

Report: Youth Advocacy Initiative (YAI), Bhutan, August 2024

By: Asia Safe Abortion Partnership (ASAP) & Druk Youth Initiative for Sexual Advocacy (DYISA)



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1. BRIEF OVERVIEW

The 2nd Youth Advocacy Institute (YAI) Workshop took place in Thimphu, Bhutan, from August 16th to 17th, 2024. This two-day event aimed to equip and empower youth advocates with knowledge and skills in sexual and reproductive health and rights (SRHR), fostering activism in the region. Coordinated by the Druk Youth Initiative on Sexual Advocacy (DYISA) and organized by Asia Safe Abortion Partnership (ASAP), the workshop brought together young advocates eager to deepen their understanding of SRHR.

The agenda was structured across two days. On the first day, participants explored topics like gender, patriarchy, and sexism in mass media, followed by in-depth discussions on human rights and SRHR. The day concluded with a screening of the film "Dirty Dancing", which served as a thought provoking tool for reflection.

Day two began with a recap led by Dr. Dalvie, continuing into a more detailed session on the reproductive system's anatomy. Participants were then introduced to the intricacies of safe abortion practices and the challenges surrounding unsafe abortion. A panel discussion on intersectionality further enriched the day's dialogue.

The workshop concluded with a "power walk" exercise, allowing participants to reflect on the experience, followed by a reflection, feedback and valedictory session.

2. WORKSHOP GOALS

2.1 GOALS OF THE WORKSHOP

This workshop aims to create a community of empowered and sensitized youth champions who understand access to healthcare as a fundamental gender, sexual, reproductive, and human rights issue. The focus will be on equipping youth advocates with the knowledge and skills needed to address and advocate for healthcare access, in the context of sexual and reproductive health rights (SRHR) particularly safe abortion as a human right.

2.2 Participants

The workshop engaged a diverse group of 23 participants from all walks of life, ranging from individuals affiliated with Disabled People Organizations, LGBTQ++, to homemakers. The participants were between the ages of 18 and 31, representing a broad spectrum of experiences and backgrounds.

2.3 Facilitators

- Ms. Nandini Mazumder ASAP
- Ms. Ayesha Bashir ASAP
- Dr. Dalvie Suchitra ASAP (via Zoom)

2. DAY ONE

3.1 Opening and Introduction



Ms. Nandini began by introducing herself, Ayesha, and the work of ASAP and its co-founder, Dr. Dalvie. She welcomed the participants and explained the workshop's objectives.

To start, participants wrote their expectations for the workshop on post-it notes and shared them with the group. Following this, they engaged in an icebreaker activity where each person introduced themselves by stating their name and favorite animal. As introductions progressed, each participant had to recall and repeat the names and animals of those who had introduced themselves earlier.

3.2 Setting the Stage

- Discussion: Ms. Nandini led a discussion on, “why are we here?” The significance of addressing gender issues, power dynamics, and patriarchy”.
- Expectations: Participants noted learning goals and expectations.

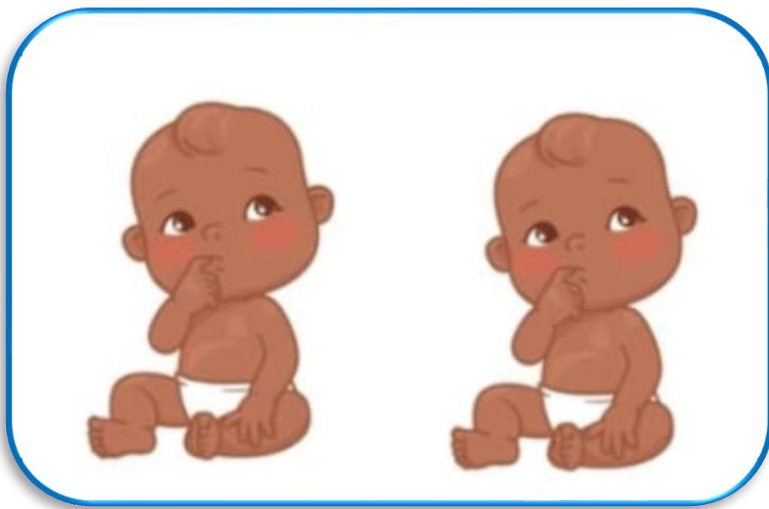
- Code of Conduct: Ground rules were established to ensure a respectful and productive workshop environment.

3.3 Gender, Power and Patriarchy

Understanding Gender and Patriarchy

Ms. Nandini started off the session by describing the distinction between sex and gender. She let the participants explore the social construction of gender and the role of patriarchy and also to understand how gender inequalities impact our lives one way or another.

The Twin Story



Ms. Nandini introduced a thought experiment where participants were asked to imagine a set of twins, Dorji and Wangmo, celebrating their first birthday. She then asked a question: What gifts would they typically choose for each child? The responses included items like guns, ball, PlayStation and blue clothing for Dorji, while Wangmo was often associated with dolls, kitchen sets, plushies and pink clothing. She then asked, "What behaviors and roles do we expect these children to take on as they grow older?"

Participants suggested that Dorji is generally expected to be strong, outgoing, confident and has a large social circle, while Wangmo is often seen as needing to be nurturing, polite, and capable in household tasks, has a low self-esteem, small circle, eventually growing into roles like wife, caregiver, and domestic worker.

One of the participants observed that these expectations are socially constructed, starting from a very young age. Gender roles are subtly reinforced through seemingly innocent actions, like the gifts we choose. For example, when a girl is given a doll, she is encouraged to embrace nurturing and caregiving roles. Similarly, when she's given a toy kitchen set, it signals that domestic tasks are her domain. On the other hand, boys receive gifts like balls or action figures, which promote strength, independence, and leadership.

Another participant added that these early signals go beyond toys, they shape how society views gender as a whole. It's not just about playtime; it sets the stage for how boys and girls are expected to behave, think, and interact with the world as they grow. Boys are often pushed towards being assertive and dominant, while girls are taught to be gentle, accommodating, and focused on family responsibilities.

We realized how deeply this conditioning runs as it influences not only the toys children play with, but also their future roles in society. From career expectations to how relationships are managed, these early distinctions continue to shape their lives. Even though these decisions might seem small or insignificant, they

contribute to maintaining traditional gender roles, limiting the potential of both boys and girls to explore beyond what society deems, “appropriate”.

3.4 Sex and Gender

To begin the session, Ms. Nandini started with the question, "What is gender?" The participants initially responded by identifying gender as male, female, and intersex. Noticing that many participants were unfamiliar with the term intersex, she provided further clarifications. She then asked if the participants could explain the difference between sex and gender. The group shared their understanding, explaining that sex is assigned at birth based on the baby's genitalia, while gender is a socially constructed concept tied to a person's identity and expression.

Building on this, she elaborated on how society expects different genders to behave or perform certain roles. For example, she noted how participants mentioned that in their households, women typically handle the cooking, yet in professional kitchens, men often dominate as chefs. She also touched on the relationship between sex and gender, emphasizing how they are interconnected yet, they are different and distinct in their own ways.

She further emphasized the societal expectations placed on women, with participants sharing their own perspectives on how women are often judged based on their roles within the household. They discussed how a "good" woman is often defined as someone who knows how to cook, clean, and care for the family, where as a woman who prioritizes her career or doesn't meet these domestic expectations is seen as a "bad" or selfish woman.

They also noted that men, on the other hand, are often excused for certain behaviors, such as coming home and being lazy because they are tired from work, or even cheating, as long as they are still seen as providers. This conversation highlighted how women are often financially dependent on men and seen as incapable of providing for themselves.

Participants also reflected on their experiences in Bhutan, observing that while women in urban areas tend to have more privileges, rural women face greater challenges. Despite this, discrimination against women persists in both settings. The women in the cities, though better off, still encounter societal pressure.

3.5 Femininity and Masculinity

When discussing about masculinity, femininity, and the conversation covering some common stereotypes associated with each other, the participants discovered some of the traditional stereotypes that are often affiliated to both aspects. This led to the emphasis on how societal norms and expectations influence perceptions of gender roles in the communities.

Masculine Traits:

- Strength: Physical strength, emotional resilience
- Dominance: Leadership, assertiveness
- Independence: Self-reliance, autonomy

- Rationality: Logical thinking, problem-solving
- Competitiveness: Ambition, drive to win
- Stoicism: Emotional restraint, self-control

Feminine Traits:

- Nurturing: Caregiving, empathy
- Receptivity: Sensitivity, emotional openness
- Cooperation: Collaboration, team-oriented
- Expressiveness: Emotional expression, communication
- Compassion: Understanding, supportiveness
- Gentleness: Kindness, softness

3.6 Power and the Social Construction of Normalcy

During the session, the concept of "normal" was examined in depth, revealing it to be a social construct shaped by societal norms rather than an inherent truth. These norms dictate what is considered a "normal" body, identity, or behavior, creating expectations that many feel pressured to meet. It became apparent that the idea of normalcy is a human-made standard, deeply embedded within societal structures and power dynamics.

Ms. Nandini shared her personal perspective, stating that by society's definition, she would not be considered "normal" because she does not conform to the expected norms and rules. She explained that anyone who challenges these societal expectations is often labeled as "not normal." This point resonated with many participants, as it highlighted how individuals who do not adhere to societal norms are often marginalized or seen as outsiders. She then asked the question to the group: "Do you consider yourselves normal?" The majority of participants responded that they did not want to be "normal," viewing normalcy as restrictive and, in their words, "boring."

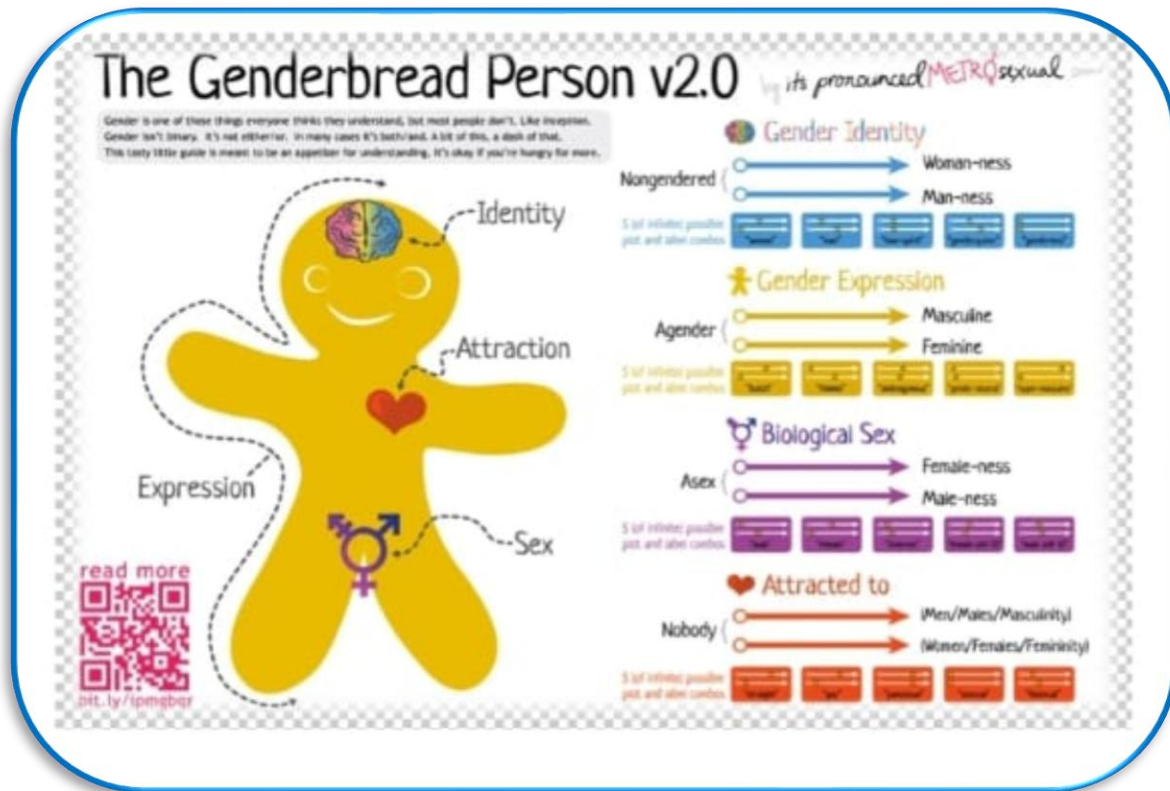
The participants elaborated that conforming to societal norms often means following rigid rules and expectations, which limit creativity and individuality. They expressed a desire to break away from these traditional frameworks, challenge the rules, and create their own standards. This collective sentiment emphasized the importance of thinking outside the box and crafting "better" rules, ones that embrace diversity and allow for more freedom of expression.

The discussion around gender further underscored these points. "Heteronormativity", the assumption that heterosexuality and CIS is the default or "normal" sexual orientation was identified as a prime example of how societal constructs limit individual expression. Participants from the LGBTQ+ community shared how such norms marginalize those who do not fit into this binary framework of gender and sexuality. The notion of "normal" in this context was seen as an exclusionary force that fails to acknowledge the full spectrum of human identity.

Similarly, the issue of disability was examined through the lens of normalcy. Disabilities are often viewed as deviations from societal expectations of what constitutes a "normal", body or mind. This perspective leads to exclusion and discrimination against individuals with disabilities. It became clear in the discussion that the problem lies not in the existence of disabilities but in the societal frameworks that define and reinforce what

"normal" means. These arbitrary standards further marginalize people who do not fit within their confines. Throughout the session, participants consistently rejected the notion of striving to be "normal." They saw it as a societal construct that limits individuality and diversity, preferring instead to think creatively, challenge traditional rules, and establish new norms that are more inclusive and empowering. The discussion reinforced the idea that "normal" is not a goal to be pursued, but a construct to be critically examined and redefined.

3.7 Gender Bread Person V2.0



In this session, Ms. Nandini explored "The Gender Bread Person v2.0", and explained how this diagram helps us understand the complexity of gender and sexuality. The diagram breaks things down into four main areas: gender identity, gender expression, biological sex, and attraction.

Gender identity is about how people see themselves inside – whether they identify more with "Woman-ness", "Man-ness", or somewhere in between, including identities like "non-gendered". Gender expression is how people show their gender to the world, through things like clothing, behavior, and hairstyle. This can range from "masculine" to "feminine", and there are lots of other ways to express gender too.

She also highlighted the ongoing issues related to gender inequality, such as the challenges women face in reaching top executive positions. Despite rising through the ranks, many women still face barriers to becoming CEOs because of lingering biases that question their capabilities. This problem extends to leadership roles globally, where heads of states are predominantly men. She emphasized that while not every woman is suited for leadership, the lack of opportunities for women and the notion that only men can lead persist.

Additionally, she pointed out the impact of the COVID-19 pandemic on women's participation in the workforce. The pandemic exacerbated existing inequalities, with many women losing their jobs and being pushed out of the workforce, particularly in countries like Bangladesh. The reduction in women's workforce

participation and the increased number of women staying at home reflect a significant setback for human rights and feminism.

Her insights underscored that gender and sexuality are fluid and evolving concepts. They challenged traditional binary views and highlighted the need for ongoing recognition of these issues, as well as the need to address the persistent inequalities affecting women.

3.8 Who is the CEO?

In an experimental video titled "Who is the CEO? Ms. Nandini asked participants to share their thoughts on the scenario. The participants reflected on their own biases, admitting that they had initially assumed the CEO to be an older man who casually referred to the younger individual as "son". Some participants speculated that the CEO could be the other father in a same-sex parenting situation, or possibly an uncle. However, no one considered the possibility that the CEO could be the mother.

She pointed out that this oversight is rooted in patriarchal conditioning, where leadership and success are often associated with men. She emphasized that this reflects deeply ingrained societal norms that dictate who we imagine in positions of power.

She urged the group to challenge these assumptions, highlighting that patriarchy not only limits our view of who can succeed but also reinforces harmful stereotypes about gender roles and abilities. By expanding our perception of leadership beyond these traditional frameworks, she argued, we can foster more inclusive and equitable environments where anyone regardless of gender can be seen as a leader or CEO.

This discussion led participants to reflect on how patriarchy shapes not just their thinking, but broader societal attitudes, and the importance of actively questioning and dismantling these biases.

3.9 Little Casanova

In this session, Ms. Nandini led the discussion by presenting a video titled "Little Casanova", featuring a young boy mimicking adult flirtatious behavior. When asked for their thoughts, most participants expressed discomfort. Some questioned the boy's upbringing, pondering what might have influenced such behavior at a young age. Others deemed it inappropriate for children to act in this manner, while a few highlighted the privilege boys have over girls, even from an early age.

She then posed a thought-provoking question: how would the participants react if the video featured a girl instead of a boy? This elicited even stronger reactions, with many participants feeling extremely uncomfortable. Concerns were raised about the potential for pedophiles to misuse such content to exploit children. Additionally, participants noted that if it had been a girl in the video, she would likely have faced shame or criticism for behaving flirtatiously, whereas boys are often praised for their boldness in similar scenarios.

She explained that the video illustrates how masculinity is shaped and imposed on boys from an early age. This social conditioning often robs them of the chance to express emotions, sensitivity, or vulnerability. Instead, they are pushed to adopt a tough, dominant persona which could lead to violence later in life.

3.10 Patriarchy and its Origins

Ms. Nandini led the discussion by defining patriarchy as a social system in which men hold dominant power in leadership, political spheres, and control of resources. She explained that patriarchy dates back to ancient societal structures where male-dominated panels made decisions, and history itself was shaped by and for men, often sidelining women's contributions.

The conversation then shifted to how patriarchy rewards and punishes individuals based on how well they conform to societal gender expectations. One participant pointed out how women are often driven to mental exhaustion by societal pressures, as they are expected to balance professional, domestic, and emotional labor. These unrealistic expectations can lead to burnout, anxiety, and even depression, illustrating how society punishes women for not adhering to these demanding roles. Another participant added that patriarchal norms encourage women to internalize guilt and shame when they fail to meet these standards, further trapping them in a cycle of self-blame.

On the subject of patriarchal punishments, the discussion touched on the prevalence of marital rape. Ms. Nandini highlighted how, in many places, marital rape is not only common but legally permissible. The laws protect men's rights over their wives' bodies, a clear manifestation of patriarchy's grip on private life. This reality underscores how patriarchy controls women's bodies, reinforcing the notion that wives are the property of their husbands rather than autonomous individuals.

Participants also explored the concept of patriarchy's rewards. Ms. Nandini explained that women who conform to traditional roles those who are nurturing, submissive, and prioritize family over personal ambitions are often praised and held up as role models. These women might receive approval from society, but at the cost of their own autonomy and freedom. Conversely, women who step outside these roles whether by focusing on their careers, expressing their sexuality openly, or challenging gender norms face criticism, marginalization, and even violence.

The discussion then moved to the six stages of patriarchy, which she outlined to provide a broader understanding of how patriarchal systems develop and maintain their hold on society. Participants discussed the initial stage, where patriarchy starts by controlling women's reproduction and sexuality, ensuring that women remain bound to family structures. In later stages, patriarchy infiltrates religion, politics, and economics, creating a framework where men continue to dominate positions of power. Another stage involves the use of legal systems to reinforce patriarchal control, such as restricting women's rights to property, inheritance, and bodily autonomy.

She brought up a specific example of how Nepalese women were historically denied the right to marry foreigners and pass citizenship to their children, while men were not subjected to the same restrictions. This highlighted how patriarchal laws operate to control women's bodies and limit their freedom in both the public and private spheres.

Another key point discussed was the gender-based pay disparity. One of the participants highlighted how chores, particularly unpaid domestic work, are not recognized as legitimate labor. Ms. Nandini provided the example of working women who are still expected to return home and handle household chores, while men often justify resting after their jobs, further perpetuating the imbalance in labor division within the household.

This session also touched on how patriarchy intersects with other oppressive systems, like the caste system, which disproportionately affects women from marginalized groups. These intersections create layers of oppression, where patriarchal structures are even harder to dismantle for women at the intersection of gender, class, and caste.

Finally, the "pink tax", where participants discussed how this practice of pricing products for women higher than similar products for men is a modern form of economic exploitation. It represents how patriarchy extends into consumer culture, making it more costly to simply exist as a woman.

In conclusion, the discussion highlighted how patriarchy operates through both rewards and punishments, manipulating societal roles and creating a system that upholds male dominance across various spheres of life. The interconnected nature of public and private patriarchy was evident in the numerous examples discussed, emphasizing the pervasive influence of this system across generations and cultures.

3.11 Understanding Sexism in Mass Media

Ms. Ayesha started the session by asking the participants whether they thought media simply reflects societal values or actively shapes and influences societal norms. This question sparked an engaging discussion, with some participants arguing that media mirrors societal behaviors, reinforcing existing values and stereotypes. Others, however, suggested that media has the power to shape public perception, often reinforcing harmful societal norms in the process.

The conversation soon turned to gender stereotypes and how they are depicted in mass media. Ms. Nandini, recalling an earlier conversation with one of the participants, introduced examples from the Bhutanese cinema, including films like, "Travelers and Magicians", and "Hema Hema". Participants analyzed these movies and noted how they reinforce traditional gender roles. One participant mentioned that despite their artistic merit, these films failed to break free from stereotypical depictions of men and women, limiting their broader acceptance in the Bhutanese society.



She added to the conversation, stressing that even seemingly positive stereotypes like women being nurturing or men being strong can be confining. Several participants echoed this view, discussing how these stereotypes have restricted them in their personal and professional lives by boxing them into specific roles. One participant provided a notable example, saying, "In Bhutan, there are three L's you need to watch out for when driving: Lams (monks), learners, and ladies." This comment suggested that women are often stereotyped as poor drivers, perpetuating a widely held belief rooted in gender bias.

She then highlighted that the internalization of such stereotypes often begins from childhood and then gets expanded; not just through media, but also through family expectations, education systems, and everyday interactions. She explained how media plays a critical role in embedding these beliefs, often without audiences realizing it. Building on this, one participant shared the example of Imane Khalif, the Algerian boxer who competed in the 2024 Paris Olympics. Khalif faced public outrage after being falsely labeled a Trans woman, with prominent figures like Donald Trump, Elon Musk, and J.K. Rowling making uninformed claims about her on social media. This incident, they noted, showed how media and societal reactions can marginalize women, especially when they break traditional gender roles.

Expanding the discussion, Ms. Ayesha also addressed how even modern media tends to box women into extreme stereotypes either carefree and fun or deeply serious and feminist. Participants observed that female characters are often portrayed either as passive figures or as fighters for justice, with little in-between. She pointed out the lack of nuanced portrayals of women in leadership, business, or roles typically dominated by men, even though history has countless examples of women excelling in these areas. One participant brought up how, even in everyday marketing, products for women are often presented in a way that trivializes their interests, using pink packaging or emphasizing fun rather than substance.



The group also explored how media continues to perpetuate certain stereotypes through the way content is marketed. Ms. Ayesha encouraged participants to compare movies, shows, and even products targeted toward men versus women, and reflect on how these distinctions reinforce societal expectations.

The conversation expanded into the depiction of women in popular films, with participants engaging in a lively discussion about portrayals in both Indian and Bhutanese cinema. Indian films like *Mother India* and *Dilwale Dulhania Le Jayenge* were highlighted, showcasing how women are often depicted as either maternal or self-sacrificing or vilified for displaying independence. These portrayals were seen as reinforcing narrow expectations of femininity, leading to societal judgment for women who deviate from these roles.

A participant drew comparisons with Bhutanese media, noting that women are frequently portrayed in secondary or traditional roles, rarely shown in positions of authority or independence. For example, the Bhutanese film “*The Perfect Girl*”, which tells the story of a sex worker, was discussed. The participant highlighted how this film, while addressing the complexities of a marginalized role, also risks reinforcing stereotypes about women's worth being tied to their social status or personal struggles.

The conversation took a deeper turn when Ms. Ayesha brought up the sexism still present in vintage advertisements. She showed an old coffee ad where a man was depicted spanking his wife with the tagline: “If the husband ever finds out.” This provoked a broader reflection among the participants about how domestic violence and sexism were normalized in older media, and although the representation of these issues has evolved, subtle forms of sexism continue to persist today. Some participants also discussed how modern ads and memes trivialize serious issues, reinforcing damaging gender stereotypes that can perpetuate gender-based violence and rape culture.



In a segment focused on sports journalism, Ms. Ayesha highlighted how female athletes are often objectified, with the media focusing more on their appearance or personal lives than their achievements. The group reflected on the contrast between how male and female athletes are portrayed, exposing the gender bias deeply ingrained in sports journalism.



Toward the end of the session, she encouraged participants to be more critical of the media they consume, to remain conscious of its biases, and to challenge harmful stereotypes whenever possible. She stressed the importance of understanding the motivations and agendas behind media content, urging everyone to question the narratives being presented. By critically engaging with media, the group agreed that they could become more aware of the stereotypes that influence society's views on gender and begin to dismantle these limiting narratives in their own lives.

Human Rights, Sexual and Reproductive Rights.



In this session led by Ms. Nandini, the concept and various aspects of SRHR were explored through an engaging group activity. The participants were divided into four groups, each tasked with defining one of the following areas: 'Sexual Health,' 'Sexual Rights,' 'Reproductive Health,' and 'Reproductive Rights.' They were given 10 minutes for discussion before presenting their insights. This section highlights their presentations and the subsequent discussions that took place.

Below are the key points from their group discussions and presentations.

Group 1: Reproductive Health

The discussion on reproductive health began with the group defining it as maintaining both physical and mental well-being through safe and responsible sexual practices. They emphasized that the concept is broader than just physical health, and mental well-being is just as critical. The group pointed out that while some resources, such as contraceptive tools, sex education, and counseling, are available, they felt more could be done, particularly in rural areas. Hospitals and Basic Health Units (BHUs) provide services, but access remains limited in many parts of the country.

The conversation then shifted to what should be improved. There was a general agreement that reproductive health services should be made free and that more awareness around SRHR is needed. One participant raised the issue of infertility and the lack of attention it receives in Bhutanese society, particularly concerning options like egg freezing. Another highlighted the barriers marginalized groups face in accessing these services, with several participants agreeing that these gaps need to be addressed.

Group 2: Reproductive Rights

The discussion on reproductive rights was lively, with participants agreeing that these rights include the ability to make informed decisions about reproduction, such as family planning, access to healthcare, and abortion. One group member noted that, while Bhutan offers some rights, such as access to sex education and sterilization, abortion is only legal under certain conditions, which can limit people's choices.

The group also raised the importance of breaking stereotypes related to sex and its education, expressing frustration with the taboo surrounding these topics. They discussed the need for more awareness around contraceptive use and the potential side effects of oral contraceptives, with one participant emphasizing the importance of spreading knowledge about reproductive rights to all, regardless of age or marital status. The group also touched on the right to choose not to have children, which led to a broader discussion about the societal pressure to conform to traditional family roles.

Group 3: Sexual Health



When it came to sexual health, the group defined it as providing essential health services related to sexual well-being. Participants acknowledged that while some resources like condoms, contraceptive pills, and family planning are available, awareness about these services remains limited. They felt that the current system doesn't reach everyone, especially when it comes to HIV and STD screenings.

A participant noted that there should be more comprehensive services and easier access to health screenings, particularly for those in rural areas. Another brought up the need for more education on menstrual hygiene and safe contraceptive use. The group discussed the importance of accountable systems and reducing legal barriers that prevent people from making personal choices about their sexual health. One participant mentioned that all individuals over the age of 18 should have access to sexual health services, regardless of gender or social background, which received widespread agreement.

Group 4: Sexual Rights

The final discussion on sexual rights revolved around the importance of consent, gender rights, and access to sexual education. The group defined sexual rights as the right to communicate and make informed decisions about sex. A participant brought up the lack of openness in society when it comes to discussing sex, noting that this needs to change for people to feel more comfortable asserting their rights.

The group emphasized that parents, not just schools, should take an active role in providing sexual education at home. One participant mentioned how society tends to be judgmental about sex, especially when it comes to young people, and this needs to be addressed to create a more open environment for discussions. Another pointed out that access to sex education should not be limited to schools but should be readily available

through other channels as well. The conversation ended with a discussion on safe abortion policies and the need for more support around hormonal replacement therapy (HRT), which is currently not as accessible as it should be.

The Story of Human Rights: What are human Rights?

A video on Human Rights and how it came to existence was shown and the discussion centered on sexual and reproductive health and rights, which are fundamentally rooted in human rights principles. These rights emphasize that everyone deserves to live with dignity, free from fear, coercion, and violence. Importantly, these rights are universal and equal no one's rights are more important than another's, regardless of gender or any other factor. We are all entitled to the same respect and protection.

Needs and Rights



Participants, along with Ms. Nandini, discussed the differences between needs and rights. They noted that needs, such as food and shelter, are essential but may not always be consistently met. Rights, on the other hand, empower individuals to choose how to fulfill these needs and provide legal protections.

She highlighted that a needs-based approach might lack the legal consistency seen in a rights-based approach. For instance, in India, the government can seize private property, showing the limitations of merely addressing needs.

Participants also discussed the difference between "Fatima needs an abortion" and "Abortion is Fatima's right." One participant remarked that the first statement implies dependency on others' goodwill, while the second asserts Fatima's personal choice and entitlement. Ms. Nandini elaborated that a need often requires external approval or charity, whereas a right empowers individuals to claim it and advocate for it.

The group agreed that a rights-based approach is more effective. Rights are governed by legal standards, offering better protection and adaptability to change. This ensures that individuals have consistent support and legal recourse. While needs are important, rights provide a stronger and more reliable framework for ensuring dignity and equality.

Values Clarification

Ms. Nandini began the session by asking the participants, **“What do you understand by the term ‘values’?”**

The participants mentioned;

- Important: Values are often seen as crucial or essential.
- Honest: They can reflect honesty and integrity.
- Worth: Values denote something of worth or significance.
- Principle: They guide principles and ethical behavior.

Ms. Nandini then asked, **“What do these values lead to? Why are they important?”**

Participants responded;

- Power: Following values can empower individuals and gain societal acceptance.
- Morality: Values act as a moral compass, distinguishing right from wrong.
- Confidence: Values provide confidence and a sense of belonging in society.
- Meaning: They add meaning and direction to one’s life.

Ms. Nandini summarized that values are crucial because they shape our identity, guide our actions, and influence how we interact with others.

Statement Experiment

Ms. Nandini and Ms. Ayesha presented the group with a series of statements and solicited participants’ opinions, including their agreements or disagreements and the reasons behind their views.

1. A woman should stay with her husband even if he beats her, because he truly loves her.

Nandini presented a challenging question to the participants: **“A woman should stay with her husband even if he beats her, because he truly loves her.”**



participants overwhelmingly disagreed with this statement, with 90% expressing strong objections. They emphasized that violence is never an acceptable expression of love. If someone genuinely loves another person, they would never use physical harm as a means of communication or control. Instead, love should be demonstrated through respect, understanding, and care.

They further discussed that conflicts should be resolved through dialogue and constructive communication rather than resorting to violence. Seeking to understand and address issues through respectful conversation is a more appropriate and effective approach.

The group agreed that the idea of staying in an abusive relationship under the guise of love ignores the fundamental right of individuals to live safely and with dignity. Everyone deserves to be in a relationship where they are treated with respect and where their safety is prioritized. Thus, the statement reflects a misunderstanding of what constitutes a healthy and loving relationship and highlights the need to challenge and reject such harmful beliefs.

2. A sex worker cannot be raped.

Most participants disagreed with the statement, asserting that rape is unacceptable regardless of whether someone is a sex worker or not. They emphasized that, from a human rights perspective, every individual has the right to live free from violence and to have their consent respected. Participants noted that sex workers, like anyone else, are entitled to bodily autonomy and dignity.

In discussing financial transactions, participants underscored that sex work, like any other service, is based on mutual agreement and consent between the provider and the client. Just as a service provider in any industry has the right to refuse service or withdraw consent, so does a sex worker. The nature of the transaction does not negate the need for respect and consent. Human rights principles affirm that consent must be honored in all interactions, and rape is a fundamental violation of these rights. This principle reinforces the necessity for respect and dignity for all individuals, emphasizing that no one should be subjected to violence or coercion.

The discussion also touched on the legal context of sex work in Bhutan. Participants highlighted that although sex workers can technically pursue legal action, they face significant risks because sex work remains illegal and criminalized. This legal status makes sex workers vulnerable to exploitation by law enforcement, who may misuse their power against them.

Ms. Nandini referenced similar issues in India, where the ambiguous legal status of sex work leaves sex workers exposed to exploitation by authorities. In India, law enforcement personnel sometimes take advantage of sex workers due to this legal gray area. Ms. Ayesha added that sex workers often find it difficult to seek help from law enforcement, increasing their risk of exploitation. This illustrates how legal frameworks can fail to protect sex workers and often contribute to their marginalization and abuse.

Ms. Ayesha also pointed out a critical issue: in legal and societal contexts, the focus is often disproportionately on questioning and scrutinizing sex workers, while clients generally remain unexamined. This imbalance further stigmatizes and marginalizes sex workers, exacerbating their vulnerability and reinforcing a system that fails to address the broader dynamics of exploitation and abuse within the industry.

3. Woman who have HIV/AIDS should not have babies.



This statement sparked a significant discussion among participants. Nearly half agreed with the statement, largely due to limited knowledge about HIV and AIDS. They expressed concerns about the high risk of transmission from mother to child and suggested adoption as a safer alternative.

However, the other half of the participants, who had a better understanding of HIV and AIDS, disagreed. They emphasized that women living with HIV/AIDS have the right to motherhood, just like anyone else. They pointed out that with modern medical interventions, the risk of transmission from mother to child can be significantly reduced. For instance, antiretroviral therapy (ART) can lower the viral load to undetectable levels, greatly minimizing the risk of transmission during childbirth. Additionally, alternatives to breastfeeding, such as formula feeding, can further reduce the risk of transmitting the virus to the child.

Participants who disagreed with the statement also highlighted that many women with HIV/AIDS successfully have healthy children by following medical guidelines and precautions. They stressed the importance of access to proper healthcare and support for these women, ensuring they can make informed decisions about their reproductive health without being unfairly restricted.

This discussion underscored the need for comprehensive education on HIV/AIDS to dispel myths and reduce stigma, allowing for a more informed and supportive approach to reproductive rights for those living with the virus.

4. A woman should be able to have an abortion even if her husband wants to continue the pregnancy.



In the discussion surrounding the statement, majority of the participants strongly agreed that a woman should have the right to decide over her own body. They emphasized that since it is the woman who carries the child and is often expected to take on the primary caregiving role after birth, her choice should take precedence.

Participants pointed out that, in many cases, fathers do not equally contribute to child-rearing or household chores, especially when they assume the role of the financial provider, returning home too tired to engage in caregiving.

However, some participants disagreed, arguing that the decision to terminate a pregnancy without the husband's consent might violate his rights. They raised concerns that a man may never have the opportunity to become a father if his partner insists on abortion repeatedly. From this perspective, participants felt that the woman's decision should consider the family's well-being and the father's emotions, as he also contributed to creating the child. The question of the father's choice and his feelings about the pregnancy were seen as important factors.

Ms. Nandini introduced a thought-provoking scenario, asking how the participants would feel if a man sold the family home without consulting his partner. This led one participant to suggest that the pregnancy could be a form of entrapment, where a violent partner may use the child to control the woman. In response, Ms. Nandini countered with the example of a loving husband eagerly awaiting the birth of his child. This sparked another participant to argue that even in this case, patriarchal values might pressure a woman to give birth simply because the man wants it, while her voice is marginalized.

Ms. Ayesha further elaborated, noting that in debates about abortion, the father's choice is often brought up, but advocates must remember that it is ultimately the woman's body that undergoes significant changes during pregnancy. She will bear the physical, emotional, and lifelong responsibilities of childbirth. Ms. Ayesha also stressed that post-birth challenges, like postpartum recovery and the lifelong commitment of raising a child, need to be central to these discussions.

Ms. Nandini added that this is a complex issue because in many cases, women seeking abortions are often asked if they have their husband's consent or whether he is aware of their decision. While such consent is not legally required, it reflects the prevailing societal mindset that prioritizes the husband's wishes, highlighting the need for broader awareness and support for women's reproductive autonomy.

This discussion revealed strong agreement among the participants that a woman's right to her body should take precedence in the matter of abortion. The participants highlighted that it is the woman who undergoes the physical and emotional changes during pregnancy, and who is often expected to bear the primary responsibility for childcare. Many argued that if a man's rights are seen as being violated by a woman's decision to have an abortion, then it raises a critical question: Does this imply that the woman's right to her own body is of lesser value than the man's right to fatherhood? Should a woman be tied down to family obligations, sacrificing her own needs and desires simply because the man wants to continue the pregnancy? These questions underscore the importance of centering the woman's autonomy in reproductive health decisions, reinforcing the idea that while family and partnership are important, they should not come at the cost of a woman's agency over her own body.



The Dirty Dancing

The day concluded with a screening of the movie “Dirty Dancing”, after which the participants were asked to reflect on the themes of the film in preparation for a discussion on day two.

4. DAY TWO

4.1 REFLECTION:

After a full day of discussions and presentations, the second day began with a reflection exercise led by Ms. Nandini. Participants were given two minutes to reflect on key moments from the previous day that had resonated with them. Dr. Dalvie joined via Zoom to help lead the discussion, guiding the participants as they shared their insights and reflections. This set the tone for deeper engagement as the day’s sessions unfolded.

During the reflection, participants shared some key insights from the previous day. Several expressed how, despite having basic knowledge of SRHR and patriarchy, they gained a much deeper understanding of the root causes and potential actions to address them. One participant had a significant realization about how mass media often glorifies the oppression of women under the guise of positive representation. The participant reflected on how they had previously viewed media portrayals of women, whether soft and nurturing or strong and serious—as progressive, but now recognized the underlying tones of oppression and patriarchy.

The most powerful moment came from a participant who didn't just speak about what he had learned but how he had already applied it in his life. He shared that he recognized toxic masculine traits in himself and realized that he had been the dominant partner in his relationship. He thanked his partner for her sacrifices, acknowledging her patience, and promised to take better care of her moving forward. His partner, deeply moved by the acknowledgment, cried out of happiness for finally being seen and heard.

Ms. Nandini reflected on the varying levels of patriarchy across societies, noting that India could learn a lot from Bhutan. She observed that while patriarchy persists in Bhutan, the country has made significant strides in gender equality and in promoting marriages by choice. This contrasts with India, where about 95% of marriages are still arranged within specific caste, community, and class structures. This comparison highlights the potential insights Bhutan's approach could offer to India.

Dr. Dalvie shared a recent article she read about millennia's returning to traditional matchmaking due to frustration with online dating. Many are now asking their parents to find a partner because they are exhausted from navigating dating sites. This shift back to traditional methods underscores the persistence of old societal structures and offers a thought-provoking perspective on how these systems endure despite modern changes.

Building on Ms. Nandini's insights, Ms. Ayesha reflected on her learning about marriage practices. In Bhutan, there are no traditional identity markers for married women, such as the Sindoor or Mangalsutra seen in South Asian cultures, making marital status less visible. Additionally, Bhutanese men typically move into their spouse's home after marriage, rather than the women relocating to the husband's family. Ms. Ayesha also noted the growing influence of Indian culture, particularly Bollywood, on Bhutanese practices, such as the adoption of surnames for children, which was previously uncommon.

4.2 Dirty Dancing

Participants highlighted that Dr. Jake Houseman, an upper-class character, embodies white supremacy and class distinctions. His control over Baby underscores a patriarchal dynamic where his authority and social status significantly influence the story's decisions. Although he asserts at the end of the film that he is a "good man," some participants noted that this claim of goodness is situational and primarily extended to those within his upper-class circle. This reveals a limited and convenient moral stance that fails to address broader social inequalities.

Robbie Gould's actions further illustrate class and gender discrimination. As a member of the resort staff, Robbie manipulates his social position to exploit Penny and evade responsibility for his actions. His refusal to support Penny after she becomes pregnant underscores the intersection of class privilege and gender-based exploitation. Robbie's dismissive attitude towards Penny's needs illustrates a broader societal disregard for the challenges faced by women of lower socioeconomic status.

Baby Houseman, despite her upper-class status, faces significant gender discrimination and social ostracism. Participants pointed out that she is often underestimated and controlled by those around her, particularly in the context of her relationship with Johnny. Her personal growth and defiance of societal norms challenge the expectations imposed upon her, revealing how gender biases can impact women even within privileged social

classes. Baby's assertiveness and choices are met with resistance, highlighting the limitations imposed on women by patriarchal structures.

Participants also noted how Baby is contrasted with the other Ivy League students in the film. Baby's academic aspirations and intellectual pursuits are set against the backdrop of the more privileged and often aloof Ivy League students who are portrayed as more elitist and disconnected. This comparison highlights Baby's genuine interest in social justice and her willingness to challenge her privileged upbringing. While the Ivy League students are depicted as conforming to and benefiting from societal norms and class privileges, Baby's interactions with them reveal her internal conflict and desire for personal growth beyond her sheltered environment.

The contrast between Baby and the Ivy League students is further emphasized through her interactions with Johnny Castle. Baby's relationship with Johnny exposes the superficiality and narrow-mindedness of her peers, who are largely depicted as maintaining their social status and indulging in their privilege. In contrast, Baby's genuine connection with Johnny and her willingness to stand up against her father's prejudices show a deeper level of personal integrity and empathy. This contrast underscores the film's critique of elitism and the value of personal growth over mere social status.

Johnny's relationship with Baby is also complicated by how Baby treats him. Participants observed that Baby initially treats Johnny with a mix of fascination and condescension, reflecting her own internalized class biases. Although she is drawn to Johnny's charisma and talent, Baby's early interactions with him can be somewhat patronizing, as she struggles to reconcile her attraction to him with her privileged background.

Despite this, Baby's feelings for Johnny evolve, and she eventually shows genuine respect and affection for him. Her willingness to challenge her father's authority and societal expectations for Johnny's sake demonstrates her personal growth and the depth of her commitment to their relationship. However, some participants noted that Baby's transformation from seeing Johnny as a charming "project" to truly valuing him still reflects an element of class-based idealization, where her support for Johnny is partly driven by a desire to prove her own rejection of societal norms.

Moreover, Baby's actions towards Johnny, including her advocacy for him during the climax, signify her recognition of his worth and a shift away from her initial biases. This evolution in her treatment of Johnny underscores the film's exploration of how personal connections can challenge and ultimately transcend class prejudices. Yet, it also highlights the complexities of how class dynamics influence relationships and the struggle to balance personal feelings with societal expectations.

Johnny Castle, who comes from a working-class background, faces both class-based and gender-based discrimination. Throughout the film, Johnny is subjected to derogatory stereotypes and social prejudice due to his economic status. Moreover, when he is sexually exploited by an older, wealthy woman, his experience is trivialized by societal expectations that suggest he should have been willing or even grateful for such attention. This portrayal reinforces harmful gender stereotypes and diminishes the seriousness of his experience.

Furthermore, Johnny's struggles are compounded by societal biases that label him as less respectable due to his working-class origins. His efforts to assert his worth and his struggle against prejudice underscore the challenges faced by those from lower socioeconomic backgrounds. His eventual acceptance and the respect

he earn come only after he proves himself through personal and professional achievements, reflecting a broader narrative about class-based discrimination.

Finally, Marjorie Houseman, the mother, remains largely absent from the film until her intervention at the climax, challenging her husband's decisions. This late intervention highlights the limited agency of female characters within the patriarchal framework of the film, emphasizing how women's voices and contributions are often marginalized until they become pivotal in resolving conflicts.

These insights reveal how "Dirty Dancing" not only addresses romantic and social issues but also critiques the intersection of class, gender, and power dynamics in a patriarchal society. The film provides a complex portrayal of these themes, illustrating how various forms of discrimination intersect and impact the lives of its characters.

4.3 Menstruation, Conception and Contraception

Dr. Dalvie gave a detailed session on human reproductive anatomy covering the following key points:

Female Reproductive System:

- Uterus: Expands during pregnancy to hold a fetus.
- Fallopian Tubes: Connect ovaries to the uterus, through which eggs travel.
- Ovaries: Release eggs monthly, with one egg typically fertilized per cycle.

Male Reproductive System:

- Testes: Produce and mature sperm.
- Vas Deferens: Transports sperm to the urethra.
- Vasectomy: A minor procedure that cuts the vas deferens to prevent sperm from exiting the body.

Dr. Dalvie further emphasized on;

Contraceptive Methods:

- Natural Methods: Includes abstinence, withdrawal, and calendar methods. These are less reliable and do not protect against STIs.
- Modern Methods: Condoms (male and female): Must be used correctly and consistently.
- Diaphragms: Less commonly used.
- Surgical Sterilization: Permanent methods like tubal ligation or vasectomy.
- Intrauterine Devices (IUDs): Highly effective, placed by a provider.
- Hormonal Methods: Includes injections (e.g., DMPA), patches, oral contraceptive pills, and hormonal IUDs. They work by preventing ovulation and thickening cervical mucus.
- Emergency Contraception: Must be taken within 24 hours to be most effective, up to 5 days. It does not protect against STIs and should not be used as a regular method.

Effectiveness and Use:



Perfect Use vs. Actual Use: The failure rate of contraceptive methods can vary between perfect and actual use. Methods like IUDs have a consistent effectiveness regardless of user behavior, while methods like oral pills require strict adherence to be most effective. Post-Abortion Contraception: Contraceptive methods should be provided immediately after an abortion to prevent subsequent unintended pregnancies.

Dr. Dalvie also talked about how historically, advocating for contraception faced significant challenges. In the 1920s, women distributing birth control pamphlets in New York were arrested for obscenity. Their bravery in the face of adversity paved the way for modern discussions on contraception. Similarly to that Raghunath Rangdo Karve, a professor in Mumbai, faced severe professional and financial difficulties for his work on contraception through his magazine, Samaj Prasad. His sacrifice highlights the struggles faced by early advocate.

This overview underscores the importance of understanding both historical context and the variety of contraceptive options available to support informed choices and promote effective reproductive health.

After the presentation, Dr. Dalvie held a question-and-answer session with the participants. During this time, they asked pertinent questions, and Dr. Dalvie provided answers, addressing their concerns and clarifying any doubts they had.

Some of the key questions are;

Q.1 Are emergency contraception pills bad if we take it daily or more frequently?

A. Emergency contraception, as I said, the important thing is to take within 24 hours ideally, but you can take up to 5 days. Not 100% effective, no protection from STI and HIV. Repeat use is absolutely safe, but if somebody needs to use emergency contraception repeatedly, then maybe they need a regular one.

Q.2 Is a medical checkup necessary after a medical self-managed abortion, as many girls skip it?

A. It's hard to give a simple yes or no answer to this question because it depends on the stage of the pregnancy when the abortion took place. For a later-stage pregnancy, a follow-up checkup is advisable to ensure everything is fine. However, if the pregnancy seems fully terminated with no ongoing bleeding, pain, or fever, a checkup isn't always mandatory. If you do go for an examination, it's important to be prepared with the necessary information, such as medical history.

Q.3 Bhutan's vasectomy rate is 12.6%, while the global average is 5%, and IUD use is only 2.7% compared to the global average of 14%. What factors, including cultural ones, do you think contribute to this mismatch, aside from IUDs being limited to only married women in Bhutan?

A. What you mentioned reflects a common pattern across regions: sterilization is more often performed on women than men, which can be linked to patriarchy and the belief that preventing pregnancy is solely a woman's responsibility, as she is most affected by it. There are also many myths and misconceptions surrounding contraception. Regardless of the method used to prevent pregnancy, protection from infections during sexual encounters is also crucial, especially for unmarried women. Married women often face challenges in negotiating contraception, as their partners may question the need for it, assuming infidelity.

Q.4 For those with irregular periods, is it true that taking oral contraceptive pills can help regulate their menstrual cycle?

A. Oral contraceptive pills can help regulate irregular menstrual cycles by providing control over the cycle. They are also used to treat conditions like PCOS, often with a different formula that includes a specific type of progesterone. While the common contraceptive pill can regulate periods, a specialized formula is used for managing PCOS-related symptoms.

Q.5 Regarding medical abortion with mifepristone and misoprostol, is there a specific timeframe for its use, or can it be effective if a person decides to proceed with it later?

A. WHO guidelines do not set specific limits on the use of mifepristone or misoprostol. However, for pregnancies beyond 12 to 14 weeks, the risk of complications like bleeding increases, so self-administered abortions are not recommended past this point. Mifepristone and misoprostol can still be used safely in a clinical setting as needed.

4.4 Safe abortion and Associated Challenges

Addressing Unsafe Abortion Video Screening; "From Unwanted Pregnancies to Safe Abortion"

The short video highlighted the severe difficulties women face globally in accessing safe abortion services. It portrayed various challenges including social, economic, and logistical barriers that prevent women from

obtaining necessary care. The video's central message was the urgent need to uphold and protect the right to abortion worldwide, pointing out that many women lack awareness about their rights and the procedures available for safe abortion.

After the video, participants took part in an activity to explore reasons behind unplanned pregnancies. The discussion revealed several contributing factors:

- **Unplanned Sex:** Instances where contraception was not used or failed.
- **Rape/Incest:** Victims of sexual violence who become pregnant.
- **Financial Instability:** Economic challenges that make family planning difficult.
- **Lack of Family Planning Services:** Insufficient access to or availability of contraceptive methods.
- **Accessibility Issues:** Geographical or logistical barriers to accessing contraceptive and abortion services.
- **Certain Medical Conditions:** Health issues affecting the mother that impact pregnancy decisions.
- **Unsupportive Partner:** Partners who are not supportive or involved in family planning decisions.
- **Violent Partner:** Partners who use violence, potentially leading to unplanned pregnancies.
- **Unmarried and Underage Individuals:** Young or unmarried individuals who may lack access to appropriate reproductive health services.
- **Unsafe Sex:** Instances where safe sex practices are not followed, increasing the risk of unplanned pregnancy.
- **Family Planning Decisions:** Cases where pregnancies are planned, but circumstances change.

Then the participants engaged in a brainstorming session to explore potential solutions for managing unplanned pregnancies. The discussion covered a range of options:

Medical Abortion: This method involves using medications to terminate a pregnancy and is considered a safe and effective option when carried out within the early stages of pregnancy. It allows for a non-invasive approach and can be done at home or in a clinic, depending on local regulations and medical advice.

Adoption: This alternative offers a way to carry the pregnancy to term and place the child with another family who is prepared and willing to provide care. Adoption can be a positive solution for those unable to parent due to personal, financial, or health reasons.

Unsafe Abortion: This option, while sometimes chosen out of desperation, poses significant risks to health and safety. Unsafe abortion methods can lead to severe complications, including infection, hemorrhage, and even death. The discussion highlighted the dire consequences of resorting to unsafe practices, particularly in regions where access to professional, safe abortion services is limited.

Traditional Methods: Traditional or folk methods for abortion, which may include herbal or other non-medical interventions, were also considered. These methods are often unregulated and can be dangerous, leading to significant health risks.

4.5 Barriers to Safe Abortion Access



The discussion highlighted the critical importance of safe abortion services and comprehensive reproductive health care. Participants recognized that in regions lacking professional and safe abortion services, individuals might resort to unsafe or traditional methods, leading to preventable health complications. Ensuring

access to safe abortion is vital

for preventing maternal mortality, and improving access to safe services alongside providing adequate education on available options is essential for reducing reliance on unsafe practices and mitigating associated health risks.

Even in areas where abortion is legally available, significant barriers persist, including stigma, limited access to services, and restrictive policies. These challenges often impede women's ability to obtain safe and timely abortions. The group emphasized that merely legalizing abortion does not fully address these broader systemic barriers and societal stigma. Instead, advocating for decriminalization is crucial. Decriminalization can overcome these challenges by ensuring that abortion services are accessible and free from legal and social obstacles, fostering a more equitable reproductive health framework.

4.6 Prioritizing Abortion Case: The Last Abortion

In this Activity, the participants were divided into 4 groups acting as the member of the Parliament and was tasked to choose three women we thought needed the abortion the most in sequence as top to least priority, while Nandini and Ayesha acted as the Prime Minister and Opposition leader.

1. Shanti is 45-year-old and thought she was menopausal but is actually 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.

2. Leela is 21-year-old woman in her third year at university in Mumbai 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 do not want to continue this pregnancy.

3. 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.

4. 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.

5. 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.

6. 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.

Unanimously, all four groups chose Meena as their top priority. The reason for this consensus being; Meena's situation was particularly dire. As a minor, she had been raped by her stepfather, resulting in an unwanted pregnancy, she is the most vulnerable among all of the other women. To make matters worse, her mother had kicked her out of the house upon learning about it, leaving Meena homeless and without a support system. This lack of support made her even more vulnerable, as she had no one to turn to for help or guidance. The groups were concerned that carrying the pregnancy to term could harm Meena's physical health, given her young age. Furthermore, as a rape survivor, giving birth to the fetus could also have severe mental health consequences, as it would likely serve as a constant reminder of the assault and her school life could also be affected.

Two groups chose Puja as their second priority and the other two groups chose Santi. The groups that chose Santi as their second priority justified their decision by highlighting the significant challenges she faces. As an older woman with a child who requires special care, Santi's second pregnancy, which shows abnormalities, would bring extra responsibility both financially and physically. This could have severe consequences for her physical health, given her age, and her mental health, due to the stress of caring for two special needs children. Furthermore, her age and the child's ultrasound indicate a high risk of pre- and post-birth complications.

On the other hand, the groups that chose Puja as their second priority emphasized the dire circumstances she faces. With two young children already, Puja's husband is abusive, and another child would mean increased financial responsibility, potentially leading to more aggression from him. This, in turn, would make Puja even more financially dependent on her husband, exacerbating her oppression. Moreover, the unborn child would be at a higher risk of growing up in an abusive household, given the father's violent tendencies.

One group selected Leela as their third option, explaining that she carries the weight of her entire village's expectations, being the first person from her community permitted to pursue higher education in the city. They

also noted that Leela had used protection, so she had acted responsibly, and the situation resulted from a failure of contraception.

While no one selected Yasmeen or Farah, Ms. Nandini asked the participants why they were not chosen. The participants explained that Yasmeen is financially stable, has strong family support, and her in-laws already care for her two children, so a third child would not significantly impact her situation. However, they questioned Yasmeen's actions, noting that her pregnancy resulted from a one-night stand, which raised concerns about her decision-making and mobility. Given her education, participants felt she should have been more aware of the importance of using protection and contraception, understanding the consequences of unprotected sex.



As for Farah, the participants noted that she was also financially comfortable, assuming that her position as a banker provided a good income. They attributed her pregnancy to carelessness, as she had forgotten to take her oral contraceptive pills. Since she already had plans to have children in the near future, the participants questioned why she couldn't proceed with her pregnancy now. Her primary concern seemed to be her ineligibility for paid maternity leave.

Discussion:

Ms. Nandini stressed that the approach should be rights-based rather than solely needs-based, advocating for a co-learning process rather than a top-down imposition of knowledge. She questioned why participants adhered to the task despite their support for a rights-based approach and highlighted that the exercise seemed to impose a hierarchy of needs, contrary to the discussed principles.

Ms. Ayesha noted that, despite the exercise being conducted for 15 years, only one participant had previously expressed discomfort and chosen to leave rather than rank cases. She suggested that instead of passively following the task, participants should have challenged it by questioning its rationale and proposing alternative solutions.

Ms. Nandini encouraged critical engagement and questioning of authority, noting that merely following directives reflects a broader societal tendency to accept authority uncritically. Participants should use data and statistics to advocate for more equitable approaches, rather than adhering to a potentially flawed framework.

She also pointed out that not selecting Yasmeen based on the assumption that she is less marginalized sets a lower bar for vulnerability. Choosing Yasmeen could have raised the standard for support, emphasizing the need to consider everyone's situation inclusively. By favoring less vulnerable individuals, we risk reinforcing a hierarchy of needs, which contradicts a rights-based approach. The process should be open to all, ensuring that no one's needs are considered less important.

Additionally, Ms. Nandini emphasized the importance of understanding the broader context, such as the declining sex ratio in regions like India and Nepal. This issue, rooted in patriarchal cultures that devalue girls, leads to skewed sex ratios and broader gender control concerns. She also connected this issue to the broader struggles of sex work and LGBTQ+ rights, highlighting that these represent areas of significant patriarchal control. The exercise aimed to reflect on how well the discussed values and principles have shaped participants' perspectives and how they might adapt their arguments accordingly.

Afterward, Ms. Ayesha asked the participants how they felt about their choices. Many were left speechless, realizing they had acted contrary to their intention of applying a rights-based approach, instead of a needs-based one. Some participants recognized that they had subconsciously conformed to a hierarchy of needs and had not questioned the framework or the task providers, feeling obligated to select the three "most needy" from the final six cases.

Despite feeling conflicted about rejecting some individuals, some participants initially felt they had done well by ensuring that the final three, whom they perceived as most in need, received abortions. However, they later realized that their actions contradicted the principles they should uphold as advocates.

Overall, the participants came to understand their mistakes and learned about aligning their actions with the rights-based approach they intended to apply.

4.7 Intersectionality Panel Discussion



Three representatives from different movements and communities along with Nandini led the intersectionality panel discussion. The discussion aimed to explore the intersection of various issues faced by these communities and to find common goals and solutions.

A representative from the Disabled People's Community shared her personal experience caring for her brother with cerebral palsy and attending seminars on related issues. As a home business owner, she highlighted how disability has impacted her life, emphasizing the vulnerability and dependence of individuals with disabilities. Many in the disabled community in Bhutan are unaware of their sexual health rights and often experience exploitation and abuse. She recounted an incident where a community member was raped in a cab and did not recognize it as assault, facing ostracism instead of support. The disabled community often encounters unsafe sex situations and coerced abortions. She advocates for comprehensive sexual health education, access to contraception, and safe abortion services, aiming to collaborate with ASAP and other agencies to address these issues and provide basic medical access.

Another representative from the LGBTQ community discussed the relevance of safe abortion issues to LGBTQ individuals. He noted that the LGBTQ community frequently faces sexual health issues without a strong platform for advocacy. He stressed the need for increased awareness about safe sex and sexual health and emphasized the importance of collaboration among local NGOs to find solutions benefiting all communities.

A participant from the LGBTQ community shared a distressing story about a friend who, after attending the Thimphu Tsechu festival, was raped by a drunk man who mistook him for wearing a skirt. The friend did not seek medical help or report the assault, feeling that as a Trans man, he should endure it silently. This story underscored the necessity for greater awareness and the harmful effects of toxic masculinity.

Another participant representing the RPN (Red Purse Network), a newly formed sex worker community established on June 2, 2020. Despite her seven years of effort to build the network, stigma and stereotypes have limited its growth, leaving only four active members. She continues to advocate for their rights and wellbeing. She highlighted the severe impact of unsafe sex and abortion on sex workers. She described how the nature of their work often involves high risk sexual encounters, with clients sometimes offering more money to avoid using condoms. She noted cases where clients did not realize a condom had broken, leading to unintended pregnancies. Due to stigma and restrictive policies, sex workers frequently resort to unsafe abortion methods, and some have died from these unsafe practices. She stressed the need for sexual health education and access to safe abortion services. She also emphasized the importance of understanding human rights and the power that comes from being informed. She requested support from ASAP and other agencies to provide education and address the high rates of unsafe abortions and unsafe sex within their community.

4.8 Power Walk

Ms. Nandini and Ms. Ayesha started this activity by giving each participants a scenario and was asked to step forward if they could answer yes to the following questions;

- 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?

The purpose of this exercise was not just to gauge the participants' knowledge but to highlight the real-life challenges individuals' face when navigating the complex landscape of reproductive choices. Each step forward revealed varying levels of privilege, access, and autonomy within the group, sparking reflection on how circumstances like societal norms, gender roles, and legal restrictions affect personal agency.



Only one participant the daughter of a politician, took all the steps, explaining that her privilege as a public figure's child gave her access to information about safe sex, contraception, and abortion. She added that, even if abortion were not accessible, her father would make it happen to protect his reputation, especially with elections nearing. Nandini challenged this, pointing out that her father's reputation could also endanger her, as he might even resort to harming her to avoid scandal. Another participant, remarked that as the "golden child," she had always gotten what she wanted, reinforcing her sense of entitlement. This reflected how personal privilege shapes perspectives.

On the other hand, a participant portraying an orphan took no steps, noting that being both a minor and living in an orphanage deprived him of any knowledge of sex, contraception, or abortion. He also raised concerns about exploitation in these spaces, where children are supposed to be protected.

Another participant, who represented a young girl working as a live-in maid, took only three steps. He acknowledged that while the maid might know about sex and contraception, she would have little say in whether she wanted to have sex. He cited cases of domestic workers, especially women, being repeatedly raped and forced to endure abuse due to threats or promises of a better life. The fear of losing both safety and income left little room for choice, despite knowing right from wrong.

The workshop ended with Ms. Nandini and Ms. Ayesha effectively emphasized the disparities in access to reproductive health services, shedding light on how these disparities can shape people's experiences, particularly for marginalized communities. The participants were able to engage in a collective reflection, becoming more aware of their own positions and the structural challenges that hinder broader access to sexual and reproductive rights.

4.9 Feed Back

The participants expressed their gratitude and excitement for the opportunity to attend the Youth Advocacy Institute (YAI), noting that it was a unique and much-needed event. They extended their thanks to ASAP for bringing attention to the sensitive issue of abortion, as many felt it was high time the topic was openly discussed in Bhutan. While most appreciated the interactive nature of the sessions, some participants mentioned that the pace felt rushed. They acknowledged the time constraints but expressed a desire for future workshops to allow more time for in-depth discussions, particularly given the sensitive nature of topics like abortion, which was shortened in this session. Overall, the participants were eager for more of these eye-opening workshops, not only to further their own understanding but also to become more effective advocates.

4.10 Valedictory

As we conclude this transformative journey through the Youth Advocacy Institute workshop, we reflect on the rich discussions, insightful reflections, and profound realizations that have emerged. From exploring the intersectionality of sexual and reproductive health and rights (SRHR) with patriarchy, gender identity, and media portrayal, to confronting societal norms around masculinity, we have collectively deepened our understanding and commitment to a more inclusive future.

The participants' reflections, especially their evolving perspectives on patriarchy and toxic masculinity, have been a testament to the power of dialogue. One of the most poignant take aways was the emotional connection shared by a participant, who spoke about recognizing his toxic masculine traits and promising to be a better partner an act that moved his partner to tears of joy. This, among other personal stories, has underscored the ripple effect of education and advocacy in fostering healthier relationships and more equitable communities.

Furthermore, the discussions led by Ms. Nandini and Dr. Dalvie shed light on the progress and challenges within our cultural contexts. Bhutan's strides in promoting marriages by choice, as highlighted by Ms. Nandini, offer lessons for neighboring societies, while the example of Indian millennia's returning to traditional matchmaking, shared by Dr. Dalvie, illustrates the complex ways in which societal structures continue to shape personal choices.

Our journey has not just been about learning, but also about unlearning entrenched beliefs and societal constructs. We have questioned what is considered 'normal,' challenged gendered expectations, and embraced the fluidity of attraction, identity, and relationships. The rejection of static notions of gender, as well as the acknowledgment of evolving legal and social definitions, have further enriched the dialogue.

In the closing remarks, Ms. Nandini extended her heartfelt thanks to all the participants and the local coordinator for their dedication and hard work in making the sessions a resounding success. She also expressed her gratitude to the founder of DYISA for their persistence in bringing this vital work to Bhutan, emphasizing that the country urgently needs to have open conversations about SRHR, with abortion as a critical human right. Ms. Nandini reassured the participants that ASAP would share all its resources with those interested in better advocating for safe abortion as a fundamental right, ensuring that they have the tools and knowledge to continue this important work.

The participants, in turn, engaged in a reflective session, sharing what they had learned and offering personal insights into how the workshop had impacted their perspectives. Their reflections have left us confident that the seeds of advocacy planted during this workshop will continue to grow in their communities.

As we move forward, let us continue to champion the needs-based and rights-based approaches, centering the lived experiences of those marginalized by societal norms. The commitment of our participants to applying their newfound knowledge in their personal and professional lives inspires hope for a future that is not only more just but also more compassionate.

In closing, I extend my heartfelt gratitude to all participants, facilitators, and partners who made this workshop a success. Let us carry the lessons we've learned here into our ongoing advocacy for SRHR and safe Abortion as a human right, knowing that the work we do today lays the foundation for a more inclusive tomorrow.

Note: Agenda attached as an annexure.

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5. Annexure



Agenda for ASAP-DYISA YAI



Venue: Thimphu, Bhutan,

Dates: Friday 16th August 2024 - Saturday 17th August 2024

Day One – Friday 16th August 2024

| Timings | Session | Learning objectives | Facilitated by |
|----------------------|---|--|---|
| 8.30 am to 9.00 a.m. | Registrations | | |
| 9 a.m. to 10.00 a.m. | Introductions and Welcome | Why are we here? | |
| 10.00-11.30am | <u>Session 1:</u> Understanding Gender and Patriarchy and its linkages with contraception, safe abortion, SRHR issues | Objective: 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 with reference to SRHR. | Nandini Mazumder Ayesha Bashir |
| 11.30-11:45am | Tea Break | | |

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|---------------------|---|---|--|
| 11.45-12.30 pm | <p><u>Session 2:</u></p> <p>Understanding Sexism in Mass Media</p> | <p>Objective: At the end of this session the participants should be able to:</p> <p>Understand how gender stereotyping works.</p> <p>Recognize the subtle and overt sexism and misogyny in mass media (including social media).</p> | Ayesha Bashir |
| 12.30am-1.30 pm | <p><u>Session 3:</u></p> <p>Human rights & SRHR</p> | <p>Objective: At the end of this session the participants should be able to:</p> <p>Understand sexual and reproductive health and rights and the linkages with human rights in upholding them.</p> <p>Obtain clarity on the rights-based perspective towards safe abortion, as an example for SRHR.</p> | <p>Nandini Mazumder</p> <p>Ayesha Bashir</p> |
| 1.30-2.30 pm | <u>Lunch</u> | | |
| 2.30-4.00pm | <p><u>Session 4:</u></p> <p>Values Clarification</p> | <p>Objective: At the end of this session the participants should be able to:</p> | <p>Nandini Mazumder</p> <p>Ayesha Bashir</p> |

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|--------------------|---|--|--|
| | | <p>Appreciate the impact values can have on individual rights.</p> <p>Understand the nuances of policy interpretations being enabling or disabling.</p> <p>Strategically counter anti-choice rhetoric.</p> | |
| 4.00-4.30pm | Tea Break | | |
| 4.30-6:00 pm | <p><u>Session 5:</u></p> <p>Film screening</p> | | |

Day Two - Sat 17th August 2024

| | | | |
|--------------|---|---|--|
| 8.30-9.30 am | Recap and review | | <p>Suchitra Dalvie</p> <p>Nandini Mazumder</p> |
| 9.30-10.30am | <p><u>Session 6:</u></p> <p>Basic updates on menstruation and contraception.</p> | <p>Objective: At the end of this session the participants should be able to:</p> <p>Understand how pregnancy occurs and how it can be prevented</p> | Suchitra Dalvie |

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| | | <p>Clarify myths and misconceptions around these issues</p> <p>Understand basic information about the methods of contraception and the gender and rights dimensions.</p> | |
| 10.30-11.00am | Tea break | | |
| 11.00am -12.00pm | <p><u>Session 7:</u></p> <p>Reducing maternal mortality</p> | <p>Objective: At the end of this session the participants should be able to:</p> <p>Understand causes of unsafe abortion.</p> | Suchitra Dalvie |
| 12.00 - 1.00 PM | <p><u>Session 8:</u></p> <p>Law and policies</p> | <p>Objective: At the end of this session the participants should be able to:</p> <p>Understand the implications of the law and its impact on services</p> <p>Understand the barriers created by laws and practices to safe abortion services</p> | <p>Nandini Mazumder</p> <p>Ayesha Bashir</p> |
| 1.00-2pm | Lunch | | |
| 2.00 -3.15 p.m. | <u>Session 9:</u> | <p>Objective: At the end of this session the participants should be able to:</p> | Nandini Mazumder |

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|-----------------------|--|---|---|
| | Panel on Intersectionality | Understand intersectionality and how it affects our access to safe abortion rights. | |
| 3.15-4.15 pm | <u>Session 10:</u> Power Walk | | Nandini Mazumder Ayesha Bashir |
| 4.15 – 4.30 pm | Tea Break | | |
| 4.30-5.00 pm | <u>Session 11:</u> Reflections and post YAI plans | | |
| 5.00 – 5.30 pm | <u>Session 12:</u> Reflections + Valedictory(certificate) and closing (Post Eval + Feedback) | | |