



safe abortion  
action fund

Abortion.... Women's Safety First

## Socially Disadvantaged Rural Women Benefited from Advocacy Program Aimed at Increasing KAP on Safe Abortion

### Summary

The Advocacy and Behavior Change Intervention (ABCI) Project implemented by CREHPA during June 2007- March 2011 with the funding support from the **Safe Abortion Action Fund (SAAF)** was aimed at increasing **knowledge, attitude** and safe abortion **practice (KAP)** among rural women and girls belonging to socially marginalized communities. The end-of-the project intervention survey showed an increase in women's knowledge about the abortion law and rights, increase in number of pregnant women receiving early pregnancy confirmation tests from female community health volunteers and use of referral card and discount vouchers for the purpose of seeking safe abortion care.

### Background

Several studies have shown that the majority of the women from socially marginalized communities of Nepal such as the Dalits, disadvantaged Janajatis and Muslims lack knowledge about the abortion law and safe abortion services as compared to women representing the general population. Utilization of safe abortion services by women from these marginalized communities is also discouragingly low.

The Advocacy and Behavior Change Intervention (ABCI) Project implemented by CREHPA with the funding support from the *Safe Abortion Action Fund (SAAF)*<sup>1</sup> project addressed the issues and challenges in increasing access to information and services on safe abortion care among socially marginalized women and girls living in the rural districts of the country. The interventions included group formations, training and

empowerment of female community health volunteers (FCHVs) and establishing of referral linkages that involved FCHVs, male and female group members, and safe abortion service providers.

The ABCI project was implemented initially in 16 districts of the country (June 2007-May 2009). The project received one year extension fund (April 2010- March 2011) that enabled CREHPA to focus its interventions among the women and girls representing the socially marginalized population of six districts. These six districts included: Dhanusa (tarai dalit and disadvantage tarai group), Udaypur (disadvantaged janajati and hill dalit) Dolakha (disadvantaged janajati), Kapilbastu (Muslims), Syangja (disadvantaged Janajati and hill dalit) and Dang (disadvantage non-dalit tarai caste group). Five VDCs in each district having fairly large concentration of the target beneficiaries was intensively covered. Pre-and post-intervention surveys were carried out among married women of reproductive age (15-44 years) to measure the effectiveness of the project.

<sup>1</sup>SAAF is a multidonor fund hosted by IPPF that provides specific support for in-country initiatives to increase access to safe abortion services for marginalized and vulnerable women.

# ACHIEVEMENTS

## Rural women sought early pregnancy confirmation tests from FCHVs

As a part of the ABCI interventions, FCHVs were trained to conduct urine pregnancy test to help rural women to determine their pregnancies at early stages and enable them to make timely decision on their unintended pregnancies. Altogether, 300 FCHVs (10 per VDC) were trained to conduct urine pregnancy tests and offer counseling / advise to the women. Each of the FCHVs was provided with 10 sets of urine pregnancy test kits (UPTK) for free after receiving the orientation training. They were advised to charge Rupees 25 for the kit to each woman seeking pregnancy test from them (market rate for the pregnancy test kit ranged from Rupees 50 to Rupees 150). During project period, a total of 1,171 UPTK was used. Women seeking pregnancy confirmation received necessary counseling from the FCHVs and those desirous for pregnancy termination were told about the place for obtaining safe abortion care. Such women were also issued referral card that had the address of government approved comprehensive abortion care (CAC) facilities and service fee charged by each CAC facility which was printed in the referral card. More than half of the FCHVs had sustained the pregnancy confirmation service after project phase.



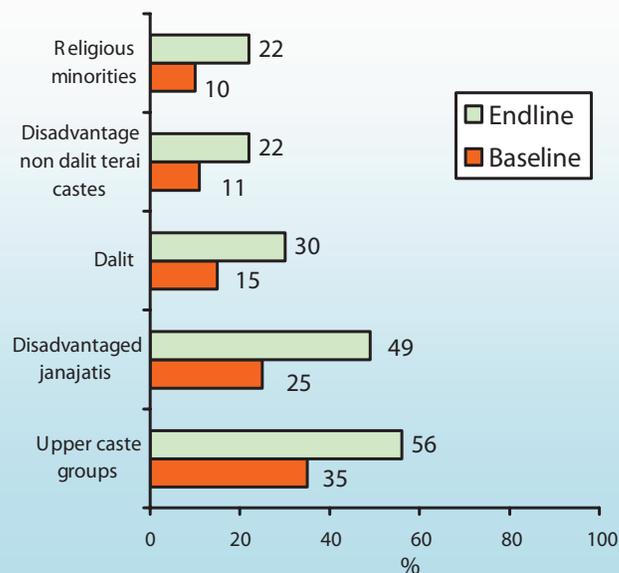
FCHVs receiving training on the use of urine pregnancy test kit

## Knowledge about the legalization increased among the target community

The end-line survey showed an increase in awareness about the abortion law among all married women

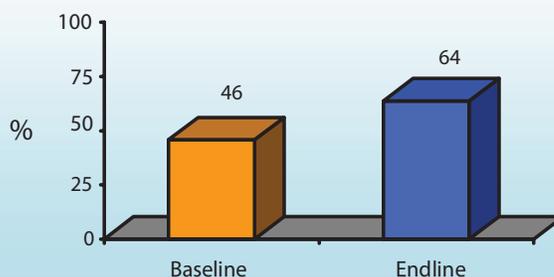
aged 15-44 years representing the different ethnic/caste groups. Among the marginalized women, the increase was nearly two-folds. Knowledge about the law was already high among upper caste groups in both the baseline and endline survey (Chart 1).

Chart 1: Knowledge of abortion law across different ethnic/caste groups



Women's knowledge about first legal condition for abortion (on any reason up to 12 weeks) has increased sharply from a low 46% to a high 64% in the end-line survey (Chart 2).

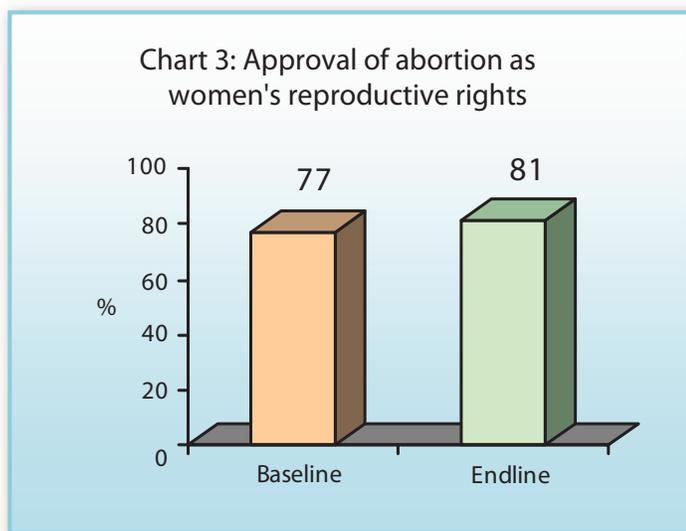
Chart 2: Knowledge about first legal condition for abortion



## Higher approval for women's rights to abortion

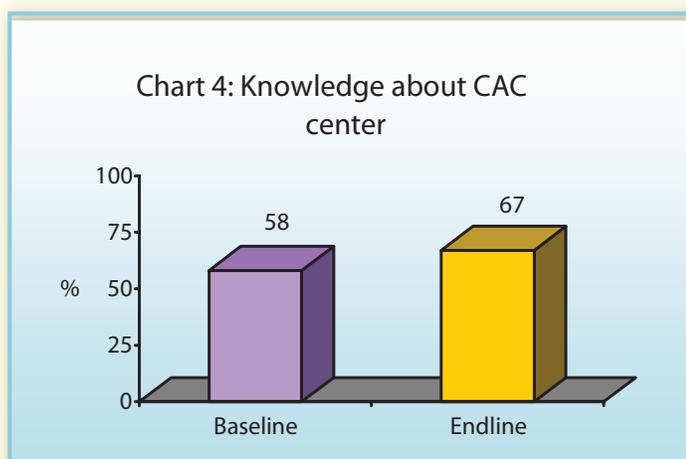
The abortion law grants women absolute rights to abortion. Encouragingly, the proportion of women

who approved about this reproductive right (right to abortion on any reason) for women was already high among marginalized women at the time of baseline survey (77%) which has increased further at the end-line survey (81%) (Chart 3).



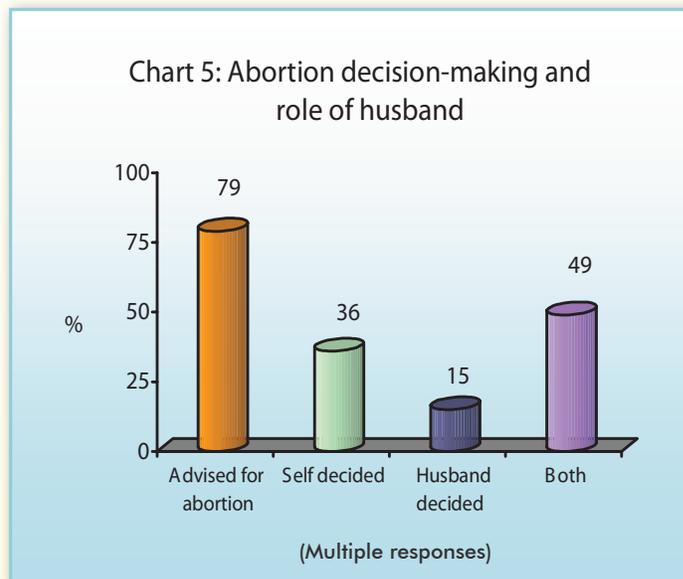
### Two in three women are aware of safe abortion service facilities

The number of government approved CAC facilities was very few in all the project districts. Moreover, districts such as Kapilbastu and Dhanusa did not have a single government CAC facility there during most part of the project period. One of the focuses of the intervention was to make the community women aware about the approved CAC facilities (government and NGO managed facilities) available in their district. The project team had lobbied with the Ministry of Health as well as the concerned district based hospital authorities on resumption of the CAC services. The end-line survey showed two in three women (67%) were able to correctly cite the place for obtaining safe abortion care in the district. The corresponding figure in the baseline was 58% (Chart 4).



### Husband made decisions and supported women to seek abortion care

Several studies have documented the influence of husbands/male partners in pregnancy outcomes (Sinha et al 1998; Puri, et al 2005; CREHPA 2007). Husbands were not only decision-makers regarding abortion, they also helped their wife by identifying potential service providers, escorting them, paying for the costs and post-abortion care. The present end-line survey complements the above facts. As Chart 5 shows, among the women who had terminated their last pregnancy, four-fifth (79%) had done so on the advise of their husband while about half of them (49%) had made joint decision for abortion. It was encouraging to find that one in three women (36%) had decided herself to terminate their last unintended pregnancy without seeking anyone's advice. Less than a sixth (15%) reported that it was their husband's sole decision to terminate the last pregnancy (Chart 5).



### Safe abortion services are increasingly sought by rural women

Referral network established between private pharmacy shops, FCHVs and approved CAC facilities helped in referring 182 women to CAC facilities managed by MSI (Dolakha, Udaypur, Dang, Kapilbastu), FPAN (Dhanusa) and at the listed CAC facilities of the government (Syangja, Dolakha, Udaypur and Dang). Women seeking abortion advice were given referral card either by FCHVs, communication group leaders or

by a pharmacy shopkeepers participating in the referral network to facilitate early pregnancy termination from an approved CAC facility.

## Discount voucher benefited poor women to avail safe abortion care

Since clients needed to pay for the abortion service even at government CAC facilities, the SAAF project introduced *discount voucher* that helped women from very poor families to cover part of the abortion fee charged by a CAC provider. The discount voucher concept was the first of its kind introduced under SAAF project. It carried an amount of Rs 500 and the voucher was valid for six months between July to December 31, 2010. All CAC providers were requested to respect the voucher whenever submitted by the clients at the time of paying the fee. Reimbursements of the vouchers were done at the end of every month or as per the agreement between the CAC facilities and the district based implementing partner (IP) of the SAAF project. Side by side, the project team lobbied with the government and NGO managers to make safe abortion services free to the poor and vulnerable women visiting their CAC facilities. Being a pilot introduction and short validity period, only 72 women were issued the discount vouchers. Women receiving the vouchers expressed their gratefulness to the project for partial financial support.

## Policy Implications & Recommendations

- ➔ FCHVs contribute significantly in the villages as primary maternal and child health care advisors, informers and distributors of contraceptive commodities. The ABCI project has further empowered them to act as primary source of information for rural women requiring early pregnancy confirmation and take right decisions on their unintended pregnancies.
- ➔ Though the number of referral cards and discount vouchers distributed by the FCHVs were limited, the voucher system enabled marginalized women desirous to end their unintended pregnancies to seek safe abortion care at approved abortion facilities (CAC facilities) at a lower cost. As a measure to reduce unsafe abortion practices and encourage women to seek safe abortion care, the government should

initiate a policy to offer free abortion service at all outreach health clinics.

- ➔ Local FM radio was found to be most effective media in reaching the masses with proper messages regarding abortion law and safe abortion service facilities. Future IEC/advocacy programs aimed at creating enabling environment for women to access safe abortion care should invest in FM radios to reach hard to reach marginalized communities.
- ➔ As husbands were major abortion decision - makers, involving husbands in abortion related behavior change communication activities help to create enabling environment for women to take safe abortion services without social sanctions. Therefore, future IEC/BCC program targeting the marginalized women need to focus on men as well.

---

## References

- CREHPA/PPFA-I (2009). Increasing awareness and access to safe abortion among Nepalese women: An evaluation of Network for Addressing Women's Reproductive Rights in Nepal (NAWRN), 2009.
- CREHPA (2010). Abortion seeking behavior of Nepalese women living in border settlements: A cross border study.
- MoHP/WHO/CREHPA (2006). Unsafe Abortion, Nepal Country profile.
- MoHP/lpas/CREHPA (2007). National facility-based abortion study: Summary report 2006 .
- Puri, M. Ingham, R. Matthews, Z. (2005). Factors affecting abortion decision making among young couples. Paper presented at the annual conference of IUSSP organised from 18-23 July 2005 in Paris, France.
- Sinha, R., Khan, M. E., Patel, B. C., Lakhanpal, S. and Khanna, P. (1998). Decision making in acceptance and seeking abortion of unwanted pregnancies. Centre for Operational Research and Training. New Delhi, India 10-13.