

**Report on Media Workshop held on November 5 & 6, 2009  
On  
‘Safe & Legal Abortion in India: Every Woman’s Right’**

**Organised by CommonHealth, CEHAT Mumbai, CHSJ New Delhi**

**Report By:  
Usha Rai, Swapna Majumdar and Rimjhim Jain**

## Why a Workshop

Since 2008 representatives of CEHAT, CHSJ and SAHAJ have felt the need for a workshop/dialogue with the media on the right to safe and legal abortion. The need for such a workshop came about because of the sharp focus in the media on the falling sex ratio in the country stemming from sex selective abortions, and more importantly, the low awareness among common man and the media about women being given the legal right to abortion in 1971.

Further two cases, the Nikita Mehta case where a young Mumbai woman sought an abortion in her second trimester after finding out that the foetus had abnormalities and the case of the mentally challenged girl in a government protection home who was raped and got pregnant, had led to a lot of discussion and debate on the abortion rights of women and even legal interventions. So it was an appropriate time to bring the media together and enlarge the debate bringing in the rights perspective and the dimensions of the illegal abortions taking place in the country

On November 5-6, 2009 the National Campaign for Safe Abortion and CommonHealth with support from CEHAT Mumbai and CHSJ New Delhi organised a one and a half days residential workshop in Delhi for the media from nine states of the country.

The objectives of the workshop were:

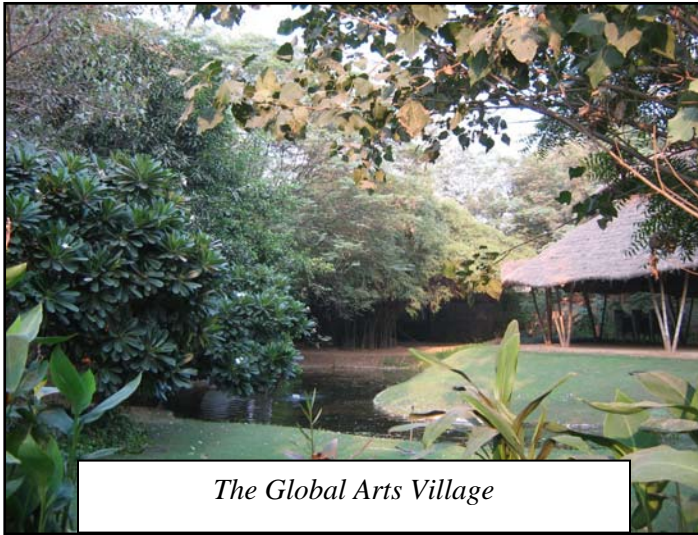
1. To engage media professionals on the gender and rights dimensions of safe abortion,
2. Create awareness about laws related to abortion in India,
3. Inform media professionals about the controversies around the issue of sex determination versus access to safe abortion,
4. Dispel myths and misconceptions around abortion for greater clarity on the issue and
5. Develop links with the media to give them reliable information on health and abortion issues on a sustained basis.



### Nineteen Journalists from Nine States

Since it is difficult to get the undivided attention of journalists from Delhi over two days for a workshop, it was decided to focus on outstation journalists, particularly those from the Hindi heartland. While several journalists were approached personally, especially those on the health and gender beat, others were nominated by newspaper editors. The Ant as well as CHSJ, who are part of the CommonHealth consortium from Assam and New

Delhi respectively, also forwarded the names of journalists to be invited to the workshop.



*The Global Arts Village*

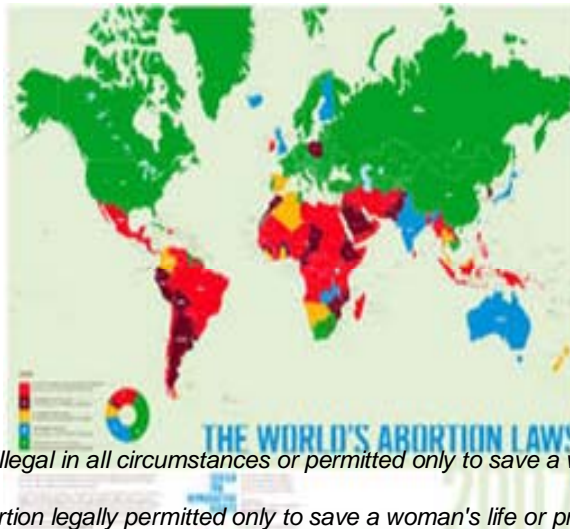
In all some 15 outstation journalists and four from Delhi participated in the workshop. The Global Arts Village, the venue for the workshop, just off the Mehrauli-Gurgaon Road, was a secluded get away with modern conferencing facilities. A great deal of effort went into structuring the workshop to make it participatory and to introduce issues that would lend themselves to stories or articles for the journalists. Service providers and Mitu Khurana's story of her fight to save her twin

daughters from sex selective abortion brought home the realities of the debate around women's reproductive health and rights.

(The list of journalists who participated, the resources persons and their presentations is attached as Annexure I)

The conference began on a lively note with a novel way of participants introducing each other. Dr Suchitra Dalvie and Renu Khanna, the two principal resource persons, steered the opening discussions on myths and misconceptions on abortions and understanding abortion as a gender, reproductive and sexual rights issue. Both sessions were extremely participatory. The discussion on myths and misconceptions was extremely lively, and doubts that journalists may have had were cleared. The media was divided into small groups and was asked to find answers collectively to various myths that were posed. This led to brainstorming among the journalists as well as getting to know each other. Subsequently Renu provided the right answers and clarified doubts. The ethical and legal aspects of abortion, the need for proper registration of centres performing abortion, whether the woman needs to get the consent of the husband/ in-laws for an abortion and the medical expertise of doctors performing an abortion were brought out. The link between unsafe abortion and maternal mortality and morbidity and the role of the emergency contraceptive pill was also explained.

All the groups vied with each other to get the highest number of correct answers and win a prize. All the groups did so well that the coveted prizes (chocolates) were shared among all.



*RED* Abortion illegal in all circumstances or permitted only to save a woman's life.  
*MAROON* Abortion legally permitted only to save a woman's life or protect her physical health.  
*YELLOW* Abortion legally permitted only to protect mental health.  
*BLUE* Abortion legally permitted on socioeconomic grounds  
*GREEN* Abortion on request

True case studies of women who had undergone abortion were given to the media to explain the linkages between abortion and gender, reproductive and sexual rights. The journalists were divided into groups and asked to identify the various rights violated like gender rights, sexual and reproductive rights, human rights and health rights. The group discussions which were intensely participatory revealed that the journalists had a high level of sensitivity on these issues. Participants realised how unsafe abortions leading to deaths of women are a violation of their right to life. The case studies also brought out that despite the fact abortion has been legal in India since 1972, there is such a dearth of accessible safe abortion facilities violating women's right to health care. The participants also noted that coerced sex which is unprotected is often the reason why women have to resort to abortion – the links with sexual rights were brought out.



*Renu Khanna, CommonHealth Steering Committee Member & Resource Person*

## **Mother of Twin Girls Fights Case under PCPNDT Act**



The highlight of the first day's session was the presentation by Dr Mitu Khurana on her battle to have twins whose sex was determined by the in-laws deviously and there was pressure and harassment to have the twin female foetuses aborted.

Currently, Dr Khurana and her daughters are living with her parents. In November 2008 she registered a case under the PCPNDT Act. In November 2009 the Appropriate Authority for PCPNDT also filed a case against the hospital in Delhi that carried out the ultrasound surreptitiously and disclosed the sex of the twins to her husband and in-laws. Her presentation brought out the manner in which the hospital, doctor and in-laws had connived to get the test done and her struggle to get the case registered. "I am still facing threats and harassment to withdraw my case," she said. "Every authority—in the police, the judiciary and the hospital where I was working are trying to force me to withdraw my case. I had to leave my job too because of the harassment. My mistake, according to my husband and in-laws is that I conceived daughters and refused to abort them." Her presentation was received with a standing ovation!

### **Surfacing Hidden Talents of Journalists**

Many a time, journalists get so caught up with the technicalities of the subject that they are not able to absorb the nuances of it. It has been seen that when they are given different dimensions of the subject for group activity, it helps them understand the issue better. Additionally, it also brings to the fore, the hidden talent of the journalists. Therefore to surface this talent, group activity like skits, advertisement campaign including posters and jingles in Hindi and English and a radio discussion around the issue of safe abortion were given.

The groups were given time to prepare till the afternoon of the following day. Many of them sat after dinner preparing the posters and discussing the scripts for the skits and the radio discussion.



*Presentations of group work*

The next afternoon (November 6) each group presented their act. Journalists used the information and insights gained at the workshop to come up with some innovative radio jingles, posters and skits during the media lab or group activity session where they were all divided into four groups. Whether it was acting, script writing or anchoring, the journalists came up with good performances. The best three presentations as judged by the resource persons, won boxes of chocolates.

### **CEHAT's Film on Abortion**

Just before dinner on day one, the journalists were shown a film made by CEHAT in Maharashtra on abortion. The film recorded the voices of women who had abortions, the problems they faced, why they wanted the abortion and facilities available. The CEHAT film also documents what the service providers and activists have to say on the issue. There was a small discussion around the film which was moderated by Ujjwala Mhatre of CEHAT. The discussions were about some of the changes that had taken since the film had been produced with regard to the situation on the ground.

On the second day the programme began with a resource person from the Parivar Seva Sansthan (PSS) Ms Sudha Tiwari. PSS, which has been running its birth prevention programme since 1978 and has facilitated 16.50 lakh abortions in 12 states through its 35 Parivar Seva/Marie Stopes Clinics.

It conducts 80,000 abortions annually, which accounts for 15 per cent of the legal abortions reported in the country. Sudha Tiwari, president of PSS, said her organisation provides 10 lakh couple years protection.

Working largely for the poor and the lower middle class, PSS ensures that abortions are



*Sudha Tiwari as a speaker*

safe and affordable while offering a of reversible and permanent contraceptive services choice.

Though the MTP (Medical Termination of Pregnancy) Act is good, she pointed out that its implementation is poor in terms of quality and recognition of centres providing the abortion. Women, influential people in

public life and even providers are not aware about the MTP Act. There was a lot of confusion about the legality of abortion in view of the wide dissemination of the PCPNDT Act. There was also limited access to a choice of contraceptive services, particularly in rural areas, which is essential to reduce the need for abortions.

Veteran journalist Mrinal Pande, till recently editor of the Hindi daily 'Hindustan', took the session on challenges faced by journalists in publishing stories on issues that are often considered by editors not to be 'saleable', as well as the sensitivities that should govern such stories. Pointing out that the language often used by Hindi journalists reflects the gender discrimination that is endemic in society, Pande recounted how it was necessary for her to strictly filter story angles and language when she was editor. There was also discussion around the language used, particularly in the Hindi media.



*Mrinal Pande as a speaker & Usha Rai as Moderator*

### **Session on Pushing Soft Stories into Newspapers**

Journalists expressed their difficulties in pushing through stories on what is considered by editors as 'soft' issues like abortion rights and maternal health. Pande, while accepting that most editors today expected a story to be 'sexy' or sensational to sustain interests of readers, said facts and information needed to be collated in an informative and interesting manner. Journalists need to work hard to make the government accountable to the people, she said, listing specific story ideas which could be followed up by journalists at the state and district level. For instance, journalists could find out the state government's position on abortion rights and the level of understanding of the issue among the health minister and other senior state leaders. The funds provided for abortion services and their utilization; data on the number of abortions taking place in districts and rural areas where contraceptives services are not available and an analysis of this information made news which editors cannot ignore, she said. Stories on health and other development issues need to be extremely well written to compete with political and news on food, fashion and celebrities and find space.

While finding space for such stories continued to be a challenge for journalists, there were some journalists who were able to push in stories with their innovative approach to

a subject. A journalist from Mumbai's Loksatta recounted her experience in bringing out a series of articles on contraceptives and reproductive health issues to demystify the various misconceptions on contraceptive pills. The journalist cleverly played on the world pill without taking the name of any brand and writing the stories headlined My Pill, Why Pill and Have a Pill, to disseminate information about the pill. Various people including the youth and doctors were interviewed and myths were countered with accurate information.

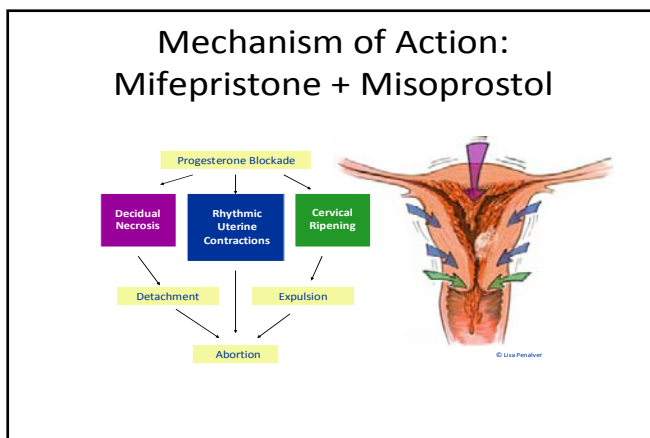
Thus, she was able to convince the marketing department that their fears that their ad revenue would be adversely affected especially from manufactures of contraceptive pills like I-Pill and Unwanted were unfounded as no brand names were taken. Thus journalists committed to writing on social issues need to use every ploy to make their stories attractive and readable, without distorting facts.

A North East based correspondent of a national newspaper narrated the backlash he suffered when the sub editor in Delhi gave a sensational headline to his story on population rising in the North East because marriage was not considered vital for raising a family. The story carried as a front page anchor had the headline 'Breeding bulls on the Rampage.' Pande said journalists need to be in touch with editors to ensure that sensational headlines and distortions do not occur.

### Technology of Sex Determination



With so much of discussion around pre natal testing and sex selection, the technical aspects of which are unknown to a layperson, Dr Suchitra Dalvie who is a gynaecologist and also one of the principal Resource Persons in the workshop, explained in simple terms how these medical procedures are conducted and for what purposes precisely. With illustrations in her power point, she went through the physiology of conception and contraception as well as the techniques of safe abortion.



She spoke about the various prenatal diagnostic techniques that were developed to identify genetic disorders before birth but can also help identify the sex of the foetus. These include the Chorion villus biopsy, Amniocentesis, Ultrasound, Pre-implantation genetic tests and Pre-conception Sex selection. She brought out the risks to the mother and unborn child associated with



these tests some of which are quite invasive.

Dalvie introduced participants to new 'family balancing' technologies such as the sperm-sorting technology called MicroSort, an experimental technique that separates sperms carrying X-chromosome from those carrying the Y-chromosome. Dalvie also explained the process of how the I-Pill works, pointing out that it prevents conception from taking place and is not an abortion method as is the general misconception.

Ultrasound image:  
Complete abortion after Medical Methods



Absence of gestational sac and the presence of intrauterine debris are typical of a complete abortion.

### **The MTP Act & Those opposing it**

Shruti Pandey, a lawyer currently working on amendments to the MTP Act, said the Indian law was fairly liberal as compared with laws in other countries but its context was family planning with only partial concern for maternal mortality. She spelt out the various provisions of the law for termination of a pregnancy and said no abortion was permitted after 20 weeks. Legally only the woman's consent is required for an abortion though service providers often insist on the husband's consent also. Only if the person seeking an abortion is below 18 or is mentally unsound, is the consent of a guardian required.



*Shruti Pandey as a speaker*

Immediate legal challenges to the law were opposition from groups working on declining sex ratio who see that as a competing, more urgent issue that must get priority over abortion rights; anti choice and religious groups; some regressive judgments including the one on the two child norm and in the Nikita Mehta case. However, she pointed out that the Indian courts have been

largely responsive to women's sexual and reproductive rights and Indian jurisprudence on public interest litigation was among the best in the world.



*Deepa Behen from SEWA as a speaker*

A community health worker from SEWA-Delhi, a traditional dai or birth attendant Deepa Bhanot working in Raghbir Nagar, an urban slum area of Delhi, narrated her experiences of providing health services to the marginalized. Though she referred most women to hospitals for delivery, several women still prefer to deliver at home. This she said was because of the attitude of the service providers at the hospitals. A woman going in repeatedly for

delivery or abortion was chastised and ridiculed about being sexually active and this was a big deterrent for hospital deliveries. Deepa said some 40 to 50 married women of Raghbir Nagar approach her for abortion services every year and she refers them to the hospitals.

### **Assessment**

An analysis of the feedback forms indicates that all participants felt the subjects for discussions were well selected, the speakers were knowledgeable, the presentations were appropriate and the resource material useful. All of them went back better informed and confident that they would be able to use the material provided for better stories. However, many felt that they needed more time at the workshop for interaction and discussion. They felt that for the subjects discussed they needed two full days at the workshop. A journalist from Rajasthan said three full days were needed for greater understanding and clarity of the topics discussed.

Since most of the participants were from outstation they arrived the morning of the workshop and some, whose trains and buses were delayed, reached after the workshop had begun. The second day by lunchtime, they were preoccupied about clearing out of their rooms and catching their trains. This was particularly felt by the two journalists from Orissa who spent close to 30 hours to reach Delhi and within 24 hours were packing up to go home. These correspondents, from the New Indian Express and Samaj, were not as oriented to health issues as some of the others who were of the level of news editors and better informed. For the journalist from Sakal newspaper too this was her first major exposure to subjects like abortion and gender rights. In fact she did not even know that women in India had the right to abortion.

Mitu Khurana's testimony and the politics of technology of safe abortions by Suchitra Dalvie received the highest rating because they were informative and made good stories for newspapers. The session with Mrinal Pande, till recently a newspaper editor, was also

appreciated but some felt there should have been more discussion and clarification of words to be used by language journalists, especially those writing in Hindi. Some journalists found the discussion on the proposed changes in the MTP Act and the critical analysis of court judgements useful. Though Shruti Pandey discussed the proposed changes to the Act, she asked journalists not to write about it lest it lead to a backlash and amendments not going through. Even so journalists felt her session gave them insights into laws and how the courts had dealt with specific appeals.

The absence of a government perspective to the discussions was also commented on. One comment was that there should have been a resource person who works on the implementation of the PCPNDT Act. Since most of the journalists were from the states they wanted background material specifically related to their states. Two or three journalists have said there should be more case studies like that of Mitu Khurana which gave a human face to the discussions. Some wanted the latest statistics and updated information.

CEHAT's film on abortions had a mixed reaction. Some appreciated the opportunity to hear voices from the field, others felt the film was dated (made almost a decade ago) and was not in depth. Some said it should have had a storyline and some positive elements should have been brought out.

Though some liked the idea of a media lab or group activities through skits, poster campaigns and radio discussions, others felt they were not given enough time to work on the activities. Many of them made impromptu scripts without rehearsal and discussion as a team.

It is encouraging that a very large number of male journalists participated in the workshop, in fact the numbers tilted somewhat in their favour. This is heartening in view of the fact that when we were earlier speaking to editors for nomination of health journalists, several of them particularly wanted to know if only women journalists should be sent. It appears to be a change from the traditional attitude of viewing these as 'soft' issues to be relegated primarily to women journalists.

### **The Way Forward**



*Participants working together*

The workshop was by and large extremely useful and informative. A few journalists were ignorant about the MTP Act and the legality of women's right to abortion so the workshop was an eye opener for them. The journalists from Orissa felt that women in their state as well as regional journalists were not aware of women's right to safe abortion and other gender rights. All

journalists and the journalists from Orissa and one of the two journalists from Maharashtra need more sensitization.

The organisers need to stay in touch with all journalists who attended the workshop. Apart from emailing those studies, updates on abortion and other related issues, it would be useful if they could be kept informed about state-specific information and given leads to stories they could follow up. The information base should be enlarged to include all health related issues—malnutrition, anaemia, new contraceptives and their efficacy.

Our experience has been that e-networks, begun with the best intentions, are not long term solutions to keep journalists involved and interested in health issues. There should be a follow up, refresher workshop with, if possible, the same set of journalists. It could include a field visit to a project site where there is zero maternal mortality because of the health services available. In addition to email information, the organizers, in particular their state representatives should be in touch with journalists by meeting them and calling them to their office for information sharing. Journalists want exclusive information so that they can push in special stories for their newspapers, so share the new information judiciously.

In newspapers, the beats of journalists keep changing. Someone who specialized in health over three to five years may suddenly find that he/she has been promoted and is now expected to cover the home, finance or industry ministry. The knowledge gained will stand the journalist is good stead at all stages of his/her life but those working on health and other development issues must be prepared to take under their wings for training and sensitization the fresh batch of journalists.