



EXPANDING THE DISCOURSE ON

COMPREHENSIVE ABORTION CARE (CAC) IN INDIA

July 3-4, 2018



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INTRODUCTION

CAC Conclave is dedicated to strengthening women's access to Comprehensive Abortion Care (CAC) in India. The objective of the conclave is to provide a national platform for diverse voices to share their experiences and build a cohesive network of concerned advocates. Through the conclave we engage with an expanded group of academicians, NGOs, researchers, lawyers, service providers each year to expand the discourse on abortion. The first and second CAC Conclave were held in 2016 and 2017 respectively.

The third CAC Conclave was held in New Delhi on July 3-4, 2018. Like last year this year too we invited participants from across the country to discuss and deliberate on six key themes. The themes are as below:

- I. Emerging Issues
- II. Leveraging Partnership, Increasing Impact
- III. CAC Conclave: Making it More Effective
- IV. Let's Talk Sexuality
- V. Abortion and Law
- VI. Leveraging the Power of Communication



SPEAKERS

Name

Mr. Anand Sinha

Dr. Aparna Chandra

Dr. Asha Bajpai

Dr. Basab Mukherjee

Prof. (Dr.) Chander Shekhar

Ms. Deepa Venkatachalam

Ms. Dipa Nag Chowdhury

Ms. Dipika Jain

Ms. Farah Sheikh

Ms. Ginnie Mahajan

Dr. Jaydeep Tank

Dr. Kalpana Apte

Mr. Manak Matiyani

Dr. Manju Chhugani

Ms. Meenaz Kakalia

Dr. Mrinal Satish

Dr. Noor Fathima

Dr. Parikshit Tank

Dr. Poonam Muttreja

Mr. Rizwan Parwez

Dr. Sandeep Shrivastava

Ms. Sanjana Gaiind

Ms. Shalini Singh

Dr. Savitha C

Dr. Shamala Dhupte

Mr. Swapan Mazumdar

Mr. Vinoj Manning

Ms. Yashoda Pramanik

Affiliation

The David and Lucile Packard Foundation

National Law University

Tata Institute of Social Sciences

Federation of Obstetrics and Gynaecological
Societies of India

International Institute of Population Sciences

SAMA

MacArthur Foundation

Jindal Global Law School

Kranti

Radio City

Federation of Obstetrics and Gynaecological
Societies of India

Family Planning Association of India

The YP Foundation

Rufaida College of Nursing

Human Rights Law Network

National Law University

CAC Connect

Federation of Obstetrics and Gynaecological
Societies of India

Population Foundation of India

Girls Count

CAC Connect and Unnati

CREA

CREA

CAC Connect

Family Planning Association of India

Bihar Voluntary Health Association

Ipas Development Foundation

CSWR



POSTER PRESENTERS

Name	Affiliations
Dr. Avinav Kumar	CSWR
Ms. Bindiya Kujur	Unnati
Ms. Durga Patel	Unnati
Dr. Gadappa Shrinivas	CAC Connect
Ms. Jahnavi Sharma	Love Matters India
Ms. Neha Passi	Love Matters India
Dr. Satyabrata Patel	CAC Connect
Dr. Shaili Garg	CAC Connect
Ms. Ujjwala Mhatre	Population First, Pratigya
Mr. Vijay Pandey	Pratigya and SRKPS
Mr. Vivek Awasthi	Uttar Pradesh Voluntary Health Association
Dr. Zunikar Ali	CAC Connect



CURTAIN RAISER

AMPLIFYING WOMEN'S VOICES

The opening session of the conclave was aimed at amplifying women's voices. Four women from different walks of life came together to share their personal experience of seeking and supporting access to safe abortion services.

The first speaker, Ms. Yashoda Pramanik, a youth leader from Jharkhand, shared her experience of supporting a minor unmarried girl from a rural area in seeking safe abortion services. The minor was reluctant to seek abortion service in a facility near her village due to lack of confidentiality and social stigma. The youth leader with support of IDF accompanied the minor girl to the district hospital where the minor was counselled and provided safe abortion services.

The second speaker, Ms. Meenaz Kakalia, a lawyer, shared her experience of supporting women in approaching Courts for seeking permission to terminate their pregnancies.

She stressed that Court's decision often focus on the delivery of the fetus and not the consequences women face in carrying an unwanted pregnancy to term. She stated that there is a need to view these cases from women's perspective and the physical and mental agony they experience in continuing a forced pregnancy. However, she also pointed out that the cases in Courts also present an opportunity to advocate for fast pacing the pending amendments to the MTP Act.

Despite different personal experiences and socio-economic backgrounds, abortion continues to be highly stigmatised

The third speaker shared her personal account of being raped at the age of seventeen and seeking an abortion. She said sharing her personal account at different forums has helped many rape victims to share the truth with their families and seek safe abortion services. She also shared instances of young girls being denied access to abortion services in health care facilities. However, she stated that intervention by NGOs in such cases help young girls in accessing services.

The fourth speaker, an educated medical professional from an urban area, shared her personal experience of seeking abortion services for an unplanned pregnancy. She mentioned that she was discouraged and was made to feel guilty for seeking abortion services. She said the provider's bias and judgment led her to access abortion at a small private clinic. The speaker emphasized on the need to provide women respectful and unbiased access to abortion services.

CURTAIN RAISER

CAC CONCLAVE: BUILDING NEW PARTNERSHIPS



*The debate
today is about
preserving
access as much
as enhancing
access to
comprehensive
abortion care*

The purpose of this session was to build new partnerships for making safe abortion a reality in India. Mr. Vinoj Manning, Executive Director, IDF, opened the session with a brief on the current context of abortion in India by explaining how the abortion debate has shifted significantly in the recent past, the debate now is about preserving access as much as enhancing access. Internationally, access to safe abortions is becoming more challenging by the day and with India being one of the first few countries to legalize abortion, it has the tremendous opportunity to lead with example by preserving and advancing women's right to comprehensive abortion care.

He urged the audience to deconstruct the way we think about sexual and reproductive health rights and work together to create a community that cares and comes together to enable women access safe abortion services.



Theme I

EMERGING ISSUES



The shortage of trained providers and concomitant lack of facilities offering safe abortion services are two primary causes of unsafe abortions

It is important to understand the emerging trends and changing landscape in abortion care for planning effective interventions to strengthen women's access to comprehensive abortion care (CAC) in India. The purpose of this session was to highlight new information, the current challenges in abortion care and discuss strategies on how high-quality care and women's experience while accessing CAC services can be improved.

The session was chaired by Dr. Manju Chhugani and comprised discussions on the current issues in the abortion landscape by five eminent speakers. Key points of the discussions are presented here.

Abortion Assessment Study in Six States: Key Service Delivery Findings by Prof. (Dr.) Chander Shekar

- The study was conducted in the states of Assam, Bihar, Gujarat, Madhya Pradesh, Tamil Nadu, and Uttar Pradesh in 2015.
- In Madhya Pradesh, a higher proportion of public facilities offer abortion services than the other five study states.
- In all six states, most facilities that offer abortion provide both medical methods of abortion (MMA) and surgical abortion.
- In all states except Assam, most facilities providing abortion services are private.

Medical Abortion – Dissecting the Evidence and Planning the Future by Dr. Jaydeep Tank

- Close to one in four abortions in India (22%) are provided in health facilities. Almost three in four abortions (73%) are obtained independently through purchasing medical methods of abortion (MMA) from a chemist or informal vendor. The remaining 5% are obtained using various methods that are often dangerous.
- Self-administration of medical abortion is advisable to women when the health facility is close to the home.

Managing Post-abortion Complications in Public Sector Facilities by Dr. Savitha C

- In Government facilities the doctor patient ratio is highly skewed.
- Women reach health care facilities only at advanced stages of complications.
- Significant number of abortion complications that reach the facilities are referral cases related to over-the-counter use of medical methods of abortion (MMA) and surgical abortion-related complications.
- Due to limited understanding of the POCSO Act, 2012 and MTP Act, 1971, providers hesitate in providing safe abortion services to young unmarried women fearing prosecution.
- Lack of infrastructure in public health facilities hampers the privacy and confidentiality required for a safe abortion service.



CAC Service Provision for Young Women by Dr. Shamala Dupte

- There are about 107 million young women in India of which 3.5 million young women seek abortion services per year.
- Providers hesitate to provide abortion services to young women due to fear of prosecution.
- The mandatory reporting requirement under the POCSO Act has hindered young women access to safe abortion at facility level. It has led to increased self-administration of MMA among young women.

Beyond the Body: Understanding Women's Experiences in Accessing Abortion by Ms. Deepa Venkatachalam

In this session, Ms. Deepa Venkatachalam highlighted a case story of a 19-year-old girl seeking abortion at her early stages of pregnancy but was refused abortion services at multiple facilities due to the reason that she lacks a 'guardian'. Successive delays receiving the abortion service resulted in her pregnancy crossing the 20 weeks limit imposed by the MTP Act. This compelled her to home use of medical abortion which resulted in further complications. The case story represents a scenario of what women go through while seeking safe abortion services.

Theme II

LEVERAGING PARTNERSHIPS AND INCREASING IMPACT



Partnerships are key to successful outcomes especially in the area of health and development. Partnerships between NGOs, academic institutions as well as the Government are integral to ensuring comprehensive intervention plans. The purpose of the session was to highlight various strategies of collaborative efforts and to discuss successful examples of partnerships for abortion care as well as in expanding access to contraceptive services.

The discussion was chaired by Dr. Kalpana Apte and the panel comprised of Mr. Rizwan Parwez, Mr. Swapan Mazumder and Dr. Sandeep Shrivastava. The panel stated that partnerships are critical for addressing women's need for comprehensive abortion care (CAC) and comprehensive contraceptive care (CCC), as these issues are not only limited to service delivery but also include issues pertaining to legality, society's knowledge, beliefs, practices and behaviours.

*Partnerships
are critical in
addressing
women's need
for CAC services,
given the
range of issues
associated*



Key points of the discussion are presented below:

- Partnerships are important when the scope of work requires engaging with a wide range of issues like maternal health, child sex ratio and safe abortion simultaneously.
- Partnerships and coalitions bring diverse strengths and skills which are important for achieving consensus, confronting challenging issues and to amplify voices and impact.
- Partnerships are ideal platforms for starting campaigns and increasing their impact. For example, Pratigya campaign established through partnership of organizations has helped in addressing critical issues of safe abortion and gender-biased sex selection.
- The key challenges faced by partnerships are capacity building, sustainability, sourcing funds, registration, building ownership and interest among members.

Theme III

CAC CONCLAVE: MAKING IT MORE EFFECTIVE



In this introspective session, the participants were divided into three groups and each group was assigned a question to deliberate upon. The objective was to understand the value CAC Conclave adds to their present work and how the conclave can be made more effective for enhancing knowledge and awareness on safe abortion. The groups were asked the following questions:

- **Group 1:** What value does CAC Conclave add to your work?
- **Group 2:** Who should be the members of the CAC Conclave?
- **Group 3:** What more activities could CAC Conclave envision, in addition to the event and email group, to expand the discourse on abortion?

Each group deliberated on the question assigned and shared their suggestions. The key suggestions shared by the groups are highlighted here.



Group 1

- CAC Conclave is an opportunity to understand abortion legality, gather updates on new policies, concerns and barriers
- Access to resource material to enhance understanding
- Platform providing participants an opportunity to share field issues and seek solutions from experts

Recommendations from the group are:

- Engage Government to enhance abortion advocacy
- Create similar platforms such as CAC Conclave
- Invite and engage donors to expand funding opportunity

Group 2

Below-mentioned groups can be a part of the CAC Conclave:

- Education sector, especially training institutes
- Young religious leaders
- CSR groups
- Media
- Social media influencers

Group 3

CAC Conclave could envision the following activities further:

- Use social media platforms to generate awareness and dialogue on the subject
- Organize exposure visit for journalists to expand the discourse on the subject
- Engage with academic institutions
- Develop mobile-based applications to provide information on CAC services

Theme IV

LEARNING LAB: LET'S TALK SEXUALITY



Sexuality as a word evokes varied reactions and interpretations among people in different situations. For advancing women's access to CAC services and other sexual and reproductive health services without barriers and stigma in India, it is important to understand the landscape of sexual and reproductive health rights. These rights are not gender-specific and reiterate that every human being should have the right to access these services without coercion and stigma. The learning lab, facilitated by Ms. Sanjana Gaiind and Ms. Shalini Singh of CREA, discussed this complex subject. The key discussion points are presented below:

- Sexual right is the right to express one's sexuality and to be free from discrimination on the grounds of sexual orientation.
- Women's bodily autonomy and reproductive rights.
- Abortion as a choice is highly stigmatised as it challenges patriarchal values.
- Abortion is often not thought of, spoken and presented as a right and therefore not accessible to all women.
- Socio-political and legal context shape the way we think and talk about abortion.

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Theme V

ABORTION AND LAW



The varied interpretations of the MTP Act, 1971 by providers, implementors and the judiciary at times create additional barriers for women to access safe abortion services

Women's access to safe abortion services is governed by the Medical Termination of Pregnancy (MTP) Act, 1971 in India. In recent times, many women have approached Courts seeking termination after the 20 weeks limit imposed by the Act. Both the Supreme Court and High Courts have taken progressive exceptions to this 20-week gestation limit by giving precedence to women's health and reproductive rights. However, there have been instances where the interpretations have not been in favour of women. The purpose of this session was to highlight interpretations of the courts in light of these judgements, young people's access to reproductive health services and to understand the provider's perspective on law and service. The session chaired by Dr. Basab Mukherjee and Dr. Mrinal Satish comprised discussions on the current issues related to abortion and law. The session comprised the following topics:

- Abortion and Reproductive Rights in the Indian Courts
- Interpretations of Section (5) of the MTP Act by the Courts
- Young People's Access to Reproductive Health Services
- Provider Perspective on Law and Service Provision

The key discussion points are presented below:

- The MTP Act, 1971 is an enabling act that empowers women to access safe abortion services.
- The interpretation of the MTP Act at times creates additional barriers for women to access safe abortion services due to limited understanding of the Act among the providers, implementors and the judiciary.
- The MTP Act, 1971 at present does not recognize abortion as a right and thereby falls short to empower women to exercise their right to bodily autonomy and choice.
- Sexual and reproductive health rights, especially safe abortion, need to be taught at the college and university level.
- Focus needs to be drawn on the mental and physical trauma women face in continuing a forced pregnancy.
- Adolescents needs to SRHR and abortion services should be prioritized as they comprise one-fifth of the Indian population and have a low social status. As per NFHS-4, 50% of adolescents in India are married before 18 years of age.
- Despite the challenges in the current set-up, if a provider is well informed and is committed to provide safe abortion services, these challenges can be overcome.



Theme VI

LEVERAGING THE POWER OF COMMUNICATION



The present time provides an opportunity to normalize abortion by making it a part of the general communication as opposed to a taboo subject a decade ago

Communication is an integral component for the success of any intervention. With the increasing use of online tools for communication, it is imperative that program interventions also leverage these tools to maximize impact. The purpose of the session is to discuss various models of communication and how they could be leveraged for strengthening interventions on abortion services. This session was chaired by Mr. Anand Sinha and the panel comprised Ms. Poonam Muttreja, Mr. Manak Matiyani, Dr. Parikshit Tank and Ms. Ginnie Mahajan. The panellists discussed various models of communication and how they can be leveraged for strengthening interventions related to safe abortion services.

The key discussion points are presented below:

- Communication media need to leverage online technology to reach out to youth and maximize impact.
- Communication models need to facilitate two-way dialogue with the audience to generate interest and response.
- The communication between a doctor and patient is a critical aspect so that correct information is received and internalized. Doctors need to engage in two-way dialogue at the first point of contact with women.
- The present time provides an opportunity to normalize abortion by making it a part of general communication as opposed to a taboo subject a decade ago.
- Linking unsafe abortion to mortality can be a powerful way to communicate the importance of access to safe abortion services.

POSTER PRESENTATIONS



Safe and Legal Abortion: Challenges for Young Women – Dr. Avinav Kumar, CSWR



Breaking the Cycle of Unintended Pregnancies: Post-abortion Family Planning – Ms. Bindiya Kujur, Unnati



Strengthening Family Planning Services: Role of Unnati Member – Ms. Durga Patel, Unnati



Journey of GMC Aurangabad from CAC Training Center to Model CAC Training Center – Dr. Gadappa Shrinivas, CAC Connect



#ChoiceOverStigma: Reproductive Rights Matter...Choices Matter...Women Matter – Ms. Jahnvi Sharma and Ms. Neha Passi, Love Matters India



Campaign for Gender Equality and Safe Abortion (Join Us) – Mr. Vijay Pandey, Pratigya



Holistic Approach for PAIUCD in Madhya Pradesh – Dr. Shaili Garg



Safe and Legal Abortion is the Right of Every Woman – Ms. Ujjwala Mhatre, Population First, Pratigya



Strengthening MTP Act Implementation in Rajasthan – Mr. Vijay Pandey, SRKPS, Pratigya



Building and Strengthening Social Development in Uttar Pradesh – Mr. Vivek Awasthi, Uttar Pradesh Voluntary Health Association



Quality CAC Services at the Civil Hospital, Kokrajhar, Assam – Dr. Zunikar Ali, CAC Connect




Expanding Access to Contraception in Abortion Services – Dr. Satyabrata Patel, CAC Connect



CAC CONCLAVE IN IMAGES



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

The background of the page is a soft, abstract watercolor wash in shades of pink and light orange, with irregular, feathered edges that create a gentle, artistic feel.

Ipas Development Foundation (IDF) is a not-for-profit company registered under section 25 of The Companies Act 1956 (now known as section 8 of The Companies Act 2013), and is the local partner organization in India for Ipas. IDF is dedicated to preventing and managing unwanted pregnancies. At IDF we believe that no woman should have to risk her life or her health because she lacks reproductive health care, and every woman must have the opportunity to manage her fertility.



Ipas Development Foundation

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