

**Centre for Enquiry into Health and
Allied Themes (CEHAT)**

ANNUAL REPORT

APRIL 2016 - MARCH 2017

Abbreviations:

AMCHSS: Achutha Menon Centre for Health Science Studies

CEHAT: Centre for Enquiry into Health and Allied Themes

DMER: Directorate of Medical Education and Research

GMC: Government Medical College

GME: Gender in Medical Education

IEC: Institutional Ethics Committee

KEM: King Edward Memorial Hospital

MARD: Maharashtra Association of Resident Doctors

MBBS: Bachelor of Medicine and Bachelor of Surgery

MCGM: Municipal Corporation of Greater Mumbai

MoHFW: Ministry of Health and Family Welfare

MSF: Médecins sans Frontières /Doctors without Borders

MUHS: Maharashtra University of Health Sciences

MWCD: Ministry for Women and Child Development

NUHM: National Urban Health Mission

OB GYN: Obstetrics and Gynaecology

POCSO: Protection of Children from Sexual Offenses Act

PSM: Preventive and Social Medicine

RGJAY: Rajiv Gandhi Jeevandayee Arogya Yojana

UNFPA: United Nations Population Fund

VAW: Violence against Women

WHO: World Health Organization

1. INTEGRATING GENDER IN MEDICAL EDUCATION

Collaborative initiative between CEHAT, DMER, MUHS and UNFPA

‘Integration of Gender in Medical Education’ was initiated in Maharashtra in the year 2013. CEHAT initiated this project, with the support UNFPA, DMER and MUHS. The strategies of the project are:

1. Build capacity of medical faculty on gender perspectives and women’s health issues through a training of trainers’ [TOT] programme.
2. Facilitate teaching of gender perspectives to MBBS students by trained medical faculty.
3. Advocate for policy inclusion of modules integrating gender perspectives in MBBS curriculum by assessing impact of this programme.

The project aims to integrate a perspective on gender in medical curriculum and teaching through five disciplines of medicine – Preventive and Social Medicine, Internal Medicine, Obstetrics and Gynaecology, Forensic Medicine and Toxicology and Psychiatry. The activities undertaken in the year 2016 and 2017 involved strengthening and expanding this initiative.

ACTIVITIES CONDUCTED IN REPORTING PERIOD:

Review and Implementation of gender-sensitive modules in teaching

The action research phase or intervention phase of GME was the actual implementation of the gender-sensitive modules by trained educators in a classroom setting among MBBS students. The intervention was undertaken in early 2016 with the semester six batches of MBBS students in three medical colleges viz. Government Medical College, Aurangabad, Government Medical College, Miraj, and Swami Ramanand Teerth Government Medical College, Ambejogai.

An action research study was carried out to assess the shift in knowledge, attitudes and skills of medical students owing to the gender training imparted to their educators and the use of gender-integrated modules by trained teachers. For this phase, the Preventive and Social Medicine (PSM) and Obstetrics and Gynaecology (OBGYN) intervention modules with gender-sensitive content were used. Sixth semester and eighth semester MBBS students were chosen for as the intervention group and control group respectively. Results showed that gender-sensitive attitudes among the intervention group had significantly improved, more so among female students. Another important observation from this study was that gender sensitivity significantly declined among control group students, who were unexposed to the GME content. Moreover, attendance had gone up for the intervention group as students found the interactive sessions interesting. Thus the gender sensitive modules not only facilitated a change in perspective and attitudes, but it also proved to be of interest to the students.

Six external reviewers were identified for the review of modules, two of them social scientists; and modules of all disciplines were sent to them for review. Subject specific modules were sent medical doctors specialised in the respective discipline.

Medical educators were oriented with the action research and process documentation plans through a two-day workshop was organised at the DMER office in January 2016. Intervention modules were shared with them, and they provided their own inputs. This was incorporated into the modules.

Before final printing and the release, the modules were sent to the internal and external reviewers. The modules were also sent for further content review and language editing. Comments and feedback by the reviewers were incorporated in the modules and then submitted to DMER.

On August 5-6, 2016, a two day consultation meeting for discussing the Gender modules of five subjects namely Preventive and Social Medicine, Obstetrics & Gynaecology, Psychiatry, Medicine and Forensic Medicine and Toxicology of the undergraduate MBBS Course. The meeting was held in Mumbai and had mentors from all the five disciplines in attendance along with GME Faculty from the intervention Colleges and also educators who participated in GME phase-1 from the seven colleges.

Representation of GME panel at AMCCON conference

CEHAT presented a GME panel at a two day AMCCON conference at Trivandrum, Kerala on January 6-7, 2017. The conference was hosted by the Achutha Menon Centre for the Health System Studies of the Sri Chitra Tirunal Institute. The panel consisted of four members – Dr Pravin Shingare (Director, DMER Maharashtra), Dr Shrinivas Gadappa (Head of Department, OBGYN, Government Medical College Aurangabad), Dr Priya Prabhu (Associate Professor, PSM, Government Medical College, Miraj) and Dr Rishikesh Wadke (Associate Professor, PSM, Mahatma Gandhi Missions Medical College, Navi Mumbai). Dr Shingare spoke on role of DMER in the entire endeavour of implementing GME. Dr Gadappa and Dr Priya Prabhu presented their experiences of implementing gender-integrated modules in their lectures for sixth semester MBBS students, as a part of ‘action research.’ Dr Wadke presented the review of PM textbooks with a gender lens. The panel was received very well at the conference.

2. RESPONDING TO VIOLENCE AGAINST WOMEN THROUGH ENGAGING THE HEALTH SECTOR

Advancing health sector response to Violence against Women:

The Dilaasa Crisis intervention centre for women and children was set up jointly by CEHAT and Municipal Corporation of Greater Mumbai (MCGM) in 2000. In 2005 CEHAT ensured that the crisis intervention services became an integral part of the health Service. CEHAT retained the role of technical advisors to the MCGM for training, research and monitoring support. From March 2016, Dilaasa began functioning in 11 MCGM hospitals under NUHM. The commitment by the Ministry for Women and Child Development (MWCD) for setting up 100 public hospital based crisis centres was revised and the GoI (Government of India) decided to instead one- stop crisis centres (OSCC) one per state. In 2014, the MoHFW (Ministry of health and Family Welfare) issued guidelines for medico legal care to sexual violence

survivors. These guidelines and the protocol are based on the comprehensive health care model developed by CEHAT in collaboration with the Municipal Corporation of Greater Mumbai.

Replication of Dilaasa crisis centres under NUH:

CEHAT partnered with the MCGM to provide technical support for the replication of Dilaasa crisis centres at 11 Mumbai hospitals. Every Dilaasa centre is run by two counsellors, two health workers and one data entry officer. Keeping in mind that the counsellors will be handling the centres in their respective hospitals independently; 5-day course along with incremental training was designed in such a way that there will be more scope for interaction and practical sessions. A seven-day training session was organized, Mumbai for newly appointed counsellors, ANM (Auxiliary Nurse Midwifery), nurses and data entry operators under Dilaasa. Training of trainers was also conducted for hospital staff such as doctors, nurses and administrators to orient them with the issues of gender discrimination and violence against women and children and equip them to train their peers on identifying signs and symptoms of violence, and providing basic support along with appropriate referrals to Dilaasa centres.

On-going monitoring of crisis intervention services:

Dilaasa crisis intervention service involves direct engagement with survivors of violence offering counselling, helping them with medical care, providing legal counselling, assisting with filing police complaints and referral to other networks based on their requirement. While carrying out interventions, the team conducts case presentations; as such a forum is important for the counsellors to share their difficulties, challenges and also leads to learning from each other's experiences. While counselling, they have often subscribed to the discourse on counselling ethics and how to ensure that they utilize feminist and ethical counselling.

Upscaling Dilaasa in collaboration with different state health and women and child departments:

- The Ministry for Women and Child Development (MWCD) forayed in to the setting up of the one-stop centres to respond to violence against women and children. The guidelines and protocols developed by CEHAT over the years for running of the OSCs have been now recognised as a protocol for running of OSC. CEHAT was part of the steering committee for the rollout of these guidelines. Out of a total of 150 OSCs in the country, 51 OSCs have been allocated to the 9 states that CEHAT has decided to work in.
- An important opportunity for CEHAT to foray in to a national level presence was through its own evidence based work on comprehensive health care response to sexual violence. The experience of having presented at Justice Verma Committee (JVC) and having served as an expert organisation for advising MoHFW on its development of medico legal care guidelines for sexual violence, CEHAT decided to collaborate with different states for implementation of these guidelines. The interface included technical training on implementation of these protocols, providing support to examining doctors

and also advocacy in states where there was non-implementation of medico legal guidelines issued by ministry .

- Jammu and Kashmir was not listed as a possible intervention site, but CEHAT was approached by the government for engaging with the health sector on VAW. A rigorous two-day workshop was conducted with the state medical colleges on implementation of medico legal care guidelines for rape.
- UNFPA sought a technical partnership with CEHAT to carry out a series of capacity building workshops with civil surgeons across 23 districts Maharashtra on the implementation of MOHFW protocols for medico legal care.
- CEHAT initiated dialogue with key stakeholders involving Govt of India (MOHFW) as well as experts from fields of law, medicine, human rights, women's rights and health activists towards developing medico legal examination protocol for suspect in cases of sexual violence.
- A one day workshop was held in collaboration with Aarambh initiative of Prerana (a Mumbai based organisation) on the role of health sector in responding to sexual violence. The workshop aimed at clarifying queries around navigating the health system, understanding the scope and limitations of medical evidence, pushing for therapeutic care in hospitals and ensuring respectful and sensitive communication with survivors. CEHAT is part of a working group towards ensuring uniformity in health systems response to children facing sexual violence in 'POCSO on the Ground' series anchored by Aarambh initiative in partnership with UNICEF.

Replication of a Hospital-based Crisis Centre for Women Facing Violence:

In order to respond to survivors of violence against women and children in Goa, the crisis intervention centre for women, Asilo Hospital, North Goa was set up in December 2014 under the National Mission for Empowerment of Women, in collaboration with CEHAT. In the reporting year, efforts were made to integrate these services within the hospital itself.

Efforts were made to locate an RMNCHA counsellor and equip her to provide such services to survivors of VAW. The Crisis Intervention Centre for Women, Asilo Hospital set up a core group of healthcare providers continue to train their peers to provide comprehensive healthcare response to survivors of violence.

Similarly the Sukkon centres Haryana under the Gender health resource centre also are modelled on the Dilaasa crisis centres. CEHAT continues to provide technical support in terms of training healthcare providers and counsellors as well as enabling them to deal with challenging issues related to violence against women.

MSF, a well-known organisation collaborated with CEHAT, in order to set up a hospital based crisis centre in North Delhi in one of the poorest suburb of Delhi, Jahangirpuri. The health centre caters to all forms of violence against women and girls and also provides medical help to them. A series of trainings, monitoring of services, data analysis was carried out jointly. The centre has also been recognised by Delhi commission for women as rape crisis centre for Delhi.

Study to assess impact of experiencing sexual violence on survivors and families:

Taking forward CEHAT's work in the field of healthcare response to violence against women, a study to assess impact of rape on survivors and their families was initiated in 2016. The project seeks to understand and document the interface of rape survivors with formal agencies such as the health, police, courts, lawyers and informal such as family, community, and also explore perceived enabling factors and barriers/obstacles through the entire pathways since the disclosure of sexual violence. It also intends to enquire into the impact of rape on the survivor's different aspects of life such as physical and mental health, work, relationships, education and housing/ shelter. The research study was built on a rigorous review of literature as this was a prospective study and CEHAT aimed to contact all those rape survivors who had accessed our services over 9 years.

The scientific review helped to finalise the study objectives and interview guide. After revisions, the study had to be reviewed by the IEC (institutional ethics committee). A lot of effort was made to convince the IEC for the need to carry out the study and finally the study was certified. This entire process of literature review and clearance for the study went on for almost six months. The study required internal capacity building of even existing staff, as the research and intervention role could not be mixed yet both were required in the interviews. Consent forms and interview tool guides are being developed for the study and we have commenced the study.

Another important initiative taken up by CEHAT was to present guidelines and protocol for medico legal examination of accused in sexual violence. It is a known fact that the examination of accused continues to be archaic in India with a focus on potency tests amongst others. Therefore in order to remove these forensic biases a draft guideline and proforma was presented to government officials such as medico-legal experts, forensic specialists, ethicists, lawyers, and human rights activists. The draft was approved finalised and is with the MoHFW for a final clearance.

3. GOVERNMENT FUNDED HEALTH INSURANCE SCHEME IN MAHARASHTRA: RAJIV GANDHI JEEVANDAYEE AAROGYA YOJANA

The initiatives for improving health service provisioning have been dominated with several government funded health insurance schemes across the country. Apart from the Rashtriya Swasthya Bima Yojana (RSBY), many states have introduced their own schemes. As precious public funds are diverted to these schemes, an assessment of their effectiveness is necessary. This report analyses two years of implementation of RGJAY scheme and raises several concerns as well as loopholes in the scheme. The study is grounded in literature review on various insurance schemes in India with a special focus on state level insurance schemes. A mixed -methods approach was taken for a holistic understanding of the scheme implementation. Qualitative method was used to study one empanelled public hospital study and one empanelled private hospital and the RGJAY staff, TPA doctors, patients to get a multiple stakeholder perspective on the scheme functioning. Quantitative analysis of secondary data obtained from the RGJAY society database was used to understand the scheme utilization.

Content and language editing of the report is underway and advocacy beyond the report has been planned. The study is to be published by May 2017.

4. PERCEPTIONS OF BEHAVIOUR: HEALTH CARE PROVIDERS AND VIOLENCE IN LABOUR ROOMS

Collaborative Initiative: CEHAT, Aurangabad Medical College and Dilaasa, KB Bhabha hospital, Bandra (west)

Women are particularly vulnerable during childbirth and post-partum period, as compared to the period of pregnancy, owing to the physically and psychologically strenuous process they undergo (WHO, 2014). A growing body of evidence suggests that many women receive deplorable standards of care during childbirth, which includes abuse, disrespect and neglect (Bohren et al., 2015). Through its work at Dilaasa, women have confided to counsellors about mistreatment they have suffered at the hands of healthcare providers during childbirth. CEHAT has embarked upon a study to explore this phenomenon. CEHAT has proposed a qualitative study on the occurrence of violence during childbirth. Qualitative in-depth interviews shall be held with healthcare providers viz. doctors, nurses, and class four employees to understand their perceptions of violence occurring in the labour room. Additionally, prior to the primary qualitative study, a compilation of annotated bibliographies of studies on obstetric violence shall be worked upon. The findings emerging from literature thus shall feed into the primary study.

5. PATIENTS' RIGHTS WEBSITE

In our country, patients' rights are not a widely recognized concept. Patients are entitled to respectful and dignified care, emergency healthcare services, information pertaining to their medical condition, and the right to make decisions about the same among others. However, patients' rights, which are closely tied to human rights, are often ignored in the realm of medical care, especially in facilities which cater to patients hailing from the lower socioeconomic strata of the society. Patients are not aware of their rights, and when they do recognize that their rights have been violated, the path to seeking redressal is a difficult one.

CEHAT and Iris Knowledge Foundation will collaborate to create a website (http://www.patientsrights.in/pr/AboutPR/About_Us.aspx). This portal aims to equip patients with information that make them aware of their rights as patients, asking for these rights when they are denied the same, and making informed decisions.

6. ASSESSING THE EFFECTIVENESS OF A COUNSELLING INTERVENTION FOR WOMEN FACING ABUSE IN ANTENATAL CARE

This research project is aimed at assessing the effectiveness of a counselling intervention in antenatal care setting for pregnant women facing domestic violence. Another goal was to train healthcare providers (HCPs) and equip them with skills to routinely screen pregnant women for violence.

Research

The period from April 2016 to March 2017 was primarily dedicated to data collection of research study accompanied by activities ensuring review, verification and validation. Data collection was carried out during the period of February – November 2016. Counselling and other support services were provided to the women even after the assessment at 6 weeks after delivery. The progress of the study and the preliminary findings were shared with scientific review committee in the month of September and with institutional Ethics Committee in the month of October.

2515 women consented to participate in the study. The commencement of data collection process was immediately followed up by the creation of Statistical Package for Social Sciences (SPSS) sheet for entering of data. Variables pertaining to demographic, socio- economic profile, history of violence, health consequences and the coping mechanisms and the safety measures adopted by women were created. The data will be analyzed for trends and findings in late 2017.

Events:

- A lecture on ‘Humanization of Child Birth’ was organized on December 1, 2016 in Mumbai by CEHAT and The Coalition for Maternal-Neonatal Health and Safe Abortion. Dr. Simone G. Diniz from University of Sao Paulo, Brazil was the main speaker for the lecture.
- CEHAT was one of the collaborators for the sixth National Bio Ethics Conference organized in January 2017. The theme was response of the health system to intimate partner violence within marriage as well as out of wedlock. The coordinator of CEHAT was invited as the chairperson for this theme and shared the experience of working in this field and addressing this issue by building capacity of health system.

7. VIOLENCE FACED BY RESIDENT DOCTORS IN PUBLIC HOSPITALS OF MAHARASHTRA BY PATIENT/S AND/OR RELATIVE/S AND/OR ESCORT/S

Resident doctors are the backbone of the Indian public health system. They are the first point of contact between the patients and the hospitals, often in times of emergency. Their actions and inputs can critically determine the outcomes for patients and their families. In March 2017, incidents of violence against a resident doctor by the families and relatives of a patient resulted

into a widespread mass leave by resident doctors that affected patient services throughout Maharashtra. The Maharashtra Medicare Service Persons and Medicare Service Institutions (Prevention of Violence and Damage of Property) Act, 2010 referred as Doctor's

Protection Act (DPA) states that any attack on doctor shall attract a fine of Rs. 50,000 and imprisonment. In total 64 cases registered between 2010 and 2015 of which 19 had occurred in 2015 that may either indicate an actual increase in attacks taking place or increase in number of resident doctors invoking the act. Yet there is not much comprehensive information available on the phenomenon of violence against doctors.

The present study by CEHAT, in collaboration with King Edward Memorial Hospital (KEM, Mumbai) and Maharashtra Association of Resident Doctors (MARD) has been planned through a survey of resident doctors. The study seeks to understand, from the resident doctors' perspective, the nature of attacks, factors leading to such attacks, existing measures for prevention and addressing of such incidents and seeking recommendations on what would be needed. It also examines the perspective of resident doctors on the present nature of doctor-patient relationship.

The study will go a long way in facilitating establishing systems and efforts that need to be put in by various stakeholders to ensure not just a better handling of such incidents, but also its prevention.

PUBLICATIONS

Posters / Pamphlets:

Sexual Violence Poster by CEHAT (for Goa Printed on 18-4-2016)

Sexual Violence Poster by CEHAT (for Dilaasa Printed on 18-4-2016)

Dilaasa Brochure (New Updated version) by CEHAT (23-11-2016)

Suicide Pamphlets by CEHAT (for Goa Printed on 27-4-2016)

GME Desk Calendar 2017 by CEHAT (30-12-2016)

Reports:

Guidelines for counselling: Women facing violence. By Sangeeta Rege, CEHAT, April 2016, 48 p. (Reprinted)

<http://www.cehat.org/cehat/uploads/files/Guidelines%20for%20counselling%281%29.pdf>

कौटुंबिक हिंसेचा सामना करणाऱ्या महिलांचे समुपदेशन करण्याकरिता नैतिक मार्गदर्शक तत्त्वे by CEHAT, December 2016, 40 p.

Papers and Articles:

Gendered pattern of burn injuries in India: a neglected health issue by Bhate-Deosthali, Padma; Lingam, Lakshmi, Reproductive Health Matters, 04 May 2016, 24(47), pp. 96 – 103

<http://www.cehat.org/uploads/files/E01330%20Gendered%20pattern%20of%20burn%20injuries%20in%20India.pdf>

Who decides the best interest of the child? By Aarthi Chandrasekhar; Sujata Ayarkar, Indian Journal of Medical Ethics, I(3), July-September 2016 pp. 184-185

<http://www.cehat.org/cehat/uploads/files/A323%20Who%20decides%20the%20best%20interest%20of%20the%20child%20IJME%281%29.pdf>

Evidence on formal support sought by women facing domestic violence from Dilaasa case records. By CEHAT, 2017, pp.2
<http://www.cehat.org/uploads/files/Emerging%20Evidence%20from%20Dilaasa%20hosiptal%20based%20centre%281%29.pdf>

Illegal kidney transplants: Where lies the problem? By Nehal Sah, CEHAT, 2017, pp. 3
<http://www.cehat.org/uploads/files/Kidney%20racket.pdf>

Media Coverage:

In Brazil, we have caesarean section parties: How doctors push high-profit surgical deliveries

Author(s): Vora, Priyanka | Date: 2016, December 7 | Source: Scroll.in, 2016

<https://scroll.in/pulse/823129/in-brazil-we-have-caesarean-section-parties-how-doctors-push-high-profit-surgical-deliveries>

Campaign to end abuse of women during childbirth

Author(s): Iyer, Malathy | Date: 2016, December 2 | Source: The Times of India

<http://epaperbeta.timesofindia.com/Article.aspx?eid=31804&articlexml=Campaign-to-end-abuse-of-women-during-childbirth-02122016008043>

A Female Child Is Entitled To Enjoy Equal Right Of A Male Child: SC Issues Directions To Curb Female Foeticide.

Author(s): | Date: 2016, November 8 | Source: LiveLaw.in

<http://www.livelaw.in/female-child-entitled-enjoy-equal-right-male-child-sc-issues-directions-curb-female-foeticide/>

वास्तव अवयव प्रत्यारोपणाचं

Author(s): | Date: 2016, August 14 | Source: Sakal

<http://www.esakal.com/Tiny.aspx?K=xAGOMc>

सरासरी पाच टक्के महिलांवर वैवाहिक बलात्कार

Author(s): | Date: 2016, August 28 | Source: Maharashtra Times

<http://epaperbeta.timesofindia.com/Article.aspx?eid=31837&articlexml=28082016501019>

In rape-induced pregnancies, abortion should be seen as treatment: activists

Author(s): Srivastava, Roli | Date: 2016, August 20 | Source: The Hindu

<http://www.thehindu.com/news/cities/mumbai/news/In-rape-induced-pregnancies-abortion-should-be-seen-as-treatment-activists/article14578884.ece>

A question of human rights

Author(s): | Date: 2016, August 11 | Source: The Hindu

<http://www.thehindu.com/opinion/op-ed/A-question-of-human-rights/article14562582.ece>

Life after rape

Author(s): Rebello, Joeanna | Date: 2016, August 7 | Source: Times of India

<https://timesofindia.indiatimes.com/india/Life-after-rape/articleshow/53578652.cms>

Medical course to go gender-sensitive

Author(s): Srivastava, Roli | Date: 2016, August 7 | Source: The Hindu

<http://www.thehindu.com/todays-paper/tp-national/Medical-course-to-go-gender-sensitive/article14556422.ece>

Making one stop centres for violence against women work

Author(s): Srivastava, Roli | Date: 2016, July 1 | Source: The Hindu

<http://www.thehindu.com/news/cities/mumbai/Making-one-stop-centres-for-violence-against-women-work/article14465235.ece>

More children are being married off than before

Author(s): Srivastava, Roli | Date: 2016, June 2 | Source: The Hindu

<http://www.thehindu.com/news/cities/mumbai/news/More-children-are-being-married-off-than-before/article14380384.ece>

Marital rape: the statistics show how real it is

Author(s): Srivastava, Roli | Date: 2016, June 30 | Source: The Hindu

<http://www.thehindu.com/news/cities/mumbai/Marital-rape-the-statistics-show-how-real-it-is/article14410173.ece>

A Patch Adams prescription

Author(s): Srivastava, Roli | Date: 2016, June 5 | Source: The Hindu

<http://www.thehindu.com/opinion/op-ed/A-Patch-Adams-prescription/article14384653.ece>

Burns patients should get disability benefits

Author(s): Iyer, Malathy | Date: 2017, February 28 | Source: The Times of India

<https://timesofindia.indiatimes.com/city/mumbai/burns-patients-should-get-disability-benefits/articleshow/57389092.cms>

Shocking statistics of women burn victims in India and steps to rehabilitate them in society

Author(s): Shinoli, Jyoti | Date: 2017, February 25 | Source: My Medical Mantra.com

<http://www.mymedicalmantra.com/shocking-statistics-of-women-burn-victims-in-india-and-steps-to-rehabilitate-them-in-society/>

Round-table meet discusses support system for burn survivors

Author(s): The Hindu | Date: 2017, February 25 | Source: The Hindu

<http://www.thehindu.com/news/cities/mumbai/roundtable-meet-discusses-support-system-for-burn-surivors/article17368646.ece>

Twenty-week abortion deadline adds more pain to rape victims

Author(s): The Hindu | Date: 2017, February 24 | Source: The Hindu

<http://www.thehindu.com/news/national/twentyweek-abortion-deadline-add-more-pain-to-rape-victims/article17361244.ece>

FEATURE-Victims of sex crime race strict Indian abortion deadline

Author(s): Srivastava, Roli | Date: 2017, February 23 | Source: DNA

<http://www.dnaindia.com/india/report-feature-victims-of-sex-crime-race-strict-indian-abortion-deadline-2332984>

Victims of sex crime race strict Indian abortion deadline

Author(s): Srivastava, Roli | Date: 2017, February 23 | Source: Reuters.in

<https://www.reuters.com/article/us-india-abortion-trafficking-idUSKBN162213>

Muslim women face discrimination in government-run healthcare institutions

Author(s): Barnagarwala, Tabassum | Date: 2017, January 9 | Source: The Indian Express

<http://indianexpress.com/article/india/muslim-women-face-discrimination-in-government-run-healthcare-institutions/>