

Use Of Participatory Theatres In Promoting Safe Abortion Practices: A Case Study On The Maternal Health Care System In Rural Bengal

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ABSTRACT

Unsafe Abortion is prevalent practice and a major challenge to maternal health in India. The process of termination of unintended pregnancy by unauthorized and unskilled people in an environment which does not comply with the minimal medical and hygienic standards is defined as 'Unsafe abortion' by the World Health Organization. With more than 5.6 million abortion instances being reported worldwide and around 15.6 million in India, unsafe abortion is resulting in approximately 830 women death every day globally and 13 women death in India. On the contrary,

India is one among the very few countries to have passed the Medical Termination of Pregnancy (MTP) Act in 1971 which empowers women to legally seek abortion to preserve her physical and mental health, for economic or social reasons, and in cases of rape, foetal impairment, or when pregnancy results from contraceptive failure. Further amendments in 2002 and 2003 aimed at extending abortion service regulations applicable to districts, changing physical requirements for facilities providing first trimester abortions in India.

My research paper is an attempt to establish the prevalent ignorance in relation to maternal health and how women can be educated and grown aware in regard to safe abortion practices using participatory theatres.

Participatory theatres are a theatrical form which promotes audience interaction with performers through interactive dialogues and Q&A sessions in local dialect. The present paper is an attempt to understand the potentialities of participatory theatres in communicating safe,

scientific abortion techniques performed by a qualified abortion providers for maternal wellbeing and preventing almost all abortion-related deaths. Keeping unsafe abortion practices and poor MTP Act awareness as the backdrop of the research work, the researcher will use descriptive qualitative research methodology using case study approach undertaken by Ipas, an NGO in collaboration Banglanatak.com and district health intermediaries using participatory theatres in West Bengal. Participatory theatres are offering a sustainable alternative approach to communication bridging all communication barriers existent in various societal strata's and educating rural people advocating attitudinal and behavioral changes.

Key words: participatory theatres, maternal health, safe abortion, participatory communication approaches

INTRODUCTION:

Irrespective of several medical advancements made in maternal health, high maternal mortality and morbidity rate owing to unsafe practices of abortion continue to be a prevalent curse worldwide. Unsafe Abortion as defined by World Health ¹Organization (WHO) is a process of terminating an unintended pregnancy carried out either by persons lacking the necessary skills or in an environment not conforming to minimal hygienic medical standards. Maternal mortality or morbidity is a highly ignored women's health concern in India. In a report published by WHO approx. 12,000 deaths occur each year and 830 deaths every day from abortion-related complications like hemorrhage, sepsis, peritonitis infection, and infection from substances used in abortion. Unsafe abortions are frequent and dominant in practice exclusively in developing countries resulting in 8 -10% of maternal mortality worldwide. India is no exception. Unsafe

¹ https://apps.who.int/iris/bitstream/handle/10665/70914/9789241548434_eng.pdf

abortion in India is the third largest cause of maternal mortality leading to death of approximately 13 women each day in India. ²

On contradiction, as per WHO reports³ almost all abortion-related deaths are preventable when performed by a qualified abortion providers abiding hygienic techniques. Emphasising on this critical assurance of preventable nature of most maternal mortality and morbidity to unsafe abortion, the Indian parliament passed the Medical Termination of Pregnancy (MTP) Act in 1971 which legally authorized a woman to seek an abortion to save her life, preserve her physical and mental health, for economic or social reasons, and in cases of rape or incest, foetal impairment, or when pregnancy results from contraceptive failure. Further amendments in 2002 and 2003 aimed to expand the legal horizons of the safe services by extending abortion service regulations applicable to districts, changing physical requirements for facilities providing first trimester abortions, and allowing medical abortion at facilities not approved for surgical abortion.

Unfortunately, survey reports from National Health Mission clearly point out that despite the enactment of the MTP Act over the past forty-eight years and several interventions by central and state⁴ health departments have not led to a significant reduction in unsafe abortion or related maternal mortality and morbidity in India. It is primarily because of limited awareness and access to women's reproductive rights and utilization of safe abortion services. While three-fourths of the Indian population resides in rural areas, abortion services were rarely available at rural health facilities. There was a distinct lack of trained doctors and staff to facilitate safe abortion. . The limited access to safe abortion services available were underutilized due to several social stigmas prevalent at community level on traditional religious factors. Adding salt to the injury was the lack

² <https://www.indiatoday.in/india/story/13-women-die-in-india-every-day-due-to-unsafe-abortions-1296850-2018-07-26>

³ <https://www.who.int/news-room/fact-sheets/detail/abortion>

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https://nhm.gov.in/New_Updates_2018/NHM_Components/RMNCHA/MH/Guidelines/CAC_Training_and_Service_Delivery_Guideline.pdf

of awareness of the legality of abortion and knowledge of negative implications on society of unsafe abortion techniques on maternal health.

The only way to reduce the morbidity complications and mortality rates in connection to unsafe abortion rates is to increase awareness and education to good maternal health practices and facilitate access to safe abortion facilities. The sensitization and mobilization programs should aim towards addressing the need for behavioral and attitudinal changes for creating a healthy environment promoting good health. Media is a magic multiplier and if participatory theatres are correctly used it can be the change agents, contributing immensely to adoption of good maternal healthcare practices. To eradicate the social stigma of unsafe abortion innovative communicating strategies based on the basic theory of diffusion of information and participatory media approach has to be created. Participatory Theaters here can come in as an interactive popular media to generate awareness and knowledge in regard to maternal health.

AIM OF THE STUDY:

To explore the potential of participatory theatres in creating awareness to safe abortion and maternal health.

OBJECTIVE OF THE STUDY:

- To establish unsafe abortion as a prevalent practice in rural Bengal.
- To establish the need of sensitization and mobilization of women to adopt safe abortion methods for maternal health.
- To explore the potential of participatory theatres in creating awareness and mobilizing Indian women to their rights on maternal health and safe abortion.

RESEARCH DESIGN AND METHODS:

The research paper is purely a qualitative study and has been using a case study approach to explain and describe the dynamics of participatory theatres in creating awareness regarding maternal health. The case study and methodological triangulation approach will help establish the background of the problem and at the same time give detailed description of how participatory theatres are being used by district social welfare departments, health intermediaries, social workers, and nongovernmental organizations like Ipas and Banglanatak.com in reaching out effectively to isolated pockets of rural Bengal. Methodological triangulation approach in case study involves more than one kind of method to study a phenomenon. According to Zulganef, data in qualitative research methodology can be obtained from interviews, focus groups and observations. Likewise, indepth interviews and focus groups were specifically conducted with both the participants and organizers. Snowball and purposive sampling techniques were used to select the respondents. Village folk comprising both male and female participants between age group 12 -50 were thoroughly studied demographically and interviewed since the planning and inception of the awareness campaign from May to June 2017 to have a better understanding of issues related to safe abortion. Several focus group and indepth interviews were conducted with the professional trainers and the trainees involved in creation of the theatrical performance to help understand the ground realities and challenges in implementation of the theatrical performance. Indepth interviews were also conducted with the representatives of the organizers from Banglantak.com, Ipas and health official workers like the ANM's to have an understanding of the challenges and the responses of the participant audiences to the participatory theatrical show. Exit interviews of the participants who gathered for the theatrical show on the day of the performance were also collected to examine the impact of the live show.

PARTICIPATORY THEATRES IN PROMOTING SAFE ABORTION PRACTICES: A CASE STUDY OF KOLKATA

“Theatres were created to tell people the truth about life and social situation” Stella Adler

Participatory theatres are a term given to the theatrical performance that generally plays an educational and interventional role that encourages audience participation and intervention in form of dialogues and interactions at key moments of the performance. Hence participatory theatres are also popularly called interactive theatres. Participatory Theatres are evolving as new theatrical applications and are currently creating revolution in theatrical landscape by overcoming the limitations of feedback and no audience participation in traditional theatres.

Participatory theatres on the contrary are growing immensely popular in the west owing to their capability to engage audiences and turn them into active participants and stakeholders to the societal concern reflected in the theatrical script. It enables more democratization and decentralization of information leading to community involvement, community participation, community confidence and finally to community empowerment.

Using case study and methodical triangulation approach, the researcher aims to explore the immense potentiality of participatory theatres in Indian context in regard to creating awareness and mobilizing of women in rural Bengal to adoption of safe abortion. Rural Bengal districts of Howrah and Hooghly has been selected as the sample area for the research primarily as NCBI survey reports have to reflect West Bengal to be the fourth most populous state in India with 10% overall registered abortions. The sample area selected for the research will comprise of 5400 villagers in West Bengal in all 14-gram panchayats from Jagatballabhpur block of Howrah and 15-gram panchayats from Haripal block of Hooghly districts.

This research paper will help explain how participatory theatres were being used by reputed nongovernmental organizations like Ipas ,Banglanatak.com and governmental organizations like the district social welfare departments, health intermediaries, social workers in reaching out to isolated rural pockets in the two districts of Howrah and Hooghly.

The research work meticulously encapsulates all stages of planning and preparation, execution of the 50 participatory theatres executed with strong messages on safe abortion and Maternal Health in Hooghly and Howrah during 14 -21st May in 2017

A. Phase I: Preparatory Planning:

The first stage to conceiving participatory theatres for promoting safe abortion practices began with a pre-execution consultation at IDF Kolkata office on May 15 between contact base campaign teams on execution plan and logistics as well as objective key messages, formats etc. The route map and schedule were fixed and likewise blocks, and gram panchayats identified. Jagatballabhpur of Howrah, Haripal of Hooghly were identified.

B.Phase II: Production of Participatory Theatres:

Theatre professionals from 'Spandan' were appointed to train the community of the two districts of Hooghly and Howrah to conduct theatre shows from May 14 -21 in Howrah and Hooghly. A theatre script of 25 minutes named 'Cinemar Boudi" was developed in Bengali and the key messages communicated through the storyline were as follows:

- unsafe abortion and morbidity
- legal and safe abortion provisions (specific condition as per MTP Act 1971 under which abortion is legal and safe)

- Safe and free abortion services, including the non-surgical methods available at public health facilities
- Importance of contraception

The community people were selected to enact the script to promote community participation and community involvement. The approach to implement the theatrical performance was majorly participatory and interactive in nature. The script was made flexible to accommodate dialogues and questions from the audiences. This was done to instill audience consensus and actively involve them into being stakeholders to combat high mortality and morbidity rate owing to unsafe abortion.

Other than collaborating with the health intermediaries like ASHA's and ANM's to ensure community mobilization, the organizers gathered audience using miking, singing and drum beating. A range of monitoring research methodologies in the form of focus groups and interviews were developed to observe and assess the effectiveness impact of theatrical production. A pre-show question set was developed to gauge pre-intervention awareness level. After each show leaflets were distributed, and a 10 -15-minute question answer session was conducted to gauge the overall understanding achieved by the theatre groups. Exit interviews were conducted with both primary target audience men, women, and secondary target audiences like mother in laws and sister in laws. A comparative study of both helped analyzing the impact of participatory theatres in effectively communicating information pertaining to safe abortions to women of rural Bengal.

MAJOR FINDINGS:

The data is qualitatively analyzed by case study approach through methodical triangulation focusing on three methods i.e., interviews, focus group and observation. The findings are discussed under the following heads:

1. Findings from Observation:

- The participatory theatres reached out to 29-gram panchayats across Jagatballabhpur and Haripal block of Howrah and Hooghly district. Total audience reached (inclusive of both primary and secondary target audience) was 5,400 out of which 2090 were total males and 3610 female respondents through 50 theatre shows organized from 5/6/17 to 14/6/17.
- The percentage of audience distribution with respect to age group showed that maximum audience fell under the age group 26 -50 years. However, a considerable audience percentage was found with the age group of 16 -25 years which fell under the primary target group.
- There was good participation of men comprising 66% in comparison to female audience comprising of 34%
- Most of the respondents were unaware of the place where safe abortion takes place or the people who can help them in the gestation period. The use of Intra Uterine devices for birth spacing was found to be the prevalent practice amongst the minority and indigenous communities. Women opted for permanent birth control measures, mostly tubectomy, after two children. Instances of men opting for vasectomy were rare. There was a distinct lack of acceptance of surgical methods or the use of contraception (use of condoms) amongst religious communities. The practice of early marriages, especially those below 18 years of age, was found to be common.

2. Findings from Focus Groups:

- The ANM's and ASHA's of Chandipur in Gopinathpur gram panchayat of Haripal Block in Hooghly felt more such awareness drives were needed in these areas
- The ANM and ASHA workers of Gaza in Hooghly shared that they frequently faced queries regarding abortion services.

- Respondents from Haripal Block voiced their grievances against block hospitals. The people seeking services from hospitals were often directed towards non-governmental health facilities as a result of expenditures for abortion.

3. Findings from Interviews:

- Respondents from Haripal Block in Hooghly voiced their grievances against block hospitals. The people seeking services from hospitals were often directed towards non-governmental health facilities as a result of expenditures for abortion.
- The people and health workers of Baragachia and Jagatballabhpur gram panchayat in Howrah pointed out their difficulties in health access owing to poor and inaccessible road conditions.
- The doctor at Parbatipur of Baragachia gram panchayats under Jagatballabhpur in Howrah emphasized the need for more intensive awareness programmes in the area.
- Women of Gohalpota village under Jagatballabhpur gram panchayats in Howrah informed the campaign team about chemist shop at Nimtola More providing abortion services to women
- People of Jagatballabhpur prefer Amata and Gabberia hospitals to Jagatballabhpur hospitals in Howrah due to various reasons like distance, bad road condition, the dilapidated condition of the bridge near the hospital, bad behavior of doctors, lack of doctors /medical facilities.

CONCLUSION:

Unsafe abortion is a curse to maternal health. It is exploitation of women rights and is a form of women abuse. It is therefore the need of the hour to stop the practice of unsafe abortion techniques in fear of social stigmas. Unfortunately, in a country like India where conventional

practices and social stigmas dominate, enactment of legal acts like the MTP that provide guidelines and set standards to safe abortion is not the solution to this social curse. The only way to reduce the complications and mortality rates in connection to unsafe abortion rates is to increase awareness of good maternal health practices and facilitate access to safe abortion. Popular media platforms like participatory theatres (as used in this case) can be used as a strong medium to achieve the objective of spreading awareness on women rights to maternal health owing to several advantages of personal, intimate, and direct appeal to the mass enjoying the deepest emotions of the rural folk. Participatory theatres or interactive theatres engage audiences and enable community participation thereby bridging the existent communication gap. Participatory theatres are evolving as important communication platforms in the West. Its application is still at an infant stage in India and therefore this case study of using participatory theatres in creating awareness regarding safe abortion in rural Bengal holds immense significance.

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