



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 connotations 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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Ms. Anubha Singh
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Dr. Atul Ganatra
Dr. Basab Mukherjee
Mr. Chakshu Roy
Prof (Dr.) Chander Shekhar
Dr. Hrishikesh Pai
Ms. Jyoti Kumari
Ms. Kashmira Chadha
Dr. Leela Vyas
Prof (Dr.) Manju Chhugani
Dr. Noor Fathima
Dr. Pushparghya Panda
Mr. Raj Kamal Sharma
Ms. Sanchita Sharma
Mr. Sanjeeb Panigrahi
Dr. Savitha C
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Dr. Seema Narayan
Mr. Shankar Narayanan
Dr. Shobha More
Ms. Sonali Khan
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Ms. Swati Malik
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OPENING REMARKS



Mr. Vinoj Manning
Executive Director, Ipsas 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, Ruffaida 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, Govt 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.



Ms. Asha Vishwakarma
Unnati



Dr. Chatanya Ashok
CAC Connect

Me and My Site...Moving Ahead

Asha Vishwakarma
CHC Parasia, District Chhindwara, Madhya Pradesh



Madhya Pradesh

About My Site

CHC Parasia
Block: Parasia | District: Chhindwara
Total population covered by CHC Parasia: 2,64,952
Average deliveries per month: 150
Manpower of CHC Parasia

Doctors (MBBS): 10	ANM: 59
Doctors (AFGH): 3	MPW: 11
Staff Nurse: 8	ASHA workers: 284
SHY: 5	



Site Progress

Training, knowledge building and skill enhancement




<p>Site strengthening</p> 	<p>Improved counselling for women</p> 	<p>Complete and up-to-date documentation</p> 
<p>Peer-to-peer education</p> 	<p>Onsite data entry on software</p> 	<p>Orientation of ASHAs</p> 

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WHAT IT TAKES TO BE AN ABORTION PROVIDER IN INDIA

DR. CHATANYA ASHOK
LADY MEDICAL OFFICER
CHC SIKANDRABAD, BULANDSHAHAR, UTTAR PRADESH



Uttar Pradesh



EFFORTS OF AN UNDETERRED & UNDAUNTED ABORTION PROVIDER

BACKGROUND
Provision of CAC services not available at the facility. Prior to her training, women who would come were referred to higher facilities.

STRATEGY ADOPTED BY DOCTOR AFTER THE CAC TRAINING

- Meeting with MOIC regarding CAC for initiation of services at the facility
- Refreshed the facility for initiating CAC services including availability of essential equipments
- Oriented nursing staff on CAC as staff nurses are not part of CAC training in the state
- Oriented ASHAs attached with the facility on availability of CAC services at the facility so that they refer women needing services to the facility

OUTCOME

- Deliveries and CAC services initiated at the facility

AN IDEAL ABORTION PROVIDER

- Treats women with respect & positive attitude
- Maintains privacy & confidentiality
- Understands the social & cultural context of the woman
- Ensures pre & post procedure counselling
- Maintains complete documentation at all times
- Uses appropriate technology for providing CAC services



Dr. Chitta Ranjan Behera
CAC Connect



Dr. Saroj Kumar Acharya
CAC Connect



Ms. Deepti Vishwakarma
Unnati

MMA: Making use of Full Potential

Odisha

Dr. Chitta Ranjan Behera, CHC Mahanga
Dr. Saroj Kumar Acharya, CHC Purunakatak
Odisha

Background

- Unsafe abortions make a significant contribution to maternal morbidity and mortality – nearly 8% of all maternal deaths in India are abortion-related deaths.
- A combination of Mifepristone followed by a prostaglandin analogue is currently the most widely used regimen for medical method of abortion (MMA) in India.
- MMA is a non-surgical, non-invasive method for termination of pregnancy by using a drug or combination of drugs.
- MMA falls under the purview of the MTP Act 1971.

MMA Package

MMA: The Way Ahead

- MMA to be available at all levels of health care, especially focus on primary level of facilities.
- MMA drugs to be added in the EDC including the compo-pack.
- Timely procurement and distribution of MMA drugs at different health facilities.
- Separate guidelines and handbook for MMA and mandatory e-module training for trained providers.
- Use of MMA card in local language.
- Ensuring adequate budget for MMA training and procurement of drugs in state PPF.
- Mandatory CAC registers required for MMA should be available in all facilities.

Role of ASHAs

Easy availability of drugs without prescription or over-the-counter and incomplete knowledge about drug protocol leads to complications.

Orientation of ASHAs to guide women to facility can help in reduced complications.

Suggestions

- Sufficient stocks of MMA drugs at all facilities especially compo-pack.
- Provision of proper transportation facility in case of referral.
- Provision of required lab investigation facility.
- ASHA incentive for accompanying women.

The photographs used in this presentation are for Government employees only. All other drugs, medicines, supplies, materials, etc. which are not of the public ownership or the property.

Increasing Access to Contraceptive Services through ANMs

Unnati
Madhya Pradesh

Presenter:
Deepti Vishwakarma
Waidhan District Hospital, Satna, Madhya Pradesh

OBJECTIVE:

To empower ANMs working in the field with knowledge and skills so that they

- ✓ offer informed choice on contraceptive methods to the client, assess their eligibility for the method chosen and help them avail the services.
- ✓ address client's myths and misconceptions
- ✓ provide IEC material to community

Empowered ANMs

Improving follow-up services

Interface with ASHAs

Referral linkages

Updates on Family Planning schemes

Group discussions

Clarification of myths and misconceptions

Updates on latest information on all methods

Methodology:

Regular orientation of ANMs on contraceptive methods



Dr. Dnyaneshwar Avhad
TISS



Ms. Pranusha Kulkarni
TISS



Ms. Hemanti Kumari
Unnati



Ms. Kumari Indu Sinha
Unnati

EXCLUSIONARY ABORTION LAW IN INDIA : A CRITICAL APPRAISAL

Ms. Pranusha Kulkarni | Research Scholar
Dr. Dnyaneshwar Avhad | Master's student



I'm an unmarried woman. I got pregnant because of failed contraception. I want an abortion, but the health care provider is asking for the child's father's name. I don't want to disclose it. And because I don't disclose this, I can't get any contraceptives like condoms, birth implants, etc. I can't even tell this to my parents. The MTP Act says **marriage's consent is sufficient for abortion. But in reality the Act **enforces** unmarried women to disclose to a **DGO** or my doctor, and the govt. hospital where I want, **there are no safe gynaecologists**.**

How should I decide which hospital I should go to? Is legal abortion the only choice for me? What about those women whose foetal abnormalities are detected beyond 90 weeks? And what about minor girls who share my plight? Why doesn't the Act recognise our plight? Don't we have bodily autonomy?



Only 13% of PHCs have at least 1 doctor who has MTP Training. (Source: National Family Health Survey, NFHS)



8-16 lakh babies are born every year in India with intersexuality. (Source: WHO)



Disable abortions are performed at every 3 months interval. Because most abortion clinics are located in urban areas, while 70% of Indian women live in a rural setting. (Source: Guttmacher Institute's Report, 2009)

Even though 60% PHCs are equipped with MTP equipment, only 4% of these offer safe abortion services owing to lack of trained doctors. (Source: National Family Health Survey, NFHS)



8 lakh abortions are performed in every 3 months interval. Because most abortion clinics are located in urban areas, while 70% of Indian women live in a rural setting. (Source: Guttmacher Institute's Report, 2009)

What about those women who want to abort their fetus out of their own volition, without any prospective health risk to themselves. What about their freedom of choice?

33 women worldwide annually may experience accidental pregnancy while **skipping** using contraceptive method. (Source: WHO)

33 women worldwide annually may experience accidental pregnancy while skipping using contraceptive method. (Source: WHO)

MTP Act to be amended to prevent exclusion of rural, single women from accessing quality CAC.

The Act is silent on CAC (post abortion contraceptive counseling) - this is its biggest loophole.

33 women worldwide annually may experience accidental pregnancy while skipping using contraceptive method. (Source: WHO)



Causes of Maternity deaths in India.



POST PARTUM FAMILY PLANNING (PPFP)



Presenters

Hemanti Kumari (CHC Bishnugarh)
Kumari Indu Sinha (CHC Sarwan)
Deoghar, Jharkhand

Rationale for PPFP

- There is a large unmet need for PPFP
- Ovulation can start again as early as 3 weeks after delivery
- WHO recommends a gap of at least 24 months between child birth and the next pregnancy
- Client coming for delivery may be the first and last time she comes to the health facility - this is an opportunity to address her future needs for family planning

Advantages of PPFP

- We know that the woman is not pregnant
- Both the provider and the patient are present (so no extra visits required)
- Regular ANC visits provide more chances to interact with the client
- Frequent interface of client with community workers
- The increase in institutional deliveries gives the provider multiple opportunities to counsel clients on PPFP
- The client gives birth free from any worries of unplanned pregnancies

Options for PPFP



Timing for PPFP counselling

- During antenatal check-up
- During PMSMA
- Early labour
- After delivery & before discharge
- During interaction with ASHAs

Government's initiatives to improve PPFP access

- Introduction of various schemes
- More contraceptive choices
- Capacity building of service providers



Ms. Jayshree Amrita Tigga
Unnati



Dr. Maneesha Kshirsagar
CAC Connect

Contraceptive Methods Approved and Available at Public Health Facilities

Presenter:
Jayshree Amrita Tigga
Staff Nurse, RH Rajnagar, Ranchi, Jharkhand

Available at our facility

- IUCDs
- Combined Oral Contraceptive Pill
- Condom
- Emergency Contraceptive Pill
- Chhaya*
- MPA Injection*
- Progesterone Only Pills*
- Tubectomy
- Vasectomy
- Sterilization

Distributed by ASHA:

- Condom
- Combined Oral Contraceptive Pill
- Emergency Contraceptive Pill
- Chhaya*

* Not yet available at our facility

Medical Methods of Abortion – An Urban Experience

Pinrpi Chonwad Municipal Corporation
Yashwantrao Chavan Memorial Hospital
Pune, Maharashtra
Presenter: **Dr. Maneesha Kshirsagar**

Advantages of MMA

- 100% secrecy of woman is maintained
- Proper selection gives less morbidity & mortality
- OPD based procedure
- Woman can continue with her daily routine activities, especially relevant for women in urban set up
- No effect on future fertility
- Feasible with minimum technical assistance

Why MMA?

- Less of stigma associated with the procedure compared to surgical abortion
- Appropriate for urban settings
- Less time required for service delivery
- Can be undertaken in OPD with proper set up

Community perception of MMA

- MMA is generally known as a "menstrual regulating pill" and not as a method of MTP
- There is a minimal fear of surgical intervention only required in cases of failure to women find MMA an easy method of MTP

Experiences with MMA provision

- Proper counselling to patients before administration of MMA results in regular follow up by them
- Private practicing sector needs sensitisation about:
 - Selection of proper patients to minimise complications
 - Counselling about schedule and necessity of follow up visits
 - Urgent contraceptive need to prevent repeated MTPs (best suited is any long term reversible contraceptive method by cafeteria approach)

Challenges

Contraceptive Acceptance & Challenges in community following MMA

- Acceptance of temporary or long term contraceptive methods following MTP by MMA are less revisited as procedure is termed failed
- Eligible couples do not really think or have awareness about their unmet need of spacing

Legal Challenges as per MTP Law

- Late reporting of patients with missed periods – generally after second missed period
- Only literate women having knowledge of MMA report soon within a week of missed period
- PCPNDT Conflicts; less reduced access to MMA drugs

Administrative Challenges

- Smooth Procurement and Availability of MMA Drug



Dr. Manju Rathore
CAC Connect



Dr. Manorama Sen
CAC Connect

Preventing Unwanted Pregnancies

Dr. Manju Rathore
Medical Officer, CH, Sujhela, District Surg, Chhattisgarh

BACKGROUND

Reasons: Not using any method of contraception

- Limited access to contraception, particularly among young people, poorer segments of populations, or unmarried people;
- Fear or experience of side-effects;
- Cultural or religious opposition;
- Poor quality of available services;
- Users and providers bias.
- Gender-based barriers.

NEED

Breaking the cycle of unsafe abortion/unintended pregnancy

Highest number of unwanted pregnancies in India: WHO

ROLE OF THE PROVIDER

Counselling and informed choices

- Counselling can help the woman make well-informed method choice, leading to improved satisfaction.
- Women should be given their preferred method if available and appropriate.

Integrate PAEP among CAC services

- Effective counselling and follow-up
- Offer long acting contraceptives to women receiving MVA
- Awareness building: "Ovulation may occur as soon as two weeks after an abortion"
- Potential for integrating IUCD training with CAC training

Awareness building

- Proactive role of ASHA/MTNAN in awareness generation
- Dissemination of information through wall painting and print material
- Capacity building of counsellors in effective counselling
- Availability & accessibility of all contraceptive choices

(Health-care providers and counsellors have a responsibility to ensure that contraceptive services are available and offered to women who have abortions) (WHO)

Contraceptive Counselling

Presented by: Manorama Sen
Staff Nurse
CHC Devendra Nagar, Sagar, Madhya Pradesh

Objective

- ➔ Enable women and men to achieve their reproductive goals through informed choice and by respecting their reproductive rights
- ➔ Help them to choose an appropriate contraceptive method

How?

- Build and strengthen capacity as counsellor
- Use appropriate counselling aids
- Group counselling
- Individual counselling

General Counselling

When?

- During ante-natal care check up
- Early labour
- Post delivery
- Before and after abortion
- During immunization of mother and child
- During general medical check up
- During screening for HIV

Who does the counselling?

Doctor

Nurse

ASHA

Peer to peer

Where?

- ❖ ANC clinic
- ❖ Wards
- ❖ Counselling room
- ❖ PNC/MA days
- ❖ General OPD
- ❖ ARSH clinic
- ❖ Immunisation clinic

What more needs to be done?

- ➔ Appropriate recording and documentation of counselling
- ➔ Follow up with clients



Dr. Mousumee Bhattacharjee
CAC Connect



Dr. Prasanta Pratim Gogoi
CAC Connect



Dr. Mrunal Mahadik
TISS



Ms. Shreya Pethkar
TISS

Preventing Unwanted Pregnancies

By :
Dr. Mousumee Bhattacharjee & Dr. Prasanta Pratim Gogoi

ASSAM

Objectives

- To understand the reasons for unwanted pregnancies
- To understand the physical and Emotional Effects of unwanted Pregnancies

Reasons for unwanted pregnancies

- As a result of contraceptive failure
- Non-usage of contraceptive methods
- Not using contraception correctly and inconsistent use of contraception
- Rape or sexual assault

Physical and Emotional Effects of Unwanted Pregnancies

- Adverse and long term effects on women including maternal health and infertility.
- Mental and psychological problem may disturb their coursed and plan of life, which may lead to depression.

The key is to break the cycle of Unwanted Pregnancies

Post abortion contraception : An integral part of CAC

Improving contraceptive acceptance and breaking the cycle of repeated unwanted pregnancies

Averting repeated abortion and associated problems

Better pregnancy related outcomes

Improvement in woman's health

Recommendations for Preventing Unwanted Pregnancies

- Termination of unwanted pregnancies by qualified medical professional at public health facilities or at Govt. approved site.
- Use of the contraceptive method during every sexual act to prevent unplanned pregnancy and to protect against STIs
- Follow the cafeteria approach of contraceptive method and availability.
- Raising Community Awareness :
- Orientation of ASHA Workers
- Community awareness by ASHA workers
- ASHA Incentives for accompanied referral
- Site signage, IEC on abortion at Service Delivery Site

ABORTION & UNMET NEEDS OF CONTRACEPTIVES

Dr. Mrunal Mahadik (MPH) & Ms. Shreya Pethkar (MHA)

TISS

1. CACO Coverage of Unmet (7)

Let's do some basic literature review

Public health professional

Maternal mortality Ratio (MMR/1000)

Direct Causes of Maternal Mortality

Although MMR is decreasing in trend still abortion contributes 5% to that of premature death which is 40% in WHO report.

Why is it so... what are the reasons??

2. Let's Get into detail Abortion

WHO data 2014 - Abortion rates for Unwanted (Unsafe and unsafe, abortion rates after women go pregnant)

Number of abortion required from Contraception (Year 1990-2015)

Reasons of seeking abortion

- Unplanned pregnancies
- Health risk during pregnancy (for mother child health and mental health)
- No birth family size/ spacing between birth.
- Poverty and economical constraints
- Gender inequality - women's ability to complete the contraceptive use, right of sexual demand.
- Gender selective abortion
- Unavailability of safe and effective use of modern contraceptives.

3. Contraception??

Why is it so... what are the reasons??

Unmet need of family planning

Unmet need of family planning

Unmet need of family planning

4. What all status say ...

The need for abortion is varied in the varying and lack of information on to the social, cultural, female and gender disparities (gender whether and when contraceptive is acceptable) (gender or child, contraceptive prevent)

Almost 60% of abortions are Due to Contraceptive failure (source: IPAS study work)

Abortion and contraception are directly related to each other

Use of the medications to reduce incidence of abortions is to provide Acceptable, Affordable, Available, Quality family planning services.

Recommendations:

- Further research.
- Education and awareness in community regarding contraceptive use and safe abortion.
- Affordable, Quality services.
- Capacity building.
- Strengthening existing programs.



Dr. Sangeeta Patidar
Unnati



Dr. Savitha A
CAC Connect

Strengthening PAFP Services at Our Site

Dr. Sangeeta Patidar (Gynae)
CHC Sardarpur, Dhar, Madhya Pradesh



Madhya Pradesh

What is Our Objective?

- To ensure that all women coming for abortion services are counselled for contraception
- To help women in making an informed choice and taking a voluntary decision for contraception
- To break the cycle of unwanted pregnancy

Some of Our Efforts Towards Reaching Our Objective

- Improving our technical knowledge and skills
- Improving client counselling
- Providing abortion services using safe technologies
- Improving knowledge of ASHAs on safe abortion and post abortion contraception
- Motivating all staff and colleagues to offer quality services
- Following up with clients



UPT positive.... What to do?

Presenter:
Dr. Savitha A
Senior Specialist, General Hospital, Harihar, Davanagere, Karnataka



Karnataka

"I was embarrassed that I was pregnant," was the response of a woman when I asked why she hadn't approached anyone earlier.

There are many reasons contributing to the difficulty women face in availing services. To such women, MMA drugs are a gift that can help them avoid hospitalization and the associated stigma.

Medical Methods of Abortion (MMA) is a non-surgical, non-invasive method of termination of pregnancy using a drug or a combination of drugs

Advantages:-

- Can be offered at an early gestational age
- Potentially more private
- Non-invasive
- No instruments are used
- No anaesthesia required

Limitations:

- + Minimum 3 visits to facility are required.
- + Incomplete abortion can cause excessive bleeding
- + Drug failure will lead to continuation of pregnancy
- + There should be a health care facility within reach
- + Drugs can have possible side effects
- + Once administered, the pregnancy has to be terminated - if continued, there are risks of foetal malformation.

Heavy: About 95% when performed by a qualified person

What We Do in Our Facility:

- Follow stepwise MMA protocol
- Clinical examination to confirm eligibility for MMA
- Laboratory investigation
- Drug administration as per standard protocol
- Follow up
- Contraception
- Take informed consent
- MTP consent and RMP opinion taken before prescription
- All documents (AR & ER) maintained properly as per the procedure
- IEC displayed in DPD places
- Started discussion with ASHA workers about MMA Protocols.
- Provide counselling about follow up and side effects, and post abortion contraceptive choices



Recommendations

- Ensure drug availability in government hospitals
- Increase awareness about MMA at field level



Ms. Seema Verma
Unnati



Dr. Sharada Beerappa kamatar
CAC Connect

Our Efforts to Provide Quality Services

Presented by:
Seema Verma
Staff Nurse, CHC Silwani, Madhya Pradesh

Our goal was to improve contraceptive care. Knowledge was all building of staff in the facility.

resulted in:

24x7 services for the community

- We provide counseling to clients and help them choose a contraceptive method.
- We ensure smooth commodity and supply availability at our facility.
- We maintain our records meticulously and keep them up-to-date.
- We follow infection prevention practices.
- We have improved our bio-medical waste management practices.

Before

After

Abortion Done – What next?

Dr. Sharada Beerappa Kamatar
Taluk Hospital – Kundgol, Dharwad District, Karnataka

Karnataka

"My husband used a condom but I still missed my period - are condoms not safe?"

All contraceptive methods have different levels of safety and efficacy

Accepting proper, well-suited effective post abortion contraception will help to check the recurrence of unwanted pregnancy

Challenges

- Misconception about contraception methods, especially IUCDs
- Crude, independent into their family norms to the heads of village or family – social issues
- Failure of couple to approach a doctor to discuss regarding their options available
- Lack of awareness of immediate return of fertility
- Myths attached to IUCD
- Challenging staff time - clients by untrained personnel who do not understand contraceptive

Changes after CAC training

- Contraceptives properly maintained as per protocol
- Increase in number of women coming for abortion procedures – from 4 per month to around 10 per month
- IUCD, posters displayed at OPD places
- Oriented ASHAs about abortion services being available at hospital
- Improved counseling of women regarding "Post abortion care" especially IUCD (37% & SIDA)
- Specific focus on PAFP
- Increase awareness in field level workers/ASHA about importance of PAAUCD /refer Family planning officer after the abortion at hospital

Role of Counseling

- Help women in choosing the most effective method with minimum effect
- Encourage her to return of fertility as soon as 10 to 15 days
- Need for coming at least 6 weeks later to see abortion progress
- Priority of counseling -
 - Before proceeding abortion service
 - After the procedure

Post abortion methods available in this hospital

- IUCD (37% & SIDA)
- PPAF - (Post-abortion Family Planning)
- Other methods
- Contraceptives

How Can We Improve Post Abortion Contraception

- Weekly primary & secondary health or non-ASHA in awareness generation among women
- Use of effective counseling (group health education) use of audio-visual aids during counseling
- PPAF available to women ASHA about Post abortion contraceptive
- More women to know their fertility and reproductive cycle early
- Improving health care delivery, including PAAUCD
- PPAF should be considered for untrained community health staff



Dr. Shobha More
Unnati



Ms. Teresa Hembrom
Unnati

Spreading Awareness Through IEC and Role of Service Providers

Presented by :
Dr. Shobha More, Medical Officer
CWC Bhimgara, Mandla, Madhya Pradesh


Madhya Pradesh

Objective:
Spreading awareness among men and women in the community on available contraceptives and enabling them to make informed choice for contraception

What we do?
We use IEC (Information Education and Communication) materials to inform members of the community on contraceptives.

- Strengthen our own capacity for communication and counselling
- Update knowledge on contraceptives
- Use IEC materials appropriately
- Educate women on various contraceptive methods and help them understand its importance
- Provide culturally appropriate health education through use of these aids

How we use our IEC?

Display at strategic locations for easy visibility and wider reach





Use during orientation of ASHAs and in other group meetings



Use of relevant materials during counselling

Display and interaction with women



Interaction with Counselor



Display and interaction with men



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Improving Supply Chain of Contraceptive Methods at DH Ranchi

Teresa Hembrom,
Staff Nurse, DH Ranchi, Jharkhand


Jharkhand

Importance for Supply Chain Management

- For uninterrupted contraceptive services
- To ensure that all contraceptive choices are available
- For maintaining stocks
 - Correct labelling
 - Proper storage
 - Check for expiry date
 - Check of damaged stocks

F

First

I

In

F

First

O

Out

Our Efforts for Improving Contraceptive Supply

- We determine threshold and indent weekly to ensure that contraceptive supplies are adequate
- We send the indent to store keeper through the ACMO office
- If supplies are available, store keeper issues it on the same day and the requirement is met. If not, store keeper places the indent to the district store. If items are within local purchase limit, we make sure that it is purchased locally and the items are made available
- We often visit stores and check items and give the list to the store keeper well in advance so that he can make the requisition



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Ms. Vineeta Rai
Unnati



Ms. Kashish Badar
Girls Count

प्रधान मंत्री सुरक्षित मातृत्व अभियान –
A New Initiative on the 9th of every month

Presenter:
Vineeta Rai
Staff Nurse, CHC Chanderi, Madhya Pradesh

उन्नति
Madhya Pradesh

1. ANC - ऐन्टीनेटल केयर
यह गर्भावस्था के दौरान महिला का अनन्य (नियमित) निरीक्षण एवं सुख के उचित विकास का पर्यवेक्षण है।
2. यह भी एवं बच्चे दोनों की संतुष्टता को सुनिश्चित करता है।
3. गर्भावस्था के दौरान होने वाली (वटिनासर्प, डेरे, एन्थिप्स, पी-एक्सएम्पिथस एवं जखम इत्यादि) आदि को समय पर नियंत्रित किया जा सकता है।
4. किन्तु के उपरोक्त बिना जैसी समस्या को भी समय से या जराया जा सकता है और उसे नियंत्रित किया जा सकता है।

Introduction
महिला का अभिमान करे तथा उसके बेटने को बढ़ा और यह सुनिश्चित करे कि यह समय जाए कि आप उसकी सहायता के लिए हैं और वह अपनी समस्या को खुलकर कह सकती है।

प्रत्येक गर्भवती महिला स्वास्थ होती है इसलिए उसे विशेष देखभाल मिलनी आवश्यक है।

परिष्कार
महिला की हर से भीय तक जांच करेगी।
बीबी की जांच।
बला, विशर, पला, काय लेना, बचन लेना, शरीर का सम्भाल लेने, एवं सुखन की जांच करेगी।
महिला से उसका आवश्यक चिकित्सीय इतिहास लेने।
महिला से उसकी मेडिकल हिस्ट्री लेने।
महिला से उसकी गहकरी की हिस्ट्री लेने।
वेत को मुक्त पहिचान करे।
जारी विप का परीक्षण करे।
तबसे तबसे के अनुसार सुख के विकास, सुख को विधायी, उसकी हृदय गति (FHS) का जांच लेने सारी।

एएनसी जांचें
Hb, का रसर, बूख की जांच (गहकरी, प्रोटीन की जांच)
Blood Group एवं Rh Factor पाता करे।
वेनेरियल डिसेज रिसर्च (वेबोरेटरीज टेस्ट (VDRL), रैपिड प्लाज्मा रेगिनिन टेस्ट (आरपीआर) का संघातन Syphilis रोग का घटा लगाने के लिए।
महिला की HbV की जांच करे।
Blood Sugar की जांच करे।
Hepatitis B - सेरोस एन्टीजन (HbsAg) की जांच करे।



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

Garima Dutta
International Institute for Population Sciences, Mumbai
garimadutta03@gmail.com



Ms. Garima Dutta
IIPS

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 rate of contraceptions (Klassen et al., 2005).

Objectives

- To understand the profile of women by worldness 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 42,102 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. These 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.

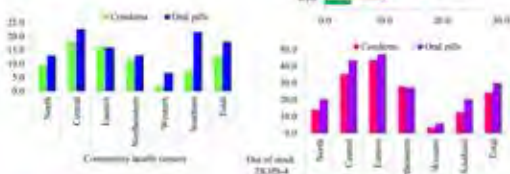
Regional classification

- Northern:** Delhi, Haryana, Himachal Pradesh, Punjab, Rajasthan and Uttaranchal
- Central:** Chhattisgarh, Madhya Pradesh, and Uttar Pradesh
- Eastern:** Bihar, Jharkhand, Orissa, and West Bengal
- Northeastern:** 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.

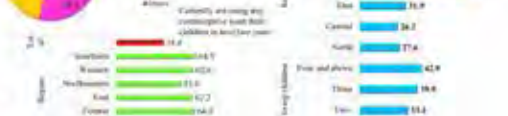
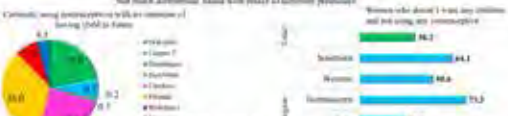
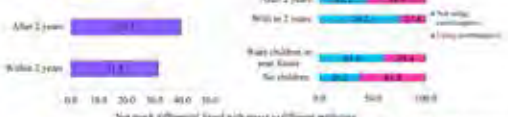
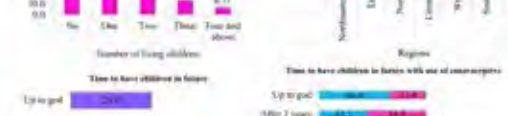
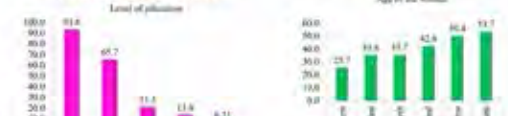
Results



Descriptive Analysis

Independent Generalized Estimation Function Coefficients	Estimates
Education level of women	0.171
Religion	-0.037
Place	-0.009
Age of women	0.210
Number of children alive	0.260

Number of children alive	Estimates
0	0.040
1	0.728
2	0.191
3	0.027
4	0.013



Place of residence	Number of living children	Estimates
South-eastern	0	44.1
Western	1	48.6
North-eastern	2	74.5
East	3	33.9
Central	4	36.2
North	5	77.6
East and above	6	42.9
Two	7	39.8
One	8	33.4
Zero	9	31.3
No	10	44.3
15 and above	11	42.9
16-20	12	29.8
21-25	13	37.9
26 and above	14	79.8
15 and above	15	66.4
16 and above	16	46.7
17 and above	17	33.4
18 and above	18	41.2

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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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