

Behavior change communication: increasing access to safe abortion in Nepal

A need for change

Historically, Nepali women have had little decision-making power regarding their lives and health. Often married in early teens, a woman's worth is determined by her ability to work hard and produce sons. Decisions about her reproductive health and use of family planning rest mainly with her husband and in-laws.

With limited access to contraceptive methods, women have relied upon abortion services to manage unwanted pregnancies. However, until recently, Nepal's legal code prohibited abortion, except to save the life of the woman. The highly restrictive abortion law did not eliminate the demand for abortion, however; rather, it forced women to seek clandestine, unsafe abortion services. The result was one of the highest maternal mortality ratios in South Asia (539 per 100,000 live births), with 15 to 30 percent of maternal deaths attributable to complications from unsafe abortion.¹

“[Her] husband will tell her not to abort and that she should give birth ... if she doesn't listen then he will threaten to throw her out of the house ...”

- Rural female focus group respondent

The liberalization of abortion

After years of research and advocacy in Nepal, the abortion law was liberalized in March 2002. The new law allows abortion up to 12 weeks with a woman's consent, up to 18 weeks if pregnancy is due to rape or incest, and anytime if the physical or mental health of the woman is at risk or the fetus is deformed.²

The Technical Committee for Implementation of Comprehensive Abortion Care (TCIC), a collaboration of representatives from key government departments, nongovernmental organizations (NGOs), and donors, formed to plan and coordinate implementation of Nepal's safe abortion strategy. The strategy includes training government and NGO service providers to deliver comprehensive abortion care and increasing community awareness about new abortion laws and services. To address this second objective, the TCIC formed a behavior change communication (BCC) working group and requested technical assistance from PATH to develop and implement a BCC strategy aimed at helping women overcome social and familial barriers to safe abortion access.

Why BCC?

Although liberalizing the abortion law was a major step forward in decreasing maternal mortality in Nepal, policy change does not necessarily change social norms, beliefs, or behaviors. For complex and diverse reasons, women may still not seek safe abortion or care

¹ Family Health Division, Department of Health Services, Ministry of Health, Nepal; 2004.

² Country Code (11th Amendment) Bill, 2054 B.S. (1997 A.D.), Kathmandu, Ministry of Law and Justice, His Majesty's Government of Nepal.

for complications resulting from unsafe abortion, risking their health and their lives. To ensure women's access to safe abortion, a strategy was needed to help community members reflect upon their attitudes and beliefs about abortion—and eventually adopt new, healthier behaviors. The Nepal BCC strategy, informed by insights into the mental, emotional, and societal barriers to behavior change, uses communication activities to help change the community's perceptions and beliefs about abortion.

“Nowadays, people in the community are educated and ... understand women's problems ... they have the perception that abortion is a woman's right ...”

- Urban female focus group respondent

Developing Nepal's BCC strategy

In February 2004, PATH held an initial consultation with Nepali stakeholders who are committed to the issue of abortion access to build a common understanding of the process of developing a BCC strategy. The BCC working group then began collecting information to shed light on the barriers women face in accessing safe abortion care:

- PATH conducted a literature review on abortion and other reproductive health issues in Nepal to identify information gaps.
- To fill in these information gaps the Centre for Research on Environment, Health and Population Activities (CREHPA), a Nepali NGO in the BCC working group, used qualitative research methods to conduct a formative assessment in the Kathmandu valley and Rupandehi district.
- A three-day Community Stakeholder Strategy Design Workshop brought together a mix of participants as diverse as government health workers, priests, and sex workers. Role-plays, games, simulations, and discussions provided insight into the factors influencing women's access to safe abortion services.

What has been learned?

Through this process much was learned about factors influencing Nepali women's access to safe abortion:

- A woman's choice about abortion is not private, but is embedded within a web of social relationships that may include her husband, family, and trusted friends.
- Her decision about an unwanted pregnancy is also influenced by deep-rooted social norms and religious values.
- Despite advocacy efforts there are significant gaps in knowledge about abortion laws and services, particularly about the distinction between safe and unsafe abortion.
- Perceptions about the quality of care at health facilities affect women's choices about where to seek abortion services.

What's next?

Based on these insights, PATH drafted a BCC strategy, which was reviewed by BCC working group members and approved by the Director of the Department of Health Services.

Working in collaboration with Nepal's government, PATH has selected the Family Planning Association of Nepal and NAMUNA (a local women's NGO) to pilot the BCC strategy. The two NGOs will be trained in new processes and tools that promote community dialogue on unwanted pregnancy and safe abortion and will implement the BCC strategy in two pilot communities. Based on an evaluation of the strategy's success in increasing women's power to choose and access safe abortion, a scale-up phase will be planned to expand the strategy to other communities in Nepal where women may face similar social and familial barriers to accessing safe abortion care.

For more information on how to develop a BCC strategy, refer to “Sparking dialogue,” available at www.path.org.

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