

# 2023

# NYAI

National Youth Advocacy Institute



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## Background

### About Y-SERHA

Y-SERHA (Youth Sexual and Reproductive Health Right Advocacy) is the country network of Asia Safe Abortion Partnership for Nepal. It has been set up to advocate for safe abortion rights, bodily autonomy, and sexual and reproductive health and rights of young people in all their diversity. We believe in feminist leadership values and promote gender-transformative approaches.

### About National Youth Advocacy Institute

The National Youth Advocacy Institute (NYAI) 2023 addressed the issue of abortion in a global context along with Nepal by examining the influence of patriarchy in our society, discussing the biological and procedural elements of sexual and reproductive situations, examining the relevant laws, and ultimately bringing together these aspects along with other intersectional lenses to create the expected dialogue.

### Objectives

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 a 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 to advocate effectively for improved access to safe abortion services, including medical abortion.

### Working team of NYAI

- |                         |                   |
|-------------------------|-------------------|
| • Shreejana Bajracharya | Manjari Shrestha  |
| • Prabina Sujakhu       | Puja Karki        |
| • Laxmi Chaudhary       | Prabika Sintakala |
| • Asika Ghemosu         |                   |

### Participants selection process

A Google Form was created along with a poster to call for applications. The application form was shared through Y-SERHA's social media platforms like Facebook, Instagram, LinkedIn, etc. It was also shared among the youth groups through different social media groups. After receiving 70 applications a selection team was established of 3 members Prabina Sujakhu, Laxmi Chaudhary, and Puja Karki. The team made a selection of the participants based on the following aspects:

- The complete form of the application
- Basic knowledge of SRHR (Past or present job/volunteering experience)
- Applicant's future work plan after YAI
- Time commitment for advocacy voluntary work

# DAY 1

## Introduction

Dr. Suchitra Dalvie, Coordinator, ASAP welcomed all the participants and there was a round of introductions. This was followed by deciding and agreeing on a set of agreements for engagement and safe space creation at the Institute over the next 3 days.

### Session 1:

## Understanding Gender and Patriarchy and its linkages with safe abortion issues by Nandini Mazumder

### Objective and content

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

- Understand the difference between sex and gender, the social construct of gender, and the role of patriarchy in perpetuating gender inequalities.
- Understand the cascade effects this has on the differential control over resources and decision-making powers, especially concerning healthcare systems.

In the first session following the introduction, the focus delved into the intricate connections among sexuality, sex, gender, and the influence of patriarchy in shaping societal structures. Ms. Nandini, our facilitator, led this engaging session that aimed to illuminate how patriarchy operates, perpetuating a hierarchical system that fosters injustice.

Starting with a probing question "What is Gender?"; participants shared their perspectives, defining gender as societal roles attributed based on an individual's sex. Further discussion on the difference between sex and gender followed this. The participants responded by explaining what they understood as sex, which is biologically determined at birth based on the genitalia of the baby, and, gender as a socially constructed concept, roles, and responsibilities that an individual needs to abide by based on their sex. To illustrate these concepts, Ms. Nandini ventured the session into an imaginative scenario involving twins: a boy (Munna) and a girl (Munni). Recognizing the limitation of this discussion within a binary framework, we acknowledged historical pressures, even for intersex individuals, to conform to a binary gender classification. Emphasizing societal influences, we explored how these twins, indistinguishable in many aspects, were identified predominantly by the colors of their clothes. Until their first birthday, external agents be it parents or society imposed clothing choices upon them, dictating the 'appropriate' colors based on gender norms. As these twins approached their fifth birthday, we discussed the probable gifts they'd receive. Reflecting prevalent gender stereotypes, we envisioned the boy likely receiving toys associated with masculinity—guns, cars, sports gear—while the girl might receive items stereotypically linked with femininity—dolls, hair clips, kitchen playsets. Notably, these preferences were not autonomously chosen by the children but rather imposed by societal expectations and norms. Then the facilitator asked what is expected of these twins once they grow older. For the boy, the participants explained that he is expected to be a breadwinner, dominant, independent, and muscular. For a girl, she is expected to be soft-spoken, and feminine, learn and perform

household work as well as getting married, and becoming a sexual partner and caregiver.

Ms. Nandini highlighted that these societal expectations, predefined roles, and rules assigned to an individual based on gender are rightly identified by participants as a construct shaped by society. This construct commences early in life and perseveres throughout one's lifetime. A simple gift, like a doll presented to a girl, subtly instills the notion of nurturing, while a kitchen playset subtly implies her place in the household sphere. These seemingly innocent gestures underscore the pervasive influence of gender dynamics perpetuated by patriarchy, an influence so deeply rooted that it infiltrates every facet of our lives, even down to the seemingly minor act of selecting gifts for children.

This twin exercise illustrates the stereotypes and confined boxes within which we view the binary genders and their respective roles. We also talked about how gender roles tend to be dynamic with time (for instance, men wearing heels in medieval Europe as the horses they rode would excrete on the roads and they did not want to step on it), with culture (In many indigenous communities of US, Nigeria; there were more than 5 genders).

### **Video Screening: Little Casanova**

The session continued with the screening of the video, which is the “Little Casanova” skit. The facilitator then asked if the participants had any thoughts or opinions about this video. Below are some responses from participants:

- It's quite disturbing to see a young boy behaving like this.
- A kid is acting like this, but people in the video are finding it cute and funny.
- If it was a girl instead of a boy this would have been completely different.

Ms. Nandini explained that the video exemplifies the construction of masculinity, how it is imposed from a young age, and how such activity is normalized in our society. This deprives boys of being expressive about their emotions, being sensitive, or showing vulnerability. The conversation further continued how these various forms of media like movies can have an impact on boys and girls from young age.

### **Understanding SOGISEC and Genderbread Person :**

After the discussion on video screening, the facilitator then showed the poster of gender bread to talk about gender and sexuality. It was discussed how the concept of gender itself is like a galaxy and not only a spectrum. Specifically, the discussion revolved around four key aspects: gender identity, gender expression, biological sex, and sexual orientation. Moreover, the conversation expanded to address the context of Nepal, highlighting the legalization of same-sex marriage while acknowledging the persisting challenges and lack of societal acceptance despite this legal milestone. The facilitator used the analogy of a normal curve to illustrate societal perceptions of sexuality and gender, prompting participants to reflect on the conventional norms dictated by the curve and the societal exclusion faced by individuals outside this perceived norm.

This approach seems to have encouraged critical reflection among participants, emphasizing the societal complexities surrounding gender and sexuality, especially in the context of societal norms and acceptance within Nepal.

### **Presentation on Gender, Power and Patriarchy**

Ms. Nandini conducted an illuminating presentation centered on Gender, Power, and Patriarchy, provoking insightful discussions on the impact of patriarchy and its multifaceted influence on our lives. We delved into an exploration of patriarchy as not just a social construct but also a cultural and economic system that took root past the agricultural civilizations, largely driven by property considerations.

Our discussion continued with the origins of patriarchy, tracing its evolution from the hunting era to the agricultural revolution and its relevance in the modern context. Initially, in early human evolution, gender roles were distinctly defined men as hunters and women as caregivers for offspring. However, with the advent of the agricultural revolution, these roles became less relevant, yet paradoxically, they became more rigid to safeguard private property inheritance. The emphasis on inheritance led to the imposition of strict controls over women's freedoms and sexual autonomy. Practices such as controlling women's interactions, restricting sexual partners, and upholding notions of virginity became prevalent, often transcending through generations and persisting to this day.

Ms. Nandini also highlighted the close interrelation between the institution of marriage and the perpetuation of patriarchy, showcasing how it has historically governed women's productive and reproductive capacities, autonomy, and decision-making abilities. Drawing from Silvia Walby's comprehensive six structures of patriarchy, which encompass paid work, household production, culture, sexuality, violence, and the state, we examined how patriarchy intricately regulates various facets of women's lives. Further, we explored the embodiment of patriarchy in gender roles, recognizing their deep-seated integration within our societal framework. It was noted that even in something as seemingly simple as naming conventions, the father's name typically supersedes, with surnames predominantly inherited from the paternal lineage. This practice often results in the erasure of the mother's name beyond her generation, despite the equal genetic contribution of both parents.

The session critically underlined the pervasive influence of patriarchy, shedding light on its intricate control over various aspects of our social, cultural, and familial structures, prompting introspection and a deeper understanding of these ingrained societal norms.

### **Session 2: Contraception from the gender and rights perspective**

**Objective:**

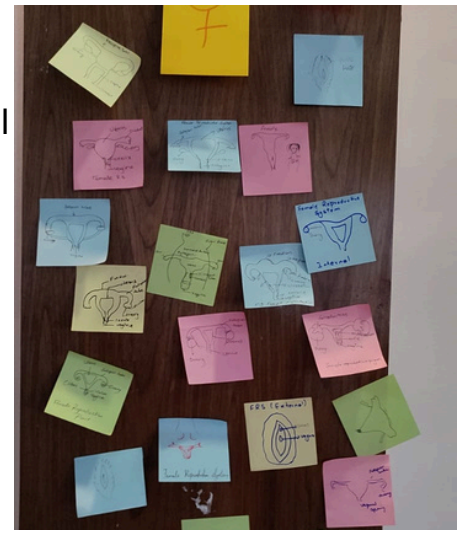
At the end of this session, the participants should be able to:

Understand how gender and patriarchy impact contraception and safe abortion access

This session was facilitated by Dr. Suchitra Dalvie, coordinator of ASAP.



During this session, participants explored the anatomy of the human reproductive system (male and female) to understand how pregnancy occurs the various types of contraception as well as the available methods of safe abortion. Initially, there was a discussion on the sexual and reproductive habits of the animals chosen by every participant during the introduction session. Then, the facilitator instructed all the participants to draw a female and male reproductive system on sticky notes and paste those onto the wall. After that, the facilitator asked for a volunteer to draw and label the female reproductive system clearly on the blank paper. Then the participants listed and labelled where each contraception is applied on the body. The facilitator explored and discussed the drawings with all the participants. A presentation about female and male reproductive organs, contraception, menstruation, and abortion then followed this.



## The Male and Female Human Reproductive System



The initial understanding of animal reproductive behavior highlights the uniqueness of humans. Unlike many species with periodic mating patterns, humans stand out for engaging in sexual activity for pleasure rather than solely for procreation.

During an activity prompting participants to sketch the reproductive organs of the male and female human reproductive systems, an intriguing observation surfaced. It became apparent that while familiarity with the female reproductive system is more common, there's a noticeable knowledge gap regarding the male reproductive system. This asymmetry in knowledge arises from educational focuses that often prioritize teaching about the female reproductive system in contexts related to menstruation and contraception.

## Menstruation

Having understood these male and female reproductive systems, organs, and their roles, we proceeded to discuss menstruation. Participants explained the process of menstruation which was further elaborated by Dr. Dalvie. Menstruation is a natural and cyclic process that can be seen as a general indicator of fecundity in females. The first menstrual discharge, or menarche, usually occurs between the ages of 10 years and 15 years, whilst the final menstrual discharge, or menopause, usually occurs between the ages of 45 years and 55 years. One menstrual cycle generally lasts for about 28 to 30 days. Although all these numbers are considered the norm, they can vary among individual over various phases of their lives.

During this discussion, we also talked about the various myths, misconceptions, and malpractices surrounding menstruation. There is a stigma around menstruation, wherein the person discharging is considered “impure”. However, there is no such evidence to suggest that women should be barred from entering temples and other holy places while menstruating, yet this is common practice in our society. This stigma has also led to the rise of many malpractices like “Chhaupadi Pratha” in our country; especially in far western Nepal. In Chhaupadi Pratha women are kept in sheds outside their houses during their periods. It was also discussed that the chhaupadi is prevalent in urban regions of our country as a modern chhaupadi.

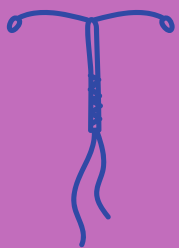
## Contraception

During the session led by Dr. Dalvie, participants engaged in an interactive activity drawing contraceptives on corresponding body parts of male and female figures while delving into an exploration of each contraceptive's mechanism, advantages, and associated risks. Example:

Contraceptives: Condom

Mechanism: Non-Hormonal , barrier method

Risks: Tearing out during use



Contraceptives: Copper -IUD

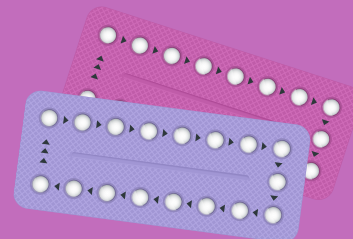
Mechanism: Prevents implantation by occupying the uterus

Risks : Side effects (Irregular periods)

Contraceptives: Copper -OCPs

Mechanism: Suppressing the ovulation

Risks: Should be careful before the ovulation phase



Post-activity, an observation surfaced among participants: a notable difference in contraceptive options available for men versus women. The discussion brought attention to the disparity in the variety and accessibility of contraceptive choices, primarily highlighting the broader array of methods accessible to women compared to men. This realization prompted an understanding of the significance of gender equity in contraceptive options. Furthermore, discussions pivoted to the substantial discrepancy in the percentage of users opting for terminal methods of contraception between males and females. Notably, while vasectomy presents as a comparatively simpler procedure than minilap, the number of vasectomies performed appeared to be significantly lower in comparison.



### Session 3: Abortion from the Gender and Rights Perspective

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

- Recognize the critical importance of abortion access for autonomy and agency
- Clarify myths and misconceptions about these issues
- Explain safe abortion techniques and related concerns in simple language to a layperson

The session continued with a discussion on the probable causes of unwanted pregnancy. Some of the causes discussed are as follows:

- Non-use of contraceptive devices
- Failure of contraceptives
- Rape and Incest
- Lack of awareness, accessibility
- No sexuality education
- Son preference
- Fetal abnormalities
- Maternal Health condition
- Poverty
- Spacing issues
- Age, Job, Relationships

After talking about the probable causes of unwanted pregnancy, we discussed what one can do with an unwanted pregnancy which is as follows:

- Safe/Unsafe abortions
- Continue the pregnancy
- Infanticides
- Honor Killings/Homicide/Murder

The best choice out of these options is obviously to get a safe abortion. Safe abortion can be performed either medically or surgically. Two hormones are generally used in medical abortion pills- misoprostol and mifepristone. Mifepristone reverses the action of progesterone, hence stopping the pregnancy, whereas misoprostol contracts the uterus and dilates the cervix, causing the fetus to be discharged from the body. Similarly, surgical abortions are also of two types – vacuum aspiration and dilation and evacuation (D&E). Vacuum or suction aspiration is a procedure that uses a vacuum source to remove an embryo or fetus through the cervix. Dilation and evacuation are the dilations of the cervix and surgical evacuation of the uterus after the first trimester of pregnancy.

The discussion expanded to encompass the Maternal Mortality Rates (MMR) in countries like Nepal, India, and across Southeast Asia, revealing a significant data gap in recording maternal deaths attributable to unsafe abortions. This highlighted a critical oversight in tracking and acknowledging the impact of unsafe abortions on maternal mortality.

Moreover, the conversation gravitated toward the number of abortions a woman can undergo. Dr. Dalvie clarified that there's no set limit, emphasizing that individuals can seek abortion as many times as necessary. Additionally, she addressed the misconception about the duration before a woman can conceive again post-abortion, noting that conception can occur as early as seven days following the procedure.

It became evident that while contraception methods play a crucial role in family planning, their effectiveness can be hindered at times, underscoring the necessity for accessible and safe abortion services. Abortion is an integral facet of family planning services and aligns with diverse family planning objectives.

The discussion extended to emphasize the critical importance of accurate information dissemination, particularly concerning sensitive subjects like safe abortion. Dr. Dalvie highlighted the importance of using precise and correct terminology when educating individuals about safe abortion practices. She underscored the potential consequences of misinformation or ambiguous language in conveying crucial information on this topic.

Dr. Dalvie shared an illustrative incident that occurred in Brazil, where women, influenced by ambiguous guidance, began using misoprostol for abortion, believing it was cautioned against use during pregnancy. This occurrence underscored the repercussions of imprecise language and the misinterpretation of medical guidance. It highlighted the necessity for clarity and precision in conveying information, especially concerning sensitive and potentially life-altering topics like safe abortion.

### **Discussion on how the medical system perpetuates patriarchy**

The discussion expanded to scrutinize how the medical system perpetuates patriarchal norms within society. One key focus was the disproportionate emphasis on contraceptives primarily targeted towards women rather than men. This inequity in contraceptive development and availability reflects entrenched biases within pharmaceutical research and healthcare, underscoring systemic gender-based disparities.

Moreover, the conversation highlighted various instances where the medical system perpetuates patriarchal notions. Examples included the evident gender bias in pharmaceutical trials, often skewed towards male participants, leading to insufficient data on women's health and treatment outcomes. Additionally, historical occurrences like the witch hunts in the USA and narratives surrounding heart attacks being predominantly framed as a male-exclusive experience were discussed. These instances demonstrate how patriarchal constructs persist within the medical discourse, influencing healthcare practices and reinforcing gender-specific stereotypes. The discourse touched upon the founders of modern medicine and their contributions to reinforcing patriarchal ideologies. The historical context of medical practices, often shaped by male-dominated perspectives, has led to the perpetuation of gender biases and inequalities in healthcare.

Overall, the conversation shed light on how the medical system, through various facets such as pharmaceutical research biases, historical narratives, and systemic practices, continues to reinforce and perpetuate patriarchal norms in today's world. Addressing these biases and inequities within healthcare is crucial for fostering gender equity and ensuring comprehensive, unbiased healthcare services for all genders.

## Session 4: Values Clarification and Case Studies

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

- Appreciate the impact social 'values can have on individual rights
- Understand the nuances of policy interpretations being enabling or disabling counter statements made by anti-choice groups

The workshop continued with a values clarification exercise aimed at allowing participants to delve into their personal beliefs and principles regarding Sexual and Reproductive Health and Rights (SRHR). This exercise also equipped them with strategies to counter common anti-choice arguments often presented by opposing groups.

To initiate this session, the group collectively explored the concept of "Values." Participants defined values as fundamental beliefs or concepts that hold significance on an individual level, shaping their principles and guiding their decisions and actions in life. Ms. Nandini supplemented this discussion with a brief presentation, explaining that values are deeply ingrained beliefs serving as internal guides, intricately linked to our attitudes, behaviors, beliefs, ideals, and knowledge. These values significantly influence decision-making processes, time allocation, and behavior, often exhibiting consistency and contributing to shaping one's character and conduct.



Subsequently, the workshop transitioned into an interactive values clarification activity which was facilitated by Dr. Dalvie. Participants were positioned in the center of the room, designating one side as the "Agree space" and the opposite side as the "Disagree space." Various statements related to SRHR were displayed, prompting participants to decide their stance and move to the corresponding side based on whether they

agreed or disagreed with the statement. This participatory activity encouraged engagement and exploration of individual beliefs and perspectives on SRHR-related topics within a safe and interactive setting

## Value Clarification Participatory Activity

This section includes the discussions in response to the value statements presented to the group.

### **Statement 1: A woman should stay with her husband even if he beats her if he truly loves her.**

Most of the participants disagreed with the statement. To get them to reconsider their choice, counter-questions were asked, including:

- Who is going to take care of the family and support her children?
- A woman was being abusive to her mother-in-law so she deserves it?
- He loves him right, so what's wrong?

The major responses from the participants included:

- Domestic violence should not be excused. The women could go to their parents' house, live alone, or ask a friend for help. All of these alternatives would be better than living with a person who is violent towards them.
- Love cannot justify such actions and it is necessary to promote open discussions and effective communication in relationships.
- If children are involved, various organizations can support single mothers and children as well.
- Assault is a crime in most laws and frustration does not justify violence.

### Clarification

Navigating situations of domestic abuse involves acknowledging critical factors. Resource provision is crucial due to systemic failures in supporting women leaving abusive situations, especially when financial dependence becomes a barrier. A daughter raised in a violent household might perceive such behavior as normal in marriage, highlighting the societal responsibility to prevent and intervene in these cycles.

Conditional solutions aren't effective, considering domestic violence stems from normalized family violence. Judgment towards survivors should be avoided, emphasizing the need for support and resources to empower them in decision-making.

### **Statement 2: A sex worker cannot be raped.**

Most of the participants disagreed with the statement and few of them agreed with it.

### Disagree

- Sex is all about consent.
- Sex work is an exchange of material benefits for sexual services and it should be consensual.
- If a business can refuse service or a client, he/she can also refuse service.
- If he/she changes their mind and the consent is revoked then it is a rape.

## Agree

- As per the law, this statement is correct and rape doesn't include sex workers.

## Clarification

Recognizing the illegality of sex work in many places of the world raises questions about who bears the responsibility for ensuring the safety and well-being of sex workers. Similarly, there is no conversation about marital rape which shows a critical gap in addressing issues of consent and autonomy, drawing parallels between marriage and sex work regarding transactional elements.

It is also important to understand that sex workers involve individuals beyond just women; there are also men, and transgender people involved in this profession, which can further complicate the process of seeking justice due to the vulnerabilities and discriminations these groups face under the law as well.

## ***Statement 3: Women who have an abortion are ending a life***

Few participants agreed and most of them disagreed.

## Agree

- Terminating pregnancy means one is ending one's life.
- Life begins from conception so aborting means ending life.

## Disagree

- Abortion is usually carried before the viability of the fetus so it's not ending life.
- We should also consider the choice of the woman who is bearing the pregnancy.
- Pregnancy can also threaten the life of the mother.

## Clarification

The ambiguity in this discussion lies in the definition of life. Some people consider life to begin at birth, while others believe it begins at conception. The ones who related with the latter proposed that we should consider a fetus to be living as it grows, which is a biological indicator of life thriving. When the question of them being fully dependent on external entities to survive was raised, it was noted that old people who are on constant life support also fit the same description. This does not mean that they do not have a life. On the other side, the notion of viability was seen as arbitrary: ovum and sperm are also genetic units of biological significance but we do not consider ejaculation and menstruation as termination of life. The comparison then is between the utility of such life and the choice of the pregnant person. There was agreement that the woman's choice should be the primary factor in deciding what happens with the fetus, whether one considers it to be a living entity or not. If it harms the life of the mother, both in a physical or mental capacity, even at the time of delivery, then abortion should be fine.



#### **Statement 4: Choosing the sex of one's child is a reproductive right**

Agree:

- It's one right to choose what to do with their body and what child they carry.
- If there is access to technology, one should get access.

Disagree:

- It's their reproductive right but when this is followed it causes gender inequality.
- Why does one need to choose the sex of the baby?

Clarification

Sex selection is a common practice; before, during, and after pregnancy. It is generally anticipated that it is the female fetus that is likely to get aborted. This is because of utilitarian considerations such as dowry, investment in the female's safety, the anticipation of her leaving the household, the inability to extend family lineage, etc.

Irrespective of the reasons for pursuing sex selection, which tends to reduce the number of females at any given place, this causes several practical harms. It disadvantages the sex ratio, making it difficult for men to get married. The possibility of future demands for human resources being met or the species thriving into the future also thins down with such disequilibrium. Governments hence try to equalize the ratio through various schemes such as outlawing sex-selective abortions, giving state benefits to parents of female children, etc. In doing so, however, it does not take the women and their rights/desires/needs into consideration, especially over the economic considerations aforementioned. Some women are pressured to have a son by their husbands and in-laws; the consequences of not doing so could be dire for them. There is a generally more liberal view on abortions of fetuses that are likely to be disabled once born because of the pragmatic hardships they will have to face, but the same logic is not applied to female fetuses. If a conditionality is present when formulating a right, it is not a right at all; it is a privilege that can be taken away. The same is true for the right to abort if there is a conditionality of sex selection.

After the value clarification and tea break session, we watched the "The Dirty Dancing" movie and ended the first day of the workshop.

# DAY 2

## Recap and Review

The second day of the workshop began with participants engaging in reflections and recaps of the previous day's discussions and activities, sparking insightful observations:

- One participant highlighted the necessity of directing attention toward male contraception. They emphasized that while most contraceptive methods primarily target females, options like condoms and vasectomy offer greater flexibility and could help bridge gender disparities in reproductive health.
- Another participant found the value clarification session to be enlightening, expressing gratitude for the opportunity it provided to introspect and reconsider their values concerning various aspects of sexual and reproductive health and rights.
- Language politics emerged as a significant point of discussion, with one participant emphasizing the importance of using appropriate language during advocacy efforts related to sexual and reproductive health and rights, particularly concerning sensitive topics like safe abortion.
- Additionally, the concept of consent took center stage in the discussions, with participants recognizing its paramount importance for everyone involved in matters of sexual and reproductive health and rights.
- One participant underscored the critical significance of having accurate and correct information to facilitate informed decision-making within the realm of sexual and reproductive health and rights. This emphasis likely highlighted the pivotal role of access to reliable information in enabling individuals to make empowered choices regarding their health and rights.
- Another participant delved into the pervasive influence of patriarchy, discussing its historical evolution and its enduring presence in contemporary society, including within the field of medicine. This likely sparked conversations about how patriarchal structures and norms impact healthcare systems, shaping access, treatment, and perceptions in the context of sexual and reproductive health.
- One participant highlighted the importance of advocating for those who are unable to voice their needs and rights. This likely emphasized the role of being an ally or advocate for marginalized or silenced communities within the discourse of sexual and reproductive health and rights.
- Another participant reflected on the portrayal of patriarchy and witch-hunting in movies like "Snow White and the Seven Dwarves." This likely sparked a discussion on how popular media often depicts and perpetuates societal norms, including gender roles and harmful practices like witch-hunting, shedding light on the influence of such representations on societal perceptions and behaviors.

## Session 5: Human rights, sexual and reproductive rights.

### Objective:

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

Know the definition of sexual and reproductive rights and the linkages with other rights in upholding them.

This session by Ms. Nandini explored the definition and domains of SRHR through a participatory activity. The participants formed four groups in total to define 'Sexual Health', 'Sexual Rights', 'Reproductive Health', and 'Reproductive Rights'. The groups were given 10 minutes to discuss before presenting. This section records their presentation and discussions that followed.

### Participants Discussion and Presentation of SRHR

The participants were placed into groups of four and were assigned to define and outline domains (Services, Gaps, and Solutions) with regards to 'Sexual Health', 'Sexual Rights', 'Reproductive Health', and 'Reproductive Rights'. Below are the results of their discussion and presentation.

#### Group 1: Reproductive Health

##### Definition:

- Has physical, social, and mental aspects that apply to all genders
- Understanding of things such as menstrual hygiene, safe contraception, safe abortion, access, maternity health, health at pregnancy, etc.
- Consent and decision-making
- Social aspects of reproductive health such as sex-selective abortions forced by the household

##### Services in Nepal:

- Adolescent-friendly health services
- Breastfeeding booth
- Infertility treatment services
- STI/STD Prevention and Treatment
- Family Planning Services
- Safe motherhood Services
- Maternal and child health care services

##### Gaps:

- Policy Implementation
- Lack of proper advocacy and awareness
- Budget allocation

##### Solutions:

- Proper implementation
- Education and Awareness



## Group 2: Reproductive Rights

### Definition:

Any individual rights and freedom to make choices related to birth, abortion, first pregnancy, birth spacing, number of children, environment for reproduction, and contraceptive devices is called reproductive rights.

### Services:

- Free contraceptive devices in the government health services
- Legal provision of the age of marriage and consent
- Availability of free birthing centers
- Safe abortion services
- Incentives to encourage institutional delivery

### Gaps:

- Judgemental situation
- No proper implementation of the law
- Untrained manpower
- Less awareness
- Limited choice of family planning method

### Solutions:

- Proper sex education and implementation of law
- Curriculum including sexual and reproductive health
- Availability of adequate infrastructure and technology for safe delivery
- Adolescent-friendly health workers and services



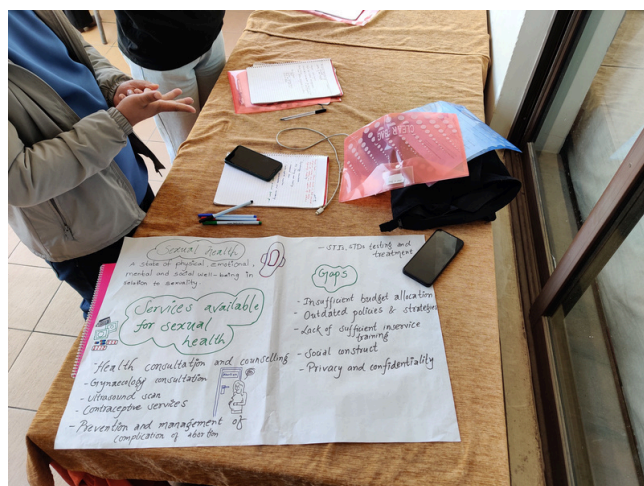
## Group 3: Sexual Health

### Definition:

A state of physical, emotional, mental, and social well-being about sexuality

### Services:

- Health consultation and counselling
- Gynecology consultation
- Ultrasound scan
- Contraceptive services
- Prevention and management of complications of abortion
- STIs, STD testing, and treatment





### Gaps:

- Insufficient budget allocation
- Outdated policies and strategies
- Lack of sufficient in-service training
- Social construct
- Privacy and confidentiality
- Access and Utilization
- Intersectoral coordination

### Solutions:

- Sufficient budget allocation
- Revised policies and strategies
- Proper coordination
- Adequate training for service providers

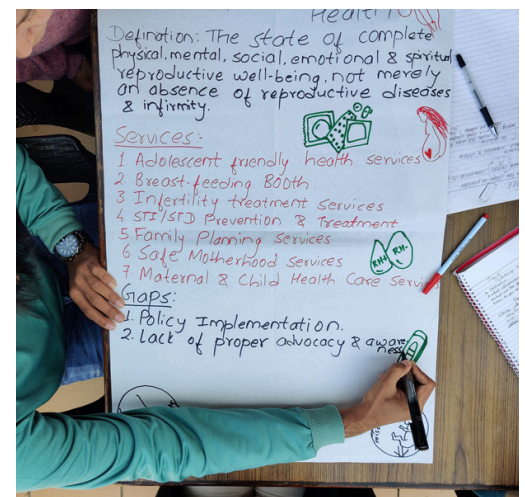
## Group 4: Sexual Rights

### Definition

- Basic human rights related to the sexuality of individuals
- Interlinked with reproductive rights
- Includes right to privacy, right to safe sex, freedom

### Services:

- Counselling on sexual orientation
- Healthcare services related to STDs
- Adolescent-friendly health services
- Supporting individuals regarding their sexual orientation
- Laws and policies



### Gaps:

- No implementation
- Behavior of health workers
- Lack of resources

### Solutions:

- Education, awareness, and training
- Inclusive services
- Legalization of same-sex marriage
- Citizenship amendment
- Comprehensive Sexuality Education

## Video Presentation and Conclusion

The session progressed with two informative videos aimed at familiarizing the participants with the fundamental notion of universal human rights. Following the video presentation, Ms. Nandini clarified that our role as advocates for Sexual and Reproductive Health and Rights (SRHR) aligns with the broader spectrum of universally acknowledged human rights that are inherent to every individual. She further explained the differences between approaches centered on needs and those rooted in rights within the realm of human rights. Ms. Nandini emphasized the significance of adopting a rights-based approach, highlighting its pivotal role in ensuring the comprehensive inclusion of all individuals in SRHR advocacy efforts. This approach, she emphasized, empowers stakeholders to take actions that guarantee equitable and impartial rights for everyone involved.



## Last abortion exercise

The Last Abortion In this activity, conducted by Ms. Nandini, the participants were again divided into four groups. They were then given a scenario to navigate. This session was Adapted from the 1996 Abortion Values Clarification training manual by Thea Marais and provided by the Planned Parenthood Association of South Africa. In the provided scenario, due to hypothetical falling sex ratios, the Parliament was going to enact a law to make all abortions illegal at midnight. The participants were assigned to be members of the Technical Advisory Team put together by the Cabinet Secretary. Some NGOs had supposedly filed applications from some women and had asked the Technical Advisory Team to choose which of these women would be able to receive the last safe, legal abortion. Only one candidate could be chosen. The participants were then allowed to negotiate within the group and explain their reason for choosing the final candidate. In addition, they were also told to produce a secondary and a tertiary candidate who would have been prioritized in different circumstances.

The candidate scenarios were as follows:

- *Shanti is 45 years old and thought she was menopausal but is 18- weeks pregnant. A detailed ultrasound has revealed cleft palate which could be a marker for some other abnormalities. Her 12-year-old son is already a slow learner and needs constant attention. She does not feel able to manage another special-needs child.*
- *Leela is a 21-year-old woman in her third year at university in Mumbai who just found out that she is 8 weeks pregnant. She is the first person from her village ever to be allowed to attend higher education in the city. She has had a boyfriend for 2 years and they plan to marry once he gets a job. They were using condoms and did not want to continue this pregnancy.*
- *Puja is 25 years old and married for 5 years. She has two children aged 4 and 1 year and is now 10 weeks pregnant. Her husband loses his temper once in a while and beats her because her parents cannot give them more money to move into a new house. He opposes the abortion since they have only one son but she does not want to bring another child into this family, especially if it will only make her more dependent on him for financial support. Her depression has worsened considerably since she found out she was pregnant.*
- *Yasmeen is a 35-year-old running her own business and is 12 weeks pregnant. She got pregnant with someone she met on a business trip. She and her husband have not had sex for 5 months since he had surgery for a back problem and she cannot continue this pregnancy. They live in a joint family and her in-laws help look after her 2 children so she can go out for work.*
- *Farah is a 23-year-old married woman working in a bank. She forgot to start the OC pills on the right day and is now 6 weeks pregnant. She wants a baby soon but does not want to continue this pregnancy since she is not yet eligible for paid maternity leave and they need her salary to run the house.*
- *Meena is 15 and was raped by her mother's second husband. When she told her mother about the rape and pregnancy, her mother told her to get out of the house. She has been staying at a friend's house. She continues to attend school since the pregnancy is not showing yet. She is experiencing great distress over the rape and pregnancy, and her schoolwork is suffering.*

Following the deliberations within each group, they presented their selection of candidates with their respective justifications.

Group 1:  
First priority – Meena  
Second priority – Shanti  
Third priority – Puja

Group 2:  
First priority – Meena  
Second priority – Puja  
Third priority – Shanti

Group 3:  
First priority – Meena  
Second priority – Shanti  
Third priority – Puja

Group 4:  
First priority – Meena  
Second priority – Shanti  
Third priority – Puja

Every group prioritized Meena as their first choice for who should get the last abortion. They justified this choice by stating that Meena had been assaulted. She is also a minor without familial and financial support, as she got kicked out of her house when she told her mother about what happened to her. There is a lack of support systems for Meena, which is why she was prioritized. It was noted that it might be hard for her to access the abortion facility since she is a minor, presumably without parental consent.

The second priority for three of the groups and the third priority for one of them was Shanti. She could not afford a second baby for financial and pragmatic reasons. Her first child was already a slow learner who required constant attention, which already raised social stigma, so raising another child would be a further burden on her life. She is also 45, which means the pregnancy is likely to lead to complications and hardships. One group chose to place Puja over Shanti in their prioritization because they claimed that Shanti's problems are specified insofar as the text has alluded that she cannot manage another child. With Puja, however, there were more specific reasons for seeking out an abortion. She was just 25 and already had two children. She was the only earner in the family. Her husband was abusive and violent towards her, and she was also depressed. All these factors meant that she is unlikely to be able to handle another child, especially with the financial burden of not being able to work for some time during and after pregnancy, as well as the lack of support from her husband.

The groups were then asked about why they left out the other candidates from their priority list. Leela was left out because, at the age of 21, she was physically mature enough to give birth. She also had a boyfriend whom she planned to marry, which shows that she has a form of support. Being the first person from her village to go to university, this event may negatively affect the mindset of her villagers when it comes to pursuing higher education. However, it seemed like a less important concern than the ones aforementioned. Yasmeen was not chosen since she was financially independent and committing adultery was her choice. Farah was not chosen since she was educated, had access to contraception, and also wanted a baby. Her reason for seeking an abortion was that she could not get a paid leave during and after pregnancy, which meant that her household would struggle financially. However, this again

seemed like a less important concern than those of the prioritized candidates.

Ms. Nandini concluded the session by guiding participants through introspection about their decisions and reasoning. The dissatisfaction stemmed from the explanations being rooted in needs-based arguments rather than rights-based ones. Rights, inherently, are intrinsic, indivisible, and unconditional. If we acknowledge sexual and reproductive rights as fundamental, along with bodily autonomy, the removal of abortion facilities stands as a violation of those rights. Additionally, this action sheds light on the existing power dynamics within society. The session culminated with the emphasis that advocacy should prioritize saving all individuals, a rights-based approach.

## Session 6: Laws and Policies

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

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

During this session, Ms. Prabika, a team member of Y-SERHA explained the provisions of the safe abortion in Nepal, its historical background, and the loopholes. Nepal Legalized abortion in March 2002, under the 11th Amendment to the Civil Code. Before 2002, Nepal had restrictive abortion laws that prosecuted and imprisoned women for undergoing pregnancy terminations. In 2002, to regulate abortion laws, the government approved the safe abortion procedural order for establishing safe abortion care. The safe abortion advisory committee allowed the commencement of safe abortion services in approved health facilities. First-trimester surgical abortions were legalized throughout the country in 2004. Second-trimester abortion training began in 2007, and medical abortions were introduced in 2009. For the first time in the history of Nepal, the Interim Constitution of Nepal 2063B.S. (2007) guaranteed the sexual and reproductive rights of women as a fundamental right under women's rights in Article 20.

The present Constitution of Nepal 2015 has continued to guarantee this right as a fundamental right under Article 38 (2). Despite these provisions, under certain criminal laws in Nepal, abortion is still a crime. Lakshmi Dhikta's case was a major milestone in the development of the legality of abortion in Nepal. Based on the precedence set in Lakshmi Dhikta's case, the constitutional obligations 'National Penal Code, 2017,' 'The Safe Motherhood and 'Reproductive Health right Act, 2018', along with regulations that were promulgated in 2020, are the existing legislation governing the issue of abortion.

As aforementioned, abortion in Nepal is governed by two different laws: the National Penal Code, 2017, and the Safe Motherhood and Reproductive Health Rights Act, 2018. Additionally, the Public Health Service Act 2018 (2075 B.S) also exists and covers the medical aspect of abortion regulations. Both these governing legislations have defined abortion to be illegal except in certain conditions.

- The fetus has not exceeded a gestation period of over twelve weeks, with the consent of the pregnant woman.
- The fetus has not exceeded a gestation period of over twenty-eight weeks, as per the consent of such woman, after the opinion of the licensed doctor that there may be a danger to the life of the pregnant woman or her physical or mental health may deteriorate or disabled infant may be born in case the abortion is not performed.
- The fetus has not exceeded a gestation period of over twenty-eight weeks, as per the consent of such woman, if the pregnancy occurred due to rape or incest.
- The fetus has not exceeded a gestation period of over twenty-eight weeks, with the consent of the woman, who is suffering from H.I.V. or other incurable diseases of such nature.
- The fetus has not exceeded a gestation period of over twenty-eight weeks, with the consent of the woman, as per the opinion of the health worker involved in the treatment that damage may occur in the womb due to defects occurring in the fetus, or that there is such defect in the fetus of the womb that it cannot live even after the birth, that there is a condition of disability in the fetus due to genetic defect or any other cause.

We have a precedent laid down by the Supreme Court of Nepal in the case of ‘Lakshmi Devi Dhikta v Nepal Government 2007’ where the court has ruled that, “A woman’s reproductive capacity cannot be used against her and can, in no way, be a ground to punish her. The court thus ruled that it is not appropriate to incorporate the issue of ‘abortion’ under the chapter on homicide which is a part of criminal law. This case also ruled that abortion should be treated as a separate issue from criminal law and it should be managed through a separate law.” Despite this Abortion is still a crime, with certain exceptions listed above. The recent Safe Motherhood and Reproductive Health Act has failed to keep the birth-giving individuals at the center while enacting this law. A chapter still reads “Crimes against the fetus.” The provisions for abortion in Nepal are needs-based, as opposed to rights-based. A writ petition has hence been filed at the Supreme Court of Nepal seeking decriminalization of all abortions.

## Session 7: Crime and Criminality

Ms. Nandini led an extensive presentation on Crime and Criminality, delving into multiple dimensions of the subject. This session encompassed various facets, including the modern criminal justice system, punishments, policing, prisons, the death penalty, safe abortion rights, alternative justice systems, and the impact of penal codes on abortion.

She initiated the discussion by examining the diverse definitions of crime, emphasizing that it spans actions against the law and acts considered unjust or harmful (commission) and not doing something we are supposed to do (omission). Ms. Nandini highlighted the disconnect between crime, ethics, and harm, shedding light on how hegemonic powers often shape what qualifies as a crime. The presentation also scrutinized the panopticon concept, elucidating how surveillance functions as a state tool that permeates modern society. Criminalization, she noted, not only brands an act as illegal but also subjects it to social stigma, effectively becoming a form of punishment.



Various types of punishments, both within legal frameworks and societal constructs, were briefly outlined. The origins of policing and prisons were examined, emphasizing their historical roles in safeguarding the privileged and upholding societal norms, particularly post the abolition of slavery. Ms. Nandini also addressed the disproportionate policing and incarceration of marginalized communities, urging consideration of contextual factors when assessing law-breaking actions.

The presentation underscored the adverse impact of criminalizing abortion on safe access to the procedure. Ms. Nandini elucidated the difference between legalization and decriminalization, providing examples that showcased the latter's efficacy in models related to drug use and sex work. Alternative justice systems, centered on resolving conflicts by treating individuals as neighbors rather than criminals, were also explored.

### Session 8: If these walls could talk

The activity organized by Ms. Nandini after the lunch break involved assigning random characters to participants via closed chits. These characters represented diverse backgrounds. Participants were presented with various situations related to Sexual and Reproductive Health and Rights (SRHR). They were instructed to take a step forward if their character could relate to the given statement or remain in place if their character did not align with the situation.

For instance, if a participant's character was a well-educated urban man and the situation involved access to condoms, they might have taken a step forward. Conversely, if their character was an uneducated woman in a conservative rural village, they would likely remain stationary.



This activity aimed to shed light on social inequalities and patriarchy, highlighting how one's background significantly shapes access to resources and rights, especially concerning SRHR. By the session's conclusion, participants gained insight into the disparities in access and opportunities based on their backgrounds, emphasizing the commonality of needs despite varying privileges and backgrounds.



The statements used during the session are as following:

- *Has anyone told you about sex?*
- *Do you have any information about sex?*
- *Do you have any information on contraception?*
- *Do you know where to get contraception?*
- *Do you know where to get any contraception?*
- *Can you buy any method of contraception?*
- *Can you insist on the use of condoms or any methods of contraception?*
- *Can you use any method without the other person knowing?*
- *Can you say no to sex?*
- *Do you know what to do with an unwanted pregnancy?*
- *Do you know where to get a safe abortion?*
- *Can you go and get a safe abortion?*

### Screening of the Accham Documentary

The Accham documentary, a special documentary from the Kantipur News channel, unfolded a distressing narrative following the tragic death of a woman named Sushila due to unsafe abortion practices in Nepal's far-western region. Sushila had resorted to a traditional abortion method before seeking hospital care, arriving too late for treatment. Her demise after eight days underscored the gravity of unsafe practices in this area.

Initially hesitant, villagers eventually opened up to reporters about Sushila's case. They revealed the absence of contraceptive norms in their village, with husbands displaying a lack of empathy towards women burdened with repeated pregnancies due to this shortfall. Apart from physical hardships, the women faced mental and financial struggles, leading them to resort to locally available toxic herbs to induce abortion.

While this herb terminated pregnancies, it posed severe risks of cervical cancer and uterine infections, as highlighted by women and healthcare workers interviewed. Sushila, a former tea shop owner survived by her husband, in-laws, and two children, is now only remembered through a photograph. Her husband, away during Sushila's tragic situation, found himself overwhelmed with household chores, expressing deep despondency.

The documentary further shed light on other unsafe abortion methods prevalent in the village. These included using a wooden stick crafted into a hazardous sphere to scrape the fetus from the uterine walls, risking severe internal organ damage. Another method involved using a heated iron rod inserted into a woman's internal organs in an attempt to terminate the fetus, both procedures fraught with danger.

Tragically, the villagers recounted numerous incidents akin to Sushila's, resulting in fatalities. In one heart-wrenching case, a mother's demise left her son suckling on his grandmother's breast to soothe his cries. Shockingly, an officer at the local health post justified these practices, deeming them natural and humane. He disregarded contraception as impractical and prioritized a pregnancy's legitimacy over a woman's life and well-being, revealing his history of unsafe abortion practices with his wife.

Even individuals with education shared this grim mindset, evident from the song of despair sung by village women while toiling in the fields. The documentary painted a grim picture of entrenched beliefs and actions, even among those considered well-educated in the village.

After watching this documentary, we had a brief session discussing what we felt. There were a lot of discussions about how the people who suffer from these practices are primarily women, whereas the ones who primarily make laws that make safe abortions inaccessible are men. It was jarring to almost everyone how nonchalantly the officer said that the women's lives were hardly a consideration. If women were able to access both safe abortions and effective contraception, they would be able to control significantly more dimensions of their lives than they do now. For instance, their lives would not be a matter to shrug off to the officer aforementioned. It was noted that these were grown women who were undergoing these hardships. The documentary highlights the importance of informing people with the right information along with the legalization and accessibility of safe abortion services.

### Session 9: Panel on understanding the impact of Intersectionality on Safe Abortion rights and access:

Dalit women's rights:

Queer Community:

People living with disabilities

Sex worker's rights

During the panel moderated by Ms. Nandini Mazumder, participants included Aabha Chhetri from the sex workers' rights movement, Nir Shrestha representing the disability rights movement, Usha Bhusal as an abortion youth activist, and Safal Lama advocating for the rights of sexual and gender minorities.

In the first section of the panel discussion, they delved into the challenges faced by various intersectional communities. The major sharing by all the panelists is as follows.

Aabha Chhetri, speaking from the perspective of the sex workers' rights movement, emphasized the urgent need for awareness and information about safe abortion within their community. She highlighted how the lack of awareness often leads sex workers to resort to unsafe abortion practices, including the use of ayurvedic methods. Aabha noted that despite contraceptive usage, failures occur, underscoring the critical necessity for awareness regarding safe abortion methods among sex workers. She also lamented the negative attitudes and behaviors exhibited by healthcare workers, which create barriers for sex workers seeking reproductive health services, especially safe abortion services.

Safal Lama, representing sexual and gender minorities, stressed the importance of acknowledging the dynamic nature of the queer community and advocating for their rights to access reproductive health services, including safe abortion services. They highlighted the crucial need for an intersectional lens in service provision and policymaking, recognizing the

multifaceted challenges faced by their community. Safal emphasized the hurdles encountered while accessing services, citing biases and social discrimination rooted in binary systems prevalent in education, policies, and societal norms. They also lamented the lack of acceptance of their identity by the government, underscoring the pervasive challenges faced by sexual and gender minorities. In illustrating the difficulties encountered, Safal gave instances where accessing services led to unwarranted questioning, with responses implying disbelief or misunderstanding. For instance, encountering questions like "Why would a trans man need abortion services?" exemplified the misconceptions and lack of recognition of the diverse needs within the sexual and gender minority community.

Usha, representing youth abortion activists, highlighted the considerable challenges adolescents encounter when attempting to access reproductive health services that are often unfriendly or unwelcoming. She stressed the alarming rise in adolescent fertility rates in Nepal and the urgent necessity of informing and educating young people about safe abortion practices. Sharing her personal experiences, Usha discussed the obstacles she faced while attempting to conduct a school health program on safe abortion. She pointed out that the content was deemed irrelevant for school-going adolescents, illustrating the prevailing reluctance to address this critical aspect of reproductive health within educational settings. Additionally, Usha shed light on the cultural and societal stigmas that act as barriers, hindering open discussions and access to vital information on safe abortion for adolescents.



Nir, representing disability rights activists, illuminated the persisting societal stigma surrounding disabilities. He highlighted the prevalent attitude that questions the necessity of addressing SRHR needs for individuals with disabilities, often suggesting that only necessities like food and shelter suffice for them. Nir also highlighted an internal challenge within the disability advocacy community, pointing out that even within these groups, the needs for safe abortion are not adequately recognized or addressed. He emphasized the lack of awareness and information on safe abortion within communities of persons with disabilities. Moreover, Nir raised concerns about the limited accessibility of IEC materials, noting that they are primarily available in sign language and braille. This limitation restricts access to essential information on SRHR, including safe abortion, underscoring the gaps in providing comprehensive and inclusive resources for individuals with disabilities.

In the second phase of the panel discussion, it was discussed on the importance of the safe abortion rights movement and the way for the collaboration for the movement.

Aabha emphasized the critical importance of a safe abortion rights movement, particularly within the context of sex workers' communities. She highlighted that such a movement would serve as a vital means to educate and inform sex workers about safe abortion services. Aabha pointed out that the absence of this information and access to safe services could contribute to severe mental health issues among sex workers, making it crucial to prevent such scenarios through awareness and service availability. Regarding collaboration for the movement, Aabha stressed the significance of acceptance. She advocated for the acceptance of sex work as a profession, urging for the decriminalization of sex work within a country.

Safal stressed the significance of incorporating the safe abortion movement into the broader queer movement to foster inclusivity, transcend binary notions, and embrace intersectionality across various domains, including services and policies related to safe abortion. They highlighted that this integration would facilitate addressing the diverse needs of individuals within the queer community concerning their bodily autonomy. Regarding collaboration, Safal underscored the necessity of maintaining an open-minded approach to collaboration, emphasizing the importance of working collectively with individuals from diverse intersectional backgrounds. They emphasized the need to actively invite and include the queer community in discussions and advocacy efforts, ensuring that their unique needs and perspectives regarding safe abortion are recognized and addressed within the collaborative framework.

Usha emphasized the importance of including youths as a vulnerable group within the safe abortion rights movement. She highlighted the increasing rates of adolescent fertility in the country, underscoring the necessity of incorporating them into the movement to address their specific needs for safe abortion. To facilitate collaboration, she suggested engaging in social media advocacy, recognizing that most youths are active on these platforms. Furthermore, Usha advocated for involving youths in lobbying efforts with local governmental bodies, thereby amplifying their voices and concerns within policymaking spheres. Moreover, she stressed the significance of building inclusive networks among youths, emphasizing the inclusion of marginalized groups such as indigenous people and individuals with disabilities. This inclusive approach aims to create a unified platform that acknowledges and addresses the diverse needs and perspectives of youths within the safe abortion rights movement.

Nir articulated that every individual, regardless of their disability status, possesses sexual needs, yet certain contraceptives might not cater to their specific circumstances. Due to the lack of information about these contraceptives, safe abortion often becomes the only viable option. He stressed the importance of considering various types of disabilities when providing safe abortion services and information, acknowledging that different disabilities may require specific considerations in this regard. Regarding collaboration, Nir highlighted the crucial need for meaningful and inclusive participation of people with disabilities. He emphasized that assumptions about the choices and preferences of individuals with disabilities should be avoided. Instead, efforts should focus on capacity building, strengthening, and empowering

organizations working at the intersection of disability and reproductive rights, particularly within the context of safe abortion. This approach aims to ensure that the voices and needs of individuals with disabilities are central to advocacy and policy initiatives in this domain.

The moderator concluded the panel discussion by addressing the cost of exclusion within the safe abortion movement, emphasizing the repercussions of neglecting the voices and needs of marginalized groups. This exclusion, she highlighted, not only hinders progress but also perpetuates inequalities and injustices within the realm of reproductive rights. Furthermore, as part of wrapping up the discussion, the moderator listed down various organizations working at the intersections of disability, queer rights, youth advocacy, and sex workers' rights. This acknowledgment aimed to highlight the vital contributions and efforts of these organizations in addressing the diverse needs and perspectives within the safe abortion movement, underscoring the significance of their collaborative work across different intersections.



# DAY 3

## Recap and Review

This was followed by a round of reflection where participants shared their experiences and major takeaways from day 2 and recap.

- Some of the participants reflected on Achham Video on how the video made them feel about the intensity of the situation
- Most of the participants lighted on the Panel discussion held on Day 2 and how collaboration could be done to fulfill the existing gaps.
- A participant reflected on how the politics of language keeps on shifting and it needed to be embraced accordingly with inclusive movement.
- Another participant shared how a person next door might not be privileged in correspondence with them, highlighting the importance of speaking on behalf of others as it's a matter of solidarity.
- One of the participants shared their experience on how the system has desexualized people with disability so highlighting the massive need for an intersectional lens in every aspect and how looking at everything from different perspectives was important.
- A participant highlighted how there's no voiceless, it's only their voice that has been taken away.

## Session 10 - Interpersonal Communication by Ms. Prabina Sujakhu

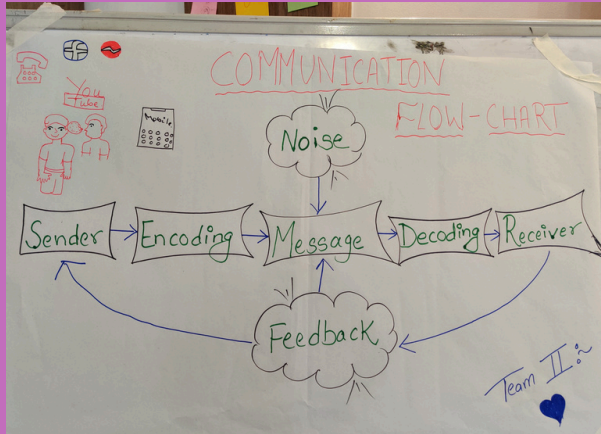
Ms.Prabina led the next session on interpersonal communication stating what is communication in an everyday context, what kind of information is flowing, and why communication is important.

All the participants were divided into 4 groups where they discussed and curated their communication flowchart. Every group had a brief discussion over the topic and then everyone had a gallery walk to the groups where the group members explained to them about the entire concept they curated behind the flow chart.

One of the groups curated this flowchart, where they explained the source is the first step in communication. They also emphasized that the source needs to be credible and valid. Then they explained the second step of encoding. In between the first and second steps, they mentioned the channel. In the third step, they mentioned the information they receive from the source which is decoded and then sent to the receiver. They mentioned that based on the target group encoding takes place.



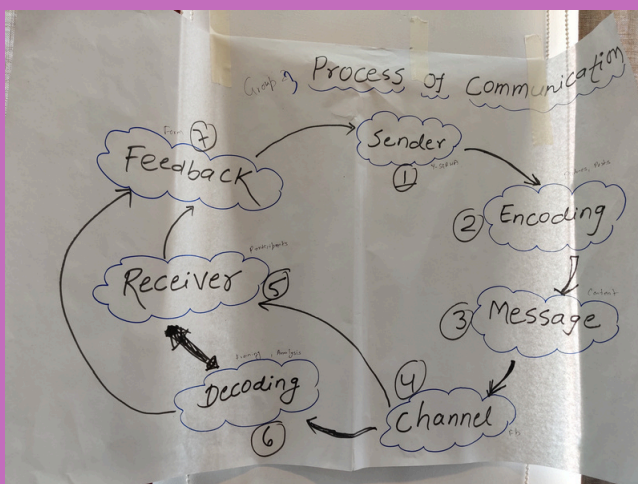
For eg, If the target group is children, the information extracted from the source is made to be such that it's easier for children to understand every bit and parcel of information received. If the target group is illiterate then posters/pamphlets with written statements might not work; rather they'll have to come up with something easily understandable by them. The feedback is given from the receiver to the sender.

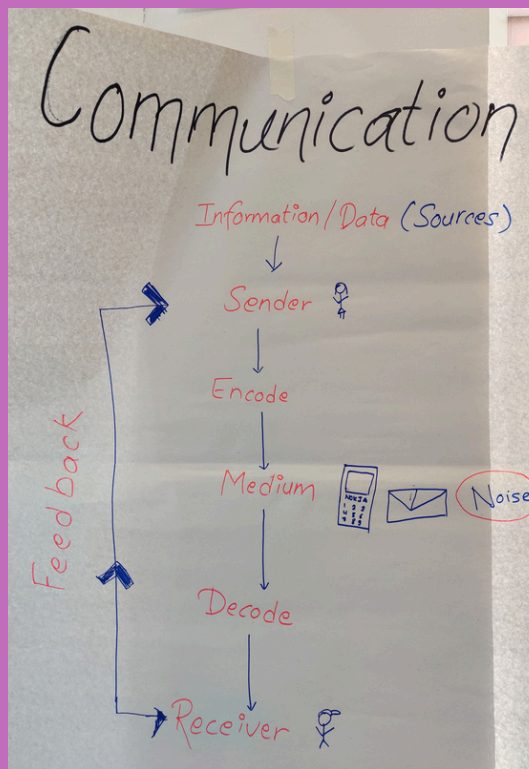


Team 2 curated this flowchart, where they explained the sender as the first step in communication. The second step was encoding. Afterward, a message is decoded and then sent to the receiver. They emphasized message as the very crucial aspect of their communication flowchart. They mentioned noise affected the message in the communication flowchart. Then mentioned feedback as a channel from the receiver to the sender to convey any corrections that need to be made to make the

communication flow chart goes smoothly in the next cycle. They explained communication as a cyclic model rather than a linear one.

Team-3 curated this flowchart, where they explained the sender as the first step in communication. The second step was encoding. They highlighted the message as the third step in the process of communication. The team also mentioned channel as one of the steps of the communication process via the channel the message is received by the receiver after it's decoded. They created the communication channel loop such that sometimes information without even being reached by the receiver is sent to the sender via a feedback mechanism. They explained this communication channel through the NYAI process itself where the sender of this NYAI information was YSERHA. YSERHA then encoded the content i.e. messages as posts via our social media channels, we made it to the receiver i.e. the youth across the country interested in advocating about Abortion. The training and analysis is coded as decoding and the participants filling out the form has been metamorphosed as the feedback form.





One of the groups explained communication flow charts as a continuous form of information either in a one-way or two-way communication. They also mentioned lectures, and mass meetings as a one-way method of communication and group discussions, seminars, and panel discussions as a two-way method of communication. As described by them, communication starts with a piece of data which is then converted into information. This information is received from an authentic source and then sent to a sender which is then encoded and via the use of a different medium, it's then decoded and sent to a receiver. They also explained how noise present in the medium may affect the information that's sent from the sender to the receiver. They also mentioned the feedback mechanism which arrows from the receiver to the sender.

After the group discussion presentation, a few ideations were discussed by Prabina. Message is the core of all types of communication. She explained the whole concept of communication with a game between two teams where a piece of information was to be downscaled among all the team members for the first time in non-sequential order and for the second time in sequential order. It made the participants reflect on how the sequence of messages was important. Identifying and then understanding the target group was also highlighted as very important. She also explained the power of demonstration during the communication. She focused on how a message flow can be slow but needs to be such that it's complete so that the receiver gets a complete package of information. The participants thereby understood the communication flowchart and the importance of message and medium. Ms.Shreejana Bajracharya also had a few words on how social media could be used for advocacy. She also highlighted safeguarding in communication stating how important it's to maintain the privacy of an individual and how we also could respect the principle of harming participants. She shared an experience from one of the regional conferences on how big an issue of mis/dis information is.

## Session 11 - What does it mean to be pro-choice? by Dr. Suchitra Dalvie

This session was led by Dr. Suchitra Dalvie. The participants were able to understand how to Advocate for safe abortion as a choice and a right for women (with sex selection as an issue), how it is to be a change agent and the role of subversion. The session started with the concept of sphere of Influence and then was led with a discussion on different concepts like hegemony, heteronormativity, and submersion. There was a reflection of why all of us were here amidst our busy schedule rushing to attend sessions and doing group activities. She gave participants to reflect on why life exists and why one exists. One of the participants shared it was to explore more aspects of Sexual and Reproductive Rights and Health.



Another participant explained it was to bridge the gap between being aware to being empowered about SRHR. Dr. Suchitra Dalvie explained it as we being the change agents sharing change can start with us but doesn't end with us.

The concept of hegemony was highlighted in the session. Hegemony is the dominance of one group over another, often legitimating norms and ideas. The term hegemony is used as shorthand to describe the relatively dominant position of a particular set of ideas and the associated tendency to become commonsensical and intuitive, thereby inhibiting the dissemination or even articulation of alternative ideas.

Subversion was also discussed briefly in this session. It refers to a process by which the values and principles of a system in place are contradicted or reversed in an attempt to sabotage the established social order and its structures of power, authority, tradition, hierarchy, and social norms. Subversion can be described as an attack on the public morale and, "the will to resist intervention are the products of combined political and social or class loyalties which are usually attached to national symbols. Following penetration, and parallel with the forced disintegration of political and social institutions of the state, these tendencies may be detached and transferred to the political or ideological cause of the aggressor". Subversion is used as a tool to achieve political goals because it generally carries less risk, cost, and difficulty as opposed to open belligerency.

The journey from unwanted pregnancy to dignified fertility control, unsafe abortion to safe abortion, and lack of choices to informed choices all have been possible with someone questioning. Policy, Program, and People have thereby been claimed as the most necessary aspect. It starts with challenging the policies, then implementing the programs, and lastly people. She also highlighted the concept of "pro-life" actually being "anti-pro-life". She said what personal is political and then explained the spiral of the problem. After the session, participants had a reflection on how safe abortion is a choice and right of every person.

## Session 12 - Literature Review and Group Work

Some literature was distributed among the participants where they in detail went to the respective literature and then by discussion was done on 3 of the literature.

## Session 13 - Content Creation and Content Sharing

Participants divided themselves into 4 groups and then were given an hour where they had to brainstorm, discuss, and come up with any sort of content based on their learning from NYAI. All of the groups came up with very brilliant content.

One of our team came up with this very amazing drama where they depicted a story of a young married woman who was just on her way to pursue her dreams and her husband and mother-in-law didn't agree on her decision to abort. Her only support at that time was her best friend who took her to a hospital. Even in the hospital, the doctor was very judgemental regarding the married woman. This story reflects the true reality of married working women who get the ultimate pressure of giving birth to a child soon after their marriage and if she doesn't do as per their wish, she are violated.



## DEBUNKING

MYTHS

VS

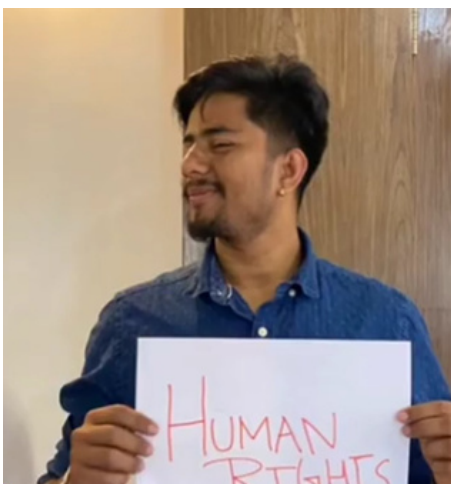
FACTS

Another team came up with this very informative myth Vs facts video. This video has myths and facts we have about abortion like

- "SRHR is just a ladies' night out issue"
- Contraceptives are secret agents plotting against your health"
- "CSE turns students into relationship daredevils"
- "People with disabilities don't need SRHR Education".

Our last group made an informative video where they asked different questions to themselves and each answered a word as an answer. The questions were

- "What comes to your mind when you hear the word safe abortion?"
- "If safe abortion were a superhero, what powers would you have?"
- "What fictional Character do you think will be the best advocate for safe abortion?"
- "In a world where safe abortion was a popular topic in movies, what would be the title of the blockbuster film?"





One of the teams depicted a drama with the story of an 18-year-old girl whose boyfriend ditched her and she got pregnant. She got to know she was pregnant only after 3 months of her pregnancy. She was mentally disturbed so she skipped her classes and one day her friend came to meet her and then she explained the whole scenario. They went to FPAN Nepal where she was counselled regarding the safe abortion service and what can be done afterwards. The health personnel explained to her the Safe abortion policy in the context of Nepal and afterward, she had her abortion and lived her life happily.



## **Outcome and Output**

After any training program, we must know the efficacy of such training and what can be done to achieve even better understanding, empathy, and impact on the part of those participants. To do so, there was a two-step evaluation process to observe the degree of sensitization of the participants in the issues aforementioned. The first step was a pre-workshop evaluation and the second was a postworkshop evaluation. They were given one form in each step with 16 identical questions and options to choose from.

## **Feedback**

On the third day, the participants were given feedback forms to fill out. The forms were divided into four general sections to make the feedback more specific. Each section had a blank space for comments and other feedback. They also consisted of several criteria to rank. For example: "The subjects were well chosen." They had to rank on the following basis:

- 1 – Not Applicable
- 2 – Strongly Disagree
- 3 – Disagree
- 4 – Agree
- 5 – Strongly Agree

## **Workshop Topics and Discussion**

In general, most participants thought that the workshop topics and discussions were up to the mark. The subjects were considered well chosen. The presenters also seemed knowledgeable and helpful. The design of the presentations was appropriate. It was also mentioned that due to a language barrier, one of the participants was unable to share and express their views properly.

## **Personal Value**

Almost every participant remarked that this workshop greatly helped them in terms of reevaluating and some instances, changing their values. They said that they have gained new knowledge and insights from the experience and that it would enhance the quality of their work as a result. They were all satisfied with the opportunity they had for discussion and participation. Most remarked that the amount of interaction between the participants and the presenters was good. Informal conversations with other participants also seemed somewhat beneficial.

## **Organization and coordination**

The participants expressed that perhaps the program could have been better organized and coordinated in certain instances. They said that the sessions were quite rigorous in terms of time. Technical issues, especially with the sound system and projector could also have been better addressed. Similarly, it was also suggested that the program could have been more inclusive with the participation from the intersectional background.

## **Plan of Action**

At the end of the workshop, all the participants were asked to make a plan of action for certain activities they could indulge in for the causes of SRHR advocacy. The session is supposed to be training for advocates, so they must use their acquired knowledge, insights, and skills for the betterment of the cause we all accept. The estimated timeline for the report submission of their respective events was set between a few weeks to a few months, within January 2024. Most participants said that they would conduct one or two events, with the tentative time frame ranging from a few hours to a few days per event. Some of the actions proposed are as follows:

- School Health Program
- Value Clarification
- Facilitating training workshops
- Community awareness sessions
- Podcasts
- Digital Series
- Articles on SRHR
- Poster making
- Community Outreach

## **Valedictory and Closing**

The participants of the Youth Advocacy Institute were awarded their certifications of participation. The first participant would confer the certificate to the second participant on the list, the second to the third, and so on. This was both a recognition of the new things they had learned and the commitment to work on these issues while meaningfully inculcating the things they picked up during the three days.

## **Conclusion**

The National YAI event serves as a platform for participants to explore critical discussions surrounding sexual and reproductive health, their associated rights, and the affected communities. It doesn't just provide information; it actively engages individuals in advocating for these causes.

Through comprehensive sessions, NYAI educates participants about accurate information on these vital topics. It encourages them to embrace diverse perspectives, fostering a deeper understanding of the broad impact and complexities involved. Moreover, the program equips participants with effective advocacy methods, empowering them to disseminate this crucial information efficiently.

