

PRATIGYA CAMPAIGN

for Gender Equality and Safe Abortion



ADVOCATING FOR SAFE ABORTION RIGHTS IN INDIA
A Look at Pratigya Campaign's Journey
2013–2026

13+
Years of Advocacy

120+
Coalition Partners

5
Phases of Work

15.6M
Abortions/Year in India



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2013–2026

Supported by
Secretariat: Foundation for Reproductive Health Services India

Authors

Debanjana Choudhuri

Neha Srivastava

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Acronyms

Acronym	Full Form
ASHA	Accredited Social Health Activist
AVE	Advertising Value Equivalent
CAG	Campaign Advisory Group
CHC	Community Health Centre
CRR	Centre for Reproductive Rights
CSO	Civil Society Organisation
DCGI	Drug Controller General of India
FOGSI	Federation of Obstetric and Gynaecological Societies of India
FRHS India/FRHS	Foundation for Reproductive Health Services India
GBV	Gender-Based Violence
ICPD	International Conference on Population and Development
IEC	Information, Education and Communication
IDF	Ipas Development Foundation
IPC	Indian Penal Code
MA	Medical Abortion
MOHFW	Ministry of Health and Family Welfare
MTP	Medical Termination of Pregnancy
NFHS	National Family Health Survey
NHM	National Health Mission
NGO	Non-Governmental Organisation
PAC	Post-Abortion Care
PCPNDT	Pre-Conception and Pre-Natal Diagnostic Techniques (Prohibition of Sex Selection) Act
PHC	Primary Health Centre
POCSO	Protection of Children from Sexual Offences Act
PRI	Panchayati Raj Institution
RMP	Registered Medical Practitioner
RTI	Right to Information
SIDA	Swedish International Development Cooperation Agency
SMA	Self-Managed Abortion
SRH	Sexual and Reproductive Health
SRHR	Sexual and Reproductive Health and Rights
SRS	Sample Registration System
UNFPA	United Nations Population Fund
USAID	United States Agency for International Development
WHO	World Health Organization

EXECUTIVE SUMMARY

The Pratigya Campaign for Gender Equality and Safe Abortion is one of India's leading multi-stakeholder coalitions working to protect and expand access to safe abortion services. Established in 2013, the coalition brings together more than 120 organisations and individuals from across the fields of public health, medicine, law, research, media, youth engagement, gender equality, and women's rights. Over the past thirteen years, Pratigya has served as a platform for dialogue, evidence generation, policy engagement, public advocacy, and collective action, helping shape some of the most significant developments in India's abortion rights landscape. Funded by the Packard Foundation and supported by FRHS India as Secretariat, the campaign has navigated five distinct phases of strategic evolution.

120+

Coalition Partners

600

**Media Articles
Generated**

30,000+

**MTP Providers
Listed**

15,000+

**Petition
Signatories**

As the abortion landscape in India underwent significant changes over the years, Pratigya played an important role in shaping this evolving landscape. The coalition created one of the first structured platforms for dialogue between stakeholders working on abortion access and those working on sex selection and PCPNDT implementation. It generated evidence, convened experts, engaged policymakers, and helped build consensus around the need to distinguish abortion from sex selection while addressing both issues as part of a broader commitment to women's rights and gender equality.

As momentum for reforming the MTP Act gathered, Pratigya became an important platform for evidence-informed advocacy with coalition members contributing to the broader movement that ultimately led to the passage of the MTP Amendment Act, 2021. Coalition-supported evidence and recommendations were cited during parliamentary discussions on the Amendment Bill.



Beyond policy advocacy, Pratigya helped reshape public discourse on abortion through media engagement, journalist sensitisation, digital campaigns, and strategic communications. These efforts generated over 600 media placements, while 22+ digital campaigns reached more than 1.5 million people, generating 1.7 million impressions and over 110,000 engagements. Initiatives such as #FindMyMTP also improved access to information on legal abortion services.

At the same time, Pratigya helped strengthen the broader abortion rights ecosystem. Over more than a decade, it built a coalition of over 120 organisations and individuals, created trusted relationships across sectors, developed a substantial body of evidence and advocacy resources, and established itself as a recognised platform for dialogue, coordination, and collective action on abortion rights in India.

Yet the work remains unfinished. Despite legislative progress, significant gaps persist between legal rights and lived realities. Implementation of the MTP Amendment Act remains uneven, and significant gaps persist between legal rights and lived realities. Barriers related to Medical Abortion, complex and overlapping regulatory frameworks, persistent stigma and misinformation, and unequal access to quality services continue to shape abortion access in India. These challenges disproportionately affect adolescents, unmarried women, survivors of sexual violence, rural populations, and other marginalised communities.

At a time when reproductive rights face increasing challenges globally, the need for sustained advocacy remains as important as ever. Pratigya's continuing relevance lies in its ability to connect evidence, advocacy, policy, and lived realities through a diverse coalition committed to safe abortion access.

This report captures the Pratigya Campaign's thirteen-year journey and its contribution to shaping India's abortion rights landscape. By documenting key milestones, achievements, challenges, and lessons, it seeks not only to preserve institutional memory, but also to demonstrate why sustained advocacy and collective action remain critical to advancing abortion access in India.

As the coalition moves forward, it continues to build on this foundation to address persistent gaps, strengthen partnerships, and sustain momentum on the unfinished agenda for safe abortion access and reproductive rights.

Pratigya's Core Mission

To guarantee women's right to universal access to safe abortion services within the context of a declining sex ratio, placing these issues in the context of gender equality and rights.

Pratigya's Core Commitment

As long as women and girls in India are denied the right to safe abortion, Pratigya's coalition will remain the connective tissue between legal promise and lived reality.



SECTION 1:

THE EVOLUTION OF THE ABORTION RIGHTS LANDSCAPE IN INDIA

To understand the emergence and evolution of the Pratigya Campaign, it is important to understand the changing abortion rights landscape in India over the last five decades. India's abortion discourse has never been shaped by law alone. It has evolved through the intersections of public health priorities, population policies, gender politics, legal reform, social stigma, and the politics of sex selection.

1.1 India's Early Legal Position on Abortion (1971–1990s)

India's Medical Termination of Pregnancy (MTP) Act, passed in 1971, was considered a progressive legal reform for its time. Introduced primarily as a public health measure to reduce maternal mortality from unsafe abortions, the law allowed abortion under specific conditions including risk to the life or health of the pregnant woman, foetal abnormalities, pregnancies resulting from rape, and contraceptive failure for married women.

At a time when many countries still criminalised abortion completely, India's legal framework appeared comparatively liberal. However, the law remained rooted within a criminal framework rather than a rights-based one. Abortion continued to remain criminalised under Sections 312–318 of the Indian Penal Code (IPC), with the MTP Act functioning only as a set of exceptions to criminal liability. This created a foundational contradiction that continues to shape abortion access in India even today: abortion was legally permitted under certain conditions, but never fully decriminalised. The law also established a provider-centric framework. The authority to approve abortion rested with Registered Medical Practitioners (RMPs), not with pregnant persons themselves. Access depended on medical approval, institutional certification, and procedural compliance. As a result, legality did not automatically translate into accessibility.

Despite the law, safe abortion services remained concentrated in urban areas and formal healthcare settings. Rural populations, adolescents, unmarried women, and economically marginalised communities continued to face significant barriers in accessing safe and affordable care.

Epidemiological Context – The Scale of India’s Abortion Challenge

Despite having one of the world's earliest abortion laws, access to safe abortion in India remains uneven. A landmark 2015 study published in *The Lancet Global Health* estimated that India experiences 48.1 million pregnancies annually, nearly half of which are unintended, with approximately 15.6 million ending in abortion.

While abortion is legal under specified conditions, more than 75% of abortions occur outside formal health facilities, largely through medical abortion drugs obtained from chemists. An estimated 22% of abortions take place under unsafe conditions, with the burden falling disproportionately on marginalized populations. Unsafe abortions are estimated to affect 55% of rural women, 60% of Dalit and Adivasi women, and 78% of adolescents under 18. Unsafe abortion continues to be a significant public health issue, contributing to an estimated 8% of maternal deaths in India.

1.2 The Shift from Access to Control: Sex Selection and the PCPNDT Era (1990s–2020s)

From the 1990s onwards, the abortion landscape in India became increasingly shaped by concerns around sex selection. The enactment of the Pre-Conception and Pre-Natal Diagnostic Techniques (PCPNDT) Act, 1994 and its subsequent implementation shifted public and policy attention from ensuring access to abortion services towards preventing sex-selective practices. While the objective of addressing gender-biased sex selection was widely supported, the implementation of the law often had unintended consequences for abortion access, with providers facing increased scrutiny, inspections, and fear of legal repercussions.

Public concern intensified following the release of the 2011 Census, which highlighted declining child sex ratios.

Why a Coalition Became Necessary

The Pratigya Campaign for Gender Equality and Safe Abortion emerged in 2013 in response to growing conflation of abortion with sex-selective practices, impacting safe abortion access. At the same time, organisations working across reproductive health, gender equality, healthcare, and women's rights largely operated in silos, with no national platform to facilitate collective dialogue or coordinated advocacy. Pratigya was established not simply as another advocacy initiative, but as a coalition that sought to reposition abortion as a public health, rights, and gender equality issue. Serving as a convener, bridge-builder, and narrative-shaping platform, it brought together diverse stakeholders to advance a more coordinated, evidence-informed, and rights-based discourse on safe abortion in India.

National campaigns such as Beti Bachao, Beti Padhao, increased media attention, greater engagement by international agencies such as UNFPA, and popular television programmes brought the issue of sex selection into mainstream public discourse. However, abortion and sex selection increasingly became conflated in public narratives, often obscuring the distinction between legal abortion services and illegal sex-selective practices.

At the same time, the abortion landscape was undergoing significant change through the growing use of medical abortion (MA). Following the approval of the MA combipack in 2008, the method's growing popularity shifted abortion access beyond clinical settings. However, regulatory ambiguities under the Drugs and Cosmetics Act often created barriers for pharmacists and providers. The introduction of the Protection of Children from Sexual Offences (POCSO) Act, 2012 created new barriers for adolescents seeking abortion care, as mandatory reporting requirements often deterred care-seeking and contributed to provider hesitancy.

By the late 2010s, the abortion ecosystem had become increasingly complex. Safe abortion services remained legal under the MTP Act, but access was shaped by a growing web of regulatory, legal, and social factors. Concerns around sex selection, heightened provider surveillance, regulatory ambiguities surrounding medical abortion, and emerging challenges under POCSO collectively created an environment in which access to abortion was often constrained despite legal protections.

The Access Crisis Beneath the Debate

Despite a relatively progressive legal framework, safe abortion remains inaccessible for many women in India. Services are concentrated in urban areas, while rural and underserved communities face shortages of trained providers and certified facilities. Adolescents, unmarried women, and other marginalised groups encounter additional barriers arising from stigma, provider bias, and concerns around confidentiality. For many Dalit, Adivasi, and economically disadvantaged women, these challenges are compounded by the costs of travel, healthcare, and lost wages. As a result, a large proportion of abortions continue to occur outside formal health facilities, often without adequate information or support.

Persistent gaps between legal rights and actual access—further reinforced by stigma, provider shortages, PCPNDT-related scrutiny, and POCSO-related barriers—highlight the need for coordinated advocacy that extended beyond legal reform to address broader social, health system, and policy challenges

1.3 Emerging Shifts in the Ecosystem (2020s)

The early 2020s marked an important transition in India's abortion landscape. While longstanding challenges around access persisted, a series of legal, technological, and social developments began reshaping how abortion was discussed, accessed, and advocated for.

The most significant development was the enactment of the MTP Amendment Act, 2021, the first major reform of India's abortion law in five decades. The Amendment expanded gestational limits for certain categories of women, strengthened confidentiality protections, and reflected growing recognition of reproductive rights within policy discourse. While implementation challenges remained, the reform signalled an important shift in the national conversation on abortion.

"The 2021 amendment represented 50 years of reproductive rights movement converging into legislative change. Pratigya's legal reports were cited in Parliamentary debates in 2019–2020. This was a landmark moment for bodily autonomy in India."

— Campaign Advisory Group, Pratigya Campaign

The COVID-19 pandemic and the resulting lockdowns, also exposed the fragility of abortion access. Movement restrictions, disruptions in health services, and fear of visiting facilities pushed greater reliance on self-managed abortion and accelerated conversations around telemedicine and remote service delivery. The period also reinforced the growing importance of medical abortion, which increasingly became the primary pathway through which women accessed abortion care.

At the same time, expanding internet and smartphone access transformed how people sought information about sexual and reproductive health. Women and young people increasingly turned to digital platforms for information, support, and referrals, while advocacy organizations began leveraging digital channels to reach wider audiences. Digital advocacy expanded rapidly, and young people became increasingly visible participants in conversations around bodily autonomy, reproductive justice, and access to care.

The period was also shaped by broader global and national shifts. International reproductive rights debates, court judgments affirming reproductive autonomy, and growing recognition of abortion as a public health and rights issue helped move the discourse beyond earlier population-control narratives

1.4 Emerging Challenges and an Evolving Global Context (Mid 2020s Onwards)

While the early 2020s saw important gains in abortion rights and access, the period has also been marked by new challenges that are reshaping the reproductive health landscape globally and in India. Globally, the reinstatement and expansion of restrictive funding policies such as the Global Gag Rule, alongside the broader restructuring and reduction of international development assistance—including support traditionally provided through USAID-funded programmes—have contributed to growing uncertainty for sexual and reproductive health initiatives worldwide. For many organizations working on abortion and reproductive rights, shrinking donor support has increased concerns around sustainability, advocacy capacity, and long-term movement building.

In India, the conversation has increasingly shifted from legal reform to implementation. While the MTP Amendment Act, 2021 expanded the legal framework for abortion, its implementation remains uneven. Challenges related to the constitution, accessibility, and functioning of Medical Boards continue to affect timely abortion care. Providers and pharmacists continue to navigate the complexities of overlapping legal and regulatory frameworks, which often create a chilling effect and discourage them from providing abortion-related services. Adolescents, unmarried women, survivors of sexual violence, and rural communities continue to face significant access barriers. Courts are increasingly being approached by survivors of sexual assault, minors, and others seeking abortions beyond statutory gestational limits, drawing attention to delays in diagnosis, disclosure, referral pathways, and service delivery. Recent judgments have increasingly grounded abortion access in constitutional principles of dignity, autonomy, and the right to life under Article 21. In doing so, they have signalled growing judicial recognition that rigid gestational limits and procedural barriers may not adequately address the realities faced by women and girls seeking abortion care.

Together, these developments have reshaped the abortion landscape, shifting the focus from legal reform alone to questions of implementation, accountability, sustainability, and reproductive autonomy. They also help explain how Pratigya's priorities and strategies evolved over time to respond to a changing ecosystem and emerging advocacy needs.

1.5 India's Abortion Framework in a Global Context

India was among the first countries in the Global South to legalise abortion through the Medical Termination of Pregnancy (MTP) Act, 1971. As a signatory to international commitments such as the International Conference on Population and Development (ICPD), CEDAW, the ICCPR, and the CRC, India has increasingly recognised reproductive rights as part of broader commitments to health, dignity, autonomy, and gender equality.

India's evolving reproductive rights framework shares both similarities and stark contrasts with global developments. Globally, abortion laws continue to evolve in different directions. Countries such as South Africa, Argentina, Colombia, and Mexico have expanded access through rights-based reforms, while recent developments in the United States have demonstrated how reproductive rights can also face significant rollback. India's MTP Amendment Act, 2021 represents an important legislative milestone, but access continues to be shaped by implementation challenges, regulatory barriers, and social stigma.

This global experience underscores that legal reform alone is not enough. International experience increasingly highlights the importance of decriminalisation, self-managed abortion support, digital information access, and rights-based approaches to reproductive healthcare. *(Refer to Annexure B for a Comparative Perspectives on Abortion Laws and Access across the world)*



SECTION 2:

The PRATIGYA CAMPAIGN – AN OVERVIEW

The Pratigya Campaign for Gender Equality and Safe Abortion is a network of individuals and organisations working to advance reproductive rights, gender equality, and access to safe abortion care in India. It brings together 120+ members across health, law, media, research, and grassroots networks. Since 2013, Pratigya has championed the right of all abortion seekers to safe and legal abortion, working with governments and partners to challenge stigma, influence policy, and safeguard reproductive choice.

More than a coalition, Pratigya is a collaborative space where diverse voices come together for shared learning, mutual support, and collective advocacy. It has evolved into a dynamic platform connecting actors across sectors and geographies, enabling knowledge exchange, amplifying efforts, and responding to emerging reproductive rights challenges together.

2.1 The Founding Moment (2013)

The origins of Pratigya can be traced to a period of growing concern about the unintended consequences of India's response to declining child sex ratios. Following the release of the 2011 Census, public discourse increasingly focused on sex selection, gender bias, and declining sex ratios. National campaigns such as Beti Bachao, Beti Padhao, heightened media attention, and increased engagement by organisations such as UNFPA brought these issues into the national spotlight. However, many within the reproductive health community were concerned that abortion and sex selection were increasingly being conflated, creating new barriers to women's access to safe abortion services.

"What Pratigya built over thirteen years is something that cannot be replicated overnight – trust. Trust between doctors and lawyers, between researchers and grassroots activists, between government officials and civil society. That coalition – flat, non-hierarchical, and genuinely shared – is India's most important asset for keeping safe abortion on the public agenda."

— Campaign Advisory Group, Pratigya Campaign

Recognising this challenge, Ipas Development Foundation (IDF) began exploring whether organisations working on safe abortion and those working on sex selection could find common ground around a shared commitment to women's rights and gender equality. The initial objective was not to create a coalition, but to foster dialogue between groups that had rarely engaged with one another despite working toward similar goals. This led to a series of consultations in early January 2013, which encouraged broader thinking around coalition-building and collective advocacy and brought together stakeholders from the safe abortion and PCPNDT sectors to examine the growing conflation between abortion and sex selection and explore opportunities for collaboration.

This process culminated in a two-day consultation convened by IDF and facilitated by reproductive rights strategist Carol Bradford in Delhi on 29–30 January 2013. The meeting brought together a diverse group of thought leaders and stakeholders from civil society organisations, research institutions, donor agencies, professional associations, and the reproductive health and rights community to explore opportunities for collective action. Participants included leading public health experts, researchers, advocates, and practitioners working across gender equality, reproductive rights, and healthcare. The consultation helped lay the foundation for a new coalition—supported by the Packard Foundation—that would later become the Pratigya Campaign for Gender Equality and Safe Abortion. *(Please refer to Annexure C for the complete list of participants)*

The meeting concluded with a shared recognition that while gender inequality was the underlying challenge, efforts to address sex selection should not come at the cost of women's access to safe abortion. Participants agreed to establish the Pratigya Campaign for Gender Equality and Safe Abortion with the collective vision:

"To guarantee women's right to universal access to safe abortion services within the context of a declining sex ratio, placing these issues in the context of gender equality and rights."

— Campaign Advisory Group, Pratigya Campaign

From the outset, Pratigya was conceived as an inclusive, non-hierarchical coalition with a small secretariat housed at IDF and participation open to organisations and individuals committed to its goals. Four initial strategic priorities were identified: strengthening public messaging on legal abortion and gender equality; clarifying the intersections between the MTP Act, PCPNDT Act, and Drugs and Cosmetics Act; expanding access to first-trimester medical abortion through the public health system; and building a broader alliance of stakeholders across the women's rights, development, research, and public health sectors. These priorities would shape the coalition's work over its formative years and lay the foundation for its evolution into one of India's leading safe abortion advocacy platforms.

2.2 Governance and Coalition Architecture

The campaign was designed from inception with a flat, non-hierarchical structure — a deliberate choice to ensure that ownership was not concentrated and that the partnership was not diluted. The governance model has three core components:

Body	Composition	Function
Campaign Advisory Group (CAG)	Thought leaders from the medical fraternity, programme heads, legal experts, advocacy and communications experts	Strategic direction; deliberation on priorities; quality oversight of publications and advocacy positions
Secretariat	Initially Ipas Development Foundation; shifted to FRHS India in 2016	Executive operations; resource management; advocacy coordination; partner engagement; communications
Working Groups & Committees	Thematic sub-groups formed around specific strategic objectives	Spearheaded specific campaigns, research outputs, and advocacy pillars with rotating leads

The coalition functioned largely through voluntary engagement and shared commitment rather than formal institutional mandates. The flat governance structure ensured democratic ownership across a diverse membership. Informal conversations, impromptu meetings, and in-person gatherings have been central to the campaign's vitality — as noted consistently by CAG members across all phases of the campaign. *(Refer to Annexure D for the details of CAG members across phases).*

What Made Pratigya Different

One of Pratigya's most distinctive contributions was its ability to bring together diverse stakeholders who had traditionally worked in silos, including medical professionals, feminist organisations, legal experts, researchers, youth groups, communication specialists, public health advocates, and actors working on PCPNDT and gender equality.

Through its deliberately non-hierarchical structure, the coalition fostered trust, shared ownership, and collective leadership across partners. At a time when abortion was increasingly conflated with sex selection, Pratigya created a unique platform for dialogue and consensus-building, helping align diverse actors around a common rights-based agenda.

Its approach extended beyond policy advocacy, combining legal and evidence-based advocacy, media and digital outreach, provider engagement, service delivery and public narrative-building.

SECTION 3:

JOURNEY OF THE CAMPAIGN

The Pratigya Campaign evolved through five distinct phases between 2013 and 2026. These phases reflect not only changes in activities and priorities, but also the coalition's response to a rapidly evolving legal, political, and social environment around abortion in India. The coalition's journey was shaped by changing policy windows, expanding digital spaces, legal reform efforts, implementation challenges, and the realities of sustaining a long-term advocacy coalition.

Phase	Period	Theme
Phase I	2013–2016	Foundation and Coalition Building
Phase II	2016–2018	Strategic Expansion and State Advocacy
Phase III	2018–2020	Policy Advocacy and National Visibility
Phase IV	2020–2022	Legal Reform and Digital Expansion
Phase V	2023–present	Sustainability and Renewal

3.1 Phase I: Foundation and Coalition Building (2013–2016)

The first phase, with the Secretariat housed at Ipas Development Foundation (IDF), was focused on finding and advocating for common ground between sex-selection and safe abortion advocacy. Against the charged backdrop of the 2011 Census sex ratio data, Pratigya undertook significant work to build allies, clarify legal confusions, develop public messaging, first trimester MA by establishing dedicated working groups. One of Pratigya's earliest contributions was therefore not policy advocacy alone, but coalition-building itself. The campaign worked to create common ground between stakeholders concerned about gender-biased sex selection and those advocating for safe abortion access. This required navigating difficult conversations and differing ideological positions while attempting to prevent abortion itself from becoming further stigmatised within public discourse.

- ▶ Successfully built over 60 coalition partners in three years
- ▶ Established the flat, non-hierarchical governance architecture that has sustained the coalition
- ▶ Produced foundational research and working group outputs on PCPNDT/MTP legal intersections
- ▶ Began shifting the narrative away from the conflation of sex selection and abortion

At the same time, the phase also surfaced operational and structural challenges. As a voluntary coalition with diverse institutional actors, questions emerged around coordination, resource distribution, engagement levels, and long-term sustainability. The transition of the Secretariat from IDF to Foundation for Reproductive Health Services India (FRHS India) toward the end of this phase reflected both organisational realities and the coalition's effort to ensure continuity and stability.

Coalition Evolution and Secretariat Transition

The transition of the Pratigya Secretariat from IDF to FRHS India at the end of Phase-I represented a significant moment in the coalition's journey. Leadership transitions can often disrupt momentum, relationships, and institutional memory, yet Pratigya's transition was largely smooth and successful. The successful transition was enabled by strong alignment between the two organisations on values and advocacy priorities, extensive planning and communication, and continued donor support. Equally important was the focus on the coalition's long-term interests over organisational ownership. A structured handover process, coupled with the transfer of key knowledge, evidence, advocacy resources, and institutional memory, helped preserve continuity, maintain trust, and minimise disruption. The experience demonstrated that successful coalition transitions require shared values, early planning, transparent communication, and a deliberate approach to knowledge transfer.

3.2 Phase II: Strategic Expansion and State Advocacy (2016–2018)

Phase II marked a significant strategic shift for the coalition. Following the transition of the Secretariat to FRHS India, a series of environmental scans, stakeholder consultations, media analyses, and strategic assessments were undertaken to understand the changing reproductive health landscape and identify future priorities. These exercises revealed that while concerns around sex selection remained important, safe abortion access required more explicit and independent advocacy. In response, Pratigya gradually evolved from addressing abortion primarily through the lens of sex-selection conflation to advancing safe abortion as a public health and reproductive rights issue in its own right. This shift helped sharpen the coalition's identity, expand engagement with feminist, youth-led, and rights-based organisations, and enable more proactive advocacy on access, stigma, and rights. The phase also saw the expansion of state-level advocacy efforts, particularly in Rajasthan and Maharashtra.

The shift was not without challenges. Partners brought different institutional histories, priorities, and perspectives on how abortion should be framed within the broader political context.

State-Level Highlights: Rajasthan

In Rajasthan, Pratigya worked through state partners to strengthen coordination between government systems, providers, pharmacists, and civil society actors. Key achievements included:

- ▶ Established a State Advisory Committee and 34 District-level committees for MTP
- ▶ Sustained advocacy led the state government to invest 10% of the IEC budget for abortion issues
- ▶ Convened state-level meeting attended by Mission Director of NHM Rajasthan, state MTP/PCPNDT officials, State Drug Controller, and 70+ Drug Inspectors and CSOs — resulting in a Call to Action and clarification note issued
- ▶ Media sensitisation workshop for 26 journalists; social media training for 20 partners

State-Level Highlights: Maharashtra

In Maharashtra, the campaign focused more strongly on media engagement, gender sensitisation, and public narrative-building. Workshops with journalists, undergraduate students, and media professionals aimed to strengthen understanding of the distinction between abortion access and sex selection, while also expanding conversations around gender, reproductive rights, and stigma. Key achievements included:

- ▶ Sensitisation workshops for 32 media professionals and undergraduate students on gender, GBV, sex selection, and safe abortion
- ▶ Gender sensitisation workshop for the creative team of Sony Entertainment Television
- ▶ Three Pratigya Media Fellowships awarded; five articles published in state media

By the end of Phase II, the coalition had evolved substantially in both composition and strategic direction. What had begun as a coalition responding to the shrinking abortion discourse was increasingly becoming a national advocacy platform advancing safe abortion access more explicitly and independently.

3.3 Phase III: Policy Advocacy and National Visibility (2018–2020)

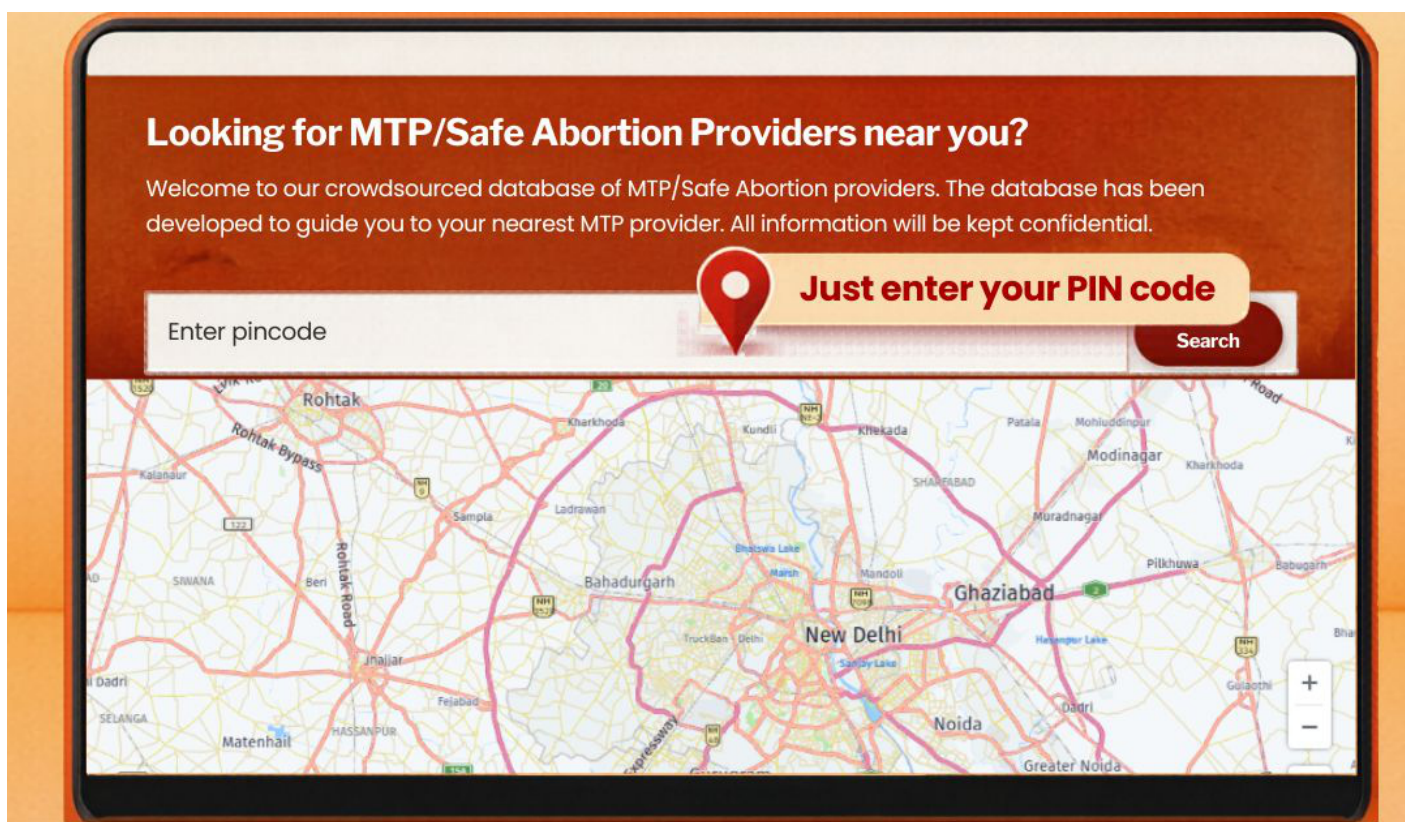
Phase III coincided with a significant shift in India's abortion policy landscape, driven by growing momentum around the MTP Amendment Bill and the rapid expansion of digital advocacy spaces. As public and policy attention to abortion access increased, Pratigya strengthened its work across policy advocacy, legal research, media outreach, and digital mobilisation. The coalition generated evidence through RTI-based research on MTP facility registration, engaged parliamentarians and policymakers during discussions on the MTP Amendment Bill, and supported legal and policy analyses on abortion access.

This period also saw the coalition expand its engagement with PRIs, parliamentary

representatives and the ministries for advocacy as a run up to the MTP Amendment Act 2021. Alongside coordinated civil society advocacy, Pratigya significantly strengthened its digital presence and public communication efforts, receiving recognition for its digital engagement initiatives. The phase marked Pratigya's most visible period of national advocacy, helping keep abortion access on the policy agenda while broadening the coalition's reach, partnerships, and influence.

The MTP Amendment emerged from broader decades-long efforts by multiple movements, organisations, healthcare providers, and reproductive rights advocates. However, the coalition played an important convening and coordinating role by generating and disseminating evidence, supporting public discourse, engaging policymakers and media, and helping maintain sustained visibility around abortion access and legal reform.

#FindMyMTP: Expanding Information Access



A major milestone during this phase was the launch of #FindMyMTP — a crowdsourced public database of 30,000+ registered MTP providers across India, was a landmark digital innovation. The initiative addressed a persistent yet often overlooked barrier to abortion access: lack of publicly accessible information on where legal abortion services could be obtained. By making abortion providers searchable and visible, the initiative contributed not only to service access, but also to destigmatising abortion as legitimate healthcare. The coalition ran 20+ digital campaigns promoting the intervention, reaching 120,378 users with 183,023 impressions, and generated 300 news articles with an Advertising Value Equivalent (AVE) of over USD 1.52 million.

Expanding Public Visibility

The campaign also significantly expanded its media and digital engagement during this phase through public petitions, social media campaigns, parliamentary outreach, digital consultations during COVID-19, and collaborations with legal and reproductive rights organisations.

This period marked a transition from coalition-building toward broader ecosystem influence and national visibility. Phase III culminated in the passage of the MTP Amendment Act 2021 – the first revision to the law in 50 years, incorporating provisions Pratigya had publicly and persistently advocated for.

Advocacy Activity	Target	Outcome
RTI letters filed to 26 state health ministries	State Governments	Data on registered MTP facilities extracted; gap mapping enabled
Parliamentary advocacy – letters to 8 MPs	Rajya Sabha Members	Recommendations for MTP Amendment Bill circulated; cited in debates
Consultation with DCGI	Ministry of Health	Advocacy for MA drug accessibility; regulatory barriers surfaced
Change.org petition – 15,000+ signatures	Union Health Minister	Upper gestation limit for rape survivors petition submitted to MOHFW
Joint petition with Centre for Reproductive Rights – 17,000 signatures	MOHFW	Sustained policy pressure on MTP Amendment provisions
Virtual consultations on MA access during COVID-19	Multi-stakeholder	Advocacy for essential service status for abortion during pandemic

3.4 Phase IV: Legal Reform and Digital Expansion (2020–2022)

The passage of the MTP Amendment Act, 2021 marked the most significant reform to India's abortion law in fifty years. For Pratigya, however, legal reform was not the end goal. The implementation of the Amendment quickly revealed persistent gaps between legal provisions and women's lived realities.

In response, the coalition shifted its focus towards implementation, provider sensitisation, awareness-building, and public communication. The COVID-19 pandemic further highlighted the importance of digital information, telemedicine, and remote access to services. Pratigya strengthened its digital presence through social media campaigns, newsletters, online consultations, and public information initiatives aimed at reducing stigma and improving awareness. The coalition also worked extensively with ASHAs, frontline workers, and healthcare providers to build understanding of the Amendment and promote dignified, rights-based abortion care. Simultaneously, it engaged legal experts to analyse the implications of the Amendment and the

functioning of Medical Boards, producing evidence, briefs, and reports that documented continuing barriers, provider denials, and implementation challenges. The phase also marked the 50th anniversary of the MTP Act, which Pratigya leveraged through consultations, media engagement, and public discussions to advance broader conversations on reproductive rights and justice. Key achievements during this phase included:

- ▶ Organised 7+ digital campaigns, 2 tweet-a-thons, and 1 live event
- ▶ Expanded social media to Instagram and Quora, reaching 2,000+ followers
- ▶ Published 'The Pratigya CONNECT' newsletter (redesigned in February 2022)
- ▶ 200+ media articles generated across national and regional publications
- ▶ Convened national consultation on NFHS-V data through a safe abortion lens
- ▶ Media sensitisation workshop for journalists from The Hindu, The Quint, and NavBharat Times
- ▶ Over 105 studies, reports and publications designed and disseminated in Hindi and English
- ▶ 585+ uploads to Pratigya's website

The phase reflected an important strategic learning for the coalition: legal reform alone does not guarantee equitable access

3.5 Phase V: Sustainability and Renewal (2023–Present)

The current phase V marks a period of renewal and adaptation. Building on more than a decade of advocacy, the coalition has responded to an increasingly complex global and national environment, including growing challenges to abortion rights worldwide and a changing funding landscape.

A key development during this phase has been the transition toward a more sustainable, partner-driven coalition model. The launch of the Digital Secretariat created a central platform for partner coordination, knowledge-sharing, and institutional continuity, while expanded engagement through social media and a redesigned website strengthened the coalition's digital presence. Digital advocacy became a major focus, with integrated campaigns, live discussions, and youth-led engagement reaching millions of users. Media engagement remained strong through journalist sensitisation workshops and extensive coverage across national print and digital platforms, helping address stigma,

misinformation, and public awareness gaps.

Pratigya continued to support implementation of the MTP Amendment Act, 2021 through provider engagement, media outreach, and evidence-based advocacy. The coalition conducted pharmacist workshops across Rajasthan and Madhya Pradesh on MA drug regulations, engaged State Drug Control authorities to address barriers to MA drug access, and strengthened provider networks to improve service delivery.

Alongside these efforts, the coalition prioritised partner re-engagement, cross-sector collaboration, and long-term sustainability, reinforcing Pratigya's role as a national platform for advancing equitable, safe, and dignified abortion access.

Key advocacy efforts and achievements during this phase include:

- ▶ Transition toward a sustainable, partner-driven coalition model
- ▶ Launched Digital Secretariat for partner coordination and knowledge-sharing; expanded engagement on LinkedIn
- ▶ Delivered 2 month-long integrated digital campaigns with multi-platform with live discussions and youth-led engagement reaching over 1.5M+ users, generating 1.7M+ impressions and 110K engagements.
- ▶ Secured media coverage across print and digital platforms including The Hindu, Hindustan Times, The Pioneer, Grihalakshmi, YourStory and TheHealthSite reaching over 213 million readers.
- ▶ Media sensitization workshop with journalists from leading national publications
- ▶ Conducted district-level pharmacist workshops across Rajasthan and Madhya Pradesh on MA drug regulations
- ▶ Ongoing engagement with State Drug Control authorities to address overregulation in MA drug access
- ▶ Strengthened provider networks and sustained efforts to address stigma and misinformation through digital and media outreach

The Global Context: Why This Matters

The 2022 overturning of *Roe v. Wade* in the United States was a sobering reminder that reproductive rights, when not anchored in comprehensive legislation, can be retracted by political shifts. India's MTP Amendment 2021 is a hard-won gain — but sustained advocacy, implementation monitoring, and narrative work remain essential to protecting and expanding what has been achieved.

SECTION 4:

MEDIA ADVOCACY AND DESTIGMATISATION

Communications and media advocacy have been central to the Pratigya Campaign's work since its inception. The coalition emerged at a time when abortion discourse in India was increasingly shaped by stigma, misinformation, and the conflation of abortion with sex selection, and public and media narratives often framed abortion through the lens of female foeticide, overshadowing conversations on healthcare, rights, and access. These narratives had tangible consequences. Providers faced heightened scrutiny, pharmacies became reluctant to stock MA drugs, policymakers were often hesitant to engage publicly on abortion, and women encountered growing barriers to information and services.

For the coalition, changing policy required changing public discourse. This meant not only advocating for legal reform, but also working to reshape how abortion was discussed across media, digital platforms, policy spaces, and public conversations. Over time, media advocacy became one of the campaign's most visible and sustained areas of work — helping create space for safer, more informed, and more rights-based conversations around abortion access. While these shifts were shaped by multiple movements, organisations, media actors, and broader ecosystem changes, Pratigya contributed significantly by sustaining coordinated communication efforts, building relationships with journalists, amplifying expert voices, and helping position abortion increasingly as a public health and gender justice issue.

22+	1.5M+	200M+	USD 1.52M+	600
Digital campaigns	Digital Campaign Users	Estimated Reader Reach	Advertising Value Equivalent	Total Media Articles

4.1 Changing the Narrative Around Abortion

Pratigya recognised that narrative change was not secondary to advocacy — it was central to it. The coalition worked to gradually shift abortion discourse away from criminality and morality-based framing toward public health, healthcare access, bodily autonomy, and reproductive rights. This involved sustained engagement across mainstream media, digital platforms, public campaigns, consultations, and coalition communications.

Importantly, the coalition did not create these narrative shifts alone. Broader feminist movements, reproductive rights organisations, public health actors, legal advocates, and digital spaces were also contributing to changing conversations around reproductive autonomy and gender justice. However, Pratigya played a significant role in sustaining visibility on abortion access and helping build a more coordinated and rights-based communication ecosystem around the issue. Over time, abortion increasingly began appearing within mainstream health, legal, and rights discourse rather than only in the context of crime or sex selection. This visibility helped create safer public space for providers, advocates, journalists, and organisations to engage more openly with the issue.

"Pratigya Campaign is the only formal coalition working towards safe abortion care. It has kept the issue alive and continuously engaged several people on changes in the abortion landscape. The diverse network of partners and their shared understanding — that is Pratigya's genius."

— Partnership Appraisal Survey, 2024

4.2 Media Advocacy as Ecosystem Strategy

From its inception, Pratigya recognised that legal reform alone would not ensure access to safe abortion. Deep-rooted stigma continued to influence public attitudes, policy decisions, provider behaviour, and women's experiences of seeking care. Pratigya adopted a long-term, multi-pronged communications strategy. Rather than relying on isolated campaigns, the coalition worked across media engagement, digital advocacy, expert-led communication, coalition amplification, and public information access to normalise abortion as a healthcare, rights, and gender equality issue.

Five Tools of Destigmatisation

Sensitising the Newsroom

For many years, abortion was often portrayed in the media through the lens of crime, morality, or sex selection. Pratigya worked with journalists, editors, and media professionals to promote more accurate and nuanced reporting. Pratigya organised editor meets in Delhi and Mumbai, bringing together journalists from leading national media houses to discuss emerging issues in abortion access, legal developments, and reporting practices. To encourage deeper engagement with the issue, the coalition also supported media fellowships in Maharashtra, resulting in five published articles on safe abortion. Three Pratigya Media Fellows were supported through the initiative, and their reporting helped introduce abortion as a rights issue into regional newspapers that had previously not covered the subject from this perspective. By creating opportunities for dialogue, learning, and engagement, Pratigya worked to position media professionals

not simply as communicators, but as important stakeholders in shaping narratives and reducing abortion stigma.

Writing into the Mainstream

Campaign Advisory Group members and other coalition members contributed articles, opinion pieces, interviews, policy commentaries, and expert perspectives across leading print and digital platforms such as The Hindu, Hindustan Times, The Pioneer, The Print, and The Diplomat. This helped bring evidence-based discussions on abortion access into broader conversations on health, law, gender, and social justice, reframing abortion not as a social problem but as a healthcare right, making the case to policymakers who read these publications.

Going Digital, Going Wide

Pratigya has steadily transitioned to a digital-first approach, recognising the central role of online platforms in shaping access to information and public discourse. Through the launch of the Digital Secretariat, expanded social media presence, and a strengthened website, the campaign has enhanced its ability to coordinate, communicate, and engage with diverse stakeholders in more dynamic and accessible ways. This shift ensures access to accurate, user-friendly, and stigma-free information, while meeting audiences where they are and helping normalise conversations around abortion. The expansion to LinkedIn has further strengthened engagement with partners and stakeholders, providing a more structured channel for collaboration, knowledge-sharing, and coalition-wide communication. (*Refer to Annexure E for a list of the coalition's key digital campaigns*)

The Activist Voice

At the heart of Pratigya's destigmatisation strategy are individuals willing to speak publicly about safe abortion. Voices from across the coalition — including feminist advocates, legal experts, public health professionals, service providers, and clinicians — have brought both credibility and lived realities into the conversation. Partners engaged in direct service delivery have grounded the discourse in on-the-ground experiences, while medical experts have helped anchor it in evidence and clinical practice. Their collective willingness to be visible — in media, on digital platforms, and in policy spaces — has humanised the issue and contributed to normalising abortion as a matter of rights and healthcare.

Making Information Public: #FindMyMTP

Perhaps the most quietly powerful destigmatisation tool the campaign built was #FindMyMTP — a crowdsourced, publicly accessible database of 30,000+ registered MTP providers. By making safe, legal abortion searchable and visible, the database said something powerful: abortion care exists and here is where to find it. Several partner organisations have embedded it into their service referral workflows.

4.3 Media Coverage Highlights

Pratigya’s media strategy and media engagement evolved significantly over time with early phases focused on sensitisation and foundational relationship-building, while the later phases increasingly integrated digital-first communication strategies and broader coalition amplification.

Issues relating to safe abortion were featured in over 600 news articles across the campaign’s lifespan, including opinion pieces in leading national dailies. Phase III alone generated 300 articles in publications including The Hindu, Hindustan Times, The Pioneer, and The Print. Phase IV generated 200+ articles with coverage in Times of India, The Diplomat, and Women’s Web. The current phase marks a deliberate shift to a digital-first approach, prioritising online publications and securing coverage in the digital editions of leading media platforms. Since 2026, this effort has led to 15+ media placements across leading publications such as The Hindu, Hindustan Times, Dainik Jagran, The Pioneer, and Grihalakshmi. It has also expanded into digital-first platforms, including YourStory, TheHealthSite (Zee Media Corporation Limited), and OneIndia.

Media Coverage by Phase (Estimated Articles Generated)

Phase I (2013–2016)	30
Phase II (2016–2018)	55
Phase III (2018–2020)	300
Phase IV (2020–2022)	200
Phase VI (2023–Present)	15

Alongside media engagement, the coalition also developed a substantial body of publications, legal analyses, consultation reports, and other body of evidence that has anchored its advocacy credibility. This body of evidence helped strengthen the coalition’s credibility across policy, legal, media, and advocacy spaces, while also supporting public engagement and coalition-wide knowledge-sharing. (Refer to Annexure F for the list of key publications)

"Every time a journalist wrote 'safe abortion' instead of 'illegal pregnancy termination,' something shifted. Media advocacy is not soft work. It is the architecture of what becomes politically possible."

— Media and Communications Working Group, Pratigya Campaign



SECTION 5:

CASE STUDIES IN ADVOCACY

5.1 Shaping the MTP Amendment Act 2021

Background

The Medical Termination of Pregnancy (MTP) Act had remained unchanged for nearly fifty years despite major shifts in reproductive health realities, abortion technologies, and judicial interpretation. Over time, multiple reproductive rights organisations, feminist movements, healthcare providers, legal advocates, and public health actors had raised concerns around barriers created by the law, including the 20-week gestational limit, the two-doctor requirement, and the exclusionary framing of contraceptive failure. By the late 2010s, growing judicial interventions and increasing public attention toward reproductive autonomy created renewed momentum for legislative reform.

Pratigya's approach

Within this broader ecosystem of advocacy, the Pratigya Campaign played an important coalition-building, evidence-generation, and public advocacy role. The campaign supported coordinated engagement across legal experts, healthcare providers, civil society organisations, and communication actors to sustain visibility around abortion access and the need for reform. The campaign mounted a multi-pronged advocacy offensive combining legal research, parliamentary engagement, coalition mobilisation, and public communications.

Impact

The coalition's legal analyses and recommendations were cited during Parliamentary debates in 2019 and 2020, helping strengthen public and policy discourse around abortion reform. The MTP Amendment Act 2021 incorporated multiple Pratigya-advocated provisions: the marriage clause was dropped, the two-doctor requirement removed, the gestational limit extended to 24 weeks for special categories, and minors explicitly included. This was a historic victory representing 50 years of advocacy crystallising into law.

- ▶ Legal analysis reports (2019, 2020) documented abortion jurisprudence and were circulated to MPs
- ▶ Recommendations from Pratigya and CSO partners were formally submitted to the Ministry of Health
- ▶ Capacity building training with PRS Legislative Research enabled 20+ partners to engage with lawmakers
- ▶ Advocacy letters sent to 8 named Rajya Sabha members; in-person meetings with key parliamentarians
- ▶ Petition garnering 15,000+ signatures submitted to the MOHFW

"Legal reform without accountability is a promise on paper. The MTP Amendment 2021 expanded the law — but expanding access requires that every district has a functioning Medical Board, every pharmacy can stock Medical Abortion drugs without fear, and every woman who walks into a clinic walks out with care — not judgment. Pratigya's work is not done when a law passes. It begins."

— Campaign Advisory Group Member, Pratigya Campaign

5.2 #FindMyMTP — Removing the Information Barrier

Background

A persistent barrier to accessing safe abortion in India is that women — particularly in smaller towns and rural areas — simply do not know where to go. While registered MTP providers exist, there was no public database abortion seekers could access.

Pratigya's Innovation

The campaign designed and launched a crowdsourced database of registered MTP providers, publicly accessible on the Pratigya website, searchable by location across India.

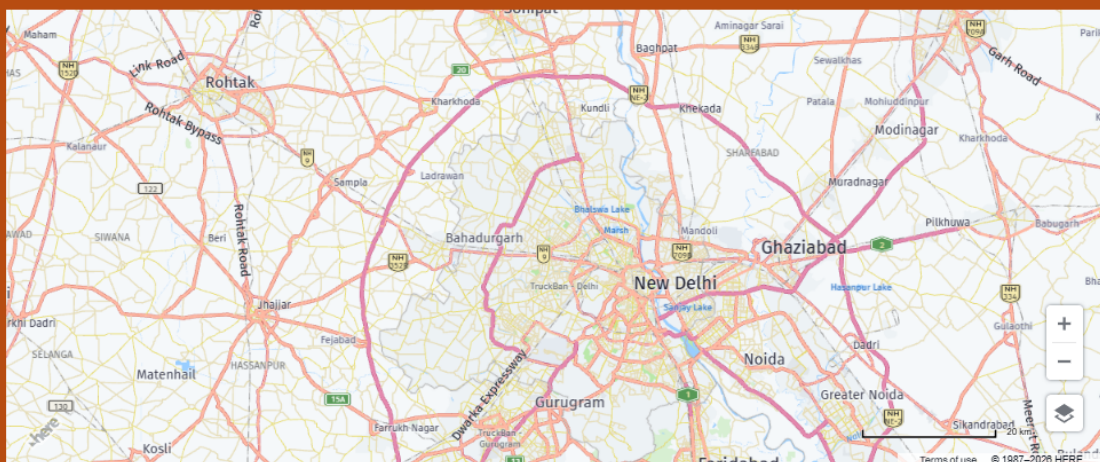
- ▶ 30,000+ registered MTP providers listed
- ▶ Database publicly accessible on pratigyacampaign.org
- ▶ #FindMyMTP launch campaign run across social media platforms
- ▶ Database became a reference tool for health workers, NGOs, and abortion seeker

Impact

The database directly addresses the information gap that drives women to unsafe providers. Several partner organisations have embedded the database into their service referral workflows. It operationalises the knowledge that legal, certified abortion care exists — and makes it findable.

Looking for MTP/safe abortion providers near you?

Welcome to our crowdsourced authentic database of MTP/Safe Abortion providers. The database has been developed to guide you to your nearest MTP provider. All information will be kept confidential.



Disclaimer: This directory is intended solely as an informational resource and lists facilities and providers identified as registered under the Medical Termination of Pregnancy (MTP) framework based on publicly available information and secondary sources. The Pratigya Campaign for Gender Equality and Safe Abortion has not independently verified, audited, or validated the accuracy, completeness, registration status, availability of services, qualifications, or currentness of the information provided. Inclusion in this directory does not constitute endorsement, recommendation, accreditation, or guarantee of services by Pratigya Campaign. Users are advised to independently confirm provider credentials, registration status, service availability, and all other relevant details directly with the facility or provider before seeking care. Pratigya Campaign shall not be responsible or liable for any errors, omissions, outdated information, denial of services, or any consequences arising from reliance on or use of this directory.

5.3 Rajasthan State Advocacy — Changing How Government Thinks

Background

Rajasthan was among the states where PCPNDT enforcement created the most significant chilling effect on abortion providers. Drug Inspectors were penalising pharmacies stocking MA drugs, and the State Government had been slow to approve private abortion facilities.

Pratigya's Innovation

Working through state lead partner Shikshit Rojgar Kendra Prabandhak Samiti (SRKPBS), the campaign combined government convening, media work, and coalition building.

Impact

Rajasthan's commitment of 10% of IEC budget to abortion issues was a tangible policy win — representing a shift in how the state health apparatus views abortion communication. The 34 district-level MTP committees created durable institutional infrastructure that outlasted the campaign's direct state engagement.

- ▶ Established 34 District-level committees for MTP — creating institutional infrastructure for coordination
- ▶ Sustained advocacy led the State Government to allocate 10% of IEC budget to abortion communication
- ▶ High-level state meeting brought together the NHM Mission Director, state MTP/PCPNDT officials, State Drug Controller, and 70+ Drug Inspectors — resulting in a signed Call to Action and clarification note
- ▶ Media sensitisation workshop trained 26 journalists on the abortion-sex selection distinction



5.4 Building and Sustaining a Diverse Coalition

Background

At its core, the Pratigya Campaign has always been a coalition, bringing together organisations and individuals across sectors, geographies, and thematic areas to advance safe abortion access in India. Over the years, the coalition evolved into a platform connecting actors working across public health, legal advocacy, feminist organising, youth engagement, media, service delivery, research, and PCPNDT-related work. Partners included both national organisations and state-based actors across key states such as Uttar Pradesh, Rajasthan, West Bengal, Maharashtra, and Bihar. This diversity became one of the coalition's greatest strengths, enabling engagement across multiple levels—from community realities and service delivery to policy advocacy and public discourse.

"Pratigya Campaign is the only formal coalition working towards safe abortion care; it has kept the issue alive and continuously engaged several people on the changes in the abortion landscape. The diverse network of partners and their shared understanding, its track record, and single-minded focus on safe abortion access for all individuals, especially the marginalised, have emerged as aspects that have contributed to Pratigya's genius."

— Partnership Appraisal Survey, 2024

Impact

The appraisal reinforced that Pratigya's strength lies not only in the diversity of its membership, but in the shared commitment that unites partners across sectors and geographies. The findings highlighted the coalition's continued relevance as a trusted platform for collaboration, knowledge exchange, and collective advocacy. Notably, all respondents expressed their willingness to continue as coalition partners. This reflected a high degree of ownership and alignment with the campaign's goals, demonstrating that the coalition is sustained by a shared commitment to advancing safe abortion access rather than by funding relationships alone.

The exercise also identified opportunities to further strengthen partner engagement through more structured mechanisms for communication, collaboration, and shared leadership. As Pratigya looks to the future, these insights provide an important foundation for building a more participatory, partner-driven coalition capable of sustaining collective action beyond any single project or funding cycle.

Pratigya's Approach

To better understand partner perspectives and strengthen future engagement, Pratigya undertook a coalition appraisal during 2023–2024. The exercise explored partner composition, engagement preferences, perceptions of coalition effectiveness, and future expectations with an aim to quantify partner diversity and identify opportunities to deepen collaboration.

The appraisal reaffirmed the coalition's breadth and diversity. Among respondents, 92% were actively working on safe abortion, while 61% were also engaged in PCPNDT and sex selection issues. Partners represented a wide range of sectors, including women's rights, maternal health, youth engagement, child rights, media, legal advocacy, and service delivery, with representation across multiple states and pan-India organisations. While partners had geographic presence across multiple states, the strongest representation came from Uttar Pradesh, Rajasthan, West Bengal, and Maharashtra, alongside pan-India partners.

More importantly, the appraisal demonstrated strong alignment between the coalition's objectives and partner missions. Respondents expressed interest in deeper collaboration, regular communication, joint advocacy, and opportunities for cross-learning. The process informed ongoing efforts to strengthen structured engagement mechanisms for knowledge-sharing, joint advocacy, and cross-learning.



"When we sat together in January 2013, none of us imagined that thirteen years later, every partner we had ever worked with would still be sitting at the table. That kind of retention is not a statistic — it is a testament to what happens when a coalition is built on shared conviction rather than shared funding. Pratigya's genius has always been that no one owns it — which means everyone defends it."

— Founding Member, Pratigya Campaign

SECTION 6:

KEY ACHIEVEMENTS ACROSS ALL PHASES

The campaign's impact spans the legislative (MTP Amendment 2021), the judicial (research cited in Parliamentary debates and court proceedings), the systemic (state-level committees, MTP provider database, IEC budget allocations), and the narrative (600 media articles, digital reach of millions, framing abortion as a health and rights issue rather than a moral one). What is perhaps most remarkable is not any single achievement, but the coalition itself: 120+ organisations from diverse sectors, geographies, and specialisations, who have consistently renewed their commitment to the campaign's mission. In a landscape where coalition fatigue is common and contested issue spaces are difficult to sustain, Pratigya's partner retention tells a powerful story about the value of shared purpose and strategic accompaniment



Achievement Area	Achievement	Phase
Policy & Law	MTP Amendment Act 2021 passed incorporating Pratigya-advocated provisions	III-IV
Policy & Law	Marriage clause removed — unmarried women explicitly included	III-IV
Policy & Law	Gestational limit extended to 24 weeks for special categories	III-IV
Policy & Law	Two-doctor requirement removed for abortions up to 20 weeks	III-IV
Policy & Law	Minors included in special categories	III-IV
Legal Research	Legal reports cited in Parliamentary debates 2019–2020	III
Legal Research	3 landmark reports on judiciary's role in abortion access	III
Access	30,000+ MTP provider database launched (#FindMyMTP)	III
Access	RTI letters to 26 state health ministries — facility data extracted	III
Coalition	120+ partner organisations across India mobilised	All
Coalition	34 district-level MTP committees established in Rajasthan	II
Coalition	Rajasthan committed 10% IEC budget to abortion communications	II
Media	600 media articles generated across campaign lifespan	All
Media	AVE of USD 1.52 M+	III-V
Media	Estimated reader reach of over 200 million	III-V
Digital	22+ digital campaigns; 1.5M+ users, generating 1.7M+ impressions and 110K engagements	III-V
Digital	15,000+ petition signatories on abortion access	III
Digital	17,000 joint CRR digital signatures submitted to MOHFW	III

SECTION 7:

CHALLENGES AND LESSONS LEARNED

Over thirteen years, the Pratigya Campaign evolved within a highly complex and politically sensitive environment. The coalition's journey was shaped not only by policy opportunities and advocacy gains, but also by structural barriers, shifting political contexts, internal tensions, sustainability challenges, and the realities of managing a diverse long-term coalition.

Many of the campaign's most important learnings emerged not from its successes alone, but from the challenges of sustaining momentum, navigating transitions, balancing diverse perspectives, and continuing advocacy within a fragmented and often stigmatised issue space

7.1 Challenges Across the Coalition Journey

Navigating a Politically Sensitive Ecosystem

From its inception, the coalition operated within a politically charged environment where abortion discourse had become increasingly entangled with sex selection debates, morality-based narratives, and legal anxieties. The broader policy climate often made public engagement on abortion difficult, and policymakers were frequently cautious about publicly engaging with abortion rights issues. The coalition therefore had to continuously navigate tensions between advancing abortion access while also acknowledging legitimate concerns around gender discrimination and sex selection, requiring careful navigation to shift the mandate without alienating early partners. Maintaining this balance required careful framing, sustained dialogue, and strategic communication.

Navigating a Politically Sensitive Ecosystem

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Managing Diversity Within the Coalition

One of Pratigya's greatest strengths—its diversity—was also one of its most complex organisational realities. The coalition brought together actors from different sectors, institutional cultures, and advocacy traditions, who often approached safe abortion from very different lenses. Some prioritised public health, health system strengthening and service delivery, while others foregrounded women's autonomy, feminist rights, gender equality and rights-based legal reform. While coalition members shared a common commitment to improving access to safe abortion, they did not always agree on priorities, framing, advocacy approaches, or strategic direction. As the coalition evolved—from initially addressing the conflation of abortion and sex selection to advancing a broader rights-based abortion agenda—these differences became increasingly visible. Balancing diverse perspectives while maintaining a shared advocacy platform required continuous dialogue, negotiation, and trust-building. Managing these dynamics within a non-hierarchical, consensus-driven structure was often challenging. The coalition had to create space for differing viewpoints while ensuring that no single perspective dominated the agenda. Sustaining alignment without compromising diversity required ongoing relationship-building and careful coalition stewardship.



Funding Constraints and Sustainability Pressures

Like many advocacy coalitions working on sensitive issues, Pratigya operated within a constrained funding environment. Dependence on external grant cycles created uncertainty during phase transitions and sometimes affected the coalition's ability to sustain continuity in engagement and programming. Questions around ownership, resource allocation, visibility, and decentralisation required ongoing attention — particularly as the coalition expanded in scale and complexity over time.

Uneven State-Level Sustainability

State-level advocacy efforts produced important gains, particularly in Rajasthan and Maharashtra. However, sustaining momentum beyond intensive engagement periods proved challenging. Momentum slowed once dedicated sub-grantee support or active coordination reduced.

7.2 Lessons Learned



Coalition Ownership Matters More Than Coalition Size

One of the coalition's most important learnings was that long-term sustainability depends less on the number of partners and more on whether partners feel genuine ownership over the platform. Pratigya's flat, non-hierarchical structure helped create an environment where organisations participated not because of funding relationships, but because they saw value in the coalition's broader mission and collective voice. This distributed ownership became one of the coalition's strongest sources of resilience across leadership transitions, funding uncertainties, and changing political environments.

Evidence Anchors Credibility

Research, legal analysis, and RTI-based evidence generation played a critical role in strengthening the coalition's legitimacy and influence. Evidence allowed the campaign to engage more effectively with policymakers and parliamentarians, media and legal spaces, while grounding advocacy in documented realities rather than abstract positioning. The coalition's legal analyses and policy documentation were particularly important during the MTP Amendment advocacy period, helping strengthen public and parliamentary discourse around abortion reform. The campaign learned that evidence generation is not separate from advocacy – and hence coalition should consider continued investment in evidence generation, embedding research in across phases.

Mandate Clarity Strengthens Coalition Engagement

One of the coalition's key learnings was that broad-based participation is most effective when anchored in a clear and shared mandate. In its early years, Pratigya's focus on addressing the conflation of abortion and sex selection helped create dialogue across

diverse stakeholder groups. However, as the coalition evolved and more explicitly positioned itself as a platform advocating for safe abortion access and reproductive rights, it attracted new partners, including feminist organisations, youth-led groups, and rights-based advocates. This evolution reinforced the importance of maintaining clarity in advocacy goals and messaging. While coalitions benefit from diverse perspectives, a clear and rights-grounded mandate helps build stronger alignment, sustain engagement, and ensure that coalition priorities are not diluted in pursuit of broader participation.

Advocacy Wins Are More Durable When Institutionalised

One of the coalition's key learnings was that advocacy gains are most sustainable when they are embedded within government systems. Experiences from states such as Rajasthan demonstrated that mechanisms like district-level committees and dedicated IEC budget allocations can create structures that outlast individual projects and funding cycles. However, long-term sustainability depends not only on institutionalisation, but also on continued local ownership, leadership, and ecosystem engagement. The coalition's experience reinforced the importance of prioritising state-level institutional embedding while simultaneously investing in local leadership and advocacy capacity.

Sustaining Coalitions Requires Continuous Renewal

Long-term coalitions cannot remain static. Over more than a decade, the campaign learned that sustaining relevance requires continuous adaptation to changing political contexts, advocacy landscapes, technologies, funding realities, and generational shifts within movements. The coalition's later phases increasingly focused on renewal through digital engagement, youth participation, decentralised collaboration, knowledge-sharing, and strengthening institutional memory. This process also reinforced that coalition sustainability is not only about organisational continuity, but about maintaining relevance, trust, participation, and shared purpose over time.

Reflection on Limitations Strengthens Credibility

The coalition also increasingly recognised the importance of acknowledging limitations honestly. Not all state-level efforts achieved sustained long-term impact. Coalition participation remained uneven at times. Grassroots mobilisation was more limited than policy and media engagement. Some communities and perspectives remained underrepresented within the coalition's work. Recognising these limitations became important not as a weakness, but as part of building a more reflective, credible, and evolving advocacy platform. The coalition's journey demonstrated that movement-building is rarely linear. Progress often occurs alongside tensions, unfinished work, and continuing adaptation — particularly within contested and politically sensitive issue spaces such as abortion rights.

SECTION 8:

THE UNFINISHED AGENDA AND THE FUTURE OF THE COALITION

Over the past thirteen years, India has witnessed important progress in abortion rights and access. The MTP Amendment Act, 2021 modernised India's legal framework for abortion, and public discourse has increasingly recognised abortion as an issue of healthcare, dignity, and reproductive autonomy. However, significant gaps remain between legal rights and lived realities. Implementation challenges, persistent stigma and inequitable access continue to limit timely access to safe abortion care. At a time when reproductive rights face growing challenges globally, sustained advocacy and collective action remain essential to protect gains and advance reproductive justice in India.

Pratigya occupies a unique place in India's reproductive rights landscape as one of the country's first coalitions dedicated exclusively to safe abortion. More than a coalition, it serves as a trusted platform that connects diverse stakeholders, bridges evidence and policy, preserves institutional memory, and amplifies a collective national voice on safe abortion. As challenges to access persist, Pratigya's role in fostering dialogue, coordination, accountability, and collective action remains critical.

"Pratigya is not merely a campaign — it is a movement built on thirteen years of collective conviction. By weaving together advocates, healthcare providers, lawyers, and communities, we have created something larger than any single organisation: a shared commitment to reproductive dignity that outlasts policy cycles and political shifts. Movements sustain themselves not through urgency alone, but through roots — and ours run deep."

— Campaign Advisory Group, Pratigya Campaign

8.1 Strategic Priorities for the Next Phase

The following priorities emerge from thirteen years of coalition learning, evidence, and on-the-ground engagement, built on both the gains achieved and the persistent gaps identified over the course of the campaign's journey.

Public Narrative and Digital Advocacy

While public conversations around abortion have expanded, stigma and misinformation continue to influence care-seeking behaviour, provider practices, and access to services. As information-seeking increasingly moves online, accessible, evidence-based, and rights-affirming information is more important than ever. Shaping public narratives

is critical not only to normalising abortion, but also to positioning it as an essential healthcare service and reproductive right. Continued investment in digital engagement, media partnerships, youth engagement, and public education will be essential to counter misinformation and stigma and strengthen informed access to care.

Medical Abortion and Pharmacist Engagement

Medical Abortion has transformed abortion access in India, but access to accurate information and support has not kept pace. Misinformation, stigma, and regulatory uncertainty continue to push many women towards informal and unregulated channels, increasing the risk of unsafe use. As pharmacists are often the first point of contact for women seeking abortion care, strengthening their knowledge and engagement, improving access to reliable information on MA and self-managed abortion, and ensuring greater regulatory clarity remain critical priorities.

Strengthening the MTP Framework

The MTP Amendment Act, 2021 marked an important milestone, but gaps between legal rights and lived realities persist. Recent court cases involving minors, survivors of sexual assault, and women seeking abortions beyond statutory gestational limits have highlighted continuing barriers to timely care and implementation. They also underscore the need for reforms to ensure responsive access to abortion services. Challenges related to later-term pregnancies, Medical Boards, and the continued reliance on judicial intervention in urgent cases point to unresolved gaps in the current framework.

Policy Coherence and Regulatory Clarity

Providers and abortion seekers continue to navigate a complex legal environment shaped not only by the MTP Act, but also by the PCPNDT Act, the Protection of Children from Sexual Offences Act, 2012 (POCSO Act), and provisions under the Drugs and Cosmetics Act. The interaction between these frameworks often creates uncertainty, fear, and unintended barriers to care. Greater policy clarity and implementation support are needed to ensure that laws designed to achieve different objectives do not inadvertently undermine access to safe abortion services.

Expanding Equitable Access

While legal access has expanded, practical access remains deeply unequal. Adolescents, unmarried women, rural populations, survivors of sexual assault, and other marginalised communities continue to face disproportionate barriers to abortion care. Significant gaps remain in referral systems, second-trimester abortion services, and access to quality care in underserved areas. Ensuring that advances in law and policy

translate into equitable access for all women and girls remains one of the most pressing challenges for the years ahead.

Strengthening Collective Action

The broader global context continues to present new challenges with reproductive rights around the world face growing opposition, in the face of the rollback of abortion protections in some countries, the rise of anti-choice movements, and increasing restrictions on sexual and reproductive health and rights. At the same time, shrinking funding for rights-based advocacy has created new pressures for organisations and movements working in this space. In this environment, the need for strong coalitions and collective action is greater than ever. Sustaining progress will require continued collaboration, evidence generation, movement-building, and coordinated advocacy to ensure that abortion remains visible within broader conversations on healthcare, gender equality, and reproductive justice

8.2 Strategic Recommendations

The following recommendations emerge from thirteen years of evidence, advocacy, and coalition learning.

For Government and Health Systems

- ▶ Strengthen implementation of the MTP Amendment Act 2021 through clear operational guidance and accountability mechanisms at state and district levels
- ▶ Expand provider capacity by institutionalising regular training, refresher programmes, and task-sharing approaches to address shortages, particularly in underserved areas
- ▶ Integrate safe abortion services — especially early and medical abortion — within existing family planning and outreach platforms to improve reach and timely access
- ▶ Strengthen public health systems to ensure service availability at PHC and CHC levels, with functional referral linkages across the continuum of care

For Regulatory Bodies and Policymakers

- ▶ Issue clear advisories to address misinterpretation and overlap between MTP, PCPNDT, and POCSO provisions, reducing the chilling effect on providers and pharmacists
- ▶ Strengthen regulatory clarity on medical abortion drugs, including dispensing norms, documentation requirements, and explicit protections for pharmacists
- ▶ Engage national regulatory authorities to develop enabling frameworks for medical abortion access, including telemedicine protocols where feasible
- ▶ Sensitise drug inspectors and enforcement officials to ensure consistent, rights-based regulatory practice



For Media and Digital Platforms

- ▶ Support efforts to normalise conversations around safe abortion and reduce stigma through responsible, evidence-based storytelling
- ▶ Expand access to user-friendly, stigma-free digital information for abortion seekers — including guidance on services, rights, and care pathways
- ▶ Leverage digital platforms to reach young people and counter misinformation at scale

For Donors, Development Partners, and Coalition Members

- ▶ Increase and sustain investment in abortion advocacy, recognising persistent funding constraints in this space
- ▶ Support integrated approaches that combine service delivery, policy advocacy, and behaviour change communication
- ▶ Invest in health systems strengthening, provider capacity, and digital access to information
- ▶ Enable innovation in pharmacist engagement, outreach-based service delivery, and client support systems
- ▶ Strengthen coalition-led advocacy to bridge the gap between policy and implementation at state and district levels
- ▶ Generate and disseminate evidence and ground-level insights to inform policy and programmatic action
- ▶ Support partner capacity-building in advocacy, communication, and community engagement
- ▶ Expand engagement with youth and community-based organisations to increase reach and relevance.

8.3 Strengthening the Coalition for the Future

The Pratigya Coalition's greatest asset is not any single publication, campaign, or policy win—it is the 120+ organisations that have remained engaged for over a decade, united by shared conviction rather than shared funding. Sustaining and deepening that commitment is itself a strategic priority. The coalition that helped build momentum for the MTP Amendment, sustained visibility for safe abortion through a decade of political and social challenges and brought together diverse actors across sectors and geographies remains one of India's most important platforms for advancing abortion rights.

The path forward lies in building a more resilient and self-sustaining coalition. This includes diversifying funding and partnerships to reduce dependency on any single source of support, strengthening partner ownership through more formal engagement and leadership structures, deepening the Digital Secretariat as a platform for coordination, knowledge-sharing, and institutional memory, and expanding collaboration with youth-led and cross-sector allies.

Over the years, Pratigya has built significant assets—a credible national platform, a strong evidence base, trusted institutional relationships, growing digital infrastructure, and a recognised voice on safe abortion. The imperative now is to strengthen these foundations, embed sustainability into the coalition's structure, and ensure that collective advocacy continues to protect and expand access to safe abortion in India.

Assets to Sustain

- ▶ Coalition of 120+ active partner organisations who affirm willingness to continue
- ▶ The Pratigya brand — recognised as the only formal coalition working on safe abortion in India
- ▶ #FindMyMTP database — a public good requiring ongoing maintenance and updating
- ▶ Digital platforms and newsletters with established audiences
- ▶ Institutional relationships with MOHFW, DCGI, state health ministries, and parliamentary contacts
- ▶ Body of published research and legal analysis — citeable, archivable, and referenceable



"Issues of safe abortion have been associated time and time again with the name Pratigya. The campaign has ensured that the discourse on safe abortion and the visibility around them remains alive — that access to safe abortion is never sidelined from the agenda or forgotten."

— Campaign Advisory Group Member

SECTION 9:

CONCLUSION

The Pratigya Campaign for Gender Equality and Safe Abortion emerged at a time when abortion discourse in India had become increasingly constrained but demonstrated what is possible when committed individuals and organisations work together with strategic clarity, rigorous evidence, and sustained purpose. Over thirteen years, it has kept the issue of safe abortion alive in India's public policy conversation at a time when political conditions could easily have marginalised it. The coalition helped create and sustain space for more coordinated, evidence-based, and rights-oriented conversations around abortion access. Its contribution has not been limited to any single campaign or policy victory, but lies equally in the relationships, networks, public discourse, and collective infrastructure it helped build over time.

Pratigya's journey underscores that progress on reproductive rights is neither linear nor permanent. Legal reforms and shifting public discourse have expanded opportunities for safe abortion access, but implementation gaps, persistent stigma, inequities, and emerging challenges continue to limit women's ability to exercise their rights. Sustaining these gains requires ongoing advocacy, public engagement, accountability, and collective action. Pratigya's continuing relevance lies precisely in this role: a critical platform that connects evidence, policy, and lived realities while bringing together diverse stakeholders committed to safe abortion access. Its coalition, credibility, institutional relationships, and accumulated knowledge provide a strong foundation for ensuring that safe abortion remains a public health and rights priority in India. The case for continued advocacy is as strong as ever. This report is both a record of what has been built and an argument for why the building must continue.

The Unfinished Agenda

India has taken significant steps — but safe abortion access remains highly unequal across caste, class, geography, age, disability, and gender identity. True reproductive justice requires not just legal rights but accessible, affordable, and stigma-free healthcare for all pregnant persons. The work of the Pratigya Campaign is not finished — it is entering a new chapter.



ANNEXURES

Annexure A: MEDIA ADVOCACY & DESTIGMATISATION

Spotlight: Changing the Story

How the Pratigya Campaign Rewrote India's: Narrative on Safe Abortion

A Decade of Coalition-Led Media Work, Activist Voices, and the Road to the MTP Amendment 2021

1.5M+ digital campaign users	200M+ estimated readers reach	USD 1.52M+ advertising value equivalent	600 media articles generated
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In the years following the 2011 Census, a crisis of framing gripped India's public conversation about abortion. The census had revealed a declining sex ratio — and in the media firestorm that followed, abortion became the villain. Sex-selective abortion dominated headlines. The PCPNDT Act, designed to prevent sex determination, was wielded so broadly that abortion providers found themselves raided, pharmacies stopped stocking Medical Abortion drugs, and women across India quietly lost access to care they were legally entitled to.

The word 'abortion' itself had become radioactive. Medical professionals were afraid. Journalists conflated abortion access with female foeticide. Policymakers avoided the issue. And the 15.6 million women who sought abortions each year — the vast majority of them quietly, safely, without crisis — remained invisible in a narrative that had made them either victims or villains.

The founding insight

The Pratigya Campaign was born in January 2013 from a shared recognition that the problem was not just legal or medical — it was a problem of story. If abortion could not be spoken about honestly, it could not be accessed safely. Changing the narrative was not a communications strategy. It was the strategy.

THE PROBLEM WAS THE STORY ITSELF

What made the Pratigya Campaign's media advocacy distinctive was its foundation: a flat, non-hierarchical coalition of over 120 organisations — doctors, lawyers, journalists, feminists, digital activists, researchers, and community organisers — who chose to speak together about safe abortion rather than separately.

This was not a communications campaign with a central messaging team issuing press releases. It was something rarer and harder to build: a community of advocates who understood, from their different vantage points, that abortion stigma was a shared adversary — and who were willing to put their names, their platforms, and their time into dismantling it.

THE ART OF DESTIGMATISATION: FIVE TOOLS, ONE GOAL

Over thirteen years, Pratigya deployed a layered, multidirectional media strategy. There was no single campaign — there was a sustained, evolving presence across platforms and relationships that slowly, painstakingly shifted what was sayable about abortion in India.

Sensitising the newsroom. The campaign understood that journalists do not stigmatise intentionally — they reproduce the language and frames they have absorbed. Pratigya organised edit meets in Delhi and Mumbai, brought together journalists from leading mastheads including The Hindu, The Quint, and NavBharat Times, and ran dedicated media fellowships in Maharashtra that produced five published articles on safe abortion. Three Pratigya Media Fellows were selected and supported — their work appeared in state-level newspapers that had previously never covered abortion as a rights issue.

Writing into the mainstream. Campaign Advisory Group members and partner organisations authored opinion pieces and analysis in publications read by policymakers: The Hindu, Hindustan Times, The Pioneer, The Print, and The Diplomat. Each article was a deliberate intervention in the mainstream discourse — reframing abortion not as a social problem but as a healthcare right.

Going digital, going wide. When Pratigya launched its Facebook page and Twitter handle in 2019, it opened a channel that could carry the campaign's voice directly to citizens, activists, and policymakers. The coalition ran 22+ digital campaigns reaching 1.5+ million users generating 1.7 million+ impressions and 110K engagements. Hashtags like **#MyBodyMyChoice**, **#ShameLessLearnMore**, **#FaislaAapkaSaathSabk**, **#MyBodyMyPratigya** and **#BreakTheBias** turned safe abortion from a topic that existed in policy documents into a conversation that thousands of people participated in— many of them for the first time.

The activist voice. At the heart of Pratigya's destigmatisation strategy are individuals willing to speak publicly about safe abortion. Voices from across the coalition — including feminist advocates, legal experts, public health professionals, service providers, and clinicians — have brought both credibility and lived realities into the conversation. Partners engaged in direct service delivery have grounded the discourse in on-the-ground experiences, while medical experts have helped anchor it in evidence and clinical practice. Their collective willingness to be visible — in media, on digital platforms, and in policy spaces — has humanised the issue and contributed to normalising abortion as a matter of rights and healthcare.

Making information public. Perhaps the most quietly powerful destigmatisation tool the campaign built was #FindMyMTP — a crowdsourced, publicly accessible database of 30,000+ registered MTP providers. By making the information searchable and visible, the campaign said something powerful without writing a single word: safe, legal abortion is available. Here is where to go.

FROM HEADLINES TO HISTORY: THE ROAD TO THE MTP AMENDMENT 2021

The relationship between media advocacy and legislative change is rarely linear, and rarely fast. But by 2018, thirteen years of quiet, persistent, coalition-wide communication work had shifted something in the public and policy atmosphere around abortion. The MTP Act had not been amended in 50 years. There was a window — and Pratigya's communications infrastructure was exactly what was needed to push it open.

The campaign published two landmark legal analysis reports — Assessing the Judiciary's Role in Access to Safe Abortion (2019) and Volume II (2020) — which documented how courts were becoming the gatekeepers for abortion access, forcing women, particularly minors and rape survivors, to seek judicial permission for care they were legally entitled to. These were not academic documents. They were written to be read by lawmakers, disseminated to media, and cited — as they were — in Parliamentary debates in 2019 and 2020.

“Every time a journalist wrote 'safe abortion' instead of 'illegal pregnancy termination,' something shifted in India's public conversation. Media advocacy is not soft work. It is the architecture of what becomes politically possible.”

— Campaign Advisory Group, Pratigya Campaign

The petition campaigns that followed — 15,000 signatures on change.org calling for removal of upper gestational limits for rape survivors, and 17,000 joint signatures in collaboration with the Centre for Reproductive Rights — were themselves a media event. They generated coverage, amplified demand, and gave journalists a concrete,

numbers-driven story to tell about public opinion on abortion reform.

Coalition members wrote letters to eight named Members of Parliament. Recommendations were circulated to Rajya Sabha members. Pratigya held a capacity building training with PRS Legislative Research that equipped 20+ partners to engage directly with the legislative process. A digital press conference was held on International Day of Action for Women's Health, drawing direct connections between COVID-19, access to SRH services, and the case for reform.

When the MTP Amendment Act 2021 passed — the first revision to the law in 50 years — it incorporated the changes that Pratigya had publicly and persistently advocated for: the marriage clause was dropped, the two-doctor requirement removed, the gestational limit extended to 24 weeks for special categories, and minors explicitly included. The narrative work and the legislative work had been, from the beginning, the same work.

What the Amendment Achieved

Marriage clause dropped. Two-doctor requirement removed. Gestational limit extended to 24 weeks for rape survivors, minors, disabled persons, and those with foetal anomalies. Unmarried women explicitly included. Contraceptive failure recognised as grounds for all women, not just married women. Fifty years of law, rewritten.

WHAT THIRTEEN YEARS OF NARRATIVE WORK CHANGED

The change is not complete — and it was never expected to be. Stigma does not fall like a law is passed, all at once. It retreats, makes way, and sometimes returns. But the terrain of India's conversation about safe abortion is measurably different in 2026 than it was in 2013.

- ▶ Abortion is now covered in mainstream Indian media as a health and rights issue — not only as a social problem or a moral failing
- ▶ Legal advocates, doctors, and feminist activists have a common vocabulary and shared platform for public communication
- ▶ Over 200 million readers were reached through Pratigya-connected media coverage across different phases.
- ▶ State-level media sensitisation workshops in Rajasthan and Maharashtra produced journalists who now cover abortion differently
- ▶ Digital audiences — particularly young people — have been reached through platforms and campaigns that made the safe abortion conversation accessible and shareable

- The #FindMyMTP database made information about legal abortion publicly visible, removing one of stigma's most powerful tools: the silence of not-knowing

“The Pratigya Campaign proved something important: that destigmatisation is not a precondition for advocacy. It is advocacy. Every story told well, every journalist trained, every activist willing to be named — these are not preparation for the policy work. They are the policy work.”

— **Media and Communications Working Group, Pratigya Campaign**

THE STORY CONTINUES

The MTP Amendment 2021 is a historic milestone. But the coalition that helped bring it about understands, with clarity, that the gains of the law depend on the continuation of the communication work. As anti-choice movements grow globally — emboldened by the overturning of *Roe v. Wade* in the United States — the importance of a coalition that can hold the narrative in India has never been greater.

The Pratigya Campaign — its 120+ partners, its media relationships, its digital platforms, its body of published research, and its community of activists willing to speak publicly — is India's most important safeguard against the tide of abortion stigma. Keeping the story honest, keeping the information public, and keeping the voices of advocates amplified: this is what Pratigya has done for thirteen years. It is what must continue.



Annexure B: Comparative Perspectives on Abortion Laws and Access

Country/ Region	Legal Status	Gestational Limit	Comparison with India
India	Legal under conditions (MTP Act 1971; Amendment 2021)	Up to 20 weeks (24 weeks for special categories); Medical Board beyond	Benchmark
United Kingdom	Legal (Abortion Act 1967)	24 weeks (2 doctors); no limit if serious risk to health	More accessible; Partially decriminalised – women removed from criminal liability; regulatory framework unchanged
Germany	Legal under conditions (Criminal Code (§218))	12 weeks on request; later for health reasons	India has longer gestational access; Germany reforming
United States of America	Varies by State (post-2022) <i>(Determined by individual state laws following Dobbs v. Jackson Women's Health Organization decision)</i>	Varies by state (0–24 weeks)	Highly fragmented landscape; several states have near-total bans while others protect access; Sobering lesson in fragility of judicially created rights
South Africa	Legal on request (Choice on Termination Act 1996)	Up to 12 weeks (20 weeks for special categories);	More rights-centred; less medicalised than India
Nepal	Legal (Safe Abortion Act 2002)	12 weeks on request; 18 weeks for rape	India's criminalisation baseline more restrictive

Annexure C: List of Participants at the Pratigya Campaign Founding Workshop

Name	Designation/ Institution
A.L. Sharada	Population First
Abhijit Das	Centre for Health and Social Justice (CHSJ)
Alok Banerjee	Parivar Seva Sanstha (PSS)
Asha Sharma	Indian Nursing Council (INC)
Carol Bradford	Facilitator
Deepmala Mahla	Marie Stopes International (MSI)
Dinesh Agarwal	UNFPA
Ena Singh	UNFPA
Jamie Kleman	Ipas
Jyoti Vajpayee	Population Services International (PSI)
Kalpana Apte	Family Planning Association of India (FPAI)
Lizzie Smith	Department for International Development (DFID) – UK Aid
Martyn Smith	Marie Stopes International (MSI)
Medha Gandhi	Ipas
Nozer Sheriar	Federation of Obstetric and Gynaecological Societies of India (FOGSI)
Poonam Muttreja	Population Foundation of India (PFI)
Priya Nanda	International Center for Research on Women (ICRW)
Rajani Ved	National Health Systems Resource Centre (NHSRC)
Rashmi Kukreja	Department for International Development (DFID) – UK Aid
Sana Contractor	CEHAT
Sharad Iyengar	Action Research and Training for Health (ARTH)
Shireen Jejeebhoy	Population Council
Sonali Regmi	Centre for Reproductive Rights (CRR)
Suchitra Dalvie	Asia Safe Abortion Partnership (ASAP)
T.K. Sundari Ravindran	Achutha Menon Centre
V.S. Chandrashekar	Packard Foundation
Varsha Deshpande	Advocate and Activist
Veenu Kakkar	Breakthrough
Vinoj Manning	Ipas

Annexure D: Campaign Advisory Group Members

Name	Designation/ Institution	Tenure
Anjali Nayyar	Executive Director, Global Health Strategies	Phase III-V
Anubha Rastogi	Independent Lawyer	Phase III-V
Ashutosh Kaushik	Chief Executive Officer, FRHS India	Phase IV-V
Debanjana Chaudhari	Gender Rights Activist	Phase V
Dr Atul Ganatra	Leading Obstetrician & Gynaecologist	Phase IV-V
Dr Jaydeep Tank	Leading Obstetrician & Gynaecologist (ex-FOGSI President)	Phase II-V
Dr Kalpana Apte	Director General, Family Planning Association of India	Phase II-V
Dr. A. L. Sharda	Executive Director, Population First	Phase II
Dr. Nozer Sheriar	Leading Obstetrician & Gynaecologist	Phase II
Prabhleen Tuteja	Executive Director, The YP Foundation	Phase III-V
Rupsa Mallik	Programme Director, CREA	Phase II-III
V.S. Chandrashekar	Country Director, AmeriCares India (Ex-CEO, FRHS India)	Phase II-III
Vinoj Manning	CEO, Ipas Development Foundation	Phase II-III
Vithika Yadav	Managing Director, Designathon Works, (Co-Founder, Love Matters India)	Phase IV-V

Annexure E: Key Publications

(All Reports and Publications are available of the official Pratigya Campaign Website: www.pratigyacampaign.org/publications-and-reports)

Title	Year	Author/ Organisation
Availability of Medical Abortion Drugs Across Four Indian States	2019	Centre for Media Studies / Pratigya Campaign
Assessing the Judiciary's Role in Access to Safe Abortion – Volume I	2019	Anubha Rastogi / Pratigya Campaign
Assessing the Role of Judiciary in Access to Safe Abortion – Volume II	2020	Anubha Rastogi / Pratigya Campaign
Media Analysis of Abortion Coverage in English and Marathi Press	2018	Population First / Pratigya Campaign
NFHS-V Analysis Through a Safe Abortion Lens	2021	Pratigya Campaign
Environmental Scan on FP-Abortion Issues in India	2016	Carol Bradford, Independent Consultant
The Bench and the Body: Abortion Jurisprudence 2019–2024	2025	Centre for Health Equity, Law & Policy, Indian Law Society

Annexure F: Digital Campaigns Overview

Campaign	Platform(s)	Reach / Outcome
#FindMyMTP	Website + social media	Database of 30,000+ MTP providers; direct access tool for abortion seekers
#HalfGlassFull	Twitter, Facebook, Instagram	MTP Act 50th anniversary campaign; marked milestone; viral engagement
#MyBodyMyChoice	All platforms	Co-run with Global Health Strategies; social media toolkit distributed to all partners
#BreakTheBias	Twitter	International Women's Day campaign; wide partner participation
#ShameLessLearnMore	Instagram, Twitter	Stigma-reduction campaign targeting young audiences
Change.org Petition	change.org / jhatkaa.org	15,000+ signatories; submitted to MOHFW on upper gestational limits
Joint CRR Digital Campaign	Multi-platform	17,000 digital signatures submitted to Ministry of Health and Family Welfare
#FaislaAapkaSaathSabk	Instagram, Facebook, LinkedIn	International Safe Abortion Day Campaign (2025). 5.5K reach, 8.9K+ impressions and 1.8K+ engagement
#MyBodyMyPratigya	Instagram, Facebook, LinkedIn	International Women's Day campaign (2026). 443K+ reach, 541K+ impressions and 42K+ engagement

Annexure G: References and Further Reading

Complete citations for all referenced studies are available from the Pratigya Campaign Secretariat at FRHS India. Key references include:

- ▶ Lancet Global Health (2015): Study on unintended pregnancies and unsafe abortions in India
- ▶ Guttmacher Institute (2015): Study on barriers to safe abortion service provision in India
- ▶ Centre for Reproductive Rights: Legal Barriers to Accessing Safe Abortion Services in India — A Fact-Finding Study
- ▶ NFHS-V (2019–21): National Family Health Survey data on contraception and reproductive health
- ▶ The Bench and the Body (2025): Centre for Health Equity, Law & Policy, Indian Law Society — Analysis of Abortion Jurisprudence 2019–2024
- ▶ WHO guidance on medical abortion and self-managed abortion