Abortion Assessment Project – India

State level Dissemination Meeting

Bihar

September 13, 2004

At

TRAINING AUDITORIUM OF BVHA
LCT GHAT, MAINPURA, PATNA
PATNA

Organised by

BIHAR VOLUNTARY HEALTH ASSOCIATION
And
Healthwatch UP, Bihar

In collaboration with

CEHAT
Sai Ashray, Aram Society Road
Vakola, Santacruz East
Mumbai 400055

Healtwatch
C/o GIDR
Near Goys Char Rasta
Gota, Ahmedabad – 380060
Recommendations for enhancing safety in abortion and for ensuring women’s access to safe abortion services in Bihar

The participants of the dissemination meetings recommend the following:

- In the context of abortion, education and advocacy on health must be promoted.
- After abortion, there must be psychological follow-up.
- In every case of abortion, there is a mental stress on women. So counseling service must be included in the process of abortion.
- In India, as the most of people living in rural area and most of them are living below the poverty line, the cost of the abortion must be reduced.
- Distribution of medicines should be free of cost.
- Awareness generation on this issue, because large number of people living below the poverty line.
- There should be research on herbal drugs, which are use in abortion.
- Generate more awareness on emergency contraceptive.
- Different method of family planning should be more expanded in rural areas through audiovisual shows.
- Abortion is the last method of family planning. Rest of the other method of family planning should be distributed to the people.
- Engage male participation on abortion and also promoted male involvement.
- Empower female that abortion is their reproductive right.
- Generate mass media awareness of male involvement.
- Radio communication on abortion and sex education also implemented in rural areas.
- Sexual education should include in school curriculum.
- Family planning extender is also included in every PHC.
- People should know about the MTP rather than abortion.
- NGO should be work on this particular issue in rural villages.
• In every abortion clinic there should be a qualified and trained doctor. ANM should also be trained about the abortion process and various technologies used in abortion process.

• Promote awareness generation on various methods of family planning through audio and visual method rather than poster or booklet.
Report of the State Dissemination Meeting, Patna

Context

Over the last decade abortion has indeed become a major global issue in the context of reproductive rights of women. After the ICPD 1994 a number of organizations have advocated the issue of abortion rights to be included in Reproductive and Child Health and women health programmes.

A study called Abortion Assessment Project-India has been recently completed. This study was conducted across the length and breadth of the country covering 14 states and with collaboration of 21 organizations. This initiative was co-coordinated by CEHAT and Health Watch. This study commenced in August 2000, was initiated with the objective of assessing ground realities through rigorous research. The policy review, working papers and various studies undertaken in this project highlight the inadequate attention given to abortion within the health and population policy of the country and reiterates the often voiced concern that even the recent Reproductive and Child Health programme, initiated by GOI in 1997, has failed to address issues related to abortion. The study of 380 abortion facilities across six states (Kerala, Madya Pradesh, Orissa, Rajasthan, Haryana and Mizoram) tells us that on an average there are 4 formal (medically qualified though not necessarily certified for abortions) abortion facilities per 100,000 populations in India. On the method of abortion, our research found that 73% of abortions are conducted for pregnancies with less than 12 weeks gestation.

It is being felt that this issue should be disseminated and communicated in society at large and in health providers. In this context it has been dedicated to have state/regional level consultations to dialogue with groups working on health issues and especially on women’s health issues and policy makers and implementers of public health programmes, especially the reproductive health programmes.

A one-day meeting was organized in BVHA Training Centre, BVHA Office, Patna on 13th September 2004 to share the findings of the study. Over a 54 participants
representing a wide range of stakeholder groups involved in the issue, which included NGOs, Govt. agencies, International organizations, the Media and researchers from different states of India, actively participated in the meeting.

**Objectives**

The objectives of the meeting were

- To disseminate key findings of the AAP India project.
- To bring together key stakeholders on a common platform to discuss issues which these findings throw up.
- To bring to the table issues and concerns on abortion and related reproductive health issues which may be specific to the state /region.

Activities of the meeting actually started with Registration of the Participants by Ms. Benedicta Pais, a BVHA staff during 10.30 AM to 11.00 AM. This activity was followed by formal inauguration of the meeting by the Chief Guest, deliberation and discussions/ recommendations by the participants in the meeting. Detail proceedings of the meeting is narrated below:

**Introductory Session**

At the outset, Mr. Swapan Mazumder, Executive Director, BVHA, Patna welcomed the participants in the meeting hall. His welcome address was followed by self-introduction by the participants. This was followed by formal inauguration of the meeting by Mr. Shakuni Choudhary, Hon’ble Health Minister, Government of Bihar. Chief Guest of the meeting with lightening of the holy lamp. All the dignitaries in the dias followed the Chief Guest in lightening the lamp. The participants welcomed the event with loud clippings. Thereafter, Ms. Sunita Singh, representative of Cehat and Health Watch, introduced the subject before the participants. Ms. Singh in her brief deliberation clarified the very objective of the meeting.
Delivering the keynote address Dr. Mahabir Das, former director in Chief, Health, Govt. of Bihar and Principal investigator of Tobacco Cessation Clinic, PMCH (WHO), highlighted the overview of health and development in the context of Bihar.

Speaking on health status in Bihar Dr. Das expressed satisfaction over our progress in fighting against dreadful diseases like Polio, Cholera, Plague and TB during post independence period. As a result of that our life expectancy has enhanced from 35 years in pre-independence period to 65 years, he added. He also mentioned of the emerging health hazards due to spread of HIV/AIDS - a fatal disease and higher incidence of diabetic and hypertension patients in the world and particularly in the developing world.

Presenting a comparative picture (analyzing factual data/information), Dr. Das expressed his serious concern over the poor health infrastructure and facilities available to the common people in Bihar as compared to other states in the country.

He said that during 1999-2000, Health watch UP, Bihar had conducted a limited study in five districts of Bihar and Jharkhand. The major findings from the study were –

- It was found that the availability of doctors and ANM at PHC and SHC was far from satisfactory.
- Many of the PHC and Sub centers lack of proper infrastructure.
- There was wide gap in covering the unmet needs.
- A large number of waiting lists for tubectomy were found.
- Non-availability of lady doctor to perform tubectomy, regularly has led to the backlogs.
- Very few deliveries were being conducted in PHC.
- The status of immunization was in disarray except that the main thrust is a Pulse Polio Programme.
- There are only 184 hospitals where facilities for MTO exist and only 3424 MTPs were done.
The report in this study says that world wide 13% maternal mortality was due to unsafe abortion. These deaths are preventable. Hope, the recommendation of the study will pave the way for betterment in safe abortion in the country in context of reproductive rights of women.

Following the welcome all participants at the dissemination meetings introduced themselves (see Annexure for the list).

Shakuni Choudhary, Hon’ble Health Minister, Government of Bihar, Patna and Chief Guest in the Meeting addressed the participants as chief guest. He expressed his firm belief that population explosion has been the main reason for poor health status in the country as well as in the state of Bihar. In his address Mr. Chowdhuri highlighted some main issues on abortion.

- Better off women have more abortion rate than economically and socially disadvantage women.
- In urban areas abortion rates are much higher than in rural areas.
- Abortion is very old phenomenon in India.
- In past, abortion was done by traditional method (zari, buti)
- More educated, wealthy person is in knowledge about Ultra sound and PNDT. But poor people have no idea about PNDT.
- There are many causes of abortion.
  1. Unwanted pregnancy
  2. Economic reasons
  3. Unwanted sex of fetus
  4. Preference for sons is the main cause of abortion.
- Increasing availability of ultrasonography and amniocentesis has led to widespread gender screening and selective abortion of normal female foetus.
- When couples have more than two female children, then female selective abortion was approved by the family and condoned by the community.
• There was no social stigma associated with sex selective abortion – especially for mothers with many daughters. After diagnosis if there is girl, then feticide is happened.

• There is a need of awareness generation on this issue because large no. of people living below the poverty line.

Dr. R.K.Choudhary, State RCH Officer, Government of Bihar, Patna, in his brief presentation mentioned that the State Government has chalked out a comprehensive plan to tackle the problem of unsafe abortion in the state. Government has already issued circular to the district health departments for taking necessary steps in this matter, he informed. He further mentioned that the matter is very sensitive and complicated to tackle by the Government alone. He therefore urged the NGOs in the state to join hands to deal with the problem.

Sri Rambabu, Secretary (BVHA, Patna) delivering the welcome address. He pointed out that The Medical Termination of Pregnancy Act (MTP Act), which legalized abortion, has been around for 33 years. Abortion for premarital pregnancy is showing an increase in urban areas. MTO Act stipulates that only trained doctors were eligible to conduct abortion in registered abortion clinics with the prescribed standards set under the MTP Act. If NGOs and Govt. work in all together, then it will better for change the situation

**Presentation of AAP India**

Sunita Singh, Research Officer, Cehat made a presentation on the findings of the Abortion Assessment project –India. Her presentation is summarized below.

The objectives of AAP-India were to

• Review Govt. policy towards abortion care, programme environment in the country.
• Map, understand and analyse abortion care provider – related issues.
• Study social, economic and cultural factor that influence decision – making.
• Study, understand and analyse user perspective with special focus on women’s perception of quality, availability, accessibility, confidentiality, consent, and attitude of service providers.

AAP-India had covered the six states – Rajasthan, Haryana, M.P, Orissa, Kerala, and Mizoram.

She explained that the study had found that
• An average there are 4 formal (medically qualified though not necessarily certified for abortion) abortion facilities per 1,00,000 population in India.
• Of all formal abortion providers 55% are gynecologists and 64% of the facilities have at least one female provider.
• One third of the cases are handle by informal abortion providers.
• Certified and legal abortion facilities are only 24% of all private abortion facilities in the country.

This study also shows that
• 73% of abortions are conducted for pregnancies with less than 12 weeks gestation.
• Dilatation and Curettage (D&C) appeared to be the preferred method for nearly 89% of induced abortions.
• Information and counseling are better in public facilities.
• Physical access seems to be fairly good social access remains restricted since providers.
• Do not provide services to women if they come alone.
• Decision for undergoing an abortion is rarely women’s.
• 87% of the abortion market is controlled by the private sector.
• In urban areas abortion rates were nearly twice than that in rural areas.
• Better off women had more abortion than economically and socially disadvantage women.
• Poorer sections were much larger users of public facilities.
• Unwanted pregnancy was due to non-use of contraception rather than contraception failure.
• All respondents reported knowledge of sterilization as a method of limiting family size.
• Women were aware that sex selective abortion is illegal.

The studies revealed that when couples have more than two female children, then female selective abortion was approved by the family and condoned by the community. There was an overwhelming perception that private facilities were better. Doctors have better facilities and equipment in private. While the services of private facility cost money but; govt. hospitals were also not cost free. Women had to pay for medicine. The cost varied according to the type of provider and the gestation period.

She summed up the presentation on Abortion Assessment Project – India pointing out that
  ❖ Women to handle with delayed periods and early abortion largely use informal providers.
  ❖ These providers are using oral methods like herbs, khadas, tablets etc.
  ❖ Informal providers cater unmarried women.
  ❖ In many areas informal providers are linked with formal abortion providers and abortion seekers.

Dr. Diwan, Director, State Institute of Health and family Welfare pointed out that abortion is very harmful for women’s health. Abortion is a solution when there is unwanted pregnancy. Dr. Diwan in his brief but thought provoking presentation mentioned that abortion has been legalized in order to get rid of unwanted pregnancy and complications during pregnancy. He put forward his positive views on legalization of abortion. However, he stressed that abortion should be done by persons having adequate qualification, training and certification. The MTP Act also mentions this, he added. Main focus of his
presentation was proper training of technical persons engaged in this profession. With regard to ethical and moral aspect of abortion is concern, the society as a whole community need to be trained so that it can work out positive solutions and forces the Government to function for their well being. To achieve this ideal social environment, he suggested that our health workers at all level more especially the doctor’s community should be trained to shun their inner sense and to remind of their ethical and moral responsibilities in tackling sensitive health issues like that of abortion. He also reminded the doctor’s community not to get swayed themselves away with personal monetary gains, rather to discharge their duties as responsible citizen, so as to contribute the nation building process positively. With his last words, Dr. Diwan said that he is putting these suggestions on the basis of his experiences as a teacher as well as a medical practitioner.

Dr. (Sister) Teresita from Buxar was invited next to share her experiences on the theme of the training. Dr. Teresita reported that she has been practicing in the remote areas of Buxar district of Bihar for last fifteen years. On the basis of her experiences she pointed out that in rural areas:

- There is a lack of knowledge about contraception
- Rural people don’t know the spacing.
- They mainly go to untrained doctor for abortion
- Untrained people doing MTP.
- Rural people mainly exploited by untrained doctor for abortion. There is no proof, no evidence.
- Most of the women come for abortions do not want to explore this abortion before her husband.
- Awareness about MTP is very low.
- Decision for under going an abortion is rarely women’s.
Dr. Bharti from Mahila Samakhya, Muzafferpur, started by saying that in village; there is very low rate of PNDT, because village people have no idea about PNDT. Most of the female feticides are done in urban areas, because urban people are much aware about ultrasound. In urban areas preference for sons is the main cause of abortion. The incidence of abortion due to unwanted pregnancy or complications in pregnancy, according to her, is very negligible. She mentioned of the prevailing family, social and economic environment wherein womenfolk are subject to ill treatment and this is also responsible for high MMR and IMR among female child.

**Discussion Session**

- In the discussion session Dr. Meenaskshi Swaraj, raised an issue that while taking about safe abortion, it is necessary to keep the issue of emergency contraceptive in mind. There is also generating awareness about natural contraceptive. She also suggested for searching out safe means for emergency preventive treatment/care to avoid unwanted pregnancy or abortion. She informed the participants that in Ayurvedic system of medicine, there is medicine for emergency contraception.

- Miss Priyadarshini from Pathfinder International, Patna, in course of sharing her experiences, on objective reality of rural Bihar, she categorically mentioned that there is high demand for abortion here but there is scarcity of safe facilities/service providers. She pointed out that in Bihar; very few numbers of people even educated and well to do people go to untrained, unqualified doctor for abortion.
  1. After abortion, there is nowhere the follow-up service. Not only it goes down to doctors, but also it goes to the family responsibility.
  2. Abortion not only physical process but also need counseling service.
3. In Bihar, like other states, abortion is very much prevalent in urban areas than rural areas.
4. Abortion is used like contraceptive.
5. In Bihar, majority of people live below the poverty line. So there is a need for universal awareness about MTP act and PNDT act.
6. In Bihar, like other states women health is not prime concern.
7. Both in rural and urban areas, gender bias is very much rampant and it is much more prevalent in urban areas.
8. To change the situation, the social legal aspect also needs to change.

- Dr. Ratan, an ex-student of Christian Medical College, Vellore, vehemently opposed to promote abortion, as this would pollute our social environment. He narrated his bitter experiences in AIIMS, New Delhi, where the doctors used to cross the abortion patients with all types of filthy and slang words.

- Dr. (Sr.) Prema Devaraj, a renowned NGO activist of Bihar urged the need for creating enable such a social environment where there would be negligible chance for any women to go for abortion. She mentioned that she was shocked to see the mental trauma and pitiable health condition of a women-undergoing abortion for the fifth time. She termed abortion with murder of a (would be) baby in mother’s womb. She advised to go for preventive care to avoid abortion and not to promote abortion.

- Dr. Mahabir Das enquired whether MTP Act has provisions (i) to deal with the informal providers and also (ii) to address unwanted pregnancy of the widows and unmarried girls. Dr. Das suggested for conducting advance research on ayurvedic system of medicine towards dealing abortion.
The meeting finally concluded with the vote of thanks by Mr. Dharmendra Rai, representative from Health Watch, Lucknow.