The 2\textsuperscript{nd} Online
Regional Youth Advocacy Institute
(Bhutan)
21\textsuperscript{st} November to 19\textsuperscript{th} December, 2020
A Report
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Introduction:

The 2nd Online Regional Youth Advocacy Institute (YAI) was organized by Asia Safe Abortion Partnership (ASAP) over 5 weekends between 21st November and 19th December 2020.

Even though the institute was organized online, it was ‘hosted’ in Bhutan to locate it in an offline or on-ground context. We had three participants from Bhutan who presented about the country with an introduction to its geography, heritage and culture. Overall, we had 18 participants from Bhutan, India, Nepal, Pakistan and Sri Lanka who took part in this institute.

The objectives of the Institute:

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

Week 1

Day 1

Introduction

Dr. Suchitra Dalvie, Coordinator, ASAP, welcomed everyone and started the round of introductions through a memory game. Participants were requested to say their names along with an animal they identified but after they had repeated the names and the animals chosen by the others before them. The exercise was also linked with a later session that was scheduled to be held after a few weeks. This was a fun way to start the weekend sessions that slowly delved into deeper conversations towards building an understanding of safe abortion rights from a gender perspective.

Agreements

The agreements for ensuring the best learning space for the online Institute were discussed:

- Use Google classrooms for accessing resource materials and assignments, Zoom for the classes and WhatsApp group for announcements and discussions.
- Keep the phone on silent (or avoid distractions)
- Use Zoom breakout rooms for group activities.
• Meet up mid-week if required.
• Be on time.
• Complete assignments on time
• Participate actively.
• Be respectful.
• Be non-judgemental.
• Treat this as a safe space.
• Chatham House rules (can share what was said but not who said it).

**Gender, sexuality and patriarchy**

Dr. Manisha Gupte facilitated the opening session on gender, power, and patriarchy. She began with asking participants, what do we mean by gender? Some of the responses from the participants were:

• Gender is cultural roles that are assigned and social pressures.
• Gender is a social construct.
• The post-modern or a post-structural definition of gender is a performance. (Reference: Judith Butler)
  Gender is not natural.

Dr. Gupte summed up the responses by explaining that gender is an identity, and it is written on our bodies.

The discussions helped the participants to unpack gender - the biological concept of male and female (the chromosomes) and the diversity that exist beyond this binary.

Gender is assigned at birth based on the biological sex (the genitalia) and even when the body is not visibly male or female (a new-born baby in a swaddle), there are still social markers to differentiate the male and the female babies (pink swaddle for girls and blue swaddle for boys). At present we know of perhaps three types of biological sexes – male, female and intersex. However, we must keep in mind that intersex is a broad term for anyone who cannot be distinctly identified as male or female at birth; under the umbrella of intersex there could be diverse set of identities that we still don’t fully comprehend. Intersex was considered a social and cultural problem and as patriarchy strengthened with the development of agriculture and property, it became a legal problem as well. Around the 18\textsuperscript{th} and 19\textsuperscript{th} centuries intersex also became a medical problem that doctors would correct at birth.

Biological diversities exist because nature intended it that way, but sex (or the biological differences) is not discriminatory by itself. Gender or the norms around sex that were socially created, are discriminatory. The gender roles also help patriarchy perpetuate itself – “women are not born, women are made.” Society also determines what it means to be masculine and feminine and define how men and women should be or behave. Masculinity is associated with physical strength, while submissiveness, politeness and calmness etc. are considered feminine traits.

Dr. Gupte also spoke about those who do not fit into the binary and those who challenge heteronormativity (or the norms associated with being heterosexual and cis gendered people). Society often brands them as abnormal, perceives their
difference as a personal failure and something that threatens the social and religious fabric, and therefore stigmatizes such identities and expressions. State and all its institutions, such as education, law, and so on perpetuate these discriminatory practices and maintain the hierarchical order.

Day 2

Recap

- Heteronormativity was a new term for some, and that it is a social construct.
- The idea that disability is a social construct, and we are all temporarily able people.
- The nuances of the discrimination based on gender and sex.
- For some the concept of intersex and the issues that intersex babies and people face was completely new.
- The idea of motherhood and how toys are used to condition females from a very young age to take up domestic responsibilities.
- Gender roles that society created based on sex are discriminatory – one doesn’t need a uterus to cook and despite that cooking as an unpaid domestic chore is predominantly the responsibility of women.
- Normalizing patriarchy through words and their meanings (etymology), such as the commonly known phrase to describe sexual harassment of women is ‘Eve-teasing’, while there is no equivalent term (Adam teasing) to describe sexual harassment of men.
- The concept of ‘normal’ is also a social construct – norm means rules and anybody who does not follow the rules is labelled as ‘abnormal’ or away from the norms.
- Human rights are applicable only after birth.

Gender and mass media

![Gender Stereotypes in Mass Media](image)
Ayesha Bashir, Communications and Networking Officer at Asia Safe Abortion Partnership (ASAP) facilitated the session on gender stereotypes in mass media. Ayesha shared how these stereotypes in advertisement revolved around:

- Personality - macho and active men and delicate and passive women
- Occupation - men engaged in outdoor and risky activities, in high powered and high paid jobs, and women in roles like teacher, dancer, housewife etc.
- Domestic behaviour - men not engaged at all and women responsible for all unpaid domestic chores.
- Physical appearance - physically strong men and pretty women

The advertisements use these tropes to perpetuate patriarchal notions, misogyny, and sexism. The session was well received and raised many questions, including the commonly seen anti-women messages in popular culture, such as, products specifically for men because they should not use women’s products which may make them appear feminine. Or trans-phobia in the popular culture, such as, the movie called Laxmi Bomb. It also explored the issues of tokenism (showing people with disability without raising any of their issues), or women’s desires and sexuality versus objectification and catering to the male gaze.

**Understanding power and patriarchy**

Dr. Manisha Gupte continued with her session on patriarchy – she asked why is it important for the systems/structures to continue and reinforce the concepts of gender with all its inequalities and discrimination?

- To control individuals.
- To maintain the power, authority, and the status quo.
- To prevent gender equality to become a reality as that would mean the end of patriarchy.

She discussed the meaning of patriarchy – the word itself means the rule of the father (patri or father + archy or rule) and implies male superiority, power, and domination. It is a hierarchical system in which men are placed above women.

However, it is interesting that by and large women accepted and even perpetuated the hegemony and their own subjugation for centuries. Patriarchy controls women’s bodies as they are the vessel or the womb where the seed or the sperm is planted to ideally reproduce the male progeny who will carry forward the family.

Therefore, as per heteronormative values heterosexual sexuality within marriage is celebrated as it leads to socially sanctioned procreation – for e.g., a child born outside of marriage is considered illegitimate but after marriage reproducing a child is seen as a duty. But as the woman’s womb is the vessel and through her the male seed is passed, her virginity is extremely important in a patriarchal society, and this leads to the control and suppression of female sexuality.
Dr. Gupte referred to Sylvia Walby’s Six Structures of Patriarchy or structures that control women and perpetuate patriarchy:

- Paid work
- Household Production
- Culture
- Sexuality
- Violence
- State

Dr. Gupte then went on to talk about Public and Private Patriarchies and how it disenfranchises women in both, domestic and public sphere. In the domestic sphere the burden of the unpaid domestic labour is disproportionately on women. While in the public sphere health policies (for e.g., lack of access to contraceptives and safe abortions), legal policies (for e.g., lack of inheritance for women) and economic systems (for e.g., lesser pay than men for the same work) continues to be discriminatory against women.

Often multiple patriarchies exist and impact lives collectively and public and private patriarchy keep women under control. For e.g., girls are often confined to the home to ‘protect’ them from danger and violence that lurks outside, while numerous studies have reported that most of the violence against women (70% or more) occurs at home.

Dr. Gupte reminded participants that the goal was not to replace patriarchy with matriarchy but gender equality. She also reminded the participants to remain grounded, be empathetic and use love to dismantle the system of patriarchy instead of attacking an individual.

**Week 1: Some reflections from the participants:**

1. The session about the Gender and Media was insightful to know about the various ways how the media is playing a role in acceleration of gender stereotypes. The examples shown helped us know the types of how the gender stereotype is created. Patriarchy session was also very in-depth and a bit complex to understand, yet it helped us explore the various intersectionality as well.
2. The things that stuck in my mind was how we are been gendering since from our childhood and we do not find them problematic as we have been conditioned since our childhood. This needs to be dismantled now or else they will be passed down from one generation to the next.
3. During the session on patriarchy, some concepts were new for me such as the ideological control where there is control of the mind and then creating a hegemonic acceptance of patriarchy. How the ones that accept the patriarchy are rewarded and those who violate it are punished.
4. I had shared our discussions with my mother and sister. Especially, about the
popular blessing given to married women, "may you always remain married". In the disguise of a blessing, it is a curse for the woman as it implies may the husband live longer than the wife (as widowhood is stigmatized in many communities across Asia.) They were astonished at how deeply ingrained patriarchy is in our daily lives.

Week 2

Day 3

Recap

- The participants were assigned a homework where they had to find out their mother’s mother’s mother’s maiden name and many reported that it was impossible to find out the information. And how society erases women’s identity and makes their contributions invisible.
- The last week’s session also helped how gender inequalities are taught to us through socialization. For most participants these inequalities were also considered “normal” up until they engaged in these discussions.
- The linkage of patriarchal attitudes and mass media and how it perpetuates gender inequalities was also interesting for participants. Many expressed the desire for a longer session on gender and media.
- Participants were also intrigued by the idea of hegemony and ideological control whereby not only men, but women also accept that women are unequal. For e.g., even though in countries like Nepal the law supports women’s inheritance of parental property but seldom women themselves demand a share of the natal parents’ property.
- Participants also interrogated their own internalized patriarchy through the short video ‘Mindspace’ and the discussions around it.
- The understanding that how patriarchy has ruled our lives in public (politics, laws, religion, etc.) and private domains (family, marriage, etc.).
- Another participant shared that we internalize and cope with patriarchy differently. We are all capable of perpetuating patriarchy and we are constantly struggling against it.

Understanding power and patriarchy (continued)

Dr. Gupte reiterated that these sessions are about building a lens to analyse the information we already have. The various ways in which both public and private patriarchies work and erase women’s contributions – “there is his-story but no her-story”. Or in other words only men’s voices and actions are documented while women’s role and contributions remain largely undocumented. When women participate in public life, they do not find acceptance and are often told to go back to the private spaces which is considered her domain. Similarly, if a man wants to take up unpaid care work in the private domain, then that is also stigmatized. Domestic work in itself is devalued but this perception must change. Just as all violations against anyone are wrong and must be condemned. Feminism is the lens to analyse power and its imbalance among people, institutions and state.
Dr. Gupte went on to ask, what is feminism? And some of the responses that came were:

- Participant from India answered that feminism means gender equality and demanding equal rights for everyone.
- Participant from Nepal answered that feminism is the fight against patriarchy.
- Participant from Pakistan answered that feminism is the fight against oppression against women or men caused by men.

Dr. Gupte explained that feminism is not about taking a stand for women and against men. It is a struggle against the system of patriarchy. There has been feminism all throughout history where women and men have challenged patriarchy and the domination of men. It is not only specific to the West, but we have had reformers and revolutionaries in our cultures as well who pioneered feminist politics here.

Dr. Gupte also discussed how privatization (of economy in general and healthcare and education in particular), religious fundamentalism, cultural nationalism and fascism, militarization, reduced democratic spaces, increased private and public violence influences patriarchy. A group work to further delve into public and patriarchies followed and through these discussions, it was elaborated how these multiple types of patriarchies interact with each other:

For e.g., the way these patriarchies interact and influence each other and impact us: mass media often portrays abortion in a negative light which creates obstacles to access safe abortions. If the state supported abortion rights then the media would also reflect that through positive depictions of abortions. We often tend to overlook the family’s role to perpetuate and strengthen patriarchy – the family is affected by social norms, but the family also plays a critical role in shaping these unjust social norms; the family is the major manufacturer and corner stone of patriarchy and where gender is reinvented every day.
Dr. Gupte then went on to ask what is gender equality and how can we achieve it inside and outside the house? One of the responses was: Gender equality will be achieved when we discard the concept of gender and every person will be considered equal. Or in other words a genderless society where all are equal.

Dr. Gupte shared about the different types of feminisms that exist: black feminism (that challenges race, class and gender), socialist feminism (that draws from Marxism and liberal feminism), Dalit feminism (that challenges caste and gender), and so on. Not all are same and hence where a person is located determines their feminism and the need for an intersectional approach or drawing feminist analysis of inequalities and power imbalances from different locations. The state often declares that some people are equal or not equal based on certain criterions. However, there is also a need to explore what equality is. A participant responded that for true equality there is a need to create a level playing field by creating equity. The idea of true equality or substantive equality is social justice and is achieved through policies such as, reservations or positive affirmations.

She also discussed CEDAW and asked participants to look it up. Dr. Gupte asked if it is possible to dismantle patriarchy without challenging other systems of subordination, such as, religion, caste, heteronormativity, ableism, gender binary, race, Global North, and Global South, capitalism. These are all inter-connected and strengthen each other and unless we don’t challenge all these together, we will never be able to dismantle patriarchy.

Day 4
Recap

- Participants reflected on patriarchy and what feminism really is – it is a not against men but it is against the system of patriarchy. Therefore, as long patriarchy will exist feminism will also exist.
- The interconnections between private and public patriarchies – how the family which is considered private helps perpetuate patriarchy and sustain a patriarchal society.
- How patriarchy controls sexuality, especially female sexuality and makes it difficult to access contraception and safe abortion services.
- Feminism is not just fighting for the rights of women. But it is fighting for equality of everyone and recognizing that without everyone having same rights and privileges, there won’t be equality. It is not a fight against people but rather a fight against patriarchal structures that exist everywhere -- even within us.
LGBTQ rights and access to safe abortions

ASAP acknowledges that it is extremely important to include trans men, intersex and non-binary people in the safe abortion rights movement as they may have pregnancy risks and may require access to safe abortion services. Therefore, we invited Shane Batla from Equal Asia Foundation to conduct a session of LGBTQ rights and access to safe abortions.

The session reiterated earlier discussions around gender that were led by Dr. Manisha Gupte. She had explained that gender is written on our bodies, and neither the notion of gender nor the human body is static. The concept of gender changes from society to society and from one generation to the next. Similarly, the human body too is constantly changing and biological make-up that determines whether a person is male or female is a combination of complex factors that changes over time. Yet today’s mainstream societies hold on to and perpetuate very rigid and narrow ideas of gender in terms of the male and female binary.
The LGBTQ movement challenges these rigid ideas of gender and it is important to include their voices in the safe abortion movement. It is also important to engage with the LGBTQ movement and build their awareness around safe abortion rights and include it as a part of their agenda as well.

Shane’s session was received very well and here are some responses from the participants:

- **Participant 1**: The most intriguing part of the last two sessions for me was the amazing presentation by Shane. It was eye opener for me about how little I know about the life faced by non-binary people. I learned how to address non-binary people better, about the use of pronouns and its importance. I agree with the fact that this should be addressed by schools and parents to their children. So that they can grow up to make everyone feel more welcomed in the society. Also, non-binary people should be given equal opportunities to be engaged in the society. This way we can work together to abolish the stigma and towards equality in all sectors.

- **Participant 2**: We had yet another interesting two days of learning and exploring about patriarchy and feminism. Also, what Mr Shane shared about transgender was an interesting session. And it's so inspiring to see him do what he feels is right for himself and for people like him. Every class, I am getting to know more about patriarchy, gender, sexuality, and a lot of new things. It's interesting to share about our own country and listen to what's happening in other countries. Looking forward to the coming sessions too.
• Participant 3: Listening to Shane added a great perspective when he shared the story of a trans man experiencing sexual assault and getting pregnant. The trauma that the person experienced was many folds and it made me think that how accessing sexual and reproductive health rights becomes many times more difficult when one is a non cis-het individual. Perhaps being a cis-het woman, I would never understand truly how one experiences services and information around their bodies when there is dysphoria or any other challenging situation. This also reminded me of Manisha stating how intersex bodies have been 'fixed' by doctors robbing a child's right to choose their own life and the body they want to live this. This is a gross violation which didn't let me sleep that night.

Human rights and SRHR

The session stared with some videos and a PPT was shown to the participants. Dr. Gupte explained that human rights are fundamental rights and is the theory that there are certain rights that apply to us simply because we are born humans. Human rights are realized only when there is an equality of access, equality of opportunities and equality of results. Human rights are universal, but rights are not. Or in other words human rights must be incorporated into the law of the country or recognized by the government to be actualised. For e.g., the right to safe abortion maybe legal in one country but illegal in another. In Canada there is no law to abortion at all and it is a part of the rest of healthcare procedures. Therefore, rights change from one country to another and from one point in history to another. Therefore, to claim rights, the state needs to codify the violations, and state redressal mechanisms and remedies. Ideally, if the state curtails any rights then it can be challenged, and the curtailment has to be removed as soon as possible.

Reproductive rights and abortion rights are one of the most contentious of all human rights issues. All fundamentalists even when they are conflicting with each other, they are united when it comes to oppose abortion rights. Abortion rights is the final and most important threat to patriarchy as it gives the pregnant person control over their own bodies.
Week 3

Day 5

Recap

- Participants shared that the readings, particularly, the CEDAW, the circles of sexuality and one on sexism was extremely interesting for them.
- They also had to watch the movie, Dirty Dancing and they felt that was a very radical movie for the time it was made (in the 1980s).
- Participants also reflected on the diversity of gender and sexuality and how it is often overlooked even in the SRHR conversations.
- Participants also shared their reflections on ASAP Conversation videos that they watched, particularly the one on Female Genital Mutilation (FGM) or cutting and how hard hitting the information was.
- Participants shared the importance of idea of intersectionality and the need to connect different issues as they affect each other (for e.g., trans issues and access to safe abortions) – something that came out very strongly in Shane’s session.
- Participants also reflected on their own privilege which protected them from being affected by the pandemic but how communities across
- Culture moves forward as long as human rights are protected. The majority decides what the main culture will be and defines nationalism. These discussions are important to develop and use an analytical lens to understand the world around us.

Values clarification

Dr. Gupte and Dr. Dalvie facilitated the session on values through an interactive session. Participants were asked what are values and they answered:

Week 2: Some reflections from the participants:

1. The session about the Gender and Media was insightful to know about the various ways how the media is playing a role in acceleration of gender stereotypes. The examples shown helped us know the types of how the gender stereotype is created.
   Patriarchy session was also very in-depth and a bit complex to understand, yet it helped us explore the various intersectionality as well.
2. The things that stuck in my mind was how we are been gendering since from our childhood and we do not find them problematic as we have been conditioned since our childhood. This needs to be dismantled now or else they will be passed down from one generation to the next.
3. During the session on patriarchy, some concepts were new for me such as the ideological control where there is control of the mind and then creating a hegemonic acceptance of patriarchy. How the ones that accept the patriarchy are rewarded and those who violate it are punished.
4. I had shared our discussions with my mother and sister. Especially, about the popular blessing given to married women, “may you always remain married”. In the disguise of a blessing, it is a curse for the woman as it implies may the husband live longer than the wife (as widowhood is stigmatized in many communities across Asia.) They were astonished at how deeply ingrained patriarchy is in our daily lives.
Values is a belief system.
Values may vary from culture to culture.
Values are the norms of a society.
Values are our conditioning – the social conditioning from parents, religious beliefs, schools, peers etc.
Values are something that we believe very deeply, such as, religious norms, social norms and so on.

Participants were then asked how values affect us and they responded:

- Values drive our actions and decisions.
- Values are a way of controlling us and present us to the society as someone with good values.
- Creates our personality and determines whether we can be accepted by society.
- How earlier generation pushes us to behave or be more like them.
- Gives us a lens to see our world.
- Controls our thoughts, behaviour and define how we act.

Values were defined and one of the definitions was: **Values are enduring beliefs that a specific mode of conduct is personally or socially preferable to an opposite or converse mode of conduct** (Rokeach, 1973).

Two images from the values clarification presentation:

A set of questions were discussed and there were discussions around each of them, for e.g., a woman has an abusive/violent partner and she leaves him. Is that correct or not? Participants argued she was correct because violence goes on in a cycle. However, Dr. Dalvie and Dr. Gupte countered that by presenting a patriarchal point of few prevalent in our society that if all women who face violence walk out then it will be detrimental for our families. As usual this session was very vibrant with a lot of debates.
The discussions highlighted how values should not be perceived as set-in stone (or fixed/permanent) but we need to engage with them and analyse them critically using the lens of human-rights.

Day 6

Recap

- Participants found the values clarification session very thought provoking, exciting and pushed them to rethink many of their own ideas.
- One participant shared that most of the times we think of what should or should not be done in a very rigidly black and white way. However, life and reality is not like that and therefore the state, organizations and those in power should ensure that everyone has access to information and services and allowed to decide as per their convenience.
- They felt more empathetic towards difficult decisions people may have to take, such as, opting for abortion even if it is a girl child which is a deeply contentious issue in India.
- The need to understand why some people take certain decisions from a non-judgemental way.
- Participants reflected and acknowledged their own privileges and different people view the same situation differently as per their position and context.

Abortion laws and policies

Dr. Dalvie led a discussion on abortion laws and policies. An exercise was carried out where participants were divided into break-out groups and they had to decide who they would allow to have the last abortion and why. This brought about a lot of nuanced discussion around who are perceived as “deserving” of abortions, who can do without it and be subjected to an unwanted pregnancy. This also gave participants a glimpse of how policy makers decide on issues, such as, abortions within a limited context and how best to negotiate with them.

The existing abortion laws and policies from the countries where the participants were from – Bhutan, India, Nepal, Pakistan and Sri Lanka were also discussed. For e.g., in Nepal there were cases of women being imprisoned for having an abortion but in 2002 when a progressive law was passed which decriminalised abortions in the country. Or, in Sri Lanka where abortion is illegal and access to safe abortions remains unavailable. In Bhutan access to safe abortion is again highly restricted and there is a huge stigma against it.

Week 3: Some reflections from the participants:

1. Days 5 and 6 were very interactive sessions and in the end gave some valuable information:
   - when standing up against sexual and gender-based violence, do not always promote the decision that is best suited for you but also think of why the victim might not want to take any action and the victims future after taking the decision we see as the right option
when talking about controversial subjects such as abortion, family planning, SRHR, always try to present your point in such a way that it would not create any disputes

- abortion laws of other Asian countries
- how to present the laws on abortion is such a way that a listener would not be intimidated to continue (especially when abortion is only legal under certain conditions - avoid using words such as "illegal")
- gender neutrality when discussing SRHR and safe abortion rights, also avoid using words with an emotional bonding (such as mother)
- need-based approach over right-based approach

2. Reflection on the George Carlin video: I always found how comedians would be able to slap you in the face without you even realizing it. When someone points the facts about in a comedic way, you tend to feel ashamed for believing or rooting certain aspects in life. This actually helps people open up to more controversial aspects of life and society that they would be hesitant about if not for satire which uses humour to influence our thoughts. I believe this is again a good approach to bring up these topics without causing much distress.

3. Lockdown without plan increases risk of unsafe abortions in in SL - even with the highly restricted nature of accessing safe abortions in Sri Lanka, it is quite evident that safe abortions can be accessed to those who are in need, however it comes with a price that most people may not be able to afford. Accessing medical abortion pills are a little trickier compared to surgical abortions, yet the doctor would end up demanding a large amount of money to conduct the procedure in a private hospital (as it would not be legal unless the pregnant person's life is in danger and thus cannot be done in a government hospital) and to keep the process under the radar. Sadly, gynaecologists would go to the extent of saying that there is no such pill which can be used for safe abortion, just to earn some extra money from a person in distress. Due to the unaffordable nature and inability to access safe abortions, the most common methods for a person in need would be seeking unsafe clinics, folk medication techniques and even trying to end the pregnancy by oneself. These methods are obviously very dangerous leading to lifelong infertility and even death by infections. So, it is necessary to reform these laws to facilitate the needs of the unheard. I believe Sri Lanka needs major sex education from a young age, as even students in the university levels do not have a good understanding on sex and contraception which leads them to troubled situations.

4. I loved the agree disagree session we had. It really helped me understand my values and how I make judgements based on them. The session did challenge so many things that were deeply rooted in my mind and it taught me to understand things from larger perspective and how same issue can have different trajectory for various people/groups.

5. The exercise on Last Abortion gave me chills; I felt really bad how I did the task so easily. What really stayed with me is with how much ease we
prioritized the cases and it made me wonder if someday if I face similar situation and I would act similarly. I hope I won't.

6. This week's session forced me to check my internalized patriarchy and privilege:
   - It taught me how different the real world is from how we think the situations are. And how difficult it is to choose the right decision even when it's pretty evident. It taught me how we should strive to spread the knowledge, awareness and provide proper resources so that people can choose the correct path on their own instead of judging them.
   - I learned about how important it is to have a rights-based framework rather than needs based.
   - That preventing abortions do not have any effect on sex gender ratio.
   - From the assignments for this week, I really enjoyed video of George Carlin on how people who claim to be pro-life and against have no consistency in what they stand for. The examples he put forward were thought provoking.
   - I was intrigued by the story of Henrietta Lacks on how she rewrote the rules around ethics in healthcare and how important it is to have communicated and transparency between the researchers and the donors as well as their families.

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**Week 4**

**Day 7**

**Recap**

- Learning about the laws related to abortions and the situation in different countries was fascinating for the participants.
- The exercise on choosing the priority abortion cases made participants reflects their own biases and how service providers or those in power make decisions for others based on their own values.
- One thing that stayed with one of the participants was the fact that once must not follow authority without critical thinking and questioning them through the rights-based lens.
- The need to understand the different barriers that exist such as, ethnocentrism, nationalism, religion, conflict and occupation etc. that increases the difficulties to access safe abortion services.
- The importance of institute as a space where we can reflect on our own biases, acknowledge and question our privileges. And rethink many of our long-held notions/believes based on the newly acquired critical lens and the rights-based approach.
Contraception and gender

Dr. Suchitra Dalvie facilitated the session by asking the participants to draw the male and female reproductive systems. She led a discussion on the reproductive system, menstruation, ovulation and pregnancy, including, how pregnancy tests work. The history of pregnancy tests and their evolution was discussed – how the chemical found in the pregnant person’s urine was tested in frogs in the beginning and how they have gradually evolved to an extremely accurate, inexpensive tests (still based on urine) that are easily available in chemist shops around the world. The symptoms and signs of pregnancy was also discussed – nausea, breast tenderness etc.

The sexual behaviour of animals was also discussed – animals usually have a mating cycles and few animals, such as, the great ape’s mate or have sex throughout the year. Very few animals, such as, dolphins, elephants, the higher apes and humans have sex for other reasons and not only for procreation – for pleasure and power; very few animals also masturbate, such as, dogs.

The various contraceptive methods and how they work were discussed – oral contraceptive pills, condoms, copper-T, injectables and patches, and so on. Injectables may have side effects such as amenorrhea and the break in oral contraceptive pills is not needed but more to fulfil the cultural expectation to bleed every month. Copper in the Copper-T is a spermicide and condoms have spermicide as well. Patches use hormones to prevent pregnancies.

Dr. Dalvie asked participants to find out the proportion of vasectomy (permanent yet reversible family planning method for men) to tubectomy (permanent family planning method for women) in their respective countries. Dr. Dalvie mentioned that the history of contraception and family planning methods is a history of feminist struggle and women were arrested even for sharing information.

Unsafe and safe abortion

Methods for safe abortions were discussed, manual vacuum aspiration or MVA and the medical abortion or MA pills – Mifepristone and Misoprostol. The reason why unsafe abortion existed even after technological advancement is mainly due to patriarchal norms that restricts access to safe abortion services and endangers lives. Therefore, Dr. Dalvie reminded that it is important to understand abortion in the larger context - is not a standalone and does not exist in a vacuum. It exists in the context of patriarchal social norms and laws and the movement for the right to safe abortion is a part of a larger feminist struggle against such unjust norms. One of the medical abortion drugs, Misoprostol that was available to treat gastric ulcers in Brazil was discovered to be effective for terminating pregnancies by Brazilian women, given that safe abortion was highly restricted by the law.
Day 8

Recap

- Understanding of contraceptive methods and medical abortions increased.
- Reflections on consent and the necessity to provide information to people so that they can decide what is best for them. The need to prevent/end forcible sterilization and contraception, the burden of which is more on women.
- There was also a discussion on neo-liberal structure where the state and its welfare mechanism is constantly shrinking. Healthcare is privatised like most other essential services and the economic burden of healthcare is on individuals. This makes it easier for service providers to take advantage of the situation and exploit the vulnerable people who need safe abortion services, such as, single and unmarried women or younger women etc.
- Controlling abortion and the high stigma that exists is related to the controlling of female sexuality and curbing their autonomy which are a part of the larger patriarchal framework.

Subversion and hegemony

Snow white as the popular fairy-tale and its subversive version:

Dr. Suchitra Dalvie led the session on subversion and hegemony. Hegemony or domination of the ones who are powerful over the rest of the people – for example, United States of America exerts hegemony over global politics or in south Asian communities those who are from dominant and upper castes exercise power over everyone else. Subversion is a strategy to counter hegemony. We need to find something that people already know and then twist it to convey our message which is counter hegemonic. The subversion stories often use popular folklore or legends but turn them around and portray an alternate reality. They are popular as they connect with audiences due to the familiarity and yet leave them astounded with an unexpected ending.
What does it mean to be pro-choice?

Based on the ideas and examples of subversive feminist messages, Dr. Suchitra Dalvie discussed the need to put out as many pro-choice messages out there so that these messages are easily available for everyone. She also asked to rethink the language to advocate for safe abortion rights - we often say “abortion is illegal except for...”, which focuses on the ‘illegality’ of abortion and reinforce the stigma around it. As activists and abortion rights champions we should instead say, “abortion is legal in the case of...” and normalize the idea of abortion being legal.

Week 4: Some reflections from the participants:

1. Week 4 taught me a lot of new things and also it helped me revisit to what I have learnt in college. It is always fascinating to hear about how women are ill-treated across the world for various reasons, and blamed whether or not it is their fault or not. Even when a woman is sexually assaulted, she is perceived negatively but how can someone be punished for getting raped while the rapist is not even asked about. As the world changes, people need to grow up too and change how we view things. We need to do away with the notion that women can’t and men can, women should not and men should, women aren’t allowed and men are allowed. Even in our country, (Bhutan), one example of patriarchy is that in some temples and monasteries it is considered sinful for women to enter the main alter because we “bleed” but men can. Anyhow looking forward to the last session!

2. There’s so much that we have learnt in all of these sessions. Dr.Dalvie really explained medical abortion is such easy manner. Would love to have more resources on this. The articles that were shared was eye opening. I particularly found fascinating to read about different countries and how they adopted different methods to encourage making babies. The article of about how gay men were persecuted in Nazi Germany was also very interesting that how India too has similar laws up until a few years ago and how the SS persecuted gay men specifically as men are supposed to be bearers of ‘masculinity’. One thought that has stayed with me during these sessions was that why did we need an abortion law in a country when we do not have any law for say heart surgeries. The fact that a law is required to regulated a procedure of a person with womb and vagina is itself so worrisome. Also, the grey area that we as a citizen are unable to decide to invite the government come into our bedrooms or to keep them out. YAI's conversations have been so enriching. It has been a roller coaster ride for me- the moment I thought I got it and felt comfortable, the very moment I was completely shaken off and put in an uncomfortable space to face reality.

3. Last week's session was very informative for several reasons:
   - I got to learn a lot about the procedures and treatments of safe abortion. I understood about how most of the reasons that stand between an unwanted pregnancy and safe abortion are external factors like societal stigma, religious beliefs, opinions and rarely the woman's needs.
   - My favourite assignment from this week would be Dr Dalvie's article on
"Being a feminist gynaecologist in patriarchal world of medicine" because being a medical student myself I could relate to the story well. It was disturbing as well as eye opening. It inspired me to grow into a better doctor who treats their patients as humans and give them the dignity they deserve irrespective of their gender, cast and religion. It also made me realise the wrongs happening and what I might face in the future so that I can handle them better, stand for what's right so that I can bring some amount of change.

- The video clips of John Oliver were very interesting how he brought out the hypocrisy of the abortion laws and the disturbing details of prisons in America and how inmates are treated in jails.
- The article on "Nursery rhymes as a reflection of bigoted society" was very shocking to me as I had never thought of nursery rhymes, which is such an innocent part of a child's life, to portray such a dark image of the society. It brought back the conversation we had where Dr. Dalvie mentioned how children are programmed to take up certain roles in life as designed by the society and religion and how important it is to take a more non gender biased approach to educating children.

**Week 5**

**Day 9**

**Recap**

- Rethinking the Disney characters and how popular culture perpetuates patriarchy.
- Participants shared that the discussions have helped them realise that the world is socially constructed.
- Participants found the reading materials very interesting, especially the ones on nation state and population policies.
- Participants also found the video resources and the films, especially the film Hysteria which participants found very interesting, funny and thought provoking.
- The horrifying history of gynaecology and how marginalized black and brown bodies were experimented on (negating all principles of human rights and medical ethics) and the progress it has made based on these terrible violations.

**CAN sharing**

The CAN members from DIYSA-Bhutan, ISAY-India, YoSHAN-Nepal, PAN-Pakistan and YANSL-Sri Lanka joined the session to share about their work, including learnings and challenges. Many of the CAN members work voluntarily and are balancing their responsibilities along with studies or jobs. This makes it difficult for them to continue and be actively engaged throughout. Therefore, in most cases the CANs are led by a few while other members get involved as and when possible.
However, different CANs are in different stages of evolution and some have been able to establish a stronger and more stable structure.

This year as the COVID19 pandemic broke out and the entire world grappled with it, it was very challenging for everyone including the CANs. Yet the CANs have tried to step up and adapt to these challenges. For example, YoSHAN carried out a number of online activities and also helped out women access SRHR and abortion services during the pandemic. ISAY conducted 11 sensitization workshops for medical students including medical students from Bangalore and continued the work on abortion curriculum. PAN was able to conduct a few offline activities and YANSL also made great progress in the safe abortion advocacy. All of them worked with ASAP during the lockdown to raise awareness online and engaged with us through different initiatives, such as, the ASAP Conversations.

Content creation

Finally, based on the inputs received through the sessions the participants created feminist content with subversive messages that took on popular culture, including, fairy-tale, films, songs etc. They created memes, wrote blogs, etc. to share their thoughts and below are some examples of their work:

Memes:
EVERY TIME SOMEONE TELLS ME
ABORTION IS MURDER

He considers me just a uterus with legs

Too Old To get Married

Too Young to go to school

Alone
Blogs:

1. ‘Obvious Child’ Normalises Abortion, And I’m Glad For It. Review by Purnima Singh
2. ‘Her Choice’ by Lirisha Tuladhar
3. Rape Culture & Glorification of the Vagina. By Manoj Kumar Panthi
Next steps and evaluation and feedback forms

The evaluation forms reflected an increase in clarity in knowledge and greater confidence to speak about safe abortion rights. The feedback forms reflected the enthusiasm of the participants and their commitment to the institute’s objectives. There was an overwhelmingly shared feedback to follow up the online institute with a physical or offline meeting whenever travel will open up again.
Annexure 1 – Agenda

2nd Online Regional Youth Advocacy Institute
Asia Safe Abortion Partnership
November-December 2020

Objectives of the Institute

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

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

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<td><strong>Day 1:</strong></td>
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<td><strong>Saturday 21st Nov</strong></td>
<td><strong>Agreements</strong></td>
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<td><strong>6.30 to 9 pm IST</strong></td>
<td><strong>Gender, sexuality, patriarchy</strong></td>
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<td><strong>Gender and</strong></td>
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<td><strong>Sunday 22nd Nov</strong></td>
<td>Mass Media</td>
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<td>6.30 to 9 pm IST</td>
<td>Understanding power and patriarchy</td>
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<td>Manisha Gupte</td>
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### Week 2

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<tr>
<td><strong>Saturday 28th Nov</strong></td>
<td>Understanding power and patriarchy</td>
<td>Manisha Gupte</td>
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<td>6.30 to 9 pm IST</td>
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<tr>
<th><strong>Day 4</strong></th>
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| **Sunday 29th Nov** | LGBTQ rights and access to safe abortions | Building inclusive movements –  
  • The importance of expanding the safe abortion movement to include trans men and non-binary people  
  • To influence LGBTQ movement so that they adopt safe abortion rights withing their advocacy agenda | Shane Bhatla |
| 6.30 to 9 pm IST | | |
| | Human Rights and SRHR: | Manisha Gupte |
| | • 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 | |
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<td><strong>Saturday 5</strong>th <strong>Dec</strong></td>
<td>Values clarifications</td>
<td>Manisha Gupte and Suchitra Dalvie</td>
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<td>Day 6</td>
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<td><strong>Sunday 6</strong>th <strong>Dec</strong></td>
<td>Abortion laws and policies</td>
<td>Dr. Suchitra Dalvie</td>
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<td>Week 4</td>
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<td><strong>Saturday 12</strong>th <strong>Dec</strong></td>
<td>Contraception and gender in health</td>
<td>Dr. Suchitra Dalvie</td>
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<td>Unsafe abortion and safe abortion</td>
<td>Dr. Suchitra Dalvie</td>
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<td>Day 8</td>
<td>Subversion and hegemony</td>
<td>Dr. Suchitra Dalvie</td>
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<td><strong>Sunday 13</strong>th <strong>Dec</strong></td>
<td>What does it mean to be pro-choice?</td>
<td>Dr. Suchitra Dalvie</td>
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<td><strong>Saturday 19</strong>th <strong>Dec</strong></td>
<td>CAN sharing</td>
<td>ISAY, PAN, YoSHAN, VYAC, DYISA</td>
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