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When Stigma Kills: Why Abortion In India is Lethal Even Though It's Legal

By Mallory Moench

Tanvi and Meera had one thing in common this year: neither wanted to get pregnant, but both did. Tanvi, a single, college-educated woman in Delhi, had a one-night stand. Meera, a truck driver's wife in a rural village, already had two daughters, one who was disabled.

The women both underwent abortions. Only one survived.

Even though abortions before 20 weeks have been legal in India since 1971, as many as three women die every day from unsafe abortions, government data shows. India has the fastest growing population in the world and the largest number of women without access to contraception. Half of all pregnancies in India are unwanted, resulting in more than [15 million abortions a year](#). Many go unreported, taking place in the shadows because of stigma.

Although a new generation in India is growing more open about sexuality, getting pregnant outside of marriage can still ruin a woman's reputation, shame her family and damage her future prospects. Tanvi, who is socially liberal and highly educated, asked for her last name not to be published because she feared what her parents would think. Even if women are already married, abortion is still taboo.

"Nobody would want to talk about it because there's a morality attached to it," said Sanjeeta Gawri, a maternal health specialist who works with CommonHealth, a nationwide network of abortion providers. "If I have abortion services, I would be seen as a bad woman, I'm killing a life inside me."

Under the [Medical Termination of Pregnancy Act from 1971](#), women can get abortions up to 20 weeks if they were raped, face medical risks, or contraception fails. This year, half a dozen legal complaints filed in the Supreme Court of India challenged the deadline for young rape victims. Amendments proposed in 2014 would raise the limit to 24 weeks and let more providers conduct abortions, but they're still being debated by the government.

In the past decade, access to trained doctors and medical abortion pills expanded. Maternal deaths caused by unsafe abortions dropped by 75%, government data shows. Yet the stigma persists.

Women, fearing exposure, often avoid public hospitals. Instead, they seek out unregulated private clinics, visit local healthcare providers or take over-the-counter abortion pills without medical supervision. Where a woman lives, how much she knows about abortion and where she goes for the procedure can make the difference between life and death - like it did for Tanvi and Meera - but the shame they share is the same.

When Meera got married at the age of 18, she moved from her parents' home to Fufundi, a village of 400 farmers in the eastern state of Jharkhand. Goats graze along the village's paved

road snaking its way past clustered brick homes. Phosphorescent-green rice paddies spill into the countryside.

Meera's husband works as a truck driver in another state and returns home every six months. Their first daughter, Pallavi, was born with a serious disability. Now five years old, she can barely speak, walk or feed herself. Three years later, the couple had a second girl, Suhani.

Last spring, Meera called her husband with the news: she was pregnant again with a girl. She had an ultrasound from a local doctor to prove it, although at only three months pregnant, it was too early to tell. But in rural India, there's money in abortions - especially if you find out it's a girl.

Meera's husband instructed her to get an abortion, her relatives said. She didn't tell her family whether she agreed, but she did as she was told.

When Meera left Fufundi on June 4, she didn't tell her in-laws, neighbors and local health workers that she was going to get an abortion. She attended a family wedding in her home village and then traveled to meet her two sisters in Hazaribagh, the district capital. Their destination was an abortion clinic called Jyothi, formerly run by a reputable non-profit organization called Population Services International.

The organization closed the clinic in 2015 because, a representative said, it wasn't earning a profit. Shortly after, a man named Rakesh Kumar re-opened it under the same name and hired a nurse and a compounder, who mixes chemicals. Nobody in the community realized the place had changed hands.

At 10 a.m. on June 16, Meera and her sisters showed up at the clinic. What happened that day is hazy, and this account is pieced together from interviews with local health workers and Meera's family.

At noon, the clinic staff wheeled Meera into the operating room while her sisters waited in the reception area. A few hours later, the staff told them that "the medicine" – presumably, the anesthesia – was wearing off and Meera was in the recovery room. The procedure should have taken no more than 10 minutes, but her sisters didn't know that waiting longer meant something had gone wrong.

Around midnight, chaos erupted.

Meera's sisters overheard the staff saying that Meera was bleeding too much. The compounder tried to get Meera's family to take back their money, saying that he couldn't treat her and she needed to be moved to a hospital. They put Meera into a three-wheeled auto rickshaw outside, locked the clinic doors and fled.

By then, Meera's family said, Meera was already dead.

Two months later and 750 miles away, Tanvi lounged on her couch in shorts and a tank-top on a muggy Saturday afternoon during monsoon season. An ashtray with cigarette butts sat on the floor. Her laptop playing Netflix lay open in front of her.

Tanvi grew up in Bihar, the state neighboring to Jharkhand, before she moved to the capital at the age of 12. There, she attended an elite school and graduated from Delhi University. She jokingly calls herself a late bloomer: unlike her friends in prep school, she didn't have sex until she met her first boyfriend at a party when she was 21.

They dated for four years and broke up in 2015 because she couldn't see their future together. Tanvi started spending more time with a male friend, flirting and growing closer until, one night last February, they had sex. They used a condom, and the day after, she bought an emergency contraceptive pill at the local pharmacy, just to be sure.

Tanvi didn't even notice when she missed her period. When she started to feel lethargic and bloated, she wondered whether there was something going on. Even after she took five different pregnancies tests, she still couldn't believe the news. For Tanvi, who has worked with a sexual awareness non-profit organization for two years, it wasn't as much a question of whether to abort, but how.

"I knew one thing, I had to get rid of it," Tanvi said. "To start with, my partner wasn't equally involved and I didn't want to be a single mother at any cost. I wasn't ready for it, not financially, socially, emotionally, and psychologically."

Tanvi, who had counseled a friends through abortion, knew where to seek help. She found a private abortion clinic near her apartment; her partner accompanied her to her first appointment, but none afterwards. At first, the doctor couldn't see the fetus in the ultrasound and worried the pregnancy might be ectopic – meaning it was growing outside of her womb. Tanvi had to see another provider to confirm the pregnancy and be prescribed pills to end it.

Two weeks of agonizing waiting after her first appointment, Tanvi took the pills under her doctor's supervision. She'd read online that women bleed heavily for a couple hours after a medical abortion, but at home later that day, she barely bled.

She contacted the doctor, and had to return to take a second set of pills. Finally, she started bleeding with the worst cramping pain she had ever experienced. A week later, multiple ultrasounds confirmed: she wasn't pregnant anymore.

Tanvi is now the same age Meera was when she died: 25. For both women, each possibility for their abortion – a public hospital, a private clinic or taking pills from a local pharmacy – came with its own perils. But where Tanvi had the resources, access and awareness to visit a reputable private clinic and seek help when something went wrong, Meera lacked knowledge and options.

In India, a country of more than one billion people, trained abortion providers are scarce. In some rural areas, women have to trek up to 20 miles to reach a public hospital with a doctor licensed to conduct abortions, and not everyone can afford or wants to make the journey.

Distance wasn't the issue for Tanvi or Meera, though. Fufundi is only three miles from the nearest public hospital. In Delhi, Tanvi had her pick of the nation's best facilities, but she never considered going to a government-run hospital. Like most women, she avoided them because of their reputation for not protecting patients' privacy and providing lower-quality care than private clinics.

Inside a public hospital in rural Jharkhand – the only licensed abortion provider in a 20-mile radius – two doctors, B.K. Singh and Meera Arun, sat at a table in the bare intake room. A line of patients waiting for general consultations wound out the door. A ramp led to the operating room on the floor above, where abortions are performed using a medical suction process.

Dr. Singh and Arun have been trained in safe abortion practices by a non-profit organization, IPAS Development Fund, which partners with the government. The doctors recounted horror stories from a decade ago when women would arrive at the hospital, bleeding from botched abortions using sticks, but those extreme cases are rare nowadays.

At the hospital, the number of abortions increased in the past two years. Half of the patients are girls under the age of 18 who want to hide their pregnancy. Dr. Arun said the fear of public hospitals violating privacy is unfounded, because women who travel long distances to hospitals are less likely to encounter someone they know – helping to ensure their abortions are kept secret.

Many women still prefer private clinics, though, no matter how costly or dangerous they may be. In the unregulated private sector, prices vary wildly depending on the patient's desperation. In rural Jharkhand, for-profit clinics charge up to \$45 for an abortion at three months and up to \$400 for an illegal abortion at six months. To pay, families sell cows, jewelry and land, or borrow money with interest rates as high as 10%.

Clinics run by non-profit organizations usually offer subsidized costs. Some sell contraception to support their operations, but if they don't turn a profit, they can close and leave a vacuum that is sometimes filled by unscrupulous or untrained providers.

Most often, patients turn to local “doctors,” who usually don't have medical degrees but are trusted members of the community. They sometimes allow women to pay for abortions in installments or work in their house in exchange for the service.

In the main town nearest to Fufundi, Bishwakara Yogendra presides over his three-room. The middle-aged health care provider, who is trained in homeopathic medicine, has been performing abortions for 15 years, but he hasn't been trained or licensed by the government to do so.

Inside the clinic's first room, medicine boxes crowd ramshackle shelves. In the second room lie three wooden beds covered in medicinal green cloths. A saline drip hangs limp from a metal stand.

Yogendra's patients come from villages as far as 18 miles away. His price depends on the gestation period: a procedure at three months costs \$30. About a quarter of the abortions he performs are for unmarried girls, and he said he has been threatened multiple times when the community found out.

Yogendra and other providers use either a medical suction procedure to remove the fetus or administer abortion pills – a combination of two drugs, mifepristone and misoprostol, taken a day apart. The pills are available over the counter throughout India, but most pharmacists don't know the correct dosage or possible side effects, a [2016 study in Delhi](#) found.

Doctors and activists praise the pills for making abortion affordable and accessible, and Vijay Manning, director of IPAS Development Fund, credits the pills with reducing maternal deaths. But pills can still be dangerous if not prescribed and taken properly.

[One study in 2015](#) found that a majority of patients who self-administer abortion pills experience excessive bleeding and a few even undergo severe anemia or shock. Most of the abortions studied were unsuccessful and required medical help. Doctors in rural Jharkhand and Delhi said a majority of the patients they see come in with complications after taking pills. They urged the government to regulate over-the-counter sale of pills and train pharmacists to give knowledge about how to use them.

Tanvi knew how risky it was to take pills on her own. She spent \$150 on the medication and doctors' fees, and counts herself lucky. She knows friends who were charged double that price and berated at the clinic for having had premarital sex. Even though Tanvi shares confidently about her abortion, she doesn't want her identity fully revealed and hasn't told her family.

"They might think that 'she engaged in premarital sex, she's not a good person,'" Tanvi said. "They won't see it as something medical, as something that went wrong."

Meera's family are still trying to find out - and prove - what went wrong in her case. They filed a police report the day after her death. The nurse and compounder were arrested, but the owner ran away. No-one has been charged yet in connection with the case.

The clinic where Meera sought help is now padlocked and dusty, its original name, Jyothi, still etched on the glass front door. Two months after her death, two women showed up at the clinic, seeking abortions.