Report: The Youth Advocacy Institute - Istanbul, Turkey

Organized by: The Asia Safe Abortion Partnership and The A Project

29th November to 1st December, 2019

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Introduction:

A regional Youth Advocacy Institute (YAI) was co-organized by Asia Safe Abortion Partnership (ASAP) and The A Project, in Istanbul, Turkey, from 29th November to 1st December, 2019. The A Project is founded by an alumnus of one of the earlier YAI's-- Rola Yasmine and is based in Beirut, Lebanon.

The Institute was a milestone for ASAP as it was the first regional YAI for West Asia and North Africa region but also included South Asian participants. A total of 21 participants (15 participants and 6 organizing members/facilitators) attended the Institute from across 10 countries in the region (annexure 1 has a list of the participants).

The objectives of the Institute were:

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

Day 1

Rola Yasmine, the Executive Director of The A Project welcomed the participants and began the workshop with a group discussion on protocols to follow during the Institute. The participants agreed to follow:

- security measures, such as--- not posting live on social media, avoiding checking-in with the location details, not taking photos without permission
- speaking slowly so that everyone is at the same pace, since English is not the first language for many participants
- punctuality
- not interrupting others and waiting for ones turn to speak by raising hands
- ensuring that cell phones are in the silent more
- being kind to each other
- not judging each other and being respectful of each other's opinion yet challenging each other's opinion

This was followed by a fun ice-breaker activity where the participants introduced themselves with an adjective pre-fixed to their names, and each participant had to repeat the earlier ones before they could say their own. This broke the ice and set the tone for the next three days.

After the ice breaker Rola introduced the participants to the ASAP team, and shared her own journey as a YAI alumnus that motivated her to work on safe abortions in the region and build a stronger movement.

Dr. Suchitra Dalvie, Coordinator of ASAP then spoke about how ASAP was founded in 2008 to build a network of champions who could advocate for safe abortions rights at the country level, regionally, and globally. The first YAI was organized in 2011 and gave out small grant to some of the participants. The A project started off with one such small grant. An important goal for ASAP is to mentor next generation leaders or Youth Champions (YC) through

mentoring and capacity building. Currently ASAP has a critical mass of YCs in, Bangladesh, Bhutan, Indonesia, Nepal, Pakistan, Sri Lanka, Thailand and Vietnam, and the Country Advocacy Networks (CAN) are doing critical work to push for safe abortion rights.

She introduced the rest of the ASAP team and the co- facilitator, Dr Manisha Gupte. Dr. Gupte is the founder of MASUM which is an organization that works for the welfare of women in rural Maharashtra. Dr. Gupte has been a part of pioneering grassroots movements, particularly, the reproductive and sexual health movement and is an important ally for ASAP. Dr. Gupte's work is integral to the feminist movement and it led to passing some of the key laws in India.

Session 1: Understanding Gender and Patriarchy and its linkages with safe abortion issues

Dr. Gupte stated that the term gender is a social construct and it is written on the political map of the world as well as on our bodies. It includes social norms but also requires a physical body to play out.

She reminded us that gender is different from sex which is determined at birth by looking at the sex organs/genitalia/outer organs. However, when intersex babies are born society finds it difficult to acknowledge them and feels the need to 'correct' them through surgery so that they can fit in the gender-binary. Intersex babies may have ambiguous genitalia/outer organs, or have ambiguous inner/reproductive organ, or a combination of both. Doctors often conduct 'corrective' surgeries on intersex babies soon after they are born with the consent of their parents who themselves aren't informed and feel pressured due to the stigma around it. The surgery is an irreversible procedure done within a few hours of being born and is a gross human rights violation against intersex people.

She mentioned that the term 'Trans' originated in organic chemistry to imply a mis-match of carbons. If the carbons match, they are called 'cis'. A trans* person is anyone who feels that they don't identify with the gender of the body they are born in and may feel trapped in it. There are transvestite people who want to look like the other gender and may or may not be transgender. We are yet to understand more about gender identities as those who live these diverse realities are often not allowed to speak and share their experiences. The word 'normal' is derived from the word, 'norm' and norm is what is common at the time.

However, the norms keep changing and there are periods in history when societies had great respect for intersex and trans people. Historically, witches were wise women who provided abortion, gave contraceptives and were the precursors of modern medicine. With the development of institutional modern medicine led by western men, these women were seen as a threat and labelled witches that needed to be eliminated to allow institutional medicine to flourish.

Dr. Gupte helped the participants understand the concept of power and that feminism is not about reversing the power dynamics. She referred to the works of Margaret Mead and Engels who have described matriarchy not as a reverse of patriarchy but as primitive communism. The goal is to move towards equality as gender justice cannot exist without gender equality. However, the context is important as it impacts our identities, how we define ourselves and our access. Often in better situations gender norms tend to be relatively liberal and whenever there are insecurities, the gender norms tend to become regressive and there may be an increase in child marriages, restrictions imposed on divorce and abortion rights taken away.

The word ‘Patriarchy’ is derived from the combination of ‘Patri’ or father and ‘Archy’ or rule, so together it means the rule of the fathers.

Patriarchy is a system of domination based on the concept of hegemony. Patriarchy is not just a political, cultural or religious system but it is also an economic system and related to passing resources through the male seed.

The discriminatory gender norms are one of the forms in which patriarchy manifests itself but it is a much more pervasive and over-arching system controlling our lives. Therefore, it is easier to challenge gender norms but difficult to challenge patriarchy.

Patriarchal tends to control us in three major ways: through shackles but the shackles are made to look beautiful (gold and diamond jewellery); through divide and rule; and, through the consent of the ruled. The last point was striking as it meant that as per patriarchy, men know that they are superior but even women know that they are superior. Echoing Gramsci’s ideas around hegemonies while the feminist agenda was an echo of his ideas of counter hegemonies.

Session 2: Gender and sexism in mainstream and social media

The next session explored the media and how it portrayed gender roles/norms. The representation of gender in the media further perpetuates discriminatory ideas and reinforces the hierarchical binaries. The media continues to use the sexist tropes and reduces women to their gender roles, such as, the Indian ad for Moove (an ointment to reduce pain) that shows a wife who is engaged in domestic chores suddenly gets a back pain. The husband generously applies the pain-reliever ointment only so that she is able to get back to her chores! (Implying that domestic chores are women’s domain and men don’t need to worry about them.)

Similarly, media everywhere is full of many examples of portraying women only for their sexuality or as subservient to men or shaming those who were not the desirable slim bodies, and emphasizing the importance of marriage and domesticity in women’s lives.

The session also explored how abortion is portrayed in the media, laden with negative messages of traumatised images and anti-abortion language. Participants were shown a trailer of the movie Unplanned (2019). The movie is anti-abortion propaganda and specifically attacks the Planned Parenthood, an international organization with a complex history. In recent times Planned Parenthood has come under attacks from the Trump led US government and anti-abortion groups for providing Sexual and Reproductive Health (SRH) services, including, contraception and safe abortions for free or at subsidized costs.

Thereby, media plays a huge role in reinforcing discriminatory and unjust gender norms.

Session 3: Human rights, sexual and reproductive rights

Dr. Gupte introduced participants to the concept of human rights which in the current context is more of a theoretical framework, but nonetheless an important one. She explained the difference between Human Rights (HR) and values or morals as prescribed by religion. Religion emphasises on values and codes of conduct, but lacks a rights perspective. It is based on individual’s benevolence instead of the rights-based approach of protecting rights and demanding accountability if there is a violation.

Historically, the United Nations Declaration of Human Rights is rooted in the French Revolution and evolved from the ideas of liberty, fraternity and equality.

After the World War 1 the League of Nations was formed but it was disbanded after World War 2 (WW2) as it was unable to prevent the war. The United Nations Organization (UNO) as it was known then, was formed afterwards as the civilian deaths during WW2 outnumbered those who died in combat.

The UN Declaration of Human Rights (HR) was adopted on 10th December 1948. Article 1 of UDHR states that, ***'All human beings are born free and equal in dignity and rights. They are endowed with reason and conscience and should act towards one another in the spirit of brotherhood.'***

Article 1 gives us a framework for women's autonomy, to advocate for abortion rights and the woman's right to choose. However, it can also be used against abortion rights if one is to consider the foetus a human being. For e.g., Poland says that the human rights begin from the moment of conception.

Thus, we should remember that universal human rights aren't always universal but can be dependent on the national agenda and its own cultural, legal, religious interpretations of human rights.

UN treaties or conventions (terms that are used interchangeably) are passed in the UN General Assembly if the majority signs in favour. The conventions are signed by Government representatives and when they go back to their country, they have to ensure the particular convention is adopted in the country's laws and policies. The inclusion of civil society organizations (CSO) or Non-Governmental Organizations (NGO) or lawyers in the domestic discussion of each country is up to government.

In democratic countries the decision would depend on a populist wave, while in dictatorships it is unlikely that civil society would be represented in the discussions. In either case, the irony of the situation is that those who oppress the common people, are also their representatives. The power vested in the governments allows them to select the governance at their own discretion, preference and use them for their own gain. An example of how countries continue to ignore important conventions is the case of USA which is one of four countries that hasn't ratified the Convention on the Elimination of all forms of Discrimination Against Women (CEDAW). The USA government has refused to sign the important treaty as it claims to be better than the rest of the nations when it comes to the treatment and status of American women!

A country may sign or ratify a treaty or convention but bracket or reserve some articles if they do not fully agree with those articles/sections. However, there are articles that are the "soul" of the convention and they are fundamental to it. These 'soul' articles cannot be bracketed or reserved when a country ratifies or signs the treaty. After signing a convention there is a Universal Periodic Reporting (UPR) to track the progress at the country level and the report is submitted by the government to the UN. The findings of the reports can be used to question and pull-up a country if they have not made progress at the country level after ratifying the treaty. For e.g., based on a UPR, India was asked to record child marriages, and implement political reservation for women.

Attributes or principles of human rights –

- **Universal**
- **Intrinsic and regardless of identity**
- **Inalienable and cannot be taken away**

- **Indivisible**
- **Inter-dependent**
- **Inter-related**
- **Non-hierarchal**
- **Intersectionality**

There are several contradictions within human rights because of the political context surrounding it. After WW2 the Cold War determined the global politics and some of the dynamics rooted in the politics of Cold War became ingrained in our daily practices.

During this period the distinction between the capitalist and the communist world developed and has remained till today. The capitalist world or the 'free world' with USA at the top of the hegemony or leader of the free world came to represent freedom of expression, civil and political rights, while leaving out the right to food or education. On the other hand, the Communist world represents welfare rights, including, right to health, education, food, etc. while leaving out political rights which they felt was redundant as it was the people's government. This led to a split between the International Convention of Civil and Political Rights and the International Covenant on Economic, Social and Cultural Rights in 1966.

Human rights are not granted to us but a recognition of what we have as human beings.

However, these need to be incorporated into the country laws in order to be recognized as rights that are respected, protected and fulfilled.

Abortion rights are a part of the larger reproductive rights framework and are deeply linked with political rights that are extremely contentious, and determined by socio-religious morality and stigma.

The ICPD itself is contradictory as on the one hand it defines the methods of regulation of reproductive rights as legal but rests the final power with the state. Women's sexual rights are important as their right to health cannot exist in isolation of other rights and freedoms. Sexuality is complicated as even today it is either perceived as bad or as an elite concept and beyond the 'urgent' concerns of the poor. In the 1970-80s, the focus was on reproductive health but left out sexuality completely. While, reproductive rights and sexual rights often overlap but they can be different as well and in the 1990s and 2000s the focus was shifted on sexuality. Today, we need to bring them together and focus at the intersections.

Session 4: Values Clarification

Image: The value clarifications session led by Dr. Dalvie and Dr. Gupte that led to passionate discussions and ended up challenging some of our core personal beliefs

After lunch Dr. Dalvie and Dr. Manisha reconvened the participants and facilitated the next session on values clarification. They read out some statements and asked the participants to agree or disagree. The statements were

1. If a husband beats his wife, she should not leave him if he truly loves her
2. Women living with HIV/AIDS should not have babies
3. Abortion is ending a life
4. Choosing the sex of one's baby should be a reproductive right

The debates that followed were very contentious and passionate.

The facilitators played the role of the establishment (government and policy makers) and justified the first two statements, while the participants remained divided. Many participants disagreed with the first statement that a wife should not leave her husband because he beats her, but some felt that it's her choice. She may decide to leave him or stay with him for whatever reasons and both are valid. She shouldn't be judged for her choices as leaving an abusive partner is not easy at all.

The second statement too left participants divided. The facilitators argued in favour stating that they represent the public health department and they do not have enough resources to support HIV positive women during their pregnancy and then to care for their babies, especially, if their mother's health deteriorates and they die. Participants who disagreed with the statement mentioned that with modern treatment or the Anti-Retroviral Therapy (ART) the risk of transmission is much low. Therefore, women with HIV can give birth to healthy babies and there is no need to sterilize them. Rola clarified that without the treatment, a HIV positive woman will give birth to 1 positive baby out of every 3-4 child births and with the treatment the risk of transmitting the virus is almost eliminated. (Or the vertical transmission rate during gestation or breast feeding without ART is around 30 to 40% and with ART it is

less than 2%.) Dr. Dalvie added that it is important to know the facts from our countries in order to advocate effectively with the Government who will not be interested in the human rights-based arguments alone.

The third statement was again a very contentious one, particularly, for participants who believe in abortion rights. There was a lot of debate and those arguing against the statement mentioned that the foetus was living but not alive as it could not survive on its own or it wasn't intelligent life. Dr. Dalvie concluded the debate stating that the foetus is alive and hence living and an abortion is ending a life. As advocates we must have our facts correct and argue based on them - agree that an abortion is life, but so what? Afterall, even tumours and tissues are alive and a sign of life. We need to prioritize the right to life of the woman who is pregnant rather than waste energy in arguing about the life of the foetus.

The fourth statement too brought about a contentious debate primarily because in South Asia and also in the Arab world there is a strong son preference and dislike for the girl child. In countries such as India sex determination is a crime. The implementation of the policies meant to curb this practise end up attacking the abortion services whereas it is the patriarchal structure that needs to be challenged in order to end the discrimination against the girl child. Imposing restrictions on sex selective abortion to fix a skewed sex ratio is defended through patriarchal messages around gender, such as-- if there are no girls who will men marry or who will cook food, etc. Neither will such restrictions address the issue of lesser number of women in some countries as there are prevalent practices for killing the girl child after she is born. The restrictions on abortion even if it is a female foetus is ultimately harmful for woman as it deprives her of bodily autonomy and rights.

There is also always need to think about budget as that is how the state operates. For effective advocacy, it is important to know the mindset and priorities of those who we are trying to address to implement change, and think in terms of resources, care, and training (and other requirements). This is to acknowledge our reality and be prepared accordingly so that we can plan and lead advocacy initiatives effectively.

Activity: Our bodies are ours, a movie by Nidal followed by discussions

A short film that showed the personal journey of a young woman, Nidal was screened. The film was about Nidal who just found out she is pregnant, and how she navigates this with those around her. The film covered a lot of issues, including abortion, the moral right to abort, women's role and status in society, relationships, sexual violence, and autonomy. In the movie, there is a sense of shame on Nidal for getting pregnant outside of marriage. It is perceived as a sign of being irresponsible. She is also seen as a 'bad mother' for various reasons, for e.g., smoking, or for wanting to register a child as a single mother, but most importantly because she is not even sure if she wants to bring the pregnancy to full term. Therefore, moral judgement is imposed on Nidal from the very first frame of the film.

The issue of lack of autonomy of women over our own bodies was also raised. The movie portrayed Nidal who was pregnant at the time and unsure about it, and emphasized her role as a pregnant woman who does not have a say over her own body through the reactions of other people around her. As a pregnant woman she is responsible for someone else – an idea that was shared by a group of women Nidal was having a conversation with, reiterating the idea that in the case of a pregnant woman, she becomes secondary to the foetus.

Even in this film she is already judged even before she gets an abortion as pregnant women are made to feel guilty and this is starkly different from what men experience, simply because society emphasises that motherhood is a virtue that women should strive for. However, society also controls motherhood and shapes it as per the context – for e.g., in

Lebanon women cannot pass down their nationality if their partner is a Palestinian or Syrian refugee.

Perhaps the only person in the film who felt that the decision to continue with the pregnancy should be on Nidal, was her mother.

Nidal's mother realized motherhood and care-giving not as virtues but as unpaid labour and was not willing to be in that position all over again. There was a conversation around values and norms that controls women's lives. For e.g. young girls are taught from a very young age that their genitalia is inherently sexual, and are punished for being curious about their own bodies or for masturbating. While, in many Arabic cultures such as Lebanon there is a custom to ask young boys to show off their penis to older men in the family and celebrate their 'masculinity' in a non-sexual (at least, not explicitly) manner. This enables society to control women's bodies by reinforcing the importance of purity of women's bodies as more valuable than the safety and protection of their bodily and mental health. This also leads to greater violence against them.

The film was also interesting as it portrayed Nidal as a person who was confident about getting an abortion, whereas, the general notions around women who seek abortions is that they must be undergoing a lot of trauma, grief and guilt. The film is powerful and may unnerve many viewers by showing the woman who is seeking abortion as casual/at ease and without any trauma or grief, and challenge the pre-conceived negative notions around abortion.

Day 2

The next day started with a round of recap and participants shared their learning highlights from the earlier day.

Participants appreciated the debates during the value clarification session and the role play of facilitators as those in authority/public positions against participants as advocates, was important to understand how to communicate with those in power. The exercise enabled participants to understand what triggers government officials and the kind of arguments to use with them. The need to have enough evidence to rationalise our demands, find a balance between the government's positions, to be action-oriented and have people-centred advocacy approaches. This session helped participants understand how values affect people and the ways in which patriarchy and laws influence our lives. For e.g., the debate around if abortion is ending a life during the values clarification session left them with much to think about.

After much debate participants understood that scientific facts should not be shied away from and as advocates, we must acknowledge that abortion is ending a life, but ask those who oppose us – so what? When we shy away from the truth our argument becomes scripted and easier for others to punch holes in them. Therefore, we must work with the truth. Or the statistics of vertical HIV transmission which was new for many participants and they realised how low it was for positive women on ART. The arguments on sex selective abortion also made participants think about burden of the stigma around it and how it falls disproportionately on the woman seeking an abortion.

Some shared that it was very interesting to understand the concept clarifications around patriarchy and how it is an economic system that evolved when humans became

agricultural. Even today tribal communities that aren't entirely agrarian, have more egalitarian gender norms. Some shared that they learnt about intersex issues in depth for the first time. The session on media and how it reproduces gender binaries, related discriminatory norms, and how it normalizes them, was very thought provoking for them.

Participants also agreed that the sessions of day 1 made them realise that they must question and challenge everyday norms that perpetuate discrimination. There is also a need to understand Gender Based Violence (GBV) in the backdrop of the bigger structural issues of patriarchy and patriarchal economic set-ups. Participants also felt that the sessions enabled them to understand the difference between reproductive rights and sexual rights. The human rights session was important and how everything is linked to a larger structure that determines our everyday lives, reiterating that the personal is political.

Participants also appreciated the film as it was a perfect round-up of the day's discussions around patriarchy, control over women's bodies, economics of patriarchy and so on. How women's bodies are politicised and constantly policed. The film also helped them understand and acknowledge that abortion is not as big a deal but it seems otherwise for many because of the stigma around it.

Session 5: Menstruation and contraception from a gender & rights-based perspective

Image: Dr. Dalvie leading the session

The session started with an exercise of drawing male and female reproductive organs. Some participants found it difficult to draw and label the organs properly as the knowledge of anatomy is often skipped in the formal education system.

Then there was a discussion around the colloquial ways of speaking about menstruation and some of the phrases commonly used are –

"It came to me"
"I got punctured"
"Shark week"
"Aunty came"
"The neighbours came"
"It came to me"
"The national party (of Turkey)"

These phrases are used to talk about a natural bodily function and implies the stigma around menstruation. The phrases avoid talking about directly or avoids naming. The way in which society usually deals with sanitary pads or tampons by wrapping them in a black bag, perpetuates idea of shame around menstruation that may disturb others.

Dr Dalvie explained the hormonal, ovarian and uterine cycles which we need to know about in order to understand the menstrual cycle.

We discussed related issues such as the influence of patriarchal culture on medical science. For e.g. the imagery of sperm rushing to the ova is not scientific. The ovum is actually much bigger and absorbs the sperm. After the ova selects a sperm and fertilizes, it creates a protective layer to keep the other sperms out. Definition of virginity in a medical textbook is also not scientific - "the woman upon whose body the sex act has not been performed". This archaic definition strips away from women her agency and her right to have sexual pleasure.

Contraceptives

- IUD: It can have either copper or hormones as the active component;
    - Copper T disturbs the intra uterine environment and is hostile to foreign body (sperm) – ions that are anti-spermatic
    - Hormonal IUD contains progesterone which creates a high level resulting in suppressions of ovulation and after some months even menstruation.

  These days there is also spermicide and many condoms include it in the lube
- There are the oral pill contraceptives –
    - The method for taking the pill - start on day 2 of period (to make sure you're not pregnant) - 21 stop: 7 days period – fake period or withdrawal blood.
    - Mimicking natural cycle – it's not bad (aside from side effects). It is a myth that you shouldn't take it continually and take it over a long duration of time.
    - It is risky to forget pills in first of cycle half because you wouldn't know if u have produced an egg. If you do forget one in this time, don't compensate - just continue normally but use a condom for that month.
    - Forgetting pills in second half of the cycle is less risky because it's more likely that egg has not been produced. One can forget taking the pill up to 2 consecutive days and take them all together on the third day. However, if they forget to take the pill on 3 consecutive days then they will have to allow the period to come and start a new cycle.
    - The attitudes towards contraception, who is offered which contraception and who can be denied of one (young or single women) isn't often based on scientific/medical logic but on the gendered notions of doctors and their judgemental interaction with patients. For e.g., women are often told that they should start with barrier method and then after first baby do whatever they want. Why? There is a need to prove fertility.
- Then there are implants, patches, vaginal ring, injection and they all work in same hormonal way
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- There is a lot of stigma and myth about Emergency Contraceptive Pill (ECP) that it should only be taken once a year or few times in one's lifetime. However, it is not scientifically true and reflects the morality and stigma around sex. The amount of Progesterone levels in the ECP is a lot in one pill but it is still lesser than the packet of oral contraceptive pills.

The discussions that followed raised the issue of the perception that using contraception and the need to avoid unwanted pregnancies is the responsibility of women. A responsibility that falls disproportionately on women while, cis men often refuse to share any responsibility. This is due to the fact that biologically a woman carries the pregnancy stays while a man does not go through any physical changes as such. It is taken for granted that as unwanted pregnancies burden women more, they themselves will take better care to prevent them or "take care" of them in whatever way available to them. It was acknowledged that the lack of education and stigma around abortion leads to unsafe abortion, including, self-attempted physical abortion (e.g. with a stick or with hangers in USA and other western countries) which can be unsafe and even fatal.

When contraceptives were first developed and introduced for common people, many women's rights activists in USA were arrested for distributing contraceptives to women. They acknowledged that women themselves did not know what their bodies looked like and addressed this by educating themselves and other women about their own bodies. As a result, many activists were arrested on the grounds of hurting morality, obscenity charges and for disturbing social peace. Today, the way contraception and abortion services are marketed in China is devoid of any rights-based approach. It is promoted heavily on media platforms through a needs-based approach or in a commercial way. The promotions are not empowering, offer discounts on special occasions and use tag lines use phrases such as, "if you love your girlfriend, get her an abortion."

The various factors that may act alone or in combination with each other as a barrier to safe abortion services and adversely impact one's health and life. The factors include:

- Lack of information on methods and services
- Availability of services, especially, in remote and rural areas
- Costs of services, especially, if they are not provided through the public healthcare
- The social stigma and restrictive laws around abortion

Therefore, it is important to become aware and start from learning about our own bodies so that we have more control over them. It is also important to understand these factors that act as barriers and the overall situation of patriarchy seeping into every aspect of our lives, including, our reproductive and sexual lives.

Session 6: Abortion access and techniques

There are several reasons when people may need an abortion, such as, in case of a contraception failure, rape, medical reasons, economic compulsions, issues with the foetus, etc. The need for abortion is usually addressed by accessing safe abortion…

However, abortion is a highly restrictive and stigmatized issue and many countries do not allow access to it. In Afghanistan, a girl who became pregnant out of marriage was left to die as she was seen as a sinner or a bad person. In India, Dr. Dalvie shared an instance where a young girl who had come for an abortion faced a lot of judgement and stigma from the senior doctor. Both mother and daughter were reprimanded by and the procedure was provided to the girl but without any anaesthesia as a "punishment". Another participant from Pakistan shared similar instance of stigma and judgement against women who seek abortions from the medical practitioners, reflecting the patriarchal mindsets in the medical sector.

Safe abortion techniques include:

- Medicines
  - Mifepristone and misoprostol
  - Either a combination of both, or any one of them
  - Misoprostol is more commonly available
- Surgical or Vacuum Aspiration
  - Electric
  - Manual

Method	Advantage	Disadvantage
Medical abortion	Used early during pregnancy Resembles a natural miscarriage Often considered more private Usually avoids intervention Anesthesia not required High success rates	Often requires at least two clinic visits Takes days, sometimes weeks to complete Efficacy decreases at later gestational ages Women may see blood clots and the products of conception
Surgical abortion	High success rate (>99%) May require only one clinic visit Procedure completed within minutes Sedation is available	Involves an invasive procedure May not be available very early in pregnancy Often considered to be “less private” Quality of facilities may vary significantly

Scientific advances have made abortion a safe medical procedure. Particularly, the medical abortions that has enabled easier access to safe abortions in a private environment. Yet the stigma around abortions along with the restrictive laws in many countries, continue to make it difficult for many to access safe abortion services. There are many myths around those who seek abortion and it assumed that it is mostly young women – loose, immoral and having a lot of unprotected sex who need abortions. While, in reality a vast majority of abortion seekers are married women who want to space or limit the size of their families.

In some countries both surgical and medical abortion is out of reach for many as the costs remain exorbitantly high. For e.g., in Sudan safe abortion through medicines can cost anything up to 300 USD and for surgical abortions up to 800 USD. In Lebanon the medical abortion can cost up to 150 USD and the surgical up to 1500 USD. This is because of the universal stigma and lack of awareness around abortion even in countries where it maybe legal and restricted or completely barred. Due to stigma and lack of awareness the costs of abortion services depend on individual providers or even black-marketeers who command whatever prices depending on the individual’s desperation.

Many countries even offer ‘Abortion Tourism’ for people to come from neighbouring countries with restrictive laws and get abortions done in another country where it is available. For e.g., people from Northern Ireland would go to England to get abortion services. Therefore, even though safe abortion services are available and very much a reality, the access to it remains a distant dream for many; and the session organically led to the next one, on abortion laws and policies.

Session 7: Abortion laws and policies

Country laws and policies on abortion

It was agreed that most countries present in the room and around the world, abortion is allowed when there is a danger/threat to the pregnant person's life. Particularly, participants shared the abortion policies of their countries:

- **Sudan**:
  - To save the life of the mother
  - Allowed in cases of rape only till 40 days
- **Tunisia**:
  - Legal up to 3 months
  - After 3 months proof of harm to physical/mental health is needed to avail abortion services
- **Iran:**
  - There is a list of 50 diseases (both of foetus and of pregnant person) that allow for abortion
  - Only the pregnant person's request and consent is needed (though it does need to be approved)
- **India:**
  - Law passed in 1971 to prevent high rates of maternal mortality due to unsafe abortions
  - Legal under certain circumstances,
  - no consent needed other than the pregnant person
  - Up to 12 weeks it can be done with the help of 1 doctor; up to 20 weeks 2 doctors are needed
  - However, abortion is so stigmatized in India that so many people don't know it is legal
- **Lebanon:**
  - Legal when there is threat to the pregnant person's life
  - There's no limit in case abortion needs to be done to save the pregnant person's life
- **Palestine:**
  - It is legal but restricted as people who need an abortion have to go through a Medical Board.
  - It is mostly allowed to save the pregnant person's life
  - In the West Bank abortion is criminalized
- **Egypt:**
  - Legal but restricted to save the pregnant person's life and in case of foetal malfunctions
  - There is a committee that regulates abortions
- **Morocco:**
  - Legal but only to save the pregnant person's life
- **Pakistan:**
  - There is no specific law on abortion
  - Religion allows abortion till 120 days (till the soul doesn't enter the body as per Islam)
  - There is a law for women to be provided with necessary medical treatment
  - Therefore, women access abortion services even though the stigma around it is very high
- **Iraq:**
  - Allowed only if there is a threat to the pregnant person's life
  - Or if there are issues with the foetus
- **Turkey:**
  - Abortion is legal in Turkey but highly restricted
  - There is also a very high level of stigma around abortion

After mapping the laws there was a discussion around the politics of language: We often say “abortion is illegal except for…”, which focusses on the ‘illegality’ of abortion and reinforce the stigma around it. As activists and abortion rights champions we should instead say, “abortion is legal in the case of…” and normalize the idea of abortion.

After that the participants were divided into groups and each group had to make their own abortion laws. Everyone said abortion should be available but varied in some of the nuances around it, such as, the conditions for availing abortions, time limit, etc. Some groups talked about time restrictions, some focused-on prioritizing sex education, and some talked about how abortion should simply fall under any existing healthcare laws and policies that protect a person’s right to access the care they need.

Overall, the discussion was a complex one because while we want to decriminalize and normalize abortion there is also a need for protection mechanisms as it is still a highly taboo topic.

- There could also be conscientious objection raised by doctors who could deny abortion citing their own religious/moral beliefs.
- The emphasis on Comprehensive Sexuality Education (CSE) may also implied that abortion services will not be needed if there were awareness. Whereas, the reality is that even if there were universal CSE and access to contraceptives, there would always be a need for safe abortion services.
- The time restrictions on abortion are often arbitrary. Medical professionals have adopted them based on obstetric calculations which don’t really mean anything to the pregnant person. Doctors often ask, “why did you come in this late?”, whereas, it is not necessarily late for the pregnant person and one can have various reasons for seeking abortion. Especially, since the pregnant person may not know they are pregnant until several weeks or months in.

This session also delved deep into the concepts of decriminalization vs. legalization which was a complex one, given abortion is a very contentious issue. While, many of us felt decriminalization is better way to go and not have a separate law for abortion, it was agreed that maybe a combined approach (aspects of decriminalization and legalization) was needed to advocate for safe abortion rights.

Session 8: Sexuality and Safe Abortion

Rola facilitated the session by asking for the first word that comes to mind when we hear the word abortion and then sexuality respectively. Some of the words for abortion and sexuality were different but many were common, reflecting the link between the two. Some of these words were:

- Sex
- Body
- Sexuality
- Violence
- Sexual orientation
- Gender identity
- Disability
- Puberty
- Intimacy
- Relationships
- STIs & HIV

- Consent

Trivia: In Bangladesh one cannot use the word 'Abortion' and instead uses, 'Menstrual regulation' to talk about abortion. A kind of loophole for abortion that works well in their context!

Rola discussed the complexities when bodily issues get attached with social meanings, such as, when a pregnant person wants to terminate a pregnancy but is denied as their hymen is still present. The social constructs seep so deeply into the medical field and in this case emphasises the link between sex, virginity, and abortion. Therefore, social attitudes, laws and policies that affect sex and sexuality, also affects abortion. The language of "pro-choice" – gives an illusion of choice, that a woman has a choice in this context and more appropriate language to use could be: 'pro-decision' or 'pro-option.'

State politics control sexuality and abortion; medicine and state interfere in people's sexual and reproductive and intimate lives, and govern how these relations should look like. This leads to living in intense fear and anxiety of sexual interactions that may result in unwanted pregnancies. State policies around population control also changes with the current situation in the country and determine which children are wanted and which aren't. For e.g., some European nations where population is below the desirable level offers special sops to couples for reproducing more babies. While, in countries like China which is already over-populated, there are offers on 'abortions. The skewed geo-politics around abortion is further determined by the Western emphasis on over-population in the Global South as a grave problem, while, overlooking the over-consumption per person in the Global North which is far greater than the Global South. Heteronormative policies such as, in Nazi Germany where the reproductive role of woman was emphasized to create good Aryan citizens who would lead the Great German Reich. Therefore, the ideal role of a woman in Hitler's Germany was in the home and as 'mothers' and 'wives' and became a measure for differentiating between 'good' vs 'bad' women. Abortion came to be seen as disruptive and as a sign of 'bad' and 'selfish' woman. Reproducing was seen as the norm that persevered family values and strengthened gender roles. Even today abortion is not seen as a freedom or a right, and is inherently linked to something bigger, something symbolic, something state-wide. For e.g., the nation, mothers of the nation, birthing the nation, etc. Women who seek abortion continue to be perceived as: cold, bad, cruel, unnatural, lacking motherly instincts, dangerous.

A woman's uterus is treated as a public (social & state) domain. This prejudice is visible among doctors who hate it when women take charge and know what they need – challenging the normalized medical dynamic which is a very paternalistic and patriarchal one. An important case where the medical fraternity violated ethics was the case of HELA cells. The HELA cells were obtained from Henrietta Lacks who was a poor Tobacco farmer who got cervical cancer in her 30s. The doctor who operated on her, took her tumour to use the cells for research purposes without informing her and obtaining her consent. Not only was the patient-doctor ethics violated but when the HELA cell contributed to several medical break-throughs that amounted to millions of dollars, neither acknowledgement nor compensation was given to Henrietta Lack's family.

This brought us to explore the sensitive issue of the Gay Rights Movements and how/why it has gained greater success and popularity than the campaign for Abortion Rights Movement? The Gay Rights Campaign asks mass freedom for individual freedom (the right to love), but it does not challenge heteronormative values of family, marriage, love, etc. Instead, the movement claims the values as their own and reinforces the structure and even normative gender roles. The LGBTQ campaign is also disproportionately led by more men, often leaving out the voices of women and not engaging important issues, such as, abortion rights.

The session concluded by a firm acknowledgement that the personal is political. The state does not truly remain in the public domain but also governs our most intimate lives, rendering the public-private divide meaningless. The current market driven patriarchal states upholds heteronormativity; it is the state's project to ensure the heteronormativity is reproduced and gender roles aren't challenged. Abortion threatens that and therefore, is tightly controlled.

Power Walk

The day concluded with a session facilitated by Maya from The A Project who led us through an activity that explored how our identities, including, age, sex, class, politics, religion, etc. affect our access to sexual and reproductive health and services. She assigned the participants an identity, such as, a 25-year old man, sex worker, a 17-year old girl with a boy-friend, an orphan, etc. and read out the same statements ea. As each of the identities were in different positions in their life, the statements were not equally applicable to the entire group and some went ahead faster, some slower and some stayed way behind. The Power Walk explored the concept of intersectionality by calling attention to the power dynamics of society through which marginalized people are left behind while the ones who are comparatively more privileged or powerful are able to move ahead. The activity was mainly about how restricted each participant felt, or assumed their inferior position as to being able to access services available to others.

Day 3

The third and the last day started with a recap of the readings given the day before.

Participants shared reading the first article on Soviet Union taking a census of Georgia in 1989 – a reflection on Government population policies that are often dominated by nationalistic demographic policies. The census led to policies such as offering freebies or sops to encourage reproduction of babies to 'correct' declining population in their country.

Someone shared about reading the article on the role of women in Nazi Germany – the state controlled the fertility as Nazi Germany emphasised on the reproductive role of women and reduced them to baby-producing machines.

Others talked about reading the article on wedding with a rapist where a girl was forced to marry her rapist. Then an article on Saudi Arabia where a Pilipino woman working as a domestic help was found pregnant due to sex with or rape by a co-worker. As per the Sharia law she was imprisoned for sex outside of marriage. Both articles had a link and led to the discussions on marginalization – how marginalized women are further left out of conversations of gender justice and violence.

The participants then moved on to recap the discussions of the earlier day. Many found the sessions on contraception was very interesting, especially, about the different contraceptive methods available and how they work. Many women do not know about contraceptives and a result are unable to prevent unwanted pregnancies. The lack of awareness of contraceptives along with limited or restricted access to abortion adversely affects women's sexuality and lives.

Some participants shared that the sessions of the previous day made them reflect of patriarchy in medicine. The story of Henrietta Lacks that reflected patriarchy in medicine and raised important questions on medical ethics, was also important for some participants.

Many found the laws around abortion across different countries very interesting to learn about. Participants also found that laws around abortion reflected the same stigma and patriarchal mindset and therefore, it was important for advocates of safe abortion rights from these countries to build solidarities. The solidarity among them would allow them to share strategies, enable them to support each other and strengthen each other's voices.

Many participants found the session on sexuality and abortion interesting as the two are very closely linked. The discussion on the Gay Rights Movement that has gained momentum and acknowledging that it is successful because it does not challenge the status-quo and does not go against the 'norm'.

A participant mentioned that in Pakistan trans people's rights have greater acceptance than gay men. Gay men are often coerced into choosing a gender expression which adheres to the binary. For e.g. men who are perceived as 'feminine' are often forced to dress as women.

The politics around abortion was interesting to learn about as abortion is often seen as challenging the nation-state. While, scientifically safe abortion is a reality, especially, the abortion pill that has changed/improved radically in the last 7 years. People who need abortion can rely on them as they are extremely efficient, can be taken in the privacy of one's home and prevent fatalities related to unsafe abortions. Yet the politics around abortion acts as the chief barrier between those who need abortions and availing safe abortion services.

Session 10: Interpersonal communication

The next session was on interpersonal communication and started with a game where a volunteer called out the names of some shapes and symbols, such as, triangle, circle, etc. Another person had to follow the instructions and draw them on a white board. The person ended up drawing the shapes but in an abstract manner whereas the person who was calling out the shapes, had meant a smiley face!

The session discussed how communication is received, from where, what do we remember and why? The importance of visual and non-verbal communication was highlighted. The feedback in communication is also very important as it indicates whether the communication is effective or not. Or in other words, to increase its effectiveness of communication the need to ensure the right body-language if it is a physical communication, using short and clear sentences, when using visual communication (such as, reports or social media) then the need to make it visually appealing, and incorporating the feedback for better communication.

There are various ways in which communication takes place in our world – from two-way or face-to-face communication done physically or digitally, to written communication through messages, emails, and social media, to mass campaigns, such as, public information posters on walls or hoardings. The different ways to communicate have varying pros and cons. One may decide a suitable communication strategy or a combination as per the need, for effectively delivering a message.

Session 11: Internet Politics and managing conflict

This session started by asking the participants how they came to understand feminism through the internet? Some said internet played a big role in reading about feminism, sharing and forming networks with like-minded people. However, the roots of the internet (like several other technologies) are not altruistic. The Internet was developed by the US Army just like the ultrasound which was developed for the US Navy to detect submarines underwater.

Today the internet reproduces many of the issues that exist offline. For e.g. the gender dynamics on the internet reflects and perpetuates the same norms outside. There is a need to understand the politics of internet and how the internet is a political space, so that we can shape it towards a feminist internet. It was also acknowledged that while access to internet is a right, it is not actualized and is often taken away from the common people. During civil strife or when a country is in crisis, such as, in Egypt in 2011, in Sudan last year and in Kashmir where the Indian government has imposed an internet shut down for over 130 days since August 2019.

One of the issues that women face online is called, 'doxing'. Doxing is used against women who are perceived as challenging heteronormativity and the status-quo. It is a method by which her personal information is outed and made public, including, personal photos and anything she may have shared confidentially. There is also a high rate of online gender-based violence, trolling and blackmail of young people. Bullying too has escalated due to the wide-spread use of social media. However, the internet can also be used for good, to share our messages and reach out to a wide network of audience. One important requirements of the countries in North Africa and West Asia, is to produce content in Arabic.

Finally, there was an acknowledgement on the importance of the internet despite the challenges (controlled by the state, used for surveillance etc.) The need to develop more information in the local language – new or through translating what is available in English. There is also a need to reflect on 'doxing' and if same method of the naming and shaming that is used against us, can be used as a feminist response against those who attack us?

Session 13: Creating content

Dr. Dalvie also shared that subversion (flip the script) is an important strategy and gave some examples of subversive and progressive messages shared on the internet:

- Other ways of developing and sharing content was also presented to the participants:
- Writing a blog
- Using humour or satire
- Organizing Tweetathon's and Wikipediathon's
- Social media platforms

But before creating content, one must always be critical of the source, check it, and get a second opinion.

One must understand that once shared on social media or over the internet one has little control over what happens next. The content may become popular or get trolled and if there is backlash, then one has to have a strategy ready to ensure safety. There is little or no benefits of engaging with trolls beyond a point and one has to be prepared for these situations.

The next exercise was where participants prepared their own content in groups, pairs or individually. The developed content to advocate for safe abortion rights and overall access to SRHR services. Participants developed memes and made presentations on safe abortion rights.

Image: A participant presenting safe abortion messages in Arabic

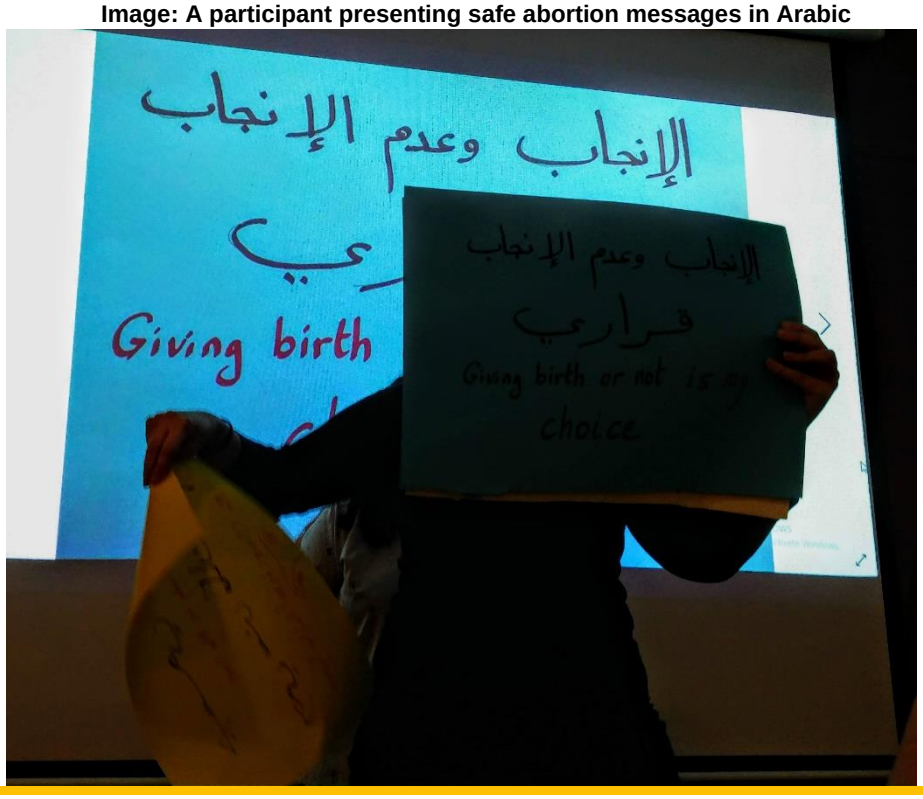

Image: A meme developed by a participant using her own picture and subverting the message of see no evil, listen no evil, speak no evil to advocate for safe abortion rights.

The three-days of workshop came to a conclusion by getting a sense from the participants if they had thought of starting small projects on safe abortion rights in their home countries. Those who did have plans could reach out to us as ASAP provides small grants to support such initiatives led by Youth Champions (YC).

Annexure 1 – Agenda

The Youth Advocacy Institute
Dates: Fri 29th Nov- Sun 1st Dec 2019.
Venue: Celal Ağa Konağı Otel, Istanbul, Turkey

Objectives of the Institute

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

The alumni will be facilitated to emerge as a community with a strong voice on this discourse at local, national and regional levels and to engage with the issues on an ongoing basis through the online network as well as through participation in relevant meetings.

Day One – Friday 29th Nov, 2019			
Timings	**Session**	**Learning objectives**	**Methodology**
9.00 - 9.30 am		Welcome, introductions, expectations	The A Project
9.30 -11.00 am	**Session 1:** Understanding Gender and Patriarchy and its linkages with safe abortion issues	At the end of this session the participants should be able to: • Understand the difference between sex and gender, the social construct of gender and the role of patriarchy in perpetuating the gender inequalities. • Understand the cascade effects this has on the differential control over resources and decision-making powers especially with reference to healthcare systems	Manisha Gupte
11.00 – 11.30 am		**Tea Break**	
11.30 - 12.00 pm	**Session 2**	Gender and sexism in mainstream & social media	The A Project
12.00 -1.00 pm	**Session 3:** Human rights, sexual and reproductive rights.	At the end of this session the participants should be able to: • • Know the definition of sexual and reproductive rights and the	Manisha Gupte

		linkages with other rights in upholding them. • Understand the significance of the paradigm shift at the ICPD, from demographic goals to individual reproductive rights. • Obtain clarity on the rights-based perspective towards safe abortion.	
1.00 – 2.00 PM		**Lunch**	
2.00 - 3.30 pm	**Session 4:** Values Clarification and Case Studies	At the end of this session the participants should be able to: •Appreciate the impact social 'values can have on individual rights • Understand the nuances of policy interpretations being enabling or disabling • Counter statements made by anti-choice groups	Suchitra Dalvie Manisha Gupte
3.30 - 4.00 pm		**Tea-Break**	
4.00 - 4.30 pm	Activity	Power walk and intersectionality's	The A Project
4.30 - 5.45 pm	Activity	Film & discussion: Our bodies are ours by Nidal Ayoub	The A Project
Day Two – Sat 30th Nov, 2019			
9.00 – 9.30 am	Recap and review		
9.30 - 11.00 am	**Session 5:** Menstruation and contraception from a gender & rights-based perspective	At the end of this session the participants should be able to: • Understand how gender and patriarchy impact contraception access and use. • Clarify myths and misconceptions around these issues • Explain contraceptive methods and related concerns in simple language	Suchitra Dalvie
11.00 – 11.30 am		**Tea-Break**	
11.30 - 1.00 pm	**Session 6:** Abortion	• Recognize the critical importance of abortion	Suchitra Dalvie

	access and techniques	access for autonomy and agency • Clarify myths and misconceptions around these issues • Explain safe abortion techniques and related concerns in simple language	
1.00 – 2.00 pm		**Lunch**	
2.00 - 3.15 pm	**Session 7:** Abortion laws and policies	• Understand the implications of the law and its impact on services • Understand the barriers created by laws and practices to safe abortion services • Recognize political context such as sex determination, conscientious objection and their impact on safe abortion access. • Discuss the country specific contexts and the lessons we can learn from them	Suchitra Dalvie
3.15 - 4.15 pm	**Session 8:** Sexuality and Safe Abortion	• Understanding how affirming and celebrating women's sexuality and bodily autonomy are core battles in the fight against patriarchy • Explore how we can use intersectionality theory to prove that sexuality is used as a morality argument to police bodies. • Recognizing the importance of not alienating abortion rights in the fight for sexual rights as well as reproductive rights	Rola Yasmine
4.15 – 4.30 pm		**Tea-Break**	
4.30 - 5.30 pm	**Session 9:** Movement building on RJ	• Understanding Reproductive Justice (RJ) and how it is an entry point to movement building and cross borders solidarities. • Exploring how hotlines and self-managed abortions are game	The A Project

		changers in health access	
Day Three – Sunday 1st Dec, 2019			
9.00 – 9.30 am	Recap and review		
9.30 - 10.00 am	**Session 10:** Interpersonal communication	At the end of this session the participants should be able to: • Understand the communication loop and the importance of message and medium	Suchitra Dalvie
10.00 - 11.00 am	**Session 11** Internet Politics and managing conflict	At the end of this session participants should understand: • Politics of the internet • Using social media for advocacy • How do online campaigns sculpt a revolution • Online backlash, its reasons and how to handle it.	The A Project
11.00 – 11.30 am		**Tea-Break**	
11.30 - 12.00 pm	**Session 12** What does it mean to be prochoice?	At the end of the session participants understand: • Advocate for safe abortion as a choice and a right for women (e.g. sex selection) • Communicate clear messages about pro-choice issues via social media and other channels • Being a change agent and the Role of Subversion	Suchitra Dalvie
12.00 - 1.00pm	**Session 13**	Creating content	The A Project ASAP team
1.00 – 1.45 pm		**Lunch**	
1.45 - 3.00 pm	**Session 13**	Content sharing	
3.00 – 3.30 pm		**Tea-Break**	
3.30 - 4.30 pm		Regional Networking and Strategizing	The A Project ASAP team
4.30-5.30 pm		Valedictory and closing	Suchitra Dalvie Rola Yasmine