Effectiveness of community participation in promoting accountability in health service delivery and increasing abortion related awareness, attitude and beliefs in the community" – Endline survey

Bhim Prasad Shrestha, Rajendra Khatri , Kabita Yadav

Nepal Development Research Institute, Pulchowk, Lalitpur, Kathmandu, Nepal

1 Introduction

Nepal quickly introduced and scaled-up comprehensive abortion care (CAC) services. Despite the rapid expansion of abortion facilities over the past 15 years, statistics shows that a lot needs to be done to reach underserved populations. Recent estimates show the abortion rate of Nepal is 42 per 1,000 women of reproductive age. According to the Nepal Health Facility Survey conducted under the aegis of the Ministry of Health/Government of Nepal, among the facilities that offer normal delivery service, 25% offer medical abortion (MA) only and 14% CAC service.

Figure 1.1: Safe abortion service

One of the reasons for this is that much of Nepali government attention to date was on increasing service availability, rather than improving service acceptability and creating conditions where women feel confident in exercising their reproductive rights. Ipas Nepal proposed to work with civil society organization to aware and sensitize community people about SAS as well as empower them to demand quality health service along with sensitizing and building the capacity of local government to priorities and prepare local plan that is responsive to the need of quality sexual and reproductive health service including safe abortion service. Thus, the project aims to enhance knowledge and attitude of community and improve accountability of local government.

2 Materials and Methods

2.1 Research Design

A quasi-experimental design was used in this assessment. This assessment was conducted in SRHR big idea intervention district: Terhathum and, comparison district: Ilam. A total of 1245 samples were collected for the study, intervention (621), and comparison (624). The sample size used was similar to the baseline study. Both lie in province 1, both are hilly districts, comparable in terms of socio-economic settings, geographical terrain. Ilam and Tehrathum are geographically distant enough that the threat of contamination from community-based activities is minimal.

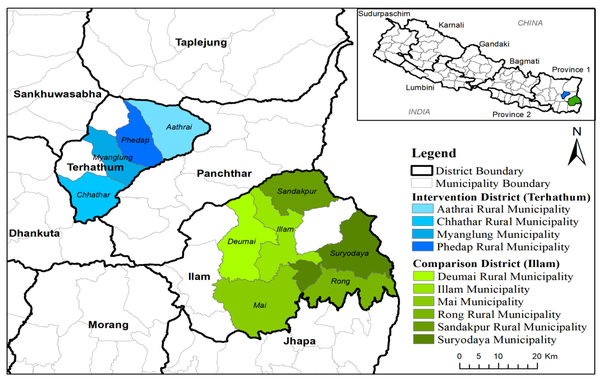
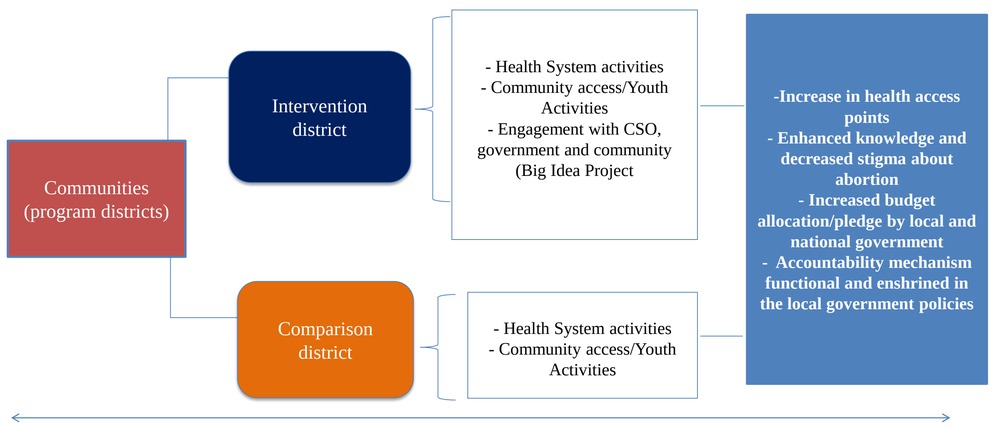


Figure 2.1: Study districts

A mixed-method approach combining quantitative and qualitative data was used to evaluate the project

2.2 Conceptual Framework



2.3 Sample calculation

The study areas for the evaluation survey was selected communities of Tehrathum and Ilam districts. The following formula was used to calculate the sample size of the study incluing1.5 as a design effect.

Parameters

Level	Power	Prevelence		Ratio	Combined Prevelence
α	$1-\beta$	p_1	p_2	c	p
0.05	0.8	0.41	0.51	1	0.46

$$n_1 = \frac{[Z_\alpha\sqrt{p(1-p)(1+c)/c} + Z_\beta\sqrt{p_1(1-p_1)+p_2(1-p_2)/c}]^2}{(p_1-p_2)^2} = 306.1013579$$

$$n_1 = \frac{[Z_{\alpha/2}\sqrt{p(1-p)(1+c)/c} + Z_\beta\sqrt{p_1(1-p_1)+p_2(1-p_2)/c}]^2}{(p_1-p_2)^2} = 388.7513227$$

Reqired sample size		Group		
		First	Second	Total
	One tail	307	307	614
	Two tail	389	389	778

Assumption: P= 0. 41 (NDHS 2016 reports that 41% of women of reproductive age thinks that abortion is legal in Nepal)

2.4 Household Selection

A multi-stage cluster sampling approach was utilized to generate a representative sample for the intervention and non-intervention areas. Survey respondents were men and women of reproductive age – between 15-49 years for women and 18-59yrs for men.

Sampling interval (i) =N/n
Where N= Total number of households
n= Sample size

3 Results and Discussion

3.1 Key findings

More than half of the respondents were female in both intervention (55%) and comparison (60%) districts which is similar with the baseline survey. In terms of access to SRH services,73% of respondents had heard about sexual and Reproductive Health Services among which male respondents were more aware about SRH services than female in intervention districts(male: 74.5%, female: 72.3%). 31.1% respondents who had no formal education (intervention: 31.6%, comparison: 30.40%) had heard about SRH which was higher (89.1%) among the respondents who had higher secondary education and above (intervention: 43.4%, comparison: 45.7%).

Table 3.1: Percentage of respondents who know about the services provided by health facilities according to gender

	Gender	N&%	Endline	
			Intervention	Comparison
Percentage of respondents who know about the services provided by health facilities	Male	N	228	187
		%	57.8%	30.1%
	Female	N	286	297
		%	62.9%	49.4%
Among those who know about the services, types of services provided				
Family planning	Male	N	174	141
		%	76.3%	75.4%
	Female	N	232	250
		%	81.1%	84.2%
Immunization	Male	N	143	127
		%	62.7%	67.9%
	Female	N	201	245
		%	70.3%	82.5%
Safe abortion	Male	N	90	37
		%	39.5%	19.8%
	Female	N	133	86
		%	46.5%	29.0%
Nutrition	Male	N	24	8
		%	10.5%	4.3%
	Female	N	39	34
		%	13.6%	11.4%
Maternity services	Male	N	88	98
		%	38.6%	52.4%
	Female	N	146	178
		%	51.0%	59.9%
Treatment and others	Male	N	182	114
		%	79.80%	61.00%
	Female	N	207	166
		%	72.40%	55.90%

3.2 Results and findings

Awareness regarding legalization of abortion was higher in intervention district (31.0%) compared to comparison district (20.6%) . This increases with increasing age group. However, respondents above 50 year's age group had minimal level of knowledge regarding legalization of abortion in Nepal. The percentage of knowing about legalization of abortion increases with increasing education level in both intervention and comparison districts. All the respondents who think abortion service is legalized in Nepal were asked about the specific legal condition that allows the abortion service in Nepal. Majority of the female respondents in the intervention district (45.2%) were aware that abortion could be terminated legally up to 12 weeks gestation for any women .

"Orientation on RH/SAS was provided to the disable group. The response was very positive, they have responded saying such organization also exists in the district who provide information on RH/SAS and now they are more open to the RH issues and aware of service availability". Representative, FECOFUN, Tehrathum

"Local government has started to provide orientation regarding safe abortion service. We are emphasizing to give orientation to youth and women of reproductive age group (15-49).From this year budget has also started to allocate for the SAS activities." - Health Coordinator, Poklabang RM, Fedap

4 Conclusions and Recommendations

- Engage local government bodies, school authorities, FCHVs, women cooperatives, community leaders as well as electronic and printed media to create awareness regarding the abortion (legalization, specific legal conditions that permits seeking abortion service, place where abortion service is safely provided, associated costs etc.) through appropriate channel; Community people need to be reached with the comprehensive information.
- Strengthen coordination between local government and health facilities providing safe abortion services. Coordination between the Health Facility Operation and Management Committees (HFOMC) and local government bodies for regular meeting and expand the men's involvement on SAS. Utilize existing electronic and printed media (FM radio, local newspapers, etc.,) extensively to inform community people about the accountability mechanisms such as composition and functions of HFoMC, importance of citizens charter and its features including the complains handling mechanism.
- Abortion-related stigma is a barrier to safe abortion care, both within communities and within the health system, making the need for and **social and behavior change communication stronger.** Continued emphasis in training on nonjudgmental treatment of women and wider application of values clarification and attitude training methodologies are also needed.

Acknowledgement :

Nepal Development Research Institute (NDRI) to accomplish this research in collaboration with IPAS/Nepal. NDRI highly appreciate IPAS team particularly, Dr. Popular Gentle, Country representative of IPAS; Mr. Jagdishwor Ghimire, Deputy Country Director; Dr. Lhamo Yangchen Sherpa, Sr. Research Monitoring & Evaluation Advisor; Ram Chandra Khanal, Sr. Youth & Community Engagement Advisor and Laxman K.C., Youth & Community Engagement Coordinator for their kind cooperation in designing research tools, their valuable inputs in data analysis, draft report and finally in shaping this report.