

SAFE ABORTION DAY: AWARENESS AND ADVOCACY PROGRAMMES

**Let's Make Unsafe Abortion History!
28th September 2021**

**Report of the initiatives by the
CommonHealth partners in seven states to mark the
'International Safe Abortion Day'**



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Saha
towards alternatives in health and development



Sahayog
for equity and
sustainable development



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LIST OF ABBREVIATIONS

AAA	Amhi Amchya Arogyasathi
ANC	Ante Natal Care
ANM	Auxiliary Nurse Midwife
ARPAN	Society for Advancement of Rural People and Natural Resources
ASHA	Accredited Social Health Activist
CDPO	Child Development Project Officer
CHC	Community Health Centre
DHO	District Health Officer
FGD	Focus Group Discussions
FPAI	Family Planning Association of India
FRU	First Referral Unit
GADSS	Guru Angad Dev Sewa Society
GPS	Gramin Punarnirman Sanstha
ICDS	Integrated Child Development Services
IEC	Information Education Communication
J&K	Jammu and Kashmir
JSA	Jan Swasthya Abhiyan
MAS	Mahila Aarogya Samiti
MMA	Medical Methods of Abortion
MMR	Maternal Mortality Ratio
MPHW	Multipurpose Health Worker
MTP	Medical Termination of Pregnancy
NGO	Non-Government Organization
OPD	Out Patient Department
PCPNDT	Pre-Conception and Pre-Natal Diagnostic Techniques
PHC	Primary Health Centre
PHCP	Preferred Health Care Providers
POCSO	Protection of Children from Sexual Offences
RMP	Registered Medical Practitioner
RUWSEC	Rural Women's Social Education Centre
SAHAJ	Society for Health Alternatives
SVM	Saraswati Vidya Mandir
UNICEF	United Nations Children's Fund
UPHC	Urban Public Health Centres
UYASD	Utkal Youth Association for Social Development
VHSND	Village Health Sanitation and Nutrition Day
WGNRR	Women's Global Network for Reproductive Rights
WHO	World Health Organization

1. INTRODUCTION

Safe abortion is an important issue that requires real understanding and sincere attention from policymakers, service providers and seekers and society in general. September 28 is the annual day of action in support of the right to safe abortion. It has been celebrated since 1990 in Latin America, and since 2011 around the world to motivate activities that provide an opportunity to deepen the ongoing awareness and advocacy around the issue. Unsafe abortion continues to remain a preventable public health tragedy and a violation of pregnant persons, specifically women and girls' human rights. This year's international theme is thus aptly named: **"Make Unsafe Abortion History"**.

Access to safe abortion is an important human and reproductive right. The extent of reproductive rights may vary amongst countries but conceptually they are fundamental legal rights and freedoms related to reproduction and reproductive health. According to WHO, 'Reproductive rights rest on the recognition of the basic right of all couples and individuals to decide freely and responsibly the number, spacing and timing of their children and to have the information and means to do so, and the right to attain the highest standard of sexual and reproductive health. They also include the right of all to make decisions concerning reproduction free of discrimination, coercion, and violence.'¹ Hence, human and reproductive rights are included in numerous international, regional, and national legally binding treaties.

International Safe Abortion Day – 28th September

The day was first celebrated as a day of action for the decriminalization of abortion in Latin America and the Caribbean in 1990. 'The original name of the campaign is Campaña 28 de Septiembre por la Despenalización del Aborto, which continues up to this day growing in force and commitment on the part of women's rights activists in the region. The date – September 28 – was chosen in commemoration of the abolition of slavery in Brazil which is now remembered as the day of the "free womb" demanding safe and legal abortion for all women.'² In 2011, the Women's Global Network for Reproductive Rights (WGNRR) declared 28 September as an international day. The date was chosen to commemorate the passing of the Law of Free Birth passed by the Brazilian parliament on September 28, 1871. This law was a key legal reform intended to provide freedom for the children of enslaved people in Brazil at the time.

¹ <http://who.int/reproductive-health/gender/index.html>

² <http://www.september28.org/about-us/herstory/>

The day's name was changed to **International Safe Abortion** Day in 2015. There were two reasons for this. One, there were two different names under which it used to be celebrated and both names were long and complicated. So, it was decided to have a simpler name that all could remember. Second, it was decided to try and make it an official UN day, for which the new name would be more appropriate.³ Since then, the day is celebrated as a global collective call for access to quality safe abortion services which is crucial to protecting and realising fundamental human rights.

In India, this year also marks the 50th year of the enactment of the Medical Termination of Pregnancy (MTP) Act of 1971. Despite the Act existing for half a decade, awareness and access to safe and legal abortion services is a distant dream for many pregnant persons seeking the services. The legal environment in the nation still does not offer rights-based abortion care. Further, the social stigma attached to abortion, and a lack of knowledge about woman's rights, makes several service seekers undergo harrowing experiences.⁴ Almost every abortion death and disability is potentially preventable through sexuality education, use of effective contraception, provision of safe, legal abortion services, and timely care for complications.⁵

1.1 About CommonHealth

CommonHealth is a multi-state coalition of individuals and non-government and civil society organisations working on reproductive health and safe abortion.

CommonHealth

CommonHealth - Coalition for Reproductive Health and Safe Abortion, constituted in 2006, is a multi-state coalition of organizations and individuals working to advocate for better access to sexual and reproductive health care and services to improve health conditions of women and marginalized communities. Within sexual and reproductive health and rights, CommonHealth concentrates its efforts largely on maternal health and safe abortion. CommonHealth's prime objective is to mentor and build the capacity of CommonHealth members and other advocates to hold the health system accountable for universal access to good quality reproductive health services, including safe abortion services.

In 2021, nine CommonHealth partner organisations marked the International Safe Abortion Day with advocacy and awareness activities in seven states of India (Jammu and Kashmir, Maharashtra, Gujarat, Tamil Nadu, Uttar Pradesh, Odisha, and Punjab). Despite the challenges related to COVID-19, these nine organizations conducted activities in compliance with local COVID-19 protocols to safeguard the health of their team and the participants. They reached out to different communities and

3 <https://www.safeabortionwomensright.org/what-is-international-safe-abortion-day/>

4 <https://www.dw.com/en/abortion-in-india-bridging-the-gap-between-progressive-legislation-and-implementation/a-59853929>

5 <https://www.who.int/news-room/fact-sheets/detail/preventing-unsafe-abortion>

stakeholders to sensitise them on the MTP Act and the amendments along with bringing the issue of the right to safe abortion services to the fore.

Working with diverse social groups, from tribal, rural, and urban women, youth to sex workers, these organisations focused on issues specific to their contexts and strengthened advocacy with respective stakeholders.

1.2 Report Overview

This report presents a consolidated account of the initiatives taken by the nine CommonHealth partners as well as the resource materials developed by them. The report presents the activities, state-wise, along with voices of the community and frontline workers wherever possible. This year, the CommonHealth abortion theme team made efforts to translate the various IEC materials/activity sheets developed by them from English to regional language so that all organizations can be benefitted from their work. Wherever possible, these have been provided.

CommonHealth set out the process by sending invites to its partners to be a part of the collaborative efforts marking the International Safe Abortion Day. Given the pandemic situation and restrictions on large gatherings, partners had to work out possible initiatives. CommonHealth worked closely with partners to plan awareness and advocacy activities in their specific contexts. Under the safe abortion advocacy programme, CommonHealth has produced briefs, factsheets, and other resources, which were shared with the partners who effectively used them as a handy resource. This helped to shape the collective action. Various advocacy activities planned by the partners contributed to deepening the engagement with various stakeholders. Partners used interesting multi-prong approaches which can pave the way for future cross-sharing of ideas on approaches and strategies for advocacy and community-level awareness creation for the right to safe abortion. To name a few examples, sensitizing media persons, visits to government and private hospitals, holding competitions, signature campaigns besides meeting with women and adolescent girls and involving local resource persons from the government and private/NGO sectors.

CommonHealth appreciates the commitment and spirit of its partners to these collective efforts that contribute to its efforts to facilitate access to improved and responsive abortion services for individuals, especially women and marginalised sections, despite the challenging COVID-19 situation. CommonHealth also appreciates and acknowledges the partner members who had to be consistently mindful of participant safety and their state norms for community-level activities before undertaking them.

2. CONTEXT

India reports unsafe abortions as the third-leading cause of maternal deaths. Close to 80 per cent of Indian women are not aware that abortion within 20 weeks is legal.⁶ It is estimated that 15.6 million abortions take place in India every year as per the Guttmacher study. A significant proportion of these are potentially unsafe.⁷ The estimated number of abortions in India is over 21 times higher than government reports. The government has been consistently reporting about 700,000 induced abortions that do not account for abortions in private facilities or self-administered “at home” abortions.⁸

Safe abortion is an essential component of sexual and reproductive health care. It reflects the reproductive choice of a woman to either continue with or terminate her pregnancy. In India, the MTP Act of 1971 was a progressive step to provide safe and legal abortion services to those in need. The Act was recently amended to enhance the reach of safe services.

2.1 MTP Act 1971 and the Amendment Act 2021⁹

The MTP Act 1971, permitted abortions legally up to 20 weeks of gestation for a range of socio-economic, health and eugenic reasons.

However, stipulations of the MTP Act, of 1971 did not keep pace with the changing times, circumstances, needs, and advancements in medical science. More individuals in need of services, especially, unmarried women and girls, rape survivors, victims of sexual assault and those with unwanted pregnancies due to contraceptive failures started approaching Courts to seek approval for terminating their pregnancy beyond the prescribed gestational period of 20 weeks. To cope with the changing scenario, a set of amendments were proposed to the original MTP Act of 1971, amendments were passed by both houses of parliament in 2021. Termed as the Medical Termination of Pregnancy Amendment Act, 2021, it aims at enlarging access to women for safe and legal abortion services on therapeutic, humanitarian, or social grounds.

6 <https://www.dw.com/en/abortion-in-india-bridging-the-gap-between-progressive-legislation-and-implementation/a-59853929>

7 Singh, Susheela; Shekhar, Chander; Acharya, Rajib; Moore, Ann M; Stillman, Melissa; Pradhan, Manas R; Frost, Jennifer J; Sahoo, Harihar; Alagarajan, Manoj (January 2018). “The incidence of abortion and unintended pregnancy in India, 2015”. *The Lancet Global Health*. 6 (1): e111–e120. doi:10.1016/s2214-109x(17)30453-9. ISSN 2214-109X. PMC 5953198. PMID 29241602.

8 <https://www.hli.org/2019/07/india-has-one-of-the-highest-abortion-rates-in-the-world/>

9 <https://laxterz.com/mtp-amendment-act-2021/>

MTP Amendment Act 2021^{10 11 12}

The new legislation has extended the upper gestation limit from 20 to 24 weeks for several 'vulnerable' categories who meet a defined set of criteria of vulnerability (listed in the rules) and for a fixed set of indications.

Opinion of only one registered medical practitioner (RMP) provider will be required up to 20 weeks of gestation and two RMPs for termination of pregnancy of 20-24 weeks of gestation.

Pregnancy termination will be available even beyond 24 weeks based on the decision of a Medical Board set up at the State or Union Territory level in case of substantial foetal abnormality specified in the rules.

The Act has also introduced a more stringent confidentiality clause, under which the name and other particulars of women cannot be revealed except to a person who has been authorized by law. Non-compliance will invite prison term or a fine or both.

The ground of failure of contraceptives has been extended to include unmarried women and their partners.

The amended Act has permitted the provision of medical abortion up to nine weeks of gestation. Prescription for the medications remains mandatory.

2.2 Impact of COVID-19

In 2020, the COVID-19 pandemic caused a two-fold impact on the health services: i) restrictions on the availability of facility-based and outreach routine health services including sexual and reproductive services, as all health system was geared towards COVID-19 care and pandemic management; ii) the lockdown and travel restrictions that made physical access challenging and sometimes impossible.

Several newspaper reports and anecdotal evidence from all over the country continue to emphasize the importance of safe abortion services at all times. As abortion is a time-sensitive service, delays and denials lead to service seekers opting for unsafe options. Preliminary reports indicate that states' COVID-19 responses may have led to increased unintended and unwanted pregnancies due to non-availability / restricted availability of contraceptive supplies, increased incidence of domestic violence, and rising income insecurity.¹³ In a patriarchal society like India

10 <https://pratigyacampaign.org/wp-content/uploads/2021/03/mtp-amendment-bill.pdf>

11 <https://www.dw.com/en/abortion-in-india-bridging-the-gap-between-progressive-legislation-and-implementation/a-59853929>

12 <https://lexterz.com/mtp-amendment-act-2021/>

13 <https://www.ncbi.nlm.nih.gov/pmc/articles/PMC7887924/>

where women still cannot exercise rights over their bodies and have to face forced sex and unwanted pregnancies, the need for safe abortion services for unwanted pregnancies cannot be ignored. Federation of Obstetricians and Gynaecologists Society of India reported that they estimate a higher than usual incidence of abortion and intrauterine deaths/stillbirths from February to March 2021.¹⁴

In the pandemic situation with restrictions on movement, availability of services, International Safe Abortion Day is a timely reminder that access to legal and safe abortion is fundamental to every service seeker's right to attain the highest standard of sexual and reproductive health.

¹⁴ <https://health.economictimes.indiatimes.com/news/industry/higher-incidence-of-abortions-stillbirths-seen-in-the-second-wave-of-covid-19-dr-jaideep-malhotra/82821281>



3.

STATE-WISE OVERVIEW OF PARTNER ACTIVITIES



PUNJAB

Society for Advancement of Rural People and Natural Resources (ARPAN)

ARPAN was established in 1995 in Nangal, Punjab. It works on the issues related to poverty alleviation, Dalit upliftment, health and human rights, women's empowerment, and the environment.



Guru Angad Dev Sewa Society (GADSS)

GADSS was established in 1997 in Chandigarh. It works on health and rights issues of the community.
Website: <http://guruangaddev.in/>



Society for Advancement of Rural People and Natural Resources (ARPAN), Nangal



Period

September 2021



Stakeholders

Media persons and village women



Activities conducted

- Sensitisation meeting with media persons
- Two awareness meetings with women



Aim

To increase awareness on safe abortion day and issues related to unsafe abortions.



Activity highlights

ARPAN celebrated the International Safe Abortion Day-2021 by organizing different programmes and activities in the Nangal area of District Rupnagar, Punjab.

A sensitisation meeting with 24 media persons was organized to discuss issues related to sexual and reproductive health rights, problems of unsafe abortion and legal aspects of safe abortion services including the latest amendments. CommonHealth booklets and IEC materials available in regional languages on these issues were shared with them. The media persons showed keen interest in the issue and assured they would give special attention to cover news related to abortions in future. A Special Article about the International Safe Abortion Day-2021 written by ARPAN was published in different leading regional newspapers.

Two awareness programmes were organized with 75 women participants from various villages. Resource persons from the Health and Social Security Departments delivered lectures and provided information about the Health and Family Welfare schemes, focusing on the safe abortion services provided in the different government health facilities. They discussed the reproductive health problems of women and the legal aspects of abortion. They also discussed challenges women faced in accessing safe abortion services. Some women shared their experiences and problems faced while accessing abortion services in the health facilities as well as the attitude of family members and relatives towards abortion.

Resource persons for these programmes included the Medical Officer, LHV (Supervisor), Social Worker, three ANMs, Community Health Officer, Anganwadi Supervisor, as well as the ARPAN Director and three ARPAN Health Workers.



- Physical distance in seating arrangements was followed.
- Hand sanitization was followed at the entrance.
- At least one vaccination amongst all women participants was ensured. All media persons were vaccinated with both doses of vaccination.



- Eight local language newspapers covered the events.
- Special article was published in four local newspapers.
- Local TV Channel: Sada Channel (Power of Truth) show cased an event <https://www.facebook.com/103853468405918/videos/2936335146614591>



Voices of women on challenges faced by them for safe abortion and preventing unwanted pregnancies

Mandeep (name changed) resides in Rajnagar (name changed). She works as a housemaid and has two living children. Her husband is a street vendor. He uses condoms which she gets from ASHA didi. During COVID-19 lockdown restrictions her supply of condoms was over. So, she tried to get it from the local government health centre but failed. The ASHA and ANM were on COVID duty, so the health centre was closed. The chemist shops were also closed. She said, *"We had unprotected sex and I got pregnant. I went to get emergency contraceptive pills but they were also not available. When the curfew was lifted, I went to the government hospital to get an abortion. They denied me the service. They said you are more than 12 weeks pregnant, so they cannot do it. Now I have to continue with this unwanted pregnancy. This pregnancy is not good for me as I am not physically and mentally prepared for this child."*

Mamta (name changed) is a resident of village Meda Majra (name changed). She is a housewife with two living children. Her husband is a tempo driver and is at home only for a few days a month. She had unprotected sex due to the unavailability of contraceptives. She became pregnant in the very first month of lockdown. Her story, *"Both of us didn't want to continue the pregnancy. All government and private hospitals were closed for routine work. Nobody was going out for fear of COVID. My neighbour said that if I went to some hospital; for getting an abortion, they would test us for COVID, declare me positive and keep me isolated in the hospital. I was filled with fear. However, later I gathered courage and went to the government hospital for abortion and got it done. Medical abortion was done on me. There were no charges but on follow up visits I had to buy medicines. The behaviour of the doctor was alright but the staff was very rude. I have a fear that if a similar situation occurs in the future what shall we do?"*





Guru Angad Dev Sewa Society (GADSS), Ludhiana



Period

September 2021



Stakeholders

Women and nursing students



Activities conducted

- Quiz and poster competitions in Nursing college
- Two group meetings with women living in slums



Aim

To increase awareness on safe abortion services and recent amendments of the MTP Act.



Activity highlights

Poster making and quiz competitions were organized for nursing, students of the Guru Angad Dev College of Nursing, Ludhiana. The College Principal discussed the importance of Safe Abortion Day and the Vice-Principal gave a presentation on the amendments in the MTP Act.

This was followed by poster and quiz competitions. Out of the 25 students participating in the poster competition, a few were male students. Fifteen students participated in the quiz competition on the topic of 'safe abortion'.

Two group meetings were also organized in two slum areas of Ludhiana as part of the campaign. Nineteen women participated in the first meeting held on September 27, 2021. A local gynaecologist invited as the Resource person, gave a detailed presentation on the sexual and reproductive health needs of women covering issues like legality and how and where to access safe abortion services, contraceptive knowledge, followed by an interactive session with women asking questions concerning their health and reproductive problems. The Resource person informed them that routine services have begun at the Government health institution (earlier closed due to the COVID-19 pandemic) and if anyone wants to avail the services, they could contact her.

The second meeting held on September 28, 2021, also had a local gynaecologist as a Resource person. It began with an interactive session with women sharing their reproductive histories along with problems they face in getting contraceptive or abortion services from the health facilities. The Resource person also discussed the latest amendments to the MTP Act and its implications for women. She explained that providing safe abortion services at the local Government health facilities was the duty of the government doctors and they could approach the local health worker or her if they faced any problem.



COVID-19 protocol followed

- Smaller groups of women were formed.
- Physical distance in seating arrangements was followed.
- Hand sanitization was followed at the entrance.
- At least one vaccination amongst participants was ensured. Most had had two doses of vaccination.



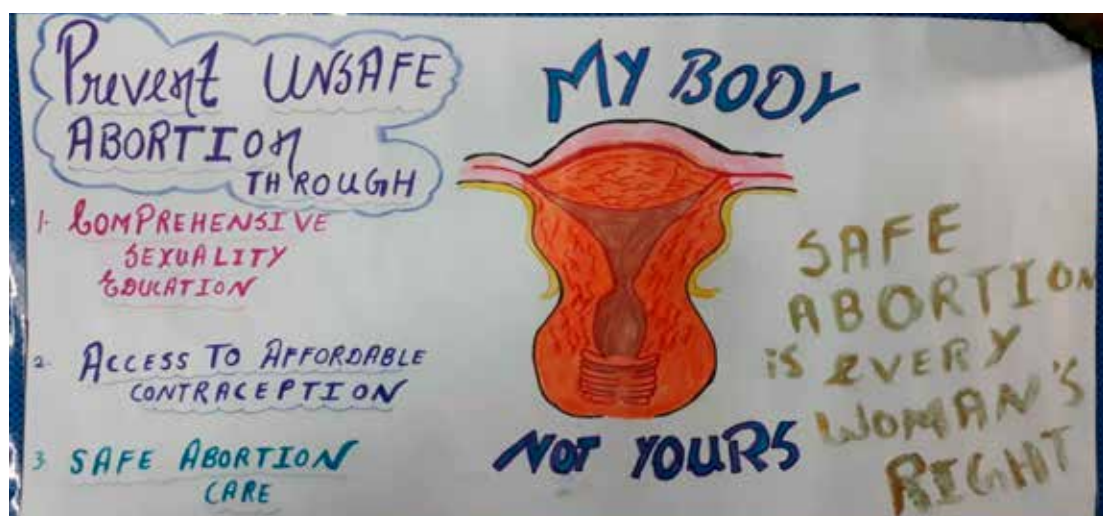
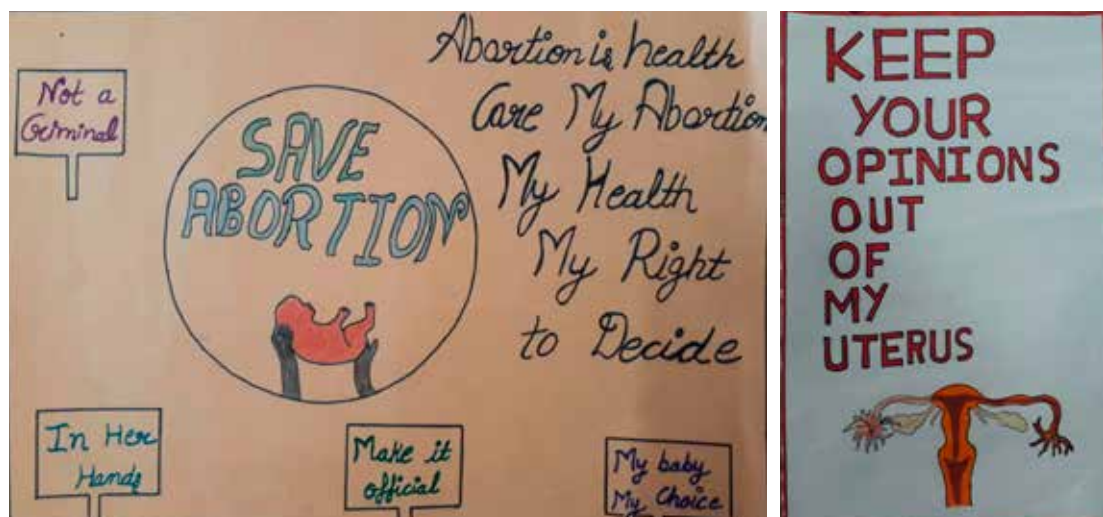
Voices of women on challenges faced by them for safe abortion and preventing unwanted pregnancies

"The abortion services are normally available at community health centre which is at a distance of 3 km from this place. During COVID time these were stopped for more than a year. I couldn't afford a private doctor so I continued with the pregnancy."

"I was referred to the ESI hospital for abortion as the CHC was closed and catered to only COVID patients. I had to travel 15 km to get there. I was successful in getting an abortion done on my third visit. I couldn't go for follow up. I got a fever and a white discharge. I got treatment from some local doctor but had to remain in bed for a few days."

"The ASHA and ANM used to visit us regularly and provided us with family planning methods. During COVID they were put on COVID duty, hence stopped coming. Sometimes we bought from chemists but had to do without it mostly."

"There is non-availability of medicine for abortion at chemist shops. Chemists insist on prescription, and the hospital is far off. The doctor there is not cooperative."



GUJARAT

Sahaj

towards alternatives in health and development

Society for Health Alternatives (SAHAJ)

Founded in 1984 in Vadodara, SAHAJ focuses on social accountability and citizenship building for children, adolescents, and women in two specific sectors - Health and Education.

Website: <http://sahaj.org.in/>



Period

August to October 2021



Stakeholders

- Young girls and women (15 to 24 years) (married and unmarried)
- Change agents from MAS (Mahila Aarogya Samiti¹⁵), Basti (slum) Advisory Groups and Girl Peer Leaders



Activities conducted

- Quiz competitions
- Refresher training
- Mapping of facilities
- Awareness sessions



Aim

To increase awareness on 'safe abortion and contraceptives' and changes in the new MTP Amendment Act 2021.



Activity highlights

The content of the session on safe abortion and contraceptives conducted last year remained the same. Additional information related to the MTP Amendment Act was introduced to the participants. Two IEC materials: Revised safe abortion pamphlet that included the MTP Amendment Act, 2021 pamphlet were prepared in regional language for dissemination in the communities while conducting activities (**Annexure 1**). Refresher training of Change agents through quiz competitions (**Annexure 2**) were conducted between September and October 2021 in various *bastis/slums* of Vadodara where SAHAJ works closely with the community. Observations and assessments were conducted post-training and showed good retention power of the participants about the content.

Mapping of facilities and services available at Urban Public Health Centres (UPHC) for providing abortion services was conducted using a checklist

¹⁵ Mandated women's health committees constituted under the National Urban Health Mission for urban areas

¹⁶ Basti Advisory Groups are formed by SAHAJ and comprise of active members of the community, i.e., parents of adolescents and other interested men and women.

(Annexure 3). The field team explained the tool to the change agents who then collected data during their field visits. The main findings were-

- UPHCs function six days a week.
- Paediatricians and gynaecologists conduct their OPDs (Out Patient Departments) for two days a week.
- Abortion services were unavailable in UPHCs, and medical abortion pills were not provided.

Findings were shared with the communities. They were made aware that basic abortion services should be provided at UPHCs. Based on these findings, SAHAJ Field Officers and change agents facilitated a signature campaign. As many as 815 women from 30 bastis/slums participated in the campaign. They submitted the applications to their respective PHCs (Primary Health Centres) and the DHO (District Health Officer).

Sessions with the young girls and women and Change agents

Awareness sessions were conducted with 276 girls and women (15-24 years of age) from 16 *bastis/slums* and 322 change agents from 29 bastis/slums where SAHAJ works.

These sessions were conducted in a quiz form. The table below highlights the knowledge of the young girls and change agents on various reproductive issues along with questions asked by them. SAHAJ's challenges are mentioned towards the end of the table.



Topic	Young girls and women (15 to 24 years)	Change agents
What they already knew/were aware of		
Contraceptive	---	The method used to prevent egg and the sperm from fertilization, are methods to prevent conception or pregnancy
Copper T	---	Temporary contraception, used by women, for three years, ASHA informs in UPHC, is available free of cost in government hospitals.
Condoms	Method of contraception. Can be used by boys and men. Safe method. Available free in the anganwadis and with the ASHA. Also available in the medical stores.	Used by men, put on the penis when it is erect during intercourse, available free of cost in the Anganwadi and with ASHA, also available in medical stores, scented condoms are also available.
Mala D	Spacing method of contraception for women. A temporary method of contraception. Available free of cost in the anganwadis and with the ASHA. Also available in the medical stores as 'Choice' and 'Sakhi'.	Used by women, also known as Chhaya, available free of cost in the Anganwadi and with the ASHA and Nurse.
Emergency Contraceptive Pill	Commonly known as 72 hours pill. Has to be taken within 72 hours of unsafe sex. Does not let conception take place. Weakens egg.	
Tubectomy	Commonly called a family planning operation or ' <i>nasbandi</i> '. Permanent method. Free in government hospitals. For couples who do not want children anymore. Also done by light (laparoscopy).	

Vasectomy	Commonly called ' <i>purush nasbandi</i> '. Only heard of it. Have not come across any men who have done it. Available free of cost in government hospitals. Easier than Tubectomy (<i>stree nasbandi</i>). Safe.	
Abortion services	A woman can get an abortion done under MTP Act. Safe to abort within three months of pregnancy. Conditions under which a woman can get an abortion done - fetus with abnormality, conception as condom gets ruptured while having sex.	Rape, a fetus with abnormalities, the risk to the mother's health, failure of contraception, the mother having too many or too young children or financial constraints
Medical abortion	---	No need to get admitted to the hospital, safe
Consequences of unsafe abortions	---	Infection, maternal deaths, infertility, heavy vaginal bleeding etc.
Post-abortion care	---	Nutritious food, adequate rest, genital hygiene, avoid intercourse for some time or use condoms, post-abortion checkup by the doctor
Issues in this context	---	Fear of lack of confidentiality, financial constraints, cost of abortion, lack of services

Questions from the participants	
	<ul style="list-style-type: none"> • What is a female condom? • What is a 72-hour pill? How does the '72-hour pill' work? • What is spontaneous and induced abortion? • What is MTP Act? What is the full form of MTP? • Why is the husband's consent for abortion not necessary?
Challenges	
	<p>In Subhashnagar, one of the new bastis in the project area, the married women were not very keen on adolescent girls participating in the session. Three girls who were 15 -16 years old were sent home. They thought that such information was not necessary for the girls so young.</p>



COVID-19 protocol followed

- Smaller groups of women were formed but proper physical distancing was not possible.
- Hand sanitization was followed at the entrance.
- It was ensured that no one was unwell. Only those with no symptoms were invited.



Media coverage

Activities were covered in a leading regional newspaper.



TAMIL NADU

International Safe Abortion Day

September 28, 2021

மாதுகாம்பாள கருத்தடை

இடம்: ரு.பி.சி. மருத்துவமனை

Support
Centre



Rural Women's Social Education Centre (RUWSEC)

RUWSEC is a non-government organization established in 1981 in Chengalpattu district, near Chennai, Tamil Nadu. It has a rich history of conducting research on health issues from marginalized women's perspectives.

Website: <http://www.ruwsec.org/>



Rural Women's Social Education Centre (RUWSEC), Tirukazhukundram



Period

September 2021



Stakeholders

- RUWSEC staff and community women
- Government health workers: Village Health Nurse, ICDS staff, Women's Protection Committee members
- Unmarried girls and married women



Activities conducted

- A centralized meeting for RUWSEC members and local government health workers.
- Community level workshops for unmarried girls and married women.



Aim

To increase awareness on safe abortion issues, legal updates and medical methods of abortion and recent amendments of the MTP Act.



Activity highlights

A meeting was organised in RUWSEC on September 28, 2021, with the following sessions:

- a) Special lecture on safe abortion by the Primary Health Centre (PHC) Medical Officer.
- b) Release of three publications by RUWSEC followed by sharing key findings of research on access to abortion services in Tamil Nadu during the COVID-19 pandemic.
- c) Virtual session on legal updates and medical methods of abortion by a senior private Gynaecologist associated with RUWSEC.

Around 35-40 participants took part in the event, including RUWSEC staff, community women, four Village Health Nurse, four ICDS staff and two Women's Protection Committee members.

The local PHC Medical Officer highlighted the following issues about abortion seeking and abortion services in government hospitals:

- Mostly, when a woman has an unplanned or unwanted pregnancy, she tries to access abortion services.

- Within seven to nine weeks of missing period she should go in for a check-up. But most women have irregular menstruation, due to which they are unable to calculate the last menstrual cycle dates and if pregnant, are unable to calculate the gestation. In that case, often women avoid an abortion even if they want it and continue with the pregnancy.
- If a woman wants to discontinue her pregnancy within seven to nine weeks, she can go for medical abortion, an easy method of abortion. Earlier women had to undergo surgical abortion, but now medical abortion has made the process much easier and safer for women.
- There is a need to create awareness about safe abortion services. Due to stigma, people do not talk much or openly about it. NGOs and service providers should play a major role in spreading awareness about safe abortion services, the importance of remembering the last menstrual period date, when they can have an abortion and how to access abortion services. Such steps will help to reduce the death of women due to unsafe abortion practices.

Participants raised questions on ectopic pregnancy, the possibility of abortion complications abortions in the unmarried, medical abortion, and safe abortion methods. The Medical Officer responded to these.

RUWSEC also released three regional language publications and followed up by sharing their content:

- 1- A research study on access to abortion services during the COVID-19 pandemic
- 2- Abortion tool kit (<http://www.ruwsec.org/wp-content/uploads/2016/02/Abort-the-Stigma-Tamil-Final-oct2021.pdf>)
- 3- Pamphlet on medical abortion and safe abortion with recent amendments in the abortion law (http://www.ruwsec.org/wp-content/uploads/2016/02/MTP_ACT_TAMIL_-final_2021.pdf)

Highlights of the Abortion Tool Kit

The publication is titled, “*Karukalaipai Kalanganpaduthuvathai Kaividuvom*” (Abort the stigma) as stigma, myths and misconceptions are associated with abortion.

The tool kit addresses the usage of appropriate words and suggests avoidance of words that cause fear or stigma about abortion. It includes details about the MTP Act in brief along with the recent amendments.

Highlights of findings of the study on access to abortion services during the pandemic

Highlights of the study were shared with participants. During the pandemic, women faced difficulties in accessing sexual and reproductive health services. Women already had very limited access to such services and during

the pandemic, the access became minimal. Women had to continue their pregnancy even it was unplanned or unwanted due to a lack of supply of contraceptives in public hospitals.

Joblessness and non-availability of abortion and contraceptive services in public facilities forced women to depend on private hospitals. As a result, they suffered and families faced extra financial burdens for seeking treatment in private hospitals. To access abortion services, they had to take loans spending around Rs.12,000 - Rs.30,000. Copy of the presentation is attached in **Annexure 4** (Tamil version).

Participant comments

NGO staff

“Three months back one of my relatives, a married woman aged 21 visited a private hospital for abortion but the doctor asked to get her husband’s consent and refused to provide the services saying your husband can come and quarrel with me, so better to bring him. Even if laws say it is not necessary but in practice, it is there.”

Health care providers

- The Village Health Nurse shared that most women prefer to have only two children and if they conceive for the third time, they have an abortion.

“During village visits, we tell women to access abortion services as per the advice of doctors. But many of them buy medicines in the medical shop and have it as they do not get any instructions, they have it and face complication and later complain about infection and excessive bleeding.”

- The ICDS staff informed that abortion is considered as ‘taboo’ in the villages and women either silently go to have a clandestine abortion and do not speak about it in public or have to continue the pregnancy in absence of services.

“We come to know if they face any complications after an abortion or if they share about excessive bleeding. A woman had a Copper-T after delivery but it came out during COVID-19. She planned to have a tubectomy operation after some time but during the pandemic, she conceived again and was forced to continue with her pregnancy as services were not available at facilities.”

- RUWSEC staff who were involved in data collection expressed that despite a small sample, the plight of women got highlighted well. This was the just tip of the iceberg and there are more incidences of violence on the domestic front besides issues like- lack of access to services for basic reproductive health problems, delivery in private hospitals due to pandemic fear thereby spending more money. Already they were in debt and for medical expenses, they had to further borrow money.

In the final session, RUWSEC team members clarified doubts and questions of women and community level health workers. Some of the questions asked were:

*“In some reports, medical abortion is allowed up to 7 weeks
others say 9 weeks which one is correct?”*

- Community health worker

*“Does abortion lead to infertility and is it true?
Many people told me kindly clarify.*

- Community woman

“Is self-medication is legally allowed in our country?”

- Community woman

*“Can an unmarried girl rape survivor of rape go for
abortion even after 24 weeks?”*

- Rural woman

At the end of the meeting, five statements on access to safe abortion services were read and accepted by the participants as an oath.

We will all work together to

- *Educate the community that access to safe abortion services is a woman's right.*
- *Eliminate the stigma associated with abortion and with women accessing abortion services.*
- *Facilitate access to safe abortion services and post-abortion care for everyone who needs them.*

Demand our governments to

- *Remove laws and policies restricting access to safe abortion.*
- *Provide safe abortion services at primary health centres.*



Community-level workshops for unmarried girls and married women

To create awareness about safe abortion and address misconceptions, myths and stigma associated with abortion, workshops were held by RUWSEC in seven project villages wherein 76 married women and 51 young girls totalling 127 members took part. Experienced coordinators in RUWSEC who have been working on sexual and reproductive health rights (SRHR) for about 30 years conducted these sessions.

In three villages, young girls were invited and in the remaining villages, married women, women above 35 years with small children, women who have not had tubectomy operations due to medical reasons like anaemia, etc were asked to participate.

Methods like quizzes, questions and answers and case studies were used during these workshops. Among the participants, 41 women were not aware that there is a law for abortion.

The facilitator explained in detail - the MTP Act, its recent amendments and consent related issues; the need to curb the myths and stigma associated with abortion and the right of every woman to decide whether to continue or terminate a pregnancy.

Feedback from women on what they learnt

"We got to know that there is a law for abortion and it safeguards the women. We will remember that only women's consent is necessary and only girls less than 18 years of age should get the consent of the legal guardian for accessing abortion."

"We got to know about the safe methods of abortion, one can have an abortion till 20 - 24 weeks of gestation, having an abortion for medical reasons and problems due to unsafe abortions."

"We got to know that sex selection is legally wrong and one should not check the sex for the foetus."

"We will remember and check whether the service provider is a trained and certified provider when we access abortion services."

"One should not go in for self-medication for abortion and if someone approach or tell us about getting medicines in the medical shop for abortion we will tell them about the need to consult a registered practitioner and then access abortion services."

"We got to know about the stigma and myths associated with abortion and got to know that the couple can seek abortion services for the failure of contraceptives."

"We got to know that even unmarried girls and girls less than 18 years of age can go and seek abortion services in government hospitals."

As there were separate workshops for young women, they could share their views openly and could clarify doubts. The question-answer session helped to check whether they understood what was being said.



COVID-19 protocol followed

- Physical distance in seating arrangements was followed.
- Hand sanitization was followed at the entrance.



Media coverage

Post-RUWSEC meeting, Dr P. Balasubramanian was interviewed by a regional news reporter based on which, this featured in a web article.
<https://bit.ly/3zZli4G>



MAHARASHTRA

Amhi Amchya Arogyasathi (AAA)

AAA was established in 1984 as a not-for-profit organization that works towards bridging the issues of community, related to women, tribals, farmers and weaker sections through the community empowerment approach
Website: <http://www.arogyasathi.org>



Saheli Sangh

Saheli Sangh is a sex worker's collective based in Pune. It was formed in 1998 to bring women in sex work together to resolve their issues with a rights-based approach. It works with non-brothel based sex workers to enhance and enable greater levels of self-protection among these sex workers through a sense of togetherness, collective action, and the creation of an identity.

Website: <https://sahelisangh.org>





Amhi Amchya Arogyasathi (AAA), Nagpur



Period

September 12 to 25, 2021



Stakeholders

Women and adolescent girls
ASHA workers



Activities conducted

Seven workshops with women and adolescent girls and two with ASHA workers were held on the topic of International Safe Abortion Day in nine villages near Nagpur.



Aim

To increase awareness on safe abortion issues and recent amendments of the MTP (including implications for women)



Activity highlights

Workshops for adolescent girls and women

In September 2021, workshops were held for adolescent girls and women from six villages on six separate days. Around 250 adolescent girls and women attended these workshops. The programmes included Resource persons such as the Chief Health Officer, Aanganwadi Sevikas, ASHAs and a senior member of the AAA. In one village, the lady village sarpanch also attended the workshop.

The workshop included sessions on reproductive anatomy of men and women, physiology of pubertal changes including menstrual cycle using the uterus model and experience sharing and addressing related questions.

Information about the risks of unsafe abortion, information on safe abortion services, the MTP law and its amendments were provided. They were made aware that women 18 years and above can make their own decisions and give consent for abortion and do not require the signed consent of their husband/any family member/partner. The difference between safe and unsafe abortions in terms of facility preparedness, service provider qualification and skills and use of recommended methods of termination was explained.

Workshops for health workers

Three workshops were conducted for 97 ASHA workers from three Primary Health Centre areas. Resource persons included senior officials from the Bombay Municipal Corporation, ASHA Cluster Coordinator, ASHA District Coordinator and senior members of AAA.

Information on male-female reproductive organs, menstrual cycle/uterus/conception, and unsafe abortion practices carried out in the village were provided. ASHAs were made aware of the importance of safe abortion services and the risks of unsafe abortion. The need to encourage women to seek services from government hospitals, recognised facilities or on the advice of gynaecologists was stressed. They were also informed about the MTP law, its amendments; and that women 18 years and above can make their own decisions and access abortion services without the signed consent of husbands/family members. They were informed about abortions being also available until five months and beyond if there is a risk to women's lives, the foetus has anomalies, in case of contraceptive failure or of rape. How unsafe and illegal abortions are those that are carried outside the provisions of the MTP Act by quacks/untrained providers risking a woman's life.

There were discussions on incidences of teenage pregnancies in the village with girls out of fear and stigma not revealing it to anyone. Later when the pregnancy is known, the family takes her to a quack/untrained provider for abortion risking her life or leading to morbidity. Incidences of unsafe abortion in tribal areas; issues of ill-treatment at government facilities; and the impact of unsafe abortion in terms of morbidity and mortality were also discussed. There were also discussions on menstrual hygiene and discriminatory practices during periods as well as stigma around menses. Finally, how ASHAs role is very important in gaining the trust of women and girls and that they should make women and girls aware of their reproductive rights and consent issues was discussed.



What women said

- If there is any incident of abortion, people tend to cover it up or in case of pregnancies in teenagers the family tries to get it aborted using herbal medicines or with the help from the dais.
- If these girls have any health issues, then they are taken to the district hospital.

Adolescent girls talked about

- Menstrual health and hygiene, irregular periods and not attending school during menstrual cycle.
- Although they get information from ASHAs, it is never complete.
- Incidences of a love affair resulting in pregnancy are covered up and parents get it aborted clandestinely so that others do not come to know.



COVID-19 protocol followed

- Hand sanitization was followed at the entrance.





Saheli Sangh, Pune



Period

September 2021



Stakeholders

- Public and private health care providers and management personnel
- Community leaders and peer educators



Activities conducted

- Focus Group Discussions (FGD) with community leaders and peer educators
- Visits to local government and private health care facilities



Aim

To increase awareness about safe abortion issues and recent amendments to the MTP Act.



Activity highlights

Focus Group Discussion (FGD)

Saheli Sangh conducted an FGD with the community leaders and peer educators. The Program Manager of the Saheli Sangh conducted the FGD.

The participants were aware of the MTP Act to some extent. They knew that a hospital should have approval and a trained doctor for conducting abortions. Only some of the private and government hospitals are allowed to conduct abortions under this act. If they do not follow proper rules and regulations, they are liable for punishment under the law for illegal practices.

Peer leaders shared their experiences. Many times, when sex workers got pregnant, their regular partner or husband did not accompany them to the hospital. As hospital/clinic or providers insist that husband or relative should be present and should provide consent, they take a known person and introduce him as husband or relative. Sometimes person carrying out registration asks for identity and address proof or documents. The doctors do sonography and according to the gestational period of pregnancy, they charge for abortion. In the past, they charged Rs. 5000/- but now it is Rs. 10,000/- for abortion. They also said that nowadays, women were taking medicines for abortion from the medical shops. If they are not able to procure from the medical shop, then they get it from a known person.

Most sex workers said they prefer going to private clinics, very few go to government hospitals. They said they do not prefer government hospitals as they are afraid of multiple questions being asked. They spend more than Rs. 10,000-20,000/-. Even when the government hospital prescribes medication the cost ends up the same as a private clinic.

The sex workers acknowledged that there is a decline in stigma they faced in health facilities. Earlier if any of them mentioned the area they came from, they faced discriminatory and stigmatising behaviour, but now they do not have these experiences. Now the health providers speak politely and attend to them properly. They attributed this change due to Saheli Sangh's efforts towards awareness and the meetings conducted by them.

Experiences of some sex workers related to abortion services

A peer educator conceived at a young age. Her brothel-keeper told her not to continue the pregnancy. The brothel keeper herself accompanied her to the hospital. The peer educator gave her consent for abortion. The peer said, "I didn't have any information at that time other than that the brothel keeper did not want me to continue my pregnancy".

Another sex worker shared her experience of accompanying one of the women to a private clinic for an abortion. "The doctor gave medication and charged 2000-3000/- rupees. We were not even allowed inside the doctor's room."

Another young peer educator shared her abortion experience. She did her pregnancy test at home and found out she was pregnant. She did not tell anyone and went to the medical store where she shared her pregnancy status. She was charged Rs. 2500/- and took the medication but nothing happened. After that, she took the COVID-19 vaccination and shared her pregnancy news with Saheli staff. Her sonography was done and she was referred to the Family Planning Association of India (FPAI) clinic. There she underwent an abortion. They behaved very nicely at FPAI and she got a Copper-T inserted for five years.

Based on FGD with the sex workers, a statement demanding safe abortion services for the community was prepared and was released. **(Annexure 5)**

Facility Visits by the Saheli team

1. *Preferred Health Care Providers (PHCP):* They circulated a brief on the MTP Act **(Annexure 6)**, and statements of the sex workers on the Act with PHCPs.
2. *Antenatal and postnatal ward of Gadikhana/Kotnis Hospital:* The management and sisters were very cooperative and helpful during the visit. Saheli Sangh members shared the purpose of the visit and the sex

workers' statements regarding their right to safe abortion. They also shared the booklets provided by the CommonHealth on medical abortion pills, contraception, pre-conception and pre-natal diagnostic techniques act, the MTP Amendments Act 2021 and the POCSO Act and its implications for the provision of abortion services to young people (<https://commonhealth.in/safe-abortion/>). They discussed the procedure of registration and the challenges sex workers faced. The hospital authorities assured them that they would address the situation.

3. *Delivery ward of the Kamala Nehru Hospital:* They gave a brief description of the Safe Abortion Day activities and programmes to the available staff. They made the authorities aware of the issue that arose when women were referred from the Gadikhana hospital to the Kamala Nehru hospital. No ambulance facility is provided to them and women are not in the condition to manage the situation. They discussed the kind of support they can get from the hospital.
4. *Ante Natal Care (ANC) department of Sasson Hospital:* The doctor in charge was aware of Saheli Sangh and the problems of women in sex work. The CommonHealth pamphlets, booklets and statements of sex workers were distributed amongst the staff. Some health care providers asked several questions and suggested translation of the material into multiple languages as it would be helpful for others as well. The team shared the translated versions with them as well.



5. *Family Planning Association of India (FPAI) Weekly Clinic run by Saheli Sangh:* Many women visit the clinic to access contraceptive methods and safe abortion services. So, some Saheli Sangh members visited the clinic to discuss the implementation of the MTP Act 2021. The major issue was that most of the time these women do not have a husband or relatives staying with them. They do not have proper identification documents. As most government facilities ask for proper documentation, women prefer to visit private clinics where they are charged high amounts for abortion services. Saheli Sangh's team shared the statement of the sex workers on the MTP Act 2021.
6. *Anand Nursing Home:* It is a private clinic located in the red-light area of Pune city and has been providing services for more than 20 years. Most workers access the services at this clinic. During the visit, the Saheli Sangh team shared the purpose of the visit, the CommonHealth pamphlets and booklets mentioned earlier, and the statements of the sex workers. The doctor appreciated the efforts taken by them and CommonHealth. He suggested that this kind of awareness should be happening at the community level so that women will visit a clinic for safe abortion. Else, as it is a red-light area, most women visit a medical shop or ask for people who provide medication/pills leading to unsafe abortions.



COVID-19 protocol followed

- Smaller groups of women were formed but proper physical distancing was not possible.
- Hand sanitization was followed at the entrance.

ODISHA

Sahayog
for equity and
sustainable development

SAHAYOG

Founded in 2008, SAHAYOG - a value-driven voluntary institution is dedicated to promoting participatory initiatives and agendas in the field of health, education, and livelihoods for gender-equitable development. SAHAYOG's main objective is to facilitate and promote the development process with vulnerable groups and communities, specifically women, children, and differently able persons.

Website: <https://sahayogodisha.org/index.php>



Period

September 24-28, 2021



Stakeholders

Women, adolescent girls, ASHA workers



Activities conducted

- Sensitization programmes and signature campaigns



Aim

To increase awareness about safe abortion issues and recent amendments to the MTP Act in five districts of Odisha.



Activity highlights

Khordha district

SAHAYOG observed Safe Abortion Day with ASHA workers on 28th September 2021. ASHA workers from seven sub-centres participated in the programme.

In the sensitization programme, the MTP Act 1971 and the MTP Amendment Act, 2021 and issues like unsafe abortion being one of the leading causes of maternal mortality, absence of reliable data on the number of women undergoing unsafe abortions and facilities providing these services were discussed. It was also mentioned that though many women do know about the dangers of unsafe abortion due to stigma and other reasons, they do not access safe abortion services.

The Resource person discussed and responded to the following points/issues -

- The MTP Act 1971.
- Access to safe abortion is a women's health right.
- Reluctance of health workers to provide abortion services, especially after the PCPNDT Act was implemented.
- Avoidance of terms such as *garbhapat* or *garbhanasta* (abortion) and use of garbhasamapan (termination of pregnancy) to reduce the stigma around abortion.
- Role of ASHAs in discussing the safety of termination in the initial stages of pregnancy, taking the women to the nearby government hospital for free, safe and legal services.

Challenges and key issues faced by the ASHAs

- Difficulties in promoting temporary contraceptives such as condoms as women never discuss it with their partners.
- When ASHAs visit eligible couples, speaking about sex, pregnancy and contraception use with male members is a challenge for many of them. Also, at times they felt shy because they are related to or know the male member as they are from the same community.
- Women complain about dizziness and other side effects of Mala D, heavy bleeding after Intra-Uterine Device insertion and irregular periods after using injectable contraceptive ANTRA.
- Women, therefore, find female sterilization as the best option.
- There are unwanted pregnancies both in married women and others and many go for unsafe abortion because abortion is considered a sin.
- Tribal women are unaware of the MTP Act. They know about using medical pills for abortion from the chemist shop. Sometimes women get information but by and large abortions remain in the unspoken realm. Also, they never disclose where the abortion is done. None of the ASHAs had ever accompanied any of these women for abortion.
- ASHAs pointed out that they receive an incentive for institutional childbirth but not for abortion services and that they should also receive some fees for abortion services.
- During COVID-19 first phase, all ASHAs were engaged in awareness building, and quarantine duty work. So, contraception services and other services got neglected. More children were born in private hospitals and caesarean deliveries increased. They also heard about an increase in unsafe abortions to get rid of unwanted pregnancies.



At the end of the programme, the Resource person highlighted the importance and necessity for such sensitization programmes. The Odia leaflet of the MTP Amendment Act-2021 was released and Signature Campaign was conducted. ASHAs used the WhatsApp facility to sign an online petition for 'Women's Right to Safe Abortion'.

UNICEF Odisha Health Specialist after receiving both English and Odia IEC materials said that CommonHealth was doing a wonderful job and that SAHAYOG should do similar activities in aspirational districts as well. After years of interventions, they were unable to reach the desired impact. The Resource person also requested that such sensitization programmes for other health providers should be done from time to time.

Utkal Youth Association for Social Development (UYASD) observed Safe Abortion Day with health care workers on 25th September 2021. The meeting was conducted by UYASD and attended by the female Multipurpose Health Worker (MPHW), and ICDS Social Worker along with ANMs, ASHA workers, Anganwadi workers, Self Help Group members. A total of 40 participants attended the meeting.

The Resource persons discussed the MTP Act and its amendment, the role of the medical board, methods of MTP and the role of service providers and the importance of conducting safe and legal abortion in a medical set-up. The participants were informed about the law and the legislation timelines, how it was developed, the Shantilal Shah Committee, recommendations, Section 312 of the Indian Penal Code (causing miscarriage) and the current situation.

SAKAR observed Safe Abortion Day with women (18-50 years), ASHAs, ANM and *Krusha mitras* (farmer friends) on 28th September 2021. A total of 45 participants were present in this programme. A Female Health Worker was the Resource person.



Participants were sensitized to issues on safe abortion and women's right to safe abortion services. The Resource person discussed the importance and different methods of contraception, the MTP Act and the amendments, and types of abortion with the procedures. She stressed the importance of women's right to privacy, as well as respectful care by service providers in pre-and post-abortion service. She also stressed that abortion should not be treated as a taboo.

The programme concluded with a signature campaign demanding women's right to safe abortion services.

Angul district

SPANDAN observed Safe Abortion Day on 28th September 2021 in presence of nursing students, teachers, social workers, and staff of Saraswati Vidya Mandir (SVM) (the venue). A total of 65 participants were present in this programme.

The Vice-Principal of SVM, the Deputy Medical Officer of NALCO Hospital, a Legal Advisor, a Social Worker cum ex-member of District Child Protection Unit and Juvenile Jail, Angul, and a member of SPANDAN were the Resource persons invited for the meeting.

The Deputy Medical Officer highlighted the problems of unsafe abortion and how it led to maternal deaths. He discussed the stigma of pregnancy before marriage leading to unsafe abortion. He explained what is abortion, the traditional methods of abortion and its complications, the legal aspects of abortion, the need for a medical board, safe and legally approved abortion centres, and the legal aspects and rights of women on this issue.

Another Resource person described the negative impact of child marriage and how it led to the early and unwanted conception and abortion, the legal aspects of child marriage, the POCSO Act and its current rules and regulations. He also discussed the different service providers and helpline numbers engaged to track and stop child marriages.

The Social Worker discussed the problems women faced, their rights and how proper education and awareness can help them to overcome several problems.



A signature campaign was organized and the programme ended with participants posting their thoughts and experiences on the signature board.

Cuttack district

SURAKSHYA observed Safe Abortion Day with women of reproductive age group, ASHAs and ANM on 25th September 2021. A total of 36 participants were present in this programme. Gender Specialists and Jan Swasthya Abhiyan (JSA), Odisha Convenor were the invited Resource persons.

In the meeting with women, the Resource persons talked about the right to safe abortion from a gender lens. They discussed the need for both the service providers and the women to know about their rights and entitlements, the PCPNDT and MTP Acts and the conflation between the two ACTs.

The JSA convenor discussed the recent MTP Amendment Act with the ASHAs to ensure that they have a clear understanding of the Act. According to the ASHAs and the ANM, the Odia leaflet on the MTP Act and its Amendment was an eye-opener for them.

Kendujhar district

Human Improvement Foundation observed Safe Abortion Day with women of reproductive age group, ASHAs and Aanganwadi workers on 27th September 2021.

The importance of and access to safe abortion services for community women was discussed and the Odia leaflet was distributed to explain the MTP Act and its amendment. The ASHAs and Aanganwadi workers were encouraged to explain these issues to the women in the community.

Sambalpur district

SAKAR observed Safe Abortion Day with women on 24th September 2021. A total of 40 participants were present in this programme. The Resource person was a Medical Officer of a nearby Primary Health Centre. Besides the women, ICDS members, Aanganwadi worker, ANM and a health worker also attended the meeting. It was organized by the local Mahila Aroga Samiti (MAS).

The Resource person talked about safe and legal abortion, the misconceptions associated with abortion, the MTP Act, the amendments, conditions for abortion, the gestation period for termination, medical methods of termination, approved service providers and facilities and contraceptive methods.



COVID-19 protocol followed

- Social distancing.
- Hand sanitization was followed at the entrance.



Media coverage

Activities were covered in five regional and one English newspaper of Odisha.

JAMMU & KASHMIR



ASHAN FOUNDATION

Ahsan Foundation J&K

Established in 2000, the Ahsan Foundation is located in Srinagar. It works on health issues, with a focus on maternal health and safe abortion issues and conducts immunization drives and organizes medical and blood donation camps. It focuses on increasing health accountability and networking with various public and private social service organizations.



Period

September 29, 2021



Stakeholders

Doctors, students of medical and paramedical sciences, NGO/civil society representatives, ASHAs, and health volunteers from various districts of Kashmir Valley. Resource persons included Superintendent of Police, Civil Secretariate, an advocate and a representative of New Kashmir Women and Child Development organisation.



Activities conducted

- Awareness programme with women



Aim

To increase awareness on safe abortion issues and recent amendments of the MTP.



Activity highlights

This was the first time that Safe Abortion Day was being celebrated in Jammu and Kashmir. One Resource person, the Lady Superintendent of Police pointed out that no one knew such a day existed.

The other Resource persons highlighted that this is the first awareness programme of its kind on International Safe Abortion Day and that the community needs frequent awareness programmes on the issue, especially in rural areas of Kashmir. They also discussed the progressive abortion law reforms in India. Unsafe Abortion is one of the leading causes of MMR in the state and still there is little data on how many women were undergoing unsafe abortion and where. Issues of spacing, family size, right to choose (my body, my choice) and legalities related to abortion were discussed. The impact of the COVID-19 pandemic that restricted access to not only safe abortion but also all other reproductive health services was also referred to. National and local lockdowns, quarantine, travel bans, though necessary, made access to health care more challenging in the valley. Doctors present as Resource persons talked about the conditions under which abortions are legally permitted and the changes and additional provisions in the MTP Amended Act 2021.



There were several questions for clarification as well as there was experience sharing by the participants. The women participants were unaware that such services even existed in government facilities. It was reported that there is a lack of information amongst health care providers as well in both government and private hospitals.

The level of ignorance had implications for women seeking services. A woman shared her experience, that when she became pregnant again and did not want to continue with it, she approached a government doctor. She was just sent from one person to another when finally, the doctor told her to first get permission from the police, then he would do the abortion. The woman just left the hospital and delivered the baby eventually.

Members of Ahsan Foundation J&K assured that the organisation will continue its awareness campaigns on the MTP Act in the rural areas of Kashmir Valley and sensitize doctors, students of medical colleges, nursing staff, ASHAs and Anganwadi workers to create positive attitudes towards women seeking such services. They would also spread awareness amongst women about their reproductive rights in a phased manner at district, block and Panchayat levels as suggested by the ASHAs, NGOs, students for the University and other Civil Society members.



COVID-19 protocol followed

- Social distancing.
- Hand sanitization was followed at the entrance.



Media coverage

Activities were covered by a local TV channel and a leading regional language newspaper.

¹⁷ Due to the current situation in Jammu and Kashmir, there is one police officer assigned to each hospital. It seems for doctors generally send women to the officers to get their permission first.

UTTAR PRADESH



Gramin Punarnirman Sanstha (GPS)

GPS was established in 1992 in Gorakhpur with a vision to realize the dream of a developed and self-dependent rural community sufficiently empowered to achieve Gram Swaraj (rural self-governance) in its true sense.

Website: <https://graminpunarnirmansansthan.cfsites.org>



Gramin Punarnirman Sansthan (GPS), Azamgargh



Period

September 16-28, 2021



Stakeholders

Women, adolescent girls, men, health care providers.



Activities conducted

- Community awareness and interaction with healthcare providers, women farmers and men.



Aim

To increase awareness on the availability and accessibility of safe abortion services, the MTP Act and recent amendments of the MTP Act.



Activity highlights

Twenty-five meetings were held in 25 villages covering 881 community members including health care providers from September 16-25, 2021 as part of the Safe abortion day campaign.

The village level meetings were organized mostly with women and with men in some villages. Topics of discussion included family planning, unwanted pregnancies, safe abortion and access to quality abortion services, the status of availability of services, steps to be taken to avail services and so on.

Feedback from the women included the following problems faced by them:

- The Village Health Sanitation and Nutrition Day (VHSND) was closed during the pandemic and even when the situation returned to normal, there was non-availability of contraceptives at the VHSND.
- During lockdown men were at home, and even if the woman did not want, she had to have physical relations, and as a result, there was an unwanted pregnancy.
- There are no safe abortion services in the nearby government hospitals and to get rid of unwanted pregnancies, women had to take pills from medical stores.
- Some also took help from nearby quacks, which costs more money, and some of them faced health problems because of it. ASHAs also advised women to go to the quacks.

- There is stigma attached to abortion as women are judged as being ‘bad’ for terminating the pregnancy.

At the end of the programme, a written demand was made on postcards by Samanta Sathis to the Chief Medical Officer, Azamgarh district to ensure the availability of safe abortion services.

A dialogue was also organized with the Block level health service providers in the Atraulia block of Azamgarh district with the CDPO ICDS, ASHAs, Anganwadi workers and community women. Here also, issues related to the situation during the lockdown, especially impact on family planning services, emergency contraceptive availability, unwanted pregnancies, and access to safe abortion services were discussed. The Block Community Process Manager, the Superintendent, Community Health Centre and the CDPO, expressed their views as well.

Two publications “Abort The Stigma” and “Listening To Women”, published by CommonHealth were released during the event. These and other reference materials were distributed among the participants.

GPS team members raised the following issues faced by the women due to non-availability of VHSND during the COVID-19 lockdown: non-availability of contraceptives resulting in unwanted pregnancies; women having to seek abortion services from quacks as these were not available at the government health system. Besides this, there were complaints that some health workers from the local government hospital provided abortion services privately in the government hospital premises and exploited those in need.

Another point of concern shared was that, in the district (divided into 22 development blocks, with a population close to 54 lakhs), there were only eight recognized safe abortion service providing facilities. Of these, six are private hospitals, one is the district level hospital (far away) and another is a First Referral Unit (FRU). As the private facility is expensive and many women go into debt. The district hospital is far and women are often left with no choice but to seek services from quacks (*jhhola chap doctors*). As a result, at times they face life-threatening complications and some even lose their life. Besides this, going to such quack doctors and private hospitals also results in the burden of debts.



The Supervisor from Community Health Centre discussed in detail how the MTP Act 1971 allowed women to terminate unwanted pregnancy under certain conditions by an authorized and trained doctor in a government hospital or any other hospital authorized by the government. He then explained the MTP Amendment Act.

GPS Resource person explained the abortion situation in India based on the Guttmacher Institute data. He also described the situation in Uttar Pradesh, where an estimated 3.15 million abortions were performed annually of which 65% of abortions were conducted in private health facilities, about 32% in public health facilities and about 4% by NGOs. Talking about unintended pregnancies, he said that an estimated 49% of pregnancies in the state were unintended. Of these unintended pregnancies, about two-thirds (64%) ended in abortion. The main reason behind not being able to get safe and legal services were a lack of trained staff, equipment, etc. Apart from this, the demand for money by the hospital staff for termination of pregnancy, objection by the husband or family, stigma etc. add to the hindrance. He highlighted that even after 50 years of the MTP law, it is a matter of concern that women do not have or get safe abortion facilities and services.

A 10-point memorandum addressed to the Chief Medical Officer, Azamgarh, was handed over to the Superintendent of the Community Health Centre (see below). The Superintendent said that they would try to post female doctors in the 100-bed maternity wing of Atraulia Hospital so that women could get maternal health services including safe abortion services.

Memorandum of Recommendations for safe abortion services in Uttar Pradesh

1. Ensure that all public sector facilities have an adequate supply of medicines for medical abortion.
2. Expand the number of trained health providers/staff, who can provide abortion and post-abortion services.
3. Ensure that district-level committees are functional too and streamline the process of approval of private facilities for legal abortion services. Also, expand the approval process to include facilities that offer only medical methods of abortion (MMA).
4. Regulate costs of abortion services. Ensure the quality of abortion services and that services comply with the stipulations in the current abortion law.
5. Educate women about safe abortion and its laws, methods of abortion and their correct use, seek support from community-based health activists and use public health campaigns for the purpose.
6. Improve the quality and availability of voluntary contraceptive services for all to help prevent future unintended pregnancies.
7. Update and strengthen government and registered private hospital data in the <http://cacuttarpradesh.in/> portal.
8. Set up a portal/online system for grievances related to abortion-related services.

9. Make adequate budgetary provision for the requisite facilities and services related to safe abortion.
10. Ensure that under the Rashtriya Kishor Swasthya Karyakram (RKSK), the responsibilities of the Counsellor also include providing information/advice about safe abortion facilities and services.

Hope the government will ensure the reproductive health rights of women by fulfilling these above demands.

On behalf of,

Reproductive Health Rights Campaign

(CommonHealth Women's Health Rights Forum, Uttar Pradesh;
Healthwatch Forum, Uttar Pradesh; Citizen Dialogue Forum,
Uttar Pradesh)



COVID-19 protocol followed

- Social distancing.
- Hand sanitization was followed at the entrance.



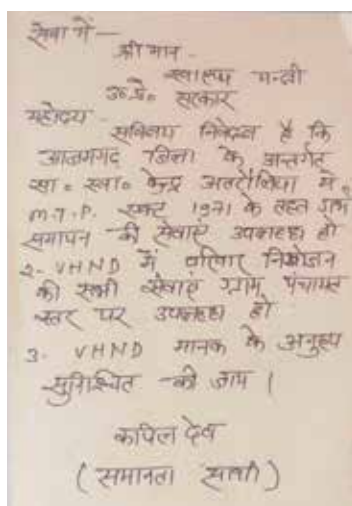
Media coverage

The programme with health officials was covered on the digital platform by two regional news agencies and one regional TV news channel.

<https://vvnewsvaashvara.in/atraulia-azamgarh-even-after-50-years-of-the-medical-termination-of-pregnancy-act-1971/>

https://circle.page/post/8964997?utm_source=an&person=3365426

<https://youtu.be/jQ95G8vQ280>



4. CONCLUSION

There is a dearth of awareness and knowledge related to abortion legality, safe abortion rights and entitlements, service availability and abortion associated health concerns. There is a prevalence of myths and misconceptions associated with abortion.

Data and voices of the community and other stakeholders during the activities presented in this report indicate that to protect women's reproductive health and lives, it is critical to promote access to safe abortion. While this can be done through sensitizing and awareness programmes, it is equally important to reduce stigma and to reduce the incidence of unsafe abortions

The Safe Abortion Day provides a platform for collective efforts that have greater outreach. Making unsafe abortion a history will take time due to the deeply rooted stigma attached to the issue. But such efforts will lead to positive changes eventually.

Every life saved from unsafe abortion matters as every woman matters.



ANNEXURES




ANNEXURE 1

PAMPHLET ON SAFE ABORTION IN GUJARATI

સુરક્ષિત ગર્ભસમાપન



‘ગર્ભસમાપન એ કુટુંબનિયોજનની પદ્ધતિ નથી’
‘સલામત ગર્ભસમાપન એટલે સલામત સ્ત્રી’



ગર્ભસમાપન પછીની કાળજી

- પૂરતો આરામ કરવો
- પોષ્ટિક આહાર લેવો
- જનનાંગોની સ્વચ્છતા રાખવી
- સ્ત્રીનું સ્વાસ્થ્ય પૂરી રીતે સારું ન થાય ત્યાં સુધી શારીરિક સંબંધ ટાળવો
- ગર્ભધારણ થી બચવા માટે ગર્ભનિરોધકનો ઉપયોગ કરવો
- એક મહિના પછી ફરી ડોક્ટરની તપાસ કરાવી સંપૂર્ણ ગર્ભસમાપનની ખાતરી કરવી.

મહિલાને આ દેખભાળ મળે તે સુનિશ્ચિત કરવાની જવાબદારી પતિ અને કુટુંબના સભ્યો ની છે.

ચાદ રાખો

- અનુભવી અને તાલીમ પામેલા ડોક્ટરની સલાહથી કરાયેલ ગર્ભસમાપન સુરક્ષિત હોય છે.
- કાળા મરી, સૂકું આદુ, જડી-બુટ્ટીના ઘરેલું ઉપચારોનો ઉપયોગ ગર્ભસમાપન માટે ના કરવો કારણકે તેનાથી ગર્ભસમાપન નથી થતો ઉપરથી શરીરને નુકશાન પહોંચે છે. આનાથી લાગતા ચેપથી આંતરિક અંગોને ઈજા, વંધત્વ અને ક્યારેક મૃત્યુ પણ થઈ શકે છે.
- પહેલા અઢી માસ (૮ થી ૧૦ અઠવાડિયા)માં ગર્ભસમાપન વધારે સરળ હોય છે.

૨. સર્જીકલ (શસ્ત્રાક્રિયા) ગર્ભસમાપન

વેક્યુમ એસ્પિરેશન પદ્ધતિ નો ઉપયોગ શસ્ત્રાક્રિયા દ્વારા ગર્ભસમાપન માટે કરવામાં આવે છે. શસ્ત્રાક્રિયા પદ્ધતિનો ઉપયોગ ડોક્ટર દ્વારા ગર્ભાવસ્થાના બીજા તબક્કામાં થઈ શકે છે.

ફાયદા	અડચણ
● સફળતા દર ૯૮% થી વધારે છે.	● આ પ્રક્રિયા સરળ હોતી નથી.
● દવાખાનામાં ખાલી એક જ વાર જવાની જરૂર છે.	● ગર્ભાવસ્થાના શરૂઆતના દિવસોમાં આનો ઉપયોગ નથી કરવામાં આવતો.
● ક્રિયા પૂરી થવામાં બહુ ઓછી વાર લાગે છે.	● ગુન રાખવાનું મુશ્કેલ છે.
● મહિલાને એનેસ્થેસિયા (બેભાન કરવાની દવા) આપવામાં આવે છે તેથી પીડા કે ચિંતા થતી નથી.	● દવાખાનાની ગુણવત્તા જુદી જુદી હોઈ શકે છે.

ડાયલેશન અને ક્યુરેટાજ (ડી એન્ડ સી), જેને મોટે ભાગે ક્યુરેટીન થી ઓળખવામાં આવે છે, તે હવે સુરક્ષિત ગર્ભસમાપન કરવાની સ્વીકૃત રીતો માનવામાં આવતી નથી.

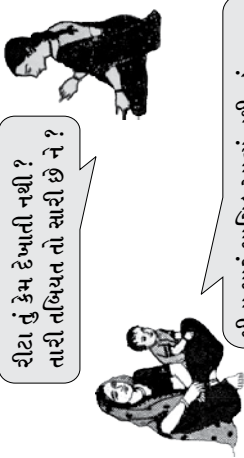
ગર્ભસમાપન પછીના જોખમો

ગર્ભસમાપન પછી મહિલા નબળાઈ અનુભવે છે અને તેથી તેને પોતાની કાળજી રાખવી જરૂરી છે. કુટુંબના સભ્યો એ તેના આરોગ્યને વધારે સારું બનાવવા માટે તેને પુરતો આરામ અને પોષણ લેવામાં મદદ કરવી જોઈએ.

સહજ
towards alternatives in health and development

CommonHealth

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મીના મારું માસિક આવ્યું નથી, હું ગર્ભવતી છું. મારું આગલું બાળક ૧ વર્ષનું છે. શું મારું ગર્ભસમાપન થઈ શકે છે?

મીના આરોગ્ય કાર્યકર છે અને તે રીટાને ગર્ભસમાપનની માહિતી આપે છે. ઘણી સ્ત્રીઓને ડોક્ટર ગર્ભસમાપન કેવી રીતે કરશે તેની બીક લાગે છે પણ તેમાં ડરવાની જરૂર નથી પણ જાણકારી મેળવવાની જરૂર છે.

ગર્ભસમાપન એટલે શું?

ગર્ભસમાપન એટલે કે સર્વાર્ભવસ્થા દરમ્યાન કોઈક કારણસર ગર્ભ જાતે જ પડી જાય (કુદરતી રીતે) અથવા તો તેનો તબીબી અંત કરવામાં આવે તો તેને ગર્ભસમાપન કહે છે.

અ. કુદરતી ગર્ભસમાપન: જ્યારે કુદરતી કારણસર ગર્ભ પડી જાય તો તેને કુદરતી ગર્ભસમાપન કહે છે.

બ. તબીબી ગર્ભસમાપન: જ્યારે ગર્ભ અર્થસ્થિત હોય અથવા ગર્ભમાં કોઈ આરોગ્યની સમસ્યા હોય તો ગર્ભસમાપન કરાવવું પડે છે. તે ડોક્ટરની સલાહથી થાય છે માટે તેને તબીબી ગર્ભસમાપન કહેવામાં આવે છે.

કાનૂની ગર્ભસમાપન

ગર્ભાવસ્થાનો ગુપ્ત રીતે અંત કરાવવાની કોઈ જરૂર નથી કારણ કે આપણા દેશમાં ગર્ભાવસ્થાનો અંત અમુક નિયમોની અંદર કાયદેસર છે. ૧૯૭૧ માં ગર્ભાવસ્થાના કાનૂની સમાપન માટે એમ.ટી.પી. (મેડીકલ

ટરમિનેશન ઓફ પ્રેગનેન્સી) એક્ટ તૈયાર કરવામાં આવ્યો હતો અને હાલમાં ૨૦૨૧ માં કાયદામાં સુધારો કરવામાં આવ્યો જેમાં ૨૪ અઠવાડિયા સુધીમાં ગર્ભસમાપનને આ કાયદા અંતર્ગત માન્યતા મળી છે. છતાં ૨૦ થી ૨૪ અઠવાડિયામાં થતા ગર્ભસમાપન માટે ચોક્કસ નિયમો હશે જે ઘડવામાં આવી રહ્યા છે. ૨૪ અઠવાડિયા થી વધારેની ગર્ભાવસ્થાને સમાપન કરવા માટે રાજ્ય સ્તરીય મેડીકલ બોર્ડની પરવાનગી આવકાર્ય છે. કારણકે આમાં મહિલાના આરોગ્યને નુકશાન પહોંચી શકે છે.

એમ.ટી.પી. એક્ટની અંદર ગર્ભસમાપન ત્યારે જ શક્ય છે જ્યારે

- ગર્ભાવસ્થાથી ગર્ભવતી મહિલાના જીવન કે સ્વાસ્થ્યને જોખમ હોય
- ગર્ભાવસ્થાનું કારણ બળાત્કાર હોય
- ગર્ભનિરોધકની અસફળતાને કારણે ગર્ભાવસ્થા રહી હોય
- જન્મ લેવાવાળા બાળકમાં શારીરિક કે માનસિક વિકલાંગતા હોય

આ ગર્ભસમાપન એમ.ટી.પી. એક્ટ અંતર્ગત માન્ય કેન્દ્રોમાં રજીસ્ટર ડોક્ટરોની સલાહથી જ કરી શકાય છે. ખાસ પરિસ્થિતિને છોડીને આમાં ખાલી મહિલાની સંમતિની જરૂર હોય છે.

સુરક્ષિત ગર્ભસમાપન

સુરક્ષિત ગર્ભસમાપન એટલે...

- જો ગર્ભસમાપનની પ્રક્રિયા તાલીમ પામેલ ડોક્ટર દ્વારા ન્યુનતમ તબીબી ધોરણોનું પાલન કરવાવાળા વાતાવરણમાં થાય તો તે ગર્ભસમાપન સુરક્ષિત છે.
- પહેલા અઢી માસ (૯ થી ૧૦ અઠવાડિયા)ની અંદર ગર્ભસમાપન વધારે સુરક્ષિત છે.

અસુરક્ષિત ગર્ભસમાપન ના પરિણામો શું છે?

જો ગર્ભસમાપન અસુરક્ષિત રીતે કરવામાં આવે તો મહિલાના આરોગ્ય પર વિપરીત અસર થાય છે. એના કારણે ચેપ, વધુ રક્તસ્ત્રાવ, પેટમાં દુઃખાવો, અધુરું ગર્ભસમાપન, આંતરિક અંગોને ઈજા અને ગંભીર કેસમાં મહિલાનું મરણ પણ થઈ શકે છે.

ગર્ભસમાપન કેવી રીતે કરવામાં આવે છે?

ગર્ભસમાપન બે રીતે કરાવવામાં આવે છે.

૧. ઔષધિય ગર્ભસમાપન

૬૩ દિવસો કે ૮ અઠવાડિયા સુધી, પ્રશિક્ષિત ડોક્ટરની સલાહ મુજબ ગોળીનો ઉપયોગ કરીને ગર્ભસમાપન કરી શકાય છે. આ ગોળી ડોક્ટરે સૂચવ્યા પ્રમાણે અને તેમની હાજરીમાં લેવી જોઈએ. જાતે કે ડોક્ટરને પૂછ્યા વગર લેવાની કોશિશ ના કરવી કારણકે તેનાથી ગર્ભ સંપૂર્ણ સમાપન થવાની શક્યતા રહે છે.

કાયદા	અડચણ
<ul style="list-style-type: none"> • આ પદ્ધતિ ગર્ભાવસ્થાના શરૂઆતના તબક્કામાં ઉપયોગમાં લઈ શકાય છે. • આ પ્રક્રિયા કુદરતી લાગે છે. • પ્રક્રિયાને વધારે ગુપ્ત રાખી શકાય છે અને બીજી પ્રક્રિયાની જરૂર હોતી નથી. • એને સ્વેચ્છિયા (બંધન કરવાની દવા) ની જરૂર હોતી નથી. • સફળતા દર સારો છે. 	<ul style="list-style-type: none"> • દવાખાનામાં ઓછામાં ઓછું બે વાર જવું પડે છે. • પ્રક્રિયાને પૂરી થવામાં ક્યારેક એક અઠવાડિયું પણ લાગી શકે છે. • મહિલાઓને લોહીના ગઢા અને ગર્ભના અંશ જોવા મળી શકે છે.

ANNEXURE 2

QUIZ QUESTIONS BY SAHAJ (GUJARATI)

ગર્ભ સમાપન આધારિત ક્વીઝ (સપ્ટેમ્બર ૯, ૨૦૨૧) સહજ, વડોદરા

સૂચનો

- સહભાગીઓને ત્રણ ગ્રુપ માં વહેંચો અને દરેક ગ્રુપનું નામ આપવા કહો.
- રાઉન્ડ પ્રમાણે દરેક ગ્રુપ ને વારાફરતી એક એક પ્રશ્ન પૂછી.
- સાચા જવાબ માટે ૨ માર્ક આપો, અધૂરા જવાબ માટે ૧ માર્ક આપો અને જો જવાબ ખોટો કે બરાબર ના આપે તો ૦ માર્ક આપવો.
- જે રાઉન્ડ માં બોનસ પ્રશ્ન હોય તેના સાચા જવાબ માટે તે ટીમ ને ૩ માર્ક આપવા. અને જો ખોટો જવાબ આપે તો -૩ માર્ક આપવા.
- દરેક રાઉન્ડ પછી કુલ માર્ક જાહેર કરો.
- દરેક રાઉન્ડ પછી તેના જવાબોમાં ખૂટતું ઉમેરવું અને તેને summarize કરવું.

રાઉન્ડ ૧

- ગર્ભનિરોધ એટલે શું?
- મહિલાઓ માટે કયા કયા ગર્ભ નિરોધક સાધનો છે?
- પુરુષો માટે કયા કયા ગર્ભ નિરોધકો છે?
- કોન્ડોમ વાપરવાની રીત શું છે? અથવા કોન્ડોમ કેવી રીતે વાપરવાનું?
- કોન્ડોમ ગર્ભને રેહતો કેવી રીતે અટકાવી શકે છે? અથવા કોન્ડોમ વાપરવાથી ગર્ભ રેહતો કેવી રીતે અટકી શકે છે?
- કોન્ડોમ વાપરવાના અન્ય ફાયદા કયા કયા છે?

બોનસ

- ‘માહિતગાર પસંદગી’ થી તમે શું સમજો છો?

રાઉન્ડ ૨

- અસુરક્ષિત જાતીય સંબંધ થી તમે શું સમજો છો ?
- અસુરક્ષિત જાતીય સંબંધ બાંધ્યો હોય અને તમને ગર્ભ ધારણા રહી જવાનો ડર હોય તેવી પરિસ્થિતિમાં તમે શું કરશો ?
- તાત્કાલિક ગર્ભનિરોધક ગોળી એટલે શું ?
- તાત્કાલિક ગર્ભનિરોધક ગોળીઓને બીજા ક્યાં નામ થી ઓળખવામાં આવે છે?
- તમે આ ગોળીઓ ક્યાંથી મેળવી શકો છો?
- શું તે લેવા માટે ડોક્ટર ના લખાણ ની જરૂર પડે છે ?

બોનસ

- તાત્કાલિક ગર્ભનિરોધક ગોળી કેવી રીતે કામ કરે છે ?

રાઉન્ડ ૩

- તમે ગર્ભ ધારણા ની ખાતરી કેવી રીતે કરી શકો? અથવા તમે ગર્ભવતી છો તેવું કેવી રીતે ખબર પડે?
- ગર્ભ તપાસ સ્ટ્રીપ એટલે શું? તમે આ સ્ટ્રીપ ક્યાંથી મેળવી શકો છો?
- સોનોગ્રાફી તમને ગર્ભાવસ્થા ની તપાસ માટે કેવી રીતે મદદરૂપ રહેશે?

રાઉન્ડ ૪

- ગર્ભ સમાપન ના કેટલા પ્રકાર છે? કયા કયા?
- કુદરતી ગર્ભસમાપન કોને કહેવાય?
- કુદરતી ગર્ભ સમાપન ના કારણો જણાવો
- કૃત્રિમ ગર્ભ સમાપન એટલે શું?
- મહિલાઓ ગર્ભ સમાપન શા માટે ઇચ્છે છે?
- અઇચ્છિત/અઆયોજિત ગર્ભધારણા થવાના કારણો જણાવો.
- અસુરક્ષિત ગર્ભ સમાપન માટે મહિલાઓ કઈ કઈ પદ્ધતિઓ અપનાવે છે?
- મહિલાઓ હજુ પણ શા માટે અસુરક્ષિત ગર્ભ સમાપન તરફ જાય છે?
- અસુરક્ષિત ગર્ભ સમાપન થી થતા જોખમો

બોનસ

સુરક્ષિત ગર્ભ સમાપન કોને કહેવાય?

રાઉન્ડ ૫

- શુંગર્ભ સમાપન ભારતમાં કાયદેસર છે?
- તેના માટે કયો કાયદો છે?
- MTP નું પૂરું નામ જણાવો.
- કયા કારણોસર મહિલાઓ આ કાયદા અંતર્ગત ગર્ભ સમાપન કરાવી શકે છે?
- ગર્ભ સમાપન ની પદ્ધતિઓ કઈ કઈ છે?
- મેડીક્લ ગર્ભ સમાપન ક્યારે શક્ય છે?
- મેડીક્લ ગર્ભ સમાપનના ફાયદા જણાવો
- મેડીક્લ ગર્ભ સમાપન કરાવ્યા પછી શું ધ્યાનમાં રાખવું જોઈએ?
- સર્જીકલ ગર્ભ સમાપન ક્યારે કરવામાં આવે છે?
- સર્જીકલ ગર્ભ સમાપનના ફાયદા જણાવો.
- સર્જીકલ ગર્ભ સમાપન માં પડતી મુશ્કેલીઓ જણાવો.
- કયા સમયગાળામાં થતું ગર્ભ સમાપન સૌથી વધારે સુરક્ષિત છે?
- શું ૨૪ અઠવાડિયા પછી ગર્ભ સમાપન શક્ય છે? કેમ?
- કયા સમયગાળામાં થતા ગર્ભ સમાપન વખતે ૨ ડોક્ટરની જરૂર અનિવાર્ય છે?
- ગર્ભ સમાપન પછીની કાળજી વિષે જણાવો

બોનસ

- મેડીક્લ ગર્ભ સમાપન માટે વપરાતી દવાઓના નામ જણાવો
- (મીફેપ્રીસ્ટોન અને મીસોપ્રોસ્ટોલ)
- તે દવાઓ કેટલી માત્રામાં અને ક્યારે લેવાનું કેહવામાં આવે છે?

રાઉન્ડ ૬

સંમત કે અસંમત

- ગર્ભસમાપન એ ગર્ભનિરોધક પદ્ધતિ છે.
- માતા મૃત્યુનું એક મુખ્ય કારણ અસુરક્ષિત ગર્ભસમાપન છે.
- અસુરક્ષિત ગર્ભસમાપન થી દ્વિતીય વંધ્યત્વ આવી શકે છે.
- સગર્ભાવસ્થાના ૯ અઠવાડિયામાં કરાયેલ ગર્ભસમાપન સુરક્ષિત છે.
- ગર્ભસમાપન ભારતમાં કાયદેસર છે પણ જો બાળકની જાતિનું પરીક્ષણ એટલેકે ગર્ભમાં છોકરી છે તેવું જાણ્યા પછી સમાપન કરાવવામાં આવે તો તે ગેરકાનૂની છે.
- ગર્ભસમાપન માટે પતિની સંમતિ ની જરૂર છે.

ચર્ચા માટેના પ્રશ્નો

- ‘નોંધણી કરાવેલી સ્વાસ્થ્ય સુવિધા (દવાખાના)’ થી તમે શું સમજો છો?
- બધી સરકારી સ્વાસ્થ્ય સુવિધાઓ (દવાખાના) રજીસ્ટર્ડ (નોંધણી કરાવેલ) હોય છે? શા માટે?
- સરકારી સ્વાસ્થ્ય સુવિધાઓ માં સુરક્ષિત ગર્ભ સમાપન માટેની શરતો કઈ કઈ છે?
- મહિલાઓ ક્યાં કારણોસર સરકારી સ્વાસ્થ્ય સુવિધાઓમાં જવાનું ટાળે છે?
- જે મહિલાઓનું ઘરે અથવા કુદરતી રીતે ગર્ભ સમાપન થાય છે તેમણે ગર્ભ સમાપન પછીની તપાસ માટે જવાની જરૂર નથી. સહમત કે અસહમત? કેમ?
- ગર્ભ સમાપન પછી અનિચ્છનીય ગર્ભ ના રહે તે માટે શું પગલા લેવા જોઈએ?
- વારંવાર ગર્ભ સમાપન કરાવવાથી શું અસર પડે છે?
- MTP ના સુધારેલા કાયદામાં કયા કયા બદલાવો આવ્યા છે?

ANNEXURE 3

MAPPING EXERCISE TO FIND OUT ABOUT SAFE ABORTION SERVICES

Facilities / Services at U-PHCs in Vadodara

Name of PHC:-

District: -

Name of the informant: -

Designation of the informant:

Name of the person filling the form :-

Date when form is filled:-

1. Time of U/PHC :-

2. Is U/PHC available for 24 *7?

3. How many days in a week U/PHC is functioned?

4. Name of the Medical Officer of U/PHC? :-

5. No. of staff members in U/PHC?-

Details:-

6. Is a paediatrician visit or available in this U/PHC? Yes/ No? :-

i. If yes, then on which days?.....

ii. Timing of their visit?

7. Is a gynec doctor visit/ available in this U/PHC? Yes/ No? :-.....
- i. If yes, then name of doctor :-
 - ii. Which days? :-
 - iii. Timing of their visit?
8. Degree of the gynec doctor :-
9. Is the gynaecologist trained by the Government?
10. How many years of experience does a gynaecologist have?
11. Is there abortion facilities available at U/PHC? Yes/ No :-
12. If yes, then which facilities/ services available?
13. Check list of services/ facilities at U/PHC
 - i. Table for checkup.....
 - ii. Privacy curtain.....
 - iii. Machine for sonography.....
 - iv. Drugs/ fluids for sonography
 - v. Abortion pills
 - vi. Separate room for check up.....
 - vii. Referral
 - viii. Contraceptives.....
14. Other details or information :-
-
-

ANNEXURE 4

SLIDE PRESENTATION ON RESEARCH STUDY FINDINGS IN TAMIL NADU (TAMIL)

காவிட்-19 உலகளாவிய பெருந்தொற்றுப் பரவல் மற்றும் ஊரடங்கு காலத்தில், மகப்பேறு நலச் சேவைகளைப் (கருத்தடை, கருக்கலைப்பு மற்றும் ரசவ சேவைகளை) பெறுவதில் இருந்த சிரமங்களை ஆவணப்படுத்தும் ஆய்வு-2020

பாதுகாப்பான கருக்கலைப்பு தினம்
28 செப்டம்பர் 2021

ருசக் மற்றும் காமன்ஹெல்த்

முனைவர். ப. பாலசுப்பிரமணியன்
இயக்குனர் ருசக்.

CommonHealth

RUWSEC

கலந்து கொண்டவர்களின் பின்னணி

முன்களப்பணியாளர்கள்	பெண்கள்
• 21-54 வயதுடையர்	24-30, 5/6 SC
• 8/9 – Women	BPL
• 2-24 வருட அனுபவம்	3/6 – 2+ Children
• 4/9 தடைசெய்யப்பட்ட பகுதி	3/6 – 1 Child

நோக்கம்

பெண்களுக்கு, ஊரடங்கு காலத்தில், கருத்தடை கருக்கலைப்பு மற்றும் பிரசவகால சேவைகளின் தேவை எப்படியிருந்தது. மேற்சொன்ன சேவையைப் பெறுவதற்கு பெண்கள் சந்தித்த சிரமங்கள் / கஷ்டங்கள் என்ன?

ஆய்வுப் பகுதி மற்றும் வழிமுறை

- விரிவான நேர்காணல் மூலம் (IDI).
- திருக்கழுக்குன்றம், திருப்போரூர் செங்கல்பட்டு மாவட்டம். ஆகஸ்டு - அக்டோபர் 2020

முக்கிய முடிவுகள்

I. பெண்களின் வாழ்வில் ஏற்பட்ட மாற்றங்கள்:

- ஆய்வில் கலந்து கொண்ட எல்லாப் பெண்களும் பல விதமான இன்னல்களுக்கும் சிரமங்களுக்கும் ஆளாகியுள்ளனர். குடும்பத்தின் வறுமையால் உணவுப் பற்றாக்குறை, குழந்தைகளின் கல்வி, மிகவும் பாதிக்கப்பட்டுள்ளது. அரசு நியாய விலைக்கடை மூலம் வழங்கிய உணவுப்பொருள்கள், குடும்பத்தின் உணவுத் தேவையைப் பூர்த்தி செய்து என பலரும் கூறியுள்ளனர். மருத்துவ செலவுகளுக்கு, நகை அடமானம் வைத்து, கடன் பெற்றுதான் குழந்தைகளின் மருத்துவ தேவை, மருத்துவமனைக்கு சென்று, பிரசவம் மற்றும் கருக்கலைப்பு சேவையைப் பெற்றுள்ளனர்.
- முடிவெடுத்தலில் பெண்களுக்கு சம உரிமை வழங்குவதாக பல பெண்கள் கூறிய போதும் வருமானம் இல்லாத காலத்தில், கணவன் மனைவி இருவரும் வீட்டிலேயே இருந்ததால், அடிக்கடி குடும்பத்தில் சண்டை சச்சரவுகள் வந்துள்ளதாக ஆய்வில் கலந்து கொண்ட பலரும் (கிராமப் பெண்கள், முன்களப் பணியாளர்கள் தெரிவித்துள்ளனர்).

ஆய்வில் பங்குபெற்றவர்கள்

ஆய்வில் கலந்து கொண்டவர்கள் - 15 பேர்

- சேவையைப் பயன்படுத்தியவர்கள் - 6 பெண்கள் (3 கருக்கலைப்பு, கருத்தடை, 1 பிரசவம், 1 கர்ப்பகால சேவை 1)
- முன்களப் பணியாளர்கள் 9 பேர் :
- தனியார் மருத்துவர்- 1 அங்கன்வாடிப் பணியாளர் -2, அரசு சுகாதார செவிலியர் -2 தன்னார்வத் தொண்டு நிறுவனப் பணியாளர்-2, மருந்தாளுனர் -2

II. பெண்களுக்கான பிரத்யேக சேவைகளின் தேவைகள் அதிகரிப்பு:

1) கர்ப்பம், கருத்தடை முறைகளின் தேவை

✓ கர்ப்பத்தை ஊர்ஜிதம் செய்யும் முறைகளின் தேவை பலமடங்கு அதிகரித்துள்ளதாக முன்களப் பணியாளர்கள் கூறியுள்ளனர்.

“கோவிட்டுக்கு முன்பு, தினசரி 2-3 நபர்கள்தான் கர்ப்பத்தை உறுதி செய்யும் பரிசோதனை உபகரணம் கேட்டு வருவார்கள். ஆனால் ஊரடங்கு காலத்தில் தினசரி 10 கிட்டுக்கும் மேல் விற்பனையானது” (மருந்தாளுனர்)

“கர்ப்ப கால பரிசோதனைக்கு வருபவர்களின் எண்ணிக்கை பலமடங்கு அதிகரித்துள்ளது” - மருத்துவர்

தேவைகள் அதிகரிப்பு

2) தற்காலிக கருத்தடை முறைகளின் தேவை

"தற்காலிக கருத்தடை முறைகளுக்கு மிகுந்த தேவையிருந்தது. குறிப்பாக ஆணைகள், கையிறுப்பு இல்லாத நிலை ஏற்பட்டது. முன்பெல்லாம், மாதம் ஒரு முறை ஆடர் போடுவோம்) ஆனால் கோவிட் காலத்தில் வாரம் ஒரு முறை ஆடர் போடவேண்டிய நிலை இருந்தது". (மருந்தாளுனர்)

3) கருக்கலைப்பு சேவையின் தேவை

"என்னுடைய அனுபவத்திலிருந்து சொல்கிறேன் கோவிட் காலத்தில், கருக்கலைப்பு சேவை தேவைப்படுவோர் அதிகம் தான், ஊரடங்கு காலத்தில் இருபெண்கள் என்னுடைய கிராமத்தில் கருக்கலைப்பு செய்து கொண்டனர். தம்பதியர் இருவரும் என்னேரமும் வீட்டிலேயே இருப்பதால், தேவையில்லாத கர்ப்பம் அதிகரித்துள்ளன எனக் கருதுகிறேன்". (அங்கன்வாடி பணியாளர்)

கர்ப்ப கால, பிரசவ சேவை

- கர்ப்பகால பரிசோதனைகளுக்கு, பிரசவ சேவைக்கு சென்ற பெண்கள் பலவிதமான சிரமங்கள் இருப்பதாக கூறியுள்ளனர்.

"4-8வது மாதம் ஸ்கேன் எடுக்க தனியாருக்கு செல்லும்படி கூறியதால் பைக்கில் 30 கிலோமீட்டர் செல்ல வேண்டியிருந்தது, பிரசவத்திற்கு ஒரு வாரம் முன்பே ஆம்புலென்ஸில் சென்று மருத்துவமனையில் சேர்ந்தேன்". -பிரசவித்த தாய்

"எங்கள் ஊரில் ஒரு பெண் பிரசவத்தில் சிக்கல் ஏற்பட்டதால் தனியாருக்கு சென்றபோது 1.5-2 லட்சம் ஆகும் எனக் கூறினார்கள். குடும்ப சூழலில் அதை கட்ட முடியவில்லை. அங்கிருந்து உடனே மாவட்ட மருத்துவமனைக்கு சென்று சிசேரியன் செய்து குழந்தை பிறந்தது.-தன்னார்வத் தொண்டு நிறுவனப் பணியாளர்.

சேவை கிடைப்பதில்

II. மருத்துவ மையம் / மருத்துவமனைகள் பூட்டியிருத்தலால் மற்றும் பணியாளர்கள் வெவ்வேறு பணிகளுக்கு அனுப்பப்பட்டது.

"பணியாளர்கள் கோவிட்-19 விழிப்புணர்வு கணக்கெடுப்பு பணிக்கு அனுப்பப்பட்டதால் பிரசவ சேவைகள் கூட பாதிக்கப்பட்டது. பல நாட்கள் மருத்துவ மையத்தில் டாக்டர் கூட இல்லை".-செவிலியர்.

III. கருத்தடை மற்றும் கருக்கலைப்பு சேவைகள் கிடைக்காதது

"எனது கணவர் ஆணை பயன்படுத்தி வந்தார், ஆனால் ஊரடங்கு காலத்தில் தனியார் மற்றும் அரசு மருத்துவமனை / மையத்தில் அவை கிடைக்கவில்லை, அதனால் நான் தேவையில்லாத கர்ப்பமடைந்து கருக்கலைப்பை செய்து கொண்டேன்". இரண்டு குழந்தையுள்ள ஒரு பெண்.

"நான் எனது கிராமத்திலுள்ள நர்ஸ், PHC ஐ தொடர்பு கொண்டேன். அவர்கள் மருந்து கொடுக்க முடியாது என GH க்கு போக சொன்னார்கள். அங்கு செல்ல எனக்கு மிகுந்த பயம், கோவிட் நோயாளிகள் அதிகம் என்பதால்"-கிராமப் பெண்கள்

முடிவாக...

தனியாரில் கருக்கலைப்பு செய்து கொண்ட பெண்கள் 12-30 ஆயிரம் வரை செலவு செய்துள்ளனர். கருவின் வளர்ச்சியில் குறைபாடு இருந்து கருக்கலைப்பு செய்து கொண்ட பெண், கூறியது, அரசாங்க மருத்துவமனைக்கு செல்ல Covid பயம், பணத்தை சம்பாதித்துக் கொள்ளலாம். எனக்கு ஏதாவது ஆகிவிட்டால் என்ன செய்வது என்று 30 ஆயிரம் கடன் வாங்கி கருக்கலைப்பு செய்து கொண்டேன். எனக்கு வேறு வழி தெரியவில்லை.

முக்கியமாக.

1) குடும்ப வன்முறையால், கருவறுதலைப் பல பெண்களால் தடுக்க முடிவதில்லை.

2) கருத்தடை முறைகள் தொடர்ந்து கிடைக்கவில்லை. (தனியார், அரசு, கிராம அளவில்)

3) கருக்கலைப்பு மாத்திரைகள் PHC அளவில் கிடைக்காததாலும், அரசு மருத்துவமனைகள் Covid-19 நோயாளிகள் அதிகம் இருந்ததாலும், தனியாருக்கு சென்று மிக அதிகமாக செலவிட நேரிட்டுள்ளது.

4) உள்ளூரில் அத்தியாவசிய மருத்துவ சேவைகள் கிடைக்காததால் கஷ்டமான சூழலில் வெளியூரிலுள்ள தனியார் மருத்துவமனைக்கு சென்று அதிக அளவில் பணம் செலவிட நேரிட்டுள்ளது. அதனால் அவர்கள் உடல் மனரீதியாக பொருளாதார ரீதியாக பலவிதப் பாதிப்புகளுக்கு ஆளாகியுள்ளார்கள்.

சேவையை பெருவதில் சிரமம்

நான் காப்பர்-T பயன்படுத்தி வந்தேன், அது எப்பொழுது எப்படி விழுந்துவிட்டது என தெரியவில்லை கோவிட் சமயத்தில், 2 மாதம் மாதவிலக்கு வரவில்லை, வாந்தி அதிகம் இருந்தது. ஒரு சந்தேகத்தில் எங்கள் கிராம நர்ஸிடம் கேட்டேன், Kit போட்டு பார்த்தோம். கர்ப்பம் என வந்தது. PHC சென்றேன், 8 வாரங்களுக்கு மேல் ஆகிவிட்டது முடியாது GH அனுப்பினார்கள். அங்கு சென்று பார்த்தபோது, Covid நோயாளிகளின் கூட்டம் அதிகம். அதனால் திரும்பி வந்துவிட்டேன்.

தனியாரில் சென்று கருக்கலைப்பு செய்ய என்னிடம் பணம் இல்லை, அதற்கு 30,000 செலவு செய்வதைவிட, குழந்தையை பெற்றுக் கொண்டு வளர்க்கலாம் என முடிவு செய்துவிட்டேன். வேறு வழியின்றி. (3 பெண் குழந்தையுடன் கர்ப்பத்தை தொடரும் பெண்)

நன்றி



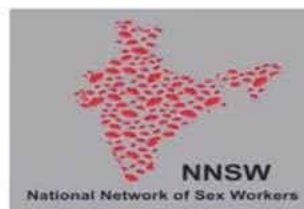
ANNEXURE 5

STATEMENT OF DEMANDS BY SAHELI

INTERNATIONAL SAFE ABORTION DAY

STATEMENT OF SEX WORKERS

September 28th 2021



Sex workers statement about the Right to Safe Abortion by Saheli Sangh, National Network of Sex Workers and Common Health.

- We the sex workers are like any other woman in our country. We claim our right to Safe Abortion. Alike any other woman we too need a safe and secure health care facility where there is a guarantee of quality diagnostic and MTP service.
- We need to be treated with dignity and respect, deserve non-discriminatory, and humane treatment. Similarly, the Sex Workers Living with HIV and AIDS need non-discriminatory and safe abortion facilities.
- Alike any other being we are the owners of our lives. We are our caretakers and support those dependent on us. We may not have all the required documents as our lives are similar to those of the migrants. We condemn all sorts of discrimination, denial, and violence in accessing safe abortion services.
- We demand an Abortion law that is women-centric and accommodative, for all women including women in sex work. Abortion should be a right and not just a medical provider under the law. We the Sex workers demand a law that will not further criminalise us and minimises our access to safe abortion.

ANNEXURE 6

BRIEF ON MTP ACT

The Medical Termination of Pregnancy (Amendment) Act, 2021, India



Introduction

Termination of pregnancy in India is legal under certain conditions. In 1971, the Government of India passed the Medical Termination of Pregnancy Act. Till 1971, pregnancy termination or abortion was a punishable criminal offense under Section 312 of the Indian Penal Code. In 1964, in response to high population growth, maternal mortality and alarming incidence of unsafe abortions, the Government of India had set up the Shantilal Committee to review the socio-cultural, legal and medical aspects of abortion. The committee report proposed legalisation of abortion services under specific conditions. These recommendations took the shape of the MTP Act of 1971. The Act has been amended thrice, in 2002, 2003 and recently in 2021. There are specific provisions (given below) under the MTP Act and flouting of these is considered a punishable offence under Section 312 with rigorous imprisonment for 2 to 7 years.

Indications for termination

Pregnancy can be terminated if

- its continuance involves a risk to the life or health of the pregnant woman;
- it is caused by rape;
- it is caused by failure of contraceptive; (Under the amended Act, even in case of unmarried women); and
- there is a substantial risk that the child born would be handicapped either physically or mentally

Period of gestation for termination

After the amendment in 2021, pregnancy termination using medication has been permitted upto 9 weeks of gestation. Pregnancy can now be terminated upto 24 weeks.





weeks have to be conducted under ultrasound guidance and hence in a facility equipped with ultrasound machine and licensed under the PCPNDT Act.

- For termination using medication, registered medical practitioners approved under the Act can provide Medical Abortion (MA) pills in any facility/clinic, provided she / he has access to an approved facility/clinic in case of any complications and if a certificate from owner of approved facility/clinic agreeing to provide access is displayed prominently.

Provision of Services

In the course of provision of pregnancy termination service

- Consent of only the woman seeking termination is sought except if she is less than 18 years of age or is "mentally ill" i.e. in need of treatment for mental disorder in which case legal guardian's consent is sought. Spousal or any other family member's signature is not required under the Act
- Personal details of the woman undergoing termination are kept confidential.

The 2021 amendment clearly articulates that no registered medical practitioner will reveal the personal details of the woman whose pregnancy has been terminated under this Act except to a person authorised by any law for the time being in force. Any contravention of these provisions will be punishable with imprisonment upto one year or with fine, or with both.

Methods of termination

- **Medical:** Permitted upto 9 weeks or 63 days of gestation. A combination of 1 tablet of 200 mgs of Mifepristone is administered by mouth followed 36-48 hours later by two tablets of Misoprostol 200 mcg vaginally or orally under the tongue or in the cheek. The Central Drugs Standard Control Organisation, Directorate General of Health Services has approved a Combipack of 200 mg tablet of Mifepristone and four tablets of Misoprostol 200 mcg for use upto 63 days of gestation. The medication has to be available on presentation of service provider's prescription and administration of the drugs has to be under medical supervision.
- **Surgical:** Upto 12 weeks of gestation manual (MVA) and electric vacuum aspiration (EVA) is done. For gestation beyond 12 weeks, dilatation and evacuation has to be done under anaesthesia.





- With opinion of 1 registered medical practitioner if pregnancy is less than 20 weeks of gestation
- With opinion of 2 registered medical practitioners if pregnancy is between 20-24 weeks of gestation

However, the upper gestation limit from 20 to 24 weeks would be applicable to certain categories of women specified in the rules that are being framed. In case of substantial foetal abnormalities, pregnancy termination even after 24 weeks would be permitted on recommendations of a State medical board. The medical board has to give a decision within three days and the termination has to be conducted within five days of that decision.

Medical board

Each State Government or Union territory, through notification in the Official Gazette would constitute a medical board with a Gynaecologist; a Paediatrician; a Radiologist or Sonologist and any other members as notified by the Government.

Service providers

Pregnancy can be terminated **only** by

- Registered medical practitioners (Allopathic doctors) with experience or training in gynaecology or obstetrics as prescribed under the rules.

Place for termination

- Health facilities / centres established or maintained by government above Primary Health Centre level are automatically approved for abortion service provision
- In private sector, health facilities / centres approved by a district level committee set up for the purpose of this Act by Government.
- For provision of first trimester terminations, health facilities / centres have to be equipped with an examination table; drugs and intra-venous fluids for emergency use; back up amenities for treatment of shock and transport. For provision of second trimester terminations, in addition to the amenities mentioned above, health facilities / centres have to be equipped with operation table, surgical instruments and anaesthetic equipment. Facilities registered for second trimester abortions under the earlier Act, are automatically registered for service provision upto 24 weeks. Those beyond 24





Abortion Legislation Timeline

Till 1971	Abortion criminalized under Section 312 of the IPC, except for saving the woman's life
1964	Ministry of Health and Family Planning constitutes Shantilal Shah committee
1966	Shantilal Shah committee report submitted
1970	Shantilal Shah committee recommendations accepted & introduced as a bill in the parliament
1971	MTP bill passed by the parliament
1972	MTP Act enforced in all States except Jammu & Kashmir. Section 312 of IPC remains in force. MTP Act is only an exception to it
1975	MTP rules & regulations framed
2002	MTP Act amended to decentralize approval process for a private place, to replace the word 'lunatic' with 'mentally ill person' & to introduce stricter penalties for noncompliance
2003	MTP rules & regulations amended to define composition & tenure of District Level Committee, provide infrastructure guidelines & define inspection & cancellation process for approved places
2014	Ministry of Health and Family Welfare shared MTP Amendment bill 2014 in the public domain. Proposed amendments included expansion of the provider base & increase in upper gestation limit for legal MTPs & clarity on the MTP Act
2016	MTP Amendment bill, 2016 was drafted. Proposed amendments include increase in upper gestation limit for legal MTPs & improved legal access to survivors of rape, victims of incest & single and differently-abled women
2021	Medical Termination of Pregnancy (MTP) Amendment Act, 2021 was passed by parliament. Framing of rules is currently on-going.



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