



Youth Advocacy Institute

Organized by Bombay Veterinary College

October 10th – October 12th, 2019

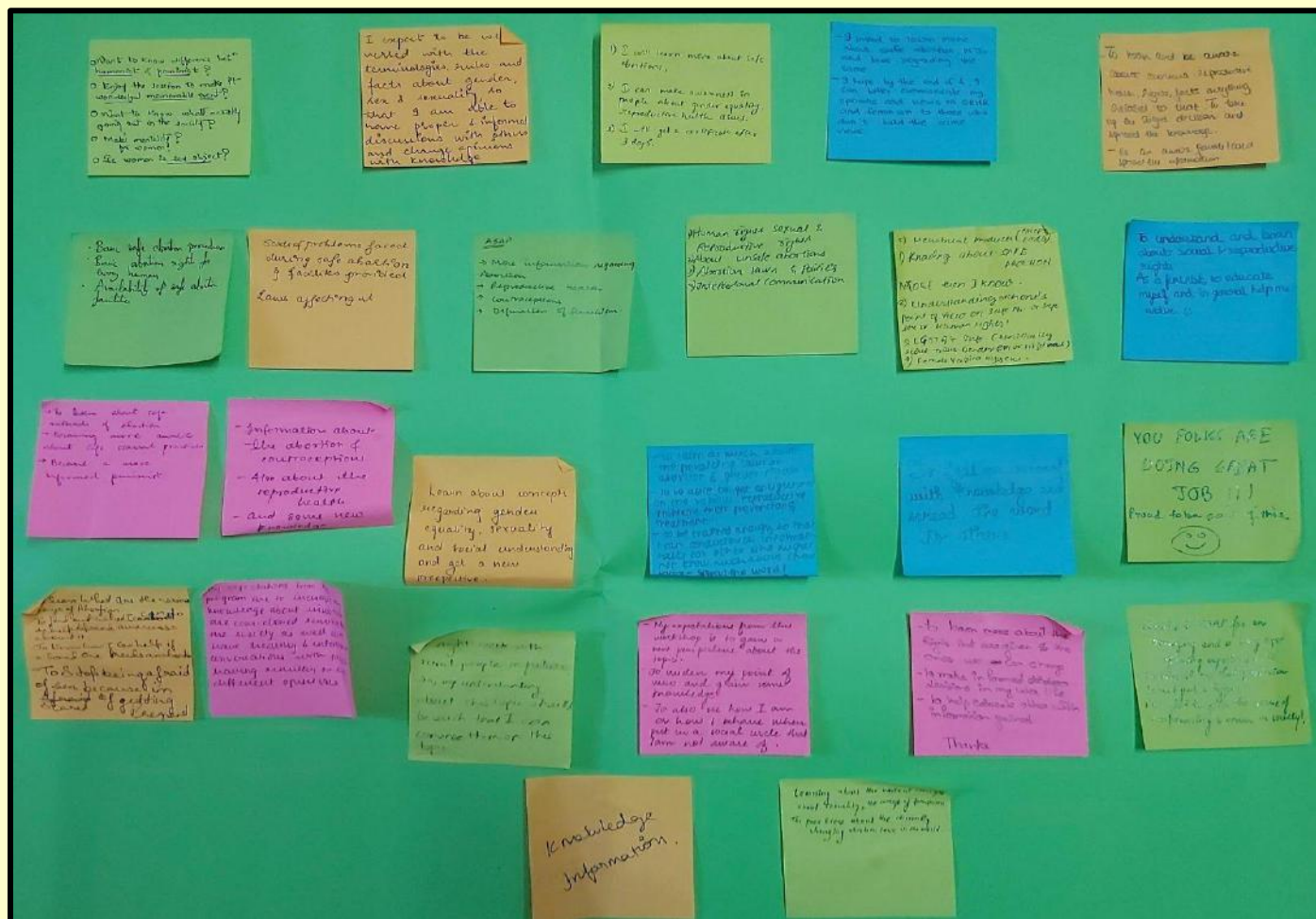
Hotel West End, Mumbai, India

Objectives of the Institute

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

DAY 1

Before starting with the sessions, participants were asked to write down their expectations for the coming three days. At the end of the workshop these notes were reviewed by the team to evaluate whether the expectations were fulfilled.



To start the day on a fun note and to get to know everyone in the room, Dr. Suchitra Dalvie asked all the participants and the ASAP team to stand in a circle. Starting with herself everyone introduced themselves and chose their spirit animal. Repeating the name and animal of all the people before you, the last person had to recollect everybody's names and their animals. This was a fun activity as veterinary students came up with many uncommon animals.

After the introductory activity, Dr. Dalvie introduced the speaker of the first session Manisha Gupte and handed over the charge to her.

SESSION 1: Understanding Gender and Patriarchy

The session started off with Manisha asking participants about their views on gender-male/female, masculine/feminine, what one understands by 'gender' and 'sex', are both the terms same and is there a difference? Most of the participants explained [sex to be the biological built up of an individual whereas gender to be the mental identity of that individual](#). Further discussion on views on types of sexes – male, female, intersex helped participants understand concepts of 'cis' and 'trans' gender.

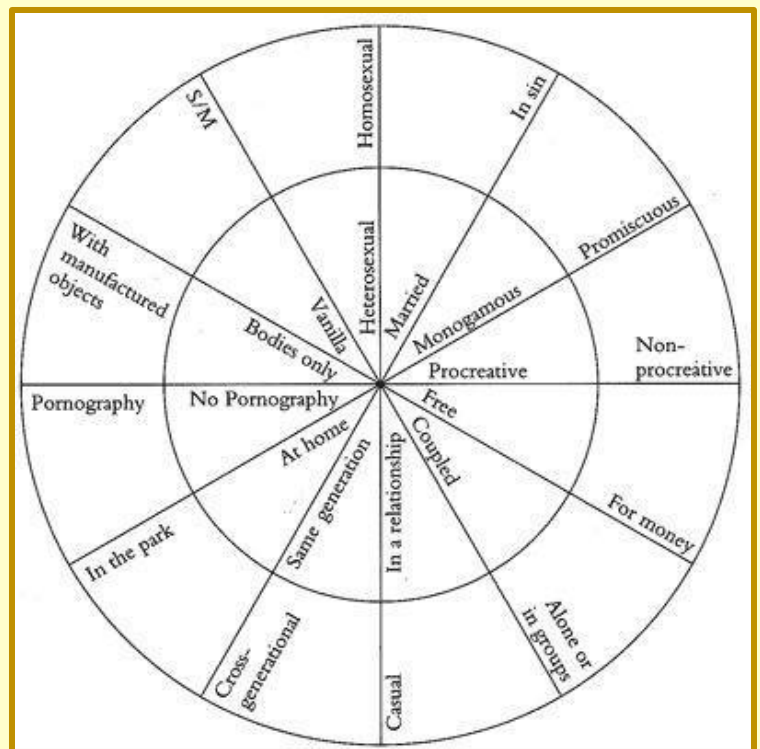
A discussion about [what is normal and what are norms?](#) - showed how normalcy is and was determined using [Gayle Rubin's Charmed Circle](#):

The diagram shows a general version of a sexual value system.

"According to this system, sexuality that is 'good', 'normal', and 'natural' should ideally be heterosexual, marital, monogamous, reproductive, and non-commercial. It should be coupled, relational, within the same generation, and occur at home. It should not involve pornography, fetish objects, sex toys of any sort, or roles other than male and female. Any sex that violates these rules is 'bad', 'abnormal', or 'unnatural'. Bad sex may be homosexual, unmarried, promiscuous, non-procreative, or commercial. It may be masturbatory or take place at orgies, may be casual, may cross generational lines, and may take place in 'public', or at least in the bushes or the baths. It may involve the use of pornography, fetish objects, sex toys, or unusual roles" (Gayle 1984: 152).

The value system is based on this need to draw a line between good and bad sex and most systems of sexual judgements are religious, psychological, political attempt to determine which side of the line a particular act will fall.

Keeping the concept of 'norms' in mind, a participatory discussion was led with the example of two twins of different sexes growing up in the same household, where the participants were asked to give their input





about how the 'boy' and the 'girl', would be normally raised? Participants responded with various examples such as the difference in clothing, toys, values, etc. This helped the participants in understanding how gender is another word for 'societal expectations' and is in fact a social construct.

Therefore, we are not born with gender, but in fact it is given to us.

Teaching differentiation between “feminine” and “masculine” traits aka creating gender norms, starts so early in life, one starts to believe it's natural (example: how men are taught to take up as much space as possible while women are taught quite the opposite).

Manisha went on to explain how gender and gender norms give/take away social value of a human being. There may be cultural differences, but irrespective of that, it is always discriminatory.

The point about cultural differences was used as a gateway to introduce the concept of *Patriarchy* by dissecting it into 'Patri' as in *pitru* (paternal) and 'archy' as in *rule* (the Fathers' Rule) for better understanding of the word.

Patriarchy means to have everyone being recognized from one single lineage on the paternal side based on which children are taught different gender roles – women are taught to *create* the male heirs and *teach* them the patriarchal values while men are taught to *uphold* the male authority and the patriarchal values. It explains how these gender roles materialize, where women are taught to give up control while men are taught to take control. These traditional gender roles make one set of humans privileged over others thus creating a sense of entitlement and giving rise to hegemony.

All of this a result of the hegemonic acceptance of patriarchy - As Antonio Gramsci said, “*cultural hegemony is a concept in which one ideology/group is considered innately superior than the rest*” i.e. making patriarchy an inherent system of hierarchy.

Based on this, she went ahead and bust open some common Indian phrases directed towards women such as, “beti dhan hai”(a daughter brings prosperity into the family) and the blessing “sada suhagan raho”(may you always be married), which are generally viewed as good willed and positive but actually tend to serve the patriarchal agenda and have known to give birth to social evils like the practice of ‘Sati’ (the practice of women sacrificing themselves to fire after the death of their husbands).

Explaining Structural violence: Patriarchy brainwashes us into believing what is traditionally right and wrong without us ever questioning it. It has an intrinsic reward and punishment system for obeying or disobeying that certain set of values and rules. e.g. witch trials, many aspects of mythology.

Manisha raised the issue about how fertility of women was a major aspect of patriarchy; how the government and religion (concept of fulfilling God’s plan) use this ploy to keep women under control (power dynamics play a major role when religion is involved).

SESSION: Gender and Sexism in Mass Media

YC Meera started off the session by defining a few terminologies such as [gender stereotyping](#), [generalization](#) and [sexism](#). 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 this same individual is fair, she is happy, prospering in her career and is empowered, thus imposing the stereotype that having dark skin is a drawback and one must strive for a fairer tone.

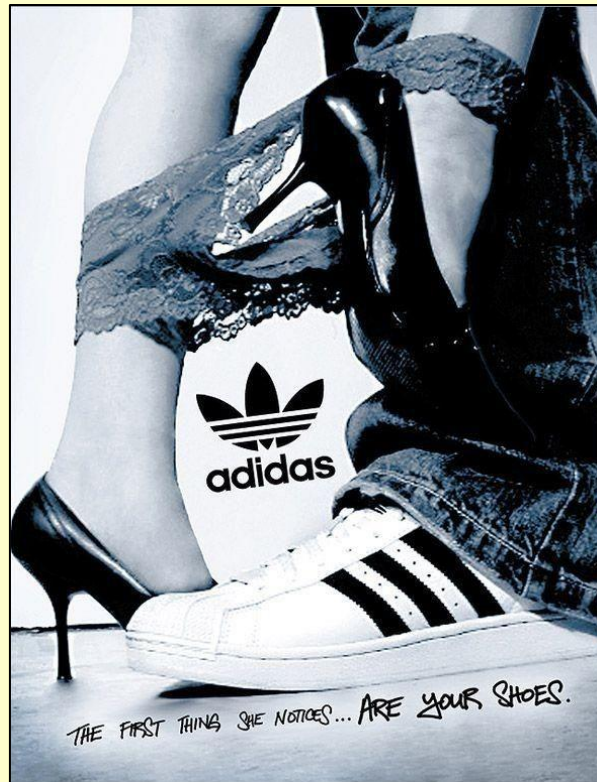
She then explained how these concepts are tools that are used by the media against the consumers by [instilling insecurities](#), [creating a need for a product in order to deal with said insecurity](#) and ultimately creating a market for the said product.

Meera also pointed out that apart from the insecurities, women's bodies are used as sexual objects using sex as an incentive to buy a product or using sexual innuendos to make it 'appealing' to the male gaze.

When children grow up constantly seeing dominant and stereotyped concepts such as over-sexualization of women, lack of representation of men in products meant for household chores, gender-based toys; it [becomes a part of their internalized value system](#).

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





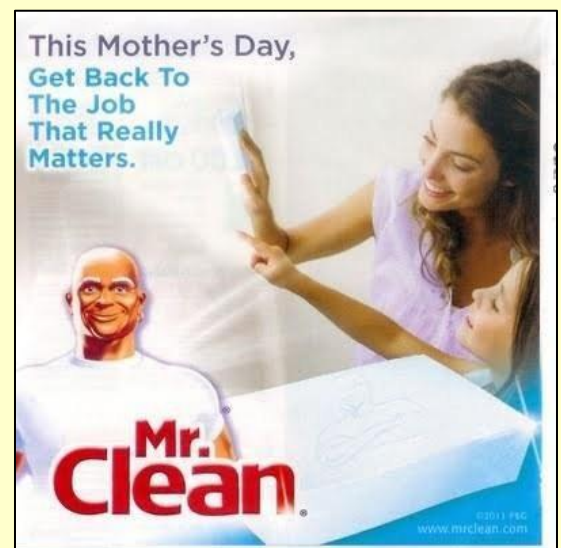
This was to help participants realize how the target audience is men for almost every marketing strategy and that most products that are created, cater to their pleasure.

Meera stressed on how the media majorly contributes in propagating myths about the human body and sex by using an ad film for a product called “18 Again”. The ad film is marketing a ‘vagina shrinking 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 were problematic and they listed out the following points:

- ad suggested that vaginas become ‘loose’ after having sex, hence it was scientifically incorrect and also indirectly shamed women for having sex.
- that every woman must strive to have vaginas like that of virgins and in order to achieve that, must practice abstinence.
- that talking about sex openly with your family is acceptable only within the ‘bonds of marriage’.

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



SESSION 2: Human Rights, Sexual Rights and Reproductive Rights

Manisha commenced the session by asking the participants what they thought human rights were defined as and it was unanimously concluded that they were 'basic rights and freedoms to which all humans are entitled to, which are recognized when you're born as a human on planet earth.'

She shed light upon why *rights* are important, by explaining how that was one of the approaches a human being could use to make authorities answerable for the deficit of services and provisions which are deemed vital for survival.

She listed the several principles of Human Rights – **universal, intrinsic, inalienable, indivisible, interdependent, interrelated and non-hierarchical** and spoke about how intersectionality (inclusive of everything/everyone) *must* exist while practicing Human Rights, since the occlusion of even right, erodes the impact of the rest.

Manisha also made a point about how rights may be country specific due to the views of the dominant culture and religion- as to what is considered *necessary* by them.

This introduced the participants to the concepts of **needs-based approach and rights-based approach**.

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

Despite the obvious similarities and the inter-linkage between needs and rights, participants were asked to differentiate arguments based on her *need for an abortion* and based on her *right to get an abortion*.

Fatima cannot demand abortion, as her right over her body is not respected in her country. She may seek authority for permission where her case will be judged on her needs and could be denied.

This led them to realize that arguments that were based on her rights, were enforceable by law, non-arbitrary, the bearer had a say in the matter and that she was more likely to get an abortion since it was her *right* as a human to get access to healthcare.

The human rights of women include their right to have control and decide freely on matters related to their sexuality, including sexual and reproductive health, free of coercion, discrimination and violence.

Based on this, Manisha spoke about sexual and reproductive rights- barring a few disparities, they intersect:

Reproductive Rights include- *the right to legal or safe abortion, the right to control one's reproductive functions, the right to access quality reproductive healthcare, and the right to education and access in order to make reproductive choices free from coercion, discrimination, and violence.*

According to the definition of Reproductive Health given by the International Conference on Population and Development (ICPD), reproductive rights must be executed in the presence of law, in spite of reproductive rights being a part of human rights, therefore making it an extremely contentious issue.

She further argued that the control over reproduction is a basic need and a basic right of all women. The reproductive rights of women are advanced in the context of the right to freedom from discrimination and the social and economic status of women.

Sexual Rights include-sexual freedom, sexual autonomy, sexual integrity, and safety of the sexual body, sexual privacy, sexual equity, sexual pleasure, emotional sexual expression, sexually associate freely, make free and responsible reproductive choices, sexual information based upon scientific inquiry, comprehensive sexuality education, sexual health care.

Sexual Rights are Fundamental and Universal Human Rights.

SESSION 3: Values Clarification

Manisha Gupte and Dr. Suchitra Dalvie started off the session by speaking about values. They are something that we hold dear and think are important; closely related to and affected by our beliefs, ideals and knowledge. Different people have different values; hence, different people have different truths. What they wanted the participants to grasp was how to not let your personal values get in the way of someone else's rights and also to question the values that they have inherited from their parents, media, outer influences such that they could assess a situation in a new light.

For better and practical understanding, an exercise was conducted. All participants were asked to stand in the middle of the room which was determined as the “neutral space”. On one side of the neutral space, was the “agreement space” and on the other side, “disagreement space”. Statements would be read off the screen and the participants would have to decide whether they agree or disagree with the statement and accordingly move to that part of the room.

STATEMENTS:

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

- All participants moved to the disagreement space immediately. However, when the same statement was changed slightly to, “but he only slapped her this once because she insulted his mother”, almost half the participants moved to the agreement section of the room.
- Their reasons for changing their opinion were that – ‘it was a first-time offence’, ‘the couple can work through it’, ‘because family is important’, ‘justified because even we are protective about our mothers’.

Clarification:

- Domestic abuse always starts with one slap, but never stops at one.
- Even if someone close to you was insulted *verbally*, it does not give *you* the right to violate someone else's body. **Violence can never be justified except sometimes in case of self-defence.**
- Domestic abuse patterns- distress-happiness-abuse – vicious cycle if the woman does not get out of that relationship.
- If the woman cannot leave due to financial constraints, one should not give idealistic advice but try to keep her safe instead.

A sex worker cannot be raped.

- All participants unanimously disagreed with this statement – sex workers *can* be raped- despite their work description, they cannot be forced to do something without their consent.

Clarification:

- Despite the truth in the reasoning, it's unlikely that a sex worker would get justice – society's perspective-” it's their job, they don't have the *right* to say no”.

- Interesting to see how much we can talk about human rights and yet find their violation out in the open.
- Also, to notice how the group of people who are most vulnerable to sexual violence are also the people who get the least protection against such crimes.

Women who have HIV/AIDS should not have babies.

- Participants were extremely conflicted about this statement.
- While addressing the fact that it's a woman's reproductive right to choose whether to have a child, most of the participants expressed concerns about the child's quality of life.

Clarification:

- If we raise concerns about quality of life of the child, one must also investigate a myriad of other situations in which this argument applies. For example, poor people mustn't be allowed to bring a child into the environment they live in.
- One cannot take away a woman's decision to have a child, since it's a reproductive right of a human being to choose the number of children they want.

Women who have an abortion are ending a life.

- Some agreed, some disagreed, yet all agreed that despite of the technicalities, the woman's choice to get an abortion or not trumps over all other arguments and technicalities.

Clarification:

- As per various points of debate that sprung up during the discussion, there are spiritual, philosophical and religious approaches to this question. Thus, as medical professionals, we must always have a scientific approach to keep our arguments bulletproof. No matter what our personal beliefs are, they should not restrict someone from taking a decision about themselves. *There should not be any space for 'Conscientious Objections' when it comes to rights!*

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

- A few participants agreed with the statement, but most disagreed with it due to the reason that sex selection is 'wrong'.
- Most participants argued that sex selection leads to 'female foeticide' which eventually skews the male to female ratio.

Clarification:

- It was explained to the participants that since the foetus was inside the body of the woman, it was her reproductive right to choose which sex she wanted to be nourished in her body.
- Manisha and Suchitra also explained why we must refrain from using phrases like 'female foeticide is wrong' because then it implies that 'male foeticide is not wrong', which might get us as advocates for abortion rights into trouble. *The phrase 'sex-determination' must always be used.*
- The participants were asked to assess the meaning behind their argument for skewed gender ratios and why it was a concern. The participants quickly realized that the only reason why the government used 'gender ratios' as a tool for discouraging sex selection of male foetuses over female foetuses, was because they were concerned about further procreation of men in the absence of women.

Manisha used this point to introduce the participants to the *concept of instrumentalist approach and intrinsic approach.*

Instrumentalist approach uses one tool for the promotion of an idea in order to fulfill a requirement. For example, government using the theory of ‘skewed gender ratios’ to discourage discriminatory sex selection. This approach when largely challenged, would become obsolete and therefore, this approach is dispensable.

Intrinsic approach uses tools for the promotion of an idea in order to ensure a path of change for the greater good. For example, the only way to discourage and stop discriminatory sex selection is through means of good sex-education, efforts by the government to decrease gender discrimination, spreading awareness by holding workshops, etc. The effect created by intrinsic approach is greater due to the change in value system.

FILM SCREENING: HYSTERIA



Link: <https://www.youtube.com/watch?v=pKgDLjDZ6ig>

DAY 2

RECAP AND REVIEW:

Participants were asked to take a minute and think about what they learned on day one that was valuable or new to them.

- Sex ratio doesn't matter; according to International Conference on Population and Development (ICPD), 1994 – individual rights over demographic targets.
- Patriarchy – private and public patriarchy – private affects public and vice versa.
- Difference between gender and sex.
- Concept of hegemony.
- Difference between cis and trans.
- Exercises were efficient, profound; compelled us to review old set of values.

SESSION 4: Contraception and Abortion from the Gender and Rights Perspective

Dr. Suchitra Dalvie started off the session with a quick anatomical and physiological review of the human reproductive system- menstrual cycle, conception, pregnancy.

Pregnancy can be avoided in only 3 ways:
Abstinence, Contraception, Abortion.

The participants were taught about the mechanism of action of various contraceptive methods e.g. condoms create a physical barrier; intrauterine devices, oral contraceptive pills, emergency contraceptive pills, combination oral contraceptives, DMPA (Depo Medroxyprogesterone Acetate) injections create a physiological barrier; tubectomy, vasectomy create an anatomical barrier.

She explained the procedure of abortion and its methods e.g. Medically Terminated Pregnancy (MTP) comprises the use of misoprostol and mifepristone up to 12 weeks of pregnancy; Vacuum Aspiration is a surgical method used for above 12 weeks of pregnancy.

Participants were asked to assess the list of contraceptive methods from a gender perspective – only 2 out of the numerous contraceptive methods are provided to or manufactured for men. This relates to a lack of research in male contraception and infers to years and years of patriarchy burdening women in every aspect.

Vasectomy is a non-scalpel surgery, which only requires the use of local anesthetics as opposed to an invasive tubectomy involving use of general anesthesia and other complications; despite all these factors, the ratio of Tubectomies to Vasectomies still remains 95:5.

Since most contraceptives are meant for women, a woman is held solely responsible for an unwanted pregnancy.



The lack of access to competent healthcare provokes women to take matters into their own hands and resort to extremely unsafe ways of abortion such as inserting sticks into their vaginas, hoping to harm the fetus, but in the process they end up hurting themselves and run the risk of hemorrhagic septicemia, sepsis, other injuries to the reproductive system: falling down the stairs on purpose; hitting their stomachs; eating medicine/caustic foods that would cause a miscarriage all constituting of unsafe abortion which many a times leads to death. Even if women decide to go ahead with their pregnancies, the absence of competent health care results in numerous maternal mortalities, which happens to be the 5th leading cause of death *-230 maternal mortalities per 100,000 births* – which is extremely high and all due to unavailability of safe abortion methods.

Women face myriad of social, cultural, legal barriers before they can get access to good health care, especially when it concerns safe abortions.

SESSION: Power Walk

All participants were asked to stand in a line called as the starting line. Each participant got a chit with a character (multitude of characters varying in sex and age and situations happen to be real examples) written on it and were required to impersonate it. Characters were open to interpretation.

As and when questions were asked, if the answer to these questions for the character was “yes” the participant took a step forward; if the answer was “no”, the participant stayed in place.

The questions included were, ‘Can you say no to sex’, ‘Do you have access to safe abortion’, ‘Can you insist on a use of condom’, etc.



POST POWER WALK:

Characters in the foremost lines:

- although they had knowledge and power, had no idea how to utilize it to help the characters that were at the back, not having moved even once.
- they felt extremely secure yet hyper aware of the privileges they possessed.

Characters somewhere in the middle:

- didn't feel as empowered as the characters in front of them but only because they were

reassured that there were others who had it worse (characters in the back).

- they felt insecure since most of them had the required information and knowledge but they had no access to the resources that they would need in order to apply that information.

Characters in the back:

- felt extremely insecure and helpless.
- felt stripped from the privileges they are so used to experiencing daily.
- one participant mentioned how age or maturity wasn't a determining factor of whether you're armed with information and resources.

Based on the responses given by the participants, YC Meera unfolded the reason behind the use of the word '*feminism*' as opposed to '*equalism*'. She explained how the word *feminism* suggests that the movement mainly advocates for the upliftment of women to the level of men because currently, men stand at a higher social status as compared to women. To bring women to the same level as men, it is important that *women* get the boost in rights. *Equalism* refers to a movement in which both women and men would receive the same perks despite the obvious disparities in their social status, therefore failing to achieve true equality. *Feminism* mirrors the concept of equity in social justice, where, the ones in need are provided with extra help in order to bring about equality.

The exercise helped participants understand that even if every human *must ideally* have rights, the reality is a drastically different and is greatly influenced by power dynamics.

SESSION 5: Abortion Laws and Policies

This session was conducted by Dr. Suchitra and she started it off by talking about the law around which the participants had been learning various concepts, for the last one day. The *MTP Act of 1971*, though extremely progressive at the time when it was passed, is now quite redundant and archaic. The Act includes four conditions under which a woman qualifies for an abortion:

1. if the pregnancy the woman's physical and mental health in danger
2. failure of contraception in case of married women
3. pregnancy due to rape
4. fetal abnormalities

If the woman is a minor, a signature indicating consent for abortion by parent/guardian is required; *women above 18 do not require consent from anyone, not even their partners/husbands.*

She stressed on the fact that despite the terms stated above, the social reality is vastly contrasting.

Most women are unaware of this term and therefore, end up either asking their husbands/parents in law for consent to abort who are likely to say no, or opt for an unsafe method of abortion for the fear of their families refusing the abortion and further consequences. This lack of awareness generates a great barrier to safe abortion despite the law.

She brought into light the Indian Penal Code 312-316, which criminalizes doctors providing an abortion to a woman who does not qualify for one according to the clauses, along with the woman receiving the abortion. Since most doctors that provide abortions to women who do not qualify for abortion as per the four conditions, do it out of good faith, the final decision of the abortion lies in the hands of the doctor as the service provider who can deny abortion on the basis of conscientious objection.

Thus, *the MTP Act provides protection to the doctors from being criminalized.*

Using this, *she explained how the Act does not protect women's agency over their own bodies by indirectly suspending their rights to proper healthcare.*

Dr. Suchitra informed the participants that most doctors/clinical establishments refuse to provide abortions for the fear they might be charged for violation of the Pre-Conception and Pre-Natal Diagnostic Techniques (PCPNDT).

She explained how it's a wrongful application of the Act, since it only charges women who have knowingly or unknowingly aborted female foetus and not those who have decided to continue their pregnancy with a male foetus. She described how these two contrasting and coinciding Acts reflect an unorganized chaotic system which is in desperate need for reforms.

SESSION 6: Ethics in Medicine

The session was conducted by Dr. Amar Jesani, the editor of Indian Journal of Medical Ethics, who commenced the session by playing a short Ted Talk by Philip Zimbardo titled "The psychology of evil", which was a glimpse at the topic of *ethics* and helped the participants gear up for the heavy discussions that were to be followed.

He initially defined ethics and mostly spoke about how they influence a great number of our daily menial tasks. He then segued into talking about *Reproductive Health Ethics* regarding abortion, which encompasses the doctor, the patient and a pronounced presence of a third party - *social morality*.

He explained how *social morality against abortion appears in various forms such as complete and partial religious opposition, the opposition of traditional medical codes such as Hippocrates' Oath and Charaka*.

He gave the participants a short lesson about the history of abortion. Early abortionists were lay women who also posed as healers for the rural people. The 18th and 19th Century, witnessed the rise of Professional Medicine above the traditional women healers and competed with their skills.

In 1859, the American Medical Association declared that abortion should be outlawed followed by the Pop Pius IX, Catholic Church in 1869, stating that abortion is a transgression of faith and ground for excommunication due to the belief that ensoulment of the foetus occurs as soon as it is conceived.

In this manner, medicine and religion joined forces to criminalize abortion for a century until the first acts of liberalization against it were seen in various countries such as:

1967: UK – Abortion Act

1973: USA – Supreme Court judgment in Roe vs Wade case

1971: India – MTP Act

1970: World Medical Association, Declaration of Oslo

1997: South Africa

He then laid out the various ethical positions and categorized them as: *Conservative, Liberal and Moderate*.

Conservative Standpoints: Early positions were heavily religious, but now they are more refined and may or may not take support of religion. This approach considers a foetus a human being and therefore argues that it has the same rights as any human being. A foetus is considered a human since its conception, this approach opposes the use of contraceptives such as IUDs, morning after pills, oral contraceptive pills, etc.

Early arguments of en-soulment at 40/90 of pregnancy are no longer invoked, but still believes in the following statement given by Don Marquis, "Abortion is killing as that deprives its victims of a valuable future" (A Future Like Ours).

Liberal Standpoints: This approach acknowledges that the foetus is human or potential human in a biological sense but denies full moral status of person to the foetus i.e. it becomes a person only upon birth. It debates on the personhood of a foetus while arguing that “*even if personhood is granted to the foetus, it does not necessarily give it the right to use the pregnant mother’s body against her wishes*” (Judith Thomson).

Going beyond Liberalism, Dr. Amar Jesani explained that primacy must be given to the woman, and not to the foetus. Primacy should be given to the woman’s reproductive rights: to make the choice about having or not having a child, to make a change in her choices later in life.

The existence of a social system that is set against women through the means of systemic gender discrimination, patriarchal oppressive system & disempowerment of women - makes reproductive rights of women imperative.

Moderate Standpoints: This is the approach that is currently followed by most countries and plays a big part in the making of abortion laws.

It agrees with liberals, that early abortion is not murder as the foetus is not a person but also agrees with conservatives, that late gestation foetus is virtually identical to a born infant which entails the issue of viability or survival of the new-born. Therefore, *the moderate standpoint believes that an early abortion is acceptable*. He explained how most of the moderate to liberal abortion laws are based on this position of moderate compromise.

He further explained the major instability in the moderate standpoint concerning the *viability of the foetus*. Presently, foetal viability is cut-off at 20 or 24/28 weeks of pregnancy but the development of medical science is reducing the timeline of foetal viability and increasing the pressure to deny second trimester abortion. *In India, efforts are being made to push abortion beyond 20 weeks, by using the argument of ‘inability to detect disability in the foetus via Congenital Abnormality Scan prior to 20 weeks.’*

Dr. Amar Jesani ended the session by speaking about the various dilemmas and challenges faced by women in our country that pose as barriers to safe abortions, such as:

- Political right without actual access to services.
- Sex selective abortions.
- Women getting repeated abortions labelled as “Habitual abortion seekers”.
- Abortion for family planning/population control.
- Male irresponsibility.
- Neuroscience and abortion joining forces against safe abortion- “Pain-capable unborn child protection” (Idaho, US).
- Increasing Conservatism of Doctors: Conscientious objection by doctors and other medical professionals.

SESSION 7: The Last Abortion

Participants were divided into four groups.

Exercise: At the stroke of the midnight, the prime minister will be passing a law which criminalizes abortion. The prime minister has allowed one last abortion before the law passes. You are in the cabinet and it is your responsibility to choose one candidate among the six women that are shortlisted and presented to you with details of their situations.

The groups were asked to announce their first, second and third preference to all the other participants to understand their thought process while choosing the candidate.

- GROUP 1&2

1st preference: Meena – because she was raped, youngest, bright future, mental health deteriorating.

2nd preference: Puja – abused at home, depressed.

3rd preference: Shanti – older than the rest, already has a child with a disability.

- GROUP 3&4

1st preference: Meena

2nd preference: Shanti - 2nd because she was older.

3rd preference: Puja

- Why weren't the rest three chosen?

Leela – she could give up the child for adoption after birth, or she could manage to support it since her boyfriend was looking for a job.

Yasmine – had her own business, therefore, financially independent and stable, could raise her child on her own.

Farah – Working woman, eligible for paid maternity leave, financially independent.

The participants were asked to review what they had been taught the last two days about rights, bodily autonomy and using a rights-based approach while treading the topic of abortion; they were asked to re-evaluate their decision of giving preference to just one person because they thought she *needed* it the most, while it was the *right* of every woman on that list to get an abortion. Following points were explained.

- Deciding based on who needs the abortion is needs-based approach.
- All women have a right to decide whether to terminate the pregnancy irrespective of other circumstances over their bodies.
- Participants were also made aware of the fact that how easy it is to ‘crack under pressure’ and surrender to the authority.

The participants were compelled to mull over certain notions.

SESSION 8: Agents of Ishq

A member of the Agents of Ishq (AOI) family, Debasmita Das conducted this session by starting with a video they created in collaboration with Prashasti Singh. The video was a fun compilation of old Bollywood references and Prashasti's quirky humour, used to aid the topic of the video: [Sex, Pregnancy and Abortion](#). The video gave us a fair idea about AOI's work, but Debasmita filled in on the rest of the information.





AOI is a multimedia project that deals with sex, love, sex-ed, consent, sexuality and everything in between.

It has a diverse offline and online audience to whom they cater to by creating content that considers the different levels of sex-education received by their audience.

They use an art-based approach that is desi, pop-culture based and completely informal to use it as an entry point to approach topics that would be difficult to talk about otherwise.

They try and break down legal terminologies such that it is accessible to women of all ages and make content that is inclusive by posting crowd sourced personal stories about topics ranging from love, sex, masturbation to parents.

SESSION 9: Critique of Articles and Publications

The participants were given one article each, which they were expected to read, interpret for various aspects of patriarchal concepts, laws, values, etc. and draw inferences from it and share with the whole group at the end of the reading time for the purpose of a group discussion and incorporating other people's points of view.

DAY 3

RECAP AND REVIEW:

Participants were asked to take a minute and think about what they learned on day two that was valuable or new to them.

- We never question authorities while doing our jobs; everything must be challenged.
- One tends to shirk off responsibility in presence of authority.
- Conditions in MTP act.
- Privilege (power walk).
- How MTP ACT protects doctors.
- Information about new methods of contraception like DMPA injections.
- Patriarchal aspects to contraception.
- Why it's "feminism" not "equalism".
- Reading material was shocking.
- Loved the creative outlook of AOI.

SESSION 10: Interpersonal Communication

The session was conducted by YC Priyansh and he started off the session with two fun activities:

1. **Dancing Line:** All participants were asked to stand in a line, facing the front. The last person in line was shown some dance moves which would be then passed on to the front of the line by each person imitating the dance moves for the person in front of them. The progression of the dance moves was hilariously different with each person and the dance move that was conveyed to the first person in line differed greatly from the original one.



2. **Chinese Whispers with a Twist:** A semi-circle was formed, and two different messages were passed from the two ends towards the person in the centre. One of the messages was, “Abortion is safe and legal” while the other one was, “Ms. Jean went to the market when it was slightly raining, she bought 2.5 kg chicken, 1.7 kg apple, 3.2 kg apple, 4.3 kg grapefruit and two bundles of long bean.” Once the message reached the person in the centre, they were able to recite the shorter message perfectly as it is, while the longer message had changed drastically, and they were having some trouble remembering the message.



Priyansh questioned the participants about the conclusion reached in both the exercises and they answered that the **message was eventually distorted with the passage of communication**. He explained that this happened **due to passage of incomplete information and the inclusion of personal opinions and views**.

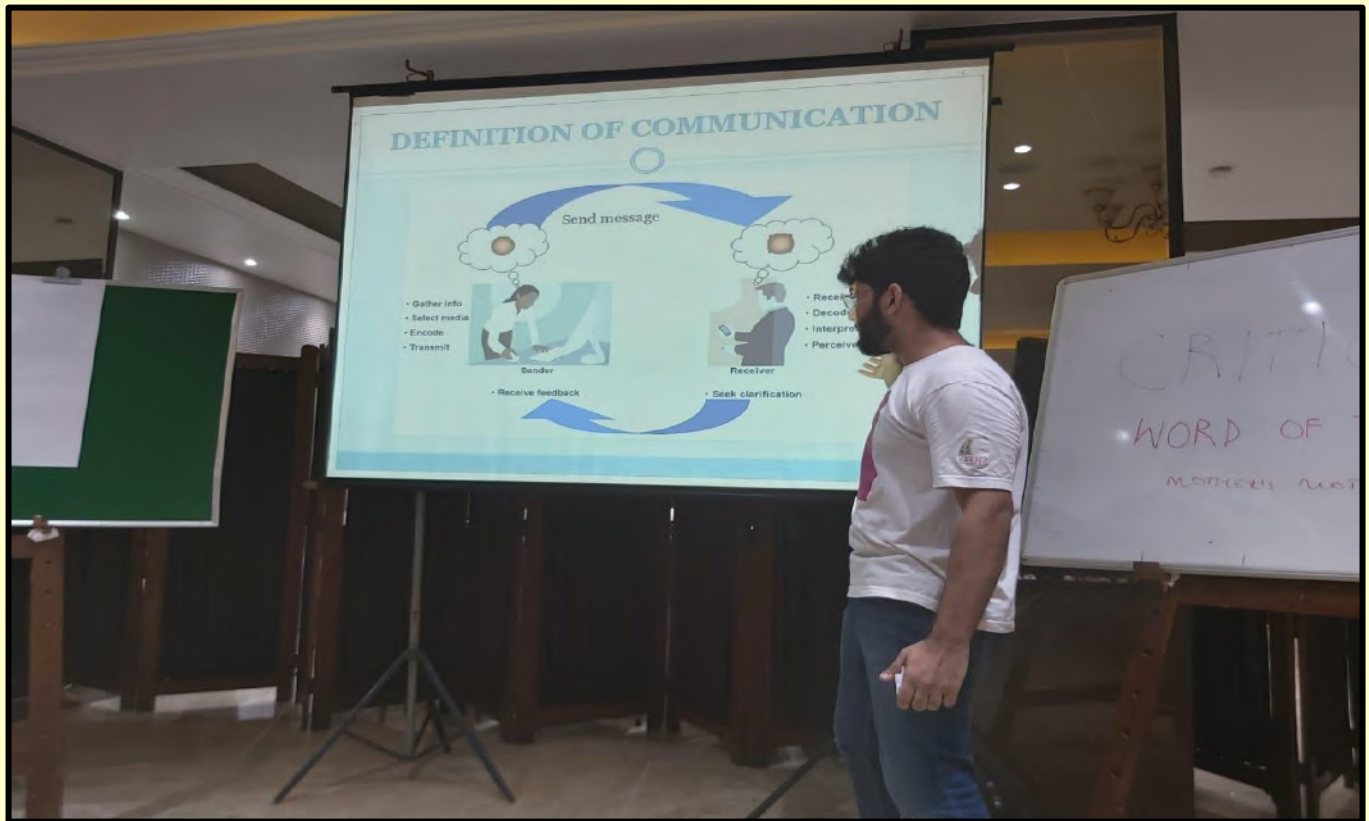
He asked the participants to list their sources of info: friends, books, social media, tv, newspaper; kind of info: political info, news, gossip, memes and asked about what features made the news they read impressionable? : relatable topics, repeated flashing of information, scandalous nature of news.

With the help of this, he spoke about how communication is the most important tool of social interaction.

Communication loop: sender ---> message ---> receiver

He explained various types of communication such as direct communication which involves a *direct* contact between the sender and receiver. Indirect communication involves transmission of a message via some kind of medium.

He briefed us on how in verbal communication one must remember the acronym **KISS** aka **Keep It Short and Simple**, so that information isn't lost in the whirlwind of the audience's short attention span and any other disturbances. Verbal communication includes Oral Communication and Written Communication.



Non-Verbal Communication constitutes mainly of the *body language of the speaker*, entailing sending or receiving wordless messages through gestures, posture, tone of voice and facial expressions. It is an important aspect of communication since it is of vital importance that the audience be comfortable with the speaker to be able to absorb the information that is being relayed to them.

SESSION 11: Internet Politics

YC Simran kicked off the session with an activity involving 9 people holding placards.

Initially 7 people holding the placards designated as sender—device—messenger. After one round of sending the message without any obstacles, she pulled in the remaining two mystery placards namely “*the government*” and “*the police*” reading the personal message that had been sent across the communication loop. The third round involved sending an encrypted message in binary which even with interference couldn't be read by neither the government nor the police.



Based on this activity, she explained how practically anyone could read your personal messages if they had the right tools, especially in countries where abortions are criminalized. Therefore, we must be careful about how we're relaying information without compromising the party on the other end.

She introduced the participants to concepts like the digital shadow/trace, which basically means that anything you do on the internet, even after you erase it, it always leaves a trace. To cope with such issues, she gave a few solutions such as the [use of VPN](#), [turning off phone locations](#), [disabling numerous settings that could easily divulge your personal information to companies](#).



She gave the Cambridge Analytica/Facebook example, where personal info sold by Facebook to this company was used to sway people's votes during the Clinton v/s Trump elections in the USA.

Based on this example, she spoke about *Online Gender Politics* which includes harassment of women online, trolling, “revenge porn”/leaks, doxing/extortion, monitoring/tracking. She spoke about how we must all work towards making the internet a safe space for women, a feminist internet at that, since in the modern world internet is a big part of our lives and we must feel comfortable using it. Showing solidarity, reporting platforms/persons to the social media website or the cyber police, taking a

legal stand when required are few of the short-term solutions she mentioned, but the real game changer, a long-term solution would be changing the society's mentality.

SESSION 12: Internet Campaigns

The session started with YC Meera posing a question to the participants: Why is social media so impactful?

- *relatable, addictive, audiovisual therefore helps with better understanding, repeated flashing.*

Although, this has its share of positive and negative results, the negative results tend to outweigh the



positive impact. For example, repeated flashing/posts/jokes about rape have normalized the concept, made us almost immune to it, such that we tend to brush it off or ignore it altogether.

Ignorance is not always bliss because it tends to cultivate a far more distasteful rape culture, which stems from social stigma. *Social stigma stints individuals from assessing their values which become stronger with every generation they are passed on to.*

Example: virginity- honor of a woman lies in her vagina- this concept alone gives birth to heinous acts such as honor killings, domestic abuse, child marriage, etc.

Therefore, it's important to dissect these issues and bring them out in the open.

This is where YC Meera brought in *Online Campaigns*. She talked about why these are important to *build the feeling of solidarity amongst people, to normalize the conversation around specific topics, but mostly important in changing the power dynamic on the internet where the oppressors are finally called out.*

Reason why online campaigns always receive backlash is because the oppressors are on the brink of losing their power due to the shift in power dynamics. She stressed that Online Campaigns are one of the few ways in which we can openly challenge authority with a lot of support.

She also talked about how it isn't easy dealing with the backlash one receives and one cannot always ignore negative comments, therefore one must learn some *important tricks to tread the grounds* such as never fighting back the way your opponent is, turning tables- questioning their beliefs and making them give a justification for it, always finding a middle ground such that it's a discussion not an argument and always making reasonable negotiations.

She ended the session by talking about how these campaigns and ideas are unfortunately limited to urban areas. A different kind of approach must be used when one is working in rural areas because the stakes are always higher due to the fact that most of these areas are regressive and repressive, therefore the solutions one comes up for women there must be limited to avoiding trouble/abuse.

SESSION 13: Being a 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 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.

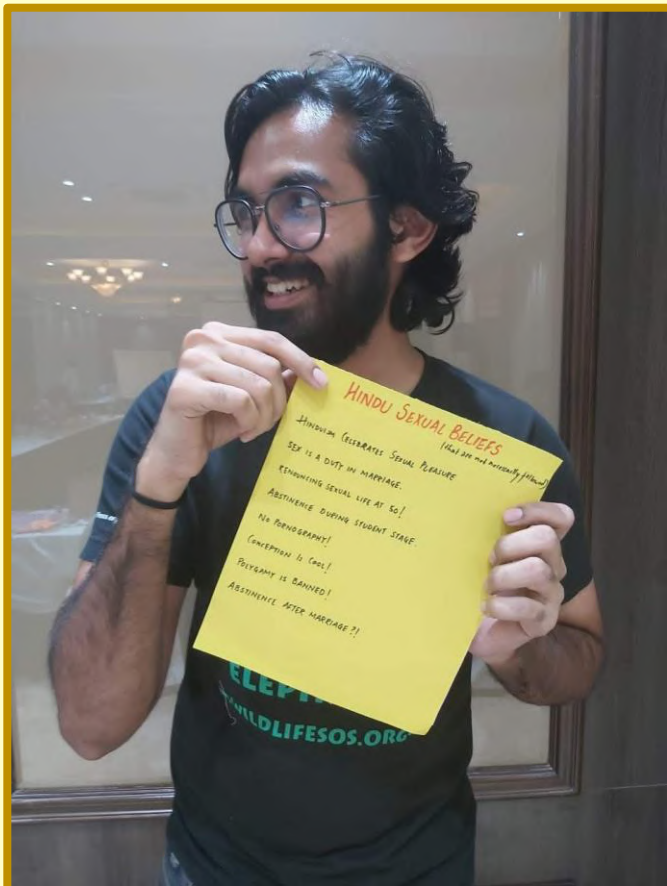
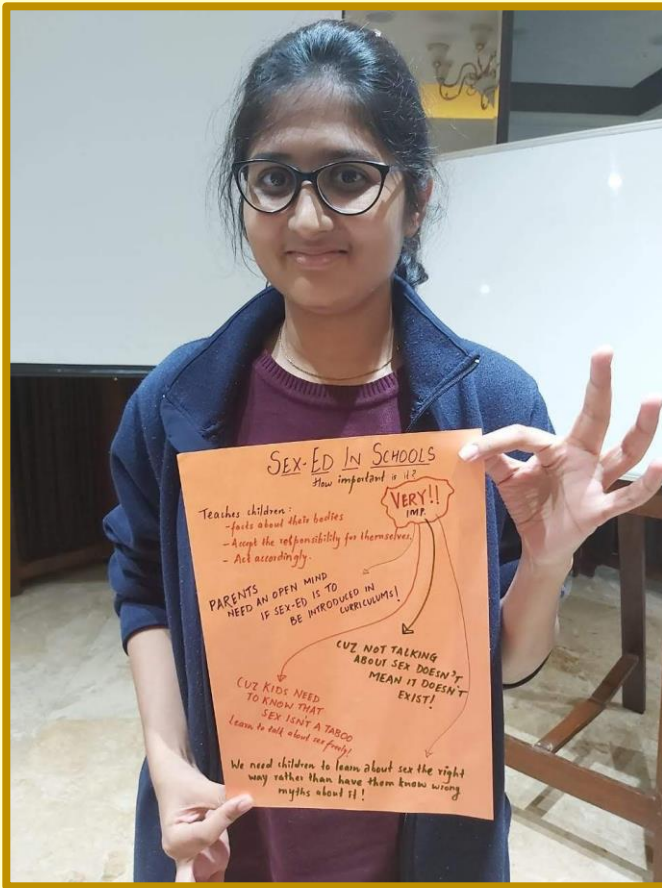
She further talked about how there are several types of influential change agents, such as politicians, religious leaders, government officials. But for a successful change, only three factors are important – *Policy, Programmes, People.*

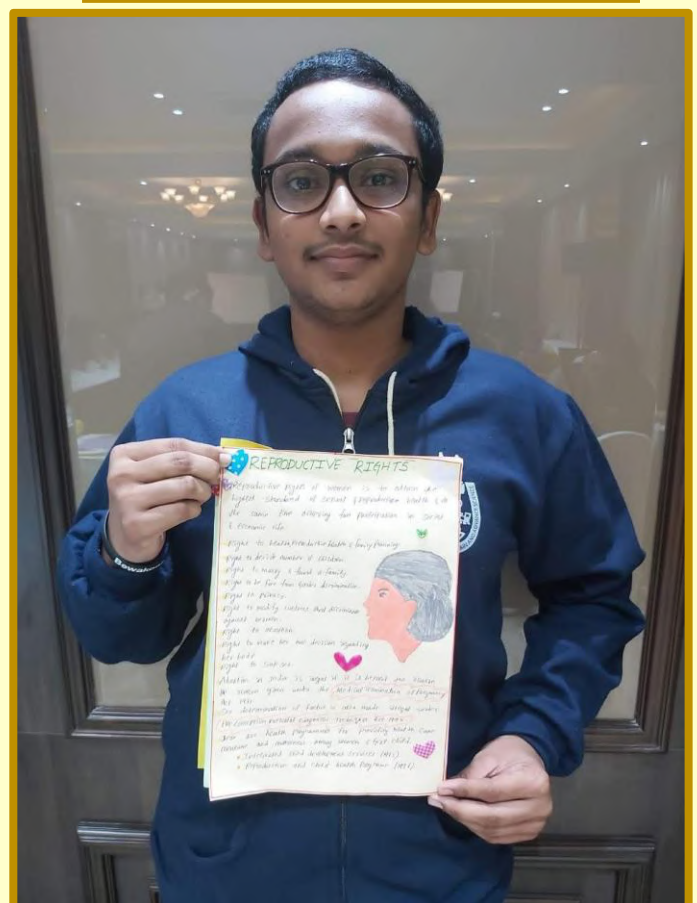
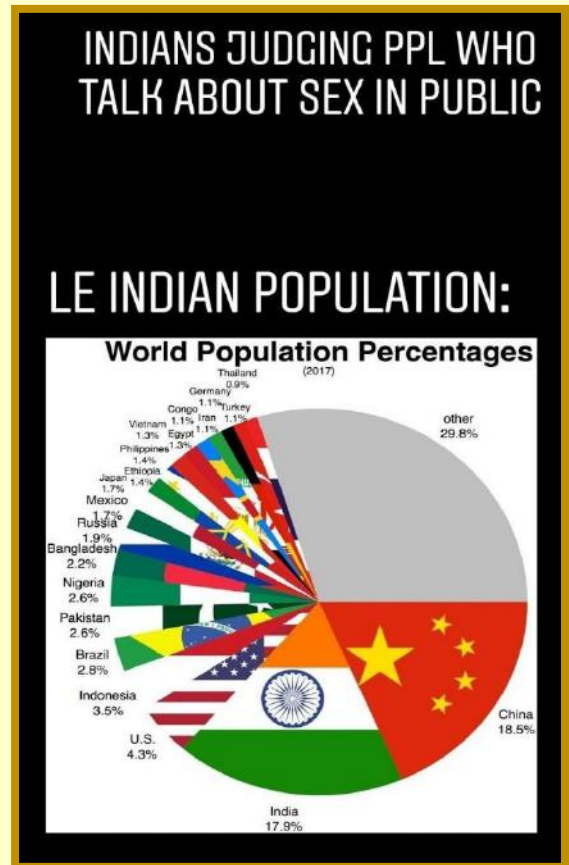
Strategies are used to convey information in a manner that appeals to the masses and makes an impression on them. **Subversion is a major strategy used by activists to re-establish certain thoughts.** It is a way of using older media that propagated sexist, misogynistic ideas and turning them around 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.

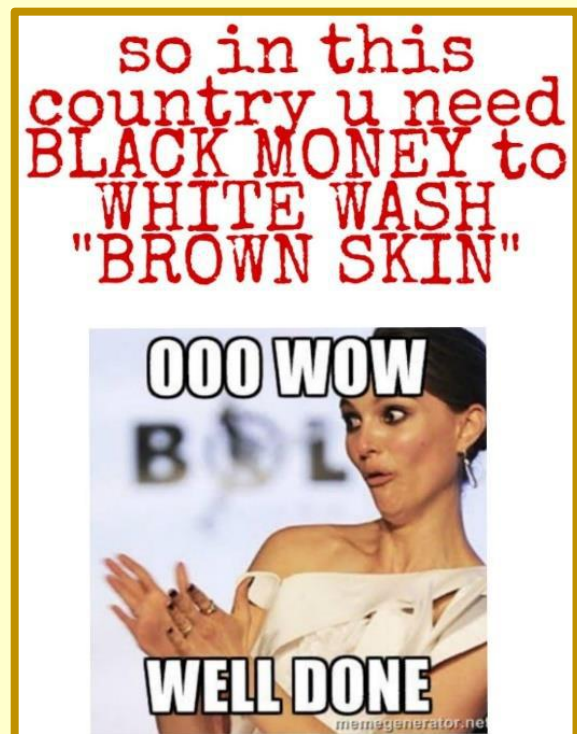
SESSION 14: Content Creation

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 amazing, humorous, creative and original material.









VALEDICTION:

All the participants, upon completion of the workshop were given certificates of completion and ASAP pen drives containing all the material of the workshop.





Annexure 1:

LIST OF PARTICIPANTS:

Sr. No.	Name of Participant
1	Ghouri Ankan Mahadeb
2	Chavan Swarangee Surendra
3	Mehal Nirmal Punjabi
4	Riddhi Omnarayan Singh
5	Hunar Goel
6	Gawand Riya Harshal
7	Charlotte Maria Ferrao
8	Shingatgeri Nidhi Anand
9	Mardam Bhaskar Lakshman
10	Arya Mahesh Narkhede
11	Arya Prabhakar Mahashabde
12	Shivangi Raina
13	Pradhan Nikita Rajeev
14	Anjushree
15	Suresh Uikey
16	Vrushali Brahmanekar
17	Mrunal Chaudhari
18	Anupama Pranab Bhattacharya
19	Ayesha Afsheen Abdul Shakeel
20	D'Souza Annalise Zinnia
21	Bacche Pratiksha Kaluram
22	Pallavi Upadhyay
23	Pal Rahul Keshavprasad
24	Bharat Gopal

Annexure 2:

Agenda

Day One – Thursday 10th OCT, 2019

Timings	Session	Learning objectives	Methodology
9-9.30 am		Welcome, introductions, expectations	
9:30-11:00am	<u>Session 1:</u> Understanding Gender and Patriarchy and its linkages with safe abortion issues	Objective: At the end of this session the participants should be able to: <ul style="list-style-type: none">• Understand the difference between sex and gender, the social construct of gender and the role of patriarchy in perpetuating the gender inequalities.• Understand the cascade effects this has on the differential control over resources and decision-making powers especially with reference to healthcare systems	Manisha Gupte
11-11:30 am		Tea break	
11.30-12.00		Gender and sexism in mass media + FB/ social media	YC Meera
12.00-1.00 pm	<u>Session 2:</u> <u>Human rights, sexual and reproductive rights.</u>	Objective: At the end of this session the participants should be able to: <ul style="list-style-type: none">• Know the definition of sexual and reproductive rights and the linkages with other rights in upholding them.• Understand the significance of the paradigm shift at the ICPD, from demographic goals to individual reproductive rights.• Obtain clarity on the rights-based perspective towards safe abortion.	Manisha Gupte
1-2 pm	<u>Lunch</u>		

2-3.30 pm	<u>Session 2:</u> <u>Values Clarification</u> <u>and Case Studies</u>	Objective: At the end of this session the participants should be able to: <ul style="list-style-type: none"> • Appreciate the impact social ‘values can have on individual rights • Understand the nuances of policy interpretations being enabling or disabling • Counter statements made by anti-choice groups 	Suchitra Dalvie Manisha Gupte
3.30-4.00 pm		Tea break	
4.00-4.30 pm		Power walk and intersectionalities	YC Akshata
4:30-6:00 pm	Film screening	(For discussion on day 2)	

Day Two – Friday 11th OCT, 2019

9:00 – 9:30	Recap and review		
9:30 a.m. -11.00 am	<u>Session 4:</u> Contraception and Abortion from the gender and rights perspective	Objective: At the end of this session the participants should be able to: <ul style="list-style-type: none"> • Understand how gender and patriarchy impact contraception and safe abortion access • Recognize the critical importance of abortion access for autonomy and agency • Clarify myths and misconceptions around these issues • Explain safe abortion techniques and related concerns in simple language to a layperson 	Suchitra Dalvie Participatory session
11.00-11.15am	Tea Break		
11.15 am -1.00 pm	<u>Session 5 Ethics</u> in Medicine	Objective: At the end of this session the participants should understand <ul style="list-style-type: none"> • the role of ethics in medicine • patriarchy in healthcare systems (and its impact on abortion) 	Dr Amar Jesani
1.00 pm -2 pm	Lunch		

2-3.30 pm	<u>Session 7:</u> Abortion laws and policies	<p>Objective: At the end of this session the participants should be able to:</p> <ul style="list-style-type: none"> • Understand the implications of the law and its impact on services • Understand the barriers created by laws and practices to safe abortion services • Discuss positive amendments to country laws which would facilitate access. • PCPNDT, MTP, relevance, amendments 	Suchitra Dalvie YC Aardra
3.30-4.15 pm	<u>Session 8</u>	<p>Objective: At the end of this session the participants should be able to:</p> <ul style="list-style-type: none"> • Understand how Organizations like ‘Agents of Ishq’ with their online presence, spread awareness. • Get the idea of how an online campaign works. • Know more about the work done by Agents of Ishq. 	Debasmita Das
4:15 pm – 4:45 pm	Tea Break		
4:45 pm -5.15 pm	<u>Session 9:</u>	Group work and literature review-- Critique of articles and publications.	Suchitra Dalvie
5.15 pm		End of Day	

Day Three – Saturday 12th OCT, 2019

9:00 – 9:30	Recap and clarifications		
9.30-10:15 am	<u>Session 10:</u> Interpersonal communication	<p>Objective: At the end of this session the participants should be able to:</p> <ul style="list-style-type: none"> • Understand the communication loop and the importance of message and medium • Using social media for advocacy 	YC Priyansh

10.15-11.00	<u>Session 11</u> <u>Internet Politics</u>	Objective: At the end of this session participants should understand: <ul style="list-style-type: none"> Politics of the internet Identify and analyze good campaigns	YC Simran
11.00-11.30 am		Tea break	
11.30-12.15	<u>Session 12</u> <u>Online spaces & its conflict</u>	Objective: At the end of the session participants understand How do online campaigns sculpt a revolution. Online backlash, its reasons and how to handle it.	YC Meera
12.15-1pm	<u>Session 13</u> What does it mean to be prochoice?	Objective: At the end of this session the participants should be able to understand how to <ul style="list-style-type: none"> Advocate for safe abortion as a choice and a right for women (with sex selection as an issue) Communicate clear messages about pro- choice issues via social media and other channels Being a change agent. Role of Subversion	Suchitra Dalvie
1.00 pm -1.45	Lunch break		
1.45-3.00pm	<u>Session 15</u>	Creating content and sharing	
3.00 – 3.30pm		Tea break	
3.30-4.30 pm		Valedictory and closing	Suchitra Dalvie