Report of State Consultation

Expanding Access to Reproductive Rights: Using the Law to Guarantee Sexual & Reproductive Health and Rights

Date:21st & 22nd October 2019

Venue: Rajasthan Prodh Shiksha Samiti,

Jhalana Institutional Area, Jhalana Dungri, Jaipur

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On

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ACRONYMS-

CEDAW- Convention for Elimination of all Forms of Discrimination against Women

CHO- Community Health Officer

FP-LMIS- Family Planning Logistics Management Information System

IMR- Infant Mortality Rate

MMR- Maternal Mortality Rate

NCDs- Non-Communicable Diseases

NHM- National Health Mission

PIL- Public Interest Litigation

PCPNDT- Pre-Conception & Pre Natal-Diagnostic Techniques Act 1994

SRHR- Sexual & Reproductive Health and Rights

TFR- Total Fertility Rate

Introduction:

Health has been characterized as a state of complete physical, mental, social and spiritual well-being, and not merely an absence of disease or infirmity. However, it was soon realized that there are wide disparities within and across countries based on income, gender, locations and social segmentation which push vast majority of the citizens experience adverse health consequences. Therefore, health has become a political and governance issue but above all it is a fundamental human right.

The public health services are inadequate in India. Maternal mortality rates and infant mortality rates are declining is slower than the neighbouring countries. Pregnant women in villages and tribal areas are still not able to access medical care because the sub health centres, primary health centres and community health centres are not functional in the manner as they should be. Another important aspect of sexual and reproductive services is accessibility to safe contraceptive methods. Despite several options for contraception, there is a constant push to promote sterilizations, the whole burden of which falls on women. Quality parameters during sterelisation operations are often found to be below the par due to which large number of sterilisation failure and death cases are reported every year.

Only a very inclusive health policy can increase the status of health in our country and reduce MMR and IMR. Accessibility to good quality health care at affordable rates can help India achieve the goals set by the health policy. For this we need an increase in the health budget as well as demand for free medicines and diagnostics scheme which will reduce the burden on the families while getting medical treatment and will also help eradicate irrational medicines from the market. To attain the goal of universal health care, a separate law is needed to make public health a right. One of the most important aspects in increasing the health standards of a nation is improving the sexual and reproductive health services in the country.

Article 21 of the Indian Constitution provides "*Protection of life and personal liberty*" that clearly states that "*No person shall be deprived of his life or personal liberty except according to procedure established by law*". Right to Life is one of the fundamental rights that encompasses right to health. One can achieve a good quality life only if she or he attaints a high standard of health. Through legal intervention the constitutional mechanism can be used to bridge the gap between government assurances and the abysmal ground realities of the sexual and reproductive health delivery services.

Introduction to the Consultation

In light of the above evidences and indicators, it is very important to ensure that Sexual and Reproductive Health and Rights stay intact. With this objective, Prayas and Human Rights Law Network (HRLN) since past some years have been engaged in promoting sexual and reproductive health rights through varied advocacy measures, one of them being the legal route. In past about five years, Prayas and HRLN have identified more than a thousand incidents from different parts of the country citing diverse violations and denial of sexual and reproductive health and rights and through citizen-based advocacy and legal tool tried to claim justice in those cases. The State Consultation on 'Sexual and Reproductive Health and Rights in India: Reviewing Laws, Policies and Practices" jointly was organized by Prayas and HRLN at Rajasthan Prodh Shiksha Samiti, Institutional Area, Jhalana Dhungri, Jaipur on 21st & 22nd October 2019. Purpose of this consultation was to create a platform where the experience of interventions around SRHR through legal advocacy could be shared with other likeminded individuals and groups and at the same time the current laws, policies and practices that impact SRHR can be deliberated upon to identify gaps and areas where focused efforts are required. Around 115 participants joined in this consultation including health activists, legal experts, civil society groups, women organizations, marginalized groups, doctors, lawyers, students, government representatives and media to help understand how using law accessibility to sexual and reproductive health and rights can be expanded.

Objectives of the Consultation

- To create a forum for sharing and discussing good practices, lessons, as well as the barriers and constraints in realizing sexual and reproductive health and rights in India
- To review the existing policies, programmes, schemes and legislations (including international obligations) related to sexual and reproductive health in India
- To deliberate on achievements, challenges and processes in claiming sexual and reproductive health and rights using law
- To sensitize and build capacity among judicial and legal fraternity around sexual and reproductive health and rights
- To equip CSOs and NGOs, especially those working in marginalized communities, with tools and information to make effective use of law in advocacy for sexual and reproductive health and rights
- To identify and draw consensus on issues and agenda for further advocacy, research and action around sexual and reproductive health and rights, especially using l

Inaugural session:

The session began with a brief introduction of the participants. Welcome note and background to the training was given by Ms Chhavi Sharma, Prayas. The Opening Session was chaired by Shri A. K. Pande (Retired IAS, Ex Chief Election Commissioner Rajasthan Government) with Dr Narendra Gupta (Prayas) and Prof. Lad Kumari Jain (Ex-Chairman, Rajasthan State Women's Commission) on the panel.

Session 1: Background and Objectives of program:

Dr Narendra Gupta, Prayas

Dr Narendra Gupta extended a warm welcome to the speakers and participants to be part of the consultation on such a short notice and succinctly provided the background and objective of the consultation. He stated that the consultation majorly outlines the idea of 'health for all' and accessibility of health services to each individual. Dr Gupta started by providing a brief

background to the consultation talking about accessibility of health services and quality of those services is a crucial component to be measured. He also stressed upon the reach and accessibility of health services difficult for populations living in hard-to-reach areas and Socio-economically disadvantaged and marginalised sections making them even more vulnerable to access quality health services. This further leads us to other interlinkages that might affect their health outcomes such as nutrition, living conditions and sanitation facilities.

Dr Gupta laid out the objective of the consultation focusing on women's health, specially their sexual and reproductive health. He highlighted that although Right to Health is not yet realized as a fundamental right in the country but in the past year conversations regarding the same have surfaced in various national and state level forums on health. Dr Gupta shared that Rajasthan Government has initiated conversations on Right to Health and several consultations with the government have resulted in a committee that has been constituted to facilitate further discussion.

He also touched upon issues such as shortage of human resources being the key as part of delivering quality health services and the disparities around it with respect to the urban and rural areas. Dr Gupta provided insights on how Rajasthan as a state cannot be said to do well in terms of health indicators especially for sexual and reproductive rights as compared to some of the southern states but is still better than Uttar Pradesh, Bihar, Madhya Pradesh, Odisha etc.

In his address, he points out towards the disparities in administration and management of healthcare services in the country. Public sector providing state sponsored healthcare and the presence of large private corporations with parallel commercialised healthcare system seeking returns for their services. Then comes the civil society organisations that deliver healthcare services in the society funded by individual donors and funding agencies operating not-for-profit. Amidst this confusion, they seem to be lacking a sense of integration amongst each other, patients are treated as 'clients' and doctors as 'service providers' but the major issues such as 'out of pocket expenditure' for the ones who cannot afford healthcare have still not been dealt with. He highlights that out of the 100 rupees that one spends on healthcare 65 is

out of pocket with further pushes the socio-economically weaker sections into the trap of poverty. Most of these expenses are incurred in primary care inspite of the presence of the provisions for health and wellness centres and insurance under Ayushman Bharat Scheme.

While concluding his address, Dr Gupta urged the participants to contribute in preparing a charter on how health services should be conducted in the State of Rajasthan to ensure quality healthcare services to everyone.

Prof. Lad Kumari Jain, State Women Commission:

Prof. Lad Kumari Jain began by thanking Prayas for their efforts and awareness workshops on sexual and reproductive rights. She shared that Rajasthan University Women Organisation "Rucha" runs a shelter home for women victims under Swadhar Grah Scheme since 1987 and also unveiled the 24-hour helpline numbers for women and family counselling. She mentioned about the rights of domestic workers and how they were included in the 2013 Vishaka Guidelines and shared instances of sexual abuse at households faced by domestic workers majority of which go unreported. Prof. Jain touched upon issues with legalizing live-in relationship in line with domestic violence and briefly discussed the comments stated by the State Human Rights Commission giving directions to governments to run advertising campaigns against live-in relationships on various media platforms.

She elaborated on the concept of domestic relations and problems with customary laws, family laws and personal laws being gender biased. Sharing her experience with women who become pregnant without marriage and have to run in order save their life, face violence in the name of honour killing seek shelter in homes run by the organisation. Adolescent girls who face sexual violence or abuse by family members or custodians also struggle to voice out their suffering and end up being blamed for acting against social norms.

She briefly touches upon various rights and legislations along with their provisions that are available for legally safeguarding women's rights such as Article 21, 32, 42 by the Constitution of India, The MTP Act with relation to abortion rights, and The Guardianship Act among

others. The 1979 Convention for Elimination of all Forms of Discrimination against Women (CEDAW) treaty by the United Nations that was signed by the Government of India in 1993 also came up as an important benchmark for all laws made in the country. She categorized Gender based violence into three categories, namely: Domestic violence, Sexual violence and Pre-birth elimination of female foetus. She urged the participants to engage in awareness campaigns highlighting rights that are available to women who face violence of any kind.

She concluded by suggesting the following points:

- Developing awareness among the society for social acceptance of choices of women and girls. The girl should have the right to say “no’ and should closely be linked with sexual and reproductive rights.
- Sex education and awareness.
- Interdisciplinary and multi-dimensional implementation of laws and no just their existence on paper.

Shri A. K. Pande, Retired I.A.S

Shri A. K. Pande summarised the points raised by both Dr Narendra Gupta and Prof. Lad Kumari Jain highlighting the importance of learning from various health indicators and instances of violence against women along with the legislations that are available for protection of women. He emphasised on the need for Right to Health and health services have surely improved if we look at things in retrospect but we need to speed up the process to increase reach of these benefits.

Session 2: Legal advocacy in Rajasthan for SRHR

The session was chaired by Mr. Sawai Singh along with Shri Sudhendra Kumawat, (Advocate, Rajasthan High Court Jaipur) and Ms Chhavi Sharma (Prayas) on the panel.

Ms Chhavi Sharma, Prayas:

Ms Chhavi Sharma (Prayas) started the session by seeking knowledge about Sexual and Reproductive Health from the participants. She elaborated that sexual and reproductive health is not only restricted to violence or physical damage to an individual but also connected to an individual's physical and mental health. It also establishes linkages with freedom of choice to form relationships, right to privacy and sexual relationship choices between males, females and the third gender. Ms Chhavi briefly introduced some legal issues and points that encompass sexual and reproductive health:

- Violence on women & Gender-based violence
- Abortion rights
- Issues around Infertility
- Maternal & Neonate Deaths
- Sterilization failures & Death during operations
- Adolescent & Adolescent Girls Health
- Women & Child Trafficking
- Issues around Child Marriage
- Benefits under various health social security schemes such as JSY, JSSY etc.
- Safe institutional delivery
- Sexting
- Cybercrime in relation to sharing individuals' intimate and personal data
- Protection of Children from Sexual Abuse
- Issues around Sexually Transmitted Diseases & HIV
- Accessibility of contraceptives methods for all genders

She followed up the discussion with ways to approach the beneficiary or victim who has faced any of the above issues or to know the prevalence of such issues in our society.

- Through the health worker or if someone living in that community has gone through a similar instance of violence
- Through networks such as NGOs and other Civil Society Organisations
- Stakeholders in the community
- Close friend and relatives
- Family members of the victim
- Media and Voluntary Organisations

Ms. Chhavi also explained steps for fact finding and reporting around an incident in order to help the victim or beneficiary who has been violated of their rights and entitlements:

- Finding Local contacts in the area,
- Family members of the victim and witness,
- Interviews with health providers and health facility,
- Collating required documents relevant to the incident
- Documentation of the incident
- Filing a case
-

Shri Sudhendra Kumawat, Prayas

Shri Sudhendra Kumawat briefly stated that there have been instances where the provisions of any law or act are not accessible to the victim, in such cases legal discourse is adopted and cases are filed in courts. He also discussed the provisions of one such law, The Medical Termination of Pregnancy (MTP) Act 1971 which allows for termination of pregnancy up to 12 weeks in consultation with one doctor. For termination of pregnancy more than 12 weeks but up to 20 weeks opinion of two specialist doctors is required. In case the pregnancy is more than 20 weeks, the beneficiary is bound to take permission from court for termination.

He elaborated on the work done around the issue of sterilization in all 33 districts of Rajasthan where legal precedence was followed and cases were filed in Jaipur and Jodhpur High courts for negligence during sterilization procedure and compensation of Rs. 30000 was given to the beneficiaries. He also explained the Family Planning Indemnity Scheme (FPIS) and provisions laid out by the scheme in cases of death of beneficiary after operation:

- Within 7 days of the operation: 2 Lakh compensation
- Between 8-30 days of the operation: 50000/-
- Failure of sterilization operations: 30000/-

He further briefed the participants about the court cases filed in the last 5 years related to sexual and reproductive health. A total of 102 cases were filed and in more than 50 cases Prayas helped the beneficiaries in seeking legal help and ensured compensation under the scheme. Other issues where legal help can be sought under various state sponsored schemes are maternal deaths, infant deaths and infertility. He informed specifically for issues regarding infertility, that couples who can't bear children can seek relief under a notified order by the Rajasthan Government dated 13 January 2013 to provide a compensation of Rs. 20000/- and he also discussed a case where the beneficiary couldn't avail benefits under the scheme.

He informed the group about Public Interest Litigations (PIL) filed with respect to health facilities in Pratapgarh district (Rampuriya PHC and Dhariyabad PHC) in which the court took cognizance of the petition and instructed to constitute a monitoring committee involving the health facility staff, NGOs, and a member from the state government to review the issues mentioned in the petition. He also informed that other PILs and writ-petitions have also been filed with the courts on issues of Sexual and Reproductive Health Rights (SRHR) and Child trafficking. He elaborated for the participants that if there are any women and children kidnapped or lost from the community, such cases have also been highlighted to the courts through 'habeas-corpus'. Also PILs on the issue of unnecessary hysterectomies have been filed in the courts.

Mr. Kumawat later pointed out to some challenges faced:

- Effect of technology on sexual violence
- Lack of awareness and negligence
- Families hesitant to talk about issues of sexual and reproductive health
- Lack of documentation related to the cases
- Victims hesitant to file cases in court

- RTI information not accurate
- Pressure on victim's families

Concluding his address, he shared about the concept of Lok Adalats, and seek legal discourse through these Adalats in case of violation of health rights. Lok Adalats and Permanent Lok Adalats are set up in every district of the country under sub section (1) of Section 22-B of the Legal Services Authority Act 1987. Rajasthan Government has notified following public utility services in the jurisdiction of permanent Lok Adalats:

1. Air, road, rail and water ways services for passengers and goods transport
2. Postal and telephone services
3. All enterprises which provide electricity and water
4. Public hygiene and sanitation related services
5. Services of hospitals and health centres
6. Bank, insurance and financial services
7. Housing and land resources services
8. Liquefied petroleum gas services
9. Education institutions

Mr. Sawai Singh concluded the session by thanking the panel and highlighting that the information shared still has to travel a long way to be able to reach each and every household. There are challenges to ensure accessibility and quality of health care services in the villages and hence the organisation working in these areas should work towards making these facilities available to common man. Public health services and their deteriorating quality of infrastructure is the biggest challenge and how can we generate curiosity among the community to demand those services as their right.

Session 3: Reproductive health rights & Maternal health, access to contraception and choice

The session was chaired by Dr. Malti Gupta (Senior Social Activist, Jaipur) along with Dr Pritam Pal (Public Health Specialist), Dr Prem Singh (Technical Advisor, Health & Wellness Centre NHM Jaipur) and Shri K. G. Soni (State Coordinator, Family Welfare Programme UNFPA Jaipur) on the panel.

Reproductive health through a rights perspective

Dr Pritam Pal, Public Health Expert

Dr Pritam Pal started by saying that before talking about reproductive health and rights attached to it we should understand that existence of socio-cultural norms and patriarchal beliefs in the society has made it difficult to realise these rights as the basic existence of being a women is in question. We should be asking each other that before fighting for right to privacy and women having the choice to bear children etc. are the families and people around her ready to give that right to a women. She also pointed out that although our standard of living has improved but the structures of hierarchy, othering of women, misconceptions in different social strata has created an environment which makes it difficult to talk about rights. There needs to be a new beginning to understand these issues afresh in an unbiased society in a way that the women are themselves able to demand these rights without fear.

She pointed briefly to the social construct around menstruation in the country where women during menstruation are still considered impure during the days of bleeding and are measured between sin and virtuous deeds. In 2017 Nepal passed a law punishing people who force women into exile during menstruation is a remarkable example to adopt new ways and

understanding of the context that women lead their life. There needs to more focus on thinking that do we need reproduction at the cost of maternal deaths, where most of them could be saved and happen either because of poor facilities or lack of knowledge.

She highlighted that rights and responsibility go together. If someone wants to claim their rights there has to be someone who has to responsible to deliver them. Various reproductive treaties have been signed by our country but they still lack accessibility and implementation on the ground. She also insisted on conversations around sex education among children and adults and how there is accessibility to information but no one wants to talk about it and the need to do some research on sexuality and mental health among children living in hostels of various institutions and there are interlinkages.

Concluding her address, she touched upon sharing of landmark judgements which highlight the usage of Article 14, 15, 21, 51A etc. to talk about rights. It also helps in providing weightage to the applications or cases that might be filed by the participants. She also urged that there needs to be a movement demanding increase in contributions to health sector by the state which currently rests at 0.34% of GDP and 2.3% of total budget in order to wholly realize these rights.

Health insurance and reproductive health rights

Dr Prem Singh, technical Advisor, NHM, Jaipur

Dr Prem Singh in his presentation explained concept of Health and Wellness Centres and Insurance scheme under Ayushman Bharat. The need for the same was realized when there was a reduction in accessing public health facilities. In the NSSO 71st round survey only 28% rural population and 21% urban population accessed public health facilities. Also the facilities and health services delivered in current scheme by the state cover only 28-30% health needs of the society. He also mentioned the burden of outpatients on secondary and tertiary care is due to an improper or non-functional referral system. There seems to increase in the number of deaths

by hypertension, diabetes, and cardiovascular diseases (NCDs), and there was not much attention given to the same at the health facilities.

He elaborated that with the introduction of the health and wellness centre under the Ayushman Bharat scheme, health services have been expanded and divided into primary, secondary and tertiary with focus on preventive, promotive rehabilitative and palliative care at the sub-centre level. The insurance scheme under the Ayushman Bharat will be not only be available at secondary and tertiary level but also cover private hospitals as per the provisions.

He also put forth the vision of the scheme for clarity of the participants:

- Comprehensive primary health care
- Financial planning
- Infrastructure spending
- Drug and diagnostic management system
- Monitoring Services at the health facility

Dr Singh also informed that there is a provision for a Community Health Officer (CHO) along with ANM at the sub-centre for which the work has already started. The prime responsibility of the CHO would be regarding medicine distribution as referred by doctors of health facilities. He also stated provisions of screening for NCDs for people whose age is 30+ on a community based assessment form by ASHAs in the communities. Also, there are IT based monitoring systems in place for care provided at the sub-centre and patients family history of services availed to be maintained digitally which can be accessed throughout the country.

Access to contraception and the situation in Rajasthan

Shri K. G. Soni, UNFPA, Jaipur

Shri K. G. Soni provided a background to family planning program in India as it was the first country to introduce such program followed by other countries in 1952. Even then we are the world’s second most populated country with only 17% of the land space. Population at the time of independence was 33 crore and has grown more than 4 times to a 125 billion today.

He also discussed that the Total Fertility Rate (TFR) in Rajasthan was 4.1 in 2001 whereas the overall rate in the country was 3.2. In 2019 the TFR although has reduced but is still significant at 3.2 in Rajasthan and 2 for the country. He mentioned that as a country we might be able to

achieve the target due to the contributions from the southern states, but it will take almost a decade for the state to achieve TFR to 2.1

Earlier family welfare programme only aimed at limiting the number of members in a family through male and female sterilization. There were no effective ways for women until 2000s for spacing between children apart from IUCD. Then gradually different methods evolved, he explained such as Emergency contraceptive pills, PPIUCD, Antara injections, Chhaya pills and the most recent Ultra contraceptive pills.

He also elaborated on the methods used by eligible couples for family planning and it mostly reflects to be the responsibility of only females as only 1 out of 1000 sterilization operations are of males and data for usage of condoms is also comparatively lower. He also informed about unmet needs and almost 12% couples who want to avail to services are either not able to access the services or the services are not available at their nearest health facility.

He also noted the availability of family planning services at different health facilities:

- Sterilization operations at district hospital: All days
- Other health facilities: Fixed days in a month
- PPIUCD: where delivery is happening
- Ultra-contraceptive: district, sub divisional and primary health facility, plan to make it available to sub-centre level.
- Other methods: available at sub-centre, and distribution through ASHA workers

In addition the Government of India has launched Mission Parivar Vikas, an initiative identifying 146 districts in 7 states (UP, Bihar, MP, Rajasthan, Jharkhand and Chhattisgarh) among which 14 are in Rajasthan. The main objective being to bring down the TFR to 2.1 by the year 2025. Some facilities under the mission are listed below:

- PPIUCD services in sub-centre, Ultra-contraception services only 20% coverage but plan to expand
- Compensation for sterilisation procedures: Rs. 2000 for females and Rs. 3000 for males
- Family Planning Logistics Management Information System (FP-LMIS) software designed to provide information on the demand and distribution of contraceptives to health facilities and ASHAs
- Saas Bahu Sammelan: a discussion platform for daughter and mother in laws

He concluded by reiterating major decisions concerned with Family Planning that were given by the Supreme Court in the landmark case of Devika Biswas v Union of India

The chair concluded by stating her observation that health is only reduced to medicines and doctors. She also talked about understand the perspective of doctors and their learning. The health system is such that the medicines that are prescribed only delay or control the problem and doesn’t identify the root cause. She also stressed on awareness around promoting healthy behaviour so that people focus more on staying healthy. She shared a personal anecdote around how she had to fight for being a surgeon in a male dominated society and till date there are places where women cover their faces in rural parts of the country. She ended by saying that rights of women are taken away by men and there needs to be a new understanding and awareness campaigns should be stressed and targeted towards males.

Session 4: Reproductive health rights of young people

The session was chaired by Shri Sunil Thomas Jacob (Rajasthan State Head, UNFPA) along with Shri Arvind Ojha (URMUL, Bikaner), Shri Vikram Singh Raghav (Task Lead, RSLDC) and Smt. Nidhi Purohit, (State Consultant, National Adolescent Health Program Jaipur) on the panel

Child marriage and reproductive health rights

Shri Arvind Ojha, URMUL, Bikaner

Shri Arvind Ojha briefly provided background as to why it's important to talk about child marriage. He highlighted that there are close to 12 million child marriages every year in the country and Rajasthan has a significant contribution to this figure. He also talked about the famous Bhavri Devi incident and the implications of how deeply rooted the cause of child marriage is in our communities. In this setting funders and various grantee organisations were hesitant to fund projects that focussed on the issue of child marriage.

He elaborated that the 2006 law on child marriage and various treaties signed by the state has no doubt initiated the conversation around the issue but there seems to be lag in implementation of the strategies to counter child marriage in the act. He also explained how child marriage is the root cause for barriers to realizing adolescent health indicators. When a girl doesn't go to school for reasons that are not focussed, the parents marry the girl off to fulfil their

responsibility as guardians at the age of 12 years. The girl is not even ready to form a relationship at that stage as she is not ready mentally and physically but eventually she becomes a mother of two by the age of 18 years, as per NFHS data.

He stressed that knowing malnutrition and anaemia is still rampant among adolescent girls especially for populations living in vulnerable areas, there is a direct implication to increase in maternal and infant deaths. Also, when an adolescent girl married so early, there is no space to negotiate her agency and right to choose as the reproductive health rights framework allows her to.

He concluded by reiterating the effects and conditions that the adolescent face after marriage and there is complete role shift that she is not ready for, the adolescent boy migrates to different places for earning livelihood after marriage and cases of sexual exploitation back home with these adolescent girls is also a matter of concern.

Child molestation- Sparsh Campaign:

Shri Vikram Singh Raghav, Task Lead, RSLDC

Shri Vikram Singh Raghav started by saying that as everyone is aware how child sexual abuse is a serious issue in this country and each one of us have gone through some incident as a child which we don't share openly. Such a trend is natural as children seem to be easy targets and can be manipulated for their own benefit. Almost 50% children in the country are sexually abused that are reported, many go unreported.

He briefly talked about a voluntary initiative with adolescent children in school on good and bad touch and what measures should be adopted when in such situation. He informed that they have in the past two months engaged with almost 58000 adolescents, making them aware about helpline number 1098 and other steps to overcome such situations

He pointed out that this particular initiative did not need any funding and institutional support and they collaborated with an organisation in Delhi working on the same issue to deliver sessions in schools on Saturday. He said that there is a need for advocacy to support those who have gone through such incidences but there needs to an active awareness drive to prepare these adolescents to fight their own battles at scale.

Current situation of adolescent health in Rajasthan

Smt. Nidhi Purohit, RKSK, Jaipur

Smt. Nidhi Purohit provided the background to adolescent health in the state. The adolescent health program started in 2014 in Rajasthan, before this only sparsh clinics were functioning in the state, and they are also in process to be restructured. The program is currently being implemented in 10 districts of the state. She further elaborated that Adolescent is considered to have no diseases but are interlinked to many other parallel programs on issues such as maternal health, child marriage, teenage pregnancy, malnutrition etc.

The Adolescent health program covers not only reproductive and sexual health but also nutrition, mental health issues, violence or risky behaviour, alcohol deaddiction and substance abuse. She informed that under the program schools and Anganwadi are given tables to be distributed for controlling anaemia in all districts of Rajasthan. The program also facilitates counselling of family members and adolescent girls on menstrual hygiene issues. Rajasthan government has also initiated distribution of sanitary napkins for children studying in 6-10 standard in school and for 10 to 19 years of age in Anganwadi.

She informed that peer educator program where children of 15-18 years of age who are active in the community and trained on common issues such as menstrual hygiene, nutrition, substance abuse, myths and misconceptions about various issues in the society and enable them

to talk about the same among their peers for effective awareness. The program also celebrates Adolescent health day to spread awareness about issues related to adolescent health among family members of children.

While concluding she urged the participants to initiate conversations around mental health and menstrual hygiene which is underlined by various myths in the society. She also shared that there is 104/108 helpline number for adolescent girls and boys for counselling related services

Session 5: Sexual and reproductive health rights of marginalized communities

This session was chaired by Shri Rajendra Bhanawat (retired IAS & director Sandhan) along with panellists Smt. Asha Verma (Coordinator, Prayas Centre for labour research and action, Ajmer) Ms. Komal Shrivastav (BGVS, Jaipur), Smt. Sushila (Positive women's network of Rajasthan, Jaipur) and Ms. Grijesh Dinkar (Dalit Rights Centre, Jaipur)

Reproductive health rights of brick kiln workers

Smt. Asha Verma, Prayas, Ajmer

Smt. Asha Verma shared briefly her work with the women who work in brick kilns. She said that brick kilns play a large part in occupying almost 43% of the women from disadvantaged / marginalised sections. These women also handle household work along with indefinite hours at the kiln. She informed about a study that was done in two districts Bhilwada and Ajmer where 21 brick kilns housing 903 families were identified.

She elaborated that these women mostly travel with families during the month of September and return back to their home in the month of June. These women were mostly from Nagaur

and Ajmer districts, others were from states like Bihar, Chhattisgarh, mostly from marginalised sections of the society. She informed that during their study atleast 3 women in each brick kiln were pregnant with very less access to social security schemes such as mamta card, ration, aadhar card and bank accounts. Only 50 per cent of the pregnant women said that they had Ante natal care at the health facility. Other two-thirds had institutional delivery and immunisation for infants at the health facility. No polio drops were provided to the children below 5 years at the brick kilns.

She raised a few concerns over non-availability of menstrual hygiene and clean water to wash clothes used for the same resulting in a lot of women encountering STDs and eventually taken out of work. The government supply of sanitary napkins also was not reaching on these sites. She concluded by saying that accessibility of social security schemes to such populations is really important to realize reproductive rights.

Reproductive health issues of homeless

Ms. Komal Shrivastav, BGVS, Jaipur

Ms. Komal Shrivastav shared about their initiative with the homeless on street medicine and treated close to 20000 patients in the last three years. Their intervention runs for both males and females (30%) with a special focus on females as they are continuously victim of ill living conditions and abuse, both physical and mental. She also informed that during her work they encountered women being vulnerable to males forcing them for sexual favours and substance abuse rackets.

She elaborated that these women have no access to even basic health services and the major reason is the non-acceptance of health institutions to provide any services without any identification. Lack of such identification also makes it difficult for the volunteers to fight for their rights and entitlements. They are ill treated at the health facility, lack of security, abuse by police

administration, demanding hawala are reasons that they don’t stay at one place and hence becomes difficult to track such cases of violations.

She also pointed out that as they are vulnerable in their existence on the streets, they are subject to diseases such as anaemia, STDs, HIV, abortions, uterus collapse, without any consultation they take medications from pharmacies which result in further complications. She shared an instance where a homeless women delivered a baby outside the hospital after being rejected to provide any services within the health facility. She also mentioned about the attitude of people towards the ones living on the street and the inhumane behaviour towards them is a serious concern.

She shared that during their intervention they encountered cases of adolescent girls being abused / raped by their fathers. There is a shelter home for males and process is going on to start a shelter home for females but unless they are state sponsored it’s very difficult to maintain the premises secure and improve the living conditions of women on the streets.

She concluded her presentation by pointing out to an important issue of increasing drug abuse in the city and involvement of adolescents in such activities. There seems to be no attention paid by the authorities. With such activities women become easy targets for money through prostitution which indeed becomes the major reason for homelessness and moving from one place to another for safe spaces. She ends by saying that there is a need to restore basic rights such food, water, shelter for these women before moving to reproductive rights

HIV positive women and their reproductive health rights

Smt. Sushila

Smt. Sushila from positive women network of Rajasthan shared her experience of working with HIV positive women for the last 14 years. She said that we already see difficulty in realizing the reproductive rights of women from somewhat better families, and it becomes even more difficult when you have HIV to demand these entitlements. She

added that they also have a right to deliver healthy children without transferring the disease and deserve the same care at health facilities.

Ms Sakina, on the panel shared her experiences of working with HIV positive women like herself. She has been living with HIV for 18 years now and leads the program for HIV women. She shares that there is a lot of stigma around HIV and discrimination at their own homes is something that forces the women to be pushed on the streets, how she would even think to realize those rights. She also shared a lot of misconceptions around coming out, taking medication and dropouts as some of the challenges faced.

A Care and support centre in collaboration with SMS hospital Jaipur is run in 5 districts. Ms Sushila shared experiences of failures in the system when they refused to provide any maternity services at the health facility only because these women had HIV. She demanded sensitisation and training programs for health facility based staff and community health worker in order to support these women to claim their entitlements. She also shared the organisation has applied for a Savdhar Ghar for HIV positive women with the government to provide better living condition to them.

Dalit women and access to reproductive health services

Ms. Grijesh Dinkar, Dalit Right Centre, Jaipur

Ms. Grijesh Dinkar briefly shared her experiences of working with dalit women, they being the most vulnerable. She discussed some challenges that these women have to face to access health services. This discrimination starts from household itself as most pregnant women are not provided any care whether pre-natal or post-natal by the community health workers primarily because they are considered untouchables. There seems to be no orientation to menstrual hygiene, contraception in these communities due to lack of reach in information and hesitation to talk about such issues is still a concern.

She elaborates that, it becomes very difficult to realize reproductive rights such as institutional delivery, choice of bearing children etc. for a dalit women influenced by cultural norms but mostly out of fear of being left by their husband, becoming homeless even if there are very less chances of survival for both the mother and child. She also informed that more than 60% of the women who are engaged in sex work are not aware about safe sex practices and condoms resulting in their exploitation and encountering various sexually transmitted diseases.

Session 6: Condition of women safety in Rajasthan

Interconnection between education, marriage and health – A study

Prof. Shobita Rajgopal, IDS, Jaipur

Prof. Shobita Rajgopal shared her experiences and research project on menstrual hygiene, child marriage of girls in the last 10 years in rural and urban context, teenage pregnancy and lastly on fund flows regarding health system and its utilisation. Government schemes focus on commercial pads, but that's opposed to the cultural norms and believes specially in the rural context and concerned issues of disposal. Menstrual hygiene and sanitation is still a relevant issue and adolescent girls till date are not aware about menstruation and its relation to pregnancy. She also shared her experiences of research on early marriages and violence being an integral part of adolescent married women. She also explored the concepts of autonomy to decide for a women being limited, pressure and trauma that women go through as most of the socio-cultural dynamics believes that women don't have work and hence are dependent. She also discussed the perception of health system towards women and how inviting the public health systems are for the vulnerable sections of the society.

Domestic violence and sexual and reproductive health rights

Shri Bhupesh Dikshit, Aarogya Siddhi Foundation

Shri Bhupesh Dikshit started by stating the background of violence. According to WHO every 1 out of 3 women is a victim to violence around the world, mostly by close relatives. When it comes to South East-Asia region, the violence percentage rises to around 37%. He stressed that till when the women will tolerate the issues of violence and it needs to be declared as a public health emergency. Issues such as early marriages, frequent children, trafficking of women are some of major issues in Rajasthan. He also talked a bout the #metoo movement in 2017 in India. He drew the attention towards connection of violence and mental health. He discussed issues such a fear, emotions, facing abusing as a trauma that women has to go through. He also noted that there have been increasing cases of post-partum depression and subsequently suicide mostly at a younger age as the leading cause of death. He also stressed on training of health workers on referral system of victims of violence in their community.

PCPNDT and right to abortion

Dr Meeta Singh, Public Health Expert

Dr Meeta Singh discussed about sexual and reproductive rights of women in the context of declining sex ratio. The PCPNDT act also featured the discussion and challenges around the same with practitioners and cultural norms. She said the act has created a forum for discussion of issues around sex determination and killing of girl child. She shared her experiences of work around implementing the

provisions of the act and a change that can be seen due to community awareness programs. She also stressed on working with men and adolescent boys on the issues of violence. She elaborated on the mental trauma that women bear throughout her lives resulting in deaths due to depression. She also discussed provision of the MTP act and its necessity to ensure autonomy of women and their reproductive health.

Session 7: How to file PIL on sexual and reproductive health rights

Adv. Satish kumar & Adv Sudhendra Kumawat, Prayas

Both the speakers discussed about cases where legal discourse was explored while fighting for sexual and reproductive health rights. PILs by social activist Ramakant Rai has impacted a lot of families and women in vulnerable populations in seeking compensations with respect to negligence of practitioners and failed procedures for both male and female sterilization. Adv. Sudhendra also discussed the Devika Biswas case and brought to light the benefits received by the beneficiaries seeking legal help. He also brought out discussion around Permanent Lok Adalats to allow beneficiaries to seek legal discourse for all public service utilities. The speakers stressed on the documentation of cases very relevant to filing PILs. They also spe cified that litigations can be filed against private firms as well in lok adalats. From presentation of case to listing of evidence, admission argument and answers from the defendant, the process for filing a litigation was reiterated for the participants.

Identifying SRHR issues for legal advocacy- Group work and presentations

The participants engaged in group discussion around seeking legal discourse to highlight important issues around health rights. Group 1 presented issues around various issues such a medical mobile van, immunisation, nutrition for pregnant women through anganwadi, awareness around menstrual hygiene, training of community health workers and proposed for a unique card for claiming health benefits. Other groups presented issues such as health staff and resource availability, free medicines etc. A group pointed out issues around protection of women, sex education in schools and awareness, drop-out from school for various reasons for lack of awareness around unprotected sexual relations and pregnancies and not able to talk about such topics freely in the community. The issues identified were suggested to be refined and to gather evidence around the issues to have a concrete case for filing litigations under a particular framework to demand our rights and entitlements.

Concluding session

The concluding session was addressed by Dr Narendra Gupta and he highlighted the focus on accessibility of health services that are still not reachable to the vulnerable groups in our society specially women and children. The social security schemes of the government and benefits have to reach the people living in villages and they have to be made aware about the discourses available to them through various committees and associations working in these areas. He pointed out that highlighting a problem is not enough and the participants should engage in trying to generate demand of such services from the citizens. Unless there is a massive unrest around realizing ones rights from the health workers and people from vulnerable populations only then these rights and benefits can be realized in their true sense.

Other panellists also noted that incentives and compensations under various schemes have to clearer to the beneficiaries. Since people are not aware about these provisions, most of these budgets are not spent as per their plans. An organisations success is looked at only when they are able to mobilise people to demand for their rights. They also stressed on focussing on child marriage as a public health issue and their interlinkages to other schemes that fall under the purview of rights framework, even a small initiative counts.

Dr Vishal pointed out that there are various departments that are interlinked to work towards attaining public health. He established these linkages between departments of water, sanitation,

nutrition, women’s development, child marriage, violence toward realizing and dealing with public health issues. All the resources have to come together and gather that political will to look at issues from a framework where everything can be linked to health.

Annexure

Agenda

Time	Session	Speaker/ Facilitator
21 October 2019		
09-30 to 10-00	Registration	Prayas team
10-00 to 10-15	Song	
10-15 to 10-30	Welcome and introduction	Chhaya Pachauli, Prayas
10-30 to 11-15	**Inaugural session:** Background and objectives Guest address Address by the Chair	**Chair: Sh. A.K.Pande (Rtd. IAS), Former Chief Election Commissioner, Govt. of Rajasthan** Dr. Narendra Gupta, Prayas Prof. Lad Kumari Jain, Former Chairperson, Rajasthan Women's Commission
11-15 to 11-30	Tea	
11-30 to 12-00	Legal advocacy in Rajasthan for SRHR	Sudhindra Kumawat, Advocate, Rajasthan High Court Chavi Sharma, Prayas
12-00 to 01-20 12-00 to 12-20 12-20 to 12-40 12-40 to 01-00 01-00 to 01-20	**Reproductive health rights & Maternal health, access to contraception and choice** Reproductive health through a rights perspective Health insurance and reproductive health rights Access to contraception and the situation in Rajasthan Open discussion	**Chair: Dr. Malti Gupta, Health Activist** Dr. Pritam Pal, Public Health Activist Dr. Prem Singh, Technical Consultant, Health and Wellness Centre K. G. Soni, State Manager, Family Planning Program, UNFPA, Jaipur
01-20 to 02-30	Lunch	

02-30 to 03-50 02-30 to 02-50 02-50 to 03-10 03-10 to 03-30 03-30 to 03-50	**Reproductive health rights of young people** Child marriage and reproductive health rights Child molestation- Sparsh Campaign Current situation of adolescent health in Rajasthan Open discussion	**Chair: Sunil Thomas Jacob, UNFPA** Arvind Ojha, Urmul Vikram Singh Raghav, Task Leader, RSLDC and volunteer Sparsh Campiagn Nidhi Purohit, State Consultant, RKSK
03-50 to 05-20 03-50 to 04-10 04-10 to 04-30 04-30 to 04-50 04-50 to 05-10 05-10 to 05-20	**Sexual and reproductive health rights of marginalized communities** Reproductive health rights of brick kiln workers Reproductive health issues of homeless HIV positive women and their reproductive health rights Dalit women and access to reproductive health services Open discussion	**Chair: Sh. Rajendra Bhanawat, (Rtd. IAS), Chairperson Sandhan** Asha Verma, PCLRA Komal Srivastava, BGVS Susheela, Positive Women's Network Rajasthan Grijesh Dinker, Centre for Dalit Rights
05-20 to 05-30	Closure of the first day	
05-30 to 05-40	Tea	
22 October 2019		
Time	**Session**	**Speaker/Facilitator**
09-30 to 09-45	Welcome and recap of the previous day	Chavi Sharma, Prayas
09-45 to 10-00	Song	
10-00 to 11-30 10-00 to 10-20 10-20 to 10-40 10-40 to 11-00	**Current status of women safety in Rajasthan** Interconnection between education, marriage and health – A study Domestic violence and sexual and reproductive health rights	**Chair: Kavita Srivastava, PUCL** Prof. Shobhita Rajagopal, Director, IDS Dr. Renuka Pamecha, Social Activist

11-00 to 11-20 11-20 to 11-30	Domestic violence and mental health PCPNDT and right to abortion Open discussion	Bhoopesh Dixit, Arogya Siddi Foundation Dr. Meeta Singh, Public Health Expert
11-30 to 11-45	Tea	
11-45 to 12-15 12-15 to 12-30	How to file PIL on sexual and reproductive health rights Open discussion	**Chair: Rajan Chaudhary, SRKPS** Satish Kumar, Advocate, Rajasthan High Court Sudhindra Kumawat, Advocate, Rajasthan High Court
12-30 to 01-45	Identifying SRHR issues for legal advocacy- Group work and presentations	Chair: Satyadeo Bareth, Social Activist
01-45 to 02-30	Valedictory session	Dr. Vishal Singh, SIHFW Swai Singh, Samagra Sewa Sangh Dr. Narendra Gupta, Prayas
02-30 to 02-40	Vote of thanks	Dr. Nikky Ramawat
02-40 to 04-00	Lunch	