

# **Coalition towards Universal Access to Safe Abortions as a Right in India Consultations**

## **CommonHealth Session on Countering Anti-Choice Movement in India**

### **Summary Report**

**23-24 March 2023, Mumbai**

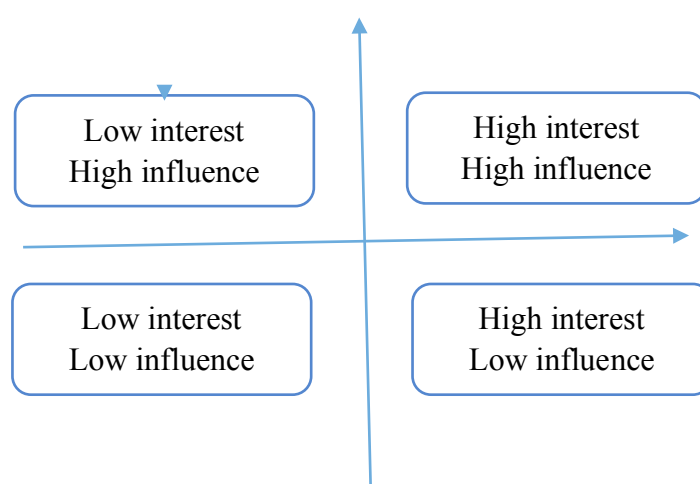
The in-person meeting was a congregation of members from coalitions, networks, organisations and individuals. On behalf of CommonHealth, Dr Alka Barua, Abhiti Gupta and Ragini Bordoloi joined the meeting with the support of Dr Souvik Pyne for the presentation.

The purpose of the meeting was to explore the three thematic priorities of the coalition that emerged during the online meetings and webinars intended to build background for the in-person meeting to deliberate on strategy-building. The agenda was framed taking into consideration participants' suggestion that each theme should be allocated enough time to be thoroughly discussed in groups.

On the first day, a quick run-through of the journey of the coalition was shared and the rest of the day was dedicated to exploring and deliberating on the three themes:

1. Expanding Access to Safe Abortion to the fullest extent of the Law
2. Countering Anti-Choice Movement in India
3. Decriminalisation of the Abortions in India

CommonHealth was responsible for sessions on the second thematic area related to countering the anti-choice movement. The group work and discussions were facilitated by Dr Alka Barua and co-facilitated by Abhiti and Ragini. The design of the presentation and group work was co-created by Dr Souvik Pyne. The framework below was used to analyse the diversity in the opposition entities and interlinkages amongst their approaches and assess their direct/indirect role towards building up the anti-choice movement.



The audience was divided into three groups on the basis of three distinct spaces:

- (i) Policy/Programmes/ Schemes;
- (ii) Politics, Law, Media; and
- (iii) Community.

Each group worked on identifying the key opposition or enabling entities in their assigned space as well as the groups they target and how they do it. As part of the exercise, they also discussed plausible strategies to mitigate opposition. After a rigorous thirty minutes discussion, the three groups came up with very interesting and in-depth points related to relevant bodies, individuals, structures and communities. Among the highly influential groups identified, the most critical entities were medical practitioners who opposed abortion either due to their ethical/religious reservations or lack of clarity regarding the connotations of the MTP Act & PCPNDT Act. Child Welfare Committees lacking knowledge/awareness about the same may also oppose easy access to safe abortion. Moreover, Government Schemes like 'Beti Bachao Beti Padhao' were identified to possess the potential of creating/supporting an anti-abortion narrative. Emphasis was also given to the need for high engagement to prevent the misuse of data. The right to seek abortion and the consent clause for people with disability continues to be a challenge to be addressed.

It was interesting to see groups coming up with an understanding that political parties are not in opposition to abortion access. This reflection came from their individual experiences of doing advocacy with MPs when MTP amendments were introduced in the Parliament. Thus, they were identified as a highly influential group but with low interest. While discussing about laws, PCPNDT, and POCSO Act are of low interest but high influence. While the domain of Media is still not properly explored, it has high interest and high influence as there is rampant use of stigmatising language and imagery to depict abortion as well as sensationalist reporting. In media coverage of abortion issues, the issue of unsafe abortion or lack of abortion services isn't captured in-depth. Moreover, there is constant censoring and reinforcement of anti-abortion narrative.

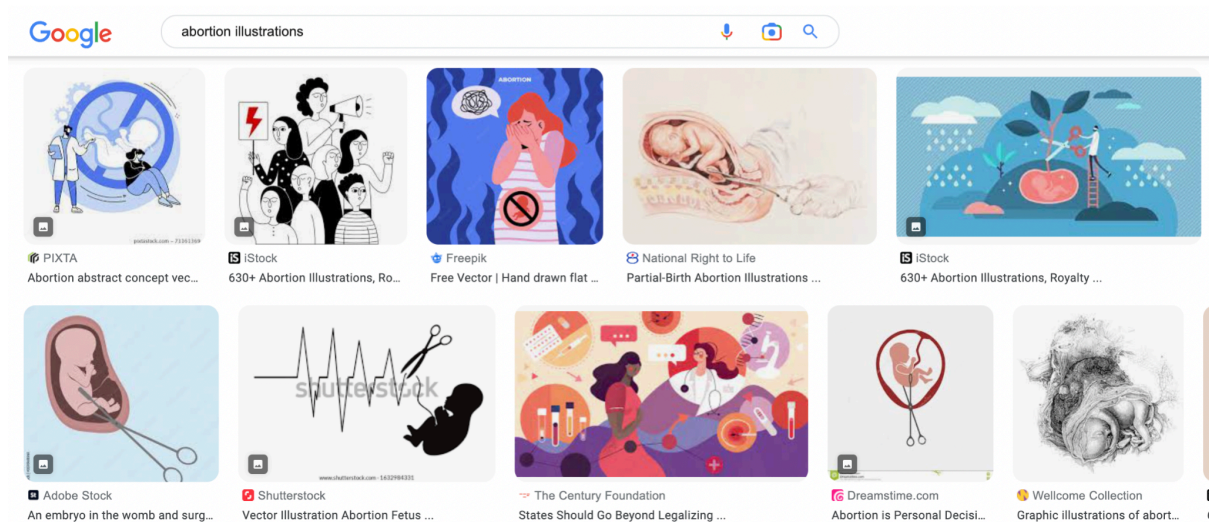
In relation to community, it was realized that the community comprises of not only the beneficiaries or service seekers but also religious leaders, the patriarchal and heteronormative institutions of society like marriage, family, etc. as well as media and pop culture— these are all high interest and high influential areas. The political climate of the country should also be taken into account as polarisation and radicalisation of communities is observed in the northern parts of the country. Recent news of regional political leaders urging Hindu women to reproduce more children to save the Hindu population from dwindling was highlighted as an example. Lastly, formal institutional spaces like medical colleges are not sensitized to address issues of autonomy and consent in a rights-based and sensitive manner.

Some of the mitigation strategies suggested by the groups include:

1. Advocacy with highly influential groups identified as part of the exercise.
2. Identifying ground-level influencers to talk about abortion.
3. Develop a gender and human rights lens for the capacity building of the stakeholders
4. Comprehensive Sexuality Education in schools and communities.
5. Developing knowledge products/ IEC resources.
6. Street protests as a form of resistance with messaging to bring awareness.

Ragini Bordoloi from CommonHealth emphasised the need to monitor anti-choice sentiment on social media which has gained more traction among the younger population due to the rise in popularity of conservative thought leaders on platforms like YouTube and Tiktok. With this extolling of "traditional values", there is a potential risk of the younger generation becoming conditioned against supporting and adopting a rights-based lens on abortion access and SRHR in general.

She also highlighted the rampant use of wrong and stigmatising imagery on abortion-related content (articles, news, posters) that search engine algorithms bring up even when value-neutral search terms like "abortion illustrations" are entered.



Images/illustrations/symbolism of a developed full-term foetus as well as of the abortion-seeker in distress perpetuates the wrong message that aborted foetuses are always fully-developed and abortion is always a harrowing and damaging process. The evidence suggests otherwise; the majority of abortions are first-trimester abortions conducted using the medical method and a safe abortion done during that period is exponentially safer than childbirth. Medical practitioners/ abortion service providers, who believe that abortion done during the first pregnancy will harm fertility in the future, further reinforce this idea.

She stressed upon the need for creation of evidence-informed, rights-based and pleasure-affirmative knowledge products on abortion using creative visuals. (For example: graphics of a hand holding a combi-pack of misoprostol and mifepristone and a tablet on the tongue). While uploading these contents on the internet, she highlighted the need to use Search Engine Optimisation (SEO) tools to give it a push on the algorithm, which otherwise pulls up stigmatising content simply because of its sheer volume and pattern of synchronicity.