Awareness and utilization of Sexual and Reproductive Health Rights and Services among men and women in Jumla district, Nepal

Conducted by Action Works Nepal with technical support from Sunaulo Parivar Nepal

March 2015

STUDY TEAM

Principle Investigator

Sabitri Sapkota (Sunaulo Parivar Nepal)

Co-Investigators

Radha Paudel (Action Works Nepal)

Popular Gentle (Action Works Nepal)

Anita Bhujel (Action Works Nepal)

Support team

Ruchita Rajbhandari (Sunaulo Parivar Nepal)

Shilpa Lohani (Sunaulo Parivar Nepal)

Laxmi Poudel (Action Works Nepal)

Gumba Nepali (Action Works Nepal)

Keshav Prasad Dhital (Action Works Nepal)

ACRONYMS

AWON	Action Works Nepal
CAC	Comprehensive Abortion Care
CEOC	Comprehensive Emergency Obstetrics Care
DPHO	District Public Health Office
FGDs	Focus Group Discussions
FP	Family Planning
GBV	Gender Based Violence
HP	Health Post
KAHS	Karnali Academy of Health Sciences
KII	Key Informant's Interview
MA	Medical Abortion
MMR	Maternal Mortality Rate
MSI	Marie Stopes International
NGO	Non Government Organization
NHRC	Nepal Health Research Council
PAFP	Post Abortion Family Planning
PHCC	Primary Health Care Center
PPI	Progress out of Poverty Index
RA	Research Assistant
SA	Safe Abortion
SAAF	Safe Abortion Action Fund
SHP	Sub Health Post
SPN	Sunaulo Parivar Nepal
SRH	Sexual and Reproductive Health
VDCs	Village Development Committees
WRA	Women of Reproductive Age Group

ACKNOWLEDGEMENTS

This study has been possible with technical collaboration between Action Works Nepal and Sunaulo Parivar Nepal, and with direct and indirect contribution of many organizations and individuals. First and foremost, the study team would like to thank Safe Abortion Action Fund for understanding the importance and funding this larger study as part of the project entitled "Increasing access to safe abortion and family planning services in women in 3 remote VDCs of Jumla". We would like to thank the team from district public health office, Jumla, mainly DHO Lila Bikram Thapa and Laxman Chaulagain for their valuable inputs during the survey. Similarly, we are indebted to health facilities, including Karnali Academy of Health Sciences, Marie Stopes Centre Jumla for their warm welcome and key information to serve the purpose of the study.

The study team wishes to take this opportunity to express sincere appreciation to Bishnu Rawat and Ramesh Pandey who helped the team in arranging all the logistics, including transferring survey questionnaires, coordinating with various airlines to and from Jumla without any difficulty.

Also, our thank goes to all the RAs (all from Jumla) who showed great enthusiasm and perseverance in learning and completing data collection. For most of them it was the first opportunity to be part of such study. In their own words, this opportunity helped them to gain self-confidence. The study team felt honored receiving such feedback/remarks from them. Moreover, our heart goes to all the respondents for their valuable time and information provided during the interview.

To all the SAAF partner organizations in Nepal, individuals and representative from various organizations who attended preliminary dissemination meeting and provided with valuable suggestion in improving the quality of this report and drawing implications of the study, a special gratitude is due.

Study team

CONTENTS

EXECUTIVE SUMMARY ……6-9

1. Introduction ……10
2. Objectives ……11
3. Methodology
   - Research design ……11
   - Study Sites and population ……12
   - Sample size and sampling procedures ……12
   - Ethical consideration ……13
   - Data collection tools ……13
   - Data analysis ……....14
4. Results
   - 4.1 Results from household survey ……14
   - 4.2 Results from health facility assessment ……27
5. Summary of the findings ……30
6. Limitations ……33
7. Implications and Conclusion ……33
8. References ……36

Annex 1 Questionnaire for Household survey ……37

Annex 2 Questionnaire for health facility assessment ……..53

EXECUTIVE SUMMARY

This research was designed to gain a contextual understanding of the factors affecting and, to explore the level of awareness and utilization of Sexual and Reproductive Health (SRH) services among men and women living in the research area. This report only covers the quantitative part of the study, which had mainly focused on Family Planning (FP), Safe Abortion (SA) and Gender Based Violence (GBV) among other SRH issues. This was conducted as a baseline study in order to provide baseline data for the AWON Project that focuses on increasing access to SA services in the area funded by Safe abortion Action Fund (SAAF).

Three VDCs of Jumla District – Lamra, Kudari and Sunigaun were purposively selected as the study sites based on their remoteness from Karnali Academy of Health Sciences (KAHS). Married and unmarried men and women between the age of 15 and 49 years were approached at their household level through through simple random selection. In total 591 respondents of reproductive age group (1:3, men: women) voluntarily participated. Pretested structured questionnaire was administered by trained Research Assistants (RAs) hired locally.

Similarly, data from six health facilities (out of which two were comprehensive abortion care sites accredited by the government in the district headquarter) were collected using structured questionnaire prepared for facility level survey. The study was approved by Nepal Health research Council and voluntary written informed consent was obtained from all the participants before administering questionnaire. Majority of the respondents were married and living together with their spouses and mean age at marriage was 17.6 years ±2.7 years, surprisingly, more than half of the respondents (65.3%) were married before the age of 18. More than one fourth of the respondents were Dalit; 69.4% of the respondents reported of having either landline or mobile phone and 35% of the women reported their involvement in a social organization. The respondents who reported of living less than $1.25 a day and $2.50 a day were 27.7% and 82.8% respectively.

The key results from the study are as follows:

Awareness on SRH, mainly FP and SA

- Radio or television followed by friends were reported as the most common sources for SRH related information for those who were out of schools
- More than 90% of the respondents had heard of at least one type of FP method, but only 12% of them had heard of all methods of FP.
- Majority of the respondents reported that they knew where to obtain FP method, KAHS, health posts and Marie Stopes Centre were the most known providers for FP services
- Almost three quarters of respondents (73.8%) reported that they had heard of abortion while only 51.6% of them reported of knowing the legal status of abortion in Nepal. Amongst those who knew abortion is legal, none of the respondents were aware on all conditions where abortion is legal although majority could state at least one condition.
- Although more than 70% of the respondents responded that they were aware on the place to go for safe abortion service but only 21.4% were aware of safe abortion logo.
- The most common source of information on SA were friends, family and neighbors who had previously used the service (61.2%)
- When examined respondents' knowledge on MA, more than two third of the respondents said medical abortion is mostly effective if done within nine weeks of gestation and 71.5% agreed incorrect administration of MA pills may lead to incomplete abortion

Attitudes towards FP and SA

- Only 40% of the respondents had had a favorable attitude towards abortion.
- More than 99% of the respondents had had at least one or more myths and misconception about abortion. Majority of them (87.9%) believed abortion leads to depression and long term psychological trauma and frequent abortion causes cancer (90.0%).
- Less than one third of the respondents responded that contraception is solely a woman's business and 35% of the respondents thought women using contraception may become promiscuous.

Usage of FP and SA services

- About 70% of the respondents reported of using FP method at the time of interview, mostly sterilization (46%) followed by injectables (17%) and Implant (12%).
- More than 75% of the respondents had used FP method for three months or more. Majority (87%) of the respondents reported that the decision to use contraception was a joint decision

between the spouses.

- About 9% of the respondents reported of using abortion services in the past and the common reason cited was lack of finances to take care of children (28.3%) followed by wanting to delay child birth (23.9%)
- Most common method used for abortion was taking unsuspected tablets (28.6%) followed by medical abortion pill. Interestingly, more than 40% reported that they had undergone abortion procedure at their own home

Intimate Partner violence

- Nearly half of the respondents agreed to the statement that a husband can beat/hit his wife for any reason. The most common reason where respondents felt husband beating/hitting his wife is justified was when she goes out without informing the husband (46.6%).
- More than half of the women said that their husbands do not trust them with any money and 45.5% responded that husband do not permit their wife to meet female friends.
- Nearly half of the respondents reported of experiencing some form of violence in their life time (emotional (16%); physical (25%) and sexual violence (23%). Alarmingly, amongst those who reported of experiencing at least one form of sexual violence, 96.7% were forced to have unwanted sexual contact and about 30% reported that this has resulted in pregnancy.
- Only about a quarter of the women who reported of experiencing violence told their friends/family about their experience and/or asked them to take actions.
- When examined the relationship between respondent's contraceptive use and occurrence of violence, no significant association was found.

Health Facility assessment

- All six health facilities reported of providing short term method of FP at the time of study. However, long acting reversible contraceptives (LARC) were available only in KAHS and NGO run centre. The numbers of HPs in the study sites providing all five methods of FP and comprehensive VSC all year round (throughout the district) were nil. Unavailability of trained service provider was the common reason cited most frequently for not offering LARC at HPs.
- In regard to SA, comprehensive abortion care was offered only at KAHS and NGO run centre (Marie Stopes Centre). The NGO run CAC centre had the maximum share of CAC services provided in the district. Only one listed CAC service provider was reported in each

centre.

- KAHS reported of receiving FP commodities monthly from the government while majority of the facilities in the survey reported of receiving commodities quarterly. When asked about commodity stock out incidence, two of the facilities responded of experiencing stock out in the past one year.

Implications and Conclusion

- Creating awareness on legalization of abortion, conditions where abortion is legal, safe abortion sites, and advocacy to strengthen facility to offer continuous CAC services to the clients.
- Awareness and advocacy campaigns will also help mitigate society's attitude as well as myths & misconception towards abortion and family planning.
- Advocacy to make at least five FP methods available in the health facility combination with community interaction programmes to discuss on various methods of FP options is very crucial.
- Training to existing health facilities staff or ensuring the posting of vacant position in the health facilities to ensure continuous provision of voluntary informed choices on FP and SA services
- Since majority of the respondents, mainly women did not have any formal education and most of their time was spent in the agriculture field, they are less likely to raise voice against the violence they experienced at home. Therefore, activities to advocate initiating social support mechanism are very important in the context of Jumla in conjunction with mass awareness campaign on gender based violence.
- This study highlighted the need to provide training to health post staffs in the remote VDCs allowing women to access FP and SA as well as reaffirm importance of community based organizations and its role in women empowerment. Women empowerment will allow woman to make decision on family planning use (decrease number of abortion from wanting to delay child birth), decrease spousal violence in turn avert many unwanted pregnancy as well as create awareness on family planning choices and inform on safe abortion services.

INTRODUCTION

Abortion has been legalized in Nepal since September 2002; however most of the remote areas remain uncovered. Approximately, 13% of maternal deaths are due to abortion (Bhandari and Dangal 2012) demonstrating many women still resort to unsafe abortion practice. Lack of knowledge or low to no access to safe abortion services have been recognized as barriers in obtaining safe abortion services. According to the NDHS 2011, 62% of women aged 15-49 years are unaware that abortion is legal and only 59% have knowledge about places that provide safe abortion (NDHS 2011). Abortion related knowledge is, particularly, higher among urban, educated and wealthy woman compared to their counterpart, indicating need to improve awareness among socially vulnerable and marginalized women. In addition to lack of knowledge, women also face challenges accessing safe abortion services. Safe abortions service sites are usually concentrated in urban areas and district headquarters making it difficult for socially marginalized and vulnerable women living in rural area to access these services.

A similar situation can be found in Jumla district in Nepal. Jumla has the highest death rate among Women of Reproductive Age (WRA) (310/100,000) and the second highest MMR (275/100,000; MMS, 2008) in Nepal, indicating Jumla women are unaware of their reproductive health rights and have little access to services. KAHS in Jumla offers Comprehensive Emergency Obstetric Care (CEOC) and Comprehensive Abortion Care (CAC); however there is only one trained staff that provides services. About six to fifteen medical abortions (MA) procedures are performed every month (DPHO, 2013). MA services are available only in two Primary Health Care Centers (PHCCs) where two trained staffs provide services and covers only two out of 10 VDCs (DPHO, 2013). While family planning services are provided through government health care delivery system i.e., Female Community Health Volunteers (FCHVs), health posts (HPs), primary health care centers (PHCCs), KAHS, there are also non-governmental organization (for instance, Marie Stopes Center) and private sectors (for example, pharmacies). In addition to KAHS, Marie Stopes Center, run by Sunaulo Parivar Nepal, provides full range of Family Planning (FP) and Safe Abortion (SA) services but its services are limited to district headquarters.

In remote areas where MA and FP services are not available, women seek abortion services from untrained staff that provides MA in private pharmacies. Although, these women are charged official rate for the services, many of them face complications which ends up as cases filed to the police (latest in June 2013).

To address these issues, Action Works Nepal (AWON) was launching a project to increase access to safe abortion and family planning services in women in 3 remote VDCs of Jumla (Lamra, Kudari and Sunigaun) funded by Safe Abortion Action Fund (SAAF). To initiate the project activities, this study examined existing awareness and utilization of SRH rights and services in the community. We assessed community's awareness regarding safe abortion rights, knowledge on where and under what circumstances the service is available, family planning, their attitude towards abortion and prevalence of gender based violence. Furthermore, health facilities existed in the project VDCs and CAC sites in the district headquarter were also approached to gather information on provision of FP and SA services, including utilization of these services.

OBJECTIVES

This study aimed to explore SRH rights and needs including service utilization among men and women in Jumla district. The specific objectives of the survey were:

- To assess the awareness on SA and SRH rights and needs among men and women
- To identify SA and SRH service seeking behavior among men and women;
- To measure SA and SRH service utilization by men and women from health facilities;
- To examine the relationship between GBV and, SA and SRH service seeking behavior among men and women of Jumla; and
- To identify structural, institutional and policy related barriers in accessing SA and SRH rights by local residents

METHODOLOGY

Study design

This was a mixed method (Qual-Quan) study to gain a deeper understanding of the context and factors influencing the awareness on SRH rights, needs and service seeking behavior of men and women in Jumla district. However, in this report, the quantitative part of the study which explored the level of awareness of SRH rights, their needs and service utilization among men and women in Jumla district has been reported. A qualitative finding that focuses on structural, institutional and policy related barriers (5^{th} specific objective) will be reported elsewhere.

Study sites and population

The study was conducted in three VDCs (Lamra, Kudari and Sunigaun) of Jumla (herein after called study sites) between July and August, 2014. The study sites were purposively chosen based on their remoteness (further away from the district headquarter; ~5-12 hours walking distance) and Sexual Reproductive Health needs of women in the respective communities. Surveys were conducted at health facility and household level. Men and women aged 15 to 49 years and those who were willing to participant were approached for voluntary study participation in the household survey. Those who already took part in KIIs and FGDs were excluded from the Similarly, the focal person related to FP and SA service (where available) from each health post at VDCs and KAHS and a CAC site run by NGO at the district headquarter were approached, and self-administered questionnaire was used to get the information from the facility level.

Sample size and Sampling procedure

According to the latest national health survey, only 38% of the women in Nepal are aware that abortion is legal (NDHS, 2011). Using the formula below for 95% confidence interval with 4% margin of error:

Where,

n= number of respondents required

Z_{α}= 1.96 corresponding to a confidence level of 95%

P= expected percentage for the main indicator

d= required level of accuracy, i.e. maximum size of confidence intervals

$n = [(1.96)^2 * (0.38) * (1-0.38)] / (0.04)^2 = 565.7$

Addition of 10% non-response rate in the required sample number of 565.7, we get 622.2 samples. Rounding off we need 625 samples to achieve 95% confidence interval with 4% margin of error and 10% non-response rate at the time of recruitment. Since the non-response rate was very low (less than 3%), total of 612 men and women were interviewed in this survey, out of which only 591 were found to have met inclusion criteria for final analysis.

From each VDC, three wards were randomly selected and based on proportion of population size, no of respondents to be recruited was calculated (224 from Sunigaun, 226 from Kudari and 141 from Lamra). The households were selected by simple random sampling technique, leaving every 3rd and 4th household out from the study. For every three women interviewed, one man was recruited in the study. Three attempts were made to contact the randomly selected participant in the household. After three attempts, if s/he could not be contacted, then an eligible participant in the household on its right side was approached for participation. Upon obtaining the written informed consent, the Research Assistants (RAs) administered the structured questionnaire (annex 1) at the convenient time to the respondents.

Ethical Consideration

The survey protocol was approved by Nepal Health Research Council (NHRC- Ref 1542). The RAs were oriented on the principles of human research ethics, including the informed consent procedure. Written informed consent was obtained from all the respondents both in household and health facility survey.

Data collection tools and technique

Data was collected using the structured questionnaire separately for household and health facility. The questionnaire in the household survey included four sections: i. demographic details of respondents (for instance, age, education, occupation, marital status, age at marriage and others) ii. progress out of poverty index (PPI); iii. KAP of SA and SRH; iv. questions related to gender based violence. Nepali version of the questionnaire was used in collecting data. Before the data collection, these tools were pretested among 20 women and 5 men in Tamti VDC of Jumla followed by intense revision on the questionnaire before taking to the field.

The data was collected by seven RAs hired locally. These research assistants had at least completed SLC level of education. They were trained on the study protocol, including study objectives, data collection tools and informed consent procedures in detail for four full days by the Principle Investigator before they were sent to the study sites for data collection. Although the RAs had had SLC level of education, in the training, it was observed that they themselves had very little knowledge on SRH (FP and SA) and not aware on SRH rights. Thus part of the training focused on imparting correct knowledge regarding family planning, safe abortion and creating awareness on SRH rights.

After completion of the training, the RAs then approached eligible men and women at their house in the study sites. Similarly, the focal person at the health facility was approached for participation in survey at facility level by one of the RAs. They were requested to complete the structured questionnaire (annex 2) and return it to respective RA. The questionnaire covered information on availability and utilization of SA and FP services from CAC listed service centers and service providers. Written informed consent was obtained from the person who filled up the survey questionnaire form from the facility level as well.

Data analysis

All statistical analyses were performed using SPSS 22.0. Data were cleaned and checked for accuracy and completeness before the analysis. Simple descriptive analysis was done and the findings are presented in percentage, mean and median. Scores on Progress out of poverty Index (PPI) was analyzed computing the likelihood that household is living below the poverty line. Similarly, scores in abortion Attitude Scale were summed such that those with higher score have more favorable attitude towards abortion. A 60% cut off point was used to determine whether women have favorable attitude towards abortion. Relationship of experience of gender based violence and demographic background of the client with use of contraception was examined using chi-square test and the significance level was set at 5%.

RESULTS

I. Household Survey

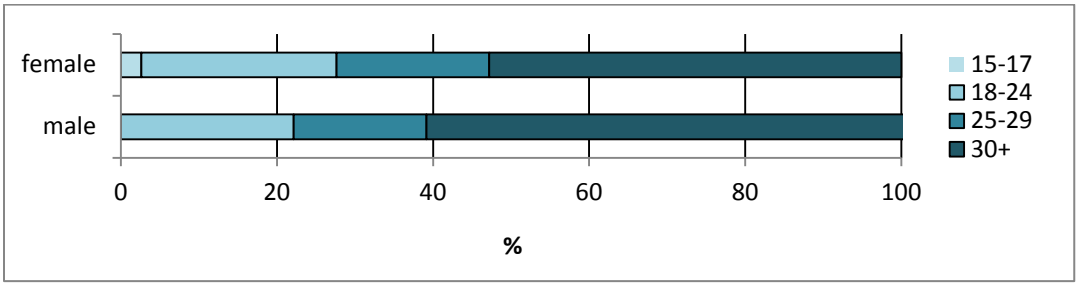
a. Socio-demographic characteristics

A total of 612 respondents were interviewed but only data from 591 respondents were included in the analysis. Those respondents (21 of them) who were interviewed but had not met the inclusion criteria were excluded from the final analysis. The study sample characteristics are provided in Table 1. Out of 591 respondents, 22% were male and 78% were female. More than 25% of our respondents were under the age of 25; of which 22.1% were male and 27.6% were female (Figure 1). Mean age of the respondents were 30.7 years ± 7.8 years.

Table 1. Respondent's socio-demographic characteristics

	n=591
	%
Sex	
Female	77.8
Mean Age (years)	30.7 (7.8)
Education level (n=551)	
none / non-formal	70.8
some or completed primary	14.6
some or completed secondary / vocational or technical training	8.2
some tertiary or higher	6.4
Occupation (n=580)	
Unemployed	1.7
Agriculture	94
Manual	0.5
Sales and services	0.7
Professional/technical/managerial	1
Student	1.9
Ethnicity (n=580)	
Dalit	27.6
Religious minorities	4
Relatively advantaged janjatis	0.3
Upper caste groups	68.1
Landline or mobile ownership	69.4
Women's involvement in a social organization (CBOs) (n=451)	34.6

Figure 1. Age distribution by sex



Relationship Status

Majority of the respondents were married (95.3%) and living together with their spouses (92.4%) (Table 2). Mean age at marriage among the respondents were 17.6 years ± 2.7 years. More than half of the respondents (65.3%) were married before the age of 18. Mean number of live children per respondent was 2.9 ± 1.5.

Table 2. Information on parity and marital status

	n=591
	%
Relationship Status	
Single	2.6
Married	95.3
Divorced/separated/widowed	2.1
Location of the spouse (n=540)	
Together	92.4
In another district	4.8
Abroad	2.8
Mean age at marriage (SD) in years	17.6(2.7)
Total number of children (n=546)	
No children	1.1
1-2 children	39.7
3 or more children	59.2
Wanted first pregnancy (n=541)	82
Mean no. of alive children (SD)	2.9(1.5)
Total number of children (n=546)	
No children	1.1
1-2 children	39.7
3 or more children	59.2

b. Progress out of poverty index

Progress out of poverty index was used to measure poverty indicator. Among our study samples, 23.7% were below national poverty line and 27.7% were living on less than $1.25 a day. This figure is higher than 24.8% population who is living under $1.25 a day compared at the national level.

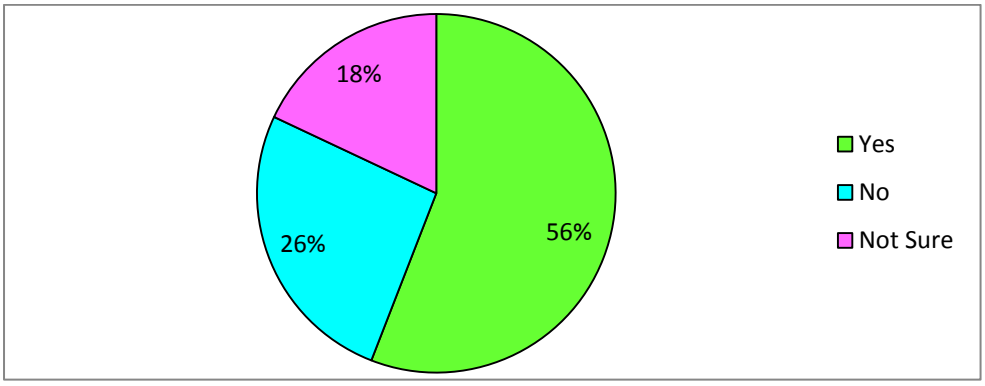
Table 3. Poverty Index

	N = 535	National Comparison
	%	
Below national poverty line	23.7	-
Live on less than $1.25 a day	27.7	24.8
Less than $2.50 per day	82.8	-

c. Respondents who received sex education

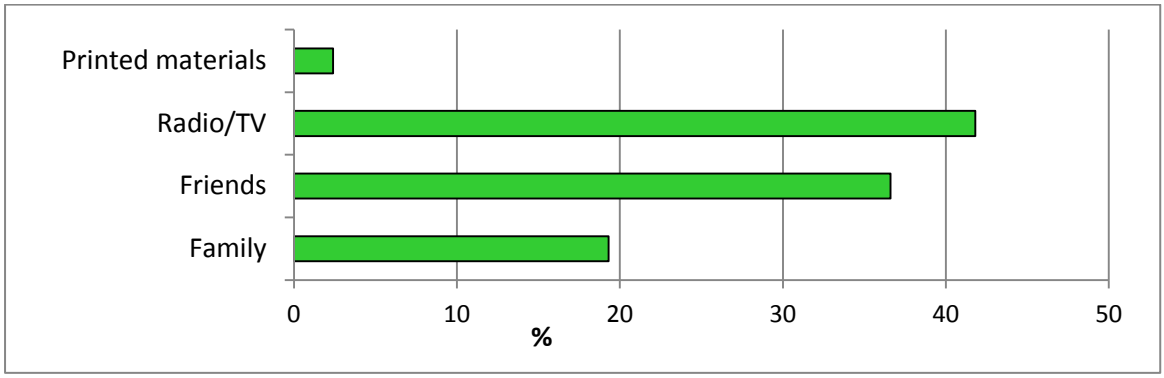
Among those respondents who went to school (n=161), 55.9% received SRH and SA related education, some form of information (figure 2).

Figure 2: Received any SRH and SA related education



Among those who did not go to school (n=379), 56.2% received sexual and reproductive health and safe abortion related information (some form). Most common out of school source for SRH and SA related information was radio or television (41.8%) and friends (36.6%) (Figure 3).

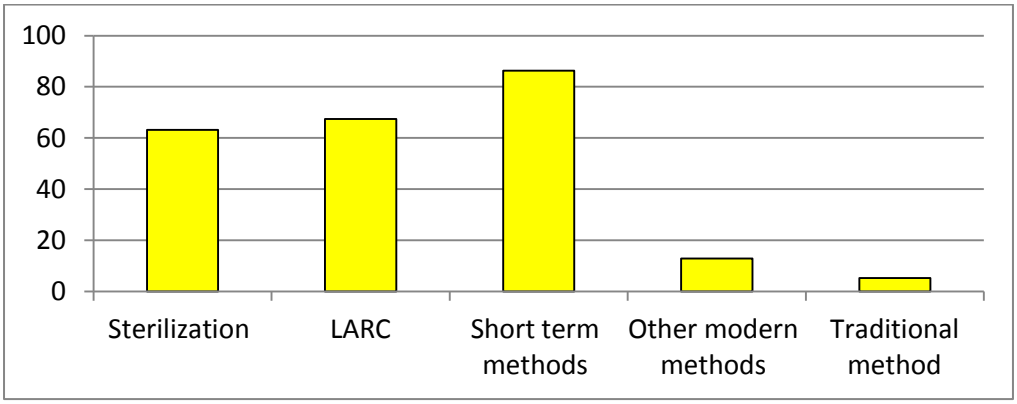
Figure 3. Source of information related to SRH and SA



d. Awareness of SRH related rights and services

The study revealed that 91.8% of the respondents had heard of at least one type of FP method, however, only 12% had heard of all FP methods. The most common family planning method respondents knew was regarding short term methods such as condoms, oral contraceptive pills and injectables (86.3%) (Figure 4). Among short term methods, injectables was the mostly commonly known FP methods (75.8%). Although 63.2% of the respondents had heard of sterilizations, only 30.9% had heard of female sterilization.

Figure 4. Awareness of FP methods



Respondents were also assessed on knowledge where to obtain family planning methods. 83.9% of the respondents (n=579) said they knew where to obtain family planning methods. Government based health institutions (particularly government hospital and health post) and Marie Stopes Center were the most known providers of FP method in Jumla (Figure 5).

Figure 5. Awareness on where to obtain FP methods

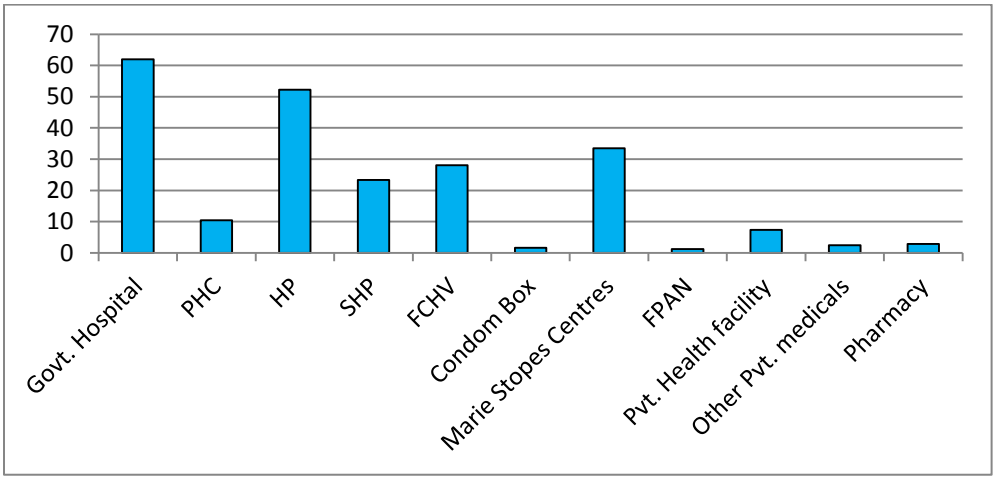


Table 4. Most common source of information on safe abortion

	n=429
	%
Friends, Family, Neighbors who has used the service	61.2
Friends, Family, Neighbors who hasn't used the services	43.2
Local health post/PHCC/KAHS/FCHVs	46.8
Advertisement in mass media	31.3
Private health facility or provider	2.3
Local Pharmacy	4.2
Outreach/mobile camps run by an NGO	1.9
Schools, text books	4.7

Almost three-quarters of respondents (73.8%) reported that they had heard about abortion while only 51.6% of the respondents knew safe abortion is legal in Nepal. The most common source of information were friends, family and neighbors who had previously used the service (61.2%) (Table 4).

The results has shown that 71.6% of the respondents responded that they were aware on the place to go for safe abortion service but only 21.4% were aware about safe abortion logo. Most popular choices on safe abortion sites are government hospital (71.7%) followed by Marie Stopes Center (51.2%).

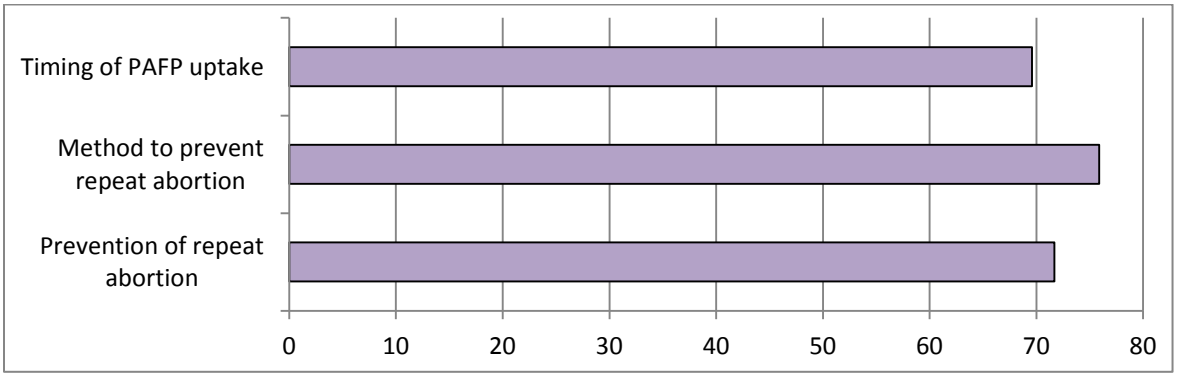
Amongst those who knew abortion is legal, 79.3% were aware on atleast one condition where abortion is legal, however none of the respondents were aware of all conditions where abortion is legal. More than 5% of the respondents stated not wanting more children as a condition of having abortion indicating that there were some misinformed concept on conditions where abortion is legal.

Table 5. Awareness on legal status of safe abortion services

Awareness	n=562
	%
Aware that Safe Abortion Services is legal	
Yes	51.6
No	19.8
Don't Know	28.9
Aware on at least one condition for SAS (n=290)	79.3
Aware on the following conditions for SAS (n=290)	
Pregnancy of 12 weeks or less gestation for any woman	75
Pregnancy of 18 weeks if it is a result of rape or incest	17.7
Pregnancy of any duration if life of mother is at risk	13.2
Pregnancy of any duration if mother's physical and mental health is at risk	4.5
Fetus is deformed	2.9

Although 71.7% of the respondents said that they knew how to prevent from a repeat abortion, only three-quarters of them said by using contraception. Furthermore, 30.9% had incorrect knowledge on the timing of post-abortion family planning (PAFP) uptake.

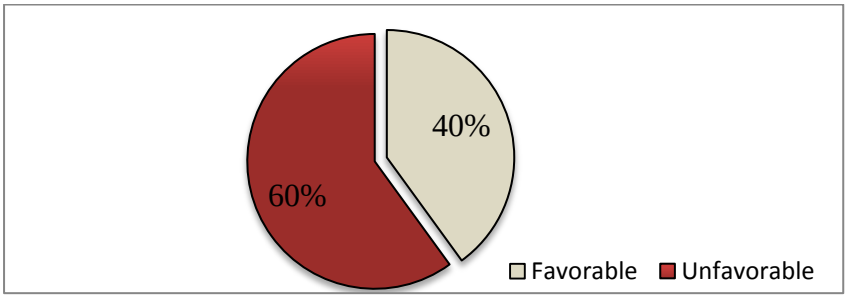
Figure 6. Awareness on the need of post abortion family planning



e. Attitude, opinion, myths and misconception

Respondent's attitude towards abortion was measured using an abortion attitude scale. Only 40% of the respondents had a favorable attitude towards abortion (Figure 7). However, more than half of the respondents (56.7%) disagreed that the government should make abortion illegal under every circumstance.

Figure 7. Attitude towards abortion



More than 99% have at least 1 or more myth and misconception about abortion. Majority of the respondents believed abortion leads to depression and long term psychological trauma (87.9%) and frequent abortion causes cancer (90.0%) (Table 6). However, only 29.1% of respondents thought use of contraception is solely a woman's business and 35% thought women using contraception may become promiscuous (Table 7)

Table 6. Myths and Misconception about abortion

% who believe that the following statements are TRUE	n=575 %
Getting an abortion in the first pregnancy leads to infertility	74.1
Abortion is a method of family planning[+]	68.3
Frequent abortion during a woman's life time leads to uterine and breast cancer	90.0
Abortion causes depression and long term psychological trauma[+]	87.9

Table 7. Opinion on woman's role in FP use

	n=580 %
Disagree that use of contraception is solely a woman's business	60.9
Disagree that women using contraception may become promiscuous	65

We also examined respondent's knowledge on medical abortion (Table 8). More than two third of the respondents said medical abortion is mostly effective if done within 9 weeks of gestational age and 71.5% agreed incorrect administration of medical abortion pills may lead to incomplete abortion.

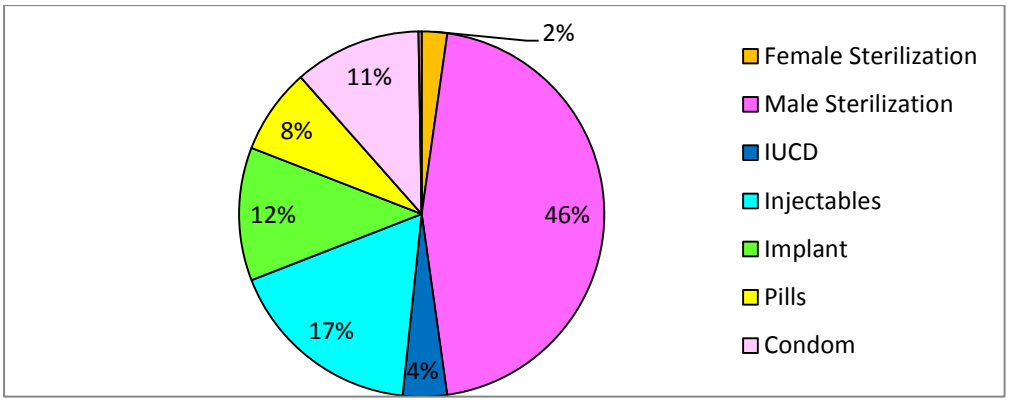
Table 8. Knowledge on Medial Abortion (MA)

Statements	n=575
	%
Medical Abortion is mostly effective if done within 9 weeks of gestational age	67.5
Incorrect administration of MA pills may lead to incomplete abortion	71.5

f. Use of Sexual and Reproductive Health services

Approximately, 69.9% of the respondents reported of using family planning methods at the time of interview. The most common family planning method was male sterilization (46%) followed by injectables (17%) and implants (12%) (Figure 8). 77.7% of the respondents had used the family planning methods for three or more months.

Figure 8. Current use of contraceptive methods



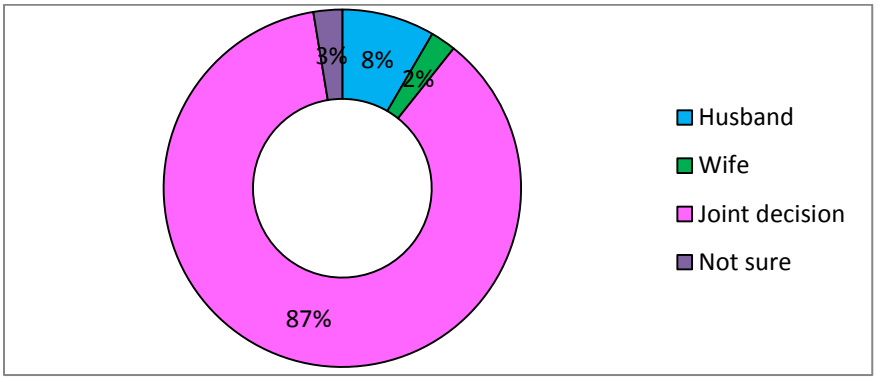
Among those respondents currently using family planning methods, 25.2% reported of experiencing some side effects/problems from the current contraception. About 64% had ever been informed by health or family planning methods about other family planning methods. Respondents were most recommended to use family planning method by government run facility/provider (25.8%) followed by community-based distributor/village health worker (21.5%) (Table 9).

Table 9. Reported source of information on Family planning methods

	n=345
	%
Community-based distributor/village health worker	21.5
NGO outreach / camp	15.7
Government run facility / provider	25.8
NGO social franchise	2
Other private provider including pharmacies	0.6
Call Centre or Helpline	0.3
Someone who you know that has used the service	11.9
Someone who you know that has not used the service	0.9
Referred by a health provider	7.3
Mass Media	0.9
Others	13.3

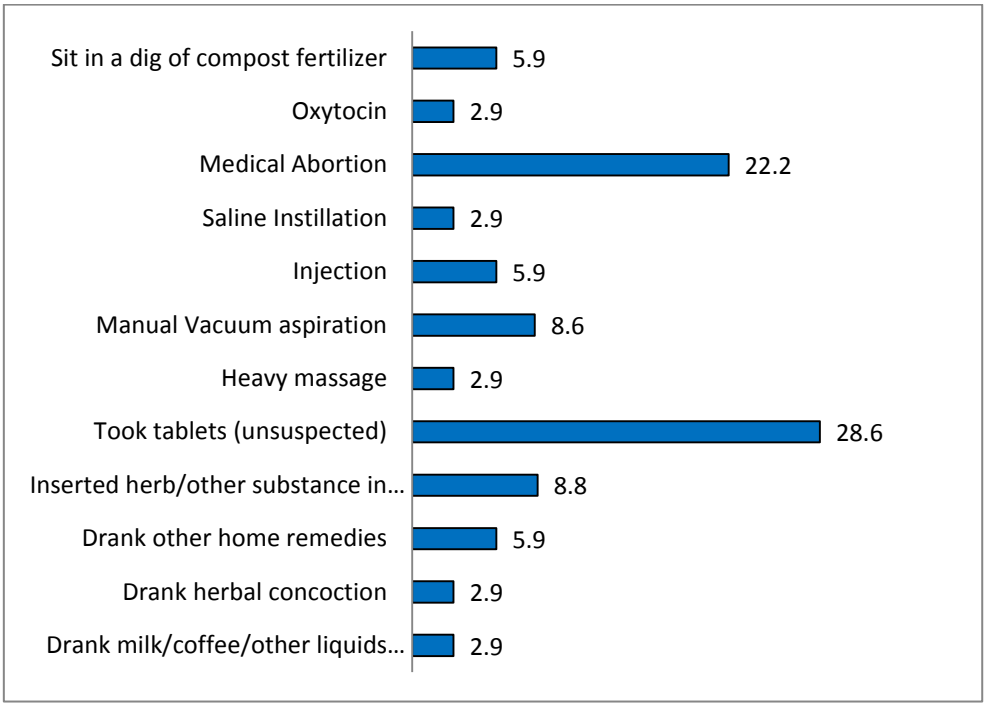
Majority of the respondents reported that the decision to use contraception was a joint decision between spouses (87%). While 2% of the respondent said it was mostly a wife's decision and 8% said it mainly a husband's decision (Figure 9).

Figure 9. Decision on contraception use



About 9% of the respondents reported of using safe abortion services. The most common reason for abortion was due to lack of finances to take care of children (28.3%) followed by wanting to delay child birth (23.9%). Most common method used for abortion (figure 10) was taking unsuspected tablets (28.6%) followed by medical abortion (22.2%).

Figure 10. Methods used for abortion



About 44% reported having undergone abortion procedure at their own home while 22.2% went to health post and 16.7% at government hospital (Table 10).

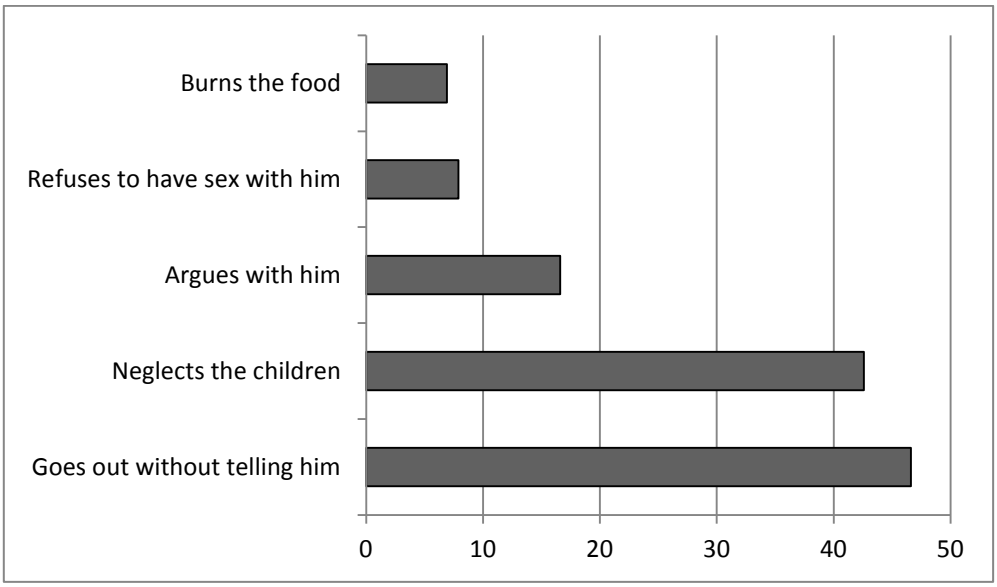
Table 10. Location where respondent underwent an abortion procedure

Location of service	**n=36**
	%
Own Home	44.4
Other's home	8.3
Government Hospital	16.7
Health Post	22.2
Marie Stopes Centre	8.3

g. Intimate partner violence

The result has shown that 46.7% of the respondents agreed that a husband can beat/hit his wife for any reason. The most common reason (figure 11) where respondents felt husband hitting/beating his wife is justified when she goes out without informing the husband (46.6%) and neglect the children (16.6%).

Figure 11. Circumstances where respondents felt it was justified for husbands to hit his wife



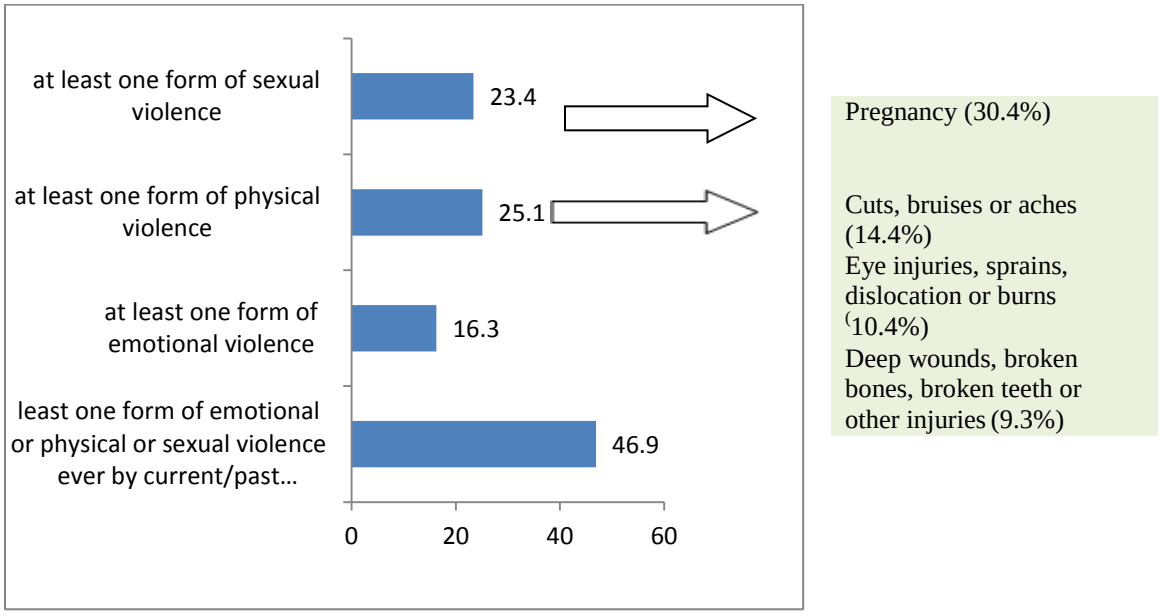
More than half of the women said that their husband does not trust their wife with any money (61.4%) and 45.5% said their husband do not permit the wife's to meet female friends. Table 11 further examines husband's role.

Table 11. Women's reporting on husband's reaction to wife's freedom

	n=432
	%
Jealous	29.6
Frequently accuses of unfaithfulness	9.2
Does not permit to meet female friends	45.5
Limits contact with her family	25.4
Insists on knowing whereabouts all the time	41
Doesn't trust with any money	61.4

Almost half of the respondents (47%) reported of experiencing some form of violence (emotional, physical or sexual). About 16% of the women have experienced at least one form of emotional violence, 25.1% have experienced at least one form of physical violence and 23.4% have experienced at least one form of sexual violence (Table 12). Among those women who have experienced at least one form of sexual violence, 96.7% were forced to have unwanted sexual contact and 30.4% of the women became pregnant as a result of unwanted sexual intercourse.

Figure 12. Prevalence of intimate partner violence and direct consequences of their spouse action



Only about a quarter (26.1%) of the women who reported of experiencing violence told their friends/family and asked them to take actions. More than 6% of respondents reported trying to physically hurt the husband and 4.8% have reported to police as an action taken against the spousal abuse.

h. Respondents' demographic details, contraceptive use and occurrence of violence

We also examined relationship between respondent's contraceptive use and occurrence of violence and demographic background (Table 12). Higher contraception utilization is found among woman who are 25 year or older (77.1%) compared to woman below 20 years or age and woman between 20-24 years of age ($p<0.05$). However, there was no significant association between contraception use and woman who reported of experiencing at least one form of physical, emotional and sexual violence or education level.

ii. *Early marriage with reported experience of IPV and SA awareness*

Early marriage, in this study was defined as the marriage that took place before 18th birthday. In total, 46.9% of the respondents in the household survey reported that they were married before the age of 18 years. We examined an association of early marriage with women's reporting of experiencing difference forms of IPV. There was no association of early marriage with any form

of IPV (data not shown). However, further analysis showed that women who were married before the age of 18 years were less aware of SA legalization as compared to those who were married 18 years and above ($p<0.05$).

Table 12. Contraception use by ever experience violence and demographic characteristics

	Contraception Use	
	No (%)	Yes (%)
Ever experienced emotional violence (n=399)		
Yes	34.4	65.6
No	28.4	71.6
Ever experienced physical violence (n=385)		
Yes	27.4	72.6
No	30	70
Ever experienced sexual violence (n=386)		
Yes	22.1	77.9
No	30	70
Ever experienced Intimate Partner Violence (n=382)		
Yes	23.9	76.1
No	31.6	68.4
Age in categories (n=418)†		
< 20 years	75	25
20-24 years	43.2	56.8
25 or more years	22.9	77.1
Educational level (n=386)		
No/Non-formal	27.72	72.28
Some/Completed Primary	34.04	66
Some/Completed Secondary	40	60
Some/Completed Higher Secondary or Higher	37.5	62.5

† $p < 0.05$

II Health Facility survey

i. Availability of CAC services

Comprehensive abortion care is provided only at KAHS and NGO-run (Marie Stopes center) CAC facility in district headquarters. But at the time of study, there was no listed service provider for CAC in KAHS. The NGO-run facility had the maximum share of the CAC (both MA and MVA) services provided in the district.

Table 13. Safe abortion services by type of health facility

Facility Type	**n**	**SAS Provided**	**Number and type of listed providers**	**Uptake of Safe Abortion Services** (total number cases in the past year)	
				MA	**MVA**
KAHS	1	MA only	1 - ANM	354 (57% cases from NGO-based facility	150 (NGO based facility only)
Health Post & Birthing center	4	None	None		
NGO based facility	1	MA & MVA	1 – Staff Nurse		

Most (88%) of the medical abortion clients were above the age of 19 years. There were not any cases of domestic violence related abortion cases reported at the listed sites.

ii. Utilization of FP services

All the facilities included were currently providing some kind FP service. Both male and female sterilization services were not provided by any facilities. IUCD is being provided by KAHS, NGO-based facility and one HP in Lamra. Also, Implant is being provided by the NGO-run facility and KAHS. Short-term method is provided by all 5 facilities. The total FP uptake at the study sites can be seen further from the table 14. Also, the PAFP uptake at the KAHS is reported to be at 100%. Out of which, 94% of the clients took short term FP methods.

Table 14. Family planning service utilization in the health facilities

Type of FP method	**Total FP service provided**		Remarks
	Last month prior to the survey	Last year (prior to the survey)	
IUD	10	61	Incomplete data
Injectables	87	773	
Implant	15	338	
Pill	14	181	Incomplete data
Condom	58	420	

iii. Gap in skilled service provider & availability of pharmacies

In the survey, only 2 listed CAC service sites were identified but again there was no service provider reported for CAC services in KAHS at the time of data collection. None of the HPs reported of providing all five FP methods. The findings showed that only 10 pharmacy shops existed in the study sites (Table 15).

Table 15 Availability of pharmacies at study sites

Location	No. of pharmacy
Kudari	3
Lamra	1
Sunigaun	6

iv. Supply of Logistics (SRH services) and out-of stock issues

KAHS reported that they received supplies from the government every month. One HP in Lamra received FP/SRH related commodities every six months, and rest including NGO-run centre reported of receiving their supplies quarterly. Two of the health facilities reported of experiencing stock out in the past.

Table 16 Out of stock issues at the study sites

Ever Been out of stock	n=6	Remarks
Yes	2	KAHS & one HP
Longest duration of being out-of-stock at one time period (3 days - 1 week)	2	

SUMMARY OF THE FINDINGS

Household survey

Demographic profile

- 78% of the household respondents were female; 26.4% of the respondents were under the age of 25 years, mean age of respondents was 30.7 years ± 7.8 years, more than one fourth of the respondents were Dalit.
- More than 65% of the respondents reported of owning either landline or mobile phone.
- About 35% of the women reported their involvement in a social organization.
- Majority of the respondents were married and living together with their spouses and mean age at marriage was 17.6 years ±2.7 years, surprisingly, more than half of the respondents (65.3%) were married before the age of 18.
- The respondents who reported of living less than $1.25 a day and $2.50 a day were 27.7% and 82.8% respectively.

Awareness on SRH, including FP and SA

- More than half of the respondents (those who attended school and those out of schools) reported of receiving some form of SRH education.
- Radio or television followed by friends was reported as the most common sources for SRH related information for those who were out of schools.
- More than 90% of the respondents had heard of at least one type of FP method, but only 12% of them had heard of all methods of FP.
- Majority of the respondents reported that they knew where to obtain FP method, KAHS, health post and Marie Stopes Centre were the most known providers of FP method.
- Almost three quarters of respondents (73.8%) reported that they had heard of abortion while only 51.6% of them reported of knowing the legal status of abortion in Nepal. Amongst those who knew abortion is legal, none of the respondents were aware on all conditions where abortion is legal although majority could state at least one condition.
- Although more than 70% of the respondents responded that they were aware on the place to go for safe abortion service but only 21.4% were aware of safe abortion logo.
- The most common source of information were friends, family and neighbors who had previously used the service (61.2%).

- Although 71.7% of the respondents reported that they knew how to prevent from a repeat abortion, only three quarter of them responded by using contraception.
- When examined respondents' knowledge on MA, more than two third of the respondents said medical abortion is mostly effective if done within nine weeks of gestation and 71.5% agreed incorrect administration of MA pills may lead to incomplete abortion.

Attitudes towards FP and SA

- Only 40% of the respondents had had a favorable attitude towards abortion.
- More than 99% of the respondents had had at least one or more myths and misconception about abortion. Majority of them (87.9%) believed abortion leads to depression and long term psychological trauma and frequent abortion causes cancer (90.0%).
- Less than one third of the respondents responded that contraception is solely a woman's business and 35% of the respondents thought women using contraception may become promiscuous.

Usage of FP and SA services

- About 70% of the respondents reported of using FP method at the time of interview, mostly sterilization (46%) followed by injectables (17%) and Implant (12%).
- More than 75% of the respondents had used FP method for three months or more. Majority (87%) of the respondents reported that the decision to use contraception was a joint decision between the spouses.
- About 9% of the respondents reported of using abortion services in the past and the common reason cited was lack of finances to take care of children (28.3%) followed by wanting to delay child birth (23.9%)
- Most common method used for abortion was taking unsuspected tablets (28.6%) followed by medical abortion pill. Interestingly, more than 40% reported that they had undergone abortion procedure at their own home while 22% went to health post and 17% at government hospital.

Intimate Partner violence

- Nearly half of the respondents agreed that a husband can beat/hit his wife for any reason. The most common reasons where respondents felt husband beating/hitting his wife is justified

when she goes out without informing the husband (46.6%) and neglect the children (16.6%).

- More than half of the women said that their husbands do not trust them with any money and 45.5% responded that husband do not permit their wife to meet female friends.
- Nearly half of the respondents reported of experiencing some form of violence in their life time (emotional (16%); physical (25%) and sexual violence (23%). Alarmingly, amongst those who reported of experiencing at least one form of sexual violence, 96.7% were forced to have unwanted sexual contact and about 30% reported that it resulted in pregnancy.
- Despite, only about a quarter of the women who reported of experiencing violence told their friends/family and asked them to take actions.
- When examined the relationship between respondent's contraceptive use and occurrence of violence, no significant association was found.

Health Facility Assessment

- In total focal person at six health facilities (4 in the study sites and 2 in the district headquarter) were contacted for information.
- All six health facilities reported of providing STM of FP at the time of study. However, LARC were only available in KAHS and NGO run centre (Implant was available in Lamra HP). The numbers of HPs in the study VDCs providing all five methods of FP and comprehensive VSC all year round were nil. Unavailability of trained service provider was the cited reason for not offering LARC at HPs in the study sites.
- In regard to SA, comprehensive abortion care was offered only at the KAHS and NGO run centre (Marie Stopes Centre), however, at the time of data collection, CAC service at KAHS was not being offered due to unavailability of listed service provider. The NGO run CAC centre had the maximum share of the CAC services provided in the district.
- The health facility data showed that majority of MA clients were above the age of 19 years. There were not any cased of domestic violence related abortion cases reported at the listed above sites.
- KAHS reported of receiving FP commodities monthly from the government while majority of the facilities in the survey reported of receiving commodities quarterly. When asked about commodity stock out incidence, two of the facilities responded of experience stock out.

LIMITATIONS

This is a first type of study to assess awareness and utilization of sexual and reproductive health and safe abortion services in one of the most remote part of Nepal. The study included men, women as well as youth living in the remote places, providing valuable insights into SRH needs and issues of the area. However, the study is more focused on FP and SA leaving out other key components of SRH, for instance, STI. Most importantly, as the questionnaire deals with use of SA and SRH services, it may be subjected to recall bias. Besides recall bias, they are more likely to under report the number of service utilization particularly SA by the women due to its sensitiveness in the society. There were some variables that had large missing values (in some cases more than 20%), which may have an effect in the final analysis. Since this survey is limited to three VDCs of Jumla which were chosen purposefully due to its remoteness and relevance with the AWON project, the findings may not be generalizable to entire Karnali region thus suggest being cautious while interpreting these findings.

IMPLICATIONS AND CONCLUSION

Despite more than a decade of legalization of abortion, not all areas of Nepal have been covered. In our study sites, almost half the respondents (48.7%) were unaware that abortion is legal and no one knew all the conditions where abortion was legal pointing towards need for awareness and advocacy campaign that reaches in remote areas of Nepal. In addition to legalization of abortion there are various myths and misconception on abortion prompting women towards unsafe abortive practices. Therefore, creating awareness on legalization of abortion will help prevents unsafe and illegal practices as it will inform people about safe abortion service centers as well as creates enabling environment for women and couples to make informed decision. Awareness and advocacy campaigns will also help mitigate society's attitude as well as myths & misconception towards abortion.

This study also highlights unsafe abortion practices among those who sought abortion. Even though 71.6% of the respondents reported they knew where to go for safe abortion service only

21.4% were aware about safe abortion logo. Moreover, 44.4% of the respondents underwent abortion in their own home. One of the reasons for this could be because of lack of accessibility to comprehensive abortion care services. Both the service centers that provide comprehensive abortion care, KAHS and Marie Stopes Center, are located in district headquarter which is 5-12 hours walking distance from the study sites. Therefore, there is a need to train service provider at the health facilities located in VDC per se on administering medical abortion, allowing woman to access safe abortion services.

In addition to training health facilities staff, this study also reaffirms the need to empower women through CBOs. CBOs such as woman and mother's group can empower woman by creating awareness, educating and allowing information to be shared on safe abortion as well as family planning choices. For instance, the study found that 23.9% of abortions were result of wanting to delay child birth. CBO's can inform woman such as these on family planning methods and choices, allowing them to prevent unwanted pregnancy. CBO also helps in alleviating spousal violence towards women.

Although in this study there was no significant association between contraception use and exposure to sexual, physical and emotional violence, 30.4% of women who reported sexual violence became pregnant as a result of their spouse's action. Since majority of the respondents, mainly women did not have any formal education and most of their time was spent in the agriculture field, they are less likely to raise voice against the violence they experienced at home. Therefore, activities to advocate initiating social support mechanism are very important in the context of Jumla.

Although the knowledge on at least one FP method is universal among men and women, only few of them were aware on all family planning options available to them. This is supported by the fact that the facility in the study sites only offers STM of FP, indicating that potential clients may never attended counseling on comprehensive FP methods. Thus advocacy to make at least five FP methods available in the health facility combination with community interaction programmes to discuss on various methods of FP options is very crucial.

To conclude, the findings from this study highlights the need to provide training to health post staffs in the remote VDCs allowing women to access safe abortion services as well as reaffirm importance of community based organization and its role in women empowerment. Women empowerment will allow woman to make decision on family planning use (decrease number of abortion from wanting to delay child birth), decrease spousal violence in turn avert many unwanted pregnancy as well as create awareness on family planning choices and inform on safe abortion services.

REFERENCES

1. Bhandari, TR. Dangal, G. (2012) 'Maternal Mortality: Paradigm Shift in Nepal'. *Nepal Journal of Obstetrics and Gynecology,* 7 (2).

2. CREHPA (2011). Reproductive Health Research Policy Brief. Safe Abortion Action Fund. Number 16, April 2011.

3. Department of Health Services (2012).Annual report 2010/2011 .Government of Nepal, Ministry of Health and Population, DOHS, Kathmandu.

4. District Public Health Office 2013, District report, Jumla.

5. Henderson, J.T et al (2012) "Effects of Abortion Legalization in Nepal, 2001–2010", UCSF/CREHPA, PLOS One, 2013; 8(5):e64775
   http://www.crehpa.org.np/download/NAWRN_report.pdf
   http://www.crehpa.org.np/download/policy_brief_16.pdf

6. Ministry of Health and Population (MOHP) [Nepal], New ERA, and ICF International Inc. (2012). Nepal Demographic and Health Survey 2011. Kathmandu, Nepal: Ministry of Health and Population, New ERA, and ICF International, Calverton, Maryland.

7. New Era (2010). Nepal- Maternal Mortality and Morbidity Study 2008/2009. Department for International Development, Government of Nepal, US Agency for International Development.

8. Ngo, Thoai D, Park, Min Hae, Shakur, Haleema, & Free, Caroline. (2011). Comparative effectiveness, safety and acceptability of medical abortion at home and in a clinic: a systematic review. Bulletin of the World Health Organization, *89*(5), 360-370.

9. Sharma, S. (2003) Legalization of abortion in Nepal: the way forward. Kathmandu University Medical Journal, 2(3):7,177-178.

10. Tuladhar, H. Rishal A. (2010). Level of awareness about legalization of abortion in Nepal: A study at Nepal Medical College Teaching Hospital. *Nepal Medical College Journal, 12(2), 76-80.*

11. WHO (2012). Trends in maternal mortality: 1990 to 2010 WHO, UNICEF, UNFPA and The World Bank estimates

Annex 1

DATA COLLECTION TOOL

Code no:	**---/---** **(VDC code/respondent number)**
Date:	**--/--/----** **(DD/MM/YYYY)**

BACKGROUND QUESTIONNAIRE

I.PERSONAL INFORMATION

1. Age in years: _____ 2.**Sex** ☐ ☐ 1Male 2Female

3. Highest level of education:

Respondent

None / non-formal…….....1
Some primary…….....2
Completed primary 3
Some secondary, vocational or technical……4
Completed secondary, vocational or technical…5
Some tertiary or higher 6
Declines to answer 999

Spouse/Partner (if applicable)

None / non-formal.....1
Some primary.....2
Completed primary 3
Some secondary, vocational or technical.....4
Completed secondary, vocational or technical...5
Some tertiary or higher 6
Declines to answer 999

4. Occupation:

Respondent

Unemployed/housewife/houseman…....1
Agriculture……..2
Unskilled manual……..……3
Skilled manual……4
Sales & services……..5
Clerical……...6
Professional technical / managerial……7
Student……8
Declines to answer……..999

Spouse/Partner (if applicable)

Unemployed/housewife/houseman……1
Agriculture……2
Unskilled manual……3
Skilled manual……4
Sales & services……5
Clerical……6
Professional technical / managerial……7
Student……8
Declines to answer……999

5. Marital status:

Single 1
Married 2
Living with partner……3
Widowed / Divorced / Separated….....4
Declines to answer.....999

5.1 If married and living with partner

Location of husband/partner:

Together……..1
In another district……2
Abroad ……3

6. Age at marriage …….. Years

7. Do you own a cell phone or a landline? ☐ 1Yes ☐ 2No

8. Are you a member of any social organization/group in your community? ☐ 1Yes ☐ 2No

9. If yes, what is the name of the organization? ……

10. Ethnicity:
Dalit ……1
Disadvantaged janajatis ……..2
Disadvantaged non dalit terai caste groups…….3
Religious Minorities ……4
Relatively advantaged janajatis ……..5
Upper caste groups ……..6

Guidelines to code ethnicity

Ethnicity	**Code**
Dalit: Hill (kami, damai, Sarkii, Gaine, Badi) Terai (Chamar, Mushar, Dhusah/Paswan, Tatma, Khatway …)	1
Disadvantaged janajatis: Hill (Magar, Tamang, Rai, Limbu, Sherpa, Bhote, Kuumal, Danuwar, Chepang, Raute, Kusunda...)Terai (Tharu, Rajbanshi, Tajpuriya, Dhimal, ..)	2
Disadvantaged non-dalitterai caste groups: Yadav, Teli, Kalwar, Sudhi, Lohar, Haluwai, Badhe, Kumhar, Bhediyar, Mali, Dhunia	3
Religious Minorities: Muslims, Churoute	4
Relatively advantaged janajatis: Newar, Thakali, Gurung	5
Upper caste groups: Brahman, Chhetri, Rajput, Kayastha, Bengali, Thakuri, Kayastha	6

Progress Out of Poverty Index (PPI)

POVERTY INDEX *Read to respondent:* "I would like to ask you some questions about your living conditions. Please answer as honestly as possible. Your answers will not affect the service you receive or the price you pay." *Read questions to respondent exactly as written. Do not read out the response options. Circle the number corresponding closest to the respondent's answer. All questions must be answered.*			
P1	How many household members are there?	Eight or more.....1 Seven…….....2 Six.....3 Five…….....4 Four…….....5 Three.....6 One or two…….....7	
P2	In what type of job did the male head/spouse work the most hours in the past seven days?	No male head/spouse .....1 Does not work, or paid wages on a daily basis or contract/piece-rate in agriculture.....2 Paid wages on a daily basis or contract/piece-rate in non-agriculture .....3 Self-employed in agriculture .....4 Self-employed in non-agriculture.....5 Paid wages on a long-term basis in agriculture or non agriculture 6	
P3	How many bedrooms does your residence have?	None …….....1 One….....2 Two …….....3 Three or more ….....4	
P4	Main construction material of outside walls?	Bamboo/leaves, unbaked bricks, wood, mud-bonded bricks/stones, or no outside walls .....1 Cement-bonded bricks/stones, or other material 2	
P5	Main material roof is made of?	Straw/thatch, or earth/mud.....1 Tiles/slate, or other .....2 Wood/planks, or galvanized iron .....3 Concrete/cement 4	
P6	Does your residence have a kitchen?	No …….....1 Yes ….....2	
P7	What type of stove does your household mainly use for	Open fireplace, mud, kerosene stove, or other.....1	

	cooking?	Gas stove, or smokeless oven 2	
P8	What type of toilet is used by your household?	None, household non-flush, or communal latrine .....1 Household flush 2	
P9	How many telephone sets/cordless/mobile does your household own?	None …….....1 One .....2 Two or more 3	
P10	Does your household own, sharecrop-in, or mortgage-in any agricultural land? If yes, is any of it irrigated?	No…….....1 Yes, but none irrigated .....2 Yes, and some irrigated 3	

Knowledge on SA and SRH

1. If you went to school, did you receive any SA and SRH related education at your school?
Yes ……..1
No ……..2
Do not remember…….3

2. If you did not go to school, did you receive any information on SA and SRH?
Yes, from family ……1
Yes, from friends…….2
Yes, from radio/television……3
Yes, other sources……4 (specify) _____
No……5

3. Have you ever heard about the following contraception methods?
Female Sterilization Yes ……..1
No ……...2
Male Sterilization Yes ……..1
No ……2
IUD Yes ……..1
No ……2
Injectibles Yes ……...1
No ……2
Implant Yes ……....1
No ……2
Pill Yes ……1
No …….2
Condom Yes ……1
No ……2
Rhythm Method Yes ……1
No …….2
Withdrawal Yes ……1
No …….2
Others (specify) ……..

4. Do you know of a place where you can obtain a method of family planning?
Yes……1
No……..2

4.1. If yes, where is that?
Public sector
Govt. Hospital……..…1
PHC Center ……2
Health Post ……....3
Sub-health Post ……..4
PHC outreach…….....5
Mobile clinic……..6
FCHV……..7
Condom Box……..8
Other Govt. (specify) _____.....9

Non-Govt. Organization
Marie-Stopes ……..6
FPAN……..7
Other NGO (specify) _____ ……8
Private sector
Medical hospital/clinic/nursing home ……9
Pharmacy ……10
Sangini Outlet ……...11
Other
Shop ……..12
Friend/relative……13

5. Please let us know your opinion on the following statements with responses ranging from - agree, neither agree or disagree, disagree

Statements	Agree	Neutral	Disagree
Use of contraception is a woman's business and a man should not have to worry about it.	A	N	D
Women who use contraception may become promiscuous.	A	N	D

6. Have you heard about abortion?
Yes ……1
No ……2

6.1 If yes, where did you hear about safe abortion?
Someone you know who has used the service
Family ……1
Friends ……2
Neighbor ……3
Someone you know who has not used the service
Family ……4
Friends ……5
Neighbor ……6
Local health post/PHCC/KAHS……7
Advertisement in mass media (newspaper, radio, TV) ……8
Village health worker / FCHVs ……9
Local health post/PHCC/KAHS……..……10
Private health facility or provider ……11
Local Pharmacy ……12
Outreach/mobile camps run by an NGO ……..13
Schools, text books ……14
Others (*specify* _____) ……15

7. Is abortion legal in Nepal?
Yes ……....1
No ……2
Do not know……3

8. Women can have abortion in Nepal if:

8.1 Pregnancy of 12 weeks or less gestation for any woman
Yes ……1
No ……2

8.2 Pregnancy of 18 weeks if it is a result of rape or incest
Yes ……1
No ……2

8.3 Pregnancy of any duration if life of mother is at risk
Yes ……1
No ……2

8.4 Pregnancy of any duration if mother's physical and mental health is at risk
Yes ……1
No ……2

8.5 Fetus is deformed
Yes ……1
No ……2

8.6 Other *(specify)* _____

8.7 I do not know _____9

9. Do you know of a place where a woman can go to get safe abortion?
Yes ……...1
No ……2

10. Where is that?
Public sector
Govt. Hospital……..…1
PHC Center ……2
Health Post ……....3
Sub-health Post ……..4
PHC outreach…….....5
Non-Govt. Organization
Marie-Stopes ……..6
FPAN……..7
Other NGO…….8
Private sector
Medical hospital/clinic/nursing home ……9
Pharmacy ……10
Other ……11

10 Have you heard about the following types of abortion?

Medical Abortion (MA)	**Manual Vacuum Aspiration (MVA)**
Yes ……...1	Yes ……..1
No ……2	No……2
Not sure ……...3	Not sure …… 3

11 How one can prevent from repeat abortion?

Use of contraception …….1
Use of herbal medication ……..2
Abstinence ……3
Do not know …….4

12.1 If respond is use of contraception,

When can one start taking contraception after abortion in order to prevent unwanted pregnancy?

Immediately……1
Within 7 days ...2
After 1 week……..3
After 15 days…...4
After 1 month or more….5

13. How can you know whether a service site is listed or not?

Site having a poster with the safe abortion logo……..1
Every government health facility is a listed site ……..2
Others _____.....3
I do not know …….4

14. We will provide you with few statements. Please give us your opinion on whether they are true or false.

Statements	True	False
Getting an abortion in the first pregnancy leads to infertility.	T	F
Abortion is a method of family planning.	T	F
Frequent abortion during a woman's lifetime leads to uterine cancer and breast cancer.	T	F
Abortion causes depression and long term psychological trauma.	T	F
Medical Abortion is mostly effective if done within 9 weeks of gestational age	T	F
Incorrect administration of MA pills may lead to incomplete abortion.	T	F

15. We will provide you with few statements regarding safe abortion. Please give us your feedback on whether you - agree, neither agree nor disagree, disagree with those statements.

Statements	Agree	Neutral	Disagree
Only promiscuous women seek abortion services.	A	N	D
A child is a gift of god, hence willingly terminating a pregnancy is a sin.	A	N	D
A woman does not have a right to decide whether or not to continue a pregnancy.	A	N	D
Abortion is not acceptable even if the life of the mother/fetus is in danger.	A	N	D
But it is acceptable to abort a girl child.	A	N	D
Unmarried women should not be allowed to access abortion services.	A	N	D
The government should make abortion illegal, under every circumstance.	A	N	D
Abortion should be provided free of cost so more women can have access to it.	A	N	D
Even when I wanted to, I would never utilize abortion services at my local health center for the fear societal disapproval	A	N	D
Fetuses can feel pain, so abortion should not be performed	A	N	D

Use of SA and SRH services

1. Do you have any children?
Yes ……..1
No ……2

1.1 If yes, how many? _ _

1.2 What was your (or your partner's) age when you had your first child? _ _ years

1.3 Did you and your partner want a child when you got pregnant?
Yes ……...1
No ……2
Not sure……3

3. Are you or your partner currently pregnant?
Yes ……...1
No ……2
Not sure……3

4. If not, are you or your partner currently doing something or using any method to delay pregnancy?
Yes ……....1
No ……2

5. If yes, which methods are you or your partner currently using?
Female Sterilization……1
Male Sterilization……2
IUD……..3
Injectible…….4
Implants……..5
Pill……...6
Condom……..7
Female Condom…….8
Diaphragm……..9
Foam/jelly……..10
Rhythm Method……11
Withdrawl……...12
Other Modern Method……...13

6. Who recommended this method to you or your partner?
Community-based distributor/village health worker….....1
NGO outreach / camp…….....2
Government run facility / provider……3
NGO social franchise ….....4
Other private provider incl. pharmacies ……..5
Call Centre or Helpline ……..…….……6
Someone you know who has used the service ……7
Someone you know who has not used the service ……..8
Referred by a health provider ……..9
Mass media……..10

Other, specify …….11

7. How long have you or your partner used the above method?
Less than one month……1
More than 1 month, less than 3 months …….2
More than 3 months less than 6 months…….3
More than 6 months ……4

8. Were you ever told by a health or family planning worker about other methods of family planning that you could use?
Yes ……..1
No ……2

9. Are you or your partner experiencing any problems/side effects to date?
Yes ……1
No ……2

10. Would you say that using the contraception is mainly your decision, mainly your partner's decision, or did you both decide together?
Mainly the respondent ……..1
Mainly partner…….2
Joint decision…….3
Not sure…….4

11. Have you or your partner ever used the Safe Abortion services? *(If not, skip to question 21)*
Yes ……1
No ……2

12. What was the main reason you or your partner decided to have the (last) abortion?
Health of the Mother ……1
Risk of Birth defect….....2
No money to take care of baby…….....3
Too young to have a child ……4
Not ready to be a mother……...5
Wanted to continue schooling ……..6
Did not love the father ……..7
Wanted to delay childbearing……8
Wanted to continue working…….9
Wanted to space the child……10
Partner did not want child……11
Child's sex……12
Rape……..13
To avoid shame……14
Afraid of parents……...15
Noone to help look after the child……...16
Parents insisted……17
Father of child died……...18
Others……19

13. What did you do to end this pregnancy?
Drank milk/coffee/other liquids with lots of sugar……01

Drank herbal concoction……..02
Drank other home remedies…..03
Used any herbal anema……04
Inserted herb/other substance in the vagina…….05
Took tablets (unsuspected)……..06
Heavy massage……07
D & C……...08
Manual Vacuum aspiration…….09
Injection……...10
Saline Instillation……11
Medical abortion……..12
Oxytocin……...13
Catheter……14
Excessive Physical Activity…….15
Sit in dig of compost fertilizer 16
Other (specify) _____.....17

14. Who did you see to get this done?

Health Professional

Doctor……1
Nurse/midwife……2
Health asst/health worker……..3
MCH worker……..4
VHW……..5

Other person

Pharmacist/chemical seller……6
Traditional birth attendant……7
FCHV……8
Relative/friend……9
Traditional practitioner…….10
Other (specify) _____.....11

No one……12

15. Where did you get this done?

Home

Your home……..1
Others home……2

Govt. Sector

Govt. Hospital…….3
PHC Center (specify) _____ …4
Health post…….5
Sub-health post……..6
PHC Outreach……7
Other Govt. (specify)…….8

Non-Govt. (NGO)

Marie Stopes …….9
FPAN……10
Other (specify)……..11

Private Med. Sector

Pvt. Hospital/clinic/nursing home……12
Other private med…….13

Pharmacies……14
Other (specify) _____.....15

16. How far was the service center from your residence?
Less than 30 mins away ……1
More than 30, less than an hour…...2
1-2 hours ……3
2-5 hours ……4
More than 5 hours away……5

17. Did you have any complication when you had this abortion?
Yes……...1
No……2

18. In the first month after the abortion, did you have any health problems because of the abortion?
Yes……...1
No……2

19. How much did you pay for the following services?
Abortion service …….. NRs
Post Abortion service ……. NRs

20. Did anyone talk to you about Family Planning methods during your post abortion visit?
Yes …….1
No ……..2
Don't know……3

21. Where do you sleep during menstruation?
Same bed/as usual bed …….1
Communal chhukulo …….2
Along with house but in ground floor with animals ……..3
Own chhukulo …….4
Others (Specify_____) ……..5

Gender Based Violence

1. In your opinion, should a husband hit or beat his wife for any reason at all? (Physical Violence)
Yes……...1
No……2
Don't know…….3

2. In your opinion, is a husband justified in hitting or beating his wife in the following situation?
2.1 If she goes out without telling him?
Yes…….1
No……..2
2.2 If she neglects the children? There is no value of children in Jumla except few families so how can we further digging the reason for physical violence
Yes…….1
No……..2
2.3 If she argues with him?
Yes…….1
No……..2
2.4 If she refuses to have sex with him?
Yes…….1
No……..2
2.5 If she burns the food?
Yes…….1
No……..2
Others

Only for female respondents

3. Have you ever been in the following situation?
3.1 He is jealous or angry if you talk to other men?
Yes…….1
No……..2
3.2 He frequently accuses you of being unfaithful?
Yes…….1
No……..2
3.3 He does not permit you to meet you female friends (alone or in a group)?
Yes…….1
No……..2
3.4 He tries to limit you contact to your family?
Yes…….1
No……..2
3.5 He insists on knowing where you are at all times?
Yes…….1
No……..2
3.6 He does not trust you with any money?
Yes…….1
No……..2

4. Does your husband/partner ever do this to you?

4.1 Say/do to humiliate you?

Yes……1
No……..2

4.2 Threaten to hurt or harm you or someone close to you?

Yes……1
No……..2

4.3 Insult you or make you feel bad about yourself?

Yes……1
No……..2

5 Does/did your husband/partner ever do any of the following?

5.1 Push/shake/throw something at you?

Yes……1
No……...2

5.2 slap you/ twist your arm or pull your hair

Yes……1
No……...2

5.3 Punch you with his fist or something that could hurt you?

Yes……..1
No……..2

5.4 Kick you, drag you or beat you up?

Yes……..1
No……..2

5.5 Try to choke you or burn you on purpose?

Yes……1
No……..2

5.6 Threaten or attack you with knife, gun or any other weapon?

Yes……1
No……..2

5.7 Physically force you to have sexual contact when you did not want to?

Yes……1
No……..2

5.8 Perform any sexual act you did not want to?

Yes……1
No……..2

6 Did the following ever happen to you as a result of your husband/partner's action?

6.1 Cuts, bruises or aches?

Yes……1
No……2

6.2 Eye injuries, sprains, dislocations or burns?

Yes……1
No……2

6.3 Deep wounds, broken bones, broken teeth, or any other serious injuries?

Yes……1
No……2

6.4 Pregnancy?

Yes……1
No……2

7 Have you taken any of the following action against your husband?

7.1 Hit, slapped, kicked or done something to physically hurt your husband

Yes……...1

No…….2

7.2 Told your friends and family and ask them to intervene

Yes……1

No…….2

7.3 Reported to the police

Yes……1

No…….2

7.4 Other (specify) ……..

8 Does your husband drink alcohol?

Yes……1

No……..2

9 How often does he get drunk?

Often……..1

Sometimes…….2

Only sometimes….3

Never……..4

10 Does he ever do the actions mentioned in Question 4, under the influence of alcohol?

Yes……1

No…….2

11 Are you afraid of your husband/partner?

Most of the times……..1

Sometimes afraid……..2

Never afraid……..3

12 Has anyone else hurt you in similar manner?

Yes…….1

No……..2

12.4 If yes, who?

Mother/step-mother ……..1

Father/step-father……..2

Sister/brother……..3

Daughter/son…….4

Other relative……5

Mother in law……....6

Father in law…….7

Other in law……..8

Teacher…….9

Employer/someone at work…10

Police/soldier…….11

Other (specify)…….

13 Have you ever gotten as a result of these things?

Yes…….1

No……..2

Not sure…….3

14 Have you ever had miscarriage or still birth as a result of these things?

Yes…….1

No……..2

Not sure…….3

ANNEX 2

For Health Facilities

Code no: **---/---**
(VDC code /respondent number)

Date: **--/--/----**
(DD/MM/YYYY)

Designation of the Respondent …….

1. Type of Health Facility
Hospital…….1
Health Post……2

2. What are the services provided here?

2.1 Abortion
Yes…….1
No……..2

If yes, what kind?

	MVA	**MA**
Yes	…….1	Yes ……1
No	……..2	No ……..2

How many women received these services?

	MVA	**MA**
Last one month	……	…….
Last one year	……	…….

Are you a listed CAC service provider?
Yes…….1
No……..2

If yes, how many staffs here are trained to provide CAC services? _ _

2.2 Family Planning counseling and provision of modern methods
Yes…….1
No……..2

If yes, what are the methods available here?

Female Sterilization	Yes	……..1
	No	……..2
Male Sterilization	Yes	……..1
	No	……..2
IUD	Yes	……..1
	No	……2
Injectibles	Yes	……...1

	No ……2
Implant	Yes ……....1
	No ……2
Pill	Yes ……1
	No ……2
Condom	Yes ……1
	No ……2
Rhythm Method	Yes ……1
	No ……2
Withdrawal	Yes ……1
	No ……2
Emergency Contraception	Yes ……1
	No ……2

Others (specify) ……..

How many men/women received these services?

	Last one month	Last one year
Female Sterilization	……	……...
Male Sterilization	……	……...
IUD	……	……...
Injectibles	……	……...
Implant	……	……...
Pill	……	……...
Condom	……	……...
Rhythm Method	……	……...
Withdrawal	……	……...
Emergency Contraception	……	……...
Others (specify) _____	……	……...

3. How far is the nearest health facility providing/ also providing CAC services?

< 60 minutes ……1
More than an hour, less than 3 hours…….2
>3 hours away……..3

4. How often do you receive required medical supplies and logistics from the government?

Every month ……1
Every three months……..2
Every six months……...3
Every year…….4

5. Have you ever been out of stock (for MA and FP commodities) at your facility?

Yes…….1
No……..2

5.1. If yes, what is the longest you have been out of stock at one time period?

Less than 3 days ……..1
3days to one week ……..2
More than a week, less than a month…….3
More than a month……..4 (*Specify the duration* _____)

5.2 How often in the past year were you out of stock (for MA and FP services) for more than 3 days at one time?
Only once …….1
1-3 times……2
More than 3 times…….3

6. How many women received CAC services from this facility last year who were?
Less than or equal to 19 years old ___
More than or equal to 20 years old ____

7. How many women received Post abortion family planning (PAFP) method? ____
10.1 Long term FP method _____ %
10.2 Short term FP method _____ %

9. How many pharmacies are currently operating in this district/VDC? _____

10. Were there any cases of abortion related to domestic violence last year?
Yes…….1 (*specify* _____)
No……..2

11. Are you aware of any existing support group in your VDC/District that supports women to access their SRH rights?
Yes…….1
No……..2

11.2 If yes, please specify _____

11.3 How many women come to this facility via those support groups? _____