

**KNOWLEDGE AND ATTITUDE TOWARDS ABORTION AND
CONTRACEPTIVE SERVICES AMONG WOMEN OF
REPRODUCTIVE AGE IN KALIKOT DISTRICT**

**Submitted to
Action Works Nepal
Thapathali, Kathmandu**

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December 2018

ACKNOWLEDGEMENTS

Behind the successful accomplishment of this study lie the sincere contributions and precious support of many individuals and institutions. I would like to extend my profound gratitude to Action Works Nepal (AWON) for entrusting this important responsibility. I gratefully acknowledged all the members of the study team for providing technical support and guidance at every step of designing and conducting this study. The technical and managerial support provided by Action Works Nepal was invaluable. I would particularly like to mention Mr. Jagannath Bista and Ramesh Pandey, among others. Moreover, I cordially gratify Sujata Khadka and Nayan Chhetri for facilitating and supervising the fieldwork.

The District Health Office, Kalikot, health facility in-charges and local body representatives of seven palikas (Palata, Raskot, Tilagufa, Kalika, Naraharinath, Pachal Jaharana and Sanmi Triveni) are gratefully acknowledged for their support and coordination in the selection of study sites and conduction of this study. I would also appreciate the contribution of the study team members Amsha Thapa, Basundhara BK, Darshana Kumari Bista, Dhanpura Shahi, Kasha Bam, Nabinda Kumari Shahi and Trishana Oli Shahi in collecting data from various hard to reach areas of Kalikot district. Furthermore, I am extremely grateful to Prabina Subedi for data entry support. Also, I would like to gratify all those whose direct and indirect contributions have contributed immensely to the outcomes of this study.

Prabesh Ghimire

SUMMARY

Background: Action Works Nepal (AWON), a non-profit non-government organization has been working on issues of safe abortion since 2014 with focus on uncovered areas of Karnali province. This baseline study was part of AWON's three-year project (2018-2021) on “Access to safe abortion and contraceptive services for vulnerable, marginalized and uncovered areas in the Karnali region of Nepal”. The purpose of this study was to assess the awareness and knowledge on abortion law and contraceptive methods and attitude towards abortion among women of reproductive age in Kalikot district.

Methods: Descriptive cross-sectional study was carried out in 15 pre-existing VDCs (7 Palikas) of Kalikot district. Probability proportionate to size sampling was used to get a random sample of 205 participants. The data was collected from women of reproductive age (15-49 years) by seven female enumerators through face to face interview using a structured questionnaire. The collected data was entered in EpiData Entry and analyzed using SPSS version 23.0. Descriptive statistics were used to report the distribution of study participants.

Results: The findings of our study showed that only 36.7% women age 15-49 were aware that abortion is legal in Nepal. Of the entire respondents who were aware on legalization of abortion, 27% knew that abortion is legal for any women up to 12 weeks' gestation. Women were least aware of the legal conditions for abortion at later stages of pregnancy. 69% women age 15-49 reported having knowledge of a place where safe abortion services can be obtained. Moreover, 9.5% women reported ever use of abortion services. The awareness on family planning methods was nearly universal with 98.1% women aware of at least one method of family planning. The ever use of family planning service was reported by 42.7% women. Friends and neighbors were the most important sources of information for both safe abortion and family planning. Overall 32.4% female participants had negative stereotype towards abortion services. Nearly half (45.2%) respondents believed that a woman who has an abortion is committing a sin.

Conclusion: The study indicated that knowledge of women toward the legalization of abortion was low and stigmatizing attitudes were moderate to higher.

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LIST OF ABBREVIATIONS

AWON	Action Works Nepal
CI	Confidence Interval
FCHV	Female Community Health Volunteer
FP	Family Planning
MA	Medical Abortion
MMR	Maternal Mortality Ratio
NDHS	Nepal Demographic and Health Survey
NHRC	Nepal Health Research Council
PPS	Probability Proportionate to Size
PSU	Primary Sampling Unit
SABAS	Stigmatizing Attitudes, Beliefs and Actions Scale
SAS	Safe Abortion Service
SPSS	Statistical Package for Social Sciences
SRHR	Sexual and Reproductive Health Rights
VDC	Village Development Committee
WRA	Women of Reproductive Age

CHAPTER I: INTRODUCTION

1.1. Background

Nepal is struggling to reduce maternal death to reach the sustainable goal of less than 70 per hundred thousand live births¹. In the last two decades, there has been an appreciable progress in maternal health indicators. More mothers in their pregnancy and period of childbirths are surviving than ever before with a sharp decline in maternal mortality ratio (MMR) from 543 deaths per 100,000 live births in 1996 to 239 per 100,000 live births in 2016². Despite these achievements, Nepal still bears some of the highest mortality and morbidity rates amongst other developing countries³ and additional efforts are required to universalize the maternal health services.

The government of Nepal has made commitments to improve the maternal health services as evidenced by the provision of health as a fundamental human right guaranteed by the constitution of Nepal 2015, nation's commitment towards universal health coverage through new health policy 2014 and sustainable development goals. A considerable attention has also been placed by the country towards developing and expanding access to safe abortion service by all women. In Nepal, abortion law was liberalized in 2002. The current law allows abortion to perform under request and consent of the women up to 12 weeks of gestation for any indication, up to 18 weeks of gestation in the cases of pregnancy resulting of rape or incest, and at any time during pregnancy with the recommendation of authorized medical practitioner, if the life or physical/mental health of the pregnant woman is at risk or if the fetus is deformed and incompatible with life⁴. Ever since the liberalization of abortion law, Safe Abortion Services (SAS) have been an essential component of national safe motherhood program⁵. The need for equitable access of safe abortion services to female of reproductive age have also been emphasized by several plans, policies and national documents such as National Safe Abortion Policy, Medical Abortion Scale Up Strategy and National Safe Abortion Service Implementation Guidelines^{4, 6}.

Despite the liberalization of abortion law and favorable policy environments in place, the practice of unsafe abortion in Nepal remains unabated. A study done by CREPHA in 2014 reported that about six in ten (58%) of abortions were illegal. In mid-western

region, the proportion of illegal abortion was 51 percent⁷. The unsafe abortion remains a third leading cause of maternal mortality in Nepal and accounts for 7% of all maternal deaths⁸.

The utilization of safe and legal abortion services could be constrained by number of factors including lack of awareness on legal status of abortion, availability and location of safe abortion services; unfavorable socio-cultural beliefs towards abortion and fear of stigma⁹⁻¹¹. Fifteen years has passed since national safe abortion policy in 2003 emphasized on a need to raise awareness on new abortion policy, counter stigma and address unsafe abortion⁴. Yet only few women age 15-49 are aware that abortion is legal in Nepal^{2, 12-14}. The awareness is even lower among populations sub-groups; women in lowest wealth quintile, with lower education and living in rural areas are least aware of abortion law compared to their counterparts^{2, 12}.

The demographic and health survey of Nepal 2016 reported poor knowledge among reproductive age women regarding specific circumstances under which abortion is legal. Less than one in four women knew that abortion is legal for pregnancies up to 12 weeks' gestation without any indication. The study also reported that half of women age 15-49 years knew places where safe abortion services are available². Poor awareness and associated stigmas can have several negative implications upon women. It could lead women to pursue medical abortion pills from unreliable sources or clandestinely undertake unsafe abortion procedures^{11, 15}. Many authors have highlighted on the need to intensify efforts to educate women about abortion law, location for safe abortion services and at the mean time address the prevailing stigmas^{10, 12, 14, 16}.

Action Works Nepal (AWON), a non-profit non-government organization has been working on issues of safe abortion since 2014 with focus on uncovered areas of Karnali province. AWON is launching a three-year project (2018-2021) on “Access to safe abortion and contraceptive services for vulnerable, marginalized and uncovered areas in the Karnali region of Nepal”. This project aims to functionalize the health facilities with quality FP services and Medical Abortion (MA) services at 15 pre-existing Village Development Committees (VDCs) which represents 5 rural municipalities and 2 municipalities according to new local administrative structure. The project will develop skills of health workers through trainings and support

equipment and other logistics for uninterrupted quality services provision. It also aims to improve the knowledge of accessible safe abortion and family planning services for women and girls as well as reduce abortion stigma by educating on sexual and reproductive health rights. Women who need FP and abortion services can be benefitted from utilization of quality FP and abortion services at the nearest health facilities and also during mobile health camps organized at selected places from time to time.

Prior to project implementation, this proposed study will provide baseline information on knowledge status and attitude towards abortion and identify the awareness of abortion rights as well as contraceptive methods. Project activities that are focused on improving knowledge and attitude includes, bi-monthly meetings of women's health groups and health management committees to discuss the issues of awareness raising and quality service delivery on safe abortion and contraceptive services; door to door visit for interpersonal communication and awareness raising; provide SRHR education (focusing to comprehensive sexuality education) to school students (grade 8 to 12) targeting to adolescents girls/boys; media mobilization and Public Service Announcement (PSA)s from local radio/FMs; campaigning activities for awareness on SRHR focusing to the abortion rights and publication and distribution of awareness materials (i.e. leaflets/pamphlets etc.) to inform the community about abortion rights & contraceptive education.

1.2.Statement of the problem and rationale / Justification of the study

Few national level surveys have provided national and provincial level estimates on the awareness and knowledge on abortion law and contraceptive methods². However, the awareness and knowledge on abortion and contraceptives vary widely based on geographical region, wealth and/or education level^{12, 16}. Considering the unique geography, socio-cultural context and health system status, the awareness of reproductive age women on abortion might differ from that of national and provincial average and precise estimates are necessary for planning successful project interventions. Also, very little is known about the abortion related attitudes and stigmatizing beliefs among reproductive age women as evidenced by limited number of literatures available for Nepal. This study aimed to generate contextual evidence for filling a knowledge gap in Kalikot district in terms of women's awareness and

knowledge of abortion and contraceptive services. The evidence thus generated might serve as a useful baseline data for monitoring progresses of Action Works Nepal's project activities in reaching the community people with safe abortion and contraceptive services.

1.3. Research objectives

1.1.1. General objective

To assess the awareness and knowledge on abortion law and contraceptive methods and attitude towards abortion among women of reproductive age in Kalikot district

1.1.2. Specific objectives

- i. To estimate the proportion of WRA with awareness and knowledge on abortion law
- ii. To assess stigmatizing attitude towards abortion among women of reproductive age
- iii. To estimate the proportion WRA with knowledge on contraception methods

1.4. Study variables

Dependent variable

- a. Awareness and Knowledge on abortion law
 - Awareness that abortion is legal
 - Knowledge on legal conditions for abortion
 - Conditions on which abortion is illegal
 - Age limit for abortion without parental consent
 - Knowledge whether abortion is legal for unmarried
 - Knowledge on places that provide safe abortion
- b. Stigmatizing attitude towards abortion
 - Negative stereotype
 - Discrimination and exclusion
 - Fear of contagion

- c. Awareness and knowledge on contraceptive methods
 - Awareness on contraceptive methods
 - Knowledge on types of contraceptive methods
 - Knowledge on places that provide contraceptive methods

Independent variables

- a. Socio-Demographic variables include age, marital status, education, education of spouse/partner, occupation, occupation of spouse/partner, ethnicity
- b. Exposure to information sources
- c. Access to abortion and contraceptive services
- d. Past experience of abortion and contraceptive use

1.5. Conceptual framework

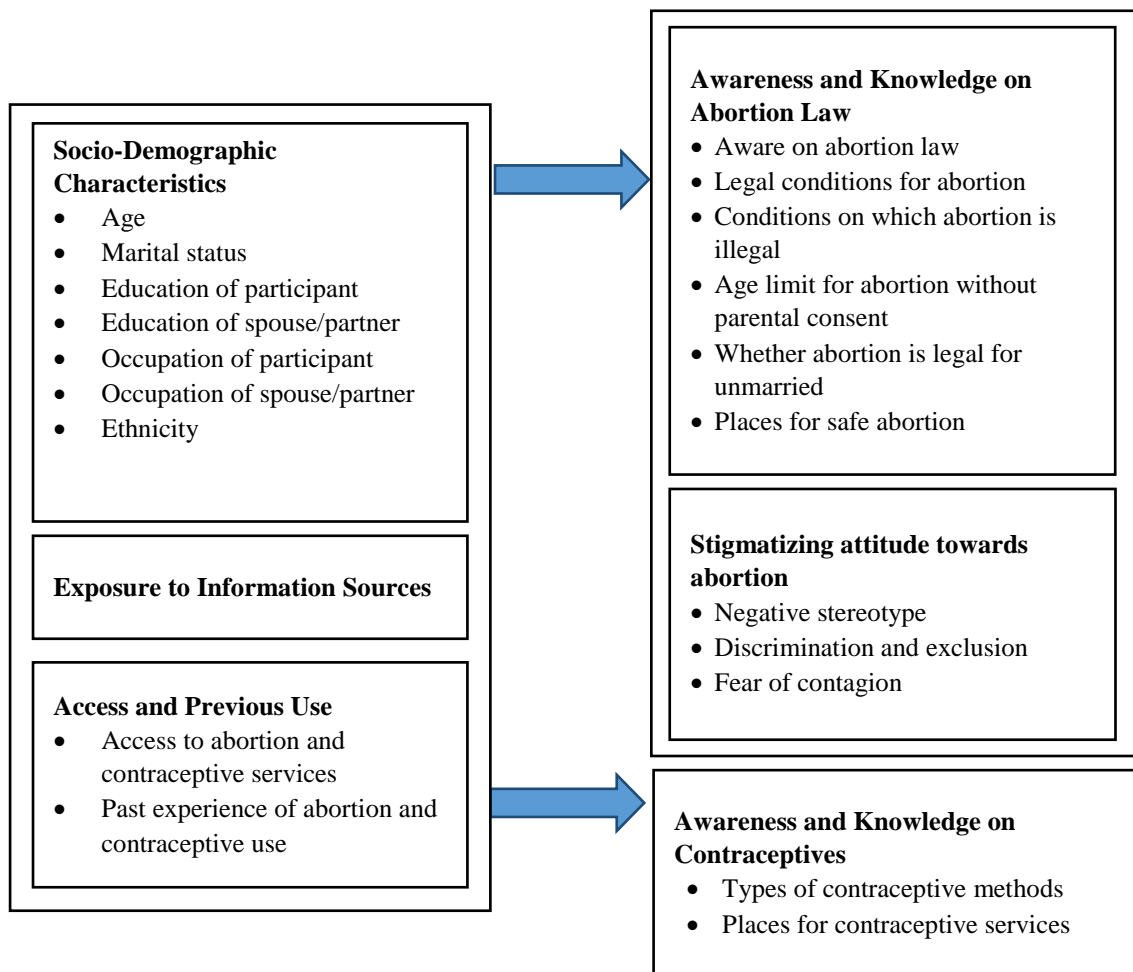


Figure 1: Conceptual framework of the study

1.6. Operational definitions

Ethnicity: Ethnicity was categorized into six groups: dalit, disadvantaged janajatis, disadvantaged non dalit terai people, religious minorities, relatively advantaged janajatis and upper caste people³⁴. Ethnicity classification card (Annex V) was used to classify family into each ethnic group. For further analysis, it was dichotomized as privileged and underprivileged ethnic groups. Privileged ethnic groups comprised of upper caste people and relatively advantaged janajatis while underprivileged group included dalit, disadvantaged janajatis, disadvantaged non dalit terai people and religious minorities.

Stigmatizing attitude: The stigmatizing attitude of women was measured for each of the 18 items in the SABAS tool. The scores ranging from strongly disagree (score 1) to strongly agree (score 5) were dichotomized. Those scoring 3-5 (agree) were considered having stigmatizing attitudes, and scores of 1-2 (disagree) were considered non-stigmatizing attitudes. For the statement "a woman who has had an abortion might encourage other women to get abortions", the item scores were reversed before dichotomization.

Negative stereotyping: The negative stereotyping attitude of women was measured using five point Likert Scale (strongly disagree, disagree, neutral, agree and strongly agree) and included eight statements from the SABAS tool. The score obtained by the participant in each statement was added; the minimum score to be obtained by the participant was 8 and maximum score was 40. Those who scored more than or equal to 24 was considered to have negative stereotype.

Exclusion and discrimination: The exclusion and discrimination attitude of women was measured using five point Likert Scale (strongly disagree, disagree, neutral, agree and strongly agree) and included seven statements from the SABAS tool. The seventh statement had a positive statement and hence its score was reversed. The score obtained by the participant in each statement was added; the minimum score to be obtained by the participant was 7 and maximum score was 35. Those who scored more than or equal to 21 was considered to have exclusion and discriminatory attitude.

Fear of contagion: The fear of contagion was measured using five point Likert Scale (strongly disagree, disagree, neutral, agree and strongly agree) and included three statements from the SABAS tool. The score obtained by the participant in each statement was added; the minimum score to be obtained by the participant was 3 and maximum score was 15. Those who scored more than or equal to 9 was considered to have fear of contagion.

CHAPTER II: METHODOLOGY

2.1. Study method

A quantitative method was used in this study

2.2. Type of study

This study followed a descriptive cross sectional method using primary data.

2.3. Study site and its justification:

Kalikot district was selected for this study. Kalikot is one among ten districts of Karnali province, a mid-western hilly region. The district has an area of 1741 square kilometers with a population of 136587. It is one of the districts with lowest human development index (0.374)¹⁷. The district is administratively divided into three municipalities and six rural municipalities¹⁸. This study was carried in 15 pre-existing VDCs of Kalikot district which recently represents five rural municipalities and two municipalities of the district. The list of study sites has been presented in the Annex IV. These study sites were chosen to represent the project implementation areas of Action Works Nepal for its project to increase access to safe abortion and contraceptive services.

2.4. Study population

The study population included all women of reproductive age (15-49 years) residing in 15 pre-existing Village Development Committees (VDCs) of Kalikot. The sampling unit was household and the study unit was Woman of Reproductive Age.

2.5. Sample size

The sample size calculation was based on single population proportion formula¹⁹. Using a reliability coefficient 1.96 at 95% level of confidence, absolute degree of precision of 0.10, proportion of females age 15-49 with awareness on legalization of abortion 41% (NDHS, 2016), design effect 2 and non-response rate of 10%, a sample size of 205 was calculated.

2.6. Sampling method

The study used a Probability Proportionate to Size (PPS) sampling to get a representative sample. Altogether 30 wards, the primary sampling units (PSU) were selected (Annex VII). For selecting the PSU, a list of wards of all fifteen pre-

existing VDCs was created and desired number of clusters (30) was withdrawn. Following the selection of clusters, list of all households of the selected clusters was prepared by enumerators for sampling frames. Seven sampling units (households) were selected from each cluster by systematic random sampling method using the available list. One eligible respondent was recruited per household. Where more than one eligible WRA was found in the selected household, a lottery method was used to determine a women to be interviewed. Where the eligible participant was not found in systematically selected house, the nearest household in either of the direction was included.

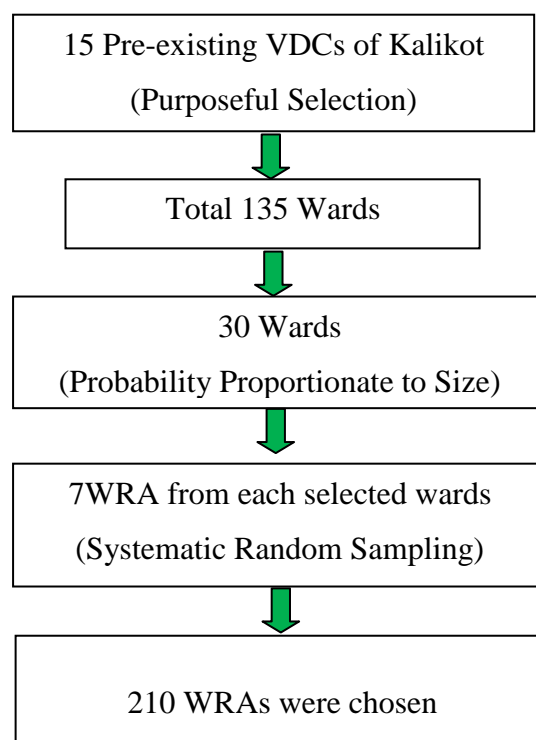


Figure 2: Sampling flow

2.7.Criteria for sample selection

2.7.1. Inclusion criteria

Females of reproductive age (15-49 years) irrespective of marital status were included in the study.

2.7.2. Exclusion criteria

Females with serious illness, including those who could not talk and hear and who were involuntary during the time data collection were excluded as their awareness and knowledge status could not be measured adequately.

2.8. Data collection tool

Data collection tool was adapted and developed based on Stigmatizing Attitudes, Beliefs and Actions Scale (SABAS) tool, Nepal Demographic and Health Survey (NDHS) questionnaire and other published articles on safe abortion^{2, 12, 20}. The study tool was divided into four major sections; basic information, socio—demographic characteristics, questions relating to abortion and questions relating to contraceptive methods and services.

2.9. Data collection method and technique

The data collection was performed in November 2018. Seven field enumerators who are the residents of Kalikot with prior field experience in data collection and with a minimum of a diploma level education were deployed for obtaining consent and collecting data. Enumerators were provided with three days' orientation on overall methodology as well as interview techniques, handling ethical issues and communication skills. A structured questionnaire was administered to participants using face to face interview technique by conducting household visits. Prior to data collection, all women aged 15-49 years living in the selected households were requested to participate in the study. However, only one woman per household was selected for interview. The purpose of the study was explained to the study participants or parents and written informed consent was secured. Assurance for privacy and confidentiality was also done. Confidentiality of the information was ensured by coding the questionnaire. In order to ensure privacy, the interview was undertaken privately in separate area. No remuneration was provided to the participants.

2.10. Validity and reliability of study tool

A Stigmatizing Attitudes, Beliefs and Actions Scale (SABAS) with a coefficient alpha of 0.9 was used for measuring belief and attitude towards abortion²⁰. This scale has the potential for application in different country settings. For awareness and knowledge on abortion and contraceptive methods, pertinent questions were adapted from a standardized Nepal Demographic and Health Survey 2016 questionnaire². In

order to enhance the face and content validity of the tool, questionnaire was assessed by experts for its content, organization, appropriateness as well as logical flow of the instrument. Extensive literature review also enhanced the validity of study tool.

The tool was pretested among 20 female participants at Manma, Kalikot during which the translation and understanding of the questionnaire was checked and corrections were made to the wording of questions and overall layout to clarify meaning. Internal consistency of SABAS scale in local setting was ascertained by calculating Cronbach's alpha using IBM SPSS. We obtained the Cronbach's alpha value of 0.76. This value was higher than the conventionally accepted value of 0.70 or higher, hence it was accepted. The tool was translated in Nepali language for administration and back translated into English.

2.11. Data management and analysis

The questionnaires were checked for completeness and consistency immediately after filling up by respective enumerators. The data were recorded using a numerically assigned code (one code to each participant throughout the study period) and all other identifiers (for instance, name) were removed. Data entry form was developed in EpiData Entry version 3.1 by the principal investigator and trained person entered data in the data entry sheet. Check file was used to control the entry of illegal values and "must enter" options was used for all applicable questions to reduce the chances of skipping data entry for any field. The entered data was exported to IBM Statistical Package for Social Sciences (SPSS) version 23. Before subjecting the data to analysis, inconsistencies were addressed and outliers were dropped. Descriptive statistics (frequency and percentage) was used to describe the distribution of the study participants and the study variables. Similarly, distribution of outcomes and major independent variable was presented in frequency and percentage.

2.12. Limitation of the study

Since this survey is limited to 15 pre-existing VDCs of Kalikot chosen purposefully due to its remoteness and its relevance with the AWON project, the findings may not be generalizable to the entire Karnali region.

Measuring attitudes and beliefs quantitatively is complex, and may be seen to be over simplifying complex phenomena.

2.13. Supervision and monitoring

The enumerators were closely supervised by Kalikot based Capacity Building and Advocacy Officer of AWON who was assigned as local supervisor to ensure data quality on a daily basis. During supervision, data were checked for their completeness and accuracy. Incorrect, unacceptable and doubtful responses were assessed again.

2.14. Ethical considerations

Ethical approval was obtained from an independent Ethical Review Board (ERB) at Nepal Health Research Council (NHRC). Formal permission to conduct this study was also obtained from District Health Office, Kalikot and respective (rural) municipalities. Prior to data collection, written consent was taken from the participants. In case of participants aged 15-18 years, a written consent was also taken from their parent or legal guardian. For obtaining an informed consent, the participants and/or parents were thoroughly explained about the purpose and procedures of the study. They were also informed about their right to voluntary participation.

Coding and aggregate reporting was used to eliminate participant's identification and to ensure anonymity. Those participants who were not aware of the legalization of abortion were provided with correct information after filling the questionnaire.

CHAPTER III: RESULTS

This chapter has been organized into four broad sections. In the first section, general characteristics of the study population are presented. In the second section, the awareness and knowledge of women on abortion law has been described. The awareness of women on contraceptive methods has been presented in the third section. The fourth section describes the stigmatizing attitudes and beliefs of women of reproductive age towards abortion.

3.1. Socio-demographic characteristics of the study population

Table 1 presents the description of the socio-demographic characteristics of the study population. The mean age of respondents was 27.9 years (standard deviation; SD= 6.8 years). More than one fourth of the participants (27.6%) belonged to disadvantaged ethnic group; the majority of whom were dalits (the oppressed). One third of the respondents were illiterate and similar proportion (34.8%) of women had less than primary education. More than half of the women (54.8%) worked solely as homemaker. One in three women (35.2%) reported that they were engaged in agriculture sector in addition to their roles as homemaker.

Majority (79.5%) of the respondents in this study were married. One in five of the married women (19.5%) responded that their husbands were illiterate. While more than half (57.5%) of the married women had their husbands engaged in agricultural works, about one in three (32.4%) husbands were engaged in non-agricultural works such as petty business, government and non-government service and labor works.

Table 1: Socio-demographic characteristics of the study population

	n=210	
Socio-Demographic Characteristics	Number	Percent
Age (in years)		
Less than 20	23	11.0
20-24	56	26.7
25-29	47	22.4
30-34	31	14.8
More than 34	53	25.2
Ethnicity		
Disadvantaged ethnic group	58	27.6
Advantaged ethnic group	152	72.4
Education status		
Illiterate	70	33.3
Non formal/ Primary (≤ 5)	73	34.8
Some Secondary(6-10)	36	17.1
SLC/SEE and higher	31	14.8
Occupation Status		
Homemaker	115	54.8
Agriculture	74	35.2
Non-agriculture	11	5.2
Student	10	4.8
Marital Status		
Married	167	79.5
Unmarried	43	20.5
Husband's Education (n=197)		
Illiterate	41	19.5
Non formal/ Primary (≤ 5)	34	16.2
Some Secondary (6-10)	28	13.3
SLC/SEE and higher	64	30.5
Husband's Occupation (n=197)		
Agriculture	96	57.5
Non-agriculture	54	32.4
Unemployed	17	10.2

3.2.Awareness and knowledge on abortion law

Overall, more than one in three (36.7%) women age 15-49 were aware that abortion is legal in Nepal. Women who thought that abortion is legal in Nepal were further asked about the circumstances allowing legal abortion. Just more than one in four (27.3%) women age 15-49 knew that abortion is legal for any women with pregnancies up to 12 weeks' gestation. Women were least aware of the legal conditions for abortion at later stages of pregnancy. For instance, only 13% women reported that abortion is legal for pregnancies up to 18 weeks' gestation in the case of rape or incest. Furthermore, just less than one in ten (9.1%) respondents knew that abortion is legal for pregnancy of any duration in mother's life is at risk. More than two in five (42.9%) women reported that abortions can be performed if a woman has too many children (Table 2).

Moreover, women who were aware that abortion is legal in Nepal were asked about the circumstances on which abortion is prohibited by the law. Just one in ten (11.0%) women reported that abortion would be illegal for sex selection. Similarly, 9.5% responded that the abortion would be illegal if it was done without the consent of the woman (Table 2).

More than two in five (42.9%) women who were aware about the liberalization of abortion thought that the abortion was legal only for married woman. Furthermore, only one in five (20.8%) women knew that the women age below 16 years would require consent from a parent or guardian for legal abortion (Table 2).

Table 2: Awareness and knowledge on abortion law

	n=210	
Characteristics	Number	Percent (95% CI)
Awareness that abortion is legal	77	36.7 (30.5-43.4)
Knowledge on legal conditions for abortion (n=77)		
Pregnancy of 12 weeks of less gestation for any woman	21	27.3
Pregnancy of 18 weeks if it is a result of rape or incest	10	13.0
Pregnancy of any duration if mother's life is at risk	7	9.1
Pregnancy of any duration if mother's physical and mental health is at risk	11	14.3
If fetus is deformed	6	7.8
If one has too many children	33	42.9
Knowledge on conditions in which abortion is illegal (n=77)		
Sex selective abortion	23	11.0
Without the consent of pregnant woman	20	9.5
Conditions other than those prescribed by the law	11	14.3
Women who thought that abortion is legal for only married (n=77)	33	42.9
Correct knowledge of age below which aparental consent is required for abortion (n=77)	16	20.8

Overall, 69% (95% CI: 62.5-74.9) women age 15-49 reported having a knowledge of a place where safe abortion services can be obtained. Among these women who reported knowing places for safe abortion, majority (91.7%) mentioned government sectors such as hospital, health post, PHCC, PHC-ORC and FCHV. Just less than one in three women reported that abortion services can be obtained from private sector hospitals, clinics or pharmacies. Only 8.3% women reported knowing non-government facilities (FPAN and Marie Stopes Center) where safe abortion services can be obtained (Table 3).

Table 3: Knowledge of places for safe abortion

Characteristics	Number	n=210
		Percent (95% CI)
Knowledge of places for safe abortion	145	69.0 (62.5-74.9)
Places of safe abortion(n=145)		
Government sector	133	91.7
Private sector	47	32.4
Non-government sector*	12	8.3

*Note: Non-government sectors included FPAN and Marie Stopes

All 210WRA (15-49 year) of this study were asked if they had ever utilized an abortion service. About one in ten women (9.5%; 95% CI: 6.3-14.3) reported the use of abortion services (Table 4). Of these women reporting utilization of abortion service, two were unmarried.

Table 4: Use of abortion services

Characteristics	n=210	
	Married n(%)	Unmarried n(%)
Use of abortion services		
Yes	18 (90.0)	2 (10.0)
No	149 (78.4)	41 (21.6)

Table 5 shows the sources of information from which women reported hearing about safe abortion services. Three in five women age 15-49 reported hearing about safe abortion services from their friends and neighbors. Health workers/pharmacists were the source of information for about one quarter of women (26.7%). Similar proportion (22.9%) of women heard about abortion services from FCHVs. Just 5.7% of the women reported hearing about abortion services through mother's group. IEC materials such as posters, pamphlets and billboard were the least likely sources of information (2.4%).

Table 5: Sources of information on safe abortion services

	n=210	
Characteristics	Number	Percent
Sources of information for safe abortion		
Health workers/ Pharmacists	56	26.7
FCHVs	48	22.9
Radio TV	18	8.6
Poster/pamphlets/IEC/billboard	5	2.4
Friends/ Neighbors	127	60.5
Family	47	22.4
Women's group/ Mother's group	12	5.7

3.3.Awareness and knowledge on FP methods

The awareness of FP methods among women age 15-49 is nearly universal. 98.1% women had heard about family planning. Women who were aware of family planning were further asked about different methods of contraceptives they had known. The most commonly known methods were injectable (98.1%) and female sterilization (96.1%) followed by male condom (94.2%), contraceptive pills (92.7%) and implants (91.7%). However, only one in five (20.9%) women had known about lactation amenorrhea method (LAM) and 14.1 percent had known about emergency contraceptives (Table 6).

Table 6: Awareness and knowledge on family planning methods

n=210

Characteristics	Number	Percent (95% CI)
Heard about FP method	206	98.1 (95.2-99.3)
Knowledge on types of FP methods (n=206)		
Female sterilization	198	96.1
Male sterilization	184	89.3
IUCD	114	55.3
Implant	189	91.7
Injectable	202	98.1
Pills	191	92.7
Condom	194	94.2
Emergency Contraceptives	29	14.1
LAM	43	20.9

Of 206 female participants who were aware of FP methods, 86.9% (95% CI: 81.6-90.8) reported having a knowledge of a place where such FP services can be obtained. Among 179 women who reported knowing places for contraceptive services, majority (98.3%) mentioned government sectors such as hospital, health post, PHCC, PHC-ORCs, satellite clinics and FCHVs. Nearly about two in five (37.4%) women reported that family planning services can be obtained from private sector hospitals, clinics or pharmacies. However, only 12.8% reported knowing non-government facilities (FPAN and Marie Stopes Center) that offer family planning services (Table 7).

Table 7: Knowledge of places for family planning

n=210

Characteristics	Number	Percent (95% CI)
Know where FP is available	179	86.9 (81.6-90.8)
Places that provide FP methods (n=179)		
Government Sector	176	98.3
Private Sector	67	37.4
NGO Sector*	23	12.8

*Note: Non-government sectors included FPAN and Marie Stopes

All the respondents of this study were asked whether they had ever used any methods of family planning. Overall, two in five women (42.7%;95% CI: 36.2-49.55) reported the use of contraceptives. Of these women who reported ever use of FP services, 7 were unmarried (Table 8).

Table 8: Use of family planning service

Characteristics	n=206	
	Married n (%)	Unmarried n(%)
Use of family planning service		
Yes	81 (92.0)	7 (8.0)
No	82 (69.5)	36 (30.5)

Table 9 shows the sources of information from which women reported hearing about family planning methods and services. About two in three(67.5%) women age 15-49 reported hearing about family planning from their friends and neighbors. Also, FCHVs were chief sources of information for family planning at community levels (65.5%). Health workers/pharmacists were the source of information for more than two in five women (44.7%). Only 12.6% of the women reported hearing about family planning from mother's group. IEC materials such as posters, pamphlets and billboard were the least likely sources of information (5.3%).

Table 9: Sources of information on family planning methods

Characteristics	n=206	
	Number	Percent
Sources of information on family planning methods		
Health workers/ Pharmacists	92	44.7
FCHVs	135	65.5
Radio TV	28	13.6
Poster/pamphlets/IEC/billboard	11	5.3
Friends/ neighbors	139	67.5
Family	62	30.1
Women's group/ Mother's group	26	12.6

3.4. Attitude towards abortion

Attitudes and beliefs of the study participants towards woman who has had an abortion was measured using a SABAS tool based on five point Likert scale.

3.4.1. Negative stereotyping

Of 210 participants, nearly one in two (45.2%) believed that the woman who has an abortion is committing a sin. One in three (29.0%) women agreed to the statement that a woman who once undertakes an abortion, would make it a habit. Also, the respondents agreed that the woman who has an abortion brings shame to her family (30.5%), and community (29.5%) and such woman cannot be trusted (32.4%). Three in ten (31.4%) women said that a woman who experiences abortion might also encourage other women to get such services. More than half (55.7%) of the respondents believed that the health of a woman who undertakes an abortion will never be good as it was before the abortion.

Table 10: Stereotyping attitudes towards women who has an abortion

Statements	n=210	
	Stigmatizing attitude (Score 3-5) n (%)	Non-stigmatizing attitude (Score 1-2) n (%)
A woman who has an abortion is committing a sin	95 (45.2)	115 (54.8)
Once a woman has an abortion, she will make it a habit	61 (29.0)	149 (71.0)
A woman who has had an abortion cannot be trusted	68 (32.4)	142 (67.6)
A woman who has an abortion brings shame to her family	64 (30.5)	146 (69.5)
The health of a woman who has an abortion is never as good as it was before the abortion	117 (55.7)	93 (44.3)
A woman who has had an abortion might encourage other women to get abortions	66 (31.4)	144 (68.6)
A woman who has an abortion is a bad mother	79 (37.6)	131 (62.4)
A woman who has an abortion brings shame to her community	62 (29.5)	148 (70.5)

3.4.2. Exclusion and discrimination

The exclusion and discriminatory attitudes of the participants toward women who has an abortion was assessed using seven statements based on five point Likert scale. Nearly half (47.6%) of the respondents agreed that a women with abortion should be excluded from availing religious services. Furthermore, the respondents said that they would tease woman (19.0%) and disgrace them in the community for having an abortion (21.4%) and stop being friend with them (23.8%). One in three women (29.5%) believed that a man should not marry women having an abortion as she would not be able to bear children. Moreover, one third (33.3%) respondents disagreed for a woman with an abortion to be treated the same as everyone else.

Table 11: Exclusion and discriminatory attitudes towards woman who has an abortion

Statements	n=210	
	Stigmatizing attitude (Score 3-5) n (%)	Non-stigmatizing attitude (Score 1-2) n (%)
A woman who has had an abortion should be prohibited from going to religious services	100 (47.6)	110 (52.4)
I would tease a woman who has had an abortion so that she will be ashamed about her decision	40 (19.0)	170 (81.0)
I would try to disgrace a woman in my community if I found out she'd had an abortion	45 (21.4)	165 (78.6)
A man should not marry a woman who has had an abortion because she may not be able to bear children	62 (29.5)	148 (70.5)
I would stop being friends with someone if I found out that she had an abortion	50 (23.8)	160 (76.2)
I would point my fingers at a woman who had an abortion so that other people would know what she has done	38 (18.1)	172 (81.9)
A woman who has an abortion should be treated the same as everyone else	70 (33.3)	140 (66.7)

3.4.3. Fear of contagion

The respondent's fear of contagion from women who has an abortion was assessed using three statements based on five point Likert scale. One third (33.3%) respondents believed that a woman with abortion could make other people fall ill. Similar proportion (33.8%) of respondents agreed that a woman who has an abortion should be isolated from other people for a month. About two in five women (41.9%) believed that a man would be infected with a disease if he had a sex with women who had an abortion.

Table 12: Fear of contagion from women who has an abortion

Statements	n=210	
	Stigmatizing attitude (Score 3-5) n (%)	Non-stigmatizing attitude (Score 1-2) n (%)
A woman who has an abortion can make other people fall ill or get sick	70 (33.3)	140 (66.7)
A woman who has an abortion should be isolated from other people in the community for at least 1 month after having an abortion	71 (33.8)	139 (66.2)
If a man has sex with a woman who has had an abortion, he will become infected with a disease	88 (41.9)	122 (58.1)

Stigmatizing attitudes, beliefs and actions were calculated under three domains; stigmatizing attitudes, discrimination and exclusion and fear of contagion. This was done using a five point Likert Scale (strongly disagree, disagree, neutral, agree and strongly agree) and included eight, seven and three statements respectively from the SABAS tool. For the positive statements in the tool, score was reversed. The score obtained by the participant in each statement was added; the minimum score to be obtained by the participant was equal to the number total statements in respective domains and maximum score was obtained by multiplying the total number of statements in the respective domain by 5. Those scoring more than or equal to average of the minimum and maximum scores was considered having stigmatizing attitudes and beliefs (the details have been presented in chapter 1; operational definition). Overall, one third (32.4%) women age 15-49 had negative stereotypes and 13.8% had exclusion and discriminatory attitudes towards women who has had an abortion.

Moreover, one third of the respondents had a fear of contagion to be spread from a woman who has an abortion.

Table 13: Stigmatizing attitudes, beliefs and action

	n=210	
Attitudes and beliefs	Number	Percent
Negative stereotypes	68	32.4
Discrimination and exclusion	29	13.8
Fear of contagion	76	36.2

CHAPTER IV: DISCUSSIONS

We conducted this study to assess the awareness and knowledge on abortion law and contraceptive methods and their attitude towards abortion among women of reproductive age in Kalikot district. Our findings show low knowledge on the legal status of abortion and moderate to high levels of stigmatizing attitudes and beliefs among women of reproductive age.

Access to safe abortion is mediated by women's awareness of the law. However, despite more than decades have passed since abortion law was liberalized, Nepalese women are facing major obstacles such as lack of awareness of the liberalized abortion law. In our study, overall 36.7% women knew that abortion is legal in Nepal. This finding was comparably similar to the results of demographic and Health Survey 2016 which reported that 33% of women in Karnali province were aware on the legalization of abortion²¹.

Nevertheless, considerable proportion of women lack in-depth knowledge on the legal conditions of abortion. Although more than one-fourth women with awareness on legal abortion knew that abortion is legal for any women upto 12 weeks' pregnancy, only one-tenth knew that abortion is allowed at any stage of pregnancy to save the life of a pregnant woman. Poor awareness might often be the result of factors such as poor information, illiteracy and lack of access to services. The adult literacy rate in Kalikot is only 45.30 percent which is nearly half compared to Kathmandu (the national capital)¹⁷. Such poor literacy might have contributed to poor knowledge on conditions of abortion law.

Although Nepal has a liberal legal framework for safe abortion, the existing poor knowledge and stigmatizing attitudes can become a significant bottleneck for women's access to safe abortion and reproductive health services. For example, in Ethiopia, despite the legalization of safe abortion services, over 50% of all women seek abortions outside of health facilities and outside the reach of trained health workers²². Also, in India, 78% of abortions occur outside of health facility despite abortion law and majority of them do not meet the conditions for legality²³. Even in Nepal, although abortion has been legal for more than a decade, unsafe abortions are estimated to be 58%. This could be attributable to many significant barriers such as

inadequate access to public-sector facilities coupled with stigma, and poor understanding of the law among women^{15, 24, 25}.

A considerable proportion of women in this study were found to have stigmatizing beliefs and attitudes towards safe abortion. Stigmatization of the topic is likely to prevent women from seeking abortion related information²⁶. The efforts of government and non-government organizations towards changing community knowledge and attitudes can be challenging particularly when the topic is stigmatized. Thus, interventions to disseminate accurate information on the legal context are necessary. A study from Jharkhand, India indicated that behaviour change communication can be effective method in improving knowledge and perceptions of women in settings where abortions are stigmatized²⁷.

In our study, only few women age 15-49 reported mother's group as their source of information for safe abortion and family planning. This might be because the health mother's groups in the study areas are either inexistent or less functional. Studies from low and middle income countries including Nepal suggest that community mobilization involving women's group can provide promising results in terms of improving awareness and use of maternal health services including abortion and family planning in rural settings²⁸⁻³⁰. Therefore in rural settings like Kalikot, reforming and revitalizing mother's group and engaging them in the participatory actions are more likely to build positive outcomes.

Also only one in ten participants in our study reported that they had heard about safe abortion services from FCHVs. However, Nepal has an established system of Female Community Health Volunteers (FCHVs), who, if trained and engaged effectively, have the potential to improve awareness of legal abortion and referrals to safe abortion sites. Community health workers like FCHVs can serve as important change agents in improving awareness and decreasing stigma and abortion in rural areas³¹.

In developing countries, about three quarters of all unintended pregnancies occur among women using no method of contraception³². Greater contraceptive knowledge, its access and use can thus drastically reduce safe and unsafe abortion by reducing unintended pregnancies. In our study, the contraceptives' awareness of Kalikot women was found nearly universal. Similar finding was reported by demographic and health

survey 2016 at national and provincial level.²Also, majority of women reported knowing a place where contraceptive services are available. Although this is encouraging from the public health point of view, in rural settings, the factors such as contraceptive security, socio-cultural barriers, and concerns about possible risks and side effects coupled with FP myths and misconceptions could constrain women's access to and use of contraceptives. Interventions to address barriers at both demand and supply sides might be necessary³³.

To the best of our knowledge, this is one of the first few studies attempting to assess the stigmatizing attitudes of WRA using a SABAS scale. Therefore, we couldn't relate our findings to other published literatures owing to the limited number of studies available on related topic. Considering the literacy rate of study population, we didn't consider it feasible to self-administer the SABAS questionnaire. Thus, the interviewer was privy to the information disclosed and respondents may have been influenced into making more positive statements through social desirability bias. Moreover, abortion stigma is a complex phenomenon and operates in a variety of ways³⁴. Therefore, cautions might be necessary when interpreting the results given the quantitative nature of the study and the use of limited set of questions. Despite these limitations, the results of this study will be useful for district and palika health authorities, program decision makers and those in academia.

CHAPTER V: CONCLUSIONS

In conclusion, our study indicated that knowledge of women about the legalization of abortion was low. Moreover, still significant proportions of women have stigmatizing attitudes toward abortion. Thus, it is recommended that considerable emphasis should be given on awareness creation and comprehensive behavior change communication programs on a local basis. Engaging community health volunteers and women's group through participatory actions could be some feasible and practicable options for Kalikot district.

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Annex I: Consent and assent forms

कालिकोट जिल्लाका निश्चित नगरपालिका र गाउँपालिकामा रहेका प्रजनन् उमेर (१५-४९ वर्ष) का महिलाहरूमा गर्भपतन र परिवार नियोजनका साधनहरू सम्बन्धी ज्ञान र धारणाको अध्ययन-२०७५

सुसूचित सहमति फारम

नमस्कार, मेरो नाम हो । म हाल एक्सन वर्क्स नेपाल भन्ने संस्थामा सामुदायिक सहजकर्ताको रूपमा कार्यरत छु । यस संस्थाले कालिकोट जिल्लाका केही नगरपालिका र गाउँपालिकामा रहेका प्रजनन् उमेरका महिलाहरूमा गर्भपतन र परिवार नियोजनका साधनहरू सम्बन्धी ज्ञान र धारणा कस्तो छ भन्ने विषयमा अध्ययन गरिरहेको छ । त्यसै क्रममा म यहाँ तथ्यांक लिन आएको हुँ ।

यस अध्ययनमा भाग लिन अनुरोध गर्दै म तपाइलाई केही जानकारी दिन लागिरहेको छु । यो अध्ययनको लक्षित समुह प्रजनन् उमेर (१५-४९) का महिलाहरू हुनेछन् । म तपाईसँग व्यक्तिगत सामाजिक र जनसांख्यिक विवरणका साथै गर्भपतन र परिवार नियोजनका बारेमा ज्ञान र धारणासंग सम्बन्धित केही प्रश्नहरू सोध्नेछु ।

अध्ययनको सिलसिलामा तपाई र तपाईको परिवारको बारेमा प्राप्त बारेमा प्राप्त जानकारीको पूर्ण गोपनीयता कायम गरिनेछ । यो सूचना यो अध्ययनको उद्देश्यको लागि मात्र प्रयोग गरिनेछ र अध्ययनसंग सम्बन्धित नभएको कुनै पनि व्यक्ति वा संस्थासंग यो सूचना बाडिने छैन । नामको सट्टामा कोड को प्रयोग गरि तपाईका परिचय गोप्य राखिनेछ ।

यस अनुसन्धानमा भाग लिने वा नलिने निर्णय गर्न तपाई स्वतन्त्र हुनुहुन्छ । तपाई निर्बाध रूपमा कुनै पनि बेला अन्तर्वार्ताबाट अलग हुन सक्नुहुनेछ साथै कुनै विनिर्दिष्ट प्रश्नको उत्तर नदिन पनि सक्नुहुन्छ ।

यो अन्तर्वार्ता लगभग २० देखि २५ मिनेटको हुनेछ । तपाईहरूलाई यस बारेमा केही सोध्नु छ ?

के तपाई सहभागी हुन चाहनुहुन्छ ?

चाहन्न..... अन्तर्वार्ता वा छलफल यही टुङ्ग्याउने र धन्यवाददिने
चाहन्छुअन्तर्वार्ता वा छलफल शुरु गर्न मन्जुरीनामामा सहि लिने र सुरु गर्ने ।

सहभागीको सही

सहभागीको नाम थर

मिति २०७४/...../.....

निरक्षर सहभागीको लागि एक जना साक्षर साक्षिले हस्ताक्षर गर्नुपर्ने छ र निरक्षर सहभागीले औंठा छाप लगाएको हुनुपर्ने छ ।

साक्षीको सही

साक्षीको नाम थर

सहभागीसँगको नाता

मिति २०७४/...../.....

सहभागीको बुढीऔलाको ल्याप्ने	
दायाँ	बायाँ

कालिकोट जिल्लाका निश्चित नगरपालिका र गाउँपालिकामा रहेका प्रजनन् उमेर (१५-४९ वर्ष) का महिलाहरूमा गर्भपतन र परिवार नियोजनका साधनहरू सम्बन्धी ज्ञान र धारणाको अध्ययन-२०७५

अभिभावकको सुसूचित सहमति फारम

नमस्कार, मेरो नाम हो । म हाल एक्सन वर्क्स नेपाल भन्ने संस्थामा सामुदायिक सहजकर्ताको रूपमा कार्यरत छु । यस संस्थाले कालिकोट जिल्लाका केही नगरपालिका र गाउँपालिकामा रहेका प्रजनन् उमेरका महिलाहरूमा गर्भपतन र परिवार नियोजनका साधनहरू सम्बन्धी ज्ञान र धारणा कस्तो छ भन्ने विषयमा अध्ययन गरिरहेको छ । त्यसै क्रममा म यहाँ तथ्यांक लिन आएको हुँ ।

यो अध्ययनमा तपाईं आफ्नो छारीलाई भाग लिन अनुमति दिनुहोस भनि अनुरोध गर्दै म तपाईंलाई जानकारी दिन लागि रहेको छु । यो अध्ययनको लक्षित समुह प्रजनन् उमेर (१५-४९) का महिलाहरू हुनेछन् । म तपाईंकी छोरीसँग व्यक्तिगत सामाजिक र जनसांख्यिक विवरणका साथै गर्भपतन र परिवार नियोजनका बारेमा ज्ञान र धारणासंग सम्बन्धित केही प्रश्नहरू सोध्नेछु ।

अध्ययनको सिलसिलामा तपाईंको पारिवारिक र तपाईंकी छोरीका बारेमा प्राप्त जानकारीको पूर्ण गोपनीयता कायम गरिनेछ । यो सूचना यो अध्ययनको उद्देश्यको लागि मात्र प्रयोग गरिनेछ र अध्ययनसंग सम्बन्धित नभएको कुनै पनि व्यक्ति वा संस्थसंग यो सूचना बाडिने छैन । नामको सट्टामा कोडको प्रयोग गरि परिचय गोप्य राखिनेछ ।

यस अध्ययनमा तपाईंकी छोरीलाई सहभागी गराउने वा नगराउने निर्णय गर्न तपाईं स्वतन्त्र हुनुहुन्छ । तपाईंकी छोरी निर्बाध रूपमा कुनै पनि बेला अन्तर्वार्ताबाट अलग हुन सक्नुहुनेछ साथसाथै कुनै विनिर्दिष्ट प्रश्नको उत्तर नदिन पनि सक्नुहुन्छ । अहिले भाग लिन निर्णय गरेपछि मन फेरियो भने तपाईंले कुनै पनि बेला अध्ययनबाट आफ्नो छोरीलाई भाग लिनबाट रोक्न सक्नु हुनेछ ।

यो अन्तरवार्ता लगभग २० देखि २५ मिनेटको हुनेछ । तपाईंहरूलाई यस बारेमा केही सोध्नु छ ?

के तपाईं यस अध्ययनमा आफ्नो छारीलाई भाग लिन अनुमति दिनुहुन्छ ?

दिन्न..... अन्तरवार्ता वा छलफल यही टुङ्ग्याउने र धन्यवाद दिने
दिन्छु अन्तरवार्ता वा छलफल शुरु गर्न मन्जुरीनामामा सहि लिने र सुरु गर्ने ।

आमा/बाबु/अभिभावकको सही

आमा/बाबु/अभिभावकको नाम थर

सहभागीसँगको नाता (यदि अभिभावक भएमा)

सहभागीको नाम थर

मिति २०७४/...../.....

अभिभावकको बुढीऔलाको ल्याप्चे	
दायाँ	बायाँ

निरक्षर अभिभावकको लागि एक जना साक्षर साक्षिले हस्ताक्षर गर्नुपर्ने छ र निरक्षर अभिभावकले औंठा छाप लगाएको हुनुपर्ने छ ।

साक्षीको सही

साक्षीको नाम थर

सहभागीसँगको नाता

Annex II: Nepali Questionnaire

कालिकोट जिल्लाका निश्चित नगरपालिका र गाउँपालिकामा रहेका प्रजनन उमेर (१५-४९ वर्ष) का महिलाहरुमा गर्भपतन र परिवार नियोजनका साधनहरु सम्बन्धी ज्ञान र धारणाको अध्ययन-प्रश्नावली २०७५

क. सर्वेक्षण सम्बन्धि जानकारी										
१. साविकको गा.वि.स.	हालको गा.पा/ न.पा									
२. साविकको वार्ड नं :	हालको वार्ड नं :									
३. अन्तरवार्ता मिति	<table border="1" style="width: 100%; border-collapse: collapse; text-align: center;"> <thead> <tr> <th style="width: 15%;">दिन</th> <th style="width: 15%;">महिना</th> <th style="width: 70%;">वर्ष</th> </tr> </thead> <tbody> <tr> <td> </td> <td> </td> <td> </td> </tr> <tr> <td> </td> <td> </td> <td> </td> </tr> </tbody> </table>	दिन	महिना	वर्ष						
दिन	महिना	वर्ष								
४. उत्तरदाताको पहिचान नं:	<table border="1" style="width: 100%; border-collapse: collapse; text-align: center;"> <tr> <td style="width: 15%;"> </td> <td style="width: 15%;"> </td> <td style="width: 15%;"> </td> <td style="width: 15%;"> </td> <td style="width: 15%;"> </td> <td style="width: 15%;"> </td> <td style="width: 15%;"> </td> </tr> </table>									
५. गणकको नाम:										

ख.जनसांख्यिक तथा सामाजिक विवरण				
प्र.नं.	प्रश्नहरु	जवाफहरु	कोडिङ	स्क्रिप
१	तपाईं कति वर्षको हुनुभयो? <i>थप सोधखोज गर्नुहोस्</i> : पछिल्लो जन्म दिनमा तपाईं कति वर्षकी हुनुहुन्थ्यो ?	उमेर(पूरा गरेको वर्ष).....__ __		
२	तपाईंका जाति के हो? (जाति) (जातिय बर्गिकरण कार्ड प्रयोग गर्ने)	दलित पहुँच नभएका जनजाति पहुँच नभएका गैर दलित तराई जाति समुह धार्मिक रूपले अल्पसंख्यक तुलनात्मक रूपले पहुँच भएका जनजाति उपल्लो जाति	१ २ ३ ४ ५ ६	
३	तपाईंले उतीर्ण गर्नु भएको सबैभन्दा माथिल्लो शिक्षा कति हो ?	निरक्षर अनौपचारिक शिक्षा प्राथमिक तह भन्दा कम प्राथमिक तह (कक्षा ५ उतीर्ण) निम्न माध्यमिक तह (कक्षा ८ उतीर्ण) माध्यमिक तह (कक्षा १० उतीर्ण) उच्च माध्यमिक (+२ वा सो सरह उतीर्ण) स्नातक वा सोभन्दा माथी	१ २ ३ ४ ५ ६ ७ ८	

४	तपाईंको पेशा के हो? (कुनै एक मुख्य पेशामा मात्र चिन्ह लगाउनुहोस)	कृषि	१	
		व्यापार	२	
		सरकारी जागिर	३	
		गैरसरकारी जागिर	४	
		ज्यालादारी	५	
		घरायसी काम	६	
		विद्यार्थी	७	
		बेरोजगार	८	
		अन्य	९	
५	तपाईंको वैवाहिक स्थिति के हो?	विवाहित	१	
		अविवाहित	२	
		छुट्टिएको/सम्बन्ध विच्छेद	३	→ ८
		विधुवा	४	
६	तपाईंको श्रीमानले उतीर्ण गर्नु भएको सबैभन्दा माथिल्लो शिक्षा कति हो ?	निरक्षर	१	
		अनौपचारिक शिक्षा	२	
		प्राथमिक तह भन्दा कम	३	
		प्राथमिक तह (कक्षा ५ उतीर्ण)	४	
		निम्न माध्यमिक तह (कक्षा ८ उतीर्ण)	५	
		माध्यमिक तह (कक्षा १० उतीर्ण)	६	
		उच्च माध्यमिक (+२ वा सो सरह उतीर्ण)	७	
		स्नातक वा सोभन्दा माथी	८	
७	तपाईंको श्रीमानको पेशा के हो? (कुनै एक मुख्य पेशामा मात्र चिन्ह लगाउनुहोस)	कृषि	१	
		व्यापार	२	
		सरकारी जागिर	३	
		गैरसरकारी जागिर	४	
		ज्यालादारी	५	
		घरायसी काम	६	
		विद्यार्थी	७	
		बेरोजगार	८	
		अन्य (खुलाउने)	९	

ग. गर्भपतन सम्बन्धी विवरण				
प्र.नं.	प्रश्नहरू	जवाफहरू	कोडिङ	स्किप
८	के हाम्रो देशमा गर्भपतन सेवामा कानुनी मान्यता पाएको छ?	छ	१	
		छैन	२	
		थाहा छैन	९	
९	नेपालमा एउटा महिलाले कुन कुन अवस्थामा गर्भपतन गराउन सकिन्छ ? (एक भन्दा बढी उत्तर सम्भव छ) (कृपया पहिले उत्तरदातालाई उत्तर दिन लगाउनुहोस र तदनुसार जवाफहरू छनोट गर्नुहोस)	१२ हफ्ता (३ महिना) वा सो भन्दा कम समयको गर्भ भएमा	१	
		१८ हफ्ता सम्मको गर्भ यदि त्यो बलात्कार वा हाडनाता करणी बाट भएको छ भने	२	
		जुनसुकै अवस्था को गर्भ यदि आमाको जीवन जोखिममा छ भने	३	
		जुनसुकै अवस्थाको गर्भ यदि आमाको शारीरिक र मानसिक स्वास्थ्य जोखिममा छ भने	४	
		गर्भमा रहेको बच्चा मा विकृती देखिएमा	५	
		यदी धेरै बच्चा छ भने	६	
		अन्य (खुलाउने)	७	
		थाहा छैन	९	
१०	नेपालमा कुन कुन अवस्थामा गर्भपतन गर्न कानुनले प्रतिबन्धित गरेको छ?	भ्रुणको लिङ्गको पहिचान गरि	१	
		गर्भवती महिलाको मन्जुरी बिना	२	
		कानुनले तोकेका अवस्था र अवधी बाहेक	३	
		अन्य उल्लेख गर्नुहोस.....	४	
		थाहा छैन	५	
११	के तपाईंको विचार मा गर्भपतन विवाहित महिलाको लागि मात्र कानुनी मान्यता प्राप्त हो	हो	१	
		होइन	२	
		थाहा छैन	९	
१२	नेपालमा कति उमेर पुगेपछि महिला ले कसैको मन्जुरी वास्विकृती नलीइकन गर्भपतन गराउन सक्छन?	सही (१६ वर्ष भन्ने उत्तर आएमा)	१	
		गलत (१६ वर्ष बाहेक अन्य उत्तर आएमा)	२	
		थाहा छैन	९	
१३	के तपाईंलाई सुरक्षित गर्भपतन गराउने कुनै ठाउँको बारेमा जानकारी छ ?	छ	१	
		छैन	२	→ १५

१४	उक्त गर्भपतन गराउने ठाउँ कहाँ छ ? अरु कुनै ठाउँ ?	सरकारी श्रोत		
		सरकारी अस्पताल क्लिनिक	१	
		प्राथमिक स्वास्थ्य सेवा केन्द्र	२	
		स्वास्थ्य चौकि	३	
		प्राथमिक स्वास्थ्य सेवा केन्द्र गाउँघर क्लिनिक	४	
		घुम्ती शिविर	५	
		महिला स्वास्थ्य स्वयम सेविका	६	
		स्याटलाईट क्लिनिक	७	
		अन्य सरकारी संस्था (खुलाउने)	८	
		गैर सरकारी (एन जि ओ) श्रोत		
		नेपाल परिवार नियोजन संघ	९	
		मेरी स्टोप्स	१०	
		अन्य गैर सरकारी संस्था (खुलाउने).....	११	
		निजी स्वास्थ्य संस्था		
		निज अस्पताल नर्सिङ होम	१२	
निजी क्लिनिक	१३			
औषधी पसल	१४			
अन्य निजी स्वास्थ्य संस्था (खुलाउने).....	१५			
१५	के तपाइको नजिकको स्वास्थ्य संस्थामा सुरक्षित गर्भपतन सेवा उपलब्ध छ ?	छ	१	
		छैन	२	
		थाहा छैन	९	
१६	के तपाइले सुरक्षित गर्भपतनको सेवा प्रयोग गर्नुभएको छ ?	छ	१	
		छैन	२	
१७	सुरक्षित गर्भपतन सम्बन्धी जानकारी तपाइले कहाँबाट पाउनु भयो ?	साथीहरु	१	
		परिवारका सदस्यहरु	२	
		स्वास्थ्यकर्मीहरु	३	
		औषधी पसले	४	
		म.स्वा.स्व.से	५	
		रेडियो टेलिभिजन	६	
		ईन्टरनेट	७	
		पत्रीका	८	
		पोस्टर बिल्बोर्ड	९	
		पम्प्लेट / आइ.इ.सि / वि.सि.सि सामाग्री	१०	
		महिला आमा समुह	११	
		अन्य (खुलाउने).....	१२	

घ. परिवार नियोजन सम्बन्धी विवरण				
१८	प्रश्नहरू	जवाफहरू	कोडिङ	स्किप
१८.१	अब म तपाईंसँग बच्चा ढिलो पाउन वा बच्चा नै नपाउनको लागि दम्पतीले प्रयोग गर्न सक्ने विभिन्न किसिमका साधन वा तरिकाहरूका बारेमा कुरा गर्न चाहन्छु । तपाइले परिवार नियोजनको साधन बारे कहिल्यै सुन्नु भएको छ ?	छ	१	
		छैन	२	
	तपाइले कुन कुन साधनका बारेमा सुन्नु भएको छ ? <i>(कृपया पहिले उत्तरदातालाई उत्तर दिन लगाउनुहोस र तदनुसार जवाफहरू छनोट गर्नुहोस । उत्तर नआएका साधनबारे प्रोव गर्नुहोस्)</i>			
१८.२	महिला बन्ध्याकरण प्रोव: बच्चा नहोस भन्नको लागी महिलाहरूले गर्ने स्थायी अपरेसन । (जस्तै मिनिट्याप, त्याप्रोस्कोपी)	छ	१	
		छैन	२	
१८.३	पुरुष बन्ध्याकरण प्रोव बच्चा नहोस भन्नको लागी पुरुषहरूले गर्ने स्थायी अपरेसन । (जस्तै भ्यासेक्टोमी)	छ	१	
		छैन	२	
१८.४	आइ यू डी / आइ यू सी डी प्रोव. डाक्टर वा नर्श द्वारा महिलाहरूको पाठेघर मा राखिने कपर टी	छ	१	
		छैन	२	
१८.५	नरप्लान्ट प्रोव: डाक्टर वा नर्शको सहायताले महिलाहरूले पाखुराको माथिल्लो भागमा राखिने एक वा बढी स साना क्याप्सुलहरू जसले ३ वा सो भन्दाअ बढी वर्षसम्म गर्भ रहनवाट जोगाउँछ	छ	१	
		छैन	२	
१८.६	इन्जेक्सन प्रोव: एक वा सो भन्दा बढी महिनसम्म गर्भ रहना नदिन स्वास्थ्यकर्मीले महिलाहरूलाई दिने सुइ । जस्तै सिगिनी डिपोप्रोभेरा	छ	१	
		छैन	२	
१८.७	पिल्स प्रोव: गर्भ नरहोस भन्नका लागी महिलाहरूले हरेक दिन खाने चक्की	छ	१	
		छैन	२	
१८.८	कण्डम प्रोव: पुरुषहरूले संभोग गर्दा लिडमा लगाउने रबरको खोल जस्तै ढाल	छ	१	
		छैन	२	
१८.९	आकस्मिक तरिका प्रोव: असुरक्षित यौन सम्पर्क पछिको तीन दिन भित्र महिलाहरूले खाने विशेष प्रकारको चक्की जसले गर्भ रहनवाट जोगाउँछ । (जस्तै:आईपिल, इकोन)	छ	१	
		छैन	२	
१८.१०	स्तनपान विधी (LAM) प्रोव: बच्चा जन्मेको ६ महिनसम्म र महिनावारी हुनु अगाडी महिलाले प्रयोग गर्ने एक प्रकारको विधी जसमा आमाले निरन्तर रूपमा दिन र रात मा स्तन पान गराउँछ	छ	१	
		छैन	२	
प्र.नं.	प्रश्नहरू	जवाफहरू	कोडिङ	स्किप
१९	तपाईंलाई परिवार नियोजनका साधन पाउने कुनै ठाउँको बारेमा जानकारी छ	छ	१	
		छैन	२	→ २१

२०	उक्त साधन पाइने ठाउँ कहाँ छ ? अरु कुनै ठाउँ ?	सरकारी श्रोत		
		सरकारी अस्पताल क्लिनिक	१	
		प्राथमिक स्वास्थ्य सेवा केन्द्र	२	
		स्वास्थ्य चौकी	३	
		प्राथमिक स्वास्थ्य सेवा केन्द्र गाउँघर क्लिनिक	४	
		घुम्ती शिविर	५	
		महिला स्वास्थ्य स्वयंसेविका	६	
		स्याटलाईट क्लिनिक	७	
		अन्य सरकारी संस्था (खुलाउने)	८	
		गैर सरकारी (एन जि ओ) श्रोत		
		नेपाल परिवार नियोजन संघ	९	
		मेर स्टोप्स	१०	
		अन्य गैर सरकारी संस्था (खुलाउने).....	११	
		निजी स्वास्थ्य संस्था		
		निजी अस्पताल/नर्सिङ होम/ निजी क्लिनिक	१२	
		औषधी पसल	१३	
		संगीनी आउटलेट	१४	
अन्य निजी स्वास्थ्य संस्था (खुलाउने).....	१५			
२१	के तपाइको नजिकको स्वास्थ्य संस्थामा परिवार नियोजन सेवा उपलब्ध छ ?	छ	१	
		छैन	२	
		थाहा छैन	९	
२२	के तपाइले परिवार नियोजनको सेवा प्रयोग गर्नुभएको छ ?	छ	१	
		छैन	२	
२३	परिवार नियोजन सम्बन्धी जानकारी तपाइले कहाँबाट पाउनु भयो ?	साथीहरु	१	
		परिवारका सदस्यहरु	२	
		स्वास्थ्य कर्मीहरु	३	
		औषधी पसले	४	
		म.स्वा.स्व.से	५	
		रेडियो टेलिभिजन	६	
		ईन्टरनेट	७	
		पत्रिका	८	
		पोस्टर बिल्बोर्ड	९	
		पम्प्लेट/आइ.इ.सि/ वि.सि.सि सामाग्री	१०	
		महिला आमा समुह	११	
		अन्य (खुलाउने).....	१२	

ड. गर्भपतन सम्बन्धी धारणा						
प्र.नं.	प्रश्नहरू	एकदम असहमत	असहमत	थाहा भएन	सहमत	एकदम सहमत
२४	तपाईं तपसिलका भनाइहरू प्रति कतिको सहमत हुनुहुन्छ?					
	नकरात्मक अन्धविश्वास (Negative Stereotyping)					
२४.१	गर्भपतन गरेकी महिलाले पाप गरेकी हुन्छे	१	२	३	४	५
२४.२	महिलाले एक पटक गर्भपतन गरेपछि त्यसलाई बानी बनाउछे	१	२	३	४	५
२४.३	गर्भपतन गरेकी महिला लाई विश्वास गर्न सकिन्न	१	२	३	४	५
२४.४	गर्भपतन गरेकी महिलाले आफ्नो परिवारलाई लज्जित बनाउछे	१	२	३	४	५
२४.५	गर्भपतन गरेकी महिलाको स्वास्थ्य अवस्था गर्भपतन गर्नु अघि जस्तो कहिल्यै राम्रो हुँदैन	१	२	३	४	५
२४.६	गर्भपतन गरेकी महिलाले अन्य महिलाहरूलाई पनि गर्भपतन गर्न प्रोत्साहन गर्न सक्छे	१	२	३	४	५
२४.७	गर्भपतन गरेकी महिला खराब आमा हो	१	२	३	४	५
२४.८	गर्भपतन गरेकी महिलाले आफ्नो समुदायलाई लज्जित बनाउछे	१	२	३	४	५
	बहिष्करण र भेदभाव (Exclusion and discrimination)					
२४.९	गर्भपतन गरेकी महिलालाई धर्मिक स्थानहरूमा जान निषेधित गर्नुपर्छ	१	२	३	४	५
२४.१०	म गर्भपतन गरेकी महिलालाई जिस्काउछु ताकी उ आफ्नो निर्णय बाट लज्जित होस्	१	२	३	४	५
२४.११	यदी मेरो समुदायमा कुनै महिलाले गर्भपतन गराएको थाहा पाए भने म उसको अपमान गर्ने प्रयास गर्छु	१	२	३	४	५
२४.१२	पुरुषले गर्भपतन गरेको महिला सँग विवाह गर्नु हुँदैन किनकि उ बच्चा जन्माउन असक्षम भएको हुनसक्छे	१	२	३	४	५
२४.१३	यदी मेरो साथीले गर्भपतन गरेको थाहा पाए भने म उसलाई साथी मान्दिन	१	२	३	४	५
२४.१४	म गर्भपतन गरेको महिलालाई औँल्योउछु ताकी अन्य मानिसहरूले उसले के गरेकी छ भन्ने कुरा थाहा पाउन्	१	२	३	४	५
२४.१५	गर्भपतन गरेकी महिलालाई अरु महिलालाई जस्तै समान व्यवहार गर्नुपर्छ	१	२	३	४	५
	रोग सने भय (Fear of contagion)					
२४.१६	गर्भपतन गरेकी महिलालाले अन्य मानिसलाई विरामी वा रोगी बनाउन सक्छे	१	२	३	४	५
२४.१७	गर्भपतन गरेकी महिलालाई गर्भपतन गरेको कम्तीमा पनि १ महिना सम्म समुदायका अन्य मानिसहरूबाट छुट्टै राख्नुपर्छ	१	२	३	४	५
२४.१८	यदी पुरुषले गर्भपतन गरेकी महिला सँग शारिरिक सम्पर्क राख्यो भने उ रोगबाट संक्रमित हुन सक्छ	१	२	३	४	५

Annex III: English Questionnaire

Questionnaire on Knowledge and Attitude towards Abortion and Contraceptive Services Among Women Of Reproductive Age in Kalikot District

A. Survey Information				
1. Previous VDC			
2. Ward no. of previous VDC				
3. Current (rural) municipality			
4. Ward no. of current (rural) municipality				
5. Date of Interview	Day	Month	Year	
6. Respondent ID				
7. Name of Interviewer				

B. Socio-Demographic Information				
Q.no.	Questions	Categories	Codes	Skip
1	What is your age (in completed years)?			
2	What is your caste/ethnicity(caste) (Use ethnicity classification card)	Dalit	1	
		Disadvantaged janajatis	2	
		Disadvantaged non dalit terai caste	3	
		Religious minorities	4	
		Relatively advantaged janajatis	5	
		Upper caste	6	
3	What is the highest education level you have completed?	Illiterate	1	
		Non-formal education	2	
		Less than primary	3	
		Primary Level	4	
		Lower Secondary Level	5	
		Secondary Level	6	
		Higher Secondary Level	7	
		Bachelor and Above	8	
4	What is your main occupation? (Please select one which is main occupation)	Agriculture	1	
		Business	2	
		Government Job	3	
		Non-government Job	4	
		Labour/ Wages	5	
		Homemaker	6	
		Student	7	
		Unemployed	8	
		Others (Specify).....	9	
5	What is your current marital status	Currently married		
		Divorced/separated		
		Widowed		
		Never married		

6	What is educational status of Spouse/partner	Illiterate	1	
		Non-formal education	2	
		Less than primary	3	
		Primary Level	4	
		Lower Secondary Level	5	
		Secondary Level	6	
		Higher Secondary Level	7	
		Bachelor and Above	8	
7	What is the occupational status of your partner/spouse?	Agriculture	1	
		Business	2	
		Government Job	3	
		Non-government Job	4	
		Labour/ Wages	5	
		Household Works	6	
		Student	7	
		Unemployed	8	
		Others (Specify).....	9	
C. Awareness and Knowledge on Abortion				
Q.no.	Questions	Categories	Codes	Skip
8	Is abortion legal in Nepal?	Yes	1	
		No	2	Go to Q...
		Don't know	9	
9	What are the conditions on which a woman can have abortion in Nepal?	Pregnancy of 12 weeks or less gestation for any woman	1	
		Pregnancy of 18 weeks if it is a result of rape or incest	2	
		Pregnancy of any duration if life of mother is at risk	3	
		Pregnancy of any duration if mother's physical and mental health is at risk.	4	
		Fetus is deformed	5	
		If one has too many children	6	
		Others (Specify).....	7	
		Don't know	9	
10	What are the conditions on which abortion is prohibited by law	Sex-selective abortion	1	
		Without the consent of pregnant woman	2	
		Conditions other than those prescribed by law	3	
		Others (Specify)	4	
		Don't know	9	
11	Do you think abortion is legal only for a married woman?	Yes	1	
		No	2	
		Don't know	9	
12	What is the age below which a woman require consent of a parent or guardian for abortion	Correct (16 years)	1	
		Incorrect (other than 16 years)	2	
		Don't know	9	
13	Do you know of a place where woman can go to get safe abortion?	Yes	1	
		No	2	

14	Where is the place?	Public sector		
		Government hospital/clinic	1	
		Primary health care center	2	
		Health post	3	
		PHC Outreach Clinic	4	
		Mobile camp	5	
		FCHV	6	
		Satellite clinic	7	
		Other government facility (specify)	8	
		NGO sector		
		FPAN	9	
		Marie Stopes	10	
		Other NGO facilities (specify)....	11	
		Private sector		
		Private hospital/nursing home	12	
Private clinic	13			
Pharmacy	14			
Other private facility (specify)....	15			
15	Is safe abortion service available at your nearest health facility?	Yes	1	
		No	2	
		Don't know	9	
16	Have you ever used safe abortion service?	Yes	1	
		No	2	
17	From where did you receive information about safe abortion services?	Friends	1	
		Family members	2	
		Health providers	3	
		Pharmacist	4	
		FCHV	5	
		Radio/ Television	6	
		Internet	7	
		Newspaper	8	
		Poster/billboard	9	
		Pamphlets/IEC/SBCC materials	10	
		Women's group/mother's group	11	
		Others.....	12	
D. Awareness and Knowledge on FP				
18	Questions	Categories	Codes	Skip
18.1	Have you heard about family planning methods	Yes	1	
		No	2	
Can you tell us about the names of different family planning methods				
18.2	Female sterilization	Yes	1	
		No	2	
18.3	Male sterilization	Yes	1	
		No	2	
18.4	IUCD	Yes	1	
		No	2	
18.5	Injectable	Yes	1	
		No	2	
18.6	Implants	Yes	1	
		No	2	

18.7	Pill	Yes	1	
		No	2	
18.8	Condom	Yes	1	
		No	2	
18.9	Emergency contraception	Yes	1	
		No	2	
18.10	Lactation amenorrhea method	Yes	1	
		No	2	
19	Do you know of a place where woman can get family planning methods?	Yes	1	
		No	2	
20	Where is the place?	Public sector		
		Government hospital/clinic	1	
		Primary health care center	2	
		Health post	3	
		PHC Outreach Clinic	4	
		Mobile camp	5	
		FCHV	6	
		Satellite clinic	7	
		Other government facility (specify)	8	
		NGO Sector		
		FPAN	9	
		Marie Stopes	10	
		Other NGO facilities (specify)	11	
		Private sector		
		Private hospital/clinic/nursing home	12	
		Pharmacy	13	
		Sangini outlet	14	
Other private facility (specify)	15			
Shop				
Friend/relative				
21	Is family planning service available at your nearest health facility?	Yes	1	
		No	2	
		Don't Know	9	
22	Have you ever used family planning methods?	Yes	1	
		No	2	
23	From where did you receive information about family planning?	Friends	1	
		Family members	2	
		Health providers	3	
		Pharmacist	4	
		FCHV	5	
		Radio/ Television	6	
		Internet	7	
		Newspaper	8	
		Poster/billboard	9	
		Pamphlets/IEC/SBCC materials	10	
		Women's group/mother's group	11	
		Others.....	12	

E. Attitudes towards Abortion						
Q.no.	Statements	Strongly disagree	Disagree	Unsure	Agree	Strongly agree
24	Please indicate how much you agree or disagree with the following statement					
Negative Stereotyping						
24.1	A woman who has an abortion is committing a sin	1	2	3	4	5
24.2	Once a woman has an abortion, she will make it a habit					
24.3	A woman who has had an abortion cannot be trusted	1	2	3	4	5
24.4	A woman who has an abortion brings shame to her family	1	2	3	4	5
24.5	The health of a woman who has an abortion is never as good as it was before the abortion	1	2	3	4	5
24.6	A woman who has had an abortion might encourage other women to get abortions	1	2	3	4	5
24.7	A woman who has an abortion is a bad mother	1	2	3	4	5
24.8	A woman who has an abortion brings shame to her community	1	2	3	4	5
Exclusion and discrimination SABAS items						
24.9	A woman who has had an abortion should be prohibited from going to religious services	1	2	3	4	5
24.10	I would tease a woman who has had an abortion so that she will be ashamed about her decision	1	2	3	4	5
24.11	I would try to disgrace a woman in my community if I found out she'd had an abortion	1	2	3	4	5
24.12	A man should not marry a woman who has had an abortion because she may not be able to bear children	1	2	3	4	5
24.13	I would stop being friends with someone if I found out that she had an abortion	1	2	3	4	5
24.14	I would point my fingers at a woman	1	2	3	4	5

	who had an abortion so that other people would know what she has done					
24.15	A woman who has an abortion should be treated the same as everyone else	1	2	3	4	5
Negative stereotyping and exclusion/discrimination of young women						
24.16	A woman who has an abortion can make other people fall ill or get sick	1	2	3	4	5
24.17	A woman who has an abortion should be isolated from other people in the community for at least 1 month after having an abortion	1	2	3	4	5
24.18	If a man has sex with a woman who has had an abortion, he will become infected with a disease	1	2	3	4	5

Annex IV: List of Study Sites

Current (Rural) Municipality	Pre-Existing VDC
<ul style="list-style-type: none">• Palata Municipality• Raskot Municipality• Tilagupha Municipality• Kalika Rural Municipality• Naraharinath Rural Municipality• Pachal-Jharana Rural Municipality• Sanmi Triveni Rural Municipality	<ul style="list-style-type: none">• Dhaulagoha and Kheena• Sipkhana• Chhapre, Chilkhaya, Jubitha and Rachuli• Sukatiya• Rupsa, Lalu and Kotbada• Badalkot and Ramnakot• Mumrakot and Mehalmudi

Annex V: Ethnicity Classification

Caste/ Ethnic Groupings

1. Dalit
<ul style="list-style-type: none">• Hill: Kami, Damai, Sarki, Gaine, Badi• Terai: Chamar, Mushar, Dhusah/Paswan, Tatma, Kahtway, Bantar, Dom, Chiadimar, Dhobi, Halkhor
2. Disadvantaged Janajati
<ul style="list-style-type: none">• Hill: Magar, Tamang, Rai, Limbu, Sherpa, Bhote, Walung, Byansi, Hyolmo, Garti/Bhujek, Kuumal, Sunar, Baramu, Pahari, Yakkah, Jirel, Darai, Dura, Majhi, Danuwar, Thami, Lepcha, Chepang, Bote, Raji, Hayu, Raute, Kusunda• Terai: Tharu, Dhanuk, Rajnansi, Gangai, Dhimarl, Meche, Santhal/Satar, Dhangad/Jhangad, Koche, Pattarkatta/Kusbadiay
3. Disadvantaged Non-Dalit Terai Caste Groups
<ul style="list-style-type: none">• Yadav, Teli, Kalwar, Sudi, Sonar, Lohar, Koiri, Kurmi, Kanu, Haluwai, Hajam/Thakur, Badhe, Bahae, Rajba, Kewat, Malah, Nuniya, Kumhar, Kahar, Lodhar, Bing/Banda, Bhediyar, Mali, Kumar, Dhunia
4. Religious Minorities
<ul style="list-style-type: none">• Muslims, Churoute
5. Relatively Advantaged Janajatis
<ul style="list-style-type: none">• Newar, Thakali, Gurung
6. Upper Caste Groups
<ul style="list-style-type: none">• Brahman (hill), Chhetri, Thakuri, Sanyasi, Brahman (Terai), Rajput, Kayastha, Baniya, Jaine, Nuraang, Bengali

Annex VI: Approval of Protocol from Ethical Review Board



Government of Nepal
Nepal Health Research Council (NHRC)
Estd. 1991

Ref. No.: 786.

14 October 2018

Mr. Jagannath Bista
Principal Investigator
Action Works Nepal

Ref: **Approval of research proposal** entitled **Knowledge and attitude towards abortion and contraceptive method among women of reproductive age in Kalikot District**.

Dear Mr. Bista,

It is my pleasure to inform you that the above-mentioned proposal submitted on **23 September 2018 (Reg. no. 634/2018)** has been approved by Nepal Health Research Council (NHRC) National Ethical Guidelines for Health Research in Nepal, Standard Operating Procedures Section 'C' point no. 6.3 through Expedited Review Procedures.

As per NHRC rules and regulations, the investigator has to strictly follow the protocol stipulated in the proposal. Any change in objective(s), problem statement, research question or hypothesis, methodology, implementation procedure, data management and budget that may be necessary in course of the implementation of the research proposal can only be made so and implemented after prior approval from this council. Thus, it is compulsory to submit the detail of such changes intended or desired with justification prior to actual change in the protocol. Expiration date of this proposal is **December 2018**.

If the researcher requires transfer of the bio samples to other countries, the investigator should apply to the NHRC for the permission. The researchers will not be allowed to ship any raw/crude human biomaterial outside the country; only extracted and amplified samples can be taken to labs outside of Nepal for further study, as per the protocol submitted and approved by the NHRC. The remaining samples of the lab should be destroyed as per standard operating procedure, the process documented, and the NHRC informed.

Further, the researchers are directed to strictly abide by the National Ethical Guidelines published by NHRC during the implementation of their research proposal and **submit progress report in between and full or summary report upon completion**.

As per your research proposal, the total research budget is **NRs 3,03,500** and accordingly the processing fee amounts to **NRs 10,000**. It is acknowledged that the above-mentioned processing fee has been received at NHRC.

If you have any questions, please contact the Ethical Review M & E Section at NHRC.

Thanking you,

Nirbhay Kumar Sharma
Acting Administrative Chief

Annex VII: Selected clusters (former wards) with household size

Mun. ID	Current (Rural) Municipality	Former VDC ID	Former VDC	Ward No.	Cluster ID	No. of Households*
1	Palata	1	Dhaulagoha	3	1	103
1	Palata	1	Dhaulagoha	6	2	137
1	Palata	1	Dhaulagoha	8	3	103
1	Palata	2	Kheena	2	4	92
1	Palata	2	Kheena	8	5	65
2	Raskot	3	Sipkhana	2	6	154
2	Raskot	3	Sipkhana	5	7	77
2	Raskot	3	Sipkhana	9	8	100
3	Tilagufa	4	Chhapre	4	9	32
3	Tikagufa	5	Chilkhaya	1	10	115
3	Tikagufa	5	Chilkhaya	4	11	55
3	Tikagufa	5	Chilkhaya	9	12	103
3	Tilagupha	6	Jubitha	7	13	36
3	Tilagupha	7	Rachuli	3	14	64
4	Kalika	8	Sukatiya	3	15	75
4	Kalika	8	Sukatiya	8	16	82
5	Naraharinath	9	Rupsa	1	17	78
5	Naraharinath	9	Rupsa	6	18	58
5	Naraharinath	10	Lalu	3	19	103
5	Naraharinath	10	Lalu	6	20	74
5	Naraharinath	11	Kotbada	5	21	114
5	Naraharinath	11	Kotbada	9	22	82
6	Pachal-Jharana	12	Badalkot	3	23	44
6	Pachal-Jharana	12	Badalkot	9	24	121
6	Pachal-Jharana	13	Ramnakot	1	25	78
6	Pachal-Jharana	13	Ramnakot	6	26	59
7	Sanmi Triveni	14	Mumrakot	6	27	81
7	Sanmi Triveni	15	Mehalmudi	1	28	96
7	Sanmi Triveni	15	Mehalmudi	5	29	90
7	Sanmi Triveni	15	Mehalmudi	9	30	98

*Note: Number of households is based on National Housing and Population Census, 2011

Annex VIII: List of study team

Principal Investigators
Prabesh Ghimire Jagannath Bista
Field Research Supervisors
Suajata Kahdka Nayan Chhetri Rokaya
Enumerators
Amsha Thapa Basundhara BK Darshana Kumari Bista Dhanpura Shahi Kasha Bam Nabinda Kumari Shahi Trishana Oli Shahi

Annex IX: Detailed distribution of respondents by stigmatizing attitudes and beliefs towards abortion

Statements	n=210				
	Strongly Disagree n(%)	Disagree n(%)	Neutral n(%)	Agree n(%)	Strongly Agree n(%)
Negative Stereotyping					
A woman who has an abortion is committing a sin	14(6.7)	101(48.1)	1(0.5)	70(33.3)	24(11.4)
Once a woman has an abortion, she will make it a habit	11(5.2)	138(65.7)	6(2.9)	51(24.3)	4(1.9)
A woman who has had an abortion cannot be trusted	20(9.5)	122(58.1)	1(0.5)	59(28.1)	8(3.8)
A woman who has an abortion brings shame to her family	17(8.1)	129(61.4)	2(1.0)	47(22.4)	15(7.1)
The health of a woman who has an abortion is never as good as it was before the abortion	11(5.2)	82(39.0)	2(1.0)	87(41.4)	28(13.3)
A woman who has had an abortion might encourage other women to get abortions	17(8.1)	127(60.5)	3(1.4)	61(29.0)	2(1.0)
A woman who has an abortion is a bad mother	22(10.5)	109(51.9)	1(0.5)	54(25.7)	24(11.4)
A woman who has an abortion brings shame to her community	21(10.0)	127 (60.5)	2 (1.0)	44 (21.0)	16 (7.6)
Exclusion and discrimination					
A woman who has had an abortion should be prohibited from going to religious services	20 (9.5)	90 (42.9)	3 (1.4)	72 (34.3)	25 (11.9)
I would tease a woman who has had an abortion so that she will be ashamed about her decision	19 (9.0)	151 (71.9)	3 (1.4)	31 (14.8)	6 (2.9)
I would try to disgrace a woman in my community if I found out she'd had an abortion	25 (11.9)	140 (66.7)	0 (0)	40 (19.0)	5 (2.4)
A man should not marry a woman who has had an abortion because she may not be able to bear children	16 (7.6)	132 (62.9)	7 (3.3)	50 (23.8)	5 (2.4)

Statements	Strongly Disagree n(%)	Disagree n(%)	Neutral n(%)	Agree n(%)	Strongly Agree n(%)
I would stop being friends with someone if I found out that she had an abortion	32 (15.2)	128 (61.0)	1(0.5)	43 (20.5)	6 (2.9)
I would point my fingers at a woman who had an abortion so that other people would know what she has done	14 (6.7)	158 (75.2)	2 (1.0)	34 (16.2)	2 (1.0)
A woman who has an abortion should be treated the same as everyone else	14 (6.7)	55 (26.2)	1 (0.5)	122 (58.1)	18 (8.6)
Fear of contagion					
A woman who has an abortion can make other people fall ill or get sick	22 (10.5)	118 (56.2)	6 (2.9)	64 (30.5)	0 (0)
A woman who has an abortion should be isolated from other people in the community for at least 1 month after having an abortion	6 (2.9)	133 (63.3)	3 (1.4)	59 (28.1)	9 (4.3)
If a man has sex with a woman who has had an abortion, he will become infected with a disease	18 (8.6)	104 (49.5)	5 (2.4)	72 (34.3)	11 (5.2)