Understanding the Knowledge, Attitude, Practice and Intention regarding Abortion among Federal and Provincial Policymakers

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ABSTRACT

Background: For more than two decades abortion is legalized in Nepal, recognizing unsafe abortion as one of the leading but preventable cause of maternal morbidity and mortality. To safeguard safe abortion as women's rights, several policies, guidelines, training manuals have been developed along with training human resources and increasing access to abortion services across Nepal. However, access to safe abortion services remains a challenge. Hence, to unravel the possible reasons behind these challenges, this study explored the knowledge, attitudes, practices and intentions of policymakers of Nepal towards abortion.

Methods: Mixed methodology was used incorporating self-administered questionnaire for quantitative data collection and semi-structured interview guidelines to interview twenty local leaders from federal and provincial level, identified through purposive sampling. The ethical approval was taken from Nepal Health Research Council prior to data collection. After transcription and translation to English, Dedoose application was used for qualitative thematic analysis while the quantitative data was analysed using SPSS version.

Results: 70% understand that international health and human rights frameworks support abortion. Also, a majority (85%) believe that policies limiting abortion access create negative attitudes toward abortion. All the participants mentioned that they possess a good knowledge of safe abortion services. Majority of the participants had good attitude, confident in advocating, and had positive intention towards safe abortion services. However, existing socio-cultural barriers, lack of awareness, legal barriers and maintaining privacy were identified challenges to seek safe abortion and related services.

Conclusions: Despite strong positive intentions, policy implementation gaps and lack of accountability have resulted in poor awareness, access, and acceptability of abortion related services. Further budget allocation, safe abortion prioritization, continuous advocacy, integration of abortion in preservice curriculum and community engagement and awareness will bridge these gaps – to ensure equitable access to quality services including women and girls from marginalized community and adolescents.

Keywords: Intention; knowledge; policy gaps; policymakers; safe abortion.

INTRODUCTION

Unsafe abortion is one of the leading preventable causes of maternal morbidity and mortality worldwide.[1-3] After decades of anti-abortion laws, abortion was finally legalized in Nepal in 2002.[4] Subsequently, Nepal made significant progress in policy and guideline, learning resource package development, healthcare provider capacity building, and expanding access to safe abortion services (SAS) including free abortion service in public health facilities in 2016.[5] Despite these milestones, accessing SAS remain a challenge to women and girls due to various policy-level hurdles such as abortion's association with criminal law, unequal access to abortion, SAS availability at or above 13-weeks, and the absence of provincial and local regulations.[6,7] However, there are very limited studies which aims to understand the Knowledge, Attitude, Practice and Intention (KAPI) among policymakers in implementing quality SAS services in Nepal. Hence, in this study, we aim to explore knowledge, attitudes, practices and, intentions of policymakers towards abortion.

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METHODS

A mixed-methods design was employed, incorporating both quantitative and qualitative approaches for data collection and analysis. The qualitative data collection was conducted among twenty federal and provincial level policymakers using Key Informant Interviews (KII). A standard KAPI tool using 21-items (5-point Likert scale) was developed by Ipas and used for quantitative data collection. A five-point Likert scale were used to assess the attitude, practice on abortion advocacy and intention of the policymakers on different abortion statement; One indicating strong disagreement with the statement while 5 indicating strong agreement to the statements. The Semi-structured interview guideline for data collection was developed and KII was conducted to understand the perspective of policymakers on abortion related information, their attitude and intention regarding abortion and abortion services in Nepal. To develop the interview guideline relevant policies and guidelines regarding safe abortion have been reviewed. Purpose sampling was conducted to select the participants where participants were selected to provide rich information regarding the research objective. Prior to data collection, the ethical approval was taken from the Ethical Review Board of Nepal Health Research Council. The quantitative data was collected on tablets that were uploaded onto the central server. The data was entered into CSPro v7.0. Prior to data collection, participants consented in written consent regarding their participation in the study and the autonomy to leave the data collection was well explained to the participants of this study. The study adhered to ethical principle and considerations as stated by Helsinki principles throughout the study period.[8]

The participant's identity has been pseudonymized to respect the anonymity and confidentiality of the participant. The data were checked, coded, and exported to SPSS Version 15 for tabulation. Consistency and range checks were performed before exporting to SPSS for descriptive analysis and all analysis is based on weighted data. Similarly, for qualitative data collection, the data saturation was obtained as defined by Fusch et. al. with the last interview as no further new code was developed.[9] The interview was conducted physically, and all the recordings were recorded on the recorder. The data was transcribed verbatim and translated to English language. The data was coded using Dedoose application and a codebook was developed. Thematic analysis was conducted where code was aggregated to develop subthemes and theme. The theme was then described in the form of excerpts and the result was discussed.

RESULTS

A total of 5 statements were used to assess the knowledge among policy makers on abortion. The majority of the participants (85%) expressed their strong agreement on policies that restrict access to abortion contribute to stigma about abortion. 70 percent strongly agreed that removing legal restrictions on abortion is critical, but not enough to ensure access to abortion. Similarly, participants responded that they strongly agree with statements such as ensuring access to abortion relies on the participation of many stakeholders (85%), opposition groups spread false information to disrupt access to abortion (75%) and international health and human rights frameworks support abortion (70%). (Table 1.)

Table 1. Percentage distribution of participants by knowledge regarding abortion.

Likert scale	International health and human rights frameworks support abortion.	Policies that restrict access to abortion contribute to stigma (negative attitudes and beliefs) about abortion.	Opposition groups spread false information to disrupt access to abortion.	Removing legal restrictions on abortion is critical, but not enough to ensure access to abortion.	Ensuring access to abortion relies on the participation of many different stakeholders.
Strongly disagree	-	-	-	-	-
Disagree	-	-	-	-	-
Neutral	-	-	-	-	-
Agree	30%	15%	25%	30%	15%
Strongly agree	70%	85%	75%	70%	85%

The qualitative findings of this study suggest that most of the participants were well acquainted with all five legal conditions for SAS, prerequisites for providing service and free abortion services.

"Women can have an abortion anytime until 12 weeks of pregnancy with her consent. Women can abort the foetus within 28 weeks under certain conditions such as: If the pregnant woman (mother) has life threatening disease

such as HIV/AIDS and so on, If the foetus is abnormal, in case of rape/incest, If the pregnant women's (mother's) health condition is not good, both physical and mental"- Federal-level policymaker

However, few of the participants seemed to have a poor understanding of the indication of rape and incest, in relation to abortion and the consent needed for seeking the service.

A total of 3 statements were used to assess the attitude among policy makers on abortion. The majority of the policymakers (90%) strongly agreed that forcing people to continue unwanted pregnancies is a violation of human rights. Seventy five percent of policymakers strongly agreed that service seekers and healthcare providers should not fear legal or social consequences. However, 5% strongly disagreed that people providing care should not have to fear legal or social consequences. (Table 2.)

Table 2. Percentage distribution of participants by their attitude towards abortion.

Likert scale	Forcing people to continue unwanted pregnancies is a violation of human rights.	People seeking abortion care should not have to fear legal or social consequences.	People providing abortion care should not have to fear legal or social consequences.
Strongly disagree	-	-	5%
Disagree	-	5%	-
Neutral	5%	-	-
Agree	5%	20%	20%
Strongly agree	90%	75%	75%

The participants shared that the liberal law in Nepal has made access to abortion services easy for women and girls and so far there are no legal issues for the implementation of SAS in Nepal. However, the whole process of legalizing abortion was challenging.

"I was the first person to raise my voice for the start of abortion services in Nepal. The issue came up after I gave an interview in 1982. [..] When I started working, there was a lot of chaos surrounding this issue. People used to leave the patient at the gate after an abortion and run away. We used to bring them inside for treatment. After rigorous research, I found that abortion was not legalized in Nepal and thus, we started the process to legalize abortion."-Federal-level Policy Maker

Additionally, participants of the study stated that women should be able to access the safe abortion services beyond 28 weeks of the gestation period. They also shared about the restrictions to terminate the pregnancies beyond 28 weeks and that this issue needs to be addressed and rectified in the law.

"[..] The situation of not being able to get an abortion after 28 weeks in any condition has posed a problem since there might be cases where abortion is essential." -Federal-level Policy Maker

A total of 7 statements were used to assess the practice of the policymakers on abortion advocacy. The policymakers strongly agreed in using credible evidence to advocate abortion (90%) and working within their networks to advocate for SRH and abortion (90%). They were also confident in their ability to advocate for abortion (85%) and take action to advocate abortion in their community (75%). Similarly, strong agreement was also expressed (65%) to the statement that the policymakers have monitored media coverage and negative statements about abortion in their workplace. The highest (45%) agreement was expressed by the policymakers on challenging biased media coverage or negative statements about abortion. None of the policymakers strongly disagreed with the 7 statements while 5% disagreed with having challenged biased media coverage or negative statements about abortion. (Table 3.)

Table 3. Percentage distribution of participants on practices regarding abortion.

Likert scale	I am confident in my ability to advocate for abortion in my community.	I have taken action to advocate for abortion in my community.	I have monitored media coverage and negative statements about abortion in the workplace.	I have challenged biased media coverage or negative statements about abortion.	I have used credible evidence in my abortion advocacy work.	I have used credible evidence in my abortion advocacy work.	I have worked within my networks to include Sexual and Reproductive Health (SRH) and abortion in advocacy efforts.
Strongly disagree	-	-	-	-	-	-	-
Disagree	-	-	-	5%	-	-	-
Neutral	-	5%	-	10%	-	-	-
Agree	15%	20%	35%	45%	35%	10%	10%
Strongly agree	85%	75%	65%	40%	65%	90%	90%

Participants highlighted enhanced trust in the quality of service for uptake of SAS. The role of various community-based organizations, civil society organizations and support from the government has been identified as enabling factor in uptake of services.

"Safe abortion services have been improved as health institutions are providing good services in cooperation with the different abortion-related non-profit health organizations." Province -level policymaker.

Similarly, the participant of this study suggests increased resilience and decision making among women to receive service. However, the autonomy of women is compromised by the social values, abortion related stigma and family power relations. They believe that adolescent girls still face fear, sex-selective abortions persist, and those who talk about abortion openly get stigmatized by the community. Some even view that abortion is practiced as a method of contraception in the community, impacting women's health and hence need abortion related sensitization.

"It has been found that women come openly to have an abortion if they no longer desire to have children anymore but there is some interference from men. While saying that it is woman's body and their right to decide on abortion, there is compulsion for women to get consent from her husband or family members as men can question women on getting abortion." Province -level policymaker.

Some policymakers also argue that the implementation of SAS has been overly centralized, resulting in limited access in peripheral areas and inadequate SAS awareness among the population. The participants emphasize the need for more grassroots-level interventions to ensure effective implementation rather than relying solely on mass media platforms such as TV and radio.

"The programs are being conducted in developed areas like Kathmandu where women already know about this, but not in the remote areas where people should know." Federal-level policymaker.

Some prominent barriers against the access to and utilization of SAS as identified by the participants include difficulty in providing abortion training to private healthcare providers, transfer and unavailability of trained human resources, limited number of listed health facilities, rigid abortion related policies, regulation and their implementation, lack of Medical Abortion (MA) drugs, medical supplies, contraceptive services and monitoring of SAS. Similarly, participants suggested that restricting SAS up to 28 weeks is another major challenge in policy and regulation. Besides, lack of awareness, improper transportation facilities, geographical constraints, and lack of privacy have been pronounced as hindering factors to seek SAS in healthcare facilities.

"Most of the health facilities providing abortion services lack trained health workers, medicines and health equipment. In some cases, women are carried in a stretcher for getting abortion service due to lack of transportation facilities. People must walk for hours to reach the health facility which creates problem for them." Province-level policymaker.

A total of six statements were used to assess the intentions of the policymakers to advocate for abortion. 90 percent of participants strongly agreed to take action to advocate for abortion and 85% of the participants work with partners to advocate for abortion. However, a very small percentage of participants (10%) were neutral on challenging biased media coverage or public statements about abortion.

(Table 4.)

Table 4. Percentage distribution of participants on intention regarding abortion.

Likert scale	I will take action to advocate for abortion in my community.	I will monitor media coverage and public statements about abortion in the workplace.	I will challenge biased media coverage or public statements about abortion.	I will use credible evidence in my abortion advocacy work.	I will work with partners to advocate for abortion.	I will work within my networks to include sexual and reproductive health (SRH) and abortion in advocacy efforts.
Strongly disagree	-	-	-	-	-	-
Disagree	-	-	-	-	-	-
Neutral	-	10%	10%	-	-	-
Agree	10%	15%	25%	30%	15%	25%
Strongly agree	90%	75%	65%	70%	85%	75%

DISCUSSION

The study explores the knowledge, attitudes, practices, and intentions of policymakers of Nepal regarding abortion. To the best of authors knowledge, no previous studies have been carried out to assess the knowledge and perception of policymakers on abortion in Nepal. Our study shows that policymakers have a strong understanding and knowledge of the legal conditions for SAS. A similar study conducted in Iran shows strong understanding and support towards abortion services similar to this study while the policymakers in Nigeria report a lower understanding and perception regarding safe abortion.[10,11] This indicates varied understanding and perspective of policymakers on abortion in various regions.

The findings of this research extend to the previous research that suggests the support of multiple stakeholders including civil society organizations in ensuring quality SAS in the context of Nepal.[6,12] Restrictive abortion policies have compromised the accessibility of services particularly among marginalized and vulnerable women compromising the quality of healthcare. Even though policymakers support termination of pregnancies beyond 28 weeks, there is limited evidence of dialogue and policy advocacy from federal and provincial policymakers for change in the Safe Motherhood and Reproductive Health (SMRH) Act. The study by Puri et. al. supports our findings of a policy gap by describing the discrepancies in lawful provisions between the SMRH Act and the Penal Code with abortion still being part of criminal law.[6]

Apart from legal barriers, this study suggests existing socio-cultural barriers and taboo, stigmatization, lack of awareness and concerns about privacy were identified as significant challenges to seek abortion services. The community focused program on service availability, establishing and initiating abortion dialogues within social networks, integrating abortion in curriculum and digital health is essential for community sensitization on abortion which is also supported by the similar study conducted in Nepal.[13,14]

One of the important highlights from this study has been the need to expand the service to health post level to increase SAS accessibility among vulnerable and marginalized women. Similar recommendation for service expansion has been recommended by previous research conducted in Nepal.[7,15] To address the geographical barriers and systemic barriers in assessing SAS, MA self-care including tele-abortion services could be beneficial.[16] A study by Asia Pacific Alliance for Sexual and reproductive Rights highlights the success of reaching marginalized and hard to reach women through self-managed medical abortion (MA) and tele-abortion services by Family Planning New South Wales Australia.[17] In Nepal the self-care measures for SAS during COVID-19 were effective as the 272 women and girls received services through tele abortion services from 5 municipalities once the RMNCH interim guideline was in place however, it was discontinued later.[16] Thus, these evidences highlight and recommends implementation and scale up of self-management of abortion including tele-abortion and promote self-care measures as a systemic strategy to ensure uninterrupted SAS services as a human right in geographically hard to reach areas.[6] One of the important recommendations from this study is to strengthen effective monitoring and supervision, including regular logistic supplies for service readiness in providing SAS and post-abortion care. However, it is important to note that this study does not provide insight into the perspectives of local government representatives and service readiness among healthcare providers and policymakers at large scale and hence there is a need for further research in these areas. This gap in our research could serve

as a basis for future studies, as it could be important to understand the viewpoints of local authorities responsible for formulating and implementing safe abortion policies and programs within communities.

CONCLUSIONS

The study findings reveal that the majority of policymakers in Nepal have a sound level of knowledge, a positive attitude, and effective practice and intentions when it comes to advocating for abortion. However, several challenges and barriers persist, including, abortion stigma among the community, and awareness related to SAS, service accessibility and availability, and the development of human resources for quality service provision.

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