



# NEPAL 2009

INCREASING AWARENESS AND ACCESS TO  
SAFE ABORTION AMONG NEPALESE WOMEN:  
AN EVALUATION OF NETWORK FOR ADDRESSING WOMEN'S  
REPRODUCTIVE RIGHTS IN NEPAL (NAWRN) PROGRAM

**NAWRN** Network for Addressing Women's  
Reproductive Rights in Nepal



Planned Parenthood<sup>®</sup>  
Federation of America, Inc.

क्रपा  
CREHPA

# NEPAL 2009

## INCREASING AWARENESS AND ACCESS TO SAFE ABORTION AMONG NEPALESE WOMEN: AN EVALUATION OF NETWORK FOR ADDRESSING WOMEN'S REPRODUCTIVE RIGHTS IN NEPAL (NAWRN) PROGRAM

Cover Design and Photo by Shejans Tamang

**NAWRN** Network for Addressing Women's  
Reproductive Rights in Nepal

 **Planned Parenthood\***  
Federation of America, Inc.

कपा  
CREHPA

© CREHPA 2009

This document may be freely reviewed, quoted, reproduced or translated, in part or full, provided the source acknowledged. The document may not be sold or used in conjunction with commercial purposes without written permission of CREHPA.

*Published by:*

**कपा**  
**CREHPA**

Center for Research on Environment  
Health and Population Activities (CREHPA)  
P.O. Box : 9626, Kathmandu, Nepal  
E-mail : [crehpa@crehpa.wlink.com.np](mailto:crehpa@crehpa.wlink.com.np)  
website : [www.crehpa.org.np](http://www.crehpa.org.np)

**2009**



# ACKNOWLEDGMENTS

The successful accomplishment of this study is an outcome of the collective efforts of Center for Research on Environment Health and Population Activities (CREHPA) and many other individuals,

The study team wishes to express its sincere gratitude to Dr. Sona Sethi, Regional Director for Asia, PPFA and Ms. Phiangjai Boonsuk, Program Officer, PPFA for entrusting this important study to CREHPA and providing useful comments and feedbacks on the draft report.


We express our sincere gratitude to NAWRN partners namely Family Planning Association of Nepal (FPAN), Forum for Women Law and Development (FWLD) and Safe Motherhood Network Federation Nepal (SMNF-N) for their wholehearted support throughout this study.

The fieldwork for this study would not have been possible without the support of district based NGO partners, and their facilitators who welcomed the team wholeheartedly and provided full support to the team in the fieldwork.

The study team acknowledges the contribution of the community members and respondents who received the researchers with understanding and patience. The study would not have been possible without their voluntary participation.

Last but not the least, the strenuous effort put up by each and every member of the field team, coding members and data analysts have all contributed to give final shape to this report. We sincerely acknowledge their contribution.

*The study team*



# The Study Team

## Core Team Members

Mr. Anand Tamang	<i>Study Coordinator</i>
Mr. Ramesh Adhikari	<i>Research Associate</i>
Mr. Shekhar Devkota	<i>Data Analyst</i>

## Field Supervisors

1. Anu Bista
2. Sabita Mahaju
3. Kamala Karki
4. Saroj Bhusal
5. Narendra Pathak

## Field Researchers

1. Neeta Khanal
2. Sangita Aryal
3. Madhu Shrestha
4. Mandira Sedhain
5. Sabina Jha
6. Sunita Chaudhary
7. Sulochana Swar
8. Shristi Shah
9. Safalata Shah
10. Sabina Sapkota
11. Kali Bahadur Chaudhari
12. Ram Prasad Chaudhary
13. Kishor Kumar Paudel
14. Suman Raj Thapa
15. Rudra Bahadur Khadka
16. Niraj Shrish
17. Dipendra Chhetri
18. Ram Sharan Kadel

## Project Support Unit

Ms. Sabina Tamang	<i>Administration and Finance</i>
Ms. Radhika Singh	<i>Word Processor</i>

## ABBREVIATIONS AND ACRONYMS

AHW	Auxiliary Health Worker
ANM	Auxiliary Nurse Midwife
BMS	Bachelor in Medical Science
CAC	Comprehensive Abortion Care
CBHP	Community Based Health Provider
CBO	Community Based Organization
CDO	Chief District Office/r
CIAA	Centre for Investigation of Abuse of Authority
CMA	Community Medicine Auxiliary
CREHPA	Centre for Research on Environment Health and Population Activities
DDA	Department of Drug Administration
DPHO	District Public Health Office/r
EC	Emergency Contraception
FCHV	Female Community Health Volunteer
FHD	Family Health Division
FPAN	Family Planning Association of Nepal
FP	Family Planning
FWLD	Forum for Women Law and Development
GO	Government Organizations
HA	Health Assistant
HCRC	Health Care Research Center
MG	Mother's Group
MoHP	Ministry of Health and Population
MR	Menstrual Regulation
MSI	Marie Stopes International
MVA	Manual Vacuum Aspiration
MWRA	Married Women of Reproductive Age
NAWRN	Network for Addressing Women's Reproductive Rights in Nepal
NFE	Non-Formal Education
NGO	Non Governmental Organization
PPC	Private Paramedics and Chemists
PPFA	Planned Parenthood Federation of America
RH	Reproductive Health
SMNF/N	Safe Motherhood Network Federation Nepal
TBA	Traditional Birth Attendants
TCIC	Technical Committee for Implementing Comprehensive Abortion care Service
TV	Television
VDC	Village Development Committee
VHW	Village Health Worker
WDO	Women Development Office/r





## Contents

Page No.

Acknowledgements  
The Study Team  
Abbreviation and Acronyms

III  
IV  
V

### Chapter 1

1 - 4

#### Background

1

- 1.1 Introduction
- 1.2 Objective of the study
- 1.3 Methodology
- 1.4 Data management and analysis
- 1.5 Organization of the report

1  
2  
2  
4  
4

### Chapter 2

5 - 14

#### Knowledge and Perception of Married and Unmarried Men and Women on the Abortion Law and Safe Abortion Services

5

- 2.1 Characteristics of the study population
- 2.1.1 Socio-demographic characteristics of the respondents
- 2.2 Knowledge about the abortion law
- 2.2.1 Knowledge on legalization of abortion law
- 2.2.2 Knowledge on the conditions of abortion law
- 2.3 Perception on right to abortion
- 2.3.1 Perception on women's right to abortion
- 2.3.2 Perception on unmarried women's right to abortion
- 2.4 Knowledge on comprehensive abortion care (CAC) facility
- 2.5 Experience of abortion
- 2.6 Places where pregnancy was terminated
- 2.7 Perceived benefits from the program
- 2.7.1 Knowledge and participation about NAWRN program
- 2.7.2 Contents covered in the program
- 2.7.3 Preferred issues and perceived benefits from the program
- 2.7.4 Sharing of Information gained from the program
- 2.7.5 Recommendation to the future program
- 2.8 Conclusion and discussion

5  
5  
7  
7  
7  
8  
8  
9  
10  
10  
11  
12  
12  
13  
13  
14  
14  
14

### Chapter 3

17 - 30

#### Private Paramedics and Chemist's (PPCs) Knowledge Attitude and Perceptions about the Abortion Law, Women's Reproductive Rights and Safe Abortion Services

17

- 3.1 Number and the qualifications of PPCs covered
- 3.2 Knowledge about the abortion law

17  
18



3.2.1	Knowledge on legalization of abortion law	18
3.2.2	Knowledge on the conditions of abortion law	19
3.2.3	Knowledge about conditions of illegality	19
3.3	PPC as source of consultation	20
3.4	Knowledge about medical abortion	21
3.4.1	Knowledge about mifepristone and misoprostol	21
3.5	Knowledge about emergency contraception	22
3.6	Networking with health facility	23
3.7	Knowledge about CAC services	24
3.7.1	Referral by PPCs	25
3.7.2	Reasons for referral	26
3.8	Perceived benefits from the program	26
3.8.1	Knowledge and participation about NAWRN Program	26
3.8.2	Usefulness and the perceived benefits of the Training/ workshop	27
3.8.3	NAWRN referral card and referral service	28
3.8.4	Comfortableness in sharing abortion related issues	28
3.8.5	Perception of the PPCs not participated in the NAWRN program	29
3.8.6	Suggestions for program improvement	29
3.9	Conclusion and discussion	30

## Chapter 4

31 - 52

### Law Enforcers' Knowledge Attitude and Perceptions about Abortion Law, Women's Reproductive Rights and Safe Abortion Services

31

4.1	Sample size covered	31
4.2	Categories of law enforcers covered	32
4.3	Knowledge about the abortion law	32
4.3.1	Knowledge about conditions for legal abortion	33
4.3.2	Knowledge about conditions of illegality	33
4.4	Opinions on women requiring permission for abortion	34
4.4.1	Opinions on criteria for women and couples for abortion	35
4.4.2	Approval for abortion in the family	35
4.5	Perceptions about public attitude towards abortion	37
4.5.1	Law enforcers perception on abortion as reproductive rights of women	37
4.6	Opinions towards current abortion law	38
4.6.1	Opinions on the provisions regarding punishment in the abortion law	39
4.7	Perceived barriers for women in exercising their abortion rights	39
4.8	Opinions on need for amendments to improve the existing abortion law	40
4.9	Knowledge about comprehensive abortion care (CAC) services	41
4.10	Role of media in expanding safe abortion services	42
4.11	Abortion cases filed in the court	43
4.12	Abortion cases registered at police station	44
4.13	Abortion cases: Information from health providers	44
4.14	Abortion cases: Information from women development officer	44
4.15	Knowledge about NAWRN program	44
4.15.1	Usefulness of the training/workshop/meetings	45
4.15.2	Benefits from training/workshops/meetings	47

4.15.3	Information sharing	47
4.16	Information on NAWRN program by NGO partners	48
4.16.1	Information on the interventions	48
4.16.2	Strengths and weaknesses of NAWRN program	49
4.16.3	Suggestions for improvement	50
4.17	Perception on NAWRN program - views of non-participant Law Enforcers	51
4.18	Conclusion and discussion	52

## Chapter 5

55 - 69

Community Based Health Providers' Knowledge, Attitude and Perceptions about Abortion Law, Women's Reproductive Rights and Safe Abortion Services		55
5.1	Sample size covered	55
5.2	Knowledge about the abortion law	56
5.2.1	Sources of awareness about legalization of abortion	57
5.2.2	Extent of knowledge about legal condition	57
5.2.3	Knowledge about condition of illegality	58
5.3	Abortion seeking behavior of clients	58
5.3.1	Practice of abortion in the community	59
5.3.2	Practice of seeking advice/help in missed periods	59
5.3.3	Advice to women seeking abortion	60
5.3.4	Perception on the reason for seeking abortion	60
5.3.5	Perceptions on the common practices and help sought for abortion	61
5.3.6	Perception on the visit of health facilities by community women regarding abortion related complications	62
5.3.7	Health providers' advice to women with abortion-related complications	62
5.4	Awareness of emergency contraception (EC)	63
5.5	Knowledge about CAC centers	63
5.6	Client referred to safe abortion service centers	63
5.6.1	Places referred by CBHPs for abortion client	63
5.7	Perception on abortion	64
5.7.1	Perceptions of public attitudes towards abortion	64
5.7.2	Perception on women's right to abortion	64
5.7.3	Perception on abortion right in terms of unmarried women	65
5.7.4	Opinion on criteria for women and couples for abortion	65
5.8	Knowledge about NAWRN program	65
5.8.1	Preferred issues and perceived benefits from the program	66
5.8.2	Availability and utilization of NAWRN referral card	67
5.8.3	Information sharing	68
5.8.4	Comfort in discussing abortion-related issues	68
5.8.5	Willingness to refer in future	69
5.8.6	Suggestions for improvement	69
5.9	Conclusion and discussion	69

## List of Tables

Page No

Table 1.1	Number of responds covered in the baseline and end-line survey by category of respondents	3
Table 2.1	Socio-demographic characteristics of married and unmarried women and men	6
Table 2.2	Percentage distribution of the respondents according to their perception on abortion right for unmarried women	9
Table 2.3	Ever experience an abortion, number of times and time of terminated the pregnancy among sexually active respondents	11
Table 2.4	Places visited for terminating of last pregnancy	12
Table 2.5	Content of discussion and favorites topics	13
Table 2.6	Recommendations to future program	14
Table 3.1	Sex distribution of the PPCs	17
Table 3.2	Professional qualification of the PPCs	18
Table 3.3	Sources of knowledge about legalization of abortion among PPCs	19
Table 3.4	PPCs' knowledge on illegal condition of abortion	20
Table 3.5	Advice of PPCs to women who have missed period	21
Table 3.6	PPCs' knowledge on uses of Mifepristone and Misoprostol	22
Table 3.7	PPCs knowledge on prescribing EC	23
Table 3.8	Institutions requesting PPCs for referring clients	23
Table 3.9	Networking relationship of PPCs with health facility who provide abortion service	25
Table 3.10	Number of abortion clients referred by PPCs	25
Table 3.11	Reasons for referring abortion clients	26
Table 3.12	PPCs' Knowledge about NAWRN program	26
Table 3.13	Participation in any of the training/workshop/meeting on safe abortion in the past three years	27
Table 3.14	PPC's perception on the benefits of training/workshop	27
Table 3.15	Comfortableness to discuss about abortion issues after training	29
Table 3.16	Perception of other PPCs who were not participating in NAWRN program	29
Table 3.17	Recommendation for program improvement	30
Table 4.1	Number of respondents interviewed according to survey districts	31
Table 4.2	Distribution of respondents according to major categories of law enforcers by sex	32
Table 4.3	Whether women require permission for abortion by background characteristics of law enforcers	34
Table 4.4	Opinion on criteria for approval and disapproval for abortion	35
Table 4.5	Approval or disapproval to family member to abortion	36
Table 4.6	Permission to family member for abortion by background characteristics	36
Table 4.7	Perceptions about public attitudes regarding abortion	37
Table 4.8	Perception on abortion as a reproductive right -Agree only	38
Table 4.9	Perceived opinion towards current Abortion Law	39
Table 4.10	Attitude towards punishment provisioned in the abortion law	39
Table 4.11	Types of barriers for women in exercising abortion right	40
Table 4.12	Types of amendment required in the present abortion law	41

Table 4.13	Awareness about government policy regarding CAC approval	42
Table 4.14	Role of media in expanding safe abortion services	43
Table 4.15	Knowledge about NAWRN program	45
Table 4.16	Organizer of the training/workshop/meeting	45
Table 4.17	Usefulness of training/workshop/meeting	46
Table 4.18	Content of the discussion	46
Table 4.19	Types of benefits from workshop/training	47
Table 4.20	Information sharing practice of NAWRN program	48
Table 4.21	Types of activities of NAWRN	48
Table 4.22	Strength and weakness of the NAWRN program	49
Table 4.23	Benefits to community and institution from the NAWRN program	50
Table 4.24	Suggestions for program improvement	51
Table 5.1	District wise Number of CBHPs	56
Table 5.2	The sex composition and type of community-based health providers	56
Table 5.3	Sources of knowledge about legalization of abortion	57
Table 5.4	Help provided to those women seeking advice on pregnancy termination	60
Table 5.5	Types of circumstances that compel women to seek abortion	60
Table 5.6	Perceived common practice for abortion in the community	61
Table 5.7	Places visiting for post abortion complication	61
Table 5.8	Sources of Information about emergency contraception	62
Table 5.9	Places referred by CBHPs for abortion of client in the past one year	63
Table 5.10	Perception regarding abortion of community people	64
Table 5.11	Perception on women's right to abort her pregnancy	64
Table 5.12	Attitude towards condition of abortion	65
Table 5.13	Knowledge about NAWRN program	66
Table 5.14	Participated in any workshop/training/meeting on safe abortion in the past three years	66
Table 5.15	Content of discussion and preferred topic	67
Table 5.16	Benefits of workshop/training	67
Table 5.17	Utilization of NAWRN referral cards	68
Table 5.18	Information sharing practice of NAWRN program by CBHPs	68
Table 5.19	Comfort in discussing abortion-related issues after participation in workshop/ training	68
Table 5.20	Willingness to continue to refer abortion client in the future	69
Table 5.21	Suggestions for program improvement	69

## List of Figures

Page No.

Figure 2.1	Is abortion legal in Nepal?	7
Figure 2.2	Extent of Knowledge about legal condition	8
Figure 2.3	Do you think that a woman should have the right to have an abortion?	8
Figure 2.4	Knowledge about CAC centers	10
Figure 2.5	Knowledge about participation in NAWRN program	12
Figure 2.6	Sharing information gained from program	14
Figure 3.1	Is abortion legal in Nepal?	18
Figure 3.2	Knowledge about abortion law	18
Figure 3.3	Extent of Knowledge about legal conditions for abortion	19
Figure 3.4	Do women with missed period come to you for your advice?	20
Figure 3.5	Do you know of any medicine for abortion?	21
Figure 3.6	Knowledge about mifepristone and misoprostrol	22
Figure 3.7	Have you heard about EC?	22
Figure 3.8	District wise Knowledge about EC	23
Figure 3.9	Knowledge about CAC center	24
Figure 3.10	Places where abortion clients are referred by PPC	25
Figure 3.11	Usefulness of the training	27
Figure 3.12	Types of benefits perceived	28
Figure 3.13	Received NAWRN referral card, referred client and their willingness to refer in future	28
Figure 4.1	Is abortion legal in Nepal?	32
Figure 4.2	Extent of Knowledge about legal conditions for abortion	33
Figure 4.3	Knowledge about conditions of illegality	33
Figure 4.4	Abortion as the reproductive right of women	37
Figure 4.5	Knowledge about CAC center	41
Figure 5.1	Is abortion legal in Nepal?	56
Figure 5.2	Knowledge about abortion law by districts	57
Figure 5.3	Extent of knowledge about legal condition	58
Figure 5.4	Knowledge about conditions of illegality	58
Figure 5.5	Practice of abortion in the community	59
Figure 5.6	Practice of seeking advice/ help in missed periods	59
Figure 5.7	Referral places to woman with post- abortion complications	62
Figure 5.8	Knowledge about EC	62
Figure 5.9	Utilization of NAWRN referral card	67

# Chapter 1

## Background

### 1.1 Introduction

Abortion was legalized in Nepal in September 2002 to improve the health status and conditions of women. The law grants women the right to control over and decide on their unintended pregnancies. It allows abortion on the following conditions: 1) up to 12 weeks of gestation for any women; 2) up to 18 weeks of gestation if pregnancy results from rape or incest; and 3) at any time during pregnancy, with the advice of a medical practitioner or if the physical or mental health or life of the pregnant woman is at risk or if the fetus is deformed and incompatible with life. The *National Abortion Policy 2002* guarantees access to safe and affordable abortion services to every woman without discrimination. Nepal Government began providing comprehensive abortion care (CAC) services from March 2004 after 18 months of legalization of abortion, when the government issued *Safe Abortion Service Procedure* in 2004. As of July 2009 a total of 98 government hospitals and 108 non-government health institutions and private facilities accredited for providing CAC services. These center have offered safe abortion services to more than 229,000 women.

The Planned Parenthood Federation of America (PPFA) has been working in Nepal since 2002 to complement the efforts of Government in increasing awareness about the abortion law, expanding women's access to safe abortion services and creating an enabling environment for women and couples to make informed reproductive decisions through public-private partnership initiatives. Based upon the success of its previous efforts, in November 2005, PPFA in collaboration with four Nepalese rights based civil society organizations launched a new initiative called “**Network for Addressing Women's Reproductive Rights in Nepal**” (NAWRN) in 16 districts. NAWRN is a three year franchise program and the four partners implementing the NAWRN program are: Center for Research on Environment Health and Population Activities (**CREHPA**), Family Planning Association of Nepal (**FPAN**), Forum for Women Law and Development (**FWLD**) and Safe Motherhood Network Federation-Nepal (**SMNF-N**). Each of the **NAWRN** partners worked in their area of expertise independently to achieve the common program goals and objectives. The objective of the Program is to increase access to, and utilization of CAC services for unplanned pregnancy, by women and youth in sixteen districts of Nepal.

In order to reduce unsafe abortions and increase women's access to safe abortion care, **CREHPA** mobilized private paramedics and chemists (PPCs) and linked them to the safe abortion service (CAC) centres managed by government (GO) and non-governmental organizations (NGO) within the program districts. **FPAN** trained service providers and offered CAC services in eight out of

the sixteen NAWRN program districts where it had established its reproductive health care centers. **FWLD** worked to effectively implement the abortion law and advocate for legal reforms in order to make the present law more gender sensitive and responsive to women's reproductive rights and needs. One of the responsibilities of FWLD was to monitor the implementation of the abortion law and file public interest litigation on the issues of violation of women's abortion rights. **SMNF-N** conducted grassroots advocacy and awareness generation activities among community-based health providers (CBHPs), youth and married woman of reproductive age (MWRA), and other stakeholders about the abortion law and safe abortion services, mobilized CBHPs and established referral services from CBHPs to CAC centers in the districts.

A pre-intervention Baseline survey was carried out by CREHPA in July – October 2005 before the launch of the three year NAWRN program. The survey assessed baseline knowledge, attitude and perceptions of the target population and provided recommendations for the NAWRN program. The target population included married and unmarried men and women, private paramedics and chemists, law enforcers and the community based service providers on the abortion law, women's reproductive rights and safe abortion services. The three years program came to an end in January 2009 (November 2005- January 2009). PPFA requested CREHPA for undertaking this end of the program (End-line) evaluation.

## 1.2 Objective of the study

The main purpose of the End-line survey was to assess the achievement of NAWRN project in terms of its project objectives and goals. More specifically, the End-line survey assessed and documented the project performances in terms of:

- a) Knowledge and perceptions of various stakeholders on abortion law and abortion as women's reproductive rights,
- b) Knowledge and attitude towards abortion law and rights and abortion experiences among married couples and unmarried youths,
- c) Access to legal and safe abortion information and services among women and couples in the project districts,
- d) Assess the levels of client satisfaction with the CAC services received by them,
- e) Examine the pros and cons of the NAWRN program including trainings based on the information solicited from the concerned district and community based stakeholders as well as health providers;
- f) Document the process of project implementation, learning, challenges and outstanding achievements of the program.

## 1.3 Methodology

### *Study location and sampling design*

The end-line survey was confined to the same six sampled districts (three hill and three terai districts) which were covered in the Baseline survey. These districts are: Baglung, Banke, Kaski, Kavre, Mohattari and Rupendehi. Similar to the baseline survey, the present survey covered



seven categories of target population. The same methodology used in the Baseline survey was adopted for selection of End-line study samples. Table 1.1 compares the number of respondents under each category covered in the baseline and the End-line surveys.

*Table 1.1 Number of respondents covered in the baseline and end-line surveys by category of respondents*

Category of respondents	Baseline	End-line
Married women of reproductive age (15-49 years)	1 145	1 200
Married men aged 15-49 years	526	597
Young unmarried women (15-24 yrs)	208	289
Young unmarried men (15-24 years)	128	286
Private paramedics and chemists (PPCs)	389	356
District level law enforcement personnel	87	134
Community based health providers (CBHPs)	201	233

A multi staged systematic random sampling technique was used to select the respondents falling under categories 1 and 3 above (married and unmarried women and men and outreach health providers and volunteers); cluster sampling technique was used to select the respondents under category 4 (PPCs), whereas, a convenience sampling technique was used to select district level law enforcement personnel.

A household formed the primary sampling unit (PSU) and all married women of reproductive age (MWRA), i.e. 15-49 years residing in each sampled PSU (household) were interviewed. The married men's sample was covered from 50% of the sampled households (600 married men). While young unmarried male and female youths were covered from the 25% of the sub-sample (300 male and 300 female).

CBHPs comprised of trained health workers (THWs) stationed at the health posts/sub-health posts (HP/SHP), Female Community Health Volunteers (FCHV), Traditional Birth Attendants (TBAs), Traditional Faith Healers (TFHs) etc. They were randomly selected from the sampled wards and the outreach health facilities falling within the sampled wards of the six survey districts.

The district level law enforcement personnel included CAC providers, NGO representatives, journalists, advocates, district attorneys, police officers, jailors, chief district officers, district judges, women cell in-charge. They were selected purposively from the same six districts sampled for the present survey.

PPCs were sampled from the lists of PPCs maintained in each of the six sampled districts. As the number of PPCs varied across the districts, the desired sample was allocated proportionately using probability proportionate to size (PPS) technique.

### *The data collection*

The questionnaires and interview guidelines for the End-line survey were adapted from the Baseline survey with few modifications and/or additions. Five different sets of research instruments/questionnaires were used to collect the information. Structured individual questionnaire were administered to all the categories of respondents for soliciting information pertaining to knowledge, attitude, perceptions about abortion law, safe abortion services and perceived benefits from the program.

A total of 24 field researchers were hired for conducting the fieldwork. They were divided into six field teams – three teams for covering the rural based target respondents (married/unmarried men and women; and community based health providers) and the remaining three teams for covering the urban areas (interviewing the law enforcement personnel and the PPCs). Each field team comprised of a field supervisor and three enumerators/field researchers. All the rural field teams were females.

Fieldwork was closely monitored by the core team members in order to ensure quality of data collection. Telephonic communications (wherever available) with the field supervisors was maintained to monitor the progress and quality of the data collection

## 1.4 Data management and analysis

All completed questionnaires were manually edited and coded before entering into the computer. Data were entered into dBase IV software program and then transferred into SPSS software package for analysis. Both univariate and bivariate analysis have been performed using SPSS+ package. Comparisons are made between the end-line and the baseline results to measure the changes. Statistical test particularly chi-square test (for comparing two proportions) have been performed wherever required and compared with the baseline results.

## 1.5 Organization of the report

The present report is presented in five chapters. Chapter 1 presents the background information and the methodology. In Chapter 2, knowledge, attitude and perceptions of married and unmarried men and women on abortion law, women's reproductive rights and safe abortion services are discussed. PPCs' knowledge, attitude and perceptions on abortion law and services are presented in Chapter 3. Similarly, in Chapter 4, knowledge, attitude and perceptions of law enforcers on abortion law, women's reproductive rights and safe abortion services are presented. CBHPs' knowledge, attitude and perceptions are analyzed in Chapter 5. Comparisons between the Baseline and the End-line survey results have been attempted for all the categories of the respondents. Conclusions and discussions are presented at the end of each chapter.

## *Chapter 2*

### Knowledge and Perception of Married and Unmarried Men and Women on the Abortion Law and Safe Abortion Services

This chapter presents the knowledge and perception of married and unmarried men and women on the abortion law, women's reproductive right and safe abortion. There are four types of target respondents under this category. These respondents were: married women and men (15-49 years for married women and 15-59 years for married men) and unmarried women and men (15-24 years for both unmarried women and men).

A multi staged systematic random sampling technique was used to select the respondents. A household was the primary sampling unit for the selection of the respondents under this category. The total sample size comprised of 1200 households. All married women of reproductive age (MWRA) residing in the sampled household were interviewed. In addition, married men aged 15-59 in every second sampled households (50%) and unmarried men (25%) and women (25%) aged 15-24 in every four sampled households were covered in the study. The study has successfully covered 1200 MWRA, 596 married men (husband of sampled MWRA), 289 unmarried women and 286 unmarried men of 15-24 years of age.

#### 2.1 Characteristics of the study population

##### 2.1.1 Socio-demographic characteristics of the respondents

###### *Age distribution*

As mentioned in the earlier chapter, the sample respondents included in the study were married women aged 15-49, married men aged 15-59, unmarried women and men aged 15-24 years. Median age for all categories of respondents except MWRA was almost similar in both the baseline and end-line surveys. However, median age for married women in the baseline survey was 30 years which was slightly higher in the end-line survey (median age=35 years).

###### *Levels of education*

Levels of education varied with the categories of the respondents; however, no major differences were observed between the baseline and end-line surveys. For example, more than half of the MWRA were illiterate in both the baseline (59%) and end-line surveys (52%) while less than a fifth of the married men were illiterate in the baseline (22%) and end-line surveys (18%). The level of illiteracy was very low among the unmarried men (baseline and end-line 6%) than unmarried women (baseline 13%, end-line 10%).

###### *Caste/Ethnicity*

The study populations in both the baseline and end-line surveys were represented from different caste/ethnic groups. However, upper caste group was dominant in all four categories of the

respondents in both the surveys, which was followed by Terai middle caste and Janajatis. For example, more than two-fifth of the respondents (42-44%) were from the upper caste group which was followed by the Terai middle caste (16-20%) and the Janajatis (16-19%). Furthermore, a considerable proportion of the respondents were from Dalit (12-19%) caste group.

### Main occupation

A higher percentage of married groups reported that they were engaged in agriculture sector. For example, almost all of the married women worked as housewives/farmers (baseline 83%; end-line 91%) while just above half of the married men (baseline 51%; end-line 59%) reported that they worked in the agriculture sector. On the other hand, majority of both unmarried women (69%) and men (76%) were students. Moreover, very few married women in both baseline (1%) and end-line (2%) surveys as compared to married men (baseline 12%; end-line 18%) reported that their main occupation was service.

Table 2.1 Socio-demographic characteristics of married and unmarried women and men

	Married				Unmarried			
	Women (15-45 years)		Men (15-59 years)		Women(15-24 years)		Men (15-24 years)	
	Baseline	Endline	Baseline	Endline	Baseline	Endline	Baseline	Endline
<b>Age</b>								
15-19	7.4	3.3	2.9	1.8	81.3	86.5	65.6	81.1
20-24	17.0	12.8	11.8	6.7	18.8	13.5	34.4	18.9
25-34	37.8	33.3	31.2	33.3	-	-	-	-
35-49	37.7	50.6	39.5	43.6	-	-	-	-
50+	-	-	14.6	14.6	-	-	-	-
Median age	30.0	35.0	35.0	36.0	17.0	16.0	18.0	17.0
Mean age	31.3	33.8	36.4	37.3	17.5	16.9	18.4	17.4
<b>Level of education</b>								
Illiterate	59.9	52.2	21.9	17.8	13.5	9.7	5.5	5.9
Low level of education (no formal	23.8	25.7	34.6	25.1	18.8	20.1	25.8	12.2
Some secondary school (6-10)	12.0	14.8	26.4	32.3	41.8	41.9	39.8	48.3
School Leaving Certificate (SLC) and above	4.3	7.4	17.1	24.8	26.0	28.4	28.9	33.6
<b>Caste/ethnicity</b>								
Muslim	16.4	8.1	11.0	7.2	10.1	8.0	12.5	8.0
Dalit	13.3	12.3	13.1	12.9	13.0	13.1	18.8	15.0
Janajatis	15.8	16.1	17.3	18.4	20.7	19.0	12.5	16.8
Terai middle caste	21.8	20.3	24.3	19.9	8.2	16.3	17.2	18.2
Upper caste groups	32.7	43.3	34.2	41.5	48.1	43.6	39.1	42.0
<b>Main occupation</b>								
Farming/housework	83.6	90.5	58.6	51.1	34.6	26.7	26.6	9.8
Agriculture/manual labor	12.0	3.2	15.2	14.9	5.8	3.5	6.3	7.3
Service	1.2	1.7	12.0	18.3	3.4	0.7	1.6	5.2
Student	0.4	0.7	1.3	0.5	55.8	68.5	60.2	75.5
Business/petty business	2.8	4.1	9.9	10.7	0.5	0.7	4.7	1.7
Migrant labor	-	-	3.0	4.5	-	-	0.8	0.3
<b>Total</b>	<b>100.0</b>	<b>100.0</b>	<b>100.0</b>	<b>100.0</b>	<b>100.0</b>	<b>100.0</b>	<b>100.0</b>	<b>100.0</b>
<b>N</b>	<b>1145</b>	<b>1200</b>	<b>526</b>	<b>597</b>	<b>208</b>	<b>289</b>	<b>128</b>	<b>286</b>

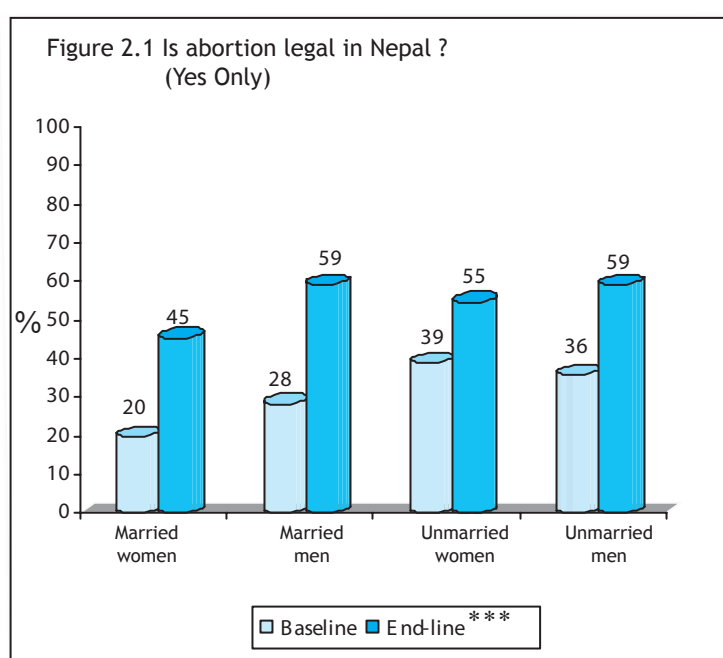
## 2.2 Knowledge about the abortion law

### 2.2.1 Knowledge on legalization of abortion law

Abortion was legalized in Nepal in September 2002 to improve the health status and conditions of women. The new law allows abortion up to 12 weeks of pregnancy for any women, up to 18 weeks if the pregnancy results from rape or incest, and at any time during pregnancy on the advice of a medical practitioner, if the physical or mental health or life of the woman is at risk, or the fetus is impaired or has a condition incompatible with life. Previous laws did not allow abortion under any circumstances and many women who had had an abortion were imprisoned. Despite this, abortion was not uncommon in the country and women with unintended pregnancies were compelled to seek unsafe and clandestine means of abortion, often risking their lives and health.

In order to assess knowledge on the abortion law, the respondents were asked, “Is abortion legal in our country?” As evident from Figure 2.1, the unmarried women and men were more knowledgeable about the legalization of abortion than married women and men.

Awareness about the abortion law has increased significantly in all four categories of respondents in the end-line survey compared with the baseline. However, the level of increase is more prominent among men (married 59% vs. 28%; unmarried 59% vs. 36%) than women (married 45 vs. 20%; unmarried 55% vs. 39%).



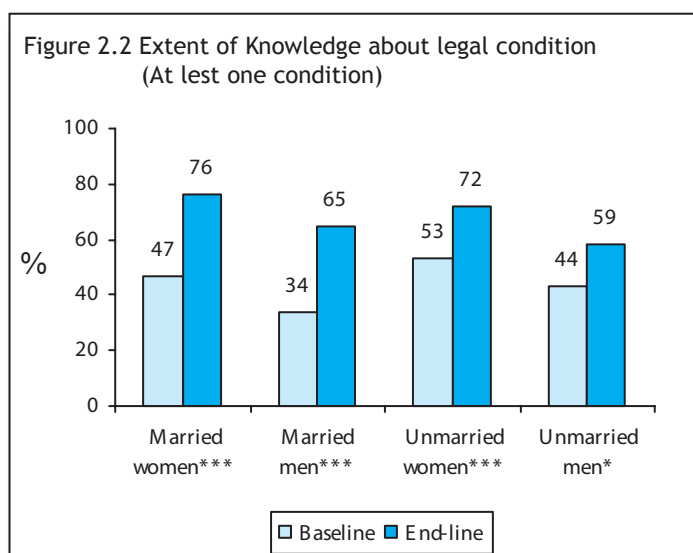
chi-square test, significant at \*  $P < 0.05$ , \*\* $P < 0.01$ , \*\*\* $P < 0.001$

Awareness about the legalization of abortion varied in some selected demographic and socio-economic variables. A higher proportion of respondents in all four categories in Kavre district were aware about abortion law than respondents of other districts. As expected, respondents from upper caste group were more aware than respondents from other caste/ethnic groups. Similarly, education played a significant positive role in increasing the awareness level in all four categories of the respondents in both baseline and end-line surveys. For instance, only less than a third illiterate respondents (32% and 21%) while more than two-third respondents (87% and 72%) who had SLC or above education level were aware of the law (Table not shown).

### 2.2.2 Knowledge on the conditions of abortion law

Those respondents who were aware of the abortion law were further asked about the lawful conditions under which abortion was permitted. It is encouraging to note that the extent of knowledge about legal conditions has increased significantly, as demonstrated by the

end-line survey. The increase was more prominent among married groups than unmarried groups. For instance, only less than half of the married women (47%) were able to mention at least one legal condition in the baseline survey which has increased by 29 percentage point in the end-line survey (76%). Similarly, almost twice of the married men in the end-line survey (65%) than baseline survey (34%) knew about at least one legal condition permitted by law. Furthermore, about three quarters of the unmarried women (72%) and three out of five unmarried men (59%) were aware of the condition of the law, which was only about half or less (53% unmarried women and 44% unmarried men) in the baseline survey (Figure 2.2).

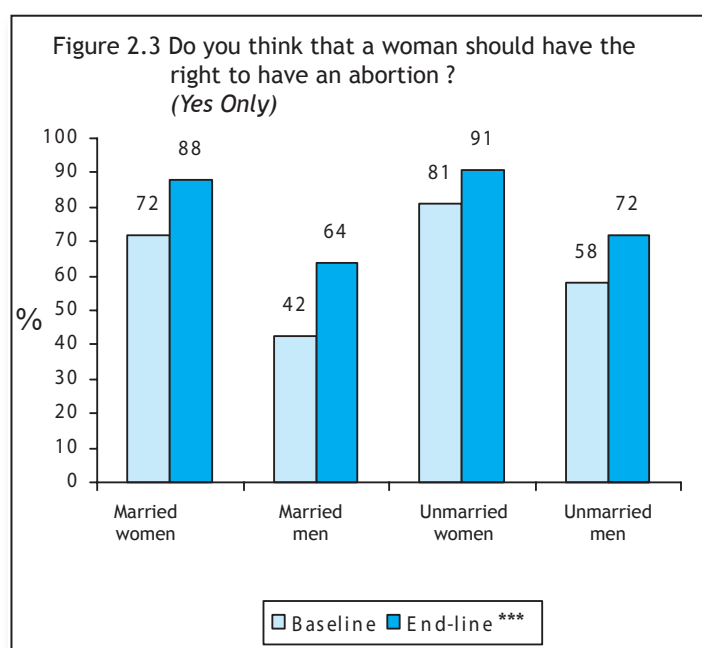


chi-square test, significant at \*  $P < 0.05$ , \*\*  $P < 0.01$ , \*\*\*  $P < 0.001$

## 2.3 Perception on right to abortion

### 2.3.1 Perception on women's rights to abortion

Although the law grants women absolute rights to abortion, the proportion of female respondents who agreed that a woman should have the right to have an abortion varied by sex. However, the proportion of respondents who agreed that abortion is women's right has increased in all four categories in the end-line survey (baseline 64%; end-line 91%). Nevertheless a substantial proportion of male respondents (28%-36%) still seem opposed to this view. In the end-line survey, it is encouraging to note that almost all unmarried (91%) and married women (88%) were in agreement on this issue whereas only less than a quarter unmarried men (72%) and two-third married men (64%) were in agreement (Figure 2.3).



chi-square test, significant at \*  $P < 0.05$ , \*\*  $P < 0.01$ , \*\*\*  $P < 0.001$

Perception on women's right to abortion varied largely with background characteristics. For instance, a higher proportion of married men (93%) and women (81%) respondents in Mahottari

district and higher proportion of unmarried men (98%) and women (94%) in Kavre district agreed on women's right to abortion than in other districts. Similarly, in comparison a higher proportion of the respondents from upper caste group in all categories except married women agreed on the women's right to abort. It is encouraging to note that almost all married women from Muslim ethnic group (91%) compared to other castes (85-88%) agreed on women's right to abortion. As expected, a positive relation was found between the level of education and positive views on women's right to abortion. For instance, higher proportion of women who had higher level of education were in agreement on abortion as women's right in all four categories (80-96%) of the respondents. Furthermore, a higher proportion of those respondents who were aware of the abortion law agreed on women's right to abortion than those who were not aware of the law.

### 2.3.2 Perception on unmarried women's right to abortion

Perception on unmarried women's right to abortion varied largely by sex. Although the proportion of respondents who agreed that unmarried women should have the right to abortion had increased in the end-line survey, majority of both married and unmarried men disagreed on this issue. For instance, in the end-line survey, about two-third of married (61%) and unmarried women (65%) agreed on unmarried women's right to abortion while only about a quarter married men (26%) and unmarried men (29%) agreed on this issue.

Table 2.2 Percentage distribution of the respondents according to their perception on abortion right for unmarried women

Perception on abortion right for unmarried women	Married				Unmarried			
	Women		Men		Women		Men	
	Baseline	End-line	Baseline	End-line	Baseline	End-line	Baseline	End-line
Agree	49.1	61.0***	14.1	26.1***	63.0	65.4	25.8	28.7
Disagreed	45.2	38.8	84.4	73.7	32.2	34.3	71.1	70.6
Don't know	5.7	0.3	1.5	0.2	4.8	0.3	3.1	0.7
<b>Total</b>	<b>100.0</b>	<b>100.0</b>	<b>100.0</b>	<b>100.0</b>	<b>100.0</b>	<b>100.0</b>	<b>100.0</b>	<b>100.0</b>
<b>N</b>	<b>1145</b>	<b>1200</b>	<b>526</b>	<b>597</b>	<b>208</b>	<b>289</b>	<b>128</b>	<b>286</b>

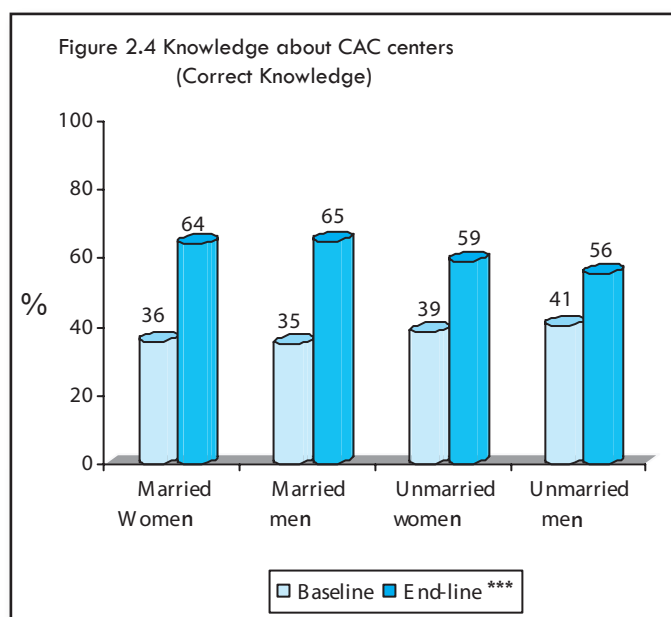
Note \*\*\* difference is statistically significant at  $p \leq 0.001$



## 2.4 Knowledge on comprehensive abortion care (CAC) facility

All the districts covered in the baseline and end-line surveys have at least one government approved CAC facility. In both the baseline and end-line studies, the extent of awareness of the approved CAC facilities in the districts was assessed.

In terms of correct knowledge about approved CAC centers, the proportion was almost equal (35-41%) in the baseline for both married and unmarried women and men, which has increased in all categories of the respondents in the end-line survey. In the end-line survey, almost two-third of the



chi-square test, significant at \*  $P < 0.05$ , \*\*  $P < 0.01$ , \*\*\*  $P < 0.001$

married women (64%) and men (65%) and nearly three in five both unmarried women (59%) and men (56%) were aware about CAC facilities in their districts (Figure 2.4).

## 2.5 Experience of abortion

All married and unmarried respondents who had sexual experiences were asked about their experience of having an abortion. The abortion rate increased in the end-line survey compared to the baseline survey. For example, only about four percent of the married women in the baseline survey ( $n=41$ ) had reported that they had ever terminated pregnancy which has increased to ten percent ( $n=119$ ) in the end-line survey. Similarly, in the baseline survey, only about three percent ( $n=12$ ) of the married men reported that their partner had an abortion which increased to nine percent ( $n=49$ ) in the end-line survey. Very few unmarried women in both baseline ( $n=2$ ) and end-line surveys ( $n=4$ ) reported that they had sexual experience. None of the unmarried female in the end-line survey and one unmarried female in the baseline survey had terminated her pregnancy. Among sexually active unmarried male (23 in baseline and 35 in end-line), only one in both the baseline and end-line surveys had reported that their partner had terminated pregnancy.

It is notable that about a quarter of married women (24%) had abortion two times or more. Similarly, one in seven married men (14%) reported that their partners had terminated pregnancy two times or more in the end-line survey. Among the respondents who had terminated their pregnancy, about a quarter of the married women (26%) and men (25%) did so within the last 12 months preceding the end-line survey.

Table 2.3 Ever experience an abortion, number of times and time of terminated the pregnancy among sexually active respondents

	Married				Unmarried			
	Women		Men		Women		Men	
	Baseline	End-line	Baseline	End-line	Baseline	End-line	Baseline	End-line
<b>Have you ever terminated a pregnancy?</b>								
Yes	3.8	10.3***	2.4	8.6***	50.0 (1)		4.3	2.9
No	96.2	89.7	97.6	91.4	50.0 (1)	100.0 (4)	95.7	97.1
<b>Total</b>	<b>100.0</b>	<b>100.0</b>	<b>100.0</b>	<b>100.0</b>	<b>100.0</b>	<b>100.0</b>	<b>100.0</b>	<b>100.0</b>
<b>N</b>	<b>1073</b>	<b>1151</b>	<b>493</b>	<b>567</b>	<b>2</b>	<b>4</b>	<b>23</b>	<b>35</b>
<b>Number of times of pregnancy terminated</b>								
One	80.5	75.6	91.7	85.7	100.0 (1)		100.0 (1)	100.0 (1)
Two+	19.5	24.4	8.3	14.3				
<b>When was the last time you terminated pregnancy?</b>								
Within 12 months	22.0	26.1	25.0	24.5	-	-	-	-
1-6 years	48.8	28.6	58.3	32.7	100.0 (1)	-	100.0 (1)	100.0 (1)
6 years+	29.3	45.4	16.7	42.9	-	-	-	-
<b>Total</b>	<b>100.0</b>	<b>100.0</b>	<b>100.0</b>	<b>100.0</b>	<b>100.0</b>	<b>-</b>	<b>100.0 (1)</b>	<b>100.0 (1)</b>
<b>N</b>	<b>41</b>	<b>119</b>	<b>12</b>	<b>49</b>	<b>1</b>	<b>-</b>	<b>1</b>	<b>1</b>

\*\*\* difference is statistically significant at  $p \leq 0.001$

The experience of abortion varied largely with background characteristics. For example, more than one tenth of the married women in Baglung (13%), Kaski (14%) and Banke (14%) had an experience of abortion compared to only about five percent in Mahottari in the end-line survey. As expected, a higher proportion of the respondents with two or more children had an experience of abortion than those who had none or one child. Furthermore, a higher proportion of the respondents from upper caste than other caste had an experience of abortion. Moreover, those respondents who were engaged in non-agriculture sectors were more likely to have had an experience of abortion than those who were involved in agricultural sectors (Table not shown).

## 2.6 Places where pregnancy was terminated

All the respondents who had an abortion were asked about the place where they had their pregnancy terminated. Those respondents who terminated their pregnancy in private clinics/nursing homes increased in the period between the baseline and end-line survey. For example, less than one third married women (29%) terminated their last pregnancy in a private clinic/nursing home in the baseline survey which reached to nearly half (47%) in the end-line survey. Similarly, one third married respondents in baseline (33%) and more than two-fifths in end-line (41%) survey reported that their partners had terminated their pregnancy in a private clinic/nursing home. In contrast, the proportion of respondents who terminated their last pregnancy or the partners who did so in hospitals decreased for both married women (baseline 37%, end-line 16%) and married men (baseline 25%, end-line 18%). Furthermore, about a quarter of the married women (22%) and married men (31%) reported that the place where they/their partner terminated last pregnancy was Marie Stopes clinic. Very few married women (<2%) had utilized abortion services of FPAN clinics. It is notable that more than a tenth married women (13%) and married men (8%) had gone to India for an abortion. As mentioned earlier, only one unmarried female had terminated her pregnancy in a hospital in the baseline survey and one unmarried male's partner had terminated her pregnancy in India.

Table 2.4 Places visited for terminating of last pregnancy

Places where last pregnancy was terminated	Married women		Married men	
	Baseline	End-line	Baseline	End-line
Hospital	36.6	16.0	25.0	18.4
Private clinic/nursing home	29.3	47.1	33.3	40.8
Marie Stopes clinic	4.9	21.8		30.6
FPAN clinic	2.4	1.7		2.0
India	17.1	12.6	41.7	8.2
Bought medicine from medical	7.3	4.2		
Health post	2.4		8.3	
Taken herbs		0.8	-	-
<b>N</b>	<b>41</b>	<b>119</b>	<b>12</b>	<b>49</b>

Percentage total may exceed 100 due to multiple responses

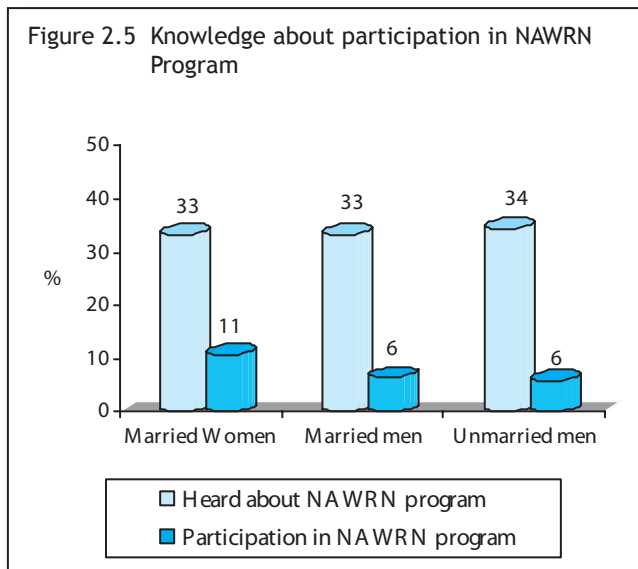
## 2.7 Perceived benefits from the program

All the respondents in the end-line survey were asked about their knowledge of the NAWRN program, their participation in the program, contents of discussion, including their favorite and non-favorite topics, perceived benefits from the program, and recommendations for the program.

### 2.7.1 Knowledge and participation about NAWRN program

Regarding knowledge about the program, about a third of the respondents in all four categories (33-37%) were aware of the NAWRN program. However, their participation in the program was very low (6-13%). A large majority of the respondents who had participated in the program had attended training sessions/seminars (71-84%) conducted by the program (Figure 2.5).

Furthermore, some were involved in group discussions (5-18%) and others in meetings (3-11%). It is encouraging to note that all respondents who had participated in the program reported that the program was either good or very good. No negative perceptions were noted.



Participation in the NAWRN program varied with districts. For instance, a higher percentage of married (21%) and unmarried women (27%) in Baglung district than other districts (1-9%) had participated in the NAWRN program. On the other hand, a higher proportion of the married men in Mahottari district (20%) than other districts (1% to 9%) had participated in the NAWRN program (Table not shown).

### 2.7.2 Contents covered in the program

Respondents who participated in the NAWRN program were further asked about the discussions they had participated in, including the topics that they liked the most and benefits of the program. All married men (100%) and an overwhelming majority of the other categories of respondents (68-94%) reported that they discussed about abortion, especially safe/unsafe abortion. Similarly, more than half of the respondents (52-58%) reported that they discussed about legal provisions of the abortion law. Other topics discussed in the programs mentioned by the respondents were safe abortion services (41-63%), family planning (11-55%) and counseling (3-16%) (Table 2.5).

Table 2.5 Content of discussion and favorites topics

Topics on discussion	Married		Unmarried	
	Women	Men	Women	Men
Abortion	72.7	39.5	57.9	41.2
Safe/unsafe abortion	72.7	100.0	68.4	94.1
Legal provisions	51.6	52.6	57.9	52.9
Safe abortion service	62.5	57.9	60.5	41.2
Emergency Contraception	15.6	15.8	10.5	-
Family Planning	54.7	10.5	39.5	17.6
Counseling	15.6	2.6	10.5	5.9
Referral	1.6	-	-	-
Reproductive health	2.3	-	13.2	5.9
<b>N</b>	<b>128</b>	<b>38</b>	<b>38</b>	<b>17</b>

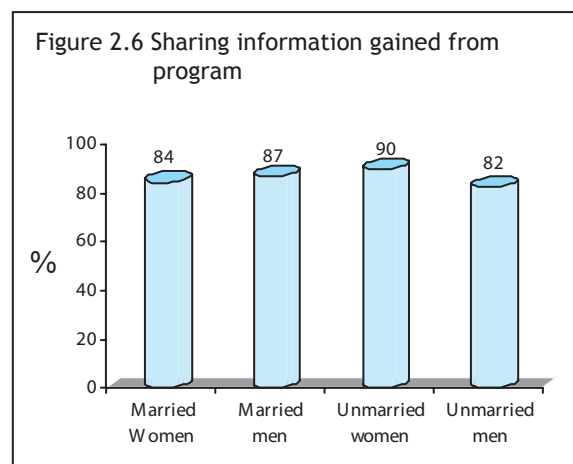
Percentages total exceed 100 due to multiple responses

### 2.7.3 Preferred issues and perceived benefits from the program

Of all respondents who had ever participated in any discussion organized by the program, a majority of the male respondents (87-94%) reported that they liked the information given on safe and unsafe abortion. Similarly, about half of the married (46%) and unmarried women (50%) reported that they liked information provided on safe abortion services the most. Almost all respondents in all four categories (90-100%) reported that they liked all the topics covered in the program. Furthermore, almost all respondents in all four categories (97-100%) reported that they benefited from the program by getting such useful information.

### 2.7.4 Sharing of Information gained from the program

It is encouraging to note that an overwhelming majority of the respondents (82-90%) who had participated in the program shared the knowledge they gained from the program with others, mostly with their friends (57-93%), neighbors (21-70%) and family members (29-69%).



### 2.7.5 Recommendation to the future program

Half or more women (married 63%; unmarried 50%) while only about a third unmarried men (35%) requested that such program should be organized from time to time. On the other hand, a third or more men (married 45%; unmarried 35%) reported that it would be better if the training/seminar days were extended. It is encouraging to note that a quarter or more male respondents (married 26%; unmarried 29%) reported that people from disadvantaged caste (Dalit) should be included in the program.

Table 2.6 Recommendations to future program

Recommendation	Married women	Married men	Unmarried female	Unmarried male
None	16.4	18.4	18.4	5.9
Program should be organized time to time	63.3	-	50.0	35.3
Program should be covered for all people	15.6	-	18.4	-
Training/seminar days should be extended	3.1	44.7	2.6	35.3
Program organizer should be specialized in the topics	-	-	5.3	-
Pre-information about the program is required	2.3	-	5.3	-
Dalit/disadvantaged groups should be included in the program	6.3	26.3	5.3	29.4
Unmarried and women should be included in the program	2.3	7.9	-	-
Program should be organized in remote areas		10.5	5.3	5.9
Equal participation from both men and women	-	-	2.6	-
Program should be organized tole-wise (specific area)	-	-	-	11.8
<b>N</b>	<b>128</b>	<b>38</b>	<b>38</b>	<b>17</b>

Percentages total exceed 100 due to multiple responses

## 2.8 Conclusion and discussion

Knowledge about legalization of the abortion law, women's right to abortion and the presence of an approved CAC facility in the district has increased significantly in all four categories of

the respondents. However, knowledge about the conditions under which abortion is permitted by law is still low especially among men.

The law grants absolute right to women to have an abortion. Despite this provision, the majority of men were skeptical about women's absolute right to abortion. Similarly, most of the married and unmarried men disagreed on unmarried women's right to have an abortion. In contrast to this, both the married and unmarried women are in favor of women's rights to abortion. Majority of them also approved on the abortion rights for unmarried women.

Despite having CAC facilities in all the sampled districts, still a substantial proportion of the respondents lacked correct knowledge about the presence of such facilities. A considerable proportion of married respondents who terminated an unwanted pregnancy from unauthorized or illegal providers had decreased. Majority of the respondents who reported that they/their wives had abortion had done so in hospitals, Marie Stopes clinics and nursing homes.

Although a substantial proportion of the respondents were aware of the program, the participation was low among the respondents. However, almost all the respondents who had participated in the program shared with other people what they gained from the program and also reported that they benefited highly from the program. In addition, a majority of the respondents demanded that such program should be held from time to time and also demanded to include socially excluded groups in the program.

Overall, these findings demonstrate the remarkable achievements, despite the short duration of the project. The study recommends for the replication of the program in other districts where the knowledge and utilization of sexual and reproductive health services are lacking.





## Chapter 3

### Private Paramedics and Chemists' (PPC) Knowledge, Attitude and Perceptions About The Abortion Law, Women's Reproductive Rights and Safe Abortion Service.

This chapter presents the knowledge, attitude and perceptions of private paramedics and chemists (PPCs) on abortion law, women's reproductive rights and safe abortion services. The target respondents were selected by using cluster sampling technique and were sampled from the lists of PPCs maintained in each of the six sampled districts. As the number of PPCs trained and empowered by the program varies across the districts, the PPCs sample was allocated proportionately using probability proportionate to size (PPS) technique.

#### 3.1 Number and the qualifications of PPCs covered

The end-line survey interviewed a total of 356 PPCs from six sampled districts. This number is about 8 percent less than the baseline survey. This is mainly because some of the PPCs were not functioning and others shifted to another location. However, this change does not significantly affect the outcome of the assessment. Of the PPCs interviewed 267 (75%) had participated in

the training/workshop on abortion related issues conducted by the program. There is marginal difference in sex composition of PPCs interviewed at end-line compared to baseline survey. As evident from the table 3.1 that there were a 279 (83%) male and 77 (17%) were female respondents.

Table 3.1 Sex distribution of the PPCs

Sex	Baseline	End-line
Male	82.8 (322)	78.4 (279)
Female	17.2 (57)	21.6 (77)
<b>N</b>	<b>100.0 (389)</b>	<b>100.0(356)</b>

As compared to the baseline survey there is a little difference in the professional qualification of auxiliary health worker (AHW) and/or community medicine auxiliary (CMA) (end-line 45%; baseline 37%) and PPCs trained by Department of Drug Administration (DDA) (end-line 21%; baseline 36%), minor difference in assistance nurse midwives (ANM) (end-line 7%; baseline

4%) and staff nurses (end-line 3%; baseline 2%) and no difference among the rest (practitioner, health assistant, ayurvedic practitioner). The other professional qualification of PPCs included laboratory assistant, village health worker (VHW), bachelor in pharmacy and bachelor in medical science (BMS) (Table 3.2).

Table 3.2 Professional qualification of the PPCs

Professional qualification	Baseline	End-line
AHW/CMA	37.0	45.1
DDA trained	36.4	21.1
Practitioner	11.4	12.3
Assistance nurse midwife	4.4	6.6
Health assistant	3.6	4.6
Ayurvedic practitioner	3.6	2.6
Staff nurse	1.8	3.1
Others*	1.8	4.6
Total	100.0	100.0
N	389	356

\* Lab Assistant, VHW, Bachelor in Pharmacy, BMS

## FINDINGS

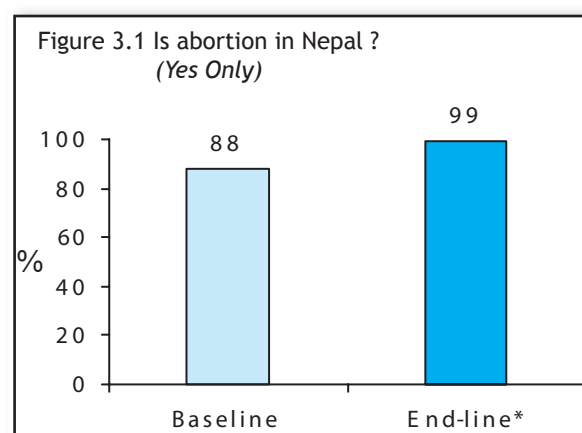
### 3.2 Knowledge about the abortion law

#### 3.2.1 Knowledge on legalization of abortion law

Awareness about legalization of abortion was already very high (88%) among the PPCs at the time of the baseline survey and became nearly universal (99%) at the end-line survey (Figure 3.1).

The district-wise comparison indicates that awareness level on legalization of abortion increased to universal level (100%) in all the districts except in Mahottari. Nevertheless, the level of awareness about the legal reform in Mahottari shot-up to nearly universal (95%) from 60% in the baseline survey (Figure 3.2).

At the end-line, NGOs have been cited as the main sources of information about the abortion law reform for more than two third of the PPCs (66%). The newspaper was the main source of information at baseline (66%). This significant finding reflects the contribution of the NAWRN program. At the end-line, radio was the second largest source of information for about half (52%) of the PPCs followed by newspapers (43%) and television (34%) (Table 3.3).



chi-square test, significant at  
\*  $P < 0.05$ , \*\*  $P < 0.01$ , \*\*\*  $P < 0.001$

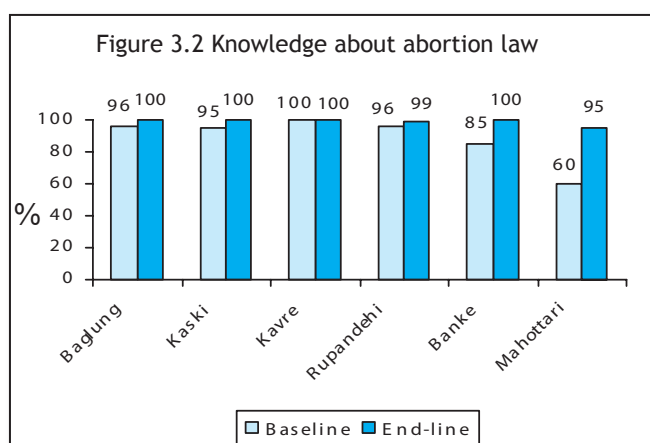


Table 3.3 Sources of knowledge about legalization of abortion among PPCs

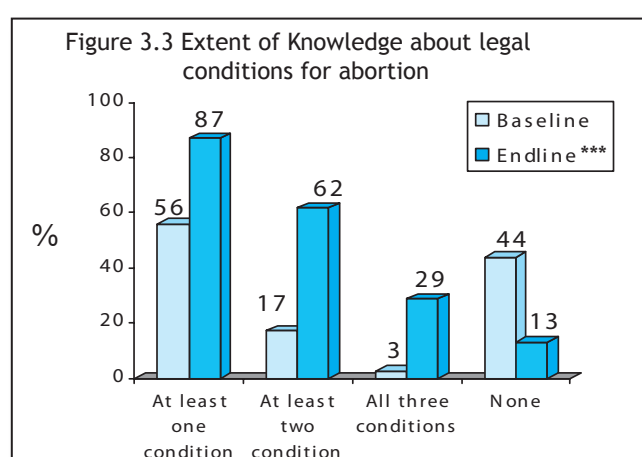
Sources of information about legalization of abortion	Baseline	End-line
NGO sources	22.0	66.3
Radio	35.8	51.8
Newspapers	66.0	43.1
TV	19.4	34.3
Pamphlets	2.1	4.2
Friends	7.0	2.8
Others*	3.8	2.0
<b>N</b>	<b>341</b>	<b>353</b>

\*Training seminar, health personnel;

Percentage total may exceed 100 due to multiple responses

### 3.2.2 Knowledge on the conditions of abortion law

Those respondents who were aware of the abortion law were further asked about the conditions under which abortion is permitted by law. It is encouraging to note that the extent of knowledge about legal conditions for abortion has increased significantly among PPCs over the years. For instance, more than a half of the PPCs (56%) were able to mention at least one legal condition in the baseline survey which has increased by 31 percentage points in the end-line survey (87%). Similarly, three times more PPCs in the end-line survey (62%) than baseline survey (17%) were able to cite at least two legal conditions permitted by law. PPCs who were able to cite all three legal conditions increased by ten times (29%). The corresponding figure in the baseline survey was 3%. On the other hand the proportion of PPCs who are not aware of any of the three legal conditions has also significantly reduced from 44% (baseline) to 13% (end-line) (Figure 3).



chi-square test, significant at

\*  $P < 0.05$ , \*\*  $P < 0.01$ , \*\*\*  $P < 0.001$

### 3.2.3 Knowledge about conditions of illegality

The present abortion law protects women's rights to abortion. The law has set out some conditions under which abortion is considered illegal. These include: abortion if performed without the consent of pregnant woman; if performed beyond the legal gestation limits/not within legal provision and if performed on the basis of sex determination. Attempts were made to assess if there is any improvement in the knowledge about the conditions of illegality. PPCs in the end-line are more aware about the illegality of the abortion than in the baseline which can be attributed to the NAWRN program. Abortion if performed without the consent of women is considered illegal was mentioned by higher proportion of PPCs in the end-line survey (62%) than baseline survey (35%). The knowledge that abortion is illegal if performed beyond the legal gestation limits of 12 weeks/not within legal provisions has shot-up to 50 percent from 30 percent in the baseline survey. Knowledge that abortion will be illegal if performed on the basis of sex determination recorded lowest (6%) among other conditions at baseline increased by nearly three times (17%)

in the end-line survey. Proportion of PPCs who were not aware of any of the illegal conditions has sharply declined in the end-line (from 35% to 13%) (Table 3.4).

Table 3.4 PPCs' knowledge on illegal condition of abortion

Illegal conditions	Baseline	End-line
Without the consent of pregnant woman	34.6	62.0***
Beyond the legal gestation limits/not within legal provision	29.6	50.5***
On the basis of sex determination	6.5	17.3
Don't know	34.9	13.3
Others*	18.2	7.1
<b>N</b>	<b>341</b>	<b>353</b>

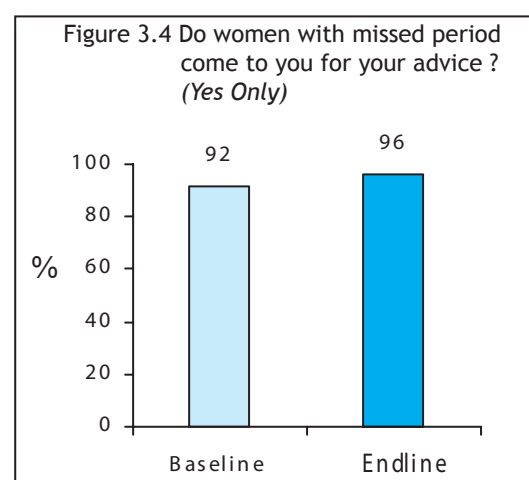
Percentage total exceed 100 due to multiple responses

Note= \*\*\* $p \leq 0.01$

\*Pregnancy above 1 month, Unmarried cannot abort, One who is having only one child cannot abort, Pregnancy resulted from illegal relationship, Abortion should not be done at any stage as it is not good, Abortion without prior notice or without informing, without the consent of husband and wife, pregnancy after 3-4 months.

### 3.3 PPC as source of consultation

Private paramedics and chemists are not only a primary health care provider but also a primary source of consultation about unintended pregnancy, menstrual regulation and induced abortion for a large number of women. In the end-line survey, as in the baseline, the respondents were asked whether women with missed period come to them for their advice. As evident from Figure 3.4, almost all the PPCs in both the baseline (92%) and end-line (96%) acknowledged this fact.



Those PPCs who said yes were further asked what advice they give to these women who have missed period. More PPCs are now aware what to do if women approach them for abortion advice. For instance, three-fourth PPCs (75%) would advice these women to have pregnancy test, one-third (34%) would refer to hospital and more than one-fifth (22%) would refer to the MSI clinic. PPCs providing medicines for menstrual regulation (MR) to those women who have missed period remained almost same in both the baseline (9%) and end-line surveys (8.5%) (Table 3.5).

Table 3.5 Advice of PPCs to women who have missed period

Types of suggestion they provide	Baseline	End-line
Ask to have pregnancy test	41.0	75.1
Refer to hospital	52.5	34.5
Refer to MSI clinic	27.8	22.5
Provide medicines for MR	9.0	8.5
Refer to private doctor	13.2	5.8
Refer to FPAN clinic	5.1	4.4
Others*	0.8	1.2
Nursing home	2.2	0.9
<b>N</b>	<b>356</b>	<b>342</b>

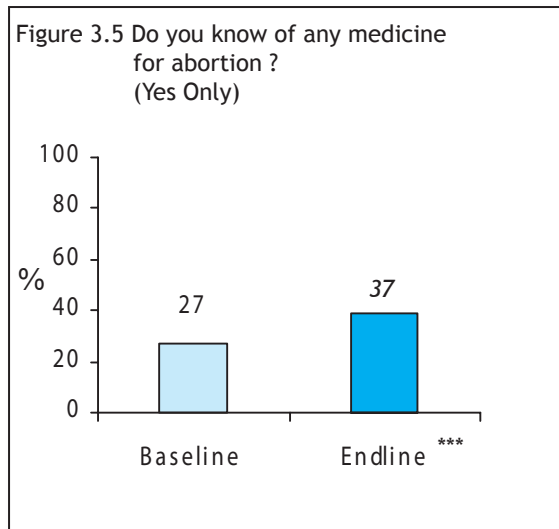
\*Refer to Health post, Refer to India, to suggest not to abort

Percentage total may exceed 100 due to multiple responses

### 3.4 Knowledge about medical abortion

Manual vacuum aspiration (MVA) is the main procedure used for safe abortion in Nepal. Recently the government of Nepal has officially introduced medical abortion in six districts on a pilot basis. The government has already developed guidelines for implementing medical abortion services. Nevertheless, various types of allopathic and ayurvedic medicines for menstrual regulation in the Nepalese market were widely known (Tamang and Tamang 2003). With the highly porous Indo-Nepal boarder and the easy availability of mifepristone and misoprostol in the Indian market, it is possible that these drugs are entering from Indian markets illegally. The present

end-line survey explored PPCs knowledge and the availability of medical abortion drugs in Nepal. More than one-third(37%) PPCs in the end-line survey reported that they have heard about the medicines for abortion as against one-fourth (27%) in the baseline survey (Figure 3.5).

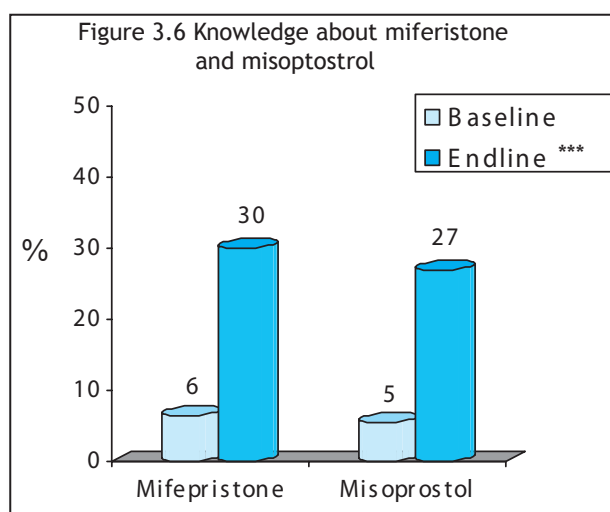


chi-square test, significant at  
\*  $P < 0.05$ , \*\* $P < 0.01$ , \*\*\* $P < 0.001$

#### 3.4.1 Knowledge about mifepristone and misoprostol

During the training, PPCs were informed about mifepristone and misoprostol while sharing the baseline findings on medical abortion with them. The end-line survey recorded a substantial increase in the proportion of PPCs who knew about mifepristone (30%) and misoprostol (27%) compared to baseline (mifepristone - 6%, misoprostol - 5%) (Figure 3.6).

The PPCs were further asked about the use of these medicines. Among PPCs who were aware about these medicines, almost all mentioned that they were used for abortion (91-93%). In the baseline survey two-third PPCs (60-62%) had said that these drugs are used for abortion. Very few PPCs believed that these drugs are used for menstrual regulation (5-6%) and for hormone (1-2%) (Table 3.6).



chi-square test, significant at  
 \*  $P < 0.05$ , \*\*  $P < 0.01$ , \*\*\*  $P < 0.001$

Table 3.6 PPCs' knowledge on uses of Mifepristone and Misoprostol

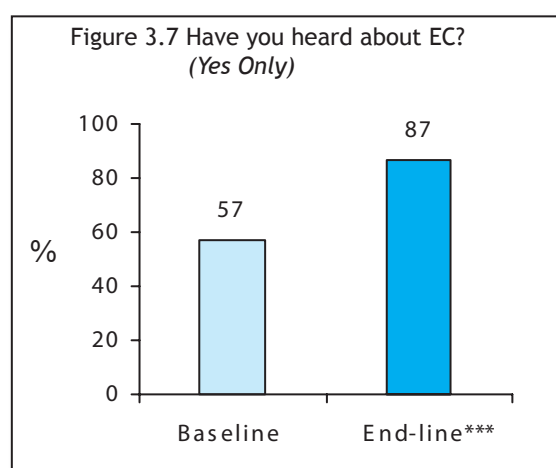
Uses of Mifepristone	Baseline	End-line
For abortion	60.0	90.6
For menstrual regulation	8.0	4.7
For harmon	-	1.9
Don't know/just heard	32.0	4.7
<b>N</b>	<b>25</b>	<b>106</b>
Uses of Misoprostol		
For abortion	61.9	92.9
PPH (postpartum hemorrhage)	14.3	-
For harmon	4.8	1.0
For menstrual regulation	-	6.1
Don't know/Just heard	19.0	3.1
<b>N</b>	<b>21</b>	<b>98</b>

Percentage total may exceed 100 due to multiple responses

### 3.5 Knowledge about emergency contraception

Compared with the baseline (57%) responses, a higher percentage of PPCs in the end-line (87%) were aware about emergency contraception (Figure 3.7).

However, increase in percentage varied among the districts. Almost all PPCs in Kavre (96%), Kaski (95%), Baglung (93%) and Rupandehi (92%), most in Banke (89%) and nearly half in Mahottari (47%) were aware about emergency contraception (Figure 3.8).



chi-square test, significant at  
 \*  $P < 0.05$ , \*\*  $P < 0.01$ , \*\*\*  $P < 0.001$

Among those PPCs who were aware about the emergency contraception, correct knowledge of when and how to use it increased prominently. About two-third PPCs could cite correct use of EC in the end-line (63%) which was nearly two-fifth in the baseline (37%). As evident from the Table 3.7, the proportion of respondents who answered somewhat correctly and wrongly declined significantly.

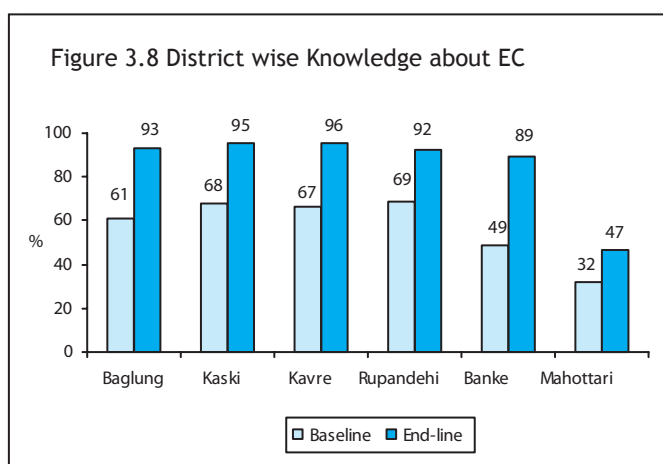


Table 3.7 PPCs knowledge on prescribing EC

When and how to prescribe EC?	Baseline	End-line
Answered correctly	36.9	62.8
Answered somewhat correctly	41.9	25.2
Answered wrongly	21.2	12.0
<b>Total</b>	<b>100.0</b>	<b>100.0</b>
<b>N</b>	<b>222</b>	<b>309</b>

### 3.6 Networking with health facility

The extent to which the CAC centers requesting PPCs to refer abortion clients to their clinics increased over the years. Nine out of ten PPCs in the end-line survey (90%) reported that they were approached by Marie Stopes International (MSI) to refer abortion clients to their clinics. It is also interesting to note that after the intervention of NAWRN program, a higher proportion of the PPCs in the end-line survey (37%) than at baseline (2%) reported that the Family Planning Association of Nepal (FPAN) had requested them to refer abortion clients to their clinics. Furthermore, about one-sixth of the PPCs (17%) said that Health Care and Research Centre (HCRC), a NGO CAC center in Banke had also requested them to refer abortion clients to their clinic. On the other hand, private clinics/nursing homes requesting PPCs to refer abortion clients to their clinic declined (2.5 % vs. 6% (Table 3.8).

Table 3.8 Institutions requesting PPCs for referring clients

Requested institution or person for abortion client	Baseline	End-line
MSI	61.4	89.6
Pvt clinic/nursing home	6.2	2.5
Hospital	3.3	9.8
FPAN	0.8	36.8
HCRC	-	16.9
None	34.7	5.1
<b>Total</b>	<b>100.0</b>	<b>100.0</b>
<b>N</b>	<b>389</b>	<b>356</b>



One of the interventions of the NAWRN program was the training and enrolment of PPCs in the PPC network and link them to the existing CAC centers managed by government and non-governmental sectors within the program districts. During the PPCs training the district level CAC providers from FPAN, MSI, government hospitals and NGO clinics were also introduced to them and network relationship between PPCs and CAC centers were established. Currently about three fourth (74%) PPCs cited that they have networking relationship with MSI (38% in baseline). After the NAWRN intervention, about a quarter (26%) PPCs cited that they have networking relationship with FPAN. The corresponding figure was zero in the baseline survey. Only 7% PPCs cited networking relationship with government hospitals (2% in baseline) (Table 3.9).

Table 3.9 Networking relationship of PPCs with health facility who provide abortion service

Institution seeking referral network on abortion	Baseline	End-line
MSI	38.0	73.6
Hospital	2.1	7.0
FPAN	-	25.8
Not networking	60.4	30.1
Others*	2.3	3.9
<b>N</b>	<b>389</b>	<b>356</b>

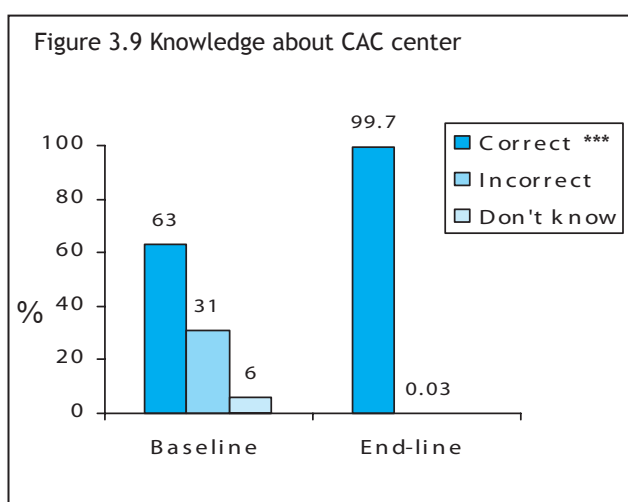
\*Private clinic, Nursing home

Percentage total may exceed 100 due to multiple responses

### 3.7 Knowledge about CAC services

All the districts surveyed had at least one government approved CAC facility. Some districts have more than one CAC facility. The procedure relating to law has made it mandatory to get approval from the government for providing CAC services to all the hospitals, clinics who are willing to provide CAC services. At the time of end-line survey 5 out of 6 survey districts had 4 to 7 CAC facilities (both government and NGO facility). Baglung has only one government CAC facility.

One of the focuses of the PPCs intervention was to make these PPCs aware about the approved CAC facilities in the district, so that, they had options to refer clients in any of the CAC facility located in the district. It is encouraging to find in the present survey that almost all the PPCs (99.7%) demonstrated the correct knowledge about the presence of an approved CAC facility in their district. The corresponding percentage during baseline was 63 % only (Figure 3.9).



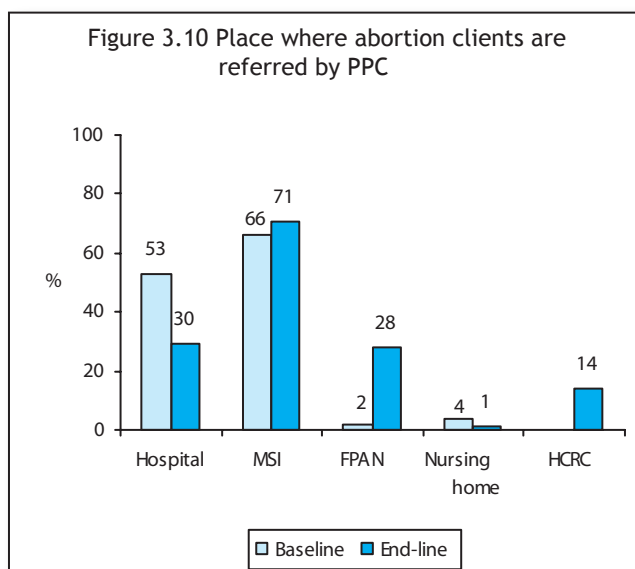
chi-square test, significant at

\*  $P < 0.05$ , \*\*  $P < 0.01$ , \*\*\*  $P < 0.001$

### 3.7.1 Referrals by PPCs

To increase referrals to registered CAC centers by involving PPCs as referral agents has been one of the main objectives of the NAWRN program. The effectiveness of the intervention is evident from the fact that four-fifth PPCs in the end-line survey (82%) cited that they have referred clients to a listed CAC center as against less than two-third PPCs (63%) in the baseline survey (Table not shown).

Large majority of the PPCs in both the baseline (66%) and end-line (71%) chose to refer clients to the MSI clinic. It is also encouraging to find that the PPCs referring clients to FPAN has shot up sharply from 2 percent in the baseline survey to 28 percent in the end-line survey. On the other hand, PPCs mentioning referrals to government CAC facility has shown a decline by almost a half (from 53 to 30%) because of the close down/non-functioning of government CAC services in districts such as Mohattari and Kavre and Banke (half the year), long waiting time, restricted admission of clients, no incentives to the referees etc. Other referred CAC facilities mentioned by PPCs is Health Care and Research Center (HCRC) (14%) – a NGO clinic in Banke district. It is also interesting to note that the PPCs citing Nursing Home as referred place has declined (from 4 to 1%) because of the high fees charged by Nursing Homes (Figure 3.10).



Those PPCs who had said that they have referred clients to a listed CAC facility were further enquired about the number of abortion clients they have referred to these CAC facilities in the past one year. As compared to the baseline survey, higher number of PPCs in the end-line survey has referred more than 5 abortion clients to an approved CAC facility. For instance, a quarter of the PPCs (25%) has referred 6-10 abortion clients, one-eighth (14%) has referred 11-15 clients and one-fifth has referred more than 21 clients to an approved CAC facilities. The PPCs referring 16-20 clients remained almost same in both the baseline survey and end-line survey (Table 3.10).

Table 3.10 Number of abortion clients referred by PPCs

How many abortion clients have you referred to these CAC facilities in the past one year?	Baseline	End-line
Less than 5 clients	51.4	33.6
6-10 clients	23.1	25.0
11-15 clients	8.5	13.7
16-20 clients	7.7	6.8
21+ clients	8.9	20.9
<b>Total</b>	<b>100.0</b>	<b>100.0</b>
<b>N</b>	<b>247</b>	<b>292</b>

### 3.7.2 Reasons for referral

PPCs have cited several reasons for referring clients to different CAC facilities. "Approved center" is the main reason for majority of the PPCs for referring clients in the present survey (72%) as against the affordable fee as the main reason in the baseline survey (57.5%). Higher percentage of PPCs now (63%) than before (50%) mentioned the trained doctor as another reason for referring clients to a CAC center followed by referral network (31.5%) and proximity (29.5%). Contrary to baseline survey, fee was not considered as a factor for referring clients by PPCs (26%) (Table 3.11).

Table 3.11 Reasons for referring abortion clients

Reasons for referral	Baseline	End-line
Approved center	36.0	72.3
Has trained doctor	49.8	62.7
Affordable fee	57.5	26.0
Not far away for clients	24.3	29.5
Referral Network	10.5	31.5
Safe and trustworthy	9.7	2.7
Prompt service	2.4	0.7
<b>N</b>	<b>247</b>	<b>292</b>

Percentage total may exceed 100 due to multiple responses

## 3.8 Perceived benefits from the program

In addition to the baseline information, the present survey solicited information about the PPCs knowledge on the NAWRN program, their participation in the program, contents of discussion including their preferred topics, usefulness of the program, perceived benefits from the program, their willingness to continue to refer abortion clients in the future and recommendations for the program. The perception of other PPCs not involved in the PPCs network was also assessed.

### 3.8.1 Knowledge and participation about NAWRN Program

All the PPCs were asked whether they have heard about the NAWRN program. It is encouraging to find that four out of five PPCs (82%) have heard about the NAWRN program. District wise comparison shows that almost all in Baglung (96%), most in Mahottari (86%), Rupandehi (83%), Banke (82%) and Kaski (78%) were aware about the NAWRN program. In Kavre less than two-thirds (62%) of the PPCs were aware about the NAWRN program (Table 3.12).

Table 3.12 PPCs' Knowledge about NAWRN program

Have you heard about the NAWRN program?	Baglung	Kaski	Kavre	Rupandehi	Banke	Mahottari	Total
Yes	96.4	78.0	62.5	83.1	82.4	86.0	81.7
No	3.6	22.0	37.5	16.9	17.6	14.0	18.3
<b>Total</b>	<b>100.0</b>	<b>100.0</b>	<b>100.0</b>	<b>100.0</b>	<b>100.0</b>	<b>100.0</b>	<b>100.0</b>
<b>N</b>	<b>28</b>	<b>82</b>	<b>24</b>	<b>77</b>	<b>102</b>	<b>43</b>	<b>356</b>

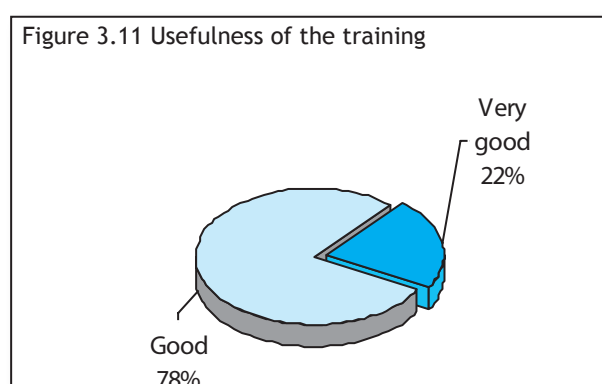
Those PPCs who had heard about the NAWRN program were further asked about their participation in the training/workshop program organized by implementing institutions on safe abortion preceding three years from the time of survey. Among those who have heard about NAWRN program three fourth PPCs (75%) said that they had participated in the training/workshop program on safe abortion. Nearly two fifth PPCs in Kavre (37.5%), slightly more than a quarter in Kaski (30.5%) and Banke (27.5%), one fifth in Rupandehi (22%) and one sixth in Mahottari (16%) had not participated in any of the training/workshop on safe abortion. Baglung (93%) has the highest percentage of PPCs who had participated in the training/workshop program regarding abortion related issues (Table 3.13).

Table 3.13 Participation in any of the training/workshop/meeting on safe abortion in the past three years

	Baglung	Kaski	Kavre	Rupandehi	Banke	Mahottari	Total
Yes	92.9	69.5	62.5	77.9	72.5	83.7	75.3
No	7.1	30.5	37.5	22.1	27.5	16.3	24.7
<b>Total</b>	<b>100.0</b>	<b>100.0</b>	<b>100.0</b>	<b>100.0</b>	<b>100.0</b>	<b>100.0</b>	<b>100.0</b>
<b>N</b>	<b>28</b>	<b>82</b>	<b>24</b>	<b>77</b>	<b>102</b>	<b>43</b>	<b>356</b>

### 3.8.2 Usefulness and the perceived benefits of the Training/workshop

Among the PPCs who have participated in the training/workshop were asked how did they found the training/workshop and asked them to rate the program in four point scale: "very good, good, poor and very poor". All (100%) the PPCs formed the training program to be good. Of them 22 % said very good. No negative perceptions were noted (Figure 3.11).

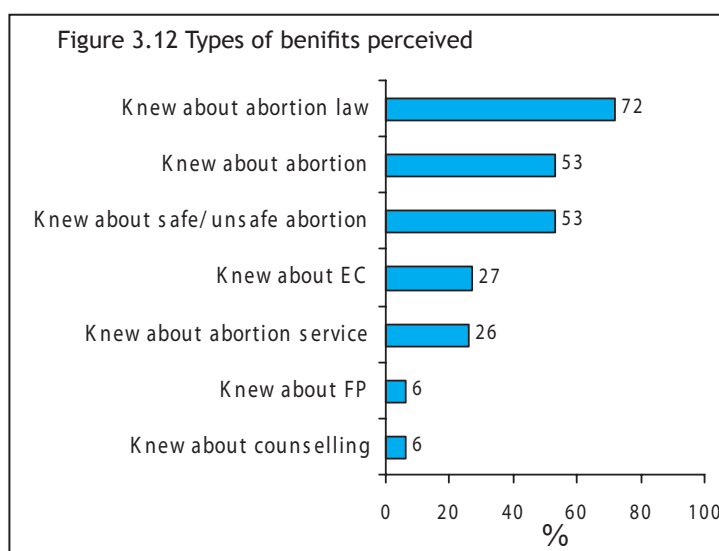


Almost all the PPCs participating in the training/workshop stated that they have been benefited greatly by the program. All the PPCs in all the survey districts cited that the program was beneficial to them. However, a small number of PPCs (1.4%) from Banke said that the training/workshop was not beneficial to them (Table 3.14).

Table 3.14 PPCs' perception on the benefits of training/workshop

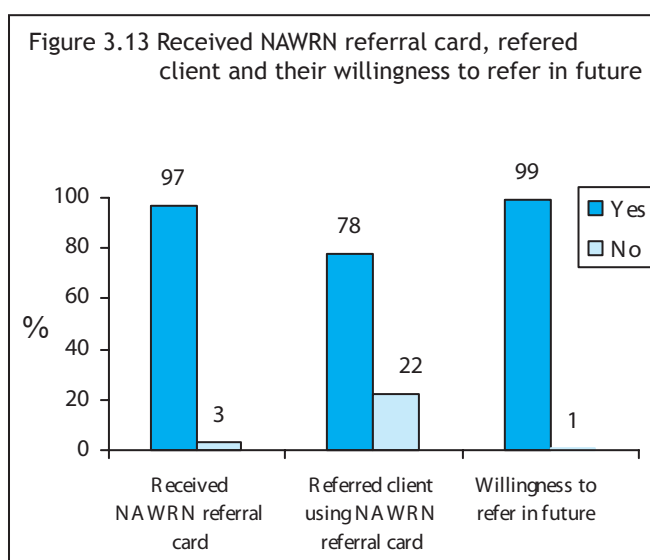
Did you benefit from the program	Baglung	Kaski	Kavre	Rupandehi	Banke	Mahottari	Total
Yes	100.0	100.0	100.0	100.0	98.6	100.0	99.6
No	-	-	-	-	1.4	-	0.4
<b>Total</b>	<b>100.0</b>	<b>100.0</b>	<b>100.0</b>	<b>100.0</b>	<b>100.0</b>	<b>100.0</b>	<b>100.0</b>
<b>N</b>	<b>26</b>	<b>57</b>	<b>15</b>	<b>60</b>	<b>74</b>	<b>36</b>	<b>268</b>

Regarding the types of benefits perceived by the PPCs after participating in the training, it is apparent from the Figure 3.12 that the large majority of the PPCs (72%) admitted that they are now familiar with abortion law. More than half were also able to know about the abortion and safe and unsafe abortion (53% each), about a quarter became familiar with emergency contraception (27%) and abortion service (26%) (Figure 3.12).



### 3.8.3 NAWRN referral card and referral service

After the training, PPCs were also provided special NAWRN Referral Card for referring abortion clients to a safe abortion service center of client's choice. PPCs were asked if they had received NAWRN referral card. Almost all the PPCs (97%) said that they have received the NAWRN referral card. They were further asked whether they have referred abortion client to any of the safe abortion service centers using the NAWRN referral card. Four fifth PPCs (78%) cited that they have referred the abortion clients using NAWRN referral cards.



The NAWRN program has developed referral mechanism between PPCs and approved safe abortion service centers. More than 90% PPCs in the baseline had perceived that it is important to involve them in the network in expanding access to legal and safe abortion to women. An attempt was made whether PPCs are willing to refer clients in future (after program gets phased out). Almost all the PPCs admitted that they are willing to refer abortion clients in future even after the termination of external fund (Figure 3.13).

### 3.8.4 Comfortableness in sharing abortion related issues

PPCs who participated in the training/workshop program were further asked if they feel comfortable in discussing abortion related issues. Large majority of PPCs (69%) reported that they feel easy while remaining respondents (31%) feel very easy in discussing abortion related issues after participating in the training/workshop (Table 3.15)

Table 3.15 Comfortableness to discuss about abortion issues after training

How comfortable you feel to discuss about abortion related issues after participating in training/ workshop?	Baglung	Kaski	Kavre	Rupandehi	Banke	Mahottari	Total
Very easy	46.2	15.8	6.7	38.3	21.6	63.9	31.3
Easy	53.8	84.2	93.3	61.7	78.4	36.1	68.7
<b>Total</b>	<b>100.0</b>	<b>100.0</b>	<b>100.0</b>	<b>100.0</b>	<b>100.0</b>	<b>100.0</b>	<b>100.0</b>
<b>N</b>	<b>26</b>	<b>57</b>	<b>15</b>	<b>60</b>	<b>74</b>	<b>36</b>	<b>268</b>

### 3.8.5 Perception of the PPCs not participated in the NAWRN program

Out of the total of 356 PPCs interviewed, 23 PPCs were not NAWRN network members and not participated in any of the NAWRN program. They were asked if they had heard of the NAWRN program. Most of the PPCs (n=20) had heard about the NAWRN program. Those PPCs who had heard about the NAWRN program were related to safe and unsafe abortion (n=20), abortion law (n=6) and reproductive health and family planning (n=6). The topic related to safe abortion is liked by 12 PPCs and another 8 PPCs liked the topic women's right to abortion. Out of the 23 PPCs, 17 of them also reported that someone had approached them to participate in the training/orientation program in the past. All the 23 PPCs had shown their willingness to participate in such type of program in future (Table 3.16).

Table 3.16 Perception of other PPCs who were not participating in NAWRN program

What have you heard about the NAWRN program?	Baglung (N)	Kaski (N)	Rupandehi (N)	Banke (N)	Mahottari (N)	Total (N)
Abortion law		4		1	1	6
Safe and unsafe abortion	1	6	4	8	1	20
Reproductive health and family planning		1	1	4		6
<b>What did you like about the program ?</b>						
Women's right on abortion		4	1	2	1	8
Safe abortion service	1	3	3	5		12
Don't know				3		3
<b>Has someone approached you to participate in the training/orientation/meeting program ?</b>						
Yes	1	5	1	9	1	17
No		2	3	1		6
<b>Total</b>	<b>1</b>	<b>7</b>	<b>4</b>	<b>10</b>	<b>1</b>	<b>23</b>
<b>In future are you interested to participate in such type of program ?</b>						
Yes	1	7	4	10	1	23
<b>Total</b>	<b>1</b>	<b>7</b>	<b>4</b>	<b>10</b>	<b>1</b>	<b>23</b>

Total may exceed due to multiple responses

### 3.8.6 Suggestions for program improvement

PPCs who had heard about the NAWRN program were requested to suggest for program improvement. More than half PPCs (53%) emphasized that the duration of the program should be extended. Similarly nearly a quarter (24%) felt that there is a need of such type of program in rural areas. Other less common suggestions made were to provide certificate of the training, program to focus on FCHV and TBA, and expand in other districts (Table 3.17)

Table 3.17 Recommendation for program improvement

Recommendation	Total
Duration of program should be extended	52.9
Program should be organized in rural areas	23.7
Certificate of training should be given by organizer	1.0
FCHV and TBA should be aware about it	0.7
Program should be organized in other district	0.7
None	31.3
<b>N</b>	<b>291</b>

Percentages total exceed 100 due to multiple responses

### 3.9 Conclusion and discussion

The effectiveness of the intervention of NAWRN program involving PPCs as referral agents is evident from the end-line survey. There is an increase in the knowledge about the abortion law reform to universal level among private paramedics and chemists. Knowledge about the conditions in which abortion is not permitted by law has also increased among PPCs. The knowledge of at least one out of three conditions in which abortion is permitted by law has increased significantly among the PPCs who were aware of legalizations of abortion. The NGOs are the main source of information for large majority of PPCs. Almost all the PPCs are also aware about the presence of approved CAC facility in their districts. More PPCs are now aware what to do if women approach them for abortion advice. It is also evident from the survey that almost all PPCs were approached by abortion clients and contributed significantly in referring such clients to approved health facilities that the NAWRN program have developed referral network with.

It is encouraging to find that most of the PPCs have referred the abortion clients to different health facilities of clients' choice. However, the large majority of PPCs have been networking and referring clients to MSI. On the other, the end-line recorded a declined number of PPCs referring clients to government hospitals. This may be due to the non-functioning and/or irregular functioning of government CAC services in some districts, long waiting time, restricted admission of clients, no incentives to the referees etc.

More than four-fifth respondents were aware about the NAWRN program and three-fourth have participated in any of the program organized by NAWRN partner. Those who had participated in the program had found the program useful and almost all the participants benefited from the program. Perceived benefits for a large majority was the knowledge about abortion law, gained knowledge on abortion related issues and knew about safe and unsafe abortion. Almost all the PPCs had also received NAWRN referral card and most of them had referred the abortion clients to different health facilities of clients' choice.

It is noteworthy that almost all the PPCs were very much committed to help women and save their lives by referring abortion seekers to approved CAC centers even after the termination of PPFA fund.

PPCs model is one of the successful model in demonstrating PPCs networks for expanding access to information about safe abortion care and saving women's lives.

## Chapter 4

### Law Enforcers' Knowledge Attitude and Perceptions about Abortion Law, Women's Reproductive Rights and Safe Abortion Services

This chapter presents the findings of the post-intervention survey of law enforcers' knowledge, attitude and perceptions on abortion law, women's reproductive rights and safe abortion services. The law enforcers included judges, attorneys, and police officers. In addition, the law enforcers also include safe abortion service providers, journalists and other concerned officials of government and non-governmental organizations. The respondents were selected by using convenience sampling technique.

#### 4.1 Sample size covered

The end-line assessment interviewed a total of 134 law enforcers. This number is almost 50% higher than the baseline survey (87) as district level partner NGOs (of CREHPA and SMNF-N) and other key stakeholders were also covered under this category in the present survey in order to explore quality of the services and interventions and strengths and weaknesses of the program. This increase in the number of respondents in the end-line survey has obviously added value in the outcome of the assessment. The number of respondents interviewed according to sampled districts are shown in Table 4.1 and also compared with the baseline survey.

Table 4.1 Number of respondents interviewed according to survey districts

District	Baseline	End-line
Baglung	14	21
Kaski	14	22
Kavre	13	23
Rupandehi	16	23
Banke	16	23
Mahottari	14	22
<b>Total</b>	<b>87</b>	<b>134</b>



## 4.2 Categories of law enforcers covered

The end-line survey interviewed six categories of law enforcers operating at the district level: law practitioners, police personnel, administrators, health personnel, journalists and NGOs representatives. The distributions of the respondents by these categories are presented in Table 4.2. In terms of the professional background of the law enforcers interviewed, 18 were health professionals (OB&GYN/physicians and staff nurses of CAC approved facilities), 32 law practitioners (advocates, judges, district attorneys), 12 police personnel (Superintendent of Police/District Superintendent of Police and Women Cell In-charge), 17 administrators [Chief District Officer (CDO)/Deputy CDO, jailors and women development officers], 16 journalists and 39 NGO representatives which also included CREHPA and SMNF partner. It should be noted here that the end-line survey interviewed more than 3 times larger number of respondents under the NGO representatives' category (39 as against 12)

The end-line survey gave due importance to women respondents whose number more than doubled (44 as against 18) and is primarily accounted by the NGO category. In the baseline survey, no female administrators were interviewed. This gap has been addressed in the end-line survey by interviewing more female law enforcers under the administrator category (Table 4.2).

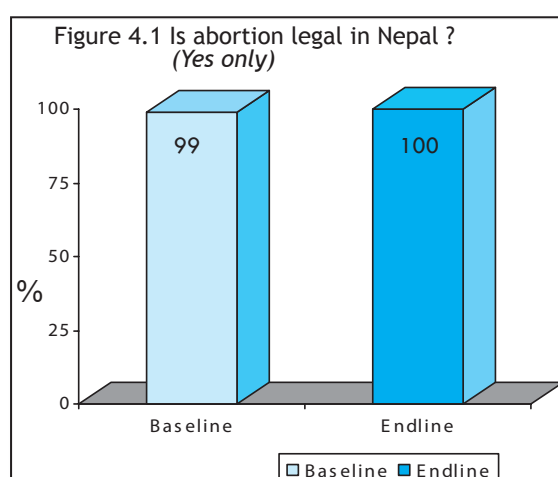
Table 4.2 Distribution of respondents according to major categories of law enforcers by sex

Designation	Baseline		End-line	
	Male	Female	Male	Female
Administrator	12	-	12	5
Police personnel	7	5	6	6
Law practitioners	23	1	29	3
Health personnel	6	9	11	7
NGO representatives	9	3	17	22
Journalists	12	-	15	1
<b>Total</b>	<b>69</b>	<b>18</b>	<b>90</b>	<b>44</b>

## FINDINGS

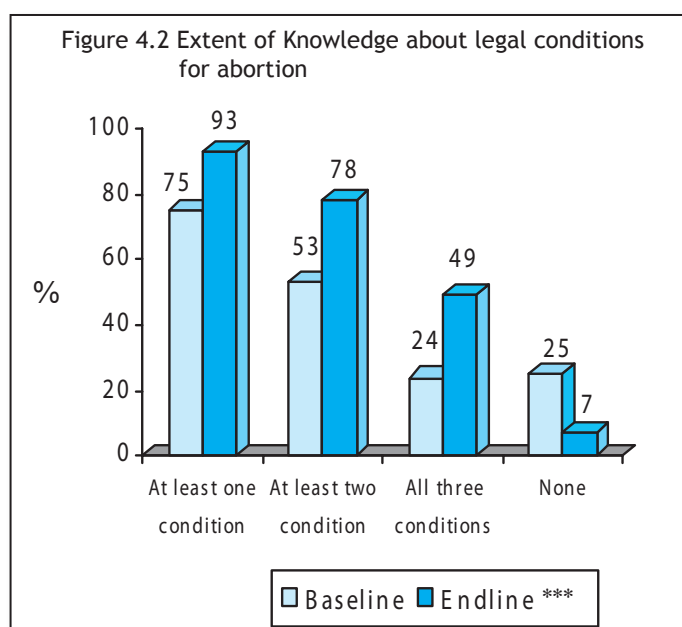
### 4.3 Knowledge about the abortion law

The Demographic Health Survey 2006 report revealed that only one-third of the women were aware that abortion is legal in the country. The end-line survey, however, found that the knowledge about legalization of abortion in Nepal among the law enforcers was universal (100%) in both the baseline and end-line surveys (Figure 4.1).



### 4.3.1 Knowledge about conditions for legal abortion

Abortion was legalized in Nepal in September 2002. With this advance in women's right, they can now obtain legal abortion. The law grants women's rights to abortion under following conditions: 1) up to 12 weeks of gestation for any women; 2) up to 18 weeks of gestation if pregnancy results from rape or incest; and 3) at any time during pregnancy, with the advice of a medical practitioner or if the physical or mental health or life of the pregnant woman is at risk or if the foetus is deformed and incompatible with life. The law also categorically states that a guardian's consent must be obtained for minor (under 16 years).



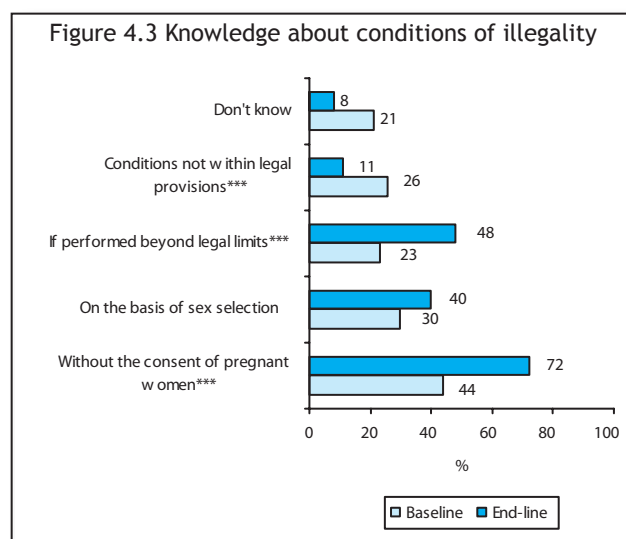
chi-square test, significant at \*  $P < 0.05$ , \*\* $P < 0.01$ , \*\*\* $P < 0.001$

With a view of examining the knowledge regarding the abortion law, the law enforcers were asked if they knew the conditions under which abortion can be legally performed. The data of the end-line survey revealed that among the law enforcers the proportion having complete knowledge about the legal conditions of abortion increased significantly from 24% at baseline to 49%. More than ninety percent (93%) of the law enforcers were aware of at least one condition and more than three-fourth (78%) of at least two out of three conditions. The corresponding levels in the baseline survey were 75 percent and 53 percent respectively. Respondents who were not aware of any of the three conditions also significantly reduced to 7 percent from 25 percent in baseline survey (Figure 4.2).

### 4.3.2 Knowledge about conditions of illegality

The present abortion law has set out some conditions under which any abortion carried out will be considered as illegal which include: (i) abortion performed without the consent of pregnant women; (ii) abortion performed on the basis of sex determination and (iii) if performed beyond the legal gestation limits. Attempts were made to assess if there was any improvement in the knowledge about the conditions of illegality.

The knowledge of the conditions of illegality among the law enforcers has shown a marked improvement. Knowledge that abortion is illegal if



Chi square test, significant at \* $p < 0.05$ , \*\* $p < 0.01$ , \*\*\* $p < 0.001$

performed without the consent of pregnant woman has been widespread as compared to the other two conditions. The proportion of respondents stating this condition of illegality has shot-up to 72 percent from 42 percent in baseline survey. The knowledge that abortion is illegal if performed on the basis of the sex determination of the fetus (sex selective abortion) was very limited – the proportion being less than one third (30%) in the baseline which went up to two-fifth (40%). Knowledge that abortion performed beyond the legal gestation limits of 12 weeks is illegal that was recorded the lowest (23%) among other conditions more than doubled (48%) in the end line survey (Figure 4.3).

#### 4.4 Opinions on women requiring permission for abortion

The present abortion law guaranties women's absolute right to abortion. Any woman aged 16 years and above can seek pregnancy termination without the permission of her husband/partner or anyone. Unfortunately, public opinion is divided on this issue. Recent surveys and opinion polls (CREHPA 2004, CREHPA/PPFA-I 2005) showed that the majority public especially men are not convinced of this provision.

In the end-line survey, as in the baseline, the opinions of the law enforcers were sought regarding whether or not a woman needs permission to terminate her pregnancy and if so, whose. The survey outcome by background characteristics of respondents is presented in Table 4.3. There has been a reversal in the trend of public opinion if analyzed by sex of the respondents. In the baseline survey more females (44%) than males (30%) respondents were of the opinion that women should seek permission to terminate her pregnancy. This pattern has undergone significant changes as more male respondents (44%) compared to their female (27%) counterparts felt that that women should seek permission to terminate her pregnancy. This perceived change among female respondents no doubt is a significant transformation on the knowledge of the reproductive right of women. This can be attributed to the NAWRN program.

Table 4.3 Whether women require permission for abortion by background characteristics of law enforcers

	Baseline		End-line	
	Yes	No	Yes	No
Sex				
Male	30.4	69.6	44.4	55.6
Female	44.4	55.6	27.3	72.7
<b>Categories</b>				
Police personnel	41.7	58.3	25.0	75.0
NGO representatives	41.7	58.3	38.5	61.5
Law practitioners	29.2	70.8	43.8	56.3
Health personnel	40.0	60.0	27.8	72.2
Administrator	25.0	75.0	23.5	76.5
Journalists	25.0	75.0	68.8	31.3
<b>Total</b>	<b>33.3</b>	<b>66.7</b>	<b>38.8</b>	<b>61.2</b>

With regards to the profession of the respondents, all the law enforcers except journalist seems to have formed the opinion that women should not seek permission to terminate their pregnancy. An overwhelmingly large majority of police personnel (75%), health personnel (72%) and NGO representatives (62%) said "No" to the question about women requiring permission to abortion. On the contrary more than two-third (69%) of the journalists held the view that woman should

seek permission before terminating their pregnancy. There has been an interesting shift in the perception of the journalist when compared with the baseline. In the baseline 75 percent stated “No” (Table 4.3).

The proportion of the respondents saying “yes” (39%) to the above questions were further asked “whose permission” should the women seek. It is interesting to observe that the proportion of the respondents stating “husband” declined in the endline survey as compared to baseline (82.8% vs. 69.3%). However the proportion of respondent stating “other family members” has increased from 21 percent to 38 percent and “guardians” from 17 percent to 27 percent between the baseline and end line survey (Table not shown).

#### 4.4.1 Opinions on criteria for women and couples for abortion

The present law does not prohibit any unmarried woman from seeking an abortion. The law also does not restrict any woman from undergoing an abortion on the basis of the number of surviving children she has, but outlaws abortions carried out on the basis of the sex of the fetus (sex selective abortion). The law permits abortion by a minor (under 16 years of age) provided her guardian consents to the act.

Opinions of the law enforcers were solicited as to whether they approve or disapprove abortion based on the above criteria. The proportion of the respondents who “approve” all the specified criteria showed a rising trend. It was quite encouraging to find that most law enforcers approved abortion by an unmarried woman (93%) and by any woman less than 16 years of age (78%). A large majority of them also approved abortion by couples irrespective of the number of children they had and the sex composition of the children. For example 89% of the law enforcers approved abortion by couples with one child, 72% approved couples with only sons and 71% approved couples with only daughters.

Majority of the law enforcers in the baseline survey disapproved abortion by couples with no child (52%). This has changed and now majority (56%) approve abortion by such couples (Table 4.4).

Table 4.4 Opinion on criteria for approval and disapproval for abortion

Approve/disapprove abortion if sought by the following	Approve		Disapprove	
	Baseline+	End-line	Baseline	End-line
Unmarried women	87.4	92.5	8.0	7.5
Couple with no child	43.7	56.4	51.7	43.6
Couple with only one child	69.0	88.7	24.1	11.3
Couple with daughters only	58.6	70.7	33.3	29.3
Couple with sons only	64.4	72.2	27.6	27.8
Women under 16 years (minor)	70.1	78.2	24.1	21.8

+ Conditional is excluded from table

#### 4.4.2 Approval for abortion in the family

The survey also solicited views of the law enforcers whether they would approve or disapprove if someone in their family wants to terminate an unwanted pregnancy. The responses are encouraging. Three-fourth of them stated “yes” while another one-fifth mentioned that it would “depend on the conditions”. The proportion of the law enforcers who disapproved the notion remained less than 5% (Table 4.5).

Table 4.5 Approval or disapproval to family member to abortion

Approve or disapprove if any member in your family wants to terminate unwanted pregnancy?	Baseline	End-line
Approve	66.7	75.4
Disapprove	4.6	3.0
Depends upon the condition	28.7	21.6
<b>Total</b>	<b>100.0</b>	<b>100.0</b>
<b>N</b>	<b>87</b>	<b>134</b>

Further classification of law enforcers who “approve” the notion by background characteristics (district, sex and type of profession) revealed that Kavre district witnessed a significant positive change from 23% to 70% while Rupendehi district experienced a decline from 81% to 70%. The remaining survey districts witnessed a marginal increase. With regards to the sex of the law enforcers there has been the reversal in the trend. While the proportion of male law enforcers “approving” abortion by family members increased (64% to 76%) the proportion of female declined marginally (78% to 75%). Higher proportion of respondents who participated in the NAWRN Program “approved” the notion as compared to those who did not (82% vs 69%). Regarding the professional association of the law enforcers the proportion of the administrator who “approve” the notion doubled in the endline survey (42% to 82%) while among police personnel and journalist it declined (Table 4.6).

Table 4.6 Permission to family member for abortion by background characteristics

	Baseline	End-line
<b>District</b>		
Baglung	71.4	81.0
Kaski	64.3	72.7
Kavre	23.1	69.6
Rupandehi	81.3	69.6
Banke	81.3	82.6
Mahottari	71.4	77.3
<b>Sex</b>		
Male	63.8	75.6
Female	77.8	75.0
<b>Participation in NAWRN program</b>		
Yes		81.2
No		69.2
<b>Designation</b>		
Police personnel	91.7	75.0
<b>NGO representatives</b>	<b>75.0</b>	<b>89.7</b>
Law practitioners	62.5	65.6
Health personnel	60.0	66.7
Administrator	41.7	82.4
Journalists	75.0	62.5
<b>Total</b>	<b>66.7</b>	<b>75.4</b>

## 4.5 Perceptions about public attitude towards abortion

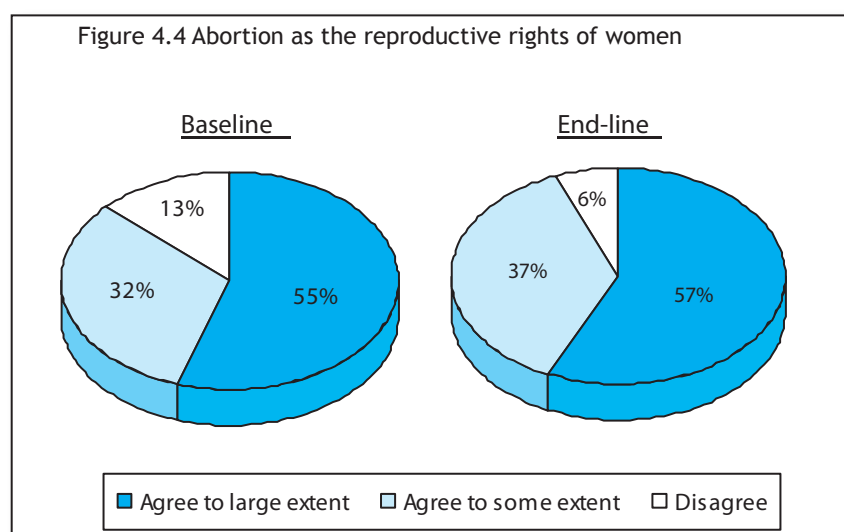
The study attempted to understand how law enforcers perceive public attitude towards abortion. Law enforcers' opinions continue to remain mixed; majority of the respondents (56%) felt that the general public consider abortion as going against Hindu religion and therefore consider it as a sin. The proportion of such respondents in the baseline survey was quite low (14%). Likewise, more than three-fifth (44%) of the respondents, as compared to baseline (29%) continue to perceive that the general public has negative views on abortion. Those perceiving as “positive” remained almost unchanged (33%). It may be noted here that more than one-third (36%) of the law enforcers perceive that general public consider abortion as “women’s right”. This category of respondent was non-existent in the baseline survey. This is a shift in the perceptions of the law enforcers (Table 4.7).

Table 4.7 Perceptions about public attitudes regarding abortion

Perceptions about public attitude regarding abortion	Baseline	End-line
It is positive/going on positive	31.0	32.8
Negative concept	28.7	44.0
It is against Hindu religion/it is sin	13.8	56.0
It is women’s right	-	35.8
Some people have positive and some have negative concept	12.6	6.0
Traditionally it is not good but it is compulsion, it is necessary	2.3	1.5
Educated take positively while illiterate take it negatively	5.7	8.2
People have negative concept in the village and they keep it	5.7	11.9
Community people don't know about legalization of abortion	5.7	9.7
<b>N</b>	<b>87</b>	<b>134</b>

### 4.5.1 Law enforcers perception on abortion as reproductive rights of women

The endline survey also tried to solicit the opinion of the law enforcers on abortion as a reproductive right of women. Though majority of the law enforcers “agree to a large extent” on the statement that “women’s decision to terminate or not to terminate her pregnancy is her reproductive right” no significant change was noticed in their perception (55% vs. 57%). Those “disagreeing” to the statement reduced by half, while those “agreeing to some extent” marginally increased from 32% to 37% in the endline (Figure 4.4).



Findings further revealed a considerable improvement in the perception of the respondents belonging to Banke district. All the respondents (100%) mentioned that they “agree” to the

statement compared to 62% in the baseline. In Rupandehi and Mahottari district, however, the proportion of such respondent reduced though marginally. In remaining survey districts this level was already high, close to 100%. While all the female respondents continue to “agree” to the statement, the proportion of male respondents was on the rise from 84% to 91%. Higher proportion of respondents who had participated in the NAWRN Program tended to “agree” to the statement as compared to those who did not participate (97% vs. 90%). With regards to the professional association of the respondents, the pattern in the perception remained more or less same except among administrators and law practitioners. Among administrators, the proportion “agreeing” to the statement increased from 67% to 94% and law practitioners from 83% to 91% (Table 4.8).

*Table 4.8 Perception on abortion as a reproductive right –agree only*

District	Baseline	End-line
Baglung	92.9	95.2
Kaski	100.0	100.0
Kavre	100.0	100.0
Rupandehi	93.8	91.3
Banke	62.5	100.0
Mahottari	78.6	77.3
<b>Sex</b>		
Male	84.1	91.1
Female	100.0	100.0
<b>Participation in NAWRN program</b>		
Yes	-	97.1
No	-	90.8
<b>Designation</b>		
Police personnel	91.7	91.7
NGO representatives	100.0	97.4
Law practitioners	83.3	90.6
Health personnel	93.3	100.0
Administrator	66.7	94.1
Journalists	91.7	87.5
<b>Total</b>	<b>87.4</b>	<b>94.0</b>

## 4.6 Opinions towards current abortion law

The survey solicited opinion from the law enforcers regarding the current abortion law. An open-ended question was asked to seek their opinion. Overwhelmingly a large proportion (87%) of the law enforcers was found to be positive toward the current abortion law; 73% felt that it safeguards the rights of women. It is encouraging to note that a quarter of the law enforcers were of the opinion that the current abortion law will help to prevent illegal abortions (Table 4.9).

Table 4.9 Perceived opinion towards current Abortion Law

Opinion expressed towards the current abortion law	Baseline	End-line
Okay, taken positively	65.5	86.6
Safeguard the rights of women	4.6	73.1
Illegal abortion is prevented	-	24.6
Need to revise	11.5	14.9
Will be better if implemented properly	3.4	5.2
Is impractical in real practice	8.0	3.0
Still rights denied to women	2.3	.7
Should separate act for it	3.4	
Cannot say	4.6	
<b>N</b>	<b>87</b>	<b>134</b>

Percentage total may exceed 100 due to multiple responses

#### 4.6.1 Opinions on the provisions regarding punishment in the abortion law

The survey solicited opinion from the law enforcers about the punishments provisioned in the current abortion law. Three-fourths (74%) of the law enforcers were “satisfied” with the existing provisions of punishments in the abortion law while about one-fourth of the respondents could not give their views in this regard (“Can’t say”). About one-tenth (9%) of the law enforcers stated that the provisions of punishment should be “implemented effectively” (Table 4.10).

Table 4.10 Attitude towards punishment provisioned in the abortion law

Attitude towards the punishment provisioned in abortion law	Baseline	End-line
Must implement effectively	5.7	9.0
Is fine and okay	48.3	73.9
Sentences as per the condition	12.6	5.2
Necessary to make separate law and act for reproductive health	2.3	
Must revise from time to time	6.9	0.7
Take action to the person providing abortion service illegally	2.3	0.7
Others	3.4	-
Can't say	25.3	22.4
<b>N</b>	<b>87</b>	<b>134</b>

Percentages total exceed 100 due to multiple responses

The survey further enquired if the law enforcers felt the need for an amendment in the punishments provisioned in the abortion law. Majority of them (58%) felt there it was not required while a quarter (25%) could not give their views in this regard. About one-fifth (18%) of them were not satisfied with the existing provisions and hence felt the need for amendment in respect to the sentence: some felt it should be minimal (12%) while others stated that there should be more sentences for men (12%)(Table not shown).

## 4.7 Perceived barriers for women in exercising their abortion rights

All the law enforcers were asked if they think that there were barriers for women to exercise their abortion rights under the present abortion law. Nearly three-fourths (72%) perceived there were some, while less than one-third (28%) believed there were none.



Traditional social, religious norms and values remained as the major barrier both in the baseline (61%) and end-line (88%) surveys. Lack of awareness about law and services was another barrier commonly cited (31%) which increased from the baseline level of 17%. Family reason (16%), high service cost (10%) and negative attitudes towards abortion (4%) were some of the less frequently cited barriers (Table 4.11).

*Table 4.11 Types of barriers for women in exercising abortion right*

Perceived barriers in the current abortion law	Baseline	End-line
None	25.3	28.4
Traditional social, religious norms and values	60.9	88.1
Lack of awareness about law and service	17.2	31.3
Family reason	23.0	15.7
High service cost	11.5	9.7
Negative attitude towards abortion	1.1	3.7
Private clinic also providing service so they can cheat	4.6	3.7
Lack of trained manpower	3.4	1.5
<b>N</b>	<b>87</b>	<b>134</b>

*Percentages total exceed 100 due to multiple responses*

## 4.8 Opinions on need for amendments to improve the existing abortion law

The survey also solicited the views of the law enforcers with regards to the need to amend the existing abortion law. As may be seen from the Table 12, the opinion of the law enforcers in the baseline was found mixed in this issue. Now they seemed to have developed firm views on the issue. Overwhelmingly a large majority (83.6%) of the law enforcers in the end-line stated that there was no need for any amendments in the existing abortion law. Those that felt this need reduced from one quarter in the baseline survey to one in seven (14%). This amply attests the changes witnessed in their views. Law enforcers who are not certain (can't say) that comprised a significant portion in the baseline (33%) drastically come down to merely 2% in the end-line. This also signifies that law enforcers have started to form a firm opinion on the issue. This perhaps could be due to various advocacy campaign of the NAWRN Program.

Law enforcers who observed the need for amendments were further requested to specify the areas. Nearly two-third (37%) suggested to reform the gestational period of abortion. The other suggestions includes having a separate abortion law (26%), abortion should only be allowed if mother's life is at risk (16%), free abortion service (5%) etc.

Table 4.12 Types of amendment required in the present abortion law

Opinion regarding need for amendment	Baseline	End-line
It is necessary	25.3	14.2
Not necessary	41.4	83.6
Can't say	33.3	2.2
<b>Total</b>	<b>100.0</b>	<b>100.0</b>
<b>N</b>	<b>87</b>	<b>134</b>
Types of improvement suggested		
Gestational period for abortion should be reformed	-	36.8
Separate law for abortion	13.6	26.3
No provision of abortion other than threat to life of mother	4.5	15.8
Revision of law on modern concept of reproductive health	4.5	-
Should be according to the international law	-	5.3
Extension of GON's low cost & accessible service of abortion	4.5	10.5
Reduction in sentences	13.6	-
Strict action for all involved in incest	4.5	-
Abortion should not be done under age of 20	-	5.3
Abortion only at the consent of both husband and wife	9.1	-
Equal punishment to both husband and wife	9.1	-
Must revise from time to time	13.6	-
No need to approve the clinic if the doctors is approved	4.5	-
Should not give authority to provide abortion services other than specialist and doctors	4.5	-
Expansion of CAC center on geographic basis	4.5	5.3
Abortion should be free of cost	4.5	5.3
<b>N</b>	<b>22</b>	<b>19</b>

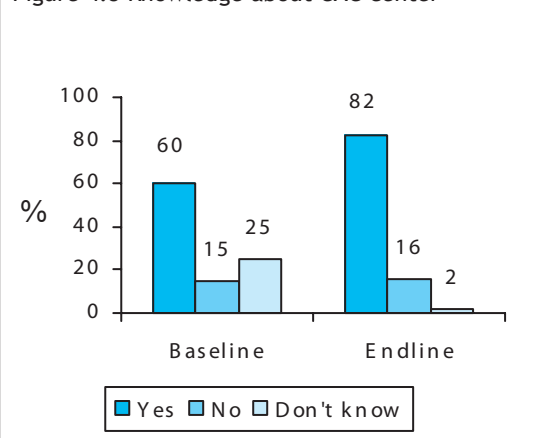
Percentage total may exceed 100 due to multiple responses

## 4.9 Knowledge about comprehensive abortion care (CAC) services

For the successful implementation of abortion law, the government established the Technical Committee for the Implementation of Comprehensive Abortion Care in 2003. The TCIC trained health personnel in CAC services. Subsequently, CAC facilities were established. All the survey districts have at least one government approved comprehensive abortion care (CAC) facility, while some have more than one; Banke, Rupendehi and Kaski districts have three CAC facilities (both government and NGO facilities). The present endline survey assessed awareness of law enforcers about the approved CAC facilities in their district.

The proportion of law enforcers who were aware about this issue significantly increased from 60% in baseline survey to 82% in endline

Figure 4.5 Knowledge about CAC center



survey while those “not aware” remained more or less constant. More importantly, the proportion of “Don’t know” respondents reduced sharply from 25% to merely 2% (Figure 4.5).

It is mandatory for all hospital, private clinics and NGO facilities to obtain government’s approval for providing CAC services. Attempts were made to assess if the law enforcers are aware of this provision. Almost all respondents, except two, were aware. Those who were aware of this provision were further enquired about the source of their knowledge. Media (41%) was reported as the most common source of information. Others mentioned “training/seminar/workshop” (34%) and “published law materials” (22%) while very few said “friends” and “health personnel” (less than 2%) (Table 4.13).

*Table 4.13 Awareness about government policy regarding CAC approval*

	Baseline	End-line
Awareness of government policy regarding CAC approval		
Yes	85.1	98.5***
No	14.9	1.5
<b>Total</b>	<b>100.0</b>	<b>100.0</b>
<b>N</b>	<b>87</b>	<b>134</b>
Sources of knowledge		
Training/seminar/workshop	32.4	34.1
Published Law materials	27.0	22.0
Media	32.4	40.9
Friends	4.1	1.5
Health personnel	4.1	1.5
<b>Total</b>	<b>100.0</b>	<b>100.0</b>
<b>N</b>	<b>74</b>	<b>132</b>

## 4.10 Role of media in expanding safe abortion services

Sixteen journalists were interviewed in the end-line survey to seek their view on the role of media in expanding safe abortion services. All journalists in the baseline (100%) and more than three-fourth (81%) in the end line strongly believed that media played a very important role. The decline in percentage of respondents saying in the end-line is quite unusual. An overwhelming majority (93%) observed that media contributes significantly in increasing awareness about the abortion law and help to protect the abortion rights of women. When compared to the baseline level of 17% this should be considered an important achievement.

Unlike in the baseline survey where journalists gave more importance to abortion in their new coverage, the outcome of the end-line survey in this respect is little mixed. A little over one-tenth (12%) said that they had given higher significance, the baseline estimate being 50%. While half of the journalists (50%) said that they had given moderate importance to abortion-related news coverage in their printed media and about one-third (31%) of the journalists said that they had given low importance. This is, however, quite surprising in the context of already high importance assigned to media in expanding safe abortion services (Table 4.14).

#### 4.14 Role of media in expanding safe abortion services

Role of media in expanding safe abortion (CAC) services	Baseline	End-line
Very important	100.0	81.3
Important	-	12.5
Can't say	-	6.3
<b>Total</b>	<b>100.0</b>	<b>100.0</b>
<b>N</b>	<b>12</b>	<b>16</b>
Importance of media in expanding CAC services		
Increases awareness	50.0	66.7
Preserve women's right media can play important role	16.7	6.7
Makes aware to women about abortion law & reproductive right	16.7	93.3
Media can cover all the places so it has important role	16.7	6.7
<b>Total</b>	<b>100.0</b>	<b>100.0</b>
<b>N</b>	<b>12</b>	<b>15</b>
Importance given to issues concerning abortion in the print media/news coverage		
Larger extent	50.0	12.5
Moderate	41.7	50.0
To some extent	8.3	31.3
Not at all		6.3
<b>N</b>	<b>12</b>	<b>16</b>

Percentages total exceed 100 due to multiple response

### 4.11 Abortion cases filed in the court

Thirty two law practitioners (22 advocates and 10 attorneys) were interviewed in the end-line survey. They were asked about the abortion cases they were handling or heard about it. Only three law practitioners (each from Kaski, Rupandehi and Banke) had handled cases of abortion filed in the court after the legalization of abortion. Among the law practitioners, two advocates were directly involved in plea (BAHAS) where the district judge had given verdict in one case.

*Banke-based law enforcer revealed that the woman was pregnant after having illicit relationship. She aborted the fetus of 8 months gestation. Case was filed against this woman by the villagers. The court fined Rs 35,000, as a punishment and released her from the charge.*

*Another case was related to the death of a woman after she had an abortion for more than three-month pregnancy at a private clinic in Pokhara, Kaski District. The case was filed against the doctor and the woman's husband who accompanied her for the abortion. They were both taken in custody and remanded later for bail. (This is the case NAWRN partners had submitted memorandum to the Director General of Department of Health Services, MoHP)*

*The district judge of Rupandehi handled the case of abortion about 18 months ago preceding the end line survey. A case was filed against a woman for having an illegal abortion in a facility that was not approved by the government. The court gave a clean chit both to woman and to the facility stating that the woman had not performed abortion at all.*

## 4.12 Abortion cases registered at police station

Twelve police personnel were interviewed during the end-line survey to find out if any abortion-related cases had been registered at their police station. Only two police personnel from Kaski and Banke district reported about handling abortion related cases.

*Police officer of Kaski revealed that a doctor from a private clinic in Pokhara performed abortion of 18 weeks of pregnancy, after which the woman died due to excessive bleeding. The case was registered as a death case for both doctor and her husband after the district administration received complaint from Center for Investigation of Abuse of Authority (CIAA). At the end, court granted bail for both culprits.*

*The other case filed in the district police office in Banke was about a woman who carried the pregnancy conceived through an illicit relationship while her husband was working in a foreign country. She was 6 months pregnant. According to the woman, she had a spontaneous abortion but the community people filed a case of induced abortion. The case has been forwarded to the district attorney.*

## 4.13 Abortion cases: information from health providers

Thirteen (Marie Stopes-2, FPAN clinic-4 and district hospital-7) health personnel were interviewed to assess the magnitude and types of abortion cases they had handled at their facility. All of them mentioned that they had CAC service facilities to which clients are referred through the well-established referral system. Almost all (93%) of them stated that the referral procedure was useful as it created awareness among the community people (75%) and women to obtain safe abortion service (67%). The type of cases they generally received included: post-abortion complications (92%), incomplete abortion (83%) and vaginal bleeding (67%). It was very much encouraging to know that a large majority of health service provider (85%) had experienced a decline in the practice of unsafe abortion after the legalization. They also believed that such practice will decline further in coming years.

## 4.14 Abortion case: information from women development officer

The Women Development Officer of Kaski shared one incidence about an abortion case. According to her, a woman had incest/illicit relationship with her own brother. They both came together for advice and were referred to the MSI because Women Development Section always prefers to send women to registered CAC centers.

## 4.15 Knowledge about NAWRN program

The study also assessed the knowledge of the law enforcers regarding the NAWRN program. More than half of respondents (55%) had ever heard about the NAWRN program with law practitioners constituting the highest proportion (81%) followed by journalists (63%). The knowledge about the program was lowest among police personnel (25%).

Law enforcers were further asked about their participation in workshop/training/seminar organized by NAWRN implementing organizations in the preceding three years. Among those who had heard about the program almost all (93%) law enforcers had participated in training/workshop/meeting on safe abortion services (Table 4.15).

Table 4.15 Knowledge about NAWRN program

	Police personnel	NGO representatives	Law practitioners	Health personnel	Administrator	Journalists	Total
<b>Have you heard about NAWRN program?</b>							
Yes	25.0	51.3	81.3	55.6	29.4	62.5	55.2
No	75.0	48.7	18.8	44.4	70.6	37.5	44.8
Total	100.0	100.0	100.0	100.0	100.0	100.0	100.0
N	12	39	32	18	17	16	134
<b>Have you participated in any training/workshop/ meeting on safe abortion in the past three years?</b>							
Yes	100.0	90.0	96.2	90.0	100.0	90.0	93.2
No	-	10.0	3.8	10.0		10.0	6.8
Total	100.0	100.0	100.0	100.0	100.0	100.0	100.0
N	3	20	26	10	5	10	74

When asked about the organization who had organized the training program, as seen from Table 4.16, more than two-third (68%) cited the name of the Forum for Women, Law and Development (FWLD). All police personnel, almost all law practitioners (92%), four-fifth of the journalists and administrators (78 to 80%) mentioned FWLD. This organization covered all types of law enforcers in their training program, while CREHPA's training was mentioned by NGO representatives (33%) and health personnel (44%). Half of the NGO representatives stated that they obtained the training from the Safe Motherhood Federation (SMNF). Very negligible, between 4 to 6%, of the law enforcers who received training, participated in the workshop and meeting organized by FPAN and District Public Health Office/Family Health Division (DPHO/FHD) (Table 4.16)

Table 4.16 Organizer of the training/workshop/meeting

Who had organized the training/workshop/ meeting	Police personnel	NGO representatives	Law practitioners	Health personnel	Administrator	Journalists	Total
CREHPA	-	33.3	4.0	44.4	-	11.1	17.4
SMNF	-	50.0	4.0	22.2	-	11.1	18.8
FPAN	-	5.6	-	22.2	-	11.1	5.8
FWLD	100.0	27.8	92.0	55.6	80.0	77.8	68.1
FHD/DPHO	-	11.1	-	-	20.0	-	4.3
N	3	18	25	9	5	9	69

Percentages total exceed 100 due to multiple responses

#### 4.15.1 Usefulness of the training/workshop/meetings

Attempt was also made in the survey to assess how the law enforcers perceive the usefulness of the training/seminar conducted by the program partners. It should be noted here that majority of the law enforcers perceived the training/workshop as "good" (64%) and remaining 36% rated as "very good" (Table 4.17). No negative perceptions were noted.

Table 4.17 Usefulness of training/workshop/meeting

Usefulness of workshop/ training	Police personnel	NGO Representatives	Law practitioner	Health personnel	Administrators	Journalists	Total
Very good	-	66.7	20.0	11.1	60.0	44.4	36.2
Good	100.0	33.3	80.0	88.9	40.0	55.6	63.8
<b>Total</b>	<b>100.0</b>	<b>100.0</b>	<b>100.0</b>	<b>100.0</b>	<b>100.0</b>	<b>100.0</b>	<b>100.0</b>
<b>N</b>	<b>3</b>	<b>18</b>	<b>25</b>	<b>9</b>	<b>5</b>	<b>9</b>	<b>69</b>

Law enforcers were also enquired about the topics covered in the training/meetings. Most commonly cited topics included legal provisions (94%) and safe/unsafe abortion (71%). The other less common topics discussed were about family planning, reproductive health (RH) issues and emergency contraception. The topics discussed in the training/meetings were found specific to needs of law enforcers. While topics on legal provisions and safe/unsafe abortion were discussed with all types of law enforcers, those on RH issues, family planning and emergency contraception were either not covered among police personnel or covered to a very less extent among law practitioners and health personnel. Almost all, except two respondents, admitted that all the topics covered were "good" (Table 4.18).

When further asked to state their likes and dislikes about the topics, as expected, majority of the law enforcers (57%) admitted that they liked the topic on legal provisions. While large majority of journalists (89%), health personnel (78%) and law practitioners (64%) liked the topic on legal provisions, administrators (60%) and NGO representatives (39%) enjoyed the topic on abortion and safe abortion services respectively (Table 4.18).

Table 4.18 Content of the discussion

Topics discussed	Police personnel	NGO representatives	Law practitioners	Health personnel	Administrator	Journalists	Total
Abortion	100.0	33.3	60.0	22.2	80.0	22.2	46.4
Safe/unsafe abortion	33.3	77.8	68.0	66.7	80.0	77.8	71.0
Legal provisions	66.7	100.0	92.0	100.0	80.0	100.0	94.2
Safe abortion service	33.3	83.3	36.0	55.6	40.0	44.4	52.2
Emergency Contraception	-	33.3	-	44.4	20.0	11.1	17.4
Family Planning	-	11.1	4.0	11.1	20.0	22.2	10.1
RH issues	-	22.2	16.0	11.1	-	33.3	17.4
<b>N</b>	<b>3</b>	<b>18</b>	<b>25</b>	<b>9</b>	<b>5</b>	<b>9</b>	<b>69</b>
<b>Which topic did you like the most?</b>							
Abortion	33.3	5.6	12.0	-	60.0	-	11.6
Safe/unsafe abortion	33.3	11.1	12.0	11.1	-	-	10.1
Legal provisions	33.3	33.3	64.0	77.8	20.0	88.9	56.5
Safe abortion service	-	38.9	12.0	-	-	-	14.5
Emergency Contraception	-	5.6	-	-	20.0	-	2.9
RH issues	-	5.6	-	11.1	-	11.1	4.3
<b>N</b>	<b>3</b>	<b>18</b>	<b>25</b>	<b>9</b>	<b>5</b>	<b>9</b>	<b>69</b>

Percentages total exceed 100 due to multiple responses

### 4.15.2 Benefits from training/workshops/meetings

Almost all law enforcers except one stated that they benefited from the program. They also reported that they had received information about the abortion law (69%). NGO representatives, administrators, journalists and health personnel were the most who had learnt on the abortion law through the training/workshop/meeting. From the training seminar, law enforcers were also able to know about safe and unsafe abortion (33%), abortion issues (31%) and places of safe abortion service (30%). Nearly one- fifth (18%) of the respondents reported that they were able to understand about women's right from the program (Table 4.19).

Table 4.19 Types of benefits from workshop/training

Benefit from program	Police personnel	NGO representatives	Law practitioners	Health personnel	Administrator	Journalists	Total
Yes	100.0	94.4	100.0	88.9	100.0	100.0	97.1
No	-	5.6	-	11.1	-	-	2.9
<b>Total</b>	<b>100.0</b>	<b>100.0</b>	<b>100.0</b>	<b>100.0</b>	<b>100.0</b>	<b>100.0</b>	<b>100.0</b>
<b>N</b>	<b>3</b>	<b>18</b>	<b>25</b>	<b>9</b>	<b>5</b>	<b>9</b>	<b>69</b>
Types of benefits							
Know about abortion	100.0 (3)	17.6	36.0	25.0 (2)	20.0	33.3	31.3
Know about safe/unsafe abortion		58.8	28.0	-	20.0	44.4	32.8
Know about abortion law	33.3 (1)	100.0	40.0	75.0 (6)	100.0 (5)	77.8	68.7
Know about abortion service	33.3 (1)	58.8	24.0	-	40.0 (2)	11.1	29.9
Know about EC	-	23.5	-	-	-	-	6.0
Know about FP	-	5.9	-	-	-	11.1	3.0
Know about women right	-	11.8	24.0	25.0 (2)	-	22.2	17.9
Know about RH issues	-	5.9	20.0	-	20.0 (1)	11.1	11.9
<b>N</b>	<b>3</b>	<b>17</b>	<b>25</b>	<b>8</b>	<b>5</b>	<b>9</b>	<b>67</b>

Percentages total exceed 100 due to multiple responses

### 4.15.3 Information sharing

Respondents who participated in the training/workshop program of the NAWRN program were further asked if they had shared the information with others. Nearly all law enforcers (90%) reported that they had done so with different peoples. More than two-third (70%) had done so with their friends while half with their family members. Two-fifth (41%) of the respondents also stated that they had shared the information with community people (Table 4.20).



Table 4.20 Information sharing practice of NAWRN program

Have you shared the information of NAWRN program?	Police personnel	NGO representatives	Law practitioners	Health personnel	Administrator	Journalists	Total
None	-	11.1	8.0	11.1	20.0	11.1	10.1
Friends	100.0	72.2	64.0	66.7	60.0	77.8	69.6
Family members	33.3	61.1	40.0	44.4	40.0	77.8	50.7
Relatives	-	16.7	16.0	=	-	11.1	11.6
Community people	-	55.6	48.0	22.2	20.0	33.3	40.6
Patient	-	-	-	33.3	-	-	4.3
Prisoners	-	-	-	-	20.0	-	1.4
Neighbors	-	33.3	16.0	-	20.0	22.2	18.8
<b>N</b>	<b>3</b>	<b>18</b>	<b>25</b>	<b>9</b>	<b>5</b>	<b>9</b>	<b>69</b>

Percentages total exceed 100 due to multiple responses

Data revealed that friends and family members were the two prime information sharing outlets for all the type of law enforcers, though in varied magnitude. The practice of sharing information with the neighbors was considerably low (19%); NGO representatives, administrators, journalists and law practitioners were sharing information with them (Table 4.22). Data further revealed that reservation was no longer an issue as large majority of respondents (71%) mentioned that it was easy for them to discuss abortion-related issues after their participation in the training/workshop and the remaining 29% stated it was "very easy" (Table not shown).

#### 4.16 Information on NAWRN program by NGO partners

Thirteen NGO partners of CREHPA and SMNF were interviewed in the end line survey. The aim was to assess the effectiveness of various interventions carried out under the program. NGO partners were asked to specify the strengths and weaknesses of the program and benefits reaped by the NGO and community.

##### 4.16.1 Information on the interventions

Trainings to CBHPs (69%), youth/adolescent (61%) and community people (54%) were the main interventions. Some other interventions included referral systems, training to PPCs, discussions with mothers' groups (Table 4.21).

Table 4.21 Types of activities of NAWRN

What are the main interventions of NAWRN	N	%
Training to CBHPs	9	69.2
Training to youth/adolescent	8	61.5
Training to community people	7	53.8
Training to PPC	5	38.5
Referral	5	38.5
Inform to newly married about safe motherhood	4	30.8
Discussion with mother groups about safe motherhood	2	15.4
Abortion education	1	7.7
Discussion with government stakeholder	1	7.7
<b>Total</b>	<b>13</b>	<b>100.0</b>

Percentages total exceed 100 due to multiple responses

### 4.16.2 Strengths and weaknesses of NAWRN program

Information about, increased access to safe abortion services and training on abortion and reproductive health issues were the most commonly cited strengths. Important weaknesses as observed by the NGO partners included short duration of program, limited program coverage, less focus to rural areas and limited beneficiaries (Table 4.22).

Table 4.22 Strength and weakness of the NAWRN program

What are the strength of the program?	N	%
Informed about safe abortion service	7	53.8
Training to CBHPs about RH issues	3	23.1
Training about abortion to community women	3	23.1
Training about safe motherhood to women	3	23.1
Training to community leader about RH	2	15.4
Increased access to safe abortion services	2	15.4
Referral mechanism	1	7.7
Coordination system with local NGOs	1	7.7
Institutional establishment of abortion	1	7.7
<b>What are the weakness of the program</b>		
Short-term program	7	53.8
Limited in some VDC	7	53.8
Program not conducting in rural area	3	23.1
Not sufficient training about RH issues to local level CBOs	2	15.4
Only PPCs were beneficiaries	1	7.7
None	2	15.4
<b>Total</b>	<b>13</b>	<b>100.0</b>

Percentages total exceed 100 due to multiple responses

All the respondents stated that both the community people as well as institutions had benefited from the program. Nearly nine in ten (85%) stated that the community people were increasingly aware about abortion law and nearly two-fifth (39%) admitted that they were able to understand abortion as women's reproductive right. Sizable NGO partners (about one quarter) also believed that community people were able to know about CAC centers in their districts. Very importantly, one in six partners admitted that the program helped to change the attitudes of the community about abortion from negative to positive. Benefits to the implementing organizations included increased coordination with government (62%), increased knowledge about safe motherhood to staff (54%), and capacity development of the organizations to implement the program (31%) (Table 4.23).

Table 4.23 Benefits to community and institution from the NAWRN program

Did community people benefit from this program?	N	%
Yes, a large extent	12	92.3
Yes, to somewhat extent	1	7.7
<b>Total</b>	<b>13</b>	<b>100.0</b>
<b>If yes, in what way?</b>		
Community people were aware about abortion law	11	84.6
Able to knew about abortion as a women reproductive right	5	38.5
Able to knew about CAC center	3	23.1
Able to knew about abortion fee	2	15.4
Able to changed their view of negative concept towards abortion	2	15.4
<b>Total</b>	<b>13</b>	<b>100.0</b>
<b>Did your organization benefit from the NAWRN program?</b>		
Yes	13	100.0
<b>Types of benefits</b>		
Coordination with government stakeholders	8	61.5
Staff were aware about safe motherhood	7	53.8
Increased of employment opportunities	4	30.8
Institution able to implemented the program in the community	4	30.8
Staff were aware about abortion issues	3	23.1
Financial support	2	15.4
<b>Total</b>	<b>13</b>	<b>100.0</b>

Percentages total exceed 100 due to multiple responses

Now the NAWRN program has been completed. However, all NGO partners expressed their willingness to continue to provide abortion education to the community. This commitment should be considered as a positive development of the program.

#### 4.16.3 Suggestions for improvement

Law enforcers found aware about the NAWRN program were requested to make recommendations for program improvement. Thirty-nine percent of the law enforcers, mostly journalist (67%) felt that the current publicity and public awareness campaign was inadequate and hence more awareness campaigns should be launched. More than one-third (36%), and mostly NGO representatives (50%) demanded that the program duration be extended. Majority of the administrators (60%) stressed that the program should be organized at the grass root level. Some less common suggestions made were training concerned stakeholders, abortion services to be made free of cost and program to focus more at the local-level community-based health providers (CBHPs) (Table 4.24)

Table 4.24 Suggestions for program improvement

Suggestions	Police personnel	NGO representatives	Law practitioners	Health personnel	Administrator	Journalists	Total
Requirement of more publicity and public awareness program	33.3	38.9	32.0	33.3	40.0	66.7	39.1
Duration of program should be extended	33.3	50.0	36.0	22.2	20.0	33.3	36.2
Program should be organized in grass root level	-	16.7	40.0	22.2	60.0	11.1	27.5
Training should be given to concern stakeholder	-	16.7	8.0	22.2	-	-	10.1
Government should take initiation for the abortion issues	-	5.6	4.0	-	-	-	2.9
Experiences paramedics and district doctor should be listed	-	-	-	22.2	-	-	2.9
Program should be focus on local level CBHP	-	5.6	-	-	-	-	1.4
Program should be focus on FP method rather than abortion	-	5.6	-	-	-	-	1.4
Abortion fee should be free of cost	-	-	-	-	20.0	-	1.4
Referral procedure should be continue	-	-	-	11.1	-	-	1.4
No suggestion	33.3	5.6	4.0	11.1	-	-	5.8
<b>N</b>	<b>3</b>	<b>18</b>	<b>25</b>	<b>9</b>	<b>5</b>	<b>9</b>	<b>69</b>

Percentages total exceed 100 due to multiple responses

#### 4.17 Perception on NAWRN program - views of non-participant law enforcers

Law enforcers who were aware about the program but did not participate in the training/workshop were also interviewed to understand their views about the program. A total of 5 such law enforcers (2 NGO representatives from Baglung and one law practitioners, health personnel and journalist from Mahottari, Rupandehi and Banke districts respectively) who did not participate in the training/workshop were aware about the program. All non-participant law enforcers mentioned that the NAWRN program related to the abortion law and safe abortion services. They considered training to community people on safe abortion service and other reproductive health issues, awareness campaign on abortion law and training to health service provider as the positive aspects of the program.

All of them recommended that the program should be continued and community people included. They further recommended that organizations working on women issues should be given an opportunity to implement the program.

## 4.18 Conclusion and discussion

Knowledge about the legal conditions of abortion, women's abortion rights and other provisions in the abortion law was widespread among the law enforcers. Law enforcers who were able to cite at least one, at least two and all three legal conditions increased significantly. The percentages of those unaware of any of the three conditions also reduced appreciably. The present End-line survey revealed that most law enforcers are aware about the conditions in which abortion is not legal such as sex selective abortion and abortion without women's consent. All these signify a marked improvement in the level of the awareness among law enforcers in Nepal.

A tendency to "approve" abortion by law enforcers has been gradually established. Most law enforcers approved abortion by an unmarried woman and by any woman less than 16 years of age and another three-fourth approved abortion if someone in their family wants to terminate pregnancy. This tendency was stronger among the NAWRN participants.

Positive attitude towards abortion maintaining that it safeguards the right of women is yet another important revelation of the present end-line survey. However, large majority of law enforcers continue to believe that there exists some form of barriers for women in exercising their abortion rights fully. The program was not fully successful in overcoming the perceived barriers. Much strong advocacy campaign is required.

Another noteworthy change observed in the end-line assessment is that growing number of law enforcers had developed a firm view on the issue of abortion. This is evident from the fact that large majority of the law enforcers maintained that there is no need for any amendments in the existing abortion law. Law enforcers who were not certain (can't say) comprised a significant portion in the baseline (33%). It has drastically come down to merely 2% in the end-line. This perhaps could be due to various advocacy campaign of the NAWRN Program.

Overwhelmingly large proportion of journalists (93%) observed that media contributes significantly in increasing awareness about the abortion law and helps to protect the abortion rights of women. When compared to the baseline level of 17%, this should be considered an important achievement. Yet journalists lacked commitment in assigning due significance to abortion related news in their news coverage. Efforts are required to change this attitude of the journalists.

Law enforcers' knowledge about the presence of government approved CAC centers in their districts has significantly improved between baseline and end-line surveys. NAWRN program's awareness campaign must have been instrumental in increasing this awareness among law enforcers.

More than half of respondents had ever heard about NAWRN program. Law practitioners constituted the highest and police personnel the lowest among all. This indicates inadequate focus of the program towards police personnel who are one of the important enforcers of the abortion law.

NGO representatives, administrators, journalists and health personnel were the people who had learnt about the abortion law through the training/workshops/meetings of the NAWRN

program. Law enforcers maintained that the training/workshop had helped to understand more about safe and unsafe abortion, abortion issues and places of safe abortion service. This is indeed a significant achievement of the program.

The end-line assessment also revealed that “reservation” was no longer an issue. Large majority of respondents found it easy to discuss abortion-related issues after their participation in the training/workshop. This should be considered as a positive development.

On the whole, the findings of the end-line evaluation revealed that the program was instrumental in increasing knowledge and attitudes of law enforcers towards abortion. Improved knowledge about all the legal dimensions of abortion has added further value to the program. More positive attitudes and firm opinions about different aspects of abortion, reproductive rights of women and safe abortion have been greatly appreciated. Yet much need to be done fully minimize the gaps identified by this assessment.



## *Chapter 5*

### **Community Based Health Providers Knowledge, Attitude And Perceptions About Abortion Law, Women's Reproductive Rights And Safe Abortion Services**

This chapter presents the findings of the post-intervention survey of Community Based Health Providers (CBHP) on the knowledge, attitude and perceptions on abortion law, women's reproductive rights and safe abortion services. The CBHPs are the frontline health workers and include female community health volunteers (FCHVs), traditional faith healers (TFHs), traditional birth attendants (TBAs), auxiliary health workers (AHWs), village health workers (VHWs), maternal child health workers (MCHWs), health assistants (HAs) and auxiliary nurse midwife (ANMs). A multi-staged random sampling technique was used to select the respondents. The CBHPs were selected from randomly sampled wards of village development committees (VDCs) and health facilities. Then the CBHPs were selected purposively for an individual interview.

#### **5.1 Sample size covered**

The end-line survey interviewed 233 CBHPs from the six sampled districts as compared to 201 in the base line survey. Four districts (Baglung, Kaski, Kavre and Mahottari) enumerated a larger sample as compared to baseline survey, Banke covered a lower sample size whereas Rupandehi covered an equal number of respondents (Table 5.1).



Table 5.1 District wise Number of CBHPs

District	Baseline	End-line
Baglung	35	40
Kaski	28	39
Kavre	32	40
Rupandehi	38	38
Banke	41	36
Mahottari	27	40
<b>Total</b>	<b>201</b>	<b>233</b>

As in the baseline survey the sample was dominated by females (77%) and FCHVs constituted the majority of CBHPs (52%). The number of the various types of CBHPs respondents in the end-line survey remained almost the same in all categories except the TFHs (14 vs. 8.5%) and AHWs (6% vs. 8.5%). The 233 respondents included 122 FCHVs, 32 TFHs, 31 TBAs, 13 AHWs and 13 VHWs, 10 MCHWs, 6 HAs and 6 ANMs (Table 5.2).

Table 5.2 The sex composition and type of community-based health providers

Sex	Baseline		End-line	
	%	Number	%	Number
Male	22.4	45	23.2	54
Female	77.6	156	76.8	179
<b>Type of worker provider</b>				
FCHV	53.7	108	52.4	122
TBAs	13.4	27	13.3	31
AHW	8.5	17	5.6	13
MCHW	5.5	11	4.3	10
VHW	6.5	13	5.6	13
TFH	8.5	17	13.7	32
Others*	4.0	8	5.2	12
<b>Total (%)</b>	<b>100.0</b>	<b>-</b>	<b>100.0</b>	<b>-</b>
<b>N</b>	<b>-</b>	<b>201</b>	<b>-</b>	<b>233</b>

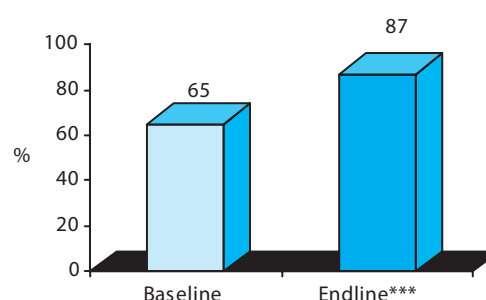
\*HA, ANM,\*

## FINDINGS

### 5.2 Knowledge about the abortion law

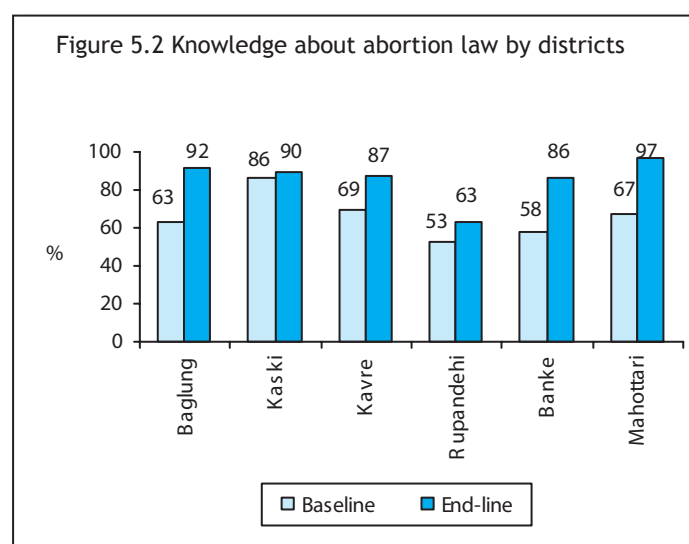
Knowledge regarding the abortion law increased significantly among the CBHPs in the end-line survey. Three fourth (87%) of the respondents knew about the legalization of abortion. Only about one-eight (13%) of the CBHPs covered in the end-line were unaware of legalization of abortion (9% do not know and 4% No). However, this percentage is insignificant when compared to the corresponding baseline percentage (24% do not know and 11% No) (Figure 5.1).

Figure 5.1 Is abortion legal in Nepal ?  
(Yes Only)



Chi-square test, significant at \*p<0.05, \*\*p<0.01, \*\*\*p<0.001

The district-wise comparison indicates that awareness regarding legalization of abortion increased in all the districts. However, it increased significantly in Mahottari (67% vs. 97.5%), Baglung (63% vs. 92.5%), Kavre (69% vs. 87.5%) and Banke (58.5% vs. 86%). The data indicates that there was a steady increase in knowledge among CBHPs/Vs in Kaski (86% vs. 90%) and Rupandehi (53% vs. 63%) (Figure 5.2).



### 5.2.1 Sources of awareness about legalization of abortion

It was encouraging to find that NGOs (69%) formed the main source of information regarding the abortion law. The training conducted by the program also contributed in increasing the level of awareness (28%) among the respondents which was zero in the baseline. This is a significant finding that has demonstrated the contribution of NAWRN partners. The other sources of information include radio (46%), health personnel (45%), television (22%) and friends (11%). The contribution of pamphlets as the source of information has not contributed much in raising awareness on legalization (Table 5.3).

Table 5.3 Sources of knowledge about legalization of abortion

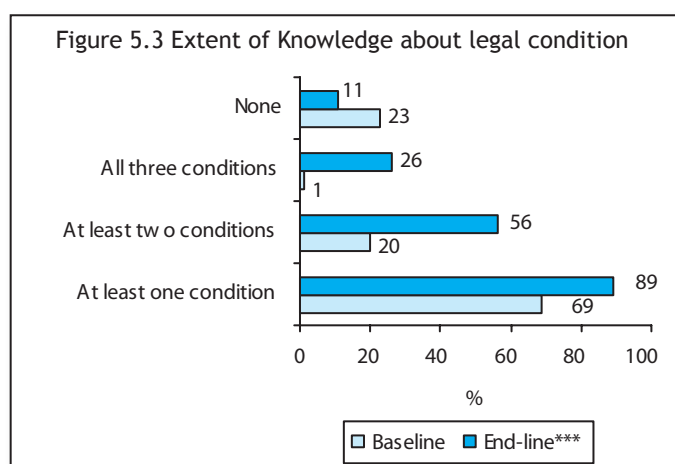
Sources of information about legalization of abortion	Baseline	End-line
NGO	40.0	69.0
Radio	47.7	45.8
Health personnel	51.5	44.8
NAWRN training	-	28.1
Television	19.2	21.7
Friends	13.1	11.3
Newspapers	20.8	9.4
Pamphlets	2.3	7.4
<b>N</b>	<b>130</b>	<b>203</b>

Percentage total may exceed 100 due to multiple responses

### 5.2.2 Extent of knowledge about legal condition

Those respondents who were aware about abortion law were further asked about the conditions permitted by the law. It was encouraging to note that extent of knowledge about legal conditions among CBHPs increased significantly in the end-line survey. For example, the knowledge of at least one out of three conditions in which abortion is permitted by law increased prominently from 69% in the baseline survey to 89% in end-line survey. Similarly, nearly two-third (56%)

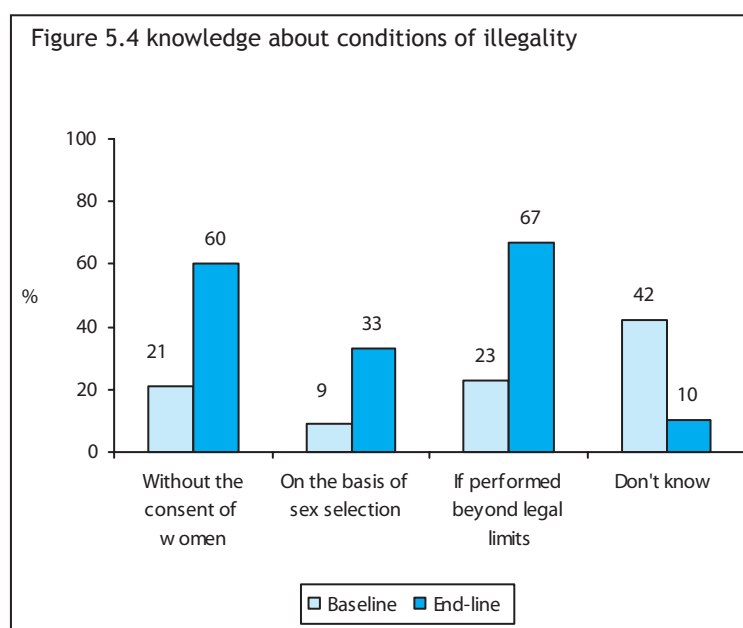
CBHPs were aware of at least two conditions which was one-fifth (20%) in the baseline. The proportion of CBHPs who are aware about hand, all the three legal conditions increased to more than one-fourth (26% vs.1%). On the other the proportion of CBHPs who were not aware of any of the three legal conditions declined drastically in the end-line survey (from 31.5% to 11%) (Figure 5.3).



Chi-square test, significant at \* $p < 0.05$ , \*\* $p < 0.01$ , \*\*\* $p < 0.001$

### 5.2.3 Knowledge about condition of illegality

The present abortion law has set out some of the conditions under which any abortion carried out will be considered as illegal. The conditions include: any abortion performed without the consent of pregnant woman, abortion performed on the basis of sex selection and if performed beyond the legal gestation limits. The knowledge of the conditions of illegality among CBHPs has increased significantly in the present survey. There was a fourfold increase in the number of respondents who cited that abortion done on the basis of sex selection is illegal (End-line 33.5%; baseline 9%) and three folds increase in other restrictions such as, "if performed beyond the legal gestation limits of 12 weeks" (End-line 67%; Baseline 23%) and "without the consent of the pregnant women" (End-line 60%; Baseline 21.5%). Similarly, the proportion of respondent who did not know about any illegal conditions sharply decreased in the end-line (Baseline 42%; End-line 10%) (Figure 5.4).

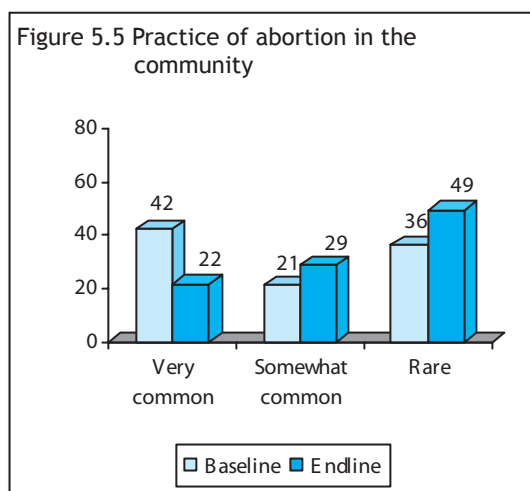


## 5.3 Abortion seeking behavior of clients

### 5.3.1 Practice of abortion in the community

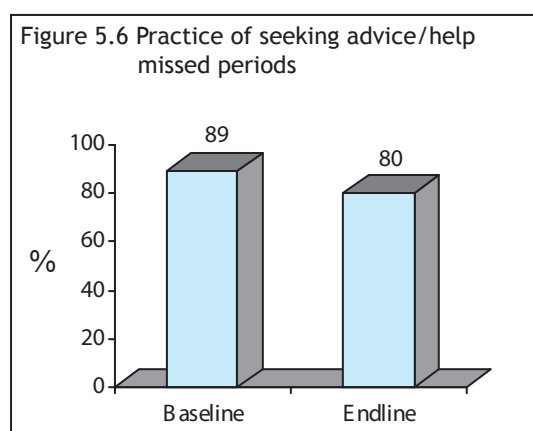
In the end=line survey, as in the baseline, the perception of CBHPs was sought regarding the practice of abortion in the community. A change in perception on abortion was evident from

the end-line survey. As in the baseline survey the proportion of CBHPs reporting abortion as "rare" was relatively higher than those reporting "very common" and "somewhat common". Interestingly, half of respondent (49%) in the end-line survey perceived that abortion was 'rare' in their villages compared to one-third (36%) in the baseline survey. Those that mentioned 'very common' decreased by two folds (Baseline 42%; End-line 22%) (Figure 5.5).



### 5.3.2 Practice of seeking advice/help in missed periods

CBHPs are the major source of consultation for unintended pregnancy, menstrual regulation and induced abortion for a large number of women in rural areas. Information on the practice of women seeking advice for missed menstrual periods was sought. Similar to the baseline survey, most respondents (Baseline 89%; End-line 80%) mentioned that "women do come to them for advice when they miss their periods" (Figure 5.6).



### 5.3.3 Advice to women seeking abortion

Those CBHPs who reported that "women do come for help and advice when they miss their periods" were further inquired about the type of advice they gave these women. It was encouraging to find that more CBHPs in the present survey were aware about what to do if women approach them for abortion advice.

Compared with the baseline survey the CBHPs are now able to advise the women to visit the approved CAC centers. For instance, three-fifth (62%) advised the women to visit CAC centers and nearly half (52%) also told their clients to go to hospitals. There was a drastic decline in the proportion of respondents giving advice to their clients to give birth (Baseline 13%; End-line 1%), take consultation from health posts (Baseline 28%; End-line 7%) and also sending them to private clinic/nursing home (Baseline 6%; End-line 2%) (Table 5.4).

Table 5.4 Help provided to those women seeking advice on pregnancy termination

What do you do/tell women who come to you for abortion advice?	Baseline	End-line
Advice to go to CAC centers	36.3	62.4
Advice to go hospital	41.9	51.6
Advice to take consultation from health post	28.5	7.5
Send to primary health centers	1.7	2.2
Send to private clinic/nursing home	6.1	2.2
Advice to give birth to child as the health of mother will deteriorate	12.8	1.1
Provide traditional medicines	0.6	1.1
<b>N</b>	<b>179</b>	<b>186</b>

Percentage total may exceed 100 due to multiple responses

### 5.3.4 Perception on the reason for seeking abortion

The present study attempted to understand as to how the CBHPs perceive the reasons for women to seek abortion. Respondents mentioned the same reasons in both the surveys: 'already meet the family size' (Baseline 80%; End-line 84%), 'non-use of family planning methods' (Baseline 42%; End-line 84%) and 'method failure' (Baseline 27%; End-line 43%).

Nearly one-third of the respondents also viewed that women seek abortion as the 'pregnancy out of extra marital affair' (35%) and 'rape or incest' (30%), while another one-fifth (19%) viewed that 'pregnancy in unmarried girl' (19%) was also a factor (Table 5.5).

Table 5.5 Types of circumstances that compel women to seek abortion

Please describe the circumstances that compel women to seek abortion in the village?	Baseline	End-line
Already have many children	79.6	83.7
Non-use of FP methods	41.8	47.6
Method failure	26.9	43.3
Pregnancy out of extra marital affair	48.3	34.8
Rape/Incest	18.9	29.6
Pregnancy in unmarried girl	27.4	19.3
Don't know	4.5	1.3
<b>N</b>	<b>201</b>	<b>233</b>

Percentage total may exceed 100 due to multiple responses

### 5.3.5 Perceptions on the common practices and help sought for abortion

Similar to the baseline survey, knowledge and perceptions of the CBHPs about common practices for abortion and help sought for abortion in the community was investigated. A large majority of the respondents in the present survey (67%) than before (52%) felt that the 'visit hospital' for abortion was the most common practice followed by 'visit to MSI clinics' (54%). More than one-sixth (17%) of the respondents, as compared to baseline (6%) also perceived that 'visiting FPAN clinics' was the common practice for abortion. A smaller percentage still believed that fewer women resort to home-based herbs (8%) or unspecified drugs sold in the pharmacy for abortion compared to one-eighth (13%) in the baseline. The proportion of respondents citing 'visit private clinic' also decreased from more than two-fifth in the baseline (47%) to one-third in the end-line (33%); this could be because of the increase in awareness level about the government approved CAC sites due to the program intervention (Table 5.6).

Table 5.6 Perceived common practice for abortion in the community

What are the common practices for abortion in this community?	Baseline	End-line
Visit hospital	51.7	67.0
Visit MSI clinic	23.9	54.5
Visit private clinics	46.8	32.6
Visit FPAN clinic	6.0	16.7
Self induce using herbs	13.4	7.7
Visit traditional birth attendant	4.0	1.7
Visit medical hall	15.9	1.3
Visit health post	4.5	-
Don't know	12.4	1.3
<b>N</b>	<b>201</b>	<b>233</b>

Percentage total may exceed 100 due to multiple responses

### 5.3.6 Perception on the visit of health facilities by community women regarding abortion related complications

The present study also gathered information about the perceptions of CBHPs regarding places community women visit for the treatment of abortion-related complications. A majority of the respondents in both the baseline (64%) and end-line (58%) mentioned 'visit hospital'. Those citing 'visit to MSI clinic' and 'visit to FPAN clinic' increased to three folds (Baseline 13%; End-line 49%) and (Baseline 4.5%; End-line 13.3%) respectively in the end-line survey (Table 5.7).

Table 5.7 Places visiting for post abortion complication

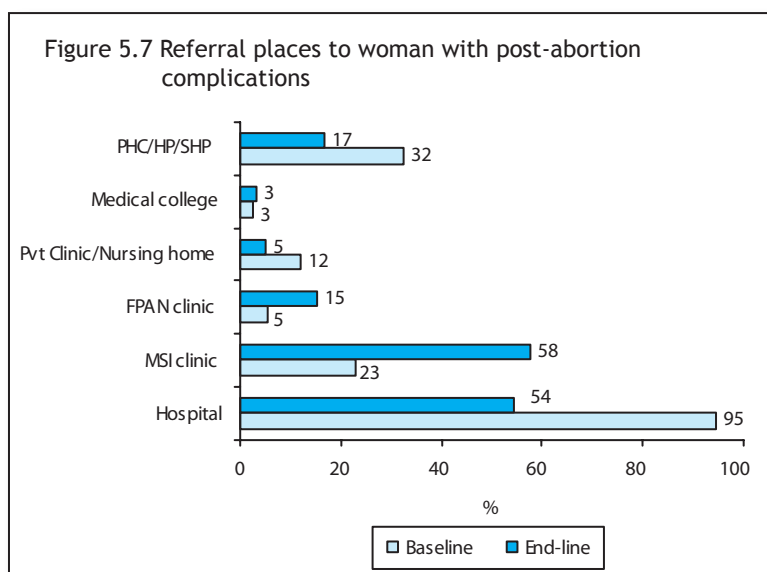
Place of visit after experiencing complication	Baseline	End-line
Hospital	63.7	57.9
MSI clinic	12.9	48.9
Private Clinic/Nursing home	25.4	33.2
FPAN clinic	4.5	13.3
Visit HP/SHP	30.8	9.9
Medical college	2.0	3.9
Don't know	16.9	1.3
Others*	2.0	0.9
<b>N</b>	<b>201</b>	<b>239</b>

\*Medical hall, TBA

Percentage total may exceed 100 due to multiple responses

### 5.3.7 Health providers' advice to women with abortion-related complications

The end-line survey shows a twofold increase (Baseline 23%; End-line 58%) in respondents who advised women with abortion-related complications to visit MSI clinics. Interestingly those mentioning government hospitals declined drastically (Baseline 95%; End-line 54%) (Figure 5.7).



### 5.4 Awareness of emergency contraception (EC)

The end-line survey showed a remarkable increase in the knowledge about the emergency contraception among CBHPs. In the end-line survey half (50%) of the respondents knew about it compared to less than a quarter (23%) in the baseline survey (Figure 5.8).

Those CBHPs who were aware about the emergency contraception were further asked about the sources of information. Among various other sources, NGO workshop was cited as the major source of information. This increase is highly significant and it has increased by two-folds (Baseline 35%; End-line 66%). Although the role of friends and health post was stated as a source of awareness about EC, their proportion was less in both the baseline and end-line surveys (Table 5.8).

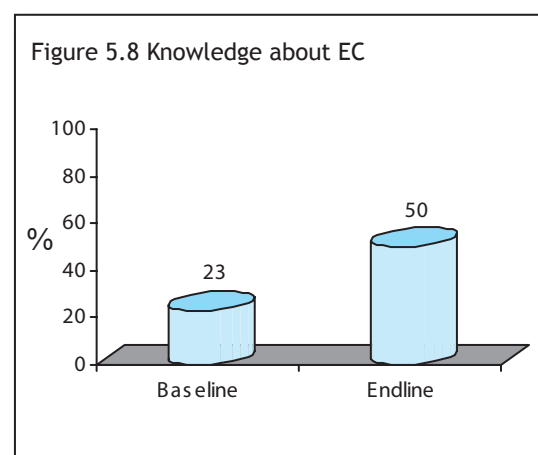


Table 5.8 Sources of Information about emergency contraception

Sources of Information about emergency contraception	Baseline	End-line
Attended workshop organized by NGO	34.8	66.4
Part of basic training curricula of government	50.0	35.3
Training	10.9	16.4
Read newsletter/brochure on EC	17.4	15.5
Friends	4.3	0.9
Health post	2.2	0.9
<b>N</b>	<b>46</b>	<b>116</b>

Percentage total may exceed 100 due to multiple responses

## 5.5 Knowledge about CAC centers

All the surveyed districts have at least one government approved safe abortion service facility. It is mandatory for hospitals and clinics to get approval from the government for providing safe abortion services. At the time of end-line survey 5 out of 6 survey districts had 4 to 7 facilities (both government and NGO facility). Baglung had only one government safe abortion service facility.

In both the baseline and end-line, the extent of knowledge among CBHPs about the approved safe abortion facilities in the district was assessed. In terms of correct knowledge about these centers in the district, the proportion was almost equal in the baseline (39%) and endline (41%) surveys. Surprisingly, a larger number of respondents in the endline survey had incorrect knowledge about these centers as compared with the baseline (49% vs. 17%). At the same time, it was encouraging to find that only few respondents did not know about the service centers compared to that of the baseline (15% vs. 43%).

## 5.6 Client referred to safe abortion service centers

To increase referrals to registered safe abortion service centers by involving CBHPs as referral agents has been one of the main interventions of the NAWRN program. Majority of the respondents has referred clients to the different approved safe abortion service centers in the district.

### 5.6.1 Places referred by CBHPs for abortion client

Marie Stopes has remained the preferred center for referrals by majority of CBHPs in both the surveys. The ratio of respondents stating that they made referrals to the Marie Stopes clinics increased slightly in the end-line survey (Baseline 57%; End-line 68%) where as there has a slightly decreased in referral to the government hospitals (Baseline 42%; End-line 36%) and FPAN clinics (Baseline 12%; End-line 10%). The close down/non-functioning of government CAC services in districts such as Mohattari and Kavre and Banke (half the year), long waiting time, restricted admission of clients, no incentives to the referees etc. are the reasons for decrease in referral in government CAC centers. Similarly the proportion of the CBHPs who cited that they referred clients to private clinic and medical college reduced to zero from 4.5% (Table 5.9).

Table 5.9 Places referred by CBHPs for abortion of client in the past one year

Places referred for abortion	Baseline	End-line
Marie Stopes	56.7	67.9
Government hospital	41.8	35.8
FPAN	11.9	10.4
Private Clinic/nursing home	4.5	-
Medical college	3.0	-
<b>N</b>	<b>67</b>	<b>106</b>

Percentages total exceed 100 due to multiple responses



## 5.7 Perception on abortion

### 5.7.1 Perceptions of public attitudes towards abortion

Public perception towards abortion is important as it determines the practice on it. To assess this, the CBHPs were asked about their views about 'the general public's perceptions regarding abortion'. The opinions of CBHPs varied on this issue.

In the endline survey, increased proportions (60%) of CBHPs cited that the community people had positive perceptions towards abortion compared to the baseline (43%). The community perceives abortion positively in those cases in those cases 'where there a lot of children and the family cannot afford to support them'. The positive perception of the community helps reduce the stigma associated with abortion and helps reduce unsafe abortion and support women's right to abortion. Similarly, the proportion of respondents who mentioned that "abortion is regarded as sin" by the public also declined (53% vs. 43%) (Table 5.10).

Table 5.10 Perception regarding abortion of community people

Types of the public perceptions regarding abortion	Baseline	End-line
Positive perception	43.8	59.7
Abortion is regarded as sin.	53.2	43.3
Conservative perception.	6.0	22.7
Since the abortion is legalized it's the women right.	7.0	4.7
Not good for health.	9.0	4.3
Cannot say	2.0	-
<b>N</b>	<b>201</b>	<b>233</b>

Percentage total may exceed 100 due to multiple responses

### 5.7.2 Perception on women's right to abortion

The endline survey also tried to solicit the opinion of CBHPs on abortion as the reproductive right of women. Most of the CBHPs "agree to large extent" on the statement that "women's decision to terminate her pregnancy is her reproductive right" which increased from 69% in the baseline to 79% in the endline. Those "agreeing to some extent" to the statement marginally decreased from 17% to 12% and those "disagreeing" to this statement reduced by half (11% to 6%) (Table 5.11).

Table 5.11 Perception on women's right to abort her pregnancy

Extent to which CBHP agree or disagree on the statement about reproductive right of a women	Baseline	End-line
Agree to large extent	68.7	79.4
Agree to some extent only	17.4	12.0
Disagree	11.4	6.4
Don't know	2.5	2.1
<b>Total</b>	<b>100.0</b>	<b>100.0</b>
<b>N</b>	<b>201</b>	<b>233</b>

### 5.7.3 Perception on abortion right in terms of unmarried women

There was an additional question in the end-line survey, regarding the perception of CBHPs on abortion as "reproductive rights of unmarried women". Encouragingly, large majority of respondents (70%) "agree to a large extent" to the statement "Decision to terminate or not to terminate her pregnancy is the reproductive right of unmarried women" and less than one-fifth (17%) disagreed on it (Table not shown).

### 5.7.4 Opinion on criteria for women and couples for abortion

The present law does not prohibit any unmarried woman from seeking an abortion. The law also does not restrict any woman from undergoing an abortion on the basis of number of surviving children she has but outlaws abortion carried out on the basis of sex of the fetus. The law also permits abortion by a minor (under 16 years of age) provided her guardian consents to the act.

Opinion of the CBHPs was solicited as to whether they approve or disapprove abortion based on certain criteria. The proportion of the respondents who "approved" abortion for all criteria revealed a rising trend. It is encouraging to find that most of the CBHPs approved abortion by an unmarried woman (83%) and by any woman of minor age (72%). Majority of them also approved abortion by couples irrespective of the number of children they had and the sex of the living child. For instance, 65% of the respondents approved abortion by couples with sons only, 56% approved couples with daughters only and 52% approved it for couples with one child. Now nearly a quarter of the respondent (23%) approve abortion by couples with no child such couples which was one-eighth (14%) in the baseline. This should be considered as a significant shift in the opinions of the CBHPs (Table 5.12).

Table 5.12 Attitude towards condition of abortion

	Baseline=201		End-line=233	
	Approve	Disapprove	Approve	Disapprove
Unmarried women	76.1	23.9	83.3	16.7
Couple with no child	14.4	85.6	22.7	77.3
Couple with only one child	48.3	51.7	52.4	47.6
Couple with daughters only	61.2	38.8	55.8	44.2
Couple with sons only	62.7	37.3	64.8	35.2
Women under 16 years (minor)	69.2	30.8	71.7	28.3

## 5.8 Knowledge about NAWRN program

In addition to the baseline information, the present survey solicited information about the CBHPs knowledge on the NAWRN program, their participation in the program, contents of discussion including their preferred topics, usefulness of the program, perceived benefits from the program and sharing of the information.

All the CBHPs were asked whether they have heard about the NAWRN program. It is encouraging to find that slightly more than three-fifth of the CBHPs (64%) had heard about the NAWRN program (Table 5.13).

District wise comparison shows that most of the respondent from Baglung (88%), Kaski (72%) and Mahottari (70%) had heard about the NAWRN program, while those from Banke were least knowledgeable about it (Table 5.13).

*Table 5.13 Knowledge about NAWRN program*

	Baglung	Kaski	Kavre	Rupandehi	Banke	Mahottari	Total
<b>Heard about NAWRN program</b>							
Yes	87.5	71.8	57.5	57.9	36.1	70.0	63.9
No	12.5	28.2	42.5	42.1	63.9	30.0	36.1
<b>Total</b>	<b>100.0</b>	<b>100.0</b>	<b>100.0</b>	<b>100.0</b>	<b>100.0</b>	<b>100.0</b>	<b>100.0</b>
<b>N</b>	<b>40</b>	<b>39</b>	<b>40</b>	<b>38</b>	<b>36</b>	<b>40</b>	<b>233</b>

CBHPs were further asked about their participation in the workshop/training/meeting organized by NAWRN implementing agencies regarding safe abortion in the past three years. Among those who have heard about NAWRN the program half (50%) participated in meetings/workshops/trainings.

District wise comparison shows that, among those who heard about the NAWRN program more than three-fifth of the respondents in Baglung (67%), nearly two-third in Mahottari (57%) and Kavre (55%), half in Kaski (49%) and slightly more than two fifth in Rupandehi (42%) had participated in the training/workshop/meeting on safe abortion. As the Banke district has the least number of respondent who had knowledge about the program their participation in the training, workshop or meeting was also low. It is evident from the table that among those who are aware about the program only a quarter of the respondent in Banke (28%) had participated in the training, meeting or workshop regarding abortion related issues (Table 5.14).

*Table 5.14 Participated in any workshop/training/meeting on safe abortion in the past three years*

<b>Participated in abortion training in the past three years</b>	Baglung	Kaski	Kavre	Rupandehi	Banke	Mahottari	Total
Yes	67.5	48.7	55.0	42.1	27.8	57.5	50.2
No	32.5	51.3	45.0	57.9	72.2	42.5	49.8
<b>Total</b>	<b>100</b>	<b>100</b>	<b>100</b>	<b>100</b>	<b>100</b>	<b>100</b>	<b>100</b>
<b>N</b>	<b>40</b>	<b>39</b>	<b>40</b>	<b>38</b>	<b>36</b>	<b>40</b>	<b>233</b>

### 5.8.1 Preferred issues and perceived benefits from the program

Those respondents who had participated in the NAWRN program were further, asked about the topic that they preferred the most in the training. Most commonly cited topics were the "safe and unsafe abortion"(52%) followed by "abortion" (25%). However, it is evident from the table that there are district wise variances in the opinions regarding preferred topic. For, instance, almost all the respondent from Mahottari (91%), and four-fifth from Kavre (82%) liked the training on "safe and unsafe abortion". Likewise, three-fifth of the respondents from Baglung (63%) preferred the topic "Abortion" rather than any other topics. The less common topics discussed was about the emergency contraception, which was cited by the respondents of Banke only (Table 5.15).

Table 5.15 Content of discussion and preferred topic

Topics liked most?	Baglung	Kaski	Kavre	Rupandehi	Banke	Mahottari	Total
Safe/unsafe abortion	25.9	31.6	81.8	37.5	30.0	91.3	52.1
Abortion	63.0	21.1	4.5	25.0	20.0	4.3	24.8
Legal provisions	11.1	26.3	9.1	31.3	20.0	4.3	15.4
Safe abortion service	-	21.1	4.5	6.3	20.0	-	6.8
Emergency Contraception	-	-	-	-	10.0	-	0.9
<b>Total</b>	<b>100</b>	<b>100</b>	<b>100</b>	<b>100</b>	<b>100</b>	<b>100</b>	<b>100</b>
<b>N</b>	<b>27</b>	<b>19</b>	<b>22</b>	<b>16</b>	<b>10</b>	<b>23</b>	<b>117</b>

When further asked to state whether they benefited from the program, almost all the respondents (98%) admitted that they benefited greatly by the program. They further reported that they received knowledge about safe and unsafe abortion (92%). From the training/workshop they were also able to know about abortion issues (70%), abortion law (63%) and abortion services (61%). It is also apparent from the table below that the respondents are now familiar with emergency contraception (31%), family planning methods (24%) and counseling (11%). About a tenth (11%) also reported that they received safe service (Table 5.16).

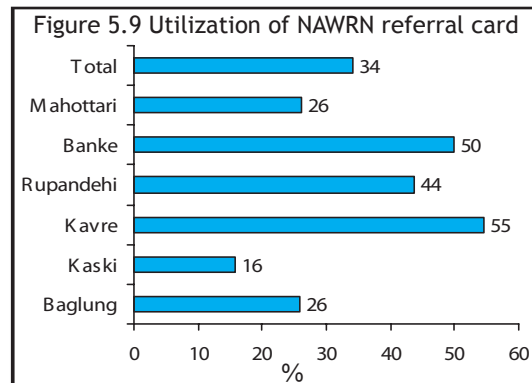
Table 5.16 Benefits of workshop/training

Benefited from program	Baglung	Kaski	Kavre	Rupandehi	Banke	Mahottari	Total
Yes	100.0	94.7	100.0	93.8	100.0	100.0	98.3
No	-	5.3	-	6.3	-	-	1.7
<b>N</b>	<b>27</b>	<b>19</b>	<b>22</b>	<b>16</b>	<b>10</b>	<b>23</b>	<b>117</b>
<b>Types of benefits</b>							
Know about safe/unsafe abortion	92.6	83.3	90.9	86.7	100.0	100.0	92.2
Know about abortion	92.6	77.8	54.5	66.7	80.0	47.8	69.6
Know about abortion law	81.5	61.1	77.3	60.0	70.0	30.4	63.5
Know about abortion service	85.2	44.4	59.1	26.7	60.0	69.6	60.9
Know about EC	29.6	5.6	40.9	26.7	20.0	52.2	31.3
Know about FP	44.4	16.7	9.1	46.7	10.0	13.0	24.3
Know about counseling	18.5	16.7	13.6	-	10.0	4.3	11.3
Safe service received	18.5	22.2	-	6.7	30.0	-	11.3
<b>N</b>	<b>27</b>	<b>18</b>	<b>22</b>	<b>15</b>	<b>10</b>	<b>23</b>	<b>115</b>

Percentages total exceed 100 due to multiple responses

### 5.8.2 Availability and utilization of NAWRN referral card

The NAWRN program has developed referral mechanism between CBHPs and approved safe abortion service centers. After the training, CBHPs were provided special NAWRN referral cards for referring abortion clients to a safe abortion service center of client's choice. They were asked whether they referred abortion client to any of the safe abortion service centers using the NAWRN referral card. More than one-third of the respondent had referred the abortion clients using NAWRN referral card (Figure 5.9).



Those who had used the referral card "large majority (67.5%) stated that they had referred to "Marie stopes", followed by "zonal hospital" (32.5%) (Table 5.17).

Table 5.17 Utilization of NAWRN referral cards

If yes, where	Baglung	Kaski	Kavre	Rupandehi	Banke	Mahottari	Total
Marie Stopes	-	66.7	100.0	85.7	100.0	33.3	67.5
Zonal hospital	100.0	33.3	-	14.3	-	33.3	27.5
FPAN	-	100.0	-	-	-	16.7	10.0
District hospital	-	-	-	-	-	33.3	5.0
<b>Total</b>	<b>100.0</b>	<b>100.0</b>	<b>100.0</b>	<b>100.0</b>	<b>100.0</b>	<b>100.0</b>	<b>100.0</b>
<b>N</b>	<b>7</b>	<b>3</b>	<b>12</b>	<b>7</b>	<b>5</b>	<b>6</b>	<b>40</b>

### 5.8.3 Information sharing

Almost all the respondents who had participated in the training/workshop program had shared the knowledge and information they gained with others. Data revealed that neighbors, family members and friends were the three main information sharing outlets for large majority of the respondents, though it varied in magnitude. For instance, four-fifth of the respondents (80%) reported they had shared information with their neighbors, nearly three-fourth (73%) with their family members, while two-third (67%) shared the knowledge and information with their friends. More than a quarter also shared the information in "mothers group" (31%) and with "relatives" (27%) (Table 5.18).

Table 5.18 Information sharing practice of NAWRN program by CBHPs

Sharing of the information	Baglung	Kaski	Kavre	Rupandehi	Banke	Mahottari	Total
Neighbors	74.1	73.7	72.7	87.5	80.0	95.7	80.3
Family members	92.6	52.6	72.7	43.8	50.0	95.7	72.6
Friends	55.6	36.8	90.9	93.8	90.0	52.2	66.7
Mothers group	40.7	26.3	36.4	18.8	50.0	17.4	30.8
Relatives	33.3	10.5	36.4	37.5	20.0	21.7	27.4
None	-	5.3	-	6.3	-	-	1.7
<b>N</b>	<b>27</b>	<b>19</b>	<b>22</b>	<b>16</b>	<b>10</b>	<b>23</b>	<b>117</b>

Percentages total exceed 100 due to multiple responses

### 5.8.4 Comfort in discussing abortion-related issues

Those CBHPs who participated in the training/workshop program were further asked if they feel comfortable in discussing abortion-related issues. Almost all the CBHPs developed comfort on discussing abortion-related issues after participating in the training/workshop. Of them nearly half (48%) said it was "very easy" for them to discuss abortion-related issues after participating in the training/workshop (Table 5.19).

Table 5.19 Comfort in discussing abortion-related issues after participation in workshop/ training

Comfort in discussing abortion-related issues	Baglung	Kaski	Kavre	Rupandehi	Banke	Mahottari	Total
Very easy	44.4	36.8	54.5	37.5	70.0	52.2	47.9
Easy	55.6	63.2	45.5	56.3	30.0	47.8	51.3
Not easy	-	-	-	6.3	-	-	0.9
<b>Total</b>	<b>100.0</b>	<b>100.0</b>	<b>100.0</b>	<b>100.0</b>	<b>100.0</b>	<b>100.0</b>	<b>100.0</b>
<b>N</b>	<b>27</b>	<b>19</b>	<b>22</b>	<b>16</b>	<b>10</b>	<b>23</b>	<b>117</b>

### 5.8.5 Willingness to refer in future

The NAWRN program developed referral mechanism between CBHPs and approved safe abortion service centers in the district. An attempt was made to find out their willingness to refer clients in future (after program gets phased out). All the CBHPs participated in the program except one admitted that they were willing to educate and refer abortion clients in future even after the termination of external fund (Table 5.20).

Table 5.20 Willingness to continue to refer abortion client in the future

Willingness to refer abortion client in future?	Baglung	Kaski	Kavre	Rupandehi	Banke	Mahottari	Total
Yes	100.0	100.0	100.0	93.8	100.0	100.0	99.1
No	-	-	-	6.3	-	-	0.9
<b>Total</b>	<b>100.0</b>	<b>100.0</b>	<b>100.0</b>	<b>100.0</b>	<b>100.0</b>	<b>100.0</b>	<b>100.0</b>
<b>N</b>	<b>27</b>	<b>19</b>	<b>22</b>	<b>16</b>	<b>10</b>	<b>23</b>	<b>117</b>

### 5.8.6 Suggestions for improvement

CBHPs who had heard about the NAWRN program were requested to suggest make recommendations for program improvement. More than a third (32%) emphasized that the duration of the program should be extended. Similarly nearly a third (30%) felt that there was a need to organize such programs periodically and about the similar proportion (29%) mentioned that more information should be given to the women in community. The other suggestions made were 'provide training in new topics' (15%), 'organize program in all wards' (12%), 'enroll more health workers' (8%). Other less common suggestions made were "people from the organization should facilitate the program" and "increase male enrollment in the program" (Table 5.21).

Table 5.21 Suggestions for program improvement

Suggestions	Baglung	Kaski	Kavre	Rupandehi	Banke	Mahottari	Total
Increase the duration of the workshop	25.9	21.1	45.5	25.0	20.0	47.8	32.5
Organizing the programs from time to time	29.6	47.4	-	50.0	20.0	34.8	29.9
Give more information to the women in the community	29.6	57.9	-	68.8	10.0	13.0	29.1
Provide trainings in new topics	37.0	26.3	13.6	-	-	-	15.4
Should have programs in all wards	11.1	15.8	27.3	-	10.0	4.3	12.0
Enroll more health workers	7.4	21.1	-	6.3	30.0	-	8.5
People from the organization should facilitate the program	3.7	5.3	4.5	-	20.0	-	4.3
Male enrollment in the programs	7.4	5.3	-	6.3	-	-	3.4

Percentages total exceed 100 due to multiple responses

## 5.9 Conclusion and discussion

The effectiveness of the intervention of NAWRN program involving CBHPs for increasing access to safe abortion is evident from the endline survey. It was noteworthy to find that there is an increase in the knowledge about the abortion law reform among CBHPs. The knowledge

about the legal conditions has also increased significantly among CBHPs who were aware of legalization. Those who were not aware of any of the three legal conditions had also reduced appreciably. Knowledge about the conditions in which abortion is not permitted by law was widespread. An immense increase was found among the number of respondents who knew about all the three conditions in the endline survey. The large majority of respondents mentioned NGO followed by health personnel as the main source of information about the legalization of abortion. All these signify a marked improvement in the level of awareness of community health providers and volunteers in Nepal.

More CBHPs are now aware about what to do if women approach them for abortion advice. It is also evident from the surveys that most of the CBHPs were approached by community women for advice when they missed their periods and they contributed significantly in advising such clients to go to approved safe abortion service centers and government hospitals that the NAWRN program have developed referral network with.

Though the CBHPs are aware about the presence of approved CAC facility in their districts, surprisingly a larger number of respondents in the end-line had incorrect knowledge about the safe abortion service centers. Though the majority of the respondent had referred the clients to the approved safe abortion service centers of client's choice, unexpectedly, the proportion who referred clients to such centers decreased slightly in the end-line survey compared to that of the baseline survey.

It may be noted here that a high proportion of the respondents perceive that general public have positive perceptions regarding abortion. However a significant number of respondents perceived that the community people still consider abortion as "sin". The large majority of CBHPs perceive abortion as "women's reproductive right" and the reproductive rights of unmarried women as well. A significant number of CBHPs disagree on the "decision to terminate or not to terminate a pregnancy is the reproductive right of unmarried women". Contrary to this, most CBHPs approved of abortion by an unmarried woman and by any minor (under sixteen). Majority of them also approve abortion by couples irrespective of the number of children they have and the sex composition of the children. A large majority of the respondents disapproved abortion by couples with no children, however, as compared to the baseline survey the present data revealed an upward trend on approval rating.

A high proportion of respondents were aware about the NAWRN program, more from Baglung, Kaski and Mahottari districts. The impact of trainings/workshops and meeting provided by NAWRN program was obvious. The training/ workshop/meeting helped them to know more about safe and unsafe abortion, abortion-related issues, legal provisions and places of safe abortion services. It is noteworthy that almost all the CBHPs were very much committed to help women and save their lives by educating and referring abortion seekers to approve safe abortion service centers even after the termination of PPFA fund. This is indeed a significant achievement of the NAWRN program.

