

Abortion: Legal But Lethal

IN MOST Western countries, the right to safe abortion on demand has been one of the main rallying points for the women's movement. Abortion — a woman's right to choose, a woman's right to her own body — is a women's issue, discussed and fought for by organized women. But in India, even before we demanded it, we have been handed the most liberal abortion law. Any woman over 18 can walk into a public hospital and have an abortion free of charge, if she does not want the child. No reasons have to be given and no one's consent asked.

Why this difference? In most Western countries, there is a declining population growth so their governments are keen to make it as difficult as possible for women to avoid having children. But in India, free abortion was just a part of the family planning programme. The State blatantly tries to control women's bodies as means of reproduction — abortion laws have been liberalized in India not out of any concern for women's rights.

However, despite this law, most Indian women still buy drugs from the herb-seller on the street or call in an untrained *dai* to perform the operation. Often, the result is an incomplete abortion, severe bleeding, and if the patient does not reach a hospital in time, infection in the uterus and death. The estimated number of induced abortions in India is between two million and nine million. Of this number, only 250,000 are performed in hospitals.

The law stipulates that abortions must be performed only by specially certified doctors and clinics. The number of such places is most inadequate. Theoretically,

all primary health centres, which exist at a ratio of one for every 10,000 people in rural areas, should be capable of performing abortions. But most of them do not have proper equipment or certified doctors. Thus rural women continue to rely on whatever they relied on in the past.

The operation is simple enough. The cervix is dilated slightly. A small instrument called a curette is inserted into the uterus and a suction pump applied. The entire contents of the uterus are sucked out in half a minute and the entire operation is over in five to ten minutes. The suction pump is a simple instrument and costs about Rs 2,000. If no suction pump is available, the contents are cleaned out by hand. This process is more painful and takes a longer time. It can be done until 12 weeks of pregnancy. From 12 to 20 weeks of pregnancy, a more complicated process is necessary. It is called "salting out." A salt or sugar liquid is injected into the uterus to replace the amniotic fluid and the dead uterus is delivered in the normal way. Injections are also used to start labour pains so that the foetus can be expelled. For this operation the woman has to stay a couple of days in the hospital.

Why are the available facilities so sparingly used? Part of the reason lies in the lack of knowledge. The fact that abortion is freely available has never been adequately publicized by the government. A signboard in front of the hospital and at one or two other places is all we have. The general attitude is that abortion should not be too widely advertised — it seems as if the authorities believe that the knowledge of freely available abortion will lead to its



being used as a family planning method, so they give it less emphasis, and put more emphasis on contraception.

This approach misses the point that abortion is already the most widely used method of birth control — thus the availability and knowledge of better and safer methods would not be creating a demand for abortions. It would just help those women who now get abortions done by unskilled people, to get them performed with some care.

However, a visit to the public hospitals in Bombay where abortion is done, is enough to help one understand why women prefer not to go there. "One thing a woman wants when she is having an abortion is anonymity — she wants to get the business over fast, with minimum fuss, with some sympathy", says a woman; doctor, "But in a public hospital she stands in a queue for two hours, is checked up, then sent for an operation. The whole procedure can take up to five hours and if her turn comes late, she may have to return the next day. If she is a working woman, she has to take two days leave. All this is quite unnecessary. A section separate from the main hospital, where women could come, get checked and proceed immediately to an abortion would really help speed up the process and provide anonymity to the women."

The worst part comes when the woman is having the operation. I will describe two that I watched in a Bombay public hospital.

A 25-year-old married woman with a one-year-old child. She lay on the table,

legs in the stirrups, sari up to her waist. Her eyes cloud over with unshed tears. The doctor enters, hurriedly looks over her record and grunts, "You'll put in a loop. The woman says: "No". The doctor shouts: "You'll just go and do it again. Because this is free you think we'll do it all the time. You stupid woman! I'm not doing the operation." And she removes her gloves. A ward boy enters. The woman asks if he can be told to leave. No one listens. The eyes are still clouded over. The doctor insultingly demands: "Well, will you put it in? See, it's Swiss—it's really expensive. Say yes, and we can go ahead." Defeated, the woman gives her consent. And by now the tears are falling from her eyes.

The second is a salting-out operation performed on a 14-year-old girl. She has been in the hospital under treatment for two days but the foetus has still not been delivered, so she is being taken into the theatre, I ask her how this happened. She is from a rural area and one day coming home from school, a man... While she is on the table, the dilation of the cervix causes the foetus to drop out. The girl screams in pain. The doctor bends down and picks up the foetus. It is no bigger than a thumb nail. All covered in blood. She waves it in front of the girl's nose : "Do you see the arms and legs—now will you do it again?"

I couldn't stand it any longer and fled from the theatre. When I protested to the doctor who is also a young woman, she knowingly explained : 'These women have no morals. They are all out for some fun. They have a good time, don't think of the consequences and then come along to us. For them the operation is a simple *golee nekalo.*"

Morals ! The doctors are usually from the middle class and they treat the poorer patients worse than dirt. Also, most of these doctors are anti the idea of abortion. This has been confirmed by various surveys conducted to document the attitude of doctors to abortion.

In a gynaecological clinic in a poorer

area, a woman came in squirming with pain. The woman doctor examined her and told her she was pregnant but there was bleeding. The woman began crying: "I have four children, my husband is a drunkard, he gives me no money, I don't want a child." The doctor, very calmly and as if this was a scene she often witnessed, soothed the woman and said : "We will do everything we can to save your child from a miscarriage." The woman went away sobbing. Her next stop would probably be

planning, which so deeply affect women's lives, and have been mishandled by the government in a manner extremely harmful to women. We should begin discussing and organizing around the demand for separate abortion centres, the starting of counselling centres where women could go for information and advice, the training of *dais* and nurses to perform abortions.

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—Ira Roy

a local quack abortionist. When I asked the doctor why she had not told this woman that abortion is available free at the hospital, I was told : "A doctor's job is to save life, not to take it. I am against abortions and I will not tell any of my patients about it." This superior, "holier than thou" attitude was horrifying enough. It was also a shock to find that even the women who had undergone abortions did not at all object to the treatment they were getting. None of the twenty women I talked to, felt they had anything to complain about. Perhaps they felt that since they were getting free treatment, they had no right to complain.

Despite the existence of small women's groups the country over, it is sad that none of them have taken up the issue of women's health, abortion and family

biology and the science of reproduction. We need to start studying and discussing our sexuality. This is the only way we can discover how badly our sexual responses have been distorted and damaged by our enforced ignorance. I had one such discussion with two factory women. The response was: "Why haven't women talked to us about this before ? They have always talked to us about the factory, wages, conditions of work. Of that we are quite aware. Of these sort of things, not at all." The topic was that women too can experience orgasm. Most of us are kept in ignorance of the way our bodies function. Such ignorance is supposed to be part of a woman's "innocence", "chastity" and "femininity" but is often responsible for widespread disease and death among women. □

