Minutes of meeting on Small Family Norm and Reproductive rights

The meeting held at the AIDWA office on 15.12.07 was attended by Ranjana, Maimoona, Sreeja, Sindhu, Albeena, Sehba, Rejja, Kirti, Aditi, Malini and Sudha. The agenda was to work out some focal points regarding issues of women’s health in the context of the 2 child norm and the continuing assault on women’s reproductive rights on which AIDWA needs to intervene.

From the discussion, the following points emerged:

a) With safe contraception and assurance of child survival, having a small family would be a master of voluntary choice made by women. Planning her family is an important right to which all women should have access and safe contraception should be a demand that should be raised to meet unmet needs of family planning for women. Today, there is a very wide gap between the demand from women and the provision of safe services by the state.

b) At the same time, we find that while the National Population Policy 2000 clearly states that family planning should be completely voluntary and based on adequate information, in some states. Population Policies have been put in place which include disincentives to enforce a small family norm. In some states, those having more than two children are debarred from contesting panchayat elections. Such disincentives tend to be coercive and further disempower the poor and the women. Therefore campaigns should be launched to withdraw such policies, wherever they are still existent.

c) Even the SC has recently made some adverse observations on the measure approved by the Health Ministry to make Janani Suraksha Scheme accessible to women with more than 2 children, following which the Government has postponed its implementation. It was decided that Kirti should get the exact documents on this and then on the basis of that AIDWA may move Court to write to the Ministry seeking its response / do active campaigning to highlight the deleterious effects of such observations.

d) It was also observed that terminal contraception for women was the most widespread method used in family planning while safe barrier and spacing methods are not so accessible. Illegal abortuous are still widespread as a method of contraception and even the clause in the MTP Act, which makes failure of family planning one of the possible causes for which MTP may be allowed, is often misused so that to observe the small family norm, a woman has to go through repeated abortions thus jeopardizing her health and increasing cases of MMR. Terminal contraception after abortion is sometimes resorted to without informing the woman even in government hospitals. Enforcement of small family norm together with son-preference becomes a lethal combination for the girl-child and the mother; the former is eliminated and the latter’s health and life are jeopardized through sex-selective abortion. While we would not like to dilute the right of a woman to terminate her pregnancy under certain circumstances, we have to work towards an understanding of how to protect women legally and socially from repeated enforced abortions and sex-selective abortion.
For school going girls, trained teachers played a key role in providing information promoting the understanding and acceptance of the HPV vaccine by girls and their
e) Another crucial point that came up in the course of the discussion pertained to the proliferation of hazardous and untested drugs and techniques for contraception in a liberalized regime. The I-pill and other drugs as well as abortion-inducing drugs which are being powerfully advertised, and sold over the counter without any medical supervision was a matter for concern. Keeping in mind the fact that young adults are particularly exposed to such drugs, and that they are particularly in need of friendly counseling regarding safe contraception, it was proposed that AIDWA should have a consultation with experts regarding this whole issue, gather as much accurate information as possible, and then go in for a wider campaign on this issue from them.