



YOUTH ADVOCATE INITIATIVE ON SRHR REPORT 2019



*Youth Champions for a Rights-based Approach
on Safe Abortion Advocacy in Malaysia*

ORGANISED & SPONSORED BY:



2 - 4 AUGUST
MALAYSIA



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Executive Summary

The Youth Advocate Initiative (YAI) in SRHR Workshop that was held from 2 to 4th August, 2019 in Kuala Lumpur, Malaysia is a three-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 into three parts. On Day 1, the youth champions were provided with inputs on SRHR, specifically on abortion-related issues. During Day 2, the activities were designed to elicit the participants' reflection and introspection. Finally, these two processes were consolidated through a group discussion to facilitate the framing of a rights-based approach in safe abortion, instead of needs-based or personal values approach on the last day.

From the pre and post-test analysis, it is found that the workshop has improved the total score used to compute youth advocates' beliefs and comfort levels related to safe abortion, i.e. on abortion and the regulation of laws on provision of abortion services, family planning and contraceptive services, as well as participants' personal values. However, only a third of those who responded were able to correctly identify the three conditions which abortion is permitted in Malaysia, i.e. risk of the life of the pregnant woman, as well as injury to mental or physical health of the pregnant woman.

Best Practices & Recommendations

The workshop has transformed the perspectives of young champions on sexual and reproductive health and rights, especially in the aspects of Safe Abortion in Malaysia. The best practices include:

- i. Three parts of the workshop that comprises input, reflection and introspection, as well as consolidation that effectively,
- ii. Sharing and clarification of personal values and rights-based approach on abortion by youth champions moderated by the Trainer allows the former to look at a spectrum of different views among themselves and learn to respect the differences,
- iii. Exploring the differences between personal views, needs-based, and rights-based approaches in providing safe abortion,
- iv. The youth champions are equipped with interpersonal communication skills, exposed to the challenges posed by hegemony, as well as overcoming these by subversive infiltration of modern culture that aimed to strengthens SRHR and safe abortion content creation.

It is recommended that:

- i. Target potential youth advocates who have not attended any SRHR workshops;
- ii. Reach out to youths who have career paths, for example medicine, law, nutrition, social enterprises, and NGOs that could potentially reach out to a larger target population;
- iii. Build a network by using social messengers, such as WhatsApp and Facebook group to build a sense of belonging and share updates;
- iv. To prepare better audio and visual management to maximise use of multimedia such as videos.

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 32 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. Two third of the youth are first timers and have not attended any SRHR workshops before. They are involved the following field of work or industries:

- Medical, law and psychology students and graduates;
- Social activists;
- Counsellors;
- Social workers from women's rights and anti-human trafficking NGOs; and
- Youth volunteers from SRH NGO.



Youth Advocates attentively listening to an ASAP and RRAAM funded Safe Abortion Art Activism Project by a Malaysian Youth Champion in Safe Abortion, Ms Sangeetha Permalsamy.

**Before this I feel awkward to mention the word “sex”, now I feel I am okay.
I am also very surprised when I know that a lot of people don’t know that abortion is legal.
I will voice out after this. – Youth Advocate**

WHO ARE THE PARTICIPANTS?

Here are group photos of the participants during one of the activities implemented at the workshop.



2.2. Trainers and Facilitators

Dr Suchitra Dalvie

She is the Coordinator for the Asia Safe Abortion Partnership (ASAP) and a Steering Committee Member for Common Health. She is a strong believer in women's rights to safe abortion and has worked in promoting the cause for over 10 years. She is also a practicing Gynaecologist.

Ms Garima Shrivastava

She is the Assistant Coordinator at the Asia Safe Abortion Partner (ASAP). Proud Feminist, researcher and activist. She has vast experience of working with youth groups and youth led campaigns and retains in-depth understanding of women's health and reproductive rights, socio-political, economic and ecological issues affecting the sub-region.

Ms Shoba Aiyar

She is the President of the Reproductive Rights Advocacy Alliance Malaysia (RRAAM) and trained counsellor. An avid activist in women's health and rights, especially in safe abortion.

Ms Petra Gimbad

Lecturer and PhD candidate in Politics and History based in Nottingham University, Malaysia, she is also a safe abortion activist with the Reproductive Rights Advocacy Alliance Malaysia (RRAAM).

Ms Syirin Junisya

Executive Director of the Federation of Reproductive Health Associations, Malaysia (FRHAM). She is an activist and advocates in sexual and reproductive health and rights, especially in comprehensive sexuality education.

Dr Subatra Jayaraj

She is a medical doctor who operates a women's health clinic in Selangor. Also the Honorary Secretary of the Reproductive Rights Advocacy Alliance Malaysia (RRAAM) and a women's health activist.

2.3. Workshop Structure

The workshop is divided into three sections over a span of three days.

Please see Appendix for the Programme Agenda.

2.4. Pre and Post Test

The pre and post-test questionnaire comprises four parts. In the first sub-section,

2.5. Outputs of the Workshop

The outputs of the workshop include:

- Total no. of youth advocates trained;
- Total no. of safe abortion projects to be implemented in Malaysia; and
- Formation of a Youth Advocate Network in Malaysia that is linked to the regional network led by ASAP.



Ms Amanda running the Pre-test questionnaires and getting participants' expectations at the beginning of the workshop.

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. This was followed by a practice session to identify their issues of concern and write a letter to the authorities, e.g. leaders or editors of newspaper. Next, the youths undergo a process to "unpack" the norms of SRHR that frame their mindsets through a series of activities, namely the Trolley Problem and Vote With Your Feet. Finally, at the end of the day, they learned about the sexual and reproductive health and rights (SRHR) and Comprehensive Sexuality Education (CSE) in Malaysia.

Expectations by The Participants

Before the workshop began, Ms Amanda Tiew, Coordinator from RRAAM invited participants to fill in the Pre-test questionnaire and facilitated a session to identify participants' expectations, summarised below:

Abortion	<ul style="list-style-type: none">•What are abortion rights in Malaysia?•Methods of safe abortion•Barriers to safe abortion, such as social taboo and stigma•Syariah Law and Abortion
Activism	<ul style="list-style-type: none">•How to translate sexual and reproductive health and rights into activism?•Roles of local organisations in SRHR
Comprehensive Sexuality Education	<ul style="list-style-type: none">•What is it?
Unintended Pregnancies	<ul style="list-style-type: none">•Is abortion the only option?•Family planning for population with low socio-economic status, is there subsidy?
Gender based violence	<ul style="list-style-type: none">•What can we do?•How does it affect us?
Sexually Transmitted Infections	<ul style="list-style-type: none">•Types of STIs•HIV/AIDS

Figure 1 Participants' Expectations from the Workshop

Opening and Welcoming Remarks by Ms Shoba Aiyar, President of RRAAM



Ms Shoba (Left) and Dr Suchitra (Middle) handing out a Certificate of Attendance to a Youth Champion at the end of the Workshop.

Ms Shoba 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 deem as “normal” before the workshop progressed. Youth participants are guided and encouraged to challenge their perceptions on what constitutes as “normal”.

What are the differences between sex and gender?

Sex

- biological,
- born with,
- across time, society, culture, the body remains the same.

Gender

- social construct, e.g. women belong in the kitchen;
- constructed by society to create rules about certain sex;
- masculine and feminine;
- artificially created by society, therefore we can change it;
- it shapes certain law, such as age of marriage of boys are higher than girls because the society believes that male should be able to produce income and the females are responsible in reproduction.

After explaining the differences in definitions, Dr Suchitra described a story of a boy and a girl, and how sex and gender affect their lives.

Your best friend is going to give birth to twins, she tells you that one is a girl, and the other is a boy. Will you be able to tell?

Girl

- Pink blanket (feminine colour)

Boy

- Blue blanket (masculine colour)

This is widely accepted in the mass media. However, it is important to reflect that this concept is accepted by others, and we are adopting it without questioning it.

If they are not wrapped in coloured blankets, will you be able to identify them?

- External genitalia, i.e. vulva
- External genitalia, i.e. penis

Imagine if someone has a single baby, what is the first questions that people will usually ask?

- ❖ Is it a boy or a girl?
- ❖ Our entire lives seem to be fixated based on this identity, of being male or female.
- ❖ They hardly ask "Is the baby healthy?"

Moving on...

Your friend invites you to the child's first birthday party, what present would you buy for the child?

The youths replied animal soft toys and gender neutral clothes.

Five years later, your friend invites you to the children's fifth birthday party. Can you make out whether it is a boy or girl?

- The girl would have long hair, wearing a dress, carrying a Barbie Doll.
- Even if the girl is wearing shorts, it would have feminine symbols, such as butterflies.
-
- The boy will have shorter hair, wearing shorts.

Gender stereotypes do not happen in the vacuum. However, the problems arise when we force the stereotypes on boys or girls.

- The girl may get balls, kitchen sets, cleaning sets, Disney books, princess outfit, fairy wings, jewellery etc.
- The boy may get Hot Wheels (car toy), football, dinosaur, superman capes etc.

We are creating these choices for the boy and girl that would impact their lives.

- The girl will be given a kitchen set, she will be inside the house, inside the kitchen where her mother is;
- She will engage with the woman, she will have food for the dolls;
- She will be the proxy person in the kitchen;
- Let's say the boy is given a ball, he will go outside;
- He will play with a group of friends of varying backgrounds and religion;
- He learns about independence and negotiation skills;
- Building social capital;

- If they have dolls, when the dolls fall sick, she cries a lot, nurturing and maternal behaviour, simply because of the role she has.
- He learns how to cross the road;
- He learns about the outside world.

Let's assume that they play for two days and want to switch. What would be the reaction of the older members of the family?

Girl

- It is dangerous outside;
- Someone can kidnap you;
- Rape;
- Sexual harassment;
- You cannot play with other boys;
- You cannot play after sunset.

Boy

- Don't be a sissy;
- Don't be a girl;
- You are going to grow up and be gay;
- Are you going to grow up and become a cook?

Stereotyping harms both sexes, as gender issues involve everyone. Although male usually have an advantage, the discrimination works for both sexes too.

For example, the boy can also fall down or at risk of being raped and sexually harassed, and this do not only apply to girls.

- Physical value of a woman's body, unscarred body or she would be not good enough to be married anymore.
- Men are expected to be brave, strong, and non-emotional.
- Boys don't cry;
- Grow some "balls";
- Boys are taught not to be emotionally vulnerable.

Now, the children are 16 years old. What are the rules of the society regarding their sexual activities?

- Pressure for girls not to know or learn anything about it;
- If she has unintended pregnancy before getting married, she is expected to continue with the pregnancy;
- She may continue with the pregnancy but not keep the baby;
- Baby dumping – not sure if you can tell or trust anybody.
- Expectation that boys should know everything about sex;
- A lot of pressure on the boys to have sex;
- Boys should have sex with girls, not boys.

However, it is harmful that societal expectations dictate that boys should know everything about sex and girls should not to know anything about it.

CSE is not available in school and parents do not talk about it at home because it is a taboo. The children do not know that abortion is legal.

In fact, policy makers do not look from the perspectives of the young girl. She is also risking her life too as a teen pregnant mother.

Girl

- At some parts of the world, honour killing or suicide are common for dishonouring the family.
- Dishonouring the family is interpreted as hurting “family pride” by doing something that the society perceives as out of the norm.
- Conversely, older unmarried women are unacceptable in the eyes of the society.

Boy

- We usually do not discuss about the boys when the girl is pregnant.
- Sometimes, boys are forced into marriage because of family pride.

The youth participants are prompted to consider the challenges caused by imposing “norm” on individuals who cannot conform. They are told that if they do not speak out, they are also participating in the oppression to be part of the injustice.

The personal is political.

Whatever our body or identity are, we are a political being, whether active or passive. It is important to be active, because if we choose to be passive, someone else will make decisions for us. Those who are accepted as being in the “norm” have a greater moral responsibility to speak out. In other words, if we are the outliers, it would be harder for us to speak out. However, if we are, you should use the opportunity and privilege to speak out for those who are oppressed.

Patriarchy

Next, the session continued with historical perspective of patriarchy. Historically, women are expected to be pure, innocent, untouched, and unstained. This is defined by the concept of virginity, defined by an intact hymen.

What is the point behind all these?

Human society started out as hunters and gatherers. Eventually, they discovered that agriculture provided steady food supply. That was when hunter/gatherer/nomadic transitioned to agriculture and farming.

They want their lands to be inherited. However, there is no way for men to know that this is his child if his wife has multiple sexual partners. Motherhood is shown (bump), but fatherhood is only reassured if the wife did not have sex with anyone else.

Since the men cannot chain women up, invisible chains defined by social punishment are implemented so that women won't have sex before they get married or with others after they get married.

What are the impacts of patriarchy?

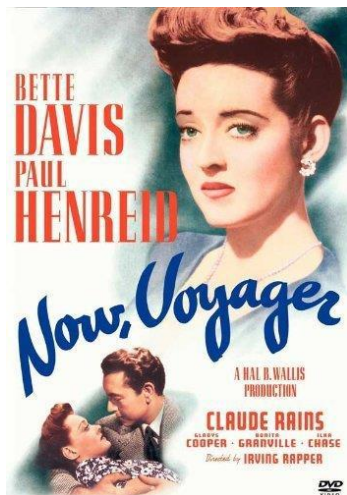
- Patriarchy is the root of gender inequality.
- It decides what is normal based on what works for men.
- It is also defined as the rule of the fathers who take control of decision making in the society or family.
- Men who do not fit in the “norm” would not fit in the system, but they still have the advantage over women.
- Surname, the child is born from the mother’s womb but take the father’s name.
- A lot of the laws such as those on rape and sexual harassment protect patriarchy, and majority of policy makers are men.
- Pornography are geared towards the male viewer, not meant for women.

How can women overcome patriarchy?

- Unless women have economic control personally and in the public sphere, she can challenge the norm.
- As many of the systems are created for men, how can we as individuals take action?
Start small with a simple thing, such as responding to a sexist joke. Have these conversations in every space that we can. Not everyone can be the first to speak out, but only those who are brave and capable should speak out. Then, it encourages the second person to speak out. But we must ensure there is continuity to our voices.

Sexism and Mass Media

This was followed by a session by Ms Petra on sexism and mass media. She quoted example films and scenes from western and local film industries and facilitated a discussion with the youth participants.



Now, Voyager (1942)

- Bette Davis – when she was asked to join this movie, she rejected because she usually plays “strong” character.
- However, as this movie was shot during the Second World War, she was reminded that women are suffering because of the war, and they need escapism.
- Bette Davis had several abortion, it was common among Hollywood actresses. It was carried out in unhygienic conditions.
- This is a problem that we have had for a long time.
- Hollywood actresses today need to make reproductive health decisions to maintain look and career.



Gone with the wind (1939)

- Beautiful scenes even though quite problematic.
- When you look at these images, what do you think?
- I protect you, I dominate you.
 - Eye contact – the woman is passive.
 - These are the images that we are familiar with and take it for granted.
 - Typical action movie poster show the character running or in action; but romantic film depicts women, carried by a man, she usually responds to what a male character is doing, she dresses/poses to invite the viewers to look at her.
 - Scarlett is a hardy woman. Yet, how we remember her is someone who is beautiful and being “seen” in this movie.



P Ramlee and Saloma

- The man is protective, sheltering the woman.
- Saloma usually dressed in a “scandalous” manner, but P Ramlee does not have to dress in that manner.
- Men’s clothes are not as politicised as women’s clothing. You dress to impress, seduce. Men wear the same thing.
- P Ramlee did not need to expose his body, but people tend to like him because of his smile, his attitude. The seductive way for a man to seduce a lady.
- Couple posing, female lean in to male, whose role is expected to be the protector.
- This pushes the man to be abusive or domineering, pressured to provide in a manner whereby all material provision falls into the men’s shoulder.

Captain Marvel (2019) vs. Wonder Woman (2017)

- Wonder Woman is sexualised and Captain Marvel is not, based on the outfit.
- Captain Marvel’s masculine shoulders.
- Scene of Wonder Woman “No Man’s Land”



In Wonder Woman, she goes to no man’s land, a scene when she becomes wonder woman. The producer wanted to cut off the scene because they felt it is unrealistic for a woman to fight off men with her wrist guard.

- Wonder Women shot in 2017 vs. Captain Marvel (2019) – after #MeToo, male audiences are interested women who are portrayed as superhero instead of a feminised/sexualised.
- It is problematic that when we discuss about female superhero, it is fixated on the female body.
- We may say that Captain Marvel is more empowered but it is still fixated on the body. This is still the way we are socialised.

Ombak Rindu

A short clip from the local movie “Ombak Rindu” was aired. It tells a story of a small-town girl comes to KL and ends up working in a night club. She was drugged by the romantic hero and he raped her. After she woke up, she realised that she “lost her virginity”. She begged the hero to marry her. She said, “If you marry me, you can rape me as often as you please”. In the following scene, he married her. He kept her as his wife in secret. He told her that she is his property. Whenever he wants her, she has to make herself available. He takes on a second wife who did not know that he has a first wife.

This section summarises what the youths felt:

Story line

- Some were angered by the hero;
- Malaysia has no law criminalising marital rape;
- Sadly and clearly that she felt helpless, life is over, she needs this man to marry her to honour her family and pride is gone, justify the tragedy;
- The reality that if a woman goes out and get drugged, she deserves it;
- Romanticising the idea that the man is bad, the woman must be good so that the man will become good. There is God in this kind of romance.

Filming sequence and techniques

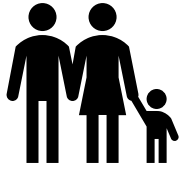
- She chased after him, clinging on his leg when he wanted to leave her;
- Unconsciously, portray power dynamic in terms of height and size of the characters.

Social norms?

- How many parents would have told her daughter instead of son that these sorts of things can happen? The fear is always protecting daughters rather than empowering daughter to support each other;
- Several youth participants expressed that as users, we should be able to make discretion that it is not normal if it is laden with patriarchal values.

Write a Letter

This is a practice session for youth participants to explore the type of letters to the Leader or Newspaper Editor that they would write. Here are the three topics raised by participants, with points summarised below:



Orphanage vs. Foster Family System

- How can we change from an orphanage system to a foster family system?
- The foster system is also problematic, especially in the case of an abandoned baby (stateless and Muslim);
- Many stateless babies in Malaysia;
- Children in orphanages have no where to go once they turned 18 years old.



Role of Women in Films

- Write to film makers and editors in India not to discriminate actresses who are married, pregnant or given birth;
- Allow actresses to take up main roles;
- In fact, 40 actresses in China pleaded to writers and directors to write more roles for them.



Good Journalism

- Write to the editors of Malay newspapers to report on bigger and important issues instead of scandals or news that only garner click-base revenues;
- Online newspapers have impacted journalism, i.e. journalists have to write thoughtful articles as soon as an incident has happened;
- How do we communicate to newspapers to support good journalism?

My Values on SRHR and Abortion

After unpacking the “norms” on SRHR that frame the mindsets of youth participants, this session aimed to facilitate a discussion to explore their personal values on abortion and SRHR.

Personal Values

What do you understand by the word “value”? Below are the points provided by the participants.

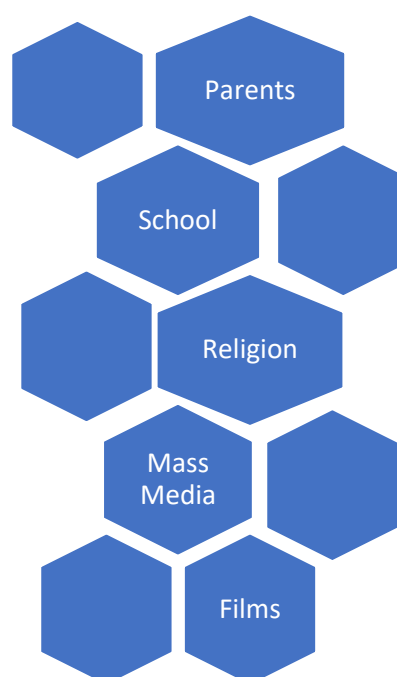
Price	
Drives us to make decision	
Dignity	
Right principle	
Intrinsic to us	
Remains constant irrespective to situations	
Created by our own life experiences	

Who tells you what is right or wrong?

Next, the youth participants brainstormed on the source of “values” that affect their perspectives, summarised in this figure.

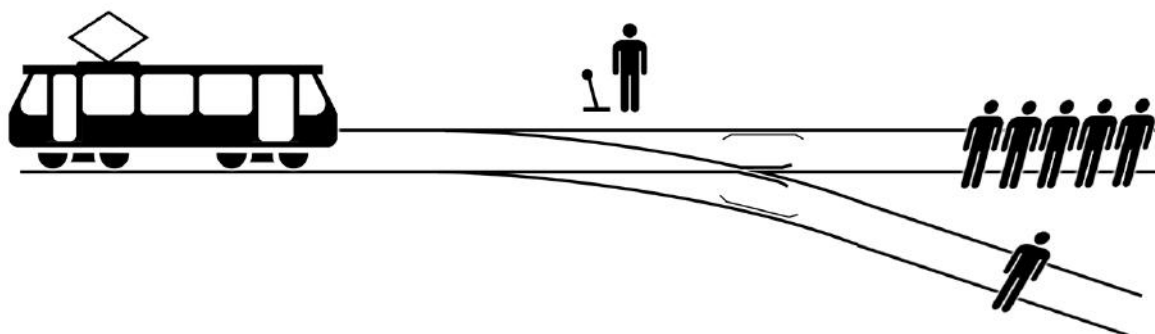
The facilitator explained that when young people learn what constitutes “right or wrong” from these sources, especially patriarchal values that pushes for the norms of masculinity and femininity, they miss out the opportunities to make informed choices for themselves in the context of gender equality and equity.

However, the facilitator explained that at some point, it is important to reflect on what values to “keep” vs. “throw out” because we evolve through our life experiences.



The Trolley Problem

After exploring the meaning and source of values, Dr Suchitra introduced the youth participants to “The Trolley Problem”, a thought experiment in ethics and moral introspection.



The trolley problem: should you pull the lever to divert the runaway trolley onto the side track?

From this session, the youth participants learned that values can also change depending on the situation, and at times, we may encounter “grey areas” in decision making as situations may not always right vs. wrong or black vs. white.

Vote with Your Feet

The youths were asked to stand in the middle of the room. Next, Dr Suchitra read out statements six (6) statements, and the youths are required to “vote” with their feet by moving to either the left or right side of the room. She has facilitated the session and demonstrated to the youth participants on how our personal values unknowing by us justify actions taken by women on their SRHR. She emphasised on the importance that we should stand by girls or women based on their health rights, and not our personal values, when we advocate for SRHR and safe abortion. This section compiles the opinions provided by the youth participants.

Statement 1: A woman should stay with her husband even if he beats her, if he truly loves her.

What is love?

- Love is that it is an action, not a feeling.
- In our culture, women are raised to be submissive. Therefore, she may believe that if he beats me, I am at fault.

Corporate punishment

- Corporate punishment doesn't work;
- What if as a husband, I am just disciplining her for being disrespectful, because she is also teaching the children to disrespect me?
- What if the husband beats the wife and she beats him back?

Public intervention is important

- One participant shared that she saw a woman who was dragged by the husband by the tudung. She shouted “Hey” and raised her voice. It immediately cuts down the opportunity for him doing something more serious.
- One participant said she has the fear that the perpetrator will do something bad to her.

Hegemony and Patriarchy

- When someone controls your mind that you are censoring yourself. This is victory of patriarchy.
- If you ask a man who is superior, he says it is a man. A woman also says the same.

Statement 2: A sex worker cannot be raped

Consent

- A sex worker should get agreement first;
- Consent can be taken away at any time before the procedure, she can say no;
- She decides what she wants to do with her body;
- But how do you decide if she gives consent or not?
- Suppose there is a transaction, and he rapes her;
- She can get rape even at non-sex work hours, or at sex-work hours against the negotiated terms

Identity of a Sex Worker

- They are just as vulnerable;
- Rape itself can happen to anyone, her background is the second thing;
- We are making assumption that a sex worker is a woman;
- Who is a sex worker? Money or in-kind?

Patriarchy

- The pimps protect them from being raped.
- What happens when you go to the police station/court where there are more men? Parliamentarian?
- What report would you expect to give as a medical? What if there is no injury. No hymen tear, they were threatening her child instead of her; swabs that can be taken, what if condom are used?
- Dr Suchitra shared that in one forensic text book, it was stated that when one could insert two fingers in the vagina, they are considered to have habitual sex.

Marriage

- Marriage constructed in a patriarchal society has no difference from sex work;
- In some culture, the family receives a dowry;
- Sex work gets demonised, but the way marriage is conducted it is nothing different. However, the latter gets respected as patriarchy defines it highly.

We need to start thinking differently to be change makers – Dr. Suchitra

Statement 3: Women who have HIV/AIDS should not have babies

Transmission of HIV

- A participant said she agrees that women living with HIV should not have babies because they are going to transmit the virus to the baby;
- A male participant think that she can adopt a baby instead
- However, one participant said a woman should have the choice to have a baby because there are treatment options to prevent vertical transmission.

What if treatment is not available?

- In areas where HIV became a pandemic, grandparents are taking care of the grandchildren. In some countries with no public health expenditure, there is not enough funding for HIV medication, and it needs to be spent on TB or Malaria.
- In some countries, those with HIV are forced to undergo sterilisation.

Then, Dr Suchitra asked the youths, “What if we change the statement to – Women who are poor should not have baby?” From this statement, the youths discovered that there are different ways to argue, i.e. based on public health, economic, rights-based, demographic or HIV burdens perspectives.



The youth champions making their choices to agree or disagree on the statements read out by Dr Suchitra.

Statement 4: Women who have an abortion are ending a life

Definition

- Time frame of six weeks to 120 days (defined from Islamic perspectives);
- Life is when the foetus can survive out of the womb (usually 120 days);
- A participant explained that foetus consists of cells.

Anti-choice vs. Pro-Rights

- The foetus does not have right to life until it is born;
- The woman has her rights to abort;

Tackling Difficult Questions

- Sometimes, advocates are asked “Will you support abortion a day before the baby is delivered?”
- The advocates can reply based on facts, that most women who undergo abortion do so in the first three months.

The youth participants were encouraged to equip themselves with facts and avoid entering the “life” conversation.

Statement 5: Making abortions too easy will lead to more irresponsible sexual behaviour

What does it mean by “too easy”?

- Easy access, painless, early, like having period, and done by trained providers.
- If abortion was “easy”, will people not use or feel that they don’t need contraception?
- Who says abortion is “easy”? Those who want to make it “difficult” coin this loaded value-based statement.
- Requirement of counselling lengthens the availability of abortion within the 12-week legal frame.

CSE

- With easy access to abortion, CSE will also be made available more widely, as it educates for responsible sexual behaviour.

Trauma

- Does having abortion increases trauma or multiple pregnancies?

Policy making

- Policies are made by people who are unaffected. Therefore it is important to reorient our compass when we move higher into power position.
- What is right for the woman? What are rights-based policies?
- It is dangerous that even though legally women can obtain abortion, but hospitals make it procedurally difficult, for example by requiring the woman to undergo assessment by a psychologist first.

Statement 6: Choosing the sex of one's child is a reproductive right

Discriminatory choice

- One participant shared that it is discriminatory that one terminates the pregnancy after knowing the sex.

Termination of Pregnancy

- Participants discuss about the differences in choosing sex of the baby in advance vs. choosing to terminate the pregnancy after finding out;
- They also explore why it is permissible to terminate a pregnancy if the foetus is disabled.

Infanticide vs. Termination of Pregnancy

- If we say that infanticide is “bad”, isn’t abortion “better”?

Why people don't want a girl?

- A girl does not carry the family name, burden to the family, boys are the ones who look after the parent, financial support, dowry, fear of honour are cited as reasons that some communities are not favourable in having girls;
- If being a female is a disability, why are we judgemental about girl child vs. disability?
- For a woman who doesn't want a girl child, she may experience social consequences, man living her. Why are we judging her?

Disability is a social construct

Why would you agree that someone with disabled child (no hands/legs) to terminate a pregnancy?

- Economic burden, mental health of the mother and child, social burden, and dumping.

Sex ratios

- 1,010: 1000 (Female: Male)
- When we terminate pregnancies of female foetuses, we assume that there would be increase in sexual violence, trafficking of women, increase in dowry rates for male family, and that more men would acquire higher positions at work.
- In the argument to increase the births of male or female based on sex ratio, it is crucial to remember that the consequences that we see are not a result of the number of male or female born, but that of power dynamics geared by patriarchal system.

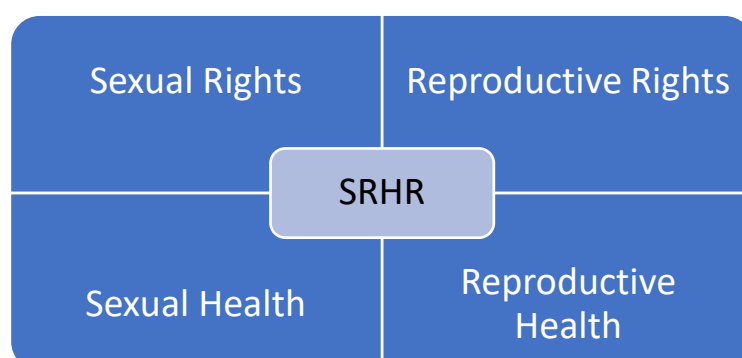
If I stand by someone, I believe that they have the right to choose. Full stop.

My personal values do not dictate how they should live their lives.

Dr Suchitra reflected to the youths that it could be possible that their discomfort is related to termination of pregnancy instead of selection of the sex of the foetus. The values we decide for ourselves will affect our action. However, if we are to speak on behalf of other women, we should also be aware of their situations. Although we may not personally agree with their choices, but we should understand the circumstances of their choices. Unless we can break the social construct of poverty, let's not punish the individuals who are trapped in the system. Additionally, she also reminded the youth participants that we should not look at numbers, i.e. shift away from demographic information to individual rights.

Sexual and Reproductive Health and Rights

The previous sessions aimed to explore the participants' personal values on SRHR issues. In this session, they learn about the following concepts. SRHR is a continuous spectrum.



Sexual health is a state of physical, mental and social well-being in relation to sexuality. It requires a positive and respectful approach to sexuality and sexual relationships, as well as the possibility of having pleasurable and safe sexual experiences, free of coercion, discrimination and violence¹.

Sexual Rights² are critical to the realisation of sexual health. They include:

- the rights to equality and non-discrimination;
- the right to be free from torture or to cruel, inhumane or degrading treatment or punishment;
- the right to privacy;
- the rights to the highest attainable standard of health (including sexual health) and social security;
- the right to marry and to found a family and enter into marriage with the free and full consent of the intending spouses, and to equality in and at the dissolution of marriage;
- the right to decide the number and spacing of one's children;
- the rights to information, as well as education;
- the rights to freedom of opinion and expression, and
- the right to an effective remedy for violations of fundamental rights.

Reproductive health is a state of complete physical, mental and social well-being and not merely the absence of disease or infirmity, in all matters relating to the reproductive system and to its functions and processes. Reproductive health implies that people are able to have a satisfying and safe sex life and that they have the capability to reproduce and the freedom to decide if, when and how often to do so³.

¹ Source: https://www.who.int/topics/sexual_health/en/

² Source: https://www.who.int/reproductivehealth/topics/sexual_health/sh_definitions/en/

³ Source: <https://www.who.int/westernpacific/health-topics/reproductive-health>

Reproductive rights rest on the recognition of the basic right of all couples and individuals to decide freely and responsibly the number, spacing and timing of their children and to have the information and means to do so, and the right to attain the highest standard of sexual and reproductive health. They also include the right of all to make decisions concerning reproduction free of discrimination, coercion and violence⁴.

Where are we with regards to Comprehensive Sexuality Education?

In this session, Ms Syirin, the Executive Director of the Federation of Reproductive Health Associations, Malaysia (FRHAM) shared with the young participants on the state of availability and advocacy on CSE in Malaysia. Below is a summary of what was presented and discussed with the youths:

International Documents related to SRHR

- ICPD highlighted the importance of personal, rights-based approach to SRHR;
- Definition of SRHR according to ICPD and UNFPA.

Statistics in Malaysia

- Contraceptive prevalence rate (CPR) is 52% (1994) and remain the same in 2014;
- Modern Method for CPR is only 34% (2014);
- Statistics look at usage by married women, and exclude those by unmarried women;
- Unmet need as risen despite stagnant CPR rate;
- Malaysia has the highest unmet needs in contraception among ASEAN countries;
- Maternal Mortality Rate (MMR) has also risen;
- Research shows that Malaysian teenagers are sexually active, but do not know enough about SRHR to protect themselves from unintended pregnancies and STIs.

Documents related to CSE

- IPPF
- International Guidance on Sexuality Education (2018)
- FRHAM has a module called the Reproductive Health of Adolescents' Module (RAAM) developed in 2000.

CSE in Malaysia

- Malaysia faces the challenge to implement CSE due to taboo that surrounds sex;
- Reproductive Health and Social Education are introduced in school;
- There are elements of CSE in school, but terms such as "sexuality" are not used;
- Research showed that teachers are uncomfortable to teach sexuality education in school.
- We need to improve current CSE curriculum to suit disadvantaged youths, especially those who have dropped out of schools.

SRH services for adolescents in Malaysia

- The local health clinic, *Klinik Kesihatan*, offers SRH services to unmarried young people;

⁴ Source: <https://web.archive.org/web/20090726150133/http://www.who.int/reproductive-health/gender/index.html>

- The Ministry of Health provides training for health professionals to provide Private and Confidential (P&C) services regardless of marital status;
- However, we do not really know about the quality of delivery of these SRH services for adolescents.

Research on CSE in Malaysia by FRHAM and ARROW

- It has been found that the gaps to implement CSE include:
 - Trained teachers/fear
 - Labelled as “sex teacher”, accused with sexual harassment
 - Lack of parental/family involvement
 - Lack of M&E
 - Poor political will

Q&A

When FRHAM comes up with CSE syllabus, do you face objection from JAKIM (Islam religious authorities)?

The Islamic perspectives were not included previously. However, now there are many Muftis who are requesting for SRHR issues to be addressed.

How can I be certified as a CSE trainer?

FRHAM offers a 4-day course. All trainers will need to go through this course before they can be certified by FRHAM.

Do your trainings include sexuality?

Yes, as we are going towards an inclusive society we have to be sensitised and be informed with these issues.



Dr Suchitra presented a Certificate of Appreciation to Ms Syirin after her presentation.

Ms Syirin concluded that even though there are challenges, especially in meeting the needs of Adolescent Sexual and Reproductive Health (ASRH) and CSE, we need to continue to coordinate, monitor and evaluate, and push for political will, especially by our Member of Parliaments (MPs) to raise these issues in the Parliament. She also encouraged the youth participants to write letters to their MPs to advocate for CSE.

DAY 2

Day 2 started with a session on the human reproductive systems and contraception. Next, the youth participants learned about abortion, including medical abortion, international and Malaysian laws, availability and acceptability, and related issues. This was followed by the SRHR Power Walk that aimed to demonstrate to the youths that various factors affect how SRHR can be practised by different sects of the society. Finally, they finished the day by examining cases and linking them to the lessons, specifically on patriarchal system that were learned on both days.

Human Reproductive Systems and Contraception

In this session that was moderated by Dr Suchitra, the participants explore the differences of male and female reproductive systems, and how contraception works to prevent unintended pregnancies.

After participants have illustrated the male and female reproductive systems, Dr Suchitra explained that we need to normalise the conversation on sex and sexuality in public by using proper nouns without feeling uncomfortable.

She also elaborated that it is important to know the correct structures of reproductive systems because this may be of use to explain to others, especially in rural settings.



A Youth Champion illustrating the female reproductive organ as Dr Suchitra looks on.



A compilation of Post-It Notes of the male reproductive organ drawn by the youth champions.

Method:

1. Participants draw female and male reproductive organs on Post-It Notes and paste it on a large Mahjong Paper.
 2. Next, a few volunteers were asked to draw an enlarged version.
 3. This was followed by a PowerPoint presentation that comprises the following:
 - Female and male reproductive organs;
 - How safe abortion is done;
 - Contraception.
- A woman is the risk of being pregnant 400 times in a life time, she has to prevent pregnancy 398 times if she wants to have 2 children in a life time.
 - Biologically, women can get pregnant once every month.

Apart from that, Dr Suchitra also elaborated on the reality that the contraception discourse is patriarchal in nature, whereby the project made is based on the idea that men have sexual needs but methods of contraception are mainly female-based.

- How often can a man potentially impregnate a woman? If he had sex every day with one different woman, 30 persons may get pregnant.

Q&A

One participant asked what happens when a couple have sex during menstruation?

Dr Suchitra explained that when a female is menstruating, the chances for fertilisation to occur is very low, but it is not zero chances. It is still best to use contraception.

Abortion

Unsafe abortion is an entirely preventable maternal death.

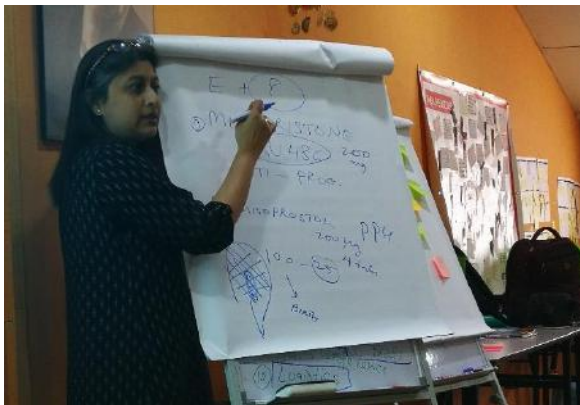
In this session, the youth participants have learned the following:

Importance of the Availability of Safe Abortion Services

- To stop women and girls dying from unsafe abortion, we should provide safe abortion services;
- Unsafe abortion also affects husbands, although only unmarried cases are usually highlighted in the news;
- High unmet needs of contraception is not the only solution to unintended pregnancies.

Patriarchal system and values that shape the idea of pregnancy

- It is an erroneous idea that “the best thing a girl or woman want can be is a mother”;
- Glorification of motherhood across culture, but it is an unpaid job and insufficient investment on maternal healthcare services;
- The society denies economic values but apply social-values on motherhood;
- Ignoring contributions of “non-mothers” to the society.



Dr Suchitra shared with the youth participants on the need to identify the source of political maps in the context of health and rights.

Statistics and Maps

- Global statistics hide country differences;
- To identify the political reasons behind how maps are drawn, and continuously question the source of information in order to shift our mindset out of hegemony and patriarchy.

MEDICAL ABORTION

The youth participants were briefed on medical abortion, i.e. Mifepristone and Misoprostol. Below are the points that were discussed in this session:

Miscarriages vs Medical Abortion

- Out of 100 women who get pregnant, 25 would experience natural miscarriage. In natural miscarriages, pregnancy halts and the uterus contracts. This is exactly what happens in medical abortion too.

What happens during Medical Abortion?

- Out of 100 women with 10 to 12 weeks of pregnancy who undergo medical abortion, 95 would have the experience similar to having a period;
- For pregnancies beyond 12 weeks, a woman who undergoes medical abortion need to be in a clinic or do it with presence with a doctor.

Is Medical Abortion safe?

- Medical abortion is a non-invasive procedure that is safer than Vacuum Aspiration, a procedure that requires instrument and trained personnel;
- The problem is not in the pills, but how it is wrongly used, where some women use it in the second or third trimester without medical supervision.

Acceptance of Medical Abortion

- From the most developed to least developed nations, women will choose safe, less invasive method to terminate unintended pregnancies if they have the information and access;
- In tribal communities in Rajasthan, India, women who know about the method are taking it;

Acceptance of Vacuum Aspiration

- Vacuum aspiration is preferred in some settings where there is a small time frame for women to get out of home;
- In settings where medical abortion is unavailable, the only safe choice is vacuum aspiration or surgical abortion;
- Some women may choose vacuum aspiration because it has less bleeding, done in a clinic where IUD can also be inserted by the doctor;
- Note that Dilation & Curettage (D&C) is not an accepted method of performing abortion.

Medical Abortion in Malaysia

- The sale of fake abortion pills online causes misinformation on medical abortion in Malaysia;
- In Malaysia, the problem arises when girls or women take medical abortion pills when they are in their second or third trimester;
- The pharmaceutical company that produces medical abortion pills have stopped distributing it here.

In conclusion, when it comes to selection of abortion methods, girls and women are able to 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.

Abortion Laws in Asia

Next, Ms Garima presented on abortion laws in Asia. In this session, the participants learn about why abortion is regulated, how are health policies affected by male policy makers, the distinction between legal vs illegal and safe vs unsafe abortions, as well as global issues surrounding abortion, i.e. the Global Gag Rule. These are the points that were presented:

Why is abortion regulated?

- Political agenda of the country
- Population control mindset
- In countries that want to prevent population growth, abortion is legal and permitted.

Who are policy makers?

- Usually men

Why are laws needed?

- Control behaviour
- Crime prevention
- Peace and order
- Law and order

Global Gag Rule

- Withdrawal of funding from organisations involved in work related to abortion.
- Causes huge funding gap as most organisations receive fundings from US.

Abortion in a large spectrum

- Abortion does not happen in "vacuum", it is linked to a women's rights.

This was then followed by the following activity:

Method:

1. The youth participants are grouped into five groups of six members each.
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.

Ms Garima was appointed as the President. The rest of the participants take on the role of Member of Parliaments and policy makers.

Please see Appendix for profiles of women.



Ms Garima explaining why do laws exist, and how it is associated with the patriarchal system in the context of safe abortion.

After a short discussion, the groups have decided based on six profiles which of the three should be given the last abortion before the law makes it illegal in the country.

Name	1	2	3	4	5	6
Shanti	3		2	2	3	
Leela		3	3			2
Puja	2	2		3	2	1
Yasmin						
Farah						3
Meena	1	1	1	1	1	

Meena

- Group 2: She has medical risk
- Group 3: Her life would be impacted drastically

Shanti

- Group 3: economic issue, already have a disabled child, health aspect (high risk pregnancy)

Yasmin

- Group 4: why did you not choose Yasmin? She had an affair and it is her choice, she is 35yo running her own business, her relationship will be affected, she has more financial privileges, she has more support
- Group 5: why did you not choose? Yasmin cheated. She made a mistake. She is financially stable.
- Group 5: Would you have chosen Yasmin if she was poor? No, because she cheated.

Puja

- Group 6: She has the biggest advantage overall

Leela

- Group 2: Why is she the third choice? – Her age and economic situation

Farah

- Group 4: why did not choose? Financial privilege to support herself
- Group 5: She talked to the management to negotiate for maternity leave

Points of discussion:

- On what basis is this a priority over the other?
- Nobody is taking into consideration about the husbands
- Assumption that if you are rich enough, the law does not apply to you
- As a good advocate, you should be able to get people to do what you think is right
- Needs-based vs. Rights-based
- If you go rights-based, everyone has the rights to choose
- How wrong are we to make choices for others based on what we think their needs are vs. their rights?

The participants were informed that instead of selecting the three most deserving women, they could have collectively decided not to make a choice and negotiate with the President. From this activity, the participants learned that an advocate is one who speaks out for others who could not speak out for themselves. It is important to make choices based on their rights instead of making decisions for others based on what we believe their needs are.

SRHR Power Walk

Next, the participants took part in the SRHR Power Walk. In this exercise, everyone starts off equal, but ends up very different. Participants get to learn that SRHR disparities due to various factors and how they can support each other to move forward together.

Method:

1. *Each participant is given a piece of paper. It contains description of a profile that represents each of them, respectively. The profiles have varying backgrounds from the rich to the poor, literate to illiterate, refugees, executives, etc.*
2. *Next, the facilitator read out a statement. If they believe that their profile has the opportunity or agree with the statement, they are required to step forward. Conversely, if they believe that their profile do not have the opportunity or disagree with the statement, they will stay put at their position. These statements include opportunities to education, rights to health care and contraception, and abortion services.*



One of the participants pondering on whether she should step forward after a statement on access to abortion services was read by the facilitator.

Points of discussion:

How did you feel?

- I was not born into it (privileges), my background is not something that I get to choose.
- Women's rights tell us that every human being is born free and equal; but as we grow up, there are system that becomes a barrier.
- Those (standing) behind are at higher risk.
- We have the responsibility to ensure those at the back will also move forward.
- We can play our roles to ensure that the government protect the rights of the marginalised.
- Citizens hold right to hold the government accountable.
- If the government creates law that discriminate women, that is our role to challenge it.
- It is very difficult to get someone in power to let go of their power, so negotiation is important.

Health and Politics: A Video

The youth were shown a political video related to women's health. They learn to look at where they stand from the geopolitical perspectives. They reflected on the following:

- The information circulated in traditional media does not reflect the reality;
- Is this going to come up in mainstream media?
- The video critiques the fact that US is the "greatest country in the world".
- US claims that terrorism is a "global" threat.
- It is a misconception that US is the moral compass of the world.
- They do not have the best interest of the world.
- Sometimes there are different grey negotiations that need to happen.



Youth participants sharing their views on abortion.

Abortion Laws, Sexual Offences Against Children (SOAC) and Relevant Policies Related to SRHR in Malaysia

In this session by Dr Subatra Jayaraj, the youth participants learn about SRHR laws in Malaysia. She explained that it is essential for youth advocates to know the laws in their country because by knowing the system, especially in terms of restrictions for abortion and health access, we can then push for the necessary changes.

I shared a poll on my Instagram this morning, 80% of my friends think that Abortion is Illegal in Malaysia – quote by a Youth Champion.

SRHR Law

List of SRHR laws in Malaysia

- Penal Code Section 312
- Sexual Offences Against Children (SOAC)
- Laws that govern medical professionals in Malaysia

Legality

Abortion is Legal in Malaysia

- Section 312 of Malaysia's Penal Code states that a termination of pregnancy is permitted only when there is a risk to the life of the pregnant woman or a threat of injury to her physical or mental health.

Sex

Is sex legal or illegal in Malaysia?

- Age of consent is 16 years old

Rape

How is Rape defined in Malaysia?

- Statutory rape (below 16 years old)
- Sweet Heart Defence
- Rape in a marriage
- Act of rape, i.e. insertion of penis, digital rape (finger)
- Insertion of foreign objects into the vagina is not considered rape

Child

Definitions of Child in Malaysia

- Definition of age
 - Child Act (18 years old and below),
 - Children and Young Persons (Employment Act) (14 years and below)
 - Adoption Act (21 years old and below)
- Gillick's Competency - the ability of a child to make decisions
- Child marriage

Pornography

Child Pornography

- Malaysia is the 2nd largest consumer of online pornography in South East Asia

What Does It Mean to be Pro-Choice?

The workshop continued by a session moderated by Dr Suchitra on being Pro-Choice. The participants are given nine case studies, followed by a discussion. The points shared by the youth are summarised below:

Wedding with a rapist

- Marriage as a form of punishment;
- Power dynamic, if the father of the daughter is a rich landlord or village head, the man would have been punished severely;
- If the government/police/village head is pushing her into marriage, who is standing up for her?
- Societal perception that she is used after she is raped;
- You're not punishing the man but the poor victim who is stuck in a union that she does not want to be in;
- If you really want to punish the man, you should put him in the jail;
- In Malaysia, marriage is a way to avoid all other forms of punishment;
- In Malaysia, some women want to "punish" their husband and just go for custody.

Saudi Arabia: Raped Filipino Worker faces Lashing after miscarriage in prison

- She was raped, yet she was punished;
- The injustices to the woman's entire family but nothing is mentioned about the man;
- These are physical punishment for one who is deemed as "crossing the boundaries";
- The act of penetration has to be witnessed by four men;
- The Filipino government did not negotiate with the Saudi Arabia government (power play).

Russian lawmakers are giving domestic abusers a green light

- Legislators are not in favour of people without political power, therefore they are not given importance;
- The participants questioned why victims are responsible to gather evidence;
- Why are those around are in fear to help;
- Even in Malaysia, when we see someone being abused, we are reluctant to report too;
- The victims are not only the women but the children, because of the mental health issues they will suffer from seeing their mother go through such adversities;
- Domestic violence is criminalised in Russia, then it was decriminalised;
- Putin wanted to win the next election and he has a huge support by the Church;
- More women die from domestic violence, homicide by intimate partner;
- When they voted, it was 600 (men) against 2.

Brother of Pakistan

- The killing took place in the parents' home;
- Documentary – she married young, left her husband;
- Someone took a photo of her passport, they knew who her family was;

- She was the main breadwinner of her family;
- It was not pornography, but she was portrayed as being “a bad girl”;
- In the end, the parents felt that the son was wrong – when they realised that she was not that “bad” for she provided for the family.

The role of women in Nazi Germany

- What is the point of having laws;
- The Nazi wants to control women’s movement and role in the society;
- The Nazi did not just want children but they wanted it to be racially pure;
- What if all these are done by people in absence of Nazi philosophy, when the government endorses it, it becomes legitimate;
- Using patriotism as a reason to promote or control population;
- In India, rising Hinduism, RSS – all good Hindu women should have at least 8 children, 2 for the country, 2 for army, 2 religion, 2 for family;
- Fear mongering,
- Nationalism is used by the government to push for their own agenda.

When the Soviet Union took a census of Georgia

- Sex ratio that men will be left behind with no one to marry;
- Many women want to stay single;
- Romania – punish single people with an extra tax;
- Usually government wants to suppress reproduction, but it is interesting to see how the governments around the world control at both trends by their own justification;
- Individual rights are not considered in the context of population control;
- Number-based approach instead of individuals;
- The different type of population policies show that human beings trying very hard to go against nature;
- Population is still shrinking; it is nature’s way or individual making own decisions;
- According to the Malaysian LPPKN Population report, we are an ageing population, they want to encourage young generation to increase population size by organising state level match making;
- In France – 2 year paid maternity leave with 3 children;
- Government trying to control population and their reproductive rights;
- Now men can apply for paternity leave, but one should also look at how many men take up paternity leave.

Henrietta Lacks and Medical Ethics

- Injustice to her;
- Family did not think that they should fight for her;
- NIH - because it caused science breakthrough, they got away from corporate punishment;
- Major component of medical ethics, i.e. consent, medical ethics are not detailed yet;
- This is prime example of unethical behaviour in medical practice by taking sample without consent;

- HeLa cells – Polio, HIV etc. came from these cells;
- She was African American woman, she was also poor, slave generation;
- Nuremburg trial;
- Doctors joined the Nazi.

The true story behind the appalling Tuskegee Syphilis Experiment

- Deception of poor community;
- They were only told that it is a health screening;
- Social injustice and oppression;
- When it was discovered that Penicillin is treatment to Syphilis, the trial was still continued;
- Three generations were affected;
- Recently in Sub-Saharan ran TB drugs on people living with HIV.

Are Gates and Rockefeller using their influence to set agenda in poor states?

- What happens when donations are given to government to run drug trials;
- The algorithm stopped at the part where one received family planning;
- SDGs – one of the indicators is public-private partnership, it does not say certain domain must remain under the government under the citizen control, e.g. health, education can be under the private sector.



DAY 3

This section summarises Part 3 of the workshop that aims to consolidate the input, reflection and retrospection learned in Parts 1 and 2. The youth champions are equipped with interpersonal communication skills, exposed to the challenges posed by patriarchal systems and hegemony, and given strategies to overcome these difficulties by infiltrating existing modern cultural references and employing subversive twists of gender equality. They are also guided through steps and characteristics of SRHR content creation to design SRHR and safe abortion campaigns of their own.

Interpersonal Communications

This session was presented by Ms Garima Shrivastava. The session aims to identify the challenges in message delivery and effective strategies to frame them.



At the end of the line, these were the messages given by the participants:

Message 1

- There is only one more chicken;
- There is one word, chicken;
- Something, something chicken;
- 500 gram of chicken.

Message 2

- Medical abortion and something something.
- When Medical Abortion is unusual.

Method:

1. All participants sit in a line.
2. One participant at each end is given one (1) message.
3. Concurrently from two ends, one participant is asked to pass the message to the person next to the next participant.

The Messages:

Mother wants to make Briyani, she needs 1.5kg chicken, 1.7kg onion, 2 tbspn salt, and Coriander.

Medical abortion is safe, simple and effective.

From this session, the participants reflected on the following:

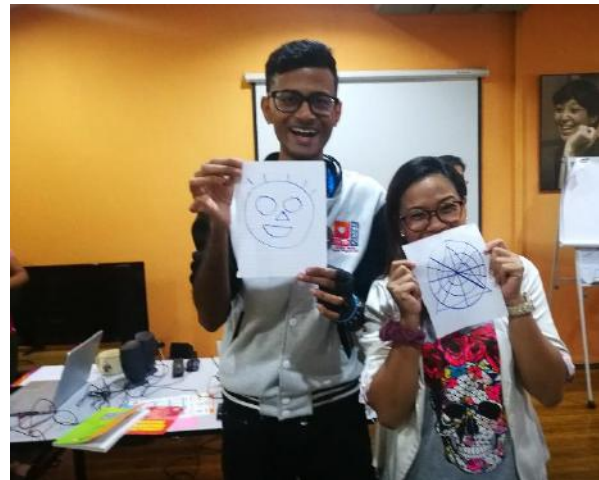
- Messages that lack clarity are those that contain too much details, e.g. list of items and a lot of numbers. When it is passed from one person to the other, it becomes shorter and the content is lost in the process.

- For a message to be passed on, its meaning must be understood by the recipient.
- To convey a standpoint without getting lost or misinterpreted, it is important to frame the message in a manner that is simple to be understood by a wide range of audience.
- It is difficult to convey messages that stay undiluted.
- In crafting a message, it is also important to consider how many people in between which the message is passed on. Even if the details are lost, it is important to have at least one main message that we want to convey.

Next, two volunteers were invited to sit with their back facing each other. One is given a drawing and asked to describe it to the other. The person who drew was not allowed to ask question.



Alya (left) draws according to the picture that is given to Victor (right).



The two different drawings.

The lessons learned from this small activity are:

- When communication is one way, i.e. we are not allowed to question our doubts, misinformation tends to happen;
- The shapes drawn were correct but no context.

In conclusion, there should be two-way communication in the advocacy work that we do. It is also essential to allow for Question and Answer (Q&A) to clear doubts, framed in a context that is easy to be understood by the audience.

From Unwanted Pregnancies to Safe Abortion: A Short Video

In the next session, the participants watched a video produced by ASAP.



A Screenshot from the video:
<https://youtu.be/mwv81v96ick>

This is a nine-minute video that has been translated into different languages.

The facilitator explained that when we work in a global or regional setting, individual women from our countries become “invisible”. as Maternal Mortality Rate (MMR) is low.

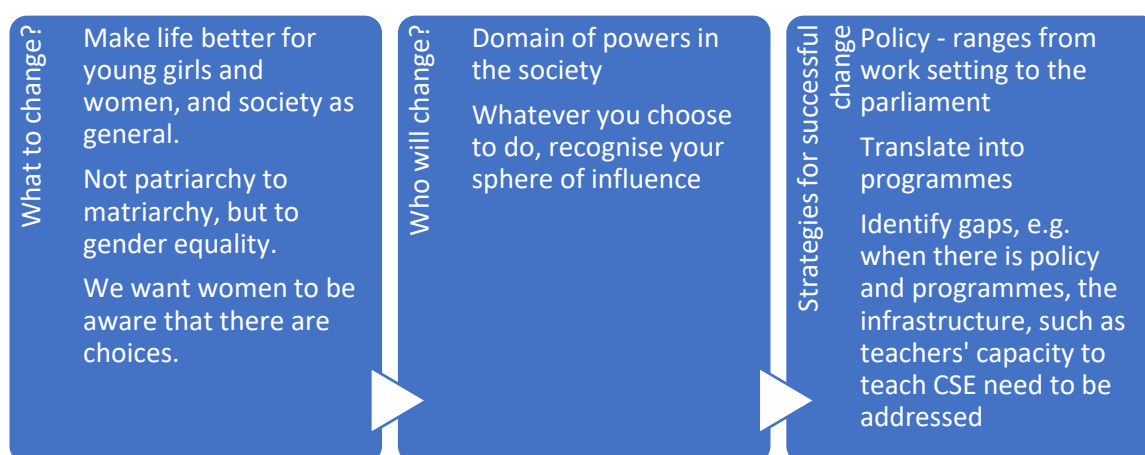
Therefore, there should be a “face” to women’s health issues by sharing testimony or stories when advocating for safe abortion access for them instead of just focusing on the statistics and numbers.

The participants are encouraged to share these materials when they for a simple and easy-to-use explanation on safe abortion.

SRHR Content Creation Session

In this session, Dr Suchitra facilitated a discussion to elicit the reasons of why the youth champions are here. She explained that when the youth champions actively initiate conversations on SRHR and safe abortion, they have already taken the first step as change makers. She shared with the youth champions 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?”

The participants are guided to reflect on what do they want to change about SRHR and safe abortion, identify who will change this, and strategies for successful change that are summarised below:



The facilitator explained that because great ideas alter the power balance in relationships, they are initially resisted. First, those who oppose may ignore us, then they laugh at us, and then fight with us; then we win especially if we have already garnered support from enough people to be with us. The youth champions are advised that although conflict may arise, someone needs to speak up, and there has to be continuity in messaging.

Advocacy is a cycle, not an arrow.

**We need to have each other's back and
be each other's "Second Person". – Dr Suchitra**

The youth champions are reminded that it is important to establish an end goal by identifying small changes that they wish to see. They are given the encouragement that even if it is a small step taken, they should not be disheartened. Sometimes, changes takes up to several generations of advocacy work, requiring massive funding and cooperation. Even if we are unable to make dramatic changes, it is important to at least move forward.



Dr Suchitra explaining to youth participants on the female and male reproductive organs.

Next, the youth champions are explained the concept of **hegemony** and **subversion**.

Hegemony is conceptualised by the Communists. It means leadership and rule. The social class which dominates create the value system for everyone. In other words, "Might is Right", i.e. the authority in power decides what is right.

The youth champions also learned how to deal with hegemony that is prevailing in the society by using modern cultural references and adding a twist of gender equality.

As we cannot create new systems, we can use current systems by means of subversion. Using the strategy of the Greek Trojan Horses, advocates can infiltrate popular cultural references and flip it over to expose patriarchy and promote gender equality.

Below are examples from Disney movies that comprises stories from traditional folk tales with immense sexuality undertone, discussed during the workshop.



Snow White and the seven dwarves

- Snow white is surrounded by seven dwarves, i.e. old tiny men who were not a threat to her virginity or sexuality;
- The prince gets to kiss her and she was unconscious and it is not consented.



Tangled

- Long hair 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, signifies women who are part of the patriarchy system that threatened by female sexuality;
- Who rescues her? The male character;
- First sexual encounter, happy yet guilty.



Beauty and the Beast

- Disney princesses are always known for their beautiful faces and hair;
- Why is she not called “brainy” but “beauty”?
- Her intelligence does not take precedence over her body;
- Her father represents patriarchy, and Belle is trapped in the castle.

Additionally, the youth participants are encouraged to question the symbols and meanings of their every day lives. In many folktales, the apple is portrayed as the “forbidden fruit” that gave a woman knowledge on her body associated with shame.

From this session, the youth participants learn that they do not have to create something new, but use stories or examples that are already popular and add a twist to it.

Dr Suchitra shared about an article that she has written on Mother’s Day as a example of how to add a subversive twist. She has written an article on Non-Mother’s Day to include sisters, aunties, and other female members who also play a role in nurturing the younger generation. She also explained that it is important to use hashtags that are in the trend and quote the correct information by using credible sources, such as WHO in order to overcome backlashes.

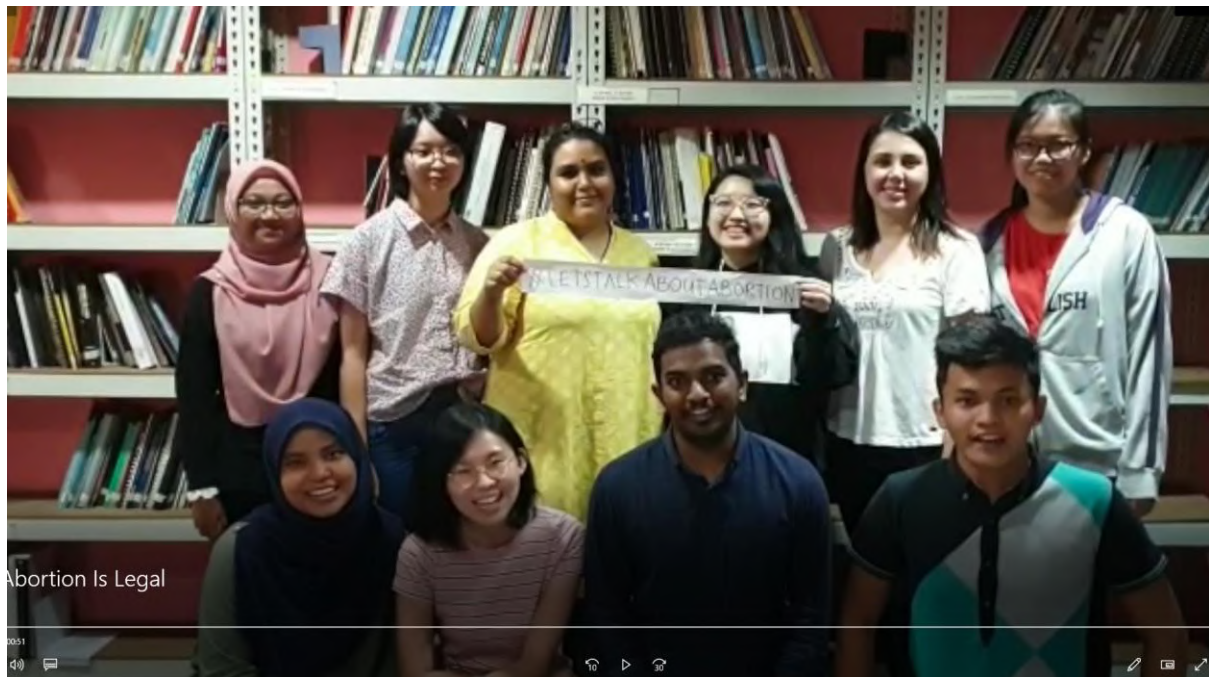
Youth Champion Programme

The “Youth Champion Programme” is a regional initiative to engage with and connect young advocates in the Asian region to advocate for SRHR, especially in safe abortion. Dr Suchitra shared with the youth champions trained in this workshop that ASAP is geared towards creating a strong online presence because “online politics reflect the offline presence”. She gave an example that if one searches online for “abortion”, the search results would reveal horrifying news on abortion, adoption, and non-safe abortion options.

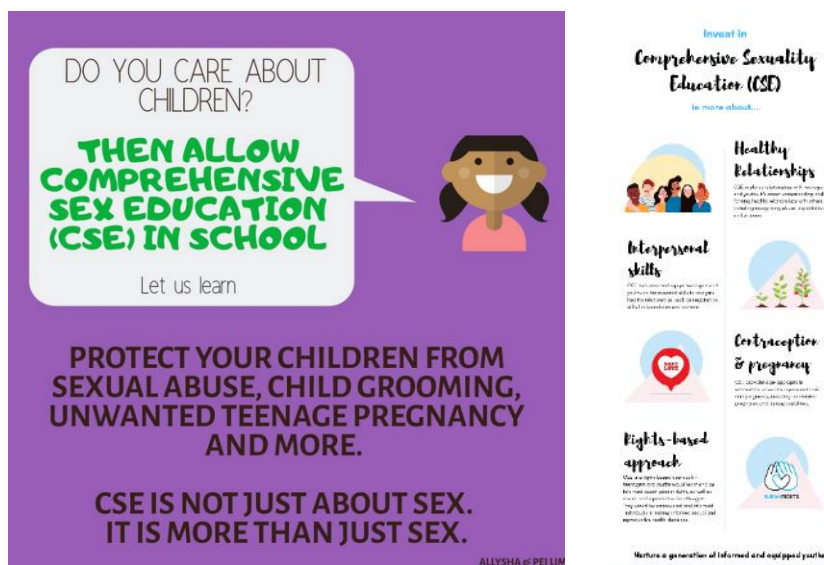
At the final session, the youth champions are asked to propose a short project aimed to promote SRHR and safe abortion. A total of seven (7) projects were presented during this session.

1. Pop Culture Revisited - #FlipTheScript
2. Abortion is Legal
3. An infographic on the importance to invest in Comprehensive Sexuality Education
4. Do you care about children?

Below are snapshots from the projects that were presented on Day 3 of the workshop:



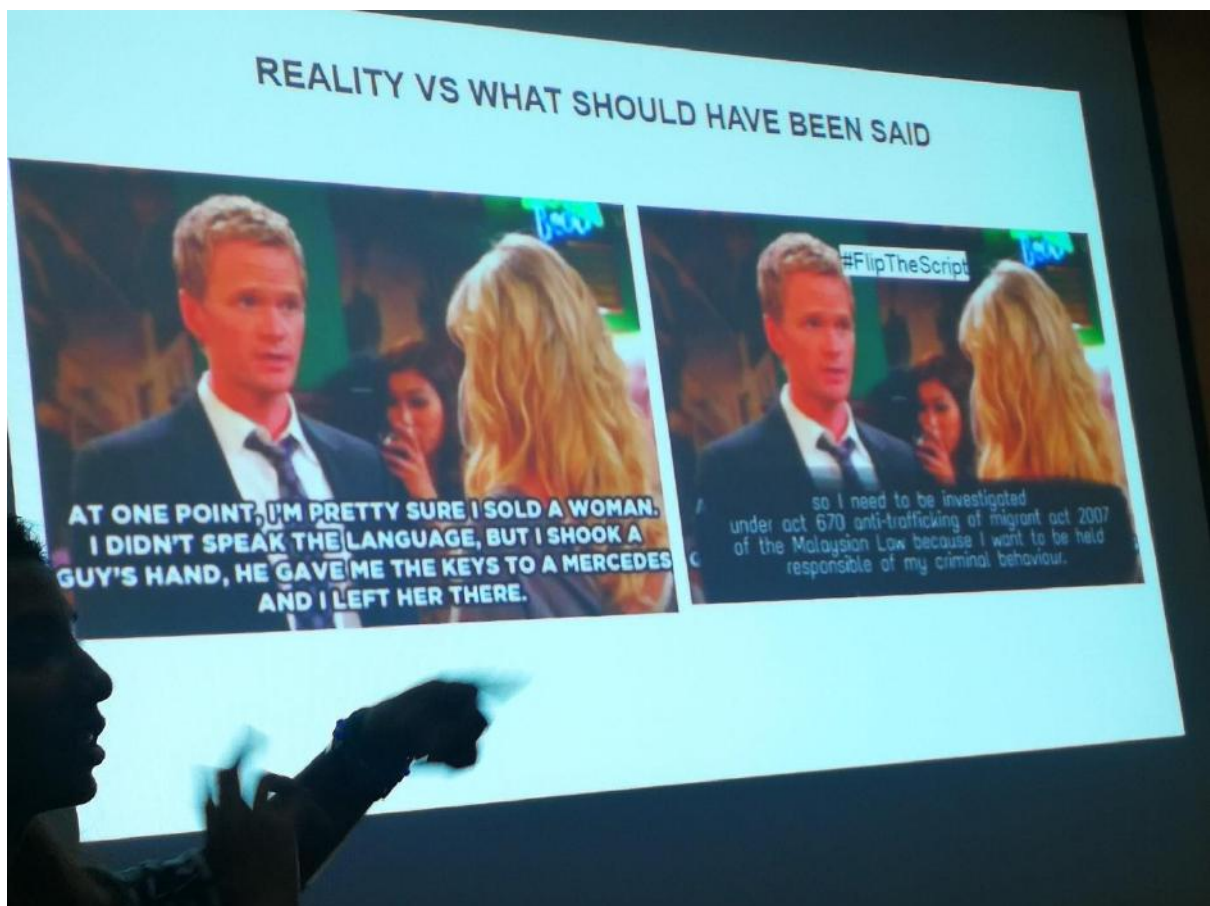
A snapshot by the group that presented a short video entitled “Let’s Talk Abortion”.



Infographic by a group on Comprehensive Sexuality Education



A snapshot by the group that presented a short video entitled “Abortion is Legal” that promotes the RRAAM Safe Abortion Hotline.



#FlipTheScript – Youth champions re-write the script from gender bias Hollywood, Kollywood, and Bollywood TV series and movies.

To further support the advocacy work that the youth champions will do in Malaysia,

ASAP offers a small funding that youth advocates can apply by sending a proposal by

15 August 2019.

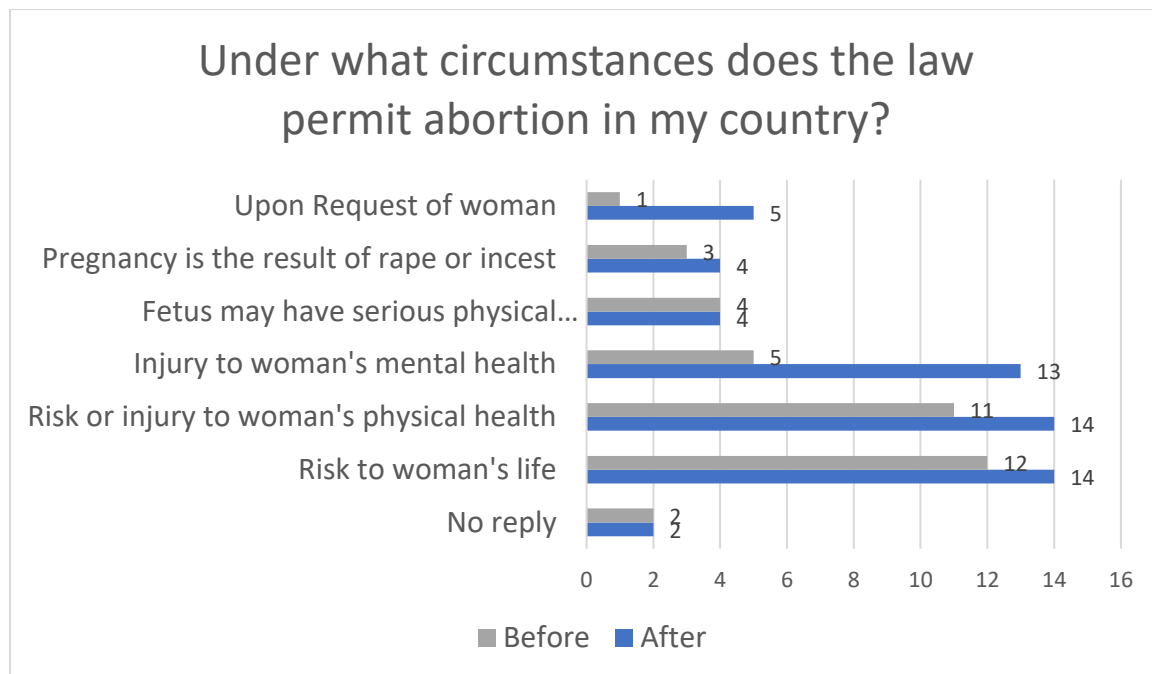
Closing Remarks by Ms Shoba Aiyar

Before the end of the workshop, Ms Shoba thanked Dr Suchitra, Ms Garima, and the team of trainers and facilitators. She told the youth participants that this is the best workshops that she has observed because the youths are very proactive and open in sharing their personal views, and also creative to design safe abortion related projects. She also shared that to continue this momentum, RRAAM wants to form a youth network and invited the youth champions to join any upcoming activities and programmes organised by RRAAM. She also mentioned that there will be a refresher course next year, post six months from this introduction session.

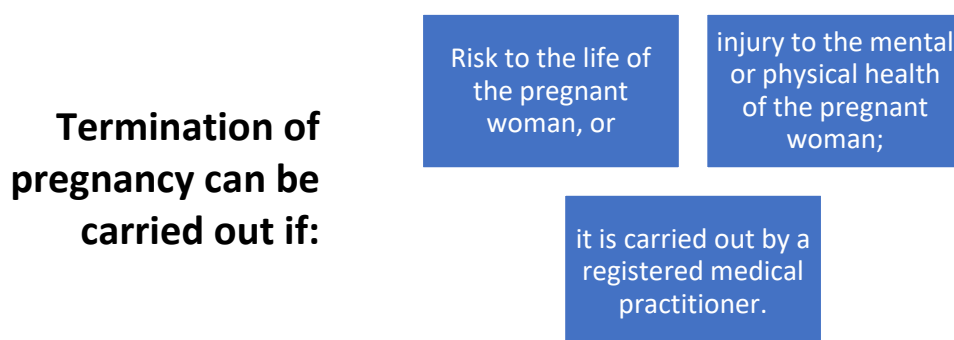
Pre & Post Test Results

The tools used to evaluate this workshop are: i) Pre and Post test, and ii) Workshop evaluation form. A total of 20 participants submitted their Pre and Post test and evaluation forms.

In the first sub-section, the participants' knowledge on what circumstances does the law permit abortion in their country, i.e. Malaysia.

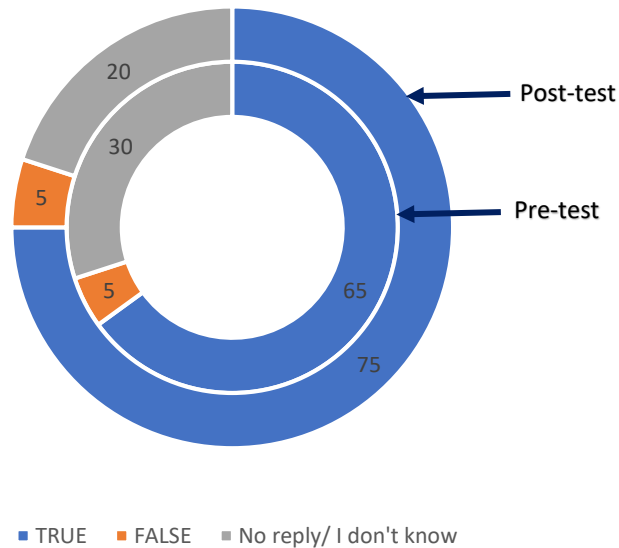


Before the workshop, the top three responses that they have indicated were: when is a risk to a woman's life (N=12, 32%), risk or injury to woman's physical health (N=11, 29%), and injury to a woman's mental health (N=5, 13%). After the workshop, the top three replies were the same. The highest increase is seen in "injury to woman's mental health", from 5 to 13 replies. A total of 7 participants (35%) of the total 20 who submitted the forms replied correctly with the three conditions stated below, i.e. risk of the life of the pregnant woman, as well as injury to mental or physical health of the pregnant woman.



In the second sub-section, the participants indicated whether there is direct correlation between providing Comprehensive Sexuality Education (CSE) as well as access to contraceptive care and safe abortion services, with the decrease of baby dumping and abortion rates in any country.

There is a proven direct correlation between providing Comprehensive Sexuality Education(CSE) as well as access to contraceptive care and safe abortion services, with the decrease of baby dumping and abortion rates in any country (N=20)



Before the workshop, slight over two third (n=13; 65%) stated there are links between CSE, contraception, and safe abortion with the decrease of baby dumping and abortion rates. On the other hand, less than a third (N=6; 33%) of them were unsure/did not reply. Conversely, after the workshop, there is an increase of two participants (n=15, 75%) who agreed that these strategies would reduce baby dumping and abortion rates. However, one participant (5%) did not agree that these links exist.

In the third sub-section, participants were required to state from a scale of 1 to 5 that ranges from strongly disagree to strongly agree on ten statements related to current beliefs and comfort levels.

The ten statements are categorised into these sub-topics.

Sub-topics

Abortion

When asked before the workshop whether they would feel comfortable observing an abortion procedure, only 8 (44.5%) indicated they agreed/strongly agreed to do so. After the workshop, this has increased to 13 (68.4%).

Additionally, before the workshop only 4 (22%) participants indicated that they feel comfortable performing or assisting an abortion procedure. After the workshop, this has increased to more than half (n=10; 52.7%).

Family Planning and Contraceptive services

During the pre-test, a total of 17 (94.4%) participants strongly agreed to support provision of family planning and contraceptive services in their countries. However, after the workshop, only 15 (78.9%) have strongly agreed.

Before and after the workshop, a total of 14 (77.8%) participants strongly agreed to increase access to family planning and contraceptive services in their countries.

Personal values

Before the workshop, a total of 8 (44.4%) participants said they strongly agreed that they are clear about their personal values concerning SRHR and safe abortion. This was followed by 5 (27.8%) who said they agree and 3 (16.7%) who said they moderately agreed. After the workshop, there was an increase in percentage and total number of participants in these two categories, i.e. those who strongly agreed (n=10, 52.6%) and agreed (n=7; 36.8%).

Conversely, before the workshop, a total of 12 (66.6%) participants said they disagreed that they feel conflicted about SRHR values and abortion. This has increased to 13 (68.4%) after the workshop. In other words, after the workshop participants were able to identify clearly with SRHR values and abortion without conflicts.

Apart from that, before the workshop, only a fifth (n=4; 22.2%) were able to clearly explain their personal values concerning abortion. After the workshop, this has increased to two fifth (n=8; 42.1%).

The workshop has also successfully support participants to respectfully explain values concerning SRHR that conflict with theirs. Before the workshop, only 9 (50%) were able to do so. This has increased to 15 (79%) after the workshop.

Majority of the participants are comfortable talking with their closest friends about their involvement with SRHR advocacy before (n=16; 88.9%) and after the workshop (n=17; 94.5%).

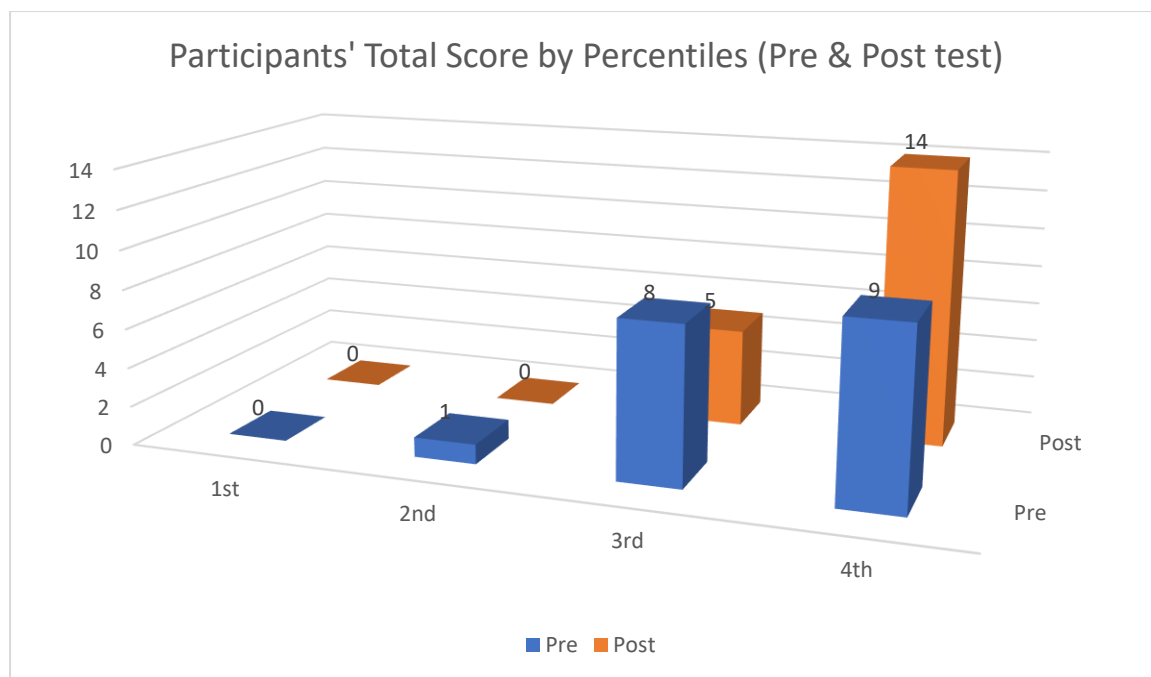
Regulation of laws on provision of abortion services

When asked if they supported laws regulating the provision of abortion services in their country, before the workshop 11 (61.1%) collectively agreed/strongly agreed. After the workshop, 10 (53%) agreed.

Total Score

The total score by the participants ranged between 24 to 50, with a mean of 37.78 ± 6.19 for the pre-test, and 28 to 50, with a mean of 40.79 ± 5.93 for the post-test. The chart below categorises the percentile score. During the pre-test, 50% (n=9) of the participants scored the 3rd percentile and below. After the workshop, 100% (n=19) of the participants scored the 3rd percentile and above.

From the total score, a paired-t-test was used to analyse whether the workshop improved the participants' attitude score. It is concluded that there is strong evidence ($t = 4.156$, $p = 0.001$) that the workshop improved marks used to compute beliefs and comfort levels related to safe abortion.



Feedback on Workshop by Participants

This sub-section summarises the participants comments on the workshop. A total of 22 participant submitted the feedback forms.

<p>Session 1: Understanding Gender and Patriarchy</p>	<ul style="list-style-type: none"> • I truly love this session. It was straight to the point. • Indeed an eye-opening experience to learn about history of gender inequality that many of us just accept as it is in our daily lives. • Thought provoking. Discussed the origin/history of stereotyping and debunking reasoning behind societal norms revolving good and bad girls. Well said and empowering. • In this section, I get to learn what patriarchy is. It is basically some theories that already set in a person's mind. For example, girls need to wear something flowery or pink while boys have to wear black coloured clothes. Parents cannot accept if boys wear pink. • Differentiate the difference between gender and sex. The patriarchy phenomenon. • Opened my mind on the effects of patriarchy on society. • Dr Suchitra is a good, skilful facilitator. Engaging and encourage participation. She gently guides us through the discussions and unpack the stereotype and patriarchy, and keep us engaged throughout. Thank you for your effort! • Excellent, very detailed but engaging. Made me question many ideas I had regarding cultural norms etc. Dr Suchitra is also such an inspiring and well-read woman! • Good to know that women are controlled from the start. We should change it! • Awesome! • Mind blown. • I liked the way complex ideas about gender, sex, gender roles, and how they all interact based on societal perceptions were broken down and simplified. It was very engaging. • It's interesting to know a new term, patriarchy, in which I rarely aware of. This session let me to think or involve my curiosity on how social construct influences our understanding on gender. • I really like how this session was to get us to question all the notions we had of gender and stereotypes. It ended up being more effective than just giving all the facts – and I still ended up learning a lot! • The flow of the presentation was very natural and drawing statements from participant was engaging. • Very thorough and insightful – found that the things learned kept being applied to the rest of the workshop. The patriarchy is pervasive – smash the patriarchy! • Interesting session! I enjoy the way Dr Suchitra draws the lines between gender and patriarchy. I wish there was a small touch on non-binary persons. And I think we didn't have enough time to deep dive for all topics. • Realise that patriarchy is so norm in the society without us questioning why. • Learn about difference between sex and gender, biologically and pre-determined societal construct. Is sex only for reproduction? No!
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	<p>Patriarchy contributing the whole “definition” of normal. Who decides normal? Those in power who want to stay in power.</p>
Session 2: Sexual and reproductive rights & human rights	<ul style="list-style-type: none"> • Learned that everyone should be given equal opportunities to make decision. • Agree/disagree statements which brought up a great discussion and points from Dr Suchitra. New ideas explored and discussed. Superb session. • In this section, I learn what really are women’s rights in SRHR and human rights. All this while, I didn’t really get a clear understanding as to what are the women’s rights because no one have ever emphasised on it. • It makes my mind think deeper on the difference between SRHR components. • Good. • Informative, connect to the audience. • Amazing! • The difference made it easier to comprehend and explain how it ties with abortion laws. • Learned a lot and again wish we had more time to deep dive! • Learned the difference between health conditions and health rights.
Session 3: Sexism and mass media	<ul style="list-style-type: none"> • I thought the session did not flow organically. While it brought up a lot of good ideas, the session was not closed properly. It felt a little “here and there”. • A very interesting session to understand that connotation of media portrayal can affect the thinking of the masses without the knowing of the audience. Clearly understood that how messages were implanted in media and the way they were transmitted. • Interesting format of presentation, creates comprehensive discussion, brings up multiple issues. • In this session, I learn to be more alert about media because all this while, I don’t really think whether it is sexism or anything but now I realise how important it is. • I learned that it’s really important for media to play a role in promoting gender balance. • Eye opening • Videos or movies comparison a little outdated for young audience. It would be nice to know what can be done moving forward. Felt like an analytical critic session on media and its sexism. • Informative, changed my mind on how I see, how media portrayed women and men. • Don’t like projector brightness but content is good. • Irritated that Sexism exist in our media blatantly but the session was good. • I liked the idea behind this session but I wish that we could have seen more examples from media in different parts of Asia, I also would have liked it to be more interactive. Perhaps getting participants to throw examples of movies in their thoughts. • This session was also very interactive and made me really look at the way media portrays gender. Romance is a form of escapism – but

	<p>what are escaping from is a question I've been thinking about a lot, to which I do not have an answer.</p> <ul style="list-style-type: none"> • The objective of the session was not clear in the beginning and I am still not sure what we are supposed to take away from this activity. • Lovely and light hearted but also educational. Will be on the lookout for subliminal gender stereotyping in the movies from now on. • Enjoyed this session! Always love challenging the way we consume mass media and how sexism is pervasive! • Able to see how mass media influence our thinking.
Session 4: Values, rights and policy making	<ul style="list-style-type: none"> • This was another engaging session, thought provoking. I explored a lot of my inner bias through this exercise. • Policy should be made based on society needs and not just solely from the point of view of policy makers. • In this session, I learn what are the law for women and children. • The trolley theory makes my mind thinking. • A lot of loopholes in the law. • Interesting activities. Needs-based versus rights-based. Impactful! • I like how Mahjong papers are used like a white board. I personally don't like slides. • Good session. Better insights as to what happens behind the scenes. • This session challenged my beliefs and made me think about why some mothers may choose to terminate their pregnancies based on their foetus' sex. I'm still doing some introspection on this particular area. • Brainstorming, understand the concerns or views from different perspectives. Respect the decision made by everyone. • Again, I liked how interactive and introspective this session was. I came to realise I had to question what I was bringing to the term "Pro-Choice" and how that would affect what I advocate for. • The session was very good. Thank you for challenging thinking that I didn't know I am uncomfortable. • A challenging session, especially with the trolley exercise! Made me uncomfortable but in a good way because it forced me to consider the meaning of pro-choice. • The game/activities were eye opening, and encouraged me to think a lot of the box when it comes to solving problems. • The most enlightening session of day one! It really made us think within different context and parameters; making me realise we often theorise for our point of view and moral judgements, when it's very different for populations, take an individual and rights-based approach. • Learn through a small activity which help me to reflect on my values and belief. In this game, also help me to realise that I am lack of knowledge to support my stand. • Choosing the lesser of two evils. Ethical choices based on morality, to not impose your judgements onto others as they are entitled to their judgements.
Session 5: The importance of	<ul style="list-style-type: none"> • I really liked this session, it was very informative. However, I was hoping it would be a bit more detailed, especially in terms of components of CSE.

Comprehensive Sexuality Education	<ul style="list-style-type: none"> • Led to further thinking that education is the utmost importance and should not be influenced by political agenda. • Speaker has good energy and charisma, however slides quite wordy. Good pointers made but probably needs more crowd interaction. Long hours passed after multiple sessions have tire a lot of participants contributing to lack of engagement. P/S: I am interested in obtaining CSE trainer certification. • I learned that we need to improve, widen the coverage of CSE in our education system. I also learned important points that we can actually write to our MPs to urge the implementation of CSE. • I did not know that CSE has been implemented in Malaysia for a very long time but in reality it is not taught. • Great but slightly hard to follow at times but still great! • Too wordy and technical. Mainly historical perspective on how CSE came about. Very little emphasis on the components and how to learn about it. Do keep us posted if there are CSE trainings available. • The slides are too lengthy, talks too fast, and very energetic. • Good comprehensive info. • I think this session could have been more engaging in terms of delivery. However, it did make me realise that Malaysia actually has a sex ed curriculum, that's clearly not being utilised. • This was a more informative session but I felt the delivery could have been better. Such as passing more questions to the audience, and then giving the facts, instead of just giving facts. Also less words on slides and finding more creative way to present numbers would be good. • Very fast and being the last session of the day was little bit hard to concentrate. • Really important, wish there could have been a bit more about the suggested syllabus and modules for CSE. • It was very informative but maybe the slides could have not too much dense content on one page? • Informational session! Suddenly realised that I did have like one day of sex ed, but definitely not CSE. I'm glad to hear Malaysia does have CSE frameworks, I hope it's broadcasted. • I always believe that sexual education is important to reduce social problems. I am glad to know that there is a group of people improving and creating sexual education.
Session 6: Updates on Reproduction, contraception and safe abortion.	<ul style="list-style-type: none"> • I really enjoyed this session. All I know about contraception is what is in my text book which was basically IUD, condom and vasectomy. • Learned that everyone should have access to safe abortion and how dangerous unsafe abortion is. • Good introduction of reproductive system, physiology, and anatomy. • In this session, I get knowledge as to how many types of contraception are there and what amounts to safe and unsafe abortion. • I learned the science in the reproductive health. • Good refreshment. • Informative, biology 101. Interesting part on surgical and medical abortion procedure and that Malaysia does not distribute the pills.

	<ul style="list-style-type: none"> • A lot of information I didn't know about. • Science better directs our understanding. • This was an informative session that showed me how to explain the reproductive system to people of different backgrounds. I also thought the segment about abortion methods and contraception was very informative. • I learned so much about the science behind pregnancy, menstruation – which I didn't realise I should be aware of and it's good to have a refresher course. It was also really good to learn specific ways of having an abortion and what the options in Malaysia are. It was also so interesting to learn about most contraception is geared towards the women's body even though men have a much higher chance of making a woman pregnant – and being able to see this power dynamics at play. • It was like revisiting my biology class and I miss studying science. I learn a lot of new information and made me want to read and be informed. • Very informative and useful. But I think diagrams for the contraception part would be helpful. Also more explanation needed about hormonal birth control (I'm not a medical student so I didn't understand as easily as the other participants). • This was a really interesting session and it made me realise how little I am aware of the available contraceptive methods out there and the science behind abortion. • Good to know how the contraception work as information is not given properly in school.
Session 7: Intersectionality and abortion	<ul style="list-style-type: none"> • Oh Gosh, it was very well done! • Abortion is legal in Malaysia and awareness needs to be created among society. • While I appreciated this activity, it did make me uncomfortable having to choose who should and shouldn't get abortions, though I realise I didn't speak out. I guess it's designed to make you uncomfortable. • I was actually quite excited about this session and wish there was a bit more detail or presentation put into understanding the term "intersectionality". Although, I do understand there was probably a time constraint. • The activities were done in a way that I was trapped to decide for others. Always give the person the right to choose. • This was the session where we had to pick one woman for the last abortion – teaching us to go with rights-based rather than needs-based approach. Overthrow the system!
Session 8: Videos and discussion	<ul style="list-style-type: none"> • The video was really powerful. It never occurred to me to connect abortion to politics even though I am aware of the implications. Or at least, I never thought of it as a direct connection. • An inspiring session to show that how power affects the function of the world. • I love the article reading, it's really interesting. • In this session, at first glance, I find it funny watching those videos but when I watch closely, I realise how politics have influence the decision to protect women.

	<ul style="list-style-type: none"> • The exercises were fun. • I liked how we were informed of how geopolitics and other agenda are related to abortion laws in certain countries, but I'm unsure how to resolve this issue. • Power walk was actually a powerful activity. • Was really good but couldn't go into depth due to technical difficulties. • I enjoyed reflecting on how global forces can affect the kind of rights that other countries. I hope to look more into this.
Session 9: Abortion laws & SRHR-related policies in Malaysia	<ul style="list-style-type: none"> • As an activist, I really appreciated this session. • Excellent interaction with participants and content discussed was highly related to Malaysia. • Clearer view of laws, the problem with laws and the complexity. A summary and recap after all the debate would help lack in information. • In this session, I get a great details as to what are the laws that govern them. I find it really important because as a law student, I only know about the UK law, but now I feel grateful that I know Malaysia law too. • I get to understand the abortion law in Asia and make the fact right that abortion is legal in Malaysia. • I realised that some laws does not do justice to women or victim. • This was an informative session but I wish there was more time to delve deeper into our laws and look at current efforts to improve or amend them. • Eye opening for me and mind blowing. Case study to choose the most suitable woman for abortion. It's difficult to stand at a neutral stand without influenced by personal social construct. • I found this session is informative as I had no idea abortion was actually legal in Malaysia. The delivery of this presentation was also effective in that I came up with more understanding of the situation. • I realise that there are more work to do regarding Malaysia law. • Again, super important session – could have done with a more thorough explanation of the laws, and perhaps bringing in cases and modern day examples to put the laws in context. • I found this very interesting as it deals with the technicalities women would face when having an abortion. • This was interesting! I knew abortion was legal, but the session was definitely enlightening in terms of misconceptions and I couldn't wait to tell all my friends. • Get to know that Malaysia law need to be improved.
Session 10: What does it mean to be Pro-Choice	<ul style="list-style-type: none"> • Mind blowing. • Really showed how government often have different imperative agenda at a high level, may not always have individual best interest at heart. • Rights-based over needs-based. • I learned the importance of not judging women for their choices, regardless of whether we agree or not with them.

	<ul style="list-style-type: none"> • Last session where we reflected on our privilege and the kind of laws other countries put into place is astounding and it's important for us to be critical about it.
Session 11: Interpersonal Communications	<ul style="list-style-type: none"> • This was really useful and I appreciate that it wasn't a boring PowerPoint presentation. • Clear definition and process of communication. • Activities were nice. Lecture not so much. • Engaging. • I really love these exercises. Simple but creates a huge impact on my interpersonal feelings. • Not always effective to just give numbers, should put a face to the story. Context of message is important. • Learn a lot of technique of putting information across. • Lots of fun and a very effective way of demonstrating effective communication. • It was interesting to know the language to use and the different types of communication. • An important session on conveying messages effectively. • Learned that communication is not just talking but effective conveying message and listening skills are important to pass a message successfully. • Learned about ways and barriers to communication. Both ways communicator should be practical during advocacy.
Session 12: Group work and SRHR content creation	<ul style="list-style-type: none"> • A very useful session for bonding among participant. • This is a very engaging session. I learned a lot from my team mates. • Will turn in some of own creation. • It's really an eye-opening experience to be working with a group of inspiring advocates. Develop messages and passing information that I've gained for the past few days, in many creative forms. • This was a fun session and it was great to collaborate with other participants and come up with good ideas. • It's fun and great. As a platform to have more interaction with other participants. • Really enjoyed working and forming connection with community as it makes it less daunting. Solidarity. • Wonderful! So much fun to work with young, like-minded people who are full of innovative ideas. • During the group work, I learned there are actually many ways to advocate, all that is needed is that first initiative to do so. • Fun! And a great opportunity to translate knowledge into action! • To make a project successful or to achieve a goal, teamwork is important. • It was an opportunity to use our newly polished brain into creative use.
Session 13: Ways forward	<ul style="list-style-type: none"> • Good to know how to be more involved in the future. • Lots more self-learning to do which I'm excited about. More connecting with communities, being brave in speaking up when I can and engaging more with others. • Really great session to end on a positive note. Important for self-reflection.

	<ul style="list-style-type: none"> • I had to take a deep breath to share what I had to say, but it was eye opening to hear so many fresh ideas. • To learn how to spread the word effectively.
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Overall comments:

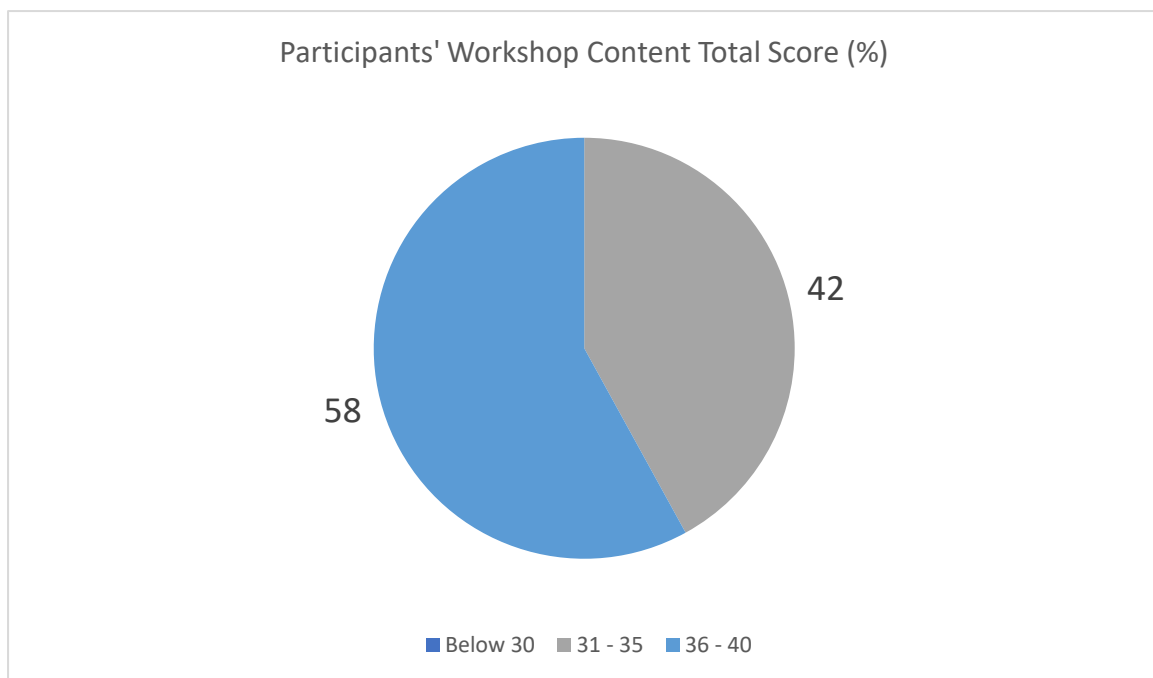
- All sessions were amazing, thank you!
- Good! Learned a lot!
- I really love the talks and exercises especially by Dr Suchitra. She is literally amazing! I love how she conducts the sessions. Makes me think so critically, though the projector is a bit too bright and blinding to me. Could not focus long on the screen.

Workshop Content

1 = Strongly Disagree; 2 = Disagree; 3 = Neither agree nor disagree; 4 = Agree; 5 = Strongly agree

Statement	1	2	3	4	5
1. I was well informed about the objectives of this workshop. (n=19)	-	-	-	4 (21.1%)	15 (78.9%)
2. This workshop lived up to my expectations. (n=20)	-	-	-	5 (25%)	15 (75%)
3. The content is relevant to my professional job. (n=20)	1 (5%)		4 (20%)	4 (20%)	5 (55%)
4. The workshop objectives were clear to me. (n=19)	-	-	-	7 (36.8%)	12 (63.2%)
5. The workshop activities stimulated my learning. (n=20)	-	-	-	4 (20%)	16 (80%)
6. The difficulty level of this workshop was appropriate. (n=20)	-	-	-	9 (45%)	11 (55%)
7. I will be able to use what I learned in this workshop. (n=20)	-	1 (5%)	1 (5%)	4 (20%)	14 (70%)
8. The workshop was a good way for me to learn this content. (n=20)	-	--		5 (25%)	15 (75%)

Total Score for Workshop Content



Based on the calculation of total score, five (26%) out of 22 participants graded a full score for the workshop content. Majority of them (n=11; 42%) graded it with a score of 36 and above. None of them graded the sessions with a score of lower than 32 points.

What is most valuable about this workshop?

- Memorable, friends and acquaintances;
- The knowledge shared and the food;
- Valuable in that my preconceived ideas regarding SRHR were seriously challenged and I'm much better for it;
- That now I know people are out there working towards a better, progressive nation;
- The experience and knowledge and open-mindedness of all the presenters;
- Challenging my beliefs;
- Being able to learn so many thought-provoking things through having my assumptions challenged. Also, having a guide that's mostly gentle and firm;
- I am now aware of the importance to see things from different perspectives;
- Learning how so many factors intersect when it comes to SRHR. I also appreciate being more aware of the relevant laws globally and locally;
- Information, facts, understanding improved to better propagate advocacy;
- That we can openly talk about anything, that the contents stimulate my thinking in so many ways. It taught me to become a critical thinker and a true advocate;
- Good job! Love the speakers! Make sure that you keep these good speakers for the next workshop! Dr Suchitra, she is amazing!
- Information and friends;
- The content presented to me, which gives me the information and courage to stand up as an advocate, would love to attend more workshops even more in-depth and complex ones;
- The activities;
- An eye-opener;
- The content is very important to my passions;
- I learn a lot of things in relation to sexual and reproductive health and rights;
- What it means to be pro-choice;
- I think it is questioning, the conversations, and the flow of the workshop. It was all very natural.

What is least valuable about this workshop?

- Lack of preparation, no appropriate speakers etc.

What other improvements would you recommend in this workshop?

- Better audio-visual management so that the video clips can be utilised;
- Permanent name tags rather than stickers, so it is easier to remember names;
- More notes on how to move forward, communities we can work with, etc.;
- To have more activities for participants to know each other or interact, while not only listening to the talk/lecture;
- Perhaps more in-depth information about abortion and SRHR policies;
- Longer, more deep into political topic. But I guess the refresher workshop will deal with that so all's good;
- Make the workshop often and reach out to more people;
- The workshop really drained me and some others due to the content. Probably alternating between light-hearted courses versus controversial debates would help. Also is it possible to dim the projector or use darker background/shades/theme as the slides are striking to the eyes to look at.

4. Appendices

4.1. Programme Agenda

Programme: Youth Advocacy Initiative on SRHR 2019

	Day One (2nd August, Friday)
8:30 - 9:15 AM	Registration
9:15 - 9:30 AM	Welcome to the YAI 2019 RRAAM & ASAP
9:30 - 10:30 AM	Understanding Gender and the Patriarchy Suchitra Dalvie, ASAP
10:30 - 10:45 AM	Tea
10:45 AM - Noon	Sexual and Reproductive Rights & Human Rights Suchitra Dalvie, ASAP
12:00 - 1:00 PM	Sexism and Mass Media Petra Gimbad, RRAAM
1:00 - 2:00 PM	Lunch
2:00 - 3:00 PM	Values, Rights, and Policy-Making Suchitra Dalvie and Garima Srivastava, ASAP
3:00 - 3:30 PM	Tea
3:30 - 4:00 PM	SRHR Power Walk Garima Srivastava, ASAP
4:00 - 5:00 PM	The Importance of Comprehensive Sexuality Education Syrin Junisya, FRHAM
	Day Two (3rd August, Saturday)
9:30 - 10:00 AM	Recap & Review of Day One
10:00 - 11:00 AM	Updates on Reproduction, Contraception, and Safe Abortion Suchitra Dalvie, ASAP
11:00 - 11:15 AM	Tea
11:15 AM - Noon	Intersectionality and Abortion Garima Srivastava, ASAP

Programme: Youth Advocacy Initiative on SRHR 2019

12:00 - 1:00 PM	Videos & Discussion Suchitra Dalvie, ASAP
1:00 - 2:00 PM	Lunch
2:00 - 2:30 PM	Abortion Laws and SRHR-Related Policies in Malaysia Subatra Jayaraj, RRAAM
2:30 - 3:30 PM	Abortion Laws and Policies Garima Srivastava, ASAP
3:30 - 4:00 PM	Tea
4:00 - 5:00 PM	What does it mean to be Pro-Choice? Suchitra Dalvie, ASAP
	Day Three (4th August, Sunday)
9:30 - 10:00 AM	Recap & Review of Day Two
10:00 - 11:00 AM	Interpersonal Communications Garima Srivastava, ASAP
11:00 - 11:15 AM	Tea
11:15 AM - Noon	Group Work and Literature Review Suchitra Dalvie, ASAP
12:00 - 1:00 PM	SRHR Content Creation Session Garima Srivastava, ASAP
1:00 - 2:00 PM	Lunch
2:00 - 3:30 PM	Content Sharing & Valedictory Session Suchitra & Garima, ASAP
3:30 - 4:30 PM	Ways Forward / Advocacy Planning Shoba Aiyar, RRAAM
	End of YAI 2019

4.2. House Rules

1. Be respectful of everyone's opinion
2. Phone's off during sessions
3. Safe space to share experiences and viewpoints without fear of being judged
4. Embrace diversity of idea/thought
Open, diverse points of view; we should not let our mindset restricts us from embracing others' ideas
5. Stretch and move when you need to
6. Being comfortable
7. Disclosure before sessions

4.3. Case Study: The Last Abortion⁵

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.

⁵ Adapted from: Marais, Thea. 1996. Abortion values clarification training manual. Melrose, South Africa, Planned Parenthood Association of South Africa.

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.

4.4. Pre & Post Test Results

Under what circumstances does the law permit abortion in my country?

Statement	Pre (N=38)		Post (N=57)	
	No.	%	No.	%
a) Under no circumstances	-	-	-	-
b) When pregnancy is the result of rape or incest	3	7.9	4	7.0
c) When continuation of the pregnancy would involve risk to the woman's life	12	31.6	14	24.6
d) When continuation of the pregnancy would involve risk or injury to the woman's physical health	11	28.9	14	24.6
e) When continuation of the pregnancy would involve injury to the woman's mental health	5	13.2	13	22.8
f) When continuation of the pregnancy would involve injury to the father's mental health	-	-	-	-
g) When there is a substantial risk that the foetus may have a serious physical abnormality or disease	4	10.5	4	7.0
h) Upon request of the woman	1	2.6	5	8.8
i) I don't know	-	-	-	-
No Reply	2	5.3	3	5.2

Participants' Pre and Post test scores on current beliefs and comfort levels on safe abortion

Statement	Pre-test (N=18)					Post-test (N=)				
	1	2	3	4	5	1	2	3	4	5
I support the provision of family planning and contraceptive services in my country	-	-	1 (5.6%)	-	17 (94.4%)	-	2 (10.5%)	-	2 (10.5%)	15 (78.9%)
I support the laws regulating the provision of abortion services in my country.	3 (16.7%)	-	4 (22.2%)	6 (33.3%)	5 (27.8%)	2 (10.5%)	3 (15.8%)	4 (21.1%)	4 (21.1%)	6 (31.6%)
I feel comfortable working to increase access to family planning and contraceptive services in my country.	-	-	1 (5.6%)	3 (16.7%)	14 (77.8%)	-	-	1 (5.3%)	4 (21.1%)	14 (73.7%)
I feel comfortable talking with my closest friends about my involvement with SRHR advocacy.	-	-	2 (11.1%)	5 (27.8%)	11 (61.1%)	-	-	2 (10.5%)	3 (15.8%)	14 (73.7%)
I would feel comfortable observing an abortion procedure.	3 (16.7%)	2 (11.1%)	5 (27.8%)	5 (27.8%)	3 (16.7%)	-	2 (10.5%)	4 (21.1%)	6 (31.6%)	7 (36.8%)
I would feel comfortable performing or assisting an abortion procedure.	4 (22.2%)	4 (22.2%)	5 (27.8%)	2 (11.1%)	3 (16.7%)	1 (5.3%)	2 (10.5%)	6 (31.6%)	4 (21.1%)	6 (31.6%)
I am clear about my personal values concerning SRHR and safe abortion.	-	2 (11.1%)	3 (16.7%)	5 (27.8%)	8 (44.4%)	-	-	2 (10.5%)	7 (36.8%)	10 (52.6%)
I feel very conflicted about SRHR values and abortion.	8 (44.4%)	4 (22.2%)	4 (22.2%)	2 (11.1%)		10 (52.6%)	3 (15.8%)	3 (15.8%)	2 (10.5%)	1 (5.3%)
I can clearly explain my personal values concerning abortion.	-	3 (16.7%)	2 (11.1%)	9 (50.0%)	4 (22.2%)	-	-	3 (15.8%)	8 (42.1%)	8 (42.1%)
I can respectfully explain values concerning SRHR that conflict with mine.	-	3 (16.7%)	6 (33.3%)	7 (38.9%)	2 (11.1%)	-	-	4 (21.1%)	9 (47.4%)	6 (31.6%)

Paired t-test results on participants' scores on current beliefs and comfort levels on safe abortion.

Paired Samples Statistics

		Mean	N	Std. Deviation	Std. Error Mean
Pair 1	Post_Total	41.4706	17	5.89616	1.43003
	Pre_Total	37.4706	17	6.23616	1.51249

Paired Samples Correlations

		N	Correlation	Sig.
Pair 1	Post_Total & Pre_Total	17	.787	.000

Paired Samples Test

		Paired Differences					t	df	Sig. (2-tailed)
		Mean	Std. Deviation	Std. Error Mean	95% Confidence Interval of the Difference				
					Lower	Upper			
Pair 1	Post_Total - Pre_Total	4.00000	3.96863	.96253	1.95952	6.04048	4.156	16	.001