



Asia Safe Abortion Partnership



The Safe Abortion Youth Advocacy Refresher Institute

Dates: Fri 10th, Sat 11th, Sun 12th May 2019

Venue: West End Hotel, Mumbai, India



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We conducted our 7th Youth Advocacy Refresher (YAR) with 25 youth champions from Bangladesh, Bhutan, India, Indonesia, Malaysia, Nepal, Sri Lanka and Vietnam. It brought together Youth Champions from the Regional Youth Advocacy Institute (YAI) conducted in Colombo in December 2018 and several other YAI's conducted at the local level in these countries.

Objectives:

- To share experiences and progress since the YAI
- To learn about a wider range and more in –depth aspects of safe abortion advocacy
- To assess the value of mentoring
- To strengthen the alumni network and strategize for future work

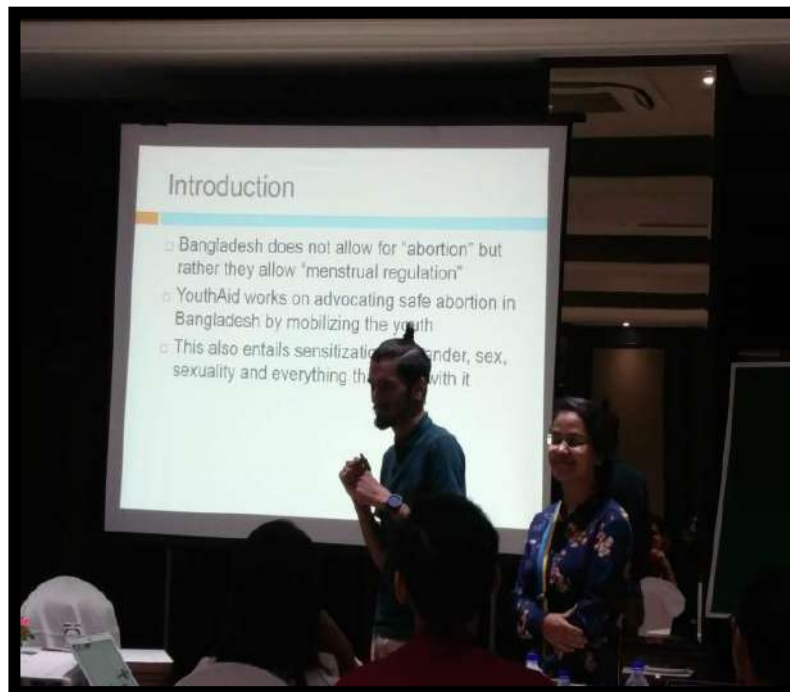
Day 1:

We started with welcome and introductions by ASAP Coordinator, Dr. Suchitra Dalvie. She expressed her hope that the participants would make new friends and learn from each other so as to build our solidarity as a movement.

Session 1: Experience Sharing

Participants from Bangladesh, Bhutan, India, Indonesia, Sri Lanka, Vietnam presented the work they are doing as part of the Country Advocacy networks.





TEA BREAK

Session 2 Contraception

Dr. Suchitra Dalvie facilitated the session, it intended to help participants convey accurate information about these issues related to contraception both technical and social. Participants revised their knowledge and reflected on their own understanding through four role plays which put them in a range of real-life situations that they may face as safe abortion rights advocates.

Scenario 1: 19-year-old unmarried girl has an unplanned pregnancy.

This role-play generated very interesting feedback, participants agreed that abortion narratives often miss out on the male partner and remains invisible suffers no consequences. They learnt that misoprostol is an easily available OTC drug, which is available in almost all countries, since it is on the WHO Essential Drugs list and has also been used for gastric ulcer treatment for decades. While we do not recommend self-use if there are safe alternative available to the woman, the reality is that in some countries due to restrictive abortion laws or stigma, self-use of a medical abortion pill might save the woman's life. In fact it was self- use by women in Brazil that first made researchers aware that Misoprostol could be used as an abortifacient!

There was also a discussion on the importance of confidentiality during counseling by provider and the need for post abortion contraception.



Scenario 2: An unmarried woman comes to the clinic for seeking an abortion, for the third time.

This role helped participants understand the power relations between providers and patients. Some of the participants who were medical students spoke about how such scenarios are common in clinical settings in the public sector, where patients face

judgment and shaming by providers when accessing abortion services. Also, if abortion is being sought in second trimester, the providers often deny saying its dangerous. This led to a discussion on how incorrect information perpetuates stigma.



Doctors should be sensitized to understand the social and cultural context within which women are located and how repeated abortions can be a marker of domestic violence or intimate partner violence in some cases. Thus, providers can play a huge role in helping women and creating awareness around such issues. Of course of a woman is choosing to have an abortion as the method of controlling her fertility then we need to accept that also as her right to choose. Myths and misconceptions around abortion and contraception remain to be a huge barrier in accessing services and providers can play a huge role in overcoming these barriers.

There was also some discussion around the politics of family planning, which has been a huge debate since ICPD. Most advocates are reluctant to use the term contraception since is more individual and family planning is supportive of the heteronormative idea of a family.

Scenario 3: As an advocate at a press meet a journalist asks you about abortion pills being murder and how they are contributing to making the sex ratio worse.

The role-play put together by the participants brilliantly argued some of the key points which are raised in discussions around sex selection. They emphasized that if you force a woman with an unwanted pregnancy to continue then she will have an unwanted child and that there is no such thing as ‘no abortion’- it’s only unsafe or safe.

Participants also learnt how to respond when opposition uses argument of nature to justify their objection. Nature argument is used conveniently by people, ignoring the spectrum in entirety.

In addition when responding to religious arguments it is important to include the right information based on religion. The conversation on numbers takes away attention from rights thus its important to build our advocacy from a rights based perspective.



Scenario 4: A woman using oral pills goes to a village on a works related trip and forgets her pills at home. She is unable to access new pills at the village.

The role play highlighted how the social construct makes access difficult especially in rural settings. The session also discussed some of the existing myths and misconceptions around contraception. One of the common myth around injectable contraceptives is that it effects bone density. Also its commonly understood that its not suitable for South Asian women but its still being pushed on them by big pharmas. Dr. Dalvie responded to these doubts, she said injectable are a medically

good method, low bone density can be a concern in some women but it is curable and not irreversible. South Asian women already have low bone density.



We need to understand the larger politics around these issues; the medical abortion pills received the same kind of resentment from the women's movement in South Asia.

LUNCH

Session 4 Ethics, Conscience and being Pro Choice- Dr. Amar Jesani

The objective of this session was to help participants understand the ethical issues involved for a provider to be pro- choice and to be able to defend the woman's right to access safe abortion in situations of conscientious objection and sex selection issues.

The session started with a [film](#), The Lucifer Effect, by Philip Zimbardo, which helped participants understand the power of institutions to influence individual behavior. Dr.

Jesani explained institutional power and how good and evil go hand in hand. An individual response often depends on the situation in which the individual is placed.

The session covered issues related to morality, ethics, law and human rights. It helped participants understand ethical issues related to advocating for safe abortion as a women's right. Dr. Jesani explained how ethics play a mediating role in power relationships. The providers have more power over person seeking care; this is where ethics becomes a very important mediating issue. Thus, it's important for both sides to understand and accept that women have the right to safe abortion and doctors have the duty to provide abortion care.

In other words it's important for rights and ethics to match. Individuals have moral choices but it's not about few people becoming bad. It is also the situation (few apples going bad) for instance if you believe abortion is a good thing but others around don't- how will you change that? By only changing yourself?

As advocates it is important to talk about change at other levels; institutional level can change only when we reflect on it (religion, state, community), on that morality.

This is called ethics on second level- meso ethics level. In order to change morality of people we need to change ideology around it.



Dr. Jesani then explained the difference between Ethics and Law; laws don't change our value system, they are part of your social system. So if change in law doesn't change the value system, it will lead to a roll back in law.

For example, abortion is legal in India but still stigmatized and remains inaccessible. We need laws to enforce ethical understanding and in order to see it being followed require people understanding it. **The reason for sex selection is gender discrimination but the law is not changing that. In order to make something illegitimate, only change in law is not enough we need to change the morality.**

The session also discussed in detail the issues relating to Conscientious Objection. Morality is something one picks up from one's family, religion etc. but once you are trained as a doctor, a professional, the one thing that changes is morality.

Conscience is the judgment about morality of an act to be done or omitted or already done or omitted by the person. It's considered to be closely related to integrity - to act against it is violation of integrity. It is also thought to be an interference of social morality in ethics of medical practice.

Three positions exist related to conscientious objection:

- An absolute right to conscientious objection
- No right to conscientious objection
- Limited right to conscientious objection (& regulation of conscientious objection).

The third positions requires a very massive institutional building else it collapses. Thus there should be no right to conscientious objection, the guiding principle should be that rights of women are respected under all circumstances. If objection is allowed it can lead to lot of abuse and discrimination.

Tea Break

Session 5: Reaching Out

This session saw some very interesting presentations from groups working on a range of issues; it helped participants understand the importance of cross movement solidarity, the interconnectedness between issues and the strategies in reaching out to different types of audiences.

Presentation 1: Agents of Ishq (AOI):

Umang and Debasmita made a presentation on content creation. They spoke about the campaigns done by [AOI](#) and how they have been able to talk about some very complicated issues like menstruation, consent and sexuality through very simple messaging and story-telling.

Participants understood the importance of simplicity and empathy in content creation. Umang shared some of the communication material developed by them keeping in

mind a ‘simple Indian girl’ who is not able to communicate truth about her sexuality the video series created is intended to be a toolkit to help communicate with confidence and without stigma.



All content created by AOI is from a pleasure positive perspective, its simple often in the local dialect or language and context specific. Thus, knowing your audience is very important. Their videos and other content can be found on their [website](#).

In the question answer session participants were interested to know how to handle backlash and how do we tell a perpetrators story.

In response the facilitators said that good communication should not make anyone feel alienated. Having digital allies is important for countering trolls etc. Creating such spaces and calling upon them when needed is one of the strategies they follow. But while engaging with trolls we also need to act with caution and invest our energies where needed. Sometimes not engaging can be useful- you cannot educate someone who is not willing.

Presentation 2: Point of View (POV)-

Nikita from [POV](#) made a presentation on the work they are doing which lies at the intersection of technology, sexuality, disability.

She explained how the conversation on desire and sexuality is completely missing when speak about women with disabilities. Their narratives and lived experiences are completely erased.

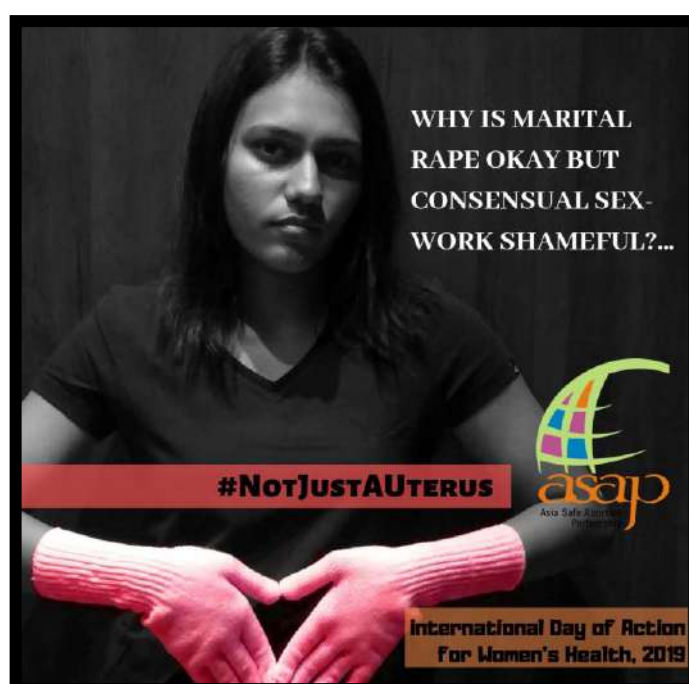


The intersection of disability and sexuality is critical but often overlooked; women with disabilities are rarely seen as sexual beings. This leads to a range of myths and misconceptions around their sexuality.

Nikita spoke about POV's [Skin stories](#) publications, which are stories on disabilities, sexuality and gender.

This session helped participants understand the intersectionality of issues. The day was quite power packed and provided participants with a lot of food for thought.

At the end of the day we held a photo shoot where we clicked participants in black t-shirts and pink gloves, making a uterus with their hands. This was for an upcoming campaign called #NotJustAUterus, where we highlighted some of the many common stereotypes ascribed to women and critiqued their 'most important role' according to society, which is reproduction. With this campaign we wanted to emphasize that women can be so much more than just mothers or wives or a medium to ensure continuity of her husband's lineage.



Day 2

We began the day with a quick sharing from all the participants of the one new thing they had learnt or felt strongly about from the earlier day. Some of the things that participants shared were:

- It was very inspiring to learn about the work other CANs are doing across the region
- The session by AOI and POV very interesting and provided a fresh perspective. AOI content creation helped understand how to create effective messaging and also how to use humour as a tool in content creation.
- The session on ethics and conscientious objection very useful learnt how concepts of morality facts come together to form bio ethics.

- Role play was a very interesting session and a good learning strategy, journalist role play gave us tools for countering certain arguments

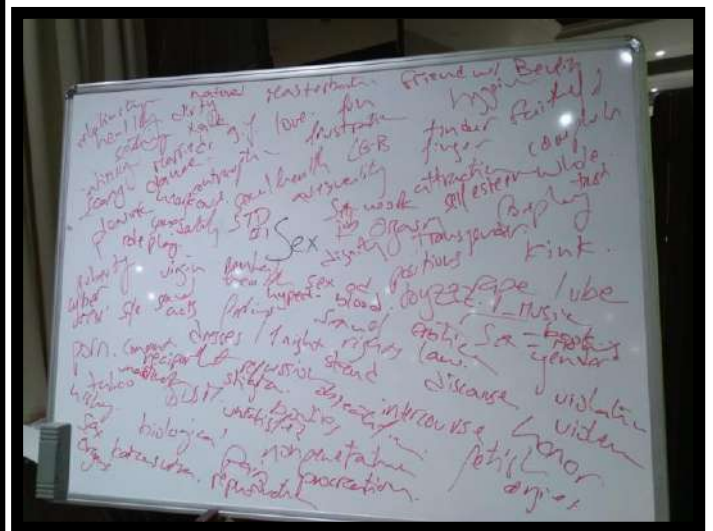
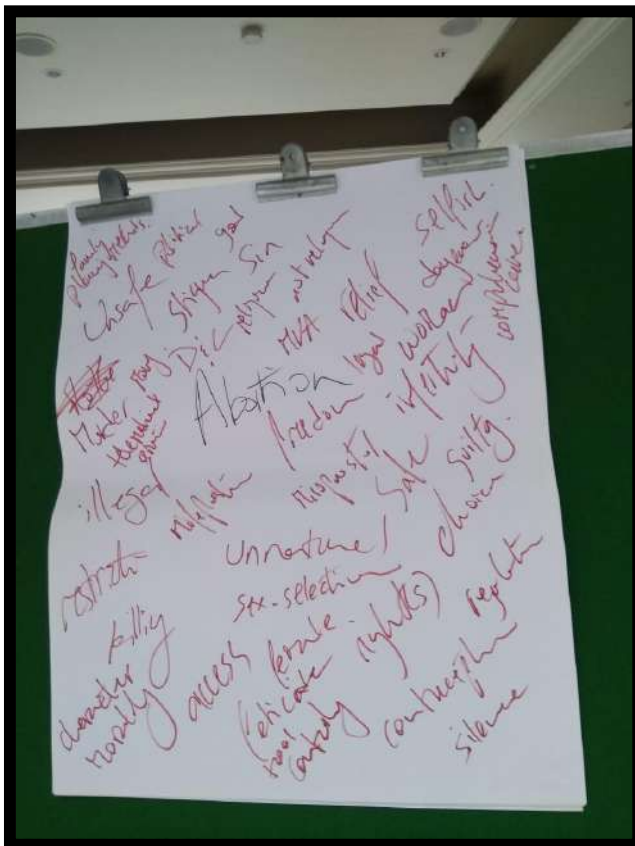


Session 6: Sexuality and Abortion- Rola Yasmine



The session helped participants to understand the concept of sexuality, sexual health and rights and also the impact of sexuality on the issue of safe abortion access. Rola started with doing a word association exercise to help participants understand the politics around Abortion and Sexuality.

This exercise helped participants understand how in conversations on abortion we don't have any conversation on sex or sexuality and how abortion is geared into a very heteronormative framework. Abortion is made to look like a completely different realm from sexuality when in reality they are so interlinked.



Further, the language around abortion is so medical and technical that it doesn't make it real and often it is forgotten that people who get abortion are real people with stories.

It's important to be able to discuss abortion outside these technical words and understand the sexual politics around abortion.

Abortion is a time of vulnerability (not because of the abortion itself, but because of how it is constructed).

But, abortion doesn't happen in a vacuum, it is embedded in a whole bunch of political conversation some macro (like Syrian refugees) and some micro (interpersonal).

Abortion is also about sex, sex is about sexuality and so abortion is also about sexuality. Gayle Rubin (1984) in her text [“Thinking Sex: Notes for radical theory of the politics of sexuality”](#) talks about *‘The Charmed Circle and the sex hierarchy’*.

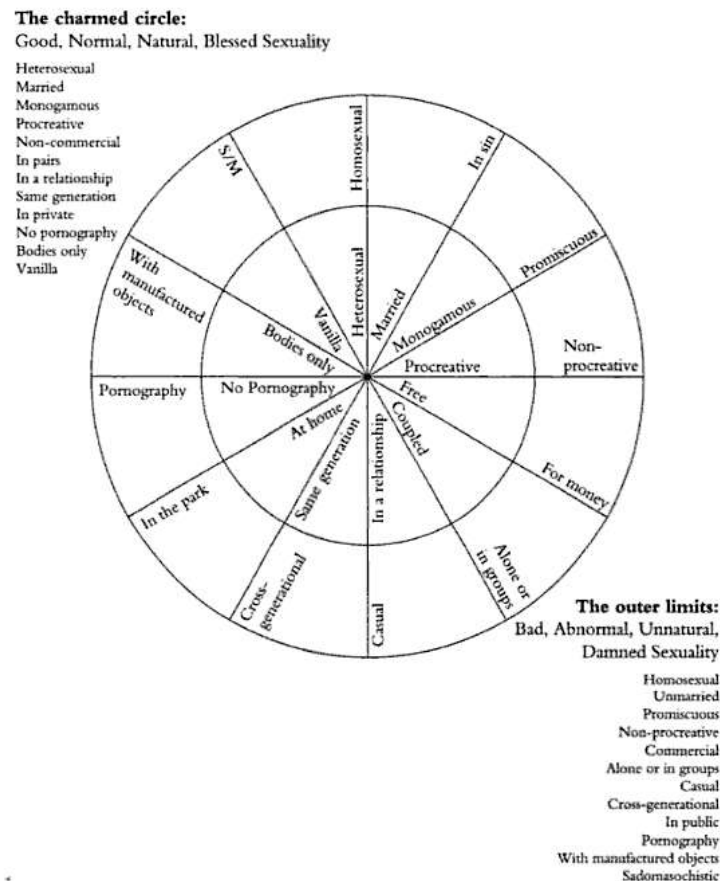


FIGURE 1. The sex hierarchy: the charmed circle vs. the outer limits

The above diagram shows a general version of a sexual value system “according to this system, sexuality that is ‘good’, ‘normal’, and ‘natural’ should ideally be heterosexual, marital, monogamous, reproductive, and non-commercial. It should be coupled, relational, within the same generation, and occur at home. It should not involve pornography, fetish objects, sex toys of any sort, or roles other than male and female. Any sex that violates these rules is ‘bad’, ‘abnormal’, or ‘unnatural’. Bad sex may be homosexual, unmarried, promiscuous, non-procreative, or commercial. It may be masturbatory or take place at orgies, may be casual, may cross generational lines, and may take place in ‘public’, or at least in the bushes or the baths. It may involve the use of pornography, fetish objects, sex toys, or unusual roles” (Gayle 1984: 152)

The value system is based on this need to draw a line between good and bad sex and most systems of sexual judgements are religious, pshycological, political attempt to determine which side of the line a particulat act falls.

We need to think about and branch out if we want to change conversation around abortion and take it out of the medical and technical. We need to connect it to something that is part of everyday and happens to people and is part of their stories

Abortion doesn't exist in one point but is influenced by so many factors, which includes but is not limited to war, capitalism, ageism, racism, sexism and the list goes on. It needs to be understood that abortion is not always a choice. Sometimes it is the only choice available to a woman. Women should not be forced to have an abortion but it should be accessible and available when women need it.

Rola also explained what is meant by heteronormativity, and how compulsory heteronormativity and hetero-patriarchy affects women when they seek safe abortion.

She concluded the session with emphasizing the need using sex positivity in abortion advocacy. The **sex-positive movement** is a social movement, which promotes and embraces sexuality with few limits beyond an emphasis on safe sex and the importance of consent. Abortion has a big political echo a ripple effect.

Getting narratives is good but getting those without a story doesn't help, it's therefore important that we reclaim these stories that are real and personal and situate abortion conversations within the spectrum of sexuality and sexual rights.

Tea Break

Session 7: Political Economy of Safe Abortion- Dr. Suchitra Dalvie



The session-helped participants understand the role of neoliberal market forces and the global political economic models and their impact on women's access to safe abortion services. It also helped understand the political economy context of neoliberalism, the influence of sustainability discourse on reproductive rights and the economic impact of unsafe abortion. The session had thought-provoking discussion on Global Gag rule, the neoliberal market and its impact on SRHR.

Global Gag Rule

- Signed by Trump on his first day in office
- Pro-life lobby
- Impact on funding for USAID supported NGOs and countries but also for those working with other funds
- Resistance and reparation offered by European countries
- Impact on India



Participants were able to understand the big picture and the macro global economic structures that have a very real impact of individual women's lives. Dr. Dalvie called attention to the role of public healthcare systems, politics of funding and their links to the abortion debate. She stressed on the the need for a critical evaluation of the role of INGOs work in developing contexts and the way that they set agendas for access to healthcare provision. She explained to participants that it's important to look at the politics behind narratives and not absorb information unquestioningly. Questioning the sources is important part of our activism it helps to ensure that the discourse is always relevant and not sidetracked by a misrepresented narrative.

Lunch Break

Session 9: Building Alliances- May Campaign strategy

ASAP is collaborating with [Feminism in India](#) (FII) to conduct a month long safe abortion rights social media campaign. Asmita Ghosh who is a Youth Champion and works with FII made a short presentation on the campaign design, content creation and strategies. The campaign seeks to talk about abortion in India from rights based

perspective. It takes a multipronged approach that looks into social, medical and legal issues impacting access to abortion in India.

Asmita spoke at length about the campaign strategy, this session helped participants understand the tools for building a social media campaign and how cross movement partnerships can amplify our reach



Session 10: Theatre of the Oppressed and Script writing workshop – Ayesha Thomas

This was one of the most intensive and fun sessions of the day; the participants learnt about alternate tools through which one could advocate for access to safe abortion. The four-hour hands on workshop helped participants understand how they can use their bodies as tools of communication. The exercises helped them reflect upon some of their own biases and stereotypes.

During the debriefing session there was a very thought provoking discussion on issues related to savior complex, power of invisible theatre and group solidarity. Participants also reflected upon the need for communication and use of non-verbal communication and how doctors need to learn positive and supportive body language.

At the end of the session participants learnt about alternate modes of advocacy and resistance and how art can be used to change people's minds. The theatre can fly under the radar and be a tool for subversion and a tool for change.



Day 3

Feedback: The third day started with a quick round of feedbacks and reflection by participants, following are the highlights:

- Invisible theatre was an interesting way of getting people opinion/ reaction, FII components of building a campaign and session on Neoliberalism were both interesting and depressing.
- Theater of the Oppressed (TOP) was a useful session, learnt how to use our bodies for expression
- Rola's session was quite thought provoking, the exercise of word clouds very fascinating
- ToP showed how under stress we fall back on default stereotypes, shows that there is still a lot of unlearning to do.

Session 10: History of Medicine – Rola Yasmine



This session helped participants to understand the patriarchy and misogyny within medical systems and the impact it has on women's health and rights.

Rola explained the history of medicine and the interaction between science, gender and society. The presentation looked at two aspects of this relationship – first, she looked at how medicine as a body of knowledge has gaps that are gendered, and second, she traced the evolution of medicine as a discipline and the impact that gender had on its codification.

Participants learnt that science was used as a tool to promote the propaganda of patriarchy. Medical anatomy textbooks in 1634 stated that female genitalia were simply a colder interior version of male genitalia. With further development in the sciences the clitoris was excluded from its discovery till the 1980s to 1990s when published by a female feminist journal.

Rola further showed how the difference in vulva between heterosexual women and homosexual woman. Body image issues cast on vulva, shows how they were being portrayed with the former being desirable and later as vulgar.

“the genitals of inverts were a symbol of their **deviance**, arguing that their genitals were different from those of “normal” women—their vulvae, larger; their clitorises, notably erectile; their labium, longer and more protruding; their vaginas, distensible; their hymens, insensitive; and their uteruses, smaller.”

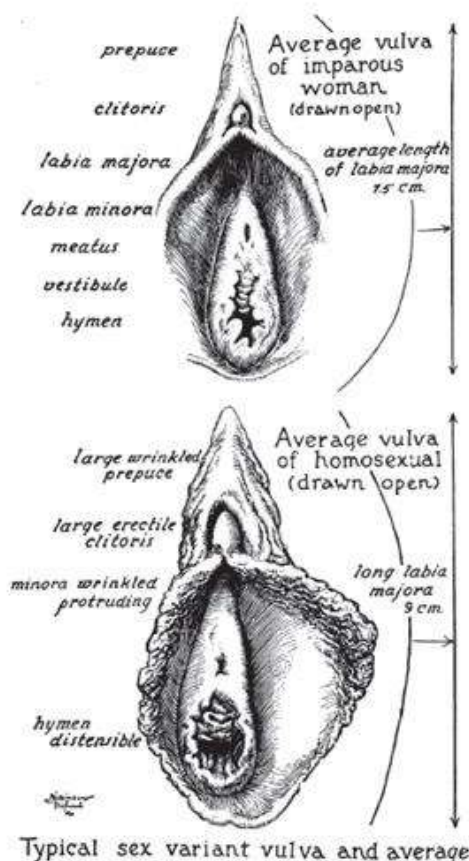


Illustration 17: Figure 3, Typical sex variant vulva and average (Dickinson 1941, 1102).

History of women healers, patriarchy and health care:

Rola shared stories about people's experience with doctors, of stigma and experiences where myths are passed as facts. This discussion helped participants understand the power imbalance between doctors and patients- where does it come from and how it operates.

From the 14th century onwards women were primarily involved in the arts of healing but were executed as witches under false pretenses where the actual reason was they were seen as a political and social threat associated with many of the peasant uprisings.

Witchcraft and medicine in the Middle Ages

- Witch-hunting from 14 – 17th century from Germany to England
 - Born in feudalism and lasting to the “age of reason”
 - Witches represented a political, religious and sexual threat to Protestant and Catholic church, as well as state.
 - Germany: 600 executions a year (1 or 2 a day except sundays)
 - Toulouse: 400 killed in a day
 - Bishopric of Trier, 1585 – 2 villages left with only 2 female inhabitants each
 - Estimated millions executed: 85% were women
- The hunts associated with social upheaval shaking feudalism at its roots, mass peasant uprisings, beginnings of capitalism, rise of Protestantism
 - Witchcraft represented a female-led peasant rebellion

The women were accused of having sex with Satan and using their 'powers' for harming people. In fact these women healers were the founders of the medicine we know today and had discovered the medicinal properties of many plants such as ergot, digitalis, belladonna which we use now. These were branded as ‘magic’ while the so –called science at the time comprised of astrology, alchemy and theology!

It was said these doctors were carrying out the duty to God and were supported by the church where as the women healers skills were passed off as old wives tales and people were dissuaded from accessing their services.

Florence Nightingale established nursing as a profession during the Crimean war. It was meant to embody feminine virtues and was considered as ‘natural’ women's work. Nursing required no license unlike medicine hence it grew to be low paid

heavy-duty work. The doctors got what they wanted-- a nurse who would do all the 'dirty work' and would not compete with their profession as they had centuries earlier.

Nursing became feminized work and medicine masculinized while all along in history it was the exact opposite

Session 11: Patriarchy and Power- Manisha Gupte

The session helped participants understand how internal and external patriarchies function, how to recognize them and how to prevent them from creating barriers to safe abortion.

Manisha asked the participants to think of the ways in which women are trapped in a system that is not sympathetic to them, and become agents of daily transactions which are central to the maintenance of the structure and form of patriarchal oppression.



She explained that gender is one of the fundamental ways in which patriarchy exercises power by teaching entitlement as if it were natural, and right. This hegemony is then policed through violence, where the ideological position of patriarchy is maintained through the physical control of women's bodies and lives.

Manisha spoke about women experiences of watching pornography, here everything about watching (stigma, shame, fear of being caught) was scary and not the images of pornography. This led to a discussion on what makes us uneasy about pornography or sex work.

Participants were asked to reflect upon what makes us comfortable when women do certain things and whether it will upset us equally if a man does it.

She explained how women separating sex from reproduction is threatening to patriarchy and the main reason behind the panic around contraception and abortion.

Marriage is the primary way in which this control is exerted through a system of forced monogamy for women which ensures that children born to women are 'legitimate', thus ensuring that power and resources can be passed through a straight line of male children. This institution also functions as a way to control the process of production – through controls over what kind of work, what kinds of shifts, what kind of organizations and so forth are acceptable for women to work in, all conditioned around making women available to the family life; and reproduction – by constructing women as solely responsible for the production of babies (biological reproduction) and care work within the house (social reproduction). Both of these kept in place through controls on mobility, decision making, and access to inheritance which ensures the economic subjugation of women meaning that they have no option but to subject themselves to the system of patriarchy.

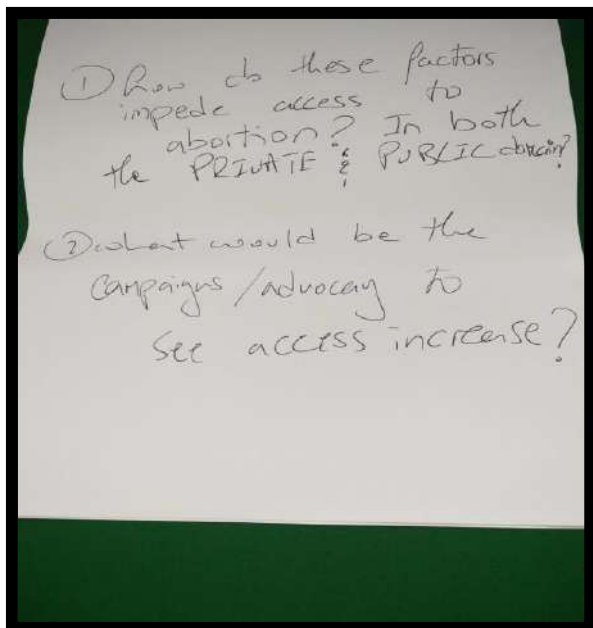
Sylvia Walby's analysis of private and public patriarchies explains how patriarchies operate both within household (private domain) and in public domain and how they work hand in hand to exercise control and disenfranchise women. She asked participants to reflect upon institutions that produce and maintain patriarchy.

Participants were then divided into groups and asked examine how public and private patriarchies operate.









Manisha Concluded the session by underscoring the need for reproductive justice framework.

LUNCH

Session 8: Understanding the global politics of abortion rights

The series of presentations in this session was intended to help participants understand the big picture and intersectionality of issues that affect abortion rights at all levels.

Rising Flames: Nidhi Goyal

Nidhi Goyal is a feminist activist from India working on disability rights and gender justice. She is visually challenged and is committed to changing the lives of persons with disabilities, particularly women and girls. Nidhi is also India's first female disabled stand-up comedian and uses humor to challenge prevailing notions about disability and gender.



Her session helped participants to understand not just patriarchy or gender but also ableism. It helped them understand the intersections of sexual rights, abortion rights and disability rights.

She explained the politics of forced hysterectomy, which is a form of violence that girls with disabilities face. Nidhi asked participants to reflect upon words commonly associated with disability which not very positive, in fact it homogenizes the experiences and lived realities of people living with disability (PWD).

Nidhi also spoke about the history and framing of the disability discourse. Whereas women are historically seen as a burden, PWD is mostly a medical discourse, which

comes from the idea that something is defective that needs to be corrected so medical intervention is needed. But of course there are some defects that cannot be corrected, so we moved to this noble idea of ‘helpless people’ so let’s help them. But PWD knows that what we need is a more enabling environment, which does not mean only ramps.

PWD’s are often seen as asexual beings. In the patriarchal mindset a woman is always giving and nurturing and since women with disability are not just giving but also taking – they are considered as not women enough.

We need to move away from the concept of pity, defect and treatment and understand with empathy the issues and challenges that woman with disabilities face while accessing SRH services. Privacy issues for WWD are more complicated and can be understood when women with disabilities are given more space and their concerns get attention.

Intersectionality- Garima Shrivastava

Garima’s presentation helped participants understand the importance of an intersectional lens in advocacy. It highlighted how intersectionality helps to expose the complexities of multiple identities and structures of oppression and privilege. Individuals experience violence and injustice differently depending on their location in the nexus of power relations and oppressions. Intersectionality allows us to see how women experience institutional gendered discrimination and how it intersects with their class and social positioning. It doesn't provide readymade solutions but it does allow us to ask the right questions.

Global Gag rule- Avanti Arsecularatne

Youth Champion Avanti from Sri Lanka made a brief presentation on the Global Gag rule and its impact on SRHR. She explained the history and politics behind such a rule and what it means for developing countries who relied heavily on US funding.

Conscientious Objection- Shweta Poduval

Youth Champion Shweta from India made a very interesting presentation on the issue of conscientious objection. She concluded by stating that it should be called conscientious refusal and not objection. The international standards are not rights based and thus, in order to move forward we need to talk about shifting from Objection to Provision. Is it possible to be in a place of Conscientious provision?

When a provider says, ‘I have seen women dying of unsafe abortion, so my conscience forces me to provide abortion’.

Self-managed abortions- Amalia

Youth Champion Amalia from Indonesia spoke about self-managed abortions and the politics behind it. She spoke about the situation in Indonesia and the work she has been doing with Women on Waves in providing medical abortion pills in restrictive settings.

Small grants project Malaysia- Sangeetha Permalsamy

Youth Champion Sangeetha from Malaysia shared her experience of implementing a small grants project in Malaysia where they used art to communicate abortion stories. The art project brought together artists, writers, and sexual abuse survivors to create new works and speak up for gender equality; it was inspired by the House of Silenced art exhibition in Indonesia. Following are snippets from some of the stories shared:

- *"As women we have the right to freely choose our way in the future, unwanted pregnancy happened to me when I was 19 years old and even though in Indonesia people who access safe abortion services are still stigmatized, the decision I took was based on what I've seen that there are number of abandoned children out there because their parents are not ready to have, feed and educate them, I don't want to be like their parents."*



- *"Forcing a woman to undergo pregnancy and giving birth against her will is terribly violent. Having abortion doesn't make you demon, it just means you're human."*

Menstrual Regulation in Bangladesh – Fariha Hossain

Youth Champion Fariha spoke about the MR services in Bangladesh and situation of access to safe abortion services.

Sex selection – Durga Sapkota

Youth Champion Durga from Nepal spoke about the issue of sex selection in Nepal and how it is impacting women's access to safe abortion services.

Valedictory

At the end of a wonderful three days of learning together, we finally had to bring the workshop to a close.



For regular updates from Asia Safe Abortion Partnership, follow us on our social media- [Facebook](#), [Twitter](#), [Instagram](#)

APPENDIX 1

AGENDA

Day 1: Friday, 10th May

8:30-9:00 am		Registration	
9:00- 9:30 am		Welcome and introductions	
9:30- 10:30 am	Session 1: Experience sharing	Objective: Sharing of the work at Country Advocacy networks	Bangladesh, Bhutan, India, Indonesia, Malaysia, Vietnam and Sri Lanka
10:30- 11:00 am	Tea Break		
11:00- 12:00	Session 2: Contraception	Objective: To ensure that participants can convey accurate information about these issues. Role Play	Suchitra Dalvie
12:00- 1:00 pm	Session 3: Abortion	Objective: To ensure that participants can convey accurate information about these issues. Role Play	Suchitra Dalvie
1:00- 1:45 pm	Lunch Break		
1:45- 3:00 pm	Session 4: Ethics, Conscience and being pro choice	Objective: At the end of this session the participants should be able to <input type="checkbox"/> Understand the ethical issues involved for a provider to be pro choice <input type="checkbox"/> Be able to defend the woman's right to access safe abortion in situations of conscientious objection and sex selection issues	Amar Jesani
3:00- 3:30 pm	Tea Break		
3:30- 5:00		Objective: At the end of this session the participants should be	Umang Sabarwal

pm	Session 5: Reaching Out	able to understand the strategies in reaching out to different types of audiences.	and Debasmita Das from Agents of Ishq Nikita Patodia from Point of View Population policies and their impact on abortion rights.
	7 pm onwards	Dinner, Dance and Photos	

Day 2: Saturday, 11th May

8:30- 9:00 am		Recap and Reflections	
9:00- 10:30 am	Session 6: Sexuality and abortion	Objectives: Participants will: 1. Understand the concept of sexuality, sexual health and rights. 2. Understand the impact of sexuality on the issue of safe abortion access	Rola Yasmine
10:30- 11:00 am	Tea Break		
11:30- 1	Session 7: Political Economy of Safe Abortion	Objective: Participants understand the role of neoliberal market forces and the global political economic models and their impact on women's access to safe abortion services. (reading)	Suchitra Dalvie
1:00- 2:00 pm	Lunch Break		
2:00- 2:15 pm	Session 8: Building Alliances	May Campaign strategy	Asmita Ghosh
2:15- 4:00 pm	Tea Break included	Theatre of the oppressed and script writing workshop	Ayesha Susan Thomas
4:00 pm		End of Day	

Day 3: Sunday, 12th May

8:30- 9:00 am		Recap and reflections	
9:00- 10:00	Session 9: History of Medicine	Objective: Participants understand the patriarchy and misogyny within medical systems and the impact it has on women's health and rights.	Rola Yasmine
10:30- 11:00	Tea Break		
11:00- 1:00	Session 10: Patriarchy and Power structures	Objective: Participants understand how external and internal patriarchies function, how to recognize them and how to prevent them from creating barriers to abortion	Manisha Gupte
1:00- 1:45	Lunch		
1:45- 3:00	Session 11: Understanding global politics of abortion rights	Objective: Participants are aware of the big picture issues that affect abortion rights at local levels 1.Intersectionalities -Garima 2.Selective abortion - Suchitra 3. Global Gag rule- Avanti 4.Self - managed abortions- Amalia 5.Understanding Conscientious Objection- Shweta Poduval 6.Nidhi Goyal (Rising Flames)	
3:00- 3:30	Tea Break		
3:30- 5:00		Valedictory	