



## ASIA SAFE ABORTION PARTNERSHIP

### YOUTH ADVOCACY INSTITUTE



***Organized by Mumbai Veterinary College  
9<sup>th</sup> – 11<sup>th</sup> January 2020  
Mumbai, India.***

### Objectives of the Institutes

- To create a community of trained and sensitized **Youth Champions** who have an understanding of the access to health care as a Gender, Sexual & Reproductive rights, as well as a Human Rights issue.
- To facilitate the **utilization of social media** and other community level networking and communication by the youth champions through capacity building and ongoing mentoring.
- To **support the ongoing engagement** of the youth champions within and outside their community to ensure implementation of the above strategies in order to advocate effectively for improved access to health care services, including medical abortion.

### DAY 1

The workshop was started off with a morning briefing by Dr. Suchitra Dalvie regarding the institute and an overview of what the forthcoming sessions would entail.

The participants were then made to play a fun memory game of introducing themselves by sharing their name and a spirit animal of their choice. This went around the circle, with the next person repeating the introduction of the previous and then adding their own to the list. By the end of it, the last person had to repeat the name and spirit animal of everyone in the circle, by memory.

This was a really fun icebreaker and was conducted to ensure that the participants got comfortable with each other, whilst also putting their attentiveness to test!

The participants were then asked to write their expectations from this three-day workshop on posts-its, which were reviewed for evaluation by the organizers at the end of the workshop.

- To get views on gender equality, abortion rights and woman health care.
- To get a deeper insight of the conditions of women in our society
- To gain clarity on women related social issues that haven't been discussed
- To get a true sense of how to empower women and the motive of the feminist movement
- To learn more about the gender spectrum and trans-rights
- How adolescent girls should deal with unwanted pregnancies
- Women's reproductive rights and sexual health
- To get an in-depth knowledge on various contraceptive methods
- How to advocate feminism in our circles to make it more acceptable and comprehensive for others
- Learning about how to deal with hate speech

They were also asked what motivated them to attend this workshop

- Redefining and defending feminism
- The gender- based discrimination prevalent today
- The blind faiths in our culture which are often misleading
- Lack of knowledge about how to deal with unwanted pregnancies and abortion rights
- To know more about the LGBTQA+ communities
- Exchange various viewpoints and opinions

### **SESSION 1: Understanding Gender and Patriarchy by Manisha Gupte**

Manisha began the session by asking the participants what they understood by terms “Gender” and “Sex” and helped clarify the difference between them. It was then made clear that “Sex” referred to the biological characteristics that made male and female, which is decided by virtue of birth, whereas “Gender” referred to a feeling from within, almost like a mental identity of an individual, as in Masculine and Feminine. This section also covered topics on types of sexes and genders and the preference of certain pronouns by certain groups.



The participants were made to understand what the terms “cis” and “trans” related to gender meant and how it is unfortunately a constant struggle for the trans community to fight back against societal rules. She focussed on important it is to be accepting and considerate about the sentiments of every section in our society.

Society often terms homosexuals and trans-people as abnormal whereas heterosexuality is considered to be the default. Opposing this thought process, Manisha explained how the word “normal” is simply a relative term and is used to only represent the majority. The minority genders are reduced to nothing but labels and have been subject to unjust discrimination.

Manisha then broke down the various Gender stereotyped roles and responsibilities (by emphasising on the clothing, choice of toys, career aspirations etc. expected from them) prevalent in our culture, that have been inculcated within us since our birth and thus called Gender a “Social Construct”, explaining how it was simultaneously the cause and a product that paved its way into the Patriarchal system that still exists today.

She also highlighted the issue of Gender Inequality, discrimination and marginalisation by citing their example in job and other lucrative opportunities, property rights etc. and exposed the true meaning and significance of the Patriarchal system.





Patriarchy very literally means Father's Rule ("Patri"/ or *pitru* meaning Father and "archy" meaning rule/dominance) which implies the male superiority over women in any culture in our society. The women are expected '*to create*' male heirs whereas men are needed '*to uphold*' their authority. These gender roles make one section of the population more privileged than the other, and what worse, lead to the oppression of the latter. Hence, it becomes important to realise that such power relations ought to be abolished. This is where the concept of Feminism

comes into picture, which focusses on uplifting the women in our society (who remain downtrodden by virtue of their birth) to establish Equality. The ideologies of Hegemony, which is a set of beliefs that considers one section innately superior than the other) and counter-Hegemony were also clarified in this context of the Feminist Movement.

Manisha emphasized that the goal of the feminist movement was to avail equal opportunities to both men and women, and to receive equal result of such opportunities.

She also added that some sections of our society need positive discrimination- which refers to the incentives and opportunities given in favour of those sections of our society that are oppressed or discriminated against- in order to protect and check their vulnerabilities.

She went ahead to add that elimination of any form of gender discrimination is the absolute need in today's time, otherwise we as a society will continue to remain in this self-perpetuating vicious system of Patriarchy. In other words, gender neutrality must be established.

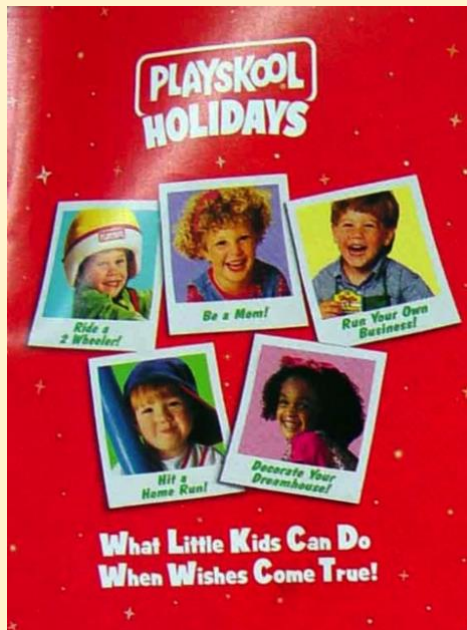
### **SESSION: Gender and Sexism in Mass Media by YC Aardra**

Aardra started the session by introducing a few terminologies:

- Gender stereotyping is defined as overgeneralization of characteristics, differences and attributes of a certain group based on their gender. It creates a widely accepted judgment or bias based on certain characteristics or traits that apply to each gender.
- Sexism is when gender inequality results based on gender stereotyping.
- Gender roles refer to the image that society portrays for us that assign specific actions and behaviours to one particular gender. This results from gender stereotyping itself.



- Toxic masculinity- the concept of stereotypically projecting men to always maintain dominance and superiority in our society and shaming some men for not being hypersexual.



What the advertising media sector does is, it strengthens these beliefs by using concepts such as gender stereotyping, etc. to instil insecurities thus creating a need for a product in order to deal with said insecurity and creating a market for the said product.

Famous influential Bollywood stars representing such companies has a larger impact since people tend to blindly follow what their idols advocate.

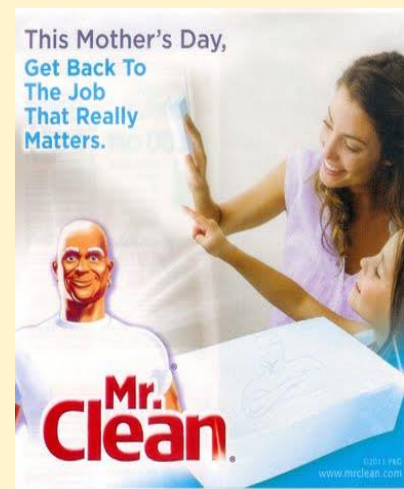
She went on to explain how media contributes and controls our judgment. Starting with the example of fairness cream industry, this industry flourishes on women's insecurities which are planted by the same industry to begin with.

The advertisements showcase young girls with dark skin to be sad, upset with life, unsuccessful and somewhat helpless. Afterwards when the girl uses the product and gets a fairer complexion, she is shown to be happy, getting ahead in career and feels empowered, thus imposing the stereotype that having dark skin is a drawback and one must strive for a fairer tone.

She also pointed out how media uses Mother's Day, Women's Day, etc. to sell products under the pretence of 'women empowerment', while basically ends up defining the ultimate stereotyped social roles of women by glorifying them.

Aardra also pointed out that apart from the insecurities, women's bodies are used as sexual objects, using sex as incentive to buy a product or using sexual innuendos to make it 'appealing' to the male gaze. Very sadly, the sexualisation and objectification of women to sell products has been normalised in our media industry.

She supported this concept with several images of advertisements showcasing blatant sexism, overt sexualisation and objectification of women's bodies.



The media also tends to deceive people by propagating incorrect information and myths about sex. She supported this by showing the participants an ad film for a product called “18 Again”. The advertisement is marketing a ‘vagina shrinking/tightening cream’ by showcasing a married couple rejoicing the wife ‘feeling like a virgin’ after using the product, by dancing amongst their family members.

The participants were asked what aspects of the ad film that they felt were problematic and they agreed that the ad suggested that vaginas become ‘loose’ after having sex, which is scientifically wrong and indirectly shamed elder women for having sex.

They also realized how the target audience is men for almost every marketing strategy and that most products that are created, cater to their pleasure. The act of such depiction from a masculine heterosexual perspective in which women are sexually objectified is what is referred to as “male gaze”

Such misleading ads play a major part in shaping the mentality of the youth by showcasing misinformation and thus contributing to their internalized value system because that’s what they’ve been exposed to.

Thus, media advertising strategies needs to be carefully evaluated and scrutinised because even the subtlest hint of misogyny and sexism can have a great impact on their mentality of the audience.



### **SESSION 2: Human rights and Sexual & Reproductive rights by Manisha Gupte:**

Manisha began by asking the participants what they thought defined Human Rights and unanimously concluded that it refers to those set of basic rights that every living individual is entitled to, by simply the virtue of their birth.

These rights are meant to be provided to every individual irrespective of their sex, age, gender, caste, creed, etc. the lack of which can be challenged to the authorities as a way of safeguarding what rightfully should be provided to them. These basic human rights and freedoms enable an individual to lead a dignified, comfortable lifestyle.

She further explained the attributes of these Human rights which are namely, Universal, Intrinsic Inalienable, Indivisible, Interdependent, interrelated and non-hierarchical. Intersectionality and interdependence are its characters that go hand in hand.

Manisha also clarified the difference between “Rights” and “Human Rights” that Rights maybe “country specific” and the control over them lies with the national authorities, whereas Human rights are neither “state specific” nor “status specific”.

She further went on and introduced the concepts of “Needs-based” and “Rights-base” approach and how important it is to be mindful about which one to use when, and under what circumstances. She explained by saying that although Needs and Rights are interdependent, they are very distinct from one another.

She cited the above with the following example by posing it to the participants for their opinion:

*Example: Fatima wants an Abortion. Abortion is criminalised in her country. What relevant arguments would help get Fatima an abortion?*

The participants were asked to choose an approach to ensure Fatima a satisfactory solution. They were asked to weigh their options based on Fatima's need for an abortion and her right to get one.

On discussion, the thought process was that Fatima cannot demand an abortion since her country does not give her the authority to make decisions concerning her health in this case, Hence when she wishes to procure healthcare, the doctor can assess her case could even deny Fatima of an abortion, and she would still have to obey the law. In such a case, Fatima has no control over her body and therefore, owing to the jurisdiction of the laws, cannot obtain an abortion even if she needs one.

As opposed to this, in a county where a woman like Fatima is permitted to make an arbitrary decision about her health and body without the interference and hindrance of the legislation, her case can be fought by a rights-based approach, wherein she can turn to the law for protection of her rights, in case any maternal healthcare professional or a gynaecologist denies her from getting an abortion.

The human rights of a woman include her right to freely make decisions regarding her sexual and reproductive health, without any interference or discrimination.

Manisha then touched upon Sexual and Reproductive Rights and clarified the similarities and dissimilarities between them. They are interlinked but also assume their own independence with respect to certain areas.

Reproductive rights include- the right to freely make choices regarding reproduction free from any interference or coercion and discrimination, the right to receive reproductive healthcare, that is, to get an abortion, Surrogacy, or even an IVF procedure done.

Sexual rights include- right to easy access to contraceptives, right to choose sexual partner, right to sexual pleasure, sexual equity, sexual privacy etc.

Whereas the topics that intersect from the above two rights are- right to pregnancy, to obtain an abortion, right to get necessary information on and treatment for STDs, etc.

### **SESSION 3: Values clarification and check by Dr. Suchitra Dalvie and Manisha Gupte**

The session was started by asking the participants what they understood by the term "values". It was then unanimously agreed upon that values are the set of ideologies that one is brought up with, which affects their day to day and long-term decision making. They essentially are a set of beliefs that one grows up with, which enables them to make conscientious choices during their lifetime.





These values are mostly inculcated in us by our society and are, more often than not, the majority opinion and belief in society. Therefore, it becomes important for us to check our belief system from time to time, with every situation that is thrown our way. Questioning the majority thought/opinion assumes utmost importance while dealing with socially and culturally problematic issues. Every socio-cultural group comes with their set of values, thus implying that different people have different outlooks, ideologies and truths that they stand by.

For a better understanding of the concept, a fun exercise was conducted. The participants were initially asked to stand in the centre of the room which was called the “neutral zone”. On one side of the neutral zone was the “agreement space” whereas the other side was the “disagreement space”. Statements on social scenarios were displayed on the screen and the participants were made to decide whether they agree or disagree with it and accordingly move to that side of the neutral zone.

#### Statements:

1) A woman should continue to stay with her husband even if he beats her, if he truly loves her.

All the participants almost immediately moved to the disagreement space. They were then asked counter questions to make them rethink their decision and weigh out all options and possibilities. The questions posed to them were.

What if it was just one slap or push?

What if he apologises and consoles her later admitting his fault?

What if it really was a grave situation and completely her fault?



Can the woman always afford to walk out and leave?

Is staying equivalent to normalising domestic violence?



Clarification: more frequently, the woman finds leaving a rather impractical choice, since most women are financially dependent on their husbands and have security of livelihood with them. Moreover, she might find it unsafe to leave their child alone with such a father and taking the child along is another financial burden.

Sometimes, even the woman's pre-marital family doesn't offer her shelter when she seeks out for help on the pretext that it would be shameful, as well as an added cost to that family. Hence, she is almost compelled to stay. In most cases, domestic violence always starts as one-hit but never stops at one, an almost always paves the way for more abuse.

Hence, in such a situation, we must hear her out and whether she wants to leave or not is her decision only. As feminists, our duty should be to empower her choice rather than inflict or impose our views on what she should do, because no one can assess her situation better than she.

Our next step would be to advise safety-planning and suggest alternative ways on how she can overcome and face the abusive situation at the time.

Usually, the woman is advised to move outwards to open public spaces while the abuse is going on, rather than moving towards the corners of the house to get shelter, which otherwise only makes it easier for the abuser.

## 2) A sex worker cannot be raped.

All participants unanimously disagreed with this statement implying that sex workers can be, and reportedly, have been raped.

Clarification: There have been cases where a sex worker is raped on the pretext that that is their job anyway, and by virtue of which, they should be willing to "give sex" to anybody whenever, even without their consent. This is extremely immoral and unethical.

Sex workers often find it difficult to seek justice in the cases of rape, since our society and even the police or government does not believe them when they attempt to report the crime since “they do not have the right to say no” owing to the fact that it is their profession.

This not only disregards and violates their human right to obtain justice but makes them more vulnerable to sexual violence. It becomes important to legalise and normalise sex work with consent since it is the choice of the sex worker.



### 3) Women who have HIV/AIDS should not have babies

Half of the participants agreed, and the other half disagreed with the above statement.

When it was stated that having a child or not was the choice of the woman and her reproductive right, the section that agreed with the statement brought up the fact that kids afflicted with HIV/AIDS have very poor quality of life with respect to growth and development, hence birthing such a child would be unfair to the so-born child and the mother.

They were then counter-questioned that with this logic, women from poor families must not be allowed to reproduce at all, since financial constraints lead to ill-health and diminished quality of life of such a child as well.

Clarification: If the woman wishes to continue with her pregnancy and have the baby, optimum antenatal care of the child is recommended to compensate for the poor quality of life. She is not advised to undergo a vaginal delivery and should not breast feed the baby at any cost. In case the mother is financially unable to support, the child could be admitted to one of the NGOs that specialise in care of HIV/AIDS positive children.



#### 4) Women who have an abortion are ending a life

Some agreed and a few disagreed.

The participants were asked if the foetus was considered living or non-living. Some said it is living being, whereas some said that a foetus is similar to any extra/tumorous mass growing inside the body hence should be termed non-living.

The statement was confused by some participants as though asking if abortion is “moral or immoral”, which was not the subject of discussion.

Clarification: There are many aspects- spiritual, philosophical, behavioural and conscientious- to define the meaning life and living. But as people representing biology, it is best we stick to scientific approach and the definition of where life begins. Science explains that life starts from within a cell and since the foetus is composed of cells and tissues, it should be considered as living.

Hence, abortion technically does lead to the end of one life.



#### 5) Choosing the sex of one's child is a reproductive right

Some participants agreed but some disagreed on the cause that sex selection is wrong and immoral. (also illegal in India).

Clarification: Participants were made to understand that sex determination need not always lead to an abortion. Selecting the sex of the baby is the choice of every expecting couple. Sex selection in itself is not wrong, and it should be considered unethical only when sex determination is followed by an abortion.

Some participants considered sex selection synonymous to “female foeticide” which it is not. It was their thinking that sex determination related female foeticides lead to skewed sex ratio of males: females which apparently has its ill effects in society.

Using this example, Dr. Suchitra and Manisha clarified the significance of Sex Ratio in our society.

The theory of how a skewed sex ratio would affect the society comes from the concept of sex determination, which through female foeticide would lead to more males than female population, which would cause an issue in further procreation.

This disbelief was broken when it was realised that sex ratio is not merely a number's game but depends upon the rights of some sections of our population. For example, the theory of skewed sex ratio hampering procreation disregards the existence of genders other than masculine and feminine and assumes that all men and women are heterosexual.

That does not represent the true picture within a population which comprises of homosexuals, transgender, asexual and many other communities of varied sexual orientation that do not abide by heterosexuality. This theory also assumes that every heterosexual couple should and will have children.

This not only disregards personal choice, but in a way also humiliates infertile heterosexual couples who are not able to have children. Also, it doesn't seem relevant in the Indian society which has a very caste and religion driven culture, and often is not acceptable to inter-caste and out-of-religion marriage.

Therefore, all these factors prove that sex ratio has very little significance in the concept of continuity of population by procreation.

#### **SESSION 4: Sexual Orientation, Gender Identity and access to healthcare services by YC Sumit**

Sumit started off by stating how heteronormativity is considered supreme in our society and how that not only fails to respectfully recognise people belonging to other sexual orientations and gender identities but also calls name “unnatural” and “abnormal”.

Steadily however slowly, these social issues are changing for the better and our society has now started accepting groups belonging to vast gender spectrums. However, there still are misconceptions about the terms and their meaning that such diverse group of people use.

For example, the Bisexual community is often labelled as a group of people who are “confused” and “unsure” about which sex they are attracted to, whereas in reality it very clearly means that they are sexually attracted to both male and female.





We must always refrain from labelling such gender identity groups with names of our choice and instead refer to them with a name that they choose for their group.

For example, it is extremely offensive when people refer to the transgender community by the term “chhakka” which sounds rather derogatory. Instead, they prefer the term “hijada” or “trans” which is something that they are comfortable being called.

Thus, we shouldn’t violate their dignity and pride at any cost and use gender terms of their personal choice. We must also be very mindful of what gender pronouns we use for certain sections of people. In case of any doubt, it is always a much better option to ask the person what gender pronoun they prefer, rather than to assume their gender or sexuality based on stereotypes and coin a pronoun that we think they would like to be called, which they might even consider offensive.



Sumit also shed light upon how sexuality is a very fluid concept and is a continuous process of exploring during the lifetime of the individual.

He also cited the various types of genders and sexual orientation and explained what the abbreviation LGBTQA+ stands for.

He added that the “A” in the term initially stood for “asexual” but is now alternatively also used referring to “Ally” which includes heterosexual people in support of the “Queer” community and the movement. This was a very new concept to the participants, who otherwise had a very basic idea of the term.

Talking about the intersex community, Sumit added that parents of such children would initially immediately get the sex of the baby “fixed” or changed to either male or female, soon after birth by surgical methods. But that is now considered unethical and is banned. The permit now is to wait until the child reaches pubertal age, at which they can choose which gender or sexual identity agrees with them the most and accordingly decide to change their sex or not even at all. The authority of deciding solely lies with them.

## **DAY 2**

The participants were asked to reflect upon what they learned and took home from the sessions of the previous day. They felt enlightened on the following topics.

- The concepts and differences between Sex and Gender and Gender stereotyping.
- Patriarchy, how deep its roots are embedded in our society and how it has been drilled into our subconscious mind, to be accepted as the norm.
- Meaning of Cis and Trans genders
- Concepts of Hegemony and counter-Hegemony
- Insignificance of Sex ratio in and for procreation and how individual rights must be given priority over demographic goals.
- The duty of feminists being “empowering the choices of women around them” and not imposing their own values and views on them.
- How important it is to question every value that we have been brought up with in dealing with social issues and not just blindly accept what is being told to us.

### **SESSION 5: Contraception and Abortion from the Gender and Rights perspective by Dr. Suchitra**

Dr. Suchitra began the session by asking the participants to make a rough diagram of the male and female reproductive systems by memory, and then quickly reviewed the anatomy of the female reproductive system. She also explained the physiology of menstruation, with the hormonal contribution and the various phases involved in the process.

Dr. Suchitra also explained why certain pregnancies were termed as “unwanted”:

- Because of foetal disabilities
- Late diagnosis
- If continuing with the pregnancy affects the physical and/or mental health of the woman
- Personal reasons

The factors that lead to them:

- Failure of contraception or unprotected sex
- Rape, incest, sexual abuse
- Unawareness
- Non-availability of contraception

and, the consequences that follow such unwanted pregnancies:

- Continue with pregnancy, although unwanted. Then either keep the child or give up for adoption
- Abort the foetus- by safe or unsafe means



The participants were told about the various methods of preventing unwanted pregnancies which are by abstinence, contraception and abortion.

As a part of contraception, the various procedures were explained; mechanical barriers (condoms, diaphragms, spermicidal creams) physiological barriers (oral pills), surgical/anatomical (tubectomy, vasectomy) and permanent methods (hysterectomy) etc.

The difference between the mechanism of action of Oral contraceptive pills and Emergency contraceptive pills was also clarified along with when they should be used and how.

Dr. Suchitra also explained the procedure of abortion and Medically Terminated Pregnancy (MTP), and when one can obtain an MTP and under what circumstances. A Medically Terminated Pregnancy can be achieved by oral pills like Mifepristone and Misoprostol and by surgical methods like Vacuum Aspiration.

The participants were then asked to review the mentioned contraceptive methods from a Gender perspective and notice how the Patriarchal gameplay paves its way even in the healthcare sector.

Almost all these methods of contraception are directed at women, primarily forcing the woman involved to take care of the 'issue' of preventive unwanted pregnancy and are solely required to undergo numerous procedures on their bodies. Why should the women be the only ones to undertake this responsibility, when both the man and the woman are equally involved?



A Vasectomy is a non-scalpel surgery requiring mere local anaesthesia and is hence less painful, less cumbersome and a more convenient and viable option than getting a Tubectomy done, which is much longer drawn surgical procedure requiring general anaesthesia.

Since most of these contraceptive methods are meant for use by women, our society blames them for unwanted pregnancies. The lack of easy access and financial hindrances lead them to take matters into their own hands, which then compels them to resort to extremely unsafe methods of getting an abortion.

Reportedly, women have been shoving coat hangers and sticks up their vagina in an attempt to destroy the foetus, which harmfully injures their own vagina, cervix and uterus, causing subsequent haemorrhagic septicaemia (bleeding complicated with bacterial infection) potentially leading to death. Maternal mortalities are the 5<sup>th</sup> leading cause of death.

Hence, it assumes great importance to create awareness on various contraceptive methods and to ensure safe methods of abortion to women across the country.



## **SESSION 6: Ethics in Medicine by Dr. Amar Jesani**

Dr. Amar Jesani, the editor of Indian journal of medical ethics conducted this session. He began the session by playing a ted talk by Philip Zimbardo called "the psychology of evil" which allowed the participants to get a brief idea on how easily good can be made bad or vice versa just by changing ideology. This video helped participants

He started out with explaining how our day to day statements pure reflection of what ethics and morals we are follow and how they create an impact on the listener giving them idea about not only our ideology but also about family background and culture. Morals and ethics often being used interchangeably but they could be looked at separately in order to distinguish moral judgments based on considered reasoning from those based on first order beliefs. Morality is made up of a lot of values and duties based on beliefs that people take for granted most of the time. Ethics is a second-order, systematic, reflective consideration of our moral beliefs & practices. After a brief discussion with participants on what morals and ethics are and on how they are different from each other and used separately as in when required, he moved on speaking about bioethics and bioethics as a discipline.

He explained about the history of bioethics and levels of its analysis. The term bioethics emerged in 1960s in the USA, coined by Van Rensselaer Potter, a biochemist and researcher at Univ. of Wisconsin, by combining "bio" – biological knowledge or science of living, with "ethics" – knowledge of value system. The levels of analysis were explained as

1. Micro-ethical: How one person treats another.
2. Macro-ethical: How one group of persons such as members of a community collectively treats other communities and individuals such as members of the group itself and non-members.
3. Meso-ethical: Somewhere between micro & macro. Concerns of govt, institutions & private-sector, resource allocation in face of competing demands.
4. Mega-ethical: Transcends national health issues. Environment/ecology and health, international health issues.

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Giving this topic a knowledgeable end with a small talk and question answer session he explained about different theories on bioethics which included, Utilitarian theories (stated- In all circumstance we ought to produce the greatest possible balance of value over disvalue for all persons affected (or the least possible balance of disvalue if only bad result can be brought about))

Deontological theory (Concept of duty is independent of concept of good, and right actions are not determined exclusively by production of non-moral goods. One is acting rightly when one acts according to duties and rights)

Virtue theory (Greek philosophers Plato & Aristotle (384-322 BCE), William Osler (1849-1919).

Emphasise personal character traits, i.e. a disposition or readiness to act in certain ways. Honesty, dedication, compassion, sincerity. Virtuous person is likely to behave ethically. So, focus on developing virtuous person rather than deliberate on moral problem and action. Over time, importance attached to various character traits has varied. It could also vary according to culture.)

While explaining different bioethics theories he explained each one's advantages and disadvantages.

After giving brief idea on bioethics he moved on to a very important term Autonomy, the ability to freely determine one's own course in life. Assumption: An autonomous person determines his/her course of action in accordance with a plan chosen by him/herself. In bioethics, autonomy is often contrasted with paternalism. Paternalism refers to courses of action (including decisions) that are done in the assumed interest of a person, but without or against that person's informed consent.

■ Three facets in autonomy are:

Agency

Independence

Rationality

■ Two contexts:

Autonomy of capable persons

Protection of persons incapable of autonomy

He then explained difference between ethics and laws and how laws can be changed or made on ethical grounds. Ethics and law are different systems of rulemaking and rule-application, but they constantly interact. Law is sometimes employed to enforce an ethical conclusion – and thus law may look more powerful than ethics. Law is also regarded as “minimum ethics”. Ethics and law may coincide or overlap, they may also come in conflict or contradict each other.

Ethics comes from the awareness generated by people and from them whereas laws are written and regulated by the state governments. Legal ethics is the minimum standards of appropriate conduct within the legal profession. It is the behavioural norms and morals which govern judges and lawyers. It involves duties that the members owe one another, their clients, and the courts. While laws carry with them a punishment for violations, ethics do not.

Ethical decision-making comes from within a person's moral sense and desire to preserve self-respect. Laws are codifications of certain ethical values meant to help regulate society, and impact decision-making.

After giving difference between ethics and laws and how both are interdependent, he explains about ethics and human rights. Recognition of rights may create or remove duties, or set new standards for duties of corresponding actors, and vice versa. Recognition of rights, therefore, has bearing on changing standards of ethics, and vice versa. Traditionally, human rights norms are meant to guide the actions of governments, whereas ethics in health care much more broadly encompass concern for the specific actions, inspirations, and relationships of individual health workers, researchers, and organizations. The World Medical Association adopted the Helsinki Code in 1964.<sup>2</sup> The Helsinki Code, which initially focused on research involving human subjects, was the precursor to the field of bioethics, which encompasses research in life sciences as well as the ethics of health practice. Human rights norms and standards tend to be drafted by government representatives, negotiated in political forums, and incorporated in the body of international law in the form of international treaties that impose legal obligations on the governments that ratify them.

Dr. Amar Jesani ended the session by explaining how ethics and law making go hand in hand and Claim-right (civil/political or social/economic) creates the duties to fulfil such rights. In the health care settings, such claims had profound impact in changing priorities in ethics and bringing the discipline of bioethics to the fore front.

### **SESSION 7: Abortion laws and Policies by Dr. Suchitra Dalvie**

Dr. Suchitra started the session by introducing the MTP Act of 1971 which enlists the conditions under which a pregnant woman can obtain an Abortion. Although very progressive for its time back when it was passed, this Act has rather proven to be obsolete for today's scenario.

The Act specifies that a pregnant woman can get an abortion in the following circumstances:

1. If the continuation of the pregnancy proves to be dangerous for the woman's physical or mental health.
2. In case of failure of contraception in a married woman
3. Pregnancy resulting from rape
4. Foetal abnormalities that would lead to poor quality of life

Dr. Suchitra further explained the origin of this Act. The Indian Penal Code 321-316 initially criminalised healthcare professionals or the gynaecologists if they performed an abortion on a woman notwithstanding the above clauses, including punishment for the woman as well.

As for today's scenario, most gynaecologists provide abortions out of good faith and for the wellbeing of the pregnant woman, the final decision of whether the woman can get an abortion or not lies in the hands of such healthcare professionals. They could very well deny them one by stating that none of the conditions mentioned in the clause were applicable to the pregnant patient.

Thus, indirectly, the MTP Act provides protection to the doctors from being criminalised under the IPC.

This Act interferes with women's personal choices regarding their body and health. It proves to be heedless, since it fails to give direct protection to unmarried pregnant women, hence creating a rift between women based on their marital status.

It conditionally discriminates between women all over the country even though their needs are the same. It suspends women's rights over their bodies.

If the pregnant woman is a minor, she is required to have the consent of either parent to obtain an abortion. However, if the woman is 18 years of age and above, she can single-handedly get an abortion, without needing the consent of her parents or her partner

Another Act that influences the MTP Act and health of the pregnant women is the PCPNDT (Pre-Conception and Pre-Natal Diagnostic Testing) Act which criminalises Foetal Sex-Determination. It is a common misconception that this Act criminalises sex-determined abortion, but it is not so. Under this Act, even merely determining the sex of the unborn child is a punishable crime.

### **SESSION 8: Critiquing of Articles and Publications**

The participants were given one article each for their perusal and interpretation and were later asked to share their views regarding which social issue it portrayed and which rights in the case were being violated. The cases were open for discussion, exchange of opinions and addition of information by all participants and the organizers. It was a very fun interactive sessions, with some very great viewpoints from the participants who were able to expose the well-concealed socio-political gimmicks in every case.



### **SESSION 9: The Last Abortion**

The participants were divided into four groups, and each group was handed a sheet with six candidates in six different detailed situations related to unwanted pregnancies.





The narrative:

At the stroke of the midnight hour, the prime minister will be passing a law which criminalises abortion in our country. He/she has allowed one last abortion before it is passed. You are the cabinet and it is your responsibility to choose one candidate among the six who will be allowed to make use of this privilege.

The participants from each group were asked to rank any three of the six in the order of their preference and share it with the room, which would help pick the one candidate based on the urgency/ severity of that case.





#### Group 1&2

1<sup>st</sup> preference- Meena, since she was a rape victim and a minor

2<sup>nd</sup> preference- Puja, since she was a victim of domestic abuse and depression

3<sup>rd</sup> preference- Shanti, older than the rest, case of foetal physical abnormality and already had a child who was a slow learner.

#### Group 3&4

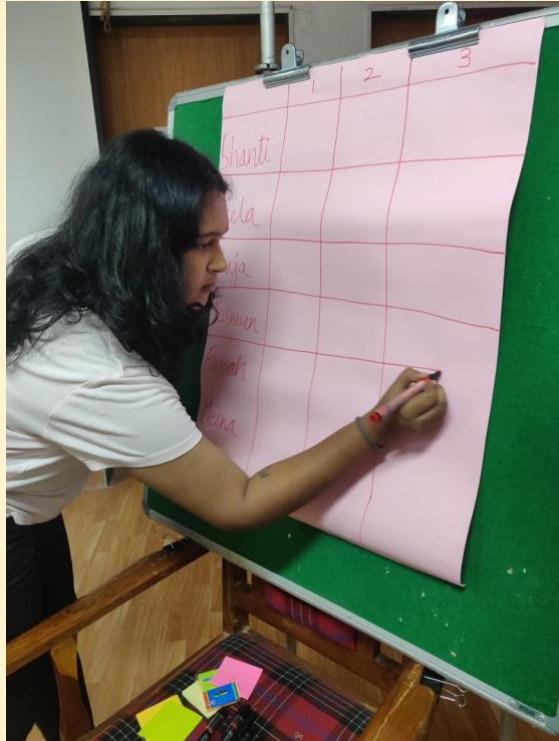
1<sup>st</sup> preference- Meena

2<sup>nd</sup> preference- Shanti

3<sup>rd</sup> preference- Puja

The participants were then questioned why they hadn't chosen the other three, to which they answered.

- Leela had the option of giving up her child for adoption after birth, or even manage with her support of husband who was looking for a job. This seemed feasible since they wanted to get married soon.
- Yasmeen who ran her own business seemed like an independent, well educated, aware and a financially stable adult, who could manage continuing with this pregnancy
- Farah was a working class financially independent woman, who would be eligible for a paid maternity leave soon.



The participants were then asked to review what they had learnt from the past two days' sessions about reproductive rights, the right to make arbitrary personal choices regarding one's own body, and how to be mindful about having a rights-based approach.

The participants while stating their order of preference ranked the candidates on the basis of their needs to get an abortion, which means they had a needs-based approach, whereas ideally all of them should be entitled to get an abortion looking at it from a rights perspective.

All women should have the right to decide if and when they want to terminate their pregnancy, irrespective of their situation and bodily condition.

This was an eye-opening exercise as the participants described it.

### **DAY 3**

The participants were asked to take a minute to gather what they learnt from the previous day's sessions and reflect their thoughts upon it. They felt enlightened by the following topics:

- To not forget values, rights and privileges when placed in a position of authority
- To always question those in power and not to blindly follow orders, as a means to check their control over us and get some clarity on the subject.
- How important it is to have a rights-based approach as opposed to a needs-based one.
- To always check our moral compass and recalibrate it according to the situation to maintain an ethical approach.
- Detailed insight on contraceptive methods and their efficacy
- Thorough understanding of the MTP Act
- Why the movement is termed "feminism" and not "equalism"
- The case studies were a shocking eye-opener
- How product promotional adverts have an underlying patriarchal approach

#### **SESSION 10: Interpersonal communication**

YC Priyansh started his session with three fun activities

**1. Dancers in a line:** the participants were made to stand in a line, one behind the other, facing the front. A short easy dance sequence involving a few moves was showed to the person standing last in the line. The move was supposed to be passed on to the participants in front, one by one. The participants were asked to not look back, unless the person behind them tapped on their shoulder to show them the dance move. It was very hilarious to observe that the dance sequence greatly differed by the time it reached the first person in the line.

**2. Chinese Whispers with a Twist:** Participants were asked to sit in a semicircle and two sentences as whispered messages were sent from both the open ends to the centre. The message passed from one side was "Abortion is safe and legal" while the other was "Ramu Kaka went to the market during the rains and bought 1.5kg rice, 2.5kg chicken, 1.7kg apples and 3.2kg guavas". Once the messages reached the person sitting in the centre, both were recited. While the first message was recited perfectly as it was originally sent, the second message was drastically changed, and the participant struggled with remembering the details.

**3. Dictation Drawing:** two participants were picked out from the group. One of them was made to sit in a chair with a blank page and pen ready, while the other, the narrator, was told to give two particular sets of instructions to the first. The narrator dictated names of shapes in an irregular order first, to which the artist made a very random nonsensical drawing. In the second set, the narrator dictated the names of the same shapes but in a particular sequential manner, to which the artist ended up making a perfect smiley face.





These exercises were meant to conclude that information is often distorted along the chain of communication, and conveys wrong messages, bit by bit, at each step of the way. This passage of incomplete and hence wrong information leads to people being ill-informed which in turn affects their personal opinions and views on a particular subject.

These also prove that first-hand information is always more accurate than the subsequent ones that follow and that information is diluted during the course of communication, which often spreads wrong messages to the masses. Moreover, every individual has their own way of perceiving and interpreting information that is given to them.

The participants were then asked to name the sources that they use daily to obtain information to which they answered saying Social media, newspapers, books, radio, television, etc. The participants also agreed that repeated use of key words, visual graphic representation, memes, scandalous content, relatable posts and pieces of gossip very easily caught their attention.

YC Priyansh explained how communication is an essential part of social interaction and stated the types; direct communication, involving direct contact between the sender and the receiver; and indirect communication in which there is transmission of message via a medium.

The sender of information must remember the acronym KISS- Keep It Short and Simple- during verbal communication, so that it is easier for the receiver to process and recollect in the future. Such Verbal communication can include Oral and Written Communication, which can again be Formal or Informal. Written communication is always more dominant.

Non-verbal communication is mainly translated by the body language of the speaker by hand gestures, vocal and facial expressions. It plays an important tool in roping in the audience and getting them to be attentively involved with the subject of discussion. Such face to face communication is important in making the audience feel comfortable. Social media, which is a nonverbal, direct source of visual communication, has proven to be the most powerful for advocacy and gives immediate feedback from the audience.

### **SESSION 11: Internet Politics and Cyber-security by YC Simran**

YC Simran started the session with an activity involving 9 participants holding specific placards.

Initially 7 people were told to hold the placards namely- sender, device-messenger. After one such round of this message being transmitted without any interference or hindrance, two more latent entities were revealed with the placards namely of “the government” and “the police” who had been reading the messages in its course of transmission across the communication loop. The third round involved sending a message encrypted by a cyber-secure network protector which was out of reach even by the government or the police, hence sender’s privacy was ensured.



Based on this activity, YC Simran explained how easily anyone could gain access to one's personal information and messages by hacking into our security system. She emphasised on the use of VPN and other such software that ensures our privacy by denying access to any third-party server.

She introduced the concept of "Cookies" and "Digital Shadow" which meant that one's online activity and history remains on the internet and is never actually taken down. It is almost an imprint of the individual's search history, uploads, random online trending quizzes, etc. that is made on the digital database. Such information can be misused by anybody having the right tools and knowledge of hacking and retracing activity. She suggested use of a couple of websites like DuckDuckGo to help us clear our digital shadow. The main purpose of third parties spying on our cookies and digital shadow is for marketing purpose and government scrutiny.

She added that allowing apps, websites and software access to our phone media, contacts, microphone and location is a very risky affair, and can be misused by hackers.

She cited the example of Spyware by means of which third parties can triangulate one's exact location from three or more devices by making use of the apps that the individual has given access to their location. This has been used to target homosexuals in countries that criminalise homosexuality.

Simran suggested the use of Malware Scans and Antivirus software like Avast to ensure our cyber-safety. She also added that we must regularly back-up our data and delete our digital shadow. Use of

password managers help to guide us about the strength of our passwords which lessens the chance of our data being hacked into.

Simran also spoke about Gendered Politics in relation to Cybercrime which includes harassment of women online, trolling, threats, revenge porn, leaks, doxing, tracking and hacking.

The solution to cybercrimes starts by reporting the abuser on social media, ensuring better cyber-security as prevention, improving the mentality and opinions of people in our society and strengthening laws concerning online harassment.

She concluded by stating the importance of making the internet a safe space for everyone, especially women, other minorities and genders that are discriminated against.

### **SESSION 12: What does it mean to be prochoice and How to be Change Agent?**

The session was conducted by Dr. Suchitra Dalvie and she started it off with telling the participants about why all the information given to them throughout the workshop was important for them to be advocates, to be able to use our fullest potential to be able to solve the issues that are growing at an alarming rate. She talked about how all the issues related to patriarchy are so interconnected that one can never talk about one problem, without speaking about its various other contributing factors. Therefore, one must focus on several narrowed down umbrella issues that cover all its subsets.

→ Fertility control to avoid unwanted pregnancies.

→ Making abortions safe.

→ Eradicating social stigma by spreading awareness among people.

She further talked about how there are several types of influential change agents, such as politicians, religious leaders, government officials. But for a successful change, only three factors are important – Policy, Programmes, People.

Strategies are used to convey information in a manner that appeals to the masses and makes an impression on them. Subversion is a major strategy used by activists to re-establish certain thoughts. It is a way of using older media that propagated sexist, misogynistic ideas and turning them around to make them less prejudiced and more wholesome with a twist at the end. Subversion uses pop-culture references, days that celebrate women, use old advertisements, famous folktales, etc.

### **ACTIVITY SESSION: Power Walk by YC Riddhi and YC Nidhi**

All the participants were made to stand in one horizontal line, to be starting line. Each participant was handed a chit with a specific character's description, that is, their age, sex, profession, familial background and a particular social situation that they are faced with.

These were based on real examples and each participant was required to impersonate the character in their chit. The characters were open to unique interpretation and participants could choose their backstory if they wished.



A set of 11 questions were then narrated by the organizers. If the participant felt the answer to that question, according to their character, should be “yes”, they were asked to take one step forward and if they felt the answer was “no” they were asked to stay in the same place.

Some questions were “can you say no to sex?”, “can you insist on the use of a condom?”, “do you know anything about abortion”, “do you have access to safe abortion?”, “do you know where to go to get an abortion?” etc.



Post the narration of the questions, there was variation in the positioning of the participants with respect to the starting line and each other:

Characters in the foremost line: these are the most empowered of the lot, having good knowledge and education on matters related to protected sex, abortion and other reproductive and sexual issues. The participants felt that their characters were very privileged to be standing right at the foremost line, which meant their characters were more aware and independent. They added that although they feel lucky to be empowered, they felt unfortunate for the ones standing right at the back, not having moved a single step meaning they had no access to the opportunities as the foremost line. They felt they should help and utilize their power to uplift the less empowered ones.



Characters in the midline: they weren't as empowered and privileged as the ones in the frontline but felt a sense of reassurance when they looked at those standing right at the back, who had it worse than them. They were aware about most sexual and reproductive issues but had no easy access to resources where they could apply that said knowledge and information.

Characters at the back: they felt extremely insecure and helpless and even envious of the ones standing in the lines before them. They had almost no knowledge on these social issues, and felt stripped of the basic privilege of knowledge, even before the other privileges.



Thus, this tells us that it is the moral obligation of the more privileged classes to help support and uplift the lesser privileged sections, to get everyone at the same level of empowerment to establish a healthier society.

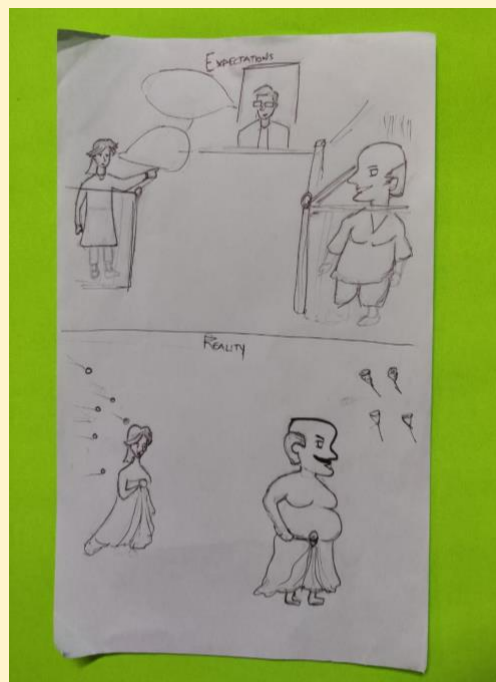
This exercise is also relevant to the concept of “Feminism” and why that is the preferred term as opposed to “Equalism”. The word “feminism” signifies a movement directed towards the upliftment and empowerment of women, to bring them onto the level of those of the men, who are considered superior and are more privileged by the mere virtue of their birth as males. The ones in need that is women are needed to be given a push and extra help to bring them at par with men's privileges in order to establish equality.

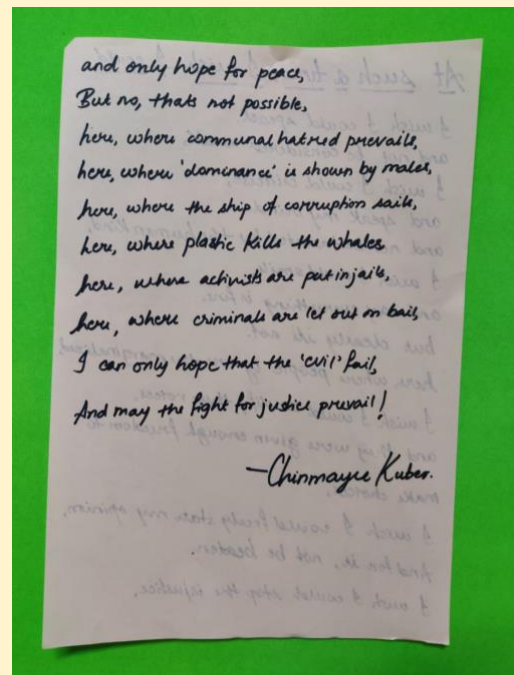
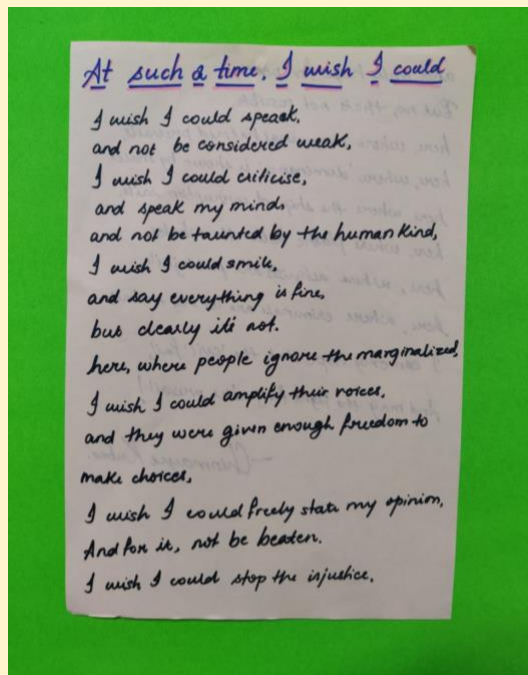
The term Equalism would imply offering men and women the same and equal number of perks as of today, which would fail to establish true equality, since men are already more empowered than women. Hence, where that would somewhat be beneficial for women, it would give men the double positive, thus still maintaining the inequality. Equalism can be practised once equality is established, which in turn depends upon a strongly established Feminist society.

Thus, feminism aims at abolishing the power dynamics that is in favour of men and bringing in equity in social justice.

### **SESSION 13: Content Creation**

**Participants were given two hours to create posters, poems, images, memes, graphics, info kits, videos, podcasts, etc. on any topic of their liking that was discussed over the three days. Participants came up with some fun, humorous, creative and original material. There were many meme submissions, one poem submission on social issues, one elaborate skit on how to deal with unwanted pregnancy and abortion and a couple of illustrations.**





Chefs, Cooks, Caterer  
 whining about  
 getting paid less

Women who cook at home





# Women demanding rights

Patriarchy:









sexual  
harrasment



bura na  
maano  
holi hai





Preaching morals  
values and ethics  
out of religion



Preaching  
patriarchy out  
of religion

**Feminists-We  
believe in  
equality  
Pseudo feminist-**





**Valediction:**













**Annexure I:**

## **Agenda**

**Day One – Thursday 9<sup>th</sup> January 2020**

<b>Timings</b>	<b>Session</b>	<b>Learning objectives</b>	<b>Methodology</b>
9:00am-9:30 am		<b>Welcome, introductions, expectations</b>	
9:30am-11:00am	<b><u>Session 1:</u></b> <b><u>Understanding Gender and Patriarchy and its linkages with safe abortion issues</u></b>	Objective: At the end of this session the participants should be able to: <ul style="list-style-type: none"><li>• Understand the difference between sex and gender, the social construct of gender and the role of patriarchy in perpetuating the gender inequalities.</li><li>• Understand the cascade effects this has on the differential control over resources and decision-making powers especially with reference to healthcare systems</li></ul>	<b>Manisha Gupte</b>
11:00am-11:15am		<b>Tea break</b>	
11:15am-12:00pm		Gender and sexism in mass media + FB/ social media	<b>YC Aardra</b>
12:00pm-1:00 pm	<b><u>Session 2:</u></b> <b><u>Human rights, sexual and</u></b>	Objective: At the end of this session the participants should be able to: <ul style="list-style-type: none"><li>• Know the definition of sexual and reproductive rights and the linkages</li></ul>	<b>Manisha Gupte</b>



	<b><u>reproductive rights.</u></b>	<p>with other rights in upholding them.</p> <ul style="list-style-type: none"> <li>• Understand the significance of the paradigm shift at the ICPD, from demographic goals to individual reproductive rights.</li> <li>• Obtain clarity on the rights-based perspective towards safe abortion.</li> </ul>	
1:00pm-2:00pm		<b>Lunch</b>	
2:00pm-3:30pm	<b><u>Session 3:</u></b> <b><u>Values Clarification and Case Studies</u></b>	<p>Objective: At the end of this session the participants should be able to:</p> <ul style="list-style-type: none"> <li>• Appreciate the impact social 'values can have on individual rights</li> <li>• Understand the nuances of policy interpretations being enabling or disabling</li> <li>• Counter statements made by anti-choice groups</li> </ul>	<p><b>Suchitra Dalvie</b></p> <p><b>Manisha Gupte</b></p>
3:30pm-4:00pm		<b>Tea break</b>	
4:00pm-4:30pm	<b><u>Session 4:</u></b>	Sexual Orientation and Gender Identity and access to healthcare services	<b>Sumit Pawar</b>
4:30pm-6:00pm	<b>Film screening</b>	(For discussion on day 2)	

## Day Two – Friday 10<sup>th</sup> January 2020

8:30 am– 9:00am	<b>Recap and review</b>		
9:00am-10:30am	<b><u>Session 5:</u></b> <b><u>Contraception and Abortion from the gender and rights perspective</u></b>	<p>Objective: At the end of this session the participants should be able to:</p> <ul style="list-style-type: none"> <li>• Understand how gender and patriarchy impact contraception and safe abortion access</li> <li>• Recognize the critical importance of abortion access for autonomy and agency</li> <li>• Clarify myths and misconceptions around these issues</li> <li>• Explain safe abortion techniques and related concerns in simple language to a layperson</li> </ul>	<b>Suchitra Dalvie</b> Participatory session
10:30am-10:45am		<b>Tea Break</b>	
10:45 am-12:00pm	<b><u>Session 6: Ethics in Medicine</u></b>	<p>Objective: At the end of this session the participants should understand</p> <ul style="list-style-type: none"> <li>• the role of ethics in medicine</li> <li>• patriarchy in healthcare systems (and its impact on abortion)</li> </ul>	<b>Dr Amar Jesani</b>
12:00pm-1:00 pm	<b><u>Session 7:</u></b> <b><u>Abortion laws and policies</u></b>	<p>Objective: At the end of this session the participants should be able to:</p> <ul style="list-style-type: none"> <li>• Understand the implications of the law and its impact on services</li> <li>• Understand the barriers created by laws and</li> </ul>	<b>Suchitra Dalvie</b> <b>YC Nidhi</b>

		practices to safe abortion services <ul style="list-style-type: none"> <li>• Discuss positive amendments to country laws which would facilitate access.</li> <li>• PCPNDT, MTP, relevance, amendments</li> </ul>	
1:00pm -2:00pm		Lunch	
2:00-3:00 pm-	<b><u>Session 8</u></b>	Group work and literature review--Critique of articles and publications.	<b>Suchitra Dalvie</b>
		<b>End of Day</b>	

### Day Three – Saturday 11<sup>th</sup> January 2020

8:30 -9:00am–	<b>Recap and clarifications</b>		
9:00am-9:45 am	<b><u>Session 10:</u></b> <b><u>Interpersonal communication</u></b>	Objective: At the end of this session the participants should be able to: <ul style="list-style-type: none"> <li>• Understand the communication loop and the importance of message and medium</li> <li>• Using social media for advocacy</li> </ul>	<b>YC Priyansh</b>

9:45am- 11:00am	<b><u>Session 11:</u></b> <b><u>Internet Politics</u></b>	Objective: At the end of this session participants should understand: <ul style="list-style-type: none"> <li>Politics of the internet</li> </ul> Identify and analyse good campaigns	<b>YC Simran + BVC</b>
11:00am-11:15am		<b>Tea break</b>	
11:15 am-12:15pm	<b><u>Session 13:</u></b> <b><u>What does it mean to be prochoice?</u></b>	Objective: At the end of this session the participants should be able to understand how to <ul style="list-style-type: none"> <li>Advocate for safe abortion as a choice and a right for women (with sex selection as an issue)</li> <li>Communicate clear messages about pro-choice issues via social media and other channels</li> <li>Being a change agent.</li> </ul> Role of Subversion	<b>Suchitra Dalvie</b>
12:15pm -1:00pm		Power Walk and discussion	<b>YC Riddhi</b> <b>YC Nidhi</b>
1:00pm-1:45pm		<b>Lunch</b>	
1:45pm-3:00pm	<b><u>Session 14</u></b>	Creating content and sharing	
3:00pm-3:30pm		Tea break	
3:30pm-4:30 pm		Valedictory and closing	<b>Suchitra Dalvie</b>



**Annexure II:**

Sr. No.	Name of Student	Enrolment Number	Year of Study
1.	Jain Khushi Narendra	V/18/139	2nd year
2.	Gupta Falguni Chandrabhan	V/18/120	2nd year
3.	Khutwad Shubham Ramdas	V/18/192	2nd year
4.	Advani Anushka Rajesh	V/18/009	2nd year
5.	Riddhi Omnarayan Singh	V/18/346	2nd year
6.	Nidhi Shingatgeri	V/18/345	2nd year
7.	Ghorui Ankan Mahadeb	V/18/112	2nd year
8.	Kuber Chinmayee Harish	V/19/197	1st year
9.	Gulekar Ajinkya Anup	V/19/129	1st year
10.	Manohar Madhur Saurabh	V/19/224	1st year
11.	Smriti Lal	V/17/177	3rd year
12.	Shah Mallika Bhavin	V/17/292	3rd year
13.	Kshitij Vishwanath Pimpale	V/17/254	3rd year
14.	Aardra Aasavari Harsh	V/16/001	4th year
15.	Korade Rutuja Dynaneshwar	V/16/188	4th year
16.	Goutham Gopakumar	V/16/119	4th year
17.	Ponkshe Tanaya Milind	V/16/297	4th year
18.	Ranjane Radhika Ashok	V/16/307	4th year
19.	Rahangdale Sanjay Yograj	V/16/303	4th year
20.	Mukta Kamble		