Level of awareness about legalization of abortion in Nepal: A study at Nepal Medical College Teaching Hospital

H Tuladhar and A Risal

Department of obs/gyne, Nepal Medical College Teaching Hospital, Jorpati, Kathmandu, Nepal

Corresponding author: Dr. Heera Tuladhar, Associate Professor, Department of obs/gyne, Nepal Medical College Teaching Hospital, Jorpati, Kathmandu, Nepal

ABSTRACT

World Health Organization (WHO) estimates that about 25.0% of all pregnancies worldwide end in induced abortion, approximately 50 million each year. More than half of these abortions are performed under unsafe conditions resulting in high maternal mortality ratio specially in developing countries like Nepal. Abortion was legalized under specified conditions in March 2002 in Nepal. But still a large proportion of population are unaware of the legalization and the conditions under which it is permitted. Legal reform alone cannot reduce abortion related deaths in our country. This study was undertaken with the main objective to study the level of awareness about legalization of abortion in women attending gyne out patients department of Nepal Medical College Teaching Hospital (NMCTH), which will give a baseline knowledge for further dissemination and advocacy about abortion law. Total 200 women participated in the study. Overall 133 (66.5%) women said they were aware of legalization of abortion in Nepal. Women of age group 20-34 years, urban residents, service holders, *Brahmin/Chhetri* caste and with higher education were more aware about it. Majority (92.0%) of the women received information from the media. Detail knowledge about legal conditions under which abortion can be performed specially in second trimester was found to be poor. Large proportion (71.0%) of the women were still unaware of the availability of comprehensive abortion care services at our hospital, which is being provided since last seven years. Public education and advocacy campaigns are crucial to create awareness about the new legislation and availability of services. Unless the advocacy and awareness campaign reaches women, they are not likely to benefit from the legal reform and services.

Keywords : Abortion, maternal mortality, legalization, awareness.

INTRODUCTION

More than 100,000 unwanted pregnancies each day, or about 36 to 53 million each year, ends in induced abortion. Estimates suggest that more than half of these abortions are performed under unsafe conditions and result in more than 70,000 deaths per year, almost all in developing countries.[1] The legal status of abortion is a key determinant of access to safe abortion. Women will normally obtain abortion also in countries where abortions are against the law, the more affluent women obtaining relatively safe procedures, whereas the poor women usually suffer the severe consequences, adolescents being particularly vulnerable. In 1998, according to a study in Nepal, it was estimated that more than half of gynecological and obstetric hospital admissions were due to abortion related complications.[2] In Romania, after legalization of abortion in 1989, maternal deaths related to abortions fell from around 130 per 100,000 live births in the years before to around 60 per 100,000 live births in the year after abortion was legalized.[3]

Although the exact proportion is not known, unsafe abortions are believed to contribute significantly to Nepal's high maternal mortality ratio. In order to address this, abortion was legalized under specified conditions in March 2002. The bill received Royal Assent in September 2002 with the Procedural Order enabling the implementation of the new law receiving approval in December 2003. Government of Nepal, through Ministry of Health, has prioritized the national safe abortion program, working with many partners, including government departments at central, regional and district level, non-government organizations, public and private sector service providers and international development partners, to implement the new law as quickly as possible and save maternal lives. Under the new law, which is liberal by any standards, abortion is permitted up to 12 weeks' gestation for any woman above 16 years on her request. For women under 16 years the permission of a guardian is required, but this is not strictly defined and may be any adult relative or friend. Abortion is also permitted up to 18 weeks' gestation if the pregnancy is the result of rape or incest, and at any time on the advice of a medical practitioner if the life or health of the woman is in danger or the fetus is seriously deformed or has a condition that is incompatible with life.[4]

The government is committed to enabling women across Nepal, regardless of their socio-economic status, to exercise their legal right to access safe abortion services if they have an unwanted pregnancy.

From a country with one of the most restrictive and strictly enforced abortion laws in the world, where many women received lengthy prison sentences for abortion-related 'crimes', Nepal has become a model for change globally.[5] One of the main post-legalization challenges for Nepal is " how to make legal and safe abortion services accessible to all women without fear of stigmatization and as women's reproductive rights". Public Opinion Poll conducted by CREHPA in October 2002 revealed that just 22.0% of the urban adult population was aware that abortion has been legalized in Nepal.[6]

Legal reform alone cannot reduce abortion related deaths in our country. Public education and advocacy campaigns are crucial to create awareness about the new legislation, modify society's attitude towards abortion, prevent unsafe and illegal practices, inform about legal and safe abortion care services and create enabling environment for women and couples to make informed decisions on their unintended pregnancies. Unless the advocacy and awareness campaign reaches women, they are not likely to benefit from the legal reform and services. This study was undertaken with the main objective to study the level of awareness about legalization of abortion in women attending gyne out patients department of Nepal Medical College Teaching Hospital (NMCTH), which will give a baseline knowledge for further dissemination and advocacy about abortion law.

MATERIALS AND METHODS

This is a hospital based prospective study conducted in Nepal Medical College Teaching Hospital which is a 700 bedded tertiary care hospital and medical college situated at Jorpati, a suburban area of Kathmandu. The area mainly consists of population of lower socioeconomic class, most of them working as laborers especially in carpet factories. The study period extended from 1st July '09 to last August '09, total duration being two months. The study group consisted of 200 women of reproductive age (15-49 years) who attended obs/gyne outpatient department. The women were enrolled in the study irrespective of their complaints and diagnosis. These women represent a sample of typical suburban female population of Nepal. The purpose of the study was explained and informed verbal consent was obtained. A partially structured questionnaire was filled up by interviewing all those cases. The questionnaire included information regarding the age, parity, ethnic group, area of residence, educational status, occupation and level of awareness about legalization of abortion in Nepal, source of information, awareness about different conditions for legal abortion and knowledge about availability of comprehensive abortion care (CAC) service at NMCTH.

RESULTS

Total 200 women participated in the study. Overall 133 (66.5%) women said they were aware of legalization of abortion in Nepal. The level of awareness varied according to the age group, area of residence, occupation, ethnic group and educational status of the women as shown in Table-1.

Adolescents, laborers, rural, uneducated and *Magar* women were less aware about legalization of abortion, whereas women of age group 20-34 years, urban residents, service holders, *Brahmin/Chhetri* caste and higher educated women were more aware about it.

Majority of the women received information from the media, and health personnel were the least common source of information.

Although two thirds of total women were aware about legalization of abortion in the country detail knowledge about legal conditions under which abortion can be performed specially in second trimester, was found to be poor.

A large proportion of the women were still unaware of the availability of abortion services at our hospital, which is being provided since last seven years. Majority (84%) of the women were also not using any contraceptive methods.

Thirteen women (6.5%) already had an experience of induced abortion in the past, two among them were unaware about legalization. They were also not aware about legal conditions for abortion specially that in the second trimester.

DISCUSSION

WHO estimates that about 25.0% of all pregnancies worldwide end in induced abortion, approximately 50 million each year. Of these abortions, 20 million are being performed under dangerous conditions, either by untrained providers or using unsafe procedures, or both. Deaths as a result of unsafe abortions in developing countries are estimated at 80000 annually, i.e. 400 deaths per 100 000 abortions. Although over the past 10 years there have been improvements in the safety of the abortion procedures used and access to treatment for complications for some women in developing countries, the number of women requiring treatment for serious

Table-1: Socio-demographic characteristics of the study population with awareness of legalization of abortion

Characteristics	**No.**	**%**	**Aware of legalization of abortion**	
Age group(in years)			No.	%
Adolescents(<19)	8	4.0	2	25.0
20-34	168	84.0	116	69.0
>35	24	12.0	15	62.5
Mean age: 26.01 years **Range: 18-47years**				
Area of residence				
Rural	131	65.5	85	64.9
Urban	69	34.5	48	69.6
Occupation				
Housewife	155	77.5	98	63.2
Laborer	6	3.0	2	33.3
Service	22	11.0	20	90.9
Business	14	7.0	11	78.6=
Student	3	1.5	2	66.7
Ethnic group				
Brahmin/Chhetri	85	42.5	68	80.0
Lama/Sherpa/Tamang	47	23.5	22	46.8
Newar	35	17.5	22	62.8
Magar	10	5.0	3	30.0
Others	23	11.5	18	78.3
Educational status				
Illiterate	49	24.5	24	48.9
Primary	28	14.0	9	32.1
Secondary	71	35.5	56	78.9
Intermediate and above	52	26.0	44	84.6

complications of unsafe abortion remains very high and many women never receive care at all.[7-14] A range of positive steps has been taken to reduce deaths and morbidity from abortion in a growing number of countries over the past 15 years. Since 1980, abortion laws have been liberalized in some form. Making abortion legal is an essential prerequisite for making it safe. Safety is not only a question of safe medical procedures being used by individual providers, it is also about removing the risk of exposure and the fear of imprisonment and other punitive measures for both women and providers. Since the legalization of abortion in Nepal, there have been few studies regarding public awareness. One such study done by Singh and Jha[15] among 150 participants from health background 87.0% knew abortion was legalized in Nepal. Regarding the site of abortion service, only 27.4% said government hospital and 72.6% identified private clinic as the main source for abortion service.

Our study showed the awareness about legalization of abortion to be 66.5%. Study done by CREHPA in 2000

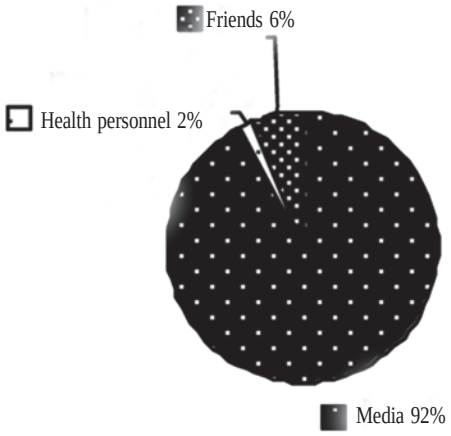

Fig.1. Source of information

showed that between 20.0-60.0% of the obstetric and gyne patients in major government hospitals of the country are cases of abortion complication.[16] Majority of the urban public are still ignorant about legalization, only 42.0% of the urban public mentioned that abortion is now legal in the country. There has been a remarkable increase in awareness level about the legal reform. For example, in 2002, only 22.0% were aware about legalization, this percentage increased only marginally in 2003 (26.0%) and increased by approximately one and a half times in 2004 (42.0%). Knowledge about the three legal conditions for abortion is still very low. Among the urban public who were aware of legalization, only a third of them (37.0%) were aware that abortion is permitted on request during first 12 weeks of pregnancy. Very few respondents (7.0%) were aware that abortion is permitted up to 18 weeks in case of rape or incest and just one fifth (20.0%) were aware that it is permitted if pregnancy affects the health of mother or the fetus. Over a half of the respondents were unaware about CAC services. In districts having government approved CAC centers, more than half of the urban public (except Kathmandu; 72.0%) were still unaware about their

Table-2: Awareness among women with history of induced abortion (n=13)

Awareness on legalization	No.
Aware	11
Upto 12 weeks for any women	9
Upto 18 weeks if pregnancy results from rape or incest	2
Life or physical or mental condition of a pregnant woman is at risk or if the fetus is deformed or incompatible with life	0

district hospitals having approved safe abortion service centers. Even in districts not having CAC centers, a considerable proportion (25.0-49%) of the urban public have the misconceptions that their district hospitals provide safe abortion services. Though there is a remarkable increase on awareness about the legalization, more public awareness efforts are essential to impart correct knowledge about abortion rights, legal provision and safe abortion (CAC) services.[17-19]

Although abortion has been legal in India since 1972, study done by Gupte *et al* of 67 women in rural Maharashtra in 1997 found that only 18.0% knew that, while 64.0% thought it was not legal, and the remainder were unsure.[20] Azize-Vargas *et al* has also reported that, although abortion has been legal in Puerto Rico for 20 years, there is still a widespread perception that abortion remains illegal, public information about abortion service site is also very limited and even the medical students know very little about the law.[21]

In Sri Lanka where induced abortion is a criminal offence except to save the life of the mother, Abeyasinghe *et al* studied the awareness and views of the law on abortion among 313 women seeking abortion,[22] 65.8% of the respondents stated they knew the current law, 25.6%

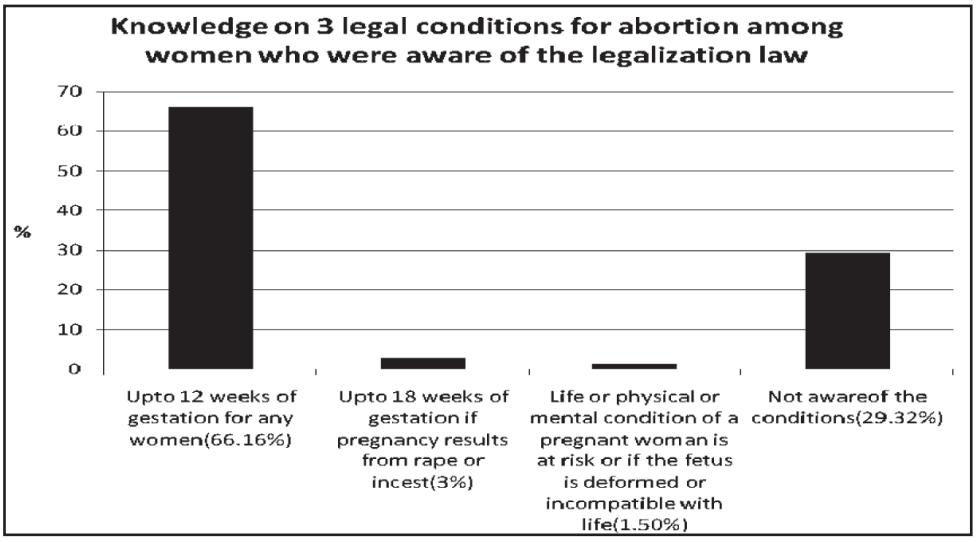

Fig. 2. Knowledge about three legal conditions in abortion law

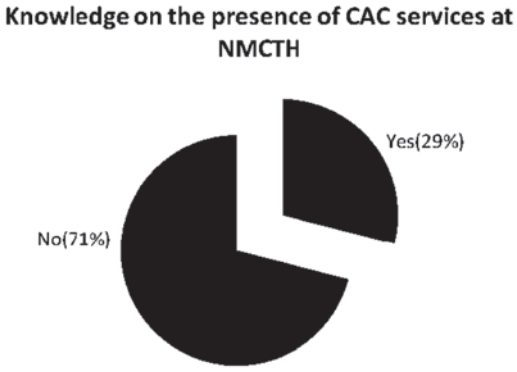

Fig.3. Knowledge about availability of CAC service at NMCTH

stated they did not and 8.3% were unsure. On detailed analysis of each respondent's knowledge regarding the situations where abortion is legalized only 11.2% had an accurate knowledge.

So, the findings of our study are more or less comparable to other studies in various countries with different status of legalization of abortion. Overall a highly satisfactory proportion (66.5%) of the respondents were aware about legalization of abortion in Nepal, as compared to 49% in the most recent survey conducted by CREHPA in 2006,[23] but the in depth knowledge about the conditions when abortion is permitted under the law seemed still lacking. So, from this study we can conclude that advocacy and awareness campaigns about abortion law and against unsafe abortion practices are strongly needed in our country.

As seen from the study, media was the most common source of information for the public, widespread utilization of electronic and print media is required for creating awareness about the new abortion law, the safety net or gestation period for legal abortion, pre- and post abortion counseling and risk of unsafe abortions. Conducting district and village level advocacy workshops and talk programs on above issues should be considered involving frontline health workers such as VHWs (village health workers), FCHVs (female community health volunteers) and TBAs (traditional birth attendants) for awareness and education campaigns among communities. Hence, widespread public awareness is an important component in making abortion safe where it has previously been unsafe; women need to know that safe abortions are not only permitted but also available.

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