CAC CONCLAVE 2017

Expanding the Discourse on COMPREHENSIVE ABORTION CARE (CAC) in India

A Compilation

July 10-11, 2017

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With the objective of expanding the discourse on abortion in India, CAC Conclave is a forum that brings together multiple stakeholders like academicians, media, legal community, donors and partner organizations. The first CAC Conclave was held in June 2016.

At the second CAC Conclave, held in New Delhi on July 10-11 2017, participants from all across the country gathered to explore how wider academia can get involved in the discourse on the subject of abortion; how media coverage on abortion can be women-centred and balanced; how the legal community can effectively clarify the existing conflations among various laws to enable better understanding and access for beneficiaries in the field.

Just like last year, we had five themes for participants to engage, connect, discuss and dialogue.

We sincerely thank our speakers and participants – this book is a compilation of the diverse thoughts and initiatives that were presented during the two days.

SPEAKERS

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Dr. Noor Fathima	CAC Connect, Bihar
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Mr. Raj Kamal Sharma	Ipas Development Foundation
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CONTENTS

OPENING REMARKS

Mr. Vinoj Manning
Executive Director, Ipas Development Foundation

Dr. Noor Fathima
CAC Connect Member & CAC Master Trainer

Prof (Dr.) Manju Chhugani
Principal, Rufaida College of Nursing, Jamia Hamdard

The Medical Termination of Pregnancy (MTP) Act was passed in 1971 but till 2000 there was hardly any movement in this area. The year 2000 was a milestone with the Agra Conference which was conducted by Government of India (GoI), Federation of Obstetrics & Gynaecological Societies of India (FOGSI), Ipas and Parivar Seva Sanstha (PSS). That was the first time a group of people and the government discussed the issue of unsafe abortions. In the past 16 years abortion care has come a long way and achieved milestones but there are still many more to accomplish.

Today abortion care is at its tipping point where probably a step back is required to think more realistically not of advancing Comprehensive Abortion Care but just preserving what has been achieved till date.

Mr. Vinoj Manning
Ipas Development Foundation

Women face so many challenges to terminate an unintended pregnancy although it is legal and covered by the MTP Act since last 45 years. A forum like CAC Conclave provides a platform to break the taboo around abortion and contraception by bringing it out into the society where it was not much discussed before.

The stakeholders can contribute to this movement by joining hands and framing their own agenda for Comprehensive Abortion Care - government officials can contribute by framing sound policies, strengthening infrastructure and service provision; the media can contribute by creating awareness on abortion and its legality, and inspiring women by highlighting real life stories; donors can contribute by providing funds to organizations that are reaching out to community and strengthening the health system.

These collaborative efforts can make safe abortion a reality for all women in India.

Dr. Noor Fatima
CAC Connect member & CAC Master Trainer

Access to safe, legal abortion is a fundamental right of women irrespective of where they live. Safe abortion services should be readily available even at primary level health facilities and affordable to all eligible women irrespective of differentiation on rural, urban, rich, poor, educated and illiterate.

To make legal abortion services readily available to all eligible women requires training of mid-level health care professionals.

Evidence of other countries can serve as a platform for India to ensure that mid-level health care providers can indeed provide safe abortion services with desired quality and efficacy that can pave the way for reducing unsafe abortions and thereby maternal mortality rate.

Prof (Dr.) Manju Chhugani
Principal, Rufaida College of Nursing, Jamia Hamdard

THEME 1

Harnessing the Power of Communication for Increasing Access to Safe Abortions

Despite being legally available in India since 1971, barriers to safe and legal abortion remain, and unsafe and/or illegal abortion continues to be a problem. This is because of unawareness about the legality of abortion among women in the society. Communication is an effective method of creating awareness among the society and shaping their decision. In today's era different modes of and various tools for communication exist which can be used by the community to create awareness and impart knowledge. Tools and modes of communication, interpersonal communication by outreach workers, print media, digital or social media for sexual and reproductive health and rights with focus on a sensitive subject like abortion should be selected cautiously keeping the target audience in

mind. The content of the communication or the message should be designed in a language that the target audience understands and with a stint of empathy.

The session was a talk show with Ms. Sanchita Sharma, Ms. Anubha Singh, Ms. Sushmita Margaret Bhengra and Ms. Sonali Khan moderated by Ms. Kashmira Chadha. Along with sharing their experiences the discussions were conducted on strategies and modes of communication for various segments of society like urban - rural, educated – illiterate, adolescent – adult; different sets of audiences like male – female, married - unmarried women; and social media as a tool of communication for sensitive issues like sexual and reproductive health and abortion.

The key discussion points are presented below:

- Communication on sexual and reproductive health is meant for both married and unmarried women. The strategies and the modes of communication should be customized for both sets of audiences
- To maximize output, we should define the target audience and then decide the IEC tools & technologies for campaigns/communications.
- Urban or rural is not just one group, they themselves have lot of segmentation not only geographical, social and economic. For each section of society communication strategy differs
- Youth have become more curious about subjects like sex, sexuality and have wider access to sources of information. The communicator needs to be clear about the receiver and ultimate user of the message. For effective communication this needs to be demystified followed by mode and language of communication
- Issue of language is complicated and a layer of regional language gets added to it when the communication is for rural areas this further introduces issues of phraseology and terminologies
- Social media acts as boon as well as taboo as a tool of communication on highly sensitive issues like unsafe abortion. To maximize the space of social media for communication on difficult feminine issues the social facades and superficial approach need to be broken
- Social media cannot be used as a tool for communication for rural population as they do not have access to technology. Hence, television, social media, internet stands useless for them
- Depending on one technology for solution to all the problems does not help. Even digital culture says there is no shortcut to communication by creating content for only one mode of transmission. Technology should be an aid and not an answer

Measuring impact of communication and making a difference for abortion

1. Know your audience; use the language; words they understand; engage with the audience; get them curious and capture instant reactions
2. Focus on stigma and early sex education in schools
3. Laws needs to be communicated in a way that they are not conflated. There is a need for developing a language for clearer communication to the audience
4. Could be measured through transmedia creating counter narrative
5. Destigmatize abortion itself in medical practice as well as among people, breakdown the hypocrisy in society
6. A toll free number can make a huge difference in communication with wider reach and different approach like when the receiver wants to get the message and holistic information.

THEME 2

Maximizing Medical Abortion in India

Medical method of abortion has proved to be safe, convenient and acceptable to women in India. But challenges continue to exist – in ensuring its correct use, and in making it widely available. The objective of the session was to reemphasize the unexplored potential of this technology through a better understanding of the experience so far of promoting its availability.

Complications for clinicians arising out of the various laws

Dr. Atul Ganatra

Federation of Obstetrics and Gynaecological Societies of India (FOGSI)

The MTP Act was passed to legalize abortion services and to decriminalize abortion seekers. The Act lays down 'When' and 'Where' a pregnancy can be terminated. The Rules lay down 'Who' can terminate a pregnancy and the Regulations lay down the 'Paper Work' or documentation required during the procedure. It is an umbrella that protects practicing clinicians against the legal issues arising out of complications of abortion. "We cannot solve all our problems with the same thinking we used when we created them" – Albert Einstein. The quote stands apt for the MTP Act – with changes in societal and scientific contexts, certain aspects of the Act need to be changed. Due to certain unintended intersections of the MTP Act with other laws, practicing clinicians face grave difficulties. These are mostly related to:

- Increase in teenage pregnancy and making services available for unmarried women. The POCSO Act is also a deterrent for service providers who are shying away from providing services to teenage/adolescent girls – these girls often end up accessing unsafe services
- Second trimester abortion; the law restricts practicing providers to conduct abortions in the second trimester, thereby forcing women to access unsafe services

There is a need to educate the police, and the law makers so that safe services are available for anyone seeking an abortion irrespective of age, gestational age, location, and marital status.

Comprehensive insight on medical abortion kits

Mr. Shankar Narayanan

PSI India Private Limited

Building upon the theme of maximizing access to safe abortion in India, organizations should work firmly in the space of family planning, as the efforts done to increase the uptake of family planning services will lead to reduction of abortion cases.

A revolutionary chapter in the space of abortion has been the introduction of MA kits consisting of prescribed drugs. These are being sold over the counter by many chemists.

Market Dynamics: Breadth & Depth

The statistics of sales of MA kits released in 2016 shows that:

- only Uttar Pradesh as a state contributes to 37%
- Madhya Pradesh & West Bengal together contribute to 6 – 7%
- Cluster of states like Andhra Pradesh, Assam, Bihar, Tamil Nadu and Karnataka together constitute to 5%

Two states disappeared from the sales data after 2013 which used to appear with high sales of kits. This goes back to how rules and regulations affect the access to MA kits where women want and when they want them.

Tier 1 & Tier 2 cities like Agra, Patna, Varanasi, Kanpur, Jabalpur and Bhopal have also emerged with acute concentration of sale of MA kits.

Potential market failures: causes

Price: Medical Abortion kits were introduced with very high margin to the chemists. Recently in good faith and intention, GoI brought price regulation with a thought, the cheaper the consumer gets the MA kits the better and safer it is for her. Regulated margin made the product unattractive for manufacturers and marketers; and forced many players to stop manufacturing and marketing the product making the market stagnant.

Product – The product lacks innovation. Improved packaging with relevant information about usage, consumption, timeline, complications and the details of a helpline number would allow consumers to access required information.

Promotion – Increasing the knowledge and dispensing capacity of chemists. Inclusion of social media as a way of promotion might not support vigorously as still the most trusted source of information in India for women seeking abortion are the friends/neighbours who have undergone abortion in the past. There is a need to increase the knowledge and dispensing capacity of chemists.

Medical Method of Abortion (MMA): Expanding women's choices to Comprehensive Abortion Care (CAC)

Dr. Leela Vyas

CAC Connect member

"There are over 200 million illiterate women in India. This low literacy negatively impacts not just their lives but also their families' and the country's economic development. A girl's lack of education also has a negative impact on the health and well-being of her children".

– Sachin Tendulkar

Unsafe abortions account for 8% of Maternal Mortality Ratio (MMR) though it varies across states. Until few years ago the only available option for abortion was surgical procedure. The novel non-surgical option now available is MMA (Medical Method of Abortion). MMA is the right choice for all the women seeking abortion for unwanted pregnancies till a certain gestational age as:-

- It does not require hospital admission
- It maintains confidentiality & privacy
- It does not require any surgery
- It is convenient
- It enables the woman to look after her home or job without a break

This information/knowledge should be made available in simple language to all women, irrespective of their educational status.

Public sector has come a long way in expanding safe choices. Apex bodies involved in CAC must also build capacities of private providers as they cater to large part of society. An efficient partnership between the public and private sectors can contribute to reduction in morbidity and mortality due to unsafe abortions and expanding women's choice to CAC services.

Expanding access to MMA in Madhya Pradesh

Mr. Raj Kamal Sharma

Ipas Development Foundation (on behalf of Dr. Archana Mishra – Government of Madhya Pradesh)

The MMA initiative in Madhya Pradesh sets an example for fantastic implementation and could be replicated in other states as well. Government of India (GoI) has recognized the initiative and has developed MMA manual, MMA card, ready-reckoner and e-module for national dissemination. The initiative also features a coffee-table book on good replicable innovative practices launched by GoI in their 4th National Summit on Good and Replicable Practices and Innovations in Public Healthcare Systems in India.

The initiative found its genesis in the state's context-Madhya Pradesh had potential for rapid scale up - almost 15% of the previously-trained CAC providers were inactive, and women were hesitant to approach male service providers.

Following activities were undertaken as part of the initiative:

a. Development of learning resource package for MMA

b. Sensitization workshops for state and district health officials

c. Inclusion of budget in PIP for training of providers and procurement of MMA drugs

d. Orientation of 310 providers

e. Strengthening of 269 primary health facilities

The state government continues to make efforts to achieve effective and sustainable impact.

THEME 3

Breaking the Cycle: Preventing Unwanted Pregnancies

If every couple in the world uses contraceptive perfectly, every time they have sex, there would still be 6 million unplanned pregnancies each year. Women coming with an unwanted pregnancy, accessing safe abortion services and going without any contraception leads to getting her into the same situation again. This is a vicious cycle resulting in maternal mortality and morbidity and is due to failed effort or undermined value of post abortion contraception – it results in repeated unwanted pregnancies followed by repeated abortion.

Scenario, gaps and addressing unwanted pregnancies

Dr. Basab Mukherjee

Federation of Obstetrics & Gynaecological Societies of India

The ecological framework for understanding unintended pregnancies starts from intrapersonal, interpersonal, institutional, community and public policy factors.

Unintended pregnancies as a share of total pregnancies by marital status, age and poverty reflects that the unmarried have a higher percentage as they are less liable to use effective birth control. The teenagers, socio economically backward women are more prone to unintended pregnancies.

This vicious circle has to be broken and unintended pregnancies have to be reduced by way of adopting contraceptive methods. If contraceptive services were provided to 210 million women worldwide, we would have prevented 52 million unintended pregnancies, abortions could have reduced by 64%, 1.5 million maternal and child deaths could have been prevented, 2.7 million healthy life years could be preserved free from pregnancy-related illness.

Though there has been social transformation in child bearing over the ages because of reasons like changes in individual aspirations, changing role of women in society, emphasis on quality from quantity of children; the problem of unintended pregnancies remains and is multifaceted and multi-dimensional. To address this problem, using a combination of concurrent multifaceted interventions like education, skill building, contraception promotion/distribution would be most effective. It is important to promote consistent and correct use of contraceptives for preventing unintended pregnancies.

Providing post abortion contraception service: experiences and learnings

Dr. Shobha More

CAC Connect and Unnati Network member, CHC Shamgarh - Mandsaur (Madhya Pradesh)

A lot of Community Health Centres (CHCs) and Primary Health Centres (PHCs) have emerged as CAC Centres i.e. abortion services are available there. With IDF's intervention providers, have been trained and provision of services has been established at the facilities. CHC Shamgarh, District Mandsaur in the state of Madhya Pradesh is a clear example of establishment of CAC services at a facility with IDF's intervention. Abortion services were established in the year 2014 at this facility.

However, challenges exist in increasing acceptance of post abortion family planning services.

At the facility level

- Lack of trained staff to provide post abortion contraception services
- Less or no follow up after MMA, resulting in non-acceptance/provision of contraception
- OTC supply of MMA drugs resulting in increase in complicated and incomplete abortion cases leading to longer treatment and loss of client as they do not come back for follow-up

At the community level

- Woman`s mental condition – in case of wanted pregnancy and abortion it is difficult to console and talk about contraception

- Women are not aware of family planning methods and its importance
- Women can't take their own decision independently
- Community thinks that provider has some hidden benefits for providing FP services
- Focus is more on limiting methods than spacing methods
- Myths regarding post abortion contraception

The way forward for overcoming challenges:

- Efforts to improve MMA follow-up and to reduce OTC consumption of MMA drug
- Creating awareness in community by ASHAs - clarifying myths and misconceptions
- Ensuring regular supply of contraception in facility and with ASHAs
- Proper counselling of clients

A few quality aspects of family planning and achieving intended fertility goals

Prof (Dr.) Chander Shekhar,

International Institute for Population Sciences (IIPS)

Of the 85 million pregnancies worldwide, approximately 40% are unintended resulting out of high unmet need and Total Fertility Rate (TFR). India's TFR has declined gradually without significant drop in unmet need resulting in higher abortion.

Unintended pregnancy and unmet need are dynamic concepts and not static unlike Contraceptive Prevalence Rate and TFR. The issue of unintended pregnancy can be solved by increasing access to safe abortion and family planning services.

Studies reflect that there are still challenges with safe abortion and FP services. Barriers to safe abortion services & quality FP services are:-

- Counselling at the right time of accessing services
- Certification of private sector providers
- Availability of trained staff and equipment
- Consent for abortion

These problems need to be solved in order to establish safe abortion and family planning services.

Voice from the field

Ms. Jyoti Kumari

Unnati Network member, Jharkhand

CHC Ichak with average load of 100 – 110 deliveries per month in district Hazaribagh-state Jharkhand with high unmet need and TFR has been successful in managing unintended pregnancies.

With IDF's support, providers have been trained to provide safe abortion services; and community health workers have been trained in counselling services and post abortion contraception methods.

IDF's training program has helped the providers get over prevailing myths and misconceptions about abortion and contraception.

It is believed that if women are given right information at the right time and also provided with right services then a big difference could be made for their lives.

THEME 4

Legal Intersections of Abortion

Abortion was legalized in India with the passage of Medical Termination of Pregnancy (MTP) Act in 1971. In recent times there has been a lot of discussion on potential intersections of the MTP Act with other Acts like Protection of Children from Sexual Offences (POCSO) Act; Pre-Conception and Pre-Natal Diagnostic Techniques (PC&PNDT) Act; and Drug & Cosmetics Act. These laws might overlay each other and therefore it is necessary to highlight the court's interpretation as well as implementation of these Acts. To ensure effective implementation, there is a need to identify the potential opportunities for viewing these laws from the women's perspective.

Court's interpretation of laws

Ms. Swati Malik

Jindal Global Law School

In our judicial system different judgements for similar cases of abortion are passed under various provisions of the MTP Act. Unfortunately, for abortion, Indian courts' interpretations of the MTP Act have failed to clarify various aspects for beneficiaries like service providers: provisions for them in case of woman's death by their negligence, violation of MTP Act & PCPNDT Act by them. Also, provisions are not clearly defined for women accessing an abortion whose consent is required in case of married, mentally disabled and minor women; provisions for minors and pregnancy; rape survivors and pregnancy; provision for being a mother as fundamental right of women; forced abortion; sex determination and abortion. There exists a vast grey area in these sections of the Act related to society and circumstances.

Therefore, there is a need to: clarify provisions of the MTP Act; highlight the contradictions and gaps in the MTP Act and other related laws; scrutinize the implications of languages and legal conclusions in abortion judgements. The grey areas or misunderstandings of the courts uncover the key areas for advocacy and reformation of the Acts. Well-informed lawyers and gender sensitization can play a role in influencing the judiciary and providing clarity.

It is important to recognize advances and judgements that respect women's bodily autonomy and equality.

Abortion rights of women with vulnerabilities

Prof (Dr.) Asha Bajpai

Tata Institute of Social Sciences

All women are vulnerable especially pregnant women as they are treated differently in terms of decision making. However some women are more vulnerable, like women in prisons, custodial settings, shelter homes, destitute, deserted, abandoned, disabled, HIV +ve, survivors of rape, pregnant out of wedlock and minors who are pregnant. All these categories of women have the right to decide whether they want to continue their pregnancy or not. They have been provided with a fundamental right to take decision regarding their body and fertility, free and informed consent for abortion and right to information.

There is a trail of avoidable delays, demonstration of lack of sensitivity by staff, doctors, investigating officers, judicial officers in cases and places where MTP is conducted. Women refused by these boards/service providers access unsafe practices putting their health, life and mental vigour at risk. By not recognizing their social realities and not having set guidelines or standards, the law has failed these vulnerable women who are unable to access their rights.

The layers of vulnerability which these women face lead to a lot of trauma and require a more sensitive approach from the medical professionals, the court and the government. There is a need for setting up guidelines and standards for these vulnerable women to avoid a long-term damaging impact on them. Also, laws have to be in harmony with each other - law reforms have to be holistic and need to consider all possible factors and implications. The courts need to play a role in removing/stopping bureaucratic hurdles. Law has to be a facilitator and not a barrier.

Age of consent & concerns

Ms. Seema Mishra

Association for Advocacy & Legal Initiative

The legal age of consent for sexual activity is 18 years since 2012. Different Acts get involved in one case and as the laws are not in harmony with each other it creates complications. Like the POCSO Act says any sexual activity below the age of 18 is an offence even if it is consensual, whereas the clause of marital rape has been retained in the IPC Act reformation which says any sexual act of a man and his wife under the age of 16 is not rape or sexual violence.

Under POCSO Act it is mandatory for the health care provider to report to the police if they confront a situation of minors' pregnancy, abortion and sexual violence. It was done to highlight more of such cases but has put a lot of people into the criminal justice system without any counselling. POCSO Act is a stringent law and has non bailable offense clause.

Dealing with these situations becomes difficult for the court and the judicial system. It is necessary to understand and think upon the impact of implementation of such laws in society. There should be a mandate to accept the fact that there exist sexual activities under the age of 18 years. Not many cases of sexual violence for minors are reported from the upper middle class of the society rather the impact of such laws are higher on the weaker sections of the society. A realistic approach is required about the age of consent and understanding its impact on the society.

Legislature & safe abortion

Mr. Chakshu Roy

PRS Legislative Research

The Parliament formulated a law for access to safe abortion services to all women under certain circumstances in the year 1971. This is known as 'MTP Act' which has been implemented by the government. Now a days it has been observed that many of the women are unable to access the safe abortion services as the law once made has never been amended as per the practical and changing scenario, mainly because of following reasons:-

- The law makers making or amending the laws are presently not well informed as the quality research, advocacy does not reach them
- Parliament lacks time to get into the intricacy of issues and so only lays the broader aspects of the law
- Allocation of budget for proper implementation of the law does not happen

Parliament has the powers to formulate the law, allocate the budget but it lacks the competency to do so as the members of the Parliament are elected on the basis of votes they receive and not on the basis of their expertise. It is important to understand how seriously the related issues are being taken and discussed. Statistics say that out of the 20,000 questions being asked in a year in the Parliament's session only 7 questions included the word 'abortion' in the year 2017, 11 in the year 2016 and the highest was 21 questions, in the year 2014.

So for making head way into the work being done for providing access to safe abortion services to all women, a priority focus of engaging should be with the institution of parliament. It has its own group of generalists who take policy decisions affecting individuals, so the first point of engagement should be with this group providing them with:-

1. Credible in-depth research support on issues that resonate with them
2. Case studies about implementation gaps and policy failures being encountered in the field
3. Areas in the health agenda that lack monetary flow and could catalyse debate on safe abortion care

THEME 5

(Left to Right : Dr. Vinita Dhurwey, Dr. Pushparghya Panda, Dr. Seema Narayan, Ms. Aarti Dhar, Dr. Savitha C and Dr. Suchitra Pandit)

What It Takes To Be an Abortion Provider in India

Determined and undaunted providers serving in different regions of India with an endeavour to provide access to safe abortion services to all women have brought a significant change in society. Providers in rural areas work in adverse environment and infrastructure, face challenges like unavailability of transportation services & roads; language barriers. However challenges in day to day work do not affect their zeal and enthusiasm to serve the women in need. With never ending zest, providers overcome hurdles, make pathways towards the goal of preventing maternal mortality and morbidity.

A conversation with CAC providers serving in public and private facilities, urban and rural areas threw light on the challenges prevailing in the field and their approach towards them and created a source of motivation for other service providers in the domain.

Some key discussion points are presented below:

- The MTP Act is like an umbrella which protects the patients and the service providers. The Act specifies who can perform the MTP and under which conditions. So few amendments in the MTP Act and uniformity in the procedure all over the country can make it more enabling for women as well
- The biggest barrier in access to safe abortion services is low awareness - even the educated urban women are unaware of the legality of abortion
- Illiteracy and lack of education among women is the root cause of unintended pregnancies. This further leads women to seek unsafe abortions leading to maternal mortality and morbidity
- Another issue arising out of illiteracy and lack of education is that women administer abortion on their own using medical abortion kits available over the counter leading to severe health complications

- Because of Illiteracy and lack of awareness, women are not independent decision makers becoming victims for female foeticide, repeated and unsafe abortion
- Illiteracy and associated issues can be overcome by creating awareness through counselling, not only among women but associated family members as well
- Providers should be trained in the same environment or facility where they will be working. This will develop a sense of confidence among them
- A provider who is available, easily accessible and provides complete and correct solution to the clients will always win their confidence irrespective of being male or female
- Factors that win the confidence of women and reduces hesitation among them are:-
  - Availability of the provider
  - Attitude of the provider
  - Provision of required services &
  - No following complication
- Amendment in the gestational age limit in the MTP Act will improve the situation for the provider further improving the access to safe abortion for women
- The provisions for abortion in case of rape survivors or unmarried women and teenage pregnancies should be liberalized
- Efforts must be made by the government to improve the socio-economic conditions of the state by maintaining political stability, introduction and proper implementation of schemes related to women, health and family welfare, timely supply and availability of contraceptives making it convenient for the providers to deliver services
- Post-abortion contraception is very crucial to protect women from adverse health issues
- One of the proposed amendments to the MTP Act says increasing the provider base for non-surgical abortion will make safe abortion services readily available whereas providers are of the opinion that it may in turn increase the burden of handling complications on the existing provider base

There need to be a consensus on this issue and amendments should be passed considering the solution that is best for women.

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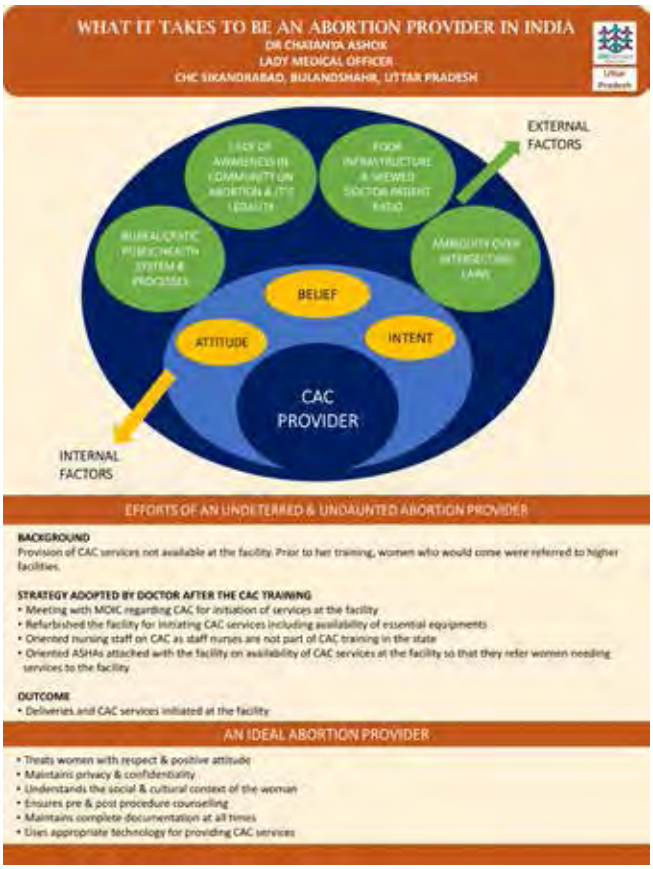

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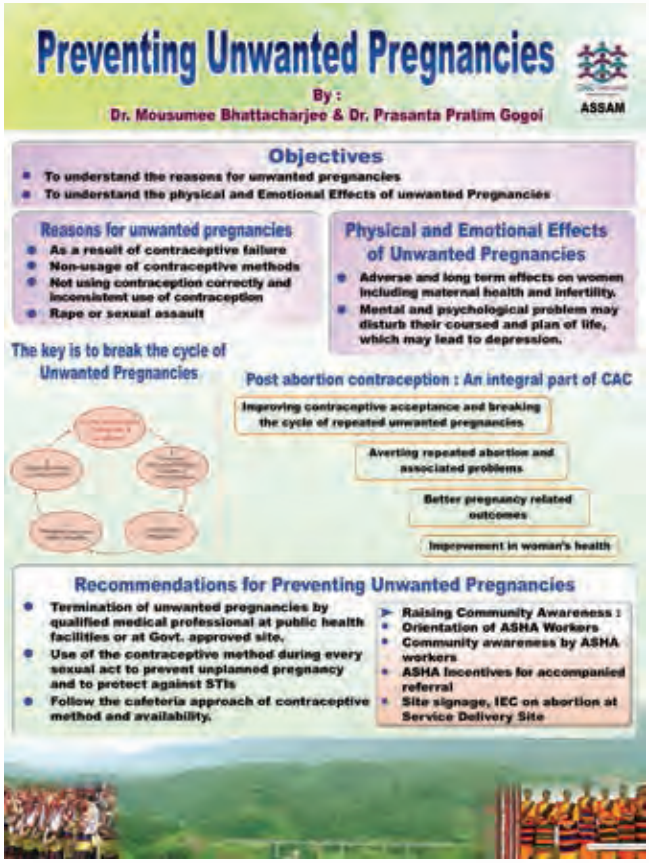

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Girls Count

Family planning behavior and its association with potential risk of unintended pregnancy among married women in India: An analysis from National Survey

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Introduction

- The current population of the world is seven billion, and developing countries account for its 97%. Approximately 210 million pregnancies annually occur worldwide and 75-80 million of them are reported to be unintended (World Health Organization (WHO) and Population Reference Bureau statistics 2015).
- The population of most developed countries are estimated to decrease by 2050, while there will be an increase in the population of developing countries. Asian and African countries will contribute to 90% of the population growth, this high birth rate is due to low use of contraceptives (Hossain et al, 2005).

Objectives

- To understand the profile of women by wantedness and timing of next child.
- To examine the contraceptive practices among those who wants to delay or avoid next pregnancy.

Data Source

- India's Human Development Survey 2011-12
- The India Human Development Survey-II (IHDS-II), 2011-12 is a nationally representative, multi-topic survey of 42,152 households in 1,503 villages and 971 urban neighborhoods across India.
- These data are mostly re-interviews of households interviewed for IHDS-I in 2004-05 in each household covered topics concerning health, education, employment, economic status, marriage, fertility, gender relations, social capital, village infrastructure, wage levels, and panchayat composition.
- An interview with an ever-married woman aged 15-49 regarding health, education, fertility, family planning, marriage, and gender relations in the household and community. Those ever married women who were interviewed in the initial IHDS wave, but were no longer eligible (i.e. older than 49 years of age), have also been interviewed.

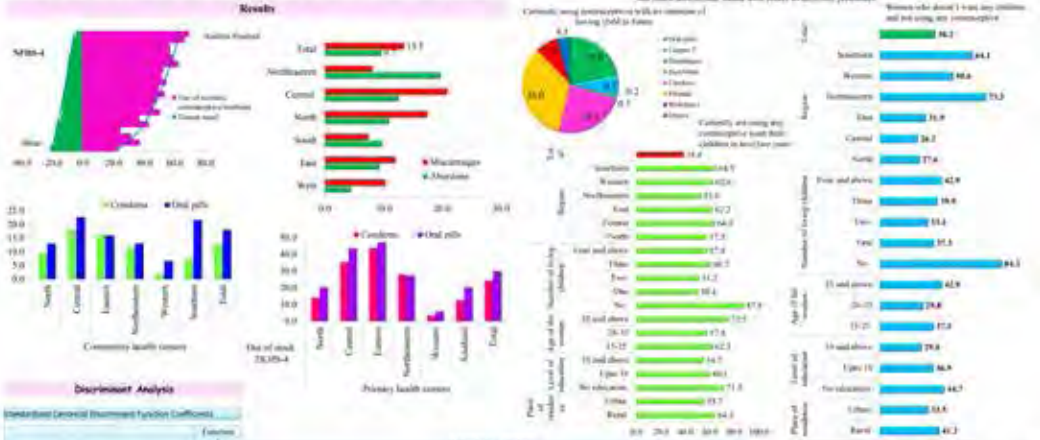
Regional classification

Northern: Delhi, Haryana, Himachal Pradesh, Punjab, Rajasthan and Uttaranchal.
Central: Chhattisgarh, Madhya Pradesh, and Uttar Pradesh.
Eastern: Bihar, Jharkhand, Orissa, and West Bengal.
Northeastern: Arunachal Pradesh, Assam, Manipur, Meghalaya, Mizoram, Nagaland, Sikkim, and Tripura
Western: Goa, Maharashtra
Southern: Andhra Pradesh, Karnataka, Kerala, Tamil Nadu and Telangana

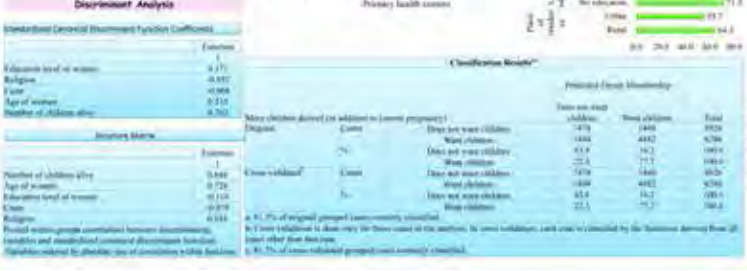
Methodology

Bivariate, trivariate and multivariate analyses have been performed to meet the objectives.

Results



Discriminant Analysis



Conclusion

Multiple factors can predict unintended pregnancy, and have significant policy implications. This study clearly brings out that age of mother, number of children and education level are significant predictors of unwanted pregnancies. So while framing policies government should identify these vulnerable group while framing the policies.

Ipas Development Foundation is a not-for-profit company registered under section 25 of The Companies Act, 1956. In close collaboration with the national and state governments; and local partners across 12 states, we work to reduce maternal mortality and morbidity due to unsafe abortion and to prevent unwanted pregnancies through comprehensive contraceptive care.

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