



Asia Safe Abortion  
Partnership with  
Haiyya Foundation



# YOUTH ADVOCACY INSTITUTE

17TH-19TH JANUARY  
2020







# INTRODUCTION

Asia Safe Abortion in partnership with Haiyya conducted The Youth Advocacy Institute (YAI) a 3 day workshop at Zorba the Buddha in New Delhi, India from 17th January to 19th January 2020. The workshop was attended by a total of 15 participants working along the spectrum of Sexual and Reproductive Health and Rights (SRHR) in their respective organizations and formal/informal groups.

## The 3 day YAI aimed to:

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 support the ongoing engagement of the participants (youth champions), within and outside their community in order to advocate effective and improved access to safe abortion services, including medical abortion.
3. To facilitate the utilization of social media and other community level networking and communication by the youth champions through capacity building and ongoing mentoring to build a strong voice on this discourse



## DAY 1: 17TH, JANUARY, 2020

The 1st day of the workshop was kickstarted with a fun introduction ice breaker. The game which got the participants well acquainted with each other. This was followed by making a list of norms for the workshop and the expectations each participant had.

Shared below are some of the norms and expectations discussed in the workshop:

### Norms:

- Be on time
- Create a safe space
- Respectful in passing judgments
- Chatham house rules
- Conversations discussed stays in the room
- Be engaged
- Be participatory

### Expectations:

- Better clarity of SRHR issues in India and how patriarchy affects it
- Abortion law in India and how is an abortion done.
- Difference between safe and unsafe methods
- How can we best advocate reproductive rights on field
- How can the movement spread in rural areas
- Learn more about disability and abortion rights

## SESSION 1: UNDERSTANDING GENDER AND PATRIARCHY AND ITS LINKAGES WITH SAFE ABORTION ISSUES

Dr Suchitra Dalvie, Coordinator, ASAP welcomed Dr Manisha Gupte, who led the session on 'Understanding Gender and Patriarchy and its linkages with Safe Abortion'.



Dr Gupte, is the founder of Mahila Sarvangeen Utkarsh Mandal (MASUM), an organization working for welfare of women in Pune and has been a part of pioneering grassroots movements in the reproductive and health sector.

Her session deep dived into understanding the difference between sex, gender and the social construct of gender and the role of patriarchy in perpetuating the gender inequalities. She started this session by asking participants a question '**What do we mean by gender?**', to which many replied that it is an identity, a role that one performs, social roles of a Man and a Women for instance.

Dr Gupte elaborated on this saying 'Gender' is a social construct that dictates our behaviour and the binary roles we are forced to play since birth when you are immediately assigned as a male or female. She explained this further by giving examples of how a boy has to become the resource person outside the house while a girl has to stay inside the house and take care of the family or defining colors to the gender (blue for boys, pink for girls), Girls shouldn't laugh loudly . Bringing home through the arguments that gender-based separation of roles is illogical and has over-arching consequences in our society. All of this is done to constantly reinforce gender as a social construct to make sure there is no shift in power and the status quo remains.



A participant added to this and said "Society needs to have an order. When you serve these roles or participate it is accepted as your contribution towards society and its growth. However, the minute you question or bring up something that goes against the social norms it is considered as irrational and problematic".

Dr Gupte then goes on to talking about what the word intersex means and how it doesn't just depend on the external genitalia but internal as well. However, it is an external imposition as well, through ascribing certain roles and responsibilities and anyone who doesn't fit in the margins of society is given labels that stigmatize them, which proves that biological differences creates vast social differences. One of the participant's shared that, a doctor she knew told her about a scale that is used to measure intersex babies. Depending on the score on that scale, it is decided what genitals they will get. At the time when such an important life decision is made, a baby does is unable to understand its implications or consent.

Dr Gupte then dissected the word Patriarchy, to its literal meaning which is 'Pater + Archy – or rule of the father' in social, political, economic or any other context. We then broke for tea and participants were asked to think about '**Why is it about the male seed?**'

After the tea break. Dr Gupte went on to explain patriarchy through our family lineages and names and highlighted how a woman carries either her father's name or after her marriage, her husband's. She then spoke about the certainty of motherhood despite which women are seen as just auxiliary. She said, "family is where gender is manufactured and reinvented on a minute to minute basis. How does attraction and identity hurt someone? Why can't I be who I am". One of the participants shared the roles in which women are bound in the family - she is held responsible for every success in the family. From marriage to children, educating the children so on and so forth". Then the group went on to speak about many such scenarios in the real world where women are held accountable even though they don't have much say or control.





## SESSION 2: GENDER AND SEXISM IN MAINSTREAM & SOCIAL MEDIA

Abhishek Desai led the next session on 'Gender and Sexism in Mainstream & Social Media'. Abhishek is the Communications & Media Strategist at Haiyya.

Haiyya works with young leaders and organizations to build grassroots citizen power to strengthen democracy, governance and human rights. Using cutting edge modern day campaigning and community engagement frameworks to create a loud thumping voice of participatory, people-powered programs. His session deep dived into how gender stereotyping takes place in mass media and shapes how we view gender and gender roles in society.

The session also addressed what question we can ask to ensure that our communication is not problematic. He started his session by asking 'What do you understand by stereotype?' Participants responded by saying: putting people in different boxes, putting certain characteristics that are based on assumptions. He then went on to talk about gender stereotypes and asked if all stereotypes are negative or can some be positive as well? He summed up by saying all stereotypes are negative as they lead to negative consequences by boxing/labeling people.

Desai said "the idea of non-binary doesn't exist". There is sexism everywhere for example in food, all chefs are men, recipe books targeted at women, steaks are advertised as food that is fit for men etc. Our very favorite Bollywood songs and movies work towards policing certain behaviors and 'Consent' is constantly violated. He then talked about gender politics in social media platforms where men want to be seen as creators and not influencers', while women are seen as influencers. This is due to the gender politics that exists where by a content creators job is perceived as more serious and important work, versus an influencer who is perceived as engaging in less important and frivolous work.'

Dr Dalvie highlighted that unless we start viewing what we consume in mass media from a gendered lens we will be complicit in producing gender stereotypes and add to the problem. Abhishek used photos, videos and an exercise to show how very problematic gender stereotypes are and how they are on an everyday basis get reinforced through mass media or social media. Participants shared observations like most ads have women needing help, women's bodies being sexualized to sell certain kinds of products like soap, shampoo, women washing clothes, women only play the role of a mother etc.

The session concluded by Abhishek emphasizing on how when we are putting out content one needs to think from a gender lens and shared the following questions that one can ask ourselves to ensure our communication is not problematic. Does it offend someone? What is the purpose of the content? Who will consume this content? Is the media communicating what choices are you making and what roles they are playing? If it is fictional content then the gender roles you are putting is it to dispel or reinforce? Choose your audience and who you will work with and work for rather than being vague and tokenistic



## SESSION 3: HUMAN RIGHTS, SEXUAL AND REPRODUCTIVE RIGHTS

Post lunch the session dived into 'Human Rights, Sexual and Reproductive Rights' which was facilitated by Dr Manisha Gupte. Her session focused on understanding definition of SRHR rights and it's linkages with other rights in upholding them and obtain clarity on the rights-based perspective towards safe abortion.

She started the session by asking participants ``What is Fundamental Right?`. Participants responded by saying "rights that are needed for existence". Dr Gupte then went on to explain Human Rights (HR), how they are not something that are given selectively but every individual is entitled to them.

Human rights are universal, inalienable, indivisible and interdependent. All the four attributes are related to each other. She then spoke about the difference between rights and human rights. Dr Gupte explained "rights are country specific they are based on customs and traditions whereas human rights are universal. If you can go and complain to the police and lodge a complaint then it is not a right like health is not a right".

The discussion then dived into learning about a needs-based approach versus a rights-based approach. Participants engaged into an in-depth discussion where Dr Gupte shared "with regards to abortion or women seeking abortion, the act itself has been made more stigmatized than the procedure itself. The perception that abortion is wrong or bad, is a social construct that is based in patriarchy and all fundamentalists are averse or want to take away right to abortion and contraception, as that would give women the agency to choose. The session concluded with Dr Gupte introducing the difference between Reproductive and Sexual rights, and why they needed to be sepaarated. She explained how childbearing is a social and not a personal choice anymore, which has reduced the bodies of women to just being the pawn among the struggle between states, religions and the male heads of household in our society. She also spoke about the need to demand sexual equity and to safeguard the sexual and reproductive rights.

## SESSION 4: VALUES & CLARIFICATIONS & CASE STUDIES

The next session was on "Values & Clarifications & Case Studies facilitated by Dr Suchitra Dalvie and Dr Manisha Gupte. The session was conducted in the form of an interesting activity. The activity aimed at helping the participants understand how social values can impact our individual rights.





Dr Dalvie started with defining 'Values'. Values are defined on the basis of what a person thinks are right and wrong. Values are formed based on factors like family, culture, religion etc. She advised that since we are learning to be advocates of change, we should be objective' instead of subjective. We should go with data to back our arguments and propose suggestions that are realistic and doable.

Then some statements were displayed on the screen and participants had to choose a side and either agree or disagree with the statement and explain their reasons.

***'A sex worker can't be raped'***

***'Women who have HIV/AIDS should not have babies'***

***'Choosing the sex of one's child is a reproductive right'***

The overall nature of these statements made it very difficult for the participants to take a 'right' or 'wrong' stand. It also made the participants ponder how one can view an issue through different lenses or perspectives which may not necessarily align with their own values, which helped them widen their understanding. Many interesting points came up during the discussion. Dr Dalvie concluded this session on an uplifting note and said that the youth advocates are very likely to lead impactful campaigns which can have unintentional consequences as well.

## SESSION 5: POWER WALK

At the end of day 1 Ayesha Bashir, Communications and Networking Officer, ASAP, conducted an activity called, Power Walk. Participants were given different identities both privileged and marginalized, such as, a 16 year old married girl, a 22 year old sex worker, a businesswoman, son of a police officer etc. and were asked questions around sex, abortion, contraception etc. They were then asked to walk forward if they had access, information or the decision-making power and stay in the same place if they didn't. As expected by the end of the activity, there were many participants who were standing far behind, while few were able to come right in the front. The aim of the activity was for the participants to understand that the barriers one faces in accessing reproductive health are based on their social and economic conditions.





# DAY 2: 18th, JANUARY, 2020

## SESSION 1: RECAP & REVIEW

The 2nd day of the workshop started with sharing learnings and reflections from the previous day. The session was facilitated by Dr Dalvie. Given below are thoughts shared by the participants.

- Need based and right based approach was very helpful, particularly with regards to a woman's right to abortion, especially in the context of my country.
- Unpacked and unlearned many things just to learn more from a fresh perspective.
- Learning about extremely positive stereotypes can have a negative impact made me realise how mass media continues to perpetuates gender stereotypes.
- Need based and rights-based approach helped show me two very different lenses to one can create agency.
- Understanding perspectives of our community members is essential while working with them.
- Stakeholders like the Government or any other decision-making bodies may not necessarily have all the information but as youth advocates preparing and presenting doable or pragmatic suggestions can be effective for advocacy and influencing policy.
- The 'Values' session helped in challenging and unlearning how to have a discussion.
- One needs to reflect on our own privileges and power we have before arguing or having a discussion.
- We can't be stringent about right and wrong and real life is not simple.
- Exploring the nuances such as, how women give in to patriarchy or the male gaze.
- Women also don't want to give up roles like homemakers. As playing the expected roles gives them acceptance and validates them.
- Human rights exist but actualizing it is a process that we need to keep working towards continuously.
- The need to talk about patriarchy especially in relation to erasing the history of women's lineage through an institution like marriage.
- Subtle patriarchy exists in our homes.
- Asking ourselves whose sexuality are we ready to protect quickly and why is that important?

## SESSION 2: MENSTRUATION AND CONTRACEPTION

The first session of the day was on 'Menstruation and Contraception'. The session was facilitated by Dr Dalvie. She started by asking the participants to draw male and female reproductive organs, for them to reflect on how much we ourselves know the human anatomy, to advocate for reproductive rights to others. It was interesting to see while one participant found it embarrassing/funny, another male participant couldn't recall what the male genitalia looks like.



Dr Dalvie then went on to explain in detail, the patriarchy in medicine and how the clitoris wasn't even mentioned in medical textbooks up until the last 100 years or it being assumed that male sexual organs are visible outside, so women's sexual organs were just inverted versions of the male ones.

Once the participants were aware of the physiology, Dr Dalvie then moved on to talk about various methods of contraception and how access for the same is restricted in many ways. Following are the most common methods of contraception

- Abstinence/Withdrawal
- IUD
- Male/female condoms
- Diaphragm
- Sterilisation
- Vasectomy
- Regular pills
- Emergency Contraceptive Pills

Since most participants were aware of the common methods, Dr Dalvie explained in detail the working of IUD, Vasectomy and the Pills. She also asked the participants to focus on the moral panic around contraception across the world, of which the inherent motive is to take away the agency of women over their reproductive choices. Many participants asked the best mode of contraception, to which Dr Dalvie said, that IUD is definitely a more responsible option as it doesn't have to be kept a check on, unlike condoms which can break. Regarding the pills, there seemed to be some myths, which Dr Dalvie clarified and pointed out, shows how the moral panic is created around them (and any contraception, accessible to women) , because of the fear of women having agency of their reproductive choices.



## SESSION 3: ABORTION ACCESS AND TECHNIQUES

The next session was on 'Abortion access and techniques'. The session was facilitated by Dr Dalvie. The session deep dived into learning about safe abortion techniques and related concerns in a simple layperson's language. She started by asking 'what could be the possible reasons for an unwanted pregnancy? Participants responded it could be due to a number of reasons, such as, failure of contraception, or rape, or lack of knowledge about contraception, or not being physically/mentally/socially/financially not ready, sex selection, etc'.

When asked what options does a person have if the pregnancy is unwanted, participants suggested that people will opt for having an abortion, safe or unsafe if the former is unavailable, or attempt suicide, or put up the child for adoption once it is born, or give birth and raise the unwanted child despite the difficulties.



Any women who is choosing to have an abortion has thought through and only then made the decision, but women are demonized or called characterless/loose for exercising control over their reproductive choice. Added to that is the myth that if you make abortion easy, it will create a space for unmarried women to be sexually active, when the data says that it's mostly the married women who opt for abortion to plan their family size.

Unsafe abortion remains the third largest cause of maternal mortality in India and is completely avoidable, but safe abortions remain inaccessible due to the stigma around it.

Moving on Dr Dalvie talked in detail about the 2 methods of abortion - Medical Abortion and Surgical Abortion. Former is done with a combination of 2 pills; Mifepristone and Misoprostol also called MTP Pill. These pills are often sold under interesting names in India, such as, Unwanted, Khushi/Happiness etc. While Mifepristone is an anti-progestogen, Misoprostol contracts the uterus and opens the cervix for the pregnancy to come out. The procedure is exactly like a miscarriage, which as data suggests affects 25 out of 100 pregnant women.

Due to its non-invasive nature and ease of access for many, Medical Abortion Pills have become increasingly popular in the developed countries and increasingly also in Asia. While taking examples from history Dr Dalvie shared the story of Mifepristone, which was invented in France by the name of RU486 and when it came out, faced heavy opposition from the Church, but was defended by the then Minister of Health who claimed the pill to be the moral property of women and so refused to ban it. Similarly, Misoprostol has been available for decades for gastric ulcers and is available over the counter and it was when some women from Brazil, read the warning sign of 'not to be used in pregnancy' and took it as a desperate means to terminate their unwanted pregnancies, is when it was discovered as an abortion pill.

Surgical abortion is done through vacuum aspiration, which Dr Dalvie explained with the help of a visual presentation. One of the participants, then asked about the risk factor of taking an ECP too often in a month, to which Dr Dalvie said, that there isn't much risk, but it would be advised for the person to shift to a more regular method of birth control. Similarly if a woman is coming for multiple abortions, instead of shaming her, it's important to understand her reason and then suggest an appropriate contraception for her. For instance, if they live with an abusive husband then a copper t or the injection could be helpful and therefore ,post- abortion care is equally important.



## SESSION 4: ABORTION POLICIES AND LAWS

Dr Dalvie started the session by asking the participants about the abortion law in India and the participants listed the conditions under which a woman can get an abortion in India through the Medical Termination of Pregnancy Act (1971). As per the Act, abortion is legal in India up to 20 weeks by a certified medical practitioner, in case of mental or physical harm to the woman, in case of failure of contraception for 'married woman' and requires the permission of 1 doctor up to 12 weeks and 2 doctors from 12-20 weeks (contradicting this is the IPC section 312-336 which still criminalizes abortion).

Dr Dalvie pointed out that it's interesting to understand the context in which the MTP Act came about, which was because of the rising maternal mortality rate, pushing the state to form the Shantilal Shah Commission to visit areas across the country and give recommendations. The Act was amended in 2002, to introduce the provision of Medical Abortion, but that too only up to 7 weeks.



Dr Dalvie then shared examples of other countries and said, how in most countries it is legal to save the woman's life for instance in Bangladesh and Sri Lanka and is completely restricted only in 2 or 3 countries (E.g- Malta and Vatican City, Philippines) where some organizations like Women on Web are doing brilliant work in making safe abortion pills accessible for many.

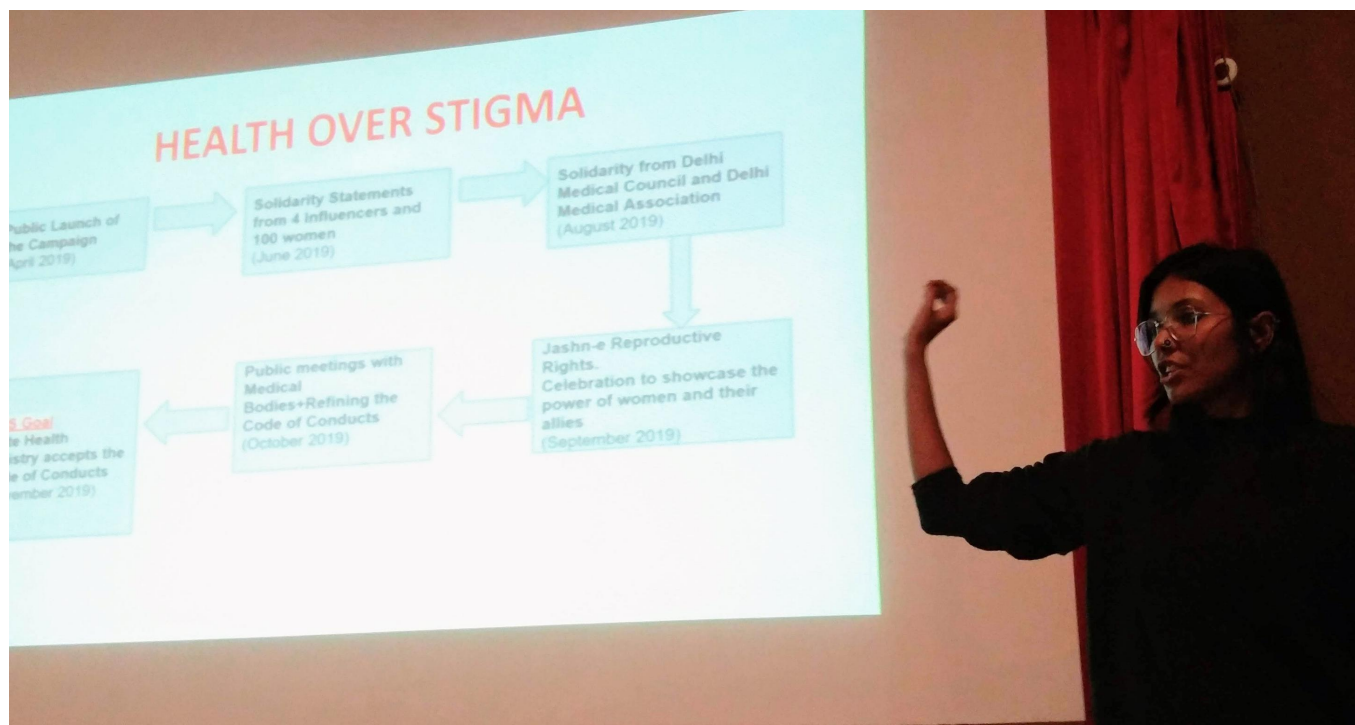
After the session the participants were divided into 4 groups for an activity which was facilitated by Dr Dalvie, with an aim to put them in the position of decision makers, who would decide which 3 out of 6 women who need an abortion, should get one based on their social and economic situation. This session too was a reflection on our values and biases as it helped us determine who was 'worthy' of access and who wasn't. Including, one group who believed that until all women were not allowed access no women can be truly given access to abortions. Ultimately, there were no correct answers but a lot more questions for the participants to dwell on.



## SESSION 5: HEALTH OVER STIGMA

Post lunch Dr Dalvie welcomed Natasha Chaudhary, who led the session on 'Haiyya's Health Over Stigma Campaign'. Natasha is the Co-Director at Haiyya. She oversees Haiyya's larger organizational scaling and growth strategy and developing new program ideas that meet the gaps in the social change sector to strengthen civic leadership and create change that can sustain. Her session deep dived into how to create people powered campaigns using 'Community Organizing' pedagogy and how Haiyya is using it in winning the flagship campaign 'Health Over Stigma'(HOS).





She started the session by reading out this statement 'Women in Bhopal not visiting a gynae despite having vaginal infection' and asked participants for suggestions on how one can make them go. Participants responded with suggestions that gynaecs can go to colleges, one can run a social media campaign to generate awareness, comprehensive health information discussion can be done at a neighbourhood level etc.

There can be many solutions to a problem but how can one know which one is the effective one?. So a needs assessment is the first step to find that solution. In 'Community Organization' framework everything begins with who are your people and what change do they want to see.

In the HOS campaign, our people were unmarried women from all four zones in Delhi (North, West, East and South) and the problem they want to change is to dismantle the stigma that unmarried women face when accessing sexual and reproductive health services. And shift the onus from unmarried women onto doctors and SRH service providers and holding them accountable to provide non-judgmental and stigma-free service.

She then explained as campaigner/ organizers one other key element we need to understand is 'Power' in terms of resources and access. Hence figuring out who your people are, their resources and interest will help in building your collective power.

Another step that is necessary is 'Power Mapping' of your stakeholders. It will help answer questions like who will be your key influencer, who will work on what.

## SESSION 6: PANEL DISCUSSION: MOVEMENT BUILDING

The last session of the day was a Panel Discussion facilitated by Nandini Mazumder, Assistant Coordinator, ASAP.

The panelists included Rituparna Borah from Nazariya – A Queer Resource Collective, Vithika Yadav from Love Matters India (LMI) and Sunita from the All India Network of Sex Workers (ANISW). Nandini started the session by introducing the panelist and asked them

'How can we share fun content with young person along with issue like abortion?

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**Vithika from LMI responded** " Every issue will have a different language and style to make it engaging. When LMI talks about abortion we connect it with health right and justice. We also create a space to discuss issues like sex and sexuality and encourage people to agree and disagree. That helps us to understand a different perspective".

**Rituparna from Nazariya said** " Language needs to change, introducing non-binary words and pronouns is necessary. While sharing examples we must include caste, economic backgrounds, identities etc."

Then Nandini asked the panelists 'How hard is it to work with a community with social and political obstacles'?

**Vithika from LMI responded** "Working on ground can be challenging especially if your work is mostly disseminated on a digital platform. Recently we have partnered with local clinics in Bihar and apart from talking about love and sex we also connect community with service providers".

**Sunita, AINSW responded** "Our struggle is mostly with people in authority and ensuring our safety". Before opening the discussion to the participants the panelists were asked 'Movements are coming up but they are starting from different parts of the country and most of us are working in silos. With safe abortion how can we work together'?

**Rituparna, Nazariya responded** "We don't call our organization a queer organization we call it a feminist organization. We keep our realities, politics, legalities etc in feminist perspective. Sexuality is linked with gender, Sexuality and patriarchy needs to be recognized. Only then can we bring marginalized communities in front. DIVERSITY is the key. Homogenous approach will not work. Intersectionality will work and it needs to be introduced even while we are talking about abortion".





**Sunita, ANISW responded** “We need to come together and raise our collective voice irrespective of the issue like abortion, MSM, etc. I learnt about abortion here at the workshop today and I will ask my community to work on this and we will also include men in this conversation”. To which **Amit, Coordinator, ANISW** added “We need to understand that there are many women’s movement but not everyone will agree with the demands of sex workers. We will have different demands but we should also pay attention to smaller and lesser demands”.

**Lastly Vithika, LMI** added “We need to dilute the boundaries. We need to move beyond the communities we are working and include others like lawyers, etc. We also need to self- reflect and, stop looking down upon people who don’t know, we need to clear our judgments. The issue belongs to all of us. We need to discuss the issue in schools, universities, medical bodies etc.”. The session concluded with a Q&A with the participants. One participant asked ‘If I want to collaborate with each one of you. What should I keep in mind?’

To which **Rituparna, Nazariya** responded “What’s important for us is the binary definition of gender. When we talk in these terms especially about accessibility of health services, we need to be intersectional. We are all different people with different bodies and minds, so that’s what we need to be mindful of”.

**Sunita, AINSW** added “Be open about saying that you are working with sex workers. We just don’t want you to hide it like you are embarrassed”.

**Amit, AINSW** uplifted that “the choice and consent should be understood, or we are left with our own assumptions. Understand our perspective before thinking that all sex workers are trafficked”.

**Vithika, LMI** responded “Respect each other and not assume and trust and openness. Every country could be differently sensitive to different issues”. A participant asked “It’s problematic that if I don’t identify as queer then how can I talk about their issues, because how will the voices of marginalized be amplified.”?

**Nandini, ASAP** responded “It’s important to build allies or we won’t push any boundaries. Today we’re looking at ways and opportunities in which we need to come together”.



**Rituparna, Nazariya added** "You don't need to speak for the community but you can speak about them. Nazariya's booklet talks about sex work even though none of us are sex workers".

**Sunita, AINSW** said "We are not that literate, so we need educated people who can take our issues forward to the government or those in power".

Lastly **Vithika, LMI** added " Our platform is for everyone and we consider ourselves a medium, a partner, an ally, however it works for anyone who comes to LMI. Why should I be told that I can't have a perspective on a particular thing, but yes I can't speak for them".

The Q&A ended with panelists asking the last question from the participants 'We know the healthcare system is not perfect. What according to you should be taken to medical students?'

**Sunita, AINSW** responded " We just want the perspective changed. We just want to talk to them and help them understand our work and our lives. Everybody thinks we are forced, but can be a choice too".

**Amit, AINSW** added "Sensitivity towards sex workers issue. Female sex workers way of working, is different from a 'normal' women. So we need to keep judgements aside and listen to their stories, issues, and what they need".

**Rituparna, Nazariya** shared the last comment "It is difficult to work with doctors. We have taken a stand that there are diverse bodies. Girls are xx chromosomes and boys are xy chromosomes. So we ask people are you sure, you have these chromosomes and they say no we're not. So then how can you judge someone else's chromosomes based on looking at someone. They don't want to listen to social perspectives".

## DAY 3: 19th, JANUARY, 2020



### SESSION 1: RECAP & REVIEW

The last day of the workshop started with sharing learnings and reflections from the previous day. The session was facilitated by Dr Dalvie and below are thoughts shared by the participants.

- Learning about the issue through different lenses has given me clarity on many levels.
- The exercise show cased the constraints and our responsibilities.
- Condom works but it is the people who don't work and the sessions made me reflect when we should start talking and teaching about sexuality.
- There is so much negotiation even when it comes to making a law.
- While working in SRHR we only talk about young women and not other identities. We need to be more inclusive.
- Even if we don't belong to a particular identity, I felt connected with the workshop.
- Learning about reproductive systems and realizing how there is still stigma attached to my (male) body also.
- The panel discussion and the insights panelists shared around values is key to building allies was so relevant.



- I didn't know pills like kushi and unwanted existed. Also realizing there are no homogenous groups.
- The negotiation there was a group that said we don't choose anyone. That was great but not having a game plan was a problem.
- Learning about a group called Women on the web, the MTP ACT helped increase our knowledge base. It also made me reflect that in the context of abortion the complete power is still with the doctors and not the people.
- There are so many people out there who have a scare around abortion. The idea behind abortion is now become very accessible for me.
- While learning about the MTP act I realized that we only talk about married women and not about unmarried women, trans women and or even sex workers.
- The conversations that we have been part off made me realize that we need to penetrate into areas like orphanages or places for destitute people.
- Yesterday I felt confident to talk to my friends about bodies and our anatomy.
- The panel discussion- we think a lot about inclusivity but often ignore the power of language. We haven't been as inclusive of trans men when talking about abortion.
- As advocates we need to keep in mind that marginalized identities face a different kind of problems.
- Dr Dalvie's session always helps revisiting our knowledge.
- In the negotiation activity the conversation around on how much to give up and what to give up was very interesting.
- The questions shared by participants like value clarifications what are the non-negotiable were great additions. If we need to advocate you really need to know the nuances. Even though you don't legalize abortion unsafe information still exists. Hence, we need to legalize and decriminalize it. There will be a lot more accountability.
- How you brought history into the picture and how far we have come. It is important to acknowledge. Learning new vocabulary was necessary.
- This workshop has introduced many concepts but I need to work on deep diving and learning more and then go and have conversations

## SESSION 2: INTERNET POLITICS

Asmita Ghosh led the session on 'Internet Politics'. She is the Campaign Manager at Feminism in India (FII). FII is an award-winning digital intersectional feminist media organisation to learn, educate and develop a feminist sensibility among the youth. It is required to unravel the F-word and demystify the negativity surrounding it. FII amplifies the voices of women and marginalized communities using tools of art, media, culture, technology and community. The session introduced the concept of politics on the internet and how to use social media for advocacy. She is also an alumni of Youth Advocacy Institute.



She started the session by talking about the internet being a public and an empowering space which allows people including marginalized communities to share their reality with the world. Apart from providing a space for diverse discourses the internet uses anonymity while sharing something without being attacked and at the same time it can lead to trolling.

She emphasised that “access, users and algorithms determine what one sees on the news feed and the reporting mechanism have the same biases like people do, it can work against human rights advocacy as well, women nudity not being allowed”.

She then spoke about advocacy using social media. While building digital advocacy campaigns one must keep the following in mind:

- Keeping your campaigns simple is good. As your audience’s attention span is short.
- Breaking down the content into themes. E.g. Abortion: sex determination, legal, medical and stigma.
- Use a unique hashtag to bring visibility and high engagement with the audience. But if you want to get recognition, use a common hashtag preferably self-explanatory one.
- Campaign key elements: content in form of posters, articles, etc. and ensure you don’t put too much information on a single poster/post and language should be accessible, strategy for different ways to spread, mailing list, influencers if you have resources, a very clear ‘Call to Action’, it can be social media engagement, competition, public policy like call your MPs, high ask or a low ask and content creation tools like Canva, inShot, etc.
- Campaign duration keeping shorter campaigns are remembered more by people. Make a schedule and stick to it. Like Mondays are for sharing quotes, Wednesdays are for quizzes etc.
- Social media engagement, figure out what features your platform provides for engagement.
- It is crucial that you maintain anonymity as a lot of people might not want to share SRHR story. Give option to DM and share stories without revealing their name.
- Ask me Anything on insta, question sticker, twitter chat with experts or hosting social media storms are some successful ways to engage with your audience.
- Another one is reply to comments but do keep self-care in mind while doing so. It can be overwhelming and triggering at times.
- Tracking analytics of your content is a good way to gauge what kind of content and platform is engaging your audience beyond just like and shares.

Asmita then concluded the session by sharing 2 online campaigns that FII did with ASAP and Haiyya as case study.

## SESSION 3: YAI ALUMNI SHARING CIRCLE

Priskila Arulpragasam from ASAP’s Country Advocacy Network YANSL (Youth Advocacy Network Sri Lanka) shared their work with the participants, ranging from running online campaigns to destigmatize menstruation to running hotlines which assist women in need for an abortion. YANSL is currently working on creating modules and books with school for deaf students to raise awareness on SRHR. Priskila also shared about a legacy video which YANSL is creating to document the stories and struggles of abortion rights activists who have been fighting for decades to make abortion legal in the country.





Shweta Poduval represented ISAY (India Safe Abortion Youth Advocates) from Mumbai which is India's country advocacy network for ASAP and spoke about the journey she and many medical students like her made from accepting anything and everything in medical textbooks to questioning and raising awareness among other students regarding the urgent need for amendment and having a more gender sensitive lens towards patients. ISAY is doing great work in sensitizing medical students, sometimes at the cost of risking relationships with their senior doctors and teachers, many of whom are still accustomed to the old patriarchal ways.

## SESSION 4: CREATING CONTENT

Closer to the closing Dr Dalvie explained to the participants the last activity of the 3 day workshop. The participants were given some fun tools like stickers, chart papers etc. to produce some out of the box content to advocate safe abortion related communications.

The participants were divided into 2 groups and were given 30 mins to create original and creative content. The participants came up with some brilliant, witty and artistic content. One group made a short video showing what a woman goes through while accessing health care services. While the other group created songs talking about experiences using popular Bollywood music.

## SESSION 5: CLOSING & VALEDICTORY

After all the participants shared their strategies and network ideas to work together in the future. The 3 day workshop was concluded with valedictory session and where certificates were awarded to all the new Youth Champions.



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# Thank you!