

Women's Perspectives on Quality of Abortion Service in Rural Nepal

Global Maternal and Neonatal Child Health Conference

Concurrent Sessions Group-3

October 20, 2015

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Overview

- **Progress in Nepal- after legalization of abortion**
- **Understanding Women's need- for high quality, accessible safe abortion care in Nepal**
- **Looking ahead**

PROGRESS IN NEPAL- AFTER LEGALIZATION OF ABORTION

Before Abortion Legalization in Nepal



This is the story of one of many Shantis who had to go through difficult times just because of restrictive laws related to abortion

2002 Landmark Legislation

Abortion Law Liberalized

- ❑ up to 12 weeks of pregnancy for any indication
- ❑ up to 18 weeks for rape, incest, life-threatening conditions, fetal abnormalities





From Law and Policies to Programs

2003

- Procedural order & Safe abortion policy

2004

- National standards and guidelines, training materials and training centers and 1st Safe Abortion Service (SAS) in Maternity hospital

2007

- Introduction of Comprehensive Abortion Care (CAC) by nurses

2008

- Introduction of 2nd trimester Safe Abortion Services

2009

- National Medical Abortion (MA) scale up strategy

2015

- Trained providers and services in each of 75 district referral and health centers
- Services at health and sub-health post level in 41 districts
- 2nd trimester abortion in 22 tertiary level hospitals
- Free safe abortion service from public health sites

Safe Abortion Care (SAC) Monitoring Integrated with EmOC in Rural Nepal

- SAC approach- **preventing unwanted pregnancy (contraception), managing unwanted pregnancy safely (safe, legal abortion) and treating abortion complications**



- Monitored in **Signal Function performance-** Adapted from Emergency Obstetric Care (EmOC)
- **Integrated SAC/EmOC monitoring** in two remote districts of Nepal

Results: SAC Monitoring

Overall

- Met need for **EmOC was consistent** throughout the monitoring period
- **Fluctuations in fulfilling common signal functions** for EmOC and SAC but positive changes such as initiation of blood transfusion services were seen by endline

Use of service in primary level sites

- Induced safe abortion: doubled during the project period with 40% of the services offered by primary level sites

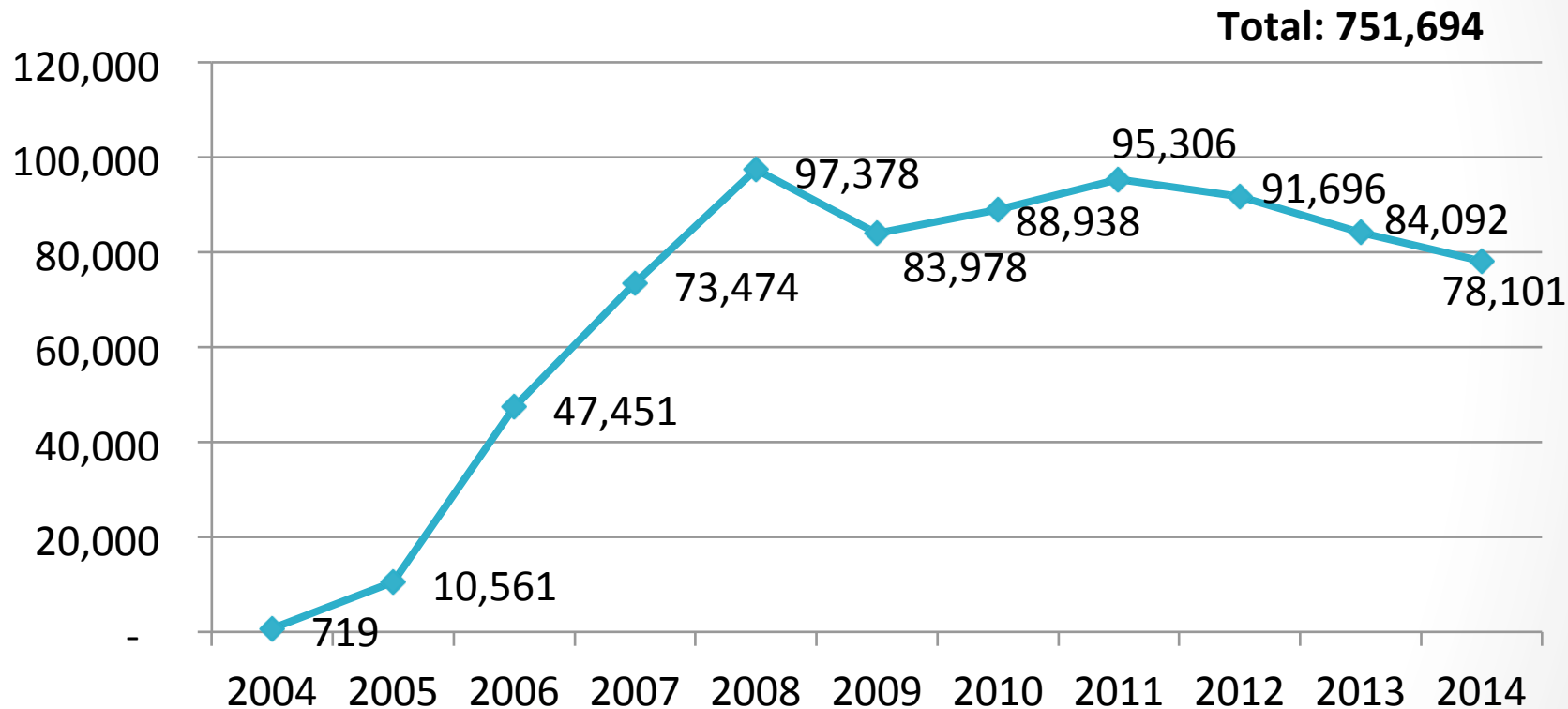
Complication management and postabortion contraception

- Proportion of abortion-related complications (none serious) among all treated obstetric complications also increased from 24% at baseline to 40% at endline
- Receipt of postabortion contraception rose from 71% to 87% ($p < 0.01$) in the same period

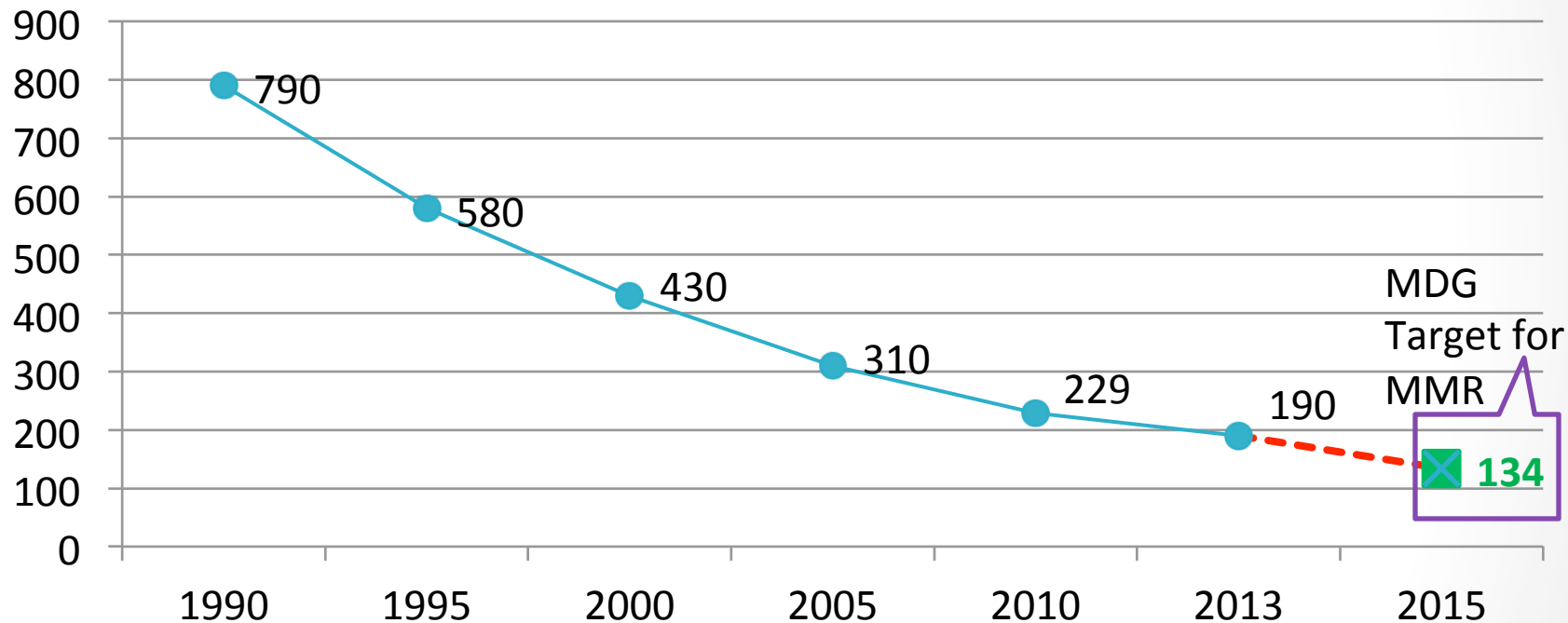
What Was Learned?

- The **need for safe abortion care** is immense in **remote areas**
- **Integrated implementation of EmOC and SAC** appears to improve coverage, utilization, and quality of care at the most basic health system levels
- **Jointly monitoring EmOC and SAC** proved efficient and revealed improvements in **comprehensive service availability**
- **Clients' perception, important** for improvement in provider performance and quality of service

Comprehensive Safe Abortion Service Nepal 2004-2014



MMR Progress in Nepal

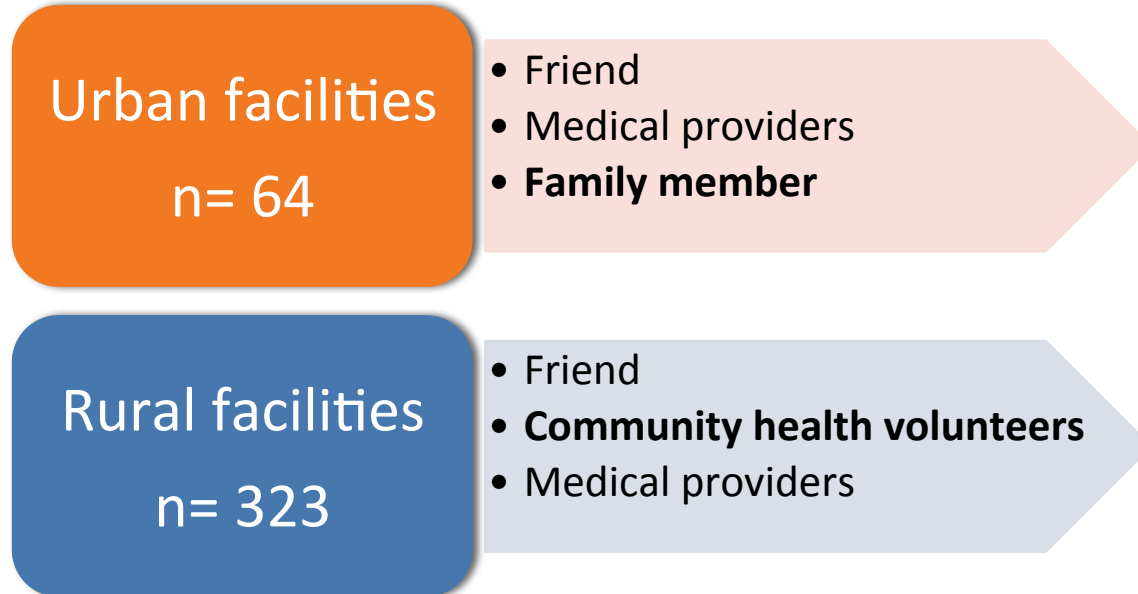


% change in MMR between 1990 and 2013: (-76)

**UNDERSTANDING WOMEN'S NEED- FOR
HIGH QUALITY, ACCESSIBLE SAFE
ABORTION CARE IN NEPAL**

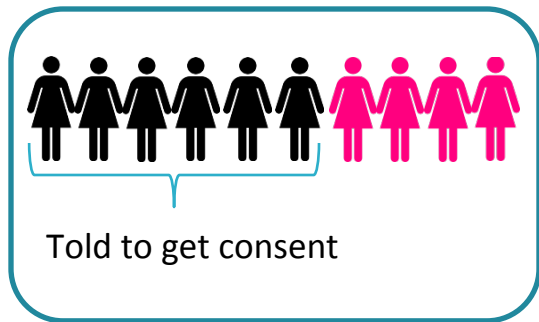
Client Exit Interviews

- Only **64%** of total interviewed had any information about safe abortion service and **79%** were referred by someone



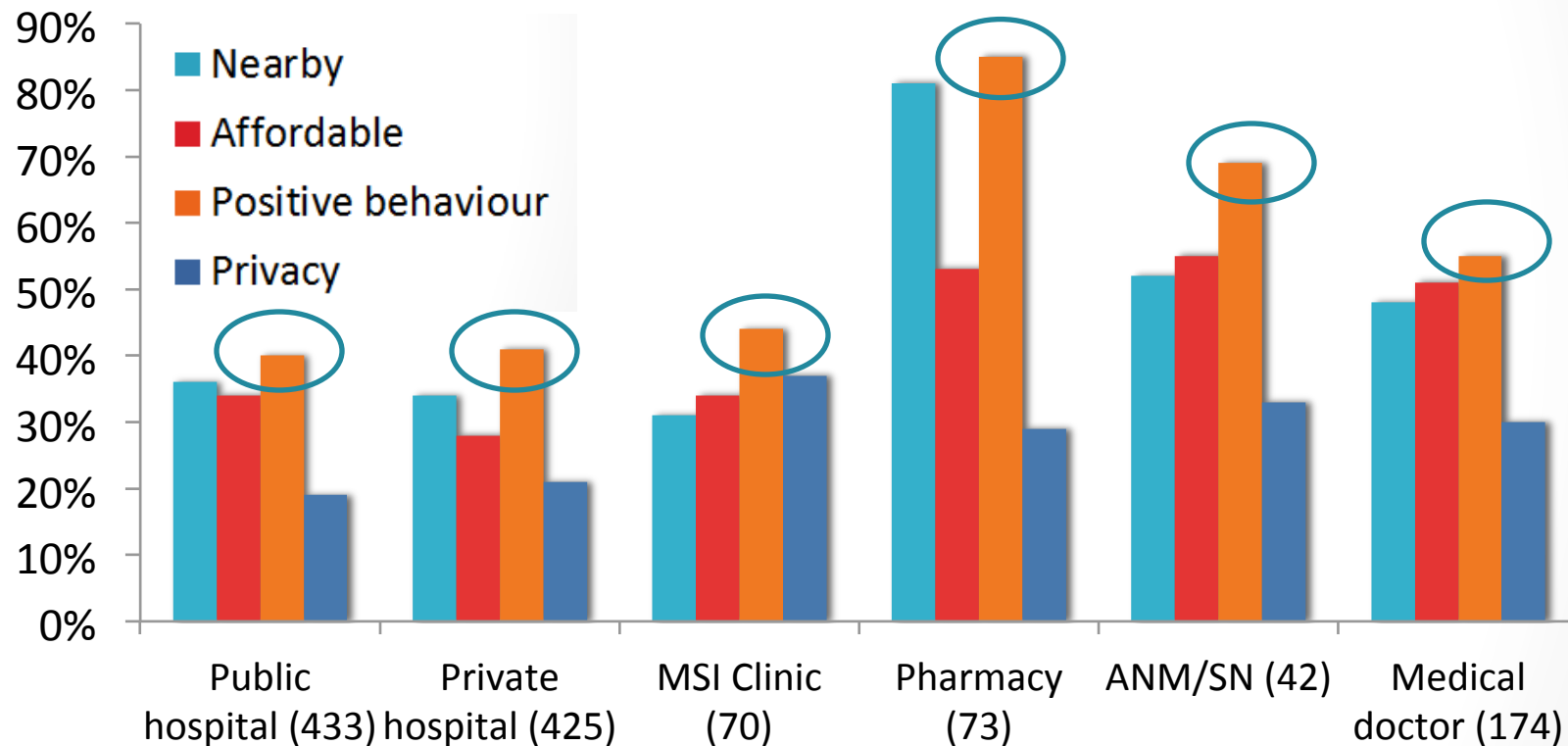
Experience of Women of Young Age

- 23% of total interviewed women were of age 16-24 (Young age)



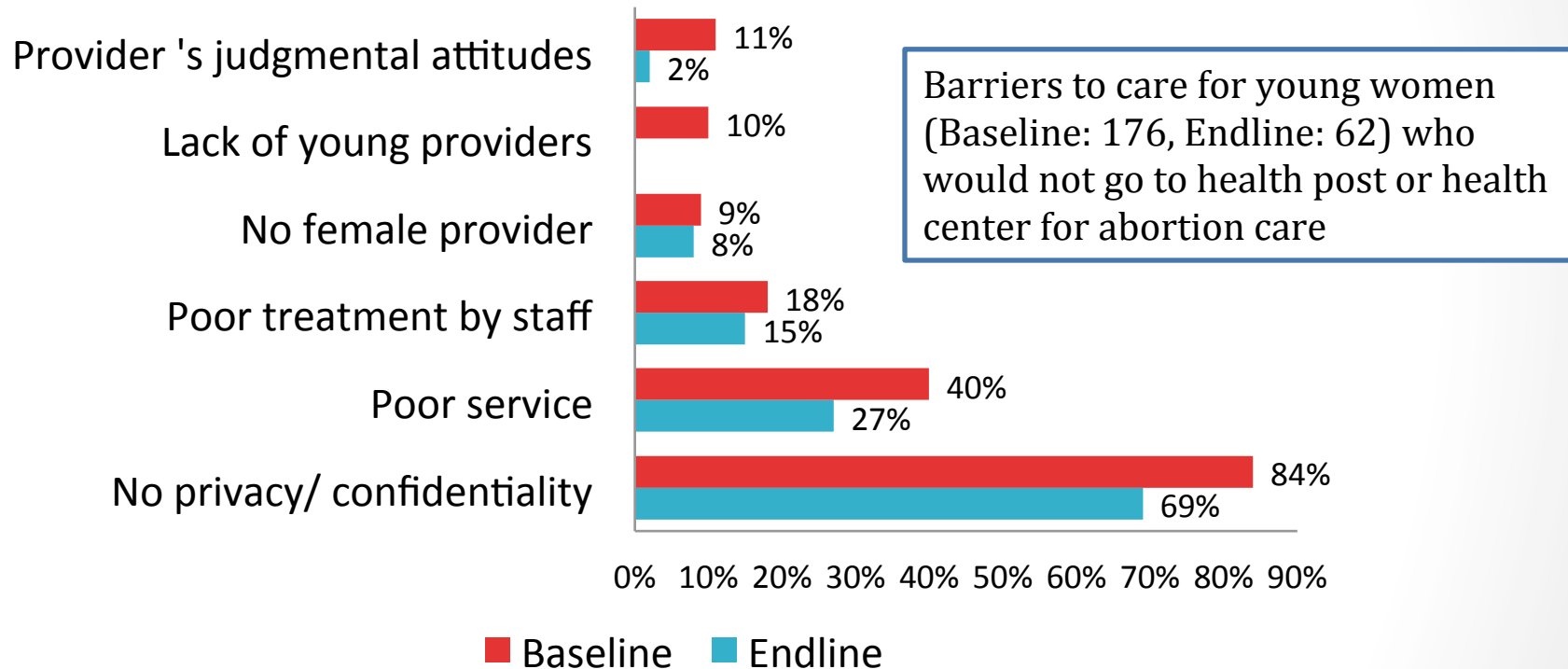
Young women who were asked to get consent had lower level of perception on satisfaction and quality of service they received compared to those who weren't asked

Where You Would Refer Friend with Unwanted Pregnancy by Reason for that Referral



Source: Baseline Assessment of youth project in Rupandehi district

Barriers to Care for Young Women



What Was Learned?



Young women's need for care can be addressed through creating **enabling environment for youth-friendly services**

Promoting **Young people's engagement** would help address their needs



SITUATION OF FEMALE SEX WORKERS (FSWs)

Background

Little is known about access to abortion services among female sex workers (FSWs) in Nepal

FSWs at high risk of unintended pregnancy

Prevalence of abortion among FSWs ranges from 22% to 86% in different settings

Given the high prevalence and stigma associated with abortion, unsafe abortion is a concern among this group

FSW Study

- A study was conducted to explore **perspectives and behaviors of FSWs** related to contraception, unwanted pregnancy, and abortion
- Conducted in city of **Pokhara** (small city in remote area, high prevalence of commercial FSWs)
- In-depth interviews conducted with 30 active FSWs



Pokhara City

Findings

“...people like us will have to face problems. Sometimes we have money and sometimes we don’t. We don’t know where to go, what to do or whether the owner (land lady) will give money or not. We don’t know where to go and whom to ask for assistance.” (Age 22, widow, hotel-based)

- FSWs in Pokhara are a **vulnerable, stigmatized group** with **high need** for **contraceptive and abortion services**, but low reproductive health knowledge
- Women **lack accurate knowledge of the abortion law in Nepal**, and did not have adequate knowledge about abortion procedures they received
- **Significant financial barriers** for receiving safe abortion
- High risk of complications from unsafe abortion

What Was Learned?

- FSWs are a **high-need group** which has not been reached to **make safe abortion accessible**
- **Very high risk of unintended pregnancy**, often beyond their control that leads to clandestine and unsafe abortion
- Decisions involve brothel owners and pharmacists
- Great need to **improve knowledge and access to abortion and SRH services**

LOOKING AHEAD

Multi-Pronged Approach to Safe Abortion Care



Accessibility

- Making safe abortion care more accessible through integrated approach especially reaching hard-to-reach areas and population



Quality

- Quality indicators integrated into EmOC framework for comprehensive approach to preventing maternal morbidity and mortality



Specific population

- Concentrated intervention approaches to create enabling environment for specific group/ population



Awareness

- Understanding that knowledge on safe abortion is the key to accessing safe abortion care



THANK YOU