

**Asia Safe Abortion Partnership**  
**3<sup>rd</sup> Youth Advocacy Refresher Institute**

*Dates: Wed 9<sup>th</sup>-Sat 12<sup>th</sup> Sept 2015*  
**Venue: Mirage Hotel, Colombo, Sri Lanka**

**Objectives:**

- To share experiences and progress since the YAI
- To learn about different aspects of safe abortion
- To assess the impact and value of mentoring



## DAY 1

### Session 1: Sharing from Small Grant awardees and mentored Youth Champions

YC's who had received small grants shared the work that they've done and the challenges each of them faced in the process. Some shared strategies that they have learned along the way and future work that they'd like to take on.

- **Anu Thapa, Youth Champion, Nepal**

Anu shared with the group how she ran training sessions to sensitize young health care providers to recognize safe abortion as a human rights issue. She shared that eventually the training session concluded with a pro-choice discussion on how to shift the conversation from the pro-choice/pro-life debate to a pro-choice/anti-choice debate



She interviewed participants to evaluate the workshop and noticed that not much had changed in their level of knowledge but a drastic change had occurred in their attitude towards safe abortion services.

- **Shreejana Bajracharya, Youth Champion, Nepal**



Shreejana described how all the Youth Champions from Nepal had got together to create a youth network 'Youth Champions Advocacy Network Nepal- Youth CANN' to advocate for issues around safe abortion. She shared how they worked with a partner organization TCIC to bring safe abortion onto the agenda of a national panel discussion on the sexual and reproductive rights of youth. She

also shared details of the country seminar that they are organizing in coordination with ASAP.

- **Saru Shilpakar, Youth Champion, Nepal**

Saru described how she used peer education to train 15 youth on sexual reproductive health and rights including safe abortion. The training program brought about a change in the perception of the participants who were learning about safe abortion for the first time.



- **Deepa Pradhan, Youth Champion, Nepal**



Deepa shared how she facilitated an online video contest on the theme 'safe abortion as a human right'. Video entries were promoted on social media platforms and created an online buzz regarding safe abortion.

On 27th and 28th of May, 2015 a video competition cum workshop was organized addressing Safe Abortion as a human right issue with the support of ASAP and SPN/MSI. The main goal of this workshop was to sensitize a group of youth with understanding safe abortion as human right issue and create videos and utilize the videos as an advocacy tool on social media regarding safe abortion which can be an effective way to reach bulk of youth addressing the issue. The workshop comprised of 25 participants from various institute.

In total 8 videos were submitted by the participants and on the basis of concept, innovation and information top five were provided with gift hampers.

- **Katayon Sadat, Youth Champion, Afghanistan**

Katayon is a young gynaecologist from Kabul and she organized a two-day training on safe abortion at her hospital. She encouraged fresh medical graduates attending the training workshop to “respect the mother, not just the law.

“Abortion is highly restricted in Afghanistan and allowed only to save the woman’s life because the constitution, mullahs, cultural norms and extremists say no... but what do the women say?”, she asked.



Health care providers in Afghanistan are treated like criminals if they provide safe abortions. Cultural and religious barriers, low human resources and the fact that safe abortion is not a government priority, creates a challenging environment for health care practitioners. Katayon shared strategies that she had to use to recruit participants and train them to provide safe abortion services. She indicated a need to include practitioners from other provinces, develop safe abortion guidelines and work in partnership with the Ministry of Public Health.

- **Sarah Jane Biton, Youth Champion, Philippines**

Sarah shared how she created the safe abortion film ‘Tainted’, initiated issue-based discussion groups involving youth and set up a Facebook page on ‘sharing abortion stories’. She discussed how youth had very limited knowledge of abortion as well as strong beliefs against abortion due to their religious environment and therefore it was very difficult to persuade this audience and even more difficult to ‘connect’ with them and establish a ‘relationship’. Her future plans include developing a module for training youth on SRHR issues that is based on these learnings.





- **Rola Yasmine, Youth Champion, Lebanon**

Rola shared details of what information the 'A Project' website provided and how it helps to support women seeking to gain more agency regarding their body, whether through referral to free contraceptive services, subsidized deliveries, and managing unwanted pregnancies. She also described the training programs and workshops on sexual and reproductive rights that she conducted and how she was able to build a support group of volunteers to respond to women seeking answers on sexuality, sexual and reproductive health.



The A project began its hotline work by collaborating with local and international organizations such as the Anti-Racism Movement and Medicines Sans Frontiers where they held talks, trainings, and workshops with female refugees and migrant workers. Now with the training of over 10 volunteers they will expand the hotline to cover the many questions and needs of persons less at the margins. The Aproject has taken part in producing research and emerging data on healthcare providers' attitudes, beliefs, and perceptions on sexuality as a whole.

- **Dulitha Harsha, Youth Champion, Sri Lanka**

Dulitha described the techniques his group used in order to put together a directory of Health Care Providers that provide safe abortion services and pharmacies where people can buy abortion pills without a prescription in Colombo. He shared that they often had to pretend to be in serious trouble and make up stories in order to get pharmacists to admit that they were willing to sell abortion pills without a prescription.



This directory will be a resource to support the work being done on the Ask Us hotline by other Youth Champions in Sri Lanka.

- **Naureen Lalani, Youth Champion, Pakistan**



Naureen presented findings from her research study on the knowledge and attitudes health care providers as well as media personnel on safe abortion. She had been motivated to do this work because some anti-choice media personnel had recently targeted an NGO office in Pakistan and ensured that it was shut down. She felt that it was therefore very important to work with media representatives and influence their perspectives on safe abortion issues. Her research study found that journalists believe “it’s their responsibility to stop women from accessing post-abortion care and abortions under any circumstances

and they can do so by writing and publishing anti-abortion articles”. Media personnel had these strong anti-choice views whereas health care providers were a little bit more moderate. Health care providers who participated in the study shared that those who were providing safe abortion services, stopped after the NGO incident because they were

afraid of media backlash. Naureen plans to conduct safe abortion workshops with media representatives in an effort to sensitize them.

- **Le Hoang Minh Son and Thao Vi , Youth Champions, Vietnam**



Son and Thao shared how difficult it was to implement public events and activities because the stigma around abortion is so prevalent in Vietnam. They described the recent move by anti-choice and religious groups to influence the government to pass a law that would limit the gestation age for legal abortions. They shared their future plans of conducting an advocacy workshop for abortion rights within the population law draft.

## **Session 2**

### **Panel Discussion on Hotlines**

Youth champions from Lebanon, the Philippines and Sri Lanka participated in a panel discussion on the strategies and challenges of running safe abortion hotlines, facilitated by Shilpa Shroff.



Sarah Jane from the Philippines shared how in order to promote their safe abortion hotline they developed a logo and some posters so as to appear more legitimate. They also did a lot of social media promotion and launched the hotline in conjunction with a 'Big Day': The International day of Happiness, to garner more visibility. She talked about how the hotline was flooded with calls from women wanting safe abortions. They received over 100+ requests for abortion pills within the first 3 months of launching the hotline. Challenges included managing the number of calls and not having an authentic or affordable source of abortion pills. They had to source pills from outside the country and at times these were restricted by customs, which resulted in further delays. She also shared that in order to send the pills to women, she needed to ask them for their real names and addresses and this created confidentiality issues for both the recipient as well as the senders. She talked about two cases where the pill didn't work and the struggle she faced trying to help these women.

In comparison, Sarah Soysa from Sri Lanka shared that their Hotline had not received as many calls probably on account of low publicity. She noted that referrals came from friends or close contacts and the hotline was currently restricted to this small network.

Rola Yasmine from Lebanon shared details of how their Hotline was set up. She noted some challenges including the unavailability of Mifepristone and security issues for those providing abortion services. She gave detailed examples of the security measures she takes, including ensuring that women don't talk to anyone outside the place where she provides abortion pills. She also described the steps



they took to partner with MSF and involve them in process of procuring authentic abortion pills, providing referrals and post-abortion care.

Participants asked the panel several questions including how to procure authentic pills, how to overcome security risks, how to respond to requests from men and the challenges of recording accurate data.

### **Session 3**

#### **Shreen Saroor: Politics of the Womb**

Shreen is one of the founders of Mannar Women's Development Federation (MWDF) and Mannar Women for Human Rights and Democracy (MWfHRD) in Sri Lanka. Saroor's work grew out of her experience of being forcibly displaced, along with all of her family, in 1990 by the militant group fighting for a separate Tamil state. Saroor helped establish MWDF on the understanding that through microcredit and educational programs, Tamil and Muslim women could find common ground to resurrect the past peace in their communities. She assisted in the implementation of the Shakti gender equality program sponsored by the Canadian International Development Agency, which aimed to engage both government and nonprofit organizations in development and influence gender-sensitive economic, political and legal policies.

Shreen shared her experiences of working in the north regions of Sri Lanka which have suffered from a decade long civil war. She discussed how rape in conflict zones was so politicized that the women who were raped by military personnel got co-opted by the church – and then women's groups couldn't access these women. These women were also forced by the church to continue their pregnancies. They then faced further discrimination from their own Tamil communities for having 'Sinhala' babies. She described the case of a politician who sexually abused over 50 women, filmed these encounters and published them online, resulting in two of these women committing suicide. Shreen shared another incident where doctors were providing contraception in post-conflict, Tamil concentrated areas, and faced criticism for intentionally limiting the Tamil population. Muslim community women were discouraged from having more children and Sinhalese women were encouraged to have large families.

She encouraged us to remember that women are especially vulnerable during militarization and conflict and we need to fight for them to have the right to control their bodies.

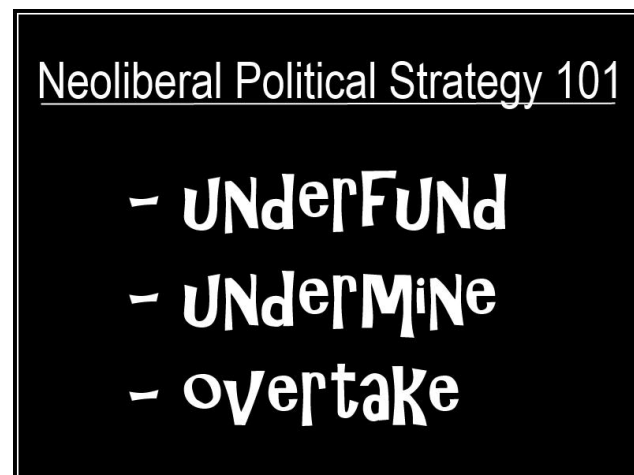
#### **Session 4:** **Understanding Neoliberalism from a feminist perspective**

Suchitra Dalvie led the participants through this new session in order to analyze how we understand the 'big picture' and macro-economic global structure that have a very real impact on individual women's lives.

Participants were given handouts that highlighted such aspects and we then had a facilitated discussion.



Some of the key points highlighted were



- Increasing inequalities
- Humans reduced to social capital/ labours without unions
- Withdrawal of funding from public sector and privatization of basic goods such as health, education, water.
- Tax rebates, laws favouring Big Corporate,

making the rich even richer

- Using tradition as a front for preventing liberalization of gendered issues
- Feminization of poverty

## **YAR DAY 4**

### **Session 5 :** **Ethics and Being Pro Choice:**

Dr Amar Jesani led a session on understanding the ethical issues involved for providers when they choose to be pro choice. He discussed how pro-choice providers develop arguments to defend women's right to access safe abortion in situations of conscientious objection and sex selection issues. Dr Jesani asked participants to think about how they had arrived at their own personal value systems, as well as the filters they apply when deciding what is right and wrong. He asked them to list out contradictions in these values and choices that result in

inner conflict. He then made a presentation on how our value systems are influenced by the society or communities we come from. Therefore, when we try to transform our value systems, we sometimes face conflict within these communities.



Dr. Jesani shared his observation of the journey that people in the women's movement went through in terms of transforming their personal values. "Women tolerating violence at home, when they encounter the women's movement – they go through a personal crisis. Constant struggle and conflict between our desired value system and the value systems of the societies we come from – result in several internal contradictions. In this grey area – how do we work with health care providers who also go through these internal debates on their value systems", he asked.

### **Medical ethics and abortion**

#### ***What is the stand religions take on Abortion?***

Dr. Jesani gave participants examples of how different religions view abortion. For example, Islam permits abortion up till 120 days (before ensoulment), whereas in the Manusmriti (a religious Hindu text) abortion is punishable by extreme methods. Dr. Jesani shared how those in power interpret religion and that these interpretations of the ethics around reproduction and abortion can change over time, based on what suits religions leaders. For example, he explained how Iran, an otherwise conservative religious country, has the biggest market for assisted reproduction because the Ayatollah condones this practice.

#### ***What about health care practitioners?***

Dr. Jesani outlined how abortion ethics had evolved within the medical practice. The American Medical Association was the first to say that abortion should be outlawed. The Church also said that abortion was a transgression of faith and

grounds for excommunication (1869). In the late 1960's, abortion laws began to be liberalized. The Hippocratic oath, that initially didn't permit abortion, changed to allow abortion in countries where it is legal.

### ***Ethical positions on abortion***

Dr. Jesani discussed three ethical positions on abortion: conservative, liberal, moderate. He noted that the moderate position is unstable and there is always pressure on this moderate view from both extremes. He asked participants to think about how they would defend their own positions on abortion and what are some of the counter arguments they could make.

Dr. Jesani then discussed how most of today's abortion laws are based on 'moderate' ethical positions. For example, laws agree with the liberal position that abortion is not murder as a fetus is not a person. Yet, they also agree with the conservative position that late gestation abortion is unacceptable, since the fetus is virtually identical to a born infant. Therefore, early abortion is legally acceptable in most countries.



The group then discussed the issue of 'viability' and if this could be a determinant in making abortion permissible or not. At present, viability is positioned at 20 to 24 gestation weeks, but as medical science develops, this timeline could further reduce, resulting in second trimester abortion denials. Participants discussed how medical progress could impact access to safe abortion services over time.

### ***Dilemmas of health care professionals***

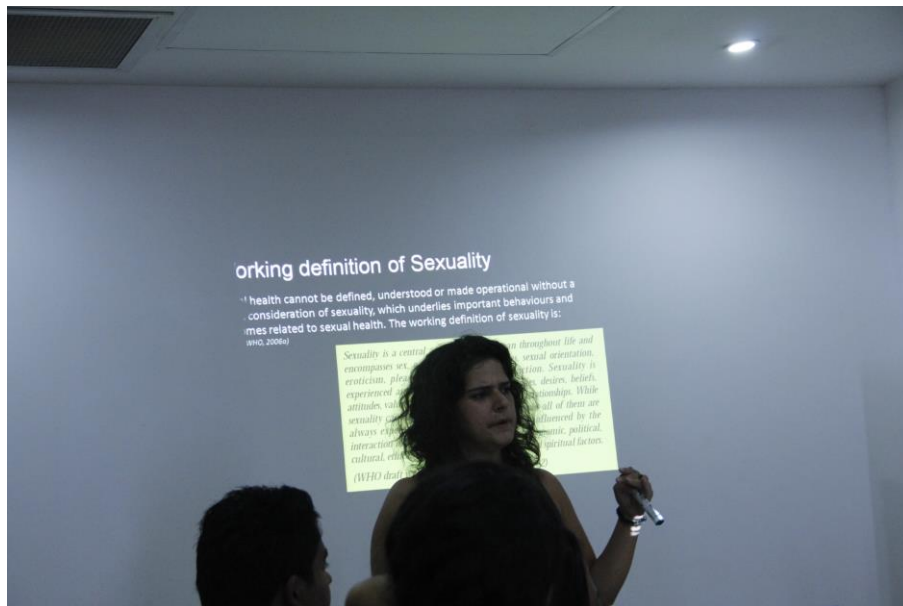
Dr. Jesani concluded his presentation by discussing the various dilemmas that health providers face when asked to provide safe abortions. For example, members of the disability movement argue that abortion on account of fetal abnormality is a form of discrimination. Additionally, health providers face



internal conflicts when providing services to women coming for repeated abortions or using abortion as a method of family planning.

The group discussed whether or not health care professionals have an obligation to perform abortions where it is legal, even if this conflicts with their own personal values.

### **Session 6:** **Sexuality and Abortion**



Rola Yasmine facilitated this session to help participants better understand the concepts of sexuality, sexual health and rights, as well as the impact of sexuality on access to safe abortion. She began with a group exercise on what constitutes sexuality (contraceptive norms, desire, lust, pleasure, feelings, gender sex, attraction etc.) and how these components relate to abortion. Participants discussed the various negotiations that take place with every sexual encounter – and the influence of power and gender on these transactions. Rola briefly described ‘sex-positivity’, a movement that embraced and promoted consensual and safe sex as something healthy and pleasurable. She then talked about how unintended pregnancies were a consequence of sexual encounters and therefore safe abortion needed to be included as an issue when discussing sexual and reproductive rights.

### **Session 7:** **Women as Healers**

Rola discussed how traditionally, it was women who were the healers and had accumulated knowledge of medicinal herbs and healing techniques over time. However, with the emergence of ‘medical practice’ dominated by men, these traditional healers lost their status. Women healers were accused of sorcery and black magic. Witch hunts targeted female healers using traditional remedies and

eliminated them. In France, as many as 400 executions took place each day. Over time, men came to dominate the health care profession, and women who had traditionally always been looked to as healers, lost this social position. In due course, 'curing' became the job of the doctor (who was always male) and women played only the supportive role of a nurse for 'caring'. The medical profession came to be dominated by men and women had "no power, no recognition and only a side role".

### **Session 8: Stigma and Abortion**

Surabhi Srivastava, Program Coordinator, Programs and Innovation, CREA, facilitated this session. She asked participants to share what came to mind when they heard the word 'stigma' (sin, shame, negative, shame, pressure, guilt etc.). She defined abortion stigma as a shared understanding that abortion is morally wrong and socially unacceptable. Surabhi asked participants to discuss how abortion stigma can lead to "social, medical and legal marginalization of abortion care". Additionally, she gave examples of how abortion stigma is a barrier to accessing high quality safe abortion care.

Surabhi then asked participants to analyze how women seeking abortion services are portrayed and whether or not this added to the stigma around the issue. Participants shared that sometimes abortion stories or videos reinforced stigma because they depicted women accessing abortion services as scared, pale and ashamed. Often, only stories of 'rape' are highlighted and stories of women who have unintended pregnancies aren't depicted. Additionally, the media sensationalizes teenage pregnancies and abortions in an attempt to manipulate public feelings about access to safe abortion. Surabhi summarized how abortion stigma prevails because we only hear this "single narrative in the media". She shared the example of CREA's online campaign where women talk about their abortion experiences without any emphasis on feeling guilty or ashamed. "It is these normal conversations around abortion", Surabhi emphasized, "that will enable us to counter abortion stigma."



She showed a the TED video :<https://www.youtube.com/watch?v=FxI6HGpaP3Q>

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**We closed this high energy and deep learning workshop with some sharing from the participants:**

***I was very unwell and I didn't want to come for this workshop, but after I made my presentation I got so much positive feedback that I now feel very motivated to continue my work" - Katayon***

***"What I'm taking back is a championship trophy for advocating for safe abortion in Nepal and I want to continue working on these issues" - Prabesh***

***"Every time I meet new people, I recharge my energy, especially people who are passionately working in their own countries" - Igna***

***"I was able to understand the issue of sex-selection and abortion much better because of the session today and I found it very helpful for my work" – Thao***

**Annex 1**  
**Participant list**

Sr No	Name	Country	Email
1	Ms Katayon Sadat	Afghanistan	katayon_sadat@yahoo.com
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## Annex 2 : Feedback Analysis

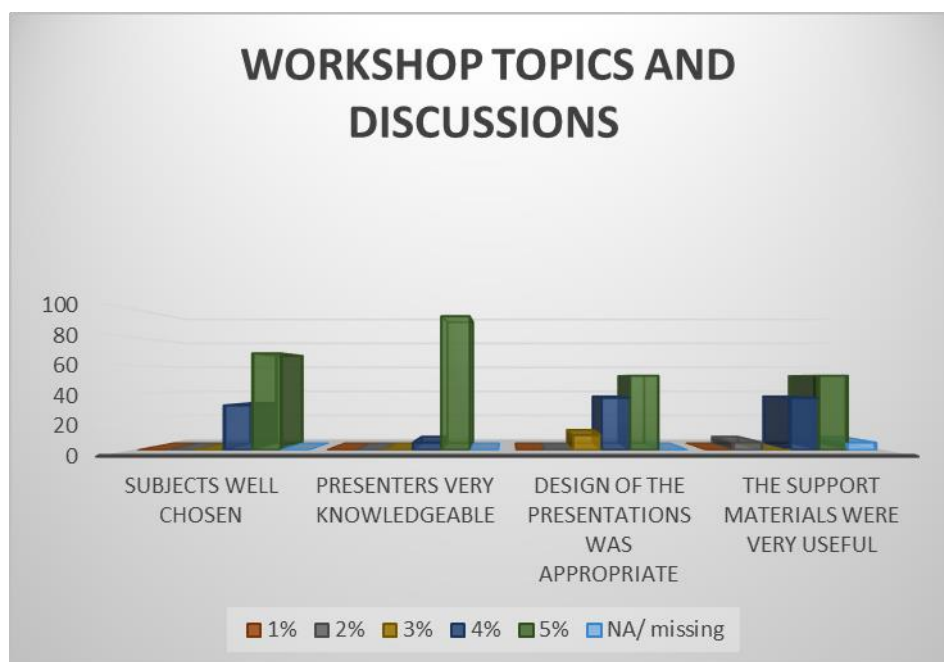
The feedback forms were gathered from the 19 participants (one feedback was missing). The forms received were further analysed to get results of the findings. The questions asked and responses on the workshop topics and discussions were

100 % participants strongly agreed/ agreed that the subjects were well chosen.  
94% felt that the presenters were knowledgeable.

52 % strongly agreed that the design of the presentations was appropriate – while 11 % stayed neutral on that.

About 80% agreed that the supporting material was useful.

Chart 1: Workshop Topics and Discussions

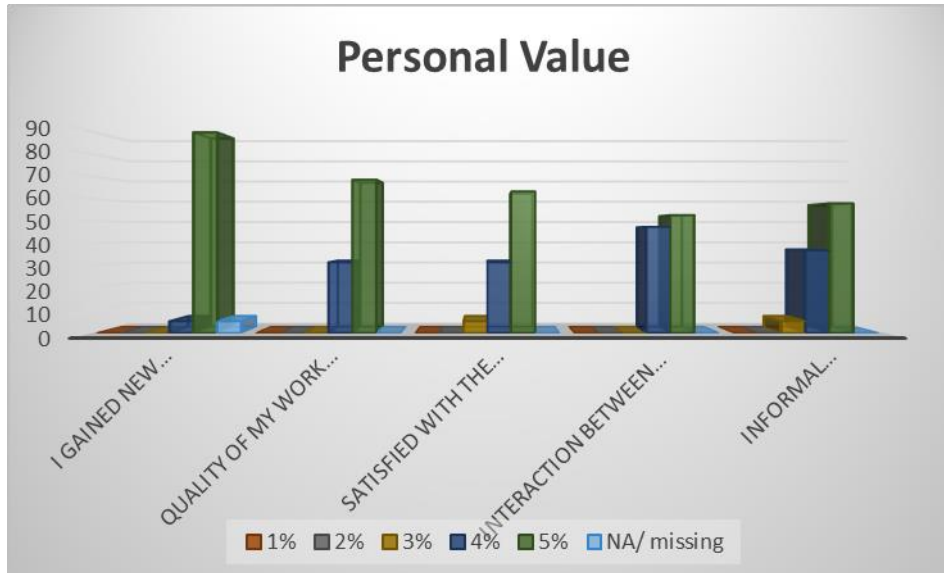


Questions asked in the context of the personal value in relation to the workshop and the responses on the same were –

All of them agreed that they gained new knowledge and insights and that their quality of work will be enhanced as a result of participating in the workshop. 63% were satisfied with the opportunity to participate in the workshop, while

5.3 % stayed neutral. All agreed that the interactions between participants and presenters were ideal. 95 agreed that the conversations with other participants were, while 5 % stayed neutral.

Chart 2: Personal values



Questions asked on workshops organization and coordination were responded in following way:

All agreed that the program was well organized and coordinated and that the length of the program was appropriate. 74% agreed that the length of the individual sessions was suitable, while 26 % stayed neutral. Most of them (95%) agreed that the workshop registration was efficient, while 5% stayed neutral

Chart 3: Workshop organization and coordination

