

**KNOWLEDGE REGARDING ABORTION AMONG BACHELOR
LEVEL STUDENTS OF BHARATPUR MUNICIPALITY**

By

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DECLARATION

I do hereby declare that this thesis entitled "Knowledge Regarding Abortion among Bachelor Level Students of Bharatpur Municipality" submitted to Balkumari College, Faculty of Education, Tribhuvan University is my original work. It is done in the partial fulfillments of the requirement for the degree of Master of Health Education (M. Ed.) under the supervision and guidance of Mr. Bishnu Lal Shrestha, Lecturer of Balkumari College.

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ABSTRACT

Unwanted pregnancy is the major cause of induced abortion, one of the leading causes of maternal mortality and morbidity in the world. Hundreds and thousands of women become pregnant without intending to, and many of them decide to end the pregnancies into abortion. Current guidelines highlight young adult key role in responding to abortion, emphasizing the importance of young adult education in raising knowledge toward abortion as a way to understanding abortion.

This study was conducted in all the bachelor level students of management faculty of Balkumari College, Saptagandaki Multiple Campus, Maiya Devi Girls' College and Birendra Multiple Campus of Bharatpur Municipality. Colleges were selected purposively. 400 students were studying in these colleges. Among them only 120 students were selected by using simple random sampling technique (lottery method). A descriptive study design was used for the study. Semi structured self administered questionnaire was used to collect the data. Data was analyzed by using descriptive statistics.

The findings of the study revealed that 95.83% had knowledge of meaning of abortion, 99.33% had the knowledge of meaning of safe abortion, majority of 79.16% of the respondents mentioned that the method of abortion are both curette and medicine and only 2.5% of respondents responded incorrectly that method of abortion is herbal medicine, 16.66% had the knowledge of recommended weeks of gestation for medical abortion, 27.5% had knowledge of abortion is legalized in Nepal, 17.5% had knowledge of abortion cost respondents said government centre range from Rs. 1000-2000 & private centre rate range from Rs.3000-5000.

Based on the findings of the study, majority of the respondents had knowledge regarding the meaning of abortion and safe abortion, most of the respondents had knowledge regarding the method of abortion, complications of abortion. The respondents have less knowledge regarding recommended weeks of gestation for medical abortion, abortion law in Nepal, abortion cost.

ACKNOWLEDGEMENTS

Abortion is the most challenging global problem in this era. It is also an ethical issue. In Nepal it has been legalized from 2002. However there are still existing many gaps in case of knowledge regarding the safe abortion. This study was undertaken in response to this gap.

First of all, I would like to express my sincere gratitude to Balkumari College for providing me an opportunity to carry out this research study as a requirement of the Master's Degree in Health Education.

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I wish to express my warm appreciation to Saptagandaki Multiple Campus, Maiya Devi Girls' College, Birendra Multiple Campus and Balkumari College as well as students of all the college for their kind co-operation and providing opportunity for data collection and extend my heartfelt thanks to my husband Mr. Purushotam Shrestha for assisting me in this research work.

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ABBREVIATIONS

IEC	Information, Education and Communication
INGOs	International Non Governmental Organizations
NGOs	Non Governmental Organizations
NRs	Nepali Rupees
SPSS	Statistical Package for Social Sciences
TU	Tribhuvan University
TV	Television
UN	United Nations
UNDP	United Nations Development Programme
VDC	Village Development Committee
WHO	World Health Organization

CHAPTER-I

INTRODUCTION

1.1 Background of the Study

A community study estimated the rate of covert abortion to be 117/1000 women of 15-49 years in Nepal (Thapa et.al, 1994). It was estimated that more than half of gynecological and obstetric hospital admissions were due to abortion related complications (Ministry of Health, Nepal, 1998).

Twenty-two percent of all pregnancies (excluding miscarriages) end in abortion. Each year, two percent of women aged 15–44 have an abortion. Half have had at least one previous abortion (Jones et al., 2006).

A study conducted on level of awareness about legalization of abortion in Nepal: A study at Nepal Medical College Teaching Hospital, the study shows knowledge about the three legal conditions for abortion is still very low and the higher educated women were more aware about it. 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 (Tuladhar & Risal, 2010).

Abortion is the expulsion or extraction from its mother of an embryo or fetus weighting 500 gm or less when it is not capable of independent of survival (WHO). This 500 gm of fetal development is attained approximately at 22 weeks (154 days) of gestation. (Dutta D.C., 2011)

Unwanted pregnancies in youths and complications of induced abortions are important health problem in the world. Each year, approximately 20 million abortions are performed worldwide, 95% of them in developing countries (WHO, 2011).

Nearly half of pregnancies among American women are unintended, and about four in 10 of these are terminated by abortion. 40% of pregnancies among white women, 67% among blacks and 53% among Hispanics are unintended (Finer & Zolna, 2011).

A cross-sectional study conducted on knowledge about complications and practice of abortion among 425 female student's undergraduates in the University of Ibadan, Nigeria shows the most common reason given for termination was that pregnancy was

unplanned for. Most of the respondents 354 (83.3%) had a good knowledge about complications of abortion. (Codmus & Owooje, 2011).

A study conducted on knowledge of abortion law and provision of abortion services amongst tertiary students in Far North Queensland shows that important gaps were demonstrated in their knowledge of the law and of the availability of abortion services (Phillips, Etherington, Costa & Woods, 2012).

1.2 Statement of the Problem

Young adult is a period of reproductive age. At the same time, young adult is a problematic age. They are facing many new problems. They have been confronted with many problems which they are totally unprepared to cope with. Marriage with unfamiliar person was one of the common problems facing by most of the female young adults as arranged marriage is common in Nepal.

The world specially developing countries are facing the problem of high growth rate of population. Young adults are facing the problems related to sexual health. Young adult girls are now suffering from harmful unwanted pregnancy risk due to lack of proper contraceptive knowledge, and legal abortion. Knowledge on safe abortion enables them to be enjoying safe abortion practice, hygiene concept on reproduction.

Bachelor level students in Nepal are usually young adults often encounter problems, which include lack of awareness and knowledge about sexual health and safe abortion. According to law of Nepal, the women pass 16 years of age have right to abortion up to 12 weeks of pregnancy. If the pregnancy occurs due to rape they have right to abortion up to 18 weeks of pregnancy. A survey done in 2005 shows that 2 billion and 60 million legal abortions and 2 billion illegal abortions has been done globally each year. Among them 3 billion and 60 million or 78 percent abortion has been done in developing countries like Nepal. In Nepal abortion has been legalized from Asoj 2059 BS. From this time this services are available in governmental and nongovernmental organization. From 2060 chaitra-2065 Baishak 212396 people are benefited by these services. (Shah & Nari, 2066).

The main problems of the study population are same as national young adult's population. This is the period of reproductive age and they are poorly informed about their sexuality and safe abortion also. They have little communication with their parents and friends about sexual attitudes and legal behavior. Likewise, young adult

population of the selected area is far from knowledge about safer sex and legal abortion. Abortion rate is higher in the population of young adults in Nepal. So, it is urgent to give information about it. Thus, the problem is stated as, “Knowledge Regarding Abortion among Bachelor Level Students of Bharatpur Municipality.” The knowledge regarding abortion in bachelor level students issue is little concerned and published in different articles and media also focuses on that matter have raised this issue time and again. This study aims to cover the bachelor level students, who come from different places. Therefore, this study will have its own importance in the field of the study on knowledge regarding abortion. This is the age of curiosity and involvement of sexual activities because of opposite sex attraction which is the nature of human being in reality. Furthermore reason is that bachelor level students are in a position of holding married life in Nepalese culture. The knowledge of abortion is needed for them since they are more likely to expose in the sexual behavior. When they have deep knowledge of abortion and reproductive health, they could be able to decide when and how to do the safe abortion.

Nepal is predominantly a Hindu religious country though other some religious groups settle in minority. Nepalese adolescence and young adult boys and girls can't talk and express about abortion openly since Hindu religion predominantly prohibits two different sexes to be exposed before marriage. It is religiously believed that after death, the way of haven will be blocked because of abortion. Moreover there will be social problem if they exposed in abortion before they get marriage. Therefore, it is a great problem of every adolescence and youth to gain proper knowledge of abortion.

1.3 Objective of the Study

The objectives of this study are as follows:

- 1.3.1 To study the knowledge regarding meaning and method of abortion among bachelor level students of Bharatpur Municipality.
- 1.3.2 To study the knowledge on condition applicable for abortion.
- 1.3.2 To assess the knowledge regarding punishment, complication, cost and sources of information related to abortion.

1.4 Research Questions

The research questions are as follows:

- 1.4.1 What are the knowledge regarding meaning and method of abortion among bachelor level students of Bharatpur Municipality?
- 1.4.2 What is the condition on knowledge applicable for abortion?
- 1.4.3 What is the knowledge regarding punishment, complication, cost and sources of information related to abortion?

1.5 Significance of the Study

Abortion is a very sensitive issue. To explore the knowledge on abortion among bachelor level students is very tough. By respecting the response of respondents the significances of the study are as follows:

- The finding of the study can provide some base line information regarding the knowledge on abortion among bachelor level students.
- The findings of the study can be helpful to college management for planning and conducting awareness program regarding abortion among bachelor students.
- It may be useful to those NGOS and INGOS which are involving in safe motherhood program.
- It will significantly contribute to policy development and planning for young adult reproductive health.
- It will be useful as a guide for further research in similar study.

1.6 Delimitation of the Study

The study is delimited with following points:

- 1.6.1 The study is delimited to Saptagandaki Multiple Campus, Maiyadevi Girls' College, Birendra Multiple Campus and Balkumari College of Bharatpur Municipality in Chitwan district only.
- 1.6.2 This study includes only the bachelor level students of management faculty.
- 1.6.3 This study is based on descriptive in nature.

1.7 Operational Definition of the Key Terms

1.7.1 Abortion: For the purpose of the study, abortion refers to termination of pregnancy from whatever cause before the fetus is capable of outside the uterus. The lowest of a potentiality viable fetus now is considered to be about 500grams (comprehensive Abortion Care).

1.7.2 Knowledge regarding abortion: It refers to having information regarding abortion on the aspects of meaning, types, indications, legalization of abortion, problem, cost and, sites for abortion.

1.7.3 Unwanted pregnancy: When a women find out she is pregnant and it is not planned or it was not the want of a women, this is called unwanted pregnancy (comprehensive Abortion Care).

1.7.4 Bachelor level students: It refers to those students studying bachelor level in management faculty.

CHAPTER II

LITERATURE REVIEW AND CONCEPTUAL FRAMEWOK

Literature review is an important part in research process which helps in acquaintance with relevant research literature and state current knowledge for research. Literature was reviewed throughout the program during problem selection, proposal writing, data collection and interpretation and report writing. The reviewed literature has been documents according to publication year.

2.1 Review of Theoretical Literature

Youths are vulnerable to unplanned and unintended early sexual encounters which lead to unwanted pregnancies. They are therefore exposed to seek for induced abortion and candidates to suffer its complications. The youths who undergo an induced abortion expose themselves to serious health risks such as hemorrhage, genital injuries, sepsis and death.

Knowledge regarding abortion is influenced by various factors such as information, education and communication (IEC) materials, peer influence, awareness program, self experience and self learning attitude. If the students are aware about importance of safe abortion, it ultimately helps to reduce morbidity and mortality rate by increasing practice of safe abortion.

The study indicated that adolescent premarital sex, problem related pregnancies are reduced educational opportunities for young women and unsafe abortion. So sexual behavior of youths and consequences of this behavior are a major public health concern. (Gorgon et.al 1998)

Unprotected sexual relations place adolescent girls at risk for unwanted pregnancy. They do not need only preventive services, but also youth friendly health services including diagnosis, treatment, information and counseling. Clinic staff needs special training to treat young clients in as supportive and non-judgmental way (UNFPA, 1999).

From focus group discussion and in-depth interviews the investigators learned that most of the young women considered premarital sex acceptable but were concerned about the social consequences of an unwanted pregnancy. Few of them reported

having engaged in premarital sex. Most of the unmarried women had never used contraceptives and most of them did not know where to acquire them. Many of the women named fear of disclosure as an obstacle to seeking professional advice about contraceptives (WHO, 2000-2001).

The study cited by personal and social factor shows that many young women younger than 18 years do involve their decision to abort. Laws requiring parental consent are forcing minors to obtain abortions much later in their pregnancies. Some minors must travel great distances to states with no such law. Providers of abortions are generally specialists in women's health such as obstetricians and gynecologists. However, many studies have shown the safety of allowing a variety of other health care providers (physicians, physician assistants, midwives and nurse practitioners) to perform these procedures. Various factors over the years have influenced the number of medical professional available and trained to perform abortions (Parental consent: www.emedicinehealth.com/abortion/article_em.htm).

Majority of youth women and men are engaged in premarital sexual activity and procured abortion. The critical review of literature from different sources also revealed that globally, the rate of abortion among adolescents is increasing day by day. Premarital sex, problem related pregnancies are reduced educational opportunities for young women and there is also unsafe abortion. So, sexual behavior of youths and consequences of this behavior are the major public health concern.

2.2 Review of Empirical Literature

A cross-sectional study conducted on comparative analysis of knowledge, Attitudes and Perceptions about induced abortions among 381 Medical and Non-medical Students of Karachi. The study result shows the responses of medical and non-medical population were compared. There was a significant difference between the two groups regarding the knowledge part of the questionnaire. Most of the medical students thought that induced abortion meant the termination of pregnancy before the age of viability (Kumar et.al, 2002).

A study conducted on Knowledge and Opinions about Abortion Law among 907 Mexican Youth shows Fifty-four percent of participants did not know the legal status of abortion in their state. Of these, 82% believed that abortion is never legal, and the rest did not know or thought that it is always legal. The odds of having correct

information were reduced for respondents with low levels of education, those living in certain regions outside Mexico City and rural residents (odds ratios, 0.3-0.7); they were elevated among those with liberal attitudes toward emergency contraceptive pills (2.2). Some 70-83% of participants supported legal abortions when pregnancies result from rape or endanger a woman's life or health. Only 11-22% supported legal abortions for single women or minors, those with economic constraints and women who experience contraceptive failure. Low education and conservative attitudes toward emergency contraceptive pills were associated with conservative attitudes toward abortion. Knowing that abortion is sometimes legal did not affect opinion about it (Becker, Garcia, Larsen, 2002).

A cross sectional study was conducted among 1200 female students from Ibandan University through administered questionnaires. 56.4% of respondents had frequently engaged in sexual intercourse for many reasons such as, to have fun, to show, they were mature, 61 percent had procured abortion before marriage and most of them did not procure it from government owned hospitals/clinics, which may likely make them prone to health consequences of unsafe abortion (Moronkola, Amosu and Okonkwo, 2006).

A cross-sectional study on knowledge of the abortion legislation among 831 sexually active women South African women shows thirty-two percent of women did not know that abortion is currently legal. Among those who knew of legal abortion, few had knowledge of the time restrictions involved (Morrone, Tibazarwa & Myer, 2006).

A study conducted on abortion and contraception: Attitudes among 188 South African University Students the findings are females showed stronger support for availability of abortion and women's autonomy compared with males. The respondents acknowledged the importance of contraception at a personal and general level, but more than 40% of them believed that women who use contraception are promiscuous. Females expressed difficulty with usage more frequently than males and indicated that they would not consider sexual intercourse if contraception were not available (Patel & Kooverjee, 2009).

A Cross sectional, descriptive study on knowledge, attitude and practices about induced abortions among 74 women of child bearing age at Bahawalpur, India shows 68% were between 25 to 35 years. 59% were grand multipara, 62% belonged to poor

socio-economic status. 6.7% got secondary and above education. More than 95% knew it as a sin & against Islam. Above 60% women wants it to be conducted by skilled person with sterilized instruments. Only 7% don't know any other contraceptive method. 41% husbands don't aware of need of contraception. About 60% husbands knew not more than two methods. 66% females consider it a health risk & 69% aware of failure. 82% induced only once, 39% got pain during it. Chronic pelvic pain, menstrual problems & sepsis occurred in 70%, 80% & 45% women respectively. No-one of them was willing to practice it again. Only 37% husbands always facilitated their wives to opt some contraceptive method. 52% men never practiced any of male contraceptive method (Jabeen, Naseem, Alta & Fatim, 2009).

A study conducted attitudes and intentions regarding abortion provision among 1308 medical school students in South Africa show Seventy percent of medical students believed that women should have the right to decide whether to have an abortion, and large majorities thought that abortion should be legal in a variety of medical circumstances. Nearly one-quarter of students intended to perform abortions once they were qualified, and 72% said that conscientiously objecting clinicians should be required to refer women for such services. However, one-fifth of students believed that abortion should not be allowed for any reason. Advanced medical students were more likely than others to support abortion provision. In multivariate analyses, year in medical school, race or ethnicity, religious affiliation, relationship status and sexual experience were associated with attitudes, beliefs and intentions regarding provision (Wheeler, Zulling, Reeve, Buga & Marron, 2012).

A study conducted on 1,060 Medical students' attitudes toward abortion education: Malaysian perspective. The survey covered about 90% of medical students in Years 1, 3, and 5 in the three universities. About 90% of the students wanted more training on the general knowledge and legal aspects of abortion, and pre-and post-abortion counseling. Overall, 75.9% and 81.0% of the students were in favor of including in medical education the training on surgical abortion techniques and medical abortion, respectively. Only 2.4% and 1.7% were opposed to the inclusion of training of these two methods in the curriculum. The remaining respondents were neutral in their stand. Desire for more abortion education was associated with students' pro-choice index, their intention to provide abortion services in future practice, and year of study (Tey et al., 2012).

A study conducted on knowledge of medical abortion among Brazilian medical students among 1260 students shows all students in their final year of medical school had heard of misoprostol for termination of pregnancy, and 88% reported having heard how to use it, only 8% showed satisfactory knowledge of its use and effects. Academic level was the only factor associated with the indicators of knowledge investigated (Fernandes et al., 2012).

A study conducted on knowledge of medication abortion among 797 adolescent medicine providers shows almost 25% of respondents incorrectly believed that medication abortion was not very safe, 40% misidentified that it was < 95% effective, and 32% did not select the correct maximum recommended gestational age (7-9 weeks). Providers had difficulty identifying that serious complications of medication abortion are rare. Those who counseled on medication abortion had more accurate information in all knowledge categories, except for expected outcomes. Medication abortion knowledge did not differ by adolescent medicine fellowship completion. Only 32% of respondents had very good knowledge, and self-assessed knowledge minimally predicted actual knowledge ($r(2) = .08$) (Coles, Makino & Phelps, 2012).

A cross sectional study on Iranian women' knowledge needs to improve for prevention of induced abortion, an educational need assessment among 480 new married women shows more than 50% of participants have not adequate knowledge about criminality of induced abortion and 32% were not informed about legal abortion rules, 66.5% were not aware of complications of induced and illegal abortion and 41% had not inform about mother's emotional problems after abortion (Jarahi, Meysamie & Shojaee ,2013).

A cross-sectional study conducted on knowledge and attitude about induced abortion among 319 youths attending Nagaru teenage information and health centre, Kampala, Uganda, the study revealed regarding the meaning of abortion show that 61.3% participants knew what abortion meant, 22.6% did not, and 16.1 % were unsure. The different sources, from which they obtained information about abortion-related issues, were the radio 66.2%, friends or colleagues 1.7%, parents 1.5%, and the church 0.5%. Additionally, 46%of participants knew how and where to obtain an abortion (Paluku, Kalisoke, Wandabwa & Kiondo, 2013).

2.3 Implications of the Review for the Study

Becker, Garcia, Larsean, 2002, carried out a research study on knowledge and opinions about abortion law among 907 Mexican youths. The research showed fifty-four percent of participants did not know about the legal status of abortion in their state. This study provides the baseline information about the level of knowledge and opinions about abortion among Mexican youth and as the laws and as provisions regarding abortion were developed late in Nepal, the fact also creates queries about whether such a scenario exists among Nepalese youths as well.

WHO, 2011, revealed that unwanted pregnancies in youths and complications of induced abortions are important health problem in the world. Each year, approximately 20 million abortions are performed worldwide, 95% of them in developing countries.

A cross-sectional study conducted by Codmus & Owooje, 2011, on knowledge about complications of abortion among 425 female undergraduate students in the University of Ibadan, Nigeria showed the most common reason given for termination was that pregnancy was unplanned. Most of the respondents 354 (83.3%) had a good knowledge about complications of abortion. These findings show that the complications of abortion are also one of the important components to find out the knowledge regarding abortion among bachelor level students for this study.

Wheeler, Zulling, Reeve, Buga and Marron, 2012, conducted a study related to attitudes and intentions regarding abortion provision among 1308 medical school students in South Africa which showed that seventy percent of medical students believed women should have the right to decide whether to have an abortion, and majority of the students thought that abortion should be legal in a variety of medical circumstances. However, the study included students only from medical schools and abortion is a procedure closely related to the medical field. The study did not include non-medical students who have comparatively less probability of having the knowledge. This motivates for carrying out a research that involves students not attending any medical school.

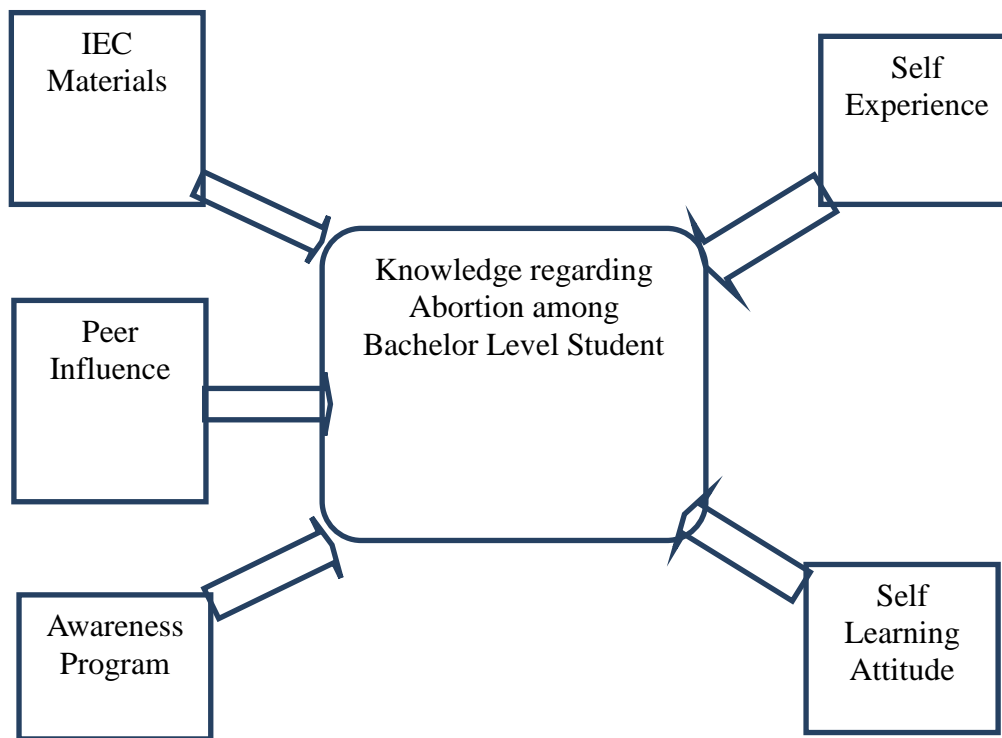
Paluku, Kalisoke, Wandabwa & Kiondo, 2013, conducted a cross sectional study on knowledge and attitude about induced abortion among 319 youths attending Nagaru teenage information and health centre, Kampala, Uganda. The study found that 61.3%

participants knew what abortion meant, 22.6% did not, and 16.1 % were unsure. The different sources, from which they obtained information about abortion-related issues, were the radio - 66.2%, friends or colleagues - 1.7%, parents - 1.5%, and the church - 0.5%. Additionally, 46% of participants knew how and where to obtain an abortion. These findings show that to find out the knowledge regarding abortion among bachelor level students, the researcher will also include knowledge regarding induced abortion, meaning of abortion, sources of information about abortion related issues.

2.3 Conceptual Framework

On the basis of above literature review, following conceptual framework will be conceived to analyze the knowledge regarding abortion among bachelor level students.

Figure 1: Conceptual Framework



Knowledge regarding abortion among bachelor level students is influenced by IEC materials, peer influence, awareness program, self experience and self learning attitude.

CHAPTER-III

METHODS AND PROCEDURES OF THE STUDY

3.1 Design and Method of the Study

This study employs descriptive cross-sectional research design and utilizes quantitative method for data collection. In this research, investigator tries to explore and analyze about the knowledge regarding abortion among bachelor level students of Bharatpur Municipality.

3.2 Population, Sample and Sampling Strategy

Population of the study is being all the bachelor level students of management faculty of Balkumari College, Saptagandaki Multiple Campus, Maiya Devi Girls' College and Birendra Multiple Campus, Bharatpur, Chitwan. Colleges are selected purposively. 456 students are studying in these colleges. Among them only 120 students are selected by using simple random sampling technique (lottery method).

3.3 Study Area

Study area is being Balkumari College, Saptagandaki Multiple Campus, Maiya Devi Girls' College and Birendra Multiple Campus, Bharatpur, Chitwan. Colleges are selected purposively.

3.4 Data Collection Tools and Techniques

To obtain information regarding abortion among bachelor level students, a self administered questionnaire is developed on the basis of literature review, consulting the research advisor and subject expert.

The research instrument consists of two parts: Part 1- Demographic information, Part 2- Knowledge regarding abortion.

3.5 Data Collection Procedure

Before proceeding with data collection, the request letter from Balkumari College is submitted to college authority. After taking the permission from authority, the researcher contacted the students who are studying in bachelor level with the help of related lecturer and explain them about the study. Sample is selected by lottery

method by taking verbal consent. Privacy is maintained by keeping those 120 students in separate room. Written informed consent is taken from each respondent by clarifying the purpose of study to ensure their rights. The data are collected by the researcher herself by administering self administered questionnaires. Anonymity is maintained by giving code number instead of name. Confidentiality is maintained by not disclosing information given by them. Filled questionnaire is collected back immediately on the same day of data collection. Respondents are allowed to leave the study anytime during data collection if they wish. The finding of the study will be only used for study purpose.

3.6 Data Analysis and Interpretation Procedure

After completion of the data editing, data collection, it was coded, tabulated and kept it in sequential order according to the purpose of the study. The data is entered in Statistical Package for Social Sciences (SPSS) version 17. The data is interpreted by using descriptive statistical methods in terms of frequency, mean and percentage. After analysis of the data, the findings are presented in tables and graphs. Mainly bar diagram, pie chart and tables are used for analyzing and interpreting the result of data.

CHAPTER-IV

ANALYSIS AND INTERPRETATION OF RESULTS

This chapter deals with the analysis and interpretation of finding of the data which is obtained from the respondents. The obtained data are analyzed according to the objectives of the study. This data is categorized in different headings and presented in tables and graphs i.e. pie chart and bar diagram. The response of the respondents is quantified in number and percentage to facilitate analysis and presentation as below.

4.1 Socio-Demographic Characteristics

The section of socio-demographic characteristics at socio-demographic of report deals with personal details of respondents Age, Sex, Marital Status, Ethnicity and Religion are given in under this section.

Table 1: Socio –Demographic Characteristics of the Respondents

Variables	Frequency	Percent
n=120		
Age(year)		
20 -25	93	77.5
26 -30	27	22.5
Total	120	100
Sex		
Male	73	60.83
Female	47	39.16
Total	120	100
Marital Status		
Married	7	5.83
Unmarried	113	94.16
Total	120	100

Table 1(A) shows age of respondents were ranged between 20-30 years. It shows that out of 120 respondents, 77.5% of respondents were ranged between 20-25 years and 22.5% respondents were ranged between 26-30 years.

Regarding the sex, 60.83% respondents were male and 39.16 % respondents were female.

Regarding the marital status, 94.16% respondents were unmarried and 5.83% respondents were married.

Table 2: Socio –Demographic Characteristics of the Respondents

Variables	Frequency	Percent
Ethnicity (n=120)		
Brahman	80	66.66
Chhetri	30	25
Newar	3	2.5
Gurung	3	2.5
Tharu	2	1.6
Magar	2	1.66
Total	120	100
Religion (n=120)		
Hindu	115	95.83
Buddhist	5	4.16
Muslim	0	0
Christian	0	0
Others	0	0
Total	120	100
Attended Abortion related Program (n=120)	2	1.66
No History of Abortion done in Female (n=45)	45	100

Table 1(B) shows regarding the ethnicity, 66.66% respondents were Brahmin, 25% respondents were Chhetri, 2.5% respondents were Newar, 2.5% respondents were Gurung, 1.66% respondents were Tharu, 1.66% respondents were Magar.

Regarding religion, 95.83% of the respondents were Hindus and 4.16% of the respondents were Buddhists.

Only 1.66% of the respondents were attended in abortion related program, none of the respondent had done abortion.

4.2 Knowledge Regarding Abortion

Table 3: Respondents' Knowledge regarding Meaning of Abortion

n=120

Variables	Frequency	Percent
Meaning of Abortion		
Termination of a pregnancy before the 22 weeks of gestation.*	115	95.83
Termination of a pregnancy before the 28 weeks of gestation.	5	4.16
Termination of a pregnancy before the 30 weeks of gestation.	00	00
Termination of a pregnancy before the 32 weeks of gestation.	00	00
Total	120	100
Meaning of Safe Abortion		
Abortion done by authorized health person in authorized center with will of women without any harm.*	118	99.33
Abortion done by experienced health personal.	2	1.66
Abortion done in private clinic.	0	0
Abortion done by traditional healer.	0	0
Total	120	100

*Correct response

Table 2 shows that out of 120 respondents, 95.83% of the respondents responded that the meaning of abortion is termination of a pregnancy before 22 weeks of gestation and 4.16% of the respondents responded that meaning of abortion that termination of pregnancy before the 28 weeks of gestation.

Regarding the meaning of safe abortion, 99.33% of the respondents responded that meaning of safe abortion is abortion done by authorized health person in authorized center with will of women without any harm and only 1.66% of the respondents responded that abortion done by experienced health personnel. 95% of the respondents responded as safe abortion is women's right (not shown in table).

Figure 2: Respondents Knowledge Regarding Method of Abortion

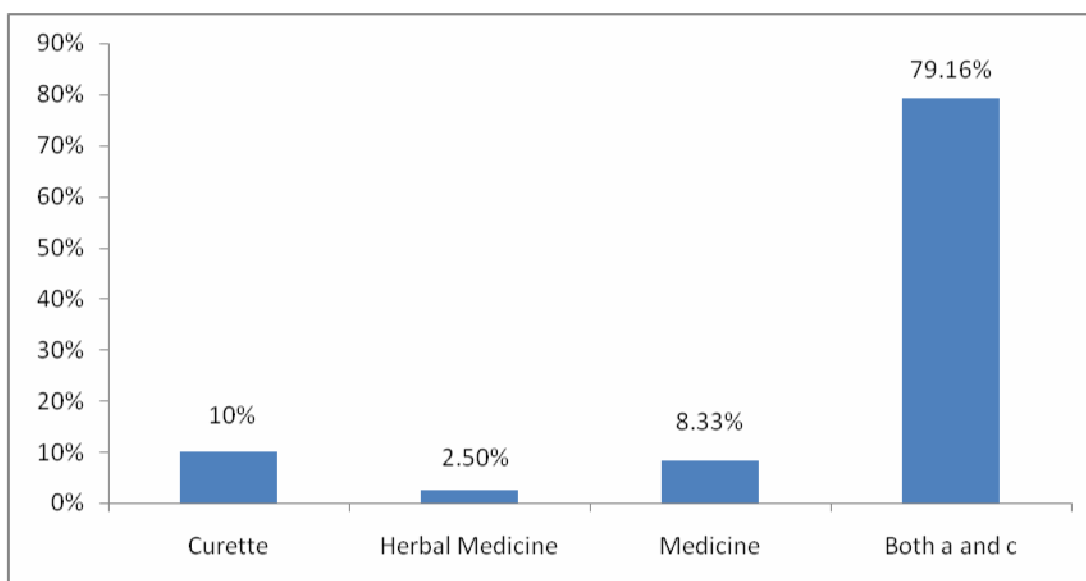


Figure 1 shows that regarding method of abortion, 79.16% of the respondents mentioned that the method of abortion are both curette and medicine and only 2.5% of respondents responded incorrectly that method of abortion is herbal medicine.

Table 4: Respondents' Knowledge regarding Medical Abortion

n=120

Recommended Weeks of Gestation for Medical Abortion	Frequency	Percent
Up to 6 Weeks	81	67.5
Up to 9 Weeks*	20	16.66
Up to 10 Weeks	9	7.5
Up to 12 Weeks	10	8.33
Total	120	100

*Correct response

Table 4 shows that 67.5% of the respondents responded that safe abortion can be done by using medicine up to 6 weeks, 16.66% of the respondents responded that up to 9 weeks, 8.33% of the respondents responded that up to 12 weeks and 7.5% of the respondents responded that abortion can be done by medicine up to 10 weeks.

Figure 3: Respondents' Knowledge regarding Abortion Service Available Sites in Nepal

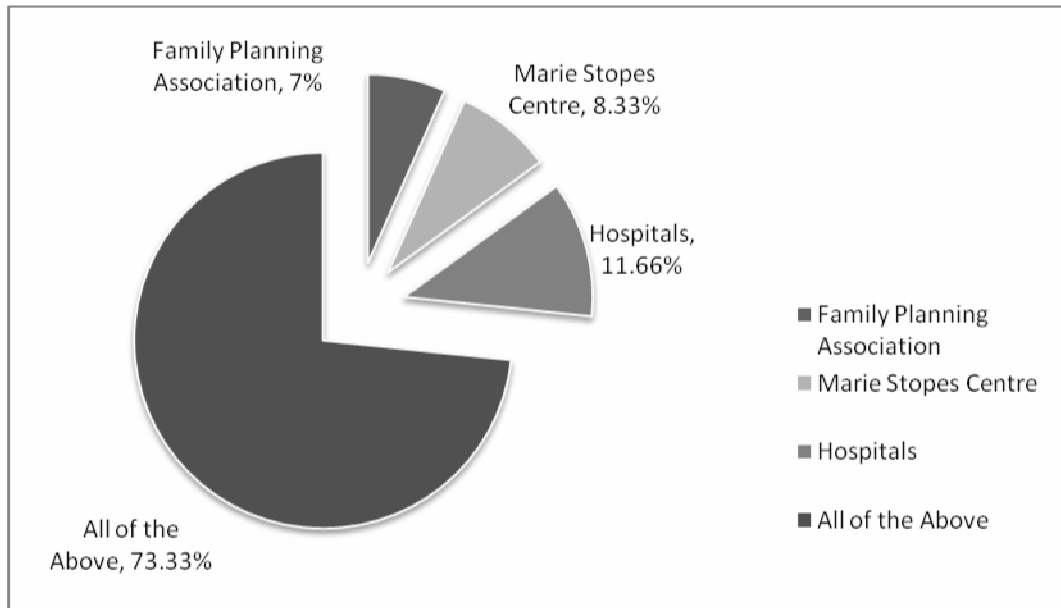


Figure 3 illustrates that 73.33% responded that the abortion services available sites in Nepal were all of the above which were Family Planning Association, Marie Stopes Centre and Hospitals, 11.66% responded that abortion service available sites was hospitals, 8.33% responded that abortion service available sites was Marie Stopes Centre and 6.66% responded that abortion service available sites was Family Planning Association.

Table 5 (A): Respondents' Knowledge regarding Abortion law in Nepal

n=120

Abortion Law in Nepal	Frequency	Percent
Legalization of Abortion in Nepal (n=120)		
2050 B.S.	24	20
2055 B.S.	39	32.5
2058 B.S.*	33	27.5
2065 B.S.	24	20
Total	120	100
Week of Gestations When Pregnant Women		
Can Do Safe Abortion with her Wish (n=120)		
Up to 12 Weeks of Gestation*	78	65
Up to 18 Weeks of Gestation	28	23.33
Up to 24 Weeks of Gestation	10	8.33
Anytime During Pregnancy	04	3.33
Total	120	100
If Pregnancy Has Resulted From Rape or Incest,		
Pregnant Women Can Do Safe Abortion (n=120)		
Up to 12 Weeks of Gestation	36	30
Up to 18 Weeks of Gestation*	58	48.33
Up to 24 Weeks of Gestation	20	16.66
Anytime During Pregnancy	6	5
Total	120	100

*Correct responses

Table 6 shows that regarding abortion law in Nepal, out of 120 respondents, 27.5% of respondents responded that abortion is legalized in Nepal in 2058B.S. (2001A.D.), 65% of respondents responded that pregnant woman can do safe abortion up to 12 weeks of gestation with her wish and 48.33% of respondents responded that pregnant woman can do safe abortion if pregnancy resulted from rape or incest.

Table 5(B): Respondents' Knowledge regarding Abortion Law in Nepal

n=120

Abortion Law in Nepal	Frequency	Percent
Week of Gestations When Pregnant Women Can Do Safe Abortion If Her Health Is at Risk or Fetus Should be Deformed (n=120)		
Up to 12 Weeks of Gestation	20	16.66
Up to 18 Weeks of Gestation	25	20.83
Up to 24 Weeks of Gestation	49	40.83
Anytime During Pregnancy*	26	21.66
Total	120	100
Women's Age When the Consent of Guardian Is Necessary for Safe Abortion (n=120)		
16 Years of age or below*	36	30
18 Years	48	40
20 Years	28	23.33
22 Years	8	6.66
Total	120	100
Condition for Illegal Abortion (n=120)		
Sex selection of fetus	03	2.5
Abortion without will of women (forceful abortion)	07	5.83
Abortion of unmarried mother	00	00
Both a and b*	110	91.66
Total	120	100

*Correct responses

Table 7 reveals that 21.66% of respondents responded that pregnant woman can do safe abortion anytime during pregnancy if her health is at risk or fetus should be deformed as advice of medical practioner and 30% of respondents responded that consent of guardian is necessary for safe abortion if the women's age is 16 years or below. 91.66% of the respondents were believed that both sex selection of the fetus and abortion without will of women (forceful abortion) are the conditions for illegal abortion.

Table 6: Respondents' Knowledge regarding Punishment System for Illegal Abortion in Nepal

n= 120

Variables	Frequency	Percent
Thought About Presence of Government Law to Punish the Women If Abortion Done Against the Prescribed Weeks of Gestation (n=120)		
Yes*	72	60
No	48	40
Total	120	100
Thought About Presence of Law to Punish the Service Provider Who has Performed Abortion on Women Against the Prescribed Weeks of Gestation by Government (n=120)		
Yes	105	87.5
No	15	12.5
Total	120	100
Thought About Government Policy to Punish For Sex Selection and Sex Selective Abortion (n=120)		
2-4 month jail for sex selection and additional 6 months for abortion*	28	23.33
3-6 month jail for Sex Selection and additional 1 year jail for abortion	44	36.66
6-9 month jail for sex selection and additional 18 month jail for abortion	38	31.66
1 year jail for Sex selection and additional 2 year jail for abortion	10	8.33
Total	120	100

*Correct responses

Table 8 reveals that regarding punishment system for illegal abortion, 60% of respondents responded that there is government law to punish the women who has done abortion against the prescribed weeks of gestation, 87.5% responded that there is law to punish service provider who has performed abortion against the prescribed

weeks of gestation by government and 23.33% of respondents responded that 2-4 month jail for sex selection and additional 6 month jail for abortion.

Table 7: Respondents' Knowledge regarding Complication of Abortion

n=120

Complications	Frequency	Percent
Hemorrhage*	98	81.66
Uterine prolapsed	18	15
Constipation	04	3.33
Severe Headache	00	00
Total	120	100

*Correct responses

Table 9 reveals that regarding the complications of abortion, 81.66% of the respondents responded that hemorrhage is the complication of abortion, 15% of the respondents responded that uterine prolapsed is the complication of the abortion, 3.33% of the respondents responded that complication of the abortion is constipation.

Table 8: Respondents' Knowledge regarding Abortion Cost

n=120

Abortion cost	Frequency	Percent
Government centre range from Rs. 400-700 and Private centre rate range from Rs. 1000-1200.	55	45.83
Government centre range from Rs. 950-1350 and Private centre rate range from Rs. 1500-3000.	28	23.33
Government centre range from Rs. 1000-2000 and Private centre rate range from Rs. 3000-5000.*	21	17.5
Government centre range from Rs. 3000-5000 and Private centre rate range from Rs. 5000-10000.	16	13.33
Total	120	100

*Correct responses

Table 8 reveals that abortion cost rate, out of 120 respondents, 45.83% of respondents said that government centre ranged from Rs. 400-700 and private centre rate ranged from Rs. 1000-1200, 23.33% of respondents said that government centre ranged from Rs. 950-1350 and private centre rate ranged from Rs. 1500-3000, 17.5% of respondents said that government centre ranged from Rs. 1000-2000 and private centre rate ranged from Rs.3000-5000 and 13.33% of respondents said that government centre ranged from Rs. 3000-5000 and private centre rate ranged from Rs.5000-10000.

Figure 4: Respondents’ Knowledge regarding Sources of Information

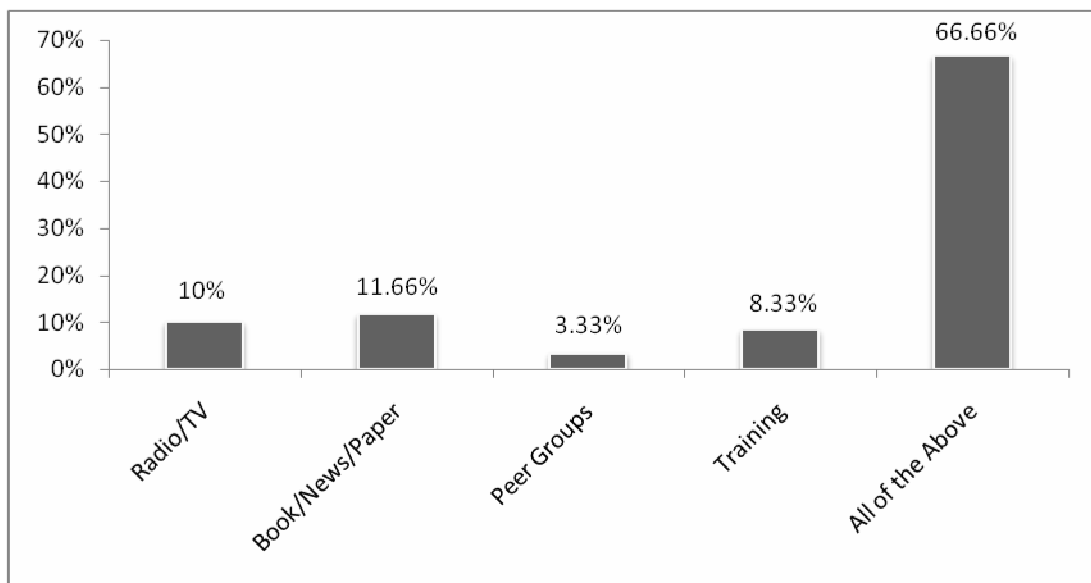


Figure 4 illustrates that sources of information regarding abortion among the respondents, 10% of respondents reported that they got information related to abortion through radio/TV, 11.66% of respondents responded that books and newspaper were the sources of information, 3.33% of respondents reported that peer groups were the source of information and 8.33% of respondents responded training was their source of information and 66.66% of respondents responded all of the above.

4.3 Summary of Findings

This research entitled “Knowledge Regarding Abortion among Bachelor Level Students” has been undertaken to explore the knowledge regarding abortion. The objective of the study is to find out the knowledge regarding abortion among bachelor level students.

A descriptive research design is used for the study. 120 students who are studying in bachelor level are included by using simple random sampling procedure. A pre-tested semi structured questionnaire is used to find out the knowledge of students. The content validity of the instrument is established in term of adequacy and appropriateness of the study.

According to the study objectives, this study presents the current level of knowledge regarding abortion among bachelor level students. The overall analysis of this study is based on the responses of the selected college students of Balkumari College, Saptagandaki Multiple Campus, Maiya Devi Girls' College and Birendra Multiple Campus at Bharatpur Municipality.

The analysis and interpretation of the data have resulted the following major findings:

1. Regarding age, 77.5% respondents are ranged between 20-25 years.
2. Regarding the sex, 60.83% respondents are male and 39.16% respondents are female.
3. 94.16% respondents are unmarried and 5.83% respondents are married.
4. The findings of the study reveals that 66.66% respondents are Brahamin and 25% respondents are Chhetri.
5. Regarding the religion, this study reveals that 95.83% of the respondents are Hindus and 4.16% of the respondents are Buddhists.
6. Furthermore, regarding the meaning of abortion, 95.83% of the respondents choose correct option as termination of a pregnancy before 22 weeks of gestation. Regarding the meaning of safe abortion, 99.33% of the respondent can answer correctly.
7. 79.16% of the respondents are known about method of abortion and only 16.66% of the respondents are known about the recommended weeks of gestation for medical abortion.
8. Regarding the abortion services available site in Nepal, 73.33% of the respondents responded that the abortion services available sites in Nepal are Family Planning Association, Marie Stopes Centre and Hospitals.

9. Regarding abortion law in Nepal, only 27.5% of respondents responded that abortion is legalized in Nepal in 2058B.S., 65% of respondents responded that pregnant woman can do safe abortion with her wish, 48.33% of respondents responded that pregnant woman can do safe abortion up to 18 weeks of gestation if pregnancy resulted from rape or incest, 21.66% of respondents responded that pregnant woman can do safe abortion if her health is at risk or fetus should be deformed as advice of medical practitioner and 30% of respondents responded that consent of guardian is necessary for safe abortion if the women's age is 16 years or below.
10. Regarding illegal abortion in Nepal, 91.66% of the respondents believed that both sex selection of the fetus and abortion without will of women (forceful abortion) are the conditions for illegal abortion.
11. 60% of respondents responded that there is law to punish the women who has done abortion against the prescribed weeks of gestation by government, 87.5% of respondents responded that there is law to punish service provider who has performed abortion against the prescribed weeks of gestation by government. Regarding the government policy to punish for sex selection and sex selective abortion and 23.33% of respondents responded that 2-4 month jail for sex selection and additional 6 month jail for abortion.
12. Regarding the complications of abortion, 81.66% of the respondents can answer correctly as hemorrhage.
13. 66.66% of the respondents responded all of the above as radio/TV, books/news/paper, peer groups and training are the sources of information related to abortion.

CHAPTER-V

CONCLUSION AND RECOMMENDATION

This chapter deals with conclusion and recommendation of the study. The conclusion and recommendations are drawn as per findings.

5.1 Conclusion

Based on the findings of the study, 77.5% respondents were ranged between 20-25 years. 60.83% respondents were male and 39.16% respondents were female. 94.16% respondents were unmarried and 5.83% respondents were married. The findings of the study reveals that 66.66% respondents were Brahamin and 25% respondents were Chhetri. Regarding the religion, this study reveals that 95.83% of the respondents were Hindus and 4.16% of the respondents are Buddhists. 95.83% of the respondents have knowledge regarding the meaning of abortion and 99.33% of the respondents have knowledge regarding the meaning of safe abortion, 79.16% respondents responded correctly regarding the method of abortion, 81.66% of the respondents have knowledge regarding complications of abortion. 16.66% of the respondents reported correctly regarding recommended weeks of gestation for medical abortion, 21.66% respondents were known about the abortion law in Nepal and 17.5% respondents were known about the abortion cost.

5.2 Recommendation

On the basis of the collected data and observation of the researcher, following points have been recommended for the problems to solve and enhance the knowledge regarding abortion and reproductive health.

5.2.1 Recommendation for Policy Related

For the improvement on knowledge regarding abortion, following recommendations can be adopted:

- For addressing the adults' need, the radio and television programs must be carefully designed and commenced as the teaching tools but not extra ordinary excitement.

- An educational package can be launched frequently through formal as well as informal education considering the areas in which the respondents lack knowledge.
- It will be more fruitful if the information of reproductive health; contraception and safe abortion come through T.V. serials because adults are more interested to watch such program.
- In addition, a health education program must be conducted to impart knowledge about reproduction and contraception which addresses student's misconception about reproduction, contraception and safe abortion.

5.2.2 Recommendation for Practice Related

For the improvement on knowledge regarding abortion, following recommendations can be adopted:

- It is better to teach health subject by well trained health personnel as far as possible.
- Similarly, the government and concerned NGOs and INGOs should make community approach program related to improve health practice of community people by involving parents, guardians and local personalities.

5.2.3 Recommendation for Further Research

- A comparative study can be carried out between health personnel and non health personnel, illiterate and literate women of rural and urban area.
- The coming researcher can do extensive study on the same topic by covering large sample size and area.

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APPENDIX - I
TRIBHUVAN UNIVERSITY
FACULTY OF EDUCATION
BALKUMARI COLLEGE
Narayangarh, Chitwan

Questionnaire on "knowledge Regarding Abortion among Bachelor Level Students of Bharatpur Municipality"

The researcher is a student of Master's Degree in Health Education of Balkumari College, Narayangarh, Chitwan. This study is being conducted for the partial fulfillment of requirement for Master's Degree in Health Education. The purpose of this study is to find out the Knowledge Regarding Abortion among Bachelor level Students of Bharatpur Municipality. The researcher will appreciate your help in answering the questions and would like to assure you that your responses will be kept confidential and only used for the purpose of the study and your identity will not be disclosed.

Direction: Questionnaire consists of two parts; Part I related to demographic information and Part II is related to knowledge regarding abortion.

Please give the correct information as much as you know. Options of the questions are given. Please read the questions and tick the correct alternative.

Code No _____

Date of Data Collection_____

Part I

Socio Demographic Data

Direction: Tick (√) marks the appropriate option. In part II can tick more than one option.

- 1. How old are you?
- 2. What is your gender?
- 3. Are you married?

a. yes

b. No

4. What is your ethnicity?

a. Brahmin

b. Chettri

c. Newar

d. Magar

e. Others..... (Specify)

5. Which religion do you belong to?

a. Hindu

b. Buddhist

c. Muslim

d. Others.....(specify)

6. Have you attended program related to abortion?

a. Yes

b. No

7. Have you ever done abortion if female?

a. Yes

b. No

If yes specify reason.....

Part II

Knowledge regarding Abortion

8. What do you mean by abortion?

- a. Termination of a pregnancy before the 22 weeks period of gestation.
- b. Termination of a pregnancy before the 26 weeks period of gestation.
- c. Termination of a pregnancy before the 30 weeks period of gestation.
- d. Termination of a pregnancy before the 34 weeks period of gestation.

9. What is safe abortion?

- a. Abortion done by authorized health personnel in authorized center with will of women without any harm
- b. Abortion done by experienced health personal
- c. Abortion done in private clinic
- d. Abortion done by traditional healer

10. Is safe abortion women's right?

- a. Yes
- b. No

11. Which method can be used for abortion?

- a. Curette
- b. Herbal medicine
- c. Medicine
- d. Both a and c

12. Which of the following weeks of gestation, pregnant women can do safe abortion by using medicine?

- a. 6 weeks
- b. 9 weeks
- c. 10 weeks
- d. 12 weeks

12. Where are the abortion services available sites in Nepal?
- a. Family Planning association
 - b. Marie Stopes centre
 - c. Hospitals
 - d. All of the above
13. When did abortion become legalized in Nepal?
- a. 2050 B.S.
 - b. 2055 B.S.
 - c. 2058 B.S.
 - d. 2065 B.S.
14. Which of the following weeks of gestation, pregnant women can do safe abortion with her wish?
- a. Up to 12 weeks of gestation
 - b. Up to 18 weeks of gestation
 - c. Up to 24 weeks of gestation
 - d. Anytime during pregnancy
15. Which of the following weeks of gestation, pregnant women can do safe abortion if pregnancy has resulted from rape or incest?
- a. Up to 12 weeks of gestation
 - b. Up to 18 weeks of gestation
 - c. Up to 24 weeks of gestation
 - d. Anytime during pregnancy
16. Which of the following weeks of gestation, pregnant women can do safe abortion if her health is at risk or fetus should be deformed as advice of medical practioner?
- a. Up to 12 weeks of gestation
 - b. Up to 18 weeks of gestation
 - c. Up to 24 weeks of gestation
 - d. Anytime during pregnancy

18. For which of the following are the consent of guardian is necessary for safe abortion?

- a. 16 years of age or below
- b. 18 years
- c. 20 years
- d. 22 years

19. In which condition abortion is illegal?

- a. Sex selection of fetus
- b. Abortion without will of women (forceful abortion)
- c. Abortion of unmarried mother
- d. Both a and b

20. Is there any law to punish the women who has done abortion against the prescribed weeks of gestation by government?

- a. Yes
- b. No

21. Is there any law to punish the service provider who has performed abortion on women against the prescribed weeks of gestation by government?

- a. Yes
- b. No

22. What is the government policy to punish for sex selection and sex selective abortion?

- a. 2 -4 month jail for sex selection and additional 6 month jail for abortion
- b. 3 -6 month jail for sex selection and additional 1year jail for abortion
- c. 6 -9 month jail for sex selection and additional 18 month jail for abortion
- d. 1 year jail for sex selection and additional 2 year jail for abortion

24. What is the complication of abortion?

- a. Hemorrhage
- b. Uterus Vaginal Prolapse
- c. Constipation
- d. Severe Headache

25. How much abortion cost?

a. Government centre range from Rs.400-700 & private centre range from Rs1000

1200

b. Government centre range from Rs.950-1350 & private centre range from Rs1500

3000

c. Government centre range from Rs.1000-2000 & private centre range from Rs3000

5000

d. Government centre range from Rs3000-5000 & private centre range from Rs5000-

10000

26. From where did you get information related abortion?

a. Radio/TV

b. Books/Newspaper

c. Peer group

d. Training

e. All of the above

THANK YOU