



Youth Advocacy Institute 2014 (YAI 3)



**8th –11th Dec 2014
Mumbai, India**

A Report

Introduction: ASAP has been conducting an annual Youth Advocacy Institute since 2012. The Objectives of this Institute are:

1. To create a community of trained and sensitized **youth champions** who have an understanding of access to safe abortion as a gender and 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 safe abortion services, including medical abortion.

In 2014, the 3rd Youth Advocacy Institute was held at the West End Hotel, Mumbai, India. We received 40 applications and we finally selected 14 participants from 8 countries to join in.

We had some expert invited facilitators, as well as our own expert in house team leading the sessions and the Institute.

Day 1: Monday 8th Dec



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

Facilitator: Anand Pawar

Support Trainers: Rola Yasmine/ Sarah Soysa

Objective: At the end of this session the participants should be able to:

- Understand the difference between sex and gender
- Understand 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.



This session helped the participants to understand the social construct of gender and patriarchy, the institutionalized control on women's bodies and fertility and to place abortion access within this context. Anand started by introducing gender as a concept. He further explained the difference between sex and gender and the entire system of defining different gender norms, which govern the behaviour of men and women in society - masculine and feminine.



He then went on to explain how social roles are ascribed to men and women, the cultural sites of their manifestation and the process of gender socialization. He highlighted key concepts and issues- role of the market in reinforcing gender stereotypes- e.g. how my body should smell, how much space I can occupy in a public sphere. He also explained the way concepts get embodied and therefore the need to go beyond symbolic ideas. He also discussed the role of power and said that talking of gender without analysis of power is not meaningful and therefore we need to understand the inherent power relations.

Moving ahead he also spoke about the sexual division of labour- men must be bread winners, women must be care givers, nurturers – the masculine and feminine roles and the resulting differential access to and control over resources (Resources like money, land, technology, knowledge, self-esteem, time, space). He explained in detail how gender works as a system and how all structures (like police, judiciary, education, religion etc) have a patriarchal umbrella which is based on discrimination against women. Thus, in order to understand how these structures sustain and manifests themselves it's important to bring in dimension of power and hierarchies that exist in that society.

Anand explained that patriarchy is a complex socio-political and economic institution that is used to assign power and further the superior status of the male sex. He went on to explain the socio-economic gains a patriarchal society stands to make by controlling the female reproduction and sexuality. Drawing linkages between gender power relations, abortion and reproduction he said that control of female sexuality and fertility is central to maintaining the gender power relations in the society. He explained that the gender power relations are created through gender

socialization by assigning role of masculine and feminine, and maintained through reinforcing these and constantly giving them meaning. In fact, during this process of pushing men into a particular character and women into another the third gender is excluded and binaries are created.

We then saw a 2 minutes clip from the film “Water” which depicts the life of a child widow and forced us to think of the horrors of her life and the violation of so many of her rights.

Session 2: Human Rights, Sexual and Reproductive Rights



Facilitator: Anand Pawar
Support Trainers: Sarah Soysa/ Yu Yang

Objective: At the end of this session the participants should be able to:

- Know the definition of sexual and reproductive rights and the 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.



We started the session with a group exercise where participants were asked to define sexual and reproductive rights. Anand then discussed in detail the definition of sexual and reproductive rights and linkages with other rights in upholding them. He started with introducing the participants to the

Universal Declaration of Human Rights followed by a Agree/ Disagree exercise to help participants understand what constitutes human rights. Anand then clarified the common myths about human rights, the core five principles of human rights and the five categories of human rights- he explained that human rights cannot be regressive so you cannot go back on the progress that has already been made- it should always be a step forward. He then facilitated the discussion with two case stories from the field elaborating on access to safe abortion as a human right issue.

A brief presentation on ‘ICPD to MDG’s’ by Yu Yang gave the participants an overview of the discourse about the connection between human rights and health, linking new concepts of health to the struggle for social justice and respect for human dignity. Yu Yang then highlighted some points related to **Reproductive Health as seen through the ICPD:**

- The twenty-year "**Cairo Programme of Action**" was adopted in 1994 at the International Conference on Population and Development (ICPD) in Cairo. The Programme of Action is credited with reframing the population discourse.
- Participants at the ICPD asserted that governments have a responsibility to meet individuals' reproductive needs, rather than demographic targets.
- Family planning services should be provided in the context of other reproductive health services, including services for healthy and safe childbirth, care for sexually transmitted infections, and post-abortion care.
- The ICPD also addressed issues such as violence against women, sex trafficking, and adolescent health.
- The Cairo Program is the first international policy document to define reproductive health. For the first time, there was a clear focus on the **needs of individuals and on the empowerment of women**, and the emergence of an evolving discourse about the **connection between human rights and health**, linking new conceptions of health to the struggle for social justice and respect for human dignity.

He explained the ICPD Definition of Reproductive Health-- implicit in this last condition are the rights of men and women to be informed [about] and to have access to safe, effective, affordable and acceptable methods of family planning of their choice, as well as other methods for regulation of fertility which are not against the law, and the right of access to appropriate health-care services that will enable women to go safely through pregnancy and childbirth and provide couples with the best chance of having a healthy infant.

Yu Yang then explained the Millenium Development Goals- a set of eight objectives ranging from eradicating extreme poverty and hunger to reducing child mortality and achieving universal primary education – to be achieved by 2015. Talking about the missing link Yu Yang said that MDGs introduced later were merely indicators to monitor the progress and completely missed a goal encompassing RH agenda of ICPD. RH is considered as a 'missing link' for MDGs. Eg. - Target 5: Maternal Health: Reduce by three quarters, between 1990 and 2015, the maternal mortality ratio—without any indicators on safe abortion. After much advocacy and struggles, target 5B was introduced: achieve, by 2015, universal access to reproductive health. Its indicators are:

- Contraceptive prevalence rate -- what about coercion/ incentives
- Adolescent birth rate –married, unmarried
- Antenatal care coverage (at least one visit and at least four visits)
- Unmet need for family planning

Yu Yang said that ICPD is still an unfinished agenda; the following have not been given adequate attention:

- Respecting, protecting and fulfilling sexual and reproductive rights for all, through enabling public education and legal and policy reforms.
- Achieving universal access to quality, comprehensive and integrated sexual and reproductive health information, education and service.
- Comprehensive sexuality education for all young people.
- Eliminating violence and discrimination against women and girls.

Even in the MDGs sexual and reproductive health and rights were sidelined and the climate of political conservatism globally and the “sensitive” and “risky” nature of sexual and reproductive health and rights issues for many developing-country governments (like In China) further acts as barriers to any progress on the issue. Yu Yang concluded by stressing on the need to demand comprehensive sexuality education (CSE) as a very basic step towards the realization of these goals.

Session 3: Values Clarification and Case Studies

Facilitator: Dr. Suchitra Dalvie and Anand Pawar
Support trainers: Preet Manjusha and Sarah Jane

Objective: 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



This session helped the participants articulate their own positions on the issue of abortion and introduced them to arguments posed by the anti-choice groups, and to issues like sex-selection

The following statements were used:

- Women who have an abortion are ending a life.
- A woman should be able to have an abortion even if her husband wants her to continue the pregnancy.

- Making abortions easy will lead to more irresponsible sexual behaviour.
- Women who have HIV/AIDS should not have babies.
- Women who have second-trimester abortions are indecisive.
- Women who have multiple abortions should be encouraged to undergo sterilization.
- Choosing the sex of one's child is a reproductive right

Participants were asked to 'Agree' or 'Disagree' with the statements; they were not allowed to take a neutral stand and had to justify their stand. This session generated very thought provoking discussions around ethics, beliefs, rights and values. This exercise enabled the participants to understand the impact social values can have on individual rights and also the nuances of policy interpretations being enabling or disabling. They were also introduced to the counter arguments made by anti-choice groups. Conversations concentrated on pro-choice and pro-life values, as well as on sex-selection.

Resource persons explained that being pro-choice to a large extent meant respecting women's ability to make decisions for themselves, and creating environments conducive to executing these decisions without questioning the ethics behind the choice itself. The session generated very thought provoking discussions on issues such as HIV, bodily autonomy, choice, sex selection etc. Dr. Dalvie said that we need to unpack the question- sex selection as a right and move beyond numbers. She said that we continuously need to challenge stereotypes and question the ideas that are given to us by states and institutions.

The day ended with screening of a 1 hour segment from a Romanian film "4 month, 3 Weeks and 2 Days"-- a film about solidarity and sisterhood in the face of a complete ban on safe abortion during the late 1980s in Romania. The film is about two friends, one of whom seeks abortion and is forced to get through an illegal means. The film highlights the risk they take, the power dynamics, the transactional sex, the abortion law, the absence of the man responsible for the pregnancy and the violation of citizens' rights by the State.



Informal Dinner

Tuesday 9th Dec: Day 2

We started with a review and recap of the earlier days sessions by Minal Singh from Nepal. Dr. Souvik Pyne participant from India gave a feedback on earlier days discussions, he said that all participants found the information on SRHR and Human Rights extremely useful, the session on gender and patriarchy helped them understand the interlinkages and the value clarification exercise encouraged them to reflect on their views and question their beliefs.

Session 4: Basic updates on reproduction, contraception, and safe abortion



Facilitator: Dr. Suchitra Dalvie
Support Trainers: Rola Yasmine, Smriti Thapa

Objective: At the end of this session the participants should be able to:

- Understand how pregnancy occurs and how it can be prevented
- Clarify myths and misconceptions around these issues
- Explain safe abortion techniques and related concerns in simple language to a layperson

This was an information packed session- How does pregnancy occur and how can unwanted pregnancy be prevented? What is medical abortion and how is safe and surgical abortion conducted? What are the methods of contraception and abortion and what are the key ideological

debates and misconceptions around these issues? These were some of the key issues discussed during the session.

To facilitate the discussion all participants were asked to draw the female and male anatomy-internal and external systems and look at the drawings; later Dr. Suchitra explained in detail parts of the female and male anatomy. The session saw very interesting discussions around issues such as hymen and its relevance to the concept of virginity. How do you find whether a woman is a virgin and why we don't bother about men's virginity? The session enabled participants to understand the interlinkages between reproduction, patriarchy and gender power relations.

Dr. Dalvie also clarified the various physiological processes like menstruation, ejaculation, fertilization, impregnation and miscarriage that are significant and relevant to any discussion on SRHR. Many of the points discussed were novel to the participants. A few points that seemed to stand out are:

- The “unsafe period” – or the period during the menstrual cycle when pregnancy is most likely to occur extends from 4 days before the ovulation to 4 days after the ovulation since the ovum survives for 24 hours while the sperm can survive for almost 3-4 days within the vaginal/uterine spaces.
- Ovulation can be predicted by changes in the basal body temperature and by changes in the texture and color of the vaginal discharge. The vaginal discharge becomes translucent and stringy during ovulation.
- Some women also experience pain in their lower back during ovulation. This is called Mittel Schmerz, or mid-cycle pain.
- Basal body temperature is recorded before one gets out of bed, at the same time every day. Around ovulation there is a spike in the basal body temperature. This is used more commonly when couples are trying to conceive rather than for contraception.
- It takes about 5 days for the fertilized egg to be implanted in the uterus.
- The pregnancy test is positive only after implantation of the egg since the hormone that is detected by the test does not enter the woman's blood (and urine) till then.
- The pregnancy test therefore becomes positive only about a week after fertilization and hence pregnancy tests may show false-negative results in the first seven days after sex.

Dr. Dalvie spoke at length about methods of contraception and abortion. In this session, the participants were given an overview of a wide range of contraceptive methods, from the natural methods to the modern methods of contraception. Discussions on emergency contraception clarified the essential difference between the EC pill and the pills used for medical abortion. She also explained in detail the methods of abortion: Surgical and Medical. Surgical abortion is done using two methods: vacuum aspiration (surgical or manual) and dilatation and evacuation (dilatation and curettage is considered an unsafe and obsolete method now). Dr. Dalvie also spoke about medical abortion, explaining that it is a safe and non-invasive procedure that can even be performed by the woman in the privacy of her own home as long as she has the right information. She explained that while a combination of mifepristone and misoprostol are most effective, safe abortion can also be performed using misoprostol alone.

Taking the discussion further Rola talked about sexual pleasure and she showed the participants historical images of female reproductive system and explained how they were made to look like an inside out image of the male reproductive organs. The purpose was to take the participants through different images of the female reproductive system and help understand their bearing in historical context. In the initial images that were being drawn by men in medical books, the clitoris was completely missing and it was only with the introduction of feminist drawings that female pleasure & sexuality were recognized. This session led to very stimulating discussions on pleasure, female contraception, masculinity and male performance.

Session 5: Abortion laws in Asia



Facilitator: Shilpa Shroff

Support Trainers: Smriti Thapa, Preet Majusha, Sarah Jane

Objective: At the end of this session the participants should be able to:

- Understand the implications of the law and its impact on services
- Understand the barriers created by laws and practices to safe abortion services
- Discuss positive amendments to country laws, which would facilitate access.

The session allowed participants to explore existing laws, their pitfalls and shortcomings, as well as form-nuanced opinions on the need to support the formation and implementation of liberal abortion laws and policies.

Dr Shilpa Shroff started the session on ‘**Abortion laws in Asia**’. She asked the participants a few questions:

- Why do we need a law?
- Why should abortion not be a part of population policy?
- Who is the creator of law and who is the guardian?
- Who is it meant to protect?

Participants shared the information on their country law on abortion. It was interesting to note how the law is interpreted in each country and how it facilitates or prevents safe abortion access.

In **Bangladesh**, the Penal Code permits abortion only for the good faith purpose of saving the life of the woman. Despite the restrictive nature of the law, “menstrual regulation” services have been available in the Government’s family planning programme since 1972. Menstrual regulation may be performed within eight weeks of the last menstrual period, even by trained paramedical personnel on an out-patient basis.

Abortion law is liberal in **China, Vietnam, and Nepal** and is available in the government service on request for women, with gestational age limits varying. Nepal lawmakers replaced in 2002 what was one of the world's most restrictive abortion laws with one making early abortion available on request and have seen a 50% drop in Maternal Mortality in the last decade.

There was an interesting discussion on how abortion law is used as a population policy by participants from China.

In **Pakistan, Indonesia, Philippines and Sri Lanka**, although the law is restrictive, it is not strictly enforced and hence many women do access reasonable ‘safe’ services for abortion if they can afford them.

Preet Manjusha gave a brief review about the law in **India** and how it permits abortion for unwanted pregnancy caused by rape, to save the woman’s life, for fetal abnormalities and even for failure of contraception (though only for a married woman). She also discussed the sex selection issue and how it is a barrier for women to access safe abortion.

In many countries in Asia safe abortion can be performed on comparatively broader grounds: fetal abnormalities, to save a woman’s life or to preserve her physical and mental health, and in cases of rape, incest. However, despite these reasons, it is believed that clandestine abortions are quite common due to lack of information and also the stigma.

Dr Shilpa explained that currently 61% of the world’s people live in countries where induced abortion is permitted either for a wide range of reasons or without restriction as to reason. In contrast, 26% of all people reside in countries where abortion is generally prohibited. Around the world, legal grounds for abortion are:

1. Risk to the woman’s life.
2. Risk to the physical and mental health of the woman
3. Foetal anomaly/abnormality.
4. Rape, incest or other sexual abuse
5. The woman’s social and economic situation and that of her existing children.
6. At the woman’s request.



Source: Centre for Reproductive Rights.

Link:

http://reproductiverights.org/sites/crr.civicaactions.net/files/documents/pub_fac_abortionlaws2009_WEB.pdf

But there are strict regulations and bureaucracy in the implementation of laws, which may act as barrier to access safe services. These can be gatekeepers, approved places, rigid clinic registration, mandatory counselling requirements, approved providers, gestational time limits and for the citizens only.

The participants were then divided into four groups and were given 5 REAL-LIFE SCENARIOS and asked to imagine that

‘You are advisors to the President of an imaginary country who has recently indicated that she will be willing to consider some exceptions to the country’s laws that ban abortion in all circumstances, even when the woman’s life is in danger. She is asking you to consider these five scenarios and choose three out of the five scenarios (ranked one to three in importance) that you would recommend to be those exceptions.’ (see Annexure 1)

Smriti Thapa and **Preet Manjusha**, Youth Champions from last year’s YAI, facilitated this part of the session.

The discussion that followed revealed that all the three groups had chosen Sheila who received the maximum votes and Mary got the next preference. The rest of the votes were divided. Some voices that were heard were that there are no wrong or right cases; one group felt that all deserved and none of them should be denied!

The case that got highest votes (Sheila) was with a Down’s syndrome baby as everyone felt that it would be a burden to the baby and to the mother. Mary got the next preference who was an elderly women with seven children and a victim of domestic abuse. She was intending to commit suicide if she was denied an abortion. The case that was not considered for abortion was the foetal anomaly, which could be corrected by surgery after the child, was born.

We discussed how even people like us fall into the trap of taking decisions on someone else's behalf! We need to remember that as activists who believe in safe abortion as a human right, we should not submit to hierarchies of needs and 'deserving' cases, since every single woman is a human and has the right to decide what to do with her own body ! It is the responsibility of the State to ensure that her rights are fulfilled.

Sarah Jane Biton, Youth Champion from last year then showed her film 'TaMaBa' and what happens when women in the Philippines are denied safe abortion services. She further asked the group the frame a good law and what it should include: how much weeks of gestation and the conditionality.

It was an interesting discussion on the gestational age as there was no definite gestational age limit that was concluded, but the group felt that no women should be denied a safe abortion.

Smriti Thapa then gave a brief talk on what is a good law, using the abortion law in Nepal as an example. She spoke about the process of decriminalization in 2002, and the reduction of maternal health afterwards. She also spoke on how the task shifting has helped to empower mid-level providers even further in order to make abortion available in mountainous regions and remote districts of Nepal.

Dr Shilpa explained that a good law is necessary but not sufficient and there will always be challenges for implementation. She then summarised the session by saying that abortion is a human rights issue and a personal decision and not just a legal debate. It is *every* woman's right and should be available on request!!

Session 5: What does it mean to be prochoice?

Facilitator: Dr. Suchitra Dalvie

Support Trainers: Yu Yang and Sarah Soysa

Objective: At the end of this session the participants should be able to

- Advocate for safe abortion as a choice and a right for women (sex selection as an issue)
- Communicate clear messages about prochoice issues via social media and other channels

The session started with role plays where participants were given specific situations where they had to defend their choices. A lot of thought provoking discussions was generated through this exercise. The idea was to arm the participants with arguments when they advocate for safe abortion as a choice and a right for women. It also helped them to learn how to communicate clear messages about pro-choice issues. Dr. Suchitra Dalvie helped the participants understand the nuances of the prochoice philosophy. This led to very interesting discussions on the various circumstances under which women might make their choices, and how it was important to protect and preserve these choices.

There were several discussions on the need to provide accurate information on physical and sexual abuse, and also to set up support systems that helped women understand the various patriarchal frameworks within which several of their choices are framed. For example, returning to the topic of sex-selection, there was a need to respect the choice to have a termination even if

made women passive recipients of violence. She also spoke of the cultural influence that internalizes violence. Feminism is about the change we want to see- it is about social justice, it's inclusive and talks about binaries. Giving a historical overview of how word feminism was coined she explained that feminism is not monolithic but it is always changing and evolving though the ideology of inclusiveness remains intact.

Shivani then explained the concept of intersectionalities and this led to interesting discussions the multiple layers oppression. Elaborating on the correlation between feminism and technology- she said that technology is something that makes life easier while feminist technology also fosters equality e.g. photo editor, birth control pills, sanitary pads, tampons, condoms etc., are all technology. She explained in detail what is meant by feminist technology and the different types of feminist technologies- minimalist, moderate and radical. Feminist technology empowers women at the same time as improving social condition; it has to be consequential. Therefore while working with feminist consciousness we need to constantly evaluate so we already have technology at our tables that we can use the feminist way.

Shivani then shared FAT-NET's work with young girls in the urban slums of New Delhi and showed a video documentary '[Apna Haq](#)' that was made by these young girls. Shivani's presentation helped participants understand the use of technology as a tool for advocacy.

We were then joined by Rola for a discussion on digital security and what are the measures and alternatives one can use to secure our data and also reduce threats of hacking. Is digital security necessary? Where is the digital realm? Why would we want to increase our security? In what device do you have a major security threat? These were some of the questions raised by Rola's presentation 'What a digital security expert told me'. She explained the following basic elements of digital security namely-

- Both parties have to be secure
- Understand principles of network security:
 - Cryptography
 - Message integrity
 - Digital signature
 - Authentication

Rola then explained in detail the components of Network Security- confidentiality, authentication, message integrity, access and availability and what is meant by open source. She highlighted that smartphones and some of the most commonly used website and apps are the most unsafe and what are the alternatives one could use to reduce these threats.



Session 9: Understanding Advocacy campaigns in Asia and hotlines

Facilitator: Inna Hudaya

Inna started by walking the participants through her journey from being a blogger to a director of her own

organization. She explained what is the meaning of advocacy- a political process by an individual or group which aims to influence decisions within political, economic, and social systems and institutions- to change the “what is” into a “what should be”. She then explained advocacy in a simple language- influencing people, society, and politician, policy makers in order to change the public perception, regulations, or public policy such as legislation. She also explained the different types of advocacy- lobbying, grass roots advocacy, individual advocates. Elaborating further she explained the following goals of abortion advocacy:

- Repeal the laws that criminalize, penalize and/or restricting women’s access to abortion services
- Ensure access to high quality abortion services
- Challenge public perspective on abortion stigma
- End the harassment, criminalization and aggression aimed at networks, civil society organizations, feminists and advocates of sexual and reproductive rights.

Inna then asked the participants to think about how they intend to use the learnings of the institute in advocacy- you know what you want to do- the question is how will you do it? Various country participants shared about situation in their countries and what they think it should be like. Moving on to talk about hotlines, Inna explained what hotlines stand for and how to operate hotlines in a restrictive environment. Inna’s presentation was a perfect example for the participants on advocacy building and how to use available resources in th best possible way.

Session 10: Creating Content

Facilitator: Dr. Neelesh Bhandari
Support Trainers: Garima Shrivastava,
Rola Yasmine, Sarah Jane

Objective: At the end of the session participants understand

- What effective communication entails
- How to produce content: curating and creating
- How to create media forms used for the web, including blogs, videos, photos and audio slideshows.
- What is Multimedia: the art of blending in various media forms



This session was packed with information to give participants in depth understanding on the use of social media as a tool for advocacy. Following are some of the areas that were covered by Dr. Bhandari in this session:

- Rise of Internet, Smartphones and Social Media
- Power of Communities of Influence

- Having a Communication Plan for your goals
- Types of Content to use: Text, Power points, Images, Videos, Podcasts, etc
- Multimedia Content (with Sarah and Rola)
- Curating Content with RSS feeds
- Importance of Content strategy
- Content distribution channels

He listed the following key components of a successful social media strategy:

- Create regular original text content (listen, research, write for web, learn and repeat)
- Use good multimedia mix. Videos and Images show high visibility and engagement
- Content optimization is a continuing process. Never stop
- Ensure high quality engagement and traffic on your digital properties. Keep an eye on analytics
- Sign up Volunteers / Supporters / Email Subscribers and build up your database
- Allow Donations online using free tools and plugins (Paypal, for eg.)
- Build up long term relations and networks beyond jobs
- Have a budget and decide metrics to measure

Dr. Bhandari explained in detail effective communication strategy planning process- who, what, when, why, how, by whom.



He then listed the following steps to a successful media strategy:

- Establish your team
- Listen for your content, follow peers
- Focus on a primary goal
- Pick your metrics
- Research your community
- Communicate idea to spark passion
- Find your voice and create guidelines
- Create a tactical plan

Explaining each of these steps in detail Dr. Bhandari explained the use of google trends, google alerts, Evernote to keep clippings and social mention to assess audience and environment.

The session was co-facilitated by Sarah Jane who taught participants how to create media forms used for the web, including blogs, videos, photos and audio slideshows for advocacy. Sarah taught the participants basic photography- concept (*What do you want to say? What do you want to do?*), composition (*How are you going to tell your concept? Compose your image or story. Compose your narrative.*), technical aspects such as light, framing, camera angle and explained how these can be used as tools for advocacy. She then moved on to explain in detail photo editing and basic videography and script for making a documentary, shooting interviews, testimonials or giving messages, audio slide shows, video editing, create audio slide shows and video for advocacy.

This was followed by an exercise where participants were divided into groups and asked to make short video clips of 1-2 min duration on any issue of interest. We were amazed by the results and quality of work that the groups produced.

Thursday 11th Dec: Day 4

We started with a review and recap ---say who gave the feedback, what they said, what everyone learnt from the earlier day



Session 11: Using social networking platforms

Facilitator: Dr. Neelesh Bhandari and Garima Shrivastava

Objectives: At the end of the session participants understand how to

- Use social media as a networking tool
- Use social media as an advocacy tool
- Become credited, contributors to ASAP's social media

This session allowed the participants to understand how **Facebook and Twitter** can be used as tools of **networking and advocacy**. This was a hands-on session, where they were asked to reframe and tailor the messages they had created on Day 2 to post it using Facebook and Twitter. Participants were given an

overview of Wordpress, a blogging platform, they were then asked to write small blog posts on any issue of interest we will be posting these on the [ASAP blog](#).

Garima walked them through the ASAP social media platforms and explained how through effective strategizing and engagement it has been able to build its credibility and virtual presence in the region. She also spoke about how these can be used for effective communication, interaction and networking. She asked them all to post a story on ASAP's page.

Dr. Bhandari then asked them to post messages on the facebook live posting and helped to interact with each other's posts using the like, share and comment options, and also shared with them strategies like tagging for making these posts more interactive. This was followed by a discussion on how to handle pro-life comments on Facebook, and an introduction to creating a social policy that would help delete unwarranted and offensive comments.

At the end of the session participants were asked to create their own network charts- this part was facilitated by Dr. Suchitra Dalvie. It helped the participants to understand the anatomy of their social networks, create a visual map of their networks and analyze how well connected they are to key stakeholders in their fields.

Dr. Dalvie spoke about talked about the critical need to be networked for advocacy:

- To recognize the key stakeholders and the various roles each one can play
- To recognize how one is connected to these key stakeholders, and to recognize one's potential as well as the possible change that can be achieved through these connections
- To identify connections that are yet to be made to create a community for social change
- To identify the connections that have to be fostered and developed further to bring about a certain desired change.

She said that it was necessary to visualize this network in order to be aware of it, and so it was necessary to plot this network as a map. She also talked about the structure of a good network. Dr. Dalvie then asked the participants to map their network – both personal and professional, in order to be able to identify the key stakeholders.

Session 12: Using the Smart Chart to guide communication strategies

Facilitator: Garima Shrivastava

Garima explained the smart chart as an effective tool to help make Smart Communications Choices, strategic communications decisions are the building blocks of any successful communications planning and implementation effort. When used correctly, this tool will create stronger outcomes and can help use resources more effectively. Garima explained that smart chart six major strategic decisions:

- Program Decisions (Broad Goal, Objective, Decision Maker)
- Context (Internal and External Scans and Position)
- Strategic Choices (Audience, Readiness, Core Concerns, Theme, Message and Messenger)
- Communications Activities (Tactics, Timeline, Assignments and Budget)
- Measurements of Success
- Final Reality Check



She then elaborated on each of these steps and the participants were asked to formulate action plans for the future using the learnings from the session. Through this exercise

participants thought through possible advocacy activities they would like to carry out. A draft statement was submitted in the end and they were asked to submit detailed action plans by 15th January 2015. The ASAP staff will be helping them in putting their ideas into actionable proposals. These will be then reviewed by the ASAP Staff and Steering Committee, after which the best three or four will receive funds through the small grants program.

Introduction to the Campaign:

Before the close of the workshop, the Dr. Dalvie introduced the youth champions to the International Campaign For Women's Right To Safe Abortion, and Sept 28, the Global Day of Action For Safe and Legal Abortion. She asked them to sign up for the campaign (links were sent by email after the close of the workshop) and to participate and conduct events for Sept. 28 as ASAP's Youth Champions.

Certification and Closing:



Following this all the participants were presented with certificates and visiting cards. This year the youth champions were also given pen drives imprinted with a YAI logo, loaded with all the presentations and reading from the Institute. They were also added to the ASAP Youth Champions Group on Facebook.

San Hoang had a surprise for us and shared a video he had prepared of the wonderful 4 days we had all spent together!

At the closing, participants were asked to submit their plans for the small grant, thanked for their active participation, and encouraged to continue learning and sharing through email and social media.

Annexure 1

REAL-LIFE SCENARIOS

Content: You are advisors to the President of an imaginary country who has recently indicated that he/she will be willing to consider some exceptions to the country's laws that ban abortion in all circumstances, even when the woman's life is in danger. She is asking you to consider these five scenarios and choose three out of the five scenarios (ranked one to three in importance) that you would recommend being those exceptions.

SCENARIO 1: ANGELA

Angela is 20 years of age and was the first person ever from her village to be accepted at the Catholic university in the capital city. Her family, friends and neighbors were really excited by her achievement and had high hopes that her success will be the beginning of real change in the community. A couple of months after starting university, Angela met another student named Jeff and, after they found they had much in common, they began dating. Soon afterwards, they started to have sex. They used condoms most of the time but sometimes they were overcome with passion and did not. Angela has just had a pregnancy test and thinks she is 12 weeks late. She needs you to approve her for an abortion.

SCENARIO 2: YASMIN

Yasmin has been married to her husband for 15 years. By all accounts she loves him but perhaps now more like a friend and less like a lover. But she does appreciate how great a father he is to their two daughters. On a recent business trip, Yasmin met a coworker in a bar after a long day. One thing led to another and she had sex with him. She was shocked when she started to miss her periods but ignored it, thinking perhaps she was unwell. But her doctor has now confirmed that she is eight weeks pregnant. Her husband will know that this pregnancy is not his and her marriage and family life will be ruined. She asks that you please give her an abortion.

SCENARIO 3: SHEILA

Sheila is a 36-year-old professional woman and was delighted when she heard that her second child would be a boy. Her husband Allan has dreamed of having a son—even from the early years when they dated. Eighteen weeks into the pregnancy, the doctors explained that her fetus is severely damaged and has Down's syndrome. Allan and Sheila just do not feel that they can cope with a disabled child. They both want to terminate this pregnancy and try again for another baby that will meet their expectations and the reality of their lives. They ask that you please give permission for this abortion.

SCENARIO 4: MARY

Mary had a very hard life in a rural area. She came to the city with hopes of a better life more than 20 years ago. Now she is 45 with seven children and has a life that most days she feels is not worth living. Her husband Jerry drinks and beats her. He contributes nothing to her welfare, or her children's. She gets by though, taking in laundry from rich people in the suburbs. After another recent demand for sex from her husband she thought she might be pregnant but ignored it. When she found out that she was pregnant she tried warm baths and herbs but nothing worked. She is now 18 weeks pregnant and has made up her mind that she needs an abortion or she will kill herself. A local nurse told her that if she changes her mind and continues the

pregnancy a local prolife group will help her with baby clothes and support—and may even be able to arrange an adoption. Mary is not convinced; she does not want to continue with the pregnancy, and doesn't think she can afford to do so. She asks that you give her this abortion.

SCENARIO 5: SALIM & SARA

Salim and Sara have four children and were perfectly content with their lives. A romantic winter holiday produced a surprise result when Sara found herself pregnant. Sara, who is 46 this year, presumed that her baby days were over. At first, she accepted her fate but after 18 weeks the doctors told her that the baby would have a serious cleft palate problem and she decided that she wants to terminate this pregnancy. Her husband feels that perhaps some operations could correct the problem but accepts it is Sara's decision. Sara does not feel she has the energy to go through what might be years of operations to correct this condition. She also has fears about what might be the psychological impact on a small baby of having so many operations that probably will never produce a perfect result. Sara asks you to please give her an abortion as she does not want this baby.

Annexure 2

Agenda

Mon Dec 8th 8.30 -9.30 a.m. - Welcome, Introductions and Expectations
Suchitra Dalvie, Shilpa Shroff and Garima Shrivastava

Sessions

Day One – Mon 8th Dec 2014

Timings	Session	Learning objectives	Methodology
9.30 am – 11.00 am	Session 1: Understanding Gender and Patriarchy and its linkages with safe abortion issues	Objective: At the end of this session the participants should be able to: <ul style="list-style-type: none"> • Understand the difference between sex and gender • Understand 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. 	Facilitated by Rola Yasmine/ Sarah Soya Lead Trainer: Anand Pawar Participatory session Case studies will be used
11.00 am - 11.30 am (tea break)	<u>5 minute clip from Water</u>	What do you understand about the perception of women from this clip?	Discuss over tea with fellow participants

11.30 - 1.00	<p><u>Session 2:</u></p> <p><u>Human rights, sexual and reproductive rights.</u></p>	<p>Objective: At the end of this session the participants should be able to:</p> <ul style="list-style-type: none"> • Know the definition of sexual and reproductive rights and the 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. <p>Reading material: relevant parts of CEDAW, ICESCR GC 14, ICPD, MDG documents, Reproductive and Sexual Health charters, definitions, statements, excerpts from Rebecca Cook’s book on Reproductive Health and Rights Supplementary Material: L.C. vs Peru video on YouTube/ Vimeo</p>	<p>Facilitated by Sarah Soysa/ Yu Yang</p> <p>Lead Trainer: Anand Pawar</p> <p>Participatory session Case studies will be used</p>
1.00-1.45 pm	Lunch Break + Reading Time		
1.45 -3 p.m.	<p><u>Session 2:</u></p> <p><u>Values Clarification and Case Studies</u></p>	<p>Objective: At the end of this session the participants should be able to:</p> <ul style="list-style-type: none"> • 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 	<p>Facilitated by Preet/ Sarah Jane and Suchitra Dalvie , Anand Pawar</p>
3.00-3.30 pm	Tea Break		
3.30-4.15	Power Walk and Intersectionalities		Dr. Dalvie
4.15pm - 6pm	Film screening: Bol or some other	(For discussion on day 2)	
7 pm onwards		Reception Dinner (The Village)	

Day Two – Tuesday 9th Dec 2014

9:00 – 9:30	Recap and review		Youth Volunteer
9:30 a.m. -11 am	Session 4: Basic updates on reproduction, contraception, safe abortion.	Objective: At the end of this session the participants should be able to: <ul style="list-style-type: none"> • Understand how pregnancy occurs and how it can be prevented • Clarify myths and misconceptions around these issues • Explain safe abortion techniques and related concerns in simple language to a layperson 	Facilitated by Rola / Smriti and Suchitra Dalvie Participatory session
11.00 am – 11.30 am	Tea Break		
11.30 am -1.00 pm	Session 5: Abortion laws in Asia:	Objective: At the end of this session the participants should be able to: <ul style="list-style-type: none"> • Understand the implications of the law and its impact on services • Understand the barriers created by laws and practises to safe abortion services • Discuss positive amendments to country laws which would facilitate access. 	Barriers to safe abortion and the consequences: Facilitated by Smriti / Preet/ Sarah Jane and Shilpa Shroff Sharing by participants and Group work: framing an ideal safe abortion law
1.00 pm -1.45 pm	Lunch		
1:45 to 2:15 pm	Discussion on Bol		Facilitated by Garima Shrivastava and one YC

2:15 pm -4.00 pm	Session 6: What does it mean to be prochoice?	Objective: At the end of this session the participants should be able to <ul style="list-style-type: none"> • Advocate for safe abortion as a choice and a right for women (sex selection as an issue) • Communicate clear messages about prochoice issues via social media and other channels 	Facilitated by Sarah Soysa/Yu Yang and Suchitra Dalvie Sharing from participants about their experiences in brief
4:00 pm – 4:30 pm	Tea Break		
4.30 pm -5.30 pm	Assorted clips: 1. First scene of Unborn in the USA (talking to a rape victim) 2. Clips from dirty Dancing and Revolutionary Road (Abortion in feature films)	For discussion immediately afterwards	
5.30 pm – 6:00 pm		Discussion on film screening	Facilitated by Rola Yasmine and Garima

Day Three – Wed 10th Dec 2014

9:00 – 9:30	Recap and clarifications		Youth Volunteer
9:30 am – 11.30 am	Session 7: Interpersonal communication	Objective: At the end of this session the participants should be able to: <ul style="list-style-type: none"> • Understand the communication loop and 	Facilitated by Anand Pawar

		<p>the importance of message and medium</p> <ul style="list-style-type: none"> • Recognize the importance of body language and other non- verbal cues • Understand the importance of obtaining feedback 	
11.30 am -1.00 pm	Session 8:	Learning from FAT-NET: Strategies to empower women by enhancing women’s awareness, interest and participation in technology	Shivani Gupta
1.00 pm	Lunch break		
1:45– 4.00 pm	Session 9:	Understanding Advocacy campaigns in Asia and hotlines	Facilitated by Inna Hudaya
4.00 -4.30 pm	Tea Break		
4:30 – 6:00 p.m.	Session 10: Creating Content	<p>Objective: At the end of the session participants understand</p> <ul style="list-style-type: none"> • What effective communication entails • How to produce content: curating and creating • How to create media forms used for the web, including blogs, videos, photos and audio slideshows. • What is Multimedia: the art of blending in various media forms <p>Material: Ipas Movie – Think about it, Photos from assorted NGOs, magazines etc, Clips from MediaStorm</p>	Facilitated by Dr Neelesh Bhandari, Garima Shrivastava, Rola Yasmine/ Sarah Jane

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Day Four– Thursday 11th Dec 2014

9.00 am	Recap and clarifications		Youth Volunteer
9.30 – 1pm With tea break	Session 11: Using social networking platforms	Objectives: At the end of the session participants understand how to <ul style="list-style-type: none"> • Use social media as a networking tool • Use social media as an advocacy tool • Become credited, contributors to ASAP’s social media 	Facilitated by Dr Neelesh Bhandari, Garima Shrivastava Create your network chart
1.00 pm	Lunch break		
1.45 pm -3.30 pm	Group work.	Using the Smart Chart to guide communication strategies Setting up a youth forum —what is needed, what ASAP can do, future plans including an advocacy project for possible funding	Garima Shrivastava Suchitra Dalvie
3.30 pm -4.30 pm	Sharing of plans		
4.30 pm -5.00 pm	Valedictory		

About the resource persons:

Shilpa Shroff BAMS; MPH.

At present working as Programme Assistant at ASAP, managing projects, grant writing, strategic planning, advocacy and networking, organizing/ facilitating meetings and training programs. She has worked in clinical settings mainly in the field of MCH. She has also worked as a researcher and statistical analyst in the past.

Suchitra Dalvie MD, MRCOG

She is a practicing Gynaecologist who has been working in the development field for over 10 years. She has been a programme leader and trainer in issues of safe abortion, adolescent health,

integrating HIV with sexual and reproductive health, understanding gender and human rights among other.

Anand Pawar

Mr. Anand Pawar is the Executive Director of SAMYAK, an NGO based in Pune, India. He is a male gender trainer and an activist involved with women's and men's groups working towards gender equality and a violence-free society. He is also an active member of the South Asian Network to Address Masculinities (SANAM) and one of the Asia Board members of the Women's Peace Maker Programme (WPP). Mr. Pawar is involved in conceptualising and contextualising gender trainings with different groups and plays a key role in engaging with other social justice movements to locate issues of men and masculinities within movements. He was also associated with various qualitative research initiatives, exploring issues around gender, men and masculinities in India.

Garima Shrivastava

Garima is a Phd research scholar at Jawaharlal Nehru University, New Delhi. She is currently working with ASAP as programs and communication officer. Garima has been working with women's right movement for past six years, her area of interest includes women sexual and reproductive rights, gender and development.

Dr. Neelesh Bhandari

Dr. Bandari is an Army Graduate Pathologist with a Post Graduate Program in Human Rights. He has been running a successful healthcare social media agency where they use social media and associated big data to reach out to niche communities online.