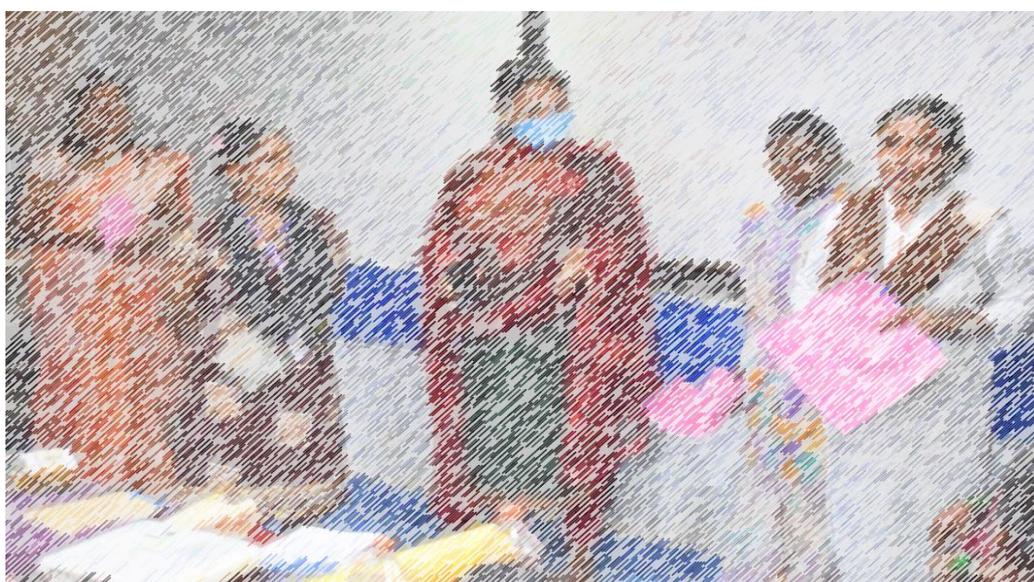


**Project: SAKHI for Safe Abortion**  
Training with Women in Sex Work on the Right  
to Safe Abortion

23<sup>rd</sup> & 24<sup>th</sup> August 2022



Jointly Organized by  
Asia Youth Changemakers Programme & Saheli HIV/AIDS Karyakarta Sangh-  
Sex Worker's Collective

*The Asia Youth Change Makers fellowship grant was awarded to Krishanu and Swati Shinde to implement a project in Pune. It is a collaborative project with CommonHealth and SAHELI. CommonHealth provides technical inputs and SAHELI facilitates the project.*

Venue: Hotel Raviraj, H, Pune, Maharashtra 411004

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## **Asian Pacific Resource and Research Centre for Women (ARROW) Changemakers Programme**

ARROW Changemakers Programme is the leadership program that blends social innovation and design thinking, intersectionality, and sexuality to empower diverse young people to become effective advocates for social change. The program combines social innovation and intersectionality workshops, which will give young people an opportunity to learn how sexuality intersects with issues that are directly linked to education, health, employment, law, and citizenship and find an innovative way to work with policymakers, civil society, young people, and activists for progressive social change. The overall impact of this social change engagement is anticipated at the individual changemaker level as well as at the broader community to address the most pressing issues that are affecting young people.

### **Specific Objectives**

1. To advance the capacities of 90 young people from Right Here Right Now (RHRN) Asia and the Right to Safe Abortion Partnership on leadership, social innovation, and change, intersectionality, and sexuality to become effective changemakers advocating for youth Sexual and Reproductive Health Rights (SRHR )
2. To strengthen the capacities of young people on SRHR, including comprehensive sexuality education (CSE) and youth-responsive SRHR services, keeping in mind the various intersecting factors.
3. To empower 90 youth to design innovative solutions for social change addressing diverse young people's issues
4. To enable networking amongst youth changemakers across the countries for regional and international level exchanges.

A pilot project 'SAKHI for Safe Abortion' was conceptualised by Krishanu and Swati as part of the Changemakers programme. This pilot project intends to build awareness of women in sex work on the right to Safe abortion in Pune city with support from an organisation called SAHELII. It also aims to create a peer support group of women in sex work to be able to access information on abortion and related issues.

SAHELII is a grassroots community network of women in sex work in Pune and has been closing working with CommonHealth (Coalition on reproductive health and Safe abortion) to map out issues of Safe abortion access. The researchers collaborated with SAHELII to implement the project through their already existing peer support network for facilitation purposes.

### **Community and Study area:**

The target community is a historic community of sex workers residing in the Budhwar Peth area of Pune, Maharashtra. Budhwar Peth is one of many commercial localities in the old city of Pune, India. The area is located in the heart of the city and is known for its red-light district. It is estimated that it has around 700 brothels and more than 3500 women in sex work.

## **Collaborating Organizations**

### **<sup>1</sup>CommonHealth**

CommonHealth is a rights-based, multi-state coalition of more than 300 individuals and 52 Civil Society Organisations (CSOs) that advocates for increased access to sexual and reproductive health care and services to improve the 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. The coalition draws its membership from diverse disciplines, thematic areas, and geographies within the country. It was constituted in 2006, CommonHealth aims to raise the visibility of the unacceptably high mortality and morbidity among pregnant women while also highlighting the lack of access to safe abortion services in different parts of the country with a focus on marginalized communities.

### **SAHELI HIV/AIDS Karyakarta Sangh**

Saheli is a Sex Worker's Collective. It was formed to bring women in sex work together to resolve their issues with a rights-based approach. Saheli is a community-based organization and the only Female Sex-Workers (FSWs) collective in Pune City. It was formed with 9 members, and today the collective is 1500 members strong and counting.

Saheli was formed in 1998 with support from the People's Health Organization (PHO). PHO was established in the year 1991 to create awareness about HIV/AIDS prevention and control among sex workers. It brought multiple issues of the sex worker's community to the forefront and helped establish a self-governing body run by and for women sex workers.

### **The Training Program:**

The training programme aimed to:

- To build awareness of sex workers on right to safe abortion.
- To create a peer support group of sex workers for advocacy of SRHR issues.

A 2-day training of around 22 peer educators (referred to as SAKHIs) was carried out on the 24 and 25<sup>th</sup> of August 2022 in Pune. A team of 3 resource persons including the project team conducted the training that included a discussion on understanding the access of women in sex work to abortion services, their understanding of the issue of abortion, the right to safe abortion, the menstrual cycle, and how contraception works, methods of abortion, provisions under the MTP Act and importance of creating awareness on Safe abortion access including

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<sup>1</sup> <https://commonhealth.in>

the consent and choice and session on how to communicate and conduct sessions in the community to create awareness on access to safe abortion.

The "Sakhis" inducted at the beginning of the program shall be divided in two cohorts. The first cohort shall be the "peer educators". The second cohort shall be of "Master trainers". The two cohorts of "Sakhis" shall work together to disseminate information on safe abortion to the women of our target community. Through this project, the target is to reach initially to 800 sex workers through peer lead education and training initiatives within the community.

## Resource Persons

1. Dr. Alka Barua is an independent consultant with M.D. in Paediatrics and Ph.D. in Sociology. She has 30 years of experience as a researcher in public health, particularly in the area of reproductive and child health. She currently leads the abortion theme in CommonHealth.
2. Dr. Nilangi Sardeshpande is an independent consultant with Ph.D. in women's health studies. She is a public health and program evaluation professional with more than a decade long experience of research and development work in health equity and public health system functioning.
3. Dr. Hemant Apte is a Dental surgeon with Ph.D. in Anthropology and has been a practicing Anthropologist for almost three decades. His core interest areas are tribal studies, human sexuality, and qualitative research methodology.

## Project Team

1. Ms. Swati Shinde has a Master's degree in Anthropology and has been working in the field of public health for the last 18 years. She is currently working as a Coordinator for CommonHealth (Coalition for reproductive Health and Safe Abortion )
2. Ms. Krishanu is pursuing a Master's degree in Sociology and also working as an independent Consultant in the field of SRHR. She also engages in queer trans activism.
3. Ms. Tejaswi Sevekari is pursuing Ph.D. from the Tata Institute of Social Sciences, Mumbai. She is the Executive Director of SAHELI (Sex Workers Collective in Pune)

## **Day-1: Session I:**

### **Welcome Speech**

*By Ms. Tejaswi Sevekari, Director of SAHELI*

Tejaswi Sevekari welcomed all the resource persons and the trainees. She introduced all the resource persons and shared the objectives of the training and its purpose. She talked about the recent amendments of the Medical Termination of Pregnancy (MTP) Act, i.e., an Act related to abortion. She said that not many are aware of these amendments, especially (Women in Sex Work) who frequently need abortion services are mostly ignorant. Therefore, through this project, the attempt would be to explain the provisions, WSW's entitlements, and the means to access abortion services under the recently amended MTP Act.

The organizations involved in this project are expected to invest their time and resources to reach out to the WSW in the study area and create awareness on Safe abortion. The <sup>2</sup>Peer Educators (PEs) associated with SAHELI would be trained on amended MTP Act, provisions and entitlements under it as well as about access to contraceptives, and free abortion services at government health centres for WSWs. These trained PEs are expected to disseminate the information to the WSW from their community. Saheli will support and mentor PEs in case they face any challenges in disseminating information.

### **Access to Safe Abortion**

*Resource person: Dr. Nilangi Sardeshpande,  
Moderator: Ms. Tejaswi Sevekari*

Dr. Sardeshpande opened her sessions with statements & questions related to abortion, abortion services, and government health services. These questions were asked to assess trainee's understanding of and views on the subject. Trainees were asked to raise their hands if they agreed with the statements & questions. Ms. Sevekari moderated the session.

The questions and statements were as follows:

- 1) Do you agree that women living in villages and backward regions have difficulty accessing abortion services?
- 2) Are government hospitals costly/expensive?
- 3) Are Abortion services available in govt. hospitals?
- 4) By and large, women are unaware that the abortion services are legal.
- 5) Do you consider abortion sinful? Is it a stigma?
- 6) Do men oppose abortion?

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<sup>2</sup> Peer Educators are full/part time employees of the organization who are into sex work. Usually, they act as a communicator between organization and the community and help the organization in disseminating information and rapport building.

- 7) Is there a law that the husband's signature is required for woman to access abortion services?
- 8) Do you think the requirement of the husband's signature to access abortion services is just?
- 9) Does <sup>3</sup>gharwali cause problems if a sex worker has to access abortion services?
- 10) According to MTP Act which women can undergo an abortion?

A woman:

- Whose life/health is at risk due to pregnancy
- Who suffers from other ailments or biological complications, such as placental abruption and gestational diabetes, and poor birth outcomes
- Who becomes pregnant as a result of rape.
- Who has a pregnancy despite the use of contraceptives?

- 11) Who, and which doctor can conduct abortion services?
- 12) Has the abortion act been amended?
- 13) Do you think that after using abortion services it is possible to immediately become pregnant?

#### Trainees' Response

It was observed that very few of the trainees had basic knowledge about the abortion act while none were aware of the amendment of 2021.

Trainees unanimously said that there is a stigma attached to abortion, and both in urban and rural areas several women consider it an act of sin. They mentioned that women living in villages and remote regions face difficulty in accessing abortion services and not many know that it is legal.

Trainees were aware that abortion services are available at the government hospital but complained that the process is time-consuming, and the service providers are abusive and disrespectful of them. WSW said they preferred private medical practitioners for the quick services they provide. They complained that doctors insist on the husband's signature before conducting an abortion.

They were ignorant about the fact that women could immediately get pregnant post-abortion.

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<sup>3</sup> Gharwali, is a woman who provides living space to WSW, where WSW can run her business. Gharwali takes a certain percentage of the wsw's earnings.

They unanimously said that *gharwali* does not object or causes trouble if WSW were to access abortion service. However, most of them said that men are reluctant about their partners accessing abortion services.

Clearing the doubts of the trainees, Dr. Sardeshpande continued and explained that women are known to feel embarrassed and mortified if they are pregnant with an unwanted foetus. Most often they continue with the pregnancy because of their dilemmas as well as fear of the notion of immorality attached to abortion. She stressed that therefore, we need to overcome the cultural pressure and stigma associated with abortion.

Dr. Sardeshpande further explained that the abortion act has made provisions for women to access abortion services in the following conditions;

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

She further informed that according to the MTP Act, registered medical practitioners (Allopathic doctors) with experience or training in gynaecology or obstetrics as prescribed under the rules. can conduct abortion.

Dr. Sardeshpande briefly explained the legal aspects of abortion services and concluded by emphasizing that as a peer educator it is essential to know and remember when a woman can legally undergo termination of her pregnancy.

## **Session II:**

### **Legal Aspects of Abortion /Abortion Amendments**

*Resource person: Dr. Alka Barua*

Dr. Barua talked about the Medical Termination of Pregnancy (MTP) Act of 1971. She said that it came into force on the 1st of April 1972 and is 50 years old. It permits women in India to legally access abortion under certain conditions. Nevertheless, Sections 312 to 318 of the Indian Penal Code, of 1860, criminalize abortion or “miscarriage” even when the miscarriage is with the pregnant woman's consent, except when the miscarriage is carried out to save the woman's life. That means doctors and women could be penalized for conducting and undergoing abortions respectively if the conditions and guidelines under the abortion Act are not met.

Dr. Barua explained that most people, especially service seekers are ignorant about the MTP Act and its amendments. Therefore, we need to go to the community and inform them that they have conditional permission for the termination of pregnancy/ abortion under the Act.

The abortion act has determined certain stipulations to conduct abortions. These have been amended in the recent past and are as follows:

1. Abortion is legally permitted up to 24 weeks i.e., 6 months of pregnancy. Previously, under the act, abortion was allowed up to 20 weeks of pregnancy however, based on evidence, it was amended in 2021 and extended the gestation period to 24 weeks.
2. Legal abortion services are expected to be available at any government facility (Primary Health Centre, Community Health Centre, Rural hospital, and District hospital) or approved private hospitals / clinics.
3. The government has given authorization only to registered medical practitioners (Allopathic doctors) with experience or training in gynaecology or obstetrics as prescribed under the rules.
4. If an abortion is to be conducted within 20 weeks of gestation, women need to consult only one medical practitioner.
5. If abortion is to be conducted between 20-24 weeks women need to consult two registered medical practitioners.
6. Legal abortion from 20 to 24 weeks is legally available to certain categories of women specified in the rules that have been framed.
7. In case of substantial fetal abnormalities, abortion even after 24 weeks is legally permitted on recommendations of a State medical board. The medical board has to give a decision within three days of application and the termination has to be conducted within five days of that decision.
8. Each State Government or Union territory, through a notification in the Official Gazette, has to constitute a medical board with a Gynaecologist; a Paediatrician; a Radiologist or Sonologist, and any other members as notified by the Government.
9. The act permits termination of pregnancy if the continuance of pregnancy 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 if there is a substantial risk that that the child born would be handicapped either physically or mentally.
10. Girls under 18 years require parents/guardian consent for abortion. Similarly, parent/guardian consent is required for abortion services for girls/women suffering from mental issues. Girls above 18 years do not require anyone's consent or signature to access abortion services. The act does not demand that.

Dr. Barua explained that the MTP act permits abortion for all women irrespective of their social status. Speaking of unsafe abortion, Dr. Barua said it is observed that women often consult untrained doctors due to the stigma attached to abortion or because fees they charge is less but what they do not realise that they are putting their life at risk. As most of them are ignorant about the legal aspects of the act, they tend to opt for illegal and unsafe practices of abortion. She further informed that currently, unsafe abortion contributes to 8 percent of the maternal death rate. The prime cause of this is unsafe abortion practices, i.e. abortion

conducted in unhygienic conditions which cause infections and other complications. However, the lives of women can be saved with the timely and right information.

Dr. Barua said, that there are other relatively inexpensive and yet safe and legal service sources such as the Family Planning Association of India or government hospitals both in rural and urban areas. These government health centers provide free health services and, in a few cases, charge nominal registration fees. Services provided by a registered private hospital can be accessed but their charge could be high. Seeking services at government health centres is their right.

She asked the trainees if they know of the tablets used for medical abortion, to which a couple of trainees responded affirmatively, and said it costs them Rs.4000/-. Dr. Barua explained that the actual price of the tablet is less than Rs. 1000/-, close to Rs.600/-. The reason why the pharmacist charged them Rs. 4000/- was because over-the-counter use of tablets for abortion is illegal and pharmacists exploit women's desperation. Additionally, the pharmacists do not provide information on how and when the tablets are to be taken, so it may or may not have the desired outcome. The tablets can be legally procured and consumed only after consultation and prescription from an authorized doctor.

Dr. Barua further informed about the various method by which abortion is conducted. Generally, the woman may be offered either medical or surgical abortion. These are described below:

### **Surgical Methods**

#### **1. Dilation and Curettage**

Dilation and curettage is an outdated methods of abortion. It involves scraping of the inner lining the uterus. It has the potential to cause internal injuries and infections and can be painful if done incorrectly. This procedure is no more recommended, however in a few remote regions it is still practiced by untrained doctors.

#### **2. Vacuum Aspiration**

Manual Vacuum Aspiration (MVA) is a procedure that is usually used to terminate a pregnancy upto 12 weeks of gestation. It is a common surgical procedure where gentle manual suction is applied to the uterus to pull out the products of conception from the uterus. The process usually does not require anaesthesia, it is not painful and it does not take much time. In case the gestation is more than 12 weeks, upto 20 weeks Electric Vacuum Aspiration (EVA) method is used. Anaesthesia and hospitalization is required to ensure that the procedure is safe and abortion is complete.

#### **3. Dilation and Evacuation**

This method is usually adopted for abortion during the second trimester (20 to 24 weeks). It involves surgical evacuation of the uterus after cervical dilation and electric

extraction of products of conception. In this process, anaesthesia is used. As it might cause pain and discomfort for a couple of days, proper rest after the procedure is recommended.

### **Medical Methods**

The abortion act allows the use of tablets in the early stage of the pregnancy i.e., up to 9 weeks. If taken at an early stage, it is convenient and safer. The strip contains 5 tablets – one immediately in presence of the doctor and the other four based on doctor's advice. The effect of these tablet may differ in each person. The bleeding may start in a few hours or it may take a couple of days. It may sometimes be difficult to tell whether the uterus is completely evacuated of products of conception and may cause anxiety in the woman. Therefore, follow-up consultation is essential.

Some doctors may prescribe the tablets even at a later stage, but that is not only currently illegal and as the weeks go by the impact of the tablets decreases. Similarly, some women tend to take these tablets frequently in a year. Though an easy option, it is not advisable to take tablets without supervision after 3 months of pregnancy or take them 2-3 times a year as they may have adverse effects on the body.

Dr. Barua concluded the session by explaining that the doctors must explain the process of surgical abortion before conducting the surgery, i.e., why anaesthesia is to be given before the operation, how will it impact the patient's body, and other details. Similarly, in the case of the medical method of abortion, they must tell how and when the tablets should be taken, when is the likelihood of starting to bleed / abort, and if there is a need for follow-up check-ups.

She also stressed that by law doctor has to uphold the patient's privacy i.e., s/he should not share the patient's details related to abortion services with anyone other than a person legally permitted to access this information.

## Trainee's Shared

Doctors demand husband's signature. Even when we tell them we cannot provide it. They insist.

A community member went for abortion. She was taken inside the lab, given some injection and was asked to sleep half naked for almost 5-6 hours before she abortion was conducted.

Doctors demanded for new HIV certificate, even when patient told him that she has HIV and is takes medicine.

If we show our HIV certificate doctors refuse to consult us.

Doctors suggest sonography before conducting abortion.

## **Things to Remember**

- Up to 20 weeks, consultation of one registered medical practitioner is required.
- With opinion of 2 registered meica practitioners if pregnancy is between 20-24 weeks of gestation
- Parent's/guardians, husband signature is required only in case of mentally ill women and minors.
- Abortion services are either free or provided at a concessional rate in government health centers in both rural and urban area.
- Sonography is not required for conducting abortion.
- Women's confidentiality should be protected.
- If a doctor mistreats or disrespects a woman then she should register a complaint against the doctor.

## Recap

- Abortion is legal for all women, whether married or unmarried. However certain specifications and conditions have been laid down.
- The health service providers, as well as the community, are ignorant about the act and own rights, therefore we need to assert and fight for our and their rights.

### **Session III:**

#### **Technical Update on Contraception and Safe Abortion Methods**

*Resource person: Dr. Nilangi Sardeshpande*

Dr. Sardeshpande said abortion is a method to address unwanted pregnancy. Nevertheless, there are other methods available in the market that can help to curtail the chances of pregnancy. But to understand the different methods of contraception it is essential to understand the function of our reproductive system. Dr. Sardeshpande, asked the trainee whether they have ever observed their vagina and understood its construct? Several of the participants responded negatively. Dr. Sardeshpande described the anatomy of female reproductive health system and its functions. She said it is important for a woman to understand the construct of their reproductive system and that women should not be ashamed of it.

She further expressed that there is a cultural taboos and myths and misconceptions attached to women's menstruation, but they are all unfounded. In our culture at a young age, we teach our daughters not to speak about the vagina and the menstrual cycle. Menstrual cycle is often referred by women as a 'problem' or something that denotes that a 'women is not well'.

Dr. Sardeshpande asked the trainees if they agree with these terms. Is menstruation a problem? Would it be okay if a girl does not get periods every month? Wouldn't her mother be worried? Isn't it a duplicity of behaviour- women are expected to menstruate, to prove their fertility but it is termed as a problem and as something impure? She said women are taught to avoid open conversations about menstruation. But there is need to understand that the more women speak about it, the more women learn about it and there will be reduction in the taboo.

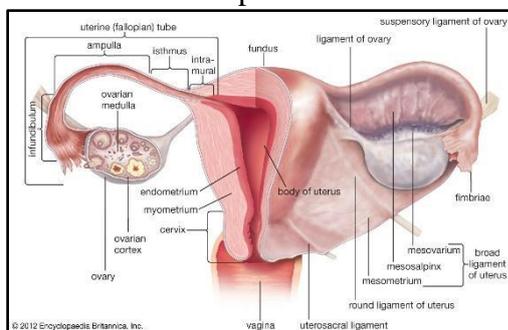
She explained that in the beginning at a younger age when a girl begins to menstruate her menstruation cycle is erratic and unsteady, the same is true at an older age when the menstrual cycle ends. Generally, women's first period begins between the ages of 11 and 14, and have regular menstrual cycles until about age 50. The menstrual cycle continues for approximately 30 years. In case a girl does not menstruate until the age of 16, it is advisable to check it with the doctor. It is generally observed that if a girl is healthy, she menstruates early, whereas an underweight girl menstruates at a later age.

Typically, the menstrual cycle lasts for about 28 days; however, the menstruation cycle in each person varies; it is normal to have a cycle of shorter or longer days. The first day of menstruation is to be counted as the first day i.e., the days of a menstrual cycle are counted from day 1 of menstrual bleeding to day 1 of the next menstrual bleeding. On the 14<sup>th</sup> day of the menstrual cycle, the egg ovulates as an egg is matured and is released from the ovary. Out of several eggs, one egg ovulates and survives for 24 hours.

Explaining the structure of the uterus Dr. Sardeshpande said that the uterus has four major regions: the fundus is the broad curved upper area in which the fallopian tubes connect to the uterus; the body, the main part of the uterus, starts directly below the level of the fallopian

tubes and continues downward until the uterine walls and cavity begin to narrow. The eggs are formed in the ovaries which are organs outside the uterus. The ovary is the size of a small almond. It is attached to the uterus with a string-like tissue. It is on both sides of the uterus. There are innumerable eggs in the ovaries. But as the girls grow older, they reduce in number. Approximately, 400 eggs are formed in lifetime, one each month. Once the egg is formed it is held by the palm-like tissue at the end of the fallopian tube and carried through the fallopian tube where it ovulates.

Lining the uterine cavity is a moist mucous membrane. The lining changes in thickness during the menstrual cycle, being thickest during the period of egg release from the ovaries. If the egg is fertilized, it attaches to the thick endometrial wall of the uterus and begins developing. If the egg is unfertilized, the endometrial wall sheds its outer layer of cells; the egg and excess tissue are then passed from the body during menstrual bleeding. The endometrium also produces secretions that help keep both the egg and the sperm cells alive.



Explaining the men's reproductive system, Dr. Sardeshpande, said that the men's reproductive system is on the outside of their body. They have testicles that produce the sperms which fertilize a female egg. Men's sperm in lakhs travel but only one enters the egg.

The egg travels through the fallopian tubes to the uterus; if fertilized, the embryo attaches to the uterine lining and a woman becomes pregnant; if the egg is not fertilized, the egg dies and shed out along with the uterine lining and once again the menstrual cycle begins. Sometimes, the fertilization of a single egg by a single sperm, with the fertilized egg then splitting into two results in identical twins while two different eggs come into contact with two different sperms, that is when fraternal twins are conceived.

Dr. Sardeshpande informed that simple observation can help understand when the egg is formed such as thin white discharge. She further added that sometimes women experience pain during the egg formation period.

## Group Activity-I

Dr. Sardeshpande asked women to form groups. Five groups were formed. Each group was asked to draw a picture of the uterus as they understood and present the menstrual cycle and ovulation process. Accordingly, members of each group drew a picture of the uterus and explained the ovulation process. Not everyone could articulate but group activity helped in demonstrating that trainees had grasped the process of the menstrual cycle and ovulation process.

## About Contraceptives

Speaking of contraception and safe abortion methods, Dr. Barua informed about different contraceptives that can be used to avoid unwanted pregnancy, such as a condom, copper T, injection, oral pills, and surgery.

### i. Copper T

Dr. Barua explained that an Intrauterine device (IUD) is a small T-shaped device made of plastic and copper that's inserted into a woman's womb (uterus) by a doctor or nurse. It is threaded with a nylon thread that goes through the cervix and into the top end of the vagina. The device releases copper that does not allow the sperms to enter or kills them. Copper prevents entry of sperms and thus pregnancy. Copper T lasts for about 5 to 10 years after which it needs to be replaced with a new one. This method of contraception is used by those couples who are certain that they do not want a child for a long period. Its effective device in preventing pregnancy and is therefore a commonly used method.



### ii. Condom

Dr. Sarpdeshpande informed that currently, condoms are available for both women & men. Male condoms are used externally while female condoms are used internally. They are the safest contraceptives because they can curtail the chances of infection as well.



Male condoms are typically made from latex. It is put over an erect penis to prevent any fluid from entering a woman's vagina.

Female condoms are soft, thin latex-free, and hormone-free polyurethane



pouches that are worn inside the vagina to prevent the entry of semen into the womb.

### iii. Oral Contraceptive Pills

Dr. Sarpdeshpande reminded the trainees of the popular Mala-D pills. She said they are oral contraceptive pills used to control pregnancy. These are small tablets that are to be taken once a day. They work in two ways, first, they prevent ovaries from releasing eggs, and second, they prevent pregnancy. These pills to be effective must be taken every single day at the same time to work. But if even a single pill is missed the effectiveness of the previous pills diminishes and chances of failure may increase.

iv. Surgery

Dr. Sarpdeshpande informed that surgery is for those couples who are looking for permanent sterility. If someone's partner does not intend to have more children in the future, this option can be considered. Both men and women can go through this surgical procedure. In men tubes that carry sperm are cut or removed, while in women the fallopian tubes, from where the eggs pass into the ovum are tied up. However, operation in men is easier and can be undone. Therefore, men should be encouraged to undergo surgery.

Dr. Sarpdeshpande further informed that men produce sperm all their life. The sperms live for 5 days after ejaculation. Post-operation male sperm is released for three months. Therefore, it is essential to use other means of contraception after male surgery or Vasectomy during that period.

Dr. Sarpdeshpande also informed that emergency contraceptives and injections available in the market that can be used to stop unwanted pregnancies. The details of the same are as follows:

v. Emergency Contraceptive

In case the condom fails and the couple is keen on avoiding unwanted pregnancy then they can prevent it by using an emergency tablet called Levonelle. However, this tablet has to be taken within 72 hours (3 hours) of the sexual intercourse. They are also known as 72 hours tablets.

vi. Injection

These are birth control shots injected into the arm or buttocks. It controls the formation of eggs. They protect against pregnancy for up to 14 weeks, though one typically need to receive one shot every 12 weeks.

Dr. Sardeshpande concluded the session by saying that none of the contraceptives available today are 100 percent fool proof, only abstinence may give a 100 percent guarantee of the absence of chances of pregnancy. Therefore, one should opt for those types of contraceptives that meet their requirements.

### Audio/Visual Tools

*To gain more clarity on the subject an audio-visual tool was used. Two films were shown to the trainees one was on abortion and another on Copper-T implantation.*

*Agents for Ishq is a short film that speaks of taboos, constraints, different types of contraceptives, the abortion act, and women's choices. The film uses animation and film clips for a lighter undertone. The trainee enjoyed watching the film and gained a better understanding.*

<https://www.youtube.com/watch?v=fTQtPdt5mU>

### Trainees Shared

1. Women do not talk about menstruation. Women are ashamed of it. It is referred to as a 'problem'.
2. A peer educator shared that after having children she asked the doctor to remove her uterus. But the doctor refused it.
3. Once I went to the hospital, they showed me a copper-T which was as big as my hand. I was scared I returned.
4. Do tablets have any adverse effects on the body?
5. Earlier doctors refused to do an abortion if the girl/woman was raped. I liked that now that permission is granted.

### Things to Remember

- Women should know how her reproductive system looks and functions.
- Menstruation is normal body condition. There is nothing to be ashamed of it.
- Uterus function is not only to bear a child. It is an important component of woman's body. So, after you have children, it is not advisable to remove uterus. Instead, other means of contraception should be used to avoid unwanted pregnancy.
- If uterus is infected by other ailments, then after proper consultation it can be removed. But not otherwise.
- Any interruption in taking tablet will not have desired effect. i.e., in such cases there is a chance to get pregnant.
- It takes time for the body to revive after you stop taking tablets. It may take a while to conceive.

## **Day 2**

### **Session IV:**

#### **Abortion and Communication**

*Resource person: Dr. Hemant Apte*

Dr. Apte expressed his thoughts on the ethical aspects that peer educators should follow while communicating abortion-related information among the WSW community. He said peer educators have to speak sensitively with sex workers, as this is a delicate issue in women's life. There is a need to be mindful to not use disrespectful or foul language while speaking with WSW. WSW should not feel humiliated, if they are not willing to speak to peer educators. One has to patiently communicate, and they have to remember this is a slow process. WSW may not be willing to listen to anything that you want to tell them. They would be reluctant but as peer educators, you need to be persistent, repeatedly visit them, talk to them, and convince them to opt for abortion in the early stages of pregnancy rather than face complications or bear an unwanted pregnancy. Peer educators should also meet their partners, *gharwali*, and appeal to them to support her.

Dr. Apte further pointed out that all the organizations present in the training have experience of years of intervention in the community and have established a rapport and support with the WSW. For this intervention, the target group will be younger WSWs who could be new to them and vice versa. Therefore, peer educators will have to be patient, assess their state of mind, and cordially open a conversation. It is difficult to understand anyone's state of mind by just looking at them so peer educators need to first understand their state of mind. If they are willing to listen, then they should talk, if not, peer educators should tell them that they will revisit them again. It is not a good idea to force information on anyone. It does not help.

He suggested that peer educators also need to be aware of the time they visit WSW community. The time has to be appropriate for them. If peer educators meet them when they are tired or during their business hours, they may not be entertained. So, choosing an appropriate time when WSWs are generally relaxed would be useful.

He added that sometimes talking to a group of WSWs would be more effective rather than meeting them individually. In a group, some may be willing to listen and some may not. Peer educators should focus on those who are willing to listen to them and share with them the information on abortion and its access.

Dr. Apte said that not everyone would complain or grumble, there are bound to be a few who would listen and support peer educators in their work. He suggested using that support and reaching out to more women.

Dr. Apte presented a hypothetical situation and asked the trainees what they would do if they met a woman who is pregnant and does not want a child. In response to his question, one trainee said that she would get a pregnancy test kit and give it to women and ask her to do the

test. Another said, if woman does not want a child, she would give her a tablet. Dr. Apte explained and emphasized that no one should purchase anything for the WSW. This project does not provide anything free, no cost will be reimbursed, so do not purchase anything for WSW. Instead they can give information on where they can get the kit or tablet and the method of conducting the test or accompany them to the pharmacist and help them get the kit or tablet.

Dr. Apte pointed out that if women ask the peer educators any question to which they do not have an answer, then tell them that you will get the correct information and answer them later. He suggested that do not give wrong information, as it would be misleading and put someone's life in danger. He further said that peer educators need to understand that knowledge is vast so even if they think they have comprehended all the information on abortion in one training, they need to consistently revisit, share their doubts with the knowledgeable person and update their knowledge. The more clarity they have on the subject, they will be able to share information effectively.

He further expressed that when speaking to a medical practitioner peer educators should speak respectfully, and should not order him to do what they think is right. They should tell him the reason why they have brought the patient, ask him to attend to her, and wait for his opinion.

Dr. Apte drew the trainees' attention to project objectives, that is about building awareness of the abortion act and disseminating accurate information about abortion services. He said the information that they would be sharing has to be 100 percent accurate. It is their responsibility to not share incorrect or half-correct information. He concluded his session by recapping the key points that the peer educators need to emphasize in each of their meetings with the women. They are as mentioned below:

1. Always consult doctors and take only those medicines prescribed by them.
2. Government Health Centre Services are affordable therefore always consult government health practitioners.
3. Use suitable contraceptives and avoid unwanted pregnancies.
4. Recommend and insist on an early abortion
5. Emphasize on complications of the delayed abortion i.e., its hazardous impact on a woman in case of the abortion at the later stage of the pregnancy-after 24 weeks.

## Trainees Shared

1. WSW say to peer educators, that” you get paid so you come here and tell us all these things”.
2. WSW complained they do not have time. But we need to persist and visit them again and again, eventually, most of them show their willingness to listen.
3. Once I demonstrated to a client of another WSW how to use the condom because she complained that he refused to use it because he did not know how to use it.
4. Earlier, WSW was kept in the closet. *Gharwali* did not let us meet them. But now the situation has changed. They know that we visit with good intentions so they talk to us, and support us.

## Things to Remember

- Whether talking to SWs or medical practitioner talk cordially. Do not speak disrespectfully, arrogantly, or use foul language.
- Communicate in the mother tongue of S if you know the language. They will understand better.
- Choose a time that is favorable to the community. Assess their mood and then share information.
- Be patient. Visit repeatedly and consistently. Establish a dialogue with SWs.
- Speaking to group of WSWs is more effective than one-to-one, sharing.
- Information has to be accurate. It has to be shared with responsibility. If you do not know anything do not give wrong information. Misinformation is more dangerous than ignorance.
- Even if you think you have comprehended all the information on abortion you need to revisit, share your doubts with a knowledgeable person, and update your knowledge.

## Session V:

### Advocacy for the Right to Safe Abortion

*By Dr. Alka Barua*

Dr. Barua expressed her thoughts on the right to safe abortion. She expressed that all religion considers abortion a sin. But abortion is not a sin. The foetus is not considered as a person does not have rights, therefore, aborting one is not a sin.

The Constitution has given us the right to ask questions therefore as a citizen we should not hesitate to question the doctors, hospital staff, or hospital management. The hospital must display Citizen's charter. In case it is not visible or absent as a citizen one can demand hospital authorities to display it. One also has a right to know about the doctor, i.e., whether he is certified to conduct delivery and how much knowledge and experience s/he has about abortion. It is also advisable to know the certified doctors in the area. It is essential to know all the government health centres and services that are open 24 hours and doctors are expected to be available 24x7.

It is important to understand and remember that abortion tablets or any other hygienic methods of abortion will not adversely affect the body if the proper protocol is followed. These need to be taken under the supervision of the authorized medical practitioner. However, one should avoid repeated abortion as it could affect the health condition of the woman. After abortion, a woman's condition may be affected due to heavy blood loss, and it may cause weakness which may lead to anaemic conditions. Patients should take tonics and medicine for the revival of their health.

## Session VI:

### Practical Session-Perspective Building/ Learning Outcomes of Training

*By Tejaswi Sevakari and Krishanu*

Ms. Tejaswi Sevekari, explained the project to the trainees. She informed that said the project period is for 2-3 months and the target is to reach about 1000 WSW. Therefore, to achieve the desired goal we will have to plan the implementation processes of the project. A follow-up meeting will be conducted in which we will micro-plan each step of the field intervention. To begin with, the peer educators will need to consider factors such as the location of the women. A few live in the Budhwar Peth, while others live in distant places. Then each peer educator will be allocated a certain number of WSWs to. Before going to the field, there is need to discuss and produce the IEC/training material to be used for the sensitization of WSW and how effectively that could be used.

Each trainee will have to make a field visit 3 to 4 times a week, so in a week they will have to meet approximately 15 to 20 WSW. The information has to be shared in a piecemeal method; therefore, you they may have to meet the same WSWs more than once and ensure that they have understood the information that is shared. During the field visits, Peer educators working with SAHELI (previous project), and SAHELI staff will guide them. SAHELI will support the peer educators in case they require additional information or clarification on any doubts they may have.

Dr. Apte added, that the Peer Educators will have to further support WSW in dealing with their husband/partner who causes nuisance or refrains her from undergoing an abortion. In such a case, Peer Educator will have to sensitize and convince them with appropriate information. The new peer educators should use the experience and support of the experienced peer educators to deal with difficult situations and explore different methods to resolve the issues. He further added that Peer educators have to remember that delay in convincing a woman or her allies would not be beneficial for the their health, therefore peer educators have to take timely action.

SAHELI's five peer educators (master trainers) would take the additional responsibility of advocacy. That is, they will have to support WSWs and fight for their rights at the ground level. If WSWs encounter any difficulty in asserting their rights at the PHC or with the doctors or medical staff then PEs or master trainers will support them.

Ms. Sevekari further explained that in the follow-up meeting, we will revise the content, and together make a detailed plan for the field visits. A certificate in the name of Project SAKHI would be awarded to all the trainees certifying that they have completed two days of training on the abortion act. Upon completion of the project, we will assess the impact of the project to understand how much information has reached WSWs and whether they understood it. Although, this is a short-term project if run effectively there is a possibility that it could be extended.

Dr. Apte added, that the PEs will have to further support WSWs in dealing with her husband/partner who causes nuisance or refrains her from undergoing an abortion. In such a case PE will have to convince him with appropriate information. The new peers can use the experience & support of the experienced peer educators to deal with difficult situations and explore different methods to resolve the issues. He further added that you have to remember that delay in convincing a WSW or her allies would not be beneficial for the WSW's health, therefore PE will have to speed up their actions.

Saheli's five peer educators or master trainers would take the additional responsibility of advocacy. That is, they will have to support WSW and fight for their rights at the ground level. If WSW encounters any difficulty in asserting their rights at the PHC or with the doctors or medical staff then the peer educators will support them.

Ms. Sevekari said that this project has to be conducted hand-in-hand with other organizations working in the Budhwar Peth (red light area) of Pune. They are other stakeholders from whom SAHELI need to seek support.

### Micro-Plan Strategy

Ms. Sevekari suggested that Peer educators develop a micro-plan before they begin to work. She chalked out a few do-ables as enlisted below:

1. All peer educators need to develop a micro-plan as per their work schedule
2. Before going into the field area, they will have to decide how many women they will reach out to in a week. They need to have a fair idea as to how many women they will be able to cover in a day and accordingly decide the weekly target.
3. First, Peer educators need to decide what they are going to talk about, and how they are going to talk. They need to practice their presentation among their friends and colleagues and train themselves to communicate effectively.
4. A demonstration and mock session should be conducted with women whom they are familiar with. For a couple of days focus should be on those women whom they know, and who will listen to them. In this way, they will get to practice among the known. It will help to build their confidence. Gradually, they should reach out other women in the community. Later, you can reach out to new women.
5. Women will ask questions in the field, they will have their doubts, and they would have their religious beliefs too. Peer educators will have to talk patiently to them and help them see the reality and consequences and the challenges they would encounter if they decide to carry on with the unwanted pregnancy.
6. She said, "As peer educators, you will certainly face challenges, but you have to trust yourself. You are aware of your environment so you will have to find solutions to meet those challenges".
7. The project does not provide any financial support or distribute pregnancy kits. If anyone asks about it peer educators will have to politely deny it.
8. The peer educators should take *gharwali*, the manager, and the man/husband into confidence and talk to them. SAHELI will intervene and resolve any issues peer educators face in the field

Ms. Sevekari appealed to the peer educators to recommend that women use the services of government hospitals. She said although one has to go through a lot of paperwork procedures and a lot of time is consumed in the process. However, considering the financial status of the women, the services provided in the government health centres are cost-effective or sometimes free. These services are also available 24x7, and here doctors cannot refuse their patients.

In the Pune city, the Family Planning Association clinic provides dedicated services for women requiring abortion services. Over the past several years, the community members (WSW) are getting services there. She said, “as a patient, you should know your rights and you should be bold enough to ask them questions. They will complain that they do not have time to answer your queries. But you should not be pressurized by the doctor. They must answer all your doubts”

Krishanu suggested that the peer educators should not hesitate to ask questions to the doctors and should not blindly follow their advice. If peer educators have doubts, they should ask why a particular treatment or medicine is advised. How would it affect their body? She added saying that, ‘ the doctors have more knowledge than us but it is our bodies that they are treating, and that is the reason we should ask questions.’

Ms. Sevekari said that the peer educators should also be able to speak with the pharmacists. She suggested checking the price printed on the cover of the medicines. If the pharmacist is charging them more than the printed price, they should question him/her. She further suggested using the doctor’s prescriptions to purchase medicines. If anyone purchases medicines off the counter without a doctor’s prescription, Pharmacists are bound to charge them more because it is illegal to purchase medicines without a doctor’s prescription.

Similarly, she expressed the need to take support of other stakeholder i.e., the local police force from the area. She informed that the organization to some extent, has built rapport with them concerning different issues. As there is ignorance associated with the MTP Act, peer educators may need their support to resolve community-level issues, e.g., disagreements/fights between partners and WSW.

## Group Activity-II

Krishanu led the group activity. She formed five groups of trainees and asked each group to prepare a skit and perform how they would share information about the MTP Act and abortion processes with WSW. They were asked to involve stakeholders of their choice, such as doctors, police, gharwali, husband, etc. Each group prepared a skit and performed it. While others trainees reviewed their presentations or mock session.

## Presentations

All groups in their performance showed how they would convince and support WSW. They added *gharwalis*, partner/husband, doctors, and pharmacists in their skit. They showed how they would convince *gharwali*, & partner/husband to support WSWs in her decision to take abortion services. They also showed how they would interact with doctors and pharmacists.

All the groups were able to express a few key points they learned in the training such as

- they have to convince WSWs and their allies,
- they have to convince WSW to visit the doctor
- they have to accompany the women to PHC or clinic
- they have to help the women in accessing pregnancy kits and tablets from the doctor/pharmacist.

A member of one group was able to articulate and express the key points of the abortion services effectively. For which she was applauded.

### **Trainee's Response**

Other trainees expressed their thoughts on each group's performance. They made suggestions on the content and their approach towards *gharwalis*, partners/husbands, doctors, and pharmacists. A few of the comments/observations from the trainees as well as the experts are as follows:

- 1) Even though medical professionals behave rudely or ignore, one has to be patient and visit PHC again and again.
- 2) A two-month pregnancy is already late for an abortion. There is no time to think. The peer educator has to convince the woman and her partner to think quickly.
- 3) No one asked the woman whether she wants to keep the pregnancy or not, that should be done
- 4) Did not speak of different types of contraceptives.
- 5) PEs need not be aggressive, and should handle a situation with patience.
- 6) As WSW themselves, they should show self-respect towards themselves. If they do not, nobody else would.

### **Learning Outcomes**

To conclude the two days of training, the project team members, Swati and Krishanu asked trainees to share their learnings. All the trainees said they gained new information and enjoyed being part of the training. A few of their expressions are as mentioned below:

- I knew about abortion I have taken several women to the PHC to access the services it. But today I got new information. I learned about different types of contraceptives.
- I learned about how the egg ovulates, and about the menstrual cycle.
- I learned about the men's reproductive system. I was completely ignorant about it.
- I liked the way all the topics were explained in simple language which made it easy for us to understand.
- I was completely ignorant about this subject. For the first time, I listened to something like this. I learned a lot.
- Did not know anything about how Copper T works. I did not know anything about abortion. I learned about it here.

- I learned about what we should do and not do to prevent from getting pregnant.
- I learned that removing the uterus is not a solution to stop pregnancy. And it should not be removed unless it is damaged or infected for some other reason.
- I learned about different means of protection to avoid unwanted pregnancy and stay safe.
- I was aware of the act but not in so much detail. Now I have got clarity on the MTP Act.
- Learned about details of the surgical abortion.
- Did not know anything about tablets learned about them today.
- Learned about tablets, injections, and surgical abortion for the first time. I will share this information with my friends.
- Learned new information. Particularly different types of contraceptives.
- Learned about abortion. I was scared of that word. But now learned that the MTP Act and understood it is not sinful to abort unwanted pregnancy.
- Learned about what is abortion, and how to take care of oneself by using a condom. Also learned that frequent abortion is not good for woman's health.
- Learned that 18 years old and above does not need anyone's signature to access abortion services.
- Learned about copper-T contraceptive in detail.
- Learned that conducting an abortion during the first one & half months is not sinful as there is no life, it is just flesh and blood.
- Learned that abortion can be done till the 24 weeks of pregnancy
- Everything was new. Learned about the medical abortion tablets
- For the first time I understood that white discharge is not always related to illness.
- This was my first experience of training. Liked listening to everything.
- Liked that everyone openly discussed abortion, and knowledge about the uterus and its structure. And about our rights. Feels good.
- I did not know about contraceptives- simplified way, legal aspects, and that you do not need a husband's signature for abortion service.
- Liked Dr. Sardeshpande's session on the menstrual cycle and ovulation process. She vividly explained the process.
- I had assumed a few things even though I am part of the medical profession. Now, I know the facts of the field, and what we can do to simplify the tools.
- I learned about how to communicate with the community and I think that it is important.
- I learned about the difficulties the community encounters at the ground level.
- Learnt about your difficult lives, and despite that, you still keep smiling. You are no lesser being. Equality is an essential part of life.

## Trainees' challenges in the field

1. WSW husband/partner refuses to take responsibility for the child. They say it is not theirs.
2. Some husbands/partners say that the matter is between them and an outsider like us need not interfere.
3. There have been instances when the husband/partner gets aggressive. We have to support WSW and at times provide her shelter.
4. We have to repeatedly visit the women to check on her safety. Dialogue with her and her husband/partner.

## Recap

- Abortion tablets (as prescribed by the provider) or any other hygienic methods of abortion will not have any adverse effect on the body
- There are five tablets in a strip to terminate the pregnancy. Consult the doctor before using them.
- The information you share with the community has to be accurate. It is our responsibility to share accurate information. Misinformation is more dangerous than no information.
- Never take or recommend medicines without a doctor's prescription.
- Use government health centre services. It is affordable.
- Decide whether you want a child or not beforehand. Use family planning devices to avoid unwanted pregnancy.
- Recommend & insists on early abortion because it is safe and evades complications.
- Emphasize on fatalness/danger of the delayed pregnancy after 24 weeks.
- Delayed abortion is complicated and risky. They should be done only in adverse situations.
- Know about the doctor- whether he is certified to conduct delivery. Also, know the certified doctors in the area.
- Check your knowledge about the MTP Act and abortion and try to update it from time to time.