



EMPOWERING WOMEN WORKERS

through youth-led education on reproductive
health and safe abortion in Nepal





cover: Ipas Nepal youth consultant (at center) with women workers

photos top to bottom:

Woman worker participates in a SRHR class activity

Youth facilitators present their sexual and reproductive rights posters

Youth facilitators discuss SRHR using pictorial aides



*above: Women workers
vote on actions to address
unhealthy relationships*

From 2011-2012, Ipas and our partners implemented a series of classes on sexual and reproductive health and rights (SRHR)—including information on safe abortion—for women who work at factories across Nepal’s Kathmandu Valley. Our project increased women workers’ knowledge of SRHR topics so they can better manage their own health and relationships and serve as resources for their families and communities. By partnering with local, youth-led organizations, we empowered young people to tailor the project to best meet their peers’ needs, while also bolstering their organizations’ capacity and commitment to carry out future SRHR projects.

“This training has built a lot of confidence.”

—Unmarried woman, 24

Why safe abortion?

Many organizations around the world working to improve women's health and rights offer community education programs on SRHR. Most programs do not, however, integrate information about safe abortion. At Ipas, we know that women worldwide are at risk for unsafe abortion when they do not have access to accurate information on their options and are faced with an unplanned or unwanted pregnancy. Globally, unsafe abortion is one of the four leading causes of maternal death.^[1]

Including information on safe abortion along with information on contraception, healthy relationships and all the other components of comprehensive SRHR is crucial. Women who have knowledge on and are comfortable with these issues are better able to prevent pregnancy, identify pregnancy, and seek timely antenatal or abortion care when pregnant. Increased knowledge about safe abortion can save women's lives and reduce unsafe abortion-related deaths and injuries.

During our pre-project assessment, women workers specifically mentioned safe abortion as a SRHR topic about which they wanted to learn more. And after taking the classes, women displayed greatly improved knowledge of safe abortion methods and where to obtain services – and also an increased comfort level with the idea that a woman has the legal and moral right to abortion if facing an unwanted pregnancy.

“The right to have a child is the woman's right. If a woman is pregnant but does not want to give birth, then it is her right not to give birth. No one can force her whether to give birth or not.”

—Married woman, 32

We are grateful and honored to have partnered with three organizations based in the Kathmandu Valley. Our project could not have succeeded without their tremendous contributions and dedicated effort.

OUR PARTNERS

- » The [Group for Technical Assistance](#), a community development organization that works to improve aid and development activities in Nepal
- » Two youth-led branches of the [Family Planning Association of Nepal](#) that have experience effectively providing young people with SRHR information:
 - » [Bhaktapur Youth Information Forum](#)
 - » [Thimi Youth Information Forum](#)

Why partner with youth?

Young people's unique perspectives and needs are increasingly included in all facets of development work worldwide. Yet efforts to partner with youth don't often create truly meaningful partnerships in which young people are empowered decisionmakers and leaders. Ipas aims to promote young peoples' active engagement in communities and programs worldwide by supporting their participation in skills-building events and involving them at all stages of community mobilization projects.

In this project, Ipas entrusted youth-led organizations to be true partners. We built their capacity to manage the grants and implement the SRHR classes; then we offered continued support as they became responsible for delivering results—which they did with impressive success. Ipas continues to collaborate with some of the class facilitators on other youth-related projects. Using the skills they developed during our project, some facilitators have gone on to lead trainings-of-trainers for young people who will be peer educators in other parts of the country. In addition, our youth-led partner organizations have started a new project delivering SRHR classes to eighth- and ninth-grade students using the information, skills and materials they gained from our partnership.

“Our forums are youth-led; before we never had the chance to be part of big projects like the ones Ipas supports.”

— Youth facilitator

And young people weren't the only ones to reap the benefits of our partnership. In addition, our own staff gained a better understanding of young women's realities in Nepal, which will allow for future projects more finely attuned to local youth issues. Adults are sometimes apprehensive about partnering with youth, yet Ipas staff were consistently impressed by our youth partners' incredible commitment to the project, their passion for the work, their drive to exceed expectations, their open and honest communication, and their willingness to be flexible and seek support when needed. Through this project, Ipas staff realized how many opportunities exist for mutually beneficial partnerships with youth.

“I learned from the youth about being a youth ally.”

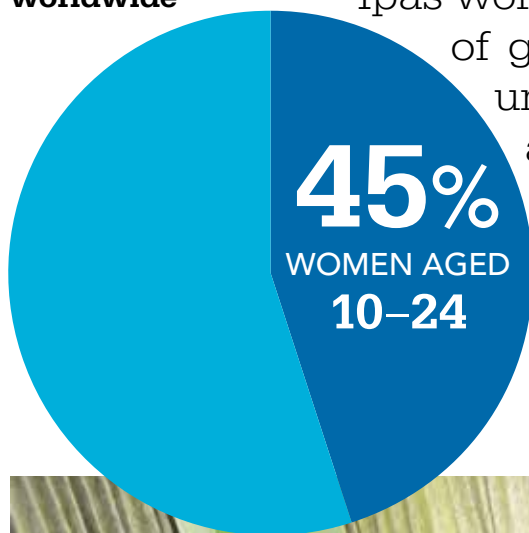
— Ipas Nepal staff member



IPAS'S WORK WITH YOUTH

All people, including young women, have a right to health. Young women face unique vulnerabilities and barriers to health-care access related to their age and gender, and their rights are often neither recognized nor upheld. Worldwide, reproductive health issues—including sexual violence and unsafe abortion—affect girls and young women disproportionately. Approximately 45 percent of unsafe abortion-related deaths each year are among women aged 10-24.^[2]

Unsafe abortion-related deaths each year worldwide



Ipas works with youth to enhance the ability of girls and young women to prevent unwanted pregnancy and obtain safe abortions—and to fulfill their sexual and reproductive rights, including their right to accurate health information and care.

Youth facilitator leads body mapping activity



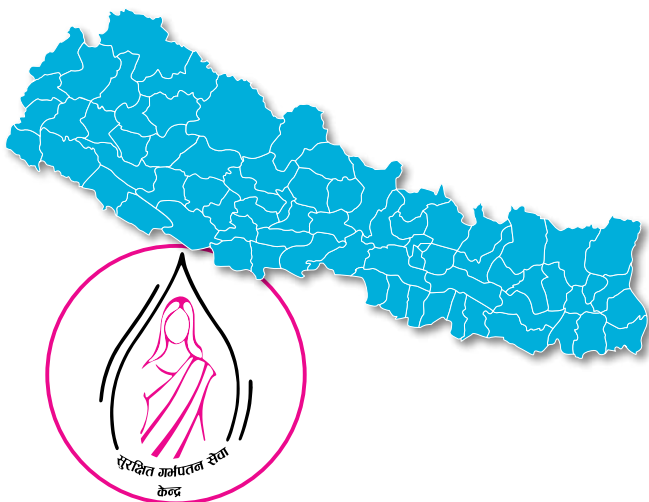
CONTEXT

Abortion in Nepal

Before 2002, abortion was illegal in Nepal except when the woman's life was at risk—and the legal code essentially equated abortion with homicide. Consequently, up to one-fifth of women in Nepali prisons before 2002 were imprisoned on charges of illegal abortion.^[3]

Thanks to a 2002 law that legalized abortion, Nepali women can now have the procedure for any reason up to 12 weeks gestation. After 12 weeks, women can terminate pregnancies under several medical or legal conditions. Drawing from public health evidence, the Nepali Ministry of Health—in collaboration with Ipas and other partners—has made comprehensive abortion care available in all 75 districts of the country, and a specially developed safe abortion logo clearly labels all facilities offering safe services. Along with other strategies employed by Nepal's government, this has helped reduce the number of women who die from pregnancy-related complications.

All 75 districts have at least one facility providing abortion services



Barriers for underserved populations

While Nepal has achieved significant improvements in maternal health, women continue to have difficulty accessing sexual and reproductive health and rights information and care, including safe abortion. Women who are living in poor and marginalized communities still face multiple social and economic barriers to health care. In some remote areas, the nearest health-care facility can be as far as a four-day walk away. Stigma attached to abortion, concerns over privacy, and cost of safe services leave many women with few options but to resort to unsafe abortion.

Plus, unique barriers for young, unmarried women throughout the country persist, including lack of accurate information, stigma attached to youth sexuality, judgmental provider attitudes, and gender-based violence. There are widely held beliefs that young women should not be sexually active before marriage and that reproductive health services are only for older, married women.

A logo helps identify where safe abortion care is provided



Women workers in the Kathmandu Valley

Migrant workers are a population particularly underserved by the health-care system. Thousands of young women work in the brick, handicraft and textile factories scattered across Nepal's Kathmandu Valley. Most of the women are seasonal, migrant workers from other parts of the country. Although some young women work in factories to earn money while pursuing their education, many others have no formal schooling. Their family and living situations vary greatly. Some women are married and live with their husbands. But often husbands are migrant workers abroad, and the family is only united for short periods each year. Many women

workers are unmarried and live with family, friends or coworkers—sometimes in factory dorms with limited privacy and safety.

Migrant workers' sexual and reproductive health needs are particularly acute. Sexual violence is common, with one in 10 young women workers reporting personal experiences of coercion.^[4, 5] Both male and female workers' knowledge and use of contraception is low. More than a quarter of young women workers have experienced at least one unwanted pregnancy, and 10 percent report terminating an unwanted pregnancy unsafely—almost all suffering complications as a consequence.^[6]



above: Women workers play a game of bingo on pregnancy symptoms

right: Women workers present their female reproductive system poster



THE PROJECT

Assessing the situation

In 2011, Ipas collaborated with the Society for Local Integrated Development in Nepal to conduct an assessment with young men and women workers as well as some factory managers in Kathmandu Valley. The assessment highlighted that young, unmarried women workers faced with an unplanned or unwanted pregnancy have few socially acceptable options. Our findings corroborated other research with factory workers in Nepal and showed that:

- » Workers had limited awareness of sexual and reproductive health topics.
- » Workers knew some symptoms of pregnancy and could name a few contraceptive methods. They did not know the mechanics of how pregnancy occurs or how to use contraception accurately.
- » Most women workers experienced unhealthy relationships and/or violence either firsthand or through a family member or close friend.
- » Workers had almost no knowledge of safe abortion or where to access safe care.
- » Women workers, when asked, frequently voiced interest in learning more about healthy relationships, life skills such as negotiating contraceptive use, and safe abortion.

Options for a young, unmarried woman with an unwanted pregnancy include:

“marrying the boy if he is willing, having an abortion far away from home or outside the health system using unsafe methods, or committing suicide.”

— Assessment participant*

*Many other men and women workers echoed these same ideas during the assessment.

Young facilitators take the lead

With Ipas's guidance, our youth-led partner organizations identified a total of 40 young facilitators who would lead the SRHR classes with women workers. Almost all the chosen facilitators were younger than 30, many were still in school or had some college education, and some worked as nurses or in community outreach. Ipas conducted trainings-of-trainers (TOTs) with the chosen facilitators, providing comprehensive information and skills building in SRHR topics, effective communication and facilitation techniques.

After completing the TOT, facilitators went out to garner support and commitments from factory managers to sign their factories up to participate in the project. Facilitators gave inputs on the class curriculum developed by Ipas staff and used it to implement a series of nine SRHR classes for a total of 1,618 women workers over a two-year period. Ipas provided continued mentoring and resources to the facilitators and availed themselves after hours to answer more urgent questions over the phone. By the end of the project, facilitators had strengthened their own skills and also the capacity of their organizations to collaborate with larger partners and continue to implement SRHR projects that include safe abortion information.

“For me it was the first time to teach young women from factories. I learned many things from them. Their experience regarding contraception, menstruation and pregnancy is different from mine. They taught me what I could not get from any course book.”

— Youth facilitator

Factory manager orientations

Ipas and its partners engaged the managers of participating factories to ensure their continued support of and in-kind contribution to our project. For a factory to participate in the project, the manager first had to agree to provide a convenient indoor space for the classes and guarantee that all women who wanted to attend would be allowed to without negative impacts on work or pay. Ipas and Bhaktapur Youth Information Forum then organized half-day orientation workshops for 32 managers that introduced them to SRHR issues and informed them of the project's purpose and the ways SRHR classes would benefit the women workers in their factories. After the orientation, many managers were enthusiastic about the project and encouraged their colleagues at other factories to also sign up.



above: Youth facilitator leads body mapping activity



SRHR classes for women workers

Ipas staff drafted a class curriculum with activity instructions and materials for nine classes (90 minutes each) covering many SRHR topics: human rights, sex and gender, relationships and violence, anatomy, puberty, menstruation, pregnancy, contraception, and abortion (a topic rarely covered during SRHR classes). More than 90 percent of the 1,618 women workers who participated in the classes were youth aged 15-30 years old, and all women who did not miss any classes received a small financial incentive.

Ipas and partners specially tailored the classes to meet participants' needs and ensure good attendance by:

- » Designing kinesthetic class activities and pictorial materials to appeal to participants with varying levels of schooling and literacy
- » Holding classes at times that accommodated factory work schedules: before the morning shift, at lunch, after work hours, and on Saturdays.

Peer educator outreach

From the women who attended SRHR classes, 89 young women (all under age 30 and most ages 15-25) were invited by facilitators to become peer educators. These young women participated in a four-day peer education workshop focused on team building, strengthening SRHR knowledge and skills, and community outreach.

After the workshop, each peer educator received a diary in which to record all outreach activities they completed in their factories, neighborhoods and villages. By the time the project ended, diary entries showed peer educators had reached an estimated 1,800 people with SRHR information—plus, they had referred 92 people to SRH care and accompanied 40 women to services.

“One day one of my friends visited me. She knew that I am a peer educator so she asked about appropriate contraception she could use to avoid pregnancy. I explained to her in detail the contraceptive methods I learned during our training. Then I also referred her to a nearby clinic where she could easily get family planning services at a very reasonable price.”

—Peer educator

Sharing our results

After the project ended and final evaluations were complete, Ipas Nepal—in collaboration with the Family Planning Association of Nepal—organized a meeting to share outcomes with project participants and stakeholders. More than 100 people attended, including representatives from district public health offices, nongovernmental organizations and other groups working in the SRHR field, as well as Ipas’s partner organizations for the project, trained SRHR facilitators, peer educators, women workers and factory managers.

The meeting’s interactive agenda featured a “gallery walk” of photos and information about the project and a panel discussion during which SRHR facilitators, peer educators and factory managers shared their experiences with the project. Two journalists in attendance then reported on the project’s success in their respective newspapers, both with national readership. Meeting attendees expressed wishes for the project to continue, and some showed interest in collaborating with Ipas to replicate it in other settings.

Women workers present their contraceptives poster



THE OUTCOMES

Ipas evaluated the quality and outcomes of the SRHR classes by conducting in-depth interviews with a random sample of consenting women workers before and after they attended the SRHR classes. Post-class interviews revealed significant increases in knowledge related to almost all topics covered—especially contraception, pregnancy and abortion. And women reported almost exclusively positive experiences with the classes, stating that the information, skills and confidence they gained would produce meaningful outcomes in their lives.

Not only did women who participated in the classes feel empowered to serve as resources for SRHR information within their families and communities, but some women also became change agents for women’s rights and gender equality, drawing on their improved understanding of socially constructed gender norms and a newfound confidence in their own ability to challenge gender-based discrimination.

“There is nothing that I did not like in the classes. All the issues were very much relevant to my life.”

—Married woman, 31

“Things that I learned here will be shared among friends. I can also share things that I learned here with my husband.”

—Married woman, 26

Abortion

Pre-class interviews revealed women's complex, often conflicting personal feelings about abortion and little understanding of safe abortion or Nepal's abortion law. After the classes, women spoke much more frequently of abortion in the context of human and reproductive rights, often identifying abortion as a woman's choice and a decision that is hers alone to make. In stark contrast to beforehand, after taking the classes women demonstrated a clear understanding of safe versus unsafe abortion, the methods of safe abortion and how each works, how to respond to complications from an unsafe abortion, and how to identify a safe abortion facility by looking for Nepal's safe abortion logo. All women interviewed after the classes knew that abortion is legal in Nepal and could mention many of the legal indications.

“Safe abortion is done by two methods. One is MA and the other is MVA. MVA is manual vacuum aspiration which can only be performed until 12 weeks of gestation. MA is medical abortion which can be done until nine weeks of gestational age.”

– Unmarried woman, 26

“To find the place where safe abortion care is given one must locate the sign with the logo of the girl in the poster. The services one receives at this place will be kept confidential and privacy will be maintained.” – Unmarried woman, 22

Contraception and family planning

While most women before the classes listed few contraceptive methods by name and many described feeling uncomfortable and insecure talking about or using contraception, women afterward conveyed full confidence—regardless of marital status—in talking about contraception, how to use various methods, and how to negotiate use with their partners. Women before and after the classes had strong preferences for smaller family size and spacing births, but a majority of women afterward also believed it is a woman's right to decide whether or not to have children. They clearly identified a woman's health and the welfare of existing children as important factors to discuss in family-planning conversations with husbands and other family members.

“I can easily talk about family planning with my friends. We can also counsel other women not to give birth to too many children. I can talk about all the contraceptive devices available.”

– Unmarried woman, 26

“Women's rights also include access to family planning services.” – Unmarried woman, 20

“Now, once I get married, I can easily negotiate [contraception use] with my husband.” – Unmarried woman, 27

Gender and sex

After the classes, all women correctly defined sex as the physical body a person is born with and gender as a construction of society that can change over time. Women were also more assertive in pointing out gender-based discrimination and used human rights terminology to argue for women's equality. In addition, many women dismissed socially constructed preferences for male children and reported improved confidence in their ability to talk with husbands and family members about this issue.

“My father-in-law and mother-in-law cannot pressure me to have a boy child because it's not guaranteed that I will give birth to a boy child, so I should use my own right whether to have a second child or not.” – Unmarried woman, 27

Healthy relationships

While most women were able to identify signs of an unhealthy relationship—such as sexual violence—before the classes, they asserted with more strength and confidence afterward a woman's right to decide whether and with whom to have sex. They also gained skills to address harassment.

“A husband cannot force a wife to have sex. There needs to be consensus so as to maintain the rights of the woman. [She has the] right to decide for herself.”

– Unmarried woman, 16

“After this training, I know how to fight against violent behavior.” – Married woman, 32

Menstruation

After the classes, women showed an increased level of confidence in their understanding of menstruation, translating to greater willingness to share menstruation facts and personal experiences with other women.

“I can easily talk about menstruation with my friends. Before taking the training, I used to feel uncomfortable, but after the training I do not feel any hesitation. Now I know that menstruation is a normal phenomenon.”

– Married woman, 18

Pregnancy

Women gained significant knowledge about how pregnancy occurs and the details of conception, including the roles of sperm, ovary, ovum and uterus. After the classes, women used correct anatomical terms more frequently and with confidence, knew more symptoms of pregnancy, and demonstrated greater comfort and less embarrassment in discussing pregnancy issues.

“To conceive a baby there has to be sexual relation. The sperm of male and matured ovum of female meet in the fallopian tube and get fertilized and then gradually the fetus gets attached in the uterus and further develops.”

– Unmarried woman, 24



Donor acknowledgement

Ipas and our partners are deeply grateful to the World Bank's Population and Reproductive Health Capacity-Building Program for its generous support that enabled successful implementation of this project.

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To see more photos from this project, visit our photo journal: www.ipas.org/Nepalproject

photos top to bottom:

Women workers participate in an activity on pregnancy and contraception

Peer educators practice SRHR role plays

Female reproductive system "sculpture" made by women workers

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Ipas is a nonprofit organization that works around the world to increase women's ability to exercise their sexual and reproductive rights, especially the right to safe abortion. We seek to eliminate unsafe abortion and the resulting deaths and injuries and to expand women's access to comprehensive abortion care, including contraception and related reproductive health information and care. We strive to foster a legal, policy and social environment supportive of women's rights to make their own sexual and reproductive health decisions freely and safely.

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