Chapter 10: Case Studies

A. Pregnant Women who are Non Adolescents (Category A)

A1. Spontaneous Abortion

Respondent 1A is a woman of 21 years. She is Hindu. She has studied till Madhyamik. She stays in Sonarpur with her husband and in laws. Her husband is a truck driver. She was married two years back and did not have any significant health history or complications. Her last menstrual period was in 18.04.2010. and her expected date of delivery was on 27.12.2010. During her pregnancy period she visited a local health centre. She was admitted to NMC Hospital on 8th July 2010 after suffering from severe abdominal pain and vaginal bleeding for a week. She holds a recommendation letter from her local counsellor. An urgent USG of lower pelvis was done on that day and all the blood tests and urine tests were also conducted on 9th July. She was advised to attend the antenatal clinic on that day and the Doctors did not found any foetal movement in her abdomen. The USG showed that the foetus has died inside and no foetal pole is revealed in the USG. The USG of gravid reveals single intrauterine gestational sac located in the body and cervix of the uterus. The right ovary is normal in size and the left ovary is not visualized. The impression is that it is a case of single anembryonic gestation. This implies that it is a spontaneous abortion or induced loss of an early pregnancy. In lay man’s language it is miscarriage. The foetus was removed by operation. She was released from the hospital after two days of stay. The woman was very anxious of the fact that whether it will be

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17 The respondent’s name has not been mentioned due to ethical reasons. I have divided the 3 categories of respondents into A, B and C. Instead of naming the respondents I have used terms like respondent 1A, 1B, 1C etc
18 For more information on pregnancy failure and spontaneous abortion see http://www.babycenter.com/0_early-pregnancy-failure-blighted-ovum_1355753.bc
a problem for her to become pregnant for the second time. But the Doctor assured that she can conceive after few months and before that period she was advised to use a contraceptive. She was also advised to attend the hospital when she gets pregnant or when she have any other health problems.

*Fig. 49. Source: Computed from Case Study*

The analysis of the case study reveals the fact that the woman suffers from a lack of awareness regarding her right to health and healthcare. Her family members are also ignorant regarding her health. She came to the hospital after suffering from severe abdominal pain and vaginal bleeding. She also suffered from excessive fatigue which was also ignored. When she visited the hospital doctors diagnosed her with spontaneous abortion. She also suffered from acute depression and sense of fear from this incident. How will her in–laws behave with her, whether she will be able to conceive seen etc were the questions in her mind. If we study her case in the light of Millennium Development Goals we can see that the issue of spontaneous abortion or miscarriage has not been addressed in the MDGs. The issue of maternal mortality has been given importance throughout the goals but the miscarriage issue is ignored which forms an integral part of women’s health.
A2. Spontaneous Abortion

Respondent 2A is 25 years old. She is Muslim. She has studied till class nine. She stays in Hati Bagan Road near Beniapukur. She was married at the age of 18 years. She is a mother of one girl child of five and a half years. She stays with her husband and in-laws. She does some embroidery work by profession and her husband works in a local telephone booth. Her last menstrual period was in 11.03.2010 and her expected date of delivery was on 22.09.2010. She had significant history of cardiac diseases which have not been treated properly in her in-laws residence. She was admitted to the hospital on 8th July 2010. Her ECG report was not good. It was found in her USG that the foetus had died inside due to lack of proper oxygen. She had severe vaginal bleeding for the last few days and abdominal pain. Her blood tests were also done which revealed fibrinogen deficiency resulting in excessive bleeding. All these factors have led to the death of the foetus. This was a case of intrauterine pregnancy\(^\text{19}\) of 6 weeks and 5 days. The foetus was removed through operation and the doctors advised her regular cardiac check up and gave her medicines. Regular health check ups was advised to her and rest was also suggested.

\(^{19}\text{An intrauterine pregnancy is a pregnancy that happens inside of the womb. The fertilized egg implants itself on the interior wall of the uterus. This condition may be referred to as a normal pregnancy. See http://www.wisegeek.com/what-is-an-intrauterine-pregnancy.htm}
This is also a case of spontaneous abortion due to negligence. She was suffering from cardiac diseases for which no proper treatment was done. The foetus had died inside due to lack of oxygen which could be easily be avoided if there was proper treatment. During the pregnancy period prenatal check up was done but her primary rights were not ensured earlier. She has been doing all the household works since her marriage inspite of her weakness and her health has always been neglected by her family members. Moreover there is pressure from her in laws for getting pregnant. But pregnancy can have adverse impacts on her health due to her cardiac problems. So there is lack of awareness among the family members and she cannot make her own decisions regarding pregnancy. MDG targets have been fulfilled in this case as proper antenatal care and reproductive services have been provided to her. But her primary health rights and reproductive rights have not been ensured. The complications could be avoided if she had regular check up before pregnancy. She cannot exercise her sexual rights as she cannot practice contraceptives on her own choice and is forced by her family members to become pregnant. For proper implementation of the MDG goals these factors are to be
considered. They cannot ensure their rights if there is lack of awareness both at the individual and societal level.

A3. Breech Birth

Respondent 3A is a woman of 22 years. She is Hindu. She stays in Nikarighata are in Canning. Her last menstrual period occurred in 6th November and her expected date of delivery was in 13th August. She does not have any other issues earlier. She got married at the age of 20. She had studied till Madhyamik. She works as a cook in the city area. Her husband who has studies till ninth standard works in a construction company as a labourer. She was admitted on 8th July. She did not have any past significant medical history or diseases. She had too much nausea and vomiting during her pregnancy period. She visited the hospital once a month during her pregnancy period and took all the medicines and immunizations advised by the doctors. She was suffering from abdominal pain from 1st July and was diagnosed to have breach babies i.e. the baby is in a bottom-first (or feet-first) position unlike the head-down position in the mother's uterus. So there were risks attached with the pregnancy. The pre term delivery took place on 9th July when she delivered the twin girls. The first one weighs 1.1 kg (low birth weight) and the second one weighs 1 kg who died shortly after her birth clinically in the hospital. She had to stay in the hospital for a few days till her baby shows good reflexes and good heart beat. The antennal care suggestions will be given to her after her release from the hospital.

In this case the MDGs have been addressed since she received proper antenatal care during her pregnancy period. She delivered a twin of whom one died shortly after birth. The issue of stillbirth is covered in the MDG goals which is related to child mortality. However the incidence of breech birth has led to the death of one of the twins. Breech delivery is a bit complicated and steps were taken to change the position of the baby in the normal condition. But it was unavoidable and there is no such treatment for it. However the issue of breech birth is not covered in the MDG targets which is a serious cause of child mortality and also affects the health of women during pregnancy.

**A4. Decision Making**

Respondent 4A is 19 years stays near Topsia. She is Hindu. She is married at the age of 18 years. She was studying at that point of time but was forced by her family members for marriage. She stays with her husband, her in-laws and husband’s brother. Her last menstrual period took place on 18.10.2009, and her expected date of delivery was 23.07.2010. She was suffering from pain in abdomen and irregular foetal movements for the past one week. She
visited the hospital once a month during her pregnancy periods and took all the medicines and immunizations advised by the doctors. She did not have any other complications or significant health history. The USG report was also good. The Doctors monitored the foetal movement regularly and her Caesar was done on 20th July 2010. She delivered a baby boy weighing 2.1 kg who cried after birth and shows good reflexes. Forced sterilization was done by her family members against her will. She did not disclose anything further. Her husband gave the permission to the hospital authority regarding sterilization. The postnatal care advice was given to her during her release.

**Fig. 52. Source: Computed from Case Study**

In this case also we found that even if the MDG targets are fulfilled but the right to health is not ensured. She had an early marriage against her will and she became pregnant also at a very young age. The decision of pregnancy was completely controlled by her husband and in-laws. She is aware of family planning methods but did not have the freedom to use them.
Her husband and in-laws discouraged her from using contraceptives. Even if she is aware of her rights she cannot claim the rights. Problems of patriarchy are prevalent and she cannot make her own decisions regarding marriage and pregnancy. Therefore if we look into the case from the lens of MDGs we can say that her rights are protected but her overall right to health is not ensured.

A5. Earlier Miscarriage and Birth Defect

Respondent 5A is a woman of 24 years. She is Muslim. She stays in Bansdroni with her husband who drives an auto. She works in a tailoring shop nearby. She got married at the age of 20 years and had two miscarriages earlier. Her last menstrual period was held on 12.11.2009 and her expected date of delivery was on 19.08.2010. She was suffering from jaundice at 12 weeks of pregnancy. She had a history of liver problems and acute constipation. She was admitted to the hospital on 19th July 2010. She had pain in abdomen and bleeding per vagina for the last two days. She does not have jaundice at present and all other blood tests were also done. Her USG showed that large clots were present in vagina but there was little amount of active bleeding are present. Her delivery took place on 21st July. She delivered a premature boy of 1.4 kgs at the hospital and was released after 4 days. The baby is suspected to have
birth defects. No more information has been obtained.

Fig. 53. Source: Computed from Case Study

In this particular case both the MDGs and the right to health are not ensured. She earlier had two miscarriages the reasons for which are unknown and there was no adequate spacing between two child births. But in course of the conversation it was well understood that she had to do rigorous household works during her first two pregnancies. She suffered from liver problems which was neglected. She was diagnosed with jaundice at her 12 weeks of pregnancy which causes major complications and she gave birth to a baby with birth defects. If she and her family paid attention to her overall health status then this situation could have been avoided. Proper nutrition, food habits and liver treatment could have prevented jaundice. Thus right to health have not been ensured though MDGs have been satisfied.

A6. Stillbirth and Wrong Insertion of IUD

Respondent 6A is a woman of 19 years. She is Muslim. She is married at the age of seventeen. She stays in Mallickbazar. She was using an intrauterine device prescribed by a
local physician as a birth control measure for the past one year. But when her last menstruation period ended on 27th Nov 2010 she visited the hospital. She was advised to take the urine test for pregnancy where she was tested positive. Her expected date of delivery was 9th July 2011. It is quite unfortunate for her as she is very poor and was using the birth control measure to avoid pregnancy. She visited the hospital once a month during the pregnancy period and her IUD was also removed.

Infections occurred in the vagina as a result of this wrong insertion. She had a problem of blood pressure during pregnancy but there was no active vaginal bleeding. She was admitted to the hospital on 28th June 2010 when she had abdominal pain and was feeling uncomfortable. After check up Doctor said that the water has broken inside the abdomen and the baby had died inside her. So there was no living foetus discharged. The family members were informed about the risk of premature pregnancy and water break and the women was discharged the next day.

This is a very unfortunate situation where inspite of taking precautions the woman got pregnant. The IUD was not inserted properly which led to this pregnancy. This affected her
health status adversely. Prevalence of contraceptives and use of contraceptives as a family planning measure have been highlighted in the MDG goals. But the adverse impacts have not been mentioned. If it is not used or implemented properly then consequences may not be favourable. It is a complete right to health violation. It has been found that most of the women who are married at early age do not have awareness about contraception. Here level of education also plays an important part. The respondent is married early and she hesitated to go to the Doctor for IUD insertion. It was done later on but she felt discomfort and later realized that it was not properly inserted. She feels that she does not have any control over her body. The negligence of the health professionals is a substantive factor in this particular case.. If the IUD was not removed properly it could have serious health implications on the woman as well as her child.

A7. Intrauterine Hypoxia\textsuperscript{21} and Fetal Injury

Respondent 7A is a woman of eighteen and half years. She is Hindu. She stays near Beckbagan area with her husband who is an auto driver. Her last menstrual period occurred in 28\textsuperscript{th} August 2010. Her expected date of delivery was 3\textsuperscript{rd} June 2011. She had abnormal fatal movements and severe white discharge. She visited the hospital once a month for health check up and her ultrasonography was done. She did not experience any vaginal bleeding and the reports of the routine tests were also normal. Her main complication was Intrauterine hypoxia due to inadequate supply of oxygen.\textsuperscript{3} In the month of June Doctor suggested a post dated pregnancy for her. She was admitted to the hospital on 2th June 2011. Doctor diagnosed with pre uterine foetal injury and after final diagnosis she was admitted to the Emergency

\textsuperscript{21} For more information see http://www.rightdiagnosis.com/medical/intrauterine_hypoxia_and_birth_asphyxia.htm
Caesarean Section. She gave birth to a baby girl on 24th June 2011. The weight of the baby is 2.75 kgs. Regular check up has been advised by the doctor.

Fig. 55: Source: Computed from Case Study

In this particular case the pregnancy has taken place safely. But intrauterine hypoxia was diagnosed which could have lead to complications during pregnancy. Successful monitoring and medications have helped to minimize this. The leading causes of maternal mortality developing regions are haemorrhage and hypertension risks. But this particular disorder has not been mentioned in the MDG goals relating women’s health. For safe motherhood monitoring of this symptoms are needed. To protect the right to health these complications need to be addressed in the MDGs.

A8. High Blood Pressure

Respondent 8A is a woman of 21 years. She is Hindu. She stays near Basanti, 24 Parganas. She got married at 19 years. Her husband is an agricultural worker. She was admitted on 24.06.2011. and her caesarean delivery was done. She was suffering from high blood pressure since her admission. She did not visit this hospital during her pregnancy period. She
visited a local health worker, not a professional physician. After consulting the doctors in the National Medical College she was advised certain medicines. Her last menstrual period was held on 15.09.2010 and her expected date of delivery was on 21.06.2011. Her delivery was postponed for a few days when her blood pressure was in control. There was certain risks attached with the caesarian delivery but everything went well. She delivered a baby girl weighing around 3 kgs on 24.06.2011. She was discharged on the following day.

Fig.56: Source: Computed from Case Study

In this particular case the problem of high blood pressure was not addressed before pregnancy. She was given vaccinations and iron supplements from a local health centre. However measures were not taken to control the high blood pressure which caused complications during pregnancy. Therefore the MDG goals as well as the right to health is not ensured because proper antenatal care was not provided by trained health professions. Moreover her overall health status was not properly monitored. She had a problem of high blood pressure which remain neglected and caused obstetric complications. Safe delivery of child depends on mother’s physical condition. Therefore monitoring the blood pressure and proper medications were needed for safe motherhood.
A9. Polyhydraminos\textsuperscript{22} and Chronic Diabetes

Respondent 9A is a woman of 19 years. She is Muslim. She stays in Shankhadaha in North 24 Parganas. She had taken oral contraceptive pills which was provided to her from the community health care centre. Her last menstrual period was held in 21.09.2009. and her expected date of delivery was 29.06.2010. She had visited the local health centre during the initial stage of pregnancy and after that she was advised to visit the National Medical College Hospital. She was admitted to the hospital on 25\textsuperscript{th} June 2010. All routine blood and urine tests were done and she was found to have chronic diabetes which was not detected before. Further testing and monitoring was done to minimise the complications during pregnancy. It was found in the ultrasound test that the baby is in a bottom-first (or feet-first) position. When a baby is in that position before birth, it’s called a breech birth or breech baby. Abnormal levels of amniotic fluid (polyhydramnios) (National Health Service, UK, 2014) around the baby may result in a breech birth. The doctor advised her some medications and rest for this polyhydramnios. Her family members were informed about the risks of stillbirth during caesarian. The delivery took place on 27\textsuperscript{th} of June in the labour female room. She delivered a baby boy who showed normal reflexes and cried after birth. The baby suffered from a low birth weight (1.4 kgs) and she also suffered from tremendous vaginal bleeding after her delivery which was a symptom of polyhydramnios. She stayed in hospital for 6 days and was discharged on 30\textsuperscript{th} June when she and her baby were out of danger. The patient did not have a record of any mental distress.

\textsuperscript{22} Polyhydramnios (polyhydramnion, hydramnios) is a medical condition describing an excess of amniotic fluid in the amniotic sac. (see note 4) It is seen in 0.2 to 1.6% of pregnancies. It is typically diagnosed when the amniotic fluid index (AFI) is greater than 20cm. See: http://www.nhs.uk/conditions/polyhydramnios/Pages/polyhydramnios.aspx
This case also shows how the primary health rights of adolescent women are violated due to negligence. The woman had chronic diabetes for the past few years but it was diagnosed only when she became pregnant. Chronic diabetes can lead to polyhydraminos which can have severe consequences on pregnancy. If her diabetes was diagnosed earlier and treated accordingly then obstetric complications could be avoided. Here proper antenatal care is given to her and this is also a case of safe motherhood since the delivery took place successfully in the hands of trained health professionals. Therefore the MDG s have been satisfied but her right to health has not been ensured since she was suffering from a chronic illness which remain ignored and treated and lead to adversely affected her reproductive health.
A10. Perinatal Asphyxia, Stillbirth and Eclampsia

Respondent 10 A is a woman of 19 years. She is Muslim. She got married at the age of 17 and conceived her first child by 18. It was a caesarian delivery. She stays with her husband and son in Kushtia Road, Tiljala. Her husband is a factory worker. Her last menstruation period occurred in 27th October and her expected date of delivery was on 4th August. She suffered from anemia and high blood pressure but did not took proper medications for it. She had visited the hospital once a month during her pregnancy period for prenatal check up and vaccinations. She was admitted on 1st August when the Doctors told that the foetus is not in its normal position and is suffering from Perinatal Asphyxia. Here, the delivery took place on 2nd August 2010, the girl baby weighing 2 kgs died soon after birth due to perinatal asphyxia. The patient’s family became very upset after this incident. They complained that the hospital authority did not inform about the risks previously.

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23 Asphyxia neonatorum, also called birth or newborn asphyxia, is defined as a failure to start regular respiration within a minute of birth. Asphyxia neonatorum is a neonatal emergency as it may lead to hypoxia (lowering of oxygen supply to the brain and tissues) and possible brain damage or death if not correctly managed. Newborn infants normally start to breathe without assistance and usually cry after delivery. By one minute after birth most infants are breathing well. If an infant fails to establish sustained respiration after birth, the infant is diagnosed with asphyxia neonatorum. Normal infants have good muscle tone at birth and move their arms and legs actively, while asphyxia neonatorum infants are completely limp and do not move at all. If not correctly managed, asphyxia neonatorum will lead to hypoxia and possible brain damage or death.

Read more: http://www.healthofchildren.com/A/Asphyxia-Neonatorum.html#ixzz3CFTsoeZ4
In this case Doctors said that Rubi was suffering from eclampsia which was not diagnosed before. She also suffered from acute hyper tension. Precautionary measures were not taken. Here also the right to health has not been protected. Spacing between two childbirths is very low which has resulted in pregnancy complications. Eclampsia and perinatal asphyxia are several obstetric complications which affects the maternal and child health in adverse manner. However these are not addressed in the MDGs although they act as contributing factors for safe motherhood. Although the MDG targets are satisfied here the right to health is not insured. Infant mortality and maternal mortality are also very important.

Eclampsia is seizures (convulsions) in a pregnant woman. These seizures are not related to an existing brain condition. Doctors do not know exactly what causes eclampsia. Factors that may play a role include: Blood vessel problems, brain and nervous system (neurological) factors, diet and genes. Eclampsia follows a condition called preeclampsia. This is a serious complication of pregnancy in which a woman has high blood pressure and very rapid weight gain. Most women with preeclampsia do not go on to have seizures. It is hard to predict which women will. Women at high risk of seizures have severe preeclampsia with findings such as: Abnormal blood tests, headaches, very high blood pressure, vision changes.
points in the MDGs but the root causes are to be identified for declining the infant and maternal mortality

A11. Spontaneous Abortion and tumour

Respondent 11 A is a woman of 18 years. She is Muslim. She stays with her husband and in-laws in Rajabazaar. She had visited the hospital on 5th May, 2011 after suffering from severe abdominal pain, nausea, constipation and dizziness for the last one month. She ignored the symptoms completely and her family members never advised her to visit the doctor. When situation became worse she came to the hospital where the Doctor diagnosed her with persistent trophoblastic disease.25 She is three months pregnant and spontaneous abortion has occurred due to this condition which the woman and her family members have completely ignored. Due to the persistency of this disease the tumors have spread and chemotherapy may be needed for the treatment.

25 Gestational trophoblastic disease is proliferation of trophoblastic tissue in pregnant or recently pregnant women. Manifestations may include excessive uterine enlargement, vomiting, vaginal bleeding, and preeclampsia, particularly during early pregnancy. Diagnosis includes measurement of the β subunit of human chorionic gonadotropin, pelvic ultrasonography, and confirmation by biopsy. Tumors are removed by suction curettage. If disease persists after removal, chemotherapy is indicated.
If the woman had come to the hospital earlier the tumors could have been removed by suction curettage and the disease would not have spread. But the woman initially felt shy and confused. She did not think it to be substantial and initially hesitated to tell about her problems. When she told her husband afterwards he thought that she may be pregnant. It seems as if pregnancy is the only concern after marriage. This has happened due to lack of awareness and ignorance. Absence of sensitization leads to forced abortion and carcinoma which could have been easily avoided if treated properly earlier. Her treatment will be continued in the same hospital.

A12. Acute Eczematous

Respondent 12 A is a woman of 24 years. She is Muslim. She stays in Narendrupur. Her husband is an agricultural worker. She was admitted to the hospital on 26th July 2010. Her last menstrual period occurred in 22nd March 2011 and her expected date of delivery was in 28th August 2010. She was suffering from pain in abdomen, backache and dribbling. She visited local hospital earlier for her prenatal check up. Her USG was not done there but the Doctors advised her to deliver the baby in a state hospital. She came with her husband in the hospital on
26th August when the USG was done. The Doctors observed that the uterine passage for delivering the baby was not clear, hence there could not be a normal delivery due to the abnormal position of the baby. She was admitted in the hospital on that very day and the Caesarean delivery took place on 21th March. The weight of the boy baby is 3 kg 50 grams. She was also diagnosed with acute eczematous all over the body. This has occurred for more than three months and was untreated. She was also referred to the department of dermatology for this recurring and persistent skin rash. She has been advised to attend the immunization clinic as per guidelines and the Doctors also recommended her for exclusive breastfeeding to the baby. This case study also establishes the fact the primary health rights of women are ignored. She had severe skin eruptions which she and her family members neglected. She did not take any medication for backache and when she arrived in the hospital she was found suffering with intolerable pain.

![Diagram showing relationships between Acute Eczematous, Primary Health Rights, and Safe Delivery]

**Fig. 60. Source: Computed from Case Study**

*People have a notion that only the reproductive healthcare is important during the pregnancy period. The basic health needs of a woman are completely ignored. Awareness level is very poor among the woman who is married at an early age. They do not have proper*
education and they always try to abide by the norms of their in-laws. The MDGs also highlight the reproductive rights and awareness. But it is very important to ensure the primary health rights of women. If the primary health rights are not ensured then reproductive health will also suffer. This particular case study is a fine example of this kind of situation.

A13. Decision Making

Respondent 13 A whose age is 19 years stays near Beckbagan. She is Hindu. She is married at the age of 18 years. She was studying at that point of time but was forced by her family members for marriage. Her last menstrual period took place on 18.10.2009. and her expected date of delivery was 23.07.2010. She was suffering from pain in abdomen and irregular foetal movements for the past one week. She visited the hospital once a month during her pregnancy periods and took all the medicines and immunizations advised by the doctors. She did not have any other complications or significant health history. The USG report was also good. The Doctors monitored the foetal movement regularly and her Caesar was done on 20th July 2010. She delivered a baby boy weighing 2.1 kg who cried after birth and shows good reflexes. Forced sterilization was done by her family members against her will. She did not disclose anything further. Her husband gave the permission to the hospital authority regarding sterilization. The postnatal care advice was given to her during her release.
In this case also we found that even if the MDG targets are fulfilled but the right to health is not ensured. She had an early marriage against her will and she became pregnant also at a very young age. The decision of pregnancy was completely controlled by her husband and in-laws. She is aware of family planning methods but did not have the freedom to use them. Her husband and in-laws discouraged her from using contraceptives. Even if she is aware of her rights she cannot claim the rights. Problems of patriarchy are prevalent and she cannot make her own decisions regarding marriage and pregnancy. Therefore if we look into the case from the perspective of Millennium Development Goals we can say that her rights are protected but her overall right to health is not ensured.

A14. Spontaneous Abortion

Respondent 14 A is a woman of 19 years. She is Hindu. She stays near Sonarpur region with her husband and in-laws. She got married at the age of 16 years. Both the respondent and her husband works as contractual labourers. She had her first spontaneous abortion three years back. She also had a laparoscopic ectopic surgery when she suffered from an ectopic pregnancy.
eight months back. Her last menstrual period occurred in 10.10.2009. and her expected date of delivery was 17.07.2010. She was admitted to the hospital on 14th July. Her USG shows a single live intrauterine foetus in cephalic presentation. After that there was no existence of any living tissue found in the uterus. The Doctors advised an immediate operation which also had threats for both the mother and the baby. Her family members did not want the surgery and released her from the hospital. No further record has been found.

Fig. 62. Source: Computed from Case Study

During her first pregnancy she had spontaneous abortion which is not covered in the MDG targets. Doctors found out that scars were still present in the uterus after the ectopic surgery which means a clear violation of right to health. The surgery was not done properly

Ectopic pregnancy means the pregnancy is not growing in its normal location inside the uterus. Instead, it is growing elsewhere. 97% of the time, the ectopic pregnancy is located in the fallopian tube (tubal ectopic pregnancy) and the rest are found in the ovary, abdomen, cervix or other nearby structure (Military Obstetrics and Gynaecology, 2014)

http://www.brooksidepress.org/Products/Military_OBGYN/Textbook/PregnancyProblems/ectopic_pregnancy.htm
and the wound did not heal. In the given condition the foetus died and her health remained neglected. Only when the condition became worse she came to this hospital. Initially she visited local health centre. MDGs do not address these pregnancy complications which is an essential yardstick of women’s right to health. The leading causes of maternal mortality in developing regions are haemorrhage and hypertension, other important causes are sepsis and miscarriage/abortion which are easily avoidable. These causes are mentioned in the MDG goals but how they affect the health of women are not discussed. Emphasis is only given on the maternal mortality. But overall health rights of a woman is not protected in this way.

A 15. Normal Delivery, Positive Case Study

Respondent 15 A is a woman of 20 years. She lives in Tantul Khuli near Maheshtola with her husband. She got married at the age of 18 years and did not take any birth control measures. She could not tell about her last menstrual period. The Doctors estimated the date of delivery to be 20.07.2010. She did not have any health complications or any significant diseases earlier. During her pregnancy period she suffered from abdominal pain and vaginal bleeding. She had taken prenatal care and has visited the hospital regularly for check up. She had a normal delivery on 19.07.2010. She gave birth to a living girl weighing 2.85 kg. He was released the next day. The infant is healthy and showed good reflexes and cried after birth. The woman has been given advises regarding child care, breastfeeding and immunisation. She was also suggested to adopt a family planning method like pills or IUD as she does not want to become pregnant again at least for the coming three years. She complained that her husband is against using condoms. The woman otherwise did not have any other complications. She was advised some medicines and proper diet.
In this case the MDG goals of safe motherhood has been satisfied. The MDG targets also specifies about contraceptive practice and its availability. But awareness regarding family planning measures is still a distant dream. Lack of awareness is prevalent in this male dominated society. Men are reluctant to use contraceptives which has serious implications on women’s health and unintended consequences.

A16. Pregnant with genital sore and infections

Respondent 16 A is a woman of 20 years. She is Muslim. She has studied till class six and her husband has studied till class eight. Her husband works in a tannery. She stays with her husband and parent in-laws, husband’s elder brother, his wife and children near Topsia. She has been admitted to the hospital at 3 months of pregnancy. Her last menstrual period took place on 21.04.2010, and her expected date of delivery is on 12.12.2010. She had genital sore and irritations in the vagina and the doctors diagnosed fungal infection in the vaginal area. The blood tests and other reports suggested that it was a secondary infection, it can be sexually transmitted. The woman and her husband did not use any contraceptive measures. The woman
has been advised to visit the hospital once a month for prenatal check up. She did not have any other complications or significant medical history.

Fig. 64. Source: Computed from Case Study

Lack of awareness is a contributing factor in this case. The woman is found to have 
sexually transmitted infections which was completely ignored by her. The issue of STD and 
HIV/AIDS is covered in the MDG goals but how people can be made aware about these issues 
is major concern. Male dominance is prevalent in the society. In this particular case we find 
that her husband refuse to use condoms which have resulted in sexually transmitted diseases. 
As a leading causes of maternal mortality HIV/AIDS is reported in the MDG targets. But the 
relationship between STDs and pregnancy has not been included.

A17. Placenta Accreta

Respondent 17 A is a woman of 24 years. She is Muslim. She got married two years 
back. Her husband is a tailor by profession. Both of them have studied till 8th standard. She
stays in Bedford Lane near Park Street police station. Her parent in laws and sister in law also stay with them. She has taken contraceptive pills for 6 months which she got from the hospital. She has been coming to the hospital regularly during her pregnancy period for prenatal care. Her last menstrual period was held on 05.11.2009. and her expected date of delivery is on 12.08.2010. She has got a recommendation letter from the Chairperson of the Boro Committee VI, Kolkata Municipal Corporation. She maintains an obstetric record card where it was found that the personal history is normal and there is no past history of any operation or significant illness. She was admitted to the hospital on 12.07.2010. after suffering from abdominal pain, vaginal bleeding and irregular foetal movement. Her USG was done on that very day and the Doctors diagnosed her with placenta accreta. In this particular case the Doctors informed about the risks attached during and after the surgery. The case was complicated so constant monitoring was done before the surgery. The surgery was done on 15.07.2010. successfully and she gave birth to a baby boy weighing 2.5 kg. The baby was healthy and showed good reflexes and heartbeat. The woman was released from the hospital after 4 days of stay.

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27 Placenta Accreta occurs when the placenta attaches too deep in the uterine wall but it does not penetrate the uterine muscle. Placenta accreta is the most common accounting for approximately 75% of all cases. Premature delivery and subsequent complications are the primary concerns for the baby. Bleeding during the third trimester may be a warning sign that placenta accreta exists, and when placenta accreta occurs it commonly results in a premature delivery. http://americanpregnancy.org/pregnancycomplications/placentaaccreta.html
Fig. 65. Source: Computed from Case Study

Placenta accreta is an obstetric complication which has severe impact of women’s reproductive health. It leads to surgery and in severe condition it can also lead to hysterectomy or removal of the uterus. But this issue is not addressed in the MDGs. This is a very important pregnancy complications which can be avoided and treated with proper care and observation. The right to health is not ensured although the MDG conditions are fulfilled.

A18. Primary Rights Violated (Epilepsy of respondent plus birth defect)

Respondent 18 A is a woman of 20 years. She is Muslim. She has been married for the past one year and stays with her husband and in laws near Tiljala. She has epilepsy which she did not disclose before her marriage. She has been taking antiepileptic drugs regularly before her marriage. She behaves different and have strange sensations sometimes. When her in laws knew about the disease they treated her very rudely. But her husband has been supportive and provided her the epileptic drugs for her treatment. Her brain scan was also done when she sometimes lost consciousness. Her last menstrual period was held on 17th November 2009 and
her expected date of delivery is on 24\textsuperscript{th} August 2010. She complained of pain in abdomen to her husband and convulsions. She was admitted to the hospital on 17\textsuperscript{th} July 2010 and was referred to the department of Neuro-medicine of this hospital. The Doctors suggested that all the drugs are not suitable for her during pregnancy but there is no benefit to alter at this point of time. The drugs should be preferably altered before conceiving. The ongoing drugs can result in birth defects of the child but convulsions can continue if this drug is not changed. For the sake of her health she continued with the drugs but she is prepared that her child can have birth defects. She was discharged from the hospital on the following day. On 23\textsuperscript{rd} August she was again admitted to the hospital and she delivered a baby boy who had severe birth defects.

\textbf{Fig. 66: Source Computed from case Study}

\textit{This case is also a violation of the right to health of women. The woman suffered from epilepsy and took medications which had serious implications on the health of the foetus. If there was a careful monitoring of her health then her medications could be altered. But due to lack of awareness the epilepsy complications was not disclosed and diagnosed properly during pregnancy. Special emphasis should have been given throughout the pregnancy period for monitoring epilepsy as well as the position and structure of the foetus. Epilepsy is related to}
mental health as it is a neuro psychological disease. But the MDGs do not cover the aspects of mental illness which can affect the reproductive health of women. Prenatal care was provided to her but dearth of efforts was noticed treating the epilepsy. Although the MDGs have been satisfied the right to health has not been protected which has resulted in birth defects of the child.

A19. Wrong Insertion of Intrauterine Device (IUD)\textsuperscript{28}

Respondent 19 A is a woman of 40 years. She is Muslim. She is married for the last 18 years when she was 22 years old. She has one daughter and one son, 16 years and 14 years old. She stays in Mallkickbazar. She was using an intrauterine device prescribed by a local physician as a birth control measure for the past two years. But when her last menstruation period ended on 25\textsuperscript{th} Nov 2009 she visited the hospital. She was advised to take the urine test for pregnancy where she was tested positive. Her expected date of delivery was 7\textsuperscript{th} July 2010. It is quite unfortunate for her as she is very poor and was using the birth control measure to avoid pregnancy. She visited the hospital once a month during the pregnancy period and her IUD was also removed. She had a problem of blood pressure during pregnancy but there was no active vaginal bleeding. She was admitted to the hospital on 28\textsuperscript{th} June 2010 when she had abdominal pain and was feeling uncomfortable. After check up Doctor said that the water has broken inside the abdomen and the baby had died inside her. So there was no living foetus discharged. The family members were informed about the risk of premature pregnancy and water break and

\begin{footnote}
\textsuperscript{28} An intrauterine device (IUD or coil)[\textsuperscript{1}] is a small contraceptive device, often 'T'-shaped, often containing either copper or levonorgestrel, which is inserted into the uterus. They are one form of long-acting reversible contraception which are the most effective types of reversible birth control. Failure rates with the copper IUD is about 0.8% while the levonorgestrel IUD has a failure rate of 0.2% in the first year of use. Among types of birth control, they along with birth control implants result in the greatest satisfaction among users.\textsuperscript{2} As of 2007, IUDs are the most widely used form of reversible contraception, with more than 180 million users worldwide. http://en.wikipedia.org/wiki/Intrauterine_device
\end{footnote}
the women was discharged the next day.

**Fig. 67. Source Computed from Case Study**

This is a very unfortunate situation where inspite of taking precautions the woman got pregnant. The *IUD* was not inserted properly which led to this pregnancy. Prevalence of contraceptives and use of contraceptives as a family planning measure have been highlighted in the MDG goals. But the adverse impacts have not been mentioned. If it is not used or implemented properly then consequences may not be favourable. It is a complete right to health violation. Although there is availability and awareness still the woman cannot ensure her primary health rights due to the negligence of the health professionals. If the *IUD* was not removed properly it could have serious health implications on the woman as well as her child.

**A20. Intrauterine Hypoxia (lack of oxygen)**

Respondent 20 A is a woman of eighteen and half years. She is Hindu. She stays near Kareya (Park Circus) area with her husband who is an auto driver. Her last menstrual period occurred in 29th August 2009. Her expected date of delivery was 5th June 2010. She had
abnormal fetal movements and severe white discharge. She visited the hospital once a month for health check up and her ultrasonography was done. She did not experience any vaginal bleeding and the reports of the routine tests were also normal. **Her main complication was Intrauterine hypoxia due to inadequate supply of oxygen** (See Footnote 5). In the month of June Doctor suggested a post dated pregnancy for her. She was admitted to the hospital on 22th June 2010. Doctor diagnosed with pre uterine foetal injury and after final diagnosis she was admitted to the Emergency Caesarean Section. She gave birth to a baby girl on 24th June 2010. The weight of the baby is 2.75 kgs. Regular check up has been advised by the doctor.

**Fig. 68. Source: Computed from Case Study**

*In this particular case the pregnancy has taken place safely. But intrauterine hypoxia was diagnosed which could have lead to complications during pregnancy. Successful monitoring and medications have helped to minimize this The leading causes of maternal mortality developing regions are haemorrhage and hypertension risks. But this particular disorder has not been mentioned in the MDG goals relating women’s health. For safe motherhood monitoring of this symptoms are needed. To protect the right to health these complications need to be addressed in the MDGs.*
A21. Tumor in Abdomen, Cesarean Delivery

Respondent 21 A aged 20 was admitted in the hospital for 1st pregnancy. She is Muslim. She was married at 18 years. She does sewing work. She has used contraceptive pills for almost one year which she had obtained from nearby medicine shops. She experienced acidity and abdominal pain frequently but did not visit a doctor and took medicine herself to reduce the pain and acidity. We can find that she was very ignorant about her health. Her family members also never insisted for a proper health check up. Lack of awareness has also been noticed in this particular case. She stays in Narkelbagan area. She has come here for regular check ups during her pregnancy period. Her last menstrual period happened in 20.09.2009. and her expected date of delivery was 27.01.2010. Doctor diagnosed with fetal tumor in the abdomen. She experienced severe abdominal pain and very low haemoglobin level was also present. There was some abnormality in the fetal movement. She did not experience vaginal bleeding. The doctor suggested the date of delivery on 24th June and advised a caserian operation. The growth of the tumor is regularly monitored and the doctor had prescribed medicines. The operation will take place after few months. The woman had her delivery on 24th June. She experienced severe vaginal bleeding a week before pregnancy. She gave birth to a living healthy boy whose weight was 2.65 kgs. The baby cried normally after birth and there is no complication regarding the delivery. She is worried with the growth of tumor and the Doctor has assured her that it is not a matter of worry. After a few months it will be operated safely.
In this case we found that she was suffering from abdominal tumour which was diagnosed during her pregnancy. She did not have any pregnancy complications. So the right of safe motherhood as mentioned in the MDGs has been protected. But her right to health is still not ensured because proper treatment could be done and complications could be avoided if the tumour was detected earlier. Due to reluctance and lack of awareness the tumour developed and caused severe bleeding and abdominal pain. The delivery was successful but it could have impact on maternal and child health. The tumour will be operated after a few months. If proper health check up was done when she faced severe acidity and abdominal pain before her pregnancy this obstetric complication could have been avoided and early diagnosis means better treatment and chances of cure.

A22. Polyhydraminos and Low Birth weight of Baby

Respondent 22 A is a woman of 24 years. She is Muslim. She stays in Shankhadaha in North 24 Parganas. Her first delivery took place 3 years back. She got married at the age of 19
years. Her first child is a girl child. She had taken oral contraceptive pills which was provided to her from the community health care centre. Her last menstrual period was held in 21.09.2009 and her expected date of delivery was 26.06.2010. She had visited the local health centre during the initial stage of pregnancy and after that she was advised to visit the National Medical College Hospital. She was admitted to the hospital on 24th June 2010. All routine blood and urine tests were done and she was found to have chronic diabetes which was not detected before. Further testing and monitoring was done to minimise the complications during pregnancy. It was found in the ultrasound test that the baby is in a bottom-first (or feet-first) position. When a baby is in that position before birth, it's called a breech birth or breech baby. Abnormal levels of amniotic fluid (polyhydramnios) around the baby may result in a breech birth. The doctor advised her some medications and rest for this polyhydramnios (See footnote 4). Her family members were informed about the risks of stillbirth during caeserian. The date of caeser was fixed on 25.06.2010 but due to some technical difficulties the operation theatre was closed for a day and the operation got postponed for a single day. The delivery took place on 25th of June in the labour female room. She delivered a baby boy who showed normal reflexes and cried after birth. The baby suffered from a low birth weight (1.4 kgs) and also suffered from tremendous vaginal bleeding after her delivery which was a symptom of polyhydramnios. She stayed in hospital for 6 days and was discharged on 30th June when she and her baby were out of danger. The patient did not have a record of any mental distress.
This case also shows how the primary health rights of women are violated due to negligence. The woman had chronic diabetes for the past few years but it was diagnosed only when she became pregnant. Chronic diabetes can lead to polyhydraminos which can have severe consequences on pregnancy. If her diabetes was diagnosed earlier and treated accordingly then obstetric complications could be avoided. Here proper antenatal care is given to her and this is also a case of safe motherhood since the delivery took place successfully in the hands of trained health professionals. Therefore the MDG's have been satisfied but her right to health has not been ensured since she was suffering from a chronic illness which remain ignored and treated and lead to adversely affected her reproductive health.

A.23. Ambiguous Genitalia and Pulmonary Atresia

Respondent 23 A is of 28 years. She is Hindu. She stays with her husband in Thakurpukur, Behala. She got married at the age of 25 years and took oral contraceptives for 2 years. She got admitted to the hospital on 27th August and stayed till 3rd September. She came to the hospital regularly for pre natal check ups and vaccinations. Her delivery took place on 27th August. She gave birth to a baby girl weighing 2.3 kg. She was advised rest and proper
She did not have any serious health complications. However the Doctors observed that her baby has ambiguous genetalia and also has pulmonary artesia which is a form of congenital heart disease in which the pulmonary valve does not form properly. The pulmonary valve is an opening on the right side of the heart that regulates blood flow from the right ventricle (right side pumping chamber) to the lungs. All pregnant women should receive routine prenatal care. The baby has got Genitals that look both male and female (ambiguous genitalia), often appearing more male than female. She will have surgery between ages 1 month - 3 months to correct the abnormal appearance. Doctors also suggested that parents of children with congenital adrenal hyperplasia should be aware of the side effects of steroid therapy. Steroid medications cannot be stopped suddenly, because it may lead to adrenal insufficiency.

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30 Congenital adrenal hyperplasia is a genetic condition causing swelling of the adrenal glands. The condition is associated with a decrease in the blood level of cortisol (the stress hormone) and an increase in the level of androgens (male sex hormones) in both sexes. Some people get a mild condition that produces no symptoms. Others (mainly boy babies) develop a severe form that can be life-threatening. Medical treatment to correct hormone levels is available. Surgery to improve the appearance of unusual genitalia (in girls) and to remove the adrenal glands is sometimes considered. See more at: [http://www.patient.co.uk/health/congenital-adrenal-hyperplasia-leaflet](http://www.patient.co.uk/health/congenital-adrenal-hyperplasia-leaflet)

31 Adrenal insufficiency is a condition that develops when your child's adrenal glands do not make enough adrenal hormones. Adrenal hormones such as cortisol help your child's body handle stress, keep blood pressure normal, and balance salt and fluids. They control how his body uses sugars, fats, and proteins. An adrenal crisis may happen if your child's adrenal hormones become too low. This condition is life-threatening and needs immediate treatment. [www.drugs.com/cg/adrenal-insufficiency-in-children.html](http://www.drugs.com/cg/adrenal-insufficiency-in-children.html)
In this particular case pulmonary atresia was not detected during prenatal check ups. If it was detected earlier the condition of the baby could be improved. Moreover the baby girl has congenital adrenal hyperplasia. She will have to be operated within a few months but in this given condition it is very difficult. Here both the MDG goals and the right to health has not been satisfied. The prenatal care was not properly given to her. She had a significant personal health history. One of her relatives had suffered from congenital adrenal hyperplasia which she did not inform the doctors and the doctors also did not suspect this situation and did not ask much about her family history. So the primary health rights of the woman has also not been ensured.

A.24. Pregnant with Tumour (Trophoblastic disease)

Respondent 24 A is a woman of 18 years. She is Muslim. She stays with her husband and in-laws in Rajabazaar. She had visited the hospital on 5th May, 2011 after suffering from severe abdominal pain, nausea, constipation and dizziness for the last one month. She ignored the symptoms completely and her family members never advised her to visit the doctor. When
situation became worse she came to the hospital where the Doctor diagnosed her with persistent trophoblastic disease.\textsuperscript{32} She is three months pregnant and spontaneous abortion has occurred due to this condition which the woman and her family members have completely ignored. Due to the persistency of this disease the tumors have spread and chemotherapy may be needed for the treatment.

\textbf{Fig. 72. Source: Computed from Case Study}

\textit{If the woman had come to the hospital earlier the tumors could have been by suction curettage and the disease would not have spread. But the woman initially felt shy and confused. She did not think it to be substantial and initially hesitated to tell about her problems. When she told her husband afterwards he thought that she may be pregnant. It seems as if pregnancy is the only concern after marriage. This has happened due to lack of awareness and ignorance.}

\textsuperscript{32} Gestational trophoblastic disease is proliferation of trophoblastic tissue in pregnant or recently pregnant women. Manifestations may include excessive uterine enlargement, vomiting, vaginal bleeding, and preeclampsia, particularly during early pregnancy. Diagnosis includes measurement of the 6 subunit of human chorionic gonadotropin, pelvic ultrasonography, and confirmation by biopsy. Tumors are removed by suction curettage. If disease persists after removal, chemotherapy is indicated. (The Merck, Manual Professional Edition, 2014) For more information log on to: http://www.merckmanuals.com/professional/gynecology_and_obstetrics/gynecologic_tumors/gestational_trophoblastic_disease.html
Absence of sensitization leads to forced abortion and carcinoma which could have been easily avoided if treated properly earlier. Her treatment will be continued in the same hospital.

A.25. Mental Health

Respondent 25 A is 20 years and stays near Beckbagan. She is Hindu. She is married at the age of 18 years. She was studying at that point of time but was forced by her family members for marriage. Her last menstrual period took place on 18.10.2009 and her expected date of delivery was 23.07.2010. She was suffering from pain in abdomen and irregular foetal movements for the past one week. She visited the hospital once a month during her pregnancy periods and took all the medicines and immunizations advised by the doctors. She did not have any other complications or significant health history. The USG report was also good. The Doctors monitored the foetal movement regularly and her Caesar was done on 20th July 2010. She delivered a baby boy weighing 2.1 kg who cried after birth and shows good reflexes. Forced sterilization was done by her family members against her will. She did not disclose anything further. Her husband gave the permission to the hospital authority. regarding sterilization. The postnatal care advice was given to her during her release.
In this case also we found that even if the MDG targets are fulfilled but the right to health is not ensured. Health is a complete state of mental, physical and social wellbeing and not merely the absent of diseases. She had an early marriage against her will and she became pregnant also at a very young age. The decision of pregnancy was completely controlled by her husband and in-laws. She is aware of family planning methods but did not have the freedom to use them. Her husband and in-laws discouraged her from using contraceptives. Even if she is aware of her rights she cannot claim the rights. Problems of patriarchy are prevalent and she cannot make her own decisions regarding marriage and pregnancy. Therefore if we look into the case from the perspective of Millennium Development Goals we can say that her rights are protected but her overall right to health is not ensured.

A.26. Foetus died, patients and family members did not remove the foetus

Respondent 26 A is a woman of 19 years. She is Hindu. She stays near Sonarpur region with her husband and in-laws. She got married at the age of 16 years. Both she and her husband works as contractual labourers. She had her first spontaneous abortion three years back. She also had a laparoscopic ectopic surgery when she suffered from an ectopic pregnancy eight months back. Her last menstrual period occurred in 10.10.2009 and her expected date of delivery was 17.07.2010. She was admitted to the hospital on 14th July/Her USG shows a single live intrauterine foetus in cephalic presentation. After that there was no existence of any living tissue found in the uterus. The Doctors advised an immediate operation which also had threats for both the mother and the baby. Her family members of did not want the surgery and released her from the hospital . No further record has been found.
During her first pregnancy she had spontaneous abortion which is not covered in the MDG targets. Doctors found out that scars were still present in the uterus after the ectopic surgery which means a clear violation of right to health. The surgery was not done properly and the wound did not heal. In the given condition the foetus died and her health remain neglected. Only when the condition became worse she came to this hospital. Initially she visited local health centre. MDGs do not address these pregnancy complications which is an essential yardstick of women’s right to health. The leading causes of maternal mortality in developing regions are haemorrhage and hypertension, other important causes are sepsis and miscarriage/abortion which are easily avoidable. These causes are mentioned in the MDG goals but how they affect the health of women are not discussed. Emphasis is only given on the maternal mortality. But overall health rights of a woman is not protected in this way.

A.27. Lack of awareness but MDG targets satisfied

Respondent 27 A is a woman of 20 years. She is Muslim. She lives in Tantul Khuli near Maheshtola with her husband. She got married at the age of 18 years and did not take any birth control measures. She could not tell about her last menstrual period. The Doctors
estimated the date of delivery to be 20.07.2010. She did not have any health complications or any significant diseases earlier. During her pregnancy period she suffered from abdominal pain and vaginal bleeding. She had taken prenatal care and has visited the hospital regularly for check up. She had a normal delivery on 19.07.2010. She gave birth to a living girl weighing 2.85 kg. The infant is healthy and showed good reflexes and cried after birth. The woman has been given advises regarding child care, breastfeeding and immunisation. She was also suggested to adopt a family planning method like pills or IUD as she does not want to become pregnant again at least for the coming three years. She complained that her husband is against using condoms. The woman otherwise did not have any other complications. She was advised some medicines and proper diet.

In this case the MDG goals of safe motherhood has been satisfied. The MDG targets also specifies about contraceptive practice and its availability. But awareness regarding family planning measures is still a distant dream. Lack of awareness is prevalent in tis male dominated society. Men are reluctant to use contraceptives which has serious implications on women’s health and unintended consequences.
A.28. Pregnant with fungal infection

Respondent 28 A is a woman of 20 years. She is Muslim. She has studied till class six and her husband has studied till class eight. Her husband works in a tannery. She stays with her husband and parent in-laws, husband’s elder brother, his wife and children near Topsia. She has been admitted to the hospital at 3 months of pregnancy. Her last menstrual period took place on 21.04.2010. and her expected date of delivery is on 12.12.2010. She had genital sore and irritations in the vagina and the doctors diagnosed fungal infection in the vaginal area. The blood tests and other reports suggested that it was a secondary infection, it can be sexually transmitted. The women and her husband did not use any contraceptive measures. The woman has been advised to visit the hospital once a month for prenatal check up. She did not have any other complications or significant medical history.

Fig. 76. Source: Computed from Case Study

Lack of awareness is a contributing factor in this case. The woman is found to have sexually transmitted infections which was completely ignored by her. The issue of STD and
HIV/AIDS is covered in the MDG goals but how people can be made aware about these issues is major concern. Male dominance is prevalent in the society. In this particular case we find that her husband refuse to use condoms which have resulted in sexually transmitted diseases. As a leading cause of maternal mortality HIV/AIDS is reported in the MDG targets. But the relationship between STDs and pregnancy has not been included.

A.29. Thalassemia and Mental Health

Respondent 29 A is of 21 years. She is Muslim. She stays with her husband, her husband’s younger brother and parent in laws in Palm Avenue area. Her husband is an auto driver. She has been suffering from thalassemia for last 6 years for which blood was transfused to her regularly. She got married at the age of 17 and her parents did not disclose about the disease to the bridegroom and his family. She suffers from mental torture because her in-laws always abuses her for her health condition. Her father contributes a lot for her treatment and her husband is more or less supportive during the pregnancy period. This is only for the sake of her future child. Her expected date of delivery was 30th June 2010 and her last menstruation period was held in 20th September. Her health condition was not well during the pregnancy period. She visited the hospital regularly for prenatal check ups and iron tablets and other medicines were given to her. Vaccination was also given to her and special care was provided to her for treating thalassemia. Her delivery got postponed for 4 days due to her medical condition and blood was transfused to her time to time. Her post dated delivery was done in the cesarean section. A healthy baby girl was born to her on 4th July 2010. It was a term delivery and the baby showed good reflexes and cried after birth. Ligation was also done on the same day after getting consent from her family members. The patient is better now and the doctors have advised her for regular post natal check ups which is required for her as well as her child since she is a thalassemia patient.
Here also we can say that the primary health rights of women and the mental health of women are not ensured. Thalassemia is a life threatening disease which requires proper treatment. Here we found that the health of the respondent was not properly look after after the detection of thalassemia. Blood was transfused to her but her disease was not disclosed to the family members of her husband. Still there are social taboos attached relating this disease. Her family did not disclose about the disease for fear of non-acceptance. But they failed to understand that it will give rise to severe consequences when the disease will be disclosed. Her husband came to know about the disease soon after marriage and her parent in laws were never supportive of this. Mina suffered from mental torture after the detection. The decision of getting pregnant is also very crucial for the thalasemia patients. But Mina did not consult any doctor and decided to get pregnant. During the pregnancy period she suffered from both physical and mental illness. Thus the primary health rights and mental health are not ensured although the woman had exercised her child bearing role. These aspects are not mentioned in the MDGs which are very crucial for ensuring women’s right to health as a whole.
A.30. Perinatal Asphyxia

Respondent 30 A is a woman of 19 years. She is Muslim. She got married at the age of 17 and conceived her first child by 18. It was a cesarian delivery. She stays with her husband and son in Kushtia Road, Tiljala. Her husband is a factory worker. Her last menstruation period occurred in 27th October and her expected date of delivery was on 4th August. She suffered from anemia and high blood pressure but did not took proper medications for it. She had visited the hospital once a month during her pregnancy period for prenatal check up and vaccinations. She was admitted on 1st August when the Doctors told that the foetus is not in its normal position and is suffering from Perinatal Asphyxia. (Asphyxia neonatorum is respiratory failure in the newborn, a condition caused by the inadequate intake of oxygen before, during, or just after birth, see note 5).

![Diagram](image)

Eclampsia not diagnosed before

Foetus suffering from lack of oxygen

Primary health rights neglected

Fig. 78. Source: Computed from Case Study
There are several causes for the development of this disease. In this particular case the following causes are valid and quite significant. They are low socioeconomic status, maternal illnesses, such as, hypertension, severe anemia lack of prenatal care and abnormal fetal presentation or position. Here, the delivery took place on 2nd August 2010, the girl baby weighing 2 kgs died soon after birth due to perinatal asphyxia. The patient’s family became very upset after this incident. They complained that the hospital authority did not inform about the risks previously. Doctors said that she was suffering from eclampsia\footnote{Eclampsia is seizures (convulsions) in a pregnant woman. These seizures are not related to an existing brain condition. Doctors do not know exactly what causes eclampsia. Factors that may play a role include: Blood vessel problems, brain and nervous system (neurological) factors, diet, genes. Eclampsia follows a condition called preeclampsia. This is a serious complication of pregnancy in which a woman has high blood pressure and very rapid weight gain. Most women with preeclampsia do not go on to have seizures. It is hard to predict which women will. Women at high risk of seizures have severe preeclampsia with findings such as: abnormal blood tests, headaches, very high blood pressure and vision changes( http://www.nlm.nih.gov/medlineplus/ency/article/000899.htm)} which was not diagnosed before. She also suffered from acute hyper tension. Precautionary measures were not taken. Here also the right to health has not been protected. Spacing between two childbirths is very low which has resulted in pregnancy complications. Eclampsia and perinatal asphyxia are several obstetric complications which affects the maternal and child health in adverse manner. However these are not addressed in the MDGs although they act as contributing factors for safe motherhood. Although the MDG targets are satisfied here the right to health is not insured. Infant mortality and maternal mortality are also very important points in the MDGs but the root causes are to be identified for declining the infant and maternal mortality.
A. 31. Gestational Trophoblastic Disease

Respondent 31 A is a woman of 23 years. She is Muslim. She stays with her husband and in-laws in Patharpratima, Dakshin Sunderban. She had visited the hospital on 26th August after suffering from severe abdominal pain, nausea, constipation and dizziness for the last one month. She ignored the symptoms completely and her family members never advised her to visit the doctor. When situation became worse she came to the hospital where the Doctor diagnosed her with persistent trophoblastic disease. She is three months pregnant and spontaneous abortion has occurred due to this condition which the woman and her family members have completely ignored. Due to the persistency of this disease the tumours have spread and chemotherapy is needed for the treatment.

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Gestational trophoblastic (jeh-STAY-shuh-nul troh-fuh-BLAS-tik) disease (GTD) is a group of rare tumors that involve abnormal growth of cells inside a woman's uterus. GTD does not develop from cells of the uterus like cervical cancer or endometrial (uterine lining) cancer do. Instead, these tumors start in the cells that would normally develop into the placenta during pregnancy. (The term gestational refers to pregnancy.) GTD begins in the layer of cells called the trophoblast (troh-fuh-BLAST) that normally surrounds an embryo. (Troho- means nutrition, and -blast means bud or early developmental cell.) Early in normal development, the cells of the trophoblast form tiny, finger-like projections known as villi. The villi grow into the lining of the uterus. In time, the trophoblast layer develops into the placenta, the organ that protects and nourishes the growing fetus.

Most GTDs are benign (not cancer) and they don't invade deeply into body tissues or spread to other parts of the body. But some are malignant (cancerous). Because not all of these tumors are cancerous, this group of tumors may be referred to as gestational trophoblastic disease, gestational trophoblastic tumors, or gestational trophoblastic neoplasia. (The word neoplasia simply means new growth.) All forms of GTD can be treated. And in most cases the treatment produces a complete cure (http://www.cancer.org/cancer/gestationaltrophoblasticdisease/detailedguide/gestational-trophoblastic-disease-what-is-g-t-d)
Fig. 79. Source Computed from Case Study

*If the woman had come to the hospital earlier the tumours could have been by suction curettage and the disease would not have spread. This has happened due to lack of awareness and ignorance. Absence of sensitisation leads to forced abortion and carcinoma which could have been easily avoided if treated properly earlier. Her treatment will be continued in the same hospital.*

**A.32. Right to Health and MDG Protected**

Respondent 32 A is of 28 years. She is Hindu. She got married at 17 years. She did not have major health hazards. Her first daughter is 10 years old. This is her second pregnancy. She stays with her husband in P.C. Sen Colony in P.B. Road. She was suffering from lower abdominal pain and nausea. She had a post dated delivery and her ligation has also been done in the same hospital after delivery. She delivered a baby girl weighing 2.7 kgs on 30th June 2010 and the baby cried after birth and showed good reflexes. Preoperative and post instructions were given to her.
This is a positive case study. The respondent is aware of her health rights and is financially empowered. She can make her own decisions. Her primary rights

A.33. Perinatal Asphyxia

Respondent 33 A is a woman of 22 years. She has been married for 5 years. She has studied till 10th standard and her husband has studied till 12th standard. Her husband is a newspaper seller. She stays with her husband, parent-in-laws and husband’s younger brother at Sundia, Bhangar. Her last menstrual period was on 3rd Karthik and her expected date of delivery was on 1st Shravan. She suffers from low blood pressure, anaemia and the doctors diagnosed her with less fetal movement during her pregnancy period. All other reports including USG was normal. She was admitted on 26th August 2010. her delivery took place on 28th August. She was released The less foetal movement was due to lack of oxygen and poor nutrition. The foetus is not in its normal position and is suffering from Perinatal Asphyxia.35 She gave birth to a baby boy of low birth weight (2.3 kgs) and respiratory troubles

35 Asphyxia neonatorum or perinatal asphyxia is respiratory failure in the newborn, a condition caused by the inadequate intake of oxygen before, during, or just after birth.

Read more: http://www.healthofchildren.com/A/Asphyxia-Neonatorum.html#ixzz3B0wsnN8c
Here also the primary health rights are not ensured. She was married at the age of 17 which is against the legal provisions of Hindu Marriage Act. She is aware of family planning measures and took contraceptive pills for two and a half years after marriage. After that there was a time gap of around one and a half years when she could not conceive. In that period of time she faced irregular menstruation and severe bleeding which was not treated properly. Her in-laws were not at all supportive and always accused her of not conceiving. Thus her mental health also suffered. She suffered from severe depression and guilt and completely shifts herself to isolation. We can say that the MDGs have been fulfilled at least partially because safe delivery took place after adequate prenatal care. However there is a problem of low birth weight of the baby which has happened due to the poor health of the mother. The primary health problems of the mother like severe anemia, low blood pressure, depression and anxiety are ignored. If the primary health rights are not ensured then the MDGs cannot be fulfilled. Even if they are fulfilled its only a part of the targets. Pregnancy is not the be all and end all of women’s health. To ensure women,s right to health the fundamental health rights of women cannot remain unnoticed.
A.34. Female Foeticide

Respondent 34 A is 20 years old. She is Hindu. She was born in Kolkata near Howrah. She stays with her husband, parent in laws and husband’s sister in Delhi. Her husband works in a steel factory in Old Delhi. She became pregnant six months back and sex determination test was done to her after the USG.(foeticide) This sex determination was done by a quack and is highly doubtful. May be it was kind of guess work. It was found that she is expecting a girl child. Her family insisted her to abort the girl child. She was not willing to do that. After suffering lot of mental pressure and threats she agreed for the abortion. She could not exercise her right of decision making .The female foetus was aborted by a quack inspite of her unwillingness. Her health keep on deteriorating in Delhi.She was suffering from severe lower abdominal pain, white discharge and fever. Even after abortion she did not have her menstruation. (amenohrea) Her parents came to see her and decided to take her back to Kolkata. She came to the National Medical College with her father on 26th August 2010 where she was diagnosed with incomplete abortion. A large part of the foetus was still present in the lower part of the uterus. She was diagnosed with hematometra which is an accumulation of fluid or menstrual blood in the uterine cavity. She was operated in the uterus and the foetus was removed successfully. Blood was also transfused to her as she was found to be anemic which remain untreated. Initially there was some swelling in the uterus. After giving proper medication and strong dose of antibiotics her condition was far better. This case is a clear example of violation of women’s right to health.

36 Hematometra is a rare and delayed complication of medical termination of pregnancy. Acquired acute hematometra also termed the postabortal syndrome or the redo syndrome is a rare complication of suction evacuation with incidence ranging from 0.1 to 1 per 100 suction curettage abortion . The treatment consists of prompt evacuation of both liquid and clotted blood leading to rapid resolution. J Obstet Gynecol India Vol. 57, No. 3 : May/June 2007 Pg 257-258

CASE REPORT The Journal of Obstetrics and Gynecology of India
Postabortal hematometra Mallick Subhadra, Ray Chitra, Bhattacharjee Sunanda
Sex determination test is illegal still it has been done. The foetus is forcefully aborted by a quack. It means that the family members are very much reluctant about the woman’s health. It must be mentioned here that the issue of female foeticide and forceful abortion are not mentioned in the Millennium Development Goals and its targets. However these two issues are very important while ensuring women’s health and particularly women’s reproductive and sexual health. The mental health is also affected deeply since the woman suffered tremendous mental pressure. Women’s right to health is not ensured here and the two issues have not been part of the MDGs. Thus fulfilling the MDG targets does not always ensure women’s right to health.

A.35. Right to Health and MDG Targets Ensured

Respondent 35 A is a woman of 30 years. She is Muslim. She stays in Sonadalia region in Bhangar with her husband, parent in laws, husband’s elder brother. Brother’s wife and two
children. She has been married for the past 3 years. There is significant medical history of the patient. Both she and her husband have passed the Higher Secondary examination. Her husband works in a book binding shop. She works as attendant to some school children. Her work mainly involves taking the children to the bus stop for boarding the children to the school bus and accompanying the children on their way back home from the same bus stop. Her last menstrual period was held on 12th December and her expected date of delivery was on 21st August. She had used contraceptive pills after marriage for one year. Her husband took the decision of using family planning measures. She had visited the hospital regularly for pre natal check up. She suffered from lower abdominal pain from 20th August and there was also less fetal movements. Her USG revealed that there is a single line intra-uterine pregnancy of 39 to 40 weeks, cephalic in presentation with decrease movements. Doctors said that it is a post dated pregnancy and her cesar was done on 26th August. A term girl baby was delivered on 26th August and tubal ligation was also done.

Fig.83. Source Computed from Case Study
Here the MDG targets have been fulfilled and there is no significant physical or mental disorder of the respondent. The case study also shows an interesting fact that there is no son preference. The ligation was done after a baby girl was born.

A.36. Unwanted pregnancy and lack of spacing

Respondent 36 A is 28 years. She is Hindu. She was admitted to the hospital on 24th September. She stays in Tiljala Road Beniapukur. She is married for the last ten years. Her husband is a taxi driver. Her parent in laws also stay with them and they fully depend financially on her husband. She is a housewife and has one daughter of nine years. She did not practice any contraceptive methods after the birth of her daughter. Her husband did not want to use any contraception method. She heard from her peer groups about oral contraceptives and Copper T but her husband did not give her permission to use contraceptives. Her last menstrual period occurred in 2nd March, 2010. She was suffering from severe abdominal pain and weakness and visited the doctor. Her USG showed that she has a twin pregnancy. She said that this is an unwanted pregnancy. Her financial condition does not permit to have a second child. She is expecting twins. This will be an extreme financial burden for her family. If we examine the case study we can conclude that the woman do not have the freedom of choice. She cannot act according to her own decisions and is always dependent on her husband. She is aware of the family planning measures but she cannot exert her right to health. Family dynamics play a very important role in the area of women’s health. Even if there is availability of health care services women cannot ensure their right to health since they do not have the freedom to make their own decisions.
MDGs have talked about unwanted pregnancy and its consequences. But the social reasons behind these outcomes are not mentioned in the MDGs. If we cannot understand the root cause of the problem we cannot provide any suggestions. The MDGs should have a holistic perspective in order to meet the targets.

A.37. Mental Health and Hemorrhage

Respondent 37 A is of 23 years. She is Hindu. She got married two years back. She was suffering from less foetal movement. Her last menstrual period occurred on 13\textsuperscript{th} November 2009 and her expected date of delivery was on 20\textsuperscript{th} August 2010. She stays with her husband in Mahendra Roy Lane near Tapsia. She has been visiting the hospital regularly during her pregnancy period. Her husband is a construction supervisor. The shop belongs to her father-in-law who mostly stays at home. Her mother-in-law also stays with them. She got married four months back. Her husband has passed Higher Secondary and she has passed 10\textsuperscript{th} exam.
She did not practise any family planning methods but she faced terrible pain during sexual intercourse. She has got genital sores which remain untreated for the past one and a half year. During her prenatal check up Doctors found the sore and gave her medications both oral and ointments. She was also diagnosed with haematoma which is an extravasations of blood outside the blood vessels, generally the result of hemorrhage. A Hematoma is a pocket or localised collection of blood usually in liquid form within the tissue. She was admitted to the hospital on 26th August and stayed for six days till 1st September. She had a preterm delivery with post dated pregnancy. She delivered a baby boy on 29th August. She was also given the stitches to control the bleeding in the vagina. Now her condition is much better. On 1st September both the patient and her baby was discharged on satisfactory condition. This case is also a violation of the right to health of women.

Fig. 85. Source: Computed from Case Study:

The MDG targets have been fulfilled like receiving reproductive health services, prenatal care, accessibility and availability of hospital and other services and safe motherhood.
But the woman is deprived of her primary health rights. She was suffering from genital sore and infections which remain untreated. She was detected with haematoma which was also not diagnosed before. There is complete negligence of the diseases. Only when she got pregnant the diseases got noticed. The woman also complained about painful sexual intercourse which her husband did not paid any attention. She did not have the mobility to go the gynaecologist alone and she suffered silently. During the conversation she also told that she suffered from tremendous depression and insomnia after her marriage and also during her pregnancy. When she told the Doctors in the hospital about this they gave her anti depressant and medicines for curing insomnia. Thus although the MDG targets have been fulfilled the right to health of the woman has not been ensured.

**A.38. Cardiac Problem of the baby and severe anemia**

Respondent 38 A is of 21 years. She is Muslim. She stays in K.M. Roychudhury Road in Sonarpur. Her last menstrual period was held on 9th December and her expected date of delivery was on 16th September 2010. She got married 1 year back and did not practice in contraceptive methods. Her husband works in a construction site. She did her prenatal check ups in a local hospital. She suffered from dribbling and her liquor was also inadequate. She came to the hospital in the beginning August and Doctors diagnosed that her baby has a floating head and it has also cardiac problems. She suffered pain in abdomen and she was also diagnosed with severe anemia. Her ultrasonography suggested a breech birth. Her cesarian delivery took place on 30th August. She had a breech birth. And the baby boy weighed 2.55 kg. She was released after two days
In this case the MDG goals are not fully protected. The woman did not have proper prenatal check up from trained professionals. Complications could be avoided if this was done. Her primary health rights have also not been protected. She was suffering from weakness and anemia which remain untreated. She wanted to practice birth control measures but could not pursue because of family pressure. Even in this date we found that pregnancy is decided by the family members and not by the woman who will become pregnant. The problems have to be looked from a feminist perspective. If we do not look into the problems from the lens of a woman they will not be solved. To ensure right to health and for reaching the MDG goals the awareness of both individuals and the society is required.

A.39. Low spacing

Respondent 39 A is 20 years of age. She is Muslim. She stays in Madan Mohan Burman Street near Jorasanka Police Station. She has studied till class seven and her husband has studied till 10th standard. She got married at 18 and a half years and got pregnant by 19
years. Her first daughter is of 6 months (cesarian delivery) and she became pregnant for the second time in December 2009. Her last menstrual period was held in 7th December 2009 and her expected date of delivery was on 14th September 2010. She suffered from abdominal pain particularly the area where the ceasar took place. When she was asked why she chose to become pregnant for the second time, she answered “My husband did not allow me to use any contraceptive measures and himself also did not use condoms”. Her family do not have son preference but they have religious taboos and superstitions regarding usage of contraceptives”. Her last delivery also took place in the same hospital. But her stitches have not healed properly and she had to resume her household works soon after delivery. She could not take adequate rest and she was forced to have sexual intercourse whenever her husband wished to have it. Her delivery took place on 30th September 2010. Her baby girl weighed 2.8 kgs. She became very weak after the delivery. She was released after three days. Given her family circumstances she has to resume with the household works which might affect her health.
*Fig. 87: Source: Computed from Case Study*

*Here the MDG have not been protected and the right to health also have not been protected. Proper post natal care has not been received by her which is a part of the MDG goals. Her right to decision making have been violated because she could not practice family planning methods and she was also forced to have sexual intercourse.*

**A.40. Uterus burst and spontaneous abortion**

Respondent 40 A is of 25 years. She is Muslim. She stays in Baruipur with her husband, in laws and husband’s two younger brothers. She got married two years back. Both she and her husband sales groceries near the railway station. Her last menstrual period was held in May 2010. She consulted the local doctor during the initial stages of her pregnancy. She was suffering from severe abdominal pain and vaginal bleeding from the last week of August. After that she visited this hospital on 4th September 2010. After proper diagnosis the Doctors said that her uterus had burst and the foetus has died. This is a case of spontaneous abortion. The miscarriage happened after 3 months of pregnancy. This has happened due to continuous negligence physical weakness, improper diet of the woman. Rupture was also found in the post wall of the uterus extending to the vagina in the left side. Total abdominal hysterectomy was done and the whole uterus was removed. She had problems of bulky uterus for the past 2 years but it was completely ignored by her as well as her family members. In this given condition she decided to become pregnant. If the problem had been treated properly the complications could be avoided.
Thus even if the MDG targets have been fulfilled but the right to health is not ensured. The spontaneous abortion could have been easily avoided and the uterus would not have been removed if she could exercise her primary health rights.

**A.41. Positive case study**

Respondent 41A is of 27 years. She is Hindu. She stays in Sundia in Bhangar. Her last menstrual period was held on 2nd December 2009 and her expected date of delivery was on 10th September 2010. She is married for past 7 years. She has got recommendation from the local counsellor. Her husband works in a post office. She has come to the hospital for regular prenatal check ups. A single living intrauterine foetus was found in ultrasonography with adequate liquor. She did not have any major health complications. Her blood pressure is low but her overall health status is good. She did not report of any mental health problems which can affect her pregnancy. She delivered a baby girl normally on 8th September 2010 with good body weight and good reflexes and was released the next day.
This is a positive case as it is satisfying the MDGS targets and also protecting right to health.

A.42. Lack of rest due to household responsibilities

Respondent 42 A a woman of 23 years. She is Hindu. She stays in Garia. She was admitted to the hospital on 7th October 2010. Her last menstrual period occurred in 28th December and her expected date of delivery was on 15th October 2010. She had attended the ante natal care of the hospital regularly. She was suffering from pain in abdomen and dribbling from 1st September. She was admitted on 8th September and the Doctors diagnosed that her uterus position has been dislocated. It has come downwards which was high risk for the baby. Caesar was also considered risky in this situation. However after careful observation she had a caesarian delivery on 9th October, 2010. She was also given supplemented oxygen during this period. She complained that she had to do all the household chores even during the pregnancy
period which included lifting of heavy buckets etc. Her husband also insisted her sexual intercourse in spite of her poor health condition

![Diagram of Uterus Position and Risks]

**Fig. 90: Source: Computed from Case Study**

*Here the MDG targets have not been ensured and the right to health is not ensured as a consequence. But the causes behind her pregnancy complications is deep rooted to her social conditions. She suffered from domestic violence and her lack of accessibility towards health services was also prevalent. She visited the trained health personnel only during her pregnancy. Her psychological health also suffered due to her low social status in the family and deprivation. These issues are not addressed in the MDGs. To ensure her right to health both the MDG targets and overall health situation have to be addressed.*

**A.43. Lack of spacing between two children**

Respondent 43 A is 25 years old. She is Muslim. She stays in Miyajan Ostagar Lane near Karaya Police Station. Her first baby was born 2 years back. She got married at the age of 20 years. She used to take oral contraceptive pills for 6 months just after marriage. She was against conceiving a second child but her family insisted her to conceive second time because...
her first child is a girl. Her last menstrual period was held in 6\textsuperscript{th} December 2009 and her expected date of delivery was in 13\textsuperscript{th} September 2010. She conceived a baby girl on 9\textsuperscript{th} September 2010, weighing 3 kg. The hospital authority has suggested her ligation. But her family members did not give consent yet. She felt very insecure as she did not want a third child. She feels a little threatened from her family members who have a son preference.

Fig. 91: Source: Computed from Case Study

This case study also shows that despite the fulfilment of the MDG targets the right to health of woman is not ensured. She does not have the right of decision making regarding her own pregnancy. Moreover, her family members forced her to become pregnant in order to have a boy child. She is getting the reproductive health facilities as per the MDG targets and she has proper prenatal and postnatal care. But she cannot exercise her right of decision making and spacing of children which are closely related with sexual and reproductive health of women.
A.44. Positive case study

Respondent 44 A is a woman of 22 years. She is Hindu. She got married 1 year back. She has studied till class 8 and her husband has passed higher secondary and runs a family business of selling stationery goods. She stays near Sheldah. Her last menstrual period was held on 21\textsuperscript{st} August 2009 and her expected date of delivery was on 11\textsuperscript{th} May 2011. She was admitted to the hospital on 2\textsuperscript{nd} May 2011. She did not have any specific complaints. Her personal history and medical history was insignificant and without any major complication. She suffered from dribbling and pain in lower abdomen which was a common symptom during pregnancy. She visited the hospital four times for antenatal check ups and was prescribed medicines, vitamins and iron folic tablets. Her ultrasonography report was normal. She did not practice any family planning methods after marriage. The delivery took place on 03.05.2010. She delivered a baby girl normally weighing 2.60 kgs. She did not have any further complications and was released after one day of observation.

Fig. 92: Source: Computed from Case Study
This is a positive case where the woman has fulfilled the MDG targets of health as well as the primary rights are also ensured. She did not have any specific health related complications. Her mental health was also good. She could exercise the right to decision making regarding pregnancy and both she and her husband took jointly decisions in their family. She attended the antenatal care regularly as advised by the Doctors, took all the medicines prescribed and avoided strenuous works during the pregnancy period. They wanted a baby early so they did not practise any contraceptives. She wanted to use contraceptives after her delivery as they do not want a second child right now. Thus overall her right to health is ensured and the MDG goals relating to women’s health have been protected.

**A.45. Lack of nutrition**

Respondent 45 A is a woman of 34 years. She has studied till 10\textsuperscript{th} standard. She stays near Narendrapur, Ramakrishna Mission. Her condition during pregnancy was good but she had anaemia.. She got married 7 years back. Both she and her husband did not practice any contraceptive methods. However she was not getting pregnant. She was suffering from tremendous verbal abuse from her in-laws including her husband. Thus her mental health got affected. She suffered from severe mental depression and guilt for the past few years. She did not get proper nutrition in her in-laws place and her diet did not contain sufficient vitamins, minerals, iron and protein. She was admitted to the hospital on 9th July 2010, the date of delivery was 10\textsuperscript{th} July 2010, expected date of delivery was 8\textsuperscript{th} July 2010, the date of release was 11\textsuperscript{th} July 2010, her last menstrual period was on 7\textsuperscript{th} November 2009. She delivered a baby girl normally with good weight and reflexes. She was advised post natal care and immunization by the hospital.
In this case study the MDG targets are apparently satisfied but the right to health is not ensured. The woman did not get proper nutrition during pregnancy which made her weak and anaemic. She did not have the decision making ability regarding her diet and other issues related to pregnancy.

A.46. Anaemia and lack of nutrition

Respondent 46 A is a woman of 21 years. She is Hindu. She got married at the age of 19 years. She stays in Netaji Subhash Nagar Colony near Tollygunge. She was admitted to the hospital on 23.06.2010. Her LMP was 29th October, 2009. She did not visit the hospital for prenatal check up during her pregnancy period. She visited a local Doctor. She was suffering from severe abdominal pain from 20th June. She visited her local doctor who advised her to go to the hospital. She was admitted on 23rd June when the Doctors diagnosed with post dated pregnancy. The water also broke down so a normal delivery was not possible. Her caesarean
delivery took place on 29th June 2010. Her blood tests were done. She suffered from anaemia and her haemoglobin percentage was not sufficient. Her health was totally neglected by her family members. She did not receive proper nutrition during her pregnancy period. She gave birth to a baby boy on 29th June weighing 2.8 kg. She did not have any other complications. She and her baby were discharged after two days and was advised to visit the hospital for postnatal check up.

**Fig. 94: Source: Computed from Case Study**

*Here the MDG targets of safe motherhood and childbirth are fulfilled but the right to health has not been ensured. Her primary health rights have always been neglected. Her husband did not use condoms and also did not allow her to use any form of contraceptives. She was suffering from anaemia which remained neglected. Her family members did not take her to a good hospital during her pregnancy period. They took her to a local Doctor and she was not allowed to visit the health centre alone. The problem of patriarchy is deep rooted in the society. The woman is not empowered, she does not have the right to make her own decisions*
and she suffers from lack of mobility. The andocentric attitude of the society should be addressed to ensure women’s health.

A.47. Decision making problem

Respondent 47 A is of 21 years. She is Muslim. She stays in Tiljala with her husband and in-laws. She was admitted to the hospital on 29th June. She got married one year back and she did not practice any contraceptives after marriage. She has passed higher secondary examination and wanted to continue studying. But she got married against her will. She was not allowed to study after marriage. Her decision of getting pregnant was never considered. Her husband was against of using any family planning methods. Her expected date of delivery was on 30th June. Her husband brought a recommendation card letter from local MLA. That is why her pathological tests were done free of cost. She did not have any serious complications apart from fatigue and abdominal pain. Her prenatal check up was also done regularly as advised by the Doctor. Her ultrasonography report also showed good results. Her delivery took place in the caesarean section on 30th June. She delivered a baby girl weighing 2.4 kgs. The baby showed good reflexes. It was post-dated pregnancy. The patient was discharged after 3 days.
Fig. 95: Source: Computed from case Study

Here the MDGs are fulfilled but the right to health is not ensured. The targets of safe motherhood and infant health have been fulfilled. But her right to health has not been protected. Her reproductive and sexual rights have been violated. She became pregnant against her will, she could not exercise her rights of decision making. Her mental health was violated because could not continue with her education. She suffered from acute depression which remain ignored. Due to lack of empowerment the woman suffered silently. Apparently it seems that she has given birth safely and is very happy to become a mother but her past pain and sufferings remain unaccounted. Thus although the MDGs have been protected the right to health of the woman is not fully ensured because MDG does not take into account the aspects of mental health and decision making abilities. MDGs cannot be achieved without true empowerment of women.
A.48. *Low spacing between two children*

Respondent 48 A is 22 years old. She is Muslim. She stays in Park Circus with her family. She got married at 17 and gave birth to her first daughter at 19 years. She got pregnant for the second time at the age of 21 years. Her first baby was delivered in the caesarean section at the same hospital. She was admitted in the hospital on 29th June and her expected date of delivery was on 1st July. Her last menstrual period took place on 6th October. She did not have any serious pregnancy complications apart from low spacing issue. Her health status was good. Her husband did not practice any contraceptives after the birth of first child. The woman was not mentally prepared for a second pregnancy since their economic condition is very poor. But her family is against the idea of using contraceptives. Her second delivery took place safely in the caserian section. She delivered a baby girl weighing 2.5 kgs on 29th June. She was released on 1st July. She feels that pressure may crop up from her family members to become pregnant for the 3rd time since they have son preference. She was discharged from the hospital after 2 days and was given advise on post natal care and health check ups.

Fig. 96: Source: Computed from case Study
Here the MDG targets have been fulfilled. The targets of safe delivery have been fulfilled but the contraceptive prevalence is not present in this case. The spacing between two childbirth is very low. The right to health of woman is not ensured as she does not having the decision making ability regarding her reproductive and sexual health. There is son preference on the side of her family. Does it mean that a woman should go on conceiving until she delivers a boy child? There is tremendous mental pressure on her which she did not want to disclose any further. Her family members are against her decision of using contraceptives. The Doctors suggested her ligation but her family members refused to undergo this surgery. Her prenatal care was done, her delivery took place safely in the hands of health professions, she gave birth to a healthy child but still her right to health has not bee protected due to the above factors.

A.49. Pedal edema (swelling below knees and feet)

Respondent 49 A is a woman of 20 years. She is Hindu. She stays near Garia station with her husband, in-laws, husband’s elder brother, his wife and children. She got married at the age of 18 years. Her last menstrual period took place on 10th October and her expected date of delivery was on 2nd July. She was having a twin pregnancy. She took prenatal care as advised by the Doctors. She was given proper care during the pregnancy period. Her husband practised contraceptives for more than one year after marriage. She was advised to take sufficient amount of rest which was obeyed by her. She was suffering from severe abdominal pain and pedal edema (severe swelling below knees down into the feet). She was given

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37 During pregnancy, a woman releases hormones that encourage the body to retain fluids. Pregnant women tend to retain more sodium and water than women who are not pregnant. When a woman is pregnant, her face will typically swell, as will her hands, lower limbs and feet.

When a woman is resting in a reclined position the enlarged uterus occasionally compresses the inferior vena
proper medicine and several tests were also done. Reports were normal; she did not have any cardiac or kidney problem. Her ultrasonography report was also normal. She was given iron folic tablets, vitamins and vaccinations during the pregnancy period. Blood was also transfused to her on 13th June. She was admitted in 30th June and her delivery took place on that very day. She gave birth to twin girls weighing 2.15kg and 1.95 kg respectively. They suffered from low birth weight. The babies showed good reflexes and cried after birth. The patient was discharged after 2 days.

In this particular case the right to health of the woman is ensured and the MDGs have also been protected. The primary health rights of the woman were taken care of. She took her own decision of pregnancy along with her husband. Her husband also used contraceptives.

cava, causing obstruction of both femoral veins, leading to edema.

A pregnant woman's blood is hypercoaguble (clots more easily), raising the risk of deep venous thrombosis (DVT), a cause of edema. Eclampsia, which results from pregnancy-induced hypertension (high blood pressure), can also cause edema.

Read more on: http://www.medicalnewstoday.com/articles/159111.php
until she was ready to become pregnant. Proper prenatal check up was also given to her. Her family members supported her throughout this period. She was not allowed to do heavy works and was given enough rest. She did not face any mental health problems. Her delivery took place safely. The baby showed low birth weights but the doctors said that it is common for twin pregnancies. The patient was well attended during her pregnancy period and all her health problems and discomforts were thoroughly addressed. This can be considered as a positive case where both the MDGs and the right to health of the respondent have been fulfilled.

A.50. Ovarian cyst

Respondent 50 A is 23 years old. She is Hindu. She stays in Dhulaghat with her husband, in-laws and husband’s younger brother. She got married at the age of 21. Before that she had a tumour in her abdomen which got operated. Her last menstrual period took place on 8th October and her expected date of delivery was on 29th June. Her health was neglected after her marriage. Both she and her husband did not practice any contraceptive methods. Her husband was not ready to use contraceptives and the respondent was also afraid of taking pills. They never consulted a Doctor for this purpose. She developed tremendous pain in lower abdomen much before her pregnancy which was completely neglected. Her husband and in-laws bought medicines from local shop and gave her. Proper diagnosis was not done. Her ultrasonography was done after she became pregnant where it was found that she has developed cyst in the right ovary. Doctors prescribed some medicines for that and said that the cyst will be operated after the delivery. She was admitted to the hospital on 29th June. She gave birth to a baby girl on 30th June. The baby girl weighed 3 kgs and showed good reflexes. She was released after two days. The Doctors prescribed for post natal check ups and said that the cyst can be operated after 6months.
In this particular case study most of the MDG targets relating women’s health have been fulfilled. Delivery took place in the hands of skilled health personnel, prenatal care was taken properly, she had a safe childbirth and post natal care was also given to her properly. Both she and her husband did not practice any contraceptives which forms a part of MDG targets. But overall her reproductive health was taken care of. Reproductive and sexual health does not only signify the childbearing role of mother. The woman had undergone an operation of a tumour in the operation. The follow up check ups was not done after her marriage. Her overall health status was always neglected after her marriage. She suffered severe abdominal pain which was not addressed. Right to health has not been protected here. The cysts was diagnosed only during her pregnancy, Right to health has been violated here because her primary health rights were not ensured after her marriage.

A.51. Mental health (absconded form hospital)

Respondent 51 A is 26 years old. She is Hindu. She stays in Maheshtala with her
husband, in-laws, husband’s younger brother and two sisters. She got married at the age of 24 years. She did not practice any contraceptive since her husband and his family were against it. She suffered from some phobias, unnecessary fear etc. It was clear that she has some psychological disorders. She seemed to be very depressed but she did not reveal much about her personal life. There was vast amount of inconsistency in her speech and narratives. She told that she did not take any specific medicines. But her prescriptions stated that she was taking medicines for insomnia. She did not visit the hospital earlier. She visited a local physician when she became pregnant with her husband. She was suffering from discomfort after few weeks of pregnancy. The major complications were dribbling (which implied water breakage) and severe abdominal pain. Her USG revealed that the average maturity of the foetus was 25 weeks 4 days. The liquid was less than adequate. Doctors said that there is a high risk for the newborn if Caesar was done. There was also a chance of miscarriage. She was admitted in the hospital on 22nd June and her interview was taken in the following day. The responded was found to be absconded on 27th June. No other information was available from the hospital authority.

Fig. 99: Source: Computed from Case Study
This case is incomplete. Much light cannot be thrown in the case analysis. From the meagre amount of information that I received it can be said that her right to health has been violated. She used to take a medicine for insomnia earlier. But in the hospital she was advised to take neurological medicines. She was also given an appointment to the neurological department which she did not visit. Specific information cannot be acquired regarding the fulfilment of MDG goals. But she took proper prenatal check up, vaccinations, iron folic tablets, vitamins etc during her pregnancy. She also took enough rest and was not allowed to do heavy works during her pregnancy. If we analyse as per the basis of given information we can say that the MDGs have been fulfilled partially. But the foetal movements were irregular and water also broke. Although the reasons are not known but surely this was not a case of safe motherhood as there was risks involved with the pregnancy. She was absconded from the hospital. Does it mean she was satisfied with the treatment in the hospital? May be she was scared of abortion and miscarriage. However it can be said that her right to health as well as MDG targets have not been fulfilled in this particular case.

A.52. Postpartum Haemorrhage 38

Respondent 52 A is 23 years old. She is Hindu. She stays in Harinabhi. She got married at 21 years. She did not practice any family planning methods. Her husband also did not use any contraceptives. She got pregnant four months after her marriage. Her first daughter was born when she was 22 years old. 4 months after that she became pregnant again. Her last

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38 Primary postpartum haemorrhage (PPH) is loss of blood estimated to be >500 ml, from the genital tract, within 24 hours of delivery (the most common obstetric haemorrhage):[1]

- Minor PPH is estimated blood loss of up to 1000 mls.
- Major PPH is any estimated blood loss over 1000 mls.

Secondary PPH is defined as abnormal bleeding from the genital tract, from 24 hours after delivery until six weeks postpartum. See http://www.patient.co.uk/doctor/postpartum-haemorrhage
menstrual period was held on 9th October, 2009. She suffered from severe blood loss during her pregnancy. She came to the hospital on 28th June with massive amount of bleeding per vagina. Vaginal pack was given to her in the hospital. She did not visit the hospital earlier for prenatal check up. Her expected date of delivery was on 1st July. Blood transfusion was performed on 28th July. It was an emergency case and she suffered from tremendous blood loss. Her normal delivery took place on 30th June. She delivered a baby boy weighing 2.9 kgs. The baby was healthy and showed good reflexes. Doctors diagnosed her with postpartum haemorrhaging after her delivery. Massive blood loss resulted in postpartum hemorrhage.

Every woman is at risk for developing haemorrhage. However there are certain factors that will increase the risk. Multiple births with low spacing is one of them which is pertinent to this particular case. She was also suffering from dizziness and fatigue after her delivery. Proper care was provided to her from the hospital and her health condition gradually got better. She was discharged after four days when there were no health complaints.

Fig. 100. Source: Computed from Case Study
In this particular case although the MDG goals have been fulfilled partially the right to health has not been ensured. The woman did not have severe complications during her pregnancy period. Her prenatal check up was done in local health centre in the hands of health professional. The MDG targets have not been met fully because we found that there was no practice of contraceptives. This case is an example of very low spacing between two childbirths which has resulted in pregnancy related complications. The woman got pregnant very soon after her marriage. She became pregnant for the second time just after four months of her first delivery. This has resulted in massive blood loss during her pregnancy which leads to the condition of postpartum haemorrhage. Proper prenatal and postnatal care was provided to her and she had a safe delivery. But the pregnancy complications would not have aroused if the spacing between two childbirths would have been maintained. The spacing issue is not a part of the MDG targets. It has been mentioned in the recent MDG reports but still it has not been included a part of the targets. To ensure safe motherhood the criteria of spacing is very important. Serious complications can be avoided is women and men practice contraceptives and keep in mind the matter of spacing. To ensure the right to health of women the spacing between two child births is very important. The MDG goals are also not satisfied properly if it is not addressed because the issue of spacing is very much related to safe motherhood. The health of women should be looked from a holistic and rights perspective and the issues cannot be compartmentalized if the women’s health rights are to be ensured.

A. 53. Decision making

Respondent 53 A is 20 years old. She is Muslim. She stays with her husband in Beniapukur Road. She got married at 19 years and this is her first pregnancy. She did not practice any family planning methods after her marriage. Her husband was against using any
contraceptives. However the respondent wants to use contraceptives after the birth of her first child. However she fears that her husband may get angry and will react violently if she disobeys his order. Her husband managed to get the recommendation of a local counsellor. The respondent received adequate health services and prenatal care from the hospital. Her overall health condition was good. She did not have any past history of operations. She visited the hospital regularly for check up. She stayed at her maternal home during her pregnancy. Her ultrasonography and some blood tests, urine tests were also done in the hospital. She did not have any severe pregnancy complications. Her last menstrual period was on 8th October, 2009. Her expected date of delivery was 2nd July. She was admitted to the hospital on 29th June when she was suffering from severe pain in abdomen. Her caesarean delivery took place on 30.06.2010. She gave birth to a baby girl weighing 2kgs 700 gms. She was released after 2 days of stay in the hospital. Adequate postnatal check up was done from the hospital.

Fig. 101. Source: Computed from Case Study
In this particular case the MDGs regarding safe motherhood has been ensured. She has received proper prenatal care. Her delivery took place in the hands of expert health professionals. Whatever complications she had during her pregnancy period was properly taken care of by professionals. She took enough rest during pregnancy and was not allowed to do heavy works. Proper nutritious diet was followed by her. Her tests were done regularly, iron folic and vitamins were provided to her by the hospital. Although she did not practice any contraceptive methods but one can consider the fact that this was her first pregnancy. The couple was ready to take the responsibility of a child just after marriage. It can be their personal decision. If we consider these points we can conclude by saying that the MDG targets regarding safe motherhood has been fulfilled. But her right to health is not fully protected. By interviewing it was understood that her husband decides everything in household matters. The respondent does not have any say. If the woman refuses to obey him then he sometimes slaps her (although she did not speak about severe battering). The husband does not want to use any male contraceptives even after the birth of first child. The woman does not know whether she will be allowed by her husband to take contraceptive measures. She is in a constant state of depression and fear which could be noticed in this short span of time. As a result her mental health suffers indirectly. The issue of mental health is not a part of the MDG targets. The decision making ability regarding sexual and reproductive health is not a part of the MDG goals relating women’s health. To ensure women’s right to health all the aspects should be considered carefully. If we look at the MDG targets we can see the targets regarding safe motherhood has been met. But it is not protecting mental health rights or the right to make own decisions regarding sexual and reproductive health. The MDG targets are not sufficient in protecting women’s right to health.
A. 54. Respiratory Problems

Respondent 54 A is 22 years old. She is Hindu. She stays in Kalitala. She got married 2 years back. Her husband works in a confectionary shop in Garia. He used condoms for one year after marriage. Her expected date of delivery was on 5th July. She suffered from respiratory problems from a very early age. She was diagnosed with bronchial asthma when she was 16 years old. She took medications when complications arise. Doctors suggested for regular medication and check ups which she and her family members neglected. After her marriage she did not consult a physician. When she got pregnant her respiratory problems once again resumed. She was advised to take rest, proper care and medications during her pregnancy period. During her ultrasonography the foetus position was found to be normal. Regular fetal monitoring was done the doctors suspected that the baby can have respiratory problems after birth. She visited the hospital regularly for prenatal check ups. She suffered from pain in left side of her body and waist. Strong medicines could not be recommended for bronchial asthma as she was pregnant. Her delivery took place safely on 1st July 2010. The baby showed good reflexes but suffered from respiratory problem. Doctors suggested to keep the baby in incubator for few days to get her accustomed to the condition. After 5 days both the respondent and her baby were released from the hospital. Special care was advised for the baby and also post natal care was to be taken.
In this particular case the MDG goals have been satisfied but the right to health is not ensured. The respondent’s husband used contraceptives for birth control, she had a safe delivery in the hospital. Regular prenatal check and post natal check was done to her. The baby did not suffer from low birth weight and was delivered in the hands of skilled health personnel. But the primary health rights of the woman is not ensured. She suffered from acute bronchial asthma which was not treated properly due to ignorance. She was given proper care only when she became pregnant. During her pregnancy certain drugs could not be prescribed to her as it would have affected the baby adversely. But if these medicines were given her earlier (when she was not pregnant) her asthma could have been treated properly and her complications could be minimized during pregnancy. The baby suffered from respiratory problems after birth. If the fundamental health rights of the woman was protected the complications of asthma would not take place. The baby would not have been affected by respiratory problems if the asthma was cured beforehand. It is quite common that a woman is given special care and importance during pregnancy. Does that mean women’s health will be
neglected if she is not pregnant? This is quite saddening. Some people fail to understand that if the problems are addressed at initial stages then many complications can be avoided and treated properly during pregnancy. Thus a holistic approach is needed to ensure women’s health.

A.55. Thyroid Problem

Respondent 55 A is 23 years. She is Muslim. She got married 2 years back. Her husband is a tailor by profession. She stays with her husband, in-laws, husband’s maternal uncle in Park Circus. She works in a self help group in Park Circus. She suffered from thyroid for which she took medications as advised by the doctor. She also had mild level of anaemia which was also taken care. After her marriage her husband used condoms as a method of birth control. Her last menstrual period took place on 8th October 2009. Her expected date of delivery was on 15th July 2010. She came to the hospital for regular prenatal check up. Her husband was very supportive during her pregnancy period. She received proper medication, care and took enough rest during her pregnancy. She does not suffer from any other physical or mental illness. Her ultrasonography was done. She was having a term pregnancy. She was expecting twins. Her delivery took place on 12th July when she was admitted to the hospital after having severe abdominal pain. She delivered twin girls weighing 2.6 kgs. The babies were

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39 Thyroid disease is a disorder that affects the thyroid gland. Two pregnancy-related hormones—human chorionic gonadotropin (hCG) and estrogen—cause increased thyroid hormone levels in the blood. Made by the placenta, hCG is similar to TSH and mildly stimulates the thyroid to produce more thyroid hormone. Increased estrogen produces higher levels of thyroid-binding globulin, also known as thyroxine-binding globulin, a protein that transports thyroid hormone in the blood.
healthy and showed good reflexes. She was released after two days

**Fig. 103. Source: Computed from Case Study**

*This is a positive case study where both the MDG targets have been fulfilled and the right to health has been ensured. The woman consulted physicians for her health problems like thyroid and anaemia. She had safe motherhood which is a part of the MDGs. Her delivery took place in the hands of health professional. She took prenatal and postnatal care advised by the Doctors from the hospital. She did not have any other physical and mental health issues. Her husband used contraceptives and she was could make her own decisions regarding pregnancy, health issues and personal matters. Thus her right to health has also been protected.*

**A. 56. Congenital infections**

Respondent 56A is 25 years old. She is Muslim. She stays in Taltala with her husband, in-laws, husband’s younger sister. She got married at the age of 22 years. Her husband is an auto driver. She some sewing works in a tailoring shop. She used to take contraceptive pills after her first delivery for two years. After that she decided to stop using
contraceptives. Both she and her husband were ready to have a second child. Her last menstrual period took place on 12th December 2009 and her expected date of delivery was on 19th September 2010. She visited the Nilratan Ratan Sarkar Medical College earlier when she was facing abdominal pain and vaginal discharge. The doctors examined her with breech delivery and suggested her to visit the National Medical College. When she visited this hospital, Doctor also found that she had developed uterine fibroids (non cancerous tumours) which remain unnoticed for quite a few years. This may have increased the chance of breech presentation of the baby. She had problems with her uterus for the three to four years which remain neglected. She was admitted in the hospital on 2nd September 2010 and her cesarean delivery took place on that day. She delivered a baby girl whose weight was 2.5 kgs. But the baby was diagnosed with congenital birth defects i.e. congenital anomalies or congenital abnormalities.”

Doctors suspect that this defect is caused by congenital infections (cytomegalovirus (CMV), which has resulted in hearing loss. She was released after two days.

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40 **Congenital anomaly**: Something that is unusual or different at birth The word “congenital” means "at birth." "Anomaly” comes from the Greek word “anomalous” meaning “uneven” or “irregular.” Available at http://www.medicinenet.com/script/main/art.asp?articlekey=12758

41 **Congenital cytomegalovirus** is a group of symptoms that occur when an infant is infected with the cytomegalovirus (CMV) before birth. Congenital cytomegalovirus occurs when an infected mother passes CMV to the fetus through the placenta. The mother’s illness may not have symptoms, so she may be unaware that she has CMV. Most congenitally infected children do not have symptoms. Only about 1 out of 10 infants congenitally infected with CMV have these symptoms:

- Inflammation of the retina
- Jaundice
- Large spleen and liver
- Low birth weight
- Mineral deposits in the brain
- Rash at birth (petechiae)
- Seizures
- Small head size (microcephaly) (See http://www.nlm.nih.gov/medlineplus/ency/article/001343.htm)

In this particular case the right to health as well as the MDG targets have not been satisfied. The goals of safe motherhood and the birth of a newborn is not satisfied. The newborn suffered from congenital defects which may have occurred due to the uterine problems of the mother and also the breech position of the baby. The respondent neglected her primary health issues. She developed uterine malformations fibroids which was not treated and was neglected completely by her. Proper care was not provided to her during pregnancy both at the household level and also in the hospital. She was not allowed to take rest and had to do all sorts of household activities. Doctors diagnosed her with breech birth but her problem of uterine malfunction was not properly treated. Since it is a Government hospital many patients are admitted because they get treatment at very low cost. So it is difficult for the doctors to attend all the patients with lot of time and attention. It may so happen that there was not a proper coordination in the treatment. The case was complicated. Different aspects had to be addressed simultaneously. The blood pressure of the respondent was very low. The birth defect could have been avoided if there was not a breech delivery and the congenital infections
(cytomegalovirus (CMV) of the mother was detected earlier. Thus both the right to health and the MDG targets are not protected in this case.

A. 57. Positive case study

Respondent 57 A is 20 years old. She stays in Sonarpur with her husband. Both she and her husband work in a local stationary shop. She got married 1 year back. She did not practice any contraceptives and the childbirth was their joint decision. Her last menstrual period took place on 17\textsuperscript{th} December 2009 and her expected date of delivery was on 24\textsuperscript{th} September 2010. Her baby was in a breech condition. It was detected during early course of pregnancy. The Doctors managed to keep the baby in normal position before the delivery without any surgery. She suffered from pain and dribbling during her pregnancy period. Her other health conditions were normal. She took proper prenatal care and did not have any significant health history. She was admitted to the hospital for delivery on 17\textsuperscript{th} September. The delivery took place on 19\textsuperscript{th} September. The weight of the baby girl was 2.5 kgs. The baby showed good reflexes after birth. She was released on the following day.
In this case both the right to health and the MDG targets have been fulfilled. The respondent took care of her primary health. Her husband has been supportive throughout her pregnancy. She had a breech baby which was taken care of by skilled health professionals. She did not have any mental health problems. She took proper prenatal and post natal care. She had a safe delivery. Thus her right to health and the MDG targets have been fulfilled.

A. 58. Congenital anomaly in central nervous system

Respondent 58 A is 25 years old. She is Muslim. She stays in Amiripukur Road near Karaya. Her last menstrual period was held in 31st December 2009 and her expected date of delivery was on 7th October 2009. Her prenatal check up was done regularly in the hospital. From 5th September she was facing some uneasy sensations in her abdomen. Irregular movements of foetus was experienced by her. Her ultrasonography was done which showed single line intra-uterine pregnancy of about 35 to 36 weeks cephalic in presentation with grossly increased liquor and femur length appears to be increased in size. Her fetal anomaly scan was done to detect the congenital abnormalities of foetus. There were defects in the central nervous system which is a type of congenital anomalies. Ventricles of the brain were dilated. The patient gave birth to a baby boy weighing 2.7 kgs who dies two days after birth.
This case is an example where both the MDG targets and the right to health of the woman is not protected. The right to safe motherhood has been violated. Although the woman had taken prenatal care, fetal anomalies were present. This could have been detected earlier if there was sufficient care and supervision. Some negligence can be observed on the part of the hospital. The baby dies two days after birth. The respondents and her family were informed about this risk but this sort of consequences can be avoided if proper diagnosis was there. Her ultrasound test was done only after 32 weeks of pregnancy. This indicates negligence by the family. The state could not fulfill its obligations as the right to health of the respondent was not ensured.
A .59. Menstrual complications

Respondent 59 A is 24 years old. She is Hindu and stays in Gosherpukur with her husband. She got married one year back. Her husband is a rickshaw puller. The respondent has a history of dysmenorrhea\textsuperscript{42} or painful menstrual periods. She also had severe blood loss during menstruation which she had neglected. Her husband also did not take her to a physician in this regard. Her last menstrual period was on 24.02.2010. and her expected date of delivery was on 03.11.2010.She did not have any ultrasonography. She consulted a local doctor and did not have proper antenatal care. She has to do all the household level activities. On 8t11th September she was feeling severe abdominal pain and the local doctors also could not found the heart beat of the foetus. She was advised to consult this hospital. The doctors said that she has a risk of preterm labour and breech pregnancy. She gave birth to twin girls on 13\textsuperscript{th} September. The weights of the twins were 1.15 kgs and 1 kgs respectively i.e. very low birth weight. The babies also had respiratory problems. The patient along with the babies were discharged after four days.

\textsuperscript{42} See www.webmed.com/women/menstrual/cramps
Fig.107. Source: Computed from Case Study

In this case both the right to health of the woman and the MDG targets have not been fulfilled. The woman did not have proper ante natal care, she did not visit skilled health professionals initially, had the risks of preterm labour and the weights of the babies were low. She had risks in the delivery. On the other hand her primary health rights were also neglected. She had acute menstruation problems and dysmenorrhea which she had neglected throughout. Her husband also did not take care of her. Only when there was an emergency situation she took her to the hospital. The woman felt that this was her fate. But she cannot understand that her right to health has been neglected.

A.60. Premature Rupture of Membranes

Respondent 60 A is 20 years old. She is Hindu. She stays in Baikunthapur at Sonarpur with her husband, in-laws and husband’s younger brother. Her husband is an auto driver. Her last menstrual period took place on 20th December 2009 and her expected date of delivery. She consulted the local physician at Sonarpur who diagnosed her with premature rupture of the membranes. He advised her to go to National Medical College for further follow up and delivery. She was admitted to the hospital by her husband and her parents on 12th September. She had intermittent and delayed pain for last 1 day and heavy dribbling since the last night. The Doctors did her ultrasonography on 12th morning and decided to have a caesarean delivery

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43 Amniotic fluid is the water that surrounds your baby in the womb. Membranes or layers of tissue hold in this fluid. This membrane is called the amniotic sac. Often, the membranes rupture (break) at the end of the first stage of labor. This is often called “when the water breaks.” Sometimes the membranes break before a woman goes into labor. When the water breaks early, it is called premature rupture of membranes (PROM). Most women will go into labor on their own within 24 hours. If the water breaks before the 37th week of pregnancy, it is called preterm premature rupture of membranes (PPROM). The earlier your water breaks, the more serious it is for you and your baby. Find more at http://www.nlm.nih.gov/medlineplus/ency/patientinstructions/000512.htm
depending on the condition of the foetus. Her caesarean delivery took place on 12th September evening. She gave birth to a baby girl whose weight was 2.2 kgs at birth.

**Fig. 108. Source: Computed from Case Study**

*In this particular case the MDGs relating safe motherhood has been fulfilled. Her delivery took place safely in the hands of skilled health professionals. Her prenatal and postnatal check up was done. She had all the vaccinations and medicines during her pregnancy. But because of poor health care facilities in the suburban areas (where she lived) she had to move to Kolkata for a safe delivery. Her pregnancy complications were taken care of in the hospital. But there was inaccessibility of health care services and the infrastructure was also very poor in the local health centre where she stays. She was advised for a regular check up in the National Medical College for monitoring her health condition. Due to unavailability of health care services, poor infrastructure and poor communication facilities she had to seek her treatment at a city hospital. It is generally found that due to the above factors most of the skilled health personnel work in the city based hospital where they can avail all the modern*
facilities, equipments and infrastructure. Thus we found that although the MDG targets have been satisfied the right to health of the respondent is not fully protected.

A.61. Eclampsia

Respondent 61 A is 20 years old. She is Muslim. She got married at the age of 17 years. Her husband works in a tailoring shop. The respondent is a homemaker and her in-laws do not allow her to work outside. She was admitted to the hospital on 6\textsuperscript{th} July. Her expected date of delivery was on 12\textsuperscript{th} July. Her last menstrual period was held on 19\textsuperscript{th} October. She suffered from high blood pressure, fever and cough during pregnancy. She stays in Minakhan with her husband who is an agricultural labourer. She possess the card of the Department of Health and Family Welfare. She suffered from eclampsia\textsuperscript{44} She gave birth to a baby girl whose weight is 2.5 kgs on 6\textsuperscript{th} July. It may be possible that because of her high blood pressure she has developed eclampsia. There is a connection between high blood pressure and eclampsia. The respondent did not receive proper treatment for high blood pressure before her pregnancy. She also suffered from preterm premature rupture of membrane. She delivered a girl baby of 2.5 kgs on 6\textsuperscript{th} July 2011. She was released on 9\textsuperscript{th} July.

\textsuperscript{44} Eclampsia is seizures (convulsions) in a pregnant woman. These seizures are not related to an existing brain condition. Doctors do not know exactly what causes eclampsia. Factors that may play a role include: Blood vessel problems, Brain and nervous system (neurological) factors, Diet, Genes. Eclampsia follows a condition called preeclampsia. This is a serious complication of pregnancy in which a woman has high blood pressure and very rapid weight gain. Most women with preeclampsia do not go on to have seizures. It is hard to predict which women will. Women at high risk of seizures have severe preeclampsia with findings such as: Abnormal blood tests, Headaches, Very high blood pressure, Vision changes
In this case both the MDGs and the right to health have not been protected. The right to health has been violated much before than the pregnancy. She suffered from high blood pressure two years back. She consulted a local quack at that time who gave her some medicines for one month. Her husband took her to the doctor. She did not receive proper treatment during that time. She said that sometimes she had fatigue, dizziness and palpitation for the past few years. But it was neglected by her family members. They did not pay attention to her illness saying that these are very normal problems and it did not require any medicines. Her complications got noticed by the Doctors during her pregnancy. At that time she was given care by her family because she was expecting a child. This signifies the stereotype role of women which is the role of reproduction. Women is still considered a body only. Their emotional and mental health are always ignored. Their wishes, aspirations, all other emotional requirements are not accounted. When she was taken to the hospital the Doctors said that she suffered from eclampsia which is a serious pregnancy complication. Doctors said that she had
a history of high blood pressure which has remain untreated. If she was given proper medicines at that time the pregnancy complications could have been avoided. Moreover she suffered from premature rupture of membrane which resulted in preterm delivery. Further complication could have arise due to this but it was avoided due to the proper treatment of the health personnel. Her family members became busy and excited with the baby boy after he his birth. The respondent was doing well after the caesarean delivery. The respondent came to the hospital for post natal check up with the baby. After interviewing her it was found that proper care was not provided to her after delivery. As soon as the baby is born the care for the mother comes to a halt. In this case the woman could not exert her right to health before and after pregnancy. Her post natal care is not done properly and the issue is not covered under the MDGs. When a woman becomes a mother her right to life starts violating and maternal mortality is not inclusive of this. To ensure woman’s right to health all these factors are very important. The woman was aware of her high blood pressure. But she went to the Doctor once with her husband. She knew that she deserved medical attention but could not exert her rights in the patriarchal structure of society. A woman cannot act by her own choice. She has got the information that she needed proper attention but her family members were not convinced. She was only given care during her pregnancy period, the rest of the time her health got neglected. A woman’s right to health does not only cover the time of her pregnancy period. It is a fundamental right of every human being and should always be protected.

A. 62. Diabetic and birth defects

Respondent 62 A is 25 years old. She is Muslim. She was diagnosed with diabetes at the age of 22 and had to take insulin as advised by a Doctor. She stays near Beckbagan area. She got married at 24 years. She has passed the Higher Secondary exam and used to work in a
local cosmetic shop. She wanted to pursue graduation but her parents were eager for her marriage. She was not getting suitable match due to her health conditions. Finally after long search her marriage was fixed with an auto driver. She continued taking insulin after marriage but her overall health condition deteriorated. She had to do all the household chores. Her in-laws were not at all supportive about her taking insulin. Her diet became irregular and she also suffered from irregular menstruation for 3 months. She visited the Doctor who told them to delay the pregnancy for one year. But her husband and her family members wanted her to become pregnant. They were very desperate and did not consult a Doctor further. The respondent knew that it was risky, she was aware of her health condition. Even if she got the information from the Doctor to delay pregnancy and practise contraceptives, she could not do so. Her husband forced her for sex and she suffered silently. She got pregnant one year after her marriage. Her last menstrual period was held on 28th. She was provided with care during her pregnancy. But due to her health condition she continued taking the insulin. Her prenatal check up was done in the hospital. Her ultrasonography was done in the hospital. She was admitted to the hospital on 12th July 2011. Her due date was 19th July. Her insulin dose was increased during her stay in the hospital. Doctors said that the infant may have heart and brain defects. Her delivery took place on 16th July. The weight of the baby boy was 2.9 kgs and had severe birth defects. The heart and brain condition was not normal and the baby may suffer from mental disability in the future. The baby was kept under observation and the mother was instructed to follow proper diet and take rest as advised by the Doctors. She was released after four days.
In this particular case although the MDGs have been protected the right to health of the respondent is not ensured. The respondent was suffering from diabetes before her marriage. She was taking insulin. But after her marriage she was never been taken to a Doctor. She continues with the same dose of medicine. After suffering from amenorrhea and malnourishment she was taken to a doctor who gave her medicines and advised her to delay the pregnancy. Although she was aware that her health was deteriorating she could not exert her right of decision making. She had the information that pregnancy will be complicated for her and her diabetes should be monitored carefully before pregnancy. But she submitted herself in the trap of this patriarchal society. She was educated enough to understand the complications and risk of her pregnancy but she could not convince her husband and in-laws. Here also the patriarchal society is giving focus on the reproductive role of women. The primary health rights of women are neglected. If her diabetes problem was managed properly her health status would improve, her pregnancy could be delayed for a year and then she could deliver a healthy baby. She knew that she deserved medical attention but could not exert her rights in the patriarchal structure of society. A woman cannot act by her own choice. She has
got the information that she needed proper attention during but her family members were not convinced. Her prenatal care was done properly but her overall health was ignored. She needed special care because of her diabetes which was not provided to her. The family was only concerned about the pregnancy. A woman’s right to health does not only ensure a safe delivery. The primary health rights and the emotional wellbeing of a woman are also very important. In this particular case study all the above factors were ignored. The impact of this ignorance was severe. The baby was born with severe birth defects and it may also result in mental retardation. All of these could have been avoided if her primary health rights had been protected all through and the pregnancy was delayed for a year. Then both the mother and the baby could be safe and health. Due to the negligence and arrogance of the family members the woman had to suffer. She was aware of the consequences but she had no choice. She was also afraid that what would happen to her and the baby. Will the family accept the fact that the baby was not like any other “normal” child. She was not sure about her own future and the baby’s future. She said that if her husband and the family did not take proper care of her and the baby she will protest. She wanted to continue with her job which she had left earlier. After talking to her I felt that she was trying to recover the strength and wanted to fight for the sake of her only child. Her parents were supportive of her and she decided to stay with them for some days after the delivery.

A. 63. Pre Eclampsia (see foot note 24)

Respondent 63 A is 29 years old. She is Muslim. She stays in Sunderban with her parents. She was married at the age of 19 years and has a daughter of eight years old. Her husband had abandoned her when she was pregnant for two months. Her husband has an affair with a girl from the locality. Moreover, the respondent was tortured by her in-laws for not
giving proper dowry at the time of marriage. After much persuasion I got information that she was severely beaten by her husband after marriage and it even continued when she was pregnant. She suffered from high blood pressure and acute depression. She visited the Doctor after her second pregnancy who gave her medicines. She was taken to the Doctor by her parents. Her husband did not take her to the Doctor and even accused her that it was not his child. She suffered from pre eclampsia during pregnancy which is a risk factor for both mother and the child. It may be possible that because of her high blood pressure she has developed eclampsia. There is a connection between high blood pressure and eclampsia. The respondent did not receive proper treatment for high blood pressure before her pregnancy. She also suffered from acute depression and suicidal tendencies for which she did not take any antidepressant. She delivered a girl baby of 2.4 kgs on 9th July 2011.

![Diagram](https://example.com/diagram.png)

**Fig. 111. Source: Computed from Case Study**

*In this case both the MDGs and the right to health have not been protected. The right to health has been violated much before than the pregnancy. She suffered from high blood pressure and depression two years back. She did not receive proper treatment during that time.*
She had suffered severe torture by her husband and in-laws. Her in-laws demanded dowry which her parents could not provide. She was tortured both physically and mentally after her marriage. Her daughter was not also accepted well among the family because she was a girl child. It means that during her marriage dowry has to be given. This kind of situation is unimaginable in a civilized society where a woman cannot even ensure her right to life. Women is just a body who can be used at different situations by other people. The respondent developed suicidal tendencies but ultimately cannot commit thinking the future of her daughter. They did not pay attention to her illness saying that these are very normal problems and it did not require any medicines. Her complications got noticed by the Doctors during her pregnancy. She came to stay with her parents after two months of pregnancy when her husband abandoned her. At that time she was given care by her parents who took her to the hospital regularly for pre natal check up. She developed pre eclampsia which could have been avoided if she had proper treatment for high blood pressure. Thus her primary health rights were not ensured. Her mental condition did not improve during pregnancy and she did not consult a Doctor for her mental illness. She thinks that it is a matter of social taboo if she visits a psychiatrist. People will typecast her and it will affect the lives of her parents and children.

Here we find the problem of awareness regarding mental health. If women like her could be made aware of the different aspects of mental health then severe consequences can be avoided. She should understand that like physical illness mental health also consists of several illness which can be diagnosed and treated properly. It is not a question of taboo. It is every person’s right to protect his/her mental and physical health. The respondent does not wish to go back to her husband. She wants to do some business to raise her children. She is not aware of the marriage laws. I told her to consult an expert who can advise her in the legal matters. Her husband cannot just abandon her and his children in this matter. The respondent feels that her husband and his family members should receive some punishment for whatever they have done.
to her. In this particular case the right to life, right to health and MDGs regarding women’s health have not been ensured

A. 64. Son Preference

Respondent 64 A is 26 years old. She is Muslim. She had a history of high blood pressure and liver problems. She got married at the age of 23 years. She stays with her daughter of one and a half years, husband and in-laws in Beckbagan, Park Circus. She does business of sandal making by taking loan from micro credit organisation. Her husband works in a local factory of toy making. She has studied till class six and her husband has passed class nine. There is son preference in her family so they insisted for a second issue against her wishes. Her last menstrual period was held in 1st October 2010 and her expected date of delivery was on 8th July. Her prenatal care was provided adequately by the hospital. But there was problem during her admission on 5th July because no bed was vacant. She had pain in abdomen and high blood pressure at that time which was treated properly by the Doctors. She was admitted a day after i.e. on 6th July. She gave birth to a baby boy normally whose weight was 2.5 kgs at the time of delivery. She was released on the following day
In this case both the MDGs and the right to health are not protected. Spacing between two pregnancies is very low. She was not ready for a second issue but her husband and other family members insisted for a boy child. This kind of son preference is an ultimate cause of gender inequality and human rights violation. The woman is aware of different kinds of family planning methods. She understands that this kind of son preference is not relevant in the society. She has discussed the issues with her peer groups and friends. But she cannot do anything against her husband’s wishes. Although the respondent is aware and informed she could not exert her right of decision making. She thinks that her husband is the ultimate decision maker. In this case there is a question regarding the effectiveness of the health systems which is not mentioned in the MDGs. The respondent did not have bed for the first day and the poor people do not have many options. They cannot afford private hospitals.
A. 65. Liquor less than adequate, one baby died

Respondent 65 A is 20 years old. She is Hindu. She got married at 18 years. She stays in Moulali with her husband, in-laws, husband’s two sisters and one brother. Both her husband and his brother are zaree workers. Her last menstrual period was held on 15th February 2011 and her expected date of delivery was on 7th October 2012. Her ultrasonography showed that she had multiple fetal parts and liquor was less than adequate. Her prenatal care was done as advised by the Doctors in the hospital. She also took enough rest and had proper medicines. Doctors suggested that she will have a vaginal delivery. The foetuses were small in size which was reflected in the ultrasonography. She was admitted to the labour unit through emergency and had a vaginal delivery on 6th July. She was released on 8th July. She gave birth to twin girls, the weight of the first baby was 1.25 kgs and the weight of the second baby was 1.20 kgs. The first baby dies on the same day. The second baby was send to the Infant Care Unit. It is a case of premature labour. Both the patient and the baby was doing well.

Fig. 113. Source: Computed from Case Study
In this case both the MDG and the right to health is not protected fully. One of the twins died after birth. Her prenatal care was provided to her. But the infants were very low weight. It was understood from the interview that she did not have proper nutrition during her pregnancy period. Since she was carrying twins she needed adequate nutrition. It was advised by the doctor. But although she had the information she could not exert her rights. She said that her mother-law always put a restriction to her diet. She had huge cravings for hunger which was not satisfied by the family members. There was negligence on the part of her family members. The respondent could not ensure her rights. The prenatal indicators of immunization, vaccinations, medicines and proper rest have been satisfied. But she suffered from lack of nutrition. She had the information that she needed additional amount of food and nutrition for her twin pregnancy. But her family was not fully supportive especially her mother-in-law with whom she stayed most of the time. She also reported that her husband was oblivious to all these because his mother always maintained a good reputation in front of his son. Thus her right to health is not protected.

A.66. Lactetioanal Amenorhea

Respondent 66 A is 32 years old. She is Muslim. She is a mother of 2 children. Her husband is a hand rickshaw puller. They stay in a slum in the Park Circus area. One boy of 7 years and another girl of 4 years. She was suffering from abdominal pain since two days and stool was not also passed during these days. She came to the hospital with her husband and she was diagnosed with intestinal obstruction. Her pregcolour test was done and was found to be positive. She had spotting for the last 15 days. Her ultrasonography was done and it was found that the foetus of two months was present in the fallopian tube. The cesarian operation will be risky in this case. Moreover the health condition of the patient was not very good. She was
admitted on 17th February 2011. She had lactetioanal amenorhea and there was lack of passage of stool and urine. Her diagnosis showed exploratory laparotomy. Blood was transfused and her left sided salpingectomy was done. By performing salpingectomy the ectopic pregnancy was removed from the tube. This has been done since the patient was severe bleeding and there was no desire for a child birth since she already has two children. Effective health management was done by the doctors after the surgery. She was released on 21st February 2012. The patient started recovering after taking the prescribed medicines and taking adequate rest.

![Lactational amenorhea](image)

![No decision making](image)

![Awareness but husband controls](image)

**Fig. 114. Source: Computed from Case Study**

In this particular case the primary health rights of the woman is ensured. The woman had spotting, abdominal pain and fatigue. She went to the doctor with her husband where her pregnancy test was positive. The foetus was present in the fallopian tube. So there was intestine

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45 The lactational amenorrhea method (LAM) is a natural birth control technique based on the fact that lactation (breastmilk production) causes amenorrhea (lack of menstruation). [http://www.babycenter.com/0_lactational-amenorrhea-method-lam_1477017.bc](http://www.babycenter.com/0_lactational-amenorrhea-method-lam_1477017.bc)

46 Salpingectomy refers to the surgical removal of a Fallopian tube. Salpingectomy has traditionally been done via a laparotomy; more recently however, laparoscopic salpingectomies have become more common as part of minimally invasive surgery. See [http://en.wikipedia.org/wiki/Salpingectomy](http://en.wikipedia.org/wiki/Salpingectomy)
obstruction and this was a case of ectopic pregnancy. Her salpingectomy was done and she started recovering. But if we look at the case study from a feminist perspective we have to begin with the economic and social condition of the woman. The woman is very poor. Her husband is a hand rickshaw puller in the Ballygunge area. She already has two children. The respondent and her husband did not use any kind of contraceptives to prevent pregnancy. Both the respondent and her husband are illiterate. The respondent said that she was aware of the family planning services. Some women from a local NGO visited the slum and informed about the contraceptives. But the woman has no voice of her own. She cannot practice the family planning methods since her husband was against it. We can see the consequences of this carelessness. The woman suffered hugely because of this. We can see that women has been viewed as an object. Her mind and body is controlled by her husband. She was not at all ready to bear a third child. Their economic condition is very poor and the woman suffered from anaemia. But her husband never practised any contraceptives and he did not allow his wife to do so. It is very sad that the harsh realities are always faced by a woman. Had it been the case that she was not pregnant consequences would not have been so severe. Thus the basic health rights of a woman should be ensured in order to achieve the proper attainment of right to health. The MDG targets in regard to health rights are fulfilled here. But the right to health is not ensured. Power play is evident and the decision making is entirely controlled by male members.

A.67. Unsafe Abortion

Respondent 67 A is 29 years old and a mother of 9 years old boy child. She is Muslim. She stays with her husband, her in-laws, husband’s elder brother, his wife and family in Goshaba, Sunderban. She was married at 19 years of age. She became pregnant again and her
family wanted to abort the child because she already has a son and there was financial constraint. Her family was of the opinion that it may be a girl child although she could not explain any reasons for this.

Severe condition was faced by her due to forced abortion by a quack. She took some seeds and herbs prescribed by the local person. She had severe bleeding for 3-4 days and she thought that she had menstrual bleeding after her abortion. But it became septic abortion and the woman suffered severely. Her family brought her to the hospital after two days on 18th February 2011. The Doctor said that her abortion was not done properly. She was released on 27th February 2011. It is very risky if one uses these kinds of unknown seeds and herbs for abortion purpose. Her uterus became septic and she was in a dying condition. Her treatment was done properly and she took around one month to recover fully.

**Fig. 115. Source: Computed from Case Study**

*Consequences of unsafe abortion has not been dealt properly in the Millennium Development Goals. It is a violation of the right to health of women. A woman is always*
treated as an “Object”. She has no right over her mind and body. She cannot make her own
decisions. She is always subjugated inside and outside the family. The respondent revealed that
since she was already a mother of one child her husband and in-laws insisted for abortion. She
was not in favour of visiting quacks for abortion. But they insisted since very low cost was
involved and they do not consider it to a risky and unsafe affair. They argument is that as she is
a woman she does not have to be always treated by professionals. There is neglect and
subservience in this case which a common phenomenon of the patriarchal society. This issue is
not addressed in the Millennium development Goals which poses a severe threat on the right to
health of women.

A. 68. Amenorrhea and thyroid problems

Respondent 68 A is a woman of 27 years. She is Hindu. She got married at the age of
twenty five. She stays in Sonarpur with her husband and in-laws. Her husband is a fisherman,
Her last menstrual period was held in 3rd August 2010 and her expected date of delivery was on
15th June 2011. She was admitted on 15th July after suffering from severe abdominal pain. Her
fetal movement was also less. She has also a history of amenorrhea and thyroid problems. Her
ultrasonography was done in the hospital. It stated that a single line intrauterine fetus is
cephalic in presentation and it shows 39 weeks of maturity. Her cesarian delivery took place in
the hospital the next day. She gave birth to a baby boy of 2.1 kgs. It was a post dated delivery.
She was released after three days.
In this case we found that the primary health rights of the woman is not satisfied. She had a history of thyroid. Her treatment was not continued properly after her marriage. She could not take enough rest during pregnancy. She had to do all the household work. Her in-laws are not very supportive of her and they were humiliating her for she did not bring enough dowry during her marriage. She was taken to the hospital when she complained that she faced less fetal movement and was approaching her due dates. In this particular case her primary health rights have been neglected and her reproductive rights have also been violated. She did not receive proper care during her pregnancy period. She did not receive proper thyroid treatment. She also suffered from lot of humiliation. Thus her mental health was also affected. The woman is controlled by her husband and in-laws. She does not have any decision making ability and she is also economically self sufficient. From the feminist perspective it can be said that the woman is not economically and socially empowered. Her right to health both physical and mental health is violated. These points should be included at the policy level.
A. 69. Polyhydraminos and birth defects

Respondent 69 A is 22 years old. She is Hindu. Her last menstrual period occurred in 14th September 2010 and her expected date of delivery was on 18th Junet 2011. She stayed in Baruipur with her husband. She had cardiac problems and diabetes mellitus which have resulted into polyhydraminos. She did not have proper antenatal check up. She herself and her family were ignorant about health and they did not visit hospital during her pregnancy. She suffered from chest pain, severe weakness and diabetes. She visited the hospital in May and the Doctors said that she had polyhydraminos  47 Moreover it was found in the ultrasonography that the foetus has gross hydrocephalus also called congenital hydrocephalus. 48 The Doctors said that it will be a very risky delivery both for the mother and the baby. The baby was born on 11th June 2011 and have high chances of birth defects including developmental disorders

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47 Polyhydraminos is a medical condition describing an excess of amniotic fluid in the amniotic sac. It is seen in about 1% of pregnancies. It is typically diagnosed when the amniotic fluid index (AFI) is greater than 24 cm. Found at http://en.wikipedia.org/wiki/Polyhydramnios

48 Hydrocephalus is the build up of too much cerebrospinal fluid in the brain. Normally, this fluid cushions your brain. When you have too much, though, it puts harmful pressure on your brain. Hydrocephalus can permanently damage the brain, causing problems with physical and mental development. If untreated, it is usually fatal. With treatment, many people lead normal lives with few limitations. Treatment usually involves surgery to insert a shunt. Medicine and rehabilitation therapy can also help. Found at http://www.nlm.nih.gov/medlineplus/ency/article/001571.htm
In this particular case the right to health as well as the MDG targets of safe motherhood are not satisfied. The respondent had cardiac problems and acute diabetes which was not treated properly. Negligence is the main problem. The woman herself was also very reluctant about her health. There is lack of awareness regarding primary health rights. The woman got married at 18 years of age and within few months got pregnant. Her physical condition was not suitable for early pregnancy. Moreover she did not have proper antenatal care. She was busy with her household chores and her health and nutrition was completely neglected. When she visited the hospital the Doctor diagnosed her with polyhydraminos. Her condition would not have been this severe if she had taken care of her primary health rights. Her foetus was also suffering from hydrocephalus which can cause serious birth defects. Her delivery took place on August . She gave birth to a baby boy with very low weight and physical abnormalities and developmental disorders. Surgery may be done to the newborn in addition to proper medication. The respondent was found to be very depressed and frustrated. Her husband and in-laws are accusing her for the birth defects of the baby. Why should always a
woman will be accused if the baby has birth defects? There are many reasons behind it. The woman was not given proper treatment and care during pregnancy. Her primary health condition was also taken for granted. But in the patriarchal society it is always the woman who is held responsible if there is any problem in pregnancy. The woman has no right on her own body and no decision making ability. But she is also not vocal about her problems. She was suffering silently and was trying to adjust with the new situation. She wanted to be a good mother. However husband cannot shrug off his rights of fatherhood. Women should be made aware about their rights. They should be more assertive and confident while proclaiming the rights. The woman in this case got married early, did not have formal education. It may be a factor for her ignorance and non awareness regarding her rights.

A. 70. Positive case study

Respondent 70 A is 24 years old. She is Hindu. She stays in Baikanthapur with her husband. She is engaged with embroidery works. She was married at twenty one years. Her last menstrual period was held on 17.10.10. and her expected date of delivery was on 24th July 2011. She had pain in lower abdomen and white discharge. Her ultrasonography was not done. She was admitted on 12th July and gave birth to a baby girl on 13th July 2011. It was caesarean delivery and the weight of the infant was 2.55kgs. It was a breech presentation. The baby cried after birth. Her muscle tone was vigorous. They were released on the next day. The condition of the respondent was also good.
This is a positive case study. The health rights of the respondent including her reproductive rights were ensured. She had proper ante natal care and her delivery also took place safely. Here both her right to health and the targets of the Millennium Development Goals on health are satisfied

A.71. Meconium aspiration

Respondent 71 A is 22 years old. She stays in Beckbagan. She is Muslim. She is associated with a micro credit organisation and have small business. Her last menstrual period was held in December 14th 2010. She was admitted to the hospital on 8th September. Her expected date of delivery was 10th September 2011. Her ultrasonography was done on 37 weeks of pregnancy and it was found that the foetus was cephalic in presentation. There was foetal distress 49 and the foetus has also produced meconium (see meconium aspiration footnote

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49 When a doctor or midwife notices signs that a baby is unwell, or isn't coping well with the demands of labour, they may call it fetal distress.
30) in the mother’s womb. Meconium liquor is recognised by medical staff as a sign of fetal distress, and puts the neonate at risk of meconium aspiration. In this case also there was a foetal distress and there was a risk of meconium aspiration. The cesarian delivery took place on 17th itself although several risk factors were attached to it. The respondent gave birth to a baby boy weighing 2.75 kgs and the baby was send to mother’s side. It was found that the baby had extra genitals. The Doctor said that to avoid future complications it has to be operated. They patient was released on 14th September after successful surgery.

![Meconium Aspiration](image)

![Extra genitals of baby](image)

![Woman blamed and mental health issue](image)

**Fig.119. Source: Computed from case Study**

*In this particular case both the MDG targets and the right to health of the respondent is...

http://www.babycentre.co.uk/a1044907/fetal-distress#ixzz3JwVRa0jE

50 Meconium aspiration syndrome occurs when a newborn baby breathes a mixture of meconium and amniotic fluid into the lungs around the time of delivery. It is a serious condition. In some cases, the baby passes meconium while still inside the uterus. This will happen when babies are “under stress” because the supply of blood and oxygen decreases. This is often due to problems with the placenta.

Once the meconium has passed into the surrounding amniotic fluid, the baby may breathe meconium into the lungs. This may happen while the baby is still in the uterus, or still covered by amniotic fluid after birth. The meconium can also block the infant's airways right after birth.

This condition is called meconium aspiration. It can cause breathing problems due to swelling (inflammation) in the baby's lungs after birth. http://www.nlm.nih.gov/medlineplus/ency/article/001596.htm
not ensured. The baby had birth defects and was advised for further surgery. It was found during the interview that the respondent was not disclosing all the facts regarding her health status. She was hiding many facts even to the Doctor for fear of her husband and in-laws. It was well understood that she was beaten by her husband several times after seeing the scars in her body. She has terrible mental distress and severe psychological problems for which no proper treatment was done. It was not even considered to be a problem in her case. She had anaemia and low blood pressure which added further hindrances. She was being blamed for her newborn’s birth defects. It is highly unfortunate. Why should always a woman be blamed in this case. Child bearing is not the sole responsibility of a woman. The respondent did not have any choice regarding her pregnancy. But when there is birth defect she is the one who is responsible. The mindset of the society should change to overcome these phenomenon. Unless and people change their mindset about women and treat them respectfully the policies would not be effective

B.I. Case Studies of Unmarried Adolescents (Category B)

B1. Menstrual Problems

Respondent 1B, a woman of 18 years. She is Hindu, single and stays at Purpat, Udaynarayanpur in West Bengal. She stays with her parents and two siblings. She was suffering from menorrhagia (abnormally heavy and prolonged menstrual period at regular intervals), and irregular menstruation. Her average duration of menstrual problem is 8 days. She was suffering from severe abdominal pain for the last 5 days. During the interview she once admitted that she is having a physical relationship with her boyfriend who stays in her neighbourhood. She did not disclose anything more about this affair and said that she wants to
marry this particular guy after he gets a good respectable job. Her parents are unaware of this relationship. She was admitted to the hospital on 22\textsuperscript{nd} September 2010. Her last menstrual period occurred in 18\textsuperscript{th} September 2010. Cyst was found on her right ovary and scars were also present in her vagina which remain untreated. Exploratory laparotomy was done for further investigation. It was also found that she was suffering from hypertension. The incision was done successfully and now the patient is doing well.

![Diagram](Fig. 120. Source: Computed from Case Study)

*The sexual health of adolescents is not addressed in the Millennium Development Goals. Here we found a girl who is sexually active and suffers from sexual complications. She has the freedom to go outside and interact with people of her own age group. Her boyfriend migrated from village in search of better job opportunity and stayed in her locality. The process of migration is an outcome of urbanization which has encouraged many young people to migrate at the cities for better career prospects. The respondent had an affair with this man and had an intimate physical relationship. But she could not disclose it to her parents. She had*
painful intercourse, suffered from irregular menstruation. But she did not visit the Doctor in fear of the society and lack of awareness regarding her health. She was diagnosed with cyst in her right ovary and vaginal scars. Thus her primary health rights and sexual health rights have been neglected. If she was aware about her right to health she could have visited the hospital earlier. The topic of sexual health is still a taboo for many people/ that is why she could not discuss her problems with her parents. But to overcome the problem of adolescent health the society, parents and the peer group play an important part. Urbanization affects her sexual health problems of adolescents which are not addressed in the MDGs. Only the adolescent pregnancy is mentioned ignoring the sexual health of adolescents and its consequences. She also had abnormal vaginal discharge for nearly one month. But she was ashamed to discuss even with the family members. She consulted a Doctor when the discomfort became severe. Her mother accompanied her while visiting the doctor. The mother was very anxious and kept on asking her whether she was engaged in physical relationship with any boy and is there any chance of getting pregnant. She was not convinced until the Doctor said that she had urinary tract infections and proper medication is needed. If it is not treated properly then the future consequences might be serious. Her treatment was done in the hospital. With proper medication and sufficient rest she started recovering.

B2. Unwanted Pregnancy

Respondent 2B, a Hindu girl of 15 years become pregnant in July 2011. She stays near Bechbagan area with her parents one elder brother and one elder sister. She had a physical relationship with her neighborhood uncle’s friend who is married and almost twenty years elder to her. She said that initially she was reluctant to have a physical relationship. But this person used to gave her gifts and also promised to provide incentives in career. She also started liking the person and engaged in physical relation. She became pregnant in due course and she
admitted that the person told her that he was very careful during intimacy and that she will not get pregnant. This unwanted pregnancy happened due to lack of awareness regarding sexual activities. The level of knowledge, attitudes and practices regarding sexual health is grossly understudied. We know that pregnancy can happen in absence of proper use of contraceptives. A person can be careful but one should not take chances in case of pregnancy. Urbanization increases free mixing of people, young generation indulge in sexual activities. Many of them do not know the consequences. They lack awareness regarding sexual health and sexual rights. Many of them have several misconceptions regarding sexual health and they end up in adverse situations. This girl went for an abortion in the hospital with her elder sister in October 2011. Her pregnancy condition was not suitable for an abortion because the age of the foetus was already 3 months but she had to do it as her boyfriend refuse to marry her. It was very risky for her physical and mental health. When the interview was taken the girl said that for the first two months she could not understand that she has become pregnant. After she realized that her menstruation cycle has stopped she first told her friend about it. Her friend knew about the relationship so the girl thought that she can help her. The friend was sympathetic but she was also her age without any experience and knowledge regarding sexual health. She advised her to take some herbs which can terminate the pregnancy. The respondent could not decide what to do and finally told her elder sister about it. Her sister immediately took her to the hospital for abortion.
Thus we found that how the lack of knowledge regarding sexual health poses threat on the life of the adolescents. Forceful abortion without the help of trained health professions can have various negative consequences on the health of women. If she had taken those herbs consequences could have been severe. The respondent suffered both physically and emotionally and her recovery period was also quite long after the abortion. The issue of forceful abortion and its consequences do not form a part of the Millennium Development Goals. To ensure the right to health of adolescent women it is to be considered seriously.

**B3. Genital Herpes**

Respondent 3 B is 16 years old and stays near Sheldah. She is Hindu. She lives with her parents. Her elder sister is 21 years old and got married two years back. The respondent had sexual relation with a boy five years elder to her. He is an assistant of a lorry driver and visits frequently the Sheldah area. The respondent has symptoms of genital itching, burning, pain in abdomen and painful blisters in genital areas. The Doctors conducted certain blood tests and
she was diagnosed with genital herpes. It can be transmitted through close personal contact such as sexual contact. The infected person usually develops one or more painful blisters in the anal or genital areas that eventually ulcerate and heal over a period of a few weeks. She had genital itching, burning, or discomfort, vaginal discharge and feeling of pressure in the abdomen. She suffered for more than a month and came to the hospital. She was admitted then and there. There is no cure for genital herpes, although prescription antiviral medications are available that may shorten or even prevent outbreaks and help prevent transmission of the virus to others. Doctors said that the outbreaks of genital herpes may occur at any time following the initial infection, and these produce similar skin lesions as seen in the initial infection. She was admitted for two days and was prescribed some regular medicines. She was also advised not to indulge herself in unprotected sexual activities.

Fig. 122: Source: Computed from Case Study

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51 Genital herpes is a common and highly contagious infection usually spread through sex. This infection is usually caused by the herpes simplex virus-2 (HSV-2) or the herpes simplex virus-1 (HSV-1), the virus usually responsible for cold sores. Genital herpes treatment includes medicines to help sores heal faster and prevent outbreaks. http://www.webmd.com/genital-herpes/
In this particular case both her right to health and the MDG targets are not satisfied. The respondent is not aware of her sexual health. She did not take any precautions and had intercourse with the boy whose whereabouts she hardly knew. She could not discuss her problems with her parents in shame and fear. She disclosed the issue to her elder sister. Who took her to the hospital. Her sister manager her parents by saying that her younger sister had some stomach ailments. That is why she needed to be admitted to the hospital. Her parents are not well educated. The father is a salesman who had to supply biscuits in local shops. The mother did not have any decision making role and control over the household. The parents came to visit the respondent in the hospital without knowing the fact that she had sexual transmitted disease. The vulnerability and fear of the respondent is revealed here. She was lucky that she got the support of her sister whose husband was also very helpful in this regard. The respondent was also feeling very helpless because the boy with whom she had a relationship was not seen in that area for few months. She had her mobile number which she found switched off after calling. She wants to graduate and get a job before getting married. The Doctors gave assurance that she can lead normal life, can get married and have children without complications. Sex education is very important among the adolescents otherwise they can get into troubles. There is an unmet need of modern contraception among adolescent women for avoiding unintended pregnancies and sexually transmitted diseases

B4. Sexual Violence

Respondent 4B is a woman of 17 years. She is Muslim. She was admitted to the hospital on August 17th 2011 by her parents. For the past few months her body weight was decreasing. She was feeling highly depressed and suffer from tremendous vaginal bleeding. She complained about her health to her mother when she could not bear the trauma. Her mother
became initially very frightened then took her to the Doctor. The Doctor examined her and immediately suggested to transfer her to the hospital. She had medical checkups, their were vaginal scars which was healed during her stay. She was coerced into sex and abused. She was also diagnosed with sexually transmitted diseases and vaginal infections for which proper treatment was needed. Her case history was quite traumatic. Her distant maternal uncle came to her place quite often. In the absence of her parents he sexually harassed her. He also invited her for sex and said if she resisted he will tell her parents about this issue. He will tell that she has provoked him. She was forced into sex which was followed by sexual violence. She was bitten and abused but she did not tell anything out of fear.

**Fig.123. Source: Computed from Case Study**

*This is a clear violation of right to health and her sexual rights are also not ensured.*

*Sexual violence is a pervasive global problem with significant consequences for the physical*
and psychological health of victims, yet in many places around the world, available services do not meet the needs of survivors. Medical, psychological and forensic needs of survivors of sexual assault are much needed. In this particular case the respondent is not married yet she does not have any control over her body. She could not protest out of fear and shame. She suffered silently and was felt guilty about herself. As if she is the one to be blamed. She was convinced that her parents will think she is the one who provoked her uncle. Her health was sacrificed due to this. She suffered lot of pain, brutality and sexual violence. Her mental health was also affected. It will take a long time for her full recovery. The sexual health of adolescent is a very sensitive issue. Unmarried adolescent women are more vulnerable compared to married adolescents. They are single still they do not have any control over their body. In this patriarchal society they are filled with shame, guilt and embarrassment in the matter of sex. These issues are to be addressed in health policies like Millennium Development Goals in order to protect the sexual health of adolescent.

B5. Bacterial Vaginosis leading Chlamydia

Respondent 5 B is a seventeen year old adolescent. She is Hindu. She stays with her parents and two younger brothers in Ballygunge area. She suffered from vaginal discharge and odor and it occurred more after intercourse. It is noteworthy to mention that she had physical relation with a couple of male partners. She seemed to be quite ultramodern although the economic condition of her family is poor. She is addicted to smoking which has been developed by one of her boyfriends. When her condition became unbearable she told her friends about it. She came to the hospital with her friend from the locality on 15\textsuperscript{th} June 2011. The Doctors in the outdoor clinic examined her and diagnosed bacterial vaginosis which had
Immediate treatment was necessary for her. The Doctors decided to observe her condition for one day and keep her in the hospital. Her diagnosis and other pathological tests were done and she was released on the next day.

**Fig. 124: Source: Computed from Case Study**

*In this particular case we can see that the sexual health of adolescent is not ensured. She had multiple sex partners and she was unaware about the risks involved regarding this. Sex education is very much essential among the adolescents. They feel embarrassed to discuss about their problems to their parents. They should have proper knowledge and awareness regarding their sexual and reproductive health. STDs and AIDS are common consequences faced by the adolescents who practice unsafe sex. In this case she was taken to a Doctor before any severe damage took place. Women should know about the consequences of unsafe sex which can lead to sexually transmitted diseases and HIV/AIDS. The various international*

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52 Bacterial vaginosis is vaginal condition that can produce vaginal discharge and results from an overgrowth of unusual bacteria in the vagina. Bacterial vaginosis is not dangerous, but it can cause disturbing symptoms. Any woman with an unusual discharge should be evaluated so that more serious infections such as Chlamydia and gonorrhea, can be excluded.
health policies including the Millennium Development Goals of the United Nations should include these aspects

B6. Unwanted Pregnancy

Respondent 6B is 17 years old adolescent staying near Shealdah area. She is Hindu. She is a school drop out. She had a physical relationship with her boyfriend for the past 8 months. She was not about the consequences of unsafe sex and depend on her boyfriend who said that he had been very careful. She became pregnant which she realised after two months of her pregnancy. She told her close friend about it. She got some concoction of herbs and other natural ingredients to facilitate an abortion from a local quack woman. This abortion is an unsafe abortion performed illegally, by untrained practitioners with faulty equipment, leading to injuries, infections.

Fig. 125. Source: Computed from Case Study

This contemplates a murder. The respondent felt very sick. She had severe pain in lower
abdomen and abnormal discharge in vagina. She fainted one day and then she was admitted to the hospital by her parents. Her parents knew nothing about this. The Doctor told her parents that because of this unsafe abortion her health has deteriorated. She was operated to complete the abortion process and was released after two days.

This unwanted pregnancy happened due to lack of awareness regarding sexual activities. We know that pregnancy can happen in absence of proper use of contraceptives. A person can be careful but one should not take chances in case of pregnancy. Many adolescents lack awareness regarding sexual health and sexual rights. Many of them have several misconceptions regarding sexual health and they end up in adverse situations. They rely on the quacks for abortion which is very risky. First of all the women should be aware about their sexual rights. They should practice safe sex to avoid unwanted pregnancies, sexually transmitted diseases and unsafe abortion. If the woman should have practices safe sex she would not have become pregnant. Even after becoming pregnant she could have gone for a safe abortion in a hospital. But till now women face lot of questions during abortions and they fear to go in shame and embarrassment. The friend was sympathetic but she was also her age without any experience and knowledge regarding sexual health. She advised her to take some herbs which can terminate the pregnancy which further complicated the situation. Thus we found that how the lack of knowledge regarding sexual health poses threat on the life of the adolescents. Forceful abortion without the help of trained health professions can have various negative consequences on the health of women. If she had taken those herbs consequences could have been severe. The respondent suffered both physically and emotionally and her recovery period was also quite long after the abortion. The issue of forceful abortion and its consequences do not form a part of the Millennium Development Goals. The abortion facilities should also be increased in the hospitals including trained personnel. To ensure the right to health of adolescent women it is to be considered seriously.
B7. Hepatitis B and minor genital infections

Respondent 7B is 16 years old and stays near Beckbagan. She is Hindu. She lives with her parents. Her elder sister is 19 years old and got married two years back. The respondent had sexual relation with a boy four years elder to her. The respondent has symptoms of genital itching, burning, pain in abdomen. The Doctors conducted certain blood tests and she was diagnosed with Hepatitis B and minor genital infections. It can be transmitted through close personal contact such as sexual contact. She suffered for few weeks and came to the hospital. She was admitted for two days and was prescribed some medicines for Hepatitis B. She was also advised not to indulge herself in unprotected sexual activities.

Fig.126. Source: Computed from case Study

In this particular case both her right to health and the MDG targets are not satisfied. The respondent is not aware of her sexual health. She did not take any precautions and had intercourse with the boy whose whereabouts she hardly knew. She could not discuss her
problems with her parents in shame and fear. When she became very week she told her parents
and she was diagnosed with Hepatitis B. That is why she needed to be admitted to the hospital.
Her parents are not well educated. The parents came to visit the respondent in the hospital
without knowing the fact that the disease can be sexually transmitted. The vulnerability and
fear of the respondent is revealed here. The Doctors gave assurance that she will get better if
she follows the instructions. Sex education is very important among the adolescents otherwise
they can get into troubles. There is an unmet need of modern contraception among adolescent
women for avoiding unintended pregnancies and sexually transmitted diseases

B.II. Case Studies of Married Adolescent Women (Category B):

B8. Respiratory problems of baby

Respondent 8 B is 19 years. She is Hindu. She stays in Sonarpur area with her
husband and in-laws. She is a homemaker. Her husband works in a small shop in Sonarpur
station. Her husband is 21 years old. She got married at 17 and became pregnant at 18 years.
She visited the local health centre with her husband during her pregnancy period. Her last
menstrual period occurred in 17th December 2010 and her expected date of delivery was on 24th
September 2011. Her haemoglobin count was also below the normal level. She came to the
National Medical College after suffering from dribbling during her 31 week. Doctors said that
the baby was premature. Risk factors were there for the premature baby since the mother was
also suffering from low blood pressure and low weight. The delivery took place after 2 days.
The baby had respiratory problems and was given special care. The mother was provided
nutritious food and was advised to breastfeed the baby and proper immunization.
In this particular case we find that the respondent has an early marriage. She had passed her Madhyamik (secondary) exam when her parents decided to get her married. She wanted to continue her study but could not do so since her parents were from a poor economic background. After her marriage she could not practice any family planning measures. Her in-laws always told her that she should conceive immediately. Her husband was not very supportive in this regard. She became pregnant at her adolescent age. She was not mentally prepared for it and suffered from severe mental depression. She did not receive proper nutrition during her pregnancy period. Her in-laws were very abusive and they did not allow her parents to visit her place according to their wishes. They always humiliate her since her parents were poor and cannot give her enough jewellery. She suffered from low birth weight and low pressure during her pregnancy and delivered a premature baby. If we study from a feminist perspective we can see that her right to life and education has been violated. She got married against her wish and she cannot exert her right of decision making during pregnancy. She became mother very early. She faced lot of abuse from her inn-laws which made her even
more depressed and stressed out. Both her physical and mental health were affected. Thus her right to health is violated. She is aware of her rights but she could not exert them due to her family pressure. Before marriage she listened to her parents and after marriage she had to abide by her husband and in-laws. It was even more frustrating after marriage because she had to became pregnant without her wish and she did not receive proper nutrition and adequate rest during that period. She delivered a baby with low birth weight and was advised to breast feed the baby regularly. Doctors said that the respondent should take care of her own health for the betterment of herself and her child. The respondent seemed to be very unhappy about the whole situation. Is is very disappointing that women who are aware of their rights cannot practice them in the patriarchal society. The issue of mental health is not mentioned in the Millennium Development Goals. In this particular case both the MDG targets and right to health is not protected. On the one hand the woman had delivered a low birth weight baby. On the other hand she suffered from malnutrition, anemia and her mental health also suffered. Motherhood and reproduction cannot be the only talking point in the policy making. The patriarchal ideology in policy making should be negated in order to make the Millennium Development Goals more holistic and comprehensive.

B9. Polyhydraminos

Respondent 9B is 19 years old. She is Muslim. Her last menstrual period occurred in 15th November 2010 and her expected date of delivery was on 21st August 2011. She stayed in a small village in North 24 Parganas with her husband, her parents and in-laws. Her family belongs to the background of farmers. She had cardiac problems and diabetes mellitus which have resulted into polyhydraminos. She did not have proper antenatal check up. She herself and her family were ignorant about health and they did not visit hospital during her pregnancy. She suffered from chest pain, severe weakness and diabetes. She visited the hospital in June 2011
with her husband in 34 weeks of pregnancy. Doctors said that she had polyhydraminos which is a medical condition describing an excess of amniotic fluid in the amniotic sac. It is seen in about 1% of pregnancies. It is typically diagnosed when the amniotic fluid index (AFI) is greater than 24 cm. Moreover it was found in the ultrasonography that the foetus has gross hydrocephalus also called congenital hydrocephalus. Hydrocephalus is the build up of too much cerebrospinal fluid in the brain. Normally, this fluid cushions your brain. When you have too much, though, it puts harmful pressure on your brain. Hydrocephalus can permanently damage the brain, causing problems with physical and mental development. If untreated, it is usually fatal. With treatment, many people lead normal lives with few limitations. Treatment usually involves surgery to insert a shunt. Medicine and rehabilitation therapy can also help. The Doctors said that it will be a very risky delivery both for the mother and the baby. The baby have high chances of birth defects including developmental disorders.

Fig. 128. Source: Computed from Case Study

In this particular case the right to health as well as the MDG targets of safe
motherhood are not satisfied. The respondent had cardiac problems and acute diabetes which was not treated properly. Negligence is the main problem. The woman herself was also very reluctant about her health. There is lack of awareness regarding primary health rights. The woman got married at 18 years of age and within few months got pregnant. Her physical condition was not suitable for early pregnancy. Moreover she did not have proper antenatal care. She was busy with her household chores and her health and nutrition was completely neglected. When she visited the hospital the Doctor diagnosed him with polyhydraminos. Her condition would not have been this severe if she had taken care of her primary health rights. Her foetus was also suffering from hydrocephalus which can cause serious birth defects. Her delivery took place on August. She gave birth to a baby boy with very low weight and physical abnormalities and developmental disorders. Surgery may be done to the newborn in addition to proper medication. The respondent was found to be very depressed and frustrated. She kept on telling that she has to look after her sick baby because her husband was not taking any responsibility. Her in-laws were telling that because of her physical condition the baby has abnormalities. Why should always a woman will be accused if the baby has birth defects? There are many reasons behind it. The woman was not given proper treatment and care during pregnancy. Her primary health condition was also taken for granted. But in the patriarchal society it is always the woman who is held responsible if there is any problem in pregnancy. The woman has no right on her own body and no decision making ability. But she is also not vocal about her problems. She was suffering silently and was trying to adjust with the new situation. She wanted to be a good mother. However her husband cannot shrug off his rights of fatherhood. Women should be made aware about their rights. They should be more assertive and confidant while proclaiming the rights. The woman in this case got married early, did not have formal education. It may be a factor for her ignorance and non awareness regarding her rights.
B10. Baby’s wrong position

Respondent 10 B is a woman of 19 years. She is Hindu. She stays near Sonarpur region with her husband and in-laws. She got married at the age of 16 years. She had her first spontaneous abortion two years back. After that she again became pregnant although the Doctors suggested that she need to practice contraception for at least one year. Her last menstrual period occurred in 10.10.2009 and her expected date of delivery was 17.07.2010. She was admitted to the hospital on 14th July. Her USG shows a single live intrauterine foetus in cephalic presentation. The Doctors advised an immediate operation which also had threats for both the mother and the baby. The family members of Bharati Saha did not want the surgery and released her from the hospital. The baby was born with weight of 1.4 kgs and had birth defects.

Fig. 129. Source: Computed from Case Study

During her first pregnancy she had spontaneous abortion which is not covered in the MDG targets. She was married at an early age and that might be the reason for induced
abortion because she was not prepared to become pregnant. She was asked to practice contraception for one year before the next pregnancy. But her husband was against it. She conceived again and had complications. Her surgery was full of risk and her baby was born with low birth weight and birth defects. Adolescent pregnancy is unhealthy for the women. These issues should be covered in policy making.

B11. Fungal Infection

Respondent 11 B is a woman of 18 years. She is Muslim. She has studied till class six and her husband has studied till class eight. Her husband works in a tannery. She stays with her husband and parent-in-laws, husband’s elder brother, his wife and children near Topsia. She has been admitted to the hospital at 3 months of pregnancy. Her last menstrual period took place on 21.04.2010. and her expected date of delivery is on 12.12.2010. She had genital sore and irritations in the vagina and the doctors diagnosed fungal infection in the vaginal area. The blood tests and other reports suggested that it was a secondary infection, it can be sexually transmitted. The women and her husband did not use any contraceptive measures. The woman has been advised to visit the hospital once a month for prenatal check up. She did not have any other complications or significant medical history.
Fig.130. Source: Computed from Case Study

*Lack of awareness is a contributing factor in this case. The woman is found to have sexually transmitted infections which was completely ignored by her. The woman got married at seventeen and did not have any idea about sexually transmitted diseases. Her parents also neglected these aspects and never warned her about this. Doctors advised to take some medical tests of her husband. But he is neglecting since he thinks it is unnecessary and shameful. It has always been found that the woman is being blamed in such circumstances. She is mentally suffering when the Doctors said that this could have effects on the newborn. The issue of STD and HIV/AIDS is covered in the MDG goals but how people can be made aware about these issues is major concern. Male dominance is prevalent in the society. In this particular case we find that her husband refuse to use condoms which have resulted in sexually transmitted diseases. As a leading causes of maternal mortality HIV/AIDS is reported in the MDG targets. But the relationship between STDs and pregnancy has not been included.*
B12. Hemorrhage

Respondent 12 B is a woman of 19 years. She is Muslim. She has not conceived yet. She stays with her husband in Tiljala. Her husband works in a factory. She was admitted to the hospital on 14.07.2010 after suffering from severe vaginal bleeding. Her ultrasonography of lower abdomen was done then and there. Special attention was given at scan integrity of the uterus. This is basically a case of haemotoma which is an extravasation of blood outside the blood vessels, generally the result of hemorrhage. This has resulted in the internal bleeding. Proper medication and rest has been advised. There is also a chance of infertility for the women. The reasons for this disease are not known. The patient was released after three days of stay in the hospital.

Fig.131. Source: Computed from Case Study

In this case the MDG goals has not been satisfied. Severe vaginal bleeding has occurred due to haemotoma which has deep impact on the reproductive health. But haemotoma

53 See more at http://www.rxlist.com/hematoma/drugs-condition.htm
and hemorrhage have not been mentioned in the MDG goals which has serious impact on women’s sexual and reproductive health. To ensure and protect women’s reproductive health these diseases should be duly considered.

B13. Perinatal Asphyxia

Respondent 13 B is 18 years old. She is Hindu. She got married at the age of 17 and conceived her first child by 18. It was a caesarian delivery. She stays with her husband and son in Kushtia Road, Tiljala. Her husband is a factory worker. Her last menstruation period occurred in 27th October and her expected date of delivery was on 4th August. She suffered from anemia and high blood pressure but did not took proper medications for it. She had visited the hospital once a month during her pregnancy period for prenatal check up and vaccinations. She was admitted on 1st August when the Doctors told that the foetus is not in its normal position and is suffering from Perinatal Asphyxia.54

54 Perinatal asphyxia, neonatal asphyxia, or birth asphyxia is the medical condition resulting from deprivation of oxygen to a newborn infant that lasts long enough during the birth process to cause physical harm, usually to the brain. Hypoxic damage can occur to most of the infant’s organs (heart, lungs, liver, gut, kidneys), but brain damage is of most concern and perhaps the least likely to quickly or completely heal. In more pronounced cases, an infant will survive, but with damage to the brain manifested as either mental, such as developmental delay or intellectual disability, or physical, such as spasticity.
Here, the delivery took place on 2nd August 2010, the girl baby weighing 2 kgs died soon after birth due to perinatal asphyxia. The patient’s family became very upset after this incident. They complained that the hospital authority did not inform about the risks previously. Doctors said that she was suffering from eclampsia which was not diagnosed before. She also suffered from acute hyper tension. Precautionary measures were not taken. Here also the right to health has not been protected. Spacing between two childbirths is very low which has resulted in pregnancy complications. Eclampsia and perinatal asphyxia are several obstetric complications which affects the maternal and child health in adverse manner. However these are not addressed in the MDGs although they act as contributing factors for safe motherhood. Although the MDG targets are satisfied here the right to health is not insured. Infant mortality and maternal mortality are also very important points in the MDGs but the root causes are to be identified for declining the infant and maternal mortality.
Case Studies of Adult Women for Gynecological Problems other than Pregnancy

(Category C)

C1. Mental Health Problem and Polyps in Uterus

Respondent 1C is a woman of 38 years. She stays in Chhatu Babu Lane near Entally. She is Muslim. She stays with her husband, and two daughters. For the last 15 days she was suffering from severe bleeding in vagina and lower abdomen. She was also suffering from acute depression and insomnia for the last 2 years. She visited a local physician who advised her to take some sleeping pills or sedatives. However she did not disclose much about her personal problems. She has two daughters one of 18 years and another of 16 years. She is worried about their marriage. Her husband is a truck driver and stays out of station most of the time. She feels neglected and her parents stay in Bihar. She misses them very much. Her elder daughter is having affair but her mother is unaware of the details and she is very upset about it. Her younger daughter is not good in studies and Sony feels that all the responsibilities and burdens rest on her shoulders. Her husband does not provide enough help and care towards the family. She was admitted to the hospital when her problem became acute. Vaginal pack was given to her and after USG it was revealed that polyps (see footnote 7) have been developed at the uterus.
Polypectomy may be done by open abdominal surgery or, more commonly by colonoscopy. The size of the polyps is not very small but doctors are of the opinion that it is non-cancerous. The complications of the surgery could be avoided if she had consulted the doctor earlier. Thus we find that there is a dearth of awareness and sensitisation among the women regarding their right to health. Some women still hesitate to go to the male doctors. They even do not disclose about their gynaecological and sexual problems unless there is a severe complication. Mental health is also ignored which lead to many physiological problems.

C2. Uterine Prolapse

Respondent 2 C is a woman of 25 years. She is Muslim. She stays Panchghara Petua area in Baruipur. She was married at the age of 20 years. She has one daughter of 4 and a half years. She was admitted to the hospital on 23rd September. For the past 4 years she felt that something was coming out per vagina (vaginal discharge). She complained about frequent urination or a sudden, urgent need to empty the bladder. She also suffered from painful sexual
intercourse. She also suffered from insomnia and hypertension which remain untreated throughout. But she did not consult a Doctor due to her shyness and also objections from husband and in-laws. Her USG of lower abdomen was done which showed a bulky uterus and the Doctor suspected a uterine prolapsed after examining her USG and hearing about her symptoms. But it is very sad that the patient denied vaginal examination. Her in-laws also did not allow the doctors to examine her vagina. A pelvic examination could not be performed which was utmost necessary for her treatment. Treatment is not necessary unless the symptoms are bothersome. Most women seek treatment by the time the uterus drops to the opening of the vagina. Since the woman could not be examined her proper treatment could not be suggested. Uterine prolapse can be treated with a vaginal pessary or surgery but the patient and her family members refuse for such treatment and examination of vagina. The Doctors have prescribed her some ointment to apply in the vagina. The ECG report showed that she also has sinus bradycardia. It can be defined as a sinus rhythm with a resting heart rate of 60 beats per minute or less. As she suffered from sleepless and hypertension Doctors suspected that she possess Obstructive Sleep Apnea (OSA) which is a sleep disorder that involves cessation or significant decrease in airflow in the presence of breathing effort.

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55 **Sinus bradycardia** is a heart rhythm that originates from the sinus node and has a rate that is lower than normal. In humans, bradycardia is generally defined to be a rate of under 60 beats per minute. 
http://en.wikipedia.org/wiki/Sinus_bradycardia

56 Obstructive Sleep Apnea see www.mayoclinic.org/diseases-conditions(obstructive-sleepapnea/basics
The Doctor prescribed her some medicines for treating sinus bradycardia. It is very disappointing that in this era women and the family members are so ignorant about the health and well being of women’s health. They will suffer till death but will not disclose about their sexual health! They do not agree for vaginal examination by the doctors. The woman finally stated that if any complication arises afterwards she can visit a female doctor. They are not aware about the fatal consequences and her husband and other family members are also practising same kind of lack of awareness and social taboos.

**C3. Uterine fibroid**\(^57\)

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\(^57\) Fibroids are the most common benign (non-cancerous) tumors in females and typically found during the middle and later reproductive years. While most fibroids are asymptomatic, they can grow and cause heavy and painful menstruation, painful sexual intercourse, and urinary frequency and urgency. Some fibroids may interfere with pregnancy although this appears to be very rare

Respondent 3 C is a woman of 40 years. She is Hindu. She had been admitted to the hospital on 9\textsuperscript{th} September. She was married at 19 years and has one son of 20 years. She had taken oral contraceptive pills for 5 consecutive years after her son’s birth. After that she did not have a regular sex life. She suffers from hypertension which remain untreated for nearly 5 years. She came to the hospital on 9\textsuperscript{th} September after suffering from severe abdominal pain, fatigue and unconsciousness. Her USG of lower abdomen revealed that her uterus was bulky with defined fibroid. Her right ovary was bulky. The Doctors advised her to remove the uterus and her operation has been quite successful. After 4 days of stay in the hospital she was discharged.

Fig.135. Source: Computed from Case Study

‘This is also a case of ignorance because the symptoms were present for the past few years which had been neglected. This issue is pertinent to the sexual health of women. But if we study the Millennium Development Goals we can see that only the reproductive health of women is highlighted. Women face several other gynaecological problems apart from reproductive health which needs to be addressed in the MDGs.'
C4. Menorrhagia

Respondent 4 C is a woman of 31 years. She stays in Chandipur area in Baruipur. She is Hindu. She was married at the age of 20. She has one daughter of 9 years and one son of 5 years. For the past 7 years, she has been suffering from menorrhagia. She also felt frequently that something was coming out from her vagina and also suffered from lower abdominal pain. She had her ligation 3 years back in this hospital. She suffers from acute gastritis. She is also hypertensive and takes medicines regularly for this purpose. She has no other significant personal and health history. Her USG of whole abdomen shows bulky uterus with development of fibroids.

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**Uterine fibroids and menorrhagia**

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**Fig. 136. Source: Computed from Case Study**

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58 Heavy or prolonged menstrual periods, or menorrhagia, are the most common type of abnormal bleeding from the uterus. Periods are considered heavy if there is enough blood to soak a pad or tampon every hour for several consecutive hours. [http://www.webmd.com/women/guide/heavy-period-causes-treatments](http://www.webmd.com/women/guide/heavy-period-causes-treatments)

49 Uterine fibroids are very common non-cancerous (benign) growths that develop in the muscular wall of the uterus. [http://www.sirweb.org/patients/uterine-fibroids/](http://www.sirweb.org/patients/uterine-fibroids/)
Here also acute ignorance has been found. The fibroids could have been detected earlier if she had visited the Doctor when she had abnormal discharges and abdominal pain. She only felt the need of going to the Doctor when the condition was unbearable. Here also the right to health is not ensured although the MDGs are addressed. The woman has given safe child birth, her maternal health was good during pregnancy. Her reproductive health was ensured. But her primary health rights are violated which do not form a part of the MDGs.

C5. Menorrhagia and Ovarian Cyst

Respondent 5C is a woman of 46 years. She is Hindu. She was admitted to the hospital on 25th September. She stays in Jan Nagar Road Beniapukur, She got married at the age of 19 years. She has 2 children- one daughter of 25 years and youngest son of 20 years. Her family had son preference and she never used any contraceptives due to societal taboos and beliefs. She was suffering from vaginal bleeding for past 5 months. She was also suffering from menorrhagia (See Foot Note 48) after inspection it was found that she had a bulky uterus with small endometrical calification of cysts at left ovary. It has already adhered firmly to the ovary. Her pap smear test also showed inflammatory smear. She has no other significant surgical medical or personal history. In this particular case the cysts were benign and laparoscopy was done for removal of the cysts. Her condition is better now.

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50 Ovarian cysts are small fluid-filled sacs that develop in a woman's ovaries. Most cysts are harmless, but some may cause problems such as rupture, bleeding, or pain. Moreover, surgery may be required in certain situations to remove the cyst(s). It is important to understand the function of the ovaries and how these cysts may form. 
http://www.emedicinehealth.com/ovarian_cysts/article_em.htm
The major observation from these case studies are women’s health has always been ignored in the households. Importance has always been given on reproductive health. But due importance has not been given to sexual health and other gynaecological diseases. Women’s child bearing role have always been highlighted but the primary health rights of women including sexual and gynaecological issues are not given importance. Reproduction is not the only important issue of women’s health. If the sexual health and other female diseases are treated from the very beginning mane severe health complications will not arise. Many health problems can be treated successfully if there is awareness and sensitisation among the women and her family members about the basic primary health rights.

C6. Uterine Polyps

Respondent 6C is a woman of 25 years. She is Muslim. She stays in Park Circus with
her husband, and one daughter of five years. For the last 15 days she was suffering from severe bleeding in vagina and lower abdomen. She was feeling embarrassed and did not disclose much about her personal problems. Her husband is a truck driver and stays out of station most of the time. She disclosed to her husband after huge suffering. She was admitted to the hospital when her problem became acute. Vaginal pack was given to her and after USG it was revealed that polyps have been developed at the uterus.

![Uterine polyps diagram]

**Fig.138. Source: Computed from case Study**

*Polypectomy may be done by open abdominal surgery or, more commonly by colonoscopy. The size of the polyps is not very small but doctors are of the opinion that it is non-cancerous. The complications of the surgery could be avoided if she had consulted the doctor earlier. Thus we find that there is a dearth of awareness and sensitisation among the women regarding their right to health. Some women still hesitate to go to the male doctors. In this case the women is adolescent, she feels very shy to visit a male Doctor. She is not aware*

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61 An *endometrial polyp* or *uterine polyp* is a mass in the inner lining of the uterus. They may have a large flat base (*sessile*) or be attached to the uterus by an elongated *pedicle* (*pedunculated*). Pedunculated polyps are more common than sessile ones. They range in size from a few millimeters to several centimeters. If pedunculated, they can protrude through the *cervix* into the *vagina*. Small blood vessels may be present, particularly in large polyps. See [http://en.wikipedia.org/wiki/Endometrial_polyp](http://en.wikipedia.org/wiki/Endometrial_polyp)
about her primary and sexual health rights. They even do not disclose about their
gynaecological and sexual problems unless there is a severe complication. Mental health is
also ignored which lead to many physiological problems.

C7. Hormonal imbalance post menopause

Respondent 7C is 65 years old. She is Muslim. She got married at 20 and her son was
born when she was 21 years. She suffered from weakness, chest pain and bleeding after
menopause. At first her chest X Ray was done and it showed minor problems. She was again
referred to the cardiac department. Her Echocardiogram report showed some minor problems
in the left artery. Medicines were prescribed to her. Her pelvic examinations, pap smear tests
and blood tests were also done. There were no serious complications. It was a result of
hormonal imbalance post menopause. Doctors prescribed her antihypertensive drugs and
asked her to visit after one month after taking all the medicines. Interestingly it was found that
the patient did not turn up after one month.

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The antihypertensives are a class of drugs that are used to treat hypertension (high blood pressure).[1] Evidence suggests
that reduction of the blood pressure by 5 mmHg can decrease the risk of stroke by 34%, of ischemic heart disease by 21%, and
reduce the likelihood of dementia, heart failure, and mortality from cardiovascular disease. Which type of medication to use
initially for hypertension has been the subject of several large studies and resulting national guidelines. The fundamental goal of
treatment should be the prevention of the important endpoints of hypertension, such as heart attack, stroke and heart failure.
Patient age, associated clinical conditions and end-organ damage also play a part in determining dosage and type of medication
administered.[2] The several classes of antihypertensives differ in side effect profiles, ability to prevent endpoints, and cost. The
choice of more expensive agents, where cheaper ones would be equally effective, may have negative impacts on national
healthcare budgets.[3] As of 2009, the best available evidence favors the thiazide diuretics as the first-line treatment of choice for
high blood pressure when drugs are necessary. [http://en.wikipedia.org/wiki/Antihypertensive_drug]
Here the right to health of the woman is not protected. The MDG goals do not cover the primary health rights and mental health of women. Thus her health problems are not addressed by the MDG goals. The woman had some gynaecological problem due to hormonal imbalance, minor cardiac problems and also hypertension. These problems are not addressed by the MDGs. Non communicable diseases and like mental health, cardiac issues etc are not addressed. MDGs only consider the maternal and child health of women. But women’s health problems are not limited to maternal and child health only. To ensure women’s health all the above points are to be considered.

C8. Endometriosis

Respondent 8C is of 35 years old. She is Hindu. She got married at 28 years. She tried for pregnancy but there was problem of infertility. She suffered from severe abdominal pain and low back pain for past three years. Her last menstrual period took place 14 days back. She was suffering from abnormal menstrual bleeding for one year. But she never consulted a
gynaecologist for the above complications. She took painkillers for her pain removal. She neglected her completely. She faced severe abuse for not conceiving a child. Her endometrical and cervical biopsy was done. She had endometriosis which should be removed surgically because the size had grown bigger.

![Diagram](image)

**Fig.140. Source: Computed from Case Study**

*Here the right to health of the woman has been violated. The fulfilment of MDG targets is out of question here because she is not a mother. She could not conceive a child. But her primary health rights were not ensured. If she would have visited the Doctor at initial stages her complications could have been avoided. The surgery was not needed if she had received proper treatment and rest. She suffered from chronic fatigue and depression which remain untreated. She suffered tremendous humiliation from her in-laws for her infertility. MDG does not talk about the rights of women who are not mothers. Thus her right to health is not ensured.*
C9. Cervical cancer

Respondent 9C is 45 years old. She is Muslim. She stays in Bhangar. She has two daughters; first one is 25 years old and married, second daughter is 22 years old and one son of 20 years. She was admitted to the hospital on 29th May 2010 for cervical biopsy. She was suffering from abnormal white discharge and bleeding for more than one year. She did not consult a doctor. She thought that she may be approaching for a menopause. She did not pay attention to this symptoms. When the discomfort became unbearable she visited the hospital with her husband. Doctors examined her and her cervical biopsy was also done. Doctor suspected her with cervical cancer. After inspection Doctor came to the conclusion that she was at the third stage of cervical cancer. Doctors suggested that her cervix will be operated and the uterus will be completely removed. The due date of operation was given on 1st July 2010. The operation was successful. But regular check ups was advised to her and also chemotherapy. In case of abnormal bleeding or any other illness she was advised to report to the hospital immediately.
In this case also the MDG targets are not satisfied. MDG does not talk about ensuring primary rights. Women’s health does not only signify maternal health. Women suffers from several gynaecological problems which are non communicable. These issues are not addressed in the MDGs. In this particular case the women neglected her health for more than one year. She suffered from abnormal vaginal discharge and bleeding. But she completely neglected the symptoms. If her Pap smear tests were done the problem would have been detected earlier. The Pap smear can detect abnormal cervical changes years before they become cancerous and begin to produce symptoms. The symptoms would not have developed into cancer. When she visited the hospital she had already developed cancerous cells in her cervix which was diagnosed in her cervical biopsy. Thus we see that women and her family members lack awareness regarding their basic health rights. In this particular case the right to health of the woman is not ensured. The women had safe motherhood earlier. Her deliveries took place safely in the hands of skilled health professionals. She also use contraceptives as family planning methods. Her right to safe motherhood was ensured. But her primary health rights have been neglected. We can see that severe health consequences can be avoided if women do not neglect their health status and visit skilled health professions in case of any complications. Right to health can only be protected if the symptoms are addressed at early stages. The uterus would not have to be removed if she had visited the hospital at an earlier stage. Cervical cancer could have been detected earlier if she had a pap smear test. But people lack the awareness. They have a tendency of neglecting the symptoms unless they are severe. However there are economic factors also. Some tests are expensive and not done in all hospitals. The tests and the cost of the treatment matters for the poor population.
C10. Uterine fibroids and infertility

Respondent 10 C is 40 years. She is Hindu. She stays in Kodalia, Santi Nagar with her husband. She got married at the age of 22 years. She works as domestic help in the locality. Her husband is a contractual labourer. But most of the time he consumes alcohol and at night beats his wife. She does not have any child. They did not consult a specialist for this. Her husband always blames her for not conceiving. She was suffering from lower abdominal pain and mild vaginal bleeding for the past 3 months. On 10th September midnight the pain became unbearable and she called her parents to come over her place. Her husband came home fully drunk and unconscious and started abusing her even when she was suffering from that unbearable pain. The next morning her father took her to the hospital and she was admitted on that very day. Her ultrasonography was done which revealed uterine fibroids. She had a bulky uterus, vaginal bleeding and her pulse rate has also fallen at that time. The doctors prescribed some medicines and her operation was fixed after 4 days. The fibroids were removed successfully and the patient was out of danger. Her husband came to the hospital on the day of operation. All the expenses of the hospital were borne by the respondent and her parents.
In this case the right to health of the respondent is not protected. The respondent is married but she is not a mother. She does not have any issue. But the health targets of the MDGs does not take into account the health problems of women who are not mothers. Only maternal health is addressed. Other health issues emphasized are HIV/AIDS epidemic and other communicable diseases. But the non communicable diseases and mental health of women are not part of the MDG targets. Hence the primary right of women are not ensured if the MDG targets are only considered. The woman was suffering from tremendous lower abdominal pain and vaginal bleeding as a result of uterine fibroids which remain neglected throughout by her. Her mental health condition was also poor because her husband used to beat her almost every night after getting drunk. He abused her regularly for not conceiving a child. She was very depressed and also developed some suicidal tendencies. This information was received from her parents who are very supportive and always gives her mental strength. Thus the respondent’s primary health rights and mental health rights were not protected. But these issues are not addressed in the MDGs. Does it mean that women’s reproductive role is most important aspect of their life? Why shall the primary health rights and mental health be neglected? The fibroids were removed during surgery and her condition was getting better. But if the respondent would have not neglected her health, if her husband took care of her these consequences could be avoided. Her mental health condition would not have suffered if her husband did not abuse her and beat her regularly. Even today women faces stigma and abuse if they cannot reproduce a child. But is it the sole responsibility of a woman to give birth to a child? Does it mean the male do not perform any role? The respondent and her husband did not visit any specialist or fertility clinic to discuss the causes and treatment of infertility. She does not have a capacity to give birth to a child. She is not highly educated. She does not have any idea that men can be incapable of producing a child due to certain defects. She faced
constant abuse from her husband and beatings which affected her mental health. She even tried to commit suicide once. Her parents played a crucial role in motivating her. They even took her to the hospital when she was having severe pain. They bear all the expenses of the hospital. Her husband did not take any responsibility of her. Inspite of all this she still wants to stay with her husband when she will recover completely. AT present she is staying with her parents in Garia. We can see that although the MDG Goals are not affected the right to health of the woman is not protected, It is a case where even if the MDG goals are not affected the right to health of the respondent is not ensured.

C11. Uterine Fibroids (See Foot Note 49)

Respondent 11C is 47 years old. She is Hindu and stays near Garia. Her husband is engaged in some small business. She has two children, one son of 27 years and daughter of 21 years. She was suffering from uterine fibroid. Her uterus has been found to be bulky, painful periods, abdominal discomfort or bloating, painful defecation, back ache and urinary frequency for two months. When the condition was unbearable she consulted a Doctor. Her husband accompanied her during the visit. The Doctor said that she has developed uterine fibroids and referred to the National Medical College for her treatment. Her ultrasonography and other tests were done to locate and study the tumours.
Fig. 143. Source: Computed from case Study

This is a case of negligence and lack of awareness. She suffered silently for many days till her condition became unbearable. Surgically aided methods was used to reduce blood supply of fibroids. Hysterectomy was not done. Some medicines were also prescribed to control. While speaking with the respondents it was realized that the woman has no right of decision making, she is not allowed to spend money as and when needed. The respondent and her daughter live in a continuous environment of threat because they are “weaker sex”, they do not have economic stability and their decisions are never considered important. The mental health of the respondent was affected due to her state of deprivation at the family level. So the gender women construction is prevalent in every respect. Women’s special needs, their emotional desires are never considered important. The male members of the family always neglect and disrespect the experiences and opinions of women. The patriarchal dominance is well evident in this case. Women’s experiences include a different perpetual and emotional life which is different from male. The different needs and special needs of women should be given importance; the primary health rights and mental health are among them. If the respondent was diagnosed at the right time the fibroids could be treated in early stage. Women face from
several gynaecological disorders and uterine fibroid is a very common issue which is not addressed in the MDGs. The MDG targets should also consist of awareness of the women regarding sexual and gynaecological diseases and symptoms.

**C12. Hysterectomy and Enlarged Ovary**

Respondent 12 C is 42 years old and mother of two children one 14 years old girl and another 9 year old boy. She is Hindu and stays near Sonapur. She was admitted to the hospital on 9th July 2011 in the Gynaecology Ward. She was suffering from severe pain in abdomen for almost a week and also bleeding in the uterus. Doctors said that the uterus has been damaged and she also possess enlarged ovary. Her uterus should be removed in the given condition. Her operation was done successfully after two days. Her condition improved and she was discharged after four days.

![Figure 144](source: Computed from Case Study)
This is a case of negligence and lack of awareness. She was suffering occasionally from severe bleeding in the uterus and pain in the uterus which she neglected. She thought to herself that it may be a sign of menopause. Her husband also did not consider the issue seriously. She suffered for many days till her condition became unbearable. While speaking with the respondents it was realized that the woman has no right of decision making, she is not allowed to spend money as and when needed. Women’s special needs, their emotional desires are never considered important. The male members of the family always neglect and disrespect the experiences and opinions of women. The patriarchal dominance is well evident in this case. Women’s experiences include a different perpetual and emotional life which is different from male. The different needs and special needs of women should be given importance, the primary health rights which includes sexual and gynaecological health are among them. If the respondent was diagnosed at the right time the hysterectomy may not been required. Women face from several gynaecological disorders like enlargement of uterus, uterine fibroids etc which are always neglected. Motherhood is always glorified and women’s reproductive role is highlighted. When a woman has children and reached mid forties every single gynaecological issue is related to menopause. Does it mean that since the woman can no longer bear a child there is no need to take care of her primary health rights and sexual health? We can see that women’s body is always her destiny as mentioned in the second wave feminism. The above gynaecological issues are not addressed in the MDGs. If we take the MDG goals we can see that all the targets relating women’s health are satisfied. But her right to health is not ensured. The MDG targets should also consist of awareness of the women regarding sexual and gynaecological diseases and symptoms. The targets can only be achieved if the attitude of the society is changed Women should be assertive and they should not think themselves vulnerable. There should not be a patriarchal ideology in policy making. The goals and policies should be made from a more gender sensitive approach
C13. Uterine fibroids and hysterectomy

Respondent 13 C is 51 years old. She is Hindu. She was suffering from irregular menstruation and heavy bleeding for the past few days. She has a daughter of 25 years who has just been married and another son of 23 years who is a Government employee. Her husband is also a retired Government employee. Her husband told her to visit the Doctor as soon as she heard of her wife’s discomfort. Both of them went to the hospital. The Doctor diagnosed her with bulky uterus and subserosal fibroids (uterine fibroid tumours). Hysterectomy was done to her successfully. She is a diabetic patient, blood was transfused to her during operation.

![Diagram of Uterine fibroids, Hysterectomy, Family supportive and no negligence]

**Fig.145. Source: Computed from Case Study**

In this case the right to health of the woman is ensured. Her primary health has rights has been protected. After suffering from severe menstrual bleeding and abdominal pain she was taken immediately to the hospital. Her husband is very supportive of her. The respondent
was making delay initially due to negligence. Her husband took her to the hospital. Her gynaecological problems had never been neglected in her home. She said that she receives proper treatment and care whenever she is sick. In this case if we apply the method of informed choice we can see that the respondent could have taken actions earlier if she was properly aware of her gynaecological problems. But her treatment was not delayed mainly because of the support from her husband. The surgery was done successfully. The Doctor said that although she has come early for treatment but it is better to remove the uterus to avoid further complications. If she would have delayed the treatment the case could have become critical. It was really a good decision to start the treatment as soon as the symptoms begin to develop. The issue of uterine fibroids is not included in the MDGs. These type of gynaecological problems are very common for women. It is clinically apparent in 25 to 50% of women. Women face several gynaecological disorders apart from pregnancy and childbirth. Those issues are equally important for ensuring women’s health which are mostly ignored. They must be included in the Millennium Development Goals relating women’s health

**C14. Uterine fibroids and cardiac problem**

Respondent 14 C is 34 years old one child of 4 years. She is Muslim. She was suffering from severe menstrual bleeding and abdominal pain for the past one month. She had also a feeling of breathlessness and felt short of breath for a couple of months. She did not take it seriously nor did her family members. Everybody felt that this was the outcome of her increased body weight. She also had dry cough and used to feel tired after day’s work. But her health was totally ignored by her family members. She was given cough syrup etc from local shops and there was no proper diagnosis. After suffering from heavy menstrual period her condition became serious and she went to the hospital with her husband. After diagnosis the
Doctor her chest X-ray and ultrasonography was done. She was found to have pneumonitis in paracardiac region and uterine fibroids. The fibroids were removed after successful surgery. She was prescribed medicines and antibiotics for her chest and cardiac problem. Certain restrictions were imposed on her regarding sharing of food or drink. Proper monitoring was needed in this condition. The Doctor said that a part of her lungs has been damaged due to this delay and negligence. She needs proper treatment and sufficient rest to restore the present condition.

Fig.146. Source: Computed from Case Study

_In this case the respondent and her family delayed the treatment. The woman do not have a voice of her own. She could not tackle her own decisions. She was asked that what_  

63 Pneumonitis is a general term for inflammation of lung tissue. Chronic inflammation of lung tissue can lead to irreversible scarring (pulmonary fibrosis). Pneumonitis is not a specific disease but a sign of an underlying problem. Acute chemical pneumonitis causes swelling of the lung tissue, movement of fluid into the air spaces in the lung and reduced ability to absorb oxygen and remove carbon dioxide. In severe cases, death may result from hypoxia. Chronic pneumonitis may follow low levels of exposure to the irritant over long periods of time, causing inflammation which may lead to fibrosis, resulting in decreased gas exchange and stiffening of the lung, and ultimately leading to respiratory failure and death. Read more on http://www.patient.co.uk/doctor/Pneumonitis.htm
would have been her reaction if she could exercise her choice. She said that she would have consulted the Doctor much earlier. But her decisions are never given importance and she also do not have the economic stability. She has to depend on her husband’s income and she has been given very little amount of money for herself. Her gynaecological problems and primary health rights had been neglected in her home. She said that she does not receive proper treatment and care when she is sick. Lack of awareness is not the major issue. The woman is aware of her primary health rights and menstrual problems. But she could not visit a Doctor alone. The woman is not allowed to make her own decisions in this patriarchal world. Her treatment got delayed and she was diagnosed with Pneumonitis in paracardiac region and uterine fibroids. Her surgery was done successfully and the problem of uterine fibroids was solved. But her lung condition was critical. If her treatment was done earlier such situations could have been avoided. In the present condition her family needs to be very supportive. She needs sufficient rest, proper medications and monitoring to avoid further decaying of lungs. The respondent was quite unsure whether her in-laws will take care of her. She would not be able to do household works, lot of money will have to be spend on her medicines and other health issues. She is very apprehensive of her health status. In this particular case the right to health is not ensured. The primary health rights are not protected and these issues are not covered by the Millennium Development Goals. Gynaecological problems like uterine fibroids, cardiac and lung diseases do not form part of the Millennium Development Goals. To ensure women’s health we must look beyond the reproductive role of women and look into the basic and primary health rights of women

C15. Mental abuse and benign tumour

Respondent 15 C is a woman of 20 years. She is Hindu. She got married one year back
She was suffering from pain in abdomen and amenorrhea for few months. Her family thought she has become pregnant and she was brought in the hospital. Her abdominal X Ray was done and it was found that she had uterine tumours. It was found that the tumour was benign. The doctor advised to take up an immediate surgery for removing the tumour. The surgery was done successfully after two months according to Doctor’s suggestion. The patient’s condition soon started improving.

**Fig.147. Source: Computed from Case Study**

While speaking with the patient it was well understood that she had to face lot of mental abuse and inconvenience at her in law’s residence because she could not conceive. They were very reluctant to ensure proper treatment for her. They were always cursing her for she could not become a mother. Once again we find that a woman’s body is becoming her destiny and her motherhood has been glorified in the society. But a woman has several physical and mental health issues excluding her motherhood. Given a choice the woman would prefer to stay single with her parents. She said that her parents were concerned about her health and brought her to the hospital. Her husband is not sympathetic to her and he always
agrees to what his mother says. The woman is educated and has studied till 12th standard but she could not exert her rights. She has the knowledge and awareness, yet she finds herself helpless. The woman needs to be more vocal and talk openly about this issue. She was not blaming herself for this situation. But she could not protest. She was suffering from severe mental depression and was staying with her parents. She said that she will only get back to her in-laws place if her husband comes to her house and be apologetic. In this particular case the right to health is not ensured. The gynaecological diseases and mental health of women do not form part of the MDG goals. To protect women’s health all these factors are to be considered.

C16. Genital herpes

Respondent 16 C is 25 years old and stays near Sheldah. She is Hindu. She lives with husband and married two years back. The respondent has symptoms of genital itching, burning, pain in abdomen and painful blisters in genital areas. The Doctors conducted certain blood tests and she was diagnosed with genital herpes. It can be transmitted through close personal contact such as sexual contact. The infected person usually develops one or more painful blisters in the anal or genital areas that eventually ulcerate and heal over a period of a few weeks. She had genital itching, burning, or discomfort, Vaginal discharge and feeling of pressure in the abdomen. She suffered for more than a month and came to the hospital. She was admitted. There is no cure for genital herpes, although prescription antiviral medications are available that may shorten or even prevent outbreaks and help prevent transmission of the virus to others. Doctors said that the outbreaks of genital herpes may occur at any time following the initial infection, and these produce similar skin lesions as seen in the initial infection. She was admitted for two days and was prescribed some regular medicines. She was also advised not to indulge herself in unprotected sexual activities.
In this particular case both her right to health and the MDG targets are not satisfied. The respondent is not aware of her sexual health. She did not take any precautions and had intercourse with the boy whose whereabouts she hardly knew. She could not discuss her problems with her parents in shame and fear. She disclosed the issue to her elder sister. Who took her to the hospital. Her sister manager her parents by saying that her younger sister had some stomach ailments. That is why she needed to be admitted to the hospital. Her parents are not well educated. The father is a salesman who had to supply biscuits in local shops. The mother did not have any decision making role and control over the household. The parents came to visit the respondent in the hospital without knowing the fact that she had sexual transmitted disease. The vulnerability and fear of the respondent is revealed here. She was lucky that she got the support of her sister whose husband was also very helpful in this regard. The respondent was also feeling very helpless because the boy with whom she had a relationship was not seen in that area for few months. She had her mobile number which she found switched off after calling. She wants to graduate and get a job before getting married.
The Doctors gave assurance that she can lead normal life, can get married and have children without complications. Sex education is very important among the adolescents otherwise they can get into troubles. There is an unmet need of modern contraception among adolescent women for avoiding unintended pregnancies and sexually transmitted diseases.

C17. Adenomyosis

Respondent 17 C is 50 years old. She is Muslim. She stays in Tiljala with her husband, two sons, one 22 years old and another 14 years old. She was suffering from severe abdominal pain and vaginal bleeding for 5 days. When she visited the hospital the doctors diagnosed her with adenomyosis. She was near her menopause and doctors prescribed her some pain relieving medicine. The woman was also suffering from acute appendicitis and appendectomy was done.

64. Adenomyosis is uterine thickening that occurs when endometrial tissue, which normally lines the uterus, moves into the outer muscular walls of the uterus. The cause is unknown. Sometimes adenomyosis may cause a mass or growth within the uterus, which is called an adenomyoma. The disease usually occurs in women older than 30 who have had children. It is more likely in women with previous cesarean section or other uterine surgery. Most women have some adenomyosis as they near menopause but few women have symptoms, and most women don’t require any treatment. In some cases, pain medicine may be needed. Birth control pills and a progesterone-containing intrauterine device (IUD) can help decrease heavy bleeding. A hysterectomy may be necessary in women with severe symptoms. (Medicine Plus, 2014) http://www.nlm.nih.gov/medlineplus/ency/article/001513.htm
In this case the right to health of the woman is ensured. The woman’s primary health rights are protected. As and when needed she was taken to a Doctor. Her treatment was done properly and the patriarchal power is not reflected here. The woman can exert her right to health and decision making. However the issue of primary health rights is not a part of the Millennium Development Goals. Millennium Development Goals always emphasizes on reproductive health of women and other infectious diseases. The health politics is there at the policy level which is determined by the patriarchal powers of society. Michael Foucault ⁶⁵ (2010) has mentioned: what is true depends on who controls the discourse. The same thing applies in the policy building. We can see that there is patriarchal ideology even in policy making. The issue of primary health rights should be incorporated in the Millennium Development Goals to ensure the right to health of women.

**C18. Genital Cancer**

Respondent 18 C is a woman of 40 years. She is Hindu. Her husband is a taxi driver. She has one son of 14 years. She had a history of genital infections which she had neglected earlier. Her husband did not use any contraceptive measures and always neglected her health. She was admitted to the hospital on 19.07.2010. She stays in Malipara Sonarpur. She was suffering from postmenopausal bleeding for the past one week. Earlier she has also visited the hospital with her husband in the month of June when she had similar sort of problems. The Doctors suggested a cervical/endometrial biopsy and discharged her after a few days on 18th June. She was advised to come for the biopsy after three weeks. The biopsy report shows that she has adenocarcinoma. Here in common language it is cancer in genital area. Post operative advice have been given to her for draining of pyometra (Louis et al, 2002) She has been advised to contact the Doctors immediately if she experience bleeding or any other complications.

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66 a malignant tumor originating in glandular epithelium (Source : http://www.merriam-webster.com/dictionary/adenocarcinoma)

67 An uncommon condition known as pyometra occurs when the natural drainage of the uterine cavity is comprised and pus accumulates within the cavity. It is seen most frequently in postmenopausal women, but it can occur in younger women. Pyometra is thought to signal the presence of an underlying condition such as cancer of the genital tract, but recent reports have indicated that benign idiopathic pyometra is common. See http://cat.inist.fr/?aModele=afficheN&cpsidt=13604603
This is a case of violation of primary health right of the respondent. The problem of post menopausal bleeding and severe pain was experienced by the women for a couple of months which she had neglected in fear and shame. She disclosed it to her husband when the condition became severe. This is a case of sheer negligence and lack of awareness regarding primary rights. The respondent is not well educated and is not aware of the consequences of her health condition. She has a very stereotypical mentality of shame and embarrassment regarding female sexuality. For her it is very disgraceful thing to discuss these issues with people even with a male doctor. The mindset of similar kind of people needs a sea change. The patriarchal dominance and women’s low status in the society are responsible for this kind of opinion building. The issue of primary rights is not included in the MDG targets regarding women’s health and it needs to be incorporated by the policy makers.

**C19. Uterine Mass Non Malignant**

Respondent 19 C is a woman of 28 years. She is Hindu. She stays in Bhawanipur area and was admitted to the hospital on 24th June 2010. She sells garments in instalments and her husband works in a local shop. She was suffering from severe abdominal pain and vaginal bleeding for the past 3 days. Her last menstrual period took place in 21st May, 2010. Her urinalysis was done by using dipstick method. She has urinary tract infections which she had neglected for the past 2 years. Her pregcolour pregnancy test was found to be negative. The ultrasonography was also done for her and it was found that there is heterogeneous mass in her uterus. Biopsy has been done and it is found to be non malignant. Medications have been advised to her for treating the urinary tract infections and there is no urgency regarding the surgery at present.
This is a case of gynaecological disease (uterine mass) and urinary tract infections. These problems are not covered in the MDGs. But they are very important part of women’s general health and reproductive health. In course of conversation it was understood that she had irregular bleeding, spotting and vaginal cramps for the past one year. She visited the Doctor when the discomfort was unbearable. It is very sad that even today women hesitate to visit Doctors when they have gynaecological complications. She said that her husband is against visiting male Doctors and she also feels the same way. Moreover she has got two children, still she does not use any family planning methods. If she had visited the Doctors earlier the uterine mass could have been detected at an early stage and minor complications can be cured through oral medicines only. Thus her right to health is not protected in this particular case and this type of gynaecological diseases are not covered in the MDGs which affects the sexual and reproductive health of women.
C20. Uterine Fibroids

Respondent 20 C is 47 years old. She is Muslim. Her husband is engaged in some small business. She has two children, one son of 27 years and daughter of 21 years. She was suffering from uterine fibroid. Her uterus has been found to be bulky, painful periods, abdominal discomfort or bloating, painful defecation, back ache and urinary frequency for two months. When the condition was unbearable she consulted a Doctor. Her husband accompanied her during the visit. The Doctor said that she has developed uterine fibroids and referred to the National Medical College for her treatment. Her ultrasonography and other tests were done to locate and study the tumours.

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68 uterine fibroid (also uterine leiomyoma, myoma, fibromyoma, leiomyoma, fibroleiomyoma, and fibroma) (the plural of myoma is myomas or myomata) is a benign (non-cancerous) tumor that originates from the smooth muscle layer (myometrium) and the accompanying connective tissue of the uterus. Surgically aided methods to reduce blood supply of fibroids. Hysterectomy was not done. Some medicines were also prescribed to control symptoms.

Fibroids are the most common benign tumors in females and typically found during the middle and later reproductive years. While most fibroids are asymptomatic, they can grow and cause heavy and painful menstruation, painful sexual intercourse, and urinary frequency and urgency. Some fibroids may interfere with pregnancy although this appears to be very rare.

This is a case of negligence and lack of awareness. She suffered silently for many days till her condition became unbearable. While speaking with the respondents it was realized that the woman has no right of decision making, she is not allowed to spend money as and when needed. The respondent and her daughter live in a continuous environment of threat because they are “weaker sex”, they do not have economic stability and their decisions are never considered important. The mental health of the respondent was affected due to her state of deprivation at the family level. So the gender women construction is prevalent in every respect. Women’s special needs, their emotional desires are never considered important. The male members of the family always neglect and disrespect the experiences and opinions of women. The patriarchal dominance is well evident in this case. Women’s experiences include a different perpetual and emotional life which is different from male. The different needs and special needs of women should be given importance; the primary health rights and mental health are among them. If the respondent was diagnosed at the right time the fibroids could be treated in early stage. Women face from several gynecological disorders and uterine fibroid is
a very common issue which is not addressed in the MDGs. The MDG targets should also consist of awareness of the women regarding sexual and gynaecological diseases and symptoms.

From all the three categories of case studies the issue of gender politics is prominent. It can be argued on the basis of case studies that some of the important points that were raised in the Beijing and Cairo Conferences have been missing in the Millennium Development Goals. There is a silence in the policies and targets of MDGs. The case studies reveal important considerations about sexual health of women, female foeticide, mental health and negligence of primary health rights of women. These issues have been found in the Cairo and Beijing Declarations and also in CEDAW. But where is the practical implementation of these policies and conventions. Why are they not fulfilled? Will they only be in paper and not in practice. There are enough of laws and policies but still women face discrimination in health care. They are still not aware of their rights and their health are neglected and sometimes they do not get proper treatment. There is always a beneficiary approach to healthcare. We need a human rights based approach to add a solution to this problem. The root cause of this problem has to be addressed. We have to understand the socio political scenario and the role of patriarchy in this context. The mindset of the people has to be changed. Women should be aware of their rights. Then the development goals can be fulfilled. We hope that women will attain a better standard of healthcare if above issues are addressed

Conclusion: Women should be more assertive regarding their right to health. From the case studies we can see that negligence and lack of awareness plays a pivotal role in determining the health status of women. Special negligence is noticed in matters of sexual health and mental health because these conditions are still considered a taboo in our society. The unmarried women are typically affected which results in unsafe abortions and different
sexually transmitted diseases. Sexual health cannot be equated with pregnancy. Unmarried women can have several sexual and gynecological health problems which when untreated can lead to severe health conditions. Women and their families should be aware. The society should come forward and encourage women to discuss about these issues.

Women should also have the decision making abilities. If they are only aware and cannot make their choices then their rights will not be ensured. Women should have choices regarding pregnancy, sexual health and types of treatment. They cannot have forceful sex and forceful abortion. Female foeticide is still practiced secretly in some cases which need to be stopped. Women should exert their choices. They have the right to say when they are ready to become mothers and they also have a choice regarding spacing of two children. Women’s decision making ability is an important part of women’s empowerment. Women should raise their voices against patriarchal norms and exert their right to protect their health.