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Barriers to Abortion among Women and Girls in Selected Districts of Nepal

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ABSTRACT

Background: Even after two decades of legalization of abortion in Nepal, most women and girls still do not have knowledge on abortion legality and face abortion barriers. This study will explore perceived barriers to safe abortion and the factors associated with it.

Methods: A Mixed method study design was conducted in 30 wards of 20 Municipals of seven districts of Lumbini and Sudurpaschim provinces. Quantitative data was analyzed for 673 women of reproductive age of 15-49 years. For qualitative data, key informant interviews were conducted. The analysis was done on five different barriers and a composite variable was created from them.

Results: Most women and girls perceived social (34.6%), followed by family (30.6%), physical (30.6%), personal (29.5%), and health facility (14.9%) barriers to access safe abortion services. The key finding was that women and girls with knowledge on abortion legality were more likely to perceive barriers to abortion (AOR:2.31, CI:1.574-3.394). Women and girls with higher educational and economic status as well as Dalit women were less likely to perceive barriers to abortion services whereas never married women and girls perceived more barriers in accessing abortion services.

Conclusions: Women and girls perceived several barriers to access safe abortion services. Women who have better knowledge on abortion legality recognize more barriers regarding abortion. This highlights the importance of raising awareness of women and girls on abortion rights to empower them in recognizing and advocating for the removal of the obstacles that stop them from getting abortion services.

Keywords: Barriers to abortion; caste/ethnicity; legal knowledge; women and girls.

INTRODUCTION

Ensuring access to safe abortion is essential for upholding the fundamental rights of women and girls. When safe abortion is available and accessible, women and girls are able to control their own reproductive choices and safeguard their own well-being, in addition to their families.[1] Prior to the law reform in 2002, abortion was illegal in Nepal and unsafe abortion contributed to the country's high maternal mortality rate.[2-5] After fourteen years of legalization, safe abortion services became available free of cost in public health facilities.[6]

Despite these milestones, women and girls still encounter barriers to abortion services.[7,8] Only 41 percent of women had knowledge of abortion legality.[9] Other existing barrier include financial barriers, lack of infrastructure, healthcare providers' attitude, abortion stigma.[7,8] However, there's a gap in understanding the perceived barriers to care, hindering access to safe abortion and perpetuating unsafe practices.[10] This study aims to explore the barriers perceived by women and girls on safe abortion and the associated factors.

METHODS

A mixed method study was designed to explore women and girl's perspective to safe abortion and factors associated with the barriers.

The study was conducted in seven hilly districts (Rolpa,

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Argakhanchi, Palpa, Doti, Dadeldhura, Accham and Bajura) of Nepal, where Ipas has implemented sustainable abortion ecosystem program at community level. Using population proportionate to size method, 30 wards were selected from 20 Municipals for quantitative data collection. From each ward, 25 households were selected using systematic random sampling method. A total of 717 women and girls of reproductive age (15-49 years) from sampled households were interviewed, out of which 673 respondents who had known and heard about abortion were eligible for further analysis on barriers.

In addition, the purposive sampling method was used to collect qualitative data based on saturation principle through 28 in-depth, and 20 key informant interviews. The interviews were conducted with influential people who were well informed on the local context related to abortion such as health service providers, Natural Leaders (Ipas- trained community women volunteers), Female Community Health Volunteers (FCHV), and Civil Society Organization (CSO) representatives.

Pretested questionnaires and guidelines were used for data collection with quantitative data collected on computer-assisted personnel interviewing (CAPI) in CS Pro v7.0 database. To ensure security, tablets used in data collection were password protected and data encrypted during transfer. The collected data underwent checking, coding, and export to Stata 15.0 for weighted univariate, bivariate, and multivariate analysis. Due to variations in cluster sizes, weights were calculated at sampling stage and was applied to adjust for the disproportionate design.

Collected data were analyzed across five categories of barriers: physical or infrastructure barriers, problems in health facilities, personal barriers, familial problems, and social problems. A composite variable for barriers and challenges was created based on five variables. Perceived barriers to abortion in this study was defined if women and girls perceive at least one barrier.

Ethical approval was obtained from the Nepal Health Research Council (NHRC). Informed consent of respondents and assent for minors was taken prior to the interview and the right of respondents to deny, reject or withdraw from the study at any time was ensured. Further results and contents of this comprehensive study will be presented in subsequent publications.

RESULTS

A total of 673 women and girls of reproductive age (15 to 49 yrs.) participated in the quantitative interviews for this study. A majority of the respondents (34.9%) were between 35 to 49 years old. Most respondents (85%) were ever married. More than half of the respondents (58.7%) were involved in agriculture. Regarding the caste/ethnicity representation, just over half of the respondents (50.67%) belonged to Brahmin, Kshetri, Thakuri and Dasnami and about one-fourth belonged to Janajati (26%) and Dalit (23.18%) respectively. Nearly half of the respondents (49.48%) had educational qualifications below grade ten, while a smaller percentage were illiterate (20.51%). The respondents represented a diverse range of reported household wealth, from richest (20.8%), rich (21.09%), middle (19.46%), poor (16.49%) and poorest (21.99%). More than half (55.72%) of the respondents reported as not being associated with a social network (i.e., microfinance/ cooperative members, mothers' groups, and farmers' groups) (Table 1).

Table 1. Socio-demographic Characteristics.

Variable	Distribution	Percent	Weighted number (n=673)
Age	15-19	11.14	75
	20-24	20.80	140
	25-34	34.18	230
	35-49	33.88	228
Marital Status	Never married	15	101
	Ever Married	85	572
Main occupation	Agriculture	58.7	395
	Service delivery and other	21.25	143
	Unemployed and students	20.05	135
Caste/ Ethnicity	Brahmin/ Chhetri/Thakuri/ Dasnami	50.67	341
	Janajati	26	175
	Dalit	23.18	156
	Muslim	0.15	1
Educational Status	Below Grade ten	49.48	333
	Grade ten and above	30.16	203
	Illiterate	20.51	138
Wealth Index	Poorest	21.99	148
	Poor	16.49	111
	Middle	19.46	131
	Rich	21.09	142
	Richest	20.8	140
Association with social network	Yes	44.28	298
	No	55.72	375

Most women and girls (34.6%) reported perceived social barriers, followed by family (30.6%), physical (30.6%), and personal (29.5%) barriers, while a smaller percentage (14.9%) perceived barriers in healthcare facilities to access Safe Abortion Services (SAS). (Figure 1)

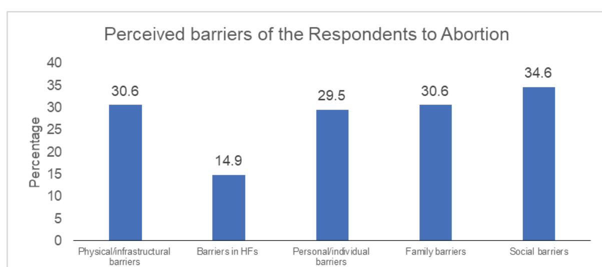

Figure 1. Perceived barriers of the respondents to abortion.

Comparing across all the socio-demographic variables, physical barriers to reach health facilities (HF) for SAS were reported as perceived barriers most often by respondents belonging to the poorest wealth index (50%) and by illiterate women and girls (47.8%). Similarly, family barriers (47.6%) and personal/individual barriers (41.7%) to get SAS were also reported as perceived barriers most often by respondents belonging to the poorest households. Illiterate and never married respondents were the second highest to report perceived family (47.4%) and personal barriers (40.9%), respectively. (Table 2)

Respondents involved in service delivery and other occupations reported perceived social barriers (48.8%) to SAS most often. Relatively few respondents perceived barriers in HF to get SAS, with only one-fourth of the respondents involved in service delivery perceiving this barrier the most. Additional information can be found in Table 2.

Table 2. Comparative analysis of perceived barriers to abortion.

Variables	Distribution	Physical/ infrastructural barriers to reach HFs for SAS (%)	Barriers in HFs to get SAS (%)	Personal/ individual barriers to get SAS (%)	Family barriers to get SAS (%)	Social barriers to get SAS (%)	Number (n=673)
Knowledge on abortion legality	No	23.8	4.8	15.2	16.5	16.2	209
	Yes	33.7	19.4	36.0	36.9	42.8	464
Age	15-19	31.0	8.9	39.9	34.5	35.5	75
	20-24	31.4	21.0	32.7	32.0	39.3	140
	25-34	27.8	14.2	27.2	25.8	29.8	230
	35-49	32.8	13.8	26.5	33.1	36.2	228
Caste/Ethnicity	Brahman/kshetri/ Thakuri/Dasnami	36.4	13.0	33.4	36.4	39.9	341
	Janajati	27.0	23.7	25.9	24.3	34.3	175
	Dalit	22.0	9.0	25.2	24.8	23.3	156
Educational Status	Below grade ten	27.2	13.9	23.0	22.9	28.9	333
	Grade ten and above	24.6	16.3	35.2	31.7	36.5	203
	Illiterate	47.8	15.1	37.0	47.4	45.4	138
Occupation	Agriculture	36.0	14.1	29.7	31.6	33.0	395
	Service delivery and other	29.9	25.4	32.6	35.8	48.8	143
	Unemployed and Students	15.5	6.0	25.8	22.2	24.2	135
Marital Status	Never married	32.4	13.8	40.9	40.1	43.8	101
	Ever married	30.3	15.1	27.5	28.9	32.9	572
Wealth index	Poorest	50.0	7.9	41.7	47.6	42.6	148
	Poor	35.8	14.8	31.1	30.9	37.3	111
	Middle	29.3	15.3	35.9	35.7	39.2	131
	Rich	22.2	24.2	25.1	23.4	32.5	142
	Richest	15.6	12.4	14.0	14.7	21.6	140
Association with social networks	Yes	28.1	17.5	25.3	27.1	33.9	298
	No	32.6	12.8	32.9	33.3	35.1	375

Table 3 presents the distribution of responses and perceived barriers among respondents with different socio-demographic variables, along with the statistical significance of associations.

Respondents that have knowledge on abortion legality (62.7%) perceived more barriers compared to those without such knowledge (41.1%), with statistically significant difference ($p<0.001$). Ethnicity is significantly associated with perceived barriers where Brahmin/Kshetri/Thakuri/Dasnami (63.9%) respondents perceived more barriers compared to Janajati (51.7%) and Dalit (44.2%) respondents ($p< 0.001$). Furthermore, educational attainment is strongly associated with perceived barriers, with illiterate respondents perceiving the most barriers (74.6%), followed by those with SLC/SEE and higher education (54.9%) and below SLC/SEE education (49.2%) ($p<0.001$). Significant association was also found between occupation of the respondents and the perceived barriers where the unemployed or student respondents (43.7%) had less barriers than those involved in service delivery (65.7%) and agriculture (56.8%) ($p<0.01$). Respondents that were never married (68.3%) significantly perceived less barriers to abortion than the respondents that were ever married (53.8 %) ($p<0.01$). Additionally, wealth index strongly affected the perceived barriers, with the respondents in the poorest perceiving the most barriers (77.7%) and the richest the fewest (35.7%) with a statistically significant difference ($p<0.001$). Moreover, association with a social network significantly increases perceived barriers (60.1%) compared to those without such associations (51%), with a statistically significant difference ($p<0.05$) (Table 3).

Table 3. Association of barriers along with socio-demographic variables.

Characteristics	Distribution	Perceived Barrier		Number (n=673)	x^2 (P-Value)
		No	Yes		
Knowledge on abortion legality	No	58.9	41.1	209	27.2 (0.000***)
	Yes	37.3	62.7	464	
Age	15-19	33.3	66.7	75	5.86 (0.119)
	20-24	44.3	55.7	140	
	25-34	48.7	51.3	230	
	35-49	42.1	57.9	228	
Caste/Ethnicity	Brahman/kshatriya/Thakuri/Dasnami	36.1	63.9	341	18.8 (0.000***)
	Janajati	48.3	51.7	176	
	Dalit	55.8	44.2	156	
Educational Status	Below grade ten	50.8	49.2	333	25.73(0.000***)
	Grade ten and above	45.1	54.9	203	
	Illiterate	25.4	74.6	138	
Occupation	Agriculture	43.2	56.8	396	13.9 (0.001**)
	Service delivery and other	34.3	65.7	143	
	Unemployed and Students	56.3	43.7	135	
Marital Status	Never married	31.7	68.3	101	7.3 (0.007**)
	Ever married	46.2	53.8	572	
Wealth index	Poorest	22.3	77.7	148	55.02 (0.000***)
	Poor	38.7	61.3	111	
	Middle	44.3	55.7	131	
	Rich	50	50	142	
	Richest	64.3	35.7	140	
Association with social network	No	49	51	376	5.59 (0.018*)
	Yes	39.9	60.1	298	

**P< 0.05, **p<0.01; ***p<0.001*

Table 4 shows the logistics regression analysis to understand the association of knowledge of abortion legality on barriers with controlling different socio-demographic variables. Respondents who had knowledge of abortion legality were more likely to perceive barriers than the ones who do not have such knowledge (AOR:2.31, CI:1.574-3.394). Likewise, respondents who were illiterate had higher odds of perceiving barriers than the ones whose qualifications were below grade ten (AOR:2.828, CI:1.611-4.964). Dalit respondents were less likely to perceive barriers than Brahmin/Kshetri/Dasnami (AOR:0.422, CI:0.269-0.660). Respondents who were students/unemployed were less likely (AOR:0.389, CI:0.215-0.705) than respondents who were involved in service delivery (AOR:1.914, CI:1.202-3.047) to perceive barriers to abortion. Ever married respondents (AOR:0.349, CI:0.162-0.752) and those belonging to the middle (AOR:0.362, CI:0.202-0.648), rich (AOR:0.307, CI:0.169-0.555), and richest (AOR:0.184, CI:0.099-0.341) wealth index categories had lower odds of perceiving barriers compared to never married respondents and those in the poorest wealth index category, respectively.

Table 4. Knowledge of abortion legality and its effects on barriers.

Characteristics	Distribution	Adjusted Odds Ratio (AOR)	CI
Knowledge on abortion legality	No	Ref.	
	Yes	2.311***	(1.574-3.394)
Age	15-19	Ref.	
	20-24	0.629	(0.293-1.351)
	25-34	0.571	(0.246-1.322)
	35-49	0.513	(0.213-1.233)
Caste/Ethnicity	Brahman/kshatriya/ Thakuri/Dasnami	Ref.	
	Janajati	0.925	(0.607-1.409)
	Dalit	0.422***	(0.269-0.660)
Educational Status	Below grade ten	Ref.	
	Grade ten and above	0.909	(0.581-1.421)
	Illiterate	2.828***	(1.611-4.964)
Occupation	Agriculture	Ref.	
	Service delivery and other	1.914**	(1.202-3.047)
	Unemployed and Students	0.389**	(0.215-0.705)
Marital Status	Never married	Ref.	
	Ever married	0.349**	(0.162-0.752)
Wealth index	Poorest	Ref.	
	Poor	0.623	(0.343-1.132)
	Middle	0.362**	(0.202-0.648)
	Rich	0.307***	(0.169-0.555)
	Richest	0.184***	(0.099-0.341)
Association with social network	No	Ref.	
	Yes	0.949	(0.622-1.447)

*P< 0.05, **p<0.01; ***p<0.001

These quantitative findings are further supported by qualitative findings from the key informant interviews.

The lack of reliable transportation to reach healthcare facilities emerged as a substantial barrier. Interviewees reported that rural areas have limited bus services, with irregular schedules and sometimes days without service. This limits access to safe abortion service centers.

"Due to poor transportation facility, women are unable to get abortion service on time." -CSO representative

The need for more healthcare staff in health institutions was also mentioned. Respondents highlighted the challenges caused by inadequate staffing, leading women from the community to seek abortion services at distant institutions.

“The problem was that there were no health workers to provide services in this health institution, so the women from this community went to a distant institution to seek abortion services. Therefore, there is a need of adequate staff in the health posts to provide proper service.” -Natural Leader

Privacy concerns were found to be a significant factor influencing women's choices. Women and girls fear being identified and judged by their communities for having had an abortion. This fear is particularly pronounced among unmarried girls. Consequently, some opt to visit pharmacies to obtain abortion medication, avoiding healthcare facilities.

"The adolescent girls and women of the community were afraid that their confidentiality will be violated, so they buy medicine from the pharmacy and perform an abortion at home." -CSO Representative

It was also found that financial constraints pose barriers to accessing abortion services, despite these services being free in government health facilities. Respondents highlighted that many women and girls were unable to afford the associated costs.

"Lack of expenses is one of many challenges that women and girls face in getting abortion services." -CSO representative

Stigma surrounding abortion remains a challenge. Most respondents noted that women and girls often face criticism and ostracization from their families and communities. Many still view abortion as a sin, leading to social condemnation.

“In this community, people criticize a woman who had an abortion and do not want to speak with that woman." -CSO representative

Additionally, interviews revealed that despite having knowledge about abortion and legality, fear of societal judgment, particularly among unmarried and adolescent girls, prevents them from seeking abortion services before marriage.

“Fear of society remains for adolescents and unmarried girls. They think it is a matter of shame to get pregnant and have an abortion before marriage." -FCHV

DISCUSSIONS

Study results find that women and girls perceive barriers to abortion services, including physical/infrastructure barriers, barriers in HFs, personal/individual barriers, family barriers, and social barriers. Other studies on abortion access in Nepal have documented similar findings, reporting that stigma, healthcare provider attitudes, lack of quality services, fear of confidentiality breaches, and geographical limitations have deterred women and girls from accessing SAS, potentially leading to unsafe abortions and unintended births. [7,8,10-14]

Notably, this study indicates that women and girls who are aware of abortion's legality perceive more barriers toward abortion services. This contrasts with a study that revealed how a lack of knowledge about abortion's legality increases barriers to seeking abortion care.[7] Additionally, similar studies found that women with knowledge on abortion perceived that abortion services were available.[15] This finding suggests that greater knowledge of abortion legality may correlate to a deeper awareness of abortion, including the steps involved in seeking out the service. Even before requiring an abortion, women and girls with knowledge of abortion legality may have more information on the process to access an abortion and subsequently be more acutely aware of the various barriers they may experience. Related, women and girls with limited knowledge of abortion's legality may have less information on abortion. As such, they may not be aware of as many barriers prior to seeking out an abortion. To develop a better understanding of this correlation, further exploration of the relationship between knowledge of abortion legality and perception of barriers to abortion would be beneficial to pursue. This would also support the development of well-informed programmatic efforts to mitigate perceived barriers to abortion services.

Study results indicate that individuals with higher education and economic status perceive fewer barriers

to abortion compared to those with lower education and economic status. As supported in other studies, our results found that although the abortion service is cost-free, indirect expenses create barriers for economically disadvantaged women.[7,17,18] These findings highlight the fact that economic conditions can have far-reaching impacts on access to abortion.[18] For example, women and girls from a lower economic status may not be able to take off work and miss payment in order to receive an abortion or afford to travel long distances to reach otherwise available abortion services. Social stigma may prevent women and girls from being able to ask anyone to help provide financial support.[19] Higher education and financial resources can lead to greater access to accurate information, increased health literacy, reduced stigma, and promote self-empowerment, thereby helping women and girls overcome various barriers. [17-19]

Contrary to common belief, our study finds that ethnic minorities like Dalit women are less likely to perceive barriers to abortion services compared to Brahmin/Kshetri/Dasnami women. A similar study found that ethnic minority women displayed greater autonomy in their decision-making on SRH compared to other ethnic groups.[23] This could be attributed to recent economic empowerment among women from ethnic minorities, enabling them to make independent decisions and potentially overcome barriers to abortion. [23]

Study results showed that unemployed individuals and students tend to perceive fewer barriers to accessing abortion services. This could be because they have more flexible schedules and fewer work-related constraints. Women engaged in agriculture face challenges due to their agricultural responsibilities, making it harder for them to access healthcare services, including abortion. On the other hand, women and girls involved in service delivery could have more exposure to healthcare settings than those involved in agriculture, leading them to recognize more service-related barriers.

Women engaged in social networks perceived more barriers compared to their counterparts with statistical significance. Results from a previous study showed that health-related discussions frequently occur in similar groups.[24] It's likely that conversations about abortion services and associated barriers take place within the network, leading members to be more aware of the obstacles to abortion services.

There are limited studies that explore the factors associated with barriers to abortion faced by women and girls in Nepal, particularly focusing on knowledge of abortion legality as a contributing factor. Therefore, this study not only contributes valuable insights to this under-researched area but also sheds light on unique aspects of abortion access. However, it is worth noting that this study did not analyze the specific associations between types of barriers within categories such as physical/infrastructure, personal challenges, healthcare facility issues, family-related problems, and societal issues. Furthermore, the findings of this study are specific to the seven districts in the Hilly Regions of Nepal and may not be representative of the entire country due to socio-cultural and geographical variations across the Hilly, Terai, and Mountain Regions. This can serve as a foundation for future researchers interested in delving deeper into barriers to abortion.

CONCLUSIONS

This study explored various perceived barriers to abortion and associated factors among women and girls in the hilly region of Nepal. Results of the study found that various perceived barriers stop women and girls from accessing safe abortion services. Women and girls perceived higher barriers to safe abortion services when they reported an association with the following factors: poorest wealth index, illiterate, Brahmin/Kshatriya/Dasnami, never married. This suggests that these socio-demographic factors need to be taken into account to address the various obstacles and barriers to abortion. Furthermore, it is important to note that people with knowledge of abortion legality perceive more barriers to abortion. This highlights the importance of raising awareness of women and girls on abortion law and rights to empower them in recognizing and advocating for removal of the obstacles that stop them from getting abortion services.

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CONFLICT OF INTEREST

The authors declare no conflict of interest.

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