## Presidential Address

The 44th All India Obstetric and Gynaecological Congress, Ahmedabad, December 27, 2000

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Kamini A. Rao

Our honoured Chief Guest Shri. Keshubhai Patel, the Guest of Honour, Dr. Shirish Sheth, Respected past Presidents, invited International & National Guests, Members of the Organizing Committee and dear colleagues

It is truly an understatement to say that it is a great honour and privilege to be installed as President of the Federation of Obstetric and Gynaecological Societies of India. I am overwhelmed and accept this honour with humility and a solemn sense of responsibility.

Ladies and Gentlemen, it is with great pleasure that I acknowledge this opportunity to say a few words about what this day means to me. Whilst, I contemplate the coming year with an awesome sense of responsibility, aware that I inherit a position that has been enhanced tremendously by the successes of our past presidents over the years. I would like to assure you that I will do my utmost to equal the high standards and esteem that my predecessors have set.

I am privileged to be taking over as President in

the historic city of Ahmedabad. Famous for its tremendous contribution to the freedom struggle, this city of Mahatma Gandhi and Sardar Vallabhbhai Patel today is a strong edifice on the banks of the Sabarmati. Through centuries of living history, this ancient city has gathered symbols of its past and erected monuments to the present. Buildings hundreds of years old sit alongside stunning modern architecture. Pageantry and ceremony dating back over generations mix with modern day culture. Ahmedabad is a beautiful, vibrating and pulsating city, which is hosting a scientific and cultural feast, which I am sure all of us will enjoy. At this juncture I must congratulate and appreciate the efforts put in by Dr. Atul Munshi, Dr. Behram Anklesaria, Dr. Harish Doshi, Dr. Bhargav Patel and their entire organizing committee, who have worked hard to bring us a conference which will be both academically and culturally stimulating.

## FOGSI - The custodian of our profession

We work in an era of rapidly changing medical technology resulting in the development of newer and 'better' aproaches to patient care, everincreasing public awareness and high expectations of favourable outcomes. The speed of change in recent years makes it difficult to envisage what may be over the horizon. There is a need to evaluate the impact of modern technology and modify it, if appropriate, in order to allow doctors to flourish for the benefit of their patients and themselves. The Federation of Obstetric and Gynaecological Societies of India, as the main custodian of professional self regulation in India has a major role in defining standards and ensuring that these standards continue to be met.

### Role of women in India

In India, the value of women as a national resource remains largely unrecognized. They continue to

be 'the bearers and carers' of children, and are also becoming increasingly important as 'bread winners' in a world of new economic realities. Despite this, most women are traditionally poorly served in the areas of health and education. A generally low level of awareness of personal health and hygiene is compounded by the relative lack of information on disease symptoms and treatment. Every minute of every day, a woman dies as a result of pregnancy or childbirth somewhere in the world - be it an unwed adolescent, a teenage bride for want of blood or drugs or an older woman trying to terminate an unwanted pregnancy. - Such statistics tend to numb the mind, leaving us feeling helpless in the face of so huge and pervasive a problem. What is more unfortunate is that, the vast majority of these deaths need never have happened.

## "Among the most important freedoms that we can have is the freedom from avoidable illhealth and escapable mortality"

Prof. Amartya Sen

Every year, approximately 600,000 women die of pregnancy related causes. It is shocking to learn that 98% of these deaths occur in developing countries. Maternal mortality in the developing world is not just a chance event. It is the endpoint of a process that begins at birth and develops over a woman's entire reproductive lifetime. It has its origins in many intertwined factors such as the social status of women, their lack of education and economic resources and inadequate access to health care. Maternal death is most likely to occur in families, where girls learn they have a lesser right to food and education than boys, and where women believe that their health is less important than that of other male members. Dr. M. F. Fathalla has so rightly put it, when he asks "Are the health needs of the girl child any different from the health needs of the boy child?"

The health of the entire nation is inextricably linked to the status of women in society. It benefits from equality and suffers from discrimination. Today, in India, the status and wellbeing of millions of women remains tragically low. Girls and women are still denied the same rights and privileges as their brothers – at home, at work, in the class room or in the clinic. As a result human wellbeing in general suffers and the prospects for future generations are dimmer.

## To awaken people, it is the woman who must be awakenened. Once, she is on the move the family moves, the village moves, the nation moves. Jawaharlal Nehru

The fundamental denial of basic human rights

to reproductive choice, freedom from violence, and economic and educational development for women is one of the major issues in women's healthcare. We as obstetricians and gynaecologists and as advocates for women's health have an ethical obligation to ensure that human rights are extended to all women and that the care received is the best available. We need to ensure that developmental programs are not gender blind or gender biased to enable women to become equal citizens.

## Safe Abortion Saves Lives!! FOGS1 Theme for 2001

Unsafe abortion causes the death of an estimated 70 to 80 thousand women each year, representing 13 per cent of all maternal deaths. Putting these statistics in perspective, it is said that nearly 400 women get pregnant every minute, 50 per cent of which are unwanted pregnancies and one fifth of these have unsafe abortions. Those, who do not die may suffer from many consequences including infection, chronic pelvic pain and infertility. Almost all these deaths are totally preventable. In developing countries, the risk of death tollowing unsate abortion procedures is several times higher than that of an abortion performed under safe conditions. Despite, the documented safety of the procedure many women have limited access to abortion services because of logistical and social obstacles. Safe abortions are now a reality in the developed world. Nevertheless, it seems that we are not very close to the wish that every child should be a wanted child.

# "We will all never be created equal, but we will come closest to the ideal, when we are born wanted".

India's, Medical Termination of Pregnancy (MTP) Act of 1971 is among the most liberal in the world, yet the overwhelming majority of the estimated 6.7 million annual abortions are performed by illegal providers. As per the available statistics the number of approved institutions providing MTP facilities has increased from 1877 in the year 1976 to four fold in 1995-96. However, these figures are considered to be the tip of the iceberg. It is estimated that in India, every year, private practitioners conduct another 5 to 6 million abortions. However, they are very often performed under conditions that are unsate, resulting in a high level of maternal deaths pervear and many more thousands with severe complications. These illegal and unsafe abortions are a major determinant of the continued high level of maternal morbidity and mortality in India. Many women lack access to safe legal services and even when there is knowledge and access to certified public services, many women choose to go to unskilled providers because of the lack of confidentiality and compassion and low quality of care that prevails at many certified sites. Despite an intensive national

campaign for safe motherhood, the issue of abortion has not captured public attention, which needs to focus on:

- Prevention of unwanted pregnancies
- Increased access to safe induced-abortion services
- Increased number of recognized centres for MTP
- Involvement of FOGSI in the recognition process
- Post-abortion counseling, education
- Role of women in making contraceptive choices

A major reason for this unsatisfactory situation is the MTP Act itself. The inadequacies in the MTP Act and its implementation calls for a debate and a review. Registration requirements of the MTP Act are restrictive and cumbersome. It states very clearly that a pregnancy can only be terminated either at a hospital established or maintained by the government or at a place which is approved by the government. It empowers the medical profession to make judgements on the need for abortion vis a vis the woman, but the Act does not specifically recognize the woman's right to abort unwanted pregnancies.

## "No woman can call herself free until she can choose consciously whether she will or will not be a mother" Margaret Sanger

It is surprising that even after 25 years of MTP being legalized, its availability in rural areas is very much limited and even in the PHCs, where MTP services are available, no information is available on its actual utilization and efficient functioning. Moreover, the Act does not provide for mechanisms to ensure the regular maintenance of quality standards by the provider or the facility where it is being conducted. There is a compelling need for a co-ordinated and structured initiative by FOGSI to strengthen the commitment of the Government of India to Safe Abortion. We need to draw the attention of policy makers and administrators as well as participate in the policy making process in order to improve the availability, safety and use of services for abortion. In this connection, I must acknowledge the Ministry of Health and Family welfare and in particular Shri A.R. Nanda and Shri Gautam Basu, who have assured me that the Govt. would support the FOGSI initiative to celebrate the year 2001 as the Year of Safe Abortion.

Thus, at the start of the new millenium, there are no shortage of issues to address.

FOGSI has a commitment to Safe Motherhood. However, inspite of concerted efforts on the part of more than 14,000 gynaecologists in 150 Societies all over India, we have not been able to bring down the maternal mortality rate, which still remains at a staggering 453. The Reproductive and Child Health program under the guidance of Dr. D.K. Tank has been making inroads into the health structure of the nation with special emphasis on the need for better and more widely available maternal health services. In this regard, the efforts of the Maharashtra and Gujarat Governments need to be complimented. We look forward to conducting RCH Workshops in many more smaller towns, this year as well, and we would like to thank the Government of India and WHO for providing the funds to conduct these workshops.

Karnataka, my home State, is making concerted efforts to develop itself into a welfare state. A special Task Force for Health & Family Welfare has been set up to improve the health status in the State as well as tackle issues of women's empowerment, medical education etc. I would like to acknowledge the Government of Karnataka, which under the dynamic leadership of our Hon. Chief Minister, Shri S.M.Krishna and a dedicated team of professionals like Dr. Malka Reddy, Smt. Nateesa Fazal, Dr. G.V. Nagraj, Dr. Seethalakshmi, Mr. Thangaraj and many others, is striving hard towards the goals of Safe Motherhood and improved Reproductive and Child Health in Karnataka.

India has achieved the dubious distinction or having a population of one billion. I would be failing in my duty if I did not address the issue of birth control. The entire burden of birth control has been shifted to women with the facit consent and approval of society, and sadly that of the medical profession as well. The participation of men in birth control is almost non existent. This is another factor in reducing choices and empowerment for women which needs to be fackled through extensive propaganda and information campaigns. At this juncture, I must make a mention of the pulse polio program which to a large extent was possible because of the massive media campaign. I salute the media for their contribution and look forward to their continued patronage.

I would like to announce the coming year as the Year for the Young Gynaecologist. We at FOGSI would like to give our younger members opportunities and responsibilities and help them achieve excellence Towards this end I propose the organization of Zonal Conferences in all the four zones in India, which I would like entitled "Catch 'em young" and I would like our younger FOGSI members to take initiative in this regard.

Adolescent health awareness, attitudes and wellbeing set a tenor for future reproductive lite. Dr. Mehroo Hansotia had declared 1999 as the Year of the Adolescent Girls to educate and thereby empower women on whose health and wellbeing hinges our titure. We need to continue the good work initiated by her and intensity our efforts in this direction to develop an integrated approach to investigate the overall needs of this group.

Over the years, FOGSI has continued to grow, develop and evolve, to address the continuing medical education needs of members all over the country. It has continued to provide quality medical education and social interaction for our members and participants. My goal as President is to expand our membership base and our efforts to make FOCSI offerings available to interested practitioners every where. In this connection, I propose a large number of Travelling Seminars in keeping with the vision of Dr. Usha Krishna. This will promote the provision of lectures, seminars and discussions by specialists in our field for the benefit of the qualified and student members. It will provide not only a professional venue but also an important and economically viable opportunity for social interaction between the visiting speakers and the practitioners of the host institutions.

FOGSI has close ties with other professional organizations like the Medical Council of India, The Royal College of Obstetricians and Gynaecologists, and of course FIGO. We are eager to maintain and further develop our associations with these organizations. India has a large body of members and fellows of the Royal College, all experienced and dedicated professionals, committed to bringing about a perceptible change. We can work together with the Royal College, learn from each other and share our resources of experience and talent.

If I may be permitted to conclude on a personal note, I must say that I have been greatly overwhelmed by the confidence reposed in me and appreciate all your good wishes. This expression of support will make my task easier. My hands will definitely be strengthened by my three Vice presidents, Dr. Nayana Dastur, Dr. Subhash Nargolkar and Dr. Pravin Patel, office bearers Dr. Shyam Desai, Dr. C. N. Purandare, Dr. P.K. Shah as well as Dr. Prakash Mehta, I have no doubt that I shall be calling on many of you in the coming months, seeking advice and guidance and I am sure I can bank on all of you to support me.

Fime does not permit me to even briefly mention the huge contribution that all of you out here are making to the specialty. Amongst you are academics, scientists, clinicians and teachers. FOGSI recognizes and applauds your contribution. I would particularly like to welcome our overseas colleagues; it is a pleasure to see you all here today. Fhank you all for coming here and giving us the privilege of sharing your knowledge in this dor.

I would like to take this opportunity to all items, guide and mentor Dr. Shirish Sheth. He has done a fall proud by taking over the mantle of President of EGO but personally to me, he has always, over the years been a source of silent encouragement and inspiration and a 'not so silent' critic of my various shortcomings. Enally I would like to acknowledge my parents Ms. Paramata and Dr. P.R. Desai, my husband Dr. A.S. Arcin, Chi children Siddharth & Vyshnayi, the rest of nactan i members as well as my staff at Bangaton (you cont Conception Centre - for all their inflative score) for an it constant support and encouragement over the cont. My special thanks to BSOG 'KSOGA' for their anstinued support.

And to all of you, thank you for being here toda, and allowing me to share this day with you.

Let me close by mentioning the old adage

"Let us not ask what FOGSI can do for us But what each one of us can do for FOGSI" Jai Hind