





## The 2<sup>nd</sup> Youth Refresher Institute for Safe Abortion Advocacy

Dates: Thurs 4th -Sat 6th Dec 2014

Venue: Terrace Hall 3rd floor, Hotel West End, Mumbai, India



## Introduction: Objectives:

- 1. To strengthen the capacity of the youth champions to be peer trainers in
- 2. Understanding access to safe abortion as a gender and sexual and reproductive rights, as well as human rights issue.
- 3. To consolidate the mentoring for utilization of social media by the youth Champions for online thought leadership and advocacy.
- 4. 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 safe abortion services including medical abortion.

## **Day 1** Sharing from Small Grant awardees and mentored Youth Champions

The 2<sup>nd</sup> Refresher institute started with sharing from Small Grant awardees of 2013 Youth Advocacy Institute; following are the reports shared by the participants:



Yu Yang, China: Yu Yang is a peer educator and member of the Chinese Youth Network. He shared with us news about the project undertaken by Tang Tan. The objective of that was to provide more accurate information on safe abortion, contraception and sexual health issues to help young migrant workers and students. Following activities were undertaken to implement the project:

1. Peer Education- imparting basic knowledge of contraception and abortion among migrant workers and students by holding peer education. During the project 6 peer education sessions were held, it was attended by 53 workers and 273 college students.

- 2. Hotline- A hot-line telephone has been set up to provide for abortion service (introduce qualified hospitals to women). The hotline ran from 9:00am to 5:00 pm from Monday to Friday
- 3. Social Media- established Renren and Weibo as official social medium for advocating and sharing contraception and abortion information. The platform is being used to for information sharing, spreading awareness, events and announcement.

  Renren: <a href="https://www.renren.com/585708176/profile">www.renren.com/585708176/profile</a>
  Weibo: <a href="https://www.weibo.com/u/3064994567">www.weibo.com/u/3064994567</a>
- 4. Surveys and Evaluation- Pre and post evaluation is used to gauge the level of understanding among participants. In the pre-evaluation survey 60% of the participants can answer all questions correctly. 30% of them can answer half questions. 10% of them can only answer 30% questions. In the post-evaluation conducted after the peer education participants get 100% correctness.

Rola Yasmine, Lebanon: Rola is a nurse and works with the feminist collective Nasawiya. Being one of the small grant awardees Rola has set up the A Project and has recently launched its website - <a href="http://www.theaproject.org/">http://www.theaproject.org/</a> The purpose is to seek agency, alternatives and autonomy in sexuality, sexual health, and gender. The project aims to work on sexuality, while looking at but not limiting the discussion to disease-prevention and violence, also through an affirmative and sex-positive



approach. In its early phase the A project commits to the following activities:

- 1. Sexuality Hotline- a hotline for women to access information on dealing with an unwanted pregnancy and other issues related to sexuality, reproductive health, abortion, HIV, contraceptive choices, sexual orientations, gender identities, violence, safety and pleasure.
- 2. Support Groups- aimed to give callers the opportunities to discuss their concerns among others who have the same concerns, and learn from or simply support one other.
- 3. Outreach and Training- holding community involvement workshops to discuss reproductive and sexual health and rights (SRHR) primarily among communities that receive the least attention and resources and simultaneously suffer the most injustices in SRHR; refugee communities, displaced citizens, and migrant communities
- 4. Multi-media and Research- Producing sex-positive multimedia and documentation of narratives, with consent, in order to contribute to the body of research on sexuality in Lebanon



Sarah Jane Biton, Philippines: Sarah is a professional photographer and film maker she made a brief presentation- "The value of women's lives through the lens of Philipino society"; through her talent of photography and film making Sarah has been contributing to the abortion battle. She has utilized the grant to come up with some excellent films on the situation with unsafe abortions in her country and the attitude of the healthcare providers which leads to more

stigma and ill health. The project is built on gathering data and evidence on the issue of abortion and abortion stigma. A review of literature and desk reviews was conducted and various consultations, discussions, and interviews were also done. These were all put together to form a documentary. Total seven interviews were completed and total five video blogs were completed during the project duration along with the write-ups to support the videos.

**Smriti Thapa, Nepal:** Smriti is a nurse and working actively on the safe abortion advocacy. She made an inspiring presentation on her journey as a Youth Champion; Smriti didn't receive a financial grant but through her efforts she has continuously strived to advocate for safe abortion with limited resources through organizing workshops with young nurses and engaging in grass root level advocacy, including for 28<sup>th</sup> Sept and the International Campaign for Women's Rights! Smriti was also selected to attend the UNESCAP Beijing +20 Asia Pacific Review held in Bangkok.



Shweta Krishnan, India: Shweta is currently a research associate at IIT Chennai, As part of the small grants Shweta has been working on two projects-animated film for training and advocacy- "From unwanted pregnancy to safe abortion" <a href="https://www.youtube.com/watch?v=6wouIaen2J8">https://www.youtube.com/watch?v=6wouIaen2J8</a>. Specifically crafted to highlight the sociocultural and legal factors that determine the access to safe abortion or drive women to unsafe abortion and a research



project -"Political Mapping: Safe Abortion and Sex Selection" The objective of the research is to trace the origin and evolution of the campaign against sex-selection through a review of literature and interviews with key stakeholders and map the politics of the key stakeholders of the anti sex selection campaign and understand the underpinnings of the anti-abortion sentiment echoed in the campaign's messaging. The research aims to identify which issue is prioritized (if), why is it being prioritized? Is there conflation? What can we learn from this political alignment? The trajectory and impact on future networking / alliances; following are the expected outcomes-

- Final Project Report
- Publications: ROL, Analysis
- Blog and other material for disseminating information
- Integrate the research into ongoing campaigns



Sarah Natali Soysa, Sri Lanka: Sarah has been working actively and advocating on safe abortion through various platforms. Currently pursuing her masters in Melbourne, Sarah is advocating for safe abortion rights of migrant students in Melbourne <a href="https://www.youtube.com/watch?v=4awnqQSIHFA">https://www.youtube.com/watch?v=4awnqQSIHFA</a>. Sarah is also a small grant awardee and has produced a documentary that talks about the issue of safe abortion in Sri Lanka and the lack of information and stigma around it. The film was recently screened at the Beijing +20 film festival in Bangkok and was highly appreciated <a href="https://www.youtube.com/watch?v=alf]lyYPxeU">https://www.youtube.com/watch?v=alf]lyYPxeU</a>

Preet Manjusha, India: Preet's study- "Stopping Sex Selection by Stopping Safe Abortions?" A Rapid Qualitative Study with Women who Denied Safe Abortion Services is a documents case stories of 12 women in Western Maharashtra to see what health implications they had to face due to the denial of safe abortion services to them. The study investigates in to social and economic costs that the women in the Western Maharashtra pay due to the denial of safe abortion services.



The next session 'Mentoring process' facilitated by Shweta and Dr. Suchitra Dalvie talked about challenges, lessons learnt and future strategies. The process aimed at highlighting

the key challenges faced by the youth champions while working in the field and brainstorming on overcoming these challenges.



Dr. Ravi Duggal from the **International Budget** Partnership (IBP) took the last session on 'Political Economy context of SRHR and Safe Abortion'; through his presentation he helped the participants to understand the influence of sustainability discourse on reproductive rights and understand the economic impact of unsafe abortion. Dr. Duggal started with introducing political economy of health as a concept he further explained in detail the politics behind health policies and programs, how they are formulated and relate to the power relations and decision making institutions. Dr. Duggal spoke about health and healthcare as a social or public good and the importance of public financing in moving towards

universal healthcare access. He then talked about the current healthcare scenario, its deficiencies & gaps and how a universal access approach will help in dealing with them as well as budgetary requirements for UHC. He discussed in detail debates around demographic fixation – MMR, population control, targeted approach – MDGs, "universal access" to reproductive health. Dr. Duggal briefly explained the convergence of ICPD and Sustainable Development under Post 2015 agenda and a comprehensive primary healthcare with universal access as a more equitable option for SRHR goals.

Elaborating of the economic impact of unsafe abortion Dr. Duggal highlighted that SRHR and abortion have remained subservient to patriarchy and this is linked to control over female body and sexuality. He explained that abortion, contraception, rape laws, domestic violence, sex-selection, tubectomies, female genital mutilation etc... are certain contested arenas of patriarchal control and the patriarchy is kept intact through unequal power relations. He spoke at length about the politics of abortion and patriarchal legacy; giving an historical overview of the situation in India Dr. Duggal explained how these lead to unsafe abortion and how to deal with them. He ended the presentation by highlighting the

concerns that have been raised by women and service providers, he concluded by suggesting the following to deal with unsafe abortion in India context:

- 1. Changes in the MTP Act and Rules
  - Simplifying and decentralising registration
  - Involvement of various stakeholders
  - Revisions to accommodate new technologies
  - Stricter monitoring of practice
  - Greater autonomy to women
  - Use of paramedics for abortions
- 2. Larger investments in public services
- 3. Better accountability of private services

The session saw some very insightful debates on gender responsive budgeting and health.















**Day 2** started with a session on 'Revisiting reproduction, contraception, safe abortion' facilitated by Dr. Suchitra Dalvie: it focused on building understanding how pregnancy occurs and how it can be prevented. It further went on to clarify myths and misconceptions around these issues and explain safe abortion techniques and related concerns in simple language. Dr. Dalvie also discussed access to safe abortion as a public health and human rights issue elaborating on the public health impact and safe abortion being addressed in various international documents.

After the tea break Rola, Krishti, Prabina, Anupriya, Garima, Smriti and Sarah facilitated a very interesting session on Historical perspectives on feminist movement and the International Campaign on Women's Right to Safe Abortion provided understanding about

the roots of the women's rights movements and current challenges that exist. It also highlighted the current advocacy efforts in the region and movement building.

Rola's presentation on the health care system and women healers: via a historical feminist lens- provided interesting insights into the history of women healers from witches to midwives to nurses. It explained how the present system was born and shaped by the competition between male and female healers and how the institutional sexism that we see in medical profession today is deep rooted and sustained by a class system that supports male power.

Anupriya spoke about the issue of sex selection and women's right to safe abortion in India highlighting the key concerns, conflation, government's response and efforts of the civil society. Prabina gave a historical overview of the feminist movement in Nepal and the role it played in the establishment of abortion law.

Krishti introduced Bangladesh Assembly of Youth Advocates (BAYA) <a href="https://www.facebook.com/bayaofficial?ref=br\_tf">https://www.facebook.com/bayaofficial?ref=br\_tf</a> which is also the first youth network in Bangladesh on the SRHR and how this network has provided a common platform for youth advocates to come together and engage in discussions on issues relating to sexual and reproductive health and rights.

Sarah, Smriti and Garima shared their experiences from the Asia Pacific Regional Review on the Beijing +20 the aim was to share to with the group the current advocacy efforts in the region and formation of a young women's caucus to promote effective participation of young women in political spaces, decision making platforms and accountability mechanism and create an enabling environment for building leadership of young women. Katayon from Afghanistan spoke about the challenges to women's sexual and reproductive rights in restrictive environments.

The last session of the day 'Sexuality and Abortion' was the most stimulating and thought provoking, it aimed to help participants understand the concept of sexuality, sexual health and rights and also understand the impact of sexuality on the issue of safe abortion access. The session was facilitated by Dr. Shilpa Shroff and Rola Yasmine, they used some very interesting film clippings to facilitate the discussions (watch the videos here <a href="http://vimeo.com/13605859">http://vimeo.com/13605859</a>) While elaborating on sexuality and how it has been debated and defined Rola made a very interesting case of how 'sex-positivity can be used in our abortion advocacy'. She further went on to explain how sex positivity does not necessarily have to do with sex and includes a whole ambit of issues that relate to mental health, body image, sexual orientation, sexual violence, bodily rights, gender identity, gender expression, racism, ability & disability, motherhood, livelihood, living situation, and life choices and expectations. She elaborated this with interesting illustrations by Carol Rossetti The last session generated very fascinating and enriching discussions around how does compulsory heteronormativity and heteropatriarchy manifest in terms of women's rights to seek out safe abortion, provided lot of food for thought.

**Day 3** began with reflections on previous days learnings by the participants; everyone found the detailed discussion on contraception and on sex positivity very useful. In the first session Using Human Rights instruments for safe abortion advocacy we were joined by Advocate Anubha Rastogi, her presentation *'Using Human Rights instruments for safe abortion advocacy'* helped participants understand the role of key international laws and covenants to enhance advocacy around access to abortion in the international scenario and equip the participants with a general idea of the provisions in international human rights law regarding increasing access to abortion. Anubha discussed in detail key international documents- CEDAW, ICCPR, ICESCR and few other conventions, she introduced to the participants how the international processes- individual complaint mechanisms, Universal Periodic Review (UPR) and Special Rapporteurs operate and how can they be used as tools for building advocacy. Anubha also spoke about the domestic processes that can be effectively used for influencing policies and outcomes at the country level.

The next session 'Ethics. Conscience and being prochoice' was facilitated by Dr. Amar Jesani; the session provided participants in depth understanding on issues relating to Abortion ethics and law. Dr. Jesani helped participants understand moral and ethical dilemmas involved for a provider to be pro-choice and also equipped the participants with arguments to be able to defend the women's right to access to safe abortion in situations of conscientious objection and sex selection. His presentation was divided into three parts- the first part, Abortion- Ethics and Laws gave a historical overview of the debates he explained at length the various ethical standpointsliberal, conservative. moderates and the legal perspective. Dr. Jesani in his discussion threw light on critical issues of foetal viability and how they have been









debated. He explained the legal perspective drawing examples from the Indian abortion law. The next part- Conscientious Objection- he explained the meaning and the three positions- an absolute right to conscientious objection, no right to conscientious objection

and limited right to conscientious objection (& regulation of conscientious objection)- this helped the participants become aware of the various arguments and understand the same within a human rights framework. The last part- Sex Selection- Dr. Jesani highlighted four positions- support sex determination & selection, oppose sex determination & selection, oppose but also oppose law on it and moderate response of Indian law; he then presented the arguments supporting and opposing each position. This session encouraged participants to step outside of binaries and to constantly question the ethics of all frameworks adopted by both pro-choice and pro-life movement.



After lunch session on 'Building social movements' was facilitated by Dr. Suchitra Dalvie, in this session where in the participants could understand the theory of change and the mobilization of advocacy efforts towards social movements. She explained in detail critical areas in building an effective advocacy strategy and the existing challenges. In the end

participants were divided into groups to think about their future action plans, following are the action plans shared by the participants for taking forward advocacy for safe abortion in their country:

Katayon (Afghanistan) - through training increase the number of PAC providers this would help provide poor women with PAC information and services.

Sarah Jane (Philippines) – intend to work on creating a PAC network to revive prevention of complication, this would be composed of service providers, Ngo's and advocates for safe abortion. This network will work on sensitization on abortion and as a Human Rights watch for PAC. Also plan to gather stories from hospitals and later compile a documentary.

Krishti (Bangladesh), Yu Yang (China), Prabina and Smriti (Nepal) – plan to create a regional network of new young leaders working on the issue of safe abortion. A regional coordinator can be appointed in each part of Asia for a process of active engagement with youth champions across the region. The network will have a secretariat which will be called the Abortion Capital with a Youth Regional Leader, currently most of the youth champions are from Nepal so we can start with having Nepal as the Abortion Capital, this will of course be on a rolling basis. As part of its activities the network will hold a youth dialogue/ conference annually for strategy building and advocacy. ASAP will be facilitating this process through its wide network in the region- applicants who applied for the youth institute and could not be selected may be invited to join the network.

Prabina (Nepal) & Anupriya (India) – shared a plan on media advocacy- plan to write columns for local newspaper on safe abortion regularly and also partner with radio channels for advocacy. Since Prabina already works in a radio channel will try to explore possibility of launching a radio program on safe abortion. Similarly panel discussions on TV channels is a good medium also participating in existing programs and discussion will be good way of creating awareness and mainstreaming the issue.

Sarah (Sri lanka) – before starting a hotline in Sri Lanka a legal analysis of the situation is required since under the current law providing information on abortion is also an offence. Plan to create a support system of friendly doctors, FPA Sri Lanka and youth advocates to deal with the issues of violence and safe abortion. Also intend to set up a website for information dissemination that can be hosted from India.

Preet (India) – plan to hold press conferences in 10 districts to launch the hotline. Also will hold IEC campaigns and meetings in colleges and community, earlier we have been working on contraception but now plan to bring in sexuality but still need to figure how to bring it in. In addition will be collaborating with providers, counselors, police, student organizations on building advocacy this will be a pilot for six months and can then be replicated in other partner states.

Rola (Lebanon) – adding sexuality fizzles out the abortion track, training for abortion hotline is easy and has been working well but to bring in sexuality more serious intervention and intense training is required. In terms of specific strategy intend to work

with migrant women working with church and also to make available information on unwanted pregnancy in different languages.