



# Youth Advocacy Institute (YAI) 2022 Report

27 - 28 AUGUST 2022  
KUALA LUMPUR, MALAYSIA

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## EXECUTIVE SUMMARY

The Youth Advocate Initiative (YAI) Workshop that was held from 27th to 28th August, 2022 in Kuala Lumpur, Malaysia is a two-day workshop to identify, train, and support youth advocates in sexual and reproductive health and rights (SRHR) activism in the country. It is also part of a regional initiative to build a youth network to promote safe abortion advocacy work in the Asian region. This workshop is coordinated by the Reproductive Rights Advocacy Alliance Malaysia (RRAAM) and sponsored by the Asia Safe Abortion Partnership (ASAP).

The workshop is divided to two days. On Day 1, the participants engaged in unpacking systems of power, learning about influences in SRHR dynamics and advocacy and participatory activities to explore their understanding of human rights, abortion and other topics related to SRHR. During Day 2, the participant delved deeper into the 'technical' side of SRHR, learning about anatomies of the reproductive systems, laws surrounding abortion and discussions on crime and punishment. Finally, the workshop closes with the group discussing ways to move forward and the certificate giving ceremony.

## 1. GOAL OF THE WORKSHOP

The Asia Safe Abortion Partnership (ASAP) and the Reproductive Rights Advocacy Alliance Malaysia (RRAAM) organised the Youth Advocacy Initiative (YAI) in SRHR Workshop that aims to equip youth leaders and advocates of feminist ideals, gender equality, and SRHR with the know-how on issues such as comprehensive sexuality education (CSE), teenage pregnancies, contraceptive care, safe abortion, baby dumping, and related issues. It aspires to support youth advocates to make an impact in the community by championing for the SRHR cause in Malaysia.

## 2. METHODOLOGY

### 2.1 Target population

A total of 26 young advocates between ages 18 and 35 years old were recruited through contacts with non-governmental organisations involved in women's rights and health, and online through social media. They are involved the following field of work or industries:

- Medical, law and psychology students and graduates;
- Social activists;
- Content creators of SRH and women's rights;
- Social workers from women's rights NGOs; and
- Youth volunteers from SRH NGO.

## 2.2 Facilitators

- Dr Suchitra Dalvie - ASAP
- Ms Nandini Mazumder - ASAP
- Dr Subatra Jayaraj - RRAAM
- Ms Nuraini Rudi - RRAAM
- Ms Shoba Aiyar - RRAAM
- Ms Jayamalar Samuel - WCC Penang, UNFPA

## 2.3 Workshop Structure

The workshop is has 10 sessions divided over a span of two days.  
Please see Appendix for the Programme Agenda.

## 3. WORKSHOP FINDINGS

This sub-section elaborates the workshop findings by day.

### DAY 1

On Day 1, the youth participants learn about how patriarchy shapes societal perceptions. Next, they were guided to examine sexism in the context of mass media. Then the group brainstorms together to define and explore the domains under sexual and reproductive health and rights (SRHR). After lunch, the participants engaged in a values clarification exercise before doing the final activity, which is a power walk to examine how various dynamic and hierarchies in society interact with SRHR. Finally, a film screening of *Dirty Dancing* (1987) closes Day 1 of the workshop.

### Opening and Welcoming Remarks by Dr Suba, President of RRAAM

Dr Suba welcomed the trainers and participants to the workshop. She also shared with the young participants about the history of RRAAM and ASAP. Next, she elaborated that this is the third YAI workshop that is held in Malaysia.

She hoped that the youth advocates would find the workshop beneficial and actively advocate for sexual and reproductive health and rights (SRHR), especially in the context of safe abortion in their respective fields. She encouraged the young participants to use the knowledge and skills learned from this workshop to stand up on SRHR issues when the subject arises especially in the media by writing commentaries, as well as conduct activities or campaigns to promote SRHR and safe abortion.

## Understanding Gender and the Patriarchy

In this session, the youth participants are exposed to the social construct of gender and sex differences between male and female in terms of biological structure. The session aimed to unpack the things we have learned and understood as “normal” before entering the workshop. The participants are guided to explore and challenge their perceptions on what constitutes as “normal” as well as the power structures that surrounds us as a society.

### Defining Power

Dr Suchitra begins by asking the participants ‘*What is power?*’ The participants describes it as control, domination, the ability to influence, wealth, social status and ownership of production. The facilitator further explains the concepts they share shows clearly that our society perceives power as as having ‘power over’ rather than having ‘power with’; a more horizontal structure of power that is newly articulated.

Together with the participants, Dr Suchitra also explores power structures that are visible and invisible in our daily lives. She highlights that visible ones like parents, teachers and bosses are clear and obvious. However, as a participant previously points out, gender is also a key power structure that affects all our lives in invisible ways, which makes it more dangerous, as it's not as easily identifiable.

### Defining Gender

When Dr Suchitra asked ‘*What do you mean by ‘gender?’*’, These were the responses given by the participants:

- How we choose to present ourselves
- How we express ourselves, not as defined by others, but only by us
- Societal expectations

After being prompted by Dr Suchitra, the participants explained that the societal expectations we face may come culture and how we express ourselves as masculine or feminine. When prompted again about what is the basis of what is feminine and masculine, Facilitator asks, a participant responded with the genitals and how people perceive that the genitals of an individual determines the gender.

Dr Suchitra finally clarifies the understanding of gender as **expectations of society based on the sex of your body**. Ideally, gender is about about how we express ourselves. However, that does not happen as since childhood, we are nurtured into masculine and feminine based on what our body is like. Since we do not have control over our bodies when we are born, gender and thus the expectations attached to it, are decided for us for the rest of our lives.

### Exploring Gender and the Patriarchy

After defining power and gender, the session explores gender and the role of the patriarchy through several thought experiments around a situation where a pair of twins are born into the world. This section records the participants responses and Dr Suchitra’s input.

*'You have a best friend, who is married and is about to have a baby. You get a call at work learning that she's delivered the baby so you hurry to visit her and you learnt that she's given birth to twins. [How] Will you be able to identify which one is the boy and which one is the girl?'*

- Colour of the hospital band, typically blue for boys and a pink for girls
- Their genitals
- Asking the nurses or parents

*'The same best friend is celebrating her children's first birthday with a birthday party. What presents would you give?'*

- Avoid pink or blue coloured items and instead gifts that are more relevant to their interest.
- Dr Suchitra says that since the child is young it's difficult to gauge their interests. Especially if you're only meeting for the first time.
- Books, building blocks, plasticine/modelling clay.
- Dr Suchitra noted that these are gender neutral answers.

*'If you go to a shop and you ask the shopkeeper you're looking for a gift for a 1 year old, what is the first they usually ask you?'*

- *'Is this a boy or a girl?'*
- If its a boy the suggestions will be toy cars, dinosaurs and robots.
- For girls, it's often cooking sets and Barbie dolls.
- Dr Suchitra explains the generalisation is absurd, but it is something that has become so normalised .

*'You buy a football for the boy and you buy a doll or for the girl, both aged 3 years old. At that age, could you make out which one is the boy and which one is the girl?'*

- A participant says 'yes' and when asked how, they said through their clothing.
- Dr Suchitra points out that the children did not dress themselves, rather it is chosen by their parents.

*'The children are five years old. A ball for the boy and a doll for the girl. So now we'll see what happens as a result of these presents. What will happen to the boy with the football? And the girl with the doll'*

### Football

- Play with the ball outside of the home
- This grants the boy space and independence to go outside of the house.
- He will also interact with people outside of his family, like friends and park-goers more.
- The boy gets familiar with his neighbourhood and gets braver to navigate the world

## Doll

- Play with the doll inside the house, often at the kitchen and near her mother.
- She will probably play alone and play games like house, tea parties or pretend parenting.
- Since it's all domestic games, the girl does not have to leave home to play with her gift.
- So the girl is becomes conditioned from an early age into the domestic role.

*'The girl is now bored of her doll and would like to play outside with the ball. What would the dialogue in the house be if she decides to take the ball, wear shorts and go out?'*

- 'Where are you going young lady?!'
- 'Why are you wearing those shorts?'
- 'Your skin will get dark!'
- Dr Suchitra adds that the concern about being dark is often tied to her being unattractive to her potential husband.
- 'You'll get hurt outside'
- 'She's only six years old and so brave to play with the boys. What will happen next or when she is older?'

*'The boy would now want to play with the Barbie doll. What would the dialogue in the house be like now?'*

- 'Act like a boy' or 'You're gay'.
- 'It's too feminine' and the neighbours might ask questions

Dr Suchitra points out that when the girl is being masculine, the worries are for other people like her family or future husband but if a boy is feminine, the concerns become much more personal to him. For young children, these conditioning creates a cage for children of both genders as they are too young to understand why they are placed with these expectations.

A participant added on that boys are often excused as 'boys will be boys' and they are often excused by parents when they are being mischevious or rough. The facilitator explains that boys are allowed to get away with plenty of things because they are expected to be the man that fights and defend families or countries. When this lenience is given to boys? A participant replies that they might grow up to be perpetrator especially towards girls who are raised to never speak up or protest the men in their lives. These small actions taken by us onto these children could drastically change the way they live their lives and the opportunities available to them.

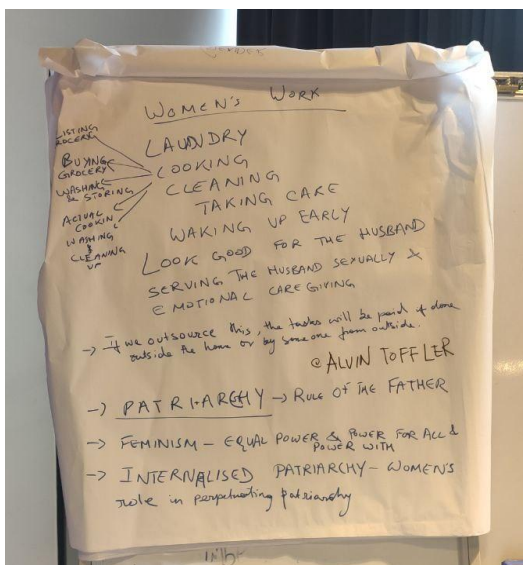
These actions and objects represent a larger picture of social conditioning resulting from the gender of the child. Dr Suchitra points out that she enjoys the gender neutral answer initially given by the participants, however most people do not think that way. The consequences of these actions (giving gendered gifts to children) people take will not be done onto them, but onto the children.

## Unpacking Patriarchy

Dr Suchitra explains that feminist movements may pushed women to take part in domains outside the home but women are still expected to perform the domestic labours. This double responsibility, which does not extend to the men, still puts women into a power imbalance against men. This 'power over' is often invisible but it affects us all.

There are men who play the domestic partner role, but rarely is such a decision celebrated and respected, especially by other men. A participant points out when a gender role reversal like such happens, men are often praised. This phenomenon is described as the **glass elevator** and the group discusses about that and the more well known phenomenon, the glass ceiling.

The **glass ceiling** is defined as an invisible barrier that is often seen in the corporate sector when women could not rise at the same levels as their male counterparts. The reason as such is because a woman's domestic roles at home pulls them away from work, therefore hindering them to progress within their own career because of the dual responsibilities and the expectation to sacrifice their day job in order to fulfill those duties.



The domestic work that women are expected to perform at home, on top of their career, is also unpaid. Dr Suchitra asks what are some work that women are expected to do.

When asked if anyone **would do these work for free if it was outsourced**, the group unanimously said no. These types of jobs are also typically done by women, and often from a lower class. The same tasks women do at home are well compensated financially when done by men outside the home often because the assumption that men have more 'technical skill' than women. This assumption, where unpaid labour or women's work are seen as unskilled, devalues domestic labour and therefore women. Hence, it is very clear that gender plays a role in determining the power one might have.

## Patriarchy

The group then explores the historical perspectives of the patriarchy. Dr Suchitra presents the evolution of society as a way power shifts to benefit men.

- The existence of private property and inheritance emerges from the development of an agricultural society.
- During the industrial age, men are labour outside the home for money that could be exchanged for commodities
- Women tended to domestic tasks at home to support the men's ability to work and find income for the family.
- Since the labour of women is confined to the home and unwaged, it slowly becomes devalued and invisible.



- The facilitator explains when looking at this system, it is not about the differentiation in the tasks performed by either genders that matters. It is the value and thus the power given to men, hence he receives more opportunities and priority in general society.
- This imbalance in valuation and power is a form of discrimination which exists in a specific system we know as **the patriarchy**.
- Under the patriarchy, women are expected to perform these domestic duties but also importantly, only have sex with her husband with the expectation to produce children only from her husband.

Dr Suchitra explains the goal of feminism and the women's movement is not to replace the patriarchy with a matriarchy. The goal is to establish that no gender should have power or value over the others as we are all equal.

A participant asks why do some women insist in practicing the ways of the patriarchy? Dr Suchitra explains that women could also internalise the patriarchy and impart these forms of discrimination onto other women as well, especially if those behaviours are rewarded, granting her more power over other women.

### The Impacts of the Patriarchy

The session also explores the impacts of patriarchy and what are the impacts it has onto, both men and women, who do not adhere to it.

Dr Suchitra asks how do we define a virgin. Participants answered by saying that a virgin has a hymen which is unbroken. As a doctor, she clarifies that everyone has an opening in their hymen, hence this framing for virginity around a hymen is considered a myth crafted by the patriarchy. The facilitator also points out that virgin is gender neutral, but definition and associations to it rarely ties back to boys or men. It is clear that the attachment of the label so heavily to women is one way the patriarchy has control over female sexuality.

A participant shares a custom in Syria where husbands might have to hit their wives, even if they do not want to and it hurts them to do so, because their brother or brother-in-law is hitting their wives as a lesson. From that example, it's clear that men are also punished or forced to things they disagree with or not enjoy because it is the rule of the patriarchy. So it is clear that even though power shifts in favour of men, they could still be hurt or harmed if they do not adhere to **cisheteronormativity**. Since gay or trans men do not truly adhere to cisheteronormative standards, they likely have less power than their cishetero counterparts.

Men gain a lot of power and privilege from the patriarchy, which leads to a sense of **entitlement**. This feeling that society, from the large to the small, owes men who are empowered by the patriarchy is what leads to violence and discrimination, not only to women but also other genders and sexualities (i.e gay men or lesbian women). Entitled men who feel that they have power to punish people for disobeying the rules of patriarchy, often resort to violence when they see a woman having sex before of marriage.

### Violence Under the Patriarchy

The session finally explores the kinds of violence women may face when they have sex before marriage, thus breaking the rules of the patriarchy and 'dishonouring' herself, her future husband and her family.

#### *'Honour' Killings*

Women get murdered when they have sex before marriage for as a way to retain the 'honour' that is lost during the 'illegitimate' sexual act. Dr Suchitra points out the politics of language by using the word honour to minimise the murder that is done onto a woman.

#### *Rape*

There are noted cases of women being raped by a family member when she has sex before marriage as a way to 'keep the honour' back in the family. Lesbian women may also face this as a form of conversion therapy, as they are considered to be breaking cisheteronormativity.

Sometimes, rape-as-punishment is also referred to as 'forced sex', which again minimises the act of violence on the women

#### *Female Genital Mutilation (FGM)*

This method is done preemptively onto girls to prevent or minimise sexual pleasure in hopes that women might not seek sex outside of marriage and procreation.

The rules surrounding what a woman should do with her sexuality, from before marriage to after, is so rigid with no room for freedom for individual choice. Marriage becomes the axis of a woman's sexuality, whereby she is only meant to have sex after marriage, to one man and for the purposes of reproduction.

### **Sexism and Mass Media**

This session by Ms Nandini on sexism and mass media explores how sexism exists in mass media and how they influence society, and how it is also a mirror of our society. She quoted examples like films, ads, non-fiction print and facilitated a discussion with the participants.

### Gender Stereotype and Gender Roles

Stereotype is defined as a value system and what we think of others based on a facet (whether it's gender, race or other forms) of their life. They are not the same as 'roles' since that is closer to what we are expected to do, although it is often used interchangeably because as we place people into boxes (stereotyping), we assign roles to them as well.

Stereotypes exist to maintain the status quo. As we engage or perpetuate in stereotyping, we should think of the consequences of upholding the status quo (like the patriarchy). Depictions of stereotypes exist all around us, and is not limited to mass media. However, this session highlights media, like entertainment and pop culture, because it continues to reinforce and reflect stereotypes and thus, uphold the status quo that devalues women.

The facilitator asks 'What are some of the common stereotypes you've come across in your life?' These are some of the participants' responses

- Girls are raised to be married off
- Homosexuality causes HIV or STDs or engage in unsafe sex.

Ms Nandini addresses these suggestions by pointing out how the internalisation of the first stereotype among refugee girls (as a participant explains her experience) leads to what we see as child marriage as a solution parents and girls during times of conflict. For the second stereotype, the facilitator points out when the WHO had to retract a statement about monkeypox transmission as it stigmatises LGBT+ people and perpetuates the very same harmful stereotype about gay men.

The facilitator asks 'Do you know of any good stereotypes?' This was a participant's response:

- Women are often defined as kind and patient, which are good qualities, but the squeezing them into a narrow stereotype enforces specific roles expected of them.
- Ms Nandini adds on the extension of this 'good' stereotype can also hurt women as women can get ostracised when they fail these roles, due to illness, for example.
- The facilitator concludes that there is no 'good stereotypes'. Good traits should not be expected from specific people, as that stereotyping enforces roles and expectations that hurts them.
- Ms Nandini then presents the slide with examples of common stereotypes for men and women, and these examples reduce people into specific ideals and expectations that are often untrue or harmful. Hence it's important to remember that **all stereotypes devalue people**.



#### Mass Media

Ms Nandini shows this comic where a man rejoices about women in the workforce but still assigns her to tasks that is stereotypically meant for women. Behind the man in the comic, there is a calendar with a pinup model, showing that women outside of the house is acceptable but only when they are placed in specific roles defined by stereotypes. Mass media refers to **various mediums and technologies used to take information and communicate with the masses**. While the examples presented may seem modern, mass media is not new, as other ancient texts are considered media as they provide and disseminate information

She also informs that the widespread usage of smartphones now means that humanity is consuming more knowledge than ever before. This widespread exposure means that the mass

media becomes a powerful weapon for many structures, further supported by the words of Noam Chomsky; *"He who controls the media controls the minds of the public,"*

She also explains that the kinds of media like advertisements, movies, books and videos we typically see rarely push narratives against the status quo (like abortion and body autonomy). Certain narratives like woman's sexuality or LGBT media are considered obscene and often censored. Hence, it is vital to engage with mass media with a critical eye and constantly question what narratives it is pushing and who is behind such content.

Ms Nandini explains that when we start consuming content and mass media, it begins to shape us and our society. Media also represents our society and value systems, so there is a two-way street between the masses and the media.

For example, patriarchy is a societal system that manifests in media, and the media will then perpetuate this power structure and amplify this system's values and beliefs. **Media can even influence society in domains other than values and beliefs, such as domestic behaviour, physical appearance, occupation and even personality.**



#### Examples Of Sexism And Gender Stereotypes In Mass Media

The facilitator then shows several examples of media forms, tropes and depictions that has reinforced sexism onto the public like:

*"The Manic Pixie Dream Girl exists solely in the fevered imaginations of sensitive writer-directors to teach broodingly soulful young men to embrace life and its infinite mysteries and adventures." - Nathan Rabin*

- **Movies** and tropes like the 'manic pixie dream girl' in Hollywood's or Bollywood's multiple tropes to show a 'good' and 'bad' woman reinforces a specific and narrow view of women.

- **Advertisements** uses the objectification of women to sell products. Some adverts uses the expectations of gender to frame a narrative on how their products can serve consumers.



- Ms Nandini also compares these two ads to show how the backlash onto the ad on the right is driven by people seeing that as obscene, even though it is simply a body part that is sometimes used to describe female sexuality compared to the one on the left.



Libresse pulls vulva flowers campaign for pads after conservative group cries 'dishonor'



Feminine hygiene brand Libresse has retracted its advertisements that featured illustrations of flowers inspired by vulvas after a small group of conservatives described it as a 'dishonor to women.'

The facilitator then presents the group with two ads

#### Video 1: Wild Stone Talc Ad

An ad for a talcum powder that's made for men because most talcum powders smells 'feminine' thus wearing them might make a men more like a woman. The tagline is 'If you smell like woman, you be a woman'.

Thoughts from the participants:

- There is no need to make a mockery of women to sell an ad.
- Degrading the 'feminine' behaviour of men is also hurtful and stifling for men.
- Creation of 'male' cosmetics solely to distinguish it from 'feminine' product, when everything, from the function to form, is virtually similar.
- Changing the angle to appeal to men is a marketing move to improve sales.

#### Video 2: 18 Again Ad

An ad for a vaginal firming gel that features a woman dancing with her husband around the joint family's home. Throughout the ad she repeats that 'she feels like a virgin', and its only at the end of the video the product is made clear.

Thoughts from the participants:

- The expeceptions to have sex with with and stay that same throughout the marriage, even as the woman age.
- The tightness of the vagina is glorified and how that tightness is not indicative of 'good' sex.
- The medical field also practising the husband stich after childbirth prioritises the husband's pleasure over and is one of the ways the medical field is sexist.
- The ad is ageist too as old woman are seen as undesireable.

Dr Suchita adds that the ad is set in a joint family house. Since she is **fulfilling the role of a good and dutiful wife**, therefore the entire family is **allowed to celebrate her sexuality**. She also adds that vaginal tightening creams do not work, however there is a large market and industry for these kinds of services. This field is sometimes called '**cosmetic gynaecology**'.

The emergence of such a field and products like 18 again reflects the expectation that **women are responsible for providing pleasurable sex** but rarely is this responsiblity expected from men or husbands. These procedures are often marketed for older, married women, but Dr Suba shared her experience where the youngest person who had come to ask for a vaginal tightening was unmarried and 18 years old, which shows to how insidious and huge this pressure is upon women existing in society.

Ms Nandini adds that the myth of the vagina getting loose after sex or childbirth implies that women who have had sex before marriage or gave birth are less desireable. Despite mythbusting efforts from other young people and doctors, this perception is so prevalent that young girls in India purchase blood pills in order to prove to their husbands that they are a virgin on their wedding night.



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### Non-Fiction Print in Media

The facilitator continues the session with news about the Malaysian's Women Affairs Ministry publishing a sexist advisory on social media during the COVID-19 pandemic to avoid domestic conflicts at home while under lockdown. She also said that during her research, she found that the Deputy Minister for the Women Affairs Ministry has said that men can 'gently' beat their wives if they disobey him but her advice to women if husbands are being hurtful is to pray.

### Real-Life Ramifications of Sexism in Mass Media

This is an example of real-life ramifications of media and people in power perpetuating these ideas is domestic violence, where in 2020-2021 and while the pandemic is ongoing, there is a 42% rise in reported domestic violence cases in Malaysia. Most of these cases were conducted against women. Ms Nandini notes that while this statistic and case is in Malaysia, the phenomenon of **rising domestic violence cases** against women during lockdown is global and significant enough that it is called the '*shadow pandemic*'.

### Conclusion

To conclude the session, Ms Nandini says that seeing sexist and patriarchal patterns in media can be discouraging, but it is important to **engage with media critically** and also put out our own messages and narratives to counter these perspectives that reflect our society.

Everyone has a role to play, from as small as asking questions to voicing individual thoughts and opinions, each step matters. She ends the session with an example of that; a Malaysian artist, Yante Ismail, whose artwork about a menstruating girls asserts her right to exist within society.

## **Human Rights, Sexual and Reproductive Rights**

This session by Dr Suchitra explores the definition and domains of SRHR through a participatory activity. The participants form four groups in total to define 'Sexual Health', 'Sexual Rights', 'Reproductive Health' and 'Reproductive Rights'. The groups are given 10 minutes to discuss before presenting. This section records their presentation and discussions that follows.

### Sexual Health

This group categorises sexual health in four domains, which are:

#### *External*

##### 1) Physical

Includes matters of related to sexually-transmitted diseases (STDs) and sexually-transmitted infections (STIs).

## 2) Social

This aspect was defined as **accessibility** to get STD/STI treatments and other healthcare procedures (like screenings and contraception) related to sexual health. They expand that accessibility needs to also include financial access, access to knowledge on top of the access to the services.

## *Internal*

### 3) Mental

Defined as the **psychological wellbeing** of a person **regarding their sexual health**. For example, if someone's sexual health is affected, that will affect their mental health too.

### 4) Emotional

Having the **freedom of expression** and **unstigmatised sexual expression**.

- Example of internalised stigma: when a woman is not meant to experience pleasure during sex, they might think that is the norm once it's being pushed onto her.
- Part of the emotional sexual health includes having a support system. This ties into the social aspect where people should be able to receive ask for help and support with their emotions regarding sexual wellbeing.

A participant from outside the group mentions that asexuality is also part of the sexuality spectrum, so part of sexual health should include also **the acceptance to refuse sexual expression**.

## Sexual Rights

- 'My body my choice' = the right to have agency over our own bodies and the ability to make choices and decisions independently about sexual health.
- Family planning.
- Access to safe and free abortion
- Freedom of expression of sexuality and the ability to explore and express one's own sexuality without fear and discrimination

## *Access To Information And Resources About Sexuality.*

- Knowledge and resources about contraceptives.
  - Comprehensive and inclusive sexual education from early childhood.
  - Non-judgemental attitudes from society about sexuality
  - Destigmatisation of STIs and STDs
- 
- Sexual pleasure is also a right that should be celebrated and shared with others, consensually and within each other's terms.
  - Sexual rights is for all, which includes the queer community as well.

### *Decriminalisation Of Certain Genders And Sexualities.*

- Trans community are often affected by the criminalisation of specific genders and sexualities.
- Besides that, women who have sex and get pregnant prior to marriage face healthcare denial and risk of legal punishment.
- Often it's hard for them to get legal representation at court, as shariah lawyers consider defending them at court to be sinful. Thus they are denied both access to health and also access to justice.
- Another example of how certain expression of sexualities that are discriminated includes mothers of children born from foreign spouses could not confer their citizenship to their child. This barring of citizenship does not apply to Malaysian men who have foreign spouses.
- This also shows how the nation-state uses such a law to uphold patriarchy control the sexuality of Malaysian women.
- **Rights to Privacy** - The ability to withhold information about their sexuality from authorities and the state.
- Access to justice when sexual violence is enacted.

Dr Suchitra points out that both Sexual Health and Sexual Rights have a lot of overlaps as you could not separate the two matters from the other. This is important to keep in mind as in many countries, the government uses the logic of health or the health issues to bypass the rights-based issues, since the rights-based issues involve people having more autonomy and that could upset the order of the patriarchy or the market. Dr Suchitra also adds masturbation as a key aspect of sexual health and rights, as the taboo, misconceptions and religious fearmongering around the act is very harmful.

### Reproductive Health

This group states that reproductive health is an intersection between the physical body, the social, mental health as well as the political and the economical. All these capacities work in tandem to provide the best reproductive health someone deserves.

- Ensuring that everyone has equal, fair and free access to reproductive healthcare, including screenings, vaccinations and more.
- Bodily autonomy and period poverty - girls and women who do not have proper access to those capacities, and hinders their life opportunities like schooling.
- Reproductive health education that is thorough and inclusive
- Resources and knowledge about menstruation
- Awareness surrounding mental and emotional wellness related to reproductive health
- Dr Suchitra asks if the group would like to include antenatal care, as safe motherhood is often a key (and sometimes only) reproductive health priority of the state.

### Reproductive Rights

- Access to Information

Information on RH should be inclusive, comprehensive and available freely in schools and should be openly discussed in the media and at home too.



- Legal Access

Safe abortion and safe contraceptions should not be criminalised and need to be widely available to everyone without discrimination.

- Rights to Receive Treatment

Everyone deserves to receive treatment for period disorders as well as support during pregnancy like antenatal care.

- Bodily Autonomy & Freedom from Torture

The medical field needs to acknowledge the agency of the people and do away with practices like the husband stitch, husband's consent and FGM. Bodily autonomy should also recognise the right to not use your reproductive organs.

- Information on Family Planning

Reproductive rights also includes the right to have children, so information and access to resources about family planning and fertility treatments fall under this as well.

- Dr Suchitra asks if anyone knows if there is a reproductive right that does not overlap with sexual right?

- The participants answered with any issues surrounding menstruation and also adoption and surrogacy. These two are matters involving reproductive rights only, as menstruation is the way the body prepares for reproduction and surrogacy and adoption is an exercise on the right to reproduce.

Save for these few examples, sexual and reproductive rights are always overlapping with each other. However, reproductive rights are more openly discussed as it is perceived to be more clean and sanitised, while sexual rights are less so, even though without sexual rights, it becomes harder for one to exercise their reproductive rights.

## Values Clarification

The workshop then goes on to a values clarification exercise where the participant explores their values and beliefs on SRHR, learn about rights-based approach on SRHR as well learn how to counter anti-choice statements commonly made by opposing groups.

### What are Values?

*'What are "values"? How can we describe values?'* Below are the points provided by the participants:

- Something that is upheld and believed
- Could be passed forward
- How one treats themselves and other people

Dr Suchitra then clarifies that a value system is how we decide to live life based on an understanding of what is good or bad based. Values are also shaped by external factors.

'What are some of the biggest influences of our value system?' Below are the points provided by the participants:

Culture	Society	Religion	Family	Mass Media
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It's important for us to explore and question our value systems as we typically internalise values from these external forces and assume that everyone shares the same ideals. Dr Suchitra explains that to become advocates for SRHR, one of the key values we have to hold up is the importance of speaking up, as keeping silent does not challenge the behaviours that goes against key values of SRHR. So values are important because it influences our choices, behaviours and decisions and therefore has an impact on others. The session continues with a participatory values clarification exercise.

#### Values Clarification Participatory Activity

This section records the reactions and discussions in response to the value statements presented to the group.

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

All participants **disagreed** with this statement.

- Dr Suchitra challenges them by saying such a belief could break up families.
- He is the one who broke it, but the facilitator argues that he does love her.
- No one beats parents out of love, which is untrue as parents are observed to be beating their children 'for their own good'.
- Another argument from believers might also be that it has only happened once, then she does not have to leave.

Dr Suchitra explains that with violence, it should be clear that **even one strike is an abuse of power**. When domestic violence is deconstructed through the lens of gender and power, it becomes clear that it disproportionately affects women. Women are more likely to be victims of domestic violence, and men are more likely to be perpetrators of it.

Another clear example was when the COVID-19 pandemic happened, domestic violence cases affecting women rose to 42%. One of the factors cited included feeling stressed due to unemployment. Despite unemployment happening to both genders, there was no rise in women inflicting domestic abuse on men.

Since 1 in 3 women in Malaysia is domestically abused, Dr Suchitra highlights that with a number so high, domestic violence should be treated as a public health issue that necessitates the state's intervention to protect these women whose rights are violated. A woman has a **right to be protected** from violence regardless of where it comes from, be it from a partner, parents, bosses and more.

The facilitator also points out that part of the responsibilities of SRHR advocates is to know the local facts, laws, statistics, research and other knowledge involved in SRHR matters.

*A sex worker cannot be raped.*

All participants **disagreed** with this statement.

Disagree

- She has rights to protection and safety too
- If she does not agree or consent to the act, and it's being forced onto her, then it's rape.
- There are physical signs of rape to prove it.
- A way to prove it is by seeking recourse via the justice system.

Agree

- How can a sex worker be raped, since the job involves providing sex as a service to others.
- How could she prove her rape?
- A client might say that they are saying so just to blackmail him
- Not all forms of rape can be proved by a check up done by a doctor.
- The system is imperfect and there is rarely room for recourse.
- Other issues may arise like how the sex worker might be a refugee or migrant, making it even more difficult to address the issue of a rape.

Dr Suchitra asked the group how they would **define sex work**, and they defined it as **the exchange of sexual service for commodities**. She then gives a situation where sex is exchanged for food, shelter, and children to have the client's last name. The participants realise that the situation described is marriage.

Since there are several key similarities between the two, Dr Suchitra explains that sex work is so **stigmatised because it goes against the rules of the patriarchy**, where women are expected to give themselves sexually to their husbands unconditionally and for free.

A participant says she has read that many sex workers regret their decision to enter the job because it can be very violent. It is a very patriarchal because the way sex is carried out within the job is very violent. Dr Suchitra agrees with that. However, all the things the participant described could also apply for marriage. Even so, the stigmatisation of sex work and the glorification of marriage prevails hence it is important to question who benefits most from such ideals.

Ms Nandini also adds that **sex workers take agency** over their lives by having sex transactionally **outside marriage**. This means that they have an amount of independence and agency that threatens the patriarchy, which explains most people's discomfort and stigmatisation around it.

Dr Suchitra also explains that while there are cases of forced prostitution, there are many sex workers who choose to earn a living with the job. The **criminalisation of sex work** does make it **difficult for their agency to be recognised** by the public, including the state and justice systems, even if legalisation happens. Thus, it is important to decriminalise sex work to afford them the agency they deserve.

A participant gives input where people are beginning to introduce **sex robots as a way to reduce exploitation**. Dr Suchitra informs that most of these robots are of female bodies, so the power imbalance remains. Another thing to note is how one negotiates agency and consent for an object that is programmed to always say 'yes'.

Ms Nandini adds the **labour aspect of sex work** needs to be considered as well. In many parts of the world, sex work is viewed as a labour issue with intersections in gender and feminism. The inclusion of robots into brothels is similar to the automisation of work seen during the Industrial Revolution, which changes who gets to work and the working conditions of labourers. While it has potential, it is important to keep in mind how automation might change how sex workers work, and part of respecting their agency is to also understand that this is a career that supports their lives.

### *Women who have HIV should not have babies*

Few participants agree and most participants disagree.

#### Agree

- Would not want to pass HIV to her children after suffering from the disease.
- Most babies born with HIV do not make it past childhood because of the limited healthcare access in certain countries.
- Some countries do not have the funds to medically support mothers who make this choice, even if there are medications to lower viral load
- These mothers have freedom and rights, they must also come with responsibilities, especially in ensuring the wellbeing and survival of the child.

#### Disagree

- There are medications that allow the viral load to go very low, preventing transmission of the disease.
- Prohibition of certain women to reproduce based on a disability sets a dangerous precedent towards eugenics.
- The choice to have babies is solely a woman's and to help her make the right choice, the support should be from education, awareness and resources.
- As a response to responsibilities over rights, it is an individualistic approach to place the sole responsibility to support children on the mother.
- The public and the state has a role in shaping a system to ensure the survival and wellbeing of child, when the mother is unable to.

The facilitator points out that detractors will use public health and financial arguments to restrict certain rights. So on top of rights-based arguments, it is also essential to **know the facts** like the cost of treatment, the percentage of women with HIV, the lifespan of children born with HIV and the steps to take to reduce it.

Ms Nandini adds that applying certain conditions for rights is a slippery slope. A recent example was when governments decided on COVID-19 essentials and restrictions, which afforded certain people power and deprived others of their rights. As advocates, it is key to negotiate these dynamics thus why this value clarification activity is important.

### *Women who have an abortion are ending a life*

Few participants agree and most participants disagree.

#### Agree

- A plant is not a human, but is considered a life.
- Ending a life is much better than neglecting the child.
- The statement is true, as a life is marked by a heartbeat so therefore the statement is factual.
- From the perspective of Islam, life begins when the soul enters the fetus, which is often considered at three months .
- The decision to abort it should only come from the woman and the best thing one can do is give them access and knowledge on what choices are available.

#### Disagree

- Life can't be ended when it has not begun and the unborn is not human.
- Fetus is a clump of cells, like cancer cells, that could be detrimental to the wellbeing of the life.
- Life is defined by having sentience.
- Women have an abortion are not ending a life
- Framing it as ending a life is too intense to describe the act of getting an abortion.

Dr Suchitra explains that it is key to establish having an abortion from the beginning to help bypass the arguments about defining what constitutes as life. The conflation about politics and beliefs of what is considered a life distracts from the key point that abortion is still a right that belongs to everyone.

She also concludes that not everything has to be argument needs to be done so literally, hence it might be more effective to acknowledge and establish the rights at stake.

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

Seven participants agree and the rest disagree.

- Dr Suchitra clarifies the statement by proposing the statement that '*As a pregnant person, I have a right to choose whether I want to have a boy or a girl.*' and '*Is it my reproductive right to choose whether I have a boy or a girl*'.

### Agree

- If a couple has had a few girls already and longs to have a boy, then it should be allowed as long as they have the ability to be responsible to him.
- A participant prefers to have a girl because boys are more likely to be violent while girls are more peaceful in nature.
- Women have the right to choose the sex of the child because it is her reproductive health.
- In some countries, infanticide happens when a woman births a girl.
- She has the right to get pregnant, she has a right to choose the sex as well.
- Need vs right, the ability to opt-in or opt-out of this choice should be given to all
- If many of us are agreeable with choosing abortion, why is this choice of choosing the sex different?
- It is stereotyping to believe that boys are born to hurt others.

### Disagree

- Cannot choose something for someone (the child) in that sense.
- Why does the eventual sex or gender of the child matter?
- It is a stereotype and essentialist to assume one sex is more violent and another is more kind.
- Some reasons why one would prefer a sex over the other is caused by a power imbalance.
- China's one-child policy caused many parents to favour having boys because as a patriarchal society, only boys can carry the family name to the next generation and that has caused plenty of social issues and a gender imbalance.
- No mechanism to ensure the boys these parents choose to have do not hurt others, thus letting parents choose to have boys, could cause a rise in violence.
- Giving the parents ability to choose will favour one gender over another. Since gender is a social construct, there can be obvious favouritism for boys.

Dr Suchitra acknowledges that situations like this are tricky, hence the name of the activity being 'values clarification' because it is meant to unpack why our values are as such. After each side has laid their points, Dr Suchitra addresses some recurring issues that arose in this argument.

### The Right to Choose

- We need to be very clear about how far we are willing to go to let someone have the right to choose
- *'A pregnant person has the right to choose to continue or not.'* If the participants believe in this statement then **the conditions do not matter** since they **have the right to choose** regardless of the reason.
- Dr Suchitra acknowledges that it makes people uncomfortable when someone brings up that it is based on the gender.

### The Value of the Male Child

- While it may not be a problem in Malaysia, countries like India and China were concerned because parents are preferring to have male children over girls.
- The system created by society values having a male child because they can carry forward the family line/name, bring in wealth from dowry requests, perform the last rites of the parents or keep the wealth within the family via inheritance.
- So there is a conversation to be had on why the son is wanted but why the daughter is unwanted.

### Gender Imbalance

- When asked about what the participants mean by gender imbalance, someone explains that a that the ratio of men to women are not equal, and thus not natural.
- Many things in life are not too, so why does 'natural' suddenly matter?
- Why is it women's responsibility to make sure that the population's gender demographic is balanced and thus forgo-ing their right to choose?
- Telling women they don't have the right to choose whether to have a girl or a boy because of their role (as caretakers of husbands and children) in the patriarchy takes away their rights to choose
- In countries with gender imbalanced population, an argument against choosing the sex of the baby is framed as a womens rights matter, when in fact those daughters are needed for the sake of boys to marry.

When the participants ask Dr Suchitra what would she say to this, she replies that she believes that a woman **should have the choice** to keep or terminate the pregnancy **for reasons that are valid to her**. There are levels to making a choice. Letting a woman carrying a pregnancy to term and deliver a boy is a choice. Putting conditions on certain choices will eventually make it difficult to defend choices for a woman to have an abortion.

### **Power Walk**

This session with Ms Nandini explores how certain groups in our society will have various level of access and awareness of SRHR due to the various systems of power we live under. The group does a power walking activity before engaging in a discussion. The flow of the activity is as follows:



*Steps of the Power Walk activity*

These are the statement the facilitator read to the participants and the steps they took.

Statement	No. of Participants Stepped Forward
Has anyone told you about sex?	~10

Do you have any information about sex?	~7
Do you have any information on contraception	~5
Do you know where to get contraception?	~6
Do you know where to get any contraception?	3
Can you buy any method of contraception?	1
Can you insist on the use of condoms or any methods of contraception?	~4
Can you use any method without the other person knowing?	2
Can you say no to sex?	1
Do you know what to do with an unwanted pregnancy?	2
Do you know where to get a safe abortion?	1
Can you go and get a safe abortion?	1

### Discussion

The first participant explained that she **did not take a single step** forward because she was in the role of a **14 y/o domestic live-in maid**. A girl in her position will not know anything about sex, contraception and abortion. Even if they are married, they could not say no to sex as it has become a duty for them as a wife.

The next participant **stepped forward in every situation** as he is a **20-year-old daughter of a local politician**. He believes a woman in that role will have access to knowledge about safe sex, consent and safe abortion, and the financial ability to afford it. Another participant with same imagined identity but did not step forward for several questions because of the perception that a politician's daughter having sex or having an abortion might cause a backlash.

Ms Nandini points out that consideration is essential as it involves the intersection of the imagined identity with the lived reality. So even though it is the same, a woman might understand that even with the privilege of being a politician's daughter, there is the possibility of increased surveillance.

A participant took a step forward but changed her mind and took a step back because her imagined identity was a **married 16-year-old girl**. The question she stepped forward was about if she could buy contraception. The participant changed her mind after considering the



girl's age, and the circumstances that made her marry early would likely mean she did not have the correct information about contraception.

A participant reveals that he is a **25-year-old woman married into a conservative family whose in-laws hope for a child to come soon**. He only took a few steps forward because the family's traditional values might make it hard for the woman to discuss safe sex, contraception or abortion openly, let alone pursue such options. A conservative family might push her to have an abortion if she has an unwanted pregnancy. Still, also he understands that since the in-laws are pushing her to have a baby soon thus, using contraception might not be an option.

Another participant says she is an **11-year-old daughter of a single mother** who goes out to work daily, and she **stays with her 17-year-old cousin, who behaves oddly** around her. She did not take any step forward. She relays a case she had to handle of a 14-year-old who had gotten pregnant after being raped by a security guard. Her mother did not have any discussions about sexual health or contraception with the victim before as she had the misconception that it might encourage her to have sex. The education system also could not give her adequate information as she was unaware that sex could lead to pregnancy.

A participant says he is a **24-year-old illiterate immigrant worker facing violence from her drunk husband** daily. He did not step forward much because he believes that a person in such a situation does not have much choice as the main priority is to stay alive.

Ms Nandini then asked him who should be held accountable for this situation. The participant said he is unsure if he knows which bodies or organisations she could contact to get justice or safety as she is an illiterate immigrant.

#### Who Should Be Accountable?

Nandini points out the group had inadvertently **formed a pyramid formation**, where a few people are at the front, and most people are at the back. This form is a close representation of the **hierarchies in society**.

She explains that *'we are all in the same storm but not in the same boat'* as some people may have privileges that can help them navigate their lives but most might find challenges incredibly difficult based on their class or social status.

The facilitator asks again about **accountability** and who do the participant thinks are shaping these dynamics. These are their responses:

#### **17 year old factory worker whose supervisor is trying to make advances**

- The government should be responsible for a child labour issue and anti-harassment policies are also needed.

**A 23 year old girl from a refugee camp that's set up when her village is destroyed by floods.**

- Only moved forward for the question about knowing what sex is and from research, occurrences of sexual violence are high during times of natural disaster or conflicts. So it is possible that she would know what sex is.
- Did not move forward on the question about contraception awareness because as a young refugee, it is less likely that she is getting formal education because of the displacement.
- Might be hard for her to speak up as there are cases of how UN officers also sexually violate refugees at the humanitarian camps.

**18 year old boy who just started staying in a co-ed hostel and an older boy is trying to have sex with him**

- May have known about sex, but might not have the financial capacities to afford contraception.
- Even if the boy is gay, there is a chance that he could be clueless about having safe sex since sex education is largely centred for heterosexual people.
- Parents have the responsibility to talk about sex to their children. Besides that, the education system should also have sex education.
- Since Malaysia is a country that often excludes LGBTQ+ communities, non-profit organisations could also provide LGBT-centric sex education.

Ms Nandini comments that since we are discussing accountability, we should look into structural problems causing such issues.

For example: a refugee camp misses out on education and therefore becomes vulnerable, or a young boy is pushed into a situation where sexual assault can become a reality. However, many governments rarely recognise male assault victims or refugee education rights.

Currently, there are **many gaps in the accountability process** in ensuring everyone's rights are not violated. **Governments are responsible** for addressing this, but many states approach rights in a conditional manner, where certain rights are promised only when specific duties and conditions are fulfilled. This leaves many people, like refugees for example, vulnerable to exploitation.

Solutions could come from **needs-based approaches should not be the end solution** to address these problems. Ms Nandini stresses again that the proper solution must be building a stronger accountability system as advocates. Being an advocate is not an easy task. It comes with many risks due to specific identity intersections many advocates have, so there will be challenges that need to be negotiated.

However, **building a larger accountability structure** by speaking up, questioning governments and advocating rights for all is essential as non-profit organisations and community support have limited resources. The state has a more significant role and responsibility to ensure our rights are honoured, so it is vital to hold them accountable.

## DAY 2

On Day 2, the day begins with a recap and review of the sessions from the previous day. Next, the participants learn about human reproduction, contraception and safe abortion. The workshop continues with a session on understanding crime and laws. After lunch, the participants are exposed to abortion law in Malaysia and a session exploring what does it mean to be pro-choice. Over the afternoon tea break, the participants were given some literature on various topics under SRHR to read and critique before conveying again for the brainstorm on how to move forward as an advocate. The day ends with closing and the valedictory session with the participants and organisers.

### Recap & Review of Day 1

The participants begin the day by sharing **what is something new they have learnt** from the previous workshop day. These are some of their responses:

Many point out that they found the **Values Clarification** exercise useful and interesting

- Learnt new information like how you can choose the sex of a baby before birth
- Learnt ways to present arguments and info to someone on the opposing side
- Reflective moment for many as diversion from women's rights to the life aspects in the arguments about abortion happens commonly, so it is important to keep focus on the rights-based argument and there should not be conditions to rights
- Gained clarity and self-awareness of own underlying conditioning that influenced values that could restrict rights of others
- Learnt the importance of speaking up and taking a stand in personal circles/situations
- Part of advocacy knowing who to engage with, as some audiences refuse to do so in good faith and expanding efforts to them can be futile and detrimental (to the advocate)
- Know what kinds of conversations are happening outside of our own circles
- Not to impose certain feelings and judgements onto others and their choices

The **Unpacking the Patriarchy** session allowed us to look at issues and problems as systems instead of the singular ideas. A participant said it was their first time learning about the origins of the patriarchy/virginity as a concept from when men had no viable way to identify their true sons other than exerting their power over women to only have sex with their husbands. Another one said that realising even the smallest actions done onto us since childhood has lasting conditionings and impacts as well as we unwillingly pass those conditionings to others was also eye opening.

**Speaking up is important** and realising that some people have more power to speak up than others but do not, perhaps to preserve their own power, friendships etc. over doing the right thing. There are many risks when our various intersections engage with the need to do the right thing. As advocates, it is important to know that **every small step matters** and an ongoing effort is just as valuable.

The participants also agreed that building **self-awareness is also part of the journey**. To engage and educate others should also come with the openness to be frank with ourselves and interrogate why certain reasons behind abortion or certain framings of SRHR makes us uncomfortable. As advocates of human rights for all, unpacking many internalised conditionings is key.

### Power Walk

- Very useful to see the hierarchies in society
- Made us realise to check our privilege to value what we have and what others might not

### The Death of Savita Halappanavar

- A participant reveals that she voted agree to the statement that says abortion is ending a life and **wonders if the six months term limit is because they might consider it a life** after six months. Dr Suchitra explains that after six months, the fetus has a higher chance of surviving when it is aborted, similar to how people give birth to pre-term babies. There are ways to terminate a pregnancy safely after six months, although cases where people seek termination that far in is rare.
- Dr Choong explains that some governments will refuse an abortion as long as the fetus has a heartbeat, even though the pregnancy has become non-viable, which was what happened to Savita Halappanavar
- Savita was a dentist of Indian origin in Ireland who is entered pre-term labour and had a premature rupture. Ireland had strict abortion laws as a Catholic country, which prevented her from having a termination because there was still a fetal heartbeat. In the end, she had died from sepsis due to the infections she contracted.
- Her death caused a large impact in Irish society and managed to bring change to the law.



### Notes on *Dirty Dancing* (1987)

- Johnny seems much older than Baby, who is depicted to be young and naive
- Plenty of intersections of class and gender that shapes the events, motivations and choices of the characters in the film
- Baby, as an upper middle class person, becomes sort of a civilising force towards Johnny, who was working as a dance instructor at the resort. She also had to sacrifice herself to save him, so the dynamics between class and gender is interesting to note.
- People who have seen the film before did not realise the strong abortion and gender themes that was present in the film.
- Robbie, the man who got Penny pregnant and caused her to undergo an unsafe abortion, does not face any consequences.
- Impressed with the film exploring several key themes that are much deeper than just dancing
- Baby has more agency, due to the wealth she was born into, but ultimately still wants the validation of her father

- The father represents the patriarchy. Only when the father gives approval, that's when she has the happy ending
- The woman's role is to somehow redeem the man, seen when several characters gain development or a broadened worldview because of Baby
- Johnny has a sex work subplot that explores the power over a rich woman has over him as a service worker/dancing instructor
- For a film with an unsafe abortion moment, there was no conversation about contraception
- A change in the direction of safe sex discussions, where it is less focused on fearmongering and how there is a lot of fun and pleasure to be had in sex, hence why being safe is important
- Ms Nandini closes by expressing about the nuances of enjoying media while still being critical of the messages and values that are present in the media piece.

## Basic Updates on Reproduction, Contraception and Safe Abortion

Facilitated by Dr Suchitra, this session explores the anatomy of the human reproductive system to understand how pregnancy occurs, the various types of contraception as well as the mechanics and importance of safe abortion.

### The Male & Female Human Reproductive System

As SRHR advocates, it is part of our responsibility to know the anatomy of the reproductive system to further understand processes like menstruation and conception as well as understand how various contraception and how safe abortion happens.

Once Dr Suchitra draws a more accurate reproductive system, she explains the key organs. She includes the clitoris, where she and Dr Suba both note that only recently that the clitoris (as well as the anatomy of the organ) is included in reproductive health textbooks and literature, despite it having a key role in feeling pleasure during sex.

She also explains how doctors would perform 'virginity tests' on rape victims to determine whether they are non-virgins, and thus cannot be raped as they are used to sex. Such injustices are the reason why it is important to equip ourselves with the knowledge of how the reproductive system functions.

### Menstruation & Conception

It is key to understand what happens in the body because menstruation is a process which eventually leads to fertility. A participant defines the menstrual cycle as a 28 day cycle that is

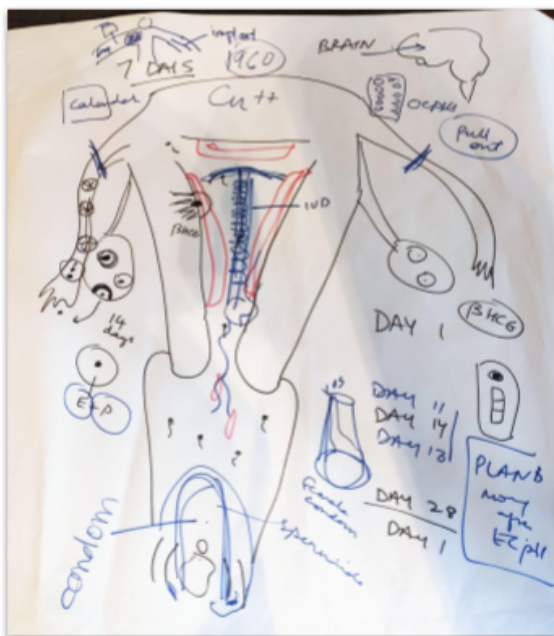


*A participant drawing the female reproductive system while Dr Suchitra looks on.*

not only referring to the period (menses). Dr Suchitra explains that there are **three cycles** that happen in the body during the menstrual cycle

- The uterine cycle (visible) - Where the uterine wall thickens and sheds as the period
- The ovary cycle (invisible) - The ovum develops, grows and released during ovulation
- The brain cycle (invisible) - The pituitary gland and hypothalamus releasing hormones to control the other two cycles.

Dr Suchitra further explains how these three cycles interact to produce an egg to cause a pregnancy if unprotected sex happens on the ovulation period. She also explains the timelines from when the egg is released to conception because it is vital in determining both the possibility of a pregnancy happening after unprotected sex and when to test for a pregnancy, which is about seven days after the sex and not immediately after.



*Types of contraception brainstormed by the participants*

### Contraception

Humans and a handful of primates are the only species that have sex for reasons outside of reproduction. Dr Suchitra further explains that to acknowledge that humans have sex for pleasure and power means there is a need to separate reproduction from sex.

After discussing contraception methods, Dr Suchitra points out that there are many contraception methods for women compared to men because since the pregnancy happens in the women's body, they are more concerned about ensuring that an unwanted pregnancy does not occur. However, it also means that the other partner does not carry equal responsibility for preventing the pregnancy since the consequences of an unwanted pregnancy do not happen to their body.

In an average woman's lifetime, they are at risk of getting pregnant about 400 times. There is a significant amount of prevention that a woman has to do to avoid pregnancy. However, a man could have sex daily for a year and produce more babies than a woman can in a year. Even so, men are often thought of as sexual and not reproductive beings. In contrast, women are stereotypically thought of as nurturing and reproductive, while men are more capable of fathering more children compared to women. This difference surrounding the contraceptive methods for men and women displays a clear power imbalance between the genders surrounding contraception.

A participant shares that in his work assisting refugees, he realised that giving women condoms and teaching them how to use them might still not prevent unwanted pregnancies

when their husbands refuse to wear them (for reasons like it reduces pleasure). So now, they have plans to bring awareness and understanding to the men to help them be more responsible for preventing unwanted pregnancies.

The facilitator briefly explains how each contraception method works in preventing pregnancy. A participant asks if there are any side effects from the hormonal pill method. Dr Suchitra explains that when the pill was just formulated in the 60s, the components of the pills did cause side effects, but after 60 years of good research and advancements, the side effects have been lowered down to a minimum. Some women may have the misconception that using birth control pills will cause infertility, but since the pills have to be taken every 24 hours, it is likely to leave the body quickly once a woman stops taking them.

Dr Suba shares that her clients often ask her what is the best contraception method. Since there is no 'best' as every one is different, these are three considerations she asks them:

- Side effects - Doctors need to inform patients the potential side effects
- Lifestyle - E.g occupation, preference for period or not, longer term family planning
- Cost - Some methods are pricier, patient's financial situation

A facilitator asks why is an implant more expensive than an IUD. Dr Suba explains that the IUD has longer research and there is also the politics of pharmaceutical production and distribution. For example, a copper IUD can be about RM90 while a hormonal IUD can go upwards of RM1000, due to the fact that only one pharmaceutical company has the license to distribute the hormonal IUD in Malaysia.

#### Abortion: Why We Have Them and What are Our Options

Dr Suchitra begins by asking what are some of the reasons **why we would have an abortion**

Rape	Financial status	Emotional well being	Ectopic pregnancy	Not wanting children
Social and family pressures	Medical conditions affecting the pregnant person	Medical conditions affecting the foetus	Underaged pregnancy	Partner does not want the pregnancy
Too many children	Sex of the fetus	Physical appearance changes	Relationship breakdown	Career

'How to deal with an unwanted pregnancy?'

- Safe abortion → Vacuum aspiration, medical abortion
- Unsafe abortion
- Adoption

- Baby dumping
- Infanticide
- Suicide
- Homicide/'Honour' killings

Except for abortion, all the methods of handling an unwanted pregnancy involves having the pregnancy come to term and delivering the baby, which could be a non-viable option for a wide range of reasons like financial pressures, societal pressures, medical complications and more. The amount of distress that comes from having an unwanted pregnancy on top of the various challenges someone might face for carrying a pregnancy to term is why it is important to have widespread access to safe abortion.

#### Methods of Safe Abortion

- Vacuum Aspiration → Manual or electrical, a pressure is created to dispel the fetus and uterus contents from the uterus.
- Medical Abortion → Abortion done via the taking the pills mifepristone and misoprostol that causes the pregnancy to end and the uterus contents to shed like a period.

The choice for abortion method can be made based on the preferences of the pregnant person and what is available. For example, vacuum aspiration is the only choice currently available in Malaysia because the government had classed misoprostol as illegal, even though WHO has categorised it as one of the essential medicines for healthcare due to its ability to help manage postpartum hemorrhage.

It is important to understand the anatomy and choices for safe abortion to prevent people from seeking unsafe abortions. Unsafe abortion can be lethal because the uterus is anteverted which means the surrounding organs and pelvis can be punctured, causing bleeding, infection and sepsis.

In conclusion, when it comes abortion methods, girls and women should have their rights protected so they can make choices based on the circumstances that they face in their daily life. Therefore, it is important to ensure that safe abortion options and services are available for all

## **Crime & Punishment**

This session begins with a participatory activity called '*The Last Abortion*' with Dr Suchitra before Ms Nandini, explores the dynamics of crime and punishment with a presentation and a discussion.

#### The Last Abortion

Method:

1. The youth participants formed four groups.
2. They are provided with a scenario:



When the clock strikes 12, abortion will be deemed illegal. Each group can select three (3) women to have the last abortion.

Dr Suchitra was appointed the President. The participants take on the role of Member of Parliaments and policy makers. See Appendix for profiles of the women.

These are the groups' decision after their discussions:

	Shanti	Leela	Puja	Yasmeen	Farah	Meena
Group 1	3		2			1
Group 2	3		2			1
Group 3	3		2			1
Group 4*	3		3			1

*\*Two participant from Group 4 explained that they did not want to choose anyone because they feel like this puts conditions like being marginalised or violated and the okay reasonable situation for abortion.*

#### Group 1

Meena: She is 15 and a rape victim, she needs to go to school thus needing urgent medical services. At first, the group were not sure if she was actually pregnant, but regardless she deserves it the most because of the age factor and that she was raped.

Puja: Chosen because of the abuse she is going through, the potential for the pregnancy affecting her health and how she is dependent on her husband. Divorce is also not an option because she has children to support.

Why not Yasmeen - the group explained that her reasons are more personal like the possibility of her current family dissolving and she has the financial capabilities to support her child if she continues the pregnancy, all of this can be dealt with even if she can't get an abortion

#### Group 2

Why Shanti is number 3 - The older age means higher risk pregnancy and she already has a son who is entirely dependent on her, so having a newborn is hard.

Why not Yasmeen - same reasons with group 1

#### Group 3



*Participants discussing in a group during 'The Last Abortion' activity*

Why not Leela - She is still young and still has support since the boyfriend is still there. Since he was supposed to marry after the job, she has the best possible course if the pregnancy goes on.

Why not Yasmeen - Reconciliation can be possible, and her husband and in-laws might be support her. Plus she has the financial capabilities to cope with a potential fallout.

#### *Group 4*

Why not farah - she still wants the baby but just no maternity leave so there are several options she could take like speak to HR or talk to her supervisor to negotiate.

#### Debrief with Dr Suchitra

Dr Suchitra reveals that this is a trick exercise, designed to reveal several levels of power. Within the exercise, the participants are given so much power as technical advisors to the Prime Minister. When given power, it is so easy to let go of the principles and rights-based approaches towards giving people their rights.

When asked for reasons why the other participants did not join the two participant's choice, the cite that they were scared of either breaking the instruction or not qualifying for the certificate of the workshop. Dr Suchitra explains that fear can be a powerful motivator too. She further explains that during the Nuremberg trials, when Nazis were asked why they had done what they did, their answers were often that they were just obeying orders. Its easy to recluse yourself, but that still doesnt change the outcome.

This exercise created imaginary power dynamic (PM - Technical Committee - Women Asking for Abortion) within an existing power dynamic (Facilitator - Participant - Thought Experiment). It is clear that juggling these various power imbalances makes practising what is understood in theory, that rights should not be conditional, very difficult. This exercise also displays how easy it could be to assume power over someone else's life.

#### What Are Other Ways To Handle This?

A participant asked if such a situation does happen, what should a Technical Committee of NGOs and advocates do. These are some suggestions from Dr Suchitra:

- Use Meena's case as a leverage, since the circumstances of her case does point that it really is an unwanted pregnancy and there is not much needs-based reasons, to say that if her abortion is allowed, why is it not for the all abortion.
- Suggest that the Prime Minister to give them more time to investigate whether abortions are actually causing the falling sex ratios.
- Various other ways to strategise and explore because of the illogical reasoning given by the PM to stop abortion.

#### Presentation on Crime and Punishment by Ms Nandini

**What is Crime?** - Crime is not something that is constant and is constantly changing. The definition of crime is always evolving to reflect the models and ethics of society and influence

laws. It is also key to understand that laws are not representative of ethics, hence crime is not about if someone has done something wrong or right, good or bad. It is more accurate to understand crime as an action that is considered a violation on the law of the land you are on.

Example: Marijuana, now legal and decriminalised in all of the USA, was illegal for decades and this law disproportionately caused black and other people of colour in the America to be criminalised. Only when the white population became more affected by this law, is when the move to decriminalisation began. **So who decides what is considered criminal?**

Those in power define what is crime and what should be punishable and this is called **hegemony**, a concept that is explored by the philosopher Gramsci.

### The Panopticon & The Surveillance Society

In reference to Michel Foucault expansion of Bentham's design of a panopticon, our current reliance on digital services, like period tracking apps or biometric records, means that there are even more surveillance into our personal lives afforded to authorities due to these large databanks available onto us. This leaves us vulnerable and more fearful to make personal choices as we are not sure who those very personal information could end up on.

### Punishment

Ms Nandini shares a story participant told her about his friend who is a legal migrant with a work visa who had been detained for two weeks because she did not have her passport on her while a raid had happened. This example shows how easily one can break the law and then face punishment. There are several ways someone can be punished, including formal and informal, but ultimately they are all punitive measures that causes mental, physical and psychological trauma as a way to 'teach' a lesson.

### Policing and Prison

Policing is never meant to serve the common people. It is mainly to protect the status quo. In England, the police is a civil force that is tasked to 'keep the King's peace' and in the US, despite being a republic, the police was widespread as they were tasked to capture runaway enslaved people. The modern prison system is developed as a way to preserve white supremacy and slavery, once the slavery was abolished.

The process of seeking justice itself could also be a form of punishment, as many people being accused or tried as criminals might not have the resources to legal services due to marginalisation, poverty etc. This puts them at a higher chance of being imprisoned, which universally violate the rights of the humans put under the prison system.

### Death Penalty

The death penalty should not exist in any country, society and civilisation because it is severe and does not provide long term change. Long sentences and death sentences are very populist

methods that does not change the actual problems within a society. It is simply just removing the bad actors, while the root cause, like the patriarchy, remains. The criminal justice system is designed to be populist and geared towards revenge, and not welfare or reformation.

### Criminalisation Reduces Safe Abortions

It is important as SRHR advocates to understand crime and punishment as the various degrees of legalisation and criminalisation of abortion around the world means that at any point, we can become criminals. It is also important to remember when abortions are criminalised, it will not stop abortions but rather safe abortions.

### Legalisation vs Decriminalisation

Legalisation: Abortions regulated under a specific law, require licensing and meeting certain criteria to qualify for the licence and maintain it.

Decriminalisation: Abortions are longer be considered a punishable crime and not be regulated unde

Decriminalisation has been used by many movements, particularly sex work movements, as the legalisation model has caused many restrictions and issues to arise to the detriment of the sex worker.

### Alternative Justice Systems

Restorative Justice - Approaches wrongdoing and harm with the aim to reform and meet the needs that have arisen based on that harm. It is also based and relies on community practices, where society/community plays a part in the process of rehabilitation and support than just the courts or prisons. It aims to solves the root cause of the crime/wrongdoing.

### Things To Think About As Safe Abortion Rights Advocate

- What could we learn from other movements and their struggle for decriminalization such as, sex workers rights movement or intravenous drug users movements.
- Do you think abortion should be decriminalized in your country/across the world?
- Is decriminalization enough in your country/other countries?
- If there is no legal provisions what will happen to redressal systems, where will one go with grievances?
- What would be an ideal abortion law?

### Q&A

1) Abortion should be decriminalised, but then what are the ways to ensure that the support is strong enough to prevent further harm that comes from the lack of regulation?

Portugal as an important case stude, where they have completely decriminalised all forms of drug use. As a result, more drug users are reaching out for help and taking up more harm

reduction practices. It's worked very well to reduce drug-related deaths and hospitalisations and also improving chances for people to live. When decriminalisation of abortion happens, more people become more confident to come forward and seek help because they know they will not be treated differently.

## **Abortion and Law in Malaysia**

This session with Dr Suba explores the laws surrounding abortion in Malaysia and how that affects SRHR advocacy work in Malaysia. Then, it is followed by a presentation on Ms Nuraini on RRAAM's hotline and finally a quick sharing session with Ms Jeyamalar.

It is important to understand the law, regardless of any advocacy work we do, be it for abortion or violence against women, as the law has an impact on how we do advocacy.

### Laws Relating to SRHR

**Who is a child?** - While this seems like an easy question to answer, the Malaysian law has about four different (4) definitions of a child based on The Child Act 2001, The Children and Young Persons (Employment) Act 1966, the Syariah law and the Adoption Act of 1952. These differentiation is serving a specific purpose for each law, however we generally understand a child or a minor who needs parental or guardian consent as anyone who is below 18 years old.

**Legality of Sex & Age of Consent** - In Malaysia, the age of consent is **16 years old**. Individuals aged 15 or younger in Malaysia are not legally able to consent to sexual activity, and such activity may result in prosecution for statutory rape or the equivalent local law. This law applies to heterosexual couples and homosexual men but not homosexual women, except under the Syariah law, where as recently as a few years ago two homosexual women are caught having sex in a car in Terengganu, so they were charged under the syariah law.

We can assume that **teenagers will be having sex before they reach the age of consent**. However, if they are doing so consensually with someone significantly close to their age, countries like the US have **close-in-age exemptions** or 'Romeo and Juliet laws' that protect teenagers from getting sentenced with statutory rape.

Since there is no close-in-age exemption in Malaysia, it is possible for two individuals both under the age of 16 who willingly engage in intercourse to both be prosecuted for statutory rape, although this is rare. Similarly, no protections are reserved for sexual relations in which one participant is a 15 year old and the second is a 16 or 17 year old.

**Rape** - Dr Suba asks if rape is permitted in Malaysia. A participant notes that rape is only illegal in Malaysia when a penis is inserted into a vagina forcefully, however it is not considered as rape if this happens between a married couple. A few others note that if a sexual act/violation is done onto animals or objects, it would not count as rape but as 'unnatural sex'

Dr Suba notes that she asked if it is 'permitted', not about the legality of it, which means there is a grey area in the law that allows rape to happen. Under Section 375 of the Penal Code, Malaysia states that there must be penetration by penis into vagina to secure a rape conviction against the sexual offender. It is also considered rape in certain circumstances, even when the man obtains her consent such as by way of putting her in fear of death or hurt and when the consent is obtained by abusing his position and authority over the woman.

The penal code **does not consider rape within marriage**, except for if the wife is being threatened with hurt or fear of death and even then it is not the same punishment as rape. Rape in intimate partner relationships like marriages occurs through force or coercion as well, so this leaves a lot of women in marriages unprotected within the law. The women's rights groups and activists in Malaysia have been pushing for this to change for decades and it is still an ongoing fight.

Another key problematic area is also that laws for rape in Malaysia **does not consider the insertion of foreign object** into the vagina or anus of an individual as rape. An example would be the case of the man in Sarawak who was deemed not guilty of rape towards a minor because the her pregnancy was not caused by any penetration of the penis, but rather his fingers laden with semen. Many advocates urged the government to broaden the definition of rape so that predators and rapists will not use these loopholes and grey areas to escape accountability.

A participant asks would it be considered rape if the husband does not cause hurt or fear of death, but he threatens her by withholding her finances. Dr Suba says its tricky because you would need to prove that it causes 'hurt'. Another participant adds that under the Domestic Violence Act, 'destruction of property' or issuing threats are covered and considered as domestic violence. So, a broader knowledge of the law helps to ensure that victims to find some way of recourse. However, not many people have such knowledge to advocate for themselves, or take the necessary steps to ensure justice.

**Abortion** - Dr Suba stresses that **abortion is not illegal in Malaysia** and it is important for all SRHR advocates to be clear in this information. Initially, Malaya had the same British Empire's 1871 Indian penal code where abortions are banned on all grounds. The carry forward was initially to prevent maternal mortality, where people with unwanted pregnancy would choose to either self-terminate or seek services from spiritual workers (*bomoh*) for an unsafe abortion. An exemption was introduced into the law when advocates made and prove the case that abortions when done by a medical professional is very safe, with very low mortality rates.

In Malaysia, abortion can be **performed by a medical practitioner** registered under the Medical Act 1971 [Act 50] if they are in the opinion of good faith that the continuance of the pregnancy would involve risk to her life, injury to the mental or physical health of the pregnant woman. If these conditions are met, the abortion is entirely legal under the Malaysian law.

The problem arises when doctors, due to stigma, misconception and poor understanding of the law, think that some pregnant people do not satisfy the three criterias.

1. Injury to Mental Health

- Doctors can assess and understand that an unplanned or unwanted pregnancy causes great anxiety and worry onto the mother.
- Victims of sexual violence who have become pregnant is already undergoing trauma that could cause further distress if the pregnancy continues.

2. Injury to Physical Health

- The risk towards the physical wellbeing during a first trimester abortion does not compare to when a pregnancy comes to term, where women will face vaginal tears, haemorrhaging and more.
- The risk to physical injury becomes greater if the pregnancy continues.

3. Risk to Life

- This risk can actually be quantified. Malaysia's Maternal Mortality Ratio (MMR) is 30 deaths to 100,00 live births. About 150 women die from childbirth every year.
- On average, there are only about 1 maternal deaths caused by abortions per year. Thus, abortion in Malaysia is 150 times safer.
- The risk to life is definitely greater when the pregnancy continues.



RRAAM Hotline

Currently, there is a gap between a person with an unplanned pregnancy and healthcare providers. RRAAM hotline helps to connect clients to options for safe abortion in Malaysia. It also helps to provide non-judgemental and factual counselling and information about abortion and SRH. Operating since 2016, the hotline is managed and run by RRAAM volunteers.

Since the hotline is on WhatsApp, clients typically message the hotline to explain their situation and ask for advice. They will then be connected to one of the volunteers so they can ask the client some basic questions, like their location and if they know how far in the pregnancy they are. After that, they will advise and give information specific to the client case.

Ms Nuraini also explains that since medical abortion is not allowed in Malaysia since both pills are not authorised for use in Malaysia. However, there is a black online market of these pills that makes people with unwanted pregnancies are at risk of an unsafe abortion due to unverified pills. So RRAAM hotline tries to guide them towards better and safer abortion options.

A participant asks, if its a case of child marriage between two teenagers and the wife gets pregnant, how does a termination work out because there is an element that they are still considered children according to some laws? Dr Suba explains that if a child is married and her husband is 17 years old, the consent can be given for her to get a termination. They could also get an assessment from a family clinic first if they want. However, if bringing a parent or a guardian is not possible, then medical abortion could also be pursued with pills obtained by trusted and reliable international organisations like Women On Web that supplies these pills, and RRAAM will support them throughout the medical abortion. She acknowledges that it is bending the law a bit, but this is what advocates could do to navigate grey areas.

## **What Does It Mean To Be Pro-Choice?**

In this session, Dr Suchitra facilitated a discussion to elicit the reasons of why the participants are here. She explained that when they start conversations on SRHR and safe abortion within their own spheres of influence, they have already taken the first step as change makers. She shared with them about Maslow's Hierarchy of Needs. When one realises his or her fullest potentials, one ponders two basic questions on *“What is the purpose of Life?”* and *“What is the purpose of my life?”*

### What Do We Want To Change?

- From unwanted pregnancies to fertility control decided by the individuals.
- From unsafe abortions to safe abortions
- From social stigma and silence to right to information
- From lack of safety and dignity to sexual and reproductive rights
- From patriarchy to gender equality
- From lack of choices to informed choices

Dr Suchitra also further explains we need to identify who will enact this change, and so who we need to engage with as advocates. The facilitator explained that because great ideas alter the power balance in relationships, they are initially resisted since they depend on the power to maintain a status quo that has rewarded them thus far. An example that can be observed is during the #MeToo campaign, where the immediate response from men were to exclaim ‘not all men’. When opposition comes, it is clear that the messages we are trying to put forth are powerful and important.

Dr Suchitra explains that advocacy is also a cycle. Malaysia may decriminalise abortion and medical abortion may become widely available, but new problems might arise from those goals that we achieved. This is not meant to be discouraging, but to remind advocates that it is important to keep in mind that new challenges or problems will come up and we need to prepare for the long haul to keep the movement going.

The facilitator then shows some samples of work former participants of YAI or ‘youth champions’ have done in order to push messages and create conversations around safe



abortion rights and SRHR. Dr Suchitra also explains more about ASAP's website and the info pack on abortion for each member country and also the blog, where the participants can contribute their writings.

The participants are also brief about **hegemony** and **subversion**.

**Hegemony** - The perspective of the ruling power or force is considered as the correct perspective. It is most clearly seen in global politics, where American hegemony for example, has caused wars in countries like Vietnam and Afghanistan due to their power in enforcing their perspectives and ideals onto the world.

**Subversion** - Refers to an attempt to transform the established social order and its structures of power, authority, and hierarchy.

Dr Suchitra shows some examples of subversions of popular culture. These depictions questions the underlying messages about sexuality that conditions girls from early that they have to be 'pure' or 'good' to be desired by a husband.



*Reinterpretations and subversions of popular Disney fairy tales to unpack and critique the values within the stories.*

### Snow White and the Seven Dwarves

- Snow white is surrounded by seven dwarves, i.e. old tiny men who have become desexualised so they are not a threat to her virginity
- The prince kisses her while she was unconscious, so the consent is dubious it is not consented.

### Tangled

- Long hair is classically considered is a symbol of sexuality
- To protect Rapunzel, her stepmother locked her up in the tower where no one could reach her

- The stepmother, an old woman who is greedy and jealous, signifies women who are threatened by female sexuality after being so conditioned by the patriarchy
- When Flynn rescues her, she feels happy to be free but also so guilty, which has similar parallels to feelings during a first sexual encounter.

### Beauty and the Beast

- Belle sacrifices herself to save her father from being captured by the Beast.
- She also only rescues the Prince from his curse, again sacrificing herself for men and the patriarchy.
- Her intelligence does not take precedence over her body, since she is still only seen as a great beauty.

The session explores a few more examples of how subversion work to challenge mainstream narratives that upholds the patriarchy. Dr Suchitra highlights that the participants do not have to create something new, but use stories or examples that are already popular and add a twist to it to critique certain ideals presented by oppressive power structures.

## **Literature Review**

The participants are given articles to be read and analysed over the tea break. When they come back, Dr Suchitra leads a large group discussion to dissect a handful of the articles with the participants. This session aims to train the participants to engage with pieces of media and writing critically with all of the skills they have used and developed over the course of the workshop.

### Filipino Worker Raped in Saudi Arabia

- A Filipino migrant worker was raped by a Bangladeshi migrant worker and she became pregnant because of that. She faces 100 lashings as the punishment because it was out of wedlock. She also miscarried while she was in prison due to the conditions and mistreatment she faced.
- The participant who read this article explains that feels like the punishment she faces is extreme and grave for something that was not her fault.
- The prison conditions that caused her to miscarry is also very unfortunate and reminded her of how in Malaysia, immigrant detention centres also mistreat and abuse those detained in there.
- The perpetrator is not brought to justice and she has three children in the Philippines who could face the loss of a mother because of the extreme punishment she faces.

### Henrietta Lacks & Medical Ethics

- Henrietta Lacks is a poor African American woman who had cervical cancer. After she passed away, her cells were used in research for healthcare and pharmaceuticals. However, she did not consent to her cells being taken and used like that, thus it becomes a violation of her reproductive rights.

- When challenged, the family was offered compensation by being appointed in to the board where they will review the applications of research waiting to use her cells. They will also acknowledge her in the studies that use her cells.
- However, they did not offer any financial compensation, even though successful vaccines and drugs developed with the help of HeLa cells have made pharmaceuticals a lot of profit.

### Governments Raising Birth Rates

- This article explores the various initiatives in countries like Denmark, South Korea, Russia, Singapore and more encourage women and couples to have children.
- Some examples of initiatives include free baby supplies, shorter work days, positing getting pregnant as a civic duty.
- Addressing failing birth by encouraging more pregnancies does not solve the longer term challenges of raising children like balancing work and parenthood and access to children's healthcare among others. So governments need to ensure those are supported as well.
- Another participant with the same article also brings up why governments have to exert so much power and entitlement to dictate that women should get pregnant.
- In Romania, women who do not have children are required to pay more taxes compared to those who do.

### **Closing with Ms Shoba Aiyar**

The participants shared with each other and Ms Shoba what their plans are moving forward after this workshop. Many participant explains that they have learnt a lot and understood that every small step taken to build awareness or challenge the status quo is important. They expressed their gratefulness for the workshop in helping them shape their understanding of SRHR and abortion. Ms Shoba thanked the participants for their enthusiastic engagement throughout the workshop and hopes that as youth champions, they will go forward and uphold SRHR and abortion rights in every thing that they do after this.

### **Pre & Post Test Results**

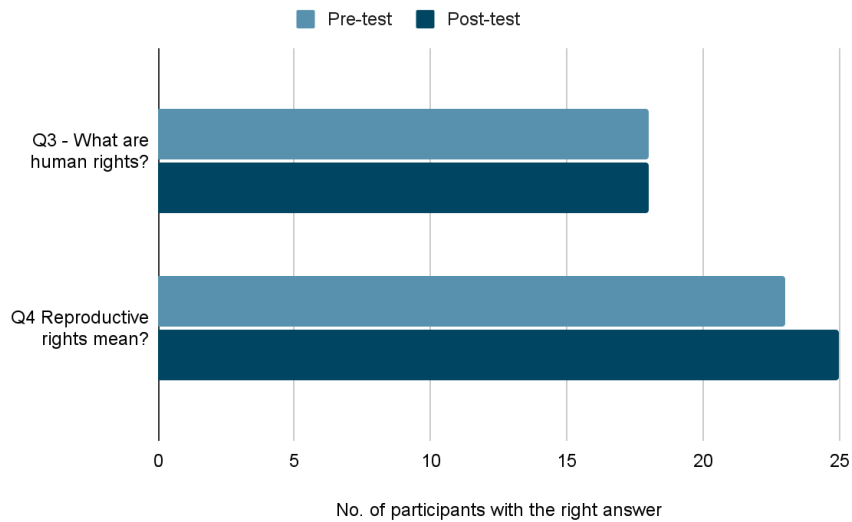
The tools used to evaluate this workshop are: i) Pre and Post-Test Questionnaires, and ii) Workshop Evaluation Form. A total of 26 participants submitted their Pre and Post test and evaluation forms. The Pre-Test and Post-Test Questionnaire can be viewed in the Appendix.

#### Sex & Gender (Q1-Q2)

In the pre-test, 21 participants answered Question 1 as the (c) *biological identity that is determined based on sexual and reproductive organs (such as, genitalia) at birth* and 5 participants answered (d) *social roles assigned to a person based on their biological identity*. During the post-test, only one participant answered outside of (c).

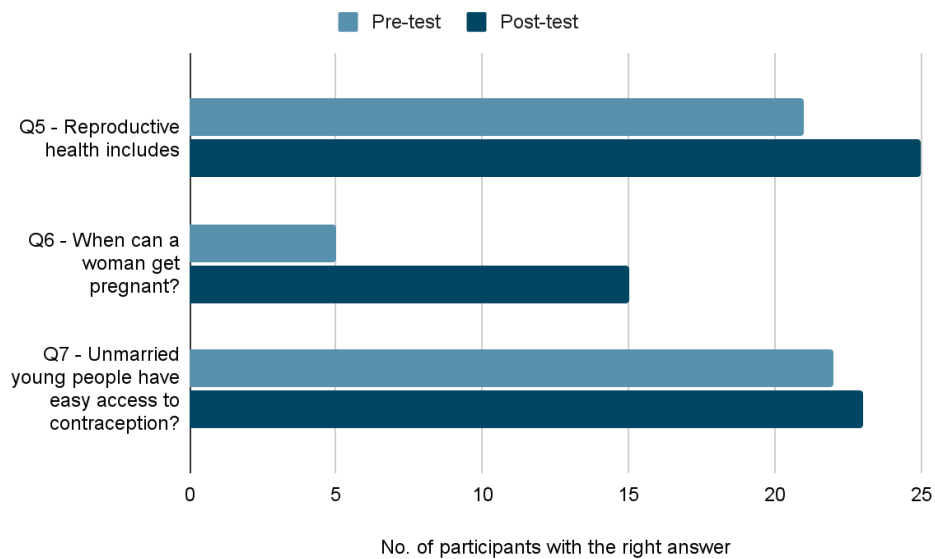
For Question 2 on defining gender, 19 participants answered with (d) *social roles assigned to a person based on their biological identity* during the pre-test. In the post-test, only 21 participants chose (d), which 5 choosing (c) which is the true definition of sex.

### Human Rights, Reproductive Rights (Q2-Q4)



For Question 3, the participants who did not choose (a), chose *(b) rights exercised by all, even unborn children* as the definition of human rights. This number remained the same in both tests.

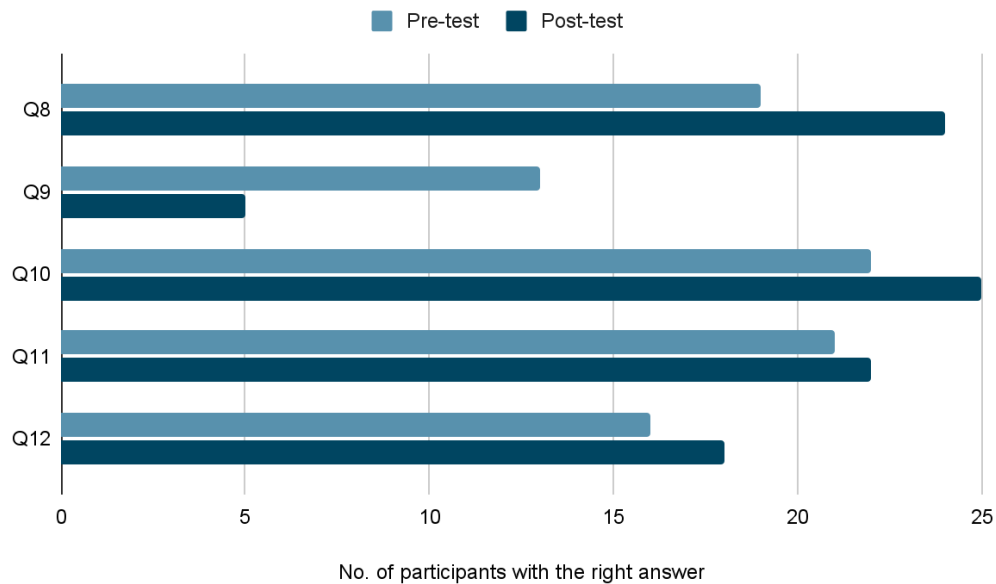
### Reproductive Health (Q5-Q7)



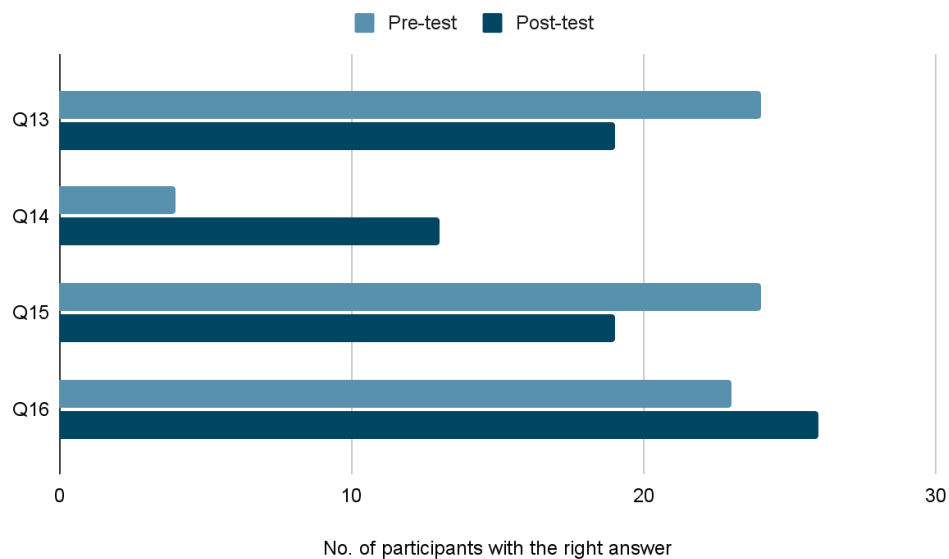
For this section, the biggest improvement can be observed that the participants are much clearer about when a woman can get pregnant during her menstrual cycle.

### Abortion (Q8-Q16)

The following section in the questionnaire is on the definition of unsafe abortion, safe abortion methods, contraception post-abortion and perceptions on issues surrounding abortion.



Each question showed that the participants' understanding on abortion has improved except for Question 9, where they needed to choose the safe and recommended methods of abortion. In the post-test, 21 participants chose (e) which included D&C with the two methods of safe abortion (MVA/EVA and Medical Abortion). This is likely because D&C was explained together with MA and VA as a method of abortion, even though D&C are no longer recommended due to its risks.



Question 13 asks about when should a woman go to the hospital for treatment immediately after undergoing a medical abortion. During the Post-Test some participants chose if they had a lot of (a) heavy cramps, when the correct answer is (b) very heavy bleeding.

For Question 15, the participants were asked if a woman could get pregnant again after abortion. In the Post-Test some 4 participants answered with (a) immediately and (b) within one week after the abortion. Those periods are too soon, however the participants may have gotten confused as women can get pregnant again after an abortion for as soon as two weeks after a pregnancy.

### Comments from the Participants

From the evaluation form, here are some feedback from the youth champions about the workshop:

#### **Workshop topics and discussions**

- Dr Suchitra and Nandini are the epitome of passion and brilliance. it takes a special skill to dissect opinions and values and reconstruct it back. Never experienced this before, amazing.
- Loved all the topics, very valueable, informative and eye-opening. Totally in awe of Dr. Suchitra
- The topics were well chosen and discussed. I actually got to learn a lot that i had not learnt before
- An extra day would allow room for lengthier discussions and more opportunities for deeper understanding through Q&A sessions or groupwork
- Each session was engaging and encouraged participants not only to build up their knowledge but also help them add dimensions

#### **Personal value**

- It helped reassess my current values and understanding and develop it further
- the way presentations were done allowed me to have a safe space to speak up
- Everything was such a good experience for me, I got to learn so much and make so many connections and friends
- Strength of the workshop was definitely the trainers and the discussions, felt engaged throughout
- I personally enjoyed the discussions as it allowed deep and intellectual conversations to be held on important topics

#### **Overall comments and suggestions**

- Sex work has been an extremely taboo topic, the discussions opened my eyes
- values clarification was amazing as it taught me how to engage and advocate intellectually
- It was very insightful and I was able to self reflect on how many views were actually conditioned by society

## 4.0 APPENDICES

### 4.1 Programme Agenda

DAY 1 - 27/8/2022		
Time	Session	Facilitated by
9 - 10am	Welcomes, Introductions & Expectations	Dr Suba
10 - 11am	Understanding Gender & Patriarchy	Dr Suchitra
11 - 11:15am	Tea Break	
11:15 - 11:45 am	Sexism & Mass Media	Ms Nandini
11:45am - 1.00pm	Human Rights, Sexual & Reproductive Rights	Dr Suchitra
1 - 1:45pm	Lunch	
1:45 - 3:30pm	Values Clarification	Dr Suchitra
3.30 - 4pm	Tea Break	
4 - 5pm	Power Walk	Ms Nandini
5 - 6:30pm	Dirty Dancing Film Screening	
DAY 2 - 28/8/2022		
9 - 9:45am	Recap & Review	
9:45 - 11:30am	Updates on Reproduction, Contraception & Abortion	Dr Suchitra
11:30 - 11:45am	Tea Break	
11:45am - 1pm	Understanding Crime & Law	Ms Nandini
2 - 2:45pm	Abortion Law in Malaysia	Dr Suba, Ms Nuraini & Ms Jeya
2:45 - 3:30pm	What Does it Mean to be Pro-Choice?	Dr Suchitra
3:30 - 4pm	Tea Break + Literature Review	Dr Suchitra
4pm - 4:30pm	Brainstorming Ways Forward	Ms Shoba
4:30 - 5pm	Valedictory & Closing	RRAAM, ASAP

## 4.2 House Rules

- 1) It's a safe space
- 2) Keep masks on to ensure everyone's safety and health
- 3) Phones on silent to reduce distractions
- 4) Listen well to each other's opinions
- 5) Respect each other's opinions
- 6) Speak out and speak up
- 7) Chattam house rules - When sharing ideas or opinions from the space outside of the space, refrain from using names or identifying info to ensure the safety of the person with such opinion.

## 4.3. Case Study: The Last Abortion

Due to the falling sex ratios, the Parliament is going to enact a law to make all abortions illegal at midnight. You are a member of Technical Advisory Team put together by the Cabinet Secretary. Some NGO has filed applications from some women and she has asked you to choose which of these women will be able to receive the last safe, legal abortion. You can only choose one candidate. Please negotiate within the group and explain the reason for choosing the final candidate.

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



want to continue this pregnancy since she is not yet eligible for paid maternity leave and they need her salary to run the house.

6. Meena is 15 and was raped by her mother's second husband. When she told her mother about the rape and pregnancy, her mother told her to get out of the house. She has been staying at a friend's house. She continues to attend school since the pregnancy is not showing yet. She is experiencing great distress over the rape and pregnancy, and her schoolwork is suffering.

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*Adapted from: Marais, Thea. 1996. Abortion values clarification training manual. Melrose, South Africa, Planned Parenthood Association of South Africa. 62*

#### 4.4 Pre & Post Test Questionnaire

1. 'Sex' refers to:

- a) Masculine and Feminine
- b) Man and woman/girl and boy
- c) Biological identity that is determined based on sexual and reproductive organs (such as, genitalia) at birth.
- d) Social roles assigned to a person based on their biological identity

2. 'Gender' refers to:

- a) Masculine and Feminine
- b) Man and woman/girl and boy
- c) Biological identity that is determined based on sexual and reproductive organs (such as, genitalia) at birth.
- d) Social roles assigned to a person based on their biological identity

3. What are human rights?

- a) Rights exercised by every born human being and the laws to promote and protect fundamental freedoms of individuals or groups.
- b) Rights exercised by all, even unborn children.
- c) Right exercised only by those whose country governments have signed the agreements.

4. Reproductive rights mean?

- a) Reproductive rights are freedoms relating to reproduction and reproductive health.
- b) Right of all couples and individuals to decide freely and responsibly the number, spacing and timing of their children.
- c) Rights to attain the highest standard of sexual and reproductive health.
- d) All of the above.

5. Reproductive health includes:

- a) State of complete physical, mental and social well-being in all matters relating to the reproductive system
- b) Safety from STDs

- c) Success in achieving or in preventing pregnancy.
  - d) All of the above.
6. When can a woman get pregnant?
- a) During her fertile period, beginning 5-7 days after her period.
  - b) During her fertile period, 5-7 days before her period.
  - c) Throughout the menstrual cycle.
7. Unmarried young people have easy access to contraception?
- a) No, preventing them from getting contraception will deter them from having risky
  - b) Yes, being a vulnerable group, they have the right to be protected from HIV-STIs and unwanted pregnancy.
  - c) Only in cases where it is needed. For e.g emergency contraceptive pills for a rape victim.
8. Unsafe abortion is defined by the World Health Organisation (WHO) as a procedure for terminating an unintended pregnancy, carried out:
- a) By persons lacking the necessary skills.
  - b) In an environment that is not clean and safe
  - c) Multiple abortions and if the abortion seeker is very young.
  - d) Either by persons lacking the necessary skills or in an environment that does
9. Please tick safe and recommended methods of abortions:
- a) MVA & EVa (vacuum aspiration).
  - b) D&C
  - c) Medical abortion pills.
  - d) Option a and c
  - e) All
10. Any abortion, even if safely performed can lead to infertility in the future?
- a) Yes, it does carry a risk of infertility.
  - b) No, if done safely it does not lead to infertility in the future.
  - c) Yes, it may cause infertility if done repeatedly even if it is done safely.
  - d) Yes, when someone is very young there is a high chance that they will become infertile after an abortion.
11. Women may start hormonal contraception at the time of surgical abortion, or as early as the time of administration of the first pill of a medical abortion regimen.
- a) True
  - b) False
12. Following medical abortion, an intrauterine device (IUD) may be inserted when:
- a) It is reasonably certain that the woman is no longer pregnant.
  - b) Day 14

- c) After the next menstrual cycle
14. If the woman does not bleed after taking the Misoprostol the reason could be:
- a) She is too late in her pregnancy for the Misoprostol to work
  - b) She has an ectopic pregnancy
  - c) She is pregnant with twins
  - d) It is a fake medicine
15. After an abortion, can a woman get pregnant again?
- a) Immediately.
  - b) Within one week after the abortion
  - c) After her next menstrual cycle
  - d) No, as she might become infertile
16. Is abortion the reason for skewed sex-ratios across Asia?
- a) Yes. So, access must be restricted, especially to second trimester abortions.
  - b) It could be. So, it is better to restrict access.
  - c) No. Sex selection is due to gender discrimination and access.

#### 4.5 Pre & Post Test Results

##### Pre-evaluation form (total participants: 26)

Question	1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16
Answer																
A			18	3	5	5	2		1	2	21	16	2	18		1
B		2	8			12	22	7	4	22	5	2	24	4	2	2
C	21	5				8	2			3		7			24	23
D	5	19		23	21			19	13					2		
E									7							

##### Post-evaluation form (total participants: 26)

Question	1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16
Answer																
A	1		18	1	1	15	1			1	22	18	4	6	4	
B		1	8			5	23			25	4	4	19	13	4	
C	25	4				6	2	2				4	1		19	26
D		21		25	25			24	5				1	7		
E									21							

##### Feedback form (total participants: 26)

Question	1	2	3	4	5	6	7	8	9	10	12	13	14	15	16
Rating															
1															
2															
3			1								3	3	3		
4	6	2	6	3	2	2	2	3	3	6	3	2		2	3
5	20	24	19	23	24	25	24	23	23	20	20	21	23	24	23

### Comments:

#### Workshop topics and discussions

- Dr Suchitra and Nandini are the epitome of passion and brilliance. it takes a special skill to dissect opinions and values and reconstruct it back. Never experienced this before, amazing.
- Loved all the topics, very valueable, informative and eye-opening. Totally in awe of Dr. Suchitra
- The topics were well chosen and discussed. I actually got to learn a lot that i had not learnt before
- An extra day would allow room for lengtheir discussions and more opportunities for deeper understanding through Q&A sessions or groupwork
- Each session was egaging and encouraged participants not only to build up their knowledge but also help them add dimensions

#### Personal value

- It helped reasess my current values and understanding and develop it further
- the way presentations were done allowed me to have a safe space to speak up
- Everything was such a good experience for me, i got to learn so much and make so many connections and friends
- Strength of the workshop was definitely the trainers and the discussions, felt engaged throughout
- I personally enjoyed the discussions as it allowed deep and intellectual conversations to be held on important topics

#### Overall comments and suggestions

- sex work has been an extremely taboo topic, the discussions opened my eyes
- values clarification was amazing as it thought me how to engage and advocate intellectually
- it was very insightful and i was able to self reflect on how many views were actually conditioned by society