

# THE UNFINISHED REVOLUTION



# Index

Day and date	Session	Timing
Thursday, February 15th	Pre Conference Workshops	10am - 5pm
Friday, February 16th	Conference day ONE	9 am-6 pm
	Opening Keynote	9am-10am
	Plenary 1 Experience of seekers	10am-11am
	Plenary 2 Providers' Perspective	11am-12pm
	Lunch	12pm-2pm
	Breakout Round 1	2pm-3pm
	Transit time & Tea Break	3pm-3:30pm
	Breakout Round 2	3:30pm-4:30pm

	<b>Closing Plenary 3</b> <b>Medicine in the Service of Patriarchy</b>	<b>4:45pm</b>
<b>Saturday, February 17th</b>	<b>Conference day TWO</b>	<b>9 am-6 pm</b>
	<b>Opening Plenary</b> <b>The Personal in Political</b>	<b>9am-10am</b>
	<b>Plenary 4</b> <b>Decolonization &amp; Decriminalization</b>	<b>10am-11am</b>
	<b>Plenary 5</b>	<b>11am-12pm</b>
	<b>Lunch</b>	<b>12pm-2pm</b>
	<b>Breakout Round 1</b>	<b>2pm-3pm</b>
	<b>Transit time &amp; Tea Break</b>	<b>3pm-3:30pm</b>
	<b>Breakout Round 2</b>	<b>3:30pm-4:30pm</b>
	<b>Closing plenary 6</b> <b>Intergenerational feminism, Reproductive</b> <b>Justice &amp; Global Politics</b>	<b>4:45pm</b>

Sunday, February 18th	Conference day THREE	9 am to 5 pm
	<b>Opening Plenary 7</b> <b>Life, Beginning, endings &amp; in between</b>	<b>9am-10am</b>
	<b>Plenary 8</b> <b>Youth Leadership</b>	<b>10am-11am</b>
	<b>Plenary 9</b> <b>Population Policies, Climate change and Safe Abortion Rights</b>	<b>11am-12pm</b>
	<b>Lunch</b>	<b>12pm-2pm</b>
	<b>Breakout Round 5</b>	<b>2pm-3pm</b>
	<b>Closing Plenary 10</b>	<b>3:30pm-4:30pm</b>
	<b>Lets Finish the Revolution!</b>	



## Pre Conference Workshops

**Round ONE 10 am to 1 pm**
**Round TWO 2 pm to 5 pm**

Sl. No.	AM	PM
1.	The Harm Reduction Skills Building Session by Fos Feminista	What does RJ mean to you? A Workshop by Rola Yasmine (The A Project)
2.	Exploring Feminist Faultlines in Our Advocacy for Decriminalization - Sachini Perera (RESURJ)	
3.	Disobedient Bodies: Using theatre to embody resistance Ayesha Susan Thomas	Shaping Safer Online Spaces for Safe Abortion Rights Advocates Workshop by ASAP
4.	The SMA revolution - Weaving networks accross regions / La revolución del aborto acompañado - Tejiendo redes entre regions by MAMA Network & Red Compañera	Self-Managed Abortion & the Law - Global South Dialogues – by MAMA Network, CLACAI, Women Help Women
5.	Shaping Feminist Narrative on Safe Abortion in South East Asia Amalia Puri	Self-Managed Abortion & the Law - Global South Dialogues – by MAMA Network, CLACAI, Women Help Women
6.	Protecting SRHR defenders: Let's Talk International Standards by Amnesty International	Reproductive Citizenship: where does abortion fit in this concept, and can we capture it empirically? Catherine Conlon, Ireland
7.	Disabled Women Riot: Dismantling Ableism In SRHR by Nu Misra (Disability India)	Nairobi Principles Pre-Conference on Abortion, Disability and Prenatal Testing by CREA
8.	MVA Hands-on Workshop by Reproductive Rights Advocacy Alliance Malaysia (RRAAM)	

## Pre Conference Workshops

### Round ONE 10 am to 1 pm

#### 1. Harm Reduction Skills Building Session:

##### **Fós Feminista, Iniciativas Sanitarias (IS) and ASAP collaboration**

In an effort to reduce the risks associated with unsafe abortion in South America, IS developed a unique harm reduction strategy based on the bioethical principles of autonomy, justice, and patient-provider confidentiality.

Over the last two decades, Fós Feminista has successfully supported the expansion of the harm reduction model in the Americas and around the globe. The harm reduction model has been adapted to each context, ensuring that its application meets the critical needs and characteristics of the local populations. The three hour skills building workshop based on the harm reduction model will provide opportunities for partners participating in the conference to benefit from south-to-south interaction and learning how to ensure women and girls have access to safe abortion no matter the legislation on abortion in their context.

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#### 2. Exploring Feminist Faultlines in Our Advocacy for Decriminalization:

##### **Sachini Perera, She/they, Executive Coordinator, Realizing Sexual and Reproductive Justice (RESURJ), Athira Purushothaman, She/her, Head of Partnerships and Communications, Hidden Pockets Collective**

We will talk about the faultlines we grapple with when on one hand we advocate for decriminalization of abortion, sexual orientation and identities, sex work, etc. while on the other hand we advocate for more criminal laws as a response to rights violations including gender-based violence, sexual and reproductive rights (SRR), etc.

This three hour workshop will be an opportunity for abortion advocates and activists to build power, analysis and solidarity on the faultlines we occupy and strategize on how we strengthen our advocacy and messaging.

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#### 3. Disobedient Bodies: Using theatre to embody resistance

##### **Ayesha Susan Thomas (she/her), Kathasiyah Trust**

Our bodies are not our own within the patriarchal state. How we see ourselves, and how our bodies move through the world, is shaped in rigid fashion by both conscious and subconscious codes. A feminist, rights-based approach to body politics, challenges these patriarchal definitions of the body that we have inherited. If autonomy and agency is about reclaiming the body for oneself on an ideological plane, the arts give us a unique opportunity to embody this understanding in healing and sometimes transformative ways.

This interactive, physical theatre workshop will use sensory games and play to explore the lived realities of our bodies. We will explore what autonomy and agency can feel like physically, and reflect on how we might use this awareness to enrich our cerebral, received understanding of body politics.

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#### **4. The SMA revolution - Weaving networks between regions / La revolución del aborto acompañado - Tejiendo redes entre regiones**

##### **Women Help Women, Mobilizing Activists around Medical Abortion, Red Compañera**

El aborto es un campo de disputas políticas en el que se construyen y consagran significados ideológicos sobre las mujeres y la maternidad, la sexualidad, la agencia y la ciudadanía. Estos significados se entrecruzan con las desigualdades sociales, políticas, jurídicas y económicas existentes que conforman y median el acceso y las experiencias del aborto.

El aborto autogestionado/acompañado- el uso de medicamentos fuera de los sistemas de salud formales con acompañamiento feminista- ha desafiado y "transformado la comprensión y los discursos sobre el aborto seguro y las desigualdades de salud asociadas a través de una intersección de la reducción de daños, los derechos humanos y el activismo colectivo" (Erdman et al, 2016).

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#### **5. Protecting SRHR defenders: Let's Talk International Standards (working title)**

##### **Amnesty International and partners**

Amnesty International and a consortium of partners working on abortion rights and reproductive justice – including FIGO, ICM, IPAS, IPPF, MSI and Victoria Boydell – have been in discussion with the goal of identifying concrete global action in support of abortion service providers and SRHR advocates who are increasingly under risk and threat by criminalization as well as conservative and anti-rights forces.

During these discussions, a global gap was identified that is particularly impacting the wellbeing of abortion service providers and SRHR defenders and their capacity to perform their duty of care towards patients: There exist no standards or principles for safeguarding procedures in place that could be imposed on states or employers to ensure the protection of service providers in their workplaces.

To counter this grim reality Amnesty International and its partners have decided to develop the “Safeguarding Principles for SRHR providers and defenders”, as part of Amnesty International’s abortion rights campaign – with the view of supporting the development of a full protection protocol in the longer run.

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#### **6. Disabled Women Riot : Dismantling Ableism In SRHR**

##### **Nu Misra/They, He / Founding Editor / Revival Disability India**

##### **Ritkka Gupta / They, Them / Illustrator, Samidha Mathur / She, Her / Content Head**

Disabled Women Riot is a campaign on visibleizing disability based violence against queer women, trans and non-binary folks with disabilities.

Structures such as SRHR, Healthcare and abortion rights have always excluded disabled folks, particularly those that are AFAB. Those with non-normative bodies are mostly excluded from these movements and social discourses. Through a material disability-informed lens, this campaign sought to explore, identify and visibleize disability-based violence and safety. It is informed by a narrative study examining the nature and perceptions of violence and safety against disabled queer women, trans, and non-binary.

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## Pre Conference Workshops

### Round TWO 2 pm - 5 pm

#### 1. Shaping Safer Online Spaces

**Ayesha Bashir, She/ Her, Communication and Network Manager ASAP**

**Dr Suchitra Dalvie, She/ Her, Coordinator ASAP**

More than 60 percent of the world's population uses the internet for instant information and Asia accounts for more than a billion users currently. In countries where safe abortion is restricted by law there is a great danger from online surveillance but the internet is often the only source that can offer anonymous and accurate, evidence- based information, supporting self- managed abortions and referrals to appropriate healthcare facilities.

Across the globe, access to safe abortion continues to be a contentious, stigmatized and politicized issue, with conservative religious groups and patriarchal socio-cultural norms reinforcing the oppressive and hostile barriers to accessing information and services.

Despite the critical importance of online access for safe abortion information and services, most individuals and organization as well as end users involved in sharing and asking for such information are not always aware of or managing their safety online. This workshop will provide insights and practical tools to understand your own risks and how to manage them.

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#### 2. SMA & the Law - Global South Dialogues

**Lucía Berro Pizzarossa, she/her, Dr., Women Help Women / MAMA**

**Wanjiru Kareithi, she/her, Dr., TICA/ MAMA**

**Agustina Ramón Michel, she/her, Prof., Red Jurídica CLACAI**

Activists worldwide have pioneered self-care models for abortion reducing maternal mortality and morbidity from unsafe abortion, increasing individual control, freedom, and autonomy for people that use the pills, and mobilizing communities involved in accompaniment, education, and distribution. To reach the goal of expanded abortion access, networks such as MAMA [Mobilizing Activists Around Medication Abortion] use a range of strategies that both engage in direct action to provide access to abortion through innovative models, and simultaneously work to change the norms and discourse around self-managed abortion. However, the potential criminalization of activism in this space creates impediments to scaling up. To protect this activism and expand SMA work, increased legal resources are needed.

Legal Support Networks were created with the aim to continue to build and strengthen a network of activist feminist lawyers who will provide legal advice to people self-managing and people supporting these trajectories, create legal emergency response capacity, and train local lawyers on key human rights and risk mitigation arguments and strategies.

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#### 4. Nairobi Principles Pre-Conference on Abortion, Disability and Prenatal Testing

**Dr. Padma Bhate-Deosthali, Program Director - SRHR, CREA**

**Shampa Sengupta, Director, Sruti Disability Rights Center**

**Agnieszka Król, Program Manager, Disability and Sexuality, CREA**

In October 2018, CREA convened a Global Dialogue on Abortion, Prenatal Testing and Disability in Nairobi, Kenya, bringing together feminist organizations, organizations of women with disabilities and organizations supporting sexual and reproductive health and rights (SRHR) from different contexts and regions. These international experts came together in recognition of the human rights violations women, and in particular women with disabilities, face when exercising SRHR and to reaffirm the growing need for dialogue around the intersection of SRHR and disability.

The aim of the Nairobi Principles on Abortion, Prenatal Testing and Disability is to serve as a continued initiative to forge greater dialogue on the intersection of these rights issues. It lays the groundwork for critical advocacy work to address intersectional rights issues often overlooked by governments, policy makers and human rights frameworks and forge solidarity between movements.

We will focus on the MTP Act in India as abortion is not a right in India till now and can be legally accessed under certain clauses. Access to abortion for disabled persons remains difficult as Indian laws contradict each other on this issue. We want to stir discussions to rethink the approaches to abortion as it relates to disability rights and support cross-movement cooperation that centers disability justice in abortion work.

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## Conference Day ONE

### Thursday, February 15

#### Opening Keynote:

Co-Chair: Prof. Phitaya Charupoonphol, Dr Fiona Bloomer

Speaker: Dr. Subatra Jayaraj, Chair ASAP

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## Plenary 1 - Experience of seeker

#### Facilitated by Dr. Suchitra Dalvie, Coordinator ASAP

- Ms. Seema Ghani, Afghanistan
  - Rafi Maestro, The A Project, Lebanon.
  - Nandini Mazumder, ASAP, India
  - Najla Fawwaz, Palestine.( by video)
  - Catherine Osita, Kenya.
  - Medea Georgia, East Europe.
  - Galina Maistruk, Ukraine, (by video)
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## Plenary 2 - Providers' Perspective

#### Panel facilitated by Suzanne Belton, Associate Prof, Anatomical Education Pty Ltd

- Erica Miller, Australia
  - Dr. Kalpana Apte, Director General, FPA, India
  - Kaithabjeet, ISAY, India
  - Dr. John Nyamu, Executive Director, Reproductive and Maternal Health Consortium-Kenya
  - Dr. Sandra Suryadana, Doctors for Change, YONI, Indonesia
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**Lunch Break 12 - 2pm**



## Breakout Room Round 1

### Session 1

#### Overcoming Barriers: Strategizing for Safe Abortion in the Region

Facilitated by Marevic Bing Parcon, IPPF ESEAOR

- Mr. Ben Angoa, Executive Director of the Solomon Islands Planned Parenthood Association
- Dr. Mona Lam, Executive Director of the Family Planning Association of Hong Kong
- Dr. Chivorn Var, Executive Director of the Reproductive Health Association of Cambodia
- Dr. Nanthakan Sungsuman Woodham, Executive Director of the Planned Parenthood Association of Thailand (PPAT)

The panel will share about their programs and services with respect to their country's laws and policies. They will highlight the level of engagement and accountability of the government and its role in ensuring and fulfilling the right to safe abortion.

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### Session 2

#### 1. Challenges of Delivering Abortion Services in Thailand

**Ms. Saneekan Rosamontri/ Research and Program Development Manager/ Planned Parenthood Association of Thailand (PPAT)**

**Mrs. Warunee Tungsiri/ Deputy Executive Director (PPAT)**

**Ms. Saitong Doloh/ Senior Project Officer (PPAT)**

The objectives of this study are to understand perspectives and needs among women seeking abortion and to explore challenges in access safe and legal abortion services. The research methodology used qualitative data collection through in-depth interviews during January to March 2022 with 40 purposely selected clients who received abortion services throughout Thailand, and who gave consent to participate in the study. The findings from this study are helping to improve the development of comprehensive service delivery; not only the abortion care itself, but also the pre-and post-abortion counselling, so that each individual can make the optimal decision for themselves, and prevent any needless self-stigma and guilt.

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## 2. Shaping Safe Abortion Discourse: Insights from Healthcare Workers in Jakarta, Jawa Timur, and Bali

### Naila Rizqi Zakiah, She/her, Jakarta Feminist

This research outlines a comprehensive Sexual and Reproductive Health and Rights (SRHR) survey conducted in healthcare services across Jakarta, Jawa Timur, and Bali. The study, conducted by Jakarta Feminist, aimed to investigate healthcare workers' perspectives on the right to abortion, their knowledge of the legal framework surrounding abortion, and their experiences related to abortion services.

The research results are intended to inform capacity-building materials and evidence-based advocacy efforts for safe abortion practices in Indonesia. The survey underscores essential recommendations for future interventions.

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## 3. “Almost like it was really underground...” consumer and provider perspective on abortion (in)access in rural Australia (Recorded)

Anna Noonan (she/her), PHD researcher, The University of Sydney, SPHERE Centre for Research Excellence

Dr Erica Millar, (she/her), Research Fellow, La Trobe University

Jane Tomnay, (she/her), Professor, The University of Melbourne

This rurally-led study explores the parallel experiences of consumers and primary healthcare providers in managing unintended pregnancy in Australia's most populous state, with a focus on rural abortion access.

Community-based recruitment through social media and snowballing was used to recruit 20 consumer participants who had experienced an unintended pregnancy in the past 5 years in Western NSW. Purposeful sampling was used to recruit 16 primary care providers who practiced in the same region. Data were collected through 36 audio-recorded semi-structured interviews which were transcribed verbatim. Core themes were identified using the Framework Method.

Consumers and providers alike experience unnecessary structural challenges in finding, accessing or providing rural abortion care, despite legalisation in the state of New South Wales in 2019. With rural people 1.4 more likely than other Australian populations to experience unintended pregnancy, efficient models of abortion care appropriate for rural settings are imperative but currently scarce.

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## 4. Advancing Abortion Reproductive Rights and Health for Vulnerable Communities: The LINKS Project in Abuja, Nigeria

Kelechukwu Nwachukwu, He/Him, CEO/Youth Network for Community and Sustainable Development/Olachi Ojimadu, She/Her, Head of programme and Operations

Victoria Abutu, She/Her, Senior Technical Officer

The Youth Network for Community and Sustainable Development (YNCSD) introduces the LINKS Project, an initiative aimed at advancing abortion rights and creating lasting gains for reproductive health, rights, and justice in Abuja, Nigeria. The project emerges as a response to the alarming increase in morbidity due to unsafe abortion and the lack of access to sexual and reproductive health and rights

(SRHR) care and support, especially among lesbian, bisexual, and queer (LBQ) women and Female Sex Workers (FSW). Marginalization and stigmatization further compound the challenges faced by these vulnerable communities, necessitating tailored safe abortion programming.

As part of its objectives, the LINKS Project identified and trained over 30 community leaders as peer influencers, equipping them with the necessary skills and knowledge to advocate for reproductive rights and health within their communities. The LINKS Project represents a ground-breaking effort to tackle the pressing issues of unsafe abortion, limited SRHR care, and discrimination against LBQ and FSW women in Nigeria.

## Session 3

### 1. Safe Abortion Goals: Score to Determine and Measure Advocacy Priorities

Dr. Suchitra Dalvie, Coordinator, ASAP, India

Alison T. Hoover

Health policy priorities are often decided using a combination of scientific evidence, cost analyses, and political and social attention. This has concerning implications for setting safe abortion advocacy priorities, given the politicization of safe abortion access alongside the lack of incidence data and the numerous non-legal barriers to safe abortion access.

Setting advocacy priorities is crucial to achieving safe abortion access precisely because of the many barriers it faces, ranging from public policy to social stigma. Advocacy priorities are commonly driven by what stands to benefit the majority. We put forward that when it comes to safe abortion access, advocacy priorities should be driven by the most marginalized and oppressed groups and not the majority.

The Safe Abortion Goal methodology can be replicated and expanded on as a way to accurately capture the complex experiences of people seeking safe abortions, and drive rights-based and essential advocacy priorities. We hope that this tool and these learnings will be the beginning of a measurable framework that can guide advocacy efforts in this very contentious and challenging area of work.

### 2. The role of hotlines and feminist accompaniment/activist groups in training the healthcare workforce on high quality abortion care

Ika Ayu Kristianingrum, she/her, Samsara

Katherine Key, she/her, Lulu Jastaniah, she/her, Ibis Reproductive Health

In settings where abortion is legally restricted, providers in the formal health care system often lack training on comprehensive abortion care; further limiting access. Lack of knowledge of the safety, efficacy, and protocols of abortion methods also contributes to stigmatizing views of abortion among healthcare workers. Feminist accompaniment groups and hotlines are at the forefront of advocating for and supporting safe abortion access in their settings.

Hotlines play a vital role in supporting abortion access in legally restricted settings, including in training the formal healthcare workforce. Interventions led by these groups can enhance the training of the formal healthcare sector and help destigmatize abortion by increasing knowledge of methods, as well as the safety and efficacy of medication abortion. Increased knowledge of abortion law among the formal healthcare workforce further helps to increase access to safe abortion where permitted.

### 3. Improving access to quality menstrual regulation: Experiences from implementing the Improving Sexual and Reproductive Health and Rights in Dhaka project

Cassandra Morris, She/Her, Project Manager, HealthBridge

Nished Rijal, He/Him, Project Officer, HealthBridge

Ziaul Ahsan, Project Manager, Ipas Bangladesh

This SRHR project is being implemented through a collaboration between HealthBridge, Ipas Bangladesh, Bangladesh Association for the Prevention of Septic Abortion (BAPSA), SERAC-Bangladesh, Reproductive Health Services Training and Education Program (RHSTEP), and the Obstetrical and Gynaecological Society of Bangladesh (OGSB).

The project is working with secondary and tertiary-level referral hospitals and urban primary healthcare clinics (UPHCSDP), as well as health facilities associated with garment factories and General Practitioners that operate private chambers at the community-level. In total the project will be implemented in 161 different healthcare delivery sites.

The project also has a large community-based component aimed at improving awareness on the right to access menstrual regulation and PAC, where services can be obtained, and addressing stigma and social attitudes concerning SRHR. The community strategy includes training a network of 1,000 youth volunteers and mobilizing them through 100 community action groups, launching a telemedicine service, community events, and a social media strategy.

### 4. Challenging sexual and reproductive health in context of crises and precarity, the Haitian way.

Dr Florence Jean Louis Vorbe , She, her PROFAMIL

Patricia Jean , She, her, Dr Eugene Levelt, He, him, PROFAMIL

According to the Haiti National Strategic Plan for Sexual and Reproductive Health 2018-2022 of the Department of Family Health (DSF) and the Ministry of Public Health and Population (MSPP), there is no political dialogue on the reproductive health and family planning in the country and civil society is very little involved in the few debates that this sector has been able to conduct. How to start conversations with there is no valid government?

Thus, as a civil society organization working on SRHR themes and to encourage reflection, highlight best practices and strengthen its arguments for more effective advocacy, Profamil is conducting a Baseline Survey on sexual and reproductive health rights in the metropolitan areas of the West and South-East departments.

This survey aims to: create knowledge and data to improve sexual and reproductive health and the respect of related rights for women, young people and adolescents in a context of crisis and extreme poverty.



Thus, this work will help Profamil to:

Collect and analyze reliable data to better understand the needs, goals and attitudes of women, girls and adolescent girls towards sexual and reproductive health and rights in difficult and different contexts. The actual discourses and needs on abortion rights.

Use the new insights to better think about how we work, what impact our work really has on the audiences we work with, and how we can work better together and better include women, youth in processes of decision making. Data collection started on July of 2023. Survey results and conclusion will be ready by September-October. Methodology includes, collecting data from 350 people, conducting 4 focus groups with 38 participants and 4 case studies.

## Session 4

### 1. Improving Menstrual Regulation Services in Bangladesh: Service Providers' Perspectives

Fariha Hossain, Anika Binte Habib, YouthAid Bangladesh

Bangladesh permits abortion only when it is necessary to save a woman's life, but allows for menstrual regulation (MR) to regulate the menstrual cycle. MR, the procedure used to induce menstruation when absent for a short duration, has been offered through the government's family planning program since 1979. This involves using manual uterine aspiration or medications like Misoprostol or Mifepristone to induce menstruation within 10-12 weeks of the last menstrual period.

However, despite safe and legal MR services, many women still resort to informal and unsafe abortions, leading to high complication rates and subsequent post-abortion care (PAC) seeking. This study aims to comprehend MR services in Bangladesh, identify barriers to seeking formal care, and explore service providers' attitudes and beliefs about MR services.

### 2. Paradigm shift in Post-abortion Contraceptive Acceptance in FPA India clinics

Usha Radhakrishnan, Amita Dhanu, Dr. Kalpana Apte, FPAI

Abortion in India has been legal with conditions under the Medical Termination of Pregnancy (MTP) Act, 1971. Annually in India, approximately 16 million of the unintended pregnancies result in abortion (MTP Act Factsheet, 2021).

Almost half of women with an abortion (48%) sought their abortion due to an unplanned pregnancy (NFHS5, 2019-21). Family planning counselling and service provision plays a vital part in Comprehensive Abortion Care as women can ovulate as early as 8 days post-abortion.

The medical methods of first trimester abortions have gained popularity in India since 2002 and FPA India has witnessed an increase in number of women accepting medical methods of abortion (MA) with Mifepristone and Misoprostol. The paper attempts to understand the trends of contraceptive choices among post-abortion clients.

### 3. A Guide for Training Community Facilitators as agents of access to safe abortion and reduction of stigma: A Case study of TICAH's Community facilitators' training package

Sheilah Warindi, she/her/hers, Senior Program Manager SRHR/TICAH

Stigma and criminalization of safe abortion in Kenya, have turned women to use clandestine methods like inserting objects and ingesting hazardous substances, resulting in high maternal mortalities and morbidities. TICAH, in collaboration with communities, co-created an intervention which builds community leaders to engage in ensuring uptake of safe abortion, mitigate abortion stigma and ensure adoption of pro-choice narratives within communities.

Within a restricted legal environment, TICAH boldly trains community leaders like community health workers, women and youth group leaders, progressive religious and cultural leaders and local administration, on Sexual Reproductive Health and Rights (SRHR), in an effort to demystify it and build champions with existing spaces of influence within the community, who when armed with quality knowledge, can easily connect community members to their community health referral system.

Our training evaluations reveals that an average of 85% of participants report an increase in knowledge and capacity to share the knowledge, and a further 50% on average, showing reduction in stigma and change in perception.

### 4. Sailing the Boat, Sailing the Hope: Strengthening Referral Mechanism to Provide Access and Information on SRH and Safe Abortion in Remote Islands

Inggrit Dea Narulita, she/her, Project Officer, Samsara

Ika Ayu Kristianingrum, she/her, Director, Samsara

Nurul H. Ramadhani, she/her, Project Officer, Samsara

In Indonesia, geographical barriers are one of the biggest challenges for girls and women to access healthcare. The absence of sexual and reproductive health (SRH) services and information in rural areas puts girls and women at risk of forced marriage, rape, unplanned pregnancy, and unsafe abortion. Even though abortion is legal if the woman's life is at risk or in cases of rape, services are unavailable.

To reduce the gap, working with healthcare providers in the frontline became a vital support to enable women and girls in rural areas to access sexual and reproductive health service. Through the program titled Sailing the Boat, Sailing the Hope that happened in 2021 - 2023 - Samsara initiated a program to improve the capacity of knowledge for biang and midwives in rural remote islands in the Eastern part of Indonesia - an area with the most underserved and marginalized location in Indonesia. The program addresses the challenge of access to SRH services and safe abortion information through educational workshops for women and girls, service provider training, and referrals supported by the hotline. In cases of emergency, women and girls will be able to access transportation to primary healthcare facilities by a boat managed by the local women community.



## Session 5

### 1. Safe Abortion Manuals in Latin America. Instructions for Avoiding the Healthcare System. Raquel Irene Drovetta - Her/She - Consejo Nacional de Investigaciones Científicas y Técnicas CONICET, de Argentina

The intergenerational transmission of abortion methods has occurred orally through advice exchanged among women, sharing knowledge on how to carry out an abortion with the least possible risk. In this research, we describe a set of actions undertaken by feminist activists aiming to reduce the risks women face when seeking self-managed abortions in legally restricted Latin American countries.

We describe how the first Latin American feminist organizations created strategies to convey evidence-based medical knowledge in a clear and understandable language for non-specialists in medicine. Part of the information is based on recommendations provided by the World Health Organization in its technical guidelines. However, these books have also been conceived from a feminist perspective. This implies applying feminist praxis to handling all circumstances related to abortion, not just the procedure.

We aim to closely analyze the production conditions of the texts and demonstrate the specificity of the contribution to scientific knowledge and the intellectual contribution made by feminist organizations about safe abortion.

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### 2. Mapping women's "choices" in accessing abortion services: Rapid assessment along with MASUM's (Mahila Sarvangeen Utkarsh Mandal, Pune) partners from seven states of India Kajal Jain, Her, Programme Officer, Manisha Gupte, Co- Convener, Mahila Sarvangeen Utkarsh Mandal(MASUM), Pune, India

Despite a fairly liberal law that allows abortion under certain circumstances, access to safe abortion services remains a challenge for many women in India. MASUM conducted a study on women's differential access to safe abortion services (2), based on specific vulnerabilities and geographical locations across seven Indian states.

A qualitative framework was used (3), analyzing 36 sets of data collected through group discussions, in-depth interviews, and informal interactions with community women, NGO members, front-line health workers, and public healthcare providers.

In the light of above findings, the study concludes revisiting abortion laws and policies is essential in order to decrease the hold of the medical profession over abortion services. The study highlights the need of implementing immediate state obligation of non-discrimination, irrespective of the personal background of women seeking abortion care. Further, it advocates for accountability building in health care settings as well as decriminalisation of abortion in the Indian penal code to reduce stigma, improve quality of care, and ensure safe and dignified abortion access.

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### 3. Access to sexual reproductive health and safe abortion services for adolescent young girls

**Silvia Okoth, SHE, Advocacy manager, Bar Hostess Empowerment and Support program, Kenya**

Bar Hostess Empowerment and Support Programme (BHESP) has conducted a study to understand the drivers and barriers of access to comprehensive sexual and reproductive services for adolescent girls between 14-17 years. The study focuses on how age of consent among other barriers affects the equal access to SRH and HIV related services. The study builds on BHESP's two years' experience in the implementation of the PITCH project.

The study was carried out among 672 adolescent girls in Nairobi and Nanyuki. The main methods for this study were a survey questionnaire, focus group discussions and key informant interviews.

### 4. Overcoming Barriers of Digital Divide- Connecting Women with Telehealth for Medical Abortion and Contraception Care

**Zarnab Munir, She/her/hers, Health Systems Advisor, Amna Arshad, She/her/hers, Research M&E Advisor, Amina Mazhar, She/her/hers, Interim Country Director/Ipas Pakistan**

Ipas collaborated with Sehat Kahani, a telemedicine provider organization and Ministry of Health (MoH) and trained 54 tele doctors on medical abortion (MA) and postabortion family planning (PAFP) after passing them through the Ipas Values Clarification and Attitude Transformation (VCAT) activities to clarify myths and misconception of telehealth providers.

Telehealth efficiently bridged the digital divide, ensuring privacy, accessibility, and informed choices. This model can be scaled up for women's health globally, empowering them to seek essential healthcare services confidentially and safely.

## Session 6

### 1. Integrated service approach in provision of PrEP and Family Planning among Adolescent Girls and Young Women in Post-Abortion Care in Kenya

**Inviolata Nafula, Ms, Marketing Evidence and Impact Director, Marie Stopes Kenya**

**Yasaman Zia, Nelly Mugo , Prof, PI, KEMRI**

Women accessing care at post abortion care (PAC) clinics in Kenya have had recent and potentially ongoing condomless sex, placing them at risk for subsequent unintended pregnancy, HIV, and other STIs. Few studies have been conducted to assess uptake of Pre-exposure Prophylaxis (PrEP) and Family Planning (FP) within the PAC settings.

Using medical records data abstracted from clients attending 14 PAC clinics in Kisumu, Nairobi, and Thika, Kenya with an integrated PrEP program, we describe PrEP and FP uptake among adolescent girls and young women (AGYW) aged 15 to 30. Logistic regression models were utilized to estimate the effect of age on uptake of PrEP and FP as an interim analysis of an ongoing implementation project entitled PrEDIRA.

## 2. Implementing Medical Abortion via Telemedicine: experience from Moldova and the EECA region

**Rodica Comendant, MD, PhD, Associate Professor, Director of the Reproductive Health Training Center, Republic of Moldova; SRHR Regional Coalition**

In 2020 RHTC conducted a pilot study on using Telemedicine for medical abortion (TMA), with the objectives to evaluate the safety, effectiveness, patients and providers satisfaction. The results were very encouraging: over 13 months, 549 study screenings were conducted, and 531 pregnant women and adolescents with  $\leq 9$  weeks' gestation were enrolled in the study; (97.8%) had complete abortions, 11 (2.2%) had a surgical completion, for incomplete abortion or continuing pregnancy. Acceptability of the service was high (99% very satisfied or satisfied) and 86.5% reported a future preference for telemedicine. In 2020 TMA was approved by the Ministry of Health Moldova as part of the Safe Abortion National Protocol. Since then, RHTC has continued to provide TMA services to Moldovan women in Moldova and abroad, in other European countries.

## 3. Exploring the experience of Reproductive Violence among women in Morocco

**Dr Meg Ryan, Assistant Professor in Global Health, Director, MSc Global Health, Trinity Centre for Global Health, Nihal Said, Dr Abdellatif Maamri.**

An increasingly recognised barrier to reproductive justice and autonomy is reproductive violence (RV), a subset of which is reproductive coercion (RC). RC refers to deliberate attempts to influence or control the reproductive autonomy and choices of another.

Evidence from Morocco suggests that RC is an emerging concept that is still poorly documented in studies which only focus on intimate partner violence, despite international evidence that perpetrators have been found to include family members including mothers-in-law, mothers, and sisters-in-law. This is echoed by reports from refugee and migrant clients accessing family planning services in Morocco, who describe that alongside their husbands, their mothers-in-law and in some instances the camp chief also interfere with their SRH choices.

## 4. Increasing access to Safe Abortion service among Sex Workers in Mumbai Slums, India

**Tejasvi Hindalekar, Nisha Jagdish, Sanjana Maurya, FPA, India**

Sex workers face numerous barriers to their sexual and reproductive health and rights (SRHR). Widespread criminalization, stigma, and discrimination not only violate their human rights to live free from violence and discrimination, the right to health, and sexual and reproductive rights, but also limit sex workers' capacity to self-organize, access funding for service provision and advocacy, and meaningfully engage with civil society organizations (including unions) and policymakers.

Mumbai branch addressed the Sexual and Reproductive Health and HIV/STI prevention needs of more than 3000 sex workers since 2016, most of whom are home-based in slums around Mumbai Central, Grant Road, and Govandi areas. Community-based interventions using a peer-led approach successfully reached 3,000 individual women in sex work in the slums, empowering them with information on contraceptives, safe abortion, and cervical cancer services in a confidential manner at a time and place convenient to them.

## Session 7

### 1. Engaging the Population Welfare Department (PWD) for Safe Uterine Evacuation and Comprehensive Contraception Services – A pilot Intervention

**Mahnoor Babar, Asim Nazeer, Amna Arshad She/Her, M&E, IPAS**

The project aims to strengthen the referral system for women in need for abortion care at PWD facilities and capacitate the PWD staff on safe methods that reduced the burden of unsafe abortions, subsequently reducing the maternal mortality. The involvement of PWD staff in safe uterine evacuation practices can help to share the burden of public health systems in Pakistan through a task shifting and sharing approach leading to less complication to health facilities.

With this approach, PostAbortion Care and PostAbortion Family Planning services were available to community women at Population Welfare Department facilities and as well as Health facilities ultimately sharing the burden with the Health department. This intervention has a potential to increase women's access to safe abortion and contraceptive services freeing them from vicious cycle of abortion, unintended pregnancies and unmet reproductive needs and hence reducing maternal mortality rate.

### 2. Sexism in Medicine: A barrier to reproductive justice and safe abortion access

**Saraswati Srirang Palnitkar, ISAY, ASAP**

Modern-day medicine has its roots deeply buried in the systematic elimination of women from the profession and restricting them to the role of the caregiver. From a mass genocide in the form of witch-hunting to subtle actions such as the intentional omission of the clitoris in the anatomical diagrams of the female genitalia in editions of Gray's Anatomy and using the male body as default, oppression and violence against women have been a part of the establishment of modern-day medicine.

India Safe Abortion Youth Advocated ( ISAY) is a network of medical students from India. Our vision is to change healthcare to a positive, rights-based system.

Doctors are key stakeholders in the dialogue on safe abortion as the MTP law is provider-centric and vests an imbalanced power in their hands. We undertake sensitisation workshops for medical students and have developed The Abortion Curriculum which brings a gender and rights perspective to the current biomedical model of medical education. In the last 5 years alone we have conducted 20 workshops for over 500 medical students from colleges across India.



### 3. Realities of clandestine abortion practices in Madagascar

**Mrs. Kemba Ranavela, Founder, Nifin'Akanga mouvement**

Madagascar, like many African countries, has inherited the restrictive legal framework of the Napoleonic codes, including the 1810 penal code, which punishes abortion. Article 317 of the Malagasy Penal Code condemns the practice of abortion, whatever the cause. Also, even medical acts of therapeutic termination of pregnancy are punishable by law, even though it is a purely medical act to save a woman's life.

Moreover, despite signing the Maputo Protocol in 2005, the country's position remains ambiguous, as Madagascar still has reservations about ratifying it, notably because of Article 14 - paragraph 2C of the Protocol, which commits States Parties to take all appropriate measures and authorizes abortion.

Complications from unsafe abortion are the second leading cause of maternal death recorded by the healthcare system, after ante- and post-partum hemorrhage. That's why the "Nifin'Akanga" movement is campaigning for the legalization of abortion, in order to help women and support them so that they can dispose of their bodies without having to put their health and/or lives at risk.

### 4. "I will never wish this pain to even my worst enemy": Lived experiences of pain associated with manual vacuum aspiration during post-abortion care in Kenya

**Ramatou Ouedraogo, PhD, Research Scientist, African Population and Health Research Center**  
**Jonna Both, PhD, Senior research scientist, Rutgers**

In Kenya, where abortion is legally restricted, most abortions are induced using unsafe procedures, and lead to complications treated in public health facilities. Whereas access to abortion services is limited, the government has made long-standing political commitments to address abortion-related morbidity and mortality through the provision post-abortion care (PAC) for the management of abortion complications. Although medical uterine evacuation is being more and more recommended for its effectiveness and low cost for the health system, Manual Vacuum Aspiration (MVA) continues to be given priority in countries such as Kenya. However, this technology is associated with pain which management has been fraught with challenges.

This paper explores the lived experiences of pain (management) during MVA to document the contributing factors and how this could translate into obstetric violence.

## **1. Strategies for including women with disabilities in the safe abortion rights conversation in Pakistan**

**Zarghoona Wadood, Disability Inclusion and Gender focal Person at WFP UN**  
**Joshua Dilawar, He/His, Country Lead, Pakistan Advocacy Network (PAN)**

In Pakistan about 65 per cent of people living with a disability are women and girls. They face widespread exclusion from healthcare services, including sexual and reproductive health and rights. Studies analyzing the relationship between disability and key SRH utilization outcomes have often reported mixed findings. There is no data available on unsafe abortions despite the fact that they are at greater risk of sexual assault, mostly have no formal education and are unable to find information or seek help and services when they need them.

A particular form of violence specifically targeting women and girls with disabilities concerns involuntary sterilization, contraception, and abortion, as well as other medical procedures performed without the free and informed consent of the women concerned, despite the fact that such acts are specifically prohibited under the CRPD.

In an effort to build an inclusive safe abortion rights movement in Pakistan through PAN, we have engaged with women and girls living with disabilities through meetings, capacity building programmes and representation.

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## **2. Australian migrant and refugee youth abortion experiences – a qualitative case study**

**Sharanya Napier-Raman, she/her, PhD student, Zakia Hossain, she/her, Associate Professor,**  
**Mi-Joung Lee, she/her, Lecturer, The University of Sydney**

Access to safe abortion care is an essential reproductive right. Abortion is decriminalized in Australia, but there is limited data on care experiences, particularly among marginalized groups. Migrant and refugee youth have poorer sexual health knowledge, service uptake and outcomes than mainstream Australian youth, including higher unplanned pregnancy rates. Moreover, migrant and refugee youth contend with significant abortion stigma within communities. There is little/no research on migrant and refugee abortion experiences in Australia. Our aims were thus to investigate abortion experiences and decision-making of Australian migrant and refugee youth.

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## **3. Situation with safe abortion access in Maldives**

**Fatimath Shaana, board member in IPPF Member Associate & Country Representative for WHO Regional Youth network SYAN.**

It is forbidden by the constitution of the Maldives and is exempted only in very extreme rare conditions. A major contribution to the stigma arises from deep rooted social values which also resembles the impact of the culture and religion.

Therefore, there is no access to abortion outside the few exemptions which are stated in the law such as having a Thalassaemia child, victims of rape. On top of that, the safety of the services of abortion available in the black market or outside the healthcare settings are out of question. The people serving in the black market lack the expertise and knowledge on safety of the abortion and service seekers from such black markets often suffer due to the lack of instructions and end up in healthcare settings with uncontrolled bleeding.

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#### **4. Strengthening the quality of self-managed abortion: MSI's contribution to a stronger continuum of care**

**Matthea Roemer, Innovation, Evidence and Research Manager, MSI Reproductive Choices**

**Joseph Adu, Director, Medical Services, Marie Stopes Ghana**

**Bethan Copley, Director Advocacy and Partnerships, MSI Reproductive Choices**

MSI Reproductive Choices works with governments, donors, CSOs and the private sector with the aim of eliminating unsafe abortion by 2030. Last year we supported 4.7 million clients with abortion or post-abortion care services whilst advocating for the removal of unnecessary legal, policy and clinical restrictions. The evidence on medication abortion (MA) self-care accessed via pharmacies, telemedicine, or through accompaniment models demonstrates that it can be a safe and effective option. However, more needs to be done to ensure people can self-manage safely wherever and whenever they choose and seek follow-up care as needed or desired.

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### **Transit Time and Tea Break - 3 - 3:30pm**

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## **Breakout Room Round 2**

### **Session 1**

**Safe abortion rights advocacy in challenging environments**

**ASAP & IPPF SARO Panel**

**Facilitated by Harjyot Khosa, IPPF SARO**

While SRHR itself is not an easy spectrum of issues to advocate for, the conversation around safe abortion rights can be very controversial, ugly, violent and even deadly. Advocates and providers face a range of issues from pro-natalist population policies to conservative governments, conflict and social upheaval as well as opposition from non-State actors.

In the last two decades despite progress on many fronts we have also seen the silencing of safe abortion rights providers in many countries including the US. The chilling effect of Gag rules, shifting funding landscape, local political turmoil and conservatism and shrinking civil society spaces and lack of coordinated protection of safe abortion rights defenders makes it a particularly challenging issue to advocate for.

In this panel we will explore the specific challenges faced by the partners, advocates, service providers and activists in their own country context in finding accurate evidence based information, being able to provide services, gather accurate data, share information with the community and speak out against oppressive policies, criminalization, public sector accountability.

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## Session 2

### 1. Learning from 22 years in safe abortion path

**Phan Bich Thuy, she/her, Former Chair, ASAP, Suchitra Dalvie, Coordinator, ASAP**

Although abortion has been legal in Vietnam since the 1960s there have been many challenges that need to be solved for safe abortion access to be available universally.

Asia Safe Abortion Partnership (ASAP) was founded in 2008 and I became a member of its Steering Committee and then I was also the Chairperson. The most meaningful success of ASAP is to gather youth champions from Asian countries and to develop their capacities for SRHRs and safe abortion which lead to many positive changes in their countries when they come back.

As one of the founders for VYAC I had the chance to work with enthusiastic and creative young people. During that time the policy makers in Vietnam were so concerned about adolescent abortion and sex selective abortion that they tend to prohibit second trimester abortion in new Population Law.

### 2. Provision of comprehensive abortion care in Uganda under Expanding Community Activism Around Safe Abortion in Uganda Project.

**Mr. Yiga Musa - Team Leader for The Community Health Rights Network (COHERINET).**

**Miss. Mirembe Mariam - Program Supervisor, Miss. Nakalembe Fatume - Project Coordinator.**

The Community Health Rights Network (COHERINET) – [www.coherinetug.org](http://www.coherinetug.org) is a community grassroots level focused SRHR network working to ensure access to reliable sexual and reproductive health rights (SRHR) information, uptake of comprehensive SRHR services not limited to comprehensive abortion care de-stigmatizing SRHR as fundamental human rights. COHERINET operates in Uganda, a country where unintended pregnancies are common.

Between October 2018 and October 2022 COHERINET implemented the project Expanding Community Activism Around Safe Abortion in Uganda (EGRACUA) funded by Safe Abortion Action Fund. The intervention took place in three districts: at the community grass roots levels of Kampala district, Amuru and Gulu district plus Kampala metropolitan areas.

### 3. Trans-cending the Safe Abortion Movement

**Nandini Mazumder, Assistant Coordinator, Dr. Suchitra Dalvie, Coordinator, ASAP**

Asia Safe Abortion Partnership (ASAP) has always strived to work through an intersectional feminist lens and we acknowledge that the safe abortion rights movement needs to address the multiple realities of our lives. Based on the famous line by Audre Lorde (activist), “there is no thing as a single-issue struggle because we do not live single-issue lives”; we believe that this also holds true for our social justice movements. Therefore, at ASAP we work closely with trans men and non-binary people who are assigned female at birth but often left out of mainstream discourses on safe abortion rights, and with service providers who often undergo training based on a patriarchal medical curriculum and lack the sensitivity required.

#### **4. Examining the Post Abortion Care Dynamics in Sri Lanka: A Silver Lining Amidst Restricting Laws** **Harini Fernando, She/Her, Core Team Member, Shelani Palihawadana, Director-Programmes/ Youth Advocacy Network Sri Lanka**

Abortion laws in Sri Lanka are one of the strictest in the world and in the region. The Sri Lankan law sanctions abortion only to save a mother's life. Causing an abortion for any other reason is deemed as a criminal act under the Sri Lankan Penal Code and is punishable with imprisonment ranging from seven to ten years with or without a fine. In practice, abortion is still widely prevalent in Sri Lanka with about 600 unsafe abortions taking place daily (UNFPA, 2020). In this context, post abortion care has become a focus area for health care service providers to ensure low maternal mortality and morbidity rates.

Scientific management of PAC can help to prevent infection, complications, and other long-term consequences to maternal health. This includes emotional support and counseling to women who have had an abortion.

### **Session 3**

#### **1. Clandestine Casualties: Establishing the Right to Abortion under International Law in the Philippine Context**

**Marianne Criele G. Vitug; she/her; Program Officer, The Asia Foundation**

For over a century, the Philippines has criminalized abortion under the Revised Penal Code, making it one of the most restrictive abortion laws in the world. These criminal provisions impose penalties not only on the pregnant person, but also on their parents, health professionals, and any other person who causes an abortion, intentionally or otherwise. The maximum penalty is 20 years of imprisonment.

This paper undertakes an examination of the General Comments, General Recommendations, and Views of the treaty-monitoring bodies of the Convention on the Elimination of All Forms of Discrimination Against Women (CEDAW), the International Covenant on Civil and Political Rights (ICCPR), and the International Covenant on Economic, Social, and Cultural Rights (ICESCR) to establish that there exists a right to abortion under international law that is applicable to the Philippines.

#### **2. Medical Students and The Abortion Curriculum**

**Dr Suyash Khubchandani, Dr Riti Sanghvi, Co-Founders India Safe Abortion Youth Advocates**

The India Safe Abortion Youth Advocates (ISAY) was founded in August 2017 by a group of medical students as an affiliate of the Asia Safe Abortion Partnership. At present the textbooks and teaching continue to remain very biomedical and often misogynistic. This has a serious impact not only in how medical students and service providers see abortions, but also on service provision and access.

ISAY has been working over the last 6 years to create a cohort of sensitized medical students through gender and rights sensitization. This is being done through a series of online and offline capacity building

workshops, sensitization, social media sharing and strategic interventions in college festivals, special days etc.

As of now, ISAY's youth advocate network stands over 400 strong including over 160 medical students, from 37 different medical colleges sensitized specifically during the expansive TAC trainings in 2020-21.

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### 3. Inequality in Abortion Access Persists in Thailand Despite Amendment to the Abortion law Kulapa Vajanasara, Miss/Institute for Population and Social Research, Mahidol University Kritaya Archavanitkul, Assoc.Prof./Choices Network Thailand

Abortion law in Thailand had a significant modification in 2021. Women now have more autonomy to choose what to do with their own bodies as a result of this revision to the abortion law. Practically speaking, however, many women still struggle to get access to safe abortion procedures.

After two years since Thailand's abortion law was changed, the significant barrier to accessing safe abortion services is socioeconomic inequality. Women from marginalized groups frequently have low incomes and are unable to cover all of the costs associated with getting an abortion.

Besides, a shortage of health professionals and public pronouncement is also a key barrier to providing these services nationwide. Together, the Thai government and civil society should minimize obstacles to abortion access and make sure that all women have timely access to safe and legal abortion services.

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## Session 4

### 1. Empowering Caregivers: Enhancing Safe Abortion and Contraceptive Care Skills in Pakistan Amna Arshad, Monitoring and Evaluation Advisor, Ibtisam Sajjad, Monitoring and Evaluation Officer, Amna Mazhar, She/Her, Country Director, IPAS

Pakistan faces challenges related to unintended pregnancies, unsafe abortions, and maternal complications, necessitating improved access to high-quality post-abortion and contraceptive care. To address these issues, this intervention focused on training healthcare providers in safe uterine evacuation technologies, aiming to reduce maternal mortality and improve reproductive health outcomes for women.

The intervention involved comprehensive clinical training for healthcare providers and the provision of necessary equipment for safe abortions and post-abortion contraception. Women-Centered Post Abortion Care (WC-PAC) training, a 5-day competency-based model, was used to train doctors and mid-level providers. It covered safe abortion care using medical abortion (MA) and manual vacuum aspiration (MVA), accompanied by hands-on practicum sessions and Values Clarification and Attitude Transformation (VCAT) activities.

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## **2. Unmasking the termination of Pregnancy Act: A case study of pregnant girls in Zimbabwe.**

**Talent Jumo, Katswe Sistahood, Sendisa Ndlovu, Nigel Hapaguti**

Katswe Sistahood is feminist oriented organization based in Zimbabwe, advocating for the sexual and reproductive health rights of young women and girls. The organization conducted public hearings with members of parliament on the 1977 Termination of Pregnancy Act. The thrust of the engagements was to mobilize members of parliament to be alive to believe realities of pregnant girls under the age of 18 in contrast to the provisions of the TOP Act.

Katswe Sistahood mobilized 30 pregnant girls to participate in the hearings. The pregnant girls made their presentations to the parliamentary portfolio committee on health. The Key findings where that all the pregnant girls were inpregnated by partners above 30 years, presenting policy inconsistency on the age of consent to sex, rape and access to termination of pregnancy. This Finding informed the 2023 Judiciary committee report to be submitted to the parliament.

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## **3. Abortion related intersectional stigmas related to HIV positive status, Drug use, and/or Sex Work or Migration experience in Georgia**

**Medea Khmelidze She/Her; Program Manager, Gvantsa Kvinikadze gender researcher, Georgian Union of PLHIV "Real People Real Vision (LIFE2.0)"/Advisory Board Member of ASTRA Network /Founder of Eurasian Key Population Heath Coalition**

The objective of the qualitative research was to reveal abortion related intersectional stigmas related to HIV positive status, Drug use, and/or Sex Work or Migration experience in Georgia and how it impacts on access to the abortion service and general linkage to Sexual and Reproductive Health and Rights (SRHR).

The research is conducted under the project “Reduce Abortion Stigma in Georgia by Promoting Positive Attitudes to Safe Abortion for better Access including for most Marginalized Women” implemented in Georgia by Georgian Union of PLHIV Real People Real Vision funded by Safe Abortion Action Fund (SAAF).

Abortion stigma is most common in areas where there is harder social and economic conditions and poor access to sexual and reproductive health services and stronger cultural and religious influence. It is of utmost importance to ensure linkages between HIV/TB/Migration and Harm Reduction and SRHR services, including stigma free evidence based abortion, for improving referral and respective access to comprehensive and supplementary services.

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#### 4. Into our Hotline: Facilitating Reproductive Freedom

**Yunishaa, Project Officer, Hema, Executive Member/ Reproductive Rights Advocacy Alliance Malaysia, RRAAM**

RRAAM is a registered NGO in Malaysia and functions as a grassroots operation throughout the country, working directly with local communities to encourage women, girls and pregnant people to have greater bodily autonomy. We aim to demonstrate the impact of safe abortion hotlines by sharing an overview of the services provided, data, research and real life stories to depict the positive effects of a safe abortion hotline that provides only basic information on accessing safe abortion services.

The RRAAM Hotline operates 24/7 solely via WhatsApp messaging, individuals wanting to gain access to information on safe abortion and contraception services are informed to leave us a message on WhatsApp. After collecting the necessary information, our para-counsellors then assess each client's situation accordingly.

With 45+ members in our organization, 4819 followers on Twitter, and engagement on posts that skyrocket to 80,000, more are becoming aware of the work RRAAM does on a daily basis and has been doing for years.

## Session 5

#### 1. Cuerpos y libertades. Mujeres y diversidades indígenas feministas argentinas

**Mónica Menini, Ornella Steffanazzi, Lorena Monroy Católicas por el derecho a decidir**

Catholics for the Right to Decide Argentina proposes as a long-term objective that the right to reproductive autonomy reaches all women and pregnant people in Argentina, taking into account the intersections that cross feminisms such as age, social class, condition of rurality and ethnic origin in particular.

As a pioneer organization in the consolidation of the Green Tide in our country and throughout Latin America and the Caribbean, we seek to promote short-term results with an emphasis on strengthening the leadership of indigenous, peasant, and Afro-descendant women and sexual diversities. We collectively build from an intersectional, decolonial and anti-racist feminist perspective, in which they are protagonists of the conversation and agreements with decision-makers, civil society actors, and within the Argentine and Latin American feminist movement, from their perspective and in their own language.

Our objective is to strengthen the emerging leadership of indigenous, peasant and Afro-descendant women in Argentina for access to the right to abortion and sexual and reproductive rights.



## **2. Resisting regressions and challenging barriers - the transformative potential of SMA in Africa**

**Judicaelle Irakoze, she/her/hers, Coordinator at MAMA NETWORK**

**Jedidah Maina, she/her/hers, Executive Director TICA, coordinator at MAMA NETWORK**

**Lucía Berro Pizarrosa, she/her/hers, Dr., Women Help Women / MAMA**

Self-managed abortion holds particular promise for revolutionizing people's access to quality reproductive care in Africa, where the burden of abortion-related mortality is the highest globally and where abortion remains criminalized, in violation of various internationally and regionally recognized human rights. Increasingly safe and effective, self-managed medication abortion is still subject to many restrictions, including criminal laws, across the continent.

Through the presentation of research projects undertaken by MAMA, its members, and strategic partners we will discuss the strides made by grassroots organizations and the challenges ahead. The multi-faceted endeavors encompassed by this movement span a spectrum of activities, ranging from the establishment of helplines to the design of tailored initiatives catering to marginalized demographics. A rich tapestry of ingenious strategies is being woven to create a strong and powerful movement for self-managed abortion in Africa. This panel will showcase and allow for a rich exchange about the next steps in scaling up and tapping into the potential of this novel model of care to realize reproductive justice.

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## **3. Understanding discourses of choice on abortion from modern cinema in Vietnam**

**Le Hoang Ming Son, Mai Thuy, Thao Nguyen, VYAC**

Studies on abortion in Vietnam emerged due to international demand for reproductive health and rights in the 2000s. However, majority of studies focuses on abortion procedures and medication, while only a few pay attention to cultural concerns. There are nearly no research covers media representation and its implications on people's awareness of abortion in the country.

While the country's health data system is not easily accessed by the public, making it difficult for safe abortion advocates to navigate resources and address abortion related concerns such as stigmatization. The silence of data about abortion also contributes to a negative perception of abortion which have been existing in the culture, as reflected in public memories, discourses, and through films.

This paper will analyze and present different perspectives on abortion in Vietnam by drawing on available mainstream local reports and films.

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## Session 6

### 1. The Fireweed Project: Indigenous Peoples and the Right to Abortion

**Renée Monchalín, University of Victoria; Astrid V. Pérez Piñán, University of Victoria**

**Willow Paul, University of Victoria; Madison Wells, University of Victoria**

**Harlie Pruder, Northern Reproductive Justice Network; Shannon Hardy Abortion Support Services Atlantic;**

**Danette Jubinville, ekw'i7tl Indigenous doula collective; Emily Pruder, Northern Manitoba Abortion Support**

Through a community-led approach, the goal of the Fireweed Project is to build on existing community knowledge and strengths, advance knowledge around, and remove barriers to abortion services for Indigenous Women, Two-Spirit, Lesbian, Gay, Bisexual, Transgender, Queer, Intersex, and Asexual, plus (LGBTQIA+) People in Canada.

The Fireweed Project is based out of the University of Victoria and co-led with four community organizations across Canada, including: Abortion Support Services Atlantic, ekw'i7tl Indigenous doula collective, Northern Reproductive Justice Network, and Northern Manitoba Abortion Support.

The objective of our panel presentation is to disseminate preliminary results of the Fireweed Project, while speaking to abortion access among Indigenous peoples in Canada through the lens of our Indigenous community organizations and research team.

Acknowledging the barriers in accessing sexual and reproductive health services that disproportionately impact Indigenous Women, Two-Spirit, and LGBTQIA+ people in Canada, coupled with the lack of knowledge surrounding Indigenous peoples' experiences with abortion, the Fireweed Project aims to close abortion access gap through engaging with Indigenous Women, Two-Spirit, and LGBTQIA+ people, as well as Indigenous and allied front-line services providers, to improve access to abortion services and supports in Canada.

### 2. RSA Online; the automated counseling platform to access safe abortion service

**Angsiyanat Sichan, Online Administrator, Putthapot Threepharee, Programmer and Digital Marketing,**

**Tussnai Kantayaporn, Program Advisor, Association for RSA Development, Thailand**

The National Guidelines on Comprehensive Abortion Care (CAC) in Thailand was established in 2017. The Thai version of CAC begins with an option counseling, prior to termination of pregnancy, and ends with birth control. The Thai Ministry of Public Health has a clear policy to support greater access to safe abortion services. This includes an expansion of the Referral System for Safe Abortion or "RSA" to tackle the problems of unsafe abortion.

The network covers only 50% of the provinces in Thailand and most outlets provide abortion services at less than 12 weeks gestation. Still, the inadequate and hard-to-access abortion service induces a large number of women with abortion needs for online purchasing of abortion medicines.

RSA Online developed in late 2020 and has been opened for service since July 2021. The electronic database of RSA Online service users in May 2023 has a cumulative number of 140,994 users or an average of 6,130 per month.

### 3. Introducing Sign-language SRHR video intervention in Vietnam: Potentials and Challenges

Le Hoang Minh Son, Thao Nguyen, Mai Thuy, VYAC

In Vietnam, 13.34% (6.2 million) of people live with at least one disability. It is reported that there are more than 1.2 million Deaf people in Vietnam, people with a hearing impairment above 18 are 1.37%, aged between 5-17 are 0.25%.

Vietnamese sign language and sign language interpreter services are rare in healthcare, education, and other social services, Vietnamese health workers are not trained in sign language, while interpreters often are not hired by patients or available at the clinics.

As part of the inclusion initiative by Asia Safe Abortion Partnership since 2020, YCs in Vietnam worked with hard-of-hearing individuals and Sign language interpreters in Ho Chi Minh City to create two informative videos on Reproductive health and rights and Gender-based violence.

### 4. Unpacking case studies of unplanned pregnancy and unsafe abortion among girls aged 12 -17 living in Gauteng, South Africa

Jewelle Methazia, senior research coordinator, Tshegofatso Bessenaar, Vice President of Africa Programs/ Ibis Reproductive Health

Although abortion is legal in South Africa, safe and accessible abortion services for all people, especially minors remain a challenge, and often the reproductive autonomy of minors is not respected and safeguarded. Between December 2022 and January 2023, we conducted in-person in-depth interviews with 10 girls aged 12 to 17 residing in Gauteng, South Africa who reported experiencing an unplanned pregnancy during the COVID-19 lockdown period. These interviews formed part of a larger reproductive health survey among minors and was officially endorsed by the National Department of Health and they were actively engaged in its design.

These narratives offer crucial insights into the social, legal, and psychological barriers that minors confront when accessing safe abortion services in SA

## Session 7

### 1. Privacy safeguards for abortion seekers in non traditional relationships

Rohini Lakshané, she/ her. Independent researcher and technologist

Jasmine George/ she/her, Hidden Pockets Collective/ Founder

What are the challenges faced by persons in non-traditional families and relationship arrangements in accessing abortion and other SRHR services in India?

How are those challenges aggravated for those individuals who in addition to being in a non-traditional family/ relationship setting also belong to a vulnerable identity such as young persons and queer persons.

What are the legal and policy safeguards and provisions that persons in non-traditional families and relationship arrangements need while accessing abortion services and methods?

The Hidden Pockets Collective (HPC) conducted and published a study in 2020 in some parts of India by conducting qualitative interviews with unmarried women and queer persons who had tried to access abortion services.

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## **2. Reproductive Healthcare Services for Women and Women's Experiences with Abortion - Research Report**

**İrem Gerkuş, She/Her, Women for Women's for Human Rights - New Ways**

In Turkey, although abortion on demand can be performed up to ten weeks of pregnancy, access to free and safe abortion services is almost impossible. What is more, many women cannot reach contraceptive methods. The purpose of this research was to both to demonstrate women's experiences, perceptions, and emotions with respect to their bodies, sexuality, childbearing and abortion and to safeguard the right to abortion, legal yet inaccessible in Turkey, while also identifying effective feminist methods of activism and advocacy strategies.

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This research examines the attitudes and behaviors of women living in Istanbul on abortion. It addresses how women experience abortion within the context of social structures, codes and institutions and in relation to cultural practices, norms, attributed meanings, and emotions and how they cope with the consequences of abortion.

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## **3. Breaking Barriers: Navigating Thailand's Journey Towards Safe Abortion Access**

**Ames Marukatat, Sunhye Kim, Ewha Womans University**

On February 6, 2021, Sections 301 and 305 of the Thai Criminal Code were amended to allow women of any age and no more than 12 weeks pregnant to undergo abortion, regardless of the reason. The legal change also allows selective abortions for women who are 12–20 weeks pregnant, in consultation with experts. However, according to abortion advocacy organizations, there are still some barriers that prevent women from accessing safe abortion services. This paper then aims to 1) finding what are the barriers that prevent women from accessing safe abortion services even though the law was amended. and 2) Seeking solutions to solve this problem according to the opinions of abortion-advocated organizations.

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This study was conducted using legal and policy discourse analysis methods, including policy documents, the Thai Medical Council's regulations, and online articles. Furthermore, interviews were conducted with three abortion advocacy organizations in Thailand. They include the members from AID ACCESS Foundation and Tamtang Group. The interviews will be analyzed along with Thai and international literature to study the related aspects of the abortion issue on a global scale in order to provide further examples related to the suggestions given in the paper.

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#### 4. Reproductive coercion and abuse: an exploration of the controversies, challenges, and evidence to pave a way towards reproductive autonomy and justice

Desireé LaGrappe, La Trobe University, Susan Saldanha, Monash University

We will discuss controversies and challenges in reproductive coercion and abuse research and next steps for this under-recognised area of sexual and reproductive health. The term reproductive coercion and abuse is used to describe controlling and abusive behaviours over reproductive choices regarding contraceptive use, pregnancy, and abortion. We aim to stimulate discussion about strategies to collectively navigate present challenges researching this area. By doing so, we can advance evidence-based practice and policy to prevent this form of gender-based violence.

### Session 8

#### 1. Examining Access to Abortion for Adolescents from a Reproductive Justice Lens

Kruthika Ravindraredy, Regional Communications Coordinator, Prabina Bajracharya,, Associate Director, Brototi Dutta, Advocacy Advisor, Center for Reproductive Rights

Studies have reported that in India 78% of adolescent girls' abortions are unsafe. In Nepal, knowledge and awareness around abortion laws are particularly bleak among young women. In this context, this paper maps the various challenges that arises while adolescents seek to access abortion including medical abortion in India and Nepal.

It will examine the issues around access to correct information on SRHR, access to abortion related services, the role of stigma in inhibiting access to abortion, the impact of criminalization of adolescent sexual activity while accessing abortion and continued criminalization of abortion beyond prescribed grounds.

#### 2. The results of a formative research to assess the feasibility of expanding medical abortion services through telemedicine in Eastern Europe and Central Asia: Kyrgyzstan

Dr. Baktygul Bozgorpoeva, Phd, director of Public Association “Kyrgyz Family Planning Alliance”

Unsafe abortion continues to endanger women’s health in numerous countries of Eastern Europe and Central Asia, including in Kyrgyzstan. To improve women’s access to medical abortion (MA), many healthcare professionals consider providing virtual consultations, commonly known as telemedicine.

To assess the feasibility of introducing medical abortion via telemedicine in Kyrgyzstan, a 200 interviews were conducted among women’s organizations (NGOs), abortion medicine distributors, decision-makers, pharmacists, service providers, and potential recipients of services.

50 women from a socially vulnerable group of the population of the southern region and from new settlements in Bishkek have already received medical abortion services through telemedicine within an ongoing pilot study.



### 3. “They told me that if I abort, they'll report me”. Understanding how lack of reproductive justice can lead to infanticide in Senegal

**Ramatou Ouedraogo, PhD, Research scientist / African Population and Health Research Center**

**Heidi Moseson, PhD, Senior research scientist / Ibis Reproductive Health**

**Cilor Ndong, Research officer / African Population and Health Research Center**

Infanticide - the intentional killing or fatal neglect of a child under the age of one year - is a tragic and complex reality in countries such as Senegal. Infanticide is one of the top five reasons why women are detained in prisons in Senegal, accounting for 22.13% of all cases. These statistics, along with media articles about dumped babies, demonstrate the recurrent nature of this phenomenon, and raise questions about the factors underlying such a practice. However, the problem continues to receive limited attention in terms of scientific research, and policy and programmatic frameworks for prevention.

Patriarchal norms and the stigmatization of pre/extramarital pregnancies force girls and women with unwanted pregnancies into social and economic isolation, and create the conditions that lead to infanticide. Restriction and stigmatization of abortion make infanticide the only option for women to escape “social disqualification” and reintegrate into their networks. Yet infanticide exacerbates this disqualification, turning them from “deviant” to “criminal”, with all the legal and social sanctions that this entails. These findings call for community and policy level interventions to shift attitudes towards pre/extramarital pregnancies, sexual violence, and improve the legal frameworks and policies regarding access to safe abortion.

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## Closing plenary 3 - Medicine in service of Patriarchy

**Facilitated by Dr. Subatra Jayaraj, Chairperson, ASAP**

- Dr. SP Choong (Malaysia), CO&CP
- Dr. Zainab Engineer (India) Medical Education
- Dr. John Nyamu (Kenya) Medical Practise
- Dr. Jayne Cavanaugh (UK) Decolonize Medicine
- Dr. Yoon Jungwon, GDC, South Korea

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## Conference Day Two

### Friday, February 16, 2024

## Opening Plenary 4 : Personal is Political

**Co-Chair: Dr. S.P Choong, Jedidah Maina**

### In conversation

- 1) Dr Kalpana Apte, FPA, India
  - 2) Suchitra Dalvie, ASAP, India
  - 3) Rola Yasmine, The A Project, Lebanon
- .....

## Plenary 5 - Decolonization & Decriminalization

### Facilitated by Shelani Palihawadana (YANSL, ASAP)

- Dr. Kalpana Apte, Director General, FPAIndia, India
  - Primah Kwagala, PhD Student, Makerere University, Uganda
  - Jedidah Maina, Executive Director- TICA, Kenya
  - Agustina Ramon Michel, Lawyer, CLACAI, Peru
  - Na Young, SHARE, Center for Sexual rights And Reproductive justice, South Korea.
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## Plenary 6 - Understanding Opposition and Safeguarding Rights

### Facilitated by Dr Fiona Bloomer, Ulster University, Northern Ireland

- Neil Datta, European Parliamentary Forum, Belgium.
  - Raquel Drovetta, National Council on Scientific and Technical Research (CONICET), Latin America
  - Catherine Conlon, Academic, Trinity College Dublin, Ireland
  - Ignatia Alfa Gloria, Youth Network Indonesia (YONI)
  - Ayesha Bashir, CNM, ASAP
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## Lunch Break 12-2pm

## Breakout Room Round 3

### Session 1

**Academia, activism and everything in between: Bridging the gaps and joining the dots.**

**Facilitated by Priskila Arulapragasam, YANSL, ASAP**

Academia and activism are often posited as the two extremes of the safe abortion rights movement. This panel will explore the through lines, the faultlines and whether there is a better way to work together in synergy and collaboration.

Academics:

- Dr Fiona Bloomer, Ireland
  - Suzanne Belton, Australia
  - Ramatou Ouderogo, Senegal
  - Rola Yasmine, Lebanon
  - Agustina Ramón Michel, Argentina
- .....

### Session 2

**1. A liberal abortion law is NOT enough to ensure access for all who need it.**

**Tshegofatso Bessenaar, Vice President of Africa Programs/ Tanya Robbertse, Research Assistant, Jewelle Methazia, Senior Research Coordinator, Ibis Reproductive Health**

The Choice on Termination of Pregnancy (CTOP) Act was passed in South Africa in 1996 outlining the law and provisions for safe abortion. Since then, additional developments have taken place, including the introduction of medication abortion, the inclusion of trained registered nurses as service providers in 2008, and the launch of the Sexual and Reproductive Health and Rights policy which includes safe abortion guidelines in 2021.

Despite these actions and the liberal abortion law, equitable access to safe abortion services is still lacking indicating failure to fully implement law into practice and respond to lived realities of those needing safe abortion services.

Our objective is to share how a liberal law is not enough to ensure access to safe abortion services for all who need it. We will present findings from our research, including feedback from discussions with providers as well as findings from a national study that investigated access to sexual and reproductive health (SRH) care, including safe abortion, in South Africa.

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## **2. Domestication of the Maputo Protocol and Article 14: pathway to abortion decriminalization and accessible services in the Democratic Republic of Congo**

**Jeanne Hefez, She/ her/hers, Senior Policy Advisor, Jean Claude Mulunda, Country Director, Ipas DRC, Anne Marie Tumba, 3 National Program on Reproductive Health (PNSR), Technical Consultant**

The Protocol to the African Charter on Human and People's Rights of Women in Africa, also known as the Maputo Protocol, was adopted almost 20 years ago, providing an important feminist framework, and opening to protecting the reproductive health and rights of African women and girls, including the right to safe abortion. In this paper we highlight the experience of the Democratic Republic of Congo (DRC) with the ratification and domestication of the Maputo protocol, with particular focus on the application of Article 14 for decriminalization and forging the path to safe abortion services. Government ownership, broad coalition building, evidence generation and an integrated approach that married gender, public health and human rights were critical to achieving policy and program reforms.

This paper shares many lessons learned in the years of planning, data collection and advocacy that ultimately led to the domestication of the Maputo protocol as signaled by its publication in the official gazette in 2018.

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## **3. Reconceptualising Reproductive Citizenship: Emerging Insights from a Comparative Study of Abortion Seekers on the Island of Ireland Following Legalisation.**

**Dr Kate Antosik-Parsons, School of Social Work and Social Policy, Trinity College Dublin**

**Dr Emma Campbell, School of Applied Social and Policy Sciences, Ulster University**

**Dr Catherine Conlon, School of Social Work and Social Policy, Trinity College Dublin Dr Fiona Bloomer, School of Applied Social and Policy Sciences, Ulster University**

The Reproductive Citizenship project, funded by the Irish Higher Education Authority North-South Programme, is an ongoing comparative study of abortion seekers on the island of Ireland after the recent legalisation of abortion in both the Republic of Ireland and Northern Ireland. Until 2019, abortion was illegal, with little exception, on both parts of the island of Ireland with the laws dating from the Offences Against the Person Act (1861), a vestige of British colonial law.

We are interested in how legalising abortion on the island of Ireland matters for people's sense of citizenship. Specifically, we are asking how the local availability of abortion matters to abortion seekers' sense of belonging and how this shapes their understanding of citizenship.

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## **4. "Navigating the Crossroads: Government, Healthcare, and Societal Perceptions of Abortion in Japan"**

**Kumi Tsukahara, Rie Takahashi, Japan**

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A focused examination of how Japan's abortion procedures are "obsolete" compared to the WHO recommendations and the reasons behind the minimal changes in Japan's abortion situation, analyzing the perspectives of the government, healthcare sector, and society. We also discuss on how to advance reproductive justice for women in Japan, highlighting the positive aspects and potential factors for change.

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## Session 3

### Open Mic Session

## Session 4

### The Dilemma of Selective Abortion: Facilitated by Dr Suchitra Dalvie, Coordinator, ASAP

#### Panelists

- Anand Tamang, Crehpa, Nepal
- Mai Doan To Thuy, Vietnam
- Xiaoling, Freelancer, China
- Nu Mishra, Founding Editor, Revival Disability India
- Tanzila Khan, CEO, Creative Alley, Pakistan

## Session 5

### 2. Good Practice Centers: A Comprehensive Strategy to Enhance Quality Abortion Services in Latin America and the Caribbean

Johana González, Accompaniment in Health Coordinator, Ipas LAC, Mexico

Biani Saavedra, Research coordinator, Ipas LAC, Mexico

This abstract presents the "Good Practice Centers" (GPC) strategy, an innovative approach developed by Ipas Latin America and the Caribbean (LAC) to enhance access to quality abortion services in the region. The GPC strategy, built upon a multi-faceted approach, focuses on improving service delivery, bolstering training for health professionals, and strengthening the overall abortion care ecosystem, with the goal of delivering human rights- and evidence-based care. The program's sustainability is guaranteed by converting these GPC into graduated sites that become centers of continuous training in safe abortion for the region where they are located.

Implementing the GPC strategy involves navigating various obstacles, including ensuring the sustainability of the Centers, maintaining supply management, achieving regulatory support, and addressing women's barriers to accessing public abortion services. Additionally, the CBP strategy requires authorities and healthcare personnel support.



### 3. Gender and the legal history of abortion: the legacy of colonial legislation in Uganda

**Primah N.Kwagala,, PhD Student, Florence Muhanguzi,, Associate Prof., Zahara Nampewo, Senior Lecturer, School of law at Makerere University Kampala-Uganda**

This discussion will historicise the genesis of the laws and policies regulating abortion in Uganda. Abortion in pre colonial days was more of a family affair. It was handled customarily and communities in Africa handled the issue with care and empathy. It was in only very extreme circumstances that abortion would become a subject of penalties. Through colonial and imperialistic advances on the globe, religion was spread as a tool of civilizing what colonialists considered barbaric nations. Christianity and Islam was introduced to African nations and subsequently colonial rule by majorly the Brits, French, Portuguese, Belgians and Italians.

The British and French occupied the biggest portions of Africa. Whilst the British applied indirect rule in most of their colonies, the French directly established their systems of governance on the people they colonized. Throughout the 18th and 19th century, the colonial masters established laws and policies by which their colonized nations were to abide by. In Uganda, the British through the 1901 Order in Council established that common law (English rules and jurisprudence) could be applied alongside customary rules and norms. This was allowed only in as far as the customs and traditions of ordinary Ugandans were not repugnant to the English common laws.

Years after Uganda attained independence from its colonisers, the laws prohibiting abortion remain as was left behind by the British on the eve of Independence. Restrictive abortion laws have been held to be oppressive, bear fragments of colonial rule and are indifferent to the social economic concerns of Ugandan women.

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### 4. A critical analysis of the POCSO ACT on the criminalization of the rights of adolescents

**Dinta Suresh, She/Her, PhD scholar Department of Women's Studies, University of Calicut, Kerala, India**

The primary objective of the POCSO Act was to establish measures sensitive to children's needs throughout the investigation and trial processes. However, a significant point of contention has been the notably high age of consent set at 18, which fails to consider the realities of teenage sexuality. This situation has resulted in widespread criticism for causing unnecessary criminalization and infringing upon adolescents' bodily autonomy.

The POCSO Act fails to acknowledge the potential for consensual sexual interactions involving older adolescents aged 16 and above. Therefore, the primary objective of this paper is to review the POCSO ACT and to identify the impact of criminalization on the rights of adolescents.

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## Session 6

### 1. Advance Provision: Future Service to Eliminate Barriers

**Amalia Puri Handayani, Hazal Atay, Sangeetha Permalsamy, Women on Web International Foundation**

Since 2022, Women on Web has started to provide advance provision service which allow women and pregnant persons to access abortion pills for future use. The covid-19 pandemic has shown that laws is not the only barrier for women and pregnant persons to access abortion health care. Distance, privacy, cost, waiting time, provider's refusal, stigma, discrimination all play a role in restricting women's and pregnant person's access.

There are 689 requests in 2022 and 519 requests in 2023 up to July for advance provision which in total would be 1,208 requests in almost 18 months. Most requests are coming from Poland (n=522), South Korea (n=125), Thailand (n=90), Indonesia (n=73), and Malta (n=55).

Through advanced access to abortion pills, women and pregnant people have control over their body. Importantly, for sexual and gender based violence (SGBV) survivors, this serves a great advantage as they can find a safe time to order and receive the pills. Additionally, this model also reduces the stress and emotional toll on the care-seekers by minimizing the waiting period, ensuring that they can access the pills promptly when needed.

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### 2. Beyond decriminalisation: The uptake of medical abortion pills in South Korea post-2019

**Hazal Atay, She/her/hers, Dr./ Sciences Po Paris and Women on Web (France/Turkey)**  
**Sunhye Kim/ She/her/hers, Dr./Ewha Women's University (Republic of Korea)**

Examining the help requests received from South Korea post-2019 at Women on Web, an international NGO providing help and information on medical abortion, this study assesses to what extent the decriminalization of abortion in April 2019 has responded to women and pregnant peoples needs in South Korea.

The findings indicate that the decriminalization of abortion in South Korea in 2019 has not fully addressed the needs of individuals seeking abortion services.

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### 3. Disability Lens in Abortion Movement.

**Phylis Ndolo, Women Spaces, Africa**

In sub-Saharan Africa, cis-gender girls and women, transgender persons, and lesbians with disabilities are affected negatively by the value assigned to their gender, their sexual orientation, and their ability status, compounded by low socio-economic status in low-income communities, in which the majority of the population falls.

They have low levels of education in general, and scant knowledge of sexual and reproductive health and rights (BANHAM & PAPAKOSTI, 2018). These factors result in sub-optimal healthcare. Persons with disabilities face numerous barriers to health information and care. Studies have shown that 29% of births by mothers with disabilities are not attended by a skilled health worker, 22% of married women with disabilities have an unmet need for family planning,

The project is expected to generate a number of outcomes including, Increased knowledge of sexual and reproductive health and safe abortion methods among (GWWDs) including LBQ women, Increased number of GWWD accessing safe abortion and increased access to quality, friendly safe abortion services by GWWD including LBQ women. In terms of numbers, the project is expected to train 450, 60 and 300 GWWD including LBQ women, health service providers and community gate keepers in the three counties of Nairobi, Kisumu and Mombasa respectively.

## Session 7

### 1. Catalyzing Change: Leveraging Theatre to Drive Reproductive Health Advocacy and Foster Safe Abortion Awareness in Pakistan

**Joshua Dilawar, He/His, Country Lead, Pakistan Advocacy Network (PAN)**

**Mian Nouman Khalid, Manager, Jennifer Dilawar, She/Her, Manager, ISYD**

This presentation provides an in-depth look into the project's meticulous design, emphasizing the strategic deployment of theater for advocacy. Collaborating with local artists, healthcare professionals, and community stakeholders, the project crafted a script and organized over 20 theatre performances in community and 5 community awareness sessions. These activities, sensitively addressing reproductive health issues, including safe abortion, formed the foundation for a series of impactful theatrical performances and discussions. Through the power of emotive storytelling and relatable characters, the project's performances fostered empathy, providing a secure platform for discussing sensitive topics.

### 2. Connecting Body & Territory for Abortion Justice

**Aditi Pinto, she/they, Programs and Connections Director/ The International Network for the Reduction of Abortion Discrimination and Stigma**

Our struggle for human rights in the form of abortion rights, access, and justice connects us deeply to all struggles for justice across the world. The body as territory, territory as a place of contest and struggle, and the contest and struggle of ownership, belonging, and environment tie us continually to the intricately woven and interconnected struggles of systematically marginalized communities and the realities we experience, live, and challenge. “Our body is our primary territory.” This vision emerged and grew from indigenous and global south feminist movements – acknowledging all these visionaries as we embark on this workshop.

Even when abortion is legalized - shame, silence, and stigma as tools of social policing continue over bodies. Bodies are seen as territory of the state or church and not the pregnant person themselves.

Laws are framed with conditional and circumstantial clauses that dictate how people may live within their own bodies. Through systems of supremacy, such as the prison and medical industrial complexes, just to name a few, we see and live through how our bodies and territories have historically been and continue to be sites of violence, extraction, control, and stigma.

### 3. The Amazing Flabby-Breasted Virgin & Other Sordid Tales

Ayesha Susan Thomas (she/her), Kathasiyah Trust

FBV is a satirical, transfeminist, verbatim theater experience on modern and ancient medical interpretations of the female body. It incorporates interactive game elements and a range of visual and performance art. The show was created in response to an article by Dr Suchitra Dalvie on her experience as a medical student in India, and features interviews (some real, some imagined) with medical students today.

The artistic intention of the show is to challenge, play with and queer the definitions of the body based on lived experience, through the medium of interactive digital performance.

### 4. Prayer for the Departed - Edu-tainment Movie

Nickson Kimeta aka Nick Smith

A feature film on real-life Kenyan public interest and human rights story dubbed 'Prayer for the Departed'; a film based on the real-life experiences of a 14-year-old school girl who underwent sexual assault, abortion, and death; known as the J.M.M Case Petition No.266 of 2015, the film portrayed how the young girl, (identified as JMM) was raped and got pregnant. After she sought abortion services from a quack doctor, she was denied life-saving healthcare in government-funded hospitals. She eventually died of kidney failure. The premiered in Nairobi on 25th March 2023 at the Prestige Cinema

## Session 8

### Recognising the role of healthcare providers in expanding abortion access in Southeast Asia

Supecha Baotip (she/her), Founder and Coordinator, Tamtang Group, Thailand

Ika, Samsara, Indonesia, Sangeetha Permalsamy, Women on Web

The panel discussion will:

- Discuss how abortion law and policies in practice in Indonesia, Malaysia and Thailand.
- Identify best practices on how to overcome healthcare providers' refusal to provide abortion services.
- Demonstrate the role of local feminist groups and trans-national telemedicine abortion services as solutions to the gap created by healthcare providers' refusal to provide abortion services.



## Board Game

**Is Safe Abortion rights just a roll of the dice: Explore it through Snakes and Ladders**

**Ayesha Bashir, She/Her, Communication and Network Manager, Asia Safe Abortion Partnership**

**Dr Suchitra Dalvie, She/HER, Coordinator, Asia Safe Abortion Partnership**

**Sumit Pawar, He/Him, Co-Founder -The Qknit**

The board game was developed as a way to engage with a variety of audiences and create a space for awareness, education, discussions, deliberations, testimonies and advocacy around issues that connect directly with unwanted pregnancies and unsafe abortions. The conceptualization was by the ASAP team and we worked with Sumit Pawar who created the visual schema of the board game based on the well-known snakes and ladders game.

The reason for choosing this game format was that there is a widespread familiarity with the rules and how the game works. It is also a simple game which would allow for easy participation from players in the community.

Games have proven to be an effective learning medium of learning in private and safe settings for individuals across the globe and are increasingly being adapted by advocates to raise awareness on SRHR issues like menstrual health, HIV, comprehensive sex education and much more, however a similar game to learn about safe abortion rights didn't exist so far.

## Transit time & Tea Break 3-3.30 pm

## Breakout Room Round 4

### Session 1

**1. All Eyes On Self-Managed Abortion – How The Politics Of Control Can Affect This (Radical) Practice.**

**Kinga Jelinska, Lucia Berro Pizzarossa, Justyna Wydrzynska she/her & Natalia Broniarczyk she/her, Abortion Dream Team, Abortion Without Borders**

Outrageously there is currently not a single country worldwide that follows the 2022 WHO recommendations on abortion care, let alone pursues bold innovation in state-institutionalised practices. Countless abortion practices are not grounded in scientific evidence and human rights standards and continue to be contaminated by political trade-offs as well as power and economic relations. An example of such practice, for decades tainted by the political agenda (also within our own movement), is self-managed abortion.



We will base our reflection on our lived experiences and hands-on work as members of the European initiative called Abortion Without Borders, the biggest provider of abortion care in Poland (100,000 people helped in 2 years), Women Help Women – the single biggest facilitator of abortion pills in Poland, and as participants in WHW’s global work., Importantly, we will lift up the lessons learnt from the criminal trial of one of us - Justyna Wydrzynska, who was sentenced for aiding and abetting abortion by providing a set of abortion pills.

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## 2. Abortion Advocacy in Sri Lanka – Recovery in a multi-dimensional crisis

**Sarah Soysa, UNFPA Sri Lanka**

These abstract aims to provide an overview of latest abortion advocacy efforts in Sri Lanka, exploring the historical, legal and socio-cultural dimensions of this complex issue. Shedding light on the current state of abortion advocacy in Sri Lanka it is important to examine the factors that have shaped public opinion, legal frameworks, and the role of advocacy organizations

Almost a quarter of the population in Sri Lanka consists of young people but a nationwide Youth Health Survey (2013) revealed that only 59% of respondents received education on reproductive health in school and nearly 50% were unaware about most aspects of basic SRH issues. Only 45% of young people had ever heard of the emergency contraceptive pill although around 30% reported to have engaged in some sexual activity. Between 650 – 1000 abortions take place a day in the country even if abortion is legally restricted. Despite the availability of contraception, there are still challenges in terms of access and awareness, among young people specifically due to the stigma, discrimination, myths and misconceptions.

A nuanced understanding of the challenges and opportunities faced by abortion advocacy groups in Sri Lanka is needed to formulate evidence-based policies that protect women's reproductive rights while considering the diverse perspectives. The multidimensional crisis has opened an opportunity to push for legal changes and the favourable political environment needs to be taken as an advantage.

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## 3. Coercion or support? The role of parents in adolescent girls’ abortion decision making and care seeking in the Atlantique Department in Benin

**Jonna Both,, Dr. , Senior Researcher, Rutgers**

**Eunice Amoussou, Researcher, Independent**

**Vanessa Dossi Sekpon, Researcher, Independent**

Abortion, while often portrayed as an individual woman’s affair, is actually a social issue. Indirectly, through upholding specific social norms for example, the community is highly involved in girls’ and young-women’s abortion decision making and type of care seeking. Peers, mothers or aunties often play a more direct and important role in getting access to information on how to abort, while fathers or male partners may influence or even coerce girls and young women to abort, or, to carry a pregnancy to term.

In Benin, likewise, resorting to induced abortion is not always a personal decision, or process, especially in situations where the pregnant girl or young woman is not in union and still under the authority of her parents.

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#### **4. Expanding Access to Medical Abortions in MX- USA Border Cities: A Multimedia Training Intervention for Independent Pharmacies in Mexico**

María Elena Collado, she/her, Knowledge Management subdirector, Ipas LAC, México

Biani Saavedra, she/her, Research Coordinator, Ipas LAC, México

Amid changing U.S. abortion laws and increased demand for safe and legal abortion services in border cities in Mexico, this multimedia intervention aimed to train staff in independent pharmacies on the use of misoprostol for medical abortions in the main cities of six border states between Mexico and the U.S. The objective was to enhance knowledge and practices around the sale of misoprostol, contributing to improved access to medical abortions.

The multimedia intervention in independent pharmacies along the Mexico-U.S. border represents a promising approach to improving access to medical abortions amidst changing abortion laws. The training effectively enhanced the knowledge and practices of pharmacy staff regarding the safe and effective use of misoprostol, making a significant contribution to reproductive justice in the region.

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### **Session 2**

**Funding partner's panel: Facilitated by Dr. Kalpana Apte, Director General, FPAIndia**

- Laura Hurley, SAAF
  - Anand Sinha Packard Foundation
  - Shradha Shrejata, Mama Cash
  - Dr. Narmeen Hamid, Amplify Change
  - Susana Medina Salas, Fos Feminista
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### **Session 3**

**Open mic session**

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## Session 4

### 1. Interdisciplinary abortion care service: change-makers towards reproductive justice

**Ahmad Syahir Mohd Soffi, They/Them, Clinical Lead, Pregnancy Options Service/Royal Darwin and Palmerston Hospitals/NT Health**

**Vanessa Scott, She/Her, Pregnancy Options Service Clinical Nurse Specialist/**

**Megan Kirby, She/Her, Social Worker, Women's Children's and Youth Division/**

Rights-based abortions (RBA) after 24 weeks gestation that centers pregnant people's expertise in their lived experience remain highly stigmatized, even among health workers who provide abortion care. Hospitals in legally permissive settings restrict access to abortions after 24 week to medicalised abortions (such as for a fetal condition) due to conscientious objection based on a socially-constructed gestational threshold of 'fetal viability'.

Reproductive-justice-informed values clarification training addressing gestational thresholds may improve health workers' attitudes and health service culture towards RBA after 24 week and provide access to RBA after 24 weeks in hospitals, but busy health workers may not have access to training opportunities due to time constraints.

The interdisciplinary Pregnancy Options Service (POS) prioritises a reproductive-justice-informed, socio-ecological approach to health, over the biomedical model. This may have helped generate creative opportunities to disrupt oppressive structures within the health service that impede access to RBA.

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### 2. 'Beyond cultural norms': Examining stigma within unmarried women's abortion experiences in India

**Janice Lazarus / Ms/ PhD candidate/ Birkbeck, University of London**

This paper starts with the premise that the discourse on abortion in India is predominantly informed by the lives and experiences of married women, and argues that looking at the abortion experiences of unmarried women can lead to the development of more inclusive abortion laws, policies and practice in India. This paper draws on data collected in the form of 45 semi-structured interviews with women who have had abortions while they were unmarried in India.

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### 3. The right to abortion in Tunisia, between the consecration of the right and daily challenges (Recorded)

**Lina Elleuch, she/her, SOGIESC project coordinator and law reasercher , the initiative Mawjoudin we Exist**

Tunisia is one of the few Arab-African countries to guarantee the right to abortion in its laws, and to offer state-run centers where abortions can be performed free of charge. But in reality, this right remains very vulnerable, given the shortage of abortion pills and the behavior of the health professionals who work in these centers.

With the new political context in Tunisia, nothing has changed. On the contrary, women's situation is becoming increasingly precarious, driving them to seek abortions in expensive private clinics, sometimes in appalling conditions.

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#### **4. Safe Abortion Advocacy Movement in Sri Lanka**

**Priskila Arulpragasam/ She, Her, Hers / Director Organizational Development and Admin/ Youth Advocacy Network Sri Lanka (YANSL)**

Youth Advocacy Network Sri Lanka (YANSL) was founded in 2015 by the Youth Champions of ASAP with the goal of creating Access to sexual and reproductive health and rights information and services including access to safe and legal abortion in Sri Lanka.

This network has been at the forefront of the safe abortion rights advocacy movement in SL despite the difficult and even hostile environment to speak about abortion. This presentation will share the pathways, challenges, and lessons learned during our struggles to build a movement for safe abortion rights in SL.

Studies have found that 650 abortions take place every day in SL and most of these are unsafe (Rajapakse, 1997). This study was conducted in 1997 when the population of the country was 18.4 million. Since its inception, YANSL has been advocating for Safe Abortion Rights in SL by building a movement and strengthening the capacity of abortion rights advocates.

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### **Session 5**

#### **1. Reproductive Citizenship: where does abortion fit in this concept, and can we capture it empirically?**

**Catherine Conlon (she) Associate Professor, Trinity College Dublin**

**Fiona Bloomer (she), Senior Lecturer, University of Ulster**

**Kate Antosik-Parsons, Post-Doctoral Research Fellow, Trinity College Dublin**

In the 1990s Turner proposed 'reproductive citizenship' as conceptualising the state's interest in population within the framework of governmentality. It captures state-building, nationalism, and reproductive citizenship as necessary connections of reproduction. Yuval Davis critiqued and developed on the concept engaging feminist frameworks of the patriarchal state to argue that it is best considered in relation to three domains of: State, Civil Society and, family and kinship relations.

This project entails the crucial move of bringing the reproducing-abortion-seeking body into the frame of reproductive citizenship. In this workshop we invite abortion activists and academics to think with us and engage with us in this conceptual moving/movement.

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## 2. SRHR Defenders: Heroes not Villains – A Global Briefing

### Amnesty International

Amnesty International and partners propose to organise an oral presentation followed by a Q&A discussion to present the findings, cases and recommendations of a global briefing on the impact of criminalization and attacks on SRHR defenders and think collectively of ways forward to support abortion service providers and advocates to perform their work safely and freely.

Amnesty International's global briefing, developed in collaboration with partners sets out the risks that abortion providers and advocates face around the world, documenting how this affects access to abortion and featuring some key cases. SRHR defenders are Human Rights Defenders and Amnesty calls on states to fulfil their obligations to recognize and protect them. Our recommendations are also focused on addressing the root causes behind these risks, grounded in the hostile environment against SRHR and abortion in particular; an environment that states have an obligation to combat and counteract.

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### 3. Harnessing support from religious leaders for abortion law reform

**Simeon Thodi (he/him), Senior Marketing and Advocacy Manager, MSI Malawi**  
**Reverend Cliff Nyeka Nyeka (he/him), Religious Leaders Network for Choice**  
**Bethan Cobley (she/her), MSI Reproductive Choices, Director Advocacy and Partnerships**

Malawi has one of the most restrictive abortion laws in the world with abortion only permitted to save a woman's life. This is a driver of unsafe abortion, accounting for about 18% of maternal deaths. A Bill that was drafted in 2016 to expand access by increasing the grounds under which abortion can be procured has still not been discussed by parliament largely due to objections from religious leaders. Therefore Banja La Mtsogolo (BLM) - the Malawi country programme for MSI Reproductive Choices - has been working with the faith community to counter this opposition. This led to the identification and emergence of five high profile faith leaders who have established a pro-choice local NGO called Religious Leaders Network for Choice (RLNC).

While the African family planning movement has a long history of engaging faith-based champions, this is a relatively new innovation for the pro-choice movement and this initiative offers exciting learnings for engaging with faith-based champions to incr

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### 4. Spiritual Alliance of Communities for Reproductive Dignity: A Model for Combating Religious Fundamentalism and Advancing Reproductive Justice

**Rev. Latishia James, she/they, Co-Director for Organizational Development, Rev. Angela Tyler-Williams, Co-Director for Movement Building, Rev. Dr. Andrea Vassell, she/her, Bishop of The Fellowship of Affirming Ministries Global Ministries and Founder of the Wawa Aba Institute for Womanist Leadership**

Reproductive freedom is at stake in the U.S. and globally, and the campaign for its peril is led by the colonising forces of White Christian Nationalism and other fundamentalist religious organisations. In order to achieve Reproductive Justice, we must have a faith-based strategy that liberates our bodies and policies from religious tyranny. The Spiritual Alliance of Communities for Reproductive Dignity

(SACReD) connects communities - the secular reproductive health, rights, and justice movements with faith partners that inherently have allied justice commitments.

We believe the work of faith-based Reproductive Justice advocacy is more important than ever as we see the rise of religious fundamentalism and fascism across the globe striving to eliminate our reproductive and gender rights.

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## Session 6

**Fos Feminista: Making Abortion Laws Real : addressing gaps in implementation and advancing best practices' which was advanced by our Centre for Evidence Based Advocacy**

**(Organizations include: Iniciativas Sanitarias, CDD Argentina, CDD Mexico, YP Foundation, ASAP and MAMA Network)**

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## Session 7

**Make Abortion Accessible with Positive Narratives**

**Sangeetha Permalsamy, Inga Kanitz, Veronica Fernandez, Women on Web**

The 'Make Abortion Accessible with Positive Narratives!' focuses on the power of positive messaging in shaping understanding and perceptions of abortion care. The session will combine interactive exercises, presentations, and an introduction to the 'Abortion Framing Toolkit' to inspire, spark ideas and guide participants towards positive messaging as well as collaborating.

Our collective beliefs and worldviews are often shaped by the way issues are presented, forming what we know as narratives. In the context of abortion, common narratives, whether intentionally crafted or not, often perpetuate harmful norms that contribute to abortion stigma of people accessing, providing, and supporting abortion. It can be easy to feel dejected by negative discourses, however, providing people with hope and the ability to envision solutions can make a world of difference. This is the crux of positive messaging.

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## Session 8

### 1. The experience of using court advocacy to make abortion more accessible in a restrictive setting Dr Godfrey Kangaude, he/him/his, Executive Director, Nyale Institute/Research Associate Rhodes University

Temwa Chipaza, he/him/his, Program Officer, Nyale Institute/ Law Student - University of Malawi

Nyale Institute is undertaking a project with two objectives: to advocate for full access to safe abortion as per government policy, and second, to assist denied individuals in seeking legal recourse to the courts to interpret the law and determine their eligibility for lawful abortion in accordance with Malawi's laws.

Outdated Penal Code legislation from the colonial era complicates access to legal services for sexual violence survivors. Consequently, many young girls resort to unsafe methods, endangering their lives. In 2015 alone, around 140,000 women underwent illegal abortions, but we believe some of the girls and women who had to resort to some methods were actually eligible for safe abortion under the law but either did not know or found it difficult to access legal abortion from the public health facilities.

### 2. Impact of Law on Access to Safe Abortion Services in Sindh, Pakistan

Komal Qidwai, she/her, Research, Learning, and Evaluation Manager at Aahung

This paper is based on a fact-finding report produced by the New York based Center for Reproductive Rights, and Aahung, a Pakistan-based NGO. It explores the impact of Pakistan's restrictive legal framework on abortion on the ability of women and girls to access safe abortion services in the province of Sindh.

This is the first study in Pakistan that focuses on the impact of the existing legal framework on availability and accessibility of safe abortion services. This paper will discuss the methodology and findings of the study, as well as its implications for advocacy on law and policy reform around abortion in Pakistan.

### 3. Abortion, reproductive justice, and SRHRs: lessons from El Salvador

Dr Rebecca Smyth, she/her/hers, Lecturer, Birmingham City University

This paper explores the challenges and opportunities arising from feminist engagement with international human rights law to advance abortion rights, reproductive justice, and SRHRs. Highlighting the effective, innovative work of the Salvadoran feminist movement to overturn El Salvador's complete abortion ban, this paper argues that their struggle for abortion rights is part of the longstanding feminist struggle for women to be recognised as full persons before the law. To develop this thesis, this paper articulates the concept of reproductive citizenship.

Citizenship is understood as a contested process around the right to have rights and determine the scope of those rights. There is a long history of citizenship excluding and oppressing women, such as by denying them the right to vote (political citizenship), enter the labour force (economic citizenship), or make decisions about their reproductive lives (reproductive citizenship). However, there is also a long history of feminists contesting this exclusion and oppression, often by using the language and mechanisms of international human rights law. Combining doctrinal, socio-legal, and qualitative research, this paper explores the questions of how feminists can harness the emancipatory potential of international human rights law to advance abortion rights, reproductive justice, and women's full citizenship, and what they can learn from the Salvadoran feminist movement in this regard. It takes an explicitly intersectional, trans-inclusive approach.

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#### 4. From data to design – Using Art to Breathe Life into Abortion Research & Advocacy Country: India'

Paromita Vohra, she/her, Agents of Ishq

Caila Brander, Katherine Key, Ibis Reproductive

Despite legal permissibility, abortion in India is highly stigmatized. Facility-based abortion care is inaccessible to many, especially unmarried women. Roughly 73% of India's abortions are self-managed (SMA) meaning they take place outside of facilities using medication abortion (MA) pills. A recent study conducted by Ibis Reproductive Health (Ibis) revealed extensive stigma and misinformation about MA pills and SMA experiences.

Ibis partnered with artists at Agents of Ishq (AoI), an organization that creates pleasure-positive and enabling conversation around sex using multimedia, partnered to design two art pieces with the goal of providing greater information about taking MA pills and reducing stigma around SMA and abortion generally.

We will share key learnings from both the perspective of the designers (AoI) and the perspective of the researchers (Ibis) on how researchers and artists can collaborate to address issues identified by research. We will also share feedback we received during the design process, and how we iterated the art to meet the needs of the audiences they were designed for.

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## Closing Plenary 7 - Intergenerational feminism, Reproductive Justice and global politics

Co-Chairs: Zarghoona Wadood, PAN, Susana Medina Salas, Fos Feminista

- Charity Woods Barnes (video)
- Manisha Gupte Keynote Speech

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## Conference Day 3

### Saturday, February 18

## Opening Plenary 8 Life: Beginnings, Endings and In Between

**Co-Chair: Na Young, Suzanne Belton**

**Facilitated by: Dr. Suchitra Dalvie**

Panelists:

- Rola Yasmine,
  - Emma Campbell,
  - Shelani Palihawadana,
  - Anusha D'Cruz
- .....

## Plenary 9 Youth leadership in Safe Abortion Rights Movement in Asia

**Shreejana Bajracharya (YSERHA, ASAP)**

- Fariha Hossain YouthAID, ASAP
  - Zarghoona Wadood, PAN, ASAP
  - Jessica Work Fiji, IPPF ESEAOR
  - Rafi Maestro, The A Project, Lebanon.
  - Dr. Zainab Engineer, ISAY, ASAP
- .....

## Plenary 10 Population Policies, Climate change and Safe Abortion Rights

**Panel facilitated by Jedidah Maina**

- Yu Yang & Xiaoling Tang (China)
  - Prof. Kritaya Archavanitkul (Thailand)
  - Jessica Work, Pacific Island, Fiji.
  - Sarah Soysa (UNFPA, Sri Lanka)
  - Mr. Ben Angoa, Solomon Islands, IPPF ESEAOR
- .....

**Lunch Break 12-2pm**

## Breakout Room Round 5

### Session 1

#### 1. Creating bollywood-style media to create enabling conversations around abortion

**Paromita Vohra, Creative Director** **Debasmita Das, Creative Associate, Agents of Ishq**

Agents of Ishq, a sexuality education platform that creates accessible, contextually relevant content for young Indians, partnered with Global Health Strategies (GHS), which does advocacy on health, for an online campaign titled #SupportChoiceNotStigma. It aimed to generate a relevant, relatable, inclusive conversation about women's autonomy around safe abortion. AOI created a Bollywood style video to humorously counter misconceptions and deliver well-researched information on sex, contraception, pregnancy and abortion, which would both generate conversation online as well as become a perennial resource.

The video integrated sex, contraception, pregnancy and abortion into one narrative of sexuality education, alleviating the exceptionalism around abortion. By intertwining information with cultural critique we could address sexual health, emotional health and cultural contexts together, while always emphasising on their right to choice.

#### 2. "PLOP": Using graphic novels to expand understanding of abortion experiences in Sweden

**Lena R. Hann, she/they; Associate Professor of Public Health, Augustana College, IL, USA; Visiting Researcher, Centre for Gender Research, Uppsala University, Sweden**

**Kristina Lod Castell, she/her; RFSU, Sweden**

**Saniya Lee Ghanoui, she/her; University of Texas at El Paso, USA**

In the Swedish graphic novel, Two Lines = Pregnant (based on Det Växer), Julia lies in a clinical bed while she waits to pass the pregnancy tissue from her medication abortion. Wondering what her abortion will look like, she turns to her friend to ask, "What does placenta look like?" Several frames later, Julia removes her pad-lined underwear to see a blood clot, while the text of "PLOP" communicates that she has had her abortion.

Two Lines = Pregnant, published by RFSU to increase public awareness about abortion, illustrates author Julia Hansen's abortion experience from taking a pregnancy test to having the abortion in a clinic.

For this project, we explored visual representations of abortion and fetal images in Swedish and American popular culture.

### 3. 71 to 21: Back and Forth (a video drama on advocating for people's right to access safe abortion in India)

**Dr. Manisha Gupte (she/her). Co-Convenor, Mahila Sarvangeen Utkarsh Mandal (MASUM), India**

**Alka Pawangadkar, Independent Consultant, India**

**(inputs from Suchitra Dalvie and Harshawardhan Shrotri)**

This video play commemorates 50 years of the Medical Termination of Pregnancy Act of 1971 and juxtaposes it with real-life access to safe abortion in India, in the year 2021. Using cultural tropes from Maharashtra state, it includes music, satire, and a play-within-play technique to bear witness to denials, violations and the tightrope walk that women have to navigate on a daily basis due to the lack of bodily autonomy and decision-making within patriarchy, and the stigma surrounding abortion.

The play depicts the irrepressible agency of all its protagonists, in spite of facing multiple discriminations.

### 4. "Law & Life"

**Sabuj, Creative Manager, RedOrange Communications, Bangladesh**

"Law & Life" is a thought-provoking documentary that delves into the complexities of the Abortion law in Bangladesh and its implications for reproductive health and rights. The film exposes the challenges faced by women like Santa, who navigate a restrictive system that hinders their access to safe abortion services. The documentary shares the story of Santa, a 22-year-old woman from a middle-class Muslim family, who found herself facing an unplanned pregnancy. Santa's journey highlights the challenges she encountered at a hospital that strictly adhered to protocols prohibiting abortion or menstrual regulation, leaving her with limited options and forcing her to seek assistance elsewhere. Santa's experience represents the untold stories of numerous women who face the consequences of limited information and access to reproductive healthcare.

## Session 2

### 1. Telling Truer Stories of Abortion in the Philippines

**Kristine Chan, they/them, Co-President/Filipino Freethinkers/Philippine Safe Abortion Advocacy Network Member**

**Crissar Munding, she/her, Network Coordinator/Philippine Safe Abortion Advocacy Network**

**Sarryna Gesite, she/her, Networking Officer/Women's Global Network for Reproductive Rights/Philippine Safe Abortion Advocacy Network Member**

Telling Truer Stories is an art anthology that was launched in 2018 by PINSAN to destigmatize, demystify, and decriminalise abortion in the Philippines. The anthology collects feminist narratives in various art forms (visual art, video, and creative nonfiction, etc.) that portray the experiences of women who have had abortions, as well as the perspectives of those who support safe and legal abortion. The objective is to shift the narrative from the usual conservative caricatures and stereotypes to the underrepresented diverse realities that women (and their loved ones) live every day.

## **2. One Country, Two Politics: A Comparative Analysis of Abortion Policy in China and Hong Kong**

**Ruby YS LAI, she/ her Department of Sociology and Social Policy, Lingnan University, Hong Kong**

By comparing the abortion policies of China and Hong Kong, two geographically and culturally proximate regions with divergent yet connected developmental trajectories, this study illustrates how socio-political factors structured the way in which abortion policies were implemented and how advocacy for reproductive justice was organized.

This study highlights the significance of socio-political configurations in enabling and constraining reproductive autonomy at the institutional and individual levels. It also envisions the future challenges to abortion rights and advocacy in the two regions in the face of fertility decline and the recent pronatalist turn of the two population regimes.

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## **3. Abortion and Reproductive Justice in Digital Space: Feminist intentionality in developing AI towards finishing the revolution**

**Anika Binte Habib, PhD candidate, Lund University, Founder and CAN member, YouthAID.**

**Dr. Karin Steen, She/Her, Senior Lecturer, Lund University**

**Nujhat Khan, She/Her, CAN member, YouthAID.**

Rights-based and need-based information is one of the key elements in ensuring abortion and reproductive justice. Digital space has been useful for providing information to a wider audience, but misinformation on the subject still exists. While this problem is unresolved, we have already entered the new information era of Artificial Intelligence (AI), which has overwhelmingly sparked global interests and concerns.

Feminist scholars have critiqued its proliferation in failing to address gender and racial biases as well as its danger in spreading misinformation or half-baked information. The good news is that such paucity can be addressed and is very much needed to provide rights-based and need-based information and nuanced perspectives when it comes to abortion and reproductive justice.

Against this backdrop, we propose to introduce the feminist intentionality of the human-AI relationship to advance abortion and reproductive justice in digital space.

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## **4. Despite a crucial amendment to MTP Act in India; it has not translated into services or access at the last mile**

**Bethan Cobley, MSI Reproductive Choices**

With the completion of a year since the Medical Termination of Pregnancy (MTP) (Amendment) Act, 2021 came into effect, Foundation for Reproductive Health Services (FRHS) India undertook this study to assess the awareness of the Act and understand practices related to safe abortion at the community level.

In August and September 2022, we conducted a quantitative survey with 1622 women and in-depth interviews with around 100 healthcare workers in Delhi, Maharashtra, Rajasthan, and Uttar Pradesh. The key findings of the study provide insight into barriers to accessing safe and legal abortion services and help determine the way forward.

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## Session 3

### Shifting Discourse Open Session

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## Session 4

### 1. Sex selection and safe abortion: Unravelling the Gordian Knot

**Dr. Suchitra Dalvie, Coordinator, ASAP**

**Dr. Manisha Gupte, (she/her). Co-Convenor, Mahila Sarvangeen Utkarsh Mandal (MASUM), India**

The authors have been involved in safe abortion rights as well as sex determination issues in India as individuals and through their role and associations with various organizations, movements, campaigns, studies, publications and advocacy efforts, for over two decades.

It has been our observation that many civil society groups and individuals working on these issues, as well as those involved in the on- the- ground implementation of related laws and policies and programmes, are often uninformed, mis- informed or confused since the nuanced inter-relation of the issues is usually not discussed or clarified. The creation of a false narrative of these two issues being in conflict with each other has been popularised in the absence of a deep understanding of the underlying ideology and perspective related to gender discrimination that frames both the above movements.

We propose to unpack the historical perspectives as well as the trajectory of the politics and the influences that have shaped the Acts related to abortion and sex-determination in India. This presentation weaves in an academic perspective as well as a view from the trenches.

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### 2. Hospital provision, institutional power, and the mechanics of abortion regulation

**Erica Millar, she/her/hers, La Trobe University**

In Australia, most surgical abortions are performed in private clinics at significant out-of-pocket costs to the pregnant person. Very few hospitals offer abortion services at all, let alone comprehensively. Expanded hospital provision is often promoted as a solution to increased public access, and would be an important means of opening up training opportunities for the future workforce.

With notable exceptions, people who work within hospitals providing abortions, or who have attempted, but failed, to set up a viable abortion service, face various obstacles, including explicit directives not to perform abortion, instances of 'strategic inefficiency' (Ahmed 2021), where promises to expand provision do not transform into action, and an over-reliance on a few committed practitioners without any real institutional commitment to providing services.

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### 3. The role of INGOs in supporting regional movements for abortion rights - an example from Francophone Africa

**Fatou Janssen, Senior Advocacy Advisor, MSI Reproductive Choices**

**Bethan Cobley, Director Advocacy and Partnerships, MSI**

MSI Reproductive Choices (MSI) is one of the world's largest providers of abortion services with programmes in several Francophone Africa countries where access to abortion is highly restricted and where systemic social and cultural norms exacerbate access.

One-way MSI contributes to strengthening abortion movements in Francophone Africa is by leveraging our credibility as a service provider and existing relationships with governments and decision makers to ensure grassroots partners are included and involved in the national and regional discussions that will impact them and their communities.

One example has been our work with ODAS (Organisation pour le Dialogue pour l'Avortement Sécurisé), an innovative initiative to strengthen the movement for safe abortion across Francophone Africa and to support government officials, physicians and midwives, youth groups, feminist networks, professional associations, and NGOs to dismantle abortion stigma, highlight the consequences of unsafe abortion, and advocate for sexual and reproductive health and rights.

## Session 5

### Queering reproductive justice: belonging, storytelling, and family for us all

**Rola Yasmine, she/her, Executive Director / The A Project**

**Samia Habli, she/her, Deputy Director / The A Project**

**Nana Abouelsoud, she/her, Programs and Advocacy Coordinator / Resurj**

Raised under compulsory heterosexuality, reproductive coercion is convention and voluntary motherhood is a seemingly absent demand or possibility. The idea of parenting children that have no genetic connection to one's own DNA is seen as strange.

In South West Asia and Northern Africa, like in many places around the world, belonging, blood, and storytelling are the promises of heteropatriarchal family formations; promises that are well anchored and regulated by law and religion. Spaces of queer feminist organizing have been monumentally crucial in rejecting the notion that bonds and ties can only be sealed with blood, and through flourishing revolutionary ideals they aim to uncover different ways of belonging.

Reproductive justice stands strong in the queer politic of dismantling heteropatriarchal and capitalist notions of family, and queer feminist organizing can again achieve this demand by: refusing to fall for the problematization of merely wanting to have children (a discourse mostly affecting migrants, refugees and poor women), refuting the biological as the single most legitimate form of kinship, and acknowledging the value of belonging, storytelling, and family for all.

## Session 6

### 1. Why Abortion History Matters. The Case of Self-Managed Abortion (SMA) in 1970s Italy.

Elena Caruso, she/her, Postdoctoral fellow, University of Waterloo, Canada.

Current practice of SMA with pills has challenged the medico-legal paradigm and more importantly overturned the equation between the illegal and unsafety in the area of abortion (Sheldon 2016; Erdman et al 2018; Prandini Assis and Erdman 2021). Despite these important achievements, there is yet a dominant ahistorical approach towards the category of SMA. Thus, there is a tendency to classify historical experience of underground abortions through the historical artefact of backstreet abortions, ignoring the fact that SMA with pills belongs to a long-lasting collective practice of resistance against abortion bans.

In addition to questioning the ahistorical nature of much discussion of SMA, in my presentation, I offer a concrete example of how engagements with history, or at least an historical awareness, when we engage with SMA is crucial for a comprehensive understanding of the current phenomenon, helping us to respond to pressing questions regarding the meaning of SMA.

Grounded on extensive archival materials of abortion campaigns and parliamentary records as well as on a set of qualitative interviews with abortion campaigners, I focus on an historical and little known experience of SMA in Italy.

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### 2. Unfolding the Evolution of Abortion Policies in Nepal

Laxmi Chaudhary, Co-founder, Manjari Shrestha, core team member, Lirisha Tuladhar, she/her, co-founder, YSERHA

Y-SERHA is Country Advocacy Network of ASAP in Nepal, 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 value and promote gender transformative approach. To develop a strategy for advocacy, it is important to understand the context and backdrop against which the most effective interventions can be planned, including awareness, capacity building, research, collaboration, and policy advocacy.

As Y-SERHA, country network of ASAP, we have developed our strategies to address the gaps in the legal provisions, evidence-based advocacy for development of progressive laws keeping women's health and rights in center.

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### 3. Effects and strategies of the reproductive justice movement before and after the decriminalization of abortion in Korea

**Na Young, she, representative / SHARE, center for Sexual rights And Reproductive justice / Network for Safe Abortion Rights Assurance in South Korea**

The effort to decriminalize abortion in South Korea has developed into a reproductive justice movement. This article seeks to highlight our ongoing endeavors in broadening access to safe pregnancy termination and addressing reproductive justice.

Movements related to disability, youth, sex workers, sexual minorities, immigrants, and refugees are expanding access to healthcare, information, and education while creating pathways to collectively combat discriminatory systems and punitive measures.

The reproductive justice movement plays a vital role in shaping substantial changes post-decriminalization of abortion within nations where political and societal awareness of SRHR is historically low.

### 4. Navigating Reproductive Choices in the Shadows: Abortion Access and Support during the COVID- 19 Pandemic in Bhutan

**Dema Wangchuk, D-YISA, ASAP**

Bhutan faced a unique set of challenges when the pandemic swept across the globe. With its borders closed, access to essential medical supplies, including abortion pills, from neighbouring India became nearly impossible. Bhutan's limited healthcare infrastructure further exacerbated the situation. In this vacuum of assistance, a small group of individuals both within and outside Bhutan came together to offer a lifeline to those in need.

As of the latest data collected by the group, approximately 122 individuals have reached out to the group for assistance regarding abortion during the pandemic. Among these, 54 successfully obtained abortion pills through the group's support, while five individuals decided to continue with their pregnancies. The remainder managed to procure abortion pills from alternative sources. This remarkable effort underscores the importance of accessible and safe abortion services during challenging times.

## Session 7

### Self-Care Policies

**Josephine Mugishagwe, Fos Feminista**

Reproductive justice explains how people oppressed by their intersectional identities also experience higher levels of reproductive oppression. This means that it is often harder for oppressed people to access healthcare because of factors such as education, income, geographic location, immigration status, and potential language barriers. Although created by Black women, the reproductive justice framework is global and has been evolved by other women of colour.



For decades, Fós Feminista has supported different modes of self-care for the practice of abortion through local partners in different countries spanning diverse legal contexts.

## Session 8

### Reimagining faith and abortion – a Northern Ireland perspective

Dr Fiona Bloomer, she/her, Ulster University

#### Panelists

Selina Palm, Stellenbosch University, South Africa

Kellie Turtle Ulster University, Northern Ireland/ Faith Voices for Reproductive Justice

Charlene van der Walt, University of KwaZulu-Natal, South Africa/ Church of Sweden

Emilie Weiderud, Church of Sweden

Whilst abortion is used by the religious right and conservative forces globally, liberal faith organizations exist and play an active role in advocating for reproductive justice. They challenge the central claims of religious opposition to abortion by presenting a different moral analysis. The contributions and influence of these faith actors has thus far not been explored in the social sciences, with only a few exceptions.

This presentation focuses on Northern Ireland, illustrating the pathway from academic research to activism, through an intervention with faith leaders that led to new conversations on faith and abortion. In a morally conservative society like Northern Ireland, condemnation of abortion from religious gatekeepers in political, public and media discourse means that those who have faith and are pro choice rarely speak out.

## Closing Plenary

Chair: Dr. Subatra Jayaraj, Co-Chair: Manisha Gupte

Nandini Mazumder, Ayesha Bashir

## Posters

### Day One Friday 16th Feb 2024

#### 1. Artists Busting Abortion Stigma

Aditi Pinto, she/they, Programs and Connections Director/ inroads- The International Network for the Reduction of Abortion Discrimination and Stigma

Amanda Tiew, she/her, Member Capacity and Accompaniment Manager INROADS

Mariana Gonzalez, she/her INROADS

Aligned with our goal of shifting power & narratives and resourcing the communities powering the reproductive justice movement, inroads launched the Artists Busting Abortion Stigma fellowship to support and advance the work of inroads members using their diverse artistic talents to create stigma-busting narratives able to shift the conversation to build a happier, healthier and more just world free of abortion stigma.

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#### 2. The boring future of abortion - vol. 2

Asia Bordowa, she/ her, Women Help Women

In 2022 I have created "The boring future of abortion" - a zine + collection of illustrations that envision a future without abortion stigma, with the support of INROADS program. As the changes around abortion accessibility and stigma change slowly, the project continues, inviting more experiences and more visions of future to be turned into illustrations that bring us to new realities. The idea is to present work, next steps and invite new contributions.

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#### 3. Reaching the crisis affected communities with crucial abortion services: A Good Practice from the SPRINT Project

Dr. Rajrattan Lokhande, he/him/his, Senior Monitoring and Evaluation Advisor/ International Planned Parenthood Federation (IPPF)

Yukri Horii, she/her/hers, SPRINT Program Manager IPPF

The SPRINT Initiative, Sexual and Reproductive Health (SRH) Program in Humanitarian Settings, a program funded by the Australian government and hosted by the International Planned Parenthood (IPPF) across the Indo-Pacific region, is designed to address gaps in Minimum Initial Service Package (MISP) implementation identified in a global evaluation undertaken by the Inter-Agency Working Group (IAWG) on Reproductive Health.

#### 4. Medusa: Sonali Silvaa

I wanted to express my own abortion experience

#### 5. Breaking barriers to access of comprehensive SRHR

Jessica Laura, they/them, programs manager Kiambu Sex Workers Alliance

Aissata Sall, she, Global Fund for Women

Kiambu sex workers alliance is a sex workers led organization based in Kenya serving female sex workers, Trans sex workers and women who use/inject drugs in central region of kenya. The group was formed in 2014.

Abortion is criminalized in Kenya and this forces sex workers to procure quacked abortions services since safe abortion is only admissible with recommendations from more than one medical doctor. This has seen sex workers losing their lives, losing their sexual reproductive organs as well as living deplorable lives full of pain.

KIASWA partnered with Global fund for women in 2020 to implement a gender justice project which aimed at addressing abortion stigma as one of the deliverables.

#### 6. Helplines as a location of advocacy and political resistance in South Asia

Srinidhi Raghavan, She/her, Independent Sachini Perera, She/they, Executive Coordinator, Realizing Sexual and Reproductive Justice (RESURJ) Shydhah Zaara, She/her, Co-founder, Anichcham Eastern Queer

Collective Feminists have been organizing for health rights and wellbeing for decades and with the advent of social media and web 2.0 as well as increased internet penetration in our countries, we've seen the internet becoming both a space and a tool for such organizing. Through this research, we explore contemporary examples of such digital organising in Sri Lanka, Pakistan and India for health and wellbeing, and the intrinsic links between organising, service delivery, collective care and advocacy. Helplines by feminist, LGBTIQ+ and SRHR organisations should not be viewed only as support services. As the examples in our research show, the support services are intertwined with the evidence building and evidence-based advocacy by these organisations and their broader movements of belonging. Helplines are as much a site of political resistance as campaigns and other such initiatives, and are modelling not just how our demands can be translated into practice but also the complexities, challenges and faultlines in doing so. . .

## Day Two Saturday 17th Feb 2024

### **7. Access to self-manage abortion (SMA) through Pharmacy Referral Services: Insights from Vision in Action Cameroon**

**Peter Ngufac Temate Fongeh, He, Strategy Officer, Vision in Action Cameroon.**

Vision in Action Cameroon recognizes the crucial role of pharmacy referral services in ensuring accessible and quality healthcare for communities especially in the case of safe abortion practices and demedicalizing abortion. To optimize these services, we developed a mapping tool that aligns with the WHO guidelines.

70 pharmacists (drugstore, clinics, first aid centers, health centers and chemists) were mapped in 11 communities. The data was analyzed, and selected individuals were invited for a two day training, and facilitated client referrals, fostering a collaborative and efficient pharmacy referral system for the organization in those 11 communities.

### **8. A Hypothetical Right to Safe Abortion in Sri Lanka: Will Winning the Battle Win the War?**

**Hasini Rupasinghe (She/Her/Hers), Youth Advocacy Network Sri Lanka**

The discourse of the Right to Safe Abortion in the Sri Lankan context bears complexities stemming from social, economic, cultural spheres that will no doubt continue to restrain true Access to Safe Abortion even with the right to do so reduced to a legislative change and written in black and white.

The Legal and Policy Frameworks pertaining to discriminated groups such as the LGBTIQ+ community, estate workers, conflict-affected populations, sex workers, persons living with disabilities, and persons living with HIV, and further pertaining to allied social justice issues such as domestic violence, intimate partner violence, sexual bribery, child marriages, and sexual harassment must simultaneously take a turn if a hypothetical Right to Safe Abortion is to be fully and effectively realised.

The study aims to throw light upon the socio-economic and cultural, as well as legal and policy changes that are catalytic, if not pertinent to be brought about and lobbied for simultaneously to winning the battle of achieving the Right to Safe Abortion in Sri Lanka.

### **9 . Challenging abortion stigma: from research into practice.**

**Lesley Hoggart, she/her, the Open University, UK and Abortion Talk, UK**

**Jayne Kavanagh, she/her, University College London, UK, and Abortion Talk, UK**

This presentation will draw on research findings to discuss ways in which abortion-related stigma may be challenged; describe a new UK charity – Abortion Talk – launched in order to achieve this.

This research has shown that abortion stigma can be experienced and internalised by people undergoing an abortion and by those providing an abortion. However, in both bodies of research there was evidence to suggest that many resisted this stigmatisation. Resistance and rejection narratives involved rethinking or challenging socio-cultural norms around reproduction and motherhood, and stigma management



strategies were grounded on rejecting notions of blame and/or feelings of shame. The research shows that abortion-related stigma is influenced by social and cultural contexts, but is neither universal nor inevitable.

Abortion Talk's two main activities are operating an evening Talkline which anyone affected by abortion can call; and workshops for healthcare providers and community groups. This paper will describe the challenges and successes of the Charity's first two years as well as its plans for future stigma busting activities and expansion.

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## 10. Perspectives Decoded: Maps Through Diverse Lenses

Ayesha Bashir, Communications and Network Manager, ASAP, India

This poster examines the colonization of maps and advocates for diverse intersectional perspectives in understanding global geography. By highlighting two contrasting examples, it illuminates how traditional cartography perpetuates colonial narratives while showcasing alternative approaches to map representation.

Firstly, we analyze the world map through the lens of maternal mortality rates in each country. By resizing countries based on their maternal mortality rates, the map challenges traditional perceptions of global power dynamics and underscores the impact of systemic inequalities on women's health worldwide. Secondly we delve into Tabula Rogeriana, which was a map of the world created by the Moroccan geographer Mohammad al Idrisi in 1154 and depicts our parts of the world which includes Morocco and India on top. While, Europe and what we see today as countries in the northern hemisphere are at the bottom

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## 11 . Adolescent Reproductive Health Zone (ARHZ), the lifeline for Burmese women living in Chiang Mai seeking safe abortion care service during Covid-19 pandemic.

Ofeibea Asare, she/her, PhD Candidate, University of Ottawa, Canada/Cambridge Reproductive Health Consultants, USA

Kristina Holtrop, she/her, Cambridge Reproductive Health Consultants, USA

Angel M. Foster, she/her, Professor, University of Ottawa, Canada/Cambridge Reproductive Health Consultants, USA

Access to healthcare services was affected by the onset of the COVID-19 pandemic, and this did not exclude reproductive healthcare. However, Burmese women residing in Chiang Mai, Thailand, who needed abortions care during the pandemic were able to receive them through a referral from a Community-Based Organization (CBO), the Adolescent Reproductive Health Zone (ARHZ). Our study evaluated the ARHZ referral system during the COVID-19 period and documented the experiences of the women who received referrals. The aim of the study is to evaluate the ADOLESCENT REPRODUCTIVE HEALTH ZONE (ARHZ) referral system and document the experiences of Burmese women who received referrals for abortion care during COVID-19.

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## 12. Cyberspace Conversations on Abortion Rights: The Role of Indian NGOs and Influencers

**Dr. Radhika Khanna, Associate Professor, School of Media and Communication, Pondicherry University, India.**

**Dr. Suchitra Dalvie MD, MRCOG, Coordinator, Asia Safe Abortion Partnership.**

**Adarsh T, School of Media and Communication, Pondicherry University, India.**

**Krishna Pandey, School of Media and Communication, Pondicherry University, India.**

Can social media reconstruct the ongoing discourse on abortion rights? In Indian society, abortion practices, especially among the youth, are laden with stigma. Several non-governmental organisations (NGOs) and content creators have taken to social media platforms to create conversation on this issue. But are they making any difference? This study explores the impact of social media content that seeks to destigmatize abortion, in reshaping the public discourse on the subject.

Additionally, the research also examines the presentation style of videos produced by both the NGOs and social media influencers to understand why, despite providing more nuanced content, the former fails to reach a large audience. To gain insight into the prevailing attitudes and understanding towards abortion in India, the researchers aimed to look at the role of Indian NGOs and content creators in creating conversation on abortion rights on social media in the context of representation of the issues surrounding the lack of abortion facilities, the bodily autonomy and agency of the women to access abortion. The researchers propose that NGOs can have a better reach and impact through the use of stylistic devices of shooting, editing, and packaging of video content.

## Day Two Saturday 17th Feb 2024

## 13. Access to Abortion Services Amidst Crisis: Lessons from India's COVID-19 Experience A study in eight states

**Dr. Alka Barua, Dr. Souvik Pyne, CommonHealth**

In a world grappling with an unprecedented pandemic, the rapid spread of COVID-19 led to healthcare systems across nations faltering, profoundly affecting the lives of individuals. This impact was acutely felt in India, where stringent lockdown measures resulted in a staggering 90% of women in need of abortion services being unable to access them. Initially India's health ministry along with FOGSI didn't include safe abortion services in their list of essential services but those were revised within few weeks to include it.

However, the addition in the guideline didn't guarantee translation into implementation. Thus, a pressing need arose to comprehensively explore, understand, and document women's struggles in accessing abortion services.

This study aimed to examine the challenges faced by women in accessing time-sensitive, stigmatized, abortion services during the COVID-19 pandemic. The study delved into the effects of nationwide lockdowns and shifts in healthcare priorities had on abortion service availability and access.

#### **14. A Low-Cost Prescription-based Telemedical Abortion Service for South Africa**

**Victoria Satchwell, she/her, Programme Co-ordinator, Abortion Support South Africa/ Women on Web, Sangeetha Permalsamy, she/her, Women on Web**

Abortion in South Africa is legal and available at no cost in public health facilities. However, 50% of abortions occur outside of formal healthcare due to barriers to access. Unsafe abortion contributes to preventable maternal mortality and morbidity and delays result in a disproportionately high number of second trimester abortions.

Abortion is highly stigmatized in South Africa and women and pregnant people frequently experience delays and mistreatment when accessing abortion care. A lack of trained and willing providers means long waiting times and denial of service (conscientious objection) is common. Telemedical abortion increases access to abortion and is safe, effective, and acceptable.

In 2023, Abortion Support and Women on Web, launched a prescription-based telemedical abortion service in South Africa. This model leverages existing in-country pharmacy infrastructure to distribute abortion medicines and bypasses several barriers to access associated with in-clinic care. Abortion Support connects users with a prescription for abortion pills that they can collect at a local pharmacy. Users visit [www.abortionsupport.co.za](http://www.abortionsupport.co.za) and complete an online consultation.

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#### **15. Exploring Abortion –related information on Facebook during COVID -19 in the Philippines.**

**Marita Natasha P. Bautista (She/Her/Hers), Secondary Schooler, Women in STEM/ Talaria Summer Institute**

**Ofeibea Asare (She/Her/Hers) PhD(c), Faculty of Health Sciences, University of Ottawa, Ottawa, ON, Canada.**

**Nora Sun, Program Director Talaria Summer Institute, ATHENA By Women In STEM**

The Covid-19 pandemic not only affected the population with its impact of unemployment in the Philippines but also its impact on sexual and reproductive health. Contraception use declined, with the contraceptive prevalence rate declining from 34.5% to 27.2% from March to December 2020 due to the community quarantine.

The decline of these sexual and reproductive services resulted in an estimated 2.5 million unintended pregnancies. Only in young women aged 15-19 years old, it is estimated that 18 200 unintended pregnancies occur yearly, but due to community quarantine during covid-19, it increased to 102,200.

Most Filipinos sought out advice online due to the simple and quick accessibility of the internet. Ninety-nine per cent (99%) of internet users in the Philippines own a Facebook account. Facebook is regarded as nearly universal across geographic areas and socio-economic groupings in the Philippines. The study aims to explore Abortion –related information posted on Facebook in the Philippines during the COVID-19 pandemic.

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## **16. Trans Masculine Persons Reproductive Health Matters : Findings from a Needs Assessment Study Conducted with 150 Trans Men and Masculine Persons Across 19 States in India**

**Avali Khare (they/them), Independent Consultant**

**Vineeta Rana (she/they), Communications Manager, The YP Foundation**

Historically, there has been less focus on addressing the sexual health related needs of transmasculine persons (TMPs, refers to masculine persons assigned female at birth, who identify as trans men, non-binary persons, genderqueer persons, etc.) in SRHR related development work in India. This is particularly evident in programming on Comprehensive Sexuality Education (CSE), which has followed a traditional ‘add and stir’ approach to trans inclusion, wherein efforts are geared towards sensitizing a largely cisgender heterosexual population to LGBTQ+ issues.

The YP Foundation (TYPF) conducted a mixed-method exploratory study in 2022-23 with 150 TMPs from 19 States in India in order to generate evidence to address gaps in information on SRH issues of TMPs, and to advocate for equitable and inclusive SRH service provision for TMPs in India.

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## **17. Resourcing the Abortion Justice Movement- Destigmatizing Philanthropy**

**Katie Gillum, she/they, Executive Director/ inroads- The International Network for the Reduction of Abortion Discrimination and Stigma**

**Giulia Meneghetti, she/her, Resource Mobilization Manager/ inroads- The International Network for the Reduction of Abortion Discrimination and Stigma**

Supporting abortion is supporting a fundamental human right. A core component of this effort is busting the abortion stigma that is produced and reproduced pervasively across society, especially within the philanthropic sector. It is a root issue that is moving us further away from our collective liberation. It shows up in philanthropy in so many ways: like the minimal amount of funding allocated to abortion efforts or the way in which human rights, reproductive health, and gender equality is often separated from abortion access and care, or how the word abortion seems to shut doors and minds.

From inroads’ organizational experience and that of our community, we have faced the impact of stigma by being uninvited to strategic spaces even after significant collaboration due to someone in a position of power being uncomfortable with abortion work, continue to face threats and thus require additional security measures, have been asked to remove abortion from our names, told that we cannot be funded because “reproductive rights does not include abortion work”, and have been forced to remove our work from communications in well known philanthropic publications.

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## 18. Hysteria: Misogyny in the guise of Medicine

**Nandini Mazumder, Assistant Coordinator, ASAP, India**

Hysteria: Misogyny in the guise of Medicine - Hysteria is the phenomenon when misogyny in the guise of medicine became the basis of diagnosis to 'treat' female bodied patients. It allowed the male dominated medical field to gaslight and create confusion around female bodies and sexuality. (Sexual pleasure was linked with the problem as one was definitely sick if they wanted to have less sex or more sex, but they also prescribed sexual pleasure as the cure for hysteria.) The impact of this was women being left vulnerable to abuse, without any autonomy and agency over their bodies, and in utter confusion if not fear as the implication was that 'being a female' was enough to be suffering from the disease of hysteria. In 1952 the American Psychological Association dropped it from textbooks but the term remains extremely popular and is used to describe an exaggerated or uncontrollable emotion or excitement in a negative way. Furthermore, hysteria may no longer be in use but its patriarchal legacy haunts medicine even today as female bodied people regularly experience silencing, gaslighting and misdiagnosis. Therefore, as SRHR and safe abortion rights advocates we look back at the history of hysteria and remember medicine is often a conduit of patriarchy and we have to engage with health workers in order to create a more feminist health care system.

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