



**Report:**  
**Online Youth Advocacy Refresher (YAR)**  
***Organized by Asia Safe Abortion Partnership (ASAP)***

**6<sup>th</sup> August to 4<sup>th</sup> September, 2021**

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## **Introduction:**

The Online Youth Advocacy Refresher (YAR) was organized by Asia Safe Abortion Partnership (ASAP) over weekends between 6<sup>th</sup> August and 4<sup>th</sup> September, 2021.

## **The objectives of the Institute:**

1. Engage the Youth Champions (YC) and deepen their understanding of issues taught in the Youth Advocacy Institute (YAI).
2. To facilitate learning about a wider range and more in-depth aspects of safe abortion advocacy

## **Introduction**

Dr. Suchitra Dalvie, Coordinator, ASAP, welcomed everyone and introduced the facilitator of the first two sessions, Dr. Amar Jesani and started the online YAR.

## **Session 1**

### **Ethics and Pro Choice**

Dr. Amar Jesani facilitated a very interesting session on morality and how it poses a hurdle to safe abortion services. For e.g., a society can have advanced medical facilities yet deny safe abortions as it is deemed immoral by society. Therefore, in this session he emphasised the need to unpack the morality of the society; the two major factors that influence morality is cultural norms and religion. Cultural and religious norms which focus on beginning and ending of life and therefore, have implications on safe abortion services. He delved into the nuances of morality and ethics (or deciding what is right and what is wrong) through case studies and thought experiments which provoked participants to think and engage in a rich discussion. The discussions were around the issue of morality – how it develops, influences reasoning (cultural norms that influence our own judgement and thoughts), and may be used to control several aspects of our lives.

## **Session 2**

### **Ethics Case Studies session**

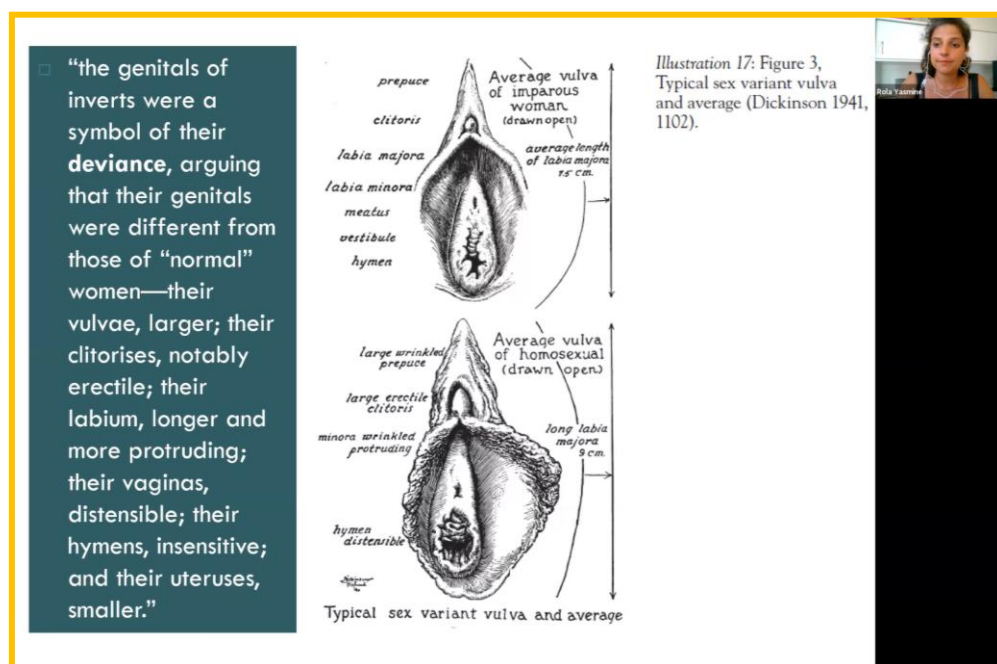
The next day's session started with a recap and participants shared the points that made them think. Participants spoke about sex selection and how the arguments against sex selection perpetuate the same patriarchal and utilitarian notions such as-- have enough female children so that boys can get married when they grow up. Participants also reflected on the role of religion and how it influences our thoughts, ideas of morality and ethics. There was also a discussion around death penalty and how that is still meted out as punishment, doctors themselves participate in carrying out a death penalty and do not use the concept of 'conscientious objection' like they often do in the case of safe abortion services. Dr. Amar Jesani continued the session and delved deeper into issues of conscientious objection which is the right to say no to providing a service even if it is their duty. The point to be noted is that those who oppose safe abortion services may often be selective or lack consistency such as, say no to abortions but participate in administering the death penalty or torture. He explained that ethics which is our ability to judge what is right and what is wrong and based on 'values' and come with a set of duties. Ethics as a philosophy is a reflection on values

and morality as they exist in society and as defined by cultural and religious norms and laws. Ethics also acts as a mediator between the powerful and the less powerful; and from the human rights aspect there are certain duties on the more powerful to protect and respect the rights of the less powerful (doctor versus the patient seeking safe abortion services).

### Session 3

#### Patriarchy in Healthcare

Dr. Suchitra Dalvie introduced Rola Yasmine and welcome her as the facilitator for the day. Rola was a Youth Champion in the first Youth Advocacy Institute (YAI), founded the A-Project in Lebanon and has done extensive work in the field of SRHR. There was a round of introductions and then the session started where Rola led the discussion on problems in our health systems.



She talked about the way science and healthcare is seen – as objective with no room for questioning it. However, in reality science and healthcare can be discriminatory as well – when a doctor judges a young and unmarried woman for being sexually active. The anatomy text books also either omitted or misrepresented female bodies, especially the female sexual and reproductive organs. Not only did the anatomy text books omit the clitoris for decades as it does not serve a role in reproduction and is only related to female pleasure, medical text books also classify sexual organs of homosexual women as ‘deviant’ and different from heterosexual women, or explain the ‘difference’ in the vulva of a virgin and a sexually active woman. Dr. Dalvie shared about the medico-legal text book which had a whole chapter on virginity which made no sense as virginity is not a medical condition (as these are unscientific biases presented as science) – one of the lines in the textbook that makes no sense was that a way to identify a virgin is that she has flabby breasts. One of our participants confirmed that this particular line along with many other patriarchal biases still exists in the medical textbooks even today!

Rola also spoke about the rise of capitalism, medicine as a male dominated profession and the attack on independent women, especially, people's healers and mass leaders for peasant's uprisings. They were branded as 'witches' in Europe and North America but the way a witch was defined implied an independent and sexually active woman. Once a woman was branded a witch, it was impossible for her to escape persecution and thereby, the state, the society, law and medicine all colluded against women, particularly women healers and leaders. This session pushed us to think of health not just a science but also as a political issue and science itself not free of the biases that already exists in society.

#### **Session 4**

##### **Feminist movement building by Dr. Manisha Gupte**

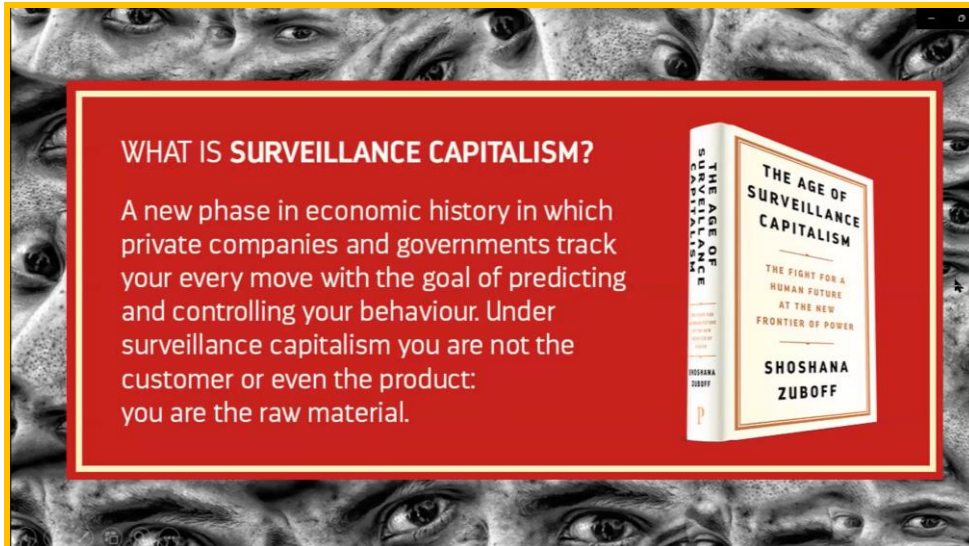
The next session started with a round of introductions and Dr. Manisha Gupte started the session with locating the right to safe abortions movement as fundamental to the feminist movement. She asked what makes something feminist and the what does feminist movement building mean? Participants talked about many different issues under the umbrella of feminist issues and the fight against different types of marginalization's that are also a part of the feminist struggle. Dr. Manisha elaborated on different movements that took up the issues of gender and feminism puts gender at the centre of all struggles, it analyses different kinds of marginalization through the lens of gender and challenges patriarchy. She reminded the participants of the importance of intersectionality within feminism and to push ourselves to be more inclusive.

#### **Session 5**

##### **Internet/Digital Security**

Simran Garg who was a Youth Champion (YC) herself, led the session on internet politics under which she covered issues of digital security, dating apps and other online activities that leaves a digital shadow and can be used to track and surveillance. She highlighted various online activities and the risks involved, such as importance of stricter passwords, dating apps and how they track locations, meeting platforms like Zoom and others. She cautioned participants to know who they become friends with online or allow as followers, and to keep the social media accounts private. She also cautioned to not reveal too much information online and that apps on our smartphones often have poor security.

Ayesha Bashir, the Communications and Networking Officer led the next part of the session and discussed about, 'Surveillance Capitalism'. She shared that how data is being tracked may be used for good reasons too and direct us towards something we are searching for (online). However, it is often used to predict people's online behaviour and track them. These mechanisms of tracking are extremely problematic as they are profit drive, racialized and do not adhere to issues and concerns related to larger human good.



Dr. Suchitra Dalvie led the next part of the session on, 'Artificial Intelligence' and how it is gendered and discriminatory. Dr. Dalvie shared that Ada Lovelace was the inventor of the modern computer program and despite that even today a majority of the computer programmers are men. The male dominance is reflected in the technology has shaped up and how gendered and sexist notions has shaped it – for e.g., most voice apps like Siri, Alexa, Cortana are in female voices or how they are programmed to respond to statements like, 'you are hot, you are a slut', etc. and flirt back. Dr. Dalvie also talked about sex bots and how current patriarchal norms are shaping them. The presentation left us thinking about dilemmas around technology and ethics and wonder what the future holds for humanity.

## Session 6

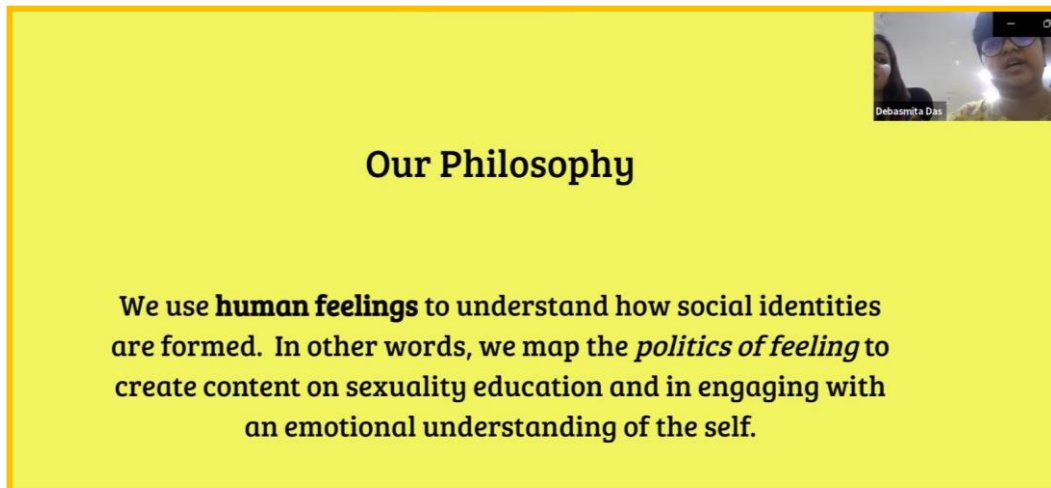
### Communication for social change

Debasmita and Nandini from Agents of Ishq (AOI) joined us for this session and led the discussions. They shared how AOI is a project to increase discussions on love, sex and desires through multi-media presentations. They work with various organizations, both rural and urban audiences and across age ranges, and are a bilingual platform with the hope to expand to many more Indian languages.

They shared that the content is developed based on popular culture references, colloquial language (which often can be a mix of two languages) and keeping the pleasure principle or human feelings by creating an interactive, non-judgemental and fun space to discuss deeper issues of sexuality, desires and love. They emphasised the need to develop content that is simple to understand and break it down to simpler parts, use art, info-graphics and



Bollywood (or popular Indian film references) and humour to demystify complex issues such as, sexuality, menstruation, contraceptives, abortions and so on.



## Our Philosophy

**We use **human feelings** to understand how social identities are formed. In other words, we map the *politics of feeling* to create content on sexuality education and in engaging with an emotional understanding of the self.**

The session was then followed by a presentation by Ayesha Bashir, Communications and Networking Officer – ASAP. Ayesha spoke about the importance of the social media platforms led by ASAP as most of the content around safe abortion advocacy comes from the global North but ASAP works hard to ensure voices from the global South and particularly from Asia are represented and amplified. ASAP also used a lot of popular culture references and memes to share its messages, and also puts out blogs, podcasts and videos to build a discourse on safe abortion rights in the region. ASAP also conducts campaigns to raise awareness on safe abortion rights and these campaigns are done in collaboration with our network members and are shared with a regional and global audience.



## Session 7

### People With Disabilities (PWD) and the healthcare system - Nidhi Goyal and Saudamini Pethe

Dr. Suchitra Dalvie, Coordinator – ASAP invited Nidhi Goyal and introduced her. Nidhi has been a colleague since long and works on feminist issues particularly in the intersections of disability rights. Nidhi is the founder of the organization, Rising Flames. Dr. Dalvie then invited Saudamini Pethe and requested her to introduce herself as we just met her recently and took the opportunity to request her to co-lead a session at the YAR. Saudamini is the first deaf law student to get a scholarship. She is actively working for the deaf community; she is the director of the All-India Federation of Deaf Women (AIFDW) and trustee and founder of Access Mantra Foundation. Saurav was the sign language interpreter for the session.

Nidhi started the session by asking participants their first memory of coming across someone with disability. She summed up our sharing by stating how segregation starts very early in life as disabled people are excluded from most spaces. The four key words that came out from our sharing and dominates our experiences with people with disabilities – curiosity, speculation and misinformation, segregation, invisibility, and pity. She shared that women's rights and human rights often continue to exclude people with disabilities and their rights. She also emphasized that the world and the medical profession particularly viewed able body and minds as the default and the 'normal', while, the disabled body and mental illnesses as defective, a burden on the 'normal' people and something that needed to be fixed. Disabled people gradually became aware of this faulty view of what is 'normal and what is defective' and called out that the way discrimination was being perpetuated by how the environment was designed to exclude them. She also spoke how patriarchy puts the burden of being 'perfect' on women and thereby increases the pressures on women with disabilities – their sexualities are contested and their access severely challenged by the same biases against disabilities.

Saudamini started her presentation by asking the participants what is the number of deaf people in India? Some said 25% to 35%, some said 5%, and some guess it was about 2% of the total population. Saudamini answered that in 2011 the census reported that there were 50 lakh deaf people in India. She then asked the participants what language means and how do we define language? Participants answered that it is a form of communication. Saudamini explained that language has modalities – written, spoken and visual-manual modality which is sign language or the language of deaf people. Sign language is critical to deaf people however, 90% of the deaf children are born to hearing parents who want the children to learn the written and spoken modalities of language. The life of the child is approached as 'loss' and something that needs to be corrected. Due to all these reasons deaf children underconfident and lack knowledge about basic issues such as, menstruation. The lack of awareness and access to a support network leads to serious repercussions where sexual, physical and other kinds of abuse of deaf children and women often go on unreported.

The session made us all reflect the need to have a more such inclusive and intersectional feminist conversations and meetings, particularly with PWD and their rights.



## Session 8

### LGBTQIA+ and the healthcare systems - Sumit Pawar

Dr. Suchitra Dalvie invited Sumit Pawar to lead the session. Sumit was a Youth Champion and has been leading the session on LGBTQIA+ issues at the regional YARs. Sumit started with explaining the what LGBTQIA+ stands for and explained some of the terms in the sexuality galaxy. The LGBTQIA+ communities are marginalized, they face a lot of stigma and discrimination and are at a greater vulnerability in general and particularly from the medical professionals. Therefore, the medical community needs to be sensitized about LGBTQIA+ communities and their issues. There needs to be changes in attitudes towards diverse gender and sexual identities – from not assuming pronouns of the person to not denying services particularly to trans and non-binary people. The session left us with thoughts on how to stand up for LGBTQIA+ rights and/or be better allies for their rights.

## Session 9

### Theatre for Advocacy by Ayesha Thomas

The last session of this online regional YAR was on how theatre can be used as a tool for advancing safe abortion rights. The session started with a round of introductions and was led by Ayesha Susan Thomas. Ayesha presented about theatre for development and how it could be used for SRHR – she encouraged participants to share and interact through out the session. Ayesha asked the participants why is theatre for development important and some of them shared: theatre often makes complex ideas and knowledge accessible to a large majority, it helps create empathy among the audience and present nuances for people who would otherwise not agree/see them. Ayesha summed that theatre is not a solo act and it creates communities – different people come together and share stories, it can be adapted to the geographical and temporal context. She shared some of the forms of Theatre for Development (TfD):

#### Core TfD Techniques

- Street Theatre - agitprop awareness-building [*jana natya manch*]
- Playback theatre - turning stories theatrical [*freedom bus palestine*]
- Forum Theatre - turning audience into SpectActor [*janasanskriti*]
- Newspaper Theatre - 'de-naturalising' dry news [*budhan ahmedabad*]
- Invisible Theatre - street theatre that is not labeled theatre
- Image Theatre - evocative images for larger concepts/ themes
- Myth Theatre - retelling myths adapted to modern-day applications



Ayesha shared that theatre is always political and gave the example of Augusto Boal, the Brazilian theatre practitioner and the founder of the forum theatre. Augusto Boal became a politician while continuing as a theatre artist because he believed that art and politics is intricately connected and the social dialogues should progress to political action. The session left us with a lot to reflect on the role of theatre, its various forms and techniques and the power of using theatre for safe abortion advocacy and changing the narrative.

**A few feedback from the participants:**

The sessions on ethics by Dr. Amar Jesani were the most valuable for me as it covered a lot of gray areas and cleared many of my doubts. Activities like the trolley and parasite problem were very thought provoking. A lot of different perspectives on these debatable issues were taken up, like conscientious objection, gestational limit, etc.

Value clarification really helped me gain new insights into various avenues and understand the counter-intuitive points to help in my advocacy about topics related to safe abortion, contraception.

In future sessions of this workshop, I would like to know more about Gender Based Violence (GBV) and obstetric violence.