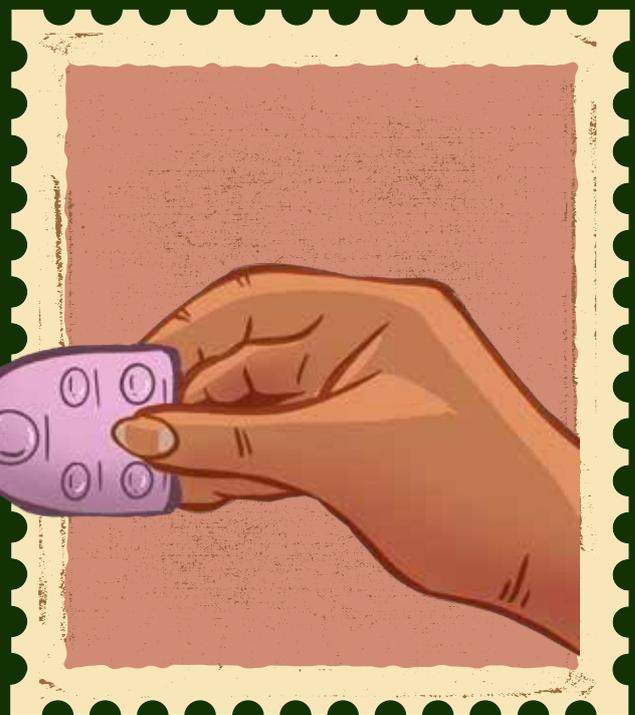
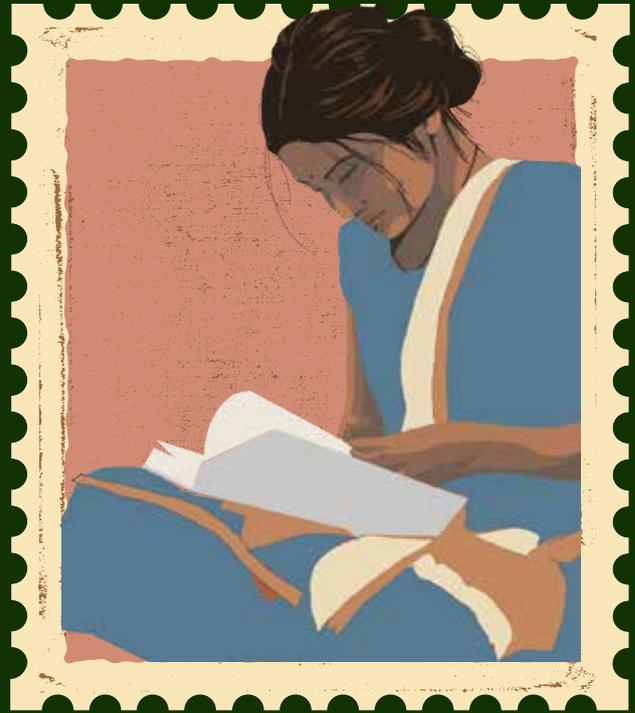
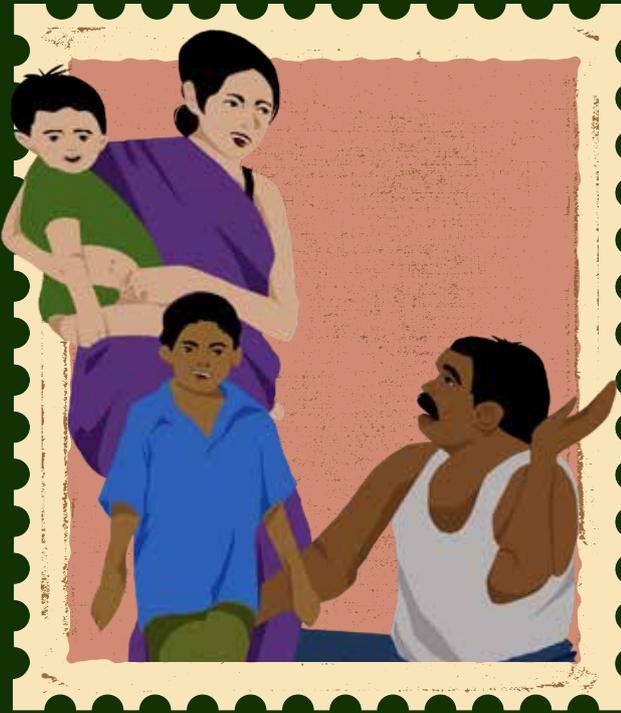


MY ABORTION LIFELINE

Real Narratives of Life-Saving Abortion Experiences across India



CommonHealth

PUBLISHED BY:**SAHAJ on behalf of CommonHealth**

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ACKNOWLEDGEMENTS

ABOUT COMMONHEALTH

Constituted in 2006, CommonHealth is a rights-based, multi-state coalition of organisations and individuals that advocates for increased access to sexual and reproductive health care and services to improve the health conditions of women and marginalised communities. The coalition draws its membership from diverse disciplines, thematic areas and geographies within the country. CommonHealth believes in collaborative approaches and building partnerships, striving to engage with a range of stakeholders to amplify the voices of the most marginalised women, advance their access to SRH services and safeguard their SRH and rights.

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To ensure anonymity, names and identifiable details have been changed or replaced with preferred pseudonyms, and all contributions were obtained voluntarily or with written consent.

CREDITS

CommonHealth acknowledges the invaluable contributions of its members and partner organisations in making the Lifeline Campaign a success. Your dedication and collaboration have been instrumental in amplifying voices and advancing the cause of safe and accessible abortion care. We are especially grateful to abortion-seekers for courageously sharing their stories.

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PREFACE

Safe abortion is, and always has been, a lifeline.

A pregnant person's body has long been a contested terrain, claimed by patriarchal forces and entrenched social structures that seek to define, control and restrict—robbing them of reproductive autonomy. In India, even with the liberalised Medical Termination of Pregnancy (MTP) Act of 1971 and its amendments, access to safe, compassionate abortion care remains a struggle for countless individuals.

Yet, amidst these challenges, there exists another truth—one rarely documented and even less often celebrated: the profound relief, empowerment, and joy experienced by those who access safe abortion care, often after overcoming insurmountable hurdles. At its essence, abortion is an act of restoring agency, reclaiming power over one's body, and envisioning a self-determined future.

This collection of stories is the culmination of CommonHealth's **Lifeline Campaign**, created to mark **International Safe Abortion Day on 28th September 2024**. In a time of escalating global challenges to reproductive rights and autonomy, this campaign was conceived as a counter-narrative to the anti-choice rhetoric that paints abortion as “anti-life”, cruel and inhumane. Such framing, steeped in stigma and moral policing, perpetuates harmful myths and denies people access to life-saving care. The Lifeline Campaign set out with an unequivocal goal: to reclaim the language of life and affirm that safe, legal abortion is not just a fundamental human right—it is essential to individual well-being, public health, and reproductive justice.

We issued a nationwide call for personal stories, inviting individuals to share their experiences with abortion—whether accessed through formal healthcare systems or alternative methods, including over-the-counter medication or unregulated providers. We believe these narratives are crucial in demonstrating that restrictions on abortion access do not prevent abortions from occurring but rather push individuals to seek potentially unsafe alternatives.

Drawing on CommonHealth's expansive grassroots network of partner organisations spanning diverse communities across India, we captured the voices of those often left unheard. Among these 29 stories are the voices of young people, mothers, migrant workers, rural women, widowed women, and several others—each narrative a testament to their resilience, courage, and determination to reclaim control over their bodies and destinies. By centring these stories, we reaffirm that reproductive justice is inextricably linked to human dignity and freedom. To honour the authenticity of these experiences, the stories have been only lightly edited, with some translated into English for uniformity while preserving the essence of the original narratives.

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PART I

**TRANSFORMING
YOUNG LIVES
THROUGH THE
LIFELINE OF CHOICE**



1) Reclaiming my destiny: The choice that saved my future

“I was 17, about to start college in Delhi. It was in the last week before leaving my hometown that my boyfriend and I... it happened so fast. We weren't prepared, just caught up in the moment. When I missed my period shortly after, I panicked and ran to my friend. I wouldn't have dared go to a doctor. I couldn't risk my parents finding out - they would've never let me pursue my education. I knew I wasn't ready to be a mother. Not terminating that pregnancy would have ruined my life, my career, everything. In my desperation, I bought abortion pills from a pharmacy. I watched a video online, trying to figure out what to do, and then I waited. When I started bleeding, my friend took me to a private clinic. Looking back, I should have gone there first, but I didn't know any better. I was too caught up in shame and fear. I think about that day sometimes, wondering what would have happened if I didn't have those pills, my friend, and the doctor who made sure I was okay. My abortion saved my life because it gave me the choice to decide the course of my own future. Now, I've completed my master's degree and I'm working a job I like in a metro city. Can you imagine what would have happened if I hadn't gone through with the abortion that day? I can't either. Nobody knows about this - not even my boyfriend at the time. It's a secret I've carried, but it's shaped who I am today.” - M, Mumbai.

2) Munni receives abortion care during the COVID-19 pandemic

Munni's story begins in a small village near Chilika Lagoon in Tangi Block, Odisha, during the early days of the COVID-19 pandemic—a time when isolation and uncertainty magnified every challenge. One day, a community organiser from SAHAYOG NGO received a call from a concerned individual informing her about an unmarried girl Munni, who was pregnant. Munni's family was extremely poor; her parents, migrant labourers, spent 7-8 months each year working in another state. As the eldest of three children, Munni was in 11th grade. When her parents were away, she and her siblings were cared for by their elderly grandfather. Munni had fallen in love with a boy just a year older than her. During their relationship, she became pregnant but was unaware of it. At the same time, her parents returned home due to COVID-19 restrictions and were quarantined. While Munni missed her period, she didn't understand the signs of pregnancy. With the lockdown in place, no one visited the house, and her grandfather was too old to notice any changes. Once her parents came out of quarantine, her mother saw her vomiting and quickly realised what had happened. Devastated and ashamed, her parents contemplated harming themselves and their daughter, fearing judgment from their community and relatives. However, they were also worried about their other children. Munni's father purchased some pills from a pharmacy, but they failed to terminate the pregnancy. With no income due to the pandemic, they felt helpless.

It was then that Munni's aunt stepped in, saying there were ways to seek help. She reached out to SAHAYOG's community organiser for assistance. The organiser reassured Munni's parents that the pregnancy could be safely terminated. With the help of the community organiser and the local ASHA worker, Munni was taken to the Tangi Community Health Center (CHC).

At the CHC, Munni faced harsh judgment from the nurses, who scolded her and questioned how she could have gotten pregnant at just 16 years old. Their scolding added to her distress, but the community organiser and ASHA worker stood firm by her side. Their unwavering support reminded Munni that she was not alone and deserved care and compassion.

The procedure was performed safely, and the doctor's kindness helped ease Munni's fears. With a few days of rest and care, she began to regain her strength. Once Munni turned 18, she got married and now has a son. She reflects on her journey with gratitude for the support she received during such a turbulent time. Her parents, too, have found peace, thankful for the guidance and services that safeguarded their daughter's future.

3) Rashmita takes control of her life

At 17, Rashmita thought her love story with Rajat was the beginning of a beautiful new chapter. Like many young people in Khordha district, Odisha—where child marriage and teenage pregnancies are all too common—they eloped and settled into married life. But within a month, Rashmita discovered she was pregnant, and what should have been joyous news quickly turned sour. Her mother-in-law accused her of infidelity, refusing to believe the child was Rajat's. Initially supportive, Rajat soon began to question her as well, and Rashmita found herself isolated and distrusted. Despite her protests, the family sent her back to her parents' home, 16 weeks pregnant and burdened by shame and heartbreak.

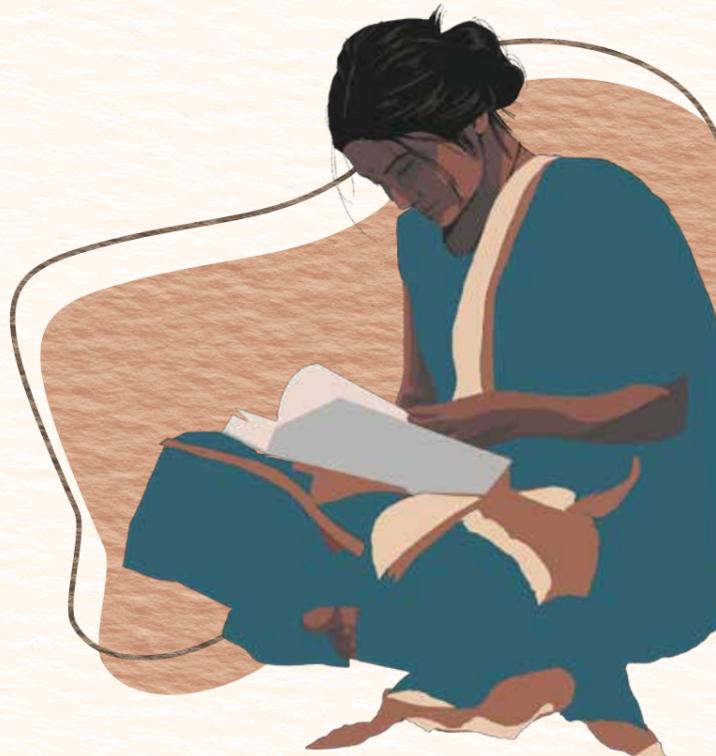
Determined to take control of her situation, Rashmita reached out to SAHAYOG, a local NGO. With the help of a community organiser and the village ASHA worker, she was taken to a government hospital where she safely underwent an abortion. The procedure brought not only physical relief but also a sense of emotional liberation for Rashmita and her family. As Rashmita recovered, the NGO didn't just stop there. They maintained contact with her in-laws, providing counselling and updates on the situation. Surprisingly, her mother-in-law eventually expressed gratitude, acknowledging that she believed the pregnancy could have brought shame to the family. The abortion, she admitted, paved the way for Rashmita's return to their home. Rashmita herself expressed immense gratitude, believing that without the abortion, her life would have been marred by stigma, hardship, and neglect. Today, Rashmita is a mother to a beautiful daughter and enjoys the support of a reconciled and loving family. Reflecting on her journey, Rashmita is deeply grateful for the access to safe abortion services and the unwavering support of SAHAYOG and the ASHA worker.

4) *Breaking free: Anju's story of resilience*

Anju, a 19-year-old girl, lives in Nangal with her family and is currently pursuing a BA at a local college. Two years ago, when Anju was just 17 years of age and studying in the 12th grade, she was lured away from home by an older man, aged around 30 years of age. He manipulated her by making false promises and showing her dreams of a better future together. Under his influence, Anju left her family and was taken to an undisclosed location in Himachal Pradesh. Anju's family, deeply worried about her sudden disappearance, reported the case to the local police station.

After about four months, they received information that Anju was being held in a town in Himachal Pradesh. With the help of the police, the family went to this location, where the authorities were able to arrest the man. During the investigation, the Himachal Pradesh police informed the family that this man was already married and had been on the run, wanted in connection with multiple criminal cases. When the police brought Anju back, a medical examination revealed that she was pregnant. Her family, focused on supporting her, sought medical advice about terminating the pregnancy. Initial attempts to use abortion pills were not possible due to the advanced stage of pregnancy. Determined to find a solution, the family sought help from a doctor at the district-level civil hospital. A gynaecologist at the hospital conducted the necessary medical assessments and performed a surgical abortion when Anju was approximately four and a half months pregnant. She received appropriate medical care and medication to support her recovery.

One month after the procedure, Anju's health stabilised. With her family's support, she returned to her studies, continuing her BA at a local college. Her educational journey became a path to reclaiming her future.



5) *“Rather than matching horoscopes before marriage, consider genetic testing.”*

This is the story of a young couple from Maharashtra, deeply in love yet navigating the complexities of family expectations and cultural norms. The boy had just turned 20, and the girl was 19. Since the couple was related by family ties, they decided to keep their relationship a secret. When the girl's parents began discussing her marriage, she confided in the boy. Determined to be together, he boldly went to her house and proposed marriage. After much persuasion, their families reluctantly agreed, and the two were married.

Six months into their marriage, the girl discovered she was pregnant. Excited, the couple visited a doctor during her third month of pregnancy for a routine check-up. The doctor recommended a series of tests, and the results brought devastating news: the fetus had a 100% chance of being born with Thalassemia, a genetic blood disorder. Seeking certainty, the couple repeated the tests at a private hospital, which confirmed that both the husband and wife were carriers of the gene. Their journey for clarity took them to a hospital in Nagpur, where further tests reaffirmed the diagnosis. The doctors discussed the lifelong challenges their child would face: repeated blood transfusions, extensive medical care, and immense emotional and possible financial strain that they would face. The couple was heartbroken, but after careful consideration, they decided to terminate the pregnancy.

The abortion was performed in the fourth month of pregnancy. The girl later shared that she couldn't bear the thought of her child enduring a lifetime of suffering. She firmly believed they had made the right choice, choosing compassion over personal desire. This experience deeply impacted her and she decided to learn more about Thalassemia. Reflecting on their journey, she expressed a poignant thought: rather than matching horoscopes before marriage, couples should consider genetic testing to avoid preventable suffering.





COMMENTS:

- Safeguarding access to safe abortion care means safeguarding a person's agency, autonomy, and the right to self-determination. These narratives shared by young abortion-seekers define the radical, life-affirming power of choice, illuminating how **safe abortion care enables individuals to reclaim control over their bodies and futures**. Munni's story is a powerful reminder of the **importance of enhancing access to stigma-free, safe abortion services and strengthening empathetic support systems at the community level**, ensuring that young girls like Munni face their challenges with dignity and hope. Rashmita's story, too, reveals the painful realities many women endure within a society that ties their worth to their reproductive roles. While the support of organisations like SAHAYOG ensured she could access safe abortion care, her journey also highlights the emotional and social toll of navigating a choice that should be hers alone.
- In some cases, the decision to terminate a pregnancy can be layered with complexity. The story of the young couple who chose to terminate a wanted pregnancy after learning their fetus carried Thalassemia exemplifies this. Their decision, though difficult, was grounded in a desire to spare their child from a lifetime of suffering—a choice born of love, reflection, and courage. It is critical to approach such stories with compassion and respect for individual autonomy. **At CommonHealth, we affirm the dignity of all lives and reject ableism, but we also recognise that no one is better positioned than the pregnant person to determine whether they are ready to navigate the challenges of a particular pregnancy.**

PART II

THE LIFELINE OF CHOICE FOR MOTHERS AND PARENTS





1) *Why I chose abortion? Payal, a homemaker from Odisha writes to us*

“I was only 21 years old when I first gave birth. For six months after delivery, I experienced postpartum bleeding. My husband was supportive, but one day, for some reason, we had unprotected intercourse. When I found out I was pregnant, I decided to terminate the pregnancy within a day. I asked my sister-in-law to accompany me to the district hospital. I met the doctor and shared my situation. Within an hour, everything was sorted out. I felt tired, but my sister-in-law supported me. Nobody questioned my decision. After a few days of rest, I felt well. In 2006, I decided to have a second baby, and fortunately, I gave birth to my daughter in 2007. If, at that point, I had thought that terminating the pregnancy was wrong, I might not have been able to do justice to myself, my first child, or the fetus in my womb. I thought rationally, and now I have a blissful family life. Thanks to the doctor and abortion services.”

2) *A rural mother's struggle for choice*

Monarani, a 27-year-old homemaker from Padmapur village in Odisha, is a mother of two young sons. She and her husband, a hotel cook, dreamed of providing their children with a good education and a better quality of life. To achieve this, they decided to separate from their joint family of 13 members and agreed not to have more children until they were financially stable.

To prevent pregnancy, Monarani began taking contraceptive pills provided by the village's ASHA worker, who was also a relative. However, tensions arose between their families, leading to a conflict. As a result, the ASHA worker stopped giving Monarani the pills. Left without an alternative source and feeling too shy to ask others, Monarani was forced to discontinue her contraception. Her distress was compounded by her husband's refusal to use condoms. Inevitably, Monarani missed her periods and tested positive for pregnancy.

In desperation, her husband purchased medical abortion pills from a pharmacy and instructed her on how to use them. Believing the abortion was complete when the bleeding began, Monarani tried to move on. However, a few days later, she began experiencing severe abdominal pain and continued bleeding. The worsening pain forced Monarani to confide in her family. Alarmed, they rushed her to a private clinic, where the doctor discovered that the abortion was incomplete. Immediate intervention was required, and the procedure to complete the abortion cost ₹4,500. Despite the financial strain, Monarani's family paid the amount, saving her life.



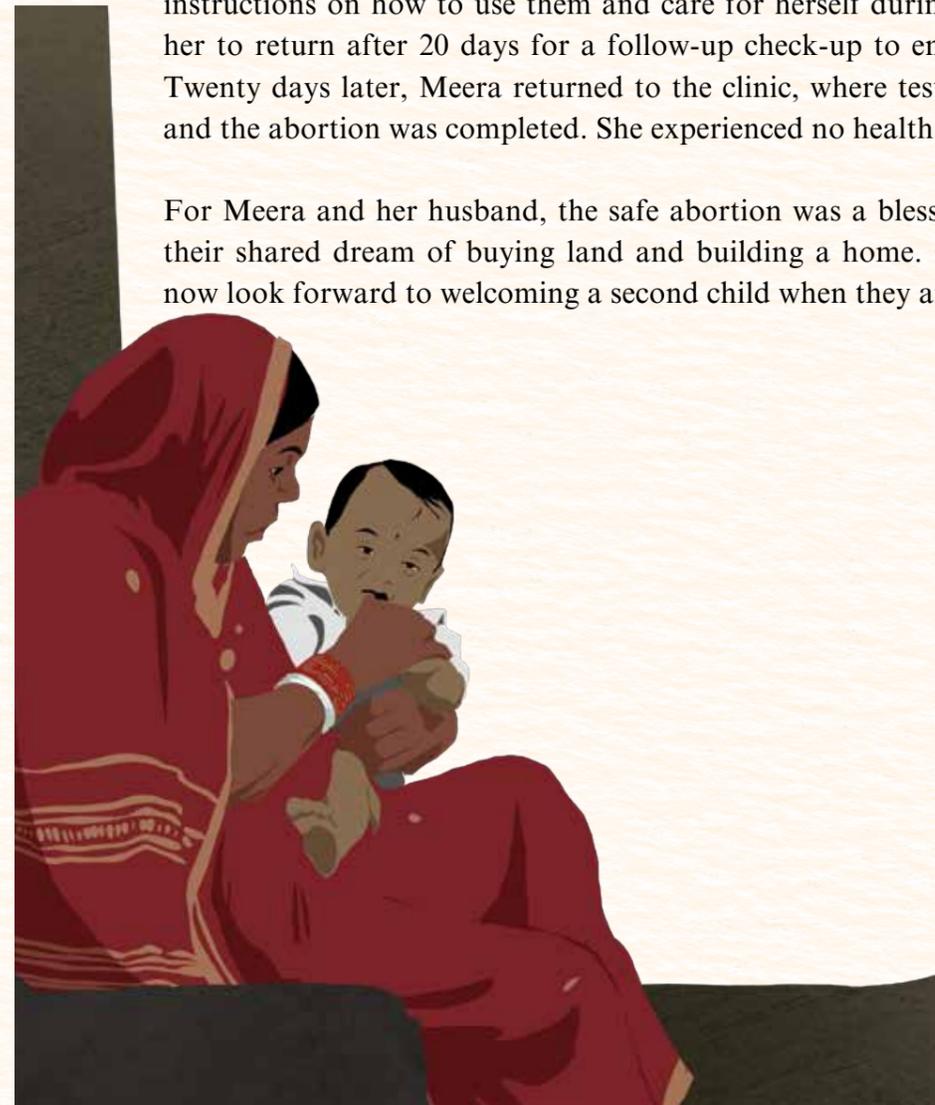
3) *Meera's resilience: A migrant labourer's story*

Meera Behera, a 23-year-old construction labourer from Nandapalli village, Odisha, balances her demanding work with caring for her young daughter. Her husband, also a construction labourer, shares her dream of building a better future. Together, they decided to delay having a second child for five years to save enough money to buy a small plot of land and eventually build a home.

To prevent pregnancy, Meera regularly took contraceptive pills. When the couple travelled for a 20-day work assignment in a remote area, Meera packed enough pills to last the trip. However, their work was unexpectedly extended by another 12 days. Stuck in a remote location with limited access to resources and facing a language barrier as non-Telugu speakers in Andhra Pradesh, they couldn't procure additional pills. Her husband also refused to use condoms, saying they diminished his sexual pleasure.

Upon returning home, Meera missed her next period. Concerned, she visited the local Community Health Center (CHC), where a pregnancy test confirmed she was pregnant. The health workers advised her against terminating the pregnancy and encouraged her to continue with her second child. Determined to stick to her choice, Meera sought help at a private clinic. The clinic charged ₹1,250 for abortion pills and provided her with clear instructions on how to use them and care for herself during the process. They also advised her to return after 20 days for a follow-up check-up to ensure the abortion was complete. Twenty days later, Meera returned to the clinic, where tests confirmed her health was fine, and the abortion was completed. She experienced no health complications and felt relieved.

For Meera and her husband, the safe abortion was a blessing. It allowed them to focus on their shared dream of buying land and building a home. Confident in their decision, they now look forward to welcoming a second child when they are better prepared for it.



❖

4) *Sita's recovery through safe abortion care*

Sita Mohanty, an OBC woman from Sakshi Gopal village in Puri district, Odisha, lives with her husband, a painter, and their two sons, aged 10 and 6. Content with their family of four, Sita and her husband had decided that they didn't want more children and were planning for Sita to undergo a tubectomy soon. One day, Sita missed her period and immediately informed her husband. Concerned, he went to a local pharmacy and purchased a pregnancy test kit for ₹54. The test confirmed that Sita was pregnant. Unsure of what to do, her husband sought advice from the pharmacy staff, who provided two pills and instructed Sita to take them orally.

Sita followed the instructions and took the pills. By the evening, she began bleeding, which continued for several days. Along with the bleeding, she experienced severe abdominal pain and became weak. Worried about her deteriorating condition, her husband decided to seek medical help. To ensure she received proper care, he requested two days' leave from work. When his boss inquired about the reason, he explained the situation. His boss suggested the Parivar Seva Clinic in Bhubaneswar, known for providing affordable and reliable reproductive health services.

At the clinic, a gynaecologist examined Sita and said that the abortion was incomplete. The doctor performed an evacuation procedure to complete the abortion and prescribed medications to aid her recovery. Now fully recovered, Sita is ready to move forward and plans to undergo a tubectomy to avoid any similar situations in the future.

5) *Dreams uninterrupted: How a mother from Ranchi took control of her life*

In the bustling city of Ranchi, Subhanshi found herself at a pivotal moment in life. At 35, she had built a loving family and was ready to reignite her passion for dance—a career she had put on hold for years. Her firstborn was now 11, and for the first time in a long while, she felt she could focus on herself. But with her unintended pregnancy, the thought of having another child filled her with dread.

Subhanshi loved being a mother but knew that adding another child to the mix would stretch her too thin. After many sleepless nights, she decided to confide in a doctor friend she knew from school. Her friend validated her fears and reminded her that making a choice for her well-being and her family's future was her right.

❖

This conversation became a turning point, allowing Subhanshi to see her decision to terminate the pregnancy as an act of self-care rather than a betrayal of her responsibilities.

The procedure was swift and safe, and it left Subhanshi feeling lighter and more in control of her destiny. Back in her vibrant city life, she rediscovered her ability to fully engage with her daughter and dedicate time to her career aspirations. While the decision didn't erase the complexity of her emotions, it granted her the space she needed to breathe, reflect, and pursue her dreams.

6) *Geeta's story: Respite from an unplanned future*

In the small village of Mcluskigunj in Jharkhand, Geeta found herself staring at a future she had not anticipated. At 32, with 4 children demanding her attention, the thought of another pregnancy felt like an insurmountable weight. She worked tirelessly on her family's modest farm, her dreams for education had already died but the desire to give the best to her children was paramount. When she discovered she was pregnant again, fear and anxiety gripped her. In her village, discussing such matters was taboo, but Geeta confided in her older sister, Priya. Understanding the burden her sister faced, Priya encouraged Geeta to seek help from a nearby primary health centre. She was met with warmth and compassion by the staff, who listened to her story without judgment. After a thorough consultation, Geeta felt a weight lift. She was empowered to make a choice for her future and that of her children. The abortion procedure was safe, and the care she received made her feel seen and respected. When she returned home, she felt a sense of relief wash over her. She could focus on her children without the overwhelming fear of an unplanned life.





7) Rita's journey of navigating limited care to reclaim her body and health

In the village of Premapur, Uttar Pradesh, Rita lived with her husband and two sons, the elder 13 and the younger 9. Her husband worked as a daily wage labourer, while Rita worked at a rural organisation. They felt their family was complete and were happy with their two boys. But in October 2023, things changed when Rita missed her period. Concerned, she told her husband, who quickly bought a pregnancy test kit from the local medical shop. The result was clear—Rita was pregnant again. The news was unexpected and unwelcome. They knew they couldn't afford another child. After some discussion, they decided to terminate the pregnancy.

Rita sought help from a local quack, a common choice in her village where medical facilities are scarce. Since her pregnancy was in its early stages, he prescribed two pills, charging Rs. 150. That evening, she began bleeding. Relieved, she thought it was over. But in the days that followed, the bleeding persisted, coming and going irregularly, accompanied by a dull pain in her abdomen. Worried, she went back to the same quack. He told her not to worry, that the abortion wasn't yet complete, and the bleeding would stop once everything had been expelled. He gave her more pills for Rs. 200, with instructions to take them twice a day. She complied, but the bleeding continued intermittently for three exhausting months.

Rita's health began to deteriorate. She grew weak, her legs swelling, her energy drained. It became harder to manage her work, and her concern grew. Once again, she and her husband turned to the quack. This time, he admitted she needed further help, advising them to get a sonography and see a gynaecologist. Desperate for answers, they borrowed Rs. 600 and paid for the scan. The news wasn't good—Rita had an incomplete abortion and an infection. The gynaecologist told them she needed an evacuation procedure, but it would cost Rs. 3000—a sum they didn't have. But there was no choice; Rita and her husband borrowed more money, determined to find a way forward. The gynaecologist performed the procedure, prescribing medication for the next five days.

After receiving care, Rita's body healed. The bleeding stopped, the swelling disappeared, and her strength returned. Though it had been a long, painful journey, Rita finally found peace and relief. Her health was restored, and she was grateful that she could return to her family and work, stronger than before.

8) Rajwinder's tumultuous journey to access abortion care

Rajwinder Kaur, a 30-year-old woman from a village near Shri Anandpur Sahib, leads a busy life as a homemaker in a joint family. Married for six years, she and her husband, who works at a factory in Baddi, Himachal Pradesh, have a 3-year-old daughter. With her husband's younger siblings still studying and her father-in-law retired, Rajwinder had decided not to have another child for the time being and was using spacing methods to avoid pregnancy.



In April, Rajwinder noticed her period was delayed. Initially, her mother-in-law reassured her that such delays were normal, but when her period was late again the following month, she suspected she might be pregnant. A pregnancy test confirmed her fears, and while her family encouraged her to continue with the pregnancy, Rajwinder wasn't ready to have another child. After discussing the matter with her husband, they decided to terminate the pregnancy. Rajwinder approached a local chemist, who provided her with pills for the termination. Two days after taking the pills, she began bleeding and felt relieved, thinking the abortion was complete. However, in the days that followed, she started feeling weak, irritable, and unwell, which began to affect her ability to care for her family.

Concerned about her health, Rajwinder confided in her mother-in-law, who suggested she speak to the local ASHA worker. Unfortunately, the ASHA worker didn't provide any assistance. Left with no other option, Rajwinder visited a private doctor, who informed her that the abortion was incomplete and could lead to severe complications if untreated. The doctor referred her to a nursing home, where further tests confirmed the incomplete abortion. Rajwinder was admitted for three days, during which a gynaecologist performed a surgical procedure to complete the abortion. She was also prescribed medications to aid her recovery. The entire treatment cost the family approximately ₹10,000. Now fully recovered, Rajwinder has resumed her daily routine and is back to caring for her family. While her journey was fraught with challenges, she is relieved to have prioritised her health and well-being.

9) A migrant mother's journey to reclaim her life

Seema, a 34-year-old woman originally from Bihar, has lived with her husband and three children in a slum area in Nangal, Rupnagar district, Punjab, for the past decade. Seema works as a domestic worker, while her husband earns a living as a construction worker. Together, they have built a life around their three children: two sons, aged 10 and 5, and a 7-year-old daughter. Both Seema and her husband had agreed not to have more children, with her husband consistently using condoms for contraception.

In February, Seema noticed her period was delayed for two consecutive cycles. Concerned, she shared her worries with her husband, but he dismissed them, believing it was nothing serious. Unsure of what to do, Seema confided in a teacher whose house she worked at, who encouraged her to take a pregnancy test. Around the same time, her husband had to travel back to Bihar for urgent family matters. When Seema took the test, she was shocked to discover she was pregnant. With an already large family and financial challenges, she had no desire to have another child. Seeking help, she went to a nearby government dispensary, but her pleas for assistance were met with indifference. Determined to resolve the situation, Seema bought abortion pills from a local chemist. To her dismay, the medication failed to work, and three months passed without any progress.



Feeling increasingly distressed, Seema turned to the teacher for help once more. The teacher took her to a clinic, where a female doctor conducted an examination. The doctor explained that it was now too late for a medical abortion and that a surgical procedure would be necessary. Seema informed her husband of the situation, and he returned from Bihar immediately to support her. Together, they visited a private clinic, where Seema underwent a successful surgical abortion. The doctor provided her with medications to aid her recovery and address her weakness.

Now fully recovered, Seema has resumed her daily routine, caring for her family and continuing her work.

10) Priya's empowerment through a courageous choice

Priya, a 34-year-old woman from a small village in Gadchiroli district in Maharashtra, raises two sons aged 11 and 9 with her husband Vinod, a 38-year-old farmer. Parenting two young boys while managing the financial demands of farming, they often felt the strain of limited resources. In 2024, Priya discovered she was pregnant again. The news brought mixed emotions—while she cherished motherhood, the thought of raising another child amidst financial constraints left her and Vinod deeply concerned. After much reflection, the couple decided not to proceed with the pregnancy. The decision was particularly hard for Priya, who had always considered motherhood a blessing. Yet, she understood the importance of securing a stable future for her family.

With Vinod's unwavering support, Priya sought guidance at a local government health facility. At the clinic, the medical staff listened empathetically and provided the necessary care. The procedure was carried out with professionalism, and Priya was reassured by the compassion shown by the doctors and nurses. She felt an immense sense of relief once the burden of the decision was lifted. She realised that her decision was not just about controlling her family size but about taking charge of her life and prioritising her family's well-being. With Vinod by her side, Priya emerged from the experience feeling empowered and grateful for the support she received from her husband and the healthcare team.



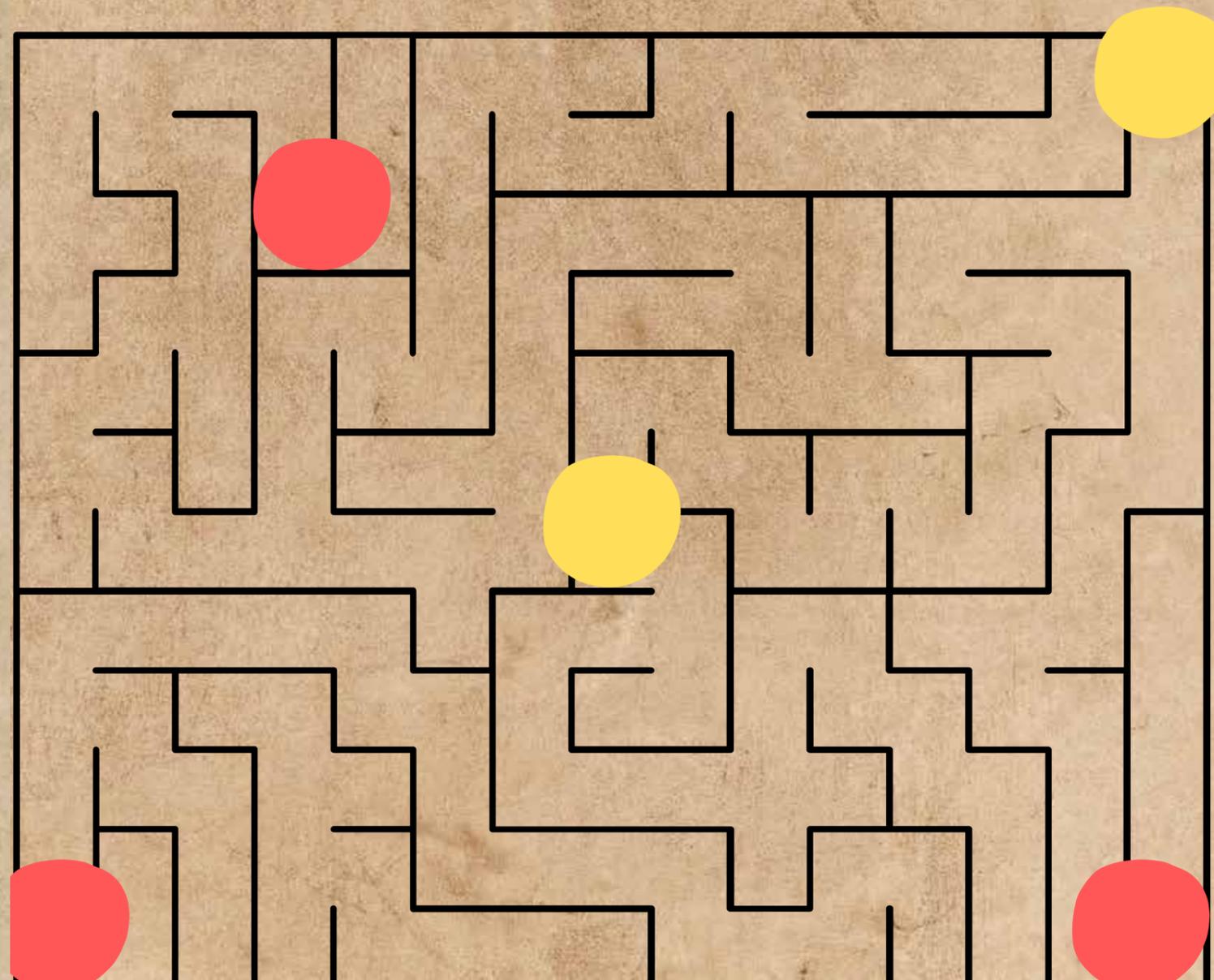
COMMENTS:

- A prevalent myth—that abortion seekers are predominantly young, unmarried individuals—is dispelled by the reality that **many abortion seekers are already parents. Access to safe abortion care is a vital tool for mothers and parents to safeguard their health, maintain financial stability, and make informed decisions for their families' futures.** It is stories like that of Geeta, who, through the support of abortion services, paved the way for the future she envisioned for herself and her family, that exemplify this truth. However, the realities reflected in Seema's experience highlight the persistent gaps in India's reproductive healthcare landscape. **Denial of abortion services disproportionately impacts women from marginalised communities, perpetuating inequities in access to care.**
- Equally important is the intersection of abortion access with the challenges of contraception. Stories like Monarani's and Meera's bring into sharp focus **the lack of reliable contraceptive options, information, and access for rural and migrant women.** These challenges are exacerbated by **societal norms that place a disproportionate burden of contraceptive usage on Indian women.** Most family planning programmes focus on women as primary contraceptive users, while men are viewed as supportive partners, thus **failing to adequately involve men in shared contraceptive responsibility.**
- **Disclaimer:** We would like to draw attention to an important detail in the narratives shared. In many of the stories, medical abortion pills are described simply as "receiving or taking two pills," without clarity on whether the individuals were provided with both Mifepristone and Misoprostol at the recommended dosages. Furthermore, the accounts of post-abortion bleeding suggest a significant lack of awareness and proper counselling on the management of post-abortion symptoms, including pain and potential complications. These experiences point to the urgent need for accessible, high-quality information and counselling services as part of abortion care. Proper guidance on what to expect after taking abortion pills, how to manage symptoms, and when to seek medical attention is essential to ensuring safe and positive abortion experiences.



PART III

**NAVIGATING A LABYRINTH
OF BARRIERS TO ACCESS
ABORTION CARE**



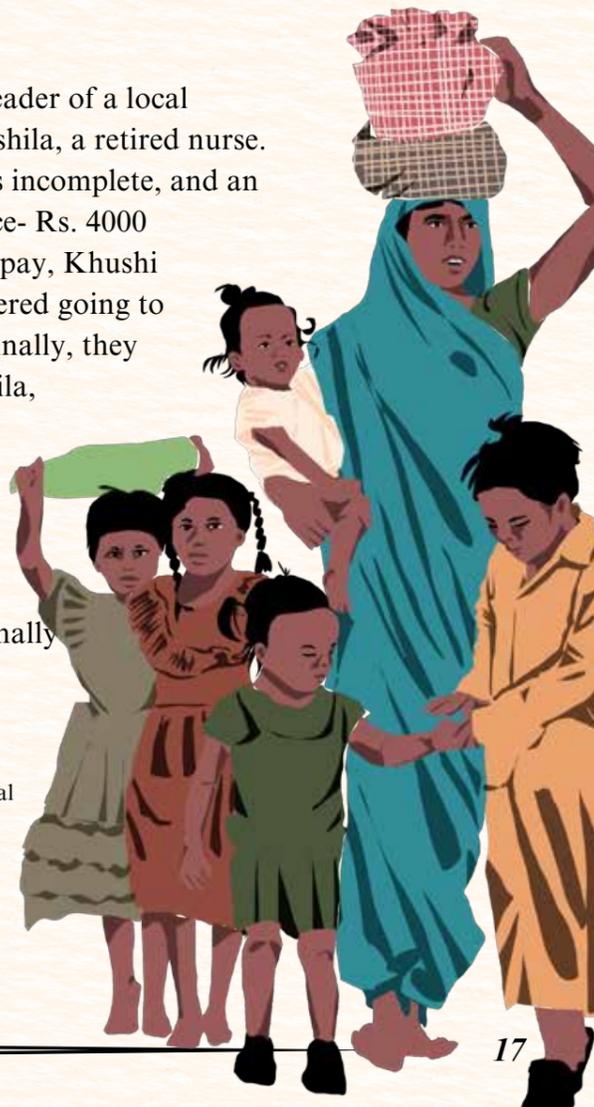
1) *Khushi's fight for abortion care*

In the Gram Panchayat of Atraulia, Uttar Pradesh, Khushi and her husband worked tirelessly as labourers to provide for their family. Life was already challenging with five daughters to care for, the youngest barely a year old. When Khushi missed her period in November 2023, she thought little of it. It wasn't until January 2024, after a home pregnancy test, that the reality set in—she was pregnant again. The timing was overwhelming. The couple knew they weren't ready for another child, not so soon.

For Rs. 350, they bought an "Unwanted Kit", from a local medical shop. But after taking the pills, Khushi only experienced mild discomfort. Nothing seemed to change. Worried, Khushi went back to the shop for advice. The shopkeeper handed her a prescription and sent her to another pharmacy. Another Rs. 75 later, she took the new medication. This time, there was pain and bleeding—but it lingered, irregular and unpredictable, for three exhausting months. Her body grew weaker, dizziness becoming her constant companion. Khushi turned to the village ASHA worker, seeking guidance. The ASHA recommended a 10-day course of medication—Mefenamic acid, an anti-malarial drug, of all things—hoping it would clear any remnants of the pregnancy. But the bleeding and pain persisted. Desperate, the ASHA suggested an ultrasonography. When Khushi went to the district hospital, she was met with more disappointment—the machine was broken, and they had no money to afford a private clinic.

In her distress, Khushi sought the help of Rajmati, the leader of a local women's organisation. It was Rajmati who led her to Sushila, a retired nurse. Sushila quickly diagnosed the problem: the abortion was incomplete, and an infection had set in. But the solution came at a steep price—Rs. 4000 for the necessary evacuation procedure. With no way to pay, Khushi and her husband were left scrambling. They even considered going to a local '*jhola chhaap*' doctor, but the fee was the same. Finally, they took a loan. Khushi underwent the procedure with Sushila, who also prescribed a 5-day course of medication. The bleeding subsided. Her strength returned. After a follow-up visit and an additional Rs. 350 for medicines, the ordeal was over. Khushi felt an immense sense of relief wash over her. It had been a long, painful journey, but in the end, her health was restored, and she could finally move forward.

**Jhalochaap* is a colloquial Hindi term used to refer to an unlicensed medical practitioner who treats patients without proper medical qualifications.



2) *A counsellor's reflection on the power of choice*

"In many communities, the idea of accessing abortion services feels like a distant dream. For most women, discovering a pregnancy often comes with an overwhelming sense of inevitability—like continuing it is the only option. Decisions about their own bodies get overshadowed by the expectations of family and society leaving them confused and exhausted.

But one woman I worked with completely shattered that norm. She was two months pregnant and decided she didn't want to continue the pregnancy. She approached a health provider who referred her to me for advice and counselling. As we talked, I learned her story, and it wasn't easy to hear. The pregnancy was the result of forced relations within her marriage—what would clearly be considered sexual violence. I explained her options to her. Legally, she qualified for an abortion, even though this was before the MTP Act had been revised. But because of the way the system worked at the time, I couldn't personally provide the service. I referred her to a gynaecologist and hoped she would get the help she needed.

Unfortunately, it wasn't that simple. The first doctor she visited turned her away, refusing to perform the abortion. But she didn't give up. Armed with the knowledge we had discussed, she approached another doctor. This time, she explained her situation clearly, including why she had the right to access the service. That doctor listened, understood, and took the courageous step of providing her with the medication she needed for a first-trimester abortion. To an outsider, it might sound like a straightforward process. But for her, it was anything but. She had to fight against stigma, judgment, and a system that wasn't designed to support her choice. For the doctor, it was a decision that carried risks too—of being penalised or facing professional scrutiny.

Despite these hurdles, both of them stood their ground. The woman asserted her right to make decisions about her own body, and the doctor honoured that choice, even when it meant navigating a difficult system. This story is a reminder of the challenges women face when trying to access something as basic as abortion services. It's also a powerful example of how knowledge and persistence can help break through barriers. In the end, this isn't just a story about abortion—it's about courage, resilience, and the right to make choices about your own life."

3) *Through twists and turns: Juhi's story of accessing abortion care*

In November 2023, when Juhi, a mother of two from Govindpur, Uttar Pradesh, missed her period, she and her husband knew they weren't ready for another child. They purchased an 'Unwanted Kit' for Rs. 500 to terminate the pregnancy. The pills seemed to work at first. Juhi began bleeding on the second day, and the bleeding continued for a week. They assumed the pregnancy had ended. However, when Juhi didn't get her period the next month, they used a pregnancy test, which confirmed she was still pregnant.

Determined to follow through with their decision, Juhi and her husband went to the local Community Health Center (CHC) for guidance. The gynaecologist there advised an ultrasound, which cost them Rs. 600. The result confirmed what they dreaded—an incomplete abortion. The gynaecologist then prescribed medications from Jan Aushadhi Kendra, amounting to Rs. 2,000. Yet, despite the high cost, the medicines didn't work.

Frustrated and desperate, they went to the district hospital, hoping for better care. But there, the gynaecologist refused to perform the necessary evacuation, citing legal restrictions. Once again, Juhi found herself at the CHC, where the same gynaecologist suggested they visit her private clinic. With no other option in sight, they did. The private treatment cost Rs. 5,000—an amount that Juhi and her husband could not afford. Yet, they borrowed the money, knowing that bringing an unwanted child into the world would carry far greater costs. The ordeal left them physically and financially drained, but Juhi finally got the care she needed. Though the journey was full of hurdles, she and her husband stood firm in their decision, knowing that they had done what was best for their family and their future.

4) Rubika's story of reclaiming her health

Rubika, a resident of Mirpur, Punjab, is a homemaker and mother living with her husband, a labourer, and their children. Her journey through motherhood has been fraught with both joy and heartbreak. Rubika's first child, a son, was born naturally. However, her second child, a daughter delivered via C-section, tragically passed away. Her third child, another son, was also born through a C-section. With three major surgeries already, including an appendectomy before her marriage, her doctor strongly advised against further pregnancies, warning of severe health risks. To prevent another pregnancy, she opted for Antara injections, receiving them three times from the local Community Health Center (CHC). However, the CHC's distance from her home eventually made it difficult for her to continue the injections.

Not long after stopping the contraceptive injections, she missed her period. Her husband bought a pregnancy test kit for Rs. 50, which confirmed the pregnancy. Realising the health risks of continuing the pregnancy, the couple decided to terminate it. Her husband purchased an "Unwanted Kit" for Rs. 350, and she took the pills. While they initially seemed effective, she experienced prolonged bleeding and stomach pain that persisted for 20 days. Worried about her health, Rubika sought advice from a neighbour, who recommended consulting a local practitioner. Accompanied by her sister-in-law and husband, she visited the practitioner, who agreed to treat her for Rs. 4000 after some negotiation. The couple took a loan to cover the costs. Over 15 days, the doctor completed the treatment.

In total, the couple spent Rs. 7000 on the procedure and subsequent care. Despite the financial strain, Rubika firmly believes the decision was the right one, as continuing the pregnancy could have endangered her life. Both she and her husband are at peace with their choice and grateful for the support they received. Following counselling from a local NGO worker from Gramin Punarnirman Sansthan, she has decided to undergo a permanent method of contraception to prioritise her health and ensure her family's well-being.

5) Accessing abortion care while navigating widowhood and motherhood alone

Malli, a 26-year-old widow from the Vanniyar caste, resides in a small village in Chengalpattu District, Tamil Nadu. Despite life's challenges, she has shown remarkable resilience. Having completed her 12th-grade education, she now works in a private company to support herself and her three-and-a-half-year-old daughter.

At just 21, Malli married and began her family. However, her life took a devastating turn two years ago when her husband died by suicide, leaving her to navigate motherhood and widowhood on her own. When her husband passed, Malli was pregnant with their second child. Overwhelmed by her circumstances and with limited support, she made the decision to terminate the pregnancy. Both her mother and mother-in-law supported her choice, urging her to focus on her well-being and that of her daughter. They also encouraged her to consider remarriage when the time felt right. Malli initially felt unsure but gained confidence after hearing from friends who shared their positive experiences with medical abortion. Their reassurance that the procedure was safe, simple, and relatively affordable helped her decide.

She went to a government hospital, where a doctor confirmed her six-week pregnancy and explained that it could be terminated with medication. However, the hospital lacked the necessary facilities and referred her to a private clinic in town, where the procedure would cost 5,000 rupees. With the support of her family, she chose to proceed.

At the private clinic, the doctor prescribed the necessary medication. The doctor also explained the potential side effects, such as stomach pain, nausea, and backaches, but reassured her that these were manageable. Malli experienced bleeding within three hours of taking the second dose, with discomfort no worse than her usual menstrual cramps. Her mother stayed by her side, offering comfort throughout. After resting for a month, she returned to her job, determined to build a better future for herself and her daughter. Today, she lives independently in Chennai, working confidently and planning her next steps. Her family is actively searching for a suitable partner, and she feels that her timely decision to terminate the pregnancy saved her from emotional and financial turmoil.



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COMMENTS:

- Access to safe abortion in India remains fraught with challenges, deeply entrenched in systemic, societal, and cultural barriers, compounding the vulnerabilities faced by those seeking abortion care, particularly individuals from marginalised communities. **The systemic neglect of reproductive healthcare, inadequacies in the public healthcare infrastructure and the high, often unregulated costs of abortion services, create a hostile environment where many abortion seekers are driven to unsafe measures.** The narratives documented in these stories expose the stark reality of these barriers, and the heightened risks faced by individuals who are left with few safe options. This systemic failure highlights the urgent need for reproductive healthcare that is timely, accessible, and compassionate. Such care must be designed to centre the experiences of those most impacted by neglect.



PART IV

SUPPORT SYSTEMS AS ENABLERS OF ACCESS





1) *Radha's choice at 50: A sex-worker's path to safe abortion*

In early 2024, Radha, a 50-year-old mother of three, found herself facing an unexpected challenge. Working as a sex worker, she had always kept her profession hidden from her children, who believed she was a daily wage labourer. Her world was shaken when a torn condom led to an unplanned pregnancy. With her children now young adults, Radha feared their reaction—not just to the pregnancy, but also to the truth about her work.

Terrified and unsure where to turn, Radha sought help from Saheli Sangh, a local NGO that supports sex workers. She met Nalini, a social worker from Saheli, who understood her fears and immediately arranged for Radha to visit the Family Planning Association of India (FPAI) clinic for help. During the initial check-up, her tests showed dangerously high blood sugar and blood pressure levels, making her pregnancy even more complicated. Concerned for her well-being, the clinic referred her to another hospital for further treatment.

Thanks to Saheli's strong reputation and the clinic's referral, Radha was treated with care and understanding at the hospital. While the medical team worked to manage her elevated blood pressure and blood sugar, Saheli's representatives stepped in, offering counselling support not just to Radha, but also to her children. Through careful guidance, they helped her family understand and cope with the challenges they were facing. With her health under control and her family now by her side, Radha's abortion was performed safely and without complications.

What could have been a devastating experience became one of empowerment and relief. With Saheli's help, Radha was able to make the best decision for her health and her family, all while maintaining her dignity.



2) *A life saved amidst stigma: The story of a young girl's survival*

A young girl, no older than fifteen or sixteen, found herself in a dire situation. Pregnant as a result of an illicit relationship, her circumstances were compounded by a challenging family environment. Her father was an alcoholic, and her mother, the family's sole breadwinner, worked as a manual labourer. When her mother discovered the pregnancy, fear of social stigma led her to attempt an abortion at home using traditional methods.

Tragically, the attempt led to severe complications as the girl experienced intense bleeding for two to three days, growing progressively weaker. One evening, while out for a walk after dinner, a neighbour—a close family acquaintance—noticed the girl's mother washing blood-stained clothes, in tears. Concerned, the neighbour inquired about the situation. Initially, the mother claimed her daughter was suffering from heavy menstrual bleeding. However, when the neighbour saw the girl, unconscious and pale, he recognised the gravity of the situation. The neighbour immediately informed his father, urging him to act quickly. Together, they arranged for the girl to be taken to the district medical hospital. A family friend accompanied them for support.

At the medical college, the doctors quickly assessed the girl's condition. The doctors explained that the girl had suffered massive blood loss and needed urgent care. Surprisingly, they also insisted on knowing her husband's name. Recognising the critical nature of the situation, the family friend accompanying the girl stepped forward and falsely claimed to be the father of the unborn child. With swift medical intervention, the girl's life was saved. Years later, the young girl, now a woman, is married and has two children of her own. She lives a happy life with her family.

3) *Namita's Story: Navigating Uncertainty During the COVID-19 Pandemic*

Namita, a 37-year-old woman from a small village in the Khordha district of Odisha, lived with her husband and two sons. After the birth of her second son in 2016, she felt her family was complete and considered tubal ligation but never followed through. Instead, she relied on spacing methods for contraception.

In 2020, during the first phase of the COVID-19 pandemic, Namita missed her period. At 33, she assumed these symptoms were related to early menopause. When she began experiencing nausea and dizziness, she dismissed them as gastric issues and even considered the possibility of black magic, as some relatives suggested. However, as the symptoms persisted, she started wondering if she might be pregnant. Confused and seeking clarity, Namita reached out to a community organiser from SAHAYOG, who was also her neighbour. A pregnancy test confirmed her suspicion. Determined to terminate the pregnancy due to health challenges she had faced during her previous two deliveries and her financial inability to care for a third child, Namita tried to terminate the pregnancy with over-the-counter abortion pills three times, but each attempt failed, leaving her frustrated and confused.





With the support of the community organiser, Namita sought help from the district hospital. However, she was asked to undergo a COVID test and other investigations, which discouraged her as it would further delay the process. Namita and her husband then visited a private clinic, where similar tests were requested. These repeated trips were both exhausting and expensive, costing them Rs. 800 just for transportation. Finally, with the help of the community organiser and their local ASHA worker, Namita visited the local CHC. She explained her situation to the doctor, who agreed to terminate the pregnancy, as it was still in its early stages and could be done with proper precautions against COVID-19 infection.

Namita has no regrets about her decision. She expressed heartfelt gratitude to the community organiser, the ASHA worker, and the supportive doctor. The timely assistance she received during the challenging times of COVID-19 helped her navigate a difficult period in her life, ultimately bringing her a sense of peace and relief.

4) Lavanya's journey: Empowerment through choice

Lavanya, a 28-year-old Dalit woman from a small village in Chengalpattu District, Tamil Nadu married her partner in 2020 amid initial opposition from her in-laws, who sought to separate the couple, citing financial and social reasons. Despite their interference, Lavanya's husband remained unwaveringly supportive. The couple welcomed their first child, a daughter, three years ago. However, Lavanya's in-laws expressed their disappointment at not having a male heir, frequently pressuring her to have a son. They argued that a girl child would one day require a dowry, which they considered a financial burden. Lavanya's in-laws went as far as sending her out of the house at night during disputes, blaming her for not fulfilling their expectations.

Lavanya and her husband did not want a second child, especially after the complications she faced during her first delivery. When Lavanya's period was delayed by ten days, they used a pregnancy test kit, which confirmed the pregnancy. Fearful of her in-laws' reaction—particularly if she had another daughter—and concerned for her own health, Lavanya and her husband decided to terminate the pregnancy. After confirming the gestational age of six weeks and two days at a scan centre, Lavanya recalled reproductive health sessions conducted by an NGO called RUWSEC that had provided her with information on abortion and medical abortion procedures. Lavanya and her husband purchased abortion pills from a pharmacy, following the instructions for use.

Despite her knowledge, Lavanya felt anxiety and fear about the process. After taking the tablets, she passed a large blood clot-like product. When her mother-in-law inquired about Lavanya's condition, she explained that it was a miscarriage. After five days of bleeding, Lavanya's health stabilised, and a follow-up pregnancy test confirmed the termination. Relieved, Lavanya began taking the contraceptive Mala N tablets to prevent future unplanned pregnancies. She kept the entire process private, involving only her husband.



Reflecting on her experience, Lavanya feels empowered by her decision. She sees the abortion as a necessary step to safeguard her health, independence, and family relationships. Lavanya continues working and supporting herself, feeling confident in her ability to live on her terms.

5) Nilima's Story: A lesson in seeking safe abortion care

Nilima, a resident of a tea estate in Cachar district, Assam, lives with her husband, Raju, and their two children—a son and a daughter. Raju drives an auto-rickshaw to support the family, while Nilima is a homemaker. One day, Nilima noticed that her period was over two months late, leaving her anxious. When she shared her concerns with Raju, he assured her he would bring a pregnancy test kit the next day. The test confirmed her pregnancy, and Raju decided to purchase abortion pills from a local pharmacy. Nilima took the pills, but soon after, she began experiencing heavy bleeding and weakness.

Concerned for her health, Nilima's elder sister, Saptomi, arrived for a visit and noticed her condition. Saptomi, an active member of a local NGO's Self-Help Group (SHG) Village Organization, regularly attended meetings where women shared important information about government schemes, reproductive health, and available healthcare services. When Saptomi learned about Nilima's condition, she immediately urged her to seek medical attention, explaining that while abortions can be safely managed with medication during the first trimester, taking pills without proper guidance is not advisable. Convinced by her sister's advice, Nilima and her husband decided to visit a government hospital. At the hospital, the doctor diagnosed Nilima with severe anaemia due to excessive bleeding. Nilima was admitted and received proper treatment.

The timely intervention saved her life. Saptomi, motivated by the experience, shared Nilima's story during SHG meetings, emphasising the importance of seeking professional medical advice for abortions and reproductive health issues.



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6) *The complexities at the margins: A story from rural Assam*

Sumita, a 25-year-old woman, lives with her husband, Mohan, and their one-year-old daughter in a tea garden village in Cachar district, Assam. Though they were not planning for a second child, the couple had not been using any contraceptives. When Sumita realised her period was delayed, fear and anxiety gripped her. She did not inform Mohan, worried about his quick temper, fearing he might react violently or even beat her for being irresponsible. Seeking support, Sumita confided in her local NGO's monthly meeting, where she shared her concerns about her missed period. The NGO staff promptly took her to consult the local ASHA worker and Auxiliary Nurse Midwife (ANM). After an examination, the ANM confirmed Sumita was about 1.5 months pregnant. Distraught, Sumita broke down, fearing her husband's reaction and possible backlash from her in-laws.

Understanding her plight, the ASHA, ANM, and an NGO representative visited Sumita's home to speak with Mohan. Initially, he reacted with anger, blaming Sumita for not using contraception. However, the team calmly explained that family planning is a shared responsibility and not solely the wife's burden. After a lengthy discussion, Mohan began to acknowledge this perspective. Mohan sought advice from local doctors about abortion costs, which ranged between 10,000-15,000 rupees—an amount beyond their means due to his unemployment for the past five months. With plans to take out a loan, the NGO member intervened, reaching out to the ANM for assistance. By then, Sumita was two months pregnant. The ASHA and ANM facilitated a consultation with a block-level doctor. Although initially critical of their lack of family planning, the doctor agreed to proceed with the abortion. The procedure was carried out successfully the same day, and Sumita was discharged two days later.

The couple felt immense relief, particularly as the procedure was arranged at no cost. Reflecting on the experience, Sumita and Mohan decided to delay having another child for at least three years. With guidance from the ASHA worker, ANM, and doctor, they have committed to using contraceptives, such as pills and condoms, to manage their family planning responsibly.

7) *Of shared dreams and aspirations: Nirmala's story*

Nirmala, a high school teacher in Odisha's Khordha district, has always been a passionate dancer, balancing her career aspirations with her personal life. Her husband has supported and encouraged her ambitions. Together, they decided to delay parenthood until Nirmala's job became permanent.

To prevent pregnancy, the couple relied on condoms. However, one day Nirmala missed her period, and a home pregnancy test confirmed she was pregnant. A doctor's consultation further confirmed the pregnancy.

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Nirmala shared the news with her husband, and after a thoughtful discussion, they decided to terminate the pregnancy to stay aligned with their plans. The couple visited a private clinic in Bhubaneswar, where the abortion was completed at a cost of ₹30,000. They decided not to inform their parents, who lived in another town, about their decision.

Following the procedure, the doctor advised Nirmala to rest and take precautions for a full recovery. Initially, Nirmala went to her parents' home to recuperate. However, the lack of privacy in their joint family household made recovery challenging. Understanding her needs, her husband brought her back to their home, where he cared for her. With his unwavering support, Nirmala recovered fully and resumed her dance performances. She is now eagerly awaiting her job confirmation and looks forward to pursuing both her career and passion with renewed energy.

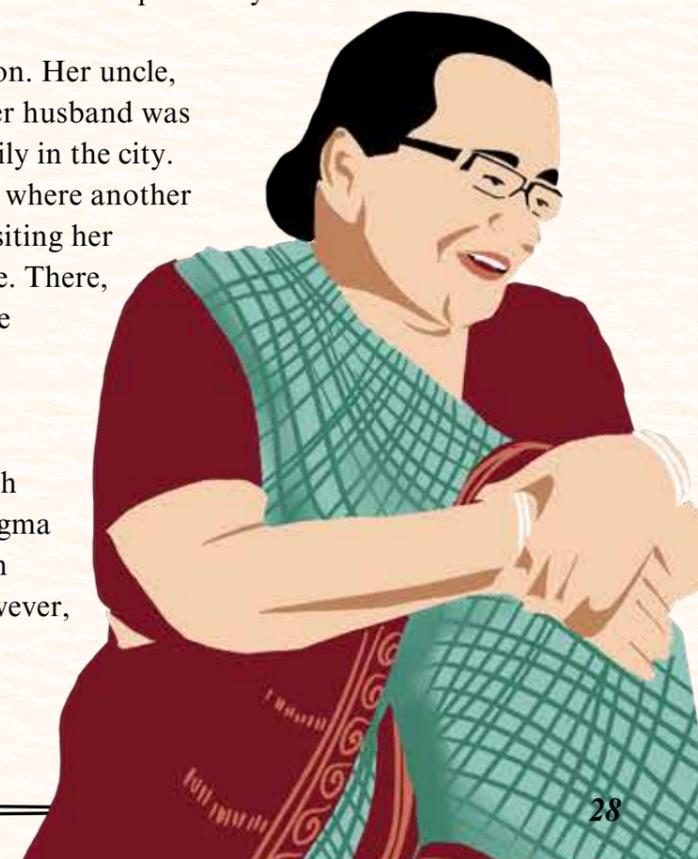
8) *A 50-year-old's reflections on her abortion experience*

Sulata, now in her 50s and living in Bhubaneswar, reflects on an experience from over two decades ago that shaped her perspective on reproductive rights and bodily autonomy. Married at 25, Sulata welcomed her first child, a son, at 26. With an emotionally distant husband and no support from his family, Sulata juggled caring for her newborn and fulfilling the rigorous expectations placed upon her as the eldest daughter-in-law in a conservative household.

A year later, Sulata discovered she was pregnant again. Overwhelmed by the emotional and physical toll of her circumstances, she knew she could not continue the pregnancy. However, seeking help felt daunting. Her husband was unapproachable, and her responsibilities left her with no time or energy to navigate medical services independently.

Sulata confided in her aunt, who offered a solution. Her uncle, a doctor in Bhubaneswar, could assist her, but her husband was unlikely to approve of her seeking help from family in the city. Instead, her aunt suggested she visit their village, where another uncle owned a pharmacy. Using the pretext of visiting her ailing grandmother, Sulata travelled to the village. There, with her uncles' support, she safely terminated the pregnancy.

The secrecy surrounding the procedure allowed Sulata to move forward, though she grappled with self-doubt in the years that followed. Cultural stigma and personal guilt made her question her decision whenever abortion was discussed. Over time, however, Sulata found clarity.





9) Gitanjali's story of navigating abortion stigma

Gitanjali, a 28-year-old woman from Begunia village in Odisha's Khurda district, lives with her husband and their two children. The couple had decided not to expand their family further. When Gitanjali discovered she was unexpectedly pregnant for the third time, she made the decision to terminate the pregnancy. While she informed her husband, they decided to keep the matter private, as their family was opposed to abortion.

Relying on advice from a friend whose wife had undergone a safe abortion, Gitanjali's husband discreetly purchased abortion pills for ₹500 from a medical shop. To ensure privacy, Gitanjali travelled to her parents' home in a remote area to take the pills, refraining from informing her family about their purpose. The next day, Gitanjali began to bleed heavily—more than she had anticipated. Alarmed by the intensity of the bleeding and her growing weakness, her husband promptly took her to a nearby Community Health Center (CHC). However, the absence of a gynaecologist at the CHC led the Auxiliary Nurse Midwife (ANM) to refer them to a private clinic. Feeling concerned about her health, Gitanjali insisted on surgical intervention at the clinic, which cost ₹6,000. This expense forced the couple to borrow money at a high interest rate.

Despite the financial strain, Gitanjali's husband expressed gratitude to the doctor for ensuring her safety and sought advice on long-term contraception to prevent future pregnancies. The gynaecologist recommended a permanent contraceptive method which Gitanjali and her husband agreed to. They are now relieved to have addressed both the unplanned pregnancy and future contraception, despite the challenges they faced along the way.



COMMENTS:

- Strengthening access to safe abortion care in India demands action on multiple fronts: improving health facilities, addressing stigma, and creating supportive ecosystems at the community level. As reflected in the narratives, **community organisations, abortion accompaniments, and informal support groups act as lifelines, ensuring that safe abortion care becomes a tangible reality for many, despite the barriers. It is thus critical to invest in and bolster the capacities of these “enablers of access”.**
- On another note, Lavanya's story presents a complex ethical dilemma that we as advocates for sexual and reproductive health and rights often face. Her decision to terminate her pregnancy also seems to be partly influenced by fears of familial disapproval for bearing another girl child. This situation serves as an alarming reminder of the socio-cultural context within which reproductive decisions are often made in India. **On one hand, we remain steadfast in challenging and dismantling patriarchal norms that perpetuate son preference and gender discrimination. On the other, our commitment to reproductive justice demands that we unequivocally uphold an individual's right to make their own reproductive choices, free from coercion or judgment. Navigating this complexity requires empathy, and recognising the broader structural inequalities that shape individual choices.**



Sahaj

towards alternatives in health and development

About SAHAJ

SAHAJ (Society for Health Alternatives), registered in 1984, envisions a society with social justice, peace and equal opportunities for all. We focus on children, adolescents, and women in two specific sectors- health and education. We strive to make a practical difference in the lives of marginalized women and girls through direct action in the communities and through action research and policy dialogues. SAHAJ believes in developing programs based on the expressed needs of the communities and being led by the communities. For greater impact at the state and national level, we collaborate with like-minded organizations to form coalitions.

SAHAJ is EM 2030's national partner for India since 2017 for 'Evidence based Civil Society Action for Gender Equality and SDGs' with focused work in selected states and some activities at the national level towards achieving the selected targets from SDG 3 and SDG 5.



About CommonHealth

CommonHealth - Coalition for Reproductive Health and Safe Abortion, constituted in 2006, is a rights-based, multi-state coalition of organisations and individuals that advocates for increased access to sexual and reproductive health care and services to improve health conditions of women and marginalized communities in India. 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.