



The Asia Safe Abortion Partnership

5th Youth Advocacy Institute

Hanoi, Vietnam

29th August – 1st September, 2016



We are delighted to acknowledge that for the first time this report has been written up almost entirely by one of the participants on her own initiative! (Leaving only minor edits and annexures for us to complete).

Thank you Wangchuk Dema from Bhutan!

Introduction:

A total of 20 participants from 13 countries joined the workshop: Bhutan, Cambodia, China, Nepal, India, Indonesia, Mongolia, Malaysia, Pakistan, Sri Lanka, Vietnam, and Philippines. (Annex I for participant list)

Day One



Dr. Nguyen Duc Vinh, Director of MCH/FP Department, Viet Nam MOH kindly graced the opening session and gave a brief review about the abortion situation in the region and in Viet Nam and the relationship between the legalization/safety of abortion and maternal mortality ratio.

Session One



The first day laid a strong foundation to the entire training, which started off with a welcome speech and an interesting introductory session of all the facilitators and participants by playing name-game followed by a series of thought-provoking sessions. Even though it was only the first day, it did not feel like first day at all considering everything it had to offer from heavy information and mind-boggling moments. I had always thought “safe abortion is simple” but I was wrong, there are a million things to take into account, which could be a hurdle for safe abortion to occur. When Dr. Manisha introduced the first session on “understanding gender and patriarchy and its linkage with safe abortion issues”, it opened my eyes to the fact that gender inequality has its roots in the patriarchal system of society. Thus, the first day was a sort of warm up; we loosened up both our minds and hearts as we were prepared to face the reality of multi-dimensions of safe abortion.

Abortion is a women’s issue because firstly it is a woman who ends up getting pregnant after having an intercourse with a man (because sometimes contraceptives also fail) and she may not

want to keep the baby for various reasons such as education, financial, and not-just-ready, other than legal conditions of abortion in many countries including Bhutan such as rape, mental disorder of mother and risk-to-mother's life. It is important to view abortion as a personal choice of women because it is a sign of autonomy of women over their own bodies. At the same time, it is also the issue of society because it concerns the family and the community and directly or indirectly affects the health, economics and politics of the country. However, there are factors, which impede the access to abortion such as laws, religion, lack of comprehensive sexuality education and the lack of proper abortion facilities, which mostly results in unsafe abortion.



While I always knew the difference between sex and gender, two interesting things that caught my attention was that masculinity has bigger premium and value in the society. If a young woman wants to go out and work, she might come off as independent and financially strong with masculinity attached to her status but if a man stays home and decide to cook for family, he gains femininity and is no more considered 'the man'. The perceived belief in the society is that if a man loses masculinity it is very wrong, as compared to woman gaining masculinity. The other thing is that I have always wondered that there are famous male chefs who do the work of a

common woman (normally called housewife) – cooking – while sticking to the stereotypical belief that women should do the cooking and cleaning. However, from the first session I learnt that if a normal work of a woman such as cooking is taken up by a man, it usually comes off as a big surprise but if that same work is monetized, i.e. if men start making money out of cooking then it is very acceptable while promoting gender equality. This is more ridiculous because unless cooking is monetized, it is considered that men do not want to and should not cook which is even a huge barrier to gender equality.



Sex is a biological difference that is assigned at birth based on the external genitalia while gender is a social construct, which has led to perpetuation of patriarchy in the society. Sex is as simple as that! You are born with either a penis or vagina and that's it and rarely, with both the genitalia. Gender is very complex because your body is bombarded with societal values and expectations;

Gender = Body + Societal values/expectations

This session filled my mind with justifications that feminism allows one to see through the lens of gender; it was discussed that countries like Mongolia, Vietnam and Cambodia have retirement age for women much early as 50 or 55 compared to men at 60 or above. Also, we learnt that we should move away from the heteronormativity and hegemony mindsets. These normalize only relationships between opposite sexes for example and that men are superior to women. No! Human beings just do not fall into two distinct categories and only heterosexual relationships are not normal and nobody is superior to anyone, we all are equal! These beliefs have led to the system of patriarchy– the rule of fathers (does not only mean men ruling the society, could be women as well who do not want equality or equity for women themselves for instance, women against abortion. At the same time many men are also oppressed by men). This way, abortion has been withheld in many countries due to the persistence of patriarchy and gender inequality. These two elements complement each other; the role of patriarchy perpetuates the gender inequalities and vice versa, which has then led to skewed control and power of one group over resources and decision-making.

Session Two:

GENDER-STEREOTYPES IN MASS MEDIA



women (with or without intentions).

The second session was an interesting overview of gender stereotyping in mass media by Le Hoang Minh Son. Gender stereotype is an over-generalization about the traits or characteristics of an entire group based on gender. I know there are gender stereotypes of men in the media as well but the extent to which women are stereotyped and objectified in mass media is larger and more prejudiced against

We did a small activity of identifying gender stereotypes of men and women in our daily lives. This picture on the right triggered my mind that women are portrayed in such a degrading manner. I am sure the advertisement is to promote burgers in a sexual approach but more offending thing is that, it is very sexist. Sexual is not bad, it is something natural and beautiful. However, I learnt that “sexual is not sexist and sexist is also not necessarily sexual” thus; this advertisement has displayed women as sex objects which is very sexist.



We had also watched three commercials (for a Pot Noodle, gmail and knorr commercials) and asked to analyze them later by giving our views for the questions asked. In all the commercials, we noticed that women were stereotyped and some commented on how they were going to remake those commercials.

Meet Gmail's New Inbox: <https://www.youtube.com/watch?v=CFf7dlewJus>

Pot Noodle: <https://www.youtube.com/watch?v=ZABfIWv4GK8>

One Day of Mom (Knorr Vietnam): <https://www.youtube.com/watch?v=IcGEHbGLVXU>

Session Three:



The next session was by the dynamic Dr. Manisha again on “Human Rights, Sexual and Reproductive Rights”. This was another session which overwhelmed me with new information and knowledge although I have always been advocating in this area, maybe it was given the credibility of an experienced and professional activist and feminist.

Most religions have human values and not really human rights. The human values needs to be supported with human rights because that is how values could be reinforced and protected. Dr. Manisha briefly shared the history of Human Rights (HR), attributes/principles of HR and differences between HR and Rights. Each country has rights but these rights are not necessarily

human rights; there is a fine line between HR and Rights. So, human rights are required for human beings to live with dignity while rights are the needs recognized by the states. For instance, a citizen in the country might have the right to food and he/she gets the food but if the food is just thrown at him/her, then that citizen does not have human rights. She also mentioned that Rights and Needs are interlinked and inter-dependent but then Rights based approach is more appropriate than Needs based approach. Then, we were asked to examine the difference between “Fatima needs abortion” and “An abortion is Fatima’s right”, I realized from this exercise with the help of Dr. Manisha that in the first situation, Fatima is pregnant and she does not want it but her need of an abortion may not be met due to various reasons such as no access to abortion service whereas in the second situation, she is not pregnant thus does not currently want an abortion but abortion is always her right; she will be provided with abortion services if she ever has an unwanted pregnancy. Thus, the Rights based approach is enforceable by law, according to established principles and standards and abortion services is always at Fatima’s disposal but in the Needs based approach, even if Fatima needs an abortion right away, there is no law providing her abortion services and so no one can be held accountable if she does not receive the services.

Dr. Manisha continued with sources of Rights which comes from both national and international levels and all the essential ‘players’ or stakeholders in the rights based approach to abortion. She shifted her attention to the contentious issue of Reproductive Rights (RR) starting with the evolution of RR. It was first established as a subset of human rights at the United Nation’s 1968 International conference on Human Rights. She also talked about Reproductive Health and how it grew into the understanding of RR in 1995 during the 4th World Conference on Women in Beijing and how RR is linked to the women’s status in the society because RR is not only about health but it is an indication of the social liberation that women obtain – right to freedom from discrimination and respecting her choice of having control over her own body. RR is a very contentious issue regardless of the population’s religion or culture and since abortion or appropriately ‘safe abortion’ is also included in RR, it is also a highly contested issue across the world. We also discussed about Sexual Rights during this session.

Session Four



The last session for the day was very critical and helped us recognize that sometimes there were values that we believed in but really did not practice it and at other times, values are really based on irrational and wrong beliefs. This session called, “Values clarification and case studies” facilitated by Dr. Dalvie and Dr. Manisha made us realize that values are beliefs that are important to us and affect our behavior and decision. However, do all the values lead to right behavior and right choices? Not always because every value is not based on informed and rational thoughts. Thus, for values to result in right and reasonable choices and actions, the values need to be clarified and this is done through a technique called “Value Clarification” (VC).

The **Objectives** were to:

- Appreciate the impact social ‘values’ can have on individual rights
- Understand the nuances of policy interpretations being enabling or disabling

This is the newest knowledge I obtained from the first day, I had always questioned few of my values and what the common mass believed to be the values but they are just misinformed and unclear/irrational beliefs. Even though I have not grasped the complete concept of VC, it has helped me to open more space for me to understand myself and my thoughts/feelings and what is more important to me and made me more aware about my values related to safe abortion specifically.



We did an exercise to see the kind of values we embraced surrounding abortion issues; we were read value statements and asked to agree or disagree by moving to right or left from the initial one straight line where we stood. Few value statements were:

1. Women who have an abortion are ending a life

- I disagreed because I believe that a fetus does not have life and a fetus does not have rights but pregnant women do. If a pregnant woman wants to keep the fetus, she has the right to give birth to a baby (which then has life) and if she does not want the fetus, she has the right to abort the fetus (which has no life) so technically, she is not ending a life when she has an abortion.
- 2. A woman should be able to have an abortion even if her husband wants her to continue the pregnancy
- Yes, she should be given the right to abort the fetus (given various reasons) because at the end, it will be the woman who has to look after the baby throughout but her husband will not do as much. There was argument saying that the society and family will criticize her if she takes the decision to abort and that she is not a good wife. But does society pin point at the husband for instance if he gets an opportunity to study or work abroad that he is not staying back while the wife is pregnant. No. Such values need to be clarified.

The other statements and the discussions were:

1: HIV positive women should not have babies:

- The group discussed that HIV transmission happens but not in 100% cases so we are violating the right of woman to have a baby. E.G The Government of Cuba is supporting HIV there are zero MCT in Cuba.
- Who pays for the cost of the drugs
- What if the woman dies in the future, who looks after the baby
- Government provides for health budget
- We need to have intrinsic approach not extrinsic approach. Human rights are not what you could do for the person but because you are a person.
- 'Should' 'not' is a discrimination. Individual rights taking over the government rights, some tribes are not given contraception because the tribes are small.

2) Women who have an abortion are violating fetus right to life

Discussion points:

- Rights of unborn
- It is acceptable to abort before the viability of fetus
- Woman has right to life, may be fetus has right but right to life of woman is bigger than fetus
- If technology is good, if fetus survives after 22 weeks does that mean we do not have right to abortion beyond 22 weeks

3) Woman allowed abortion, even if husband wants to continue the pregnancy

Discussion points:

- Woman infidelity and so the baby must be unwanted.
- Right of a husband over the unborn child.
- Woman being selfish while making such decision of her career.
- Fetuses having right is a slippery slope , but then babies of rape victim have the right to be born
- You can choose best for society , but right to abortion , no questions asked no right given
- Gender discrimination while appointing for a job. Man is not when are you getting married , but a woman is asked what if she is married and has a babies
- A pregnant wife will be left behind and a man can go for promotion but a pregnant woman cannot travel with pregnancy. Either she has to give up the pregnancy or stay back with the pregnancy. If a man and woman were equal both of them should be getting same career opportunities and having a baby can be postponed.

4) If everyone uses contraception it will become rare

Discussion points:

- People choose to abortion for different reasons and even if they use contraception they might not be having 100% affective
- Those who are not married should not have sex
- Those who are married should have babies and sterilize no use contraception
- People just do not have abortion only for unplanned unwanted pregnancies
- Abortion repeated will have excess bleeding etc. and so harmful
- Using contraceptive will reduce chances of unplanned pregnancy
- Limited budget we will have 90% will towards contraception and abortion budget will be rare
- 2020 summit – donors focusing on contraception
- ‘Rare’ is stigmatizing since only bad things should be rare

5) Choosing the sex of a child is a reproductive right

Discussion points:

- That will be gender discrimination
- Broader idea of one sex is superior than the other sex
- Woman have the right to benefit of technology and so can choose the sex
- Woman is welcome to have a child or many children but should not have a choice of sex of the baby
- Some country like China have no girls because of the one child norm and have all boys – we need to remember the arguments of societal vs individual argument
- Woman if rare will be more precious.

- There will be high crime of rapes/ marriage migration from other countries
- We need to think why can't a woman marry six men- 'patriarchal society'
- We have reproductive rights about decision on how many children, but we need to think of individual reproductive rights and not demographic rights
- We should have the space to expand our rights within the evolving technology
- If there are no gender roles, equality in society, why would we choose one sex over other- no discriminating on any gender
- Important to remember that the argument is based on discrimination that is supportive but technology is evolving and it will get easier in coming years to know the sex of the foetus.
- Patriarchy and post patriarchy will be different arguments
- Lesser girls will cause rape etc. are instrumentalist arguments. Rape is about power/ it is not about sex. Rape doesn't happen because you are sexually starved
- Violence against fetus is antiabortion
- Argument cannot be sex selection but about the gender discrimination

6) Choosing the physical or mental ability is the right of a woman:

To have a healthy infant is a right

- The woman has a right to abort the fetus
- Hugely discriminating, choosing one above other as 'normal'
- People with disability have lot of societal supports, it is changing
- Rich people always have a choice but poor people do not have financial ability
- Gender and disability are socially constructed so why do we need to get rid of disability?
- If disability is accepted as a norm will there will be more socially constructed world
- We want right to abortion except if it is the female foetus, but for disability we are ok ?
- Do we assume that a person disabled in some aspect of life is disabled in other aspect of life
- Also as advocates we should not open to doors of expectations but we should be convinced it is a right without any exceptions.
- We need to see where the arguments are coming from and the intent of arguments – for e.g. girls reduce in India their value will increase, remember that girls are not economic goods
- Dowry deaths say: Better died than burnt – but we need to argue no death nor burnt
- We advocates need to know what isn't the argument we need to forefront and what needs to remain in the background There is a systemic analysis of patriarchy and one glove doesn't fit all – so when to use the sex selection argument is what we should know

So, all these discussions make me scratch my head at times because it questioned my real values and how do I use them to make decisions !

Power Walk



As the last session of the day, Sarah Jane Biton took us through an activity called Power Walk which is a very popular exercise in Y-PEER workshops as well because it helps the participants to understand the stigma and discrimination in the society.

Day Two

Session One

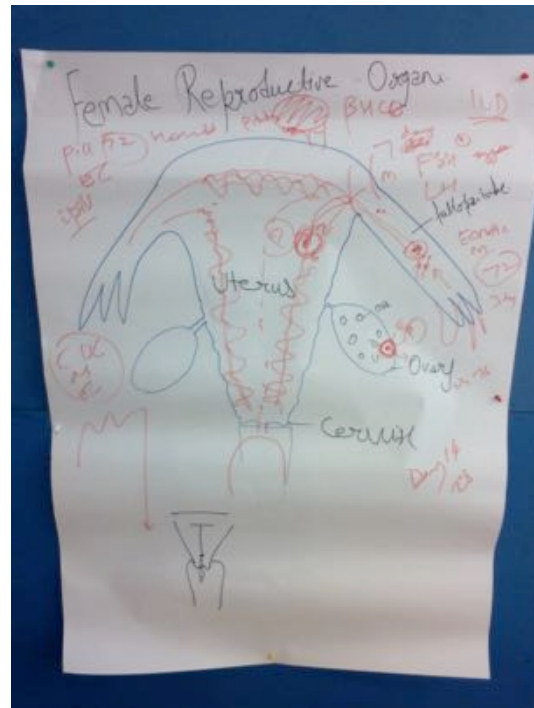
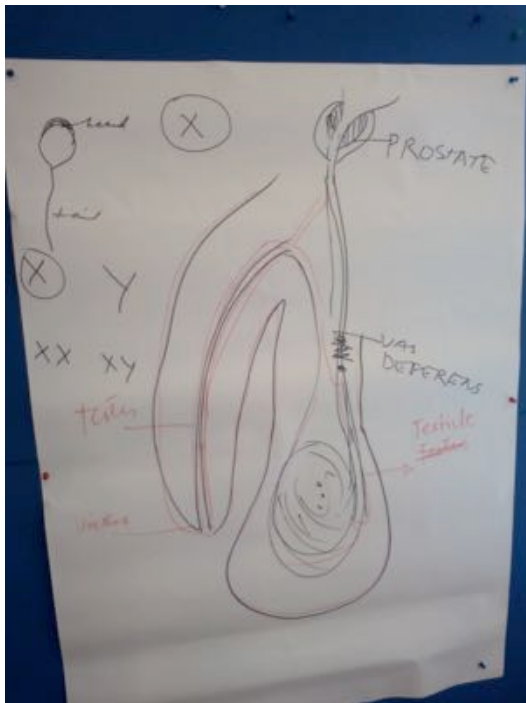
The second day was more inclined toward the technical aspects of abortion, pregnancy and being a prochoice advocate. The first session covered reproduction, basic updates on contraception and safe abortion by Dr. Suchitra Dalvie. We began by sketching male and female reproductive systems to scan our general knowledge and idea of reproductive systems. We were then shown the correct reproductive systems and it is very important to know the anatomy of our

reproductive systems because it can make our understanding of SRHR easier and better. My knowledge on the process that pregnancy occurs and how it can be prevented was enhanced. I learnt a new term “ectopic” which is the condition in which a woman’s fallopian tube shrinks whereby the fertilized egg or zygote cannot move to the uterus and bursts. That is how many women bleed and sometimes die as well.



We also learnt about the menstrual cycle – an egg is released from an ovary 14 days before the first day of period and if it not fertilized, it will degrade along with the linings of the uterus as blood from the vagina and an indication that girl/woman is not pregnant. At the same time, we had a good discussion around the birth control methods including pills that it contains estrogen and progesterone which regulates the ovulation of the egg along with closing and opening of cervix with cervical mucus, and lining of the uterus (thinning or thickening) and others such as IUD and male/female sterilization. Contraceptives such as condoms and pills needs to be used/consumed consistently and correctly for effective results.

The most important myth that was clarified around conception and contraception is that sex is for pleasure also. Sex is also a means to prove power and violence in the society, especially by men to women. Having sex for pleasure is a natural phenomenon but in some societies, religion, culture and traditional values discourage sex but it is not stoppable. Also, most men worry that condoms as well as vasectomy leads to loss of erection and libido, also that they could become impotent which are just misconceptions. When it comes to post-abortion, women has a misbelief that they will not conceive if they have sex which is yet another myth; a girl/woman can become pregnant again post-abortion.



The very foremost reason abortion occurs is because of unwanted pregnancy and to understand why unwanted pregnancy occurs is equally crucial:-

1. Unsafe sex
2. Contraception failure
3. Rape
4. Not ready to have a baby
5. Sex of the fetus

6. Economic/financial reasons
7. Planned but now unwanted
8. Too many children already

All these could lead to similar consequences for a girl/woman such as for child adoption or marriage, moving away, abortion and suicide or honor killing in some parts of the world. When we weigh every option, the best is definitely abortion considering that many people are against abortion and the irony of life is that hardly anyone is ready for an adoption. Rather than letting a child live a miserable life and society pointing at them, it is wise to prevent such mishap by giving women a choice. Also, it was conveyed that abortion-related data hardly get recorded because of the stigma attached to it and risks related to it in the sense that sources are usually questionable. This is why data (authentic) is very important and at least writing/collecting testimonies or stories is very safe and evidence based for future references as well.

Later, Dr. Dalvie went on to give us an overview of methods of safe abortion which includes Vacuum Aspiration and medication (or medical) abortion in the first trimester. Even though I had some idea on surgical abortion, I had no knowledge about medical abortion which is most prominent in many countries because it works with the consumption of pills to end the pregnancy. High unsafe abortion has led to a very high rate of deaths among women. It was learnt that in some countries, an unmarried girl is not given anesthesia during abortion as a way to punish her so that she won't have an unsafe sex ever again and get pregnant before marriage and this is absolutely insane.

Menstrual Regulation by Medication is a very smart approach to meet the services of early abortion without so much of medical assistance and legal approval. After doing the papaya workshop (trying out MR on a papaya) by using a MVA (Manual vacuum aspirator), I found out that there is not much of a hassle to get done with the abortion which will mostly take 10 minutes of your time. I have once asked a doctor at a talk on International Women Day that if there are MR services in Bhutan and she clearly said not at the moment which occurred to me that aside from MR not being available for abortion, it is also not available for regulating irregular periods. On the other hand, medical method of abortion involves the woman taking Mife (Mifepristone which is an anti-progesterone and helps to stop the pregnancy from growing and after 12-36 hours she is required to take Miso (Misoprostol) to expel the uterine products. Dr. Dalvie also

shared that WHO has included Miso on its essential drug list in every country because it serves many medical purposes such as also in reducing post- delivery bleeding which is also a high cause of maternal deaths. Thus, if it is not easy to get hold of Mife, it can be easier to find Miso in the hospitals and markets.

Session Two:



Dr Shilpa Shroff took the session on ‘**Abortion laws in Asia**’. She facilitated a discussion on why do we need a law. Who is the creator of law and who is the guardian? Who is it meant to protect but what do we see in reality? Participants were asked in advance to come prepared on their country law on abortion and we discussed the differences and similarities.

Many countries had legalized abortion for some conditions:-

1. Bhutan – Legal under conditions (risks to mothers life, rape, etc and not as a choice)
2. Cambodia – Free law on abortion
3. China – Legal for 1st and 2nd trimester
4. India – Women can access until 20 weeks but is provider-centric

5. Indonesia – Legal under conditions such as rape (until 40 days)
6. Mongolia – Legal until 2nd trimester
7. Nepal – Legalized without any consent up to 12 weeks
8. Pakistan – Legalized until 6 weeks and criminalized after that
9. Philippines – Completely illegal
10. Sri Lanka – Legal only to save mother's lives
11. Vietnam – Most liberal abortion laws but is starting to be restrictive on abortion services

In many countries in Asia abortion can be performed on comparatively broader grounds: fetal abnormalities, to save a woman's life or to preserve her physical and mental health, and in cases of rape, incest. However, despite these reasons, it is believed that clandestine abortions are quite common.

Dr Shilpa explained that currently, 61% of the world's people live in countries where induced abortion is permitted either for a wide range of reasons or without restriction as to reason. In contrast, 26% of all people reside in Countries where abortion is generally prohibited.



Source: CRR. Link:

http://reproductiverights.org/sites/crr.civicactions.net/files/documents/pub_fac_abortionlaws2009_WEB.pdf

There was a discussion around the legal grounds for abortion and the strict regulations and bureaucracy in implementation of laws which may act as barrier to access safe services.

We tried to understand the impact of such laws on society and on abortion services by doing a very interesting activity called real life scenarios whereby we were asked to weigh the importance of five real life scenarios on abortions and choose top 3 scenarios which need to be given abortion services right away. Even though abortion services should be given to all the five women, the five groups which we divided in, had supposedly prioritized three women for abortion services after cautiously understanding the kind of circumstances these women were undergoing. However, the conclusion of the activity was that we should always question the needs-based approach and instead use rights-based approach. All of these women have a right to abortion despite the kind of situation they were in; we should calculate the needs of the women wanting to have an abortion but bear in mind that regardless of the need for an abortion, her right to have an abortion should be fulfilled. And we are well aware that most of our laws on abortion create huge barrier to practices to safe abortion services.

The participants were then made into four groups and were given 5 REAL-LIFE SCENARIOS and asked to imagine that ‘*You are advisors to the President of an imaginary country who has recently indicated that she will be willing to consider some exceptions to the country’s laws that ban abortion in all circumstances, even when the woman’s life is in danger. She is asking you to consider these five scenarios and choose three out of the five scenarios (ranked one to three in importance) that you would recommend to be those exceptions.*’

The discussion that followed revealed that all the three groups had chosen the following three Mary, Sheila and Angela. The case that got highest votes was of Mary because of her multiple children status, abusive husband and suicidal thoughts. Sheila got voted for her Down syndrome baby. Angela was a young unwed mother. She needed to undergo an abortion to pursue her

career, even if her boyfriend was very supportive. It is interesting to note that most of the time in a situation like this, there is a lot of bias and judgmental attitude towards the choice of the women, but

	①	②	③	④	⑤
I	Angela	Yasmin	Sheila	Mary	Robert & Lucy
II	III	III	II	I	III
III	I	III	II	II	III
IV			III	I	II

two group voted for her since they could understand her perspective being youths.

The case which was not considered for abortion was the one with foetal anomaly which could be corrected by surgery after the child was born and the case of infidelity.

In fact most of them felt that all of them should be getting abortion. This exercise revealed to us the need to examine access to safe abortions in our context and put on the table the demand for access to safe abortion as women's right!!



The discussion followed made them to think how we make our choices based on our personal values and morals, so when we are put in a box we give our judgments. This is what happens in really world when we are advocating for safe abortion and so we must understand where and how to negotiate. We must not settle for less and speak for abortion as right, every woman has a right to abortion irrespective of the condition she is needing it for.

Dr Shilpa explained that a good law is necessary but not sufficient and there will be challenges to it.

The second last session was on learning about abortion laws in Asia and specifically from all the countries that were present in the room.

Session Three:



The last session of the day was on “what does it mean to be pro-choice” and all the participants began by sharing the real reasons we were attending the YAI. Then, we moved to advocacy cycle which does not really stop because once we identify a problem, we need to gather information and evidence, make a decision, plan, take action and evaluate and this continues. We advocate addressing certain burning issues and creating knowledge, more than anything it is do with lobbying to the decision makers to bring about changes in the policy. We need to advocate for safe abortion as a choice and a right for women. In some countries sex selection has become a serious problem affecting this advocacy.

The final take away from the day 2 was the role of subversion – the technique of using what is already there (like literature) to bring forth some very important issues and deal with them. The role of subversion is strong to establish reverse socially constructed values and beliefs by contradicting them. It is a very smart tool to make people think, wonder about the society’s

principles and if that is right or not. We were shown a subversive re-telling of Red Riding Hood and The Princess and the Frog.

Other than these things I also learnt that it is extremely important to get our facts and figures straight and right as an advocate otherwise we will never be able to convince others. Most importantly, we should work parallel but never give in easily to authority and instead work hard for what is right. In continuation with this, some assorted clips were screened such as first part from an old movie called “If these walls could talk” which was a very devastating and emotional movie that moved all of us and also we were shown stand-up comedian George Carlin’s talk on pro- life in which he has portrayed himself as a pro-choice. The clips were such powerful way to share new ideas.

We ended our day 2 with a sweet movie treat from old times, Dirty Dancing. This movie had an unsafe abortion as one of the central issues. It could be seen merely as a romantic movie along with empowering dancing. However there were many other social issues that need dire attention; gender roles such as father being a dominating and controlling figure and stigma against the lower class as well as exploitation.

Day Three

Session One

The next two days were not as intensive as the first two days although it was very informative and catchy. It was basically to do with an everyday activity of our life; communication and networking. The first session of the third day was on interpersonal communication by Dr. Thuy. This is critical in maintaining the right understanding and relationships between individuals and amongst people. In this session, we had three activities such as whisper game, non-verbal game (only cues) and feedback game to understand the importance of communication and getting the right message across. It reminded us of what we already know-- that there are high risks of having misinterpretation and communication gaps We need to have patience and the ability to fill those gaps by using the right words with the right tone and it does not stop there: our body

language gives out strong expressions and messages. Giving constructive feedback and comments is also important for completing the communication loop.

Session Two:

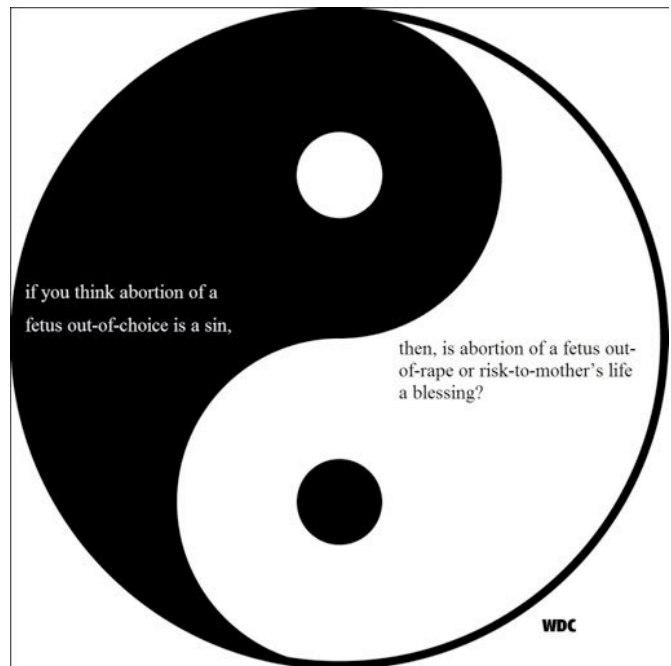


This session on “Using social media effectively” by Sarah Jane from the Philippines, was very interesting. It did not only show us the existing gender stereotypes but informed us how we can play a huge part in using social media effectively and efficiently with awareness. Although many of us are aware of the idea that we should use social media effectively, I am sure we really do not know what “effectively” really meant. Sarah also showed us the perfect day and timing to post something which needs to reach out to more people.

Session Three:



After lunch, the last session made us analyze our own ideas while trying to come up with a social media content using the effective communication strategy in from the previous session. We were taken through various kind of social media content by San from Vietnam such as Blog posts, case studies, infographics, presentations, podcasts, etc and some new ones are live stream, Fansign, photobooth, etc. So, some of these were very new to me and added to my pool of creativity. This session on “creating content” was



such a demanding but fulfilling job ! We learnt that while creating any social media content, it is always wise to follow systematic 5 steps:

Identifying goals is the most important followed by looking out for targeted audience, planning the content, finally creating the content and distributing it.

As an exercise, I had come up with a social media content which reads “if you think abortion of a fetus out-of-choice is a sin, then, is abortion of a fetus out-of-rape or risk-to-mother’s life a blessing?” as shown below which is just my opinion and I have no idea what kind of social media content it is.



Thus, the third day was really significant in terms of gaining skills to be well equipped to use social media in various forms to attract audience at a glance and be able to make them scratch their heads with the content in it, then we have succeeded in making people think harder and analyze their behavior and they will know better why it is important to change it so that they can also contribute in positive change and impact.

Day Four:

Session One:

In line with the third day, there was an extension of social media and communication discussion along with networking in the last day of the YAI.

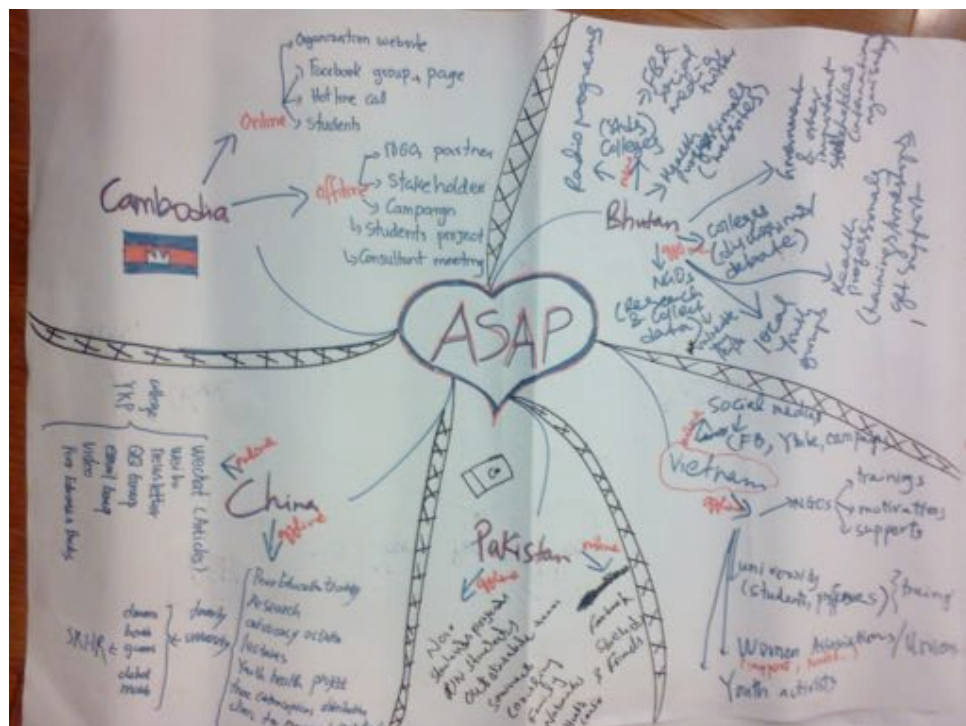


We had first session for the last day by Dr. Shilpa Shroff on “Using social networking platforms” whereby she gave information on how we can use social media as a networking tool at the same time that it can be used as an advocacy tool while creating awareness on safe abortion and being a credible contributor to ASAP’s social media and audience outreach.

The last day of the workshop was basically about using social networking to strengthen the networks with the ASAP and ASAP networks led by youth champions in other countries and framing action plans to ensure that the things we learnt at the Youth Advocacy Institute (YAI) will be shared and disseminated with relevant stakeholders including young people, NGOs, government and policy makers.

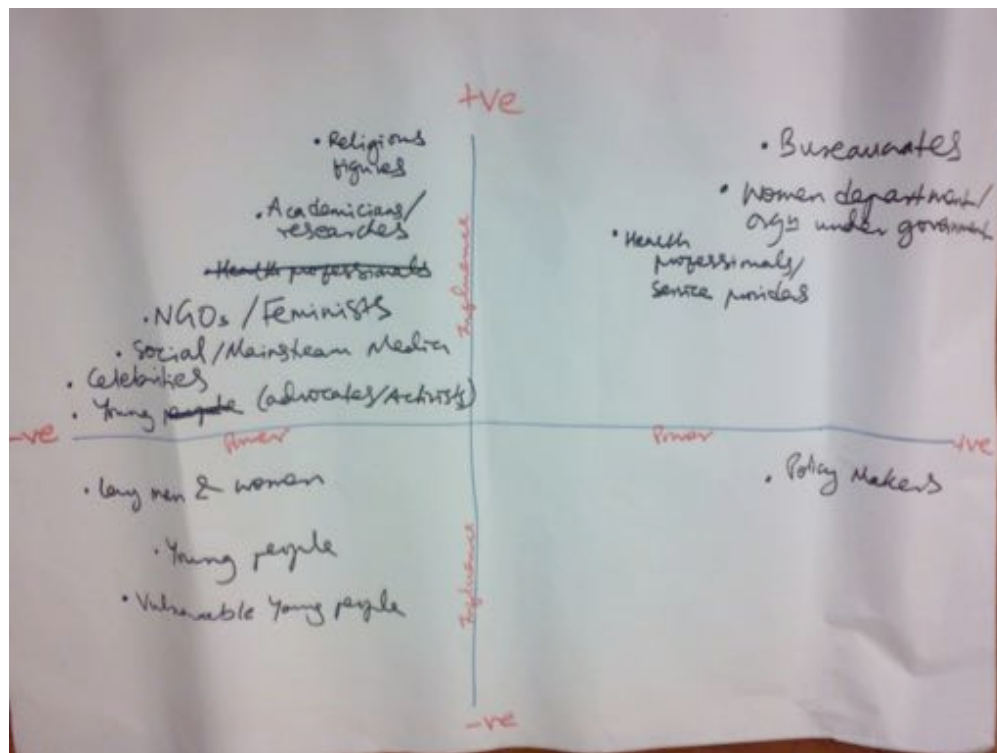
Session Two:

In the first half of the last day, we had discussions on how the communication system flows from ASAP to ASAP network in other countries. All the participants were divided into three groups with about 4-5 country participants in each group. We were asked to discuss on the ASAP networks in all the countries and how it branches out into online and offline activities so that there is easy tracking of the progress of ASAP in various countries. The two other groups had collectively identified the online and offline programs and activities based on similarity in their background and context whereas the group I was in had five countries such as Bhutan, Cambodia, China, Pakistan and Vietnam. So, our group decided to do it individually for each of the country as shown in the picture below with separate online and offline activities that we would like to carry out as a branch or network of ASAP in our respective countries. In all the countries except for Pakistan, both online and offline activities were given equal importance because online advocacy and awareness activities are not encouraged so much.



Later, we were asked in the same group to weigh the power and influence of each stakeholder in the society when coming to sensitive issues such as abortion in a power and influence matrix as

shown below. For instance, we decided that looking up to our own societal context that religious bodies have very high influence power but not so much of power to bring about policy level changes.



Lastly, each participant was given some time to come up with a brief concept note of the plans that individual of us would like to propose further and like to carry out back in our respective countries. Before that, some of the youth champions like San, Sarah and Chello also shared their experiences of initiating works on safe abortion which were really inspiring. So, coming back to concept notes: that is when I thought I need to name ASAP network in Bhutan and I have come up with “Druk-Youth Initiative for Safe Abortion” *D-YISA” and came up with a research on abortion scenario in Bhutan followed by documentary on a strong case study.

Lastly, this 5th YAI workshop was one of the best I have attended so far because it only did not enrich my knowledge but provided with many skills that will be very useful to me as an advocate of SRHR and safe abortion. I am very grateful to the organizers, facilitators and participants.

