving penis during heterosexual intercourse, and passage of menstrual discharge.
Anus	It is the opening at the base of the buttocks and is the opening required during defecation.

Another volunteer drew the female exterior organs, so we could discuss their structure and function:

Female Reproductive System

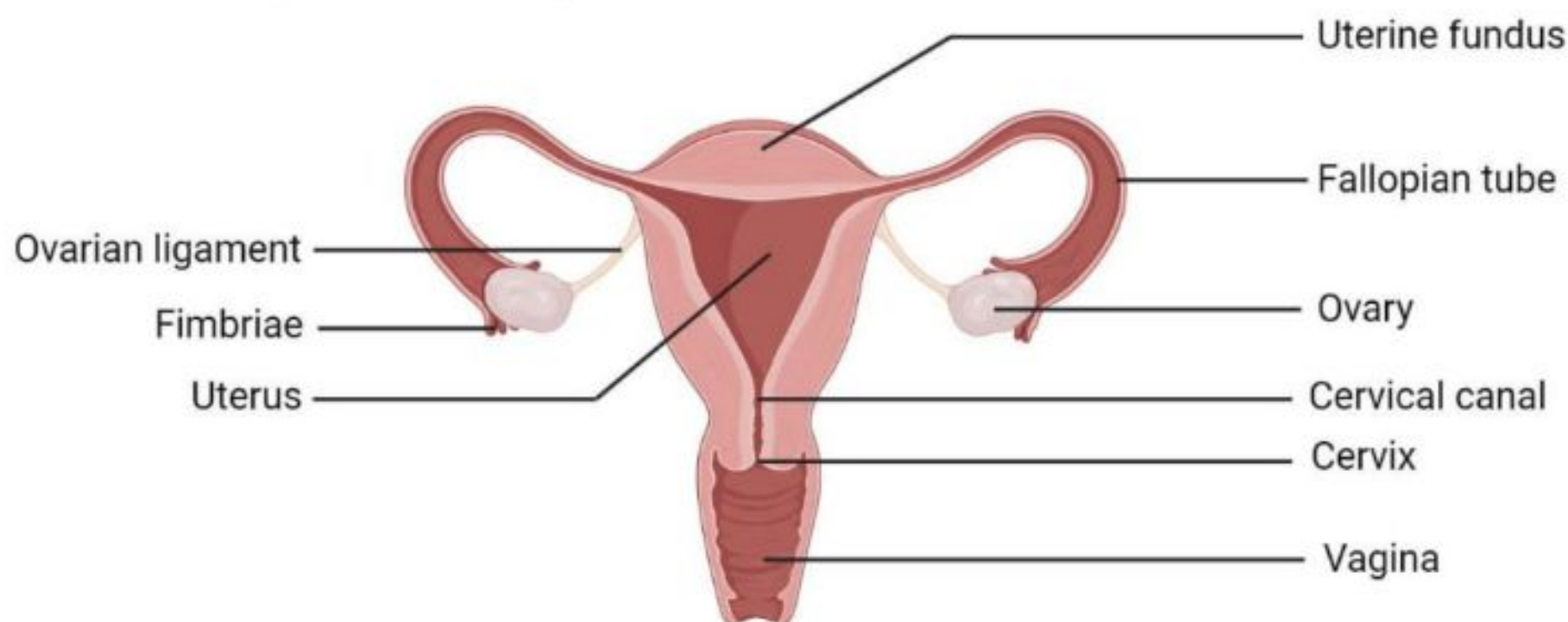


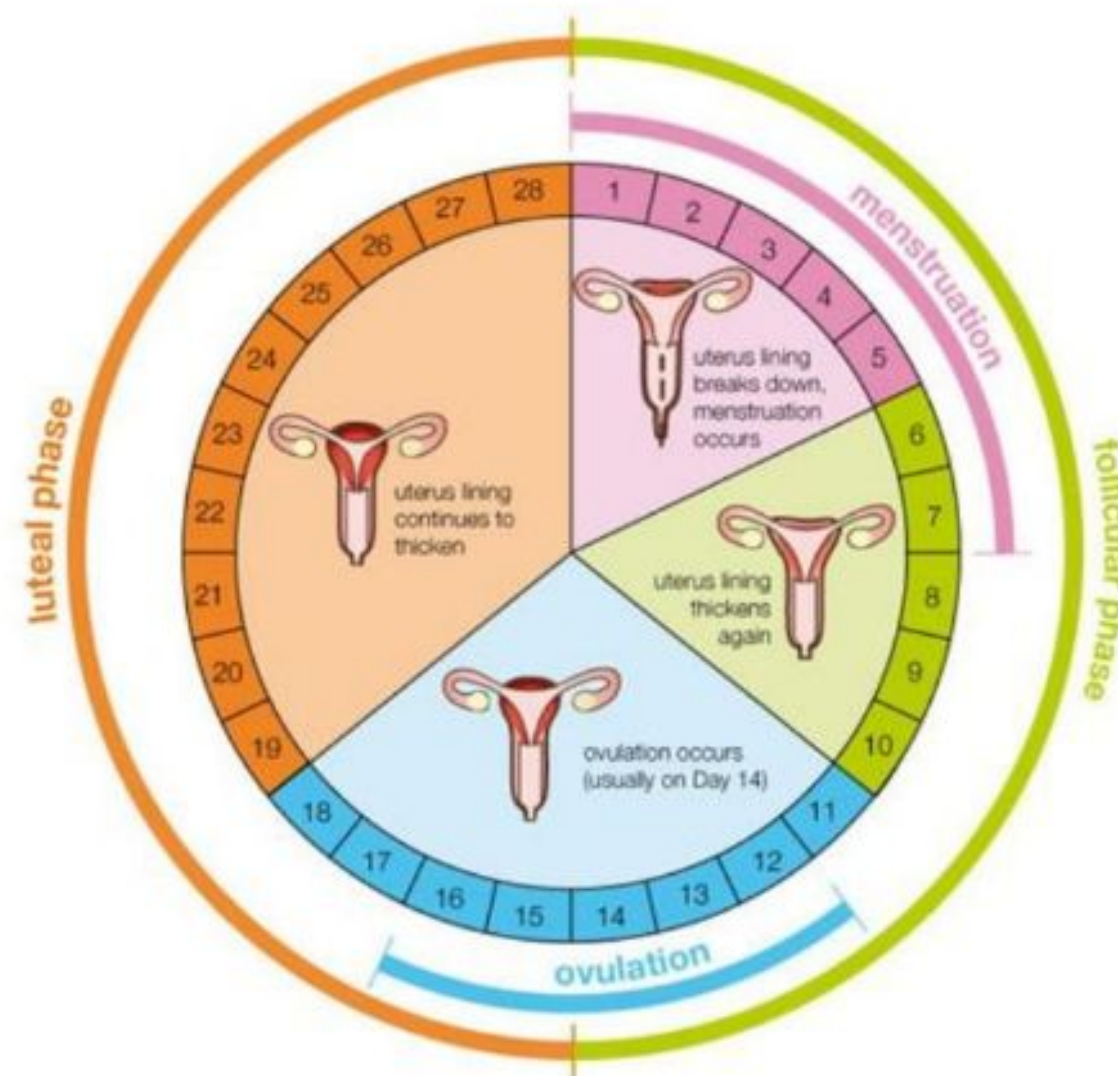
Figure: Structure of Female Reproductive System *Designed By: Sagar Aryal. Created with biorender.com*

Ovaries	They are ovoid shaped organs, that are responsible for the production and protection of ova and hormones.
Fimbriae	They are finger-like structures emerging from the fallopian tubes and they receive ova immediately after the displacement from the ovaries.
Fallopian Tube	They are relatively long (10 cm to 15 cm) tubes that form the pathway for fertilized egg to reach the uterus. They also provide suitable environment for the fertilization process through the production of a certain mucus.
Uterus	It provides suitable environment for the development of a fertilized egg/zygote into the various stages (embryo, fetus, etc.) before childbirth.
Cervix	It is the base of the cervical canal and expands and contracts depending on needs be, especially during childbirth.
Vagina	It is the canal involved directly in heterosexual intercourse.

It was noted that there are many more minor organs in the female reproductive anatomy which serve minor purposes or purposes irrelevant to reproduction, which is why they were omitted from this discussion.

Having understood these organs and their roles, we proceeded to discuss menstruation. *Menstruation* is a natural and cyclic process that can be seen as a general indicator of fecundity in females. The first menstrual discharge, or *menarche*, usually occurs between the ages of 10 years and 15 years, whilst the final menstrual discharge, or *menopause* usually occurs between the ages of 45 years and 55 years. One menstrual cycle generally lasts for about 28 to 30 days. Although all these numbers are considered the norm, they can be different in each individual over various phases of their lives.

At the beginning of a menstrual cycle, usually, a single egg or ovum is produced by an ovary and received by the corresponding fimbria. The egg travels to the node of the fallopian tube and stays there upon its arrival. The uterus outside the node will have made a hospitable line of *the endometrium*, where a fertilized ovum or zygote can stick, in case of conception and succeeding pregnancy. If the egg is not fertilized, it breaks when passing through the node and dissolves. The endometrial lining is also scrapped and eventually released with the unfertilized ovum in what we call menstrual discharge. Although the period preceding and during menstrual discharge is characterized by physical pain and cramps, psychological distress, mood swings and even mental trauma are also commonplace.



We then moved on to discuss the methods of contraception and how they work. Before that, however, it was noted that despite all the advancements in technology, the only significant stride in terms of male contraception is condoms. There seems to be a clear issue of gendering when it comes to contraception and who bears the burden of using them despite the equal participation in sex from either side. With that noted, we started talking about the technical aspects of contraception. *Contraception* means the contradiction of conception. There are three primary participants when it comes to female contraception – the brain, the hormones, and the genitalia.

To check for pregnancy, we do a pregnancy test. Pregnancy tests work by checking your urine for a hormone called human chorionic gonadotropin (HCG). The brain knows when the body is pregnant because of a spike in the progesterone levels in the body, caused due to the pregnancy. Hence, it does not prepare for another ovulation cycle. Once the fetus produces the HCG and it enters the bloodstream of the pregnant person, which takes around a week, a pregnancy test can give accurate result in cases of pregnancy.



All hormonal methods of contraception – oral pills, implants, injections, etc. – all work by the same method. They work by releasing an excessive amount of progesterone into the body, which tricks the brain into thinking that a pregnancy has occurred. Due to this, the brain shuts down the ovulation cycles, hence not forming any ovum that can be fertilized within that period. This therefore effectively eliminated the chance of pregnancy occurring. Conversely, condoms, femidoms, and copper Ts are physical barriers that prevent pregnancy. The condoms and femidoms block the sperm from entering the vagina, whereas the copper T makes the sperm immobile, hence not allowing them to travel to the fallopian tube and fertilize the ovum. Tubal ligation or vasectomy is also physical methods of contraception, but they work because they block out the path of the ovum to the sperm or vice versa.



The efficacy of contraception is also heavily reliant on user compliance. The reason methods such as the IUD or hormonal injections are effective is because the user is absent from the process, hence eliminating

the possibility of non-compliance or mistakes. This is different in contraceptives such as condoms or oral pills because the user can choose to discontinue using or make a mistake. Despite all these contraceptive methods, there is always the possibility of an unwanted pregnancy occurring. A pregnancy may be unwanted because of contraception failure, rape, lack of access to contraception, dynamics of the relationship or information available (for instance: sex selection), medical complications, lack of information, etc. The choices then are to give birth, terminate the pregnancy, or for the pregnant person to die (either through suicide or homicide).

The best choice out of these options is obviously to get a safe abortion. Safe abortion can be performed either medically or surgically. Two hormones are generally used in medical abortion pills – misoprostol and mifepristone. Mifepristone reverses the action of progesterone, hence stopping the pregnancy, whereas misoprostol contracts the uterus and dilates the cervix, causing the fetus to be discharged from the body. Similarly, surgical abortions are also of two types – vacuum aspiration and dilation and evacuation (D&E). Vacuum or suction aspiration is a procedure that uses a vacuum source to remove an embryo or fetus through the cervix. Dilation and evacuation are the dilations of the cervix and surgical evacuation of the uterus after the first trimester of pregnancy. It is a method of abortion as well as a common procedure used to remove all pregnancy tissue.

Having a general knowledge of all these issues allows for the participants to now be able to explain and impart advice to people regarding topics regarding contraception and abortions. For many individuals, especially those coming from the unknowledgeable background, this could be life-saving.

Fertility Dance



We followed the session with an activity, facilitated by **Prabina Sajakhu**, where we simulated various scenarios related to sexual and reproductive interactions. This occurred in a heterosexual context where two people would be involved. Using masking tape, an outline of the internal female reproductive organs was made on the floor of the patio in the hotel. Then, the participants were assigned various roles which were not outlined – penis, sperm, ovum, zygote, fetus, condom, IUD, injections/implants, etc. Within the capacity of the roles of the participants then, we performed simulations for sexual intercourse, ovulation, ejaculation, fertilization of ovum, pregnancy, menstruation, effective and ineffective usage of a condom, usage of IUD, usage of injections/implants, etc.



Sexual Intercourse – The sperms lined up behind the penis. They then walked in and out of the vagina.

Ovulation – The ovum moved out of one of the ovaries and into the fallopian tube through the fimbria.

Ejaculation – The sperms entered the vagina and travel beyond the cervix after overtaking the penis during *sexual intercourse*.

Fertilization of Ovum – A sperm meets the ovulated ovum in the fallopian tube, making a zygote.

Pregnancy – The zygote travels out from the fallopian tube and gets stuck to the uterine walls.

Menstruation – The unfertilized ovum makes its way out of the vaginal cavity.

Effective Usage of Condom – The condom is placed ahead of the penis during *sexual intercourse* and blocks out the path of all the sperms during *ejaculation*.

Ineffective Usage of Condom – The condom is placed ahead of the penis during *sexual intercourse* but is unable to block out the path of all the sperms during *ejaculation*.

Usage of IUD – The IUD kills all the sperms following *ejaculation*.

Usage of Injections/Implants – The injections/implants release hormones that kill/disable the sperm.

This activity illustrates how we can easily impart knowledge surrounding sex, reproduction, and contraception using simple terminology and techniques to the everyday person. A lot of the barriers in SRHR advocacy arise from a failure to communicate effectively with concerned groups on matters such as these. Uneducated people, people with learning deficiencies, children, and various other groups are especially vulnerable due to their inaccessibility to such knowledge and understanding. It would be easier to help them understand these topics through fun and interactive media such as this activity and various others that may be curated along similar lines of thought.

Abortion laws in Asia

Objectives and Content: At the end of this session the participants should be able to:

- *Understand the implications of the law and its impact on services*
- *Understand the barriers created by laws and practices to safe abortion services*
- *Discuss positive amendments to country laws which would facilitate access.*
- *Discuss on new amendments in Reproductive Health Bill*

In the next session, facilitated by former Youth Champion **Bandana Upreti**, we discussed abortion laws in the Asian continent. Different nations in Asia have various forms of cultural linkages and influences amongst each other. The commonalities extend beyond just values and into regulation as well, as various institutions and unions such as the South Asian Association for Regional Cooperation (SAARC), the Association of South East Asian Nations (ASEAN), the Bay of Bengal Initiative for Multi-Sectoral Technical and Economic Cooperation (BIMSTEC), etc. tend to influence policies of countries and apply pressure to fit within the broader agenda of the group. Hence, it is important to know the sorts of abortion laws that exist within the Asian continent.

Abortion is banned under all circumstances in three countries – Iran, Laos, and the Philippines. In Bangladesh, abortion is illegal. The term used for abortion is “menstrual regulation”, which is defined as the “procedure for regulating the menstrual cycle when menstruation is absent for a short duration”. This permits a person to access abortion up to 12 weeks of gestation, provided the abortion is deemed necessary to save their life. Section 146 of Bhutan’s Penal Code legalizes abortion only if it is to save the life of the pregnant person if the pregnancy resulted from incest and rape or the pregnant person is not of sound mental condition. Sri Lanka, alongside Afghanistan, has some of the most restrictive and punitive abortion laws in the region. The Sri Lankan government’s attempts to reform its abortion laws in 1995, 2011, and 2013 have failed due to anti-abortion sentiment. Abortion, along with birth control, remains taboo in Afghanistan, the country with the highest birth rate in Asia. Abortion is legal in Afghanistan only if the mother’s life is in danger or there is a risk of the child being born with severe disabilities. In Pakistan, where abortion is permitted only to save a pregnant person’s life or protect their physical health.

Seventeen countries allow abortion without restriction regarding the reason. All of these countries impose gestational limitations, except for China, North Korea, and Vietnam, which have different regulatory mechanisms. In some Asian countries—notably Cambodia, India and Nepal— abortion laws are liberal, but many people continue to face barriers to obtaining safe, legal procedures. Abortion in South Korea was decriminalized, effective 2021, by a 2019 order of the Constitutional Court of Korea. India's new abortion law (The Medical Termination of Pregnancy (Amendment) Act, 2021) expands access to abortion by raising the gestation limit for abortion from 20 to 24 weeks and removing marital status as a limitation for abortion. Despite these legal provisions being put in place, however, the vast majority of these laws deputize the pregnant person's agency to a third party; usually a doctor or other healthcare practitioners. This is done through the conditionalities that accompany these provisions, such as the risk to a pregnant person's life or gestation limits.



Despite these restrictive laws, the majority of cases of unintended pregnancy across Asia result in abortions, as indicated by the following statistics:

- **Central Asia:** In 2015–2019, there were a total of 2,610,000 pregnancies annually. Of these, 705,000 pregnancies were unintended and 560,000 ended in abortion. The share of unintended pregnancies ending in abortion remained at around 80%.
- **Eastern Asia:** In 2015–2019, there were a total of 43,400,000 pregnancies annually. Of these, 24,800,000 pregnancies were unintended and 18,600,000 ended in abortion. The share of unintended pregnancies ending in abortion remained at around 76%.
- **Southeast Asia:** In 2015–2019, there were a total of 20,500,000 pregnancies annually. Of these, 9,270,000 pregnancies were unintended and 5,990,000 ended in abortion. The share of unintended pregnancies ending in abortion is 65%.

- **South Asia:** In 2015–2019, there were a total of 70,600,000 pregnancies annually. Of these, 31,800,000 pregnancies were unintended and 22,800,000 ended in abortion. The share of unintended pregnancies ending in abortion is 72%.
- **Western Asia:** In 2015–2019, there were a total of 10,900,000 pregnancies annually. Of these, 5,940,000 pregnancies were unintended and 3,780,000 ended in abortion. The share of unintended pregnancies ending in abortion is 64%.

This is indicative of the fact that in the absence of safe abortion provisions, people who do not want to keep their pregnancies are still terminating their pregnancies. A lot of these terminations likely occur through unsafe methods, which is likely to put the health and safety of the pregnant person in critical danger. We can intuit policymakers that not allowing pregnant person to exercise their bodily autonomy is principally unjust. In addition, these statistics also show the pragmatic realities of not having access to safe abortions – the only difference such restrictive policies makes is in deteriorating the health and safety of individuals who will seek abortion regardless.

Abortion Laws in Nepal

Nepal Legalized abortion in March 2002, under the 11th Amendment to the Civil Code. Before 2002, Nepal had restrictive abortion laws that prosecuted and imprisoned women for undergoing pregnancy terminations. In 2002, to regulate abortion laws, the government approved the safe abortion procedural order for establishing safe abortion care. The safe abortion advisory committee allowed the commencement of safe abortion services in approved health facilities. First-trimester surgical abortions were legalized throughout the country in 2004. Second-trimester abortion training began in 2007, and medical abortions were introduced in 2009. For the first time in the history of Nepal, the *Interim Constitution of Nepal* 2063B.S. (2007) guaranteed the sexual and reproductive rights of women as a fundamental right under women's rights in Article 20 (2). The present *Constitution of Nepal* 2015 has continued to guarantee this right as a fundamental right under Article 38 (2). Despite these provisions, under certain criminal laws in Nepal, abortion is still a crime. Lakshmi Dhikta's case was a major milestone in the development of the legality of abortion in Nepal. Based on the precedence set in Lakshmi Dhikta's case, the constitutional obligations 'National Penal code, 2017,' 'Safe motherhood and 'Reproductive health right act, 2018', along with regulations that were promulgated in 2020, are the existing legislations governing the issue of abortion.

As aforementioned, abortion in Nepal is governed by two different laws: the National Penal code, 2017, and the Safe motherhood and reproductive health rights act, 2018. Additionally, the Public Health Service Act 2018 (2075 B.S) also exists and covers the medical aspect of abortion regulations. Both these governing legislations have defined abortion to be illegal except in certain conditions.

- The fetus has not exceeded a gestation period of over twelve weeks, with the consent of the pregnant woman.
- The fetus has not exceeded a gestation period of over twenty-eight weeks, as per the consent of such woman, after the opinion of the licensed doctor that there may be a danger to the life of the pregnant woman or her physical or mental health may deteriorate or disabled infant may be born in case the abortion is not performed.
- The fetus has not exceeded a gestation period of over twenty-eight weeks, as per the consent of such woman, if the pregnancy occurred due to rape or incest.

- The fetus has not exceeded a gestation period of over twenty-eight weeks, with the consent of the woman, who is suffering from H.I.V. or other incurable diseases of such nature.
- The fetus has not exceeded a gestation period of over twenty-eight weeks, with the consent of the woman, as per the opinion of the health worker involved in the treatment that damage may occur in the womb due to defects occurred in the fetus, or that there is such defect in the fetus of the womb that it cannot live even after the birth, that there is a condition of disability in the fetus due to genetic defect or any other cause.

We have precedent laid down by the Supreme Court of Nepal in the case of 'Lakshmi Devi Dhikta v Nepal Government 2007' where the court has ruled that, "A woman's reproductive capacity cannot be used against her and can, in no way, be a ground to punish her. The court thus ruled that it is not appropriate to incorporate the issue of 'abortion' under the chapter on homicide which is a part of criminal law. This case also ruled that abortion should be treated as a separate issue from criminal law and it should be managed through a separate law." Despite this Abortion is still a crime, with certain exceptions listed above. The recent Safe Motherhood and Reproductive Health Act has failed to keep the birth-giving individuals at the center while enacting this law. A chapter still reads "Crimes against the fetus." The provisions for abortion in Nepal are needs-based, as opposed to rights-based. A writ petition has hence been filed at the Supreme Court of Nepal seeking decriminalization of all abortions.

These laws existing in these specific forms mean that several impacts are created on the ground.

- **Impact on services:** Service providers are not keen to provide services even if it is within the provision of the law for fear of facing prosecution. A recent study reveals that less than 40 percent of public sector facilities that are permitted to provide abortion services in India and Nepal do so.
- **Unawareness of legal status of abortion:** When we define abortion to be illegal except in certain conditions, there is a lack of awareness of the legal status of abortion even in cases of those exceptions being relevant. Despite the legalization of abortion in 2002, only four in 10 women in Nepal are aware that abortion is legal, according to the 2016 Demographic and Health Survey. Furthermore, less than half knew a place where these safe abortions could be accessed.
- **Unsafe abortions:** When laws are strict, women in need seek generally unsafe ways of terminating the fetus. This deteriorates the pregnant person's health and life. According to the World Health Organization (WHO), less than half the abortions in South and Central Asia were safe.
- **Lack of inclusivity:** The language used in the vast majority of policies in Nepal refers to the concerned parties as 'women'. Transmen are also able to get pregnant and may require these services in many instances. The classification of provisions as being exclusively for women excludes these individuals from accessing the same services.

The Last Abortion

In this activity, conducted by **Dr. SD**, the participants were again divided into four groups. They were then given a scenario to navigate. This session was Adapted from the 1996 *Abortion values clarification training manual* by Thea Marais and provided by Planned Parenthood Association of South Africa. In the provided scenario, due to a hypothetical falling sex ratios, the Parliament was going to enact a law to make all abortions illegal at midnight. The participants were assigned to be member of the Technical Advisory Team put together by the Cabinet Secretary. Some NGO had supposedly filed applications from some women and had asked the Technical Advisory Team to choose which of these women would be able to receive the *last* safe, legal abortion. Only *one* candidate could be chosen. The participants were then allowed to

negotiate within the group and explain their reason for choosing the final candidate. In addition, they were also told to produce a secondary and a tertiary candidate who would be have been prioritized in different sets of circumstances.

The candidate scenarios were as follows:

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1. *Shanti is 45-year-old and thought she was menopausal but is actually 18-weeks pregnant. A detailed ultrasound has revealed cleft palate which could be a marker for some other abnormalities. Her 12-year-old son is already a slow learner and needs constant attention. She does not feel able to manage another special-needs child.*
 2. *Leela is a 21-year-old woman in her third year at university in Mumbai who just found out that she is 8 weeks pregnant. She is the first person from her village ever to be allowed to attend higher education in the city. She has had a boyfriend for 2 years and they plan to marry once he gets a job. They were using condoms and do not want to continue this pregnancy.*
 3. *Puja is 25 years old and married for 5 years. She has two children aged 4 and 1 year and is now 10 weeks pregnant. Her husband loses his temper once in a while and beats her because her parents cannot give them more money to move into a new house. He opposes the abortion, since they have only one son but she does not want to bring another child into this family, especially if it will only make her more dependent on him for financial support. Her depression has worsened considerably since she found out she was pregnant.*
 4. *Yasmeen is a 35-year-old running her own business and is 12 weeks pregnant. She got pregnant with someone she met on a business trip. She and her husband have not had sex for 5 months since he had surgery for a back problem and she cannot continue this pregnancy. They live in a joint family and her in-laws help look after her 2 children so she can go out for work.*
 5. *Farah is a 23-year-old married woman working in a bank. She forgot to start the OC pills on the right day and is now 6 weeks pregnant. She wants a baby soon but does not want to continue this pregnancy since she is not yet eligible for paid maternity leave and they need her salary to run the house.*
 6. *Meena is 15 and was raped by her mother's second husband. When she told her mother about the rape and pregnancy, her mother told her to get out of the house. She has been staying at a friend's house. She continues to attend school since the pregnancy is not showing yet. She is experiencing great distress over the rape and pregnancy, and her schoolwork is suffering.*
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Following the deliberations within each group, they presented their selection of candidates with their respective justifications.

Group 1:

First priority – Meena

Second priority – Santi

Third priority – Puja

Group 2:

First priority – Meena

Second priority – Santi

Third priority – Puja

Group 3:

First priority – Meena

Second priority – Puja

Third priority – Santi

Group 4:

First priority – Meena

Second priority – Santi

Third priority – Puja

Every group prioritized Meena as their first choice for who should get the last abortion. They justified this choice by stating that Meena had been assaulted. She is also a minor without familial and financial support, as she got kicked out of her house when she told her mother about what happened to her. There is a lack of support systems for Meena, which is why she was prioritized. It was noted that it might be hard for her to access the abortion facility since she is a minor, presumably without parental consent.

The second priority for three of the groups and the third priority for one of them was Santi. She could not afford a second baby for financial and pragmatic reasons. Her first child was already a slow learner who required constant attention, which already raises social stigma, so raising another child would be a further burden on her life. She is also 45, which means the pregnancy is likely to lead to complications and hardships. One group chose to place Puja over Santi in their prioritization because they claimed that Santi's problems are specified insofar as the text has alluded that she cannot manage another child. With Puja, however, there were more specific reasons for seeking out an abortion. She was just 25 and already had two children. She was the only earner in the family. Her husband was abusive and violent towards her, and she was also depressed. All these factors meant that she is unlikely to be able to handle another child, especially with the financial burden of not being able to work for some time during and after pregnancy, as well as the lack of support from her husband.

The groups were then asked about why they left out the other candidates from their priority list. Leela was left out because, at the age of 21, she was physically mature enough to give birth. She also had a boyfriend whom she planned to marry, which shows that she has a form of support. Being the first person from her village to go to university, this event may negatively affect the mindset of her villagers when it comes to pursuing higher education. However, it seemed like a less important concern than the ones aforementioned. Yasmeen was not chosen since she was financially independent and committing adultery was her choice. Farah was not chosen since she was educated, had access to contraception, and also wanted a baby. Her reason for seeking an abortion was because she could not get a paid leave during and

after pregnancy, which meant that her household would financially struggle. However, this again seemed like a less important concern than those of the prioritized candidates.

It should be noted that one team pointed out that all six candidates should get abortions. However, they did not push this idea forward. The reason all of the above explanations are dissatisfying is because they are all needs-based arguments, as opposed to rights-based ones. Rights, by their very definition, are supposed to be intrinsic, indivisible, and non-conditional. If we accept that sexual and reproductive rights are rights, as is bodily autonomy, then we should recognize that this action of removing facilities for abortion is a violation of those rights. Secondly, this activity also demonstrates the power dynamics that are at play within society. Firstly, a hypothetical cabinet is easily able to violate people's rights. Secondly, the Technical Advisory Team can make decisions on behalf of other people whom they do not know. They then justify these actions by rationalizing and making sometimes bizarre assumptions about the same people.

What could have been done differently? This hypothetical country already has provisions for abortions. There is also a general acceptance that abortion is a right and all the women in this scenario would ideally receive the service. It is a single person/group of people due to whom the service is stopping. The power of the Technical Advisory Team presumably extends beyond just selecting the candidate for the last abortion. They could have demanded that the parliament not revert from already existing abortion facilities that could help out all the women in this scenario and many more. In any needs-based faculty, the option of having an abortion or making other decisions about one's body is a choice someone in a powerful position makes for a vulnerable actor. In the same threat, advocacy in the real world is not about a single act. It is about strategizing on how these people in positions of power should be approached and negotiated with to get concessions out of them that help the general cause of SRHR.

Reading of selected literature

Following a hunger-quenching and delicious lunch, we returned to our conference hall and started the next sessions with a group activity, facilitated by **Dr. Suchitra Dalvie**. All the participants were handed multiple printouts with various articles that revolved around the conversations, imposed destitution, or other application of SRHR and other human rights. After everyone had finished reading the articles given to them, we went on to discuss each of them and their implications and impacts. The ones who had the article shared what they read and they felt about it, followed by a general discussion of the same.

When the Soviet Union took a census of Georgia in 1989

This article describes several ways in which nations have provided material incentives or coercions for more reproduction to take place. The article is set up in the context of the population of Georgia plummeting by over a million people between 1989 and 2014. Georgia created a nationwide database of unmarried individuals in hopes that they would find partners and procreate in this instance. Similarly, a travel agency called 'Spies Travel' in Denmark campaigned for Danes to conceive during vacations. They had incentives such as baby supplies for children conceived during their vacations, child-friendly vacation bookings, etc., and a slogan stating, "Do it for Demark!" Singapore partnered with *Mentos* in 2012 to encourage partners to let their "patriotism explode." In addition to the cash gifts and incentives offered to staff who have more than one child, in 2010, the South Korean government decided to turn off the lights in its offices at 7:30 p.m. on the third Wednesday of every month—which the government dubbed "Family Day"—to "help staff get dedicated to childbirth and upbringing." Russia had a refrigerator

giveaway for having babies, whereas Romania and many other countries have provided tax breaks for the same. Finally, in Japan, a *robot baby* was created and publicly paraded in hopes of sparking parental emotions in the viewers.

Wedding with a rapist

This article describes the rape of a 16-year-old girl in Bangladesh, and how she was subsequently forced to marry the 28-year-old rapist. This decision was taken by a *kangaroo court*, an informal gathering of *elders* in a village who decide the punishments for perpetrators of crime when proper legal action is inaccessible. While this seems like a weird and abhorrent settlement to most sensible people, it is becoming a fairly common set of events in Bangladesh and other nearby nations. The claim of people who accept and endorse this form of settlement justifies their rationale because in these parts of the world, a woman who has been violated is seen as lacking human dignity and respect, and in essence equivalent to trash. Hence, marriage is considered a burden for the rapist-husbands. However, these marriages do not tend to last either, as the perpetrators often leave their victims once they are safe from legal action. More importantly, the justice for and well-being of the victims are generally disregarded. The stress and trauma of having to live with your rapist are highlighted here, along with suggestions for further strengthening laws so that victims are better off.

Twelve Human Rights Key to Reproductive Rights

This article illustrated how reproductive rights can be formulated and understood based on the following twelve human rights:

1. The Right to Life
2. The Right to Liberty and Security of Person
3. The Right to Health, including Sexual and Reproductive Health
4. The Right to Decide the Number and Spacing of Children
5. The Right to Consent to Marriage and Equality in Marriage
6. The Right to Privacy
7. The Right to Equality and Non-Discrimination
8. The Right to be Free from Practices that Harm Women and Girls
9. The Right to Not be Subjected to Torture or Other Cruel, Inhuman, or Degrading Treatment or Punishment
10. The Right to be Free from Sexual and Gender-Based Violence
11. The Right to Access Sexual and Reproductive Health Education and Family Planning Information
12. The Right to Enjoy Scientific Progress

The Role of Women in Nazi Germany

In Nazi Germany, under Adolf Hitler, the role of women was very explicitly communicated and understood. They were to be good mothers and wives who stayed at the house raising the children while their husbands went to work. One of the earliest laws passed by Hitler once he came to power in 1933, was the *Law for the Encouragement of Marriage*. This law stated that all newly married couples would get a government loan of 1000 marks which was about 9 months' average income. 800,000 newlyweds took up this offer, and were exempted from 25% of the loan for each child they had. Four children meant that the

entire loan was cleared. The objective of this scheme is very simple – encourage people to have as many children as possible. This was done to keep a large supply of soldiers present at the disposal of Nazi Germany at any given time in the future, and also to increase the *ethnically pure* population to be a dominating majority all across Europe, and eventually even the world. There was even a proposal to enforce a law where each woman had to birth four children and each man had to procreate as much as possible, although it was never implemented. Women who had had the greatest number of children were given *Motherhood Crosses*, whereas unmarried women were also not discouraged to have children.

The Beauty and the Beast now live in Silicon Valley

This article describes the domestic violence faced by former Apple employee Neha Rastogi by her then-husband Abhishek Gattani. She is 8-months pregnant during the incident that is recorded. In this incident, he flings her to the grounds, kicks her belly, beats her, makes her stand for the entire night, and threatens to kill her. The subsequent repercussion he faces is almost laughable, for it reflects the sad state of affairs for victims who come out. He was charged with misdemeanor and offensive touching. He spent just around 13 days in prison and served an additional 6 months of court-mandated weekend work. The storyline of Beauty and the Beast reads that beauty goes to live with the beast, and subsequently releases the prince inside him. The reality is much to the contrary. In real life, it is often the prince who marries the beauty. It is only after they live domestic lives where the desperate screeches of beauty cannot travel beyond the walls of the prince's private castle that the beast is unleashed. Domestic violence is a common lived experience of many victims, but it is often overlooked in a society that actively seeks to protect and endorse men who embrace and exercise the beast that is considered inherent in them.

Saudi Arabia: Raped Filipino Worker Faces Lashing After Miscarriage in Prison

This article describes a Filipino janitor, working in Saudi Arabia who gets raped by a Bangladeshi co-worker and gets pregnant as a consequence. She is imprisoned for having an "illicit affair" and miscarries her pregnancy because of the harsh conditions in the prison. According to *Sharia Law* practiced in Saudi Arabia, the punishment for sex outside of wedlock – even in instances of unproven rape – is imprisonment and lashings. Pregnant women are subjected to lashing only after the completion of their pregnancy. Following her miscarriage, she had to face these lashings. She was the sole earner in her family back home, and her three children relied on her income for their everyday lives. Since her imprisonment in September of that year, they had not been to attend school.

Russian lawmakers are giving domestic abusers a green light

This article describes the criminal law in Russia with regard to domestic violence. It has largely been unimpactful because the police refuse to take victims' complaints seriously, but also because victims frequently retract complaints. Sometimes victims cannot comprehend how wrong it is that they have been beaten: they feel they deserve it, because something is wrong with them, that they somehow provoked it. They experience feelings of shame. Given these circumstances, Russian legislators should have been formulating laws and finding out measures that helped ensure the protection of those that are vulnerable to violence. Instead, they chose to reduce the penalties for those convicted of committing these offenses, going as far as decriminalizing some of them. These changes were simply the revelation of the obvious: the authorities could not protect the powerless and would not bother to break the vicious circle of abuse within the home. First offenders who did not cause serious injury were just fined; an amount which would

likely be taken out of the family/household budget anyway. The burden of collecting evidence of violence also falls upon the victim in this legal setup.

New law sets five-year jail term for marital rape

This article informs the readers of a 2017 legal update in Nepal that finally codified marital rape as a criminal offense. The same law states that a husband raping his wife can receive up to five years in prison. If the husband is paying monthly alimony and the partition case is sub judice in the court, or if the wife is living separately by obtaining partition from the husband and if any of them has filed for divorce at the court, their marital relationship shall be deemed to be continuing. The article also goes on to describe other scenarios under which violations of consent can occur and the sentence for each case. Sexual intercourse with a minor is considered rape. An act of rape can receive between 7 to 20 years of prison time. A person who rapes a minor of 10 years or less will face 20 years in prison. A person infected with HIV/AIDS or other STDs who rapes any woman or girl will be liable to up to 10 years in jail, in addition to the punishment awarded by the court as per the rape-related legal provision. A person convicted of gang rape or raping a woman with over six months of pregnancy and physically and mentally disabled woman or children shall be liable to additional five years in jail. In cases of incestuous rape, a life sentence (25 years) is served, whereas raping other relatives will lead to a 5 years sentence. Finally, bestiality will also result in a yearlong sentence (two years if the animal is a cow).

'Honor killing': Relatives murder Pakistani pregnant woman who married for love

This article describes a woman who is estranged from her family following her marriage. She married the person whom she had fallen in love with. The family, however, saw this as a shameful act to the family honor as the marriage did not occur through the institution of arranged marriage. She meets her mother one day at the clinic during a regular check-up when her mother invites her back home under the pretense that the family now approved of her marriage. When the woman, who is seven months pregnant with her second child, returns to her home, her throat is cut with a knife by her mother, father, and brother, leading to her demise on the spot. The family fled the scene following the murder, but the police were looking for them at the time the article was published. Hundreds of women are murdered by their relatives in Muslim Pakistan each year, in an attempt to defend what is seen as "family honor." Just a week before the publishing of this article, a 16-year-old girl was killed by her mother for marrying a man for love. Soon after, a couple in Lahore were killed after marrying without their family's consent.

Homosexuals and Nazi Germany

This article describes the attitude and practices concerning homosexuality in Nazi Germany. Homosexuality was classed as a "degenerate form of behavior" in Nazi Germany that threatened the nation's "disciplined masculinity". Two years after the Nazi party came into power, they amended the law such that any "unnatural act of sex" could be punished, as opposed to the prior law which required concrete evidence before the prosecution could occur. In a speech given to SS men in February 1937, Heinrich Himmler compared the campaign against homosexuals to be no different from digging up weeds in a garden. Following the implementation of this law, the average number of men arrested for this crime rose from a daily average of 4 to one of 54. Anyone convicted of the same could face castration and be detained inside a concentration camp. The Nazi party also regularly used charges of homosexuality to fend off any opposition to the hierarchical system they had set up to consolidate power and benefit themselves. In addition to the archaic and inhumane punishments, as well as the political leveraging of

such legalities, the Nazis also conducted inhumane studies on these groups of people to 'isolate' the 'gay gene' and cure such illness.

Brother of Pakistan's Qandeel Baloch: I'm 'proud' of strangling my sister

This article describes the strangulation and murder of a Pakistani feminist, who was also a social media sensation, by her brother. She had outspoken political beliefs and sassy commentary on contemporary issues. She also posted what other normal people tend to post on social media – her hairstyles, her pouting selfies, and her cooing confessions about her celebrity crushes. Her brother, however, saw these actions as bringing dishonor to the family, not being able to bear the thought of his friends sharing her pictures and videos. He claimed that the tipping point for when he decided to murder her was when she posted a selfie with an elder member of the clergy which led to a lot of controversies. He also expressed no remorse over his actions, claiming that he would be sent to heaven for restoring family honor. He remarked that girls were supposed to stay home and follow tradition, which his sister never did. The elder member of the clergy was also under investigation on suspicions of provoking the murderer.

All You Need to Know About the Bhanwari Devi Case that Led to the Formation of the Vishakha Guidelines

This article described the case of Vishakha v. the State of Rajasthan in 1992, which was a landmark case where the Supreme Court of India dealt with the question of the safety of women from any kind of sexual harassment at the workplace and laid down detailed guidelines for the same. Bhanwari Devi was a woman who worked in the Women's Development Project of the Rajasthan Government. She was raped by five villagers in front of her husband for her temerity to try to stop a 1-year-old girl from getting married off. The district court acquitted all five men. The matter came before the Supreme Court via a Public Interest Litigation (PIL) filed by a group of NGOs by the name of "Vishakha" in which the petitioners urged judicial intervention to make workplaces safer for women due to the legislative inactivity in this regard. Subsequently, the court would lay down binding guidelines to be followed by every private and public sector employer to ensure the dignity and safety of women in the place of employment. Although this action received significant backlash at the time, the passage of time has proved that the Supreme Court was correct in intervening in this regard. Today, due to the power and reach of social media and other information networks, sexual harassment has emerged as a very serious issue in our public discourse.

All these articles described scenarios, incidents, and historical accounts of the violation of various human rights, the subsequent actions taken by various actors involved, and what the ramifications of all the above may be. The impacts of some of these actions not only meant that the reproductive and bodily rights of certain groups were violated, but it also meant that they were harmed in the pragmatic empowerment of their lives. For instance, if a woman is pushed to constantly have children through various government schemes, she will likely miss out on her opportunity to make herself a meaningful career. Many participants were infuriated, annoyed, or saddened by the things that they read. It is important to realize that this is oftentimes the attitude that a lot of people hold, as absurd as it may seem to the rest of us.

What does it mean to be pro-choice?

Objectives and content: At the end of this session the participants should be able to:

- *Advocate for safe abortion as a choice and a right for women (sex selection as an issue)*
- *Communicate clear messages about pro-choice issues via social media and other channels*

We moved on to discuss what it means to be pro-choice, what the pro-choice movement is, and what effects the debate between pro-life and pro-choice clusters has. This session was facilitated by **Dr. Suchitra Dalvie**, and helped by **Nandini Mazumder**. This session directly followed the reading of selected literature as all those articles depicted illustrations of dissolutions of rights of the people, made possible by the existence of a hierarchical power structure that supports tyranny. Similarly, this session would embody the nuances that come with the specific struggle for securing certain rights, the hegemonic dynamics involved, and what it means in terms of real-life manifestations.

We started with a discussion on how nations have formulated policies in the past and present that impeded the rights of both birth-giving and other people. China implemented the one-child policy and had to commit horrendous acts to enforce the same. These acts included things such as forced abortions, usage of infanticides, forced sterilization of women, sending parents to forced labor camps, etc. European nations, seeing the recent stagnation in their population, have also started emphasizing the need to give birth. However, at the same time, they continue to bomb African and Asian villages over conflicts while simultaneously refusing to take migrants from these parts of the world. The recent response to the Ukraine war has shown us that this is not the case because of a logistical problem in hosting refugees and migrants. Instead, we can see the ethnic-racial paradigm based on which this discrimination occurs – you can only enter these nations if you are a white church-goer. The fact that these nations are in positions of authority and higher capacity for warfare and economic spending over the victims means that they can shrug over the human rights of these select individuals based on their arbitrary and oftentimes unspoken criteria.

It is important to realize the sources of influence and their incentives. We apply this heuristic to a lot of things. The laws that preliminary exist all across the world are biblical in nature because of the British influence established during colonial times and their interest to propagate the Judeo-Christian culture. The people who reduce access to abortion because of increasing rates of sex determinism never consider the fact that choosing to have a male child is equally the same 'crime' as choosing to terminate the female crime. The approach should instead be to address gender discrimination and the poor state of affairs for females, but that would not fit within the agenda of restricting bodily autonomy for the policymakers. The articles from the prior session are also written by people who had a specific set of interpretations and implicit morals that they wanted to communicate or implant to their readers. The article called *The Beauty and the Beast in the Silicon Valley* portrays the violent man and the courtroom as ridiculous and evil, which indeed they are. However, the article missed the fact that this is only remotely acceptable to and goes unquestioned by the majority of people because of the value our society collectively places on the role of men. Even in that instance, the man's company plead to the woman to retract her complaint because of his role within his startup.

The reason workshops such as YAI occurs is because there is a general dissent towards the status quo in the minds of whoever is involved. SRHR and abortion are very easy to make accessible. We have reached a point in time where we have a brilliant understanding of contraception and where safe abortion can be made the norm for everyone seeking abortions. The objective of the pro-choice movement in tangible terms then is quite simple – it is to remove artificially created social barriers to access SRHR and safe abortion. This also encompasses shifts from lack of information to the right to information, from lack of dignity to respect for sexual and reproductive rights, from lack of choices to informed and free choices, and from patriarchy to gender equality. If everyone is granted the right to food, but none of the kitchens in the nations are making food, then establishing that right is also meaningless. Hence, there is a necessity

for implantation of these ideals too, once they have been established to a bureaucratically functional degree. This looks like allocating a budget for medical abortion pills and contraceptives, as well as training programs for medical practitioners nationwide.

It is also important to note that brave ideas are those that change the existing equilibrium. This means that they are prone to resistance. This means that advocacy requires a lot of persistence when it comes to any actions. It takes a lot of time and effort to change the mindsets of people as well as legal codifications that may ensure certain rights. We can take a few general steps to be on the correct path in this process. The first step is to identify specific problems. Once the solution to that problem is found and implemented, it likely leads to other obstacles. If we identify the problem that too many people are dying from unsafe abortions, we can then implement the solution of decriminalization and even legalization. However, that then raises the obstacle of accessibility of these services. This cycle of problem identification and problem-solving is likely to persist for an indefinite amount of time when it comes to advocacy, so we should not be disheartened because we cannot create a utopian world straight out of our imagination tomorrow.

Various strategies can be taken too. *Conversion* is the strategy in which a system is taken and transformed into something completely different. The overthrowing of an oppressive regime to establish a more democratic one is an example. Conversely, *subversion* is working within the system to challenge or disrupt the system and its functioning. This looks like reinterpreting fairy tales to illustrate the oppression of women. For instance, it is recognized that the witch-like portrayal of Snow White's stepmother is denoting the general disdain for 'witches' at the time. In reality, these were just women who had come up with ancient tools and techniques used to medicate various conditions, but they faced resistance since they were meddling with the existing equilibrium at the time. The norm at the time was that only the aristocrats could access healthcare and the peasant class had to suffer and die. In reinterpreting the fairy tales in this manner, we can identify what the likely motivations of certain people were in writing a character in a specific way. Even in the case of Snow White herself, she is shown to be a woman who could not sustain life without a man having to save her.

The pro-choice movement represents abortion rights on a surficial level but the ramifications of its appeal are much broader than just that. The movement also encapsulates the drive toward reproductive justice and women's empowerment. It places the foremost emphasis in decision-making on the birth-giving people, when the subject of the decision is the concerned person. It reaffirms the right to bear or not bear children, gives the woman control over the consequences of pregnancy, childbirth, and motherhood, and as a whole, makes the birth-givers active practitioners in and of the political cycle. In its widest sense, the pro-choice movement and its analogous consequences see the influence of patriarchy diminish within the greater society and make the world we live in a more egalitarian place to inhabit.

Understanding the Implications of Self-Managed Medical Abortion in Women's Health

Self-care is the capacity one has to take of themselves. It includes things such as taking a shower, eating nutritious food on time, being safe from external factors such as weather conditions, etc. It is a prominent part of the medical infrastructure as well, due to the increasing shortage of healthcare providers and the lack of access to essential health services for lots of people. It includes things such as self-injection of insulin, the general knowledge, and application of first-aid, prevention of pregnancy, etc. World Health Organization has recommended the implementation of the same in SRHR, vis-à-vis family planning,

medical abortion pills, etc. The focus of this session, facilitated by **Durga Sapkota and Anjila Thapa**, was focused on self-managed medical abortions.

Medical abortion is the termination of pregnancy via a medical method, i.e., with the usage of pills. This innovation is considered the *magic pill* in SRHR insofar as it empowers the users. It is cheap, accessible, effective, and allows for the privacy of the users. Research for more effective implementation of this pill in Nepal is being conducted currently, following which, the WHO will provide intensive recommendations. The aim is to find the context within which policies should be formulated and implemented to best increase meaningful access to these pills. The initial observations from such research work suggest that self-administered safe abortion practices already exist in Nepal to a certain extent. Many people buy and consume pills from pharmacies to abort unwanted fetuses. However, there are concerns around the glamourization of abortions due to the accessibility of these pills, especially amongst the uneducated base of people in rural parts of the country. The potential solution to this problem is to provide all the required and necessary information at the medical health facility where people purchase either these pills or at other dispensaries of materials and services regarding SRHR, such as contraception, family planning tools, etc. The issue here is that a lot of pharmacists themselves are not trained to give out this information in an effective manner.

The extent of lack of access is dire in Nepal. Sanitary napkins are not accessible to the majority of the menstruating population. Inaccessibility to education also means that some people who are sexually abused or otherwise participate in sexual activities do not even realize that they are pregnant. The stigma that surrounds the general discourse of anything regarding sex does not help either. Products are usually wrapped when sold and oftentimes the person who requires the product does not go out to purchase it themselves. When people seek out abortion services, they are often turned away with rhetoric such as “Why kill a baby that has a mouth/face/heart/limbs/etc.?” There is a significant practice of shaming in these instances within clinics by medical practitioners. This means that there is an imposition of the doctor’s choices upon the bodies of women who otherwise had been predetermined to get an abortion procedure. The police threaten to imprison people seeking services, especially in those areas where the laws are not known very well. At the policy-making level, there is a hesitation or even refusal to acknowledge or hear out issues of safe abortion. There is an unspoken fear that easy access to abortions will lead to an *epidemic of sluts*, when there are genuine concerns about the over-prescription of antibiotics and the subsequent creation of superbugs that do not remotely get as much concern.

Some other issues are also identified within the same window of discussion. Abuse of patients in clinics while taking history is commonplace, as this supposedly private affair is often scrutinized and peered upon by unrelated parties. The sample of users of certain services that we study is those who can access abortion clinics, pills, etc. Therefore, they are not the most vulnerable actors that we need to know about. Having a complicated bureaucratic procedure constructed for a person to access abortion furthermore puts up unnavigable barriers for them. There are also arbitrary distinctions made in terms of which abortions are legally legitimate and which are not based on things such as a 28-week deadline, viability, or various other factors revolving around the ethics of abortions. This has created large issues where abortions are desperately sought after but not provided since the legal timeframe has been exceeded. These restrictions also exist outside the sphere of seeking out abortion services. For instance, a lot of victims deter away from undergoing post-traumatic actions since the recollection of trauma and victim-blaming within institutions such as police stations are so heavily relevant.

The important consideration to note here is that abortion is never the first option for the prevention of pregnancy for any reasonable individual. It is instead a safe option and a tool to establish bodily autonomy for those of us who can get pregnant. The few horrible instances of abortion procedures going wrong that are sensationalized do not encapsulate the vast majority of or even the general cases. Every medical procedure has its horrible exceptions, but that does not make them less desirable as an alternative to worse conditions. We should value the lived experiences of people, especially empathy-building which is essential in policy making and implementation. There have been instances where transmen have chosen to not seek medical consultation because they are questioned with regards to why they are there, as their looks do not resemble that of a woman. The classification of miscarriage as induced abortion in Nepal also means that in rural areas, people who had miscarriages through no fault of their own had to undergo investigations and even prosecution. We must question authority when it comes to SRHR, be inquisitive and take an approach of rights-based and discourse-based engagements in spaces that are equally occupied by pro-lifers.

A One-Stop Crisis Management Center (OCMC) is a place that hosts a safe house, counselors, police officers, medical practitioners, lawyers, and various other people where a victim of sexual assault, domestic abuse, etc. can go. Victims of domestic assault are more likely to go to the healthcare provider and share their stories with them rather than seeking legal retribution. Even if they would seek other facilities, it is a hassle to go to stations, courts, forensics labs, medical clinics, etc., especially in a post-traumatic concept. An OCMC ideally can make it easier, safer, and more comfortable for victims to seek out the relevant services in one place. Even then, legal restrictions such as rigid time frames and statute of limitations mean that efficacy of a lot of these services is still not optimal. All these obstacles illustrate the structural and pragmatic difficulties concerning why medical procedures are not accessible. Hence, it also highlights the importance of imparting knowledge and accessibility of self-administrable medical abortion pills.

Creating Content Using Social Networking Platforms

Objectives and Content: At the end of this session the participants should be able to:

- *What effective communication entails?*
- *Use of social media as a networking and advocacy tool*
- *Become accredited, contributors to ASAP's social media*
- *Feminism & Internet & Digital Security*

In the first session of the final day of the workshop, facilitated by **Bonita Sharma**, we looked at methods in which social media can be effectively employed for advocacy. To fully appreciate the reach of the internet and social media, we were asked several questions:

"How many people are not online?"

"Do you have any friends who do not use the internet?"

"Can you think of 20 people within your immediate network who do not use or never use the internet?"

All the answers from the participants were “No” and perhaps that would be the same for most people, at least in urban areas. Furthermore, out of the total world population of 7.7 billion, 5.16 billion people use mobile services, 4.57 billion people use internet facilities and 3.8 billion people use social media in some capacity, as of April 2020. The engagement in the global cyberspace during the Covid-19 pandemic has risen at an exponential rate, with a 57% increase in people purchasing streaming services, 47% increase in social media usage, 46% increase in time spent on messenger applications, 39% increase in music streamed time, 36% increase in mobile application downloads, 35% increase in time spent on video games, 15% increase in uploaded video content and 14% increase in the number of podcast listeners. As of October 2020, 74.43% of Nepalese people are internet users and 55.30% of them use the internet via mobile services. Facebook is the most prevalent social media platform in Nepal with 11 million active users, where the audience is largely young.

With the advent and explosion of social media, we can see a lot of fields shifting to make use of it. In journalism, we see a rise in reporting news through various social media apps in the form of just the headlines and linking the main article in adjacent posts/comments. Social media has also opened the world of propaganda to a much wider audience size, which inadvertently means that they will have more influence. We can see this in the rise of anti-vaccination campaigners in recent times. It has also created a vast business outlet for both small and large firms, that sell their products directly to their customers through online stores, websites, and forums. We can also see a new range of crimes and harassment on social media platforms taking place. Due to its features of anonymity and privacy, accountability for one's actions is indifferent. Henceforth, this problem is on the rise in social media.

These shifts brought about by social media have had significant impacts on our lives, which we can see in three major forms. *Information* is more accessible through the shifts in journalism. We can easily find influencers for various causes on various sites and interact with them directly. We can interact with and receive information more directly because of how interconnected everyone is on these platforms. *Free expression* of one's identity is also made possible by social media. We can find global communities of people who have similar lifestyles and identities as ourselves, for instance, the online community of queer people is quite large and all queer individuals across the world can interact with their community. Even at an individual level, we can share our images with audiences we feel comfortable with on social media. Finally, social media has made *communication* remarkably easier. We can directly talk to anyone we feel like on these outlets, for whatever duration of time, no matter where we are at or what situation we are in. The only prerequisite entailed by this act is an internet connection.

These platforms are not without room for criticism, however. We have to be alert about our digital security and hygiene. We should read the terms and conditions of each server properly and give permissions after close consideration of the ramifications that such conditions could have. This is especially important in cases where the confidentiality of the people we are advocating is important. We also have to consider the disparity in the reception of information due to the relative inaccessibility of such platforms to certain sections of the population, or the *digital divide*, such as women in overly conservative, rural households. Sometimes, even when the intentions are well placed, this divide can cause problems. There have been instances where husbands have called or otherwise communicated with healthcare providers to inquire about issues that their wives are facing. They will not be able to understand or express the problems and solutions with the same depth that the actual patient would. This has led to miscommunication and further complications in the health of those women. If they have their social media, they will be able to communicate themselves.

From an advocacy point of view, we can deduce three obstacles to address to capitulate to an audience. These as the existence of dominant and radicalized ideology in cyberspace, viral politics, and preoccupation with cyberspaces.

- *Dominant or radicalized ideologies* are the polarizing moral principles that are proposed by certain groups and those ideologies that differ from the narratives of the pro-choice movement can turn populations of people against rights regarding abortion. We see this to be the case with the pro-life movement and right-wing media. It is important to address their challenges from a rights-based approach and show the audience the key advantages of our ideologies.
- *Viral politics* is the trend of reading a headline and not considering the nuances of a news story, which also eventually causes opinions to be swayed one way or another. Even legislation can be affected due to such trends. This can be considered a direct effect of the shifts in propaganda brought about by social media. We should make sure that these articles are not misleading people and try to propagate accurate information.
- *The preoccupation within cyberspaces* refers to the information that people already believe to be true, sometimes falsely, due to their preconceived notions about certain things. Most myths surrounding a variety of issues, such as the ones canvassed above in this document, fall under this preoccupation. It is important to talk through these things with the people who hold such notions and fill in their gaps of knowledge with the right information. It is also necessary to consider the root causes for such preoccupation, which could range from inequality to stigma, and try to work on disrupting those cycles to better facilitate the propagation of correct information in the future.

Social media is an interactive space and can be a great platform for reformation through advocacy and campaigning. Engagement with an audience is key to the success of such ambitions. When we make campaigns relatable, they tend to be more engaging. We can take the example of the 'Like a Girl' campaign, where girls were asked to do a certain thing "like a girl" and they perceived that phrase to be an insult. The campaign then goes on to point this out and the narrative shifts. The girls no longer view "like a girl" to be an insult, instead normalizing the phrase and taking ownership over the phrase. We can engage with audiences in similar ways to rewrite societal rules. Collaborating with celebrities and influencers is also an effective way to not only engage with an audience but also to generate larger traction. The following steps can be followed to engage effectively with audiences:

1. Assessment strategy – Know one's audience and make campaign materials accordingly.
2. Planning tactics – Set specific targets about the type of engagement one wants and post materials curated towards those goals.
3. Adjustment – The audience may respond to certain types of materials in manners one did not anticipate. It is important to cater to such a response by adjusting the material.
4. Evaluation – Monitor the entire cycle and make notes of the things that need improvement in the campaign process.
5. Feedback – After analyzing the results, one can also ask the audience for constructive criticism.

In addition to the audience, we should also consider the platforms, themes, tools, and timing of our posts for any social media campaign plan to be successfully realized. Building an online presence is critical. We can use metrics such as brand mentions, aforementioned audience engagement, brand reach and appeal, and participation to measure it substantially. These also can be indicators of content relevance. For example, a hashtag that is relevant will generate more interaction. Similarly, an appealing visual style will

bring more impressions to a post. Adopting the freshest trends is a great campaigning strategy, which has proved to be effective, as in the case of the anti-sexual harassment movement 'Me Too'. We also talked about some methods to optimize reach and impressions:

- Implementing multimedia content for purposes of campaigning.
- Timely posting of the various material relevant to the campaign.
- Using humor to lift some of the tension that the serious and often grim subjects that these campaigns may entail, via posting memes, jokes, etc.
- Posting material with a high likelihood of being shared, possibly because of its interactive nature.

To conclude the session, the participants did group work wherein they made TikToks, memes, videos, charts, and other forms of media that they could use in social media campaigns. These projects were creative and the participants approached them in numerous ways. Satire surrounding skepticism of abortion and SRHR, trolling pro-lifers and their views, making emotionally charged skits, drawing captivating charts, and writing powerfully messaged poetry were some of their approaches. YoSHAN also made a TikTok account, which will be handled by Youth Champions to participate actively in social media campaigns. It already has an account on Facebook, Instagram, and Twitter. It is bound to be successful if the content produced and shared on these platforms is of the same caliber as those from this activity.

Interpersonal communication

Objectives and Content: At the end of this session the participants should be able to:

- *Understand the communication loop and the importance of message and medium*
- *Recognize the importance of body language and other non-verbal cues*
- *Understand the importance of obtaining feedback*

In advocacy, it is important to be able to communicate with the audience to either transmit information or listen to the stories that someone else may want to share. To learn about techniques that will help us commune, we had a session on interpersonal communications, facilitated by **Durga Sapkota**. This session helped us see the importance of effective communication for purposes of advocacy as well as viewing the same as a form of revision for the advocates themselves, i.e., without communicating the ideas regularly, we may forget the ideas we want to share and how we want to share those ideas. Effective communication will also help us see things from varied perspectives and aid us in further learning.

Communication is the meaningful presentation and transmission of information and/or ideas through effective interactions among groups of people. Communication is generally thought of only in a narrow, lexical sense but non-verbal cues are just as important when it comes to effectively sharing both ideas and emotions. This process can be further dissected into the sender, who sends the relevant message through a transmission channel, and a receiver, who receives the message and provides feedback. In this way, we can see that communication is a cycle where both parties have to be proactive. Ineffective communication can lead to conflict. This sometimes occurs when one agent is systemically adapted to a certain set of norms and the other agent does not conform to those norms. For example, the use of binary or hetero-centric language can leave many gender and sex minorities feeling ostracized in conversation, even if there were no ill intentions of the people communicating. Leaving behind such habits can initially be challenging. Despite not having ill intent, the stigma may have sensitized certain groups to such

language. The important thing to remember in these situations is to build empathy and have an approach of course correcting. If we make a false or discourteous statement, we should recognize our faults and try to actively correct ourselves.

At the same pace, *non-verbal communication* is also key when it comes to advocacy. We should be able to recognize certain facial expressions, body postures, and gestures. Non-verbal cues may not always align with the things that people say. A person may say they have understood something, while still having a confused look on their face. This also ties in neatly with the concept of active listening. *Active listening* is the skill of listening to someone with full attention and mental presence, participating with the things being said, building empathy, and also taking note of the non-verbal cues from the people we are listening to. It is inadvisable to listen only for the sake of listening or responding. Trying to understand exactly what another person is trying to say is important. It also helps the person trust us and confide their stories. We can actively listen in six simple steps:

Pay attention	It is important to be present and make some mental notes of what the other person is saying.
Withhold judgement	We should not impose our worldviews on others, especially when there is a conflict of values, as that may lead to disputes instead of a productive conversation.
Reflect	Critically assessing the situation is necessary to come up with a solution.
Clarify	We should not fill the gaps in others' stories based on assumption, and it does not harm asking someone to reiterate or explain something in more detail.
Summarize	To know the key elements of the information we have received and focus on the important aspects; we must summarize what was told to us.
Share	We should be willing to tell others our own experiences, when relevant.

This aspect of advocacy becomes especially pertinent when approaching an in-person experience. Many advocates talk to women who get abortions or are facing Chaupadi Pratha in its extreme form. There may also be communications with marginalized groups, such as LGBTQIA+ groups, who have faced discrimination and ostracism. These people may want to share their stories. They may have difficulties in opening up, effectively voicing their thoughts and feeling, or painting a picture of the context in which they had to experience their life events. The tools of interpersonal communication are very effective to tackle these challenges in advocacy and bring forth those voices. Advocacy and advocacy training is a strenuous process that requires a lot of learning/unlearning and unpacking/accepting. Empathy is a good lens through which we can approach SRHR advocacy. It is effective to listen to people's stories, give them the help we can and express empathy for their situation. Activism burnout is common in this field, especially when we have to attend tokenized events or have these conversations in our daily lives. The reason the focus of YoSHAN and other institutions is on the youth is also that it is easier to extend empathy training to this set of people, as opposed to an older generation who are more rigid and preestablished mindset on these issues.

Outcome and Output

Session Evaluations

After any training program, it is imperative that we know the efficacy of such training and what can be done to achieve even better understanding, empathy, and impacts on part of those participants. To do so, there was a two-step evaluation process to observe the degree of sensitization of the participants in the issues aforementioned. The first step was a pre-workshop evaluation and the second was a post-workshop evaluation. They were given one form in each step with 16 identical questions and options to choose from. The following changes were observed in their responses.

1. 'Sex' refers to:

	Options	Pre-workshop evaluation responses	Post-workshop evaluation responses
A	<i>Masculine and Feminine.</i>	0%	0%
B	<i>Man and woman/girl and boy.</i>	0%	0%
C	<i>Biological identity that is determined based on sexual and reproductive organs (such as genitalia) at birth.</i>	100%	93.75%
D	<i>Social roles assigned to a person based on their biological identity.</i>	0%	6.25%
<i>Left blank</i>		0%	0%

2. 'Gender' refers to:

	Options	Pre-workshop evaluation responses	Post-workshop evaluation responses
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<i>A</i>	<i>Masculine and Feminine.</i>	<i>5.88%</i>	<i>0%</i>
<i>B</i>	<i>Man and woman/girl and boy.</i>	<i>0%</i>	<i>0%</i>
<i>C</i>	<i>Biological identity that is determined based on sexual and reproductive organs (such as genitalia) at birth.</i>	<i>5.88%</i>	<i>12.5%</i>
<i>D</i>	<i>Social roles assigned to a person based on their biological identity.</i>	<i>88.24%</i>	<i>87.5%</i>
<i>Left blank</i>		<i>0%</i>	<i>0%</i>

3. What are human rights?

	Options	Pre-workshop evaluation responses	Post-workshop evaluation responses
<i>A</i>	<i>Rights exercised by every born human being and the laws to promote and protect fundamental freedoms of individuals or groups.</i>	<i>52.94%</i>	<i>93.75%</i>
<i>B</i>	<i>Rights exercised by all, even unborn child.</i>	<i>47.06%</i>	<i>6.25%</i>
<i>C</i>	<i>Rights exercised only by those whose country's governments have signed the agreement.</i>	<i>0%</i>	<i>0%</i>
<i>Left blank</i>		<i>0%</i>	<i>0%</i>

4. Reproductive rights mean?

	Options	Pre-workshop evaluation responses	Post-workshop evaluation responses
A	<i>Reproductive rights are freedoms relating to reproduction and reproductive rights.</i>	5.88%	6.25%
B	<i>Right of all couples and individuals to decide freely and responsibly the number, spacing and timing of their children.</i>	0%	0%
C	<i>Rights to attain the highest standard of sexual and reproductive health.</i>	0%	0%
D	<i>All of the above.</i>	94.12%	93.75%
<i>Left blank</i>		0%	0%

5. Reproductive health includes:

	Options	Pre-workshop evaluation responses	Post-workshop evaluation responses
A	<i>State of complete physical, mental and social well-being in all matters relating to the reproductive system.</i>	11.76%	12.5%
B	<i>Safety from STDs.</i>	0%	0%
C	<i>Success in achieving or in preventing pregnancy.</i>	0%	0%

<i>D</i>	<i>All of the above.</i>	88.24%	87.5%
<i>Left blank</i>		0%	0%

6. When can a woman get pregnant?

	Options	Pre-workshop evaluation responses	Post-workshop evaluation responses
<i>A</i>	<i>During her fertile period, beginning 5-7 days after her period.</i>	52.94%	62.5%
<i>B</i>	<i>During her fertile period, 5-7 days before her period.</i>	11.76%	18.75%
<i>C</i>	<i>Throughout the menstrual cycle.</i>	35.29%	18.75%
<i>Left blank</i>		0%	0%

7. Unmarried young people should have easy access to contraception?

	Options	Pre-workshop evaluation responses	Post-workshop evaluation responses
<i>A</i>	<i>No, preventing them from getting contraception will deter from them having risky sex.</i>	11.76%	6.25%
<i>B</i>	<i>Yes, being a vulnerable group, they have the right to be protected against HIV/STIs and unwanted pregnancy.</i>	70.59%	87.5%
<i>C</i>	<i>Only in cases where it is needed. For e.g.: emergency</i>	17.65%	6.25%

	<i>contraception pills for a rape victim.</i>		
<i>Left blank</i>		0%	0%

8. Unsafe abortion is defined by the World Health Organization (WHO) as a procedure for terminating unwanted pregnancy carried out:

	Options	Pre-workshop evaluation responses	Post-workshop evaluation responses
<i>A</i>	<i>By persons lacking the necessary skills.</i>	0%	0%
<i>B</i>	<i>In an environment that is not clean and safe.</i>	0%	6.25%
<i>C</i>	<i>Multiple abortions, and if the abortion seeker is very young.</i>	0%	0%
<i>D</i>	<i>Either by persons lacking the necessary skills or in an environment that does not conform to minimal medical standards; or both.</i>	88.26%	93.75%
<i>Left blank</i>		11.76%	0%

9. Please tick the safe and recommended methods of abortions:

	Options	Pre-workshop evaluation responses	Post-workshop evaluation responses
<i>A</i>	<i>MVA & EVA (vacuum aspiration).</i>	11.76 %	6.25%
<i>B</i>	<i>D&C.</i>	0%	0%
<i>C</i>	<i>Medical abortion pills.</i>	17.65%	12.5%

<i>D</i>	<i>Options A and C.</i>	<i>41.18%</i>	<i>37.5%</i>
<i>E</i>	<i>All.</i>	<i>23.53%</i>	<i>43.75%</i>
<i>Left blank</i>		<i>5.88%</i>	<i>0%</i>

10. Any abortion, even if safely performed can lead to infertility in the future?

	Options	Pre-workshop evaluation responses	Post-workshop evaluation responses
<i>A</i>	<i>Yes, it does carry the risk of infertility.</i>	<i>0%</i>	<i>6.25%</i>
<i>B</i>	<i>No, if done safely, it does not lead to infertility in the future.</i>	<i>52.94%</i>	<i>68.75%</i>
<i>C</i>	<i>Yes, it may cause infertility if done repeatedly, even if it is done safely.</i>	<i>41.18%</i>	<i>18.75%</i>
<i>D</i>	<i>Yes, when someone is very young there is a high chance that they will become infertile after an abortion.</i>	<i>0%</i>	<i>6.25%</i>
<i>Left blank</i>		<i>5.88%</i>	<i>0%</i>

11. Women may start hormonal contraception at the time of surgical abortion, or as early as the time of administration of the first pill of medical abortion regimen.

	Options	Pre-workshop evaluation responses	Post-workshop evaluation responses
<i>A</i>	<i>True.</i>	<i>29.41%</i>	<i>68.75%</i>
<i>B</i>	<i>False.</i>	<i>64.71%</i>	<i>31.25%</i>
<i>Left blank</i>		<i>5.88%</i>	<i>0%</i>

12. Following medical abortion, an intrauterine device (IUD) may be inserted when:

	Options	Pre-workshop evaluation responses	Post-workshop evaluation responses
A	<i>It is reasonably</i>	23.53%	18.75%
B	<i>Day 14.</i>	17.65%	37.5%
C	<i>After the next menstrual cycle.</i>	41.18%	43.75%
<i>Left blank</i>		17.65%	0%

13. While undergoing medical abortion, a woman should go to the hospital for treatment as soon as possible if:

	Options	Pre-workshop evaluation responses	Post-workshop evaluation responses
A	<i>She has heavy cramps.</i>	5.88%	6.25%
B	<i>She has a lot of bleeding.</i>	82.35%	93.75%
C	<i>She has a lot of nausea.</i>	0%	0%
<i>Left blank</i>		11.76%	0%

14. If the woman does not bleed after taking the Misoprostol, the reason could be:

	Options	Pre-workshop evaluation responses	Post-workshop evaluation responses
A	<i>She is too late in her pregnancy for the Misoprostol to work.</i>	23.53%	50%

<i>B</i>	<i>She has an ectopic pregnancy (pregnancy outside the womb).</i>	41.18%	25%
<i>C</i>	<i>She is pregnant with twins.</i>	0%	0%
<i>D</i>	<i>It is a fake medicine.</i>	29.41%	18.75%
<i>Left blank</i>		5.88%	6.25%

15. After an abortion, when can a woman get pregnant again?

	Options	Pre-workshop evaluation responses	Post-workshop evaluation responses
<i>A</i>	<i>Immediately</i>	5.88%	0%
<i>B</i>	<i>Within one week after the abortion.</i>	5.88%	68.75%
<i>C</i>	<i>After her next menstrual cycle.</i>	82.35%	31.25%
<i>D</i>	<i>Never, as she might become infertile.</i>	0%	0%
<i>Left blank</i>		5.88%	0%

16. Is abortion the reason for skewed sex-ratios across Asia?

	Options	Pre-workshop evaluation responses	Post-workshop evaluation responses
<i>A</i>	<i>Yes. So, access must be restricted, especially to second trimester abortions.</i>	23.53%	6.25%
<i>B</i>	<i>It could be. So, it is better to restrict access.</i>	0%	0%

C	No. Sex selection is due to gender discrimination and access.	64.71%	93.75%
Left blank		11.76%	0%

This evaluation yields a couple of observations. It seems that although a lot of participants may still be confused about the anatomical and medical elements of safe abortions, it is evident that their mindsets have tilted in a manner that values a rights-based approach to SRHR. This is a good improvement to make as far as the sessions are concerned since the first step to advocating for changes is recognizing that we do not know all the material circumstances and contexts of each person's life. Instead, we are only able to improve their lives to the extent that they can access the rights that they rightfully consider intrinsic to their existence as an autonomous individual with human dignity.

Feedback

On the third day, the participants were given feedback forms to fill out. The forms were divided into four general sections to make the feedback more specific. Each section had a blank space for comments and other feedbacks. They also consisted of a number of criteria to rank. For example: "The subjects were well chosen." They had to rank on the following basis:

- 1 – Not Applicable
- 2 – Strongly Disagree
- 3 – Disagree
- 4 – Agree
- 5 – Strongly Agree

Workshop Topics and Discussion

In general, most participants thought that the workshop topics and discussions were up to the mark. The subjects were considered well chosen. The presenters also seemed knowledgeable and helpful. The design of the presentations was appropriate. It was noted that the support materials could perhaps have been made more useful. It was suggested that these topics were highly relevant, and should also be targeted toward students who are in school, albeit with simpler, more digestible communication. Another suggestion was to include presenters from the policy-making sectors as they would bring about a different perspective to the discussion.

Personal Value

Almost every participant remarked that this workshop greatly helped them in terms of reevaluating and in instances, changing their values. They said that they have gained new knowledge and insights from the experience and that it would enhance the quality of their work as a result. They were all satisfied with the opportunity they had for discussion and participation. Most remarked that the amount of interaction between the participants and the presenters was good. Informal conversations with other participants also seemed somewhat beneficial. Many participants remarked that the workshop was an 'eye-opening'

experience that clarified many doubts they had about their experiences and thoughts, as well as helped them explore where they stood on various issues.

Organization and coordination

The participants expressed that perhaps the program could have been better organized and coordinated in certain instances. They said that the session was perhaps a little short, which meant that individual sessions were often matter-intensive, and consequently harder to follow than would have been otherwise. The slides were also packed with more information than could be understood in many sessions. Technical issues, especially with the sound system but also other things such as cooling systems, could also have been better addressed. They did, however, note that the registration was efficient and that the pre-workshop information was also generally helpful.

Overall Comments and Suggestions

Many of the participants remarked that the first session on gender, patriarchy, and its linkages with safe abortion was the most valuable topic to them. They said that this was an eye-opening session, not just because it helped us understand different perspectives, but also because it made them reevaluate how they too were contributing to the propagation of stigma and how they could help. Value clarification, the documentary depicting the grassroots scenario, and the sessions on legal intricacies were also mentioned by some. These sessions depicted the visceral realities of SRHR in interactive and demonstrative manners, making use of imagery, imagination, debate, statistics, and various other rhetorical tools.

Digital media and social media, the session on the menstrual cycle, and the screening of the movie were considered sessions of lesser value by most participants. Given the generation of participants, it is to be expected that they had experience with digital and social media in the past. A lot of them were also from medical professional backgrounds, such as doctors, nurses, etc., which meant that the session on the menstrual cycle did not add significantly to their preexisting understanding. The screening of the movie was generally considered unnecessary, especially given the amount of matter that existed throughout the rest of the workshop. Various other topics could be included in future sensitization workshops. Sexual identity, gender orientation, safe motherhood, postnatal depression and intersections with mental health, nutrition, approaches for the treatment and abortion facilitation for transmen and other gender minorities, catering to adolescents, and engaging with policymakers in terms of approaches to activism were some of the more frequent suggestions on that front.

Lastly, many participants expressed their formed affinities for the more interactive session of the workshop, such as value clarification, fertility walk, and intersection/power walk. They said that it would have perhaps been more fruitful and also less exhausting if these types of sessions were incorporated more frequently in between the matter-intensive lectures and sessions. They also noted that more could have been done in terms of creating an atmosphere for socializing – story sharing, dancing, playing games, BBQ, networking activities, evening walks, etc. were some of the suggestions. In general, most participants deemed the experience to be largely positive and fruitful for numerous reasons encapsulated by their feedback, evaluation, conversations, and remarks during and after the workshop.

Plan of action

At the end of the workshop, all the participants were asked to make a plan of action for certain activities they could indulge in for the causes of SRHR advocacy. The session is supposed to be training for

advocates, so they must use their acquired knowledge, insights, and skills for the betterment of the cause we all accept. The estimated timeline for the report submission of their respective events was set between a few weeks to a few months, with the latest estimate being for early 2023. Most participants said that they would conduct one or two events, with the tentative time frame ranging from a few hours to a few days per event. Depending on the event, they estimated that they would have between 15 and 200 participants. High school students, undergraduate students, medical practitioners, members of various civic societies, neighboring residents/villagers, the LGBTQ+ community, etc. are some of the common target groups noted. Some of the actions proposed are as follows:

- Facilitating training workshops
- Orientation on SRHR
- Local outreach and awareness campaigns
- Sessions on gender, sex and patriarchy
- Sessions on laws about SRHR and abortion
- Sessions on reproduction and contraception
- Menstrual hygiene and management training
- Fertility dance
- Session on gender expectations on men and their adverse impacts
- Sensitization of medical students to abortion and SRHR
- School health programs
- Community sessions on safe abortion
- Value clarification
- Sessions on SRHR and mental health
- Coordination in projects with other institutions such as Visible Impact
- Writing blogs for the ASAP website
- Basics of abortion and SRHR

The participants were also added to networks where they can work and interact with other Youth Champions from the same and previous editions of YAI, giving them a better space to explore advocacy.

Valedictory and Closing

Following the final session of this YAI and a nutritional and much-needed lunch, we headed to Hotel Moonlight. There, the participants were audience to two sessions from Youth Advocacy Refresher, the advance advocacy session conducted by Asia Safe Abortion Partnership. The first session was a presentation on the ways in which societal structures justify the subjugation and oppression of the birth-giving population, especially in concerns to abortion. The second session was an insightful panel discussion with Rola Yasmeen, Zarghoona Wadood, Nir Shrestha, Ignatia, and Rajeshwari Prajapati regarding the importance of cross movements solidarity. This discussion was illustrative of how advocates fight the same battles, in isolation and how they can come together to fruitfully discord and cooperate with one another. Following these two sessions, the participants of the Youth Advocacy Institute were awarded their certifications of participation. The first participant would confer the certificate to the second participant on the list, the second to the third, and so on and so forth. The participants and organizers of both the workshops would then come together to take pictures and chant slogans that encapsulated our

efforts and vision in advocacy for SRHR and safe abortion access. We then had a high tea in the same hotel, where again, all the participants got to socialize and network with one another.



Conclusion

YAI is an event that enables its participants to not only learn about the pressing issues about sexual and reproductive health, their corresponding rights, and the people affected by these discussions but also allows the participants to actively engage in the advocacy for such cases. It teaches the participants about the correct information about these topics, the various perspectives that are needed for us to better understand the full scope and impact of the same, and finally, the appropriate methods of advocacy by optimizing the propagation of this information. The program was wonderfully hosted by the organization and we hope that the participants positively impact the world, inculcating their learnings for the betterment of the world and its population.

Contributors:

Durga Sapkota: Supervision

Anjila Thapa: Program Management/ Program Coordinator

Prabina Sujhakhu: Financial Management

Niharika Khanal & Siwani Rayamajhi: Assisted Program Coordinator to overall YAI management

Nirupam Khanal: Report writing

Puspha Joshi, Durga Sapkota, Bonita Sharma and Prabina Sujhakhu: Facilitation of the session(s)