

From Nagpur to Northern Ireland: pill pipeline helping women get round abortion ban

Dutch activists provide link between Indian entrepreneur providing cost-price tablets and desperate people in places where terminations are illegal

Juliette Jowit in Amsterdam and Aparna Pallavi in Nagpur

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Delicious smells permeate a small office in Nagpur as an elderly woman cooks lunch for the 40-odd staff: roti, steamed rice, moong bean dal, spicy potato hash and mutter paneer curry.

It's all a long way, geographically and culturally, from the streets of Belfast nearly 5,000 away. But the two cities are joined by a hidden thread, a pharma pipeline that is helping many hundreds of women in Northern Ireland to get around its stringent anti-abortion law.

From the "Orange City", as Nagpur, in the Indian state of Maharashtra, is known, a company called Kale Impex sources abortion pills that are freely available across India, and sends them to women in places where terminating a pregnancy is illegal. Places such as Northern Ireland.

The man at the centre of the operation is Mohan Kale, a 45-year-old bespectacled entrepreneur with an easygoing nature.

Once this was a business for Kale, but influenced by his wife, Maitreyi, a social worker involved in sex education, he began supplying the tablets at cost (around 72 rupees - 72p - per set of nine pills compared with the retail price of around 900 rupees) to countries where it is illegal. Kale's other companies make money by exporting treatments for chronic conditions such as diabetes.

"To me it is very clear that the choice of whether a pregnancy is desired or undesired and whether she wants it or not has to rest with a woman because it is her body," he says, "and she has to have access to resources required to make an effective choice, no matter what the law of the land says."

In India, Kale Impex's operation is entirely legal. The company has five full-time employees who process the prescriptions for abortion pills, sourced from across India. For each script, nine pills are packaged up, sent to the state capital, Mumbai, for clearance by the additional drugs commissioner and customs, and dispatched.

In some countries, even a small delay can be the difference between life and death for pregnant woman, says Kale.

“Many times, in the absence of proper means, desperate women consume toxic chemicals like caustic soda to pull off an abortion,” he says. “As a supplier, I am always running against time, and have to use every trick in the bag to [get] the drug where it is needed and when.”

Like most modern-day, sophisticated global supply chains, this one needs intermediaries, in this case a handful of charities that link the desperate with Kale Impex.

Rebecca Gomperts is the founder of charity called Women on Web, which works with the company in India. It is to Gomperts, working from a bare white office in Amsterdam, that many women and their partners in Northern Ireland turn when they want an abortion.

Gomperts scrolls through some of the online messages from Northern Irish women her operation has helped. None of their real names will be used, because they would face life in prison if identified.

“Being in an abusive relationship, I believed there was no one who’d help me,” read one message from Aishling. “He would kill me, literally kill me, if he found out I tried to get an abortion.”

Each year more than 2,000 women travel from Northern Ireland to England to have pregnancies terminated, but Aishling was too frightened of being discovered by her boyfriend. She Googled medical abortion and found Women on Web.

“You can’t just say because it’s in another country it doesn’t affect you,” says Gomperts. “Human rights affect all of us.”

The single item decorating the Amsterdam office is a map by the Center for Reproductive Rights colour-coding countries by the legal status of abortion. Northern Ireland is orange, category II: one of 59 countries where abortion is only allowed “to protect a woman’s life or health”. Others in this group include New Zealand and Zimbabwe.

Each week Women on Web gets more than 2,000 inquiries from around the world. In the first seven days of December, 49 of those were from Ireland. They include women who live in the Republic of Ireland where the pills are confiscated by customs, forcing people to use addresses in the north.

Each woman answers 25 questions: how many weeks pregnant are they; do they have diabetes, epilepsy, or other listed diseases; is somebody forcing them to have an abortion against their will; do they live within an hour of medical help in case of complications?

Two answers determine whether Women on Web can help. Women must live in a country where safe abortion is not available and medicines can get through the post. And they must be at most nine weeks pregnant to allow time to get the pills before they are 11-12 weeks. After that, the World Health Organisation recommends women who take abortion pills must be in a healthcare facility.

Women on Web employs 17 women on a “helpdesk” to answer inquiries, reply to messages and provide more detailed information about what an abortion with pills will involve. Some occasionally work in the Amsterdam office but most work from home, spread across seven countries in Europe, north Africa, Asia, and north and south America.

Each week the team get together on Skype to discuss any problems. The biggest stress for staff is when the charity cannot help women, who can become deeply distressed, says Gomperts. “This can really, really affect people who work on the helpdesk. We want to make sure everybody has a place they can talk about it.”

After the initial consultation, about one in 10 women pull out. The remainder have their details checked by doctors, web-based volunteers whose locations are also protected and who write prescriptions for the pills.

Women are then asked to donate €80-€90 (£58-£65) to help cover the charity’s administration costs. Those who can’t afford so much can contribute less, as part of a “chain of solidarity” with other women in need.

Four out of five women donate the full amount, with the remainder paying less or sometimes nothing. One of these was Celia. “I’m all alone, away from my family and can’t tell anyone about it,” she wrote. “I don’t know what to do: I can’t get an abortion on the NHS and I can’t afford to pay for anything.”

The prescription is then sent to India, and in cities, towns and villages across Northern Ireland the waiting begins.

Gomperts reads out messages from Celia: she was 55 days pregnant when she contacted Women on Web, close to the nine-week cut-off.

“I’m just wondering if the pill’s been posted or do I need to make a donation to get the pills,” she wrote while doctors were assessing her case. After they were posted (free of charge) she wrote again: “I still can’t get on your tracking site to know when the package will arrive. I’m getting a bit worried now.”

That problem solved, she was still in the grip of anxiety: “I’m just getting worried I will be too far on, that it won’t work, and I’m just really depressed.”

The parcel arrived two weeks after she put in the request. Inside the package were nine pills: a single mifepristone and eight misoprostol. First women take the mifepristone to block the effects of the progesterone hormone, which keeps the pregnancy viable.

In countries where abortion is illegal, the moment women swallow that small round pill is usually the instant they commit the criminal act.

At least 24 hours later they take two misoprostol, which brings on contractions to expel the pregnancy. These can be taken vaginally, but Women on Web recommend under the tongue: that way doctors cannot trace the drug if they get help for complications, the abortion in every other sense being a miscarriage. Four hours later they take another dose. If the pills do not work, there are two more doses in the package.

Most women have cramps, some vomit and get a fever, typically they bleed for a week or so. A few will have complications and need to go to hospital for the remaining placenta to be removed, and in very rare cases for a blood transfusion or antibiotics for infection.

More typical is Sarah's undramatic experience. "The package arrived Friday and I took the first tablet, the next one on Saturday," she wrote to Women on Web. "[It] felt like early labour for three and a half hours before bleeding started ... a few minutes later I pushed out the pregnancy, and the cramps subsided."

A few weeks later women are asked to go for a scan: only one in 100 will still be pregnant.

Later they are asked to fill out an evaluation. One question asks how they feel about the experience. One percent or so say, in retrospect, a medical abortion was not for them, though it is not clear if these women regret the abortion or just the method. The remainder report mostly mixed emotions.

"Grateful" and "relieved" almost always feature. Many also feel "guilty" or "low", or report "feelings of loss".

Aishling's feedback told a little more of her story. "Guilty, empowered, relieved, confident, satisfied," she wrote of her reaction, then hinting she might now end her abusive relationship.

"I'm now on the way to getting out and making a fresh start," she added. "Thank you doesn't express my gratitude enough."

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