

Webinar 2: Access to abortion services in the context of government programmes, pandemic/ health crises and changes in abortion laws

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The first webinar covered the legal environment and reforms over time and the need for a more nuanced and broader approach to advocacy for legal reforms. It is known from global evidence that legal grounds alone do not help women access safe services. Access is also impacted by a range of factors at systemic, community and individual level – factors that make women, to seek services and providers to provide them often in direct contravention of the legal stipulations. The issues around access are further confounded in situations of crisis such as the current pandemic. This second webinar therefore looks at implications for access in the pandemic and post-pandemic situation for women in general, vulnerable women in particular and against the background of public health system preparedness, existing health programmes and latest legal reform - with a view to identify domains for advocacy.

The first session looked at access and vulnerability. In this session Manisha Gupte¹ laid the ground for discussions on intersection of law and access to services. While identifying absence of women at the centre of the current law as the core issue, also talked about exclusion or inclusion of certain women under the current law which was against the very grain of non-discrimination, State obligation for safeguarding women's rights and substantive equality for women seeking services, the three foundational principles of CEDAW convention to which India is a signatory

Shruti Arora² and Shampa Sengupta³ shared the difficulties faced by vulnerable groups such as young people and persons with disability. Shruti talked about how laws, policies and programmes treat young people as a homogeneous, constant group and how young people face challenges in accessing reproductive health services because of mandatory reporting under Protection of Children from Sexual Offences (POCSO) Act, 2012 that compromises confidentiality.

Shampa described how laws, acts and policies treat people with disabilities as minors who have no rights, who need guardians for provision of consent and how informed consent had little meaning in the context of those with disabilities as the information is rarely / almost never in disable friendly format. She also elaborated on how stipulation about consent based on extent of disability is liable to misuse.

All the three speakers mentioned that crisis situation further limits vulnerable people's access to safe, affordable, timely and confidential services, and focus on relief measures sidelines all other rights.

Vinoj Manning⁴ and Kalpana Apte⁵ talked about the health system scenario especially in the current crisis and its implications for service access. Vinoj described how facilities have been

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⁵ Secretary General of FPAI

repurposed and staff has been redeployed at the cost of regular services. The absence of transport, suspension of outpatients facilities, lack of supplies that have compounded problem of access. Kalpana mentioned that there was no specific programme or coherent strategy for access to safe abortion. Stigma and scant respect for women's autonomy have been and continue to be at the root of access problems and contradiction between laws/acts, policies and programme contents as well as crisis situations succeed in disenfranchising the vulnerable even further.

All of them articulated their apprehensions about the likelihood of increase in unwanted pregnancies, II trimester abortion, cost of services (because of preventive measures and exploitation by private sector)and increase poverty - all ultimately leading to even more unsafe abortions.

Suchitra Dalvie⁶ presented her analysis the recent amendments to the Medical Termination of Pregnancy Act, 1971 and described how these did not address any of the mentioned challenges or include any measures to improve access. The approach of addressing women's needs continued to be need based rather than rights based and the framing of stipulations and messaging was still in the context of patriarchy.

Subhasri Balkrishnan⁷ summarised the discussions and pointed out how the first two webinars underscored the absence of women at the centre of the current law and the need for a more nuanced and broader approach given the complexity of issues involved.

⁶ Practising gynaecologist and Coordinator of the Asia Safe Abortion Partnership

⁷ Gynaecologist and member of CommonHealth Steering Committee.