EXPLORING DETERMINANTS AND INFLUENTIAL FACTORS OF UNSAFE ABORTION PRACTICES AND SERVICE ACCESS

INTRODUCTION

Unsafe abortion persists as a public health issue in Nepal, despite increased access to legal and safe services since 2002. While the number of authorized providers has grown and medical abortion options have expanded, many women still resort to unsafe procedures. Complications account for about seven percent of pregnancy-related deaths in Nepal. Challenges on the demand side include limited awareness of legal abortion, persistent stigma, cultural and religious influences, reliance on unauthorized pharmacy outlets, and socioeconomic factors. Unsafe abortions are more prevalent in countries with restrictive laws, inadequate services, and persistent stigma. This study aims to explore the complex determinants of unsafe abortion in Nepal, using quantitative and qualitative research approaches to examine barriers and facilitators to safe abortion access.

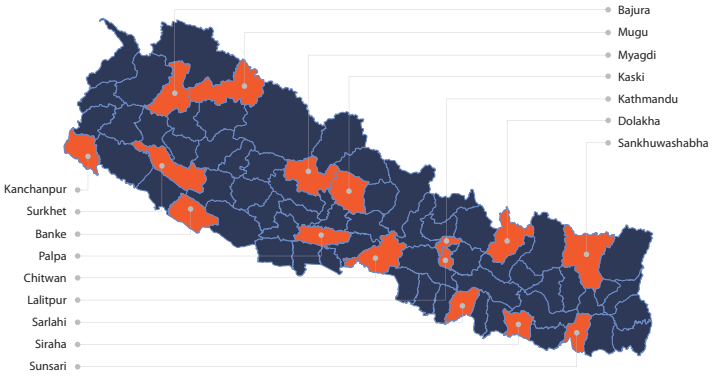
Study objective

- To investigate determinants of and factors influencing unsafe abortion practices and access to services in Nepal.

METHODOLOGY

This research employed a cross-sectional study design to investigate sexual and reproductive health issues among women of reproductive age (WRA) in 30 municipalities across Nepal's seven provinces. The study used a stratified sampling technique to ensure adequate representation of women from different age groups. Quantitative data was collected through face-to-face interviews using structured questionnaires, while qualitative data were obtained through semi-structured interviews with selected men, in-laws, women leaders/activists, traditional healers, and Female Community Health Volunteers (FCHVs).

In total, 2286 WRAs were interviewed, along with a qualitative sample of men, in-laws, FCHVs, women leaders/activists, and traditional healers. A total of 228 participants were interviewed, including 26 community healers, 36 FCHVs, 35 women leaders, 34 in-laws, and 97 men from 12 districts across all the provinces. Among the 97 men, 28 were under the age of 20, 33 were between the ages of 21 and 35, and 36 were over the age of 35.



FINDINGS

Socio-demographic characteristics

	Percentage	Respondents	
		Number (weighted)	Number (unweighted)
Age			
15-19	9.1	209	223
20-24	15.6	356	377
25-29	20.2	462	469
30-34	15.9	362	357
35-39	15.1	344	330
40-44	13.2	301	288
45-49	11.0	251	242
Education			
Basic education	36.6	650	637
Secondary education	47.1	836	849
Bachelor and above	8.4	150	155
No Education	7.9	140	148
Marital status			
Never married	13.6	310	311
Currently married	83.4	1907	1906
Divorced/separated / widowed	3.0	69	69
Place of Residence			
Rural	45.5	1040	1093
Urban	54.5	1246	1193
Provinces			
Koshi	16.8	383	311
Madhesh	19.5	446	366
Bagmati	21.6	494	414
Gandaki	8.7	198	271
Lumbini	18.0	412	293
Karnali	5.7	130	285
Sudurpaschim	9.8	223	346
Total	**100**	**2286**	**2286**

Women's autonomy

The status of women's autonomy in decision-making and exercise of their reproductive rights among married women of reproductive age (MWRA) was evaluated using three indices: the ability to decline sexual intercourse, decision-making power over contraceptive use, and decision-making power over their own healthcare. Women who responded affirmatively to all three components were considered as having control over their own sexual and reproductive decisions.

The study found that 57 percent of MWRA were considered to be autonomous based on their affirmative responses to all three components. The age group with the highest percentage of women exercising autonomy was 30-34 years old, with 61 percent of women in this age group considered being autonomous. Women with a bachelor's degree or higher had the highest percentage of autonomy at 69 percent. The wealthiest women, in the "Richest" wealth quantile, had the highest percentage of autonomy at 68 percent. Urban women had the highest percentage of autonomy at 62 percent. Among the provinces, Sudurpaschim had the highest percentage of autonomous women at 82 percent.

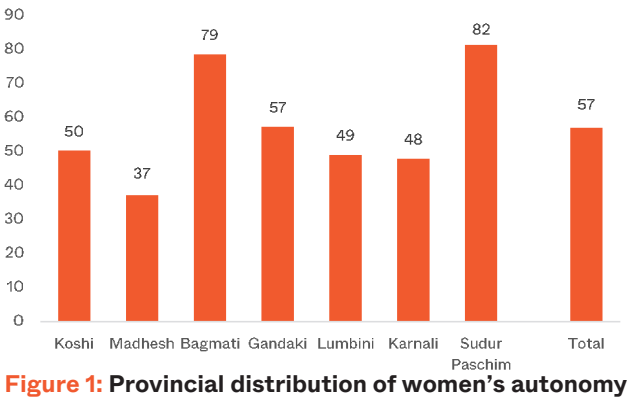


Figure 1: Provincial distribution of women's autonomy

Knowledge of abortion

The results indicate that 42 percent (four out of 10) of respondents were aware of the legality of abortion, with a higher level of education being associated with increased knowledge (68%). Higher knowledge was also found among youths and adolescents, individuals in the upper wealth quantile, and never-married girls and women. Moreover, 72 percent of those informed understood that abortion could be performed up to 12 weeks upon request, while 25 percent were aware that it could be carried out up to 28 weeks in cases of rape and incest.

Regarding provincial differences, Sudurpaschim displayed the highest knowledge concerning the legality of abortion, followed by Koshi. Respondents from Madhesh demonstrated the lowest knowledge about the legal status of abortion.

The qualitative interviews also suggested that even those who were aware of legal and safe abortion services recognized the occurrence of illegal abortions and the related dangers. Participants in the study expressed a preference for certified health facilities

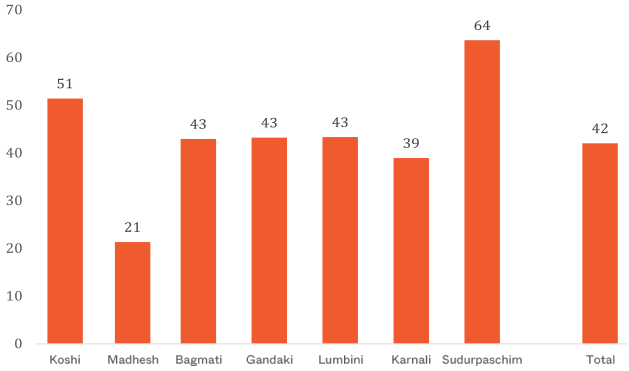


Figure 2: Percentage of WRA who think abortion is legal

and professionals for abortion services, with concerns raised about the potential risks of seeking services from uncertified providers such as pharmacies and clinics.

> *"There are those who practice illegal methods for abortion whether it be medical shops, hospitals, or certain medical personnel... if information about such illegal abortion methods is received it should not be ignored. They must be strictly punished according to the law."* **-IDI-Pokhara**

Similarly, slightly over two-thirds (68%) of the respondents were aware of SAS locations. Among them, the majority (65%) knew that government hospitals provided SAS, followed by private hospitals (44%), while only 11 percent were informed of SAS facilities being available in NGO-run clinics. Moreover, 12 percent believed that abortion services could be obtained from pharmacies although they are not authorized abortion service providers.

Similarly, just about one-third (31%) of the total respondents were aware of the condition that abortion should not be provided without the consent of women, while 31 percent of the respondents knew of the illegality of sex-selective abortion. Furthermore, the findings suggest that only eight percent were aware about abortion services being prohibited beyond the legal weeks and four percent were aware that abortion besides legal conditions is prohibited by law.

As the educational attainment increased, the respondents' knowledge of the conditions discussed rose accordingly. Those living in rural areas were more knowledgeable than their urban counterparts. Most of the respondents in Sudurpaschim had a greater understanding of the conditions prohibited by law concerning abortion.

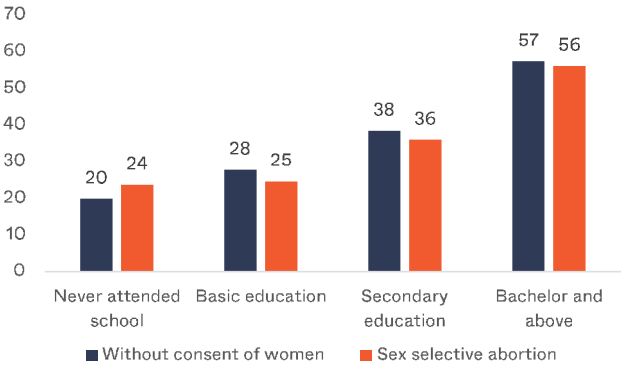


Figure 3: WRA percentage who knew about the conditions for undergoing abortions as prohibited by law

Abortion-Related Stigma

- Abortion-related stigma was measured using the Stigmatizing Attitudes, Beliefs, and Actions Scale (SABAS).
- There was an inverse dose-response relationship between the levels of education and the score for unsafe abortion (SABA).
- The stigma associated with abortion was lower among respondents with higher levels of education.
- Currently married women had higher stigma associated with abortion compared to never-married women.
- The lowest stigma was observed among respondents in Sudurpaschim compared to those in Koshi.
- The education level was inversely associated with negative stereotyping, exclusion and discrimination, and fear of contagion.
- Discrimination and status loss are moderate components of the stigma cycle in Nepal.
- Labeling and stereotyping play a significant role in the stigmatization of abortion in Nepal.
- People who have abortions are often judged as promiscuous, careless, selfish, and lacking compassion for human life.

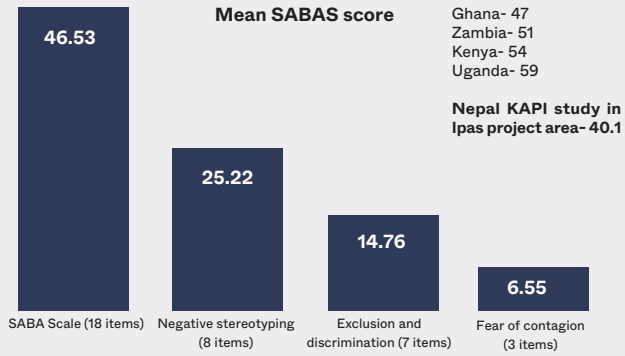


Figure 4: Abortion stigma in Nepal

The findings also explored the levels of abortion-related stigma among the study population using the Stigmatizing Attitudes, Beliefs, and Actions Scale (SABAS). The SABAS is a validated tool used to measure attitudes and beliefs about abortion and its recipients.

The analysis (bivariate analysis using regression and considering the sampling design and multivariate regression analysis) revealed an inverse relationship between education levels and unsafe abortion scores (SABAS), with higher education corresponding to lower abortion stigma. Factors such as age, education, marital status, and location were significantly associated with negative stereotyping, exclusion, discrimination, and fear of contagion. The highest SABAS scores were observed in Madhesh, and the lowest in Sudurpaschim. Married women experienced higher stigma compared to never-married women.

The stigma cycle of abortion in Nepal stems from societal and cultural attitudes, with abortions labeled as abnormal and deviant. This leads to stereotyping, judgment, discrimination, and status loss, further perpetuated by the spread of inaccurate information. In Nepal, people who have abortions are often judged as promiscuous and lacking compassion. However, discrimination and status loss are not as prevalent in Nepal as in other countries, with the extent of discrimination being moderate.

DISCUSSION

After two decades of abortion law legalization in Nepal, unsafe abortion practices persist due to limited knowledge about proper methods and consequences, and the involvement of health professionals at illegal, unlicensed sites. The porous border with India, which holds different socio-cultural values and fertility norms, complicates the prevention and reduction of unsafe abortion practices at the national level.

The study found low levels of knowledge about legal abortion services among Nepali women, particularly in the Terai and hill regions and among those aged 35+. While rural areas showed higher awareness of service locations, overall awareness across demographics remains limited. It is essential to employ multiple strategies to reach diverse populations, targeting low-awareness areas and using various channels to promote safe abortion services and reduce unsafe practices. Tailoring health promotion for both rural and urban populations is necessary to boost awareness and ensure equitable access to necessary services for women across the country.

Legal reforms and a supportive legal framework are needed to prioritize women's health, agency, and safety. Decriminalizing unsafe abortion alone risks harm without high-quality services and support for autonomy. Legal changes must be part of broader reproductive rights and healthcare improvements. Simple strategies like signage could increase service visibility and bridge information gaps to help women access safe procedures. However, discretion may also be important to protect privacy and reduce stigma. Balancing promotion and confidentiality is key. Inequities in access reflect broader disparities, requiring targeted resources and barrier removal for rural, poor, and marginalized women most in need. Addressing systemic barriers also necessitates advocacy and policy efforts to strengthen health systems and challenge stigma.

Abortion-related stigma is moderately prevalent among the population, with education level displaying an inverse relationship with stigma. This highlights the importance of increasing reproductive health education to reduce stigma, dispel myths, and promote understanding about abortion. In addition, addressing cultural and societal factors, such as gender roles and power dynamics, can help promote women's reproductive autonomy and challenge traditional gender norms.

Religion substantially perpetuates abortion stigma, necessitating engagement with religious leaders and communities to foster a more compassionate understanding of abortion. Addressing moral complexities and misconceptions within religious contexts can create a more supportive environment for women experiencing abortion. The study also emphasizes the vulnerability of women seeking abortions and the potential consequences of stigma, such as resorting to unsafe abortion methods due to fear of shame and humiliation.

CONCLUSION AND RECOMMENDATION

The study underscores the need for raising awareness about legal conditions and safe abortion services among women of reproductive age in Nepal. To address this, comprehensive sexual and reproductive health education programs should be implemented, focusing on the legal framework surrounding abortion, the locations offering safe abortion services, and the conditions prohibited by law.

Addressing the stigma surrounding abortion is a critical aspect of promoting women's reproductive health in the country. The pervasive social stigma often prevents women from seeking safe and legal abortion services, potentially leading them to resort to unsafe alternatives. To counteract this, it is essential to implement community-based programs and public health campaigns that challenge misconceptions and stereotypes associated with abortion. Engaging various stakeholders, such as community leaders, healthcare providers, and educators, fosters a supportive environment where women can access abortion services without fear of judgment or discrimination. In doing so, not only is the health and well-being of women safeguarded, but it also allows them to make informed decisions about their reproductive lives without being impeded by social expectations.

RECOMMENDATIONS

1. **Target vulnerable groups and channels used for unsafe abortions abroad:** Focus on vulnerable groups such as rural, poor, and marginalized women who are more likely to seek unsafe abortions. Implement strategies such as disseminating information through informal networks and social media platforms commonly used to access unsafe practices and expand access to confidential services in clinics and hospitals.
2. **Align laws with health evidence and women's needs:** Advocate for policy and legal reforms, specifically addressing the limitations of the current legal definition of 'safe' abortion services. Propose a clear roadmap for reform, involving key stakeholders such as government agencies, NGOs, and medical professionals, to ensure that legal changes prioritize women's health, agency, and safety.
3. **Adapt comprehensive approaches to expand access and reduce unsafe practices:** Invest in a multifaceted strategy that includes improving the quality of services, allocating resources to disadvantaged areas, and challenging stigma through awareness campaigns and community engagement. Address the specific needs of rural, poor, and marginalized women and advocate for strengthening health systems overall to advance reproductive rights. Increase visual indicators like signage/logos that seem to enhance service visibility/access, especially in areas with limited awareness.
4. **Improve comprehensive sexual and reproductive health education:** Implement age-appropriate, culturally sensitive, and inclusive education programs in schools and communities. Address knowledge gaps around specific contraceptive methods and ensure that information is accessible to all individuals, regardless of age, gender, or socioeconomic status.
5. **Increase access to and awareness about safe abortion services:** Develop targeted strategies for unmarried women and girls, who may face judgment and stigma when seeking safe abortion services. Strengthen regulation and monitoring of abortion services and drugs and increase public awareness about the dangers of unsafe abortion practices, especially in cross-border settings.
6. **Increase reproductive health education to reduce abortion stigma:** Integrate stigma reduction into sex education programs, focusing on dispelling myths and promoting understanding about abortion. Establish methods for measuring the success of these efforts in reducing stigma and empowering informed choices about reproductive health.
7. **Engage communities and address cultural/ societal factors influencing stigma:** Collaborate with local organizations and religious leaders to challenge gender roles, power dynamics, and misconceptions surrounding abortion. Encourage compassion-focused dialogue and create supportive environments for women experiencing abortion, recognizing the moral complexities in cultural and religious contexts.

Ipas NEPAL Partners for Reproductive Justice

Ipas Nepal
Baluwatar, Kathmandu
PO Box: 11621
Tele: +977-1-4520787

Government of Nepal
Ministry of Health and Population
Department of Health Services
Family Welfare Division
Teku, Kathmandu, Nepal