DELHI FACT-FINDING REPORT

Conditions of Female Sterilization in Delhi

31 October – 3 November 2012
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I. Introduction

In response to the submission of the counter affidavit by the Government of the National Capital Territory (N.C.T.) of Delhi (Respondent No. 10) in the case of Devika Biswas v. Union of India and Ors. (W.P Civil 95/2012) regarding unsafe and unlawful sterilizations, the Human Rights Law Network conducted a fact-finding in Delhi to investigate sterilization conditions. This report is the result of the fact-finding mission and provides a brief introduction to the N.C.T. of Delhi, outlines key government guidelines, details the results of the fact-finding, and summarizes key concerns.

The N.C.T. of Delhi includes the city of Delhi, which is the capital of India. The population of this relatively small area of 1,483 square kilometres was 16,753,235 as of the 2011 census, a population higher than several other much larger Indian states. \(^1\) The N.C.T. of Delhi was ranked the number one state in population density in the 2001 and 2011 census results, with the 2011 data revealing a density of 11,297 people per square kilometre, equalling more than 2000 additional people per square kilometre than the state ranked second (Chandigarh). \(^2\) The decadal growth rate for the N.C.T. of Delhi, at 20.96 percent for 2001-2011, is both higher than that of most other states and than the national average of 17.64. \(^3\)

The population growth in Delhi is connected to the exodus of indigent rural people to urban centres. Many indigent rural people come to urban centres looking for work, which has contributed greatly to the growth of slums in and around Delhi. According to UN HABITAT, a slum is a “heavily populated urban area characterised by substandard housing and squalor.” \(^4\) These areas lack fundamental amenities such as safe water, sanitation facilities, basic

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infrastructure, and adequate housing. Slums are also generally overcrowded, unsafe, and overrun with illnesses.  

5 Delhi has one of the country’s largest populations of slum-dwellers, with over four million people living in slum areas making up at least one fourth of Delhi’s total population.  

6 One estimate put the slum population at as high as 50 percent of the total population of New Delhi.  

7 Perhaps the most important basic right denied to slum-dwellers, especially given the unhygienic living conditions, is access to basic healthcare.

The following healthcare statistics illustrate the shortfalls in health facilities and the lack of key medical personnel in the N.C.T. of Delhi as of March 2011.  

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<th>Particulars</th>
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<td>42</td>
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<tr>
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<td>5</td>
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<tr>
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<tr>
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<tr>
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<tr>
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<tr>
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<tr>
<td>Obstetricians &amp;</td>
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6 Id.  
<table>
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<tr>
<th>Position</th>
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<th>PHCs &amp; CHCs</th>
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<tr>
<td>Nursing Staff at PHCs &amp; CHCs</td>
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These healthcare shortfalls indicate service gaps in the state and central government healthcare schemes.

**Female Sterilization**

Female sterilization in India has received negative attention from local and international organizations in the health and human rights fields. In an effort to control population growth, the central and state governments of India have incentivized sterilization surgery with cash and gifts.  

Reports show that the burden of the surgery falls overwhelming on women, although the male sterilization surgery is much simpler and less risky. Human Rights Watch reported that the incentives for the surgery are connected to the denial of accurate and complete information for women who undergo sterilization surgery. Community health workers and government hospitals are pressured to meet numerical targets, causing them to disregard the individual needs of patients and to violate the patients’ right to informed consent.

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12 *Id.*
Like international health activists, Sona Sharma of Population Foundation of India equates financial incentives to coercion, which is forbidden by government standards. She warns that increasing the number of sterilizations through targets and incentives causes a decline in quality of care and encourages medical personnel to disregard procedure in an effort to save time. According to Sharma, this can lead to serious consequences for patients.

In addition to issues of coercion, the conditions under which the sterilization surgeries are performed do not come close to meeting Indian Public Health Standards. Fact-finding reports have revealed sterilization camps being conducted without proper supplies, safe facilities, enough doctors, or any follow-up care. Investigations of government hospitals have revealed filthy facilities where medical staff disregard most of the mandated procedures for sterilization surgery.

The District Level Household and Facility Survey (DLHS-3) 2007-2008 for the N.C.T. of Delhi, issued by the Ministry of Health and Family Welfare, indicates that 35% of women in Delhi between 35 and 49 years of age are sterilized. The numbers are higher among rural women and women who are illiterate or less literate. Women who have at least ten years of education are half as likely to get sterilized as illiterate women. Sterilization is the predominant method of contraception for women in the age group 15-49, with 24.5% of women using this method. More than half (59.4%) of women in Delhi who have been sterilized have received monetary compensation for the surgery. Only 22.6% of sterilized women in Delhi were informed about the potential side effects of the surgery.

II. Relevant Incentives, Directives, and Guidelines

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14 Id.
15 Id.
16 See supporting documents for *Devika Biswas v. Union of India and Ors.* Petition.
17 Id.
The government hospitals of the N.C.T. of Delhi offer a financial incentive to women for undergoing sterilization surgery. Based on the information gathered during the fact-finding mission, some women have received between Rs. 200 and Rs. 600 after undergoing sterilization surgery. However, interviews in this fact-finding revealed that, for the last three years, some women have not received any financial incentives from hospitals for undergoing the sterilization surgery, but women are still pressured by hospital staff to have the surgery.

The doctors interviewed at both government hospitals revealed that the government of the N.C.T. of Delhi has issued a flawed “directive” that allows for the insertion of Copper-Ts immediately after a woman gives birth. The directive is flawed, because this practice can lead to the Copper-T falling out of place and essentially being ineffective.

Standards for Female Sterilization Services

The Central Government of India, through the Ministry of Health and Family Welfare, issued standards for sterilization services in October of 2006. These standards outline the procedures that are required of any facility offering sterilization surgery. The standards require that a patient meet specific eligibility and physical requirements. The mandated procedures are pre-operative counselling, patients’ informed consent, pre-operative instructions and assessment, review of the surgical procedure, and post-operative care. The standards also detail the cleaning and disinfecting processes for the facility grounds and equipment, which are required to prevent infection and require that a patient meet specific eligibility and physical requirements.

Counselling is the process of helping patients to make informed and voluntary decisions about fertility in general, which would include a discussion of all available contraceptive methods. According to the standards, counselling is especially important when a woman has doubts or is unable to make a decision regarding contraception, but should be done in all cases. As part of the counselling process, the medical professional must obtain the signature of the patient on an approved consent form after the following conditions have been met:

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1. Inform the patient of all available methods of family planning, and ensure that the patient understands that the sterilization surgery is virtually permanent.

2. The patient must voluntarily make the decision to undergo the sterilization surgery. The consent form must not be signed due to coercion or while the patient is sedated.

3. The patient must be counselled in the language that they understand whenever required.

4. The patient should be made to understand what will happen before, during, and after the surgery, including side effects and potential complications.

5. The following should be explained to the patient about the sterilization surgery:
   - It is a virtually permanent procedure for preventing future pregnancy.
   - It does not affect sexual pleasure, ability, or performance.
   - It will not affect the patient’s strength or her ability to perform normal day-to-day functions.
   - It does not protect against reproductive tract infection (RTI), sexually transmitted infections (STI), or HIV/AIDS.
   - Patients must be told that the procedure can be reversed, but the reversal requires major surgery and is not always successful.

The pre-operative assessment requires the compilation of the client’s medical history, a physical examination, and laboratory tests to determine the eligibility of the patient. The medical professional must ask for the patient’s demographic information (i.e. age, marital status,
occupation, religion, educational status, number of living children, and age of the youngest child). The medical history enquiries should include any current medications used by the patient, the last contraceptive method used, menstrual history, and obstetrics history. The physical exam should include tests of the patient’s pulse, blood pressure, respiratory state, temperature, body weight, general conditional and pallor, auscultation of heart and lungs, examination of abdomen, pelvic examination, and any other examinations required by the medical history or general physical examination. Laboratory examinations should include a blood test for haemoglobin, urine analysis for sugar and albumin, and other examinations as required.

Post-operation, the medical staff must monitor the patient, and the patient may not be discharged until the following conditions are met:

- At least four hours have passed since the procedure was completed.

- The patient’s vital signs are stable and the client is fully awake, has passed urine, and can walk, drink or talk.

- The patient has been seen and evaluated by a doctor.

- Whenever possible, a patient should be kept overnight at the facility.

- The patient must be accompanied by a responsible adult while going home.

- Medications should be prescribed as required.

- The patient has received a discharge card indicating the name of the institution, the date and type of surgery, the method used, and the date and place for follow-up.

For post-operative instructions, the patients must be advised as follows:

- Return home and rest for the remainder of the day.
• Resume light work only after 48 hours and gradually return to full activity by two weeks following the surgery.

• Use medications as instructed.

• Resume normal diet as soon as possible.

• Keep the incision clean and dry. Do not disturb the dressing.

• Bathe after 24 hours following the surgery. If the dressing becomes wet, change the dressing so that the incision area is kept dry until the stitches are removed.

• Instructions to report excessive pain, fainting, fever, bleeding, or pus discharge from the incision or if the client has not passed urine, not passed gas and feels bloating in the abdomen.

• There should be follow-up contact with the patient within 48 hours following the surgery.

• Stitches should be removed seven days after the surgery.

• A third follow-up should be conducted one month after the surgery or after the patient’s first post-operative menstrual period, whichever comes first.

• The patient should return to the hospital if she experiences menstrual irregularity.

• The patient should be told where to go for routine and emergency care.

• The patient should be told to contact the medical staff at any time if she has any questions.
Quality Assurance Manual for Sterilization Services

The Central Government of India, through the Ministry of Health and Welfare, also issued quality assurance guidelines to regulate the conditions under which sterilization surgeries are performed. The manual acknowledges the concerns raised by the Hon’ble Supreme Court in Ramakant Rai v. Union of India (W.P. No. 209/2003). Quality assurance is defined as a continuing process of assessment and improvement of quality of services.

These guidelines require that each state empanel a number of private and government doctors who are qualified under the prescribed criteria to provide sterilization services. Only the doctors who appear on the state’s official list may perform sterilization surgeries at government facilities.

The Central Government and the state governments have responsibilities under these guidelines to monitor the quality of the conditions under which sterilization surgeries take place. The Central Government is required to conduct surveys, random site visits, and reporting (quarterly and annually) to ensure that facilities are complying with the minimum standards detailed above.

The state governments are required to establish Quality Assurance Committees (QACs) to ensure that the minimum standards are being followed in regards to pre-operative measures, operational facilities, and post-operative follow-ups. The QAC should visit public and private facilities that provide family planning services, and review and report on deaths and pregnancies following sterilization surgery. The QAC should also give direction for improving the quality of sterilization services. The state should also have district level QACs (DQAC), which will receive and report on information provided directly from hospitals regarding failure, complications and deaths resulting from sterilization surgery. The DQAC should also investigate cases or failure, complications or death, and should inspect all static facilities to ensure they meet minimum standards.
The guidelines also require that facilities practice self-monitoring, by appointing personnel to assess practices and conditions and identify areas for improvement. The facilities should conduct audits of patient cases and exit interviews to assist in indentifying areas for improvement.

III. Methodology

In order to investigate the conditions under which female sterilizations are being performed in the N.C.T. of Delhi, the Human Rights Law Network (HRLN) of Delhi formed a fact-finding team to visit vulnerable communities in the Delhi area. The team consisted of a health activist, and a HRLN human rights activist who acted as translator. The team visited two slum areas and two government hospitals and interviewed government workers and community members. The slum areas visited are Jahangir Puri and Sunder Nagri of Delhi.

The team developed a series of questions to ask government workers and women who have undergone a sterilization surgery. The questions pertain to the extent of family planning services offered by healthcare facilities, the conditions in the healthcare facilities, women’s experiences with family planning, and the experiences of the women who have undergone the sterilization surgery.

IV. Field Findings

The areas visited during the fact-finding mission are the urban slum areas of Jahangir Puri and Sunder Nagri. These slums are located within twenty kilometres of Delhi city centre. All of the health facilities visited are located in the N.C.T. of Delhi and are health facilities that serve slum residents.

a. Jahangir Puri

Jahangir Puri is located in the North West District of Delhi. The area is home to a large population of slum residents. Babu Jagiwan Ram Memorial Hospital, a government facility, is a
general, secondary, 100-bed district hospital for North West Delhi. The team observed that the hospital was generally unclean, with a lot of trash on the grounds surrounding the hospital and dirty floors and walls in the interior. The labour ward’s recovery rooms had old, cracked mattresses, some without sheets, and several of the single beds contained two women.

Dr. Minakshi, who declined to give her full name, works in the labour ward. She spoke with the fact-finding team about the family planning program at the hospital. Dr. Minakshi reported that the hospital provides condoms, birth control pills, Copper-Ts, and performs sterilization surgeries as methods of contraception. She said that the slum residents want to have many children because they are uneducated, so the doctors have to convince the women to use contraception. She also reported that the hospital staff members do not encourage the use of birth control pills because the patients will not obey instructions to take the pill every day. Dr. Minakshi said that this is the reason why the hospital promotes female sterilization and Copper-T as the main forms of contraception. She also reported that men are not willing to undergo the male sterilization surgery (vasectomy), so only the women are told about sterilization. Dr. Minakshi reported that there is a Delhi government program that promotes the insertion of Copper-Ts immediately after a woman has given birth to her last child. She admitted that inserting a Copper-T into a woman’s uterus immediately after birth often leads to expulsion of the Copper-T, due to the enlarged size of the uterus. This complication requires follow-up visits for reinsertion of the Copper-T and could lead to pregnancy.

Dr. Minakshi said that the hospital conducts a one month follow-up with the patients after the insertion of a Copper-T, and a one week follow-up after a sterilization surgery. Patients who have undergone a tubal ligation will stay in the hospital for one day following the sterilization surgery. The hospital has consent forms in Hindi and English, and requires the signatures of a woman’s husband or in-laws; the signature of the woman alone does not amount to consent. Dr. Minakshi said that the hospital does not offer family planning counselling or counselling before surgery; she feels that the hospital is too understaffed to offer counselling to patients. She said that the outpatient department sees over 300 antenatal patients per day and there are only four

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doctors. Dr. Minakshi reported that the hospital records about five sterilization surgeries per month and about ten Copper-T insertions. She said she is not aware of any target numbers for sterilization surgery.

(Two women sharing a bed in the labour ward recovery room, cracked mattress, and blankets brought by family members, Babu Jagiwan Ram Memorial Hospital)

The fact-finding team worked with nuns of the Sisters of the Destitute to organize groups of women to discuss individual experiences with family planning. The fact-finding team spoke with a group of 23 women living in K-Block of Jahangir Puri, which is one of its least developed blocks. Many of the women reported having complications with Copper-T after having it inserted at Babu Jagiwan Ram Hospital. Several women reported that they had returned to Babu Jagiwan Ram Hospital to complain about discomfort associated with Copper-T, described by one
woman as a pain in her abdomen, but they were refused any follow-up care. They said that the hospital generally refused to remove the Copper-T.

The women described getting a lot of pressure from the hospital to have sterilization surgery after having two children. They said that the sterilization surgery will be promoted by the hospital staff first, and if the women ask questions or show hesitation, then other methods of contraception will be promoted. They also reported that when women have caesarean sections, the families are required to buy the medical supplies. Generally, women must buy their own medications. They also reported that the local accredited social health activist (ASHA) is not very active in the community and only occasionally provides medications for children.

One of the women in the group is the local dai (traditional birth attendant), Julekha, who reported on the issues faced by pregnant women who try to use Babu Jagiwan Ram Hospital for delivery. Julekha described how the hospital staff members turn pregnant women away, either telling them that they had come too early and were not in labour yet, or they had come too late and were already delivering. At the hospital, women in labour must take a number and wait for long periods, endure reprimanding, and often end up being sent home or leaving out of fear. She also
said that women will sit and wait until the baby has crowned (when the head of the foetus has emerged from the birth canal), and then they will leave because they are afraid and need help.

Julekha said that when women do stay at the hospital, they are often hurt by the staff members who hit them and yell at them during delivery. Julekha described how the experience is especially terrifying for a woman’s first delivery; she said the women are put on beds with their bodies exposed in a delivery room with a lot of other people around, and then male doctors will come and examine their genital areas without saying anything to the women. The dai has had to explain what is happening to women during delivery, so that they do not get up and leave out of fear.

Julekha said that she knows of several women who died from delivery complications on the way to the hospital after being refused by the hospital the first time they went. Women often come to her after being refused or treated badly by the staff at the hospital. The other women present unanimously praised Julekha, saying that she had saved the lives of newborns by giving mouth-to-mouth resuscitation and by turning breach babies for mothers who had been turned away from the hospital. Nonetheless, Julekha reported that she cannot address all complications and has referred patients to the hospital even though she knows that they are unlikely to get the care they need.

She also reported that she refers women to Babu Jagiwan Ram Hospital or other local government hospitals for antenatal care, and the hospitals will provide some vitamin supplements. These hospitals often give prescriptions that the women must pay for at the chemist, even though they should give out free medications. Julekha also reported that Babu Jagiwan Ram Hospital refuses to provide a woman with pregnancy healthcare if she already has three children. Although Julekha has taken several women to the hospital for delivery, she said she has never received any monetary incentive from the government hospitals, and the women aren’t receiving incentives for hospital delivery either.
Julekha said that some women understand the risks and permanence of the sterilization surgery because they ask her before they go for the surgery. She said that the government hospitals perform the sterilization surgeries and send women home the same day or the next day.

(Julekha, local dai, resident of K Block, Jahangir Puri)

The dai assisted the fact-finding team in locating women in the slum community who had undergone the sterilization surgery. The team spoke with Saroj, an approximately 30 year-old women who has three children - an eight year-old boy, a six year-old boy, and a five year-old girl. All of her children were born at home with the assistance of a dai. She said she is afraid of hospitals and so is her mother because of bad stories they have heard from others. For her oldest child, she went to the hospital to deliver and she was so scared by the yelling of the staff members, the crowd, and the pushing and shoving, that she left. She received blood tests for antenatal care at the dispensary, but never received any vitamin supplements. She spoke to women at the dispensary and heard about Copper-T and other contraceptive methods, but she decided she wanted a permanent solution.

She said that women in the community usually go to the dai if they want the sterilization surgery, and the dai takes the women to the dispensary to meet with the ASHA. The ASHA only asks the woman if she wants the surgery, and the ASHA fills out paperwork and sets up an appointment for the woman at one of the nearby government hospitals.
In 2009, the local ASHA arranged for Saroj to have the sterilization surgery at Dr. Baba Saheb Ambedkar Hospital in Rohini, about eight kilometres from Jahangir Puri. Saroj went for the surgery in the morning and did not have any tests or counselling before she underwent the surgery. Her husband signed a consent form that she never saw. She arrived at the hospital and was scared by what she described as one room with 10-15 women who were wearing open hospital gowns that exposed their bodies while men walked around the room. The women were lying on mats on the floor. There was one female doctor in the room. After walking into the room she said aloud, “I am scared. I don’t want to do this.” A man walked up to her, said “don’t worry”, and gave her a shot in the arm as she was standing. She said she became unconscious, and when she woke up, the surgery was complete. When she woke up, she was in a different room, and she was lying on top of several women on a mat on the floor. She was in a lot of pain, she felt nauseous, and she felt drugged. The women under her started to complain as she began to move, but she felt she had to get up because she was going to vomit. She only remembers seeing one staff member in the recovery room who was a cleaner. She walked out of the recovery room and out to the waiting room to find her husband. One staff member told her to stay, but she felt ill and uncomfortable so she went home. Saroj received pain medication to take before the surgery, but she never received medications after the surgery or any instructions for follow-up or complications. She also did not receive any discharge papers. Saroj did not know what to do after the surgery, since she received no instructions from the hospital, so she removed her own stitches. She said that the ASHA has removed the stitches of other women who have had the sterilization surgery, but the ASHA did not come to help her. In return for undergoing her sterilization surgery, she expected an incentive payment of Rs. 200-500 that she did not receive. She suspects that the ASHA keeps the incentive money that is meant for the patients. Saroj did not have any complications after the surgery, and she is glad that she is not having more children.
The team also spoke with Malti, a 32 year-old woman with four children - a 15 year-old girl, a 13 year-old boy, a 10 year-old boy, and a seven year-old girl. When she gave birth to her last child, the doctor convinced her to get sterilized and did not tell her about other forms of contraception. She was not aware of any other contraceptive methods. She did not receive any counselling regarding the surgery, and she was not aware of any risks or the permanence of the surgery. She was only asked if she really wanted the surgery. Four days after the birth of her last child, Malti underwent a sterilization surgery at Babu Jagiwan Ram Memorial Hospital. Her husband signed a consent form, but she did not see it, and the paperwork was not explained to her. She said she cannot read or write. She had blood tests done before the surgery, but she never received any results of the tests. Women waited in a room while one woman at a time was taken into the operating theatre where there were seven to eight staff members present. She spent three days in the hospital following the surgery. Eight days after the surgery was performed, she returned to the hospital because her stitches were coming undone and there was bleeding from the wound. The nurses yelled at her, saying that she had allowed the wound to become infected. Malti said she never received any post-operative care instructions. She spent 20 days in the hospital recovering from the infection. A doctor told her that she would undergo another operation to fix the first operation. He told her that there were no risks, and she had spent enough time recovering from the first surgery. She was operated on again under the same circumstances as the first surgery, and she spent eight days in the hospital. After the surgery, she had a one week and a 15 day check-up at the hospital. She said the hospital’s operating theatre and recovery rooms were dirty. In the recovery room, the beds were dirty and there were two women
per bed. The staff members in the recovery room were rude, and they passed out medication but did not individually check on anyone. Mostly, the family members were caring for the patients. Malti has returned to the hospital since her surgery to complain about weakness, and her irregular and very heavy menstrual cycle. She said that the doctors dismiss her concerns and give her medication for depression. She also described having birth control pills thrown at her with no instructions, and she asked the fact-finding team what the pills are for. She never received any discharge papers from the hospital.

(Malti, woman who had sterilization surgery, resident of K Block, Jahangir Puri)

The team also visited Dr. Baba Saheb Ambedkar Hospital in Rohini, since residents of Jahangri Puri sometimes use this government hospital. This hospital is located very near the Rohini East metro station, in an urban area. The grounds of the hospital are strewn with trash and are generally very dirty. The team entered through the main entrance of the hospital where outpatients check-in. There were many people waiting in the queue, and people who appeared to be ill were lying on the floor. The only staff member visible was a woman behind the check-in counter. The team was able to walk through the halls of the hospital without seeing any hospital staff, but there were non-staff persons lying or sitting on the floor.
The interior of the hospital was very dirty; the halls had paan spit throughout, overflowing trash bins, and bloody bandages on the floor. It was clear from the build-up of dirt that the halls, drains, and stairs were not frequently cleaned. The gynaecology outpatient department was closed at 2:00 p.m. on a Friday. The team visited the labour ward and was directed to the hospital administration. The team spoke with a man who refused to give his name and who seemed to be assisting the hospital superintendent. This man contacted the doctor in charge of family welfare, who also refused to give her name. The administrative staff behaved in a secretive manner, and seemed suspicious of the fact-finding team.

The team asked the doctor what kind of family planning services are offered by the hospital. She would not answer the question and instead asked the team which family planning methods it was aware of. The team named the Copper-T, birth control pills, condoms, and tubal ligation (sterilization surgery). The doctor said that all of those methods are offered at the hospital. The team asked the doctor which method most women use. The doctor did not answer the question and said that the hospital only provides what is right for each individual after discussing the options with the women. The doctor noted that much of the population the hospital serves is uneducated, so she felt the doctors had to tell the women to use contraceptives. She said that the uneducated women will not follow instructions to take birth control.

She reported that the hospital performs sterilization surgeries in the general operating theatre and there is a separate recovery room. The hospital offers the sterilization surgery twice per week, and women can get the Copper-T any day of the week. The doctor estimated that the hospital performs 40-50 Copper-T insertions and 40-50 tubal ligations per month. She mentioned that the gynaecology outpatient department should be open, and when the team told her that the department was closed, she said maybe it was closed because of the festival that day. The doctor was curt and would not share much information.
(Blood on the stairs inside Dr. Baba Saheb Ambedkar Hospital)

(A filthy drain in the hall filled with paan spit, outside the labour ward, Dr. Baba Saheb Ambedkar Hospital)
(A corner in the hallway filled with trash and paan spit, outside the labour ward, Dr. Baba Saheb Ambedkar Hospital)

(Stairs covered in bird droppings, Dr. Baba Saheb Ambedkar Hospital)

b. Sunder Nagri
The team also travelled to the Sunder Nagri slum in the North East District of Delhi. Sunder Nagri has been a major slum area in Delhi for over twenty years. The area lacks proper sewage, drainage, sanitation services, and a steady water supply. The public distribution system (PDS) for food security is unreliable and many of the residents share a very small, single room with several family members. Not much has changed in the last ten years. The fact-finding team observed many of the female residents and their children working in their homes, mainly making bindis for business people to sell. The business owners pay the women only Rs. 150 for about twenty boxes of intricate handwork that takes one day of labour per box. Some of the children working are as young as seven years old.

(Children making bindis, Sunder Nagri)

A private hospital in Delhi, Saint Stephen’s Hospital, established a clinic in Sunder Nagri in the 1980s. The clinic began as a small project that provided clinical healthcare, immunizations, and

\[21\] St. Stephens’ Hospital, Community Health Department, Organisation Profile, http://www.sshchd.org/content.php?id=1&sid=7.


\[23\] Id.

\[24\] Id.
antenatal care. The project has grown, and now the clinic sees 200-350 women per day and employs thirteen doctors. The program has expanded to provide community health education, home visits, tuberculosis control, and a crèche centre. Dr. Amod Kumar, an administrator at the clinic, described the success of the outreach program that seeks to educate newly married couples about birth control and counsel about the potential costs of having a large family. He reported that the clinic has noted a drop in the birth rate, and the positive response of the community to the promotion of vasectomy over tubal ligation for sterilization (vasectomy is a much simpler and less risky surgery than tubal ligation). The nurses conduct home visits to newly married couples and distribute condoms, iron supplement cookies and other sweets, and sit with the couples over tea to discuss different family issues. The clinic promotes women’s empowerment and extensively trains all of the clinic staff on how to speak with women about family planning issues to ensure that the women are fully informed and not pressured.

The clinic offers all forms of contraceptives, but only the main hospital performs tubal ligations. The clinic does not offer maternal delivery services. Dr. Kumar said that the women of Sunder Nagri will either give birth at home or go to one of the local government hospitals to receive the institutional delivery incentive. The women will also go to the government hospitals for the sterilization surgery because the surgery is provided for free and St. Stephen’s Hospital charges for the surgery. Dr. Kumar said that there is no need for the invasive female sterilization surgery, and the clinic tries to promote this idea by educating and empowering women.

The fact-finding team interviewed a local ASHA, Sharda Devi, who is also working at the St. Stephen’s Clinic. Sharda said that she attended a sixteen day training to become an ASHA, and her main function is to visit people in the community and conduct health surveys. She does not have any medical supplies, only forms for conducting surveys. She said she also accompanies women to the hospital for different medical reasons. She refers women to different government hospitals in the area, mainly Swami Dayanand Hospital, Guru Teg Bahadur (GTB) Hospital, and Seemapuri Maternity Hospital. She said that very few people go to the large government facility that is very nearby, Rajiv Gandhi Super Specialty Hospital, because it is a very bad hospital.
One of her duties is to motivate women to use contraception by talking to families about the number of children they have and the potential costs of having more children. If the women decide to have the sterilization surgery, she will take them to the hospital for testing to see if the woman is eligible for the surgery. She explained that at the government hospital, the doctors recommend the Copper-T after the birth of a women’s first child, but the doctor will also discuss condoms and birth control pills. After the birth of the second child, Sharda said that the doctors will tell the women they need to have the sterilization. She said that the main focus for contraception is the female sterilization surgery.

Sharda said the women should be receiving Rs. 1,200 as an incentive for the sterilization surgery, but no one has received any money in the last three years. Sharda said that she does not know what incentive she should get for bringing women to the hospital for the sterilization surgery. She also said that she is not aware of any target number of women she should bring to the hospital for sterilization surgery or Copper-T insertion.

Sharda also described the process she has observed at the government hospitals for sterilization camps. The surgeries are conducted only on certain days, depending on the hospital, and usually between the hours of 8:00 a.m. and 1:00 p.m. Sharda said that the doctors want to leave by 4:00 p.m. and all of the day’s patients are required to leave by that time, even if they had the surgery at 1:00 p.m. When people complain about patients being rushed out of the hospital, the doctors say that the hospital is too crowded to keep the women for a long time. The hospitals have 10-15 women waiting, while one woman at a time is taken into an operating theatre. The women are not counselled before surgery, so if they know about the details, the risks, and the permanence of the surgery, it is only because they were informed by the ASHA.

Sharda reported that the surgeries are performed very quickly, and there is usually only one doctor performing the surgeries. The hospitals do have recovery rooms, where women are required to share a bed with another patient. Sharda said that the hospitals often do not have enough supplies, such as gauze and medications. The women are told to come back to the hospital in three days for a check-up, and then to come back in seven days to have the stitches removed. Sharda said the ASHAs check on the patients in their homes to make sure the women
are doing well after the surgery. She also mentioned that all of the government hospitals are very dirty.

(Sharda, ASHA worker, Sunder Nagri)

The fact-finding team went with Sharda to find women in the community who have had the sterilization surgery. The team first spoke with Seela, a 27 year-old woman with three sons, ages eight, seven, and four. Her children were all born at home with the assistance of a dai. Seela said she knew about many forms of contraception, because she heard from the ASHAs and television. But she was scared to use the Copper-T, because she knew of several women who had experienced pain after insertion. She said her husband would not use condoms, and she could not use birth control pills when she was nursing. She heard about the sterilization surgery from other women in the community.

She said she was one month pregnant in 2009 when she went to GTB Hospital for an abortion. She asked to have the sterilization surgery at the same time as the abortion. She said that the hospital staff took blood and urine samples from her before the surgery and asked about her medical history. She says she verbally consented to the surgery because she asked for it, but she never signed anything and she is illiterate. She was not given any counselling before the surgery, but she knew about the permanence of the surgery from other women in the community. The day of her surgery, there was a waiting room with 20-25 women. In the operating room, there were
four beds and four machines with no dividers between the beds. There were 2-3 doctors and men walking around the room. She was told that the machine for the abortion was broken, and the doctor would perform the abortion by hand. The recovery room had 2-3 people inside and several beds. She was sent home a few hours after the abortion and the sterilization surgery, even though she was bleeding heavily and feeling drugged. She was told to come back to the hospital in eight days to have her stitches removed.

She bled for three days non-stop and soaked the bed with blood. From then on she was bleeding on and off for one month. She went back to the hospital to have the stitches removed and complained about the bleeding. The doctor told her that she would have to pay Rs. 300 for an ultrasound to see what was wrong, and she declined because of the cost. She went back to GTB Hospital several more times and the doctors refused to help her. She said after she bled for a few more weeks, she turned yellow and thought she was going to die and was finally taken to a private doctor named Dr. Seema. Dr. Seema explained that the abortion had been performed incorrectly and a “piece” had been left inside her, which is why she continued to bleed. She paid Rs. 4,000 to have another surgery to stop the bleeding, and she has had no further problems or pregnancies since. She said it was difficult for her family to pay the money for the private doctor. Seela did receive an incentive payment of Rs. 600 for the sterilization surgery, but she did not know she would receive this money when she opted for the surgery. She never received any discharge papers for the sterilization surgery.

(Seela, woman who had sterilization surgery, resident of Sunder Nagri)
The fact-finding team interviewed Priti, a 31 year-old woman with three sons, ages eleven, seven and two. She delivered all of her children at GTB Hospital, and it was free, but she doesn’t remember if she received any incentive payments. She said she has heard of the birth control pill, Copper-T, and sterilization surgery from the ASHA and television. She took birth control pills after her first child, and she stopped taking them so she could have her second child. She said that she tried the Copper-T after her second child, but she stopped using it because it caused a stabbing pain in her abdomen.

Her third child was unplanned. She decided to have the sterilization surgery while she was pregnant with her third child. When she delivered her third child at the hospital she stayed in the hospital for five days, and on the third day, she had the sterilization surgery. She said that the doctor told her that she could wait six months, but she insisted on having the surgery right after the delivery. Her husband signed a consent form that she never saw. She said she never received any counselling regarding the surgery or other contraceptive options. She was not told about any risks of the surgery or the permanence, but she heard that the surgery is permanent from a woman in the community.

She was given a glucose test before the surgery, but she was not asked about her medical history. She was the only person in the operating room and in the recovery room. Priti said she does not remember seeing any women waiting for the surgery. She was told to come back in 15 days to have the stitches removed, but there was no explanation of how to care for the incision. She said she was not even told to keep it clean. The incision became infected and the stitches were leaking fluid 2-3 days after she got home from the hospital. She returned to the hospital to seek care for the infection but the doctor told her that he couldn’t do anything, and he refused to look at the incision site.

Priti said she went to a local unlicensed “doctor”, Dr. Gulab, who told her that the hospital should have given her instructions to clean the incision and change the dressing every day. Dr. Gulab cleaned the incision, changed the dressing, and checked on her daily to make sure she got better. When she had the stitches removed at the hospital after 15 days, the doctor said nothing to her about the infection. She did not have any other complications after the infection, and she has
Priti, woman who had sterilization surgery, resident of Sunder Nagri

The fact-finding team also interviewed Kanta, a 32 year-old woman with three children – a fourteen year-old girl, a twelve year-old boy, and a seven year-old girl. All of her children were born at home with the assistance of a dai. Kanta said that her mother has fears about going to the hospital and wanted Kanta to give birth at home. She heard about the birth control pill and Copper-T from the ASHA and other women, but she did not feel like she needed to take anything. She said she has just been lucky with the spacing of her children. She heard about the sterilization surgery from women in the community and asked a woman for help with getting the surgery. She did not want to use other methods of contraception because she heard that many cause problems for women. She was referred to the “General Hospital”, a government facility nearby. She met with the doctor, who asked her why she was having the surgery. She was told that the surgery is permanent. She was also asked questions about her medical history, and she given blood tests. She said that her and her family were never asked to sign a consent form. The doctor did not explain any risks, and told her “there will not be any problems, so don’t worry.”

On the day of the operation, she was taken directly to the operating theatre, where she was the only patient with one male doctor and two female nurses. She lost blood during the surgery, and she was given blood at the hospital. After the surgery, she was taken to a recovery room where there were three other women. The women were being cared for by their families, and there were
no staff members present. Her surgery was scheduled for the morning and she was sent home on
the same day. She said she was told to eat well and to put a cream on her incision. She was also
told to come back in 21 days to have her stitches removed. She received an incentive of Rs. 200
for the surgery, but she did not know about the incentive before she had the surgery. She
received discharge paperwork after her stitches were removed. She has not had any complication
or pregnancies since the surgery.

(Kanta, woman who had sterilization surgery, resident of Sunder Nagri)

V. Key Issues of Concern

The overall picture of the healthcare that is available to the poorest residents of the N.C.T. of
Delhi is dire. The effort to provide free medical services to the poor through government
hospitals is commendable. In reality, the hospitals subject the poor patients to horrible conditions
and treatment, and the government hospitals actually commit egregious human rights abuses. As
a result of this fact-finding mission, the following issues emerged as key concerns:

1. Women are not provided with complete information regarding family planning, thus
they cannot give informed consent. The 2006 Government of India standards outlined
above emphasize the importance of discussing all of the available options and ensuring
that women understand the consequences of their reproductive choices. The interviews
with women in the slum areas revealed that women often receive no family planning
counselling at all, and when they do, it is cursory and incomplete. At worst, the
“counselling” provided is coercive and incorrect. Both government doctors interviewed revealed a belief that uneducated people must be pushed to use contraceptives. It is clear that women receive information about family planning mainly from other community members, television, and ASHAs, not from the doctors who are convincing them to undergo sterilization surgeries.

The doctors also revealed an assumption that women will not comply with or will not understand instructions to take birth control pills, yet the success of the St. Stephen’s Clinic shows that birth control pills and other sterilization alternatives can be successful. The disregard for the autonomy of indigent women in the slum areas is shocking, as they put their trust in medical professionals who are misleading them and taking advantage of their ignorance about health issues.

2. The conditions observed in the hospitals are deplorable. Both of the government facilities visited were surrounded by trash, and the interior floors and walls were covered in filth. These conditions are in direct violation of the Indian Public Health Standards, which require proper disposal of trash and general cleanliness of environment.

The conditions of these hospitals also call into question the functioning and efficacy of the government monitoring, especially the state level Quality Assurance Committee. It is doubtful that these facilities are being inspected and found up to standard. If the hospitals are indeed unregulated, then they are left to violate the standards and the health rights of the patients. It is not surprising that infection is common after sterilization surgery when women are operated on under these conditions. These conditions do not encourage the confidence of the patients, yet the slum residents do not have other options for healthcare.

3. The N.C.T. of Delhi Government directive allowing the insertion of Copper-Ts immediately after delivery is clearly a flawed practice and could lead to an increased number of sterilization surgeries. Dr. Minakshi admitted that the insertion of the Copper-T immediately following delivery can cause the expulsion of the Copper-T device. Many women who have given birth at Babu Jagiwan Ram Memorial Hospital reported having
pain as a result of the Copper-T, which could be associated with the timing of the insertion. Moreover, the women reported that the hospital routinely refused to remove or adjust the Copper-T after the initial insertion.

Despite the knowledge that the government directive is not working well in practice, the doctors continue to follow the directive. There is likely a connection between the improper insertion of the Copper-T and the increased number of sterilizations. When women experience complications with the Copper-T, the hospitals refuse to provide follow-up care, and women are essentially left with the only other option promoted by the hospital, the sterilization surgery. If the government were carrying out the mandated monitoring and reporting on quality assurance for sterilization surgery, it would have uncovered the issues with the Copper-T insertion and the likely connection to sterilization surgeries.

The Government of India stated on 11 July 2012, at the London Summit for Family Planning, that it was changing its approach to family planning and population control by making contraceptives widely available for birth spacing. Unfortunately, the Copper-T directive mirrors the original coercive approach to family planning used today and raises serious issues of informed consent.

4. In addition to the failings of pre-operative procedure at government hospitals, the post-operative procedure and care is grossly below the minimum level mandated in the Government of India standards. The interviews revealed that none of the women were provided with all of the post-operative information that is required by the standards. Several women received no post-operative instructions. Most women only returned to the hospital to have their stitches removed, and had no other follow-up appointments. Many women had their stitches removed more than seven days after surgery. Most women were not told what to do to prevent infection, and women were even turned away from the hospital or berated by hospital staff when they sought care for infection. This lack of

post-operative care and instruction leads to infection and complications that could be prevented. Again, this reflects the failings of government monitoring and hospital regulation.

The standards and quality assurance guidelines issued by the Central Government are not being implemented. The conditions and treatment at the government hospitals actually deter women from receiving healthcare, despite financial incentives. As long as the state disregards its responsibilities and allows the hospitals to remain unregulated and inferior, women’s health rights will continue to be violated.