

WHAT DO YOU THINK?

Barriers to Safe Abortion

Social and Cultural Barriers

- **Gender discrimination** reinforces beliefs and practices that put women at risk for sexual violence, unintended pregnancy and unsafe abortion. For example, a woman's partner may control when they have sex and whether they use contraception.
- **Abortion stigma** can imply that women who seek or have an abortion are inferior to the ideal of womanhood and should feel shame or remorse, even where abortion is legal (Kumar et al., 2009). Stigma is a powerful barrier, and can make a woman afraid to seek an abortion or lead her to seek an unsafe abortion.
- Abortion stigma affects health professionals in different ways too. Some providers may be less likely to provide abortion services because of it (Turner et al., 2011), while others "can feel stigmatized and simultaneously proud of their ability to provide life-altering care to women" (Kumar, 2013).

- Because of cultural taboos against speaking openly about sexuality and reproduction, many women and adolescents lack access to information about reproductive health issues, including contraception and safe abortion.

Health Systems Barriers

Women and adolescents face barriers at the health systems level too. Around the world, there is a lack of health-care facilities that provide safe abortion services. India and the United States,

along with many other countries, also lack providers who are trained in and committed to providing safe abortion care (Ministry of Health and Family Welfare, Government of India, 2013; Shotorbani, 2004).

- **Lack of privacy** is one of the primary issues women, particularly adolescents, raise when surveyed about their concerns with health-care services (Anh et al., 2003). Any perceptions, real or perceived, that privacy and confidentiality will not be protected create barriers to safe abortion care.
- **Judgmental provider attitudes** affect quality of care and care-seeking behaviors (Kipp et al., 2007). People begin to learn their community's norms related to sexuality at birth, and those norms are often reinforced on a daily basis throughout life (Turner et al., 2011). Without opportunities to clarify their values and transform their attitudes, future and practicing health professionals are at risk of judging a woman without being fully aware of their own expressions and actions.

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NEWSLETTER CONTEST N-11

The following four statements are steps taken during the manual vacuum aspiration procedure but they are not in the right order. Please arrange them in the correct sequence:

- A: Cervical antiseptic preparation and administration of paracervical block
- B: Suction of uterine contents and inspection of tissue
- C: Preparation of instruments and the woman for the procedure
- D: Dilation of cervix and insertion of cannula

Which of the following is the correct order?

- 1. C-D-B-A 2. B-D-A-C 3. C-A-D-B 4. A-C-B-D

Three lucky correct entries win a wristwatch each! Send in your entries:

WhatsApp/SMS: +91 9013380510 (or)

E-mail: helpdesk@cacconnect.in

(Please mention your full name and state)

WINNERS OF CONTEST N-10



**Dr Bibek
Mohan Rakshit**
West Bengal



**Dr Nishi
Kumar Agarwal**
Rajasthan



Dr Rama Jha
Bihar

Answer to Contest N-10: Ovary

PROVIDERS SPEAK:

Perspectives from Maharashtra

In each of the upcoming CAC Connect newsletters we will be featuring stories and experiences of members from one particular state. For our next issue, we invite all our newly-trained members from Karnataka to write in about their experiences with CAC service provision. Entries can be emailed to us at helpdesk@cacconnect.in or given to your Ipas India representative.



Dr Sanjay Bansode

When we got selected for CAC trainings we wondered why the Government has called us for this particular training as we are ObGyns and are already providing MTPs. But after the training we realized that many of the issues related to safe abortion services are also new to us. The post-training follow-up of Ipas India made us realize how important this CAC issue is.

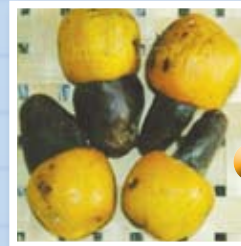
Earlier, before training, we never thought about the abortion scenario and maternal mortality as well as morbidity due to unsafe abortion. This training has improved our reporting knowledge. We can now provide abortion services with more sophisticated and safer methods such as MVA and MMA. This has also given a choice to abortion-seeking women. Before the training, our institute was used to the D&C method for MTPs but we have now stopped doing D&Cs and have instructed all our residents to use these safer methods. Thanks to the CAC training and the Ipas India team.

I work in SDH Jawhar in Thane district. This is a tribal belt where doctors are not willing to stay long. In spite of the availability of medical services all over India, a few sectors of society are really deprived of health-care due to old social practices, wrong beliefs and social influences – Jawhar is the best example of this. With the help of various trainings received during my tenure, I am trying to serve this deprived community using my knowledge. The case mentioned below shows the impact of on-going, age-old, traditional quack remedies in the health-care system in rural India.

A 28-year-old woman, fourth gravida, from the interior-most village of Jawhar (remote tribal taluka of Palghar district in Maharashtra) presented with a history of fever and foul smelling discharge per vaginum. On detailed history taking we found her story really shocking. After finding out about her pregnancy of two months, she decided to terminate it with the help of local quacks; she managed to use 'marking nut', also known as 'bibba' in the local language, its scientific name is *Anacardium*. Bibba belongs to the *Anacardiaceae* family of seeds. It acts as an irritant poison and is generally applied in juice form over the abdomen or external OS of the cervix. She used this remedy with the help of a Dai, which resulted in PV bleeding for two days. Assured of a complete abortion, she didn't seek any medical help, although the Primary Health Unit is only 10 minutes walking distance from her village. After the stoppage of bleeding, 8-10 days, she presented with high grade fever and foul smelling vaginal discharge. She was referred to Patangshaah Cottage Hospital Jawhar – FRU (Sub District Hospital) from Primary Health Centre – Sakharshet. She was in septic shock with raised temperature, tachycardia and hypotension. After starting higher antibiotics coverage, MVA was performed for septic abortion under local anesthesia to remove the retained products of conception. Post-procedure, IV antibiotics were given for five days with IV fluids. The fever subsided in 48 hours; the rest of the post-operative period was uneventful. The patient was discharged on oral antibiotics for five days and haematinics for one month. With the Cottage Hospital health team efforts, she went home in good health. I am really thankful for the CAC training that I received from Ipas India in collaboration with the Government of Maharashtra. It helped me prevent one maternal death.



Dr Bharat Mahale



Bibba or marking nut (Anacardium).



Side-effect of bibba application over the abdomen region.

Barriers to Safe Abortion

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This may manifest itself in their body language or how they treat the woman. For example, a provider may not offer pain management as part of abortion services or charge higher fees from unmarried women or women who have had more than one abortion.

- When medical colleges exclude abortion from their curricula, or the content taught is outdated, new health professionals graduate without adequate knowledge and skills in safe abortion care.



The Bottom Line

- Barriers such as pervasive abortion stigma and a lack of health-care facilities that offer safe services mean that women who seek to terminate

pregnancies may have no choice but to resort to unsafe abortion, even in settings where their circumstances fit the legal indications.

- Abortion care providers can help by implementing youth-friendly services and making necessary infrastructure changes to strengthen privacy and confidentiality for all clients.
- Everyone, including community members and practicing health professionals, has a role to play in expanding access to safe abortion.

Source: Börjesson, E., Pedersen, K., & Villa Torres, L. (2014). Youth act for safe abortion: A training guide for future health professionals. Chapel Hill, NC: Ipas.

Summer Health Tips



Beat the heat with these tips to keep you cool and healthy



- Don't forget to keep yourself and your family hydrated – drink plenty of water before, during and after physical activity to avoid dehydration. For low-calorie flavour, add slices of your favorite fruits such as melon, orange, or even cucumber or mint to a jug of water and refrigerate for two hours.
- Protect your family from the sun – make sure you always apply a water-resistant sunscreen with at least SPF 15 and reapply the sunscreen every two hours.
- Stay indoors during peak hours – avoid intense activities between 12:00 to 15:00 when the sun is very strong.
- Dress according to the weather – wear lightweight, light-colored clothing in breathable fabrics such as cotton. Don't forget to wear sunglasses to protect your eyes.
- Keep the room cool when there is no power – when the air outside is dry and cooler than the air inside, hang a damp sheet in an open window. Incoming breezes will be cooled by the evaporating water.
- Make your own air conditioner – put a bowl of ice cubes in front of a table fan for some instant relief.
- Bathe before you sleep – taking a quick bath before going to bed will help cool your body down and make you fall asleep easier.
- Know your body's quick cooling spots – cooling down your wrists, the insides of your elbows, back of your neck and feet can make your whole body feel better.

Sources: American Heart Association; WebMD; Health World Online.

Word Search: **WS03**

Difficulty Level: Medium

**Can you find the names of some famous Indian dance forms?
Make sure you search right to left, up, down and diagonally!**

M	O	H	I	N	I	Y	A	T	T	A	M	K	BHARATANATYAM
A	K	A	T	H	A	K	A	C	A	M	T	A	KATHAK
M	U	I	T	P	U	U	A	H	K	K	H	A	KUCHIPUDI
M	C	T	I	M	K	S	M	H	A	A	A	I	MOHINIYATTAM
B	H	A	R	A	T	A	N	A	T	Y	A	M	MANIPURI
I	I	Y	U	N	I	T	S	U	H	A	D	K	ODISSI
D	P	T	T	I	K	T	I	A	A	I	I	N	KATHAKALI
I	U	A	A	P	T	R	O	I	K	A	U	I	SATTRIYA
P	D	H	A	U	N	I	K	O	A	I	S	A	CHHAU
A	I	A	H	R	Y	Y	T	A	L	S	S	N	GAUDIYA NRITYA
G	A	U	D	I	Y	A	N	R	I	T	Y	A	
R	N	U	I	T	I	R	I	D	Y	A	A	C	
N	A	T	K	A	Y	O	A	T	U	I	H		

The solution to this puzzle can be downloaded from the CAC Connect Website on the Publications Page under Resource Material > Technical Updates/Publications (http://www.cacconnect.in/publications_list.php)



एक बार एक शराबी जा रहा था अचानक कीचड़ में गिर गया और तभी बिजली चमकी शराबी बोला: हे भगवन एक तो कीचड़ में गिरा दिया ऊपर से फोटो खींच रहे हो

WATCH OUT FOR

Event: Yuva FOGSI Conference (West Zone)

Dates: 24-26 July, 2015

Location: Jodhpur

Event: Cost Effective Use of Technology in e-Healthcare 2015

Dates: 6-8 August, 2015

Location: AIIMS, New Delhi

Event: AIIMS FENIX-2015 Women-Fertility and Beyond: Inception to Xcellence

Dates: 28-30 August, 2015

Location: AIIMS, New Delhi

LAUGHTER IS THE
BEST MEDICINE .



(unless you're seriously ill and then maybe you should go see a doctor)

**Questions? Comments?
Suggestions? Share with Us!**

We want to hear from you. This is your newsletter and we want to feature your thoughts and experiences on CAC and related reproductive health issues.

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