Assessment of Health Facility Readiness and Clients Knowledge, Attitude and Quality of Safe Abortion Services in Nepal

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Abbreviations

ANM	Auxiliary Nurse Midwives
BCC	Behavior Change Communication
CAC	Comprehensive Abortion Care
CAC	Comprehensive Abortion Care
CEI	Client Exit Interview
COPE	Client-Oriented Provider-Efficient Services
DHO	District Health Office
FCHV	Female Community Health Volunteer
FP	Family Planning
GIZ	German Society for International Cooperation
GoN	Government of Nepal
HIV/AIDS	Human Immuno-deficiency Virus/Acquired Immuno-deficiency Syndrome
HMIS	Health Management Information System
HP	Health Post
IA	Intermediate level
IEC	Information, Education and Communication
IUCD	Intra Uterine Contraceptive Device
MA	Medical Abortion
MD	Master Degree
MDGP	Doctor of Medicine in General Practice
MoH	Ministry of Health
MVA	Manual Vacuum Aspiration
NRs	Nepalese Rupees
PAC	Post Abortion Care
PHCC	Primary Health Care Center
QI	Quality Improvement
SAS	Safe Abortion Service
SD	Standard Deviation
SLC	School Leaving Certificate
SLC	School Leaving Certificate
SRH	Sexual and Reproductive Health
STI	Sexually Transmitted Infection
TV	Television
UNFPA	United Nations Population Fund
UNICEF	United Nations Children Fund
UPT	Urine Pregnancy Test
VaRG	Valley Research Group
VCAT	Value Clarification Attitude Transformation

Chapter 1

Introduction

1.1 Background

With the preference of gender of the child, the increasing acceptance of abortion among the women, to control teenage pregnancy and to control unwanted pregnancy, abortion gained popularity in Nepal. With this, abortion was able to secure its legal status in the year 2002. Since the liberalization of abortion service in Nepal, Ipas Nepal has been the key partner to the Government of Nepal (GoN) in expanding the access and quality abortion service to the women and girls. As a result, comprehensive abortion service (CAC) has been expanded to all district hospital and majority of primary health care centre (PHCC) of 75 districts. With further realization of reaching the remote and rural areas of Nepal, under the auspices of Ministry of Health (MoH), Ipas Nepal has provided comprehensive technical assistance and financial support to expand the Medical Abortion (MA) service in 39 districts and second tri abortion services in 29 hospitals. Ipas Nepal has been providing comprehensive support to the safe abortion programming in Nepal including the providers training, post training support, site strengthening, quality improvement activities, youth and community access activities to improve the access and quality of services.

Although clients tend to report that they are satisfied with the service they received, they expect the provider to be more sympathetic, have shorter waiting time, have more comprehensive information on services be available and receive more psychosocial counseling.[1] It is evident that availability of quality service and good counseling is important for uptake of post-abortion contraceptives. Uptake of contraceptives after abortion is very low in the facilities where the abortion and post-abortion care is provided without maintaining proper quality and empathetic treatment and counseling.[2] In addition to this, women in Nepal face education, marital status, age and place of residence as other obstacles to seek quality abortion service. If financial, administrative, or psychological barriers remain, women may be unable to take advantage of their right of safely terminating unintended pregnancies and may choose unsafe places and methods.

It is argued that information of and access to safe service, informed choice, privacy and confidentiality, dignity, comfort and expression of opinion and continuity of care are rights of clients which need to be fulfilled in order for clients to receive the high-quality safe abortion.[3] The above understanding of the quality of care and its provision in regard to safe abortion service (SAS) is not well understood in Nepal and needs further exploration.

For the smooth implementation of safe abortion services it is important to see the perspective of service providers as well as that of recipients themselves (the clients) regarding the existing level of quality of abortion services. On this background, providers survey and client exit interview (CEI) is necessary which intends to fill this gap by examining women's experience with community volunteers, service providers and service sites when accessing safe abortion service. With this in mind, Ipas Nepal intended to carry out an assessment of health facility readiness and clients' knowledge,

[1] Olavarrieta CD, Garcia SG, Arangure A, Cravioto V, Villalobos A, AbiSamra R, et al. Women's experiences of and perspectives on abortion at public facilities in Mexico City three years following decriminalization. Int J Gynecol Obstet. 2012;118 (Suppl 1):S15–S20.

[2] Shah I, Weinberger M. Expanding access to medical abortion: Perspectives of women and providers in developing countries. International Journal of Gynecology & Obstetrics. 2012;118: S1-S3.

[3] Comprehensive Abortion Care: Participant's Handbook 2007. Government of Nepal. Ministry of Health and Population, Department of Health Services, Family Health Division and National Health Training Centre.

attitude and quality of safe abortion services in its program districts. Ipas Nepal entrusted Valley Research Group (VaRG) to carry out the assessment study in its program districts.

1.2 Objectives of the study

The objectives of the study were:

a) To assess health facility readiness to provide abortion and contraceptive care to women and youth;

b) To measure health workers' attitudes and beliefs toward safe abortion services in Nepal;

c) To assess health workers' perceptions regarding provider support and working condition in health facility;

d) To measure client's knowledge about abortion services including its legal aspect and sources of information;

e) To measure client's attitude and beliefs toward the abortion and contraceptive care she received; and

f) To better understand clients' experience of care regarding abortion and contraceptive care.

1.3 Methodology

a) Study design

This assessment was carried out using a cross-sectional design with a focus on quantitative methods. Primary level information was collected from the selected health facilities using the questionnaire developed for this purpose. This study was carried out in four districts namely, Siraha, Sarlahi Makawanpur and Syangja. All the Ipas intervention facilities and providers (whether trained by Ipas or not) were assessed for health facility service readiness and health workers perceptions regarding provider support and working condition in the health facility.

b) Selection of health facilities and clients

Health facilities
A total of 37 health facilities from four program districts were included in the study. There were 4 hospitals, 9 primary health care centers (PHCCs) and 24 health posts (HPs) in these districts. Altogether, 65 providers (22 from Siraha, 15 from Sarlahi, 19 from Makawanpur and 9 from Syangja) were included in the study. Each interview lasted for about 30 minutes. Following criteria were used while considering the sites for inclusion in the study:

- Providing SAS for at least the previous three months
- Have at least one provider providing safe abortion services

Clients visiting for safe abortion services
Four hundred and eight women aged 16-49 years who visited the sampled health facilities for seeking safe abortion services at the time of survey were intercepted to collect necessary information, and all these women gave written consent to participate in this study. Among them, 137 women were from Siraha, 83 from Sarlahi, 96 from Makawanpur and 92 were from Syangja district. It took approximately 30 minutes to administer the interview with the clients. To compensate the women's transportation cost, all women participating in the interview were provided a small incentive of Rs

200. It was planned to include a minimum of 405 exit clients in the study from the sampled health facilities of four districts. Hence, interviewers continued recruiting process until the required sample size of 405 was reached.

1.4 Survey questionnaire

Separate data collections tools (semi-structured questionnaires) for health facilities, health workers and exit clients, initially developed by the Ipas North Carolina, were used to collect necessary information. This global tool was modified to make it compatible with the Nepalese context. The tool was translated into Nepali.

1.5 Field organization and data collection

The study was conducted under the overall supervision of the senior researchers. Two supervisors and 12 interviewers were mobilized in the study areas for data collection. Four interviewers were mobilized in Siraha, three each in Sarlahi and Makawanpur and two in Syangja district. Each supervisor was responsible for monitoring the data collection activities of at least two districts.

Field mobilization was done after thorough orientation and training to the field interviewers and supervisors who were responsible for conducting interviews. Training of field staff was conducted in close coordination with Ipas Nepal. Training topics included a short presentation on the objectives of the study, and issues to be researched and role-play method was used. All the field supervisors and interviewers had previous experiences in conducting interviews in remote areas and under difficult situations. The data collection activity was carried out during March-May 2018.

The senior team members also visited some of the study districts to supervise the fieldwork. They also observed the data collection activities and provided necessary guidance during fieldwork.

1.6 Data cleaning and analysis

All the filled-up questionnaires were manually edited and coded, and entered into computer by trained data entry personnel. Data was entered/processed using CSPro4.1 and SPSS software packages. Data entry was directly done from the filled up questionnaires. Numbers of quality check mechanisms such as range and consistency checks were adopted to minimize the data entry error. The computer programmer constantly supervised and monitored the data entry activities. The programmer also randomly checked entered data on a routine basis. Machine editing of the data was done by developing a computer program. The cleaned data set was then transferred to SPSS and a SPSS system file was prepared for output generation. The data was analyzed using simple frequency tables ad basic statistical tools.

1.7 Limitation of the study

The study area was limited to clients and providers of the selected facilities of Siraha, Sarlahi, Makawanpur and Syangja. So the findings are indicative rather than conclusive and findings may not be generalized at national context. Additionally, responses might have been affected by the courtesy bias**.**

Chapter 2

Findings on Health Facility In-charge Interview

One of the objectives of this study was to assess the present status of health facilities including the availability of basic amenities and equipment, standard precautions for infection prevention, laboratory facility, essential medicines and other supplies. This chapter presents findings on these issues.

2.1 Status of basic amenities in the health facilities

Almost all (94.9%) the health facility is connected to national electricity grid while only 2 facilities did not have connection to national electricity grids. Similarly, slightly over half (56.4%) of the facilities have a solar system followed by about a quarter (23.1%) have inverter and about one-seventh have fuel or battery operated generators.

Table 2.1 Distribution of in-charges by availability of national electricity grid and generator in their health facility

Description	Number	Percent
Facility connected to national electricity grid		
Yes	37	94.9
No	2	5.1
Total	39	100.0
Facility with other sources of electricity (Multiple Response)		
Solar System	22	56.4
Inverter	9	23.1
Fuel -Operated Generator	6	15.4
Battery Operated Generator	5	12.8
None of the above	7	17.9
Total	**39**	**-**

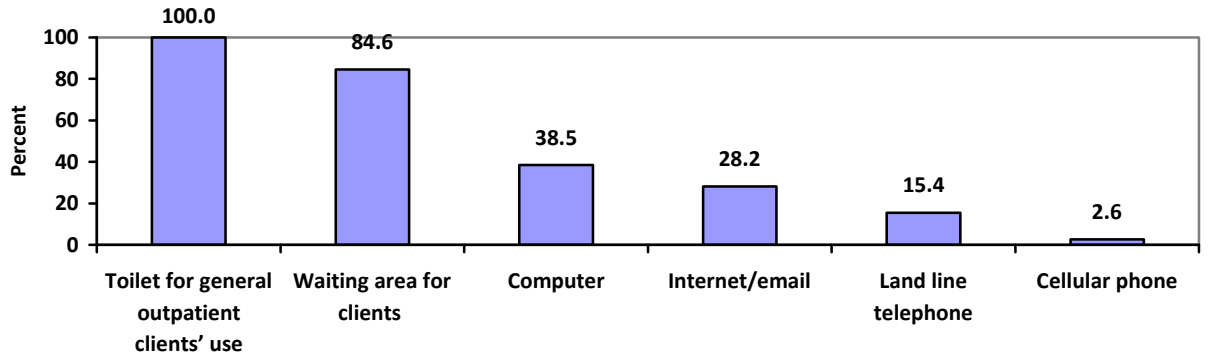
Data presented in Table 2.2 shows that in nearly three-fifths (59.0%) of the facilities had tube well/ borehole water followed by 23% had water piped into the facility and 18% had piped water onto its premises (17.9%).

Table 2.2 Distribution of in-charges by commonly used source of water for their facility

Most commonly used source of water	Number	Percent
Tube well/borehole	23	59.0
Piped into facility	9	23.1
Piped onto facility premises	7	17.9
Total	**39**	**100.0**

All the facilities have provision of latrine facilities for their clients' uses followed by 85% have a waiting area to protect clients from sun and rain. When asked about the availability of landline telephone, cellular phone, computer and access to internet inside the facility, only a small proportion of the health in-charge reported having computer (38.5%), access to internet/email (28.2%), landline telephone (15.4%) and cellular phone (2.6%) in their facility (Figure 2.1).

Figure 2.1 Percentage of health facility in-charges reporting the availability of other basic amenities in their facility



n=39

Over three-fifths (61.5%) of the facilities have a private room with audio and visual privacy for MA counseling while more than one-third (35.9%) did not have any designated or separated counseling room for MA. In case of MA procedures or examination, more than two-thirds have private room with audio and visual privacy (Table 2.3).

Table 2.3 Distribution of in-charge by type of MA counseling and procedure room available in their facility

Description	Number	Percent
Setting of the MA counseling room		
No designated/separate counseling room	14	35.9
Private room with audio and visual privacy	24	61.5
Private room with no audio and visual privacy	1	2.6
Total	**39**	**100.0**
Setting of MA procedure/examination room		
No designated/separate counseling \room	11	28.2
Private room with audio and visual privacy	27	69.2
Private room with no audio and visual privacy	1	2.6
Total	**39**	**100.0**

The survey results show that in 2-in-3 facilities post abortion contraceptives were available in the same room where UE was performed and in nearly one-third of the facilities it was available from the different room but in the same building. There was no provision of post abortion contraceptive services in one facility included in the study (Table 2. 4).

Table 2.4 Distribution of in-charge reporting the places from where post abortion contraceptive services can be available

Place where post abortion contraceptives is available	Number	Percent
From the same room where UE performed	26	66.7
From the different room in the same building	12	30.8
Post abortion contraceptives service not offered	1	2.6
Total	**39**	**100.0**

2.2 Status of basic equipment

When asked about the basic equipment available in the facility, all the in-charges reported the availability of stethoscope, thermometer and blood pressure apparatus along with proper source of light for patient examination and at least one set of IUCD insertion and removal apparatus. Similarly, about 4-in-5 providers reported the availability of minimum 2 IUCD insertions (79.5%) and minimum 1 IUCD removal (82.1%) set with double wrapping and minimum 2 implant insertions (82.1%) and minimum 1 implant removal (84.6%) set with double wrapping in the facility (Table 2.5).

Table 2.5 Distribution of in-charges by availability of basic equipment in their facility

Description	% Yes	Total (n)
Stethoscope	100.0	39
Thermometer	100.0	39
Blood pressure apparatus	100.0	39
Light source that can be used for patient examination	100.0	39
IUCD insertion set (minimum-2) with double wrapping	79.5	39
IUCD removal set (minimum-1) with double wrapping	82.1	39
Implant insertion set (minimum-2) with double wrapping	82.1	39
Implant removal set (minimum-1) with double wrapping	84.6	39

2.3 Status of standard precautions for infection control

All the in-charges included in the study were asked if they had adopted standard precautions for infection prevention in their facilities. The survey results are presented in Table 2.6. All the in-charges reported having sterilization equipment and protective barriers such as utility gloves, gumboot, mask, plastic apron and cap in the facility. More than 92% also reported that sharp and infectious wastes are disposed appropriately, and nearly 85% reported that 0.5% chlorine solution is prepared daily as per IP guidelines. Similarly, 82% facilities have running water inside the facility. Almost all (97.4%) the in-charges reported that their facilities have quality improvement committee or COPE committee for the safe abortion and nearly 95% also confirmed that such committee routinely conduct meeting and carry out the quality assurance activities. Almost all (97.4%) the in-charges further reported that the committee has also included youth as a member. In-charges were also asked if they have quality assurance/COPE action plan for improving quality of safe abortion services. More than 90% of the in-charges affirmed to have such quality assurance or action plan. Among those who reported having such plan were further requested to show the plan to the data collection team. Approximately 89% of the in-charges were able to show the quality improvement plan to the data collection team.

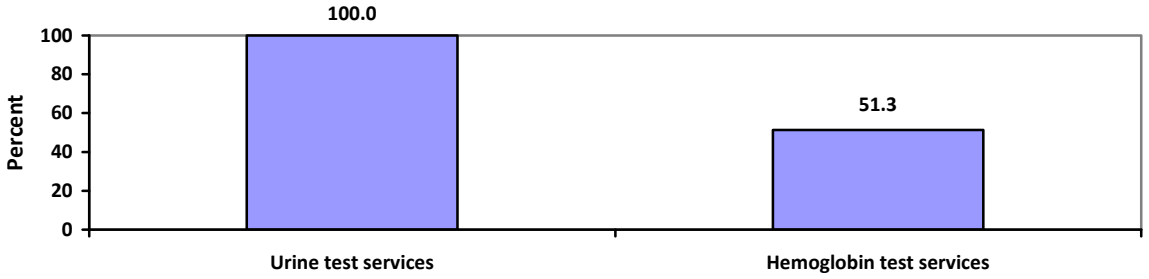
Table 2.6 Distribution of in-charges by type of standard precautions for infection prevention adopted in their facility

Description	Yes	No	Total
Having Sterilization equipment (dry health sterilizer and autoclave)	100.0	-	39
Having appropriate stage of sharps, infectious wastes?	92.3	7.7	39
Prepare 0.5% chlorine solution daily as per IP guideline	84.6	15.4	39
Having running water	82.1	17.9	39
Having protective barriers (utility gloves, Gumboot, mask, plastic apron, cap)	100.0	-	39
Having quality improvement committee or COPE committee for the safe abortion services	97.4	2.6	39
QI committee/COPE committee routinely conducting meeting and carrying out the quality assurance activities	94.7	5.3	38
QI committee/COPE committee including youth as a member	97.4	2.6	38
Presence of quality assurance/COPE action plan for improving quality of SAS	92.1	7.9	38
Showing the quality improvement plan to the data collection team	88.6	11.4	35

2.4 Status of laboratory facility

The survey results show that all the facilities included in the study offered urine test for pregnancy. However, there was a provision of hemoglobin test services only in half (51.3%) of the facilities (Figure 2.2).

Figure 2.2 Percentage of health facilities having urine and hemoglobin test services



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2.5 Status of essential medicine, equipment and contraceptives

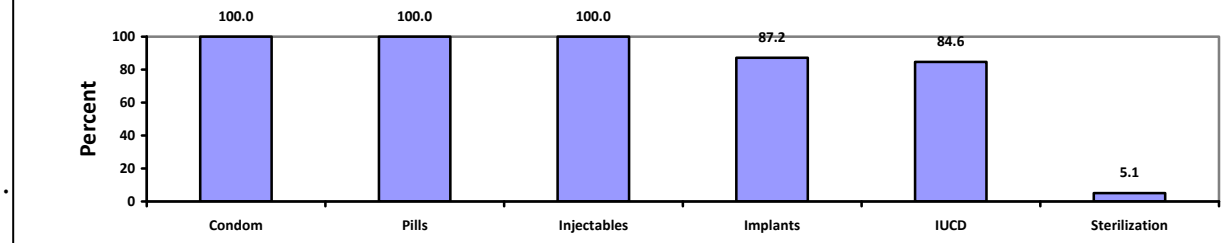
During the data collection, the field staff observed the current stock of MA drugs and MVA in all health facilities included in the study. 3-in-10 health facilities had 16 or more MA drugs followed by 21% had 11-15 MA drugs and 18% had 6-10 drugs. 1-in-4 facilities had 1-5drugs. Two of the facilities did not have MA drugs at the time of survey. With regard to the MVA, only about one-third of the facilities had 1-4 MVA at the time of survey while two-thirds of the facility did not have any MVA (Table 2.7).

Table 2.7 Distribution of health facility in-charge by current stock of MA drugs and MVA in their facility

Description	Number	Percent
Number of MA drugs available		
None	2	5.1
1-5	10	25.6
6-10	7	17.9
11-15	8	20.5
16+ (16-80)	12	30.8
Total	**39**	**100.0**
Number of MVA available in HF		
None	26	66.7
1	6	15.4
2	2	5.1
3	4	10.3
4	1	2.6
Total	**39**	**100.0**

Spacing contraceptives such as condoms, pills and injectables were available at all facilities included in the study. More than four-fifths of the facilities had implants (87.2%) and IUCD (84.6%). Sterilization services were available only in two facilities; both facilities were hospitals (Figure 2.3).

Figure 2.3 Distribution of in-charges by type of contraceptives available in their facility



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All in-charges were asked about the types of medications offered by the facility for emergency treatment. More than 90% of the in-charges reported providing antibiotics and IV fluids for emergency treatment. Over two-fifths (43.6%) also reported offering oxygen filled with cylinder with flow meter and oxygen mask and another one-fourth reported providing other emergency treatment (Table 2.8).

Table 2.8 Distribution of in-charges by type of medications offered for emergency treatment from their facility

Facility offering the following medications for emergency treatment (Multiple Response)	Number	Percent
Oxygen filled with cylinder with flow meter and oxygen mask	17	43.6
Antibiotics	37	94.9
IV fluids	36	92.3
Total (n)	**39**	**-**

** Other includes: nemolizer; stroid; emergency drugs, electric oxygen, pregnancy kit; pain killer; antibiotic (Doxy); BP controller; dexona; akdilidrin; avil.*

2.6 Accessibility to services

Information regarding the access to the road from the health facility was also sought. The vast majority (92.3%) of the in-charges reported that the facility is accessible to road (Table 2.9).

Table 2.9 Distribution of in-charges reporting access of health facility to road

Whether the facility accessible to road	Number	Percent
Yes	36	92.3
No	3	7.7
Total	**39**	**100.0**

Information regarding the provision of special opening hours for the youth and adolescents was sought in the survey. About one-third (33.3%) of the in-charges affirmed that there was a special opening hour for the youth and adolescents in their facilities (Table 2.10).

Table 2.10 Distribution of in-charges by provision of special opening hours for the youth (adolescent)

Provision of special opening hour for the youth (adolescent)	Number	Percent
Yes	13	33.3
No	26	66.7
Total	**39**	**100.0**

2.7 Availability of supplies and safety and means of transport to the service delivery point

Availability of MA drugs and contraceptives

The storage conditions of MA drugs and contraceptives were also observed by the data collection teams at the time of survey. In one-tenth of the facilities MA drugs and contraceptives were not properly placed. However, in over 92% of the facilities MA drugs and contraceptives were found to be protected from water and sunlight. In majority (92.3%) of the health facilities the storage rooms were ventilated. Similarly, no evidence of rodents or pests was found in about 95% of the facilities (Table 2.11).

Table 2.11 Distribution of in-charge by storage conditions of MA drugs and contraceptives in their facilities (based on data collection team's observation)

Description	Yes	No	Total
Commodities (MA/contraceptives) are off the floor	89.7	10.3	39
Commodities (MA/contraceptives) are protected from water	92.3	7.7	39
Commodities (MA/contraceptives) are protected from the sun	92.3	7.7	39
Storage room is clean of evidence of rodents (BATS, RATS) or pests	94.9	5.1	39
Storage room ventilated	92.3	7.7	39

Commons means of transport for referring the clients to the nearest facility

Health facility in-charges were also enquired about the common means of transport by which clients were transported to the nearest referral facility. Ambulance (64.1%) followed by vehicle (17.9%) and stretcher (10.3%) were reported as the most common means of transport of the clients for this purpose. A few of the in-charges also mentioned motorbike and auto-rickshaw by which clients were transported to the referral facility (Table 2.12).

Table 2.12 Distribution of in-charges by type of transport means they usually used while referring the clients to the nearest health facility

Most common transport means	Number	Percent
Ambulance	25	64.1
Vehicle	7	17.9
Stretcher	4	10.3
Other (motorbike; auto-rickshaw)	3	7.7
Total	**39**	**100.0**

In the surveyed facilities, the data collection team requested to in-charges to show the UE service delivery guidelines. Over four-fifths of the facilities had such guidelines at the time of survey. Nearly 9-in-10 in-charges reported that clinical protocol related to UE was available on site. However, the data collection teams noticed the presence of referral protocols only in two-thirds (66.7%) facilities.

Table 2.13 Distribution in-charges by availability of UE service delivery guidelines, protocol and referral protocol in their health facility

Description	Yes	No	Total (n)
Availability of the most current UE service delivery guidelines on site *(Observation)*	82.1	17.9	39
Availability of clinical protocols related to UE on site	89.7	10.3	39
Referral protocols are in placed to refer women to higher levels of care or receive referrals from lower levels of care as needed	66.7	33.3	39

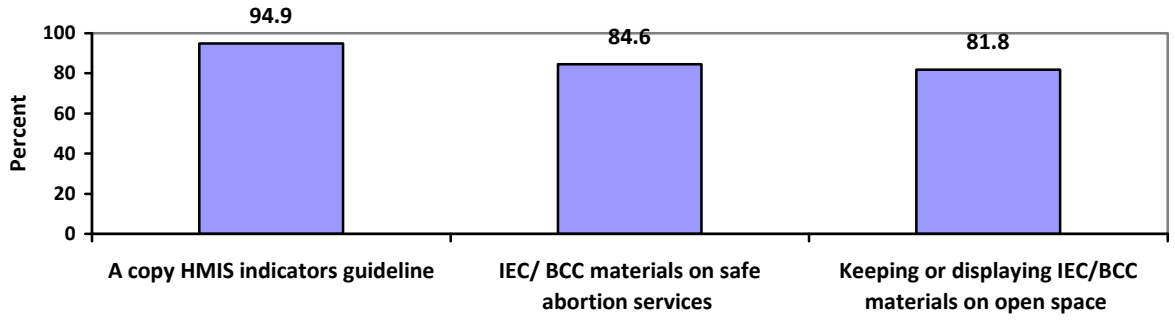
Almost all (except one) the in-charges reported that they had a system in place to regularly collect and compile safe abortion data in their facilities; and majority (94.7%) of them reported that these reports were compiled at least on monthly basis (Table 2.14).

Table 2.14 Distribution of in-charges having system of collecting and compiling safe abortion data on regular basis in their facilities

Description	Number	Percent
Presence of a system to regularly collect and compile safe abortion data		
Yes	38	97.4
No	1	2.6
Total	**39**	**100.0**
Frequency of compiling the reports		
At least monthly	36	94.7
Every 2-3 months	1	2.6
Every 4-6 months	1	2.6
Total	**38**	**100.0**

The data collection team also observed if the HMIS indicators guideline, IEC/BCC materials were available at the time of survey. HMIS indicators guidelines were available in almost all (94.5%) of the facilities and IEC/BCC materials on safe abortion services were also available in over four-fifths of the facilities. Among those who had IEC/BCC materials on safe abortion services (n=33) over 81% of the facilities had displayed or kept these materials on open space within the facility so that visitors could read or take away these materials if they wanted to take these (Figure 2.4).

Figure 2.4 Percentage of in-charges reporting the availability of HMIS indicators guideline and IEC/BCC materials in their facilities



n= 39

2.8 Status of governance at the facilities

Presence of signboard and citizen charter in the facility

The data collection team also observed the presence of signboard and citizen charter in the health facility. Overall, 85% of the facilities had a signboard while about 15% did not have signboard in their facility. Similarly, 3-in-4 facilities (n=29) had citizen charter; and almost all (except one) were clearly readable. In more than half (55.2%) of the facilities citizen charters visible placed outside the building and another 45% were visibly placed inside the building. The data collection team also observed that "free safe abortion care" was included in about two-thirds of the facilities. There was wall painting --

containing logo, service time and location -- about safe abortion services in over 90% of the health facilities (Table 2.15).

Table 2.15 Distribution of in-charges by presence of signboard and citizen charter in the health facility

Description	Number	Percent
Presence of readable signboard *(Observe and verify)*		
Yes, clearly readable	33	84.6
No	6	15.4
Total	**39**	**100.0**
Presence of readable citizens charter		
Yes, clearly readable	28	71.8
Yes, but not clearly readable	1	2.6
No	10	25.6
Total	**39**	**100.0**
Place where the citizen charter is placed *(Observe and note down)*		
Outside building- visible place	16	55.2
Inside building- visible place	13	44.8
Total	**29**	**100.0**
Inclusion of free safe abortion care in citizens charter *(Observe and note down)*		
Yes, free safe abortion care include	19	65.5
Yes, safe abortion service included, but cost not mentioned	3	10.3
No	7	24.1
Total	**29**	**100.0**
Presence of wall painting (logo, service time and location) about safe abortion service in this facility *(Observe and note down)*		
Yes, on the wall of HF	36	92.3
No	3	7.7
Total	**39**	**100.0**

Health facility operation and management committees were functional in 95% of the health facilities while in 2 health facilities the committed was not functional. There was a mechanism for collection clients' opinion or feedback about the services in over half (51.3%; n=20) of the facilities while the rest (48.7%) did not have such mechanism. The mechanisms for collecting clients' opinion or feedbacks were mostly through suggestion box (50.0%), discussions (30.0%) and client exit form or survey (20.0%). *Anushchi* 6 is a form in which the aggregate number of women who received free abortion services are recorded. Nearly two-fifths (38.5%) of the in-charges reported that *Anusuchi* 6 is displayed publicly in the health facilities while over three-fifths (61.5%) reported not displaying this form (Table 2.16), indicating the need for encouraging the in-charges to display such form in their facilities.

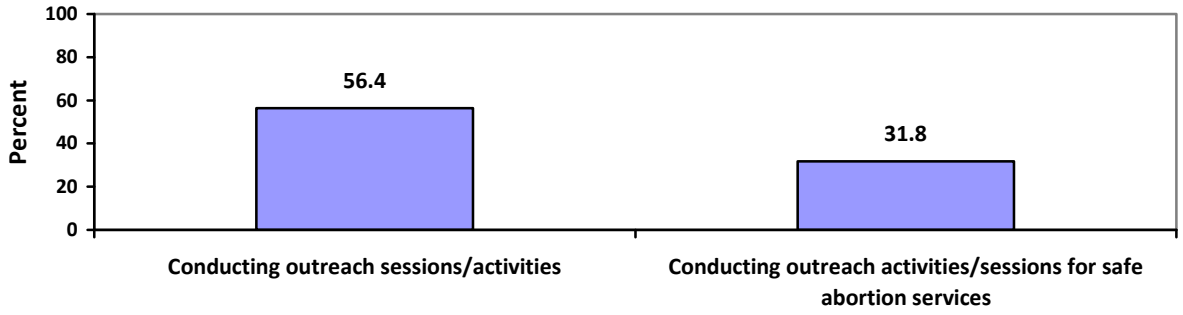
Table 2.16 Percent distribution of health facility in-charge reporting the existence of health facility operation management committee and mechanism for collecting clients' opinion or feedback in the health facility

Description	Number	Percent
Existence of health facility operation management committee		
Yes	37	94.9
No	2	5.1
Total	**39**	**100.0**
Existence of any mechanism for collecting clients' opinion/feedback about its services		
Yes	20	51.3
No	19	48.7
Total	**39**	**100.0**
Methods that this facility uses to seek client opinion/feedback		
Suggestion box	10	50.0
Discussion (individual or group discussions; social audit)	6	30.0
Client exit form/survey	4	20.0
Total	**20**	**100.0**
Public display of the *anusuchi 6*		
Yes	15	38.5
No	24	61.5
Total	**39**	**100.0**

2.9 Status of community outreach program

Information regarding the present status of implementation of the community outreach was also collected in the survey. Slightly over half (56.4%; n=22) of the in-charges reported organizing outreach sessions or activities from their facilities while the rest (31.8%) had not conducted any outreach sessions or activities from their facilities. Among those (n=22) who reported conducting outreach activities or sessions were further asked if they had conducted outreach activities or sessions for safe abortion services. Data presented in Figure 2.5 reveals that only 3-in-10 facilities had conducted outreach activities or session for safe abortion services.

Figure 2.5 Percentage of in-charges who reported organizing outreach sessions or activities from their facilities



n= 39

Health facility in-charges were also asked if they had given orientation on safe abortion services to the FCHVs of their areas. The majority (87.2%) of the in-charges reported that they had given orientation to the FCHVs of their areas, and one in-charge reported not giving orientation to the new FCHVs of their areas. Among those who reported giving orientation to the FCHVs on safe abortion services were further asked if the FCHVs discussed safe abortion services in mother's group meeting and if they referred women for safe abortion services. It was reported that the FCHVs often (65.7%) and occasionally (28.6%) discussed safe abortion services in mother's group meeting. A vast majority (94.3%) of in-charges also agreed that the FCHVs referred women for safe abortion services. The respondents who reported that the FCHVs referred women for safe abortion services were further asked if FCHVs had performed urine pregnancy test (UPT). In response, nearly three-quarters (72.2%) of the in-charges reported that the UPT were performed by the FCHVs. According to the in-charges, FCHVs purchased UPT kits mostly form market (54.2%) and health facility personnel also facilitated the UPT procurement process (37.5%).

Table 2.17 Distribution of in-charges by status of orientation on safe abortion services to the FCHVs of their areas including their sources of UPT kits

Description	Number	Percent
Status of FCHVs orientation on safe abortion services		
Yes, all FCHVs are oriented	34	87.2
Yes, but new FCHVs are not oriented	1	2.6
No	3	7.7
Do not know	1	2.6
Total	**39**	**100.0**
I904: FCHVs discussion on safe abortion services in mothers' group meeting		
Yes, they often discuss	23	65.7
Yes, but occasionally	10	28.6
No	2	5.7
Total	**35**	**100.0**
FCHVs refer to women for safe abortion services		
Yes	33	94.3
No	2	5.7
Total	**35**	**100.0**
Urine pregnancy test (UPT) kit perform by FCHVs		
Yes	24	72.7
No	9	27.3
Total	**33**	**100.0**
Place from where FCHVs purchase UPT from		
FCHV purchase themselves from market	13	54.2
HF personnel facilitate the UPT procurement	9	37.5
Do not know	2	8.3
Total	**24**	**100.0**

Chapter 3

Findings on Safe Abortion Service providers' Interview

A total of 65 safe abortion service providers (22 from Siraha, 15 from Sarlahi, 19 from Makawanpur and 9 from Syangja were included in the study. Information regarding the general profile of providers including type of training they had received on SRH and abortion issue, their knowledge about safe abortion, general belief and attitude towards abortion and present working condition of the health facilities was collected from these providers. This chapter presents findings on these aspects.

3.1 Basic information about the service providers

This section deals with the basic characteristics of the service providers. Of the 65 providers who were interviewed, over two-fifths (43%) were between the age of 40-59 years, followed by over a third (35.4%) were between 31-39 years old and the rest (21.5%) were between 23-29 years of age. Similarly, half of the providers had completed bachelor level of education and nearly one-third (32.2%) had completed SLC. More than half (53.3%) of the providers were ANM followed by 28% were senior ANM and the rest (9.3%) were either MDGP or medical officer. Over 9-in-10 service providers were female and the rest were male. Among the providers, almost half of the providers were Janjati followed by one-third were Brahmin/Chhetri (Table 3.1).

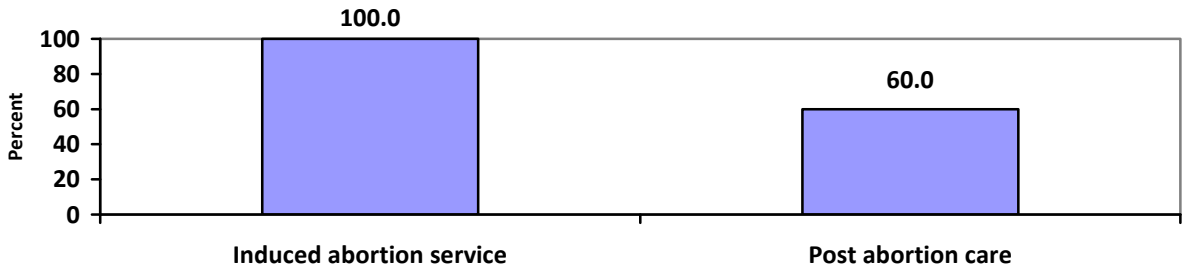
Table 3.1 Distribution of service providers by their selected background characteristics

Description	Number	Percent
Age of the providers (in completed years)		
Less than 30 (23-29)	14	21.5
31- 39 years	23	35.4
40-59 years	28	43.1
Level of education		
SLC	21	32.3
IA	6	9.2
BA equivalent/Bachelor in Nursing	32	49.2
MD/Master Degree	6	9.2
Current position		
MDGP	4	6.2
Medical Officer	2	3.1
Staff Nurse	7	10.8
Sr. Auxiliary Nurse Midwives	18	27.7
Auxiliary Nurse Midwives	34	52.3
Gender		
Male	4	6.2
Female	61	93.8
Caste/ethnicity		
Dalit	2	3.1
Janjati	32	49.2
Madhesi	10	15.4
Brahman/Chhetri	21	32.3
Total (n)	**65**	**-**

3.2 Status of training/orientation on SRH and abortion issues

All the respondents reported that they provided induced abortion services to their clients and 3-in-5 reported providing post abortion care too (Figure 3.1).

Figure 3.1 Percentage of providers by type of abortion services they provide



n=65

More than 4-in-5 providers had received training on medical abortion followed by 22% had received CAC training. Only a small proportion (3.2%) had received second tri training. Those providers who reported receiving different types of abortion related training were further asked about the time when they received these trainings in the past. Data presented in Table 3.2 shows that majority of the providers had received training on MA (42.9%) and CAC/MVA (64.3%) more than 24 months ago and the rest had received these trainings within 24 months preceding the survey. The providers were also asked if they had received refresher training or clinical update on abortion services in the last one year. Over half of the respondents affirmed to have received refresher training or clinical update in the last one year.

Table 3.2 Distribution of service providers by type of abortion related training they received in the past

Description	Number	Percent
Types of abortion training received (Multiple Response)		
MA	56	86.2
CAC	14	21.5
Second tri	2	3.1
Total (n)	**65**	-
Time of receiving MA training (months ago)		
0-12 months	19	33.9
13-24 months	13	23.2
25 month+ (25-81)	24	42.9
Total	**56**	**100.0**
Time of receiving CAC/MVA training (months ago)		
0-12 months	3	21.4
13-24 months	2	14.3
25 month+ (25-120)	9	64.3
Total	**14**	**100.0**
Time of receiving second tri training (months ago)		
12	1	50.0
60	1	50.0
Total	**2**	**100.0**
Whether received refresher training/clinical update on abortion service on last one year		
Yes	33	50.8
No	32	49.2
Total	**65**	**100.0**

The providers were also asked if they had received orientation on value clarification attitude transformation (VCAT) and adolescent/youth friendly services. Data presented in Table 3.3 shows that only 22% of the providers had received orientation on VCAT while nearly half (47.7%) of the providers reported receiving orientation on adolescent/youth friendly services. More than 61% of the providers had received support from Ipas Nepal for the adolescent/youth training followed by about 45% had received support from government and 23% had received support from GIZ, UNFPA or UNICEF. The main topics covered in the adolescent/youth training were contraceptives (90.3%), abortion care (77.4%) and HIV/AIDS (74.4%). Nearly two-thirds of the providers also mentioned topics such as STIs and gender based violence that were covered in the training.

Table 3.3 Distribution of service providers receiving orientation on VCAT and adolescent/youth friendly service

Description	Number	Percent
Receiving orientation on value clarification attitude transformation (VCAT)		
Yes	14	21.5
No	51	78.5
Total	**65**	**100.0**
Receiving orientation on adolescent /youth friendly service		
Yes	31	47.7
No	34	52.3
Total	**65**	**100.0**
Agencies that supported the adolescent/youth training (Multiple Response)		
Government	14	45.2
GIZ/UNFPA/UNICEF	7	22.6
Ipas Nepal	19	61.3
Total (n)	**31**	**-**
Topics covered in the adolescent/youth training (Multiple Response)		
Contraceptives	28	90.3
Abortion care	24	77.4
HIV/AIDS	23	74.2
STIs	20	64.5
Gender based violence	20	64.5
Safe motherhood; orientation on safe motherhood	5	16.1
Other (gender based violence related)	1	3.2
Total (n)	**31**	**-**

3.3 Status of knowledge, attitudes, and belief on safe abortion

a) Knowledge about safe abortion

All the providers included in the study were aware that abortion is legal in the country. They were also of the opinion that abortion is legal for both the married and unmarried women (**Table** not shown). Providers were also asked to enumerate the circumstances under which a woman can have and cannot have abortion. More than 90% of the providers reported that a woman can have abortion for pregnancy of 12 weeks or less gestation and pregnancy of 18 weeks if it was a result of rape or incest. Similarly, over 81% of the providers also reported that abortion can be done if there is a physical or mental health risk of mothers. Similarly, over half (55.4%) of the providers also stated that a woman can do abortion if fetus was deformed (Table 3.4). Almost all (98.5%) of the providers mentioned that sex selective abortion was restricted by laws in Nepal. Similarly, over two-thirds each of the providers also reported that abortion is restricted without consent of women and conditions other than allowed by laws.

Table 3.4 Distribution of service providers reporting the conditions under which a woman can have or cannot have abortion in Nepal

Description	Number	Percent
Conditions under which a woman can have an abortion in Nepal (Multiple Response)		
Pregnancy of 12 weeks or less gestation for any woman	59	90.8
Pregnancy of 18 weeks if it is a result of rape or incest	59	90.8
Pregnancy of any duration if mother's life physical and mental health at risk	53	81.5
Fetus is deformed	36	55.4
Other*	11	16.9
Total (n)	**65**	**-**
Circumstances under which abortion is restricted by laws in Nepal (Multiple Response)		
Sex selective abortion	64	98.5
Conditions other than allowed by laws	46	70.8
Without consent of women	45	69.2
Other**	8	12.3
Total (n)	**65**	**-**

** Other includes: if less than 16 years of age by taking consent from parents; if have many children; with women's consent; if do not want to have any more children; if gestational period is less than 9 weeks.*

*** if gestational period is more than 12 weeks; if gestational period is more than 16 weeks; if done in non-listed health facilities; if done without doctor's advice; if her age is less than 16 years.*

When further asked about the minimum age requirement for abortion without consent of anyone else, nearly three-quarters (73.8%) of the providers mentioned 16 years. About one-fifth of the providers also mentioned 17-20 years as the minimum age requirement for abortion (Table 3.5).

Table 3.5 Distribution of service providers by knowledge about the legal age for abortion without the consent of anyone else in Nepal

Legal age for abortion (age in completed years)	Number	Percent
15	1	1.5
16	48	73.8
17	1	1.5
18	10	15.4
20	4	6.2
Do not know	1	1.5
Total	**65**	**100.0**

The providers were also asked if safe abortion services were provided free of cost in Nepal to which the great majority (96.9%) of the providers mentioned that such services were provided free of cost in public facilities. A few of the providers reported that such services were available freely in both the public and private health facilities (Table 3.6).

Table 3.6 Distribution of service providers by knowledge about the availability of safe abortion services at free of cost in Nepal

Knowledge on safe abortion services provided free of cost in Nepal	Number	Percent
Yes, in public health facilities	63	96.9
Yes, in public and private health facilities	2	3.1
Total	**65**	**100.0**

b) General beliefs and attitude towards abortions

In order to examine their beliefs and attitude towards abortion a series of statements related to safe abortion were presented to the providers included in the study. The statements were related to provider's beliefs and attitudes towards abortion. For this purpose, a number of statements were read out to the providers by the interviewers and then asked whether they would agree or disagree with the statement. Five-point scale was used to record their beliefs and opinion as strongly disagree, disagree, neutral, agree and strongly agree. The survey results are presented in Table 3.7.

Almost all the providers agreed that they support the provision of abortion services in Nepal. More than 4-in-5 providers had felt comfortable in performing an abortion procedure, providing women with a medical abortion and post abortion care. All the providers also agreed that all women should have access to safe, comprehensive abortion care in the first trimester. However, 2-in-5 women disagreed on the statement *"All women should have access to safe, comprehensive abortion care in the second trimester"*. Similarly, about 15% of the providers disagree on the statement *"all women should have access to post-abortion care, regardless of trimester"*. The great majority (>95%) of the providers also agreed that all women have right to receive non-judgmental abortion and post-abortion care. Almost all (>97%) the providers agreed on two statements – "*all women receiving abortion care deserve to be treated with dignity and respect*" and "*I respect a woman's decision to terminate a pregnancy*". Likewise almost all the providers felt comfortable to increase access to safe abortion services in Nepal. However, more than half (53.8%) did not feel comfortable in providing abortion services to young women regardless of trimester.

Table 3.7 Distribution of service providers by their beliefs and attitude towards different aspects of abortion

Description	Strongly Disagree	Dis-agree	Neu-tral	Agree	Strongly agree	Total (n)
I support the provision of abortion services in Nepal	1.5	-	-	24.6	73.8	65
I feel comfortable performing an abortion procedure	-	9.2	4.6	47.7	38.5	65
I feel comfortable providing women with a medical abortion	1.5	1.5	4.6	33.8	58.5	65
I feel comfortable providing women with post-abortion care	4.6	7.7	4.6	50.8	32.3	65
All women should have access to safe, comprehensive abortion care in the first trimester	-	-	-	46.2	53.8	65
All women should have access to safe, comprehensive abortion care in the second trimester	6.2	33.8	6.2	36.9	16.9	65
All women should have access to post-abortion care, regardless of trimester	4.6	10.8	3.1	36.9	44.6	65
All women have the right to receive non-judgmental abortion care	-	-	1.5	18.5	80.0	65
All women have the right to receive non-judgmental post-abortion care	-	1.5	1.5	27.7	69.2	65
All women receiving abortion care deserve to be treated with dignity and respect	-	1.5	-	21.5	76.9	65
I respect a woman's decision to terminate a pregnancy	-	1.5	1.5	40.0	56.9	65
I feel comfortable working to increase access to safe abortion services in Nepal	-	1.5	-	46.2	52.3	65
I feel comfortable providing abortion services to young women regardless of trimester	21.5	32.3	7.7	23.1	15.4	65

3.4 Work and mentoring status

In order to assess the working condition in the facility, providers were asked series of questions. The results are discussed in this section. When asked about the number of hours they usually spent in the facility, more than a quarter of the providers spent 10 hours or more followed by 29% spent 7 hours and 20% spent 8 hours. Nearly a quarter of the providers usually spent in the facility 5-6 hours a day. Regarding their job description in the facility, nearly two-thirds (63.0%) of the provider affirmed that they had a job description at their current job.

Table 3.8 Distribution of service providers by their working hours in a day in the health facility

Description	Number	Percent
Number of hours work in this facility per day		
5-6	15	23.0
7	19	29.2
8	13	20.0
10	10	15.4
11+	8	12.4
Total	**65**	**100.0**
Having written job description of your current job in this facility		
Yes	41	63.1
No	24	36.9
Total	**65**	**100.0**

More than half (56.9%) of the providers had received any clinical mentoring in their work especially in the abortion care and contraceptive provision in the last six month. Among those who reported not receiving the clinical mentoring were further asked about the reasons for not receiving support for clinical mentoring. Majority (83.8%) of the providers had received mentoring in person and almost all the providers agreed that such mentoring was beneficial for them. Those who reported not receiving clinical mentoring were further asked about the reasons for not receiving mentoring. The most commonly cited reasons were that they did not know whom to contact (46.4%) followed by not feeling necessary to receive this (28.6%) (Table 3.9).

Table 3.9 Distribution of service providers by receiving clinical mentoring on abortion care and contraceptive provision in the last 6 months

Description	Number	Percent
Received any clinical mentoring in your work especially in the abortion care and contraceptive provision in the last six months		
Yes	37	56.9
No	28	43.1
Total	**65**	**100.0**
Reasons for not receiving supervision/mentoring		
Did not know whom to contact	13	46.4
I did not approach as I did not need	8	28.6
Mentor do not have time	2	7.1
Due to other logistic issues	2	7.1
Other (no training organized since last 6 months; lack of time)	3	10.7
Total	**28**	**100.0**
Mode of mentoring		
In person	31	83.8
Virtual/technical	6	16.2
Total	**37**	**100.0**
Whether the mentoring beneficial for you		
Yes	36	97.3
No	1	2.7
Total	**37**	**100.0**

At the end of the interview, the providers were also asked to provide their suggestions or recommendations to make the mentoring more effective. A majority (78.4%) of the providers recommended organizing meeting on regular basis followed by 27% suggested for sharing own experiences during meeting and a small percentage (5%) recommended providing training/orientation to other staff too.

Table 3.10 Distribution of service providers by their suggestion to make mentoring more effective

Recommendation to make mentoring more effective	Number	Percent
Organizing meeting on regular basis	29	78.4
Sharing own experiences during mentoring	10	27.0
Providing training/orientation to other staff too	2	5.4
Other*	11	29.7
Total (n)	**37**	**-**

** Other includes: organizing mothers group meeting; allocating work to each staff; making MA drugs available on time; regular monitoring of program; mobilizing FCHVs to make aware about the MA drugs in the community; providing orientation on regular basis; equipments/tools required for abortion services should be made available at the health facilities.*

Chapter 4

Findings on Client Exit Interview

All clients visiting for safe abortion services at the time of survey were included in the study. A total of 408 clients were included in the study. Of which, 137 clients were from Siraha, 83 were from Sarlahi, 96 were from Makawanpur and 92 were from Syangja district. This chapter presents the findings on the exit interview.

4.1 Basic Demographic and Reproductive History Information

A total of 408 comprehensive abortion care clients upon their exit from the service facilities were inquired about the type of providers who provided service to them, it was found that a great majority (91.1%) of the clients received service from midwives/nurses followed by physicians (8.1%). (Table not shown).This section of the findings from the study deals with the demographic characteristics, household amenities and reproductive history of the abortion clients, which include age, marital status, caste, educational level, job status of the spouse, house construction, sanitation facilities, pregnancy history, use of contraceptives etc.

a) Demographic characteristics

Regarding age, most of the clients (28.7%) belonged to completed age category of 25-29 years followed by 20-24 (26.5%) and 30-34 years (23.0%). The mean age of the 408 clients was 28 years with the standard deviation of 6 years. Almost all the clients (98.8%) were currently married. Among the castes included in the study most of the abortion clients were found to be Janajati (36.5%) followed by Madhesi (25.2%) and Brahman/Chhetri (20.6%). By education status, 16% of the clients were illiterate and nearly one-third (29.7%) had received some university level education. One out of every four clients was found to have some secondary level (grade 6 to 9) of education while 11% had no formal education (Table 4.1).

Table 4.1 Distribution of clients by their age, marital status, caste/ethnicity and level of education

Description	Number	Percent
Age (in completed years)		
16- 19	24	5.9
20-24	108	26.5
25-29	117	28.7
30-34	94	23.0
35+ (35-48)	65	15.9
Mean (SD)	**27. 7 (6.0)**	
Total	**408**	**100.0**
Marital status		
Married	403	98.8
Have a steady partner, but not living together	1	0.2
Widowed	1	0.2
No steady partner	3	0.7
Total	**408**	**100.0**
Caste/ethnicity		
Janjati	149	36.5
Madhesi	103	25.2
Brahman/Chhetri	84	20.6
Dalit	53	13.0
Muslim	17	4.2
Other (Bangali)	2	0.5
Total	**408**	**100.0**
Education level		
Illiterate	65	15.9
No formal education	43	10.5
Some primary school (1-5)	73	17.9
Some secondary school (6-9)	101	24.8
Some university (SLC +)	121	29.7
Some technical school	5	1.2
Total	**408**	**100.0**

b) Household characteristics

The number of family member of the 408 clients ranged from 2-16 with average of 5.4 and standard deviation of 2.1. Most clients (25.5%) had family members of four. Eight percent of the client had no male head spouse and in most of the households (43.4%) the male spouse worked for paid job in the agriculture sector while around 16% were self-employed in agriculture or non-agriculture sector.

Table 4.2 Distribution of clients by number of family members in their households and occupation of their spouse

Description	Number	Percent
Number of household members		
2	8	2.0
3	41	10.0
4	104	25.5
5	92	22.5
6	74	18.1
7	37	9.1
8+	52	12.7
Mean (SD)	**5.4**	**(2.1)**
Total	**408**	**100.0**
Type of job did the male head/spouse work the most hours in the past seven days		
No male head/spouse	32	7.8
Does not work, or paid wages on a daily basis or contract/piece-rate in agriculture	177	43.4
Paid wages on a daily basis or contract/piece-rate in non-agriculture	54	13.2
Self-employed in agriculture	61	15.0
Self-employed in non-agriculture	66	16.2
Paid wages on a long-term basis in agriculture or non-agriculture	18	4.4
Total	**408**	**100.0**

Table 4.3 presents the housing conditions of the clients included in the study. Almost equal proportion of houses had outside walls made of bamboo, unbaked bricks and clay (48.5%) and cement-bonded, and bricks or stone walls (51.5%). Nearly half (46.3%) of the houses had roofs made of wood/plank or galvanized iron sheets followed by concrete/cement (31.6%) and tile/slate (15.9%). Two-fifths of the clients' house consisted of three or more bedrooms and those consisting of one and two bedrooms were 25% and 31% respectively.

Table 4.3 Distribution of clients by number of family members in their households and occupation of their spouse

Description	Number	Percent
Main material of the walls		
Bamboo/leaves, unbaked bricks, wood, mud-bonded bricks/stones, or no outside walls	198	48.5
Cement-bonded brick/stones, or other materials	210	51.5
Total (n)	**408**	**100.0**
Main material of the roof		
Straw/thatch, or earth/mud	25	6.1
Tiles/slate, or other	65	15.9
Wood/planks, or galvanized iron	189	46.3
Concrete/cement	129	31.6
Total (n)	**408**	**100.0**
Number of bed rooms		
None	13	3.2
One	102	25.0
Two	126	30.9
Three or more	167	40.9
Total (n)	**408**	**100.0**

A great majority (83.8%) of the households consisted of a kitchen for cooking and eating while a small proportion (16.2%) did not have such facilities (Table 4.4). More than half (55.1%) of the clients reported that their households used open fireplace, mud/kerosene stove for cooking while in the remaining households gas stove or smokeless oven were used. A great majority (95.6%) of the clients also reported that their households had either no toilet or had non-flushed or members used communal toilets while only a negligible proportion (4.4%) reported having flushed latrines. Nearly 4-in-5 clients reported that their households possess two or more means of personalized communication including telephone sets/cordless/mobiles and another one-fifth mentioned having one such mean. Great majorities (80.4%) of the clients reporting that their households had owned agricultural land either sharecrop-in or mortgage-in type. Nearly half (49.3%) of the land were either all or some irrigated while 31% were not irrigated.

Table 4.4 Distribution of clients by existence of kitchen garden, type of stoves use for cooking, toilet facilities and telephone ownership

Description	Number	Percent
Having a separate room for kitchen		
Yes	342	83.8
No	66	16.2
Total	**408**	**100.0**
Type of stove mainly use for cooking		
Open fireplace, mud, kerosene stove, or other	225	55.1
Gas stove, or smokeless oven	183	44.9
Total	**408**	**100.0**
Type of toilet		
None, household non-flush, or communal latrine	390	95.6
Household flush	18	4.4
Total	**408**	**100.0**
Number of telephone sets/cordless/mobile in the household		
None	5	1.2
One	82	20.1
Two or more	321	78.7
Total	**408**	**100.0**
Land ownership		
Yes, and all or some irrigated	201	49.3
Yes, but non irrigated	127	31.1
No	80	19.6
Total	**408**	**100.0**

c) Pregnancy and use of contraceptives

The number of pregnancy that the abortion clients experienced in their lifetime ranged from one to ten with average of 3.5 pregnancies. Half of the clients had two to three pregnancies and only a negligible proportion (3.7%) had seven or more number of pregnancies. Currently, over one-third (36.8%) of the clients had two living children followed by one child among 25% of the clients. One in every five client had three living children. Over 7% of clients did not have living child at the time of survey. Nearly 3-in-5 clients' youngest child was boys, 35% had girl child and 7% had no child at all (Table 4.5).

Table 4.5 Distribution of clients by number of pregnancies and living children

Description	Number	Percent
Number of times became pregnant (including the most recent one)		
1	28	6.9
2	84	20.6
3	122	29.9
4	81	19.9
5	53	13.0
6	25	6.1
7+ (7-10)	15	3.7
Mean(SD)	**3.5**	**(1.5)**
Total	**408**	**100.0**
Number of living children		
None	30	7.4
1	101	24.8
2	150	36.8
3	80	19.6
4	31	7.6
5+ (5-9)	16	3.9
Total	**408**	**100.0**
Sex of the youngest child		
Boy	236	57.8
Girl	142	34.8
No child	30	7.4
Total	**408**	**100.0**

3-in-10 (n=123) clients reported that they themselves or their husbands/partners had used any methods to delay or avoid pregnancy at the time they became pregnant with the most recent pregnancy. Among those (n=123) who used any method of contraception, more than one-third (37.4%) had used periodic abstinence/withdrawal followed by another one-third (30.9%) had used pills and condoms (21.1%) respectively. Other methods of contraception such as injection and emergency contraceptive were used by only a few clients (Table 4.6).

Table 4.6 Distribution of clients who had used contraceptives at the time they become pregnant with the most recent pregnancy

Description	Number	Percent
Whether used any contraceptive at the time the most recent pregnancy		
Yes	123	30.1
No	285	69.9
Total	**408**	**100.0**
Types of methods used		
Condoms	26	21.1
Pills	38	30.9
Injection/Depo Provera	12	9.8
Periodic Abstinence/Withdrawal	46	37.4
Emergency contraception	1	0.8
Total	**123**	**100.0**

4.2 Sources of information and referral about abortion services

a) Exposure to abortion related information

One of the themes of the study was to assess the awareness level of the clients regarding abortion issues and sources of information on the issues. Of the 408 clients included in the study, a great majority (77.2%; n=315) of the clients received any information on abortion issues in the last year. They had received the information from multiple sources. Those who had received information on abortion issues, majority (55.6%) of the clients did so from friends followed by service providers (43.8%). Around one in every three clients reported receiving such information from family members, radio, television and posters. The other noticeable sources were FCHVs (12.7%), community health workers (7.0%) and pharmacists (6.3%).

Table 4.7 Distribution of clients who had received or heard any information on abortion-related issues including their sources of information

Description	Number	Percent
Whether received or heard any information on abortion-related issues in the last year		
Yes	315	77.2
No	93	22.8
Total	**408**	**100.0**
Sources of information (Multiple Response)		
Friend	175	55.6
Medical provider (nurse, doctor, midwife, etc.)	138	43.8
Radio	119	37.8
Family member	112	35.6
Poster/Billboard/Wall paintings	104	33.0
Television	98	31.1
FCHVs	40	12.7
Community health worker(HA/AHWs/Community ANMs)	22	7.0
Pharmacist	20	6.3
Information pamphlets/IEC/SBCC materials	18	5.7
Neighbor	17	5.4
Internet	13	4.1
Newspaper	10	3.2
Women's group/Mother's Group	3	1.0
Community leader(s)	1	0.3
Community based organization	1	0.3
Other (school; book; Sunaulo Bhabishya)	18	5.7
Total (n)	**315**	-

b) Knowledge about abortion legalization and availability of abortion services

More than half (67%) of the clients were aware that abortion was legal in the country while a noticeable proportion (7.8%) said that abortion was illegal leaving almost one-third (30.4%) unaware of the legality of abortion. Upon asking about the conditions under which a woman can have abortion in Nepal, most of them reported pregnancy of 12 weeks or less gestation for any women (40.9%) followed by pregnancy of any duration if women' physical and mental health was at risk (35.3%) and fetus was deformed (24.2%). A noticeable proportion of the clients said that women can have abortion

in the pregnancy of 18 weeks if it was a result of rape or incest (12.7%). Nearly one in every five clients did not know in which condition a woman can have abortion in Nepal. Among those clients who were aware of legality of abortion in Nepal (n=252) more than a third said that abortion was legal only for married women. Over one-third of the clients also reported that 20 year old women can have a legal abortion without the consent of anyone else while 28% did not know about such age. While 14% of the clients mentioned 18 years of age as a legal age for abortion without consent, only 4% of the clients were aware that at 16 years of age one can have legal abortion without consent of anyone else.

Table 4.8 Distribution of clients by knowledge about abortion legalization in Nepal, condition to receive abortion, and legal age for abortion

Description	Number	Percent
Knowledge on legalization of abortion		
Yes	252	61.8
No	32	7.8
Do not know	124	30.4
Total	**408**	**100.0**
Conditions under which a woman can have an abortion (Multiple response)		
Pregnancy of 12 weeks or less gestation for any woman	103	40.9
Pregnancy of any duration if mother's life physical and mental health at risk	89	35.3
Fetus is deformed	61	24.2
Pregnancy of 18 weeks if it is a result of rape or incest	32	12.7
Other*	27	10.7
Do not know/No response	45	17.9
Total (n)	**252**	-
Whether abortion is legal <u>only for married women</u>		
Yes	89	35.3
No	139	55.2
Do not know	24	9.5
Total	**252**	**100.0**
Q306: Legal age for abortion without the consent of anyone else		
<16	2	0.8
16	10	4.0
17	4	1.6
18	34	13.5
19	4	1.6
20	90	35.7
21+ (21-30)	38	15.1
Do not know	70	27.8
Total	**252**	**100.0**

** Other includes: if she has financial problem or poverty; if there is understanding between husband and wife; if unmarried women got pregnant; if husband wife got separated; if she is still studying; in case of unwanted pregnancy.*

More than 9-in-10 clients were aware that safe abortion services were free in public health facilities. A large proportion (82.4%) of the clients opined that it was very important for women and young women to receive information on abortion to terminate unwanted pregnancy while 17% opined that it was somewhat important to receive such information (Table 4.9).

Table 4.9 Distribution of clients by knowledge about the availability of abortion services at free of cost

Description	Number	Percent
Knowledge on safe abortion services free of cost in Nepal		
Yes, in public health facilities	370	90.7
Yes, in public and private health facilities	3	0.7
No	9	2.2
Do not know	26	6.4
Total (n)	**408**	-
Opinion regarding the level of importance for women and young women to receive information on abortion to terminate unwanted pregnancy		
Very important	336	82.4
Somewhat important	68	16.7
Not important	4	1.0
Total (n)	**408**	-

** Other includes: abortion done within 9 weeks of gestation; if does not have any problem; taking proper care of pregnant woman; good health of women; if there is no any risk to women; not experiencing heavy bleeding; not having careless and unsafe sexual relation.*

To the question "*how did you learn about the abortion or post abortion care services available at this facility?*" more than two-fifths each of the respondents mentioned friends, family members and medical providers as their sources of information on availability of abortion or post abortion care services at this facility. One in every five clients mentioned poster/billboards/wall paintings (21.8%) followed by FCHVs (16.4%) as sources of such information (Table 4.10).

Table 4.10 Distribution of clients by sources from whom they learned about the availability of abortion services at the facility

Learning source about the abortion or post abortion care services available at this facility (Multiple Response)	Number	Percent
Friend	169	41.4
Family member	169	41.4
Medical provider (nurse, doctor, midwife, etc.)	169	41.4
Poster/Billboard/Wall paintings	89	21.8
FCHVs	67	16.4
Radio	60	14.7
Television	47	11.5
Pharmacist	34	8.3
Community health worker (AHWs, Community ANMs)	21	5.1
Information pamphlets/IEC/SBCC materials	9	2.2
Neighbor	12	2.9
Women's group/ mother's group	5	1.2
Internet	4	1.0
Newspaper	2	0.5
Street theater/Interactive popular theater	2	0.5
Community leader(s)	2	0.5
Peer educators	1	0.2
Other (school; book; Sunaulo Bhabishya; meeting)	34	8.3
Total (n)	**408**	-

c) Participation in events and membership in mothers group

All clients included in the study were asked if they had participated in the community events that had discussed safe abortion or post abortion care. Only a small proportion (7.8%) of the clients had attended in the community events to discuss on safe abortion mainly in women's group activities (3.9%), community dialogue meeting (2.7%) and school or university based activities (1.7%). However, more than 92% of the clients had not attended any of the events in their communities that had discussed safe abortion or post abortion care (Table 4.11).

Table 4.11 Distribution of clients by their participation in community events that had discussed safe abortion or post abortion care

Type of events (Multiple Response)	Number	Percent
Women's group activities	16	3.9
Community dialogue meeting	11	2.7
School or university based activities	7	1.7
Street theater/Interactive popular theater performances	5	1.2
Other community-based activities	3	0.7
Youth group activities	1	0.2
Not attended any	376	92.2
Total (n)	**408**	**-**

Around one-tenth of the clients was members of the health mothers' group and had attended mothers' group meeting in the last six months. However, less than half (42.9%; n=18) of the clients reported that any discussion on safe abortion services was done in the last meeting. Among the 18 clients who reported any discussion on safe abortion services was done, a large proportion of them noticed that themes on place (83.3%) and person (72.2%) to get safe abortion were discussed in the meetings. Approximately one-third clients reported that discussion on legality (38.9%) and meaning (33.3%) of safe abortion were also discussed in the meeting. Regarding the persons who provided information on safe abortion in the mothers' group meeting FCHVs was the most frequently (66.7%) mentioned followed by mother's group members (44.4%) and health workers (27.8%).

Table 4.12 Distribution of clients by membership in mothers group and discussion on safe abortion in the mothers group meeting

Description	Number	Percent
Membership in health mothers' group		
Yes	47	11.5
No	361	88.5
Total	**408**	**100.0**
Attended a mother's group meeting in last six months		
Yes	42	10.3
No	366	89.7
Total	**408**	**100.0**
Discussed on safe abortion services in the last meeting		
Yes	18	42.9
No	24	57.1
Total	**42**	**100.0**
Topics/issues on abortion services discussed in the meeting (Multiple Response)		
Place to receive safe abortion	15	83.3
Person to get safe abortion from	13	72.2
Legality of abortion	7	38.9
Meaning of safe abortion	6	33.3
Other (did not stay full time at the time of meeting)	1	5.6
Total (n)	**18**	**-**
Person who delivered the information/message in the meeting (Multiple Response)		
FCHV	12	66.7
Other mother's group member	8	44.4
Health workers (nurse, doctor, paramedics)	5	27.8
Total (n)	**18**	-

d) Referral from community to facility for abortion services

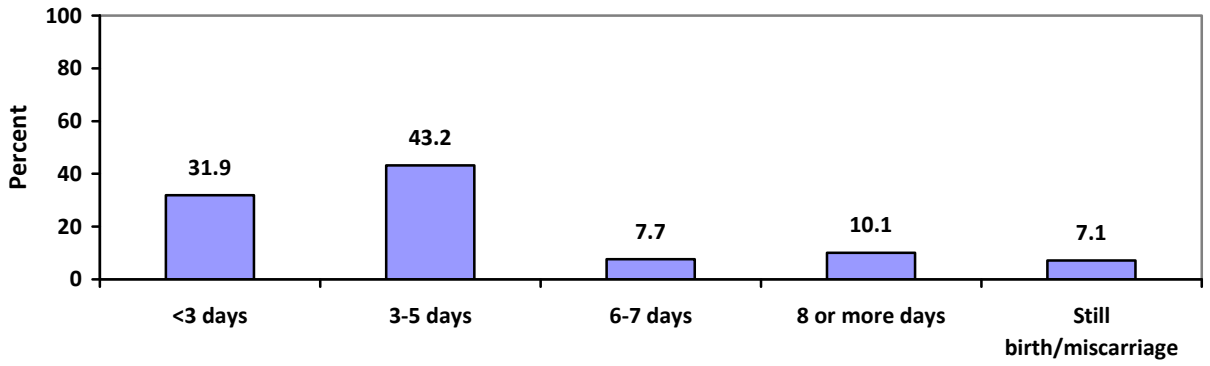
The clients were also asked about the person(s) who referred or suggested them to visit the health facility for seeking safe abortion services. Data presented in Table 4.13 shows that more than half (58.6%; n=239) of the clients were referred or suggested to visit the facility for abortion or post abortion care services. Approximately a quarter (24.8%) of the clients were referred or suggested to visit the facility by their family members followed by medical providers (9.6%) and FCHVs (8.8%). Pharmacists and friends were the source of referral for about 6% of the clients.

Table 4.13 Distribution of clients by person(s) who referred them to the health facility for abortion services

Persons who referred to the facility for abortion	Number	Percent
Family Member	101	24.8
Medical provider (nurse, doctor, midwife, etc.)	39	9.6
FCHV	36	8.8
Friend	26	6.4
Pharmacist	24	5.9
Community health worker	9	2.2
Neighbor Other	3	0.7
Other (partner's sister)	1	0.2
None	169	41.4
Total	**408**	**100.0**

Among those (n=169) clients who were not referred to visit the facility were further asked about the time passed between their decision to terminate their current pregnancy and their arrival at the health facility for seeking services. Nearly one-third of the clients passed less than 3 days between their decision to terminate pregnancy and their arrival at the health facility for seeking abortion services. More than 43% of the clients passed 3-5 days, 8% passed 6-7 days and 10% passed 8 days or more for getting abortion services (Figure 4.1).

Figure 4.1 Percentage of clients by time taken between the decision to terminate pregnancy and their arrival at the health facility



n= 169

e) Service received from the FCHVs

As presented in Table 4.13 above, 36 clients were referred by the FCHVs to the health facilities for receiving abortion services. Among them, nearly half (47.2%) said that the FCHVs conducted urine pregnancy test (UPT) to confirm the pregnancy. Similarly, a great majority (88.9%) also reported receiving counseling from FCHVs. However, only 17% of the clients received any card (referral card) from FCHVs before visiting the facilities. For the great majority (94.4%) of the 36 clients the current facility was the first place that they visited for seeking abortion services after talking with FCHVs (Table 4.14). The two clients who visited other providers before visiting the current facility had sought care from the public providers (Table not shown)

Table 4.14 Distribution of clients by type of services provided by the FCHVs after consultation

Description	Number	Percent
Whether FCHVs conducted urine pregnancy test		
Yes	17	47.2
No	19	52.8
Total	**36**	**100.0**
Whether received any counseling from FCHVs		
Yes	32	88.9
No	4	11.1
Total	**36**	**100.0**
Whether received referral card from FCHVs before visiting this site		
Yes	6	16.7
No	30	83.3
Total	**36**	**100.0**
Whether this facility was the first place for seeking abortion services after talking with FCHVs		
Yes	34	94.4
No	2	5.6
Total	**36**	**100.0**

f) Suspicion of pregnancy and visit to the FCHVs

A large proportion (69.5%) of the clients had first suspected that they were pregnant after four to five weeks of their pregnancy. Similarly, a noticeable proportion suspected such pregnancy only after six (13.9%) and seven or more (16.7%) weeks. More than a quarter (27.8%) of the clients reported less than 3 days passed between the suspicion and their actual visit to FCHVs followed by half (50.0%) mentioned 3-5 days between suspicion and visit to the FCHVs. The time lag between the suspicion and actual visit to FCHVs was even 8 or more days for a sizeable proportion (13.9%) of the clients. Among the 36 clients, over one third (36.1%) passed less than 3 days between referral from the FCHVs to their arrival at the current facility for abortion services. 33% and 22% of the clients passed 3-5 days and 6-7 days respectively between the referral and their actual visit to the facility.

Table 4.15 Distribution of clients by time lag between the pregnancy suspicion, visit to FCHV and arrival at the health facility for services

Description	Number	Percent
Number of weeks along in the pregnancy when first suspected		
4	10	27.8
5	15	41.7
6	5	13.9
7+	6	16.7
Total	**36**	**100.0**
Time taken between suspicion and actual visit to FCHVs		
< 3 days	10	27.8
3-5 days	18	50.0
6-7 days	3	8.3
8 or more days	5	13.9
Total	**36**	**100.0**
Time taken between FCHV's referral and arrival at the facility		
<3 days	13	36.1
3-5 days	12	33.3
6-7 days	8	22.2
8 or more days	3	8.3
Total	**36**	**100.0**

Those clients (n=203) who were referred by other than the FCHVs were asked if this was the first place that they had visited this time for seeking abortion services. A large proportion (89.2%; n=181) said that the current facility was the first place to visit for seeking abortion services. Among the remaining 22 clients, 86% had already made at least one visit to other facilities before coming to the current facility and the rest (13.6%) had visited twice. Half of the 22 clients had visited drug seller and other public providers (46%) before coming to the facility. A small proportion (14%) had visited private providers (Table 4.16).

Table 4.16 Distribution of clients by visit to other places before coming to the facility for seeking safe abortion services (among those who received counseling from persons other than FCHVs)

Description	Number	Percent
Whether this facility was the first place visited for seeking abortion services		
Yes	181	89.2
No	22	10.8
Total	**203**	**100.0**
Number of visits made before coming to this facility		
1	19	86.4
2	3	13.6
Total	**22**	**100.0**
Type of providers consulted before coming to this facility (Multiple Response)		
Drug seller	11	50.0
Other public provider	10	45.5
Private provider	3	13.6
Other (Sunaulo Bhabishya Nepal)	2	9.1
Total (n)	**22**	**-**

g) Decision making

Those clients (n=203) who were referred by other than the FCHVs were further asked how many weeks along in their pregnancy was first suspected. Nearly 2-in-5 clients (38.9%) had first suspected their pregnancy five weeks along their pregnancy and about one-third (32.0%) did so after four weeks of pregnancy. About one-fifth of the clients had suspected pregnancy after six weeks of gestation. More than half (51.7%) of the clients passed less than 3 days between the time they decided to end the pregnancy and they talked to their friends about it. Over 25% passed 3-5 days between such events. Nearly a quarter (22.2%) of the clients passed less than 2 days between the time they decided to end pregnancy and their arrival at the health facility for abortion care. Similarly, 24% of the clients passed 3-4 days and 11% did so 6-7 days. The time lag between the decision to terminate pregnancy and their actual visit to the health facility was 8 or more days for one-third (33.5%) of the clients.

Table 4.17 Distribution of clients by time lag between the pregnancy suspicion, talking with the friends and actual visit to the facility for services

Description	Number	Percent
Number of weeks along in the pregnancy when first suspected		
4	65	32.0
5	79	38.9
6	39	19.2
7+	19	9.4
Do not know	1	0.5
Total	**203**	**100.0**
Time taken between decision to end current pregnancy and talking with the friends (days)		
< 3 days	105	51.7
3-5 days	51	25.1
6-7 days	9	4.4
8 or more days	10	4.9
Cannot remember	10	4.9
Still birth/miscarriage	18	8.9
Total	**203**	**100.0**
Time taken between the decision to end pregnancy and arrival at the facility for care		
< 3 days	45	22.2
3-5 days	49	24.1
6-7 days	22	10.8
8 or more days	68	33.5
Do not know	1	0.5
Still birth/miscarriage	18	8.9
Total	**203**	**100.0**

A great majority (93.1%) of the 408 clients reported that their husband/partner had played the key role in deciding to go to the facility for the abortion service while in 21% of the cases the other family members played such role (Table 4.18). More than three-quarters (78.2%) of the clients did not face any difficulty at home, in the community or on the way to the facility. Nearly 10% had faced difficulty in finding transport and time to get to the facility. For some (<4%) not knowing where to go, finding someone to accompany and money were the difficulties. Over three-quarters (77.9%) of the clients also reported that they did not face any difficulty at the health facility while seeking care. However, long waiting time was reported as difficulty by about 13% of the clients. The other difficulties faced by a small proportion of the clients were overcrowding, lack of information about where to go, lack of privacy and drinking water.

Table 4.18 Distribution of clients by person(s) who played key role in deciding to come for the abortion services and type of difficulties faced to come the facility

Description	Number	Percent
Person(s) who played the key role in deciding to come for the abortion service (Multiple Response)		
Husband/Partner	380	93.1
Other Family Member	87	21.3
FCHV	26	6.4
No one, decided for self	20	4.9
Other (neighbor, friends, health workers, partner's sister)	26	6.4
Total (n)	**408**	-
Type of difficulties faced at home, in the community and on the way to the facility (Multiple Response)		
None	319	78.2
Not knowing where to go	15	3.7
Getting permission/approvalto go	4	1.0
Finding someone to accompany	13	3.2
Finding transport to get there	40	9.8
Time taken/distance to get there	38	9.3
Finding money/being able to pay to get there	12	2.9
Other*	19	4.7
Total (n)	**408**	-
Types of difficulties faced at the facility when seeking care (Multiple Response)		
Long waiting time	51	12.5
Overcrowding	26	6.4
Lack of information on where to go	15	3.7
Lack of privacy	14	3.4
Lack of safe drinking water	13	3.2
Lack of waiting space for patients	6	1.5
Provider did not give enough time	5	1.2
Drugs not available	4	1.0
Provider not friendly	3	0.7
Inadequate toilet facilities	2	0.5
Provider not available	2	0.5
Couldn't afford to pay	1	0.2
Facility not open	1	0.2
Other**	2	0.5
None	318	77.9
Total (n)	**408**	-

** Other includes: health problem; abdominal pain; scared that other people might know about the abortion; white fluid discharge; felt disoriented; physical pain; bleeding.*

*** Other includes: provider was not permitting to do abortion due to long duration of gestational period; felt pain at the time of cleaning.*

All 408 clients were asked about the persons who accompanied them to come to the facility on the interview date. Data presented in Table 4.29 shows that over half (54.7%) of the clients were accompanied by close family members followed by other family members (13.0%) and friends

(10.0%). More than a quarter (26.5%) of the clients was not accompanied by anyone else to the facility.

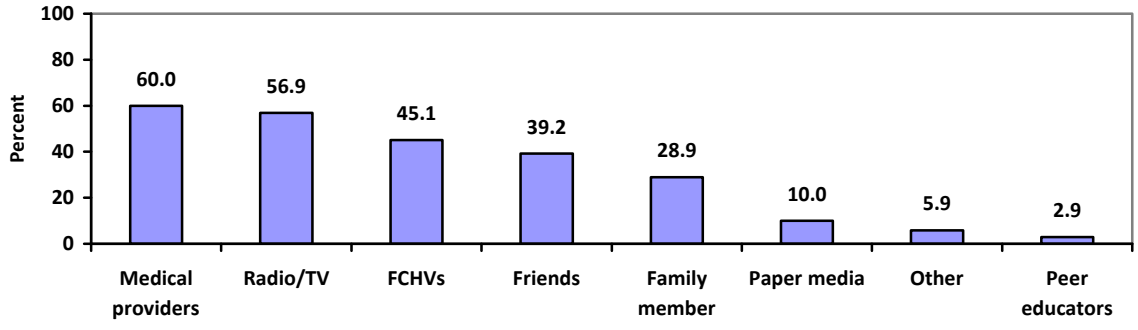
Table 4.19 Distribution of clients by person(s) who accompanied to the facility in the current visit

Person(s) who accompanied to the facility today (Multiple Response)	Number	Percent
Family member	223	54.7
Other family members (nephew; aunt; sister-in-law; aunt; brother; sister)	53	13.0
Friends	41	10.0
FCHVs	7	1.7
Medical providers	1	0.2
No one	108	26.5
Total (n)	**408**	-

h) Preferred source of information

Clients were also asked about their preferred sources of information on abortion. Nearly three-fifths of the clients preferred to have information on abortion from medical providers (60.0%) and radio/TV (56.9%) and followed by FCHVs (45.1%) and friends (39.2%). 3-in-10 clients also preferred to get information on abortion from family members (Figure 4.2).

Figure 4.2 Percentage of clients by their preferred sources of information on abortion



n= 408

4.3 Procedure information and providers/facility support and counseling

This section describes the abortion client's experiences during the visit to service facilities particularly on the information and service provided to her by the service providers.

a) Type of safe abortion service received and gestational period

Among the 408 clients included in the study, a great majority (89.2%) reported receiving induced abortion service on the day they had visited the facility where as 11% (n=44) received post abortion care (PAC) service (Table 4.1). Those 44 clients who received PAC were further inquired regarding the facility from where they first received the abortion service. Except those who had miscarriage, most of them had received the services from medical shop and other government health facilities. The number of weeks along in their pregnancy in the day the clients had received either induced abortion or PAC service ranged from 4 to 25 weeks. Most of the clients (59.8%) had received such services in

the 6-7 weeks of gestation followed by 22% had received in 8-9 weeks of gestation. One in every ten clients received service in 4-5 weeks of gestation. Almost the same percentage (8.1%) had received safe abortion services after 10 weeks of gestation.

Table 4.20 Distribution of clients by type of abortion service received at the health facility

Description	Number	Percent
Types of abortion-related service received at facility today		
Induced abortion	364	89.2
Post abortion care	44	10.8
Total	**408**	**100.0**
Place from where the client first received the abortion service		
Medical shop	6	13.6
Other health facility (PHCC; DHO; health post)	5	11.4
Pharmacist	2	4.5
Sunaulo Bhabishya	1	2.3
Miscarriage (did not induce)	30	68.2
Total	**44**	**100.0**
Gestational period (in weeks)		
4-5	40	9.8
6-7	244	59.8
8-9	90	22.1
10 or above (10-25)	33	8.1
Do not know	1	0.2
Total	**408**	**100.0**

b) Contact and counseling

Regarding the mode of contact with the service providers nearly two-thirds (65%) of the clients had to sign-in at registration desk first before they could see the providers whereas the rest (35.3%) saw providers immediately. Almost all the clients (95.6%) were counseled by someone about different abortion procedures available to them on the day they visited the service facilities. It was mostly the nurse/midwife (92.3%) who counseled the clients followed by physician (7.4%).

Table 4.21 Distribution of clients receiving counseling and person who provided counseling

Description	Number	Percent
Process of seeing a provider		
Saw provider immediately	144	35.3
Had to sign-in-at registration desk	264	64.7
Total	**408**	**100.0**
Counseled by someone about the availability of different abortion procedures		
Yes	390	95.6
No	18	4.4
Total	**408**	**100.0**
Person who provided counseling at the facility		
Nurse/Midwife	360	92.3
Physician	29	7.4
Other (AHW)	1	0.3
Total	**390**	**100.0**

c) Types of abortion procedure used and information provided by the providers

A large proportion (83.6%) of the clients had received medical abortion while 18% of the clients had received surgical abortion service. Almost all the clients (99%) agreed that they received the procedure they primarily wanted. Only two clients said that they received either surgical or medical abortion services which they did not want (Table 4.22).

Table 4.22 Distribution of clients by type of procedure adopted to terminate pregnancy

Description	Number	Percent
Type(s) of procedures undertaken (Multiple Response)		
Surgical abortion	73	17.9
Medical abortion	341	83.6
Total	**408**	**-**
Whether the procedure was as per the desire or not		
Yes	406	99.5
No	2	0.5
Total	**408**	**100.0**

A series of questions related to clients-providers interaction including interpersonal communication and counseling were put forward to all clients included in the study. The survey results are presented in Table 4.23. Over 95% of the clients reported that they were talked by the providers regarding what to expect, including risk, benefits and details of the abortion procedure (95.3%), given some medicine to take in the facility or at home to help relieve pain during abortion (98.3%) and told about follow-up care for when they got home (95.3%). Similarly, 93% of the clients were informed about what to expect after the procedure, what was normal, and when to worry and come back to the clinic.

Table 4.23 Distribution of clients by types of information related to abortion provided by the providers

Description	Yes	No	Do not know	Total (n)
Provider talked about what to expect, including risk, benefits and details of procedure	95.3	4.2	0.5	408
Health care provider gave medicine to take in the facility or at home to help relieve pain during abortion	98.3	1.7	-	408
Health care provider told about follow-up care for after getting home	95.3	4.7	-	408
Provider talked about what to expect after the procedure, what is normal, and when to worry and come back to the clinic	93.4	6.6	-	408

The clients were also asked if they were told by the providers about the warning signs that they should look after leaving the facility. Nearly 95% (n=386) of the clients were informed about warning signs they should look for after leaving the facility and should revisit the facility in case of such signs (Table 4.24). The most frequently cited danger signs were: heavy bleeding (56.5%), sustained fever of 100 degree F or more (51.8%), and persistent pain even after taking pain reliever (51.0%). One in every four clients mentioned blood pass drop by drop after taking medicine as the danger sign followed by 22% mentioning heavy bleeding, soaked four pads in two hours or soaked two pads an hour for two hours in a row. A small proportion (6% to 8%) of the clients reported vomiting, nausea, dizziness, and headache as the danger signs that indicate need for immediate visit to health facility or hospital.

Table4.24 Distribution of clients who were told by the providers about the warning signs

Description	Number	Percent
Provider gave information on warning signs		
Yes	386	94.6
No	22	5.4
Total	**408**	**100.0**
Type of danger signs (Multiple Response)		
Heavy bleeding	218	56.5
Sustained fever of 100 degree F or more	200	51.8
Persistent pain even after taking pain medication	197	51.0
No bleeding or blood pass drop by drop after taking medicine	98	25.4
Heavy bleeding, soaked four pads in two hour(soaked two pads an hour for two hours in a row)	86	22.3
Severe abdominal pain	29	7.5
Vomiting; nausea	22	5.7
Dizziness	22	5.7
Headache	22	5.7
Other*	27	7.0
Total (n)	**386**	**-**

** Other includes: fever; weakness; can take advice through phone; back pain; diarrhea; pain; allergy; white fluid discharge; if no bleeding within 24 hours of procedure*.

Nine in every ten clients were informed by the provider that without using a contraceptive method they could get pregnant again quickly even before their next menstruation. 10% of the clients were not provided with such information (Table 4.25). A vast majority (97%) of the clients felt that they were treated with respect by the clinic staff the day they visited. Similarly, nearly two-fifths (37%) of the clients felt that they were able to make decision on their own in receiving abortion services while the rest (61.7%) of the clients were not able to take such decision.

Table 4.25 Distribution of clients by providers warning about pregnancy without using a contraceptive, decision to receive abortion and feeling about clinical staff's behavior

Description	Number	Percent
Provider told that without using a contraceptive method one could get pregnant again quickly, even before your next menstruation		
Yes	369	90.4
No	39	9.6
Total	**408**	**100.0**
Felt about ability to self decision on receiving abortion service		
Yes	151	37.0
No	256	62.7
Do not know	1	0.2
Total	**408**	**100.0**
Felt that clinical staff treated with respect		
Yes	397	97.3
No	8	2.0
Do not know	3	0.7
Total	**408**	**100.0**

4.4 Time spent on and cost of receiving services

a) Waiting time

More than half (53.9%) of the clients live in the same community where the facility from where they received services was located. The rest lived in the other communities (Table 4.26) Clients had to travel from less than one kilometer to more than fifteen kilometers with average of 8.1 kilometers to get to the facility. More than half (52.0%) of the clients had to travel 1-4 kilometers followed by about 17% had to travel 15 kilometers ore more and 14% had to spend 4-9 kilometers. Most of the clients get to the facility by walking (39.2%) or motor vehicle (36.0%) followed by motorbike (11.3%) and bicycle (8.8%). On an average it took 42 minutes with standard deviation of 53.3 minutes for the clients to travel to the service facility. For half (52.0%) of the clients it took less than half an hour and for one in every four clients it took 30-59 minutes to get to the facility. For some (14.2%) clients it took 90 minutes or more.

Table 4.26 Distribution of clients by distance , time taken and transport to the health facility

Description	Number	Percent
Living in the same community where the facility where you received services is located		
Yes	220	53.9
No	188	46.1
Total (n)	**408**	**100.0**
Distance to health facility (in kilometers)		
Less than one km	28	6.9
1-4 km	212	52.0
5-9 km	56	13.7
10-14 km	29	7.1
15+	70	17.2
Do not know	13	3.2
Mean (SD)	**8.1**	**(12.4)**
Total (n)	**408**	**100.0**
Means of transportation		
Motored vehicle	147	36.0
Bicycle	36	8.8
Walking	160	39.2
Motorbike	46	11.3
Other (ambulance, vehicle from husband's office; rickshaw; mazic; hired jeep)	19	4.7
Total (n)	**408**	**100.0**
Travel time from residence to the facility		
Less than 30 minutes	212	52.0
30-59 minutes	102	25.0
60-89 minutes	36	8.8
90 minutes +	58	14.2
Mean (SD)	**42.0**	**(53.3)**
Total (n)	**408**	**100.0**

Once they arrived at the service facility clients had to wait for less than 15 to more than 60 minutes with an average of 29 minutes before they were seen by a health care worker. Half of the clients had to wait for less than 15 minutes whereas 18% had to wait for 15-29 minutes before they were seen by the service providers. The proportion of clients who waited for 30 to 59 and 60 or more minutes were 17% and 15% respectively (Table 4.27). The average time that the clients passed from arrival at the facility to exist from the facility was 3 hours (SD= 6.5 hours). Most of the clients passed 1-2 hours (37%) followed by 32% less than one hour and 31% passed two hours and more.

Table 4.27 Distribution of clients by waiting time and time spent for procedure

Description	Number	Percent
Waiting time (in minutes)		
Less than 15 minutes	203	49.8
15-29 minutes	74	18.1
30-59 minutes	69	16.9
60+	62	15.2
Mean (SD)	**(29.1)**	**(54.8)**
Total	**408**	**100.0**
Amount of time passed between arrival and exit (in minutes)		
Less than 1 hour	130	31.9
1-2 hours	150	36.8
2 hours +	128	31.4
Mean (SD)	**3.0**	**(6.5)**
Total	**408**	**100.0**

b) Travel and service cost

Information regarding the travel cost and service cost was collected from all clients. On an average it cost Rs 241 (SD= Rs.515) for the clients to travel to the service facility from their residence. For more than half (54.7%) of the clients it did not cost at all to travel to the facility while 1-in-5 clients had to pay less than Rs. 100 or from Rs 100 to Rs.499. For a small proportion of the client (4%) it costs Rs. 500 or more to travel to the facility (Table 4.28).

Most of the clients (43%) did not have to pay at the facility for the abortion procedure while nearly one in every four clients had to pay Rs.100 or more. Similarly 20% had to pay less than Rs.50 followed by 13% had to pay R.50 to Rs.100. For a vast majority (97%) of the clients the abortion service was provided free of charge so they did not have to pay. In the same tone a vast majority (93.4%) of the clients did not have to lose any wages as a result of seeking care at the facility. A small proportion of the client who lost wages did so by less than Rs.500 (1.7%) to more than Rs.500 (4.9%).

Table 4.28 Distribution of clients by cost involved in travel and procedure

Description	Number	Percent
Travel cost to the facility (in Rs)		
No payment	223	54.7
Less than 100	86	21.1
100-499	81	19.9
500+	18	4.4
Mean (SD)	**240.7 (515.0)**	
Total	**408**	**100.0**
Amount of payment at this facility for services procedure (in Rs)		
Less than 50	80	19.6
50-100	52	12.7
100+	99	24.3
Left hospital without taking discharge card	1	0.2
No payment	176	43.1
Total	**408**	**100.0**
Amount of wage money loosed as a result of seeking care at this facility (including snacks)		
No lost wages	381	93.4
Less than 500	7	1.7
500+	20	4.9
Total	**408**	**100.0**

c) Reasons for choosing the facility

All clients were asked about the reason for choosing the current facility. A good quality of service (45.1%) was the main reason for choosing the current facility by most of the clients followed by locating the facility near to their homes (32.6%). A considerable proportion (14.5%) of the clients selected the facility due to recommendation by other persons while cost effectiveness was the reason for a small proportion of the same (5.4%) (Table 4.29).

Table 4.29 Distribution of clients by main reason for choosing the current facility to receive service

Main reason for choosing the health facility	Number	Percent
Good quality	184	45.1
Near to home	133	32.6
Recommended by others	59	14.5
Cost effective	22	5.4
Did not know any other	5	1.2
Availability of services at free of cost	2	0.5
Other (have come here earlier too; it is a government health facility)	3	0.7
Total	**408**	**100.0**

4.5 Delaying pregnancy and family planning including contraceptives

This section consists of findings on contraceptive counseling service and family planning methods that the clients of abortion received and their decision on contraceptive use.

a) Delaying pregnancy

All clients were asked if they wanted to get pregnant again immediately, later or not at all. A great majority (68.4%) of the clients opined that they did not want to get pregnant again. 3-in-10 clients would like to delay their next pregnancy. Only two of 408 abortion clients said that they would like to get pregnant immediately. Among 125 clients who wanted to delay pregnancy, a vast majority of them (80.9%) wanted to do so for two years or more. A noticeable proportion (17%) of the clients would like to get pregnant within two years.

Table 4.30 Distribution of clients by their pregnancy intention

Description	Number	Percent
Fertility intention		
Not get pregnant at all	279	68.4
Delay pregnancy	125	30.6
Get pregnant immediately	2	0.5
Do not know	2	0.5
Total	**408**	**100.0**
Duration that clients want to delay in getting pregnant		
Within 2 years	21	16.8
2 years or more	101	80.8
Do not know	3	2.4
Total	**125**	**100.0**

b) Family planning counseling

More than 9-in-10 clients reported that they received counseling on family planning/contraceptive methods on the day they visited the facility. It was the nurse/midwife who counseled a great proportion (96.8%) of the clients on the different family planning/contraceptive methods available to them. Over half (52.1%) of the clients were counseled for 10-19 minutes and around 1-in-5 was counseled for less than 10 minutes or 20-29 minutes. The average duration of which the clients received counseling was 14 minutes with standard deviation of 7.6. The clients were asked what type of family planning methods were they familiar with after they received counseling. Following counseling the vast majority (82.0%) of the clients were familiar with injection/Depo Provera followed by pills (79.4%) and implant (78.3%). More than half of the clients (62.2%) became familiar with condoms and nearly one-third with female/male sterilization (Table 4.31).

Table 4.31 Distribution of clients by receiving counseling on family planning

Description	Number	Percent
Received counseling on family planning/contraceptive		
Yes	378	92.6
No	30	7.4
Total	**408**	**100.0**
Person(s) who provided counseling		
Physician	12	3.2
Nurse/Midwife	366	96.8
Total	**378**	**100.0**
Duration of counseling (in minute)		
Less than 10 minutes	80	21.2
10-19 minutes	197	52.1
20-29 minutes	72	19.0
30 minutes or more (30-60)	29	7.7
Mean (SD)	**14.0**	**(7.6)**
Total	**378**	**100.0**
Type of contraceptive methods familiar after counseling (Multiple Response)		
Condoms	235	62.2
Pills	300	79.4
Injection/Depo Provera	310	82.0
IUCD	275	72.8
Implant	296	78.3
Female Sterilization/Male Sterilization	119	31.5
Other (I was familiar with all methods before coming to this facility)	1	0.3
Total	**378**	**-**

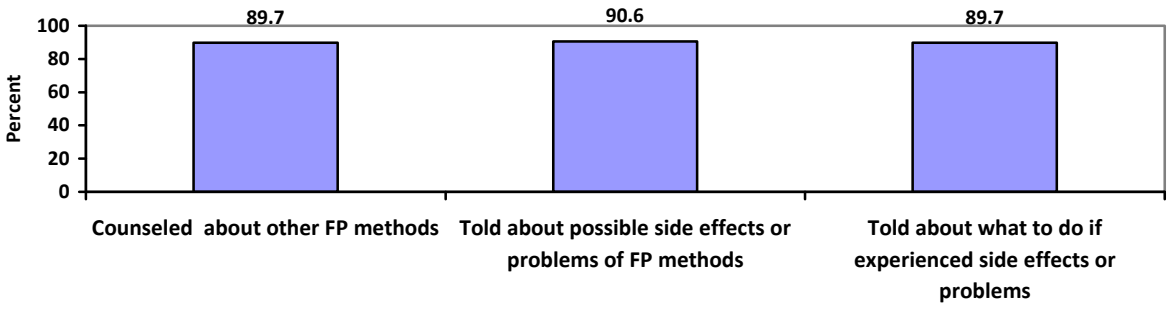
Of the total 408 clients intercepted, 78% (n=320) had accepted a family planning method following their abortion services. A vast majority (89.7% of the client received contraceptives in the same part of the facility where they had abortion/post abortion care and the rest had to go to a different part of the facility. Among those (n=320) who accepted contraceptives, nearly 39% received injection/Depo Provera and 24% received oral pills. A slightly more than one-fifth (20.9%) received implant and 10% received condoms. IUCD and sterilization were the least used methods. The vast majority (95.0%) of the clients used the contraceptive as per their choice (Table 4.32). For a sizable proportion (4.1%; n=13) the method they received was different from their choice. The reasons for not getting their desired methods were that the facility did not have a supply of it (46.2%), the providers discouraged (7.7%) and provider did not offer the desired method (7.7%) (Table not shown).

Table 4.32 Distribution of clients by acceptance of family planning method following abortion

Description	Number	Percent
Accepted a family planning/contraceptive method today		
Yes	320	78.4
No	87	21.3
Do not know/refused	1	0.2
Total	**408**	**100.0**
Place where contraceptive received		
In the same part of the facility	287	89.7
Other part of the facility	33	10.3
Total	**320**	**100.0**
Method(s) accepted after abortion (Multiple Response)		
Condoms	34	10.6
Pills	78	24.4
Injection/Depo Provera	124	38.8
IUCD	17	5.3
Implant	67	20.9
Female Sterilization/Male Sterilization	1	0.3
Total (n)	**320**	**-**
Method(s) received according to choice		
Yes	304	95.0
No, I wanted a different method	13	4.1
No, I did not want a method at all but received one anyway	3	0.9
Total	**320**	**100.0**

Of the 320 clients who accepted contraceptive methods following abortion service, a vast majority (89.7%) of them said that they received counseling about other family planning methods. More than 90% said that they were told about side effects or problems they might have with the methods and what they should do if they experienced side effects or problems (Figure 4.3).

Figure 4.3 Percentage of clients who were counseled about FP, its side effects and measures to follow in care of side effects



n= 320

Those clients (n=88) who did not accept a family planning/contraceptive method following abortion services were further inquired about the reasons for not getting the method on that day. Half (50.0%) of the clients did not get the method because they decided to get the method at their next visit followed by another 31% said that their husbands were away from home. The other reasons forwarded by 8% or less proportion of clients included making appointment for next visit, adopting withdrawal method, and no method was offered that day (Table not shown).

Of the 408 clients intercepted, most of the clients (92.2%) reported that they received enough information to make an informed decision about contraception following abortion services (Table 4.33). Similarly 96% of the clients said that they did not feel any pressure to accept a particular contraceptive method. Likewise, almost all (96.8%) the clients felt confident in their decision about their choice of contraceptive method and also felt that the service providers respected their choice of contraceptive method (94.6%).

Table 4.33 Distribution of clients by receiving enough information, pressure to accept particular contraceptive method , confidence in decision making and respect from providers on decision

Description	Number	Percent
Received enough information to make informed decision		
Yes	376	92.2
No	30	7.4
Do not know	2	0.5
Total	**408**	**100.0**
Felt any pressure to accept a particular contraceptive method		
Felt pressure	15	3.7
Felt confident	390	95.6
Do not know	3	0.7
Total	**408**	**100.0**
Felt confident in making decision about the choice of contraceptive method (or no method)		
Yes	395	96.8
No	6	1.5
Do not know/Refused	7	1.7
Total	**408**	**100.0**
Felt respect from the provider about the choice of contraceptive method (or no method)		
Yes	386	94.6
No	12	2.9
Do not know/Refused	10	2.5
Total	**408**	**100.0**

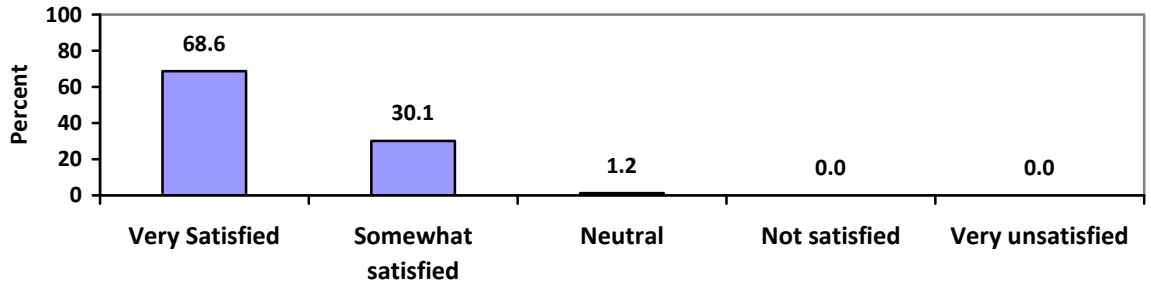
4.6 Overall client's satisfaction

a) Satisfaction

The section deals with satisfaction of the clients with the abortion services indicated by their willingness to revisit the facility, recommendation to others to visit the facility, the provisions available at the facility etc.

Almost all the clients (98.6%) included in the study were satisfied with the services that they received at the facility – 67% were very satisfied and 30% were somewhat satisfied (Figure 4.4) . Except one, all the clients said that, based on the experience they gained during the visit, they would return to the facility for a service in the future as well and all clients said that they would recommend the facility to be visited by other family members and friends (Table not shown).

Figure 4.4 Percentage of clients by level of satisfaction on the services received from the health facility



n=408

The clients were also inquired about one thing that could have made their visit of the day better. Most of the clients (35.5%) said that there was nothing to be added because everything was fine at the facility. A sizable proportion (12%-13%) of the clients suggested of timely service, less waiting time, 24 hours service and provision of all services need to provide abortion followed by snack or snack allowance (6.4%) and provision of all kind of medicines and services at free of cost (5.4%). Less than 5% of the client suggested regarding provision for transportation, drinking water, toilet facilities, separate rooms, and maintenance of clean surrounding of the facility (Table 4.34).

Table 4.34 Distribution of clients by suggestion for making their visit better

T thing that could have made the visit today better	Number	Percent
Timely services; less waiting time; availability of 24 hours services	53	13.0
Provision of all services needed to provide abortion services	47	11.5
Provision of snacks; snack allowance	26	6.4
Provision of all kind of medicines and services at free of cost	22	5.4
Provision of transport facility; arrangement of money for transport	19	4.7
Provision of toilet facility	16	3.9
Provision of drinking water	15	3.7
Separate room for counseling services	12	2.9
Increasing the number of service providers	10	2.5
Good behavior of provider	9	2.2
Maintaining and cleaning the surrounding of the facility clean	7	1.7
Separate room for abortion services	5	1.2
Other*	22	5.4
Nothing, everything is okay	145	35.5
Total	**408**	**100.0**

** Other includes: proper counseling on abortion; spacious place; adequate of provision of waiting room or place; provision of fan in waiting room; specific time for providing abortion services; separate place to change dress; less noise; provision of vitamin to the clients; proper counseling on FP; Arrangement of TV or newspaper in the waiting place.*

b) Perception of problems related to facility and services

The 408 clients were inquired about their perception regarding some common problems clients have at the health facilities, including presence or absence of the problem and if present the degree of the problem.

More than 90% of the clients perceived that there was no problem regarding the providers being judgmental (98.0%), opening and closing time of the facility (94.1%) and how the health facility staff treated them (93.3%). Similarly, a vast majority (80% to 90%) of clients perceived that the number of days service available at the facility (89.7%), availability of contraceptives (89.5%), privacy (87%-88.0%), cost of service (86.5%), amount of explanation received from providers (86.0%), ability to discuss about own concerns (85.8%) and availability of medicine (85.0%) were not the problems. Furthermore, a great proportion of the clients said there was no problem of cleanliness of the facility (77.5%), and waiting time to see the providers (67.2%).

Table 4.35 Distribution of clients by perception of problems related to the facility and services

Description	Major	Minor	No problem	Do not know	Total (n)
Providers were judgmental	-	1.0	98.0	1.0	408
The hours of service at this facility- when they open and close	-	5.4	94.1	0.5	408
How the staff treated	0.5	5.9	93.1	0.5	408
The number of days services are available to you	0.5	8.8	89.7	1.0	408
Availability of contraceptives at this facility	0.5	3.7	89.5	6.4	408
Privacy from having other see the examination	0.7	11.0	88.0	0.2	408
Privacy from having others hear your consultation discussion	1.2	11.5	87.0	0.2	408
Cost for services or treatments	2.2	11.3	86.5	-	408
Amount of explanation you received about the care you received	-	13.5	86.0	0.5	408
Ability to discuss about your concerns	1.2	11.0	85.8	2.0	408
Availability of medicines at this facility	2.2	11.8	85.0	1.0	408
The cleanliness of the facility	2.5	19.6	77.5	0.5	408
Time you waited to see provider	7.1	25.5	67.2	0.2	408

4.7 Abortion stigma

a) Women worry about abortion related issues

Approximately 1-in-5 clients were worried that other people might find out about their abortion (21.1%), people would gossip about them (18.4%) and would humiliate them if people knew about their abortion (17.4%). However, only a small proportion of clients (4.1%-6.1%) were worried that they would disappoint someone they love, would be rejected by someone, would judge them negatively for their decision and would negatively affect their relationship with someone they like (Table 4.36).

Table 4.36 Distribution of clients by their worry about abortion

Statement: I am worried that…	Not worried	A little worried	Quite worried	Extremely worried	Total (n)
Other people might find out about my abortion	46.1	32.8	9.3	11.8	408
I will disappoint someone I love	85.8	7.8	2.7	3.7	408
I will be humiliated if people know about the abortion	50.2	32.4	10.0	7.4	408
People will gossip about me	45.8	35.8	11.8	6.6	408
: I will be rejected by someone I love	90.9	4.9	2.9	1.2	408
People will judge me negatively for my decision	53.7	34.1	8.1	4.2	408
My abortion would negatively affect my relationship with someone I like	87.7	7.4	2.7	2.2	408

Reflecting the stigma related to abortion more than half (50.5%) of the clients had never shared their feelings about abortion with someone close to them. Nearly one-third (31.4%) of clients had never had conversation about abortion with someone close to them. Nearly 1-in-3 clients felt that they had been supported by people who were close to them at the time of abortion or they had abortion (Table 4.37).

Table 4.37 Distribution of clients by extent of openness about their abortion and feeling of support received

Talking to your close friends and family about the most recent abortion	Never	Once	More than once	Many times	Total (n)
I had a conversation with someone I am close with about my abortion	31.4	44.4	19.9	4.4	408
I was open with someone that I am close with about my feelings about my abortion	50.5	32.8	13.5	3.2	408
I felt the support of someone that I am close with at the time of my abortion	29.9	48.0	18.6	3.4	408
When I had my abortion, I felt supported by the people I was close with	32.1	45.3	17.6	4.9	408

Similarly, more than 62% of the client either agree or strongly agree on the statement, "I can talk to people that I am close with about my abortion" (Table 4.38). However, more than half of the clients disagreed or strongly disagreed on the statement, "I can trust people I am close to with information about my abortion". This information indicates that clients could talk to people about their abortion but could not trust to share information about it.

Table 4.38 Distribution of clients by extent of agreement on talking with close person about abortion

Talking with close friend about abortion	Strongly disagree	Disagree	Unsure	Agree	Strongly agree	Total (n)
I can talk to people that I am close with about my abortion	12.3	16.9	3.4	45.8	21.6	408
I can trust people I am close to with information about my abortion	20.3	27.7	15.7	27.9	8.3	408

All the clients were further enquired about their agreement and disagreement on the feeling they had on the decision made to have abortion. More than 80% of the clients either disagree or strongly disagree on the three statements namely, "*I felt guilty about my decision; I felt like a bad person*; and *I felt ashamed about my decision*". Similarly, nearly 70% of the clients disagreed or strongly disagreed about the statement indicating that they were feeling selfish about their decision on abortion.

Surprisingly, more than 90% of the client either agreed or strongly agreed on the statement, "I felt confident that I made the right decision" (Table 4.39).

Table 4.39 Distribution of clients by extent of agreement on their feeling about abortion

Feeling about the abortion	Strongly disagree	Disagree	Unsure	Agree	Strongly agree	Total (n)
I felt guilty about my decision	48.3	37.3	0.7	9.3	4.4	408
I felt confident that I made the right decision	2.7	4.2	1.2	47.5	44.4	408
I felt like a bad person	37.5	47.8	2.7	9.8	2.2	408
I felt ashamed about my decision	40.4	42.9	3.4	9.6	3.7	408
I felt selfish about it	34.6	34.6	2.9	21.1	6.9	408

Reflecting the other people's attitude about abortion, most of the clients (45.8%) said that a few people think abortion was always wrong followed by a sizeable proportion (18.4%) also said that about half of the people thought abortion was wrong. Similarly, nearly half (47.8%) of the clients said a few people in their community even thought abortion was same as murder followed by 18% clients said that about half of the people in their community thought abortion was same as murder (Table 4.40).

Table 4.40 Distribution of clients by people's attitudes and beliefs about abortion in the community where they currently live

People believes and attitude about the abortion	No one	A few people	About half of the people	Many people	Most people	Total (n)
In your community, people think that abortion is always wrong	15.4	45.8	18.4	16.7	3.7	408
In your community, people think that abortion is the same as murder	11.0	47.8	18.1	16.4	6.6	408

4.8 Youth Supplement

Of the 408 clients included in the study, 32.4% (n=132) were found to be youth (24 years or below). A large proportion (80.3%) of the youth reported that nobody at the health facility told them that they were too young to receive abortion services. Only 1 in 5 youth mentioned that they were told young to receive the services. Nearly half (46.2%) of the client said that someone at the facility told them that it was required to get permission from their parents or husband for the services that they received on the day of visit (Table 4.41).

Table 4.41 Distribution of youths who were considered too young to receive services and asked for guardian's permission to receive services

Description	Number	Percent
Anyone at the health facility told too young to receive services		
Yes	26	19.7
No	106	80.3
Total	**132**	**100.0**
Anyone at the facility told that they need get permission from your parents or husband		
Yes	61	46.2
No	71	53.8
Total	**132**	**100.0**

Nearly all youth (97.0%) did not feel that they were treated differently from other clients in the facility because of their young age. Vast majority (87.9%) of the clients also trusted that the information they shared with the facility staff would be kept private. Similarly more than 84% (n=112) of the youth clients found to be accompanied by someone to visit the facility. Those youth (n=112) who came to the facility with someone were further enquired whether the provider asked them to join the accompanied person during the abortion procedure. A slightly more than 40% youth clients said that they were asked (Table 4.42).

Table 4.42 Distribution of youths by feeling of treatment differential due to young age, privacy and person who accompanied

Description	Number	Percent
Feels being treated differently due to young age		
Yes	4	3.0
No	128	97.0
Total	**132**	**100.0**
Trust that the information shared with the facility staff will be kept private		
Yes	116	87.9
No	16	12.1
Total	**132**	**100.0**
Someone accompanied to the facility today		
Yes	112	84.8
No	20	15.2
Total	**132**	**100.0**
If accompanied, provider asked if they wanted that person to join during procedure		
Yes	49	43.8
No	63	56.3
Total	**112**	**100.0**

A large majority (93.9%) of the youth clients felt that the health facility staff had given them enough information about pain they could experience from the abortion procedure. Likewise, nearly 70% clients also felt that the services at the facilities were available to very young women as well. Similarly nearly the same proportion (68.9%) of the youth clients also felt that the services at the facilities were available to young women who were not married (Table 4.43).

Table 4.43 Distribution of youths by receiving information about pain management and availability of services for very young and unmarried women

Description	Number	Percent
Feeling that the staff provided enough information about pain one could experience from the procedure		
Yes	124	93.9
No	8	6.1
Total	**132**	**100.0**
Feeling of services at the facility made available to very young women		
Yes	92	69.7
No	40	30.3
Total	**132**	**100.0**
Feeling that the services at the facility are available to young unmarried women		
Yes	91	68.9
No	41	31.1
Total	**132**	**100.0**

Chapter 5

Summary of Findings and Recommendations

5.1 Summary of findings

a) Introduction

For the smooth implementation of safe abortion services it is important to see the perspective of service providers as well as that of recipients themselves (the clients) regarding the existing level of quality of abortion services. On this background, providers survey and client exit interview (CEI) is necessary which intends to fill this gap by examining women's experience with community volunteers, service providers and service sites when accessing safe abortion service. With this in mind, an assessment of health facility readiness, clients' knowledge and attitude and quality of safe abortion services was conducted in its program districts. The overall objective of the study was to assess the health facility readiness including provider's attitudes, belief and perception towards abortion services; and clients' knowledge, attitude and quality of safe abortion services in the Ipas supported program sites.

This assessment was carried out using a cross-sectional design with a focus on quantitative methods. This study was carried out in four Ipas program districts namely, Siraha, Sarlahi Makawanpur and Syangja. All the Ipas intervention facilities and providers (whether trained by Ipas or not) were assessed for health facility service readiness including working condition in the health facility and health workers perceptions regarding provider support.

A total of 37 health facilities (4 hospitals, 9 primary health care centers and 24 health posts) and 65 providers (22 from Siraha, 15 from Sarlahi, 19 from Makawanpur and 9 from Syangja) were included in the study. 408 women (137 from Siraha, 83 from Sarlahi, 96 from Makawanpur and 92 from Syangja) aged 16-49 years who visited the sampled health facilities for seeking safe abortion services at the time of survey were intercepted to collect necessary information, and all these women gave written consent to participate in this study.

Separate data collections tools (semi-structured questionnaires) for health facilities, health workers including providers and exit clients were used to collect necessary information. The data collection activity was carried out during March-May 2018.

b) Findings on health facility in-charge interview

Status of basic amenities in the health facilities

Almost all (95%) the health facility is connected to national electricity grid, nearly three-fifths (59%) have tube well/ borehole water and all have provision of latrine facilities for their clients' uses. 85% of the facilities have a waiting area. Over three-fifths (62%) have a private room with audio and visual privacy for MA counseling and over two-thirds have for MA procedures or examination. In 2-in-3 facilities post abortion contraceptives were available in the same room where UE was performed.

Status of basic equipment

All the in-charges reported the availability of vital-sign measuring equipment, at least one set of IUCD insertion and removal apparatus. Similarly, about 4-in-5 providers reported the availability of minimum two IUCD insertions (80%) and minimum one IUCD removal (82%) set with double

wrapping and minimum two implant insertions (82%) and minimum one implant removal (85%) set with double wrapping in the facility.

Status of standard precautions for infection control

All the in-charges reported having sterilization equipment and protective barriers. The vast majority (97%) of the in-charges also reported that their facilities have quality improvement committee or COPE committee for the safe abortion and quality assurance/COPE action plan. More than 92% also reported that sharp and infectious wastes are disposed appropriately.

Status of laboratory facility

All the facilities offered urine test for pregnancy while the provision of hemoglobin test services were available only in half (51%) of the facilities.

Status of essential medicine, equipment and contraceptives

3-in-10 health facilities had 16 or more MA drugs. Only about one-third of the facilities had 1-4 MVA at the time of survey. Spacing contraceptives such as condoms, pills and injectables were available at all facilities, implants at 87% and IUCD at 85% of the facilities.

Accessibility to services

The vast majority (92%) of the facilities have access to road.

Availability of supplies and safety and means of transport to the service delivery point

In one-tenth of the facilities MA drugs and contraceptives were not properly placed i.e. these were off the floor. However, in over 92% of the facilities MA drugs and contraceptives were found to be protected from water and sunlight, were kept in ventilated room (92%) and protected from rodents or pests (95%).

Over four-fifths of the facilities had UE service delivery guidelines and clinical protocol at the time of survey. However, the presence of referral protocols was only in two-thirds (67%) of the facilities. Almost all (except one) the in-charges reported that they had HMIS indicators guidelines and a system in place to regularly collect and compile safe abortion data. IEC/BCC materials on safe abortion services were also available in over four-fifths of the facilities and displayed on open space within the facility so that visitors could read or take away these materials.

Status of governance at the facilities

Overall, 85% of the facilities had a signboard in their facility. Similarly, 3-in-4 facilities had citizen charter clearly readable, and *free safe abortion care* was included in about two-thirds of the facilities. There was wall painting -- containing logo, service time and location -- about safe abortion services in over 90% of the health facilities. Health facility operation and management committees were functional in 95% of the health facilities. There was a mechanism for collection clients' opinion or feedback about the services in over half (51%) of the facilities. Nearly two-fifths (39%) of the in-charges reported that *Anusuchi 6* was displayed publicly in the health facilities.

Status of community outreach program

Slightly over half (56%) of the in-charges reported organizing outreach sessions or activities from their facilities. Only 3-in-10 facilities had conducted outreach activities or session for safe abortion services. The majority (87%) of the in-charges reported that they had given orientation on safe abortion to the FCHVs of their areas, and a vast majority (94%) of in-charges also agreed that the FCHVs referred women for safe abortion services.

c) Findings on safe abortion service provider's interview

Basic information about the service providers

A total of 65 safe abortion service providers (22 from Siraha, 15 from Sarlahi, 19 from Makawanpur and 9 from Syangja were included in the study. Over two-fifths (43%) of them were between the age of 40-59 years. More than half (53%) of the providers were ANM followed by 28% were senior ANM.

Status of training/orientation on SRH and abortion issues

All the providers reported that they provided induced abortion services to their clients and 3-in-5 reported providing post abortion care too. More than 4-in-5 providers had received training on medical abortion followed by 22% had received CAC training. Only a small proportion (3%) had received second tri training. Only 22% of the providers had received orientation on VCAT. More than 61% of the providers had received support from Ipas Nepal for the adolescent/youth training followed by about 45% had received support from government.

Status of knowledge, attitudes, and belief on safe abortion

All the providers were aware that abortion is legal for both the married and unmarried women in the country. More than 90% of the providers reported that a woman can have abortion for pregnancy of 12 weeks or less gestation and pregnancy of 18 weeks if it was a result of rape or incest. Almost all of the providers knew that abortion services were provided free of cost in public facilities.

Almost all the providers agreed that they support the provision of abortion services in Nepal. More than 4-in-5 providers had felt comfortable in performing an abortion procedure, providing women with a medical abortion and post abortion care. However, more than half (54%) did not feel comfortable in providing abortion services to young women regardless of trimester.

Work and mentoring status

Nearly a quarter of the providers usually spent in the facility 5-6 hours a day affirming that they had a job description at their current job (63%). More than half (57%) of the providers had received any clinical mentoring in their work especially in the abortion care and contraceptive provision in the last six month. The most commonly cited reasons for not receiving mentoring were not knowing whom to contact (46%) and not feeling need to receive this (29%).

d) Findings on client exit interview

Basic demographic and reproductive history information

A total of 408 clients were included in the study. Of which, 137 clients were from Siraha, 83 were from Sarlahi, 96 were from Makawanpur and 92 were from Syangja district. A great majority (92%) of the clients received abortion service from midwives/nurses followed by physicians (8%).

Most of the clients (29%) belonged to completed age category of 25-29 years followed by 20-24 years (27%) and 30-34 years (23%) with the mean age 28 years. Almost all the clients (99%) were currently married. 16% of the clients were illiterate. Most clients (26%) had family members of four. The number of pregnancy that the abortion clients experienced in their lifetime ranged from one to ten with average of 3.5 pregnancies. 30% of the clients reported that they themselves or their husbands/partners had used any methods to delay or avoid pregnancy at the time they became pregnant with the most recent pregnancy.

Sources of information and referral about abortion services

A great majority (77%) of the clients received any information on abortion issues in the last year from multiple sources, particularly from friends (56%) and service providers (44%).

More than half (67%) of the clients were aware that abortion was legal in the country; most of them reported pregnancy of 12 weeks or less gestation for any women (41%) followed by pregnancy of any duration if women' physical and mental health was at risk (35%) and fetus was deformed (24%).

More than 9-in-10 clients were aware that safe abortion services were free in public health facilities. A large proportion (82%) of the clients opined that it was very important for women and young women to receive information on abortion to terminate unwanted pregnancy.

More than two-fifths each of the respondents mentioned friends, family members and medical providers as their sources of information on availability of abortion or post abortion care services at this facility.

Only a small proportion (8%) of the clients had attended in the community events to discuss on safe abortion. Around one-tenth of the clients was members of the health mothers' group and had attended mothers' group meeting in the last six months. However, less than half (43%) of the clients reported that any discussion on safe abortion services was done in the last meeting.

More than half (59%) of the clients were referred or suggested to visit the facility for abortion or post abortion care services. Nearly one-third of the clients passed less than 3 days, 43% of the clients passed 3-5 days between their decision to terminate pregnancy and their arrival at the health facility for seeking abortion services.

36 out of 408 clients were referred by the FCHVs to the health facilities for receiving abortion services. Among them, nearly half (47%) said that the FCHVs conducted urine pregnancy test (UPT) and gave counseling (89%). A large proportion (70%) of these 36 clients had first suspected that they were pregnant after four to five weeks of their pregnancy. More than a quarter (28%) of the clients reported less than 3 days passed between the suspicion and their actual visit to FCHVs. Among the 36 clients, over one-third (36%) had passed less than 3 days between referral from the FCHVs to their arrival at the current facility for abortion services.

Among those clients (n=203) who were referred by other than the FCHVs, 39% had first suspected their pregnancy five weeks along their pregnancy. Nearly a quarter (22%) of the clients passed less than 2 days between the time they decided to end pregnancy and their arrival at the health facility for abortion care. A great majority (93%) of the 408 clients reported that their husbands/partners had played the key role in deciding to go to the facility for the abortion service. Over half (55%) of the clients were accompanied by close family members to come to the facility followed by other family members (13%) and friends (10%). More than a quarter (27%) of the clients was not accompanied by anyone else to the facility.

Nearly three-fifths of the clients preferred to have information on abortion from medical providers (60%) and radio/TV (57%) followed by FCHVs (45%) and friends (39%). 3-in-10 clients also preferred to get information on abortion from family members.

Procedure information and providers/facility support and counseling

Among the 408 clients included in the study, a great majority (89%) reported receiving induced abortion service on the day they had visited the facility whereas 11% received post abortion care (PAC) service. Among those 44 clients who received PAC, most of them had received the services from medical shop and other government health facilities. The number of weeks along in their pregnancy in the day the clients had received either induced abortion or PAC service ranged from 4 to 25 weeks with most clients (60%) receiving such services in the 6-7 weeks of gestation.

Almost all the clients (96%) were counseled by someone particularly by the nurse/midwife (92%) about different abortion procedures available to them on the day they visited the service facilities. A large proportion (83%) of the clients had received tablet/pills (medical abortion) while 18% of the clients had received manual vacuum aspiration (MVA) service. Almost all the clients (99%) agreed that they received the procedure they primarily wanted. Over 95% of the clients reported that they were talked by the providers regarding what to expect, including risk, benefits and details of the abortion procedure (95%), given some medicine to take in the facility or at home to help relieve pain during abortion (98%) and told about follow-up care for when they got home (95%). Similarly, 93% of the clients were informed about what to expect after the procedure, what was normal, and when to worry and come back to the clinic. 9-in-10 clients were informed by the provider that without using a contraceptive method they could get pregnant again quickly even before their next menstruation. A vast majority (97%) of the clients felt that they were treated with respect by the clinic staff the day they visited.

Time spent on and cost of receiving services

Clients had to travel with average of 8.1 kilometers to get to the facility. Most of the clients get to the facility by walking (39%) or motor vehicle (36%). Once they arrived at the service facility clients had to wait for an average of 29 minutes before they were seen by a health care worker. The average time that the clients passed from arrival at the facility to exist from the facility was 3 hours.

On an average it cost Rs 241 for the clients to travel to the service facility from their residence. Most of the clients (43%) did not have to pay at the facility for the abortion procedure while nearly one in every four clients had to pay Rs.100 or more.

A good quality of service (45%) was the main reason for choosing the current facility by most of the clients followed by locating the facility near to their homes (33%).

Delaying pregnancy and family planning including contraceptives

A great majority (68%) of the clients opined that they did not want to get pregnant again. More than 9-in-10 clients reported that they received counseling on family planning/contraceptive methods for an average of 14 minutes on the day they visited the facility. Following counseling the vast majority (82%) of the clients were familiar with injection/Depo Provera followed by pills (79%) and implant (78%).

78% (n=320) of the clients had accepted a family planning method following their abortion services. The vast majority (95%) used the contraceptive as per their choice. For a sizable proportion (4%) of the clients, the method they received was different from their choice. The reasons for not getting their desired methods were that the facility did not have a supply of it (46%), the providers discouraged (8%), and provider did not offer the desired method (8%).

88 clients did not accept a family planning/contraceptive method following abortion services because they decided to get the method at their next visit (50%) and their husbands were away from home (31%).

Most of the clients (92%) received enough information to make an informed decision about contraception following abortion services; 96% did not feel any pressure to accept a particular contraceptive method, and almost all (97%) the clients felt confident in their decision about their choice of contraceptive method.

Overall client's satisfaction

Almost all the clients (99%) included in the study were satisfied with the services that they received at the facility. Most of the clients (36%) said that there was nothing to be added to make their visit of the day better because everything was fine at the facility. However, a sizable proportion (12%-13%) of the clients suggested of timely service, less waiting time, 24 hours service and provision of all services need to provide abortion. More than 90% of the clients perceived that there was no problem regarding the providers being judgmental (98%), opening and closing time of the facility (94%) and how the health facility staff treated them (93%).

Abortion stigma

Approximately 1-in-5 clients were worried that other people might find out about their abortion (21%), people would gossip about them (18%) and would humiliate them if people knew about their abortion (17%). Despite their worries nearly 1-in-3 clients felt that they had been supported by people who were close to them at the time of abortion or they had abortion. Similarly, more than 62% of the clients agreed that they could talk to people that they were close with about their abortion. However, more than half of the clients disagreed or strongly disagreed that they could trust people they were close to with information about their abortion. This information indicates that clients could talk to people about their abortion but could not trust to share information about it. More than 80% of the clients disagreed that they felt guilty; felt like a bad person; and felt ashamed about their decision on abortion.

Youth Supplement

A large proportion (80%) of the youth reported that nobody at the health facility told them that they were too young to receive abortion services but told them that it was required to get permission from their parents or husband for the services that they received on the day of visit (46%).

Nearly all youth (97%) did not feel that they were treated differently from other clients in the facility because of their young age. Vast majority (88%) of the clients also trusted that the information they shared with the facility staff would be kept private.

A large majority (94%) of the youth clients felt that the health facility staff had given them enough information about pain they could experience from the abortion procedure. Nearly 70% clients also felt that the services at the facilities were available to very young women as well as to young women who were not married (69%).

5.2 Recommendations

The recommendations given in this section are based on the findings of this study through interviews with the health facility in-charges, and exit clients who had received abortion services from health facilities.

a) Health facility

1) The survey results indicate that many of the amenities, supplies and equipments were in placed in many of the facilities, however, there were still some inadequacies in these aspects. Therefore, it is recommended that: a) provision for adequate safe drinking water, toilet facilities and private room for counseling and procedure be made, b) hemoglobin test facilities should be made available in all health facilities and c) adequate stock of MA drugs should be maintained in all facilities

2) MA drugs and contraceptives should be properly stored specifically avoiding abandoning these supplies on the floor. Similarly, UE service delivery guidelines, clinical protocol and IEC/BCC materials on safe abortion should be made available in all the facilities.

3) Efforts should be made to organize outreach session or activities on safe abortion from each facility.

4) Provision should be made for orientation on safe abortion to FCHVs from all health facilities.

b) Providers

Interviews of safe abortion service providers indicate that there is a need for upgrading the knowledge, attitude and behavior of the providers on safe abortion. In this regard, it is recommended:

1) That all safe abortion service providers should be given training on medical abortion specifically on CAC, VCAT, and condition require for safe abortion procedure including management of sanitary condition of health facilities and using non-hazardous equipment.

2) Efforts should be made to make providers comfortable in providing abortion services to young women.

3) Provision should be made to provide clinical mentoring to the providers especially in the abortion care and contraceptive provision in their place of work.

c) Clients

As per the findings from interception of 408 safe abortions exit clients the following recommendations can be drawn:

1) Efforts should be made to make potential clients aware that abortion is legal in the country and appropriate gestational period for safe abortion through various media. Similarly, it is necessary to encourage the women to attend in the community events to discuss on safe abortion.

2) The program should make women well aware that FCHVs also provide abortion related services including counseling and urine pregnancy test in their community. They should also be encouraged to visit the FCHVs to receive abortion related services.

3) Efforts should be made to minimize the time lag between the decision to terminate pregnancy and their actual visit to the health facility for services by mobilizing the FCHVs and other community level providers.

4) Since the majority of the women were encouraged by their husbands to go to the health facility for abortion service, this practice should be continued by encouraging the husbands also.

5) Information dissemination on abortion services should be done through mass media and family members in addition to medical providers.

6) Since more than two-thirds of the clients do not want to get pregnant again, it is necessary to increase the effort to provide proper counseling on use of contraceptive particularly the limiting method as a part of post abortion care.

7) Since a sizeable proportion of clients were still worried about abortion related issues it is recommended to implement programs which could increase the confidence of the clients about their decision taken on abortion and to reduce community level stigmas placed on abortion.

8) Since vast majorities of the youth were not treated differently at the health facility because of their young age and the facility has provided adequate services to them, this practice should be continued to make youth friendly abortion services.