Pitfalls of Sexual and Reproductive healthcare of women in India

Dr Srivarsha Ala, MBBS, Ala Hospital, India

Abstract

The Problem: Obstetric violence is rampant in India, a country with one of the highest birth rates. Studies have shown how it affects a woman's psychological, physical and socioeconomic health. Obstetricians instead of standing in the patient's corner are standing in the way of their access to healthcare. Abortion seekers have reported to being operated on without anesthesia as a form of punishment. Pregnant women with disabilities were asked why they had sex in the first place and were denied IUDs. Women seeking public healthcare were examined without protecting their modesty. They were racially abused, beaten and were asked to clean their own feces after delivery. Young girls with PCOS are being body shamed by the doctors while body dysmorphic disorder is on the rise and their queries are being met with condescension. Under the hashtag #obgyntales there was backlash on OB/GYN care in India and how social media pages are teaching them to advocate for themselves because the gynecologist wouldn't listen. Sexual abuse survivors are being subjected to barbaric practices like "the two-finger test" - gauging the person's vagina to determine if they had previous sexual experience even after the government being clear about not subjecting them to that. There is minimal literature on Intimal Partner Violence (IPV) in Indian medical education. For married women in abusive relationships, post-coital tears are only treated with the husband's consent. This practice is enabling the abuser instead of helping the victim. Women while being dehumanized are being expected to be grateful. **Solution**: Medical students must be taught to re-examine their biases and to consider patient as a person with emotion, feelings and a social life rather than a problem to be solved. Women should be made aware of Sexual and Reproductive Health Rights (SRHR) and units must be established to report violations.

Table 1. *Acts Comprising Obstetric Violence Against Women in India (N=83)*

	Number	Percent
Non-dignified Care		
Shouting/scolding from staff	36	43.4
Threat to withhold treatment during childbirth	34	41.0
Discriminatory racial commnets	73	88.0
Refusing of providing medicine	49	59.0
Waiting for a longtime to get medical care	53	64.0
Physical Abuses		
Hitting, slapping, pinching and pushing from staff	23	28.0
Inappropriate physical touches	31	37.3
Forcefully pressed abdomen	34	41.0
Forceful vaginal examination	11	13.2
Sexual abuse	07	8.4

Source: Acharya AK, Sarangi R, Behera SS. Experiences and impacts of Obstetric violence on Indian women within the Public healthcare system. Journal of Feminist, Gender and Women Studies. 2022; 11: 37- 45. doi: 10.15366/jfgws2021.11.005

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Biography

Dr Srivarsha Ala is passionate about primary care, working with underserved population, maternal health and health equity. She believes that the younger generation's voices must be heard and is determined to bridge the knowledge gap on sexual and reproductive health rights between medical field and the general public. She believes that it shouldn't be the responsibility of the patient to correct healthcare providers on their inherent biases but should be that of the healthcare providers' to not subject patients to psychological trauma. She is currently working as an assistant physician in her home town and is on her way to become a family medicine practitioner in the United States

Email: varshaalaxz@gmail.com