REPRODUCTIVE HEALTH matters

FEATURE

The role of auxiliary nurse-midwives and community health volunteers in expanding access to medical abortion in rural Nepal

Mahesh Puri,[a] Anand Tamang,[b] Prabhakar Shrestha,[c] Deepak Joshi[d]

a Associate Director, Center for Research on Environment, Health and Population Activities (CREHPA), Kathmandu, Nepal. *Correspondence*: mahesh@crehpa.org.np

b Director, CREHPA, Kathmandu, Nepal

c Senior Advocacy and Training Officer, CREHPA, Kathmandu, Nepal

d Research Officer, CREHPA, Kathmandu, Nepal

Abstract: *Medical abortion was introduced in Nepal in 2009, but rural women's access to medical abortion services remained limited. We conducted a district-level operations research study to assess the effectiveness of training 13 auxiliary nurse-midwives as medical abortion providers, and 120 female community health volunteers as communicators and referral agents for expanding access to medical abortion for rural women. Interviews with service providers and women who received medical abortion were undertaken and service statistics were analysed. Compared to a neighbouring district with no intervention, there was a significant increase in the intervention area in community health volunteers' knowledge of the legal conditions for abortion, the advantages and disadvantages of medical abortion, safe places for an abortion, medical abortion drugs, correct gestational age for home use of medical abortion, and carrying out a urine pregnancy test. In a one-year period in 2011–12, the community health volunteers did pregnancy tests for 584 women and referred 114 women to the auxiliary nurse-midwives for abortion; 307 women in the intervention area received medical abortion services from auxiliary nurse-midwives. There were no complications that required referral to a higher-level facility except for one incomplete abortion. Almost all women who opted for medical abortion were happy with the services provided. The study demonstrated that auxiliary nurse-midwives can independently and confidently provide medical abortion safely and effectively at the sub-health post level, and community health volunteers are effective change agents in informing women about medical abortion.*

Keywords: medical abortion, auxiliary nurse-midwives, female community health volunteers, outreach health centres, Nepal

The abortion law was reformed in Nepal in September 2002 to improve the health status and condition of women. The law allows abortion up to 12 weeks of pregnancy at the request of the woman, up to 18 weeks if the pregnancy results from rape or incest, and at any time during pregnancy on the advice of a medical practitioner, if the physical or mental health or life of the woman is at risk, or the fetus is impaired or has a condition incompatible with life.[1] Previous laws did not allow abortion under any circumstances and many women who had had an abortion were imprisoned.[2] The introduction of legal abortion has been characterized by a committed effort by the Ministry of Health and Population and non-governmental organizations to rapidly scale up access to safe abortion. Manual vacuum aspiration services became available in 2004; second-trimester procedures were introduced in 2007; and senior nurses who had prior training in post-abortion care began providing services in 2008.[2] Manual vacuum aspiration was the only safe abortion method used until 2009 in Nepal. In line with the Safe Abortion Service Directives 2065 B.S. (2008), the Government of Nepal introduced medical abortion on a pilot basis in six districts through 32 accredited comprehensive abortion care centres for a period of one year in 2009, with a 96.1% success rate. The experience gained encouraged the Government to scale up medical

 Doi: 10.1016/S0968-8080(14)43784-4

abortion services in all accredited abortion clinics throughout the 75 districts of the country in a phased manner. However, medical abortion services are still limited to a relatively small number of accredited government and non-governmental centres, including selected primary health centres and health posts. No sub-health post was approved for medical abortion provision before this study.

Despite these efforts, knowledge and use of medical abortion has been discouragingly low. An evaluation study of medical abortion services in the six pilot districts, carried out by the Center for Research on Environment Health and Population Activities (CREPHA) in 2009, showed that only 15% of 1,093 married women of reproductive age had heard about medical abortion.[3] Government records from the six pilot districts revealed that of the women who had had an abortion in that period, only 6.1% had opted for medical abortion.[3] The study also found a number of other barriers:

- no full-time counsellor at the government facilities to provide information on medical abortion that would enable women to make an informed choice;
- negative attitudes on the part of providers towards medical abortion;
- a policy that barred women living more than two hours' distance from the health facility from using medical abortion;
- low confidence in medical abortion efficacy among the providers; and
- the requirement of repeat visits to the clinic.[3]

The findings contributed to elimination of the policy that stipulated that women living more than two hours from a health facility could not use medical abortion, and also helped provide a choice for women of home or clinic use of misoprostol.

Although medical abortion provision in recent years in Nepal has been expanding, restrictions on certification of facilities and provider provision remain in place. Rural women's access to medical abortion services remains limited due to the government's reluctance to expand the services to outreach health centres, particularly at the sub-health post level (the lowest level of health facility in the government health system) through auxiliary nurse-midwives.

Previous research in Nepal had demonstrated that medical abortion provision by doctors, nurses and auxiliary nurse-midwives is acceptable and feasible.[4,5] More recently, a World Health Organization study by CREHPA showed that mid-level providers could provide medical abortion from certified facilities with the same safety and effectiveness as doctors.[6] These findings were in line with research elsewhere indicating that non-clinicians can safely provide first-trimester abortion.[6–8]

Medical abortion has the potential to expand women's access to safe abortion in Nepal by overcoming the need for a skilled provider in a clinic setting, as needed with aspiration abortion.[8–10] It also increases affordability and privacy.[11,12] Most importantly, it offers the opportunity to decentralize provision of services away from traditional hospital and clinic settings.[13]

Increasing the utilization of medical abortion requires knowledge and motivation. Studies conducted elsewhere have shown that training and advocacy at different levels of the health system, use of mass communication channels, and mobilisation of community-based groups have been effective in increasing utilisation of contraception, HIV and child health services.[14,15] The grapevine is also very effective in spreading the word about misoprostol all over the world, in spite of laws against abortion and in the absence of formal information. However, the effectiveness of using community-based volunteers in increasing awareness about medical abortion and establishing referral systems in rural areas in countries like Nepal has not been studied.

The female community health volunteer programme in Nepal was introduced by the Ministry of Health and Population in 1988. Currently, over 50,000 women serve as an important source of information for communities in nearly all rural areas. They enjoy high respect and acceptability because they play an important role in contributing to key public health programmes, including family planning, maternity care, child health, vitamin A supplementation, deworming and immunization coverage.[15,16] However, they have not been trained or involved in providing information or referral for safe abortion care, including medical abortion.

This study, in two western districts of Nepal in 2011 and 2012, assessed the effectiveness of training 13 auxiliary nurse-midwives based in health posts and sub-health posts to provide medical abortion independently, and 100 female community health volunteers as communicators and referral agents for expanding medical abortion access to rural women.